

PA Access to Provider Health Programs

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- Employed by Takeda Pharmaceuticals; views are his own.
- Project supported by AAPA-PAEA Research Fellowship. Funding of this project does not necessarily constitute an endorsement of the findings of this research report by either organization.

- Stephanie Neary

- No disclosures

Wellbeing Among PAs

- People can experience issues with mental health and/or substance abuse
- PAs are people
- Therefore, PAs can experience issues with mental health and/or substance abuse
 - Depression (6%)
 - Anxiety (12.6%)

- Burnout and work exhaustion exacerbate mental health and substance use issues
 - Prevalence in PAs is 55-80% depending on the study
- Burnout and poor mental health → worse patient outcomes
- Death by suicide more common in physicians vs general population
 - Male physicians +40%
 - Female physicians +130%

Note: most of what we know is from research on physicians.
Available data on PAs is similar to physicians.

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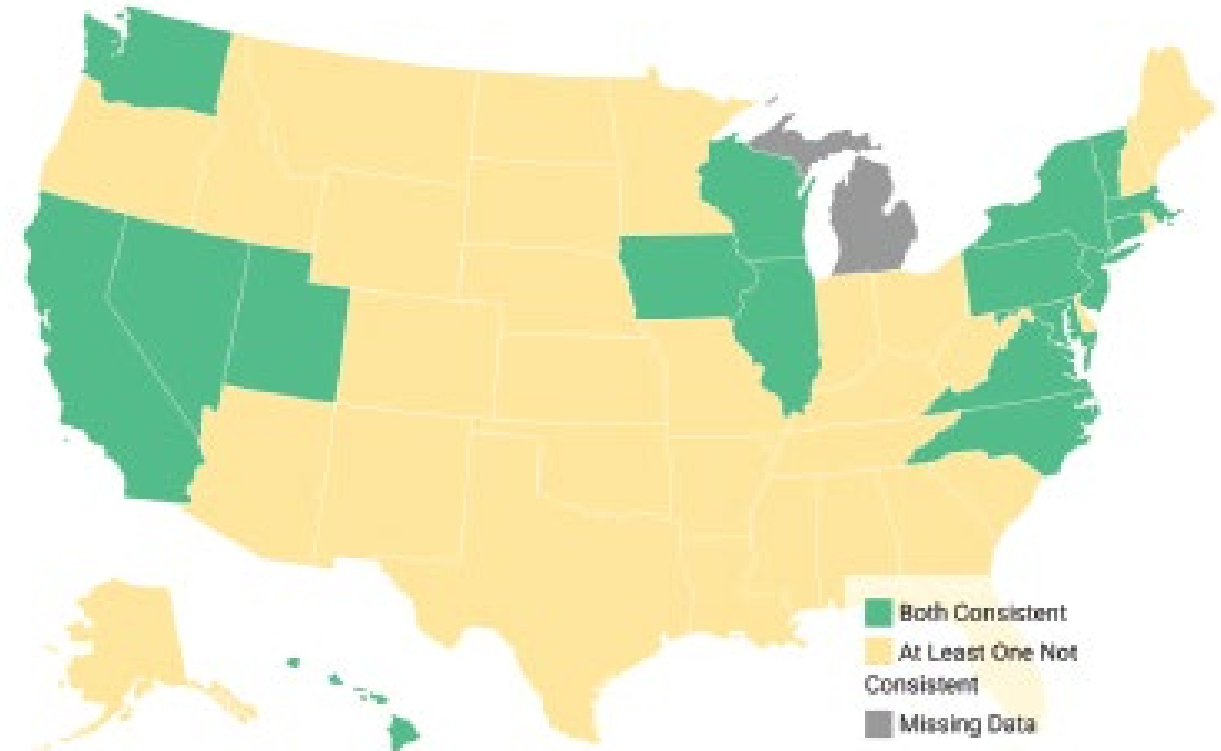
Center et al, 2003
Blackstone et al, 2021



Okay, but surely licensing bodies and other groups that exist to protect patient safety understand the significance of this issue and prioritize provider wellbeing in the interest of patient care???

Licensure Questions and Mental Health

- 18 states were consistent with the Americans with Disabilities Act for both initial and renewal licensure applications
- 35% of PAs would hesitate to seek help for a mental health/substance use issue
 - vs 12% for a physical ailment
- PAs in states with noncompliant initial applications were less likely to seek help for a mental health issue



District of Columbia (not pictured) had applications that were both consistent.
Created with Datawrapper

FIGURE 2. ADA consistency of initial and renewal PA license applications by state

What Sources of Support Exist for PAs?

