

WMC Tackles Key Barrier to Physician Wellness



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Chris Bundy, MD, MPH

Executive Medical Director Washington Physicians Health Program

Danielle [1] is a 3rd year medical student applying for family medicine residency. She is pretty sure that she is depressed and it seems to be getting worse. She is good at hiding her symptoms from peers and attendings, but lately she feels so overwhelmed by the residency application process that she wonders if she might be better off dead. Danielle is thinking about seeing someone for her depression but is worried about how that will impact her ability to get a medical license in the future. She is afraid of having to disclose mental health information to the medical board but also does not want to be dishonest on her application. She thinks maybe she can wait out her depression and avoid the issue altogether.

Gabe [1] was diagnosed with a moderate alcohol use disorder in his internship year. Following treatment and monitoring by the state physician health program, Gabe has been in sustained remission for 2 years and is doing well in his surgical residency. He is applying for his state medical license which asks if he has ever been diagnosed with a condition that could impair his ability to practice safely. He's not sure about the intent of the question or how he should answer.

Fear of disclosure of mental health or substance use disorder information and how that might affect licensure is a ubiquitous impediment to seeking treatment when health professionals need it, especially among medical students and residents who have never been previously licensed [2-4]. Following the suicides of two residents in New York in 2014, the American Medical Association (AMA) Council On Medical Education released its initial report, "Access to Confidential Health Services for Medical Students and Physicians," which called on medical schools and training programs to improve anonymous access to mental health and substance use disorder treatment and asked state medical boards to provide "safe haven" provisions on licensing applications for physician health program participants. In 2016, the AMA went further and amended the report to discourage state medical boards from asking questions about past mental health diagnosis and treatment, mirroring the American Psychiatric Association Position Statement on Inquiries About Diagnosis and Treatment of Mental Disorders in Connection With Professional Credentialing and Licensing [5]. In 2018, the Federation of State Medical Boards (FSMB) followed suit and encouraged state medical boards to carefully review application questions and consider either eliminating questions specifically related to mental health and substance use disorder diagnosis or modifying such questions to address current impairment

rather than broadly probing for current or past illness or treatment. In addition, the FSMB echoed the call for safe-haven provisions for physician health program participants [7].

Following the AMA call to action for medical boards to reform their licensure questions, the Washington Physicians Health Program (WPHP) joined with the Washington Medical Commission to undertake a review of the Washington application. Fortunately, Washington was among about a third of states that already had medical license application questions (MLAQ) that met the minimum criteria consistent with existing recommendations and the Americans with Disabilities Act of 1990 [4,6]. However, WPHP and WMC aspired to go beyond the minimum and reform the MLAQs to reflect best practices among medical regulators nationally. As the result of this 18-month effort, four key changes to the MLAQ's were implemented in December 2018 for both the initial licensure application and on the updated renewal application:

- The definition of "currently" in relation to an existing health condition was modified to only include the prior 6 months (previously it had been within the past 2 years).
- Questions specifically asking about the impact of treatment or work accommodations on safety to practice were eliminated.
- Questions regarding diagnosis of paraphilias were removed.
- A safe-haven provision was added to the application instructions such that individuals known to WPHP may answer "no" to the item related to health impairment [8].

New Benefits to The Applicant

- An application process that does not deter highly qualified physicians from applying for licensure.
- Applicants no longer having to disclose mental health or substance use disorder information to us due to the "safe haven" provisions on licensing applications and renewals.

This reform has been such a triumph for Washington and I would urge other medical boards across the nation to do the same.

~Kimberly Romero, WMC Licensing Manager

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WPHP is ever grateful to the WMC Licensing Application and Renewal Review Committee for their thoughtful efforts in bringing about these important changes. Members of the committee included Robert Small, MD (Chair), Harry Harrison, MD, Claire Trescott, MD, Jim Rooks, MD, Kim Romero (Licensing Manager), and Melanie de Leon (WMC Executive Director). While the role of regulator can often be thankless, it is nonetheless critical. It is in these moments, when the WMC's kindness, concern, and commitment to the medical profession is unmistakably revealed, that I truly appreciate what a remarkable resource we have in our Commission and its staff. In tackling this barrier to wellness, the WMC has taken meaningful and practical action to encourage folks like Danielle, Gabe and countless others to obtain needed care before it's too late while paving the way for other medical boards across the nation to do the same. Bravo!

References

1. Danielle and Gabe are fictional characters. Any resemblance to actual individuals is purely coincidental.
2. Gold KJ, Andrew LB, Goldman EB, Schwenk TL. ["I would never want to have a mental health diagnosis on my record": A survey of female physicians on mental health diagnosis, treatment, and reporting.](#) Gen Hosp Psychiatry. 2016;43:51-57.
3. Gold KJ, Shih ER, Goldman EB, Schwenk TL. [Do US Medical Licensing Applications Treat Mental and Physical Illness Equivalently?](#) Fam Med. 2017;49(6):464-467.
4. Dyrbye LN, West CP, Sinsky CA, Goeders LE, Satele DV, Shanafelt TD. [Medical licensure questions and physician reluctance to seek care for mental health conditions.](#) Mayo Clin Proc. 2017;92(10):1486-1493.
5. Moran M. AMA to state medical boards: don't ask about past mental illness. Psychiatric News December 9, 2016. Available at: <http://psychnews.psychiatryonline.org/doi/full/10.1176%2Fappi.pn.2016.12b6>. Accessed: January 28, 2019.
6. Jones JTR, North CS, Vogel-Scibilia S, Myers MF, Owen RR. [Medical Licensure Questions About Mental Illness and Compliance with the Americans With Disabilities Act.](#) J Am Acad Psychiatry Law. 2018 Dec;46(4):458-471.
7. Federation of State Medical Boards. Report and Recommendations of the Workgroup on Physician Wellness and Burnout. April 2018. Available at: <http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>. Accessed: January 28, 2019.

"Known to WPHP" means the individual has informed WPHP of their behavior or condition and the individual is complying with all of WPHP's requirements for evaluation, treatment and/or monitoring.

We Want to Hear From the Solo Practitioner

As more practitioners accept positions within large health care entities, like hospitals, the number of physicians in solo practice are deteriorating at a rapid rate. These practitioners are less likely to have a colleague to consult with and often go without a support system for the growing administrative demands in our complex health care system.

We know there are about 1500 physicians in Washington that identify their practice type as "solo practice", but we want to know more.



WE ALL NEED PEOPLE TO GIVE US FEEDBACK. THAT'S HOW WE IMPROVE.
-Bill Gates

The WMC wants to know how we can better engage with you and what resources we can provide to help with physician burnout and reduce adverse events.

Send us an email or take our online survey. Tell us what you need, what you like most and least about being a solo practitioner, or your motivation to stay in solo practice. We are looking for insight, so we appreciate anything you'd be willing to share.