

## **Innovative Partnerships on Specialized Mental Health & SUD Care for Clinicians: A Look at Provider Health Programs**

Gaurava Agarwal ([00:00](#)):

Hi, I'm Gaurava Agarwal. I'm a psychiatrist and the Chief Wellness Executive at Northwestern Medicine. I'm serving as a consultant for the American Psychiatric Association Foundation Center for Workplace Mental Health and their Frontline Connect Initiative.

([00:17](#)):

It's my pleasure to introduce Linda Bresnahan, who serves as the Executive Director for the Federation of State Physician Health Programs. Thanks for being with us today, Linda.

Linda Bresnahan ([00:28](#)):

Hi, I'm Linda Bresnahan. I'm the Executive Director for the Federation of State Physician Health Programs. My background's actually with the Massachusetts Medical Society's Physician Health Program where I worked for 25 years. I mentioned that, because most Physician Health Programs started as a program or a committee of their State Medical Society and evolved into separate programs, sometimes 501(c)(3)s, but still affiliated with their State Medical Societies and they have strong relationships with their state medical boards. I know that will come up during the course of the interview, so I thought I'd mentioned that as part of my background. Great to be here.

Gaurava Agarwal ([01:03](#)):

Thank you very much, Linda. We're excited to have you here today as we want to learn about different resources that our healthcare professionals have in terms of finding access to mental healthcare substance abuse treatment. I was wondering if you could tell us a little bit about what PHPs are and what services they offer?

Linda Bresnahan ([01:23](#)):

Sure. So, Physician Health Programs are successful programs in each state. They offer a model of care for physicians and in some states other licensed healthcare professionals who are at risk of behavioral health conditions, which includes substance use disorders and other potentially impairing conditions.

([01:44](#)):

In terms of what they offer, to describe this in the simplest way, physicians or other healthcare professionals can refer themselves or a colleague that they have a concern for to a Physician Health Program for a consultation. While they're there at the Physician Health Program, which sometimes now may occur through a virtual meeting like we're having today or in-person, they'll have an initial assessment where they'll describe why they were referred or why they came forward on their own, and they'll receive experienced guidance during that first interaction and support.

([02:23](#)):

From there, the experts at the Physician Health Program will consider additional resources for the physician or healthcare professional, such as whether they need further evaluation, a therapist for counseling, professional coaching, maybe some specialized education. They'll consider if they're concerned that there's a substance use disorder or a mental health concern such that further treatment would be indicated, and they'll offer specialized resources for that individual to consider following that initial assessment.

[\(02:59\)](#):

In some cases throughout the course of the experience with the Physician Health Program, it will be determined if that physician or licensed healthcare professional would benefit from monitoring for a substance use disorder or a mental health condition. That's one of the areas of expertise of Physician Health Programs is providing monitoring once a diagnosis and initial treatment has been completed.

Gaurava Agarwal [\(03:25\)](#):

That's very helpful. I want to unpack that a little bit, because I know that most of our audience isn't that familiar with PHPs, and so I want to just make sure and put a point on a couple of things that you said. You said that, is it right that every state has a PHP?

Linda Bresnahan [\(03:43\)](#):

Yes, most states have Physician Health Programs, so I guess yes or no. So, there's a few states that do not have legislatively approved Physician Health Programs. So to be a member of the Federation of State Physician Health Programs, we have certain criteria. We want the Physician Health Program to be legislatively approved to provide a confidential service with special protections that serves as an alternative to discipline.

[\(04:10\)](#):

So there's a few states that are developing those resources, but don't quite have them. They do have resources in their state, but they don't meet that criteria. That's California, Wisconsin, and Nebraska. Like I said, they have staff of their State Medical Society and professionals in that state invested in developing a resource like this that we have regular interactions with. So, I expect maybe by the end of this year we'll be able to say all states.

Gaurava Agarwal [\(04:39\)](#):

That's very helpful. I know we're calling them Physician Health Programs, but you sort of highlighted that certain states, these programs may assist other healthcare professionals besides physicians. Is that right?

Linda Bresnahan [\(04:51\)](#):

Yeah, that's evolving, right? So, we started out of State Medical Societies. This all started when the American Medical Association and the Federation of State Medical Boards 35 years ago had a mandate to require states to have a safe, confidential alternative to discipline for mental health and substance use concerns. This was following concerns of physician suicide 35, 40 years ago.

[\(05:18\)](#):

So at that time, State Medical Societies created committees to start these services, and they evolved over the years and the need grew so that they became 501(c)(3)s, which allowed them to expand, have more funding from other resources and grow. With that, in the last decade, there's really been a movement from the other licensing boards and the other healthcare professionals recognizing the successful outcomes of these programs.

