Removing mental health stigma in medical licensing and physician credentialing with Lisa MacLean, MD [Podcast]

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Featured topic and speakers

In today’s AMA Update, Lisa MacLean, MD, a psychiatrist and chief clinical wellness officer at Henry Ford Medical Group, shares advice on how health systems can stop the stigma for physicians worried about seeking help with mental health issues. AMA Chief Experience Officer Todd Unger hosts.

Learn how the AMA is #FightingForDocs and access resources from the AMA Recovery Plan for America’s Physicians.

Speaker

- Lisa MacLean, MD, psychiatrist and chief clinical wellness officer, Henry Ford Medical Group

Transcript

Unger: Hello and welcome to the AMA Update video and podcast series. Today we’re talking about an important step that health systems can take to remove stigma for physicians who seek help with mental health issues. I'm joined today by Dr. Lisa MacLean, psychiatrist and chief clinical wellness officer at Henry Ford Medical Group in Detroit. And she's been a leader in this area. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. MacLean, welcome.

Dr. MacLean: It's great to be here. And it's really great to be advocating for mental illness. This is a topic I'm super passionate about.

Unger: Well, let's start talking then. We know that medicine hasn't always made it easy for physicians to address their own mental health issues and the barriers can sometimes be surprising. So why don't we just start with a little bit of background for the folks out there? Tell us more about those barriers
and why the profession has been so slow to change.

**Dr. MacLean:** Yeah, I think there's a lot of complex reasons why physicians are reluctant to seek care. Within society, I think there is a stigma and bias against people who have mental health concerns, and some physicians feel vulnerable seeking care or may feel that others will see them as weak if they seek care. And society, I think, has long held this belief that doctors have to be all knowing, all present and always in a good mood. But underneath those expectations, doctors are like everyone else. We are human. This means we can also struggle with any disease that touches humans.

And another important reason is actually linked to the purpose of our talk today and that is the concern that physicians have that if they get treatment and then later have to disclose that on a credentialing document, that it could interfere with their livelihood and could prevent them from practicing medicine.

**Unger:** And we've had a discussion about this very issue with a number of folks over the past few years, including the family of Dr. Lorna Breen. That was one of her key concerns was about seeking mental health treatment and who would have thought that this would come down to something like credentialing? So at Henry Ford you've led efforts to remove a lot of these barriers, including this one very clear thing, which is a question on your credentialing application. So tell us more about the wording of that question, how it changed and why that change is so important.

**Dr. MacLean:** Sure. So the former question asked, have you been diagnosed with or received treatment for physical, mental, chemical dependency or emotional condition which could impair your ability to practice medicine? And so you see here embedded in that question is really asking about a history of illness. But also I think leaves it kind of open in terms of, well, what do you mean could impair? And so we changed it to say, are you diagnosed with or receiving treatment for any condition that currently impairs your ability to practice medicine? So you hear that, it's much cleaner. It leaves a lot less question. And it’s really asking, can you practice medicine right now?

**Unger:** Dr. MacLean, I'm curious. How did you first realize that this question was a problem to begin with?

**Dr. MacLean:** So it's really interesting. For maybe about eight years I was in the APA Assembly for the American Psychiatric Association. And in 2018, this came up at the assembly where the APA really spoke against having these types of questions on licensing and credentialing questionnaires. So I was already in the space where I was thinking that what we should do something about that. It was the APA position that a history or past diagnosis, asking about, that was overboard and indeed actually discriminatory.

So it was there in the back of my mind, and then I had a conversation with Dr. Stef Simmons, who is actually the chief medical officer of the Lorna Breen Heroes Foundation. I was asking her to come to Henry Ford to give a talk. And like any great speaker, she said, well, can we meet before and kind of...
talk about what the goals of the talk are going to be? And in that conversation, she challenged me. She asked me, what about your credentialing questionnaire? How is that? She was already in that space really thinking about it. So she asked me about it, and I said, I don't know. It's been kind of in the back of my mind. I'm not really sure. Let me check into it and find out. And lo and behold, oops, I found out that we really had a question that needed to be changed.