- Provider Health Programs (PHPs)
 - Seek to protect patients through identification, treatment, remediation, and/or monitoring of clinicians with a health-related issue that could compromise patient safety

Great! Where can PAs learn more???

Study Methods

- We audited the websites of the PA licensing board and state/district constituent group for each state and the District of Columbia in October and November of 2022
- In addition to presence/absence of information on PHP, was there physician-centric language that could dissuade PAs from seeking help?

Variable	Data
State	State name
Is there a PHP serving PAs?	Yes
	No
Does the PHP use physician-centered language?	Yes
	No
Is PHP information on the website of the state's constituent organization?	Yes
	No
Is PHP information on the website of the state's PA licensing agency?	Yes
	No

Results

- Every state except 1 (MA) currently has a PHP serving PAs
 - MA just passed legislation mandating the creation of one
- This means virtually all PAs can get support from a PHP if they need it

Variable	Data	Frequency (%)
State	State name	N/A
Is there a PHP serving PAs?	Yes	50 (98%)
	No	1 (2%)

- But, many PHPs have physician-centered titles
 - e.g., “Physician Health Program”
- This represents a potential barrier to care
 - PAs may assume that they are not eligible to participate

Variable	Data	Frequency (%)
State	State name	N/A
Is there a PHP serving PAs?	Yes	50 (98%)
	No	1 (2%)
Does the PHP use physician-centered language?	Yes	19 (38%)
	No	31 (62%)

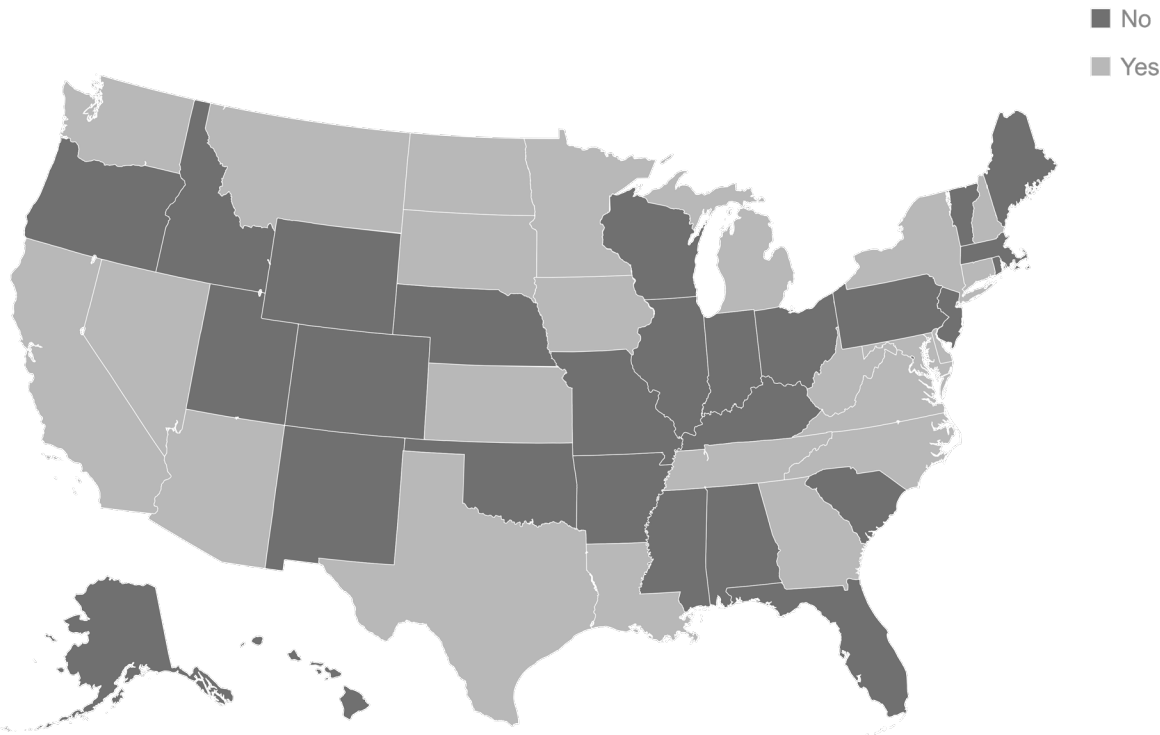
Results

- Most constituent organizations and licensing boards DO NOT have information on PHPs listed