[\(05:48\)](#):

So, they've gone to the Physician Health Programs and said, "Would you help provide these services to these other licensed health professions in the state?" So, now I have a directory on my website of all the

state Physician Health Programs, and if you look at them, about 50% of them now are providing the same services to other health professionals, and that movement is growing.

Gaurava Agarwal (06:08):

Okay. When you say other healthcare professionals, nurses, APPs, respiratory therapists, everybody?

Linda Bresnahan (06:15):

Yeah.

Gaurava Agarwal (06:15):

Or does it tend to be nurses or APPs at this point?

Linda Bresnahan (06:18):

I mean, it's more common that you'll see that it started with nurses, but you can look at some of the state Physician Health Programs and it lists all the professions they provide. In a few states it's all licensed professionals, it goes beyond health professionals, but yes, veterinarians, dentists.

Gaurava Agarwal (06:38):

That's fantastic. Okay-

Linda Bresnahan (06:38):

Yeah, yeah.

Gaurava Agarwal (06:40):

That's very helpful. It sounded like you said that if I was seeking care for myself, I could call, or someone else could call on my behalf like a health system leader or someone that was concerned about me. Is that right that it can either be a self-referral or someone else could suggest that, "Hey, I'm worried about a colleague of mine."?

Linda Bresnahan (07:03):

Yeah, absolutely. I mean, here's the thing. There's absolutely no downside to picking up the phone if it's for yourself, a colleague and getting a consultation about what you're experiencing yourself or the signs or concerns you have about a colleague. Maybe you're worried about their wellbeing, maybe you're worried about whether they're safe to practice, you're worried about whether you have a reporting obligation or you're worried about yourself, you can call.

(07:27):

You don't have to necessarily give a name of who you're concerned about. Just call the Physician Health Program, ask how it works, ask how the confidentiality works before you get into any specifics, just so you can feel comfortable with what their services are and how it works and get that consultation free.

(07:44):

They have years of experience working with healthcare professionals, so I don't ever see a downside to calling a Physician Health Program and saying, "This is what I'm experiencing. How does your services work? What kind of resources might you have? Or this is what I'm worried about with respect to a colleague."

Gaurava Agarwal (08:00):

That's fantastic. I think you took that next question out of my mouth. You said that there's this intake process in that initial consultation process, and that is free. Is that right?

Linda Bresnahan (08:11):

That's right. Yeah, there's no charges for calling up a Physician Health Program. Other things to think about too is Physician Health Programs and their staff, clinicians, often physician medical directors are excellent experts in substance use disorder, professional wellbeing, mental health disorders, so they are at your service to provide education. They love to come out to hospitals, do grand rounds or do virtual education like this. The education they're going to provide qualifies for continuing medical education.

(08:42):

The Joint Commission requires healthcare institutions to provide education, they require healthcare institutions to have policies for addressing substance use, mental health services. The Joint Commission has issued a statement to us that a Physician Health Program can satisfy that education that an institution needs, and it can satisfy a program of the institution.

(09:03):

In other words, if you had a policy in your hospital that said under these conditions you will refer someone to the state Physician Health Program, that would satisfy a policy for addressing substance use or mental health concerns in the workforce in the institution, if an institution chose to do it that way.

Gaurava Agarwal (09:21):

Okay. Well, that's a great service that actually I wasn't even aware of. The ability to get educational programming grand rounds from experts, I think that's fantastic.

(09:35):

For me, I heard you say there was treatment programs, you could find counselors, you could find coaches. During that intake, they would decide what sort of provider, what sort of care I need. So when I'm talking to somebody at intake, is it a clinician that I'm speaking to then?

Linda Bresnahan (09:56):

Yes, in all cases, it's a clinician. I mean, almost all Physician Health Programs have physician medical directors, others have social work or master's level or psychologists, PhDs. So yes, it's always going to be a clinician on the other end.

Gaurava Agarwal (10:13):

Okay. Then the people that they say, "Hey, this is somebody you might want to consider, this is a referral for a coach or a therapist," how are those lists generated or how do they-

Linda Bresnahan (10:24):

Come about that.

Gaurava Agarwal (10:24):

Decide that those are good people for me to go see?

Linda Bresnahan (10:27):

Right. That's a special niche of Physician Health Programs, so that the staff and the medical directors really work hard to get to know the resources in their state that have special expertise working with physicians. So, some programs have established criteria that a healthcare professional or a treatment program has to meet in order to be a provider that they will recommend their physicians to.