**Unger:** Well, I'm curious. Once you've found that out, you took a look at this and now you're kind of armed with new knowledge about the potential ramifications of that, how hard was it to get this changed within your own organization?

**Dr. MacLean:** It's interesting because I believed that it was easier than in reality it ended up being. The first step is to audit. And you saw we did that and found out our question needed to be changed. And then it's making that change. So how do you make that change? And most of us recognize that in many hospital systems there's many layers of approval and lots of bureaucracy and red tape. So I started with the credentialing committee, then went up to the medical executive committee and got their approval and got leadership support.

So I thought, OK, it's a done deal. And I was all happy about this wasn't that difficult. And then I met with members of the AMA and we were talking about this topic. I was talking with Daniel Blaney, and he said, I know that you said that you changed your question, but we had a conversation with someone at Henry Ford and they sent me your credentialing questionnaire and it still had the old question. And in that moment, it's like, "Oh my gosh, you feel hot all over," and you're like, "Oh my goodness. I just got what?"

And so I went back and said, what's going on? I thought we changed this. And it died on the vine after the medical executive committee. It never got to the hands of the people who actually edit the questionnaire. And so, we were able to then follow up on it and make that change ultimately and I was glad to be able to come back to Dan and Stefanie and say, or Dr. Simmons, and say, "Hey, we were successful in getting it done." And then the final step of getting it done is really how do you communicate it and letting people know the change that you've made.

**Unger:** Let's talk about that, because I'm curious. How did physicians respond to the change?

**Dr. MacLean:** It's been overwhelmingly positive. In fact, it has opened really great discussion about other things maybe we need to change to protect the privacy of physicians. So my wellness task force said, "Well, why aren't all physicians' medical records behind a break-the-glass or behind a firewall within our organization?" We've had situations where we felt employees within our organization knew about our personal medical care.

And so what I have found that it's been kind of a snowball effect in terms of people got really excited. I think they felt really proud that we've made that change, but then they said, "Oh, there's more
opportunity. We can even make more changes that could really help reduce stigma and get people there."

**Unger:** Very, very interesting. I'm curious because you said originally you had heard about this through the APA. Then you've introduced this through your own organization at Henry Ford. Now when we think about how do we get more widespread adoption to a change like this? That's something that could probably be done through health policy. What's your approach and why is that so important?

**Dr. MacLean:** Well, I think it's really important to partner with the AMA and other organizations who really care deeply about these topics to work collaboratively to reduce stigma and open the channels so that people aren't afraid to seek care. Making policy changes is imperative so that there is equity across the United States. As of November 2022, I was told that only 19 states have aligned their licensing questionnaires to eliminate these questions. So that means that there's still over 30 states that still need to make these changes. And the change that we made was at a hospital level. And so I'm just talking about the licensing federation of each of the states. And so it really needs to be done at your local grassroots level, but also at that bigger level.

**Unger:** When you think about your journey at Henry Ford and the way that you tackled this problem, do you have any recommendations for others out there who are assessing the barriers that exist within their own organizations and want to make the same changes that you did?

**Dr. MacLean:** Yeah. I think just ask questions, dig deep and don't be afraid would be my succinct advice.

**Unger:** Well, we now know about 63% of physicians have reported experiencing at least one symptom of burnout since the pandemic. How do you see this fitting into the larger push to reduce physician burnout?

**Dr. MacLean:** Yeah, so it's interesting. According to the Medscape Physician Burnout and Depression report in 2022, 43% of respondents indicated that they did not seek care for depression or burnout because they did not want to risk disclosure to their medical boards. 43%. 32% said they didn't want evidence of treatment with their insurance providers. So we really need to work together to reduce these numbers one step at a time.

**Unger:** So that just underscores the importance of the work that you're doing right now. Thank you so much, Dr. MacLean, for joining us today and for your continued advocacy on behalf of physicians' mental health. The AMA is doing a lot in this particular area right now. Physician burnout and reducing that as an important pillar of our Recovery Plan for America's Physicians. And you can find out more about the work that the AMA is doing at ama-assn.org/recovery. We've also dropped some helpful resources in the description of this episode, so be sure to check those out. We'll be back with another
episode soon. In the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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