Variable	Data	Frequency (%)
State	State name	N/A
Is there a PHP serving PAs?	Yes	50 (98%)
	No	1 (2%)
Does the PHP use physician-centered language?	Yes	19 (38%)
	No	31 (62%)
Is PHP information on the website of the state's constituent organization?	Yes	9 (18%)
	No	41 (82%)
Is PHP information on the website of the state's PA licensing agency?	Yes	23 (46%)
	No	27 (54%)

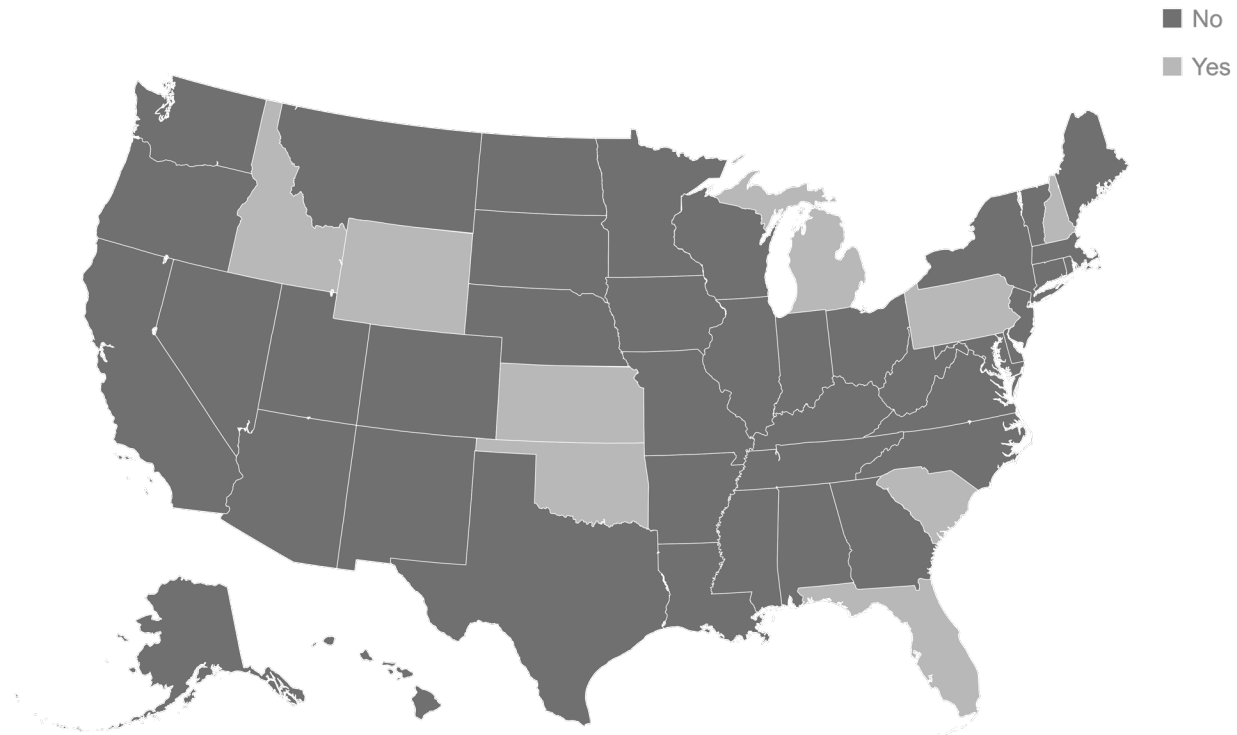
Information on C.O. and Licensing Board Sites by State

Constituent Organization



Powered by Bing
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Licensing Agency



Powered by Bing
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Discussion

- Every state has, or will soon have, a PHP for PAs
- In many states, no information about it is posted on constituent organization/licensing board websites
 - How will PAs know about this resource???
- Advocacy efforts will be needed to increase awareness and address real or perceived barriers to care
 - Promote information and accessibility
 - Add PA students to PHPs?
 - Some states do this already

References

- Blackstone SR, Johnson AK, Smith NE, McCall TC, Simmons WR, Skelly AW. Depression, burnout, and professional outcomes among PAs. *JAAPA*. 2021;34(9):35-41. doi:10.1097/01.JAA.0000769676.27946.56
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- Nettesheim E, Neary S, Roman C. Do PA licensure questions violate the Americans with Disabilities Act?. *JAAPA*. 2021;34(3):46-48. doi:10.1097/01.JAA.0000733248.60056.6b
- Roman C, Neary S, Nettesheim E, Zorn J. PA licensure questions, the Americans with Disabilities Act, and seeking medical care. *JAAPA*. 2022;35(1):49-52. doi:10.1097/01.JAA.0000803628.10259.a9

Thank you!