[\(10:56\)](#):

Others, it's less formal than that. It's really years of experience having conversations and education. Some state Physician Health Programs actually have education programs where they'll teach the providers special considerations for taking care of a healthcare professional.

[\(11:15\)](#):

But to address this need that you're describing, what is the criteria? We started two years ago, the federation, this is a major strategic priority of ours to develop criteria to help all our Physician Health Programs identify how to grow their resources for physicians in the state.

[\(11:35\)](#):

So we have what's called the Evaluation and Treatment Accreditation Program, and we've been developing that for three years. The pilot's going to launch this year. So, this means that treatment providers and evaluation centers can take this accreditation and be accredited to take care of healthcare professionals.

[\(11:54\)](#):

A couple examples of what makes treating a physician or any healthcare professional unique is the reporting obligations. Most states, either ethically or by mandate, there's a duty to report a healthcare professional that you have a reasonable basis to believe might be impaired from substance use or mental health or other reasons. So, it's not always abundantly clear whether you're excused from that mandated report. Some states it's clear and different rules and regulations trump, and others it's not. Either way, there's a obligation to address that.

[\(12:35\)](#):

So, we help train physicians how to deal with that delicate balance of protecting patient care, protecting the patient that they're taking care of that's the healthcare professional in front of them when they might have concerns about that person's ability to practice during the course of the treatment or evaluation.

[\(12:50\)](#):

Another special factor that doesn't exist in treatment for the general population is when a physician is sent for evaluation or treatment for substance use disorder or mental health, a Physician Health Program needs to know upon completion of that treatment if that person is fit to practice. So, a fitness for practice determination isn't part of a regular treatment or addiction or substance use program or mental health program. So, the programs that the Physician Health Programs and the providers they lean on are providing that special determination upon completion of treatment. So, just to give a few examples and there's more.

Gaurava Agarwal [\(13:28\)](#):

Yep. I do want to underscore and be clear though that I can reach out to PHP if I'm just dealing with mild to moderate depression or anxiety, it doesn't have to be where it's severe or I feel like I'm impaired. Is that correct?

Linda Bresnahan [\(13:46\)](#):

Yeah, it is correct, absolutely. That's our goal is to continue to build the ability for individuals to feel comfortable coming forward earlier, or to refer their colleagues early on when there's signs of concern. Unfortunately, Physician Health Programs have a lot of experience addressing those that come forward impaired with substance use and mental health disorders, so presumably the referral has happened later than maybe it could have been, so yes.

[\(14:18\)](#):

When I was at the Massachusetts Physician Health Program, we would see anywhere from 150 to 200 new referrals a year, and only 30% of those that were referred at that time were ultimately entered into substance use or mental health monitoring. Meaning the other 70% we were providing counseling and therapy or coaching or recommendations other than needing treatment or evaluation and long-term monitoring. So just to give you an example, but many Physician Health Programs are seeing referrals earlier on and providing resources and support in that way.

Gaurava Agarwal [\(14:57\)](#):

That's what we want to see. That's the whole point of Frontline Connect is being able to treat upstream of when the problems get more severe, so that's great to hear.

Linda Bresnahan [\(15:06\)](#):

Yeah.

Gaurava Agarwal [\(15:06\)](#):

I really just want to also emphasize the sort of unique training or experience that certain mental health providers do have in taking care of healthcare professionals, because there are some nuances of understanding just how we work, our schedules, the pressures we face, and so having someone who's familiar with that is very helpful I think in treatment.

[\(15:33\)](#):

That's my clinical specialty, my coaching specialty, and I can speak from experience there where it really is helpful, where someone who may not know how we work in our healthcare system might say, "Oh, can we meet at 4:00? You're probably done with work then." That's not my reality.

Linda Bresnahan [\(15:52\)](#):

That's not how it works, right?

Gaurava Agarwal [\(15:53\)](#):

So, it's nice to have someone who knows about the challenges and stressors that we face. So, I think that's a great, great benefit of the PHPs. One of the things on this issue of identifying earlier, I had heard that you all were also working on an initiative with I believe it's the American Foundation of Suicide Prevention and their interactive screening program, so that people could take a survey and identify if they're having symptoms and that can link them to resources. I was wondering if you might share a little bit about that?

Linda Bresnahan [\(16:30\)](#):

Yeah, so it was probably four or five years ago, we did a few ... it was actually during COVID, so less than that. We did a physician suicide prevention program with the American Foundation of Suicide Prevention, Dr. Christine Moutier and her staff, and we learned about the interactive screening

program. So, it's a special interactive program where you fill out a survey online and identifies whether that individual who's completing that survey is at risk for suicide.

