AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 321
(A-19)

Introduced by:	Michigan, North Carolina
Subject:	Physician Health Program Accountability, Consistency, and Excellence in Provision of Service to the Medical Profession
Referred to:	Reference Committee C (Nicole Riddle, MD, Chair)

Whereas, A Physician Health Program is defined as a "confidential resource for physicians, other licensed health care professionals, or those in training suffering from addictive, psychiatric, medical, behavioral or other potentially impairing conditions;" and

Whereas, The Physician Health Program (PHP) model represents a system in which physicians with potentially impairing conditions who come forward or are referred are given the opportunity for evaluation, rehabilitation, treatment and monitoring without disciplinary action in an anonymous, confidential and respectful manner; and

Whereas, Ideally, the PHP model is committed to the early identification, evaluation, treatment, monitoring, and earned advocacy, when appropriate, of licensees with potentially impairing qualifying illness(es) prior to the progression to impairment in the workplace; and

Whereas, The PHP model enables effective clinical care for mental, physical and substance abuse disorders, easy access to a variety of clinical interventions and support for those seeking help, including hospitals, families, communities, licensure boards and other components of society and organized medicine; and

Whereas, PHPs, organized medicine, and the respective regulatory entities should work together to advance the principles of collaboration, communication, accountability and transparency to achieve a shared vision of ensuring the health their mutual constituencies while simultaneously ensuring the safety and welfare of patients; and

Whereas, Considering the high costs of recruitment and training, the PHP model can save organizations significant resources for each physician or physician assistant who is retained in, or returned to, practice as the operation of the program, and rehabilitation of health care professionals is more cost effective than the training of new health care professionals; and

Whereas, PHPs operate in 47 states and the District of Columbia; and

Whereas, Physicians can be referred to a PHP by their employer, a colleague, a family member, or even themselves; and

Whereas, PHPs were created with the intention to provide a confidential pathway to rehabilitate and monitor physicians with mental illness, substance use disorders, and other potentially impairing conditions so that they may return safely to the practice of medicine; and

Whereas, In order to earn the confidence, respect, and trust of those they serve, PHPs must be committed to having open lines of communication between all parties involved in carrying out its mission, as well as honest, direct and professional interactions aimed toward common interests; and

Whereas, PHPs must report to the state licensing board any physician suffering from serious psychiatric illness, drug or alcohol use disorders, or any condition it deems to be currently impairing and may place the public at risk if said physician refuses their recommendation for treatment and subsequent disease management; and

Whereas, The Federation of State Medical Boards called for PHPs to develop performance reviews of their programs that demonstrate an ongoing track record of ensuring safety to the public and to reveal deficiencies if they occur, and thus ensure soundness and fairness of practice; and

Whereas, The Federation of State Physician Health Programs (FSPHP) has the stated mission of supporting physician health programs in improving the health of medical professionals, thereby contributing to quality patient care; and

Whereas, The FSPHP strengthens PHPs by promoting best practices and providing guidelines, advocacy, and other resources that enhance their effectiveness. The FSPHP encourages partnerships between physician health programs, regulatory boards, and other appropriate components of organized medicine; and

Whereas, The FSPHP fosters collaboration and engagement with other national and international medical organizations; and

Whereas, The FSPHP opposes discrimination against physicians and the medical community solely based on the presence of a particular diagnosis or other discriminatory factors and supports the use of PHP services in lieu of disciplinary action whenever possible; and

Whereas, The FSPHP supports education and research designed to establish best practices for the prevention, treatment, and monitoring of physicians experiencing substance use disorders, mental illness, physical illness, and other potentially impairing conditions; and

Whereas, The FSPHP's guidelines and philosophy are consistent with the American Medical Association (AMA) Physician Health Program Model ACT https://www.fsphp.org/assets/docs/ama_physicians_health_programs_act_-_2016.pdf; and

Whereas, The FSPHP is currently developing the Performance *Enhancement and Effectiveness Review* (PEER™) program to improve accountability, consistency, and excellence among state PHPs; and

Whereas, The AMA, the American Psychiatric Association, the Accreditation Council of Graduate Medical Education, the American Board of Medical Specialties, the American Osteopathic Association, the American College of Physicians and the FSMB have all sponsored the FSPHP PEER™ process via philosophical, financial, and stated support that reflect a

commitment to further the development of these important programs while at the same time set the stage for appropriate funding for this venture; therefore be it

RESOLVED, That our American Medical Association amend policy D-405.990, "Educating Physicians About Physician Health Programs," by addition to read as follows:

Educating Physicians About Physician Health Programs and Advocating for Standards D-405.990
1) Our AMA will work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory; 2) Our AMA will continue to collaborate with relevant organizations on activities that address physician health and wellness; 3) Our AMA will, in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs; ~~and~~ 4) Our AMA will work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training; and 5) Our AMA will continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; 6) Our AMA will continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options. (Modify Current HOD Policy)

Fiscal Note: Minimal - less than $1,000.

Received: 05/09/19

RELEVANT AMA POLICY

Educating Physicians About Physician Health Programs D-405.990
1) Our AMA will work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory; 2) Our AMA will continue to collaborate with relevant organizations on activities that address physician health and wellness; 3) Our AMA will, in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs; and 4) Our AMA will work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training.
Citation: (Res. 402, A-09; Modified: CSAPH Rep. 2, A-11; Reaffirmed in lieu of Res. 412, A-12; Appended: BOT action in response to referred for decision Res. 403, A-12

Impaired Physicians Practice Act H-275.964
Our AMA encourages state medical societies that do not have effectively functioning impaired physicians programs to improve their programs and to urge their states to adopt the AMA 1985 Model Impaired Physician Treatment Act, as necessary.
Citation: (Sub. Res. 7, A-89; Reaffirmed: BOT Action in response to referred for decision Res. 215, I-97; Reaffirmed: BOT Rep. 17, I-99; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10

Confidentiality of Enrollment in Physicians (Professional) Health Programs D-405.984
1. Our American Medical Association will work with other medical professional organizations, the Federation of State Medical Boards, the American Board of Medical Specialties, and the Federation of State Physician Health Programs, to seek and/or support rules and regulations or legislation to provide for confidentiality of fully compliant participants in physician (and similar) health programs or their recovery programs in responding to questions on medical practice or licensure applications.
2. Our AMA will work with The Joint Commission, national hospital associations, national health insurer organizations, and the Centers for Medicare and Medicaid Services to avoid questions on their applications that would jeopardize the confidentiality of applicants who are compliant with treatment within professional health programs and who do not constitute a current threat to the care of themselves or their patients.
Citation: (Res. 4, A-15