**Please ensure your state's C.O.
and licensing websites include
PHP information!**

And advocate for it if they do not.

LEADERSHIP
AND
ADVOCACY
SUMMIT
LEAD. ENGAGE. INSPIRE.

September 28 - 30, 2023 | Pentagon City, VA



American Academy of
Physician Associates

Medical Licensing Application Reform: Achieving Patient Safety and Clinician Well-being

Mark Staz

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Federation of State Medical Boards

Disclosures

Mark Staz: No relevant relationships with ineligible companies to disclose within the past 24 months

Federation of State Medical Boards (FSMB)



- ✓ Founded in 1912, we are the national, non-profit organization that represents all 70 of the state medical and osteopathic boards across the United States
- ✓ State medical boards **protect the public** through the licensing, disciplining and regulation of 1 million+ physicians, PAs, and other health care professionals
- ✓ FSMB **supports state medical boards** through education, assessment, research and advocacy and promotes regulatory best practices across states

Greeting from FSMB's Board of Directors!



Presentation Overview

- ✓ Background & Context
- ✓ Treatment-seeking: Evidence & Barriers
- ✓ FSMB Recommendations
- ✓ Role of Clinician Health Programs
- ✓ Ongoing Work and Collaboration

Background and Context

- ✓ Initial Discussions Focused on Disruptive Physicians
- ✓ Realization that Disruptive Behavior often has Roots in Burnout
- ✓ Dual Focus on Professional Self-Care **AND** Systems Factors
- ✓ Creation of FSMB Workgroup on Physician Wellness and Burnout

Key Early Research

- ✓ 45 of 52 Licensure Applications reviewed contained questions about applicant mental health
Polfliet S, J AAPL 2008; 36(3)
- ✓ Questions about mental health/SUD may cause physicians to avoid/delay treatment
Schroeder R, et al. Acad Med 2009; 84(6)
- ✓ “Women physicians report substantial and persistent fear regarding stigma which inhibits both treatment and disclosure”
Gold K, Andrew L, et al., Gen Hosp Psychiatry 2016; 43

Sample Application

21. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice medicine in a safe and competent manner? Yes No

22. Have you ever been voluntarily or involuntarily committed or confined to any facility for mental health care? Yes No

23. Have you ever been diagnosed with, treated for, or do you currently have: Yes No

Check each condition you have ever been diagnosed with, treated for, or currently have:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Depressive Neurosis | <input type="checkbox"/> Kleptomania |
| <input type="checkbox"/> Hypomania | <input type="checkbox"/> Any Dissociative Disorder | <input type="checkbox"/> Pyromania |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Any Psychotic Disorder | <input type="checkbox"/> Delirium |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Any Organic Mental Disorder | <input type="checkbox"/> Paranoia |
| <input type="checkbox"/> Seasonal Affective | <input type="checkbox"/> Any condition requiring chronic medical or behavioral treatment | |
-

24. Have you ever taken, or are you currently taking, any controlled substance for any of these disorders? Yes No

25. Have you ever been adjudicated, or declared incompetent, or been the subject of an incompetency proceeding? Yes No

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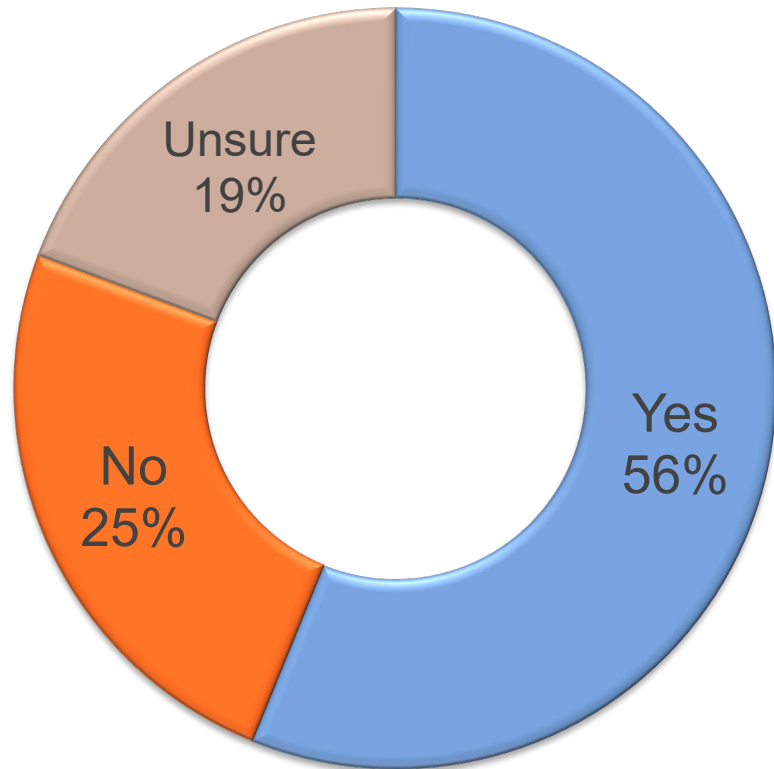
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MENTAL / PHYSICAL