[\(17:02\)](#):

So it's tested, it's fully ready to implement really on anybody's website. So a healthcare institution, a State Medical Society, and a Physician Health Program can implement this as just an added resource, an added screening instrument with the support of the American Foundation of Suicide Prevention. For a fee, they provide you technical support to implement it.

[\(17:23\)](#):

So during the course of doing that education program with them, we realized this would be a great resource for Physician Health Programs to have on their website for those that might start their first encounter with a Physician Health Program by going to the website and thinking, "What is this all about?"

[\(17:37\)](#):

Maybe they've been referred, maybe they're thinking about calling, they might go to the Physician Health Program website and see this interactive screening program and participate in that. When they participate in that, if they are identified as someone as having suicide risk, they will immediately be connected with counseling resources when that tool is in place.

[\(17:57\)](#):

So, recognizing that is just an added resource that we think is valuable for any Physician Health Program or institution, or State Medical Society for that matter to have available to them, we have continued to offer programming to help train our state Physician Health Programs and encourage them to implement this.

[\(18:17\)](#):

So, the Tennessee Medical Foundation partnered with its Physician Health Programs. So like I said, most state Physician Health Programs still very integrated with their state medical society. So the Tennessee Medical Foundation and its Physician Health Program are still very tied together. I think they're still in the same building and part of the same institution. So, they partnered together.

[\(18:37\)](#):

So, this interactive screening program can be available on the Tennessee's Physician Health Program website or the Medical Foundation. Physicians are filling it out, and they have impressive data about the touchpoints of that survey to healthcare professionals in the state, and then they're connecting them with counseling.

[\(18:54\)](#):

So I know of three states now, Tennessee, Arkansas, and Ohio that are developing this, and once again, the American Foundation of Suicide Prevention will be at our annual meeting in May, and we'll be looking to identify more Physician Health Programs to implement it. We're having conversations now looking for funding resources to help subsidize the cost to put that in place for state Physician Health Programs.

Gaurava Agarwal [\(19:22\)](#):

That's fantastic. Family members of healthcare professionals are oftentimes the first line of defense or first sort of nudge to get a healthcare professional to seek care. Are there resources through PHPs for family members of healthcare professionals, support groups, anything like that?

Linda Bresnahan ([19:42](#)):

Some of them certainly can refer family members to. I mean, the primary source of support for the Physician Health Program is to the healthcare professional themselves, but over the years, I know me and Massachusetts and certainly other Physician Health Programs, you'll receive sometimes the first call from a family member or a spouse, how does this work?

([20:05](#)):

Again, I mean, they just give exceptional support to what that person's going through and how to perhaps encourage them to come forward maybe together or another phone call with the person that they're calling about that they're concerned about. Ultimately, PHPs need to have the physician come forward or the healthcare professional come forward to be helpful.

([20:28](#)):

So, that's a huge source of support just by helping them make the referral to the PHP that a PHP provides. Some of them are able to give resources to family members for support group meetings. Most PHPs don't directly provide that, but they have resources to help line up family members with support groups and other kinds of support that they can get.

Gaurava Agarwal ([20:53](#)):

Thank you for that. One of the things from an access to care perspective that we hear a lot right now is a healthcare professional will seek out care and there'll be a three-month wait list, or the mental health providers are full. If a referral is made from a PHP, have you found that that expedites the ability for someone to get into a mental healthcare professional that was referred by the PHP?

Linda Bresnahan ([21:22](#)):

It is expedited, the PHPs ... because anytime someone calls or might refer someone, PHPs are so in tune with the possibility that that person not only needs help, but potentially could be at risk to patient care, so they accelerate their support to see that physician as soon as they possibly can. Similarly, when they recommend evaluation and treatment, they're able to accelerate that.

([21:53](#)):

I mean, look, we all, including myself, have family members and friends that need support, and when I'm helping a family member or a friend, the wait list and lining them up with support is nothing like that of a Physician Health Program. I find myself saying, "Oh, I wish there was a program like this for us."

([22:12](#)):

In fact, our first study, Dr. Bob DuPont at the Institution of Behavioral Health back in 2005 recognized the Physician Health Program model of care was something that ought to be available to the general population for substance use disorders, and he provided the first funding of its kind for us to do an outcome study.

([22:35](#)):

So, we were able to demonstrate the outcomes for substance use disorders was 80%. There's other smaller studies that Physician Health Programs have done that show the success rate for mental health disorders is equal to that, which you know far exceeds the