The State Medical Board Experience



n=57/70 Boards

“Is your board aware of physicians who are reluctant to report issues related to their well-being or burnout to state boards due to fear that it might negatively impact their ability to obtain or retain a medical license?”

FSMB Policy on Physician Wellness and Burnout

- ✓ Adopted by FSMB House of Delegates in 2018 after 2+ years of analysis
- ✓ Includes 35 recommendations for supporting physician wellness for state medical boards and partners in medical practice and patient safety



Physician Wellness and Burnout

Report and Recommendations of the Workgroup on Physician Wellness and Burnout

*Adopted as policy by the Federation of State Medical Boards
April 2018*

Executive Summary:

The Federation of State Medical Boards (FSMB) Workgroup on Physician Wellness and Burnout was convened in April of 2016 by FSMB Chair Arthur S. Hengerer, M.D. to identify resources and strategies to address physician burnout.



Policy Goals

- ✓ Encourage help-seeking
- ✓ Reduce/Remove stigma
- ✓ Change perception of medical board role
- ✓ Promote conversation
- ✓ Support public protection work of SMBs
- ✓ Improve quality of patient care

Policy Recommendations

For State Medical Boards:

1. The FSMB recommends that state medical boards review their medical licensure (and renewal) applications and **evaluate whether it is necessary to include probing questions about a physician applicant's mental health, addiction, or substance use**, and whether the information these questions are designed to elicit in the interests of patient safety may be obtained through means that are less likely to discourage treatment-seeking among physician applicants. For example, some boards subscribe to notification services such as the National Practitioner Data Bank's "Continuous Query" service or other data services that provide information about arrests or convictions, including for driving under the influence, within their states which can serve as a proxy finding for physician impairment. The FSMB also recommends in its *Essentials of a State Medical and Osteopathic Practice Act* that boards require applicants to satisfactorily pass a criminal background check as a condition of licensure.⁵⁶
2. Where state medical boards strongly feel that questions addressing the mental health of physician applicants must be included on medical licensing applications, they should **carefully review their applications to ensure that appropriate differentiation is made between the illness with which a physician has been diagnosed and the impairments that may result**. Application questions must focus only on current impairment and not on illness, diagnosis, or previous treatment in order to be compliant with the Americans with Disabilities Act (ADA).

- ✓ First recommendation: ***“Evaluate whether it is necessary to include probing questions about a physician applicant’s mental health, addiction, or substance use”***
- ✓ Additional recommendations address:
 - ✓ Distinguishing between Illness and Impairment
 - ✓ Providing “safe haven non-reporting” option
 - ✓ Ensuring non-disclosure of licensee’s personal health information
 - ✓ Maintaining relationship with PHP

Professional Health Program Role

- ✓ Collaborative Policy Development
- ✓ Two Referral Streams: Self-Referral or Referral by Regulator
- ✓ Anonymous Participation (subject to adherence to agreed terms)
- ✓ Safe Monitoring and Evidence-based Support for Professional
- ✓ Return to Practice upon PHP/Board Clearance

Progress...

Attestation

- ✓ Increase in safe haven non-reporting option
- ✓ Some SMBs have removed all questions about health and substance use
- ✓ Significant trend in states using “Attestation Model”

Remove Questions

Use FSMB Model Language

*“Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. **The failure to adequately address a health condition, where the licensee is unable to practice medicine within reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.**”*

We're in this Together!

- ✓ Professional Associations' mission involves safeguarding member well-being
- ✓ Regulator's duty to protect the public includes a responsibility to support professional well-being
- ✓ Employers have a financial interest in professional well-being
- ✓ Government workforce concerns are addressed through professional well-being

Thank You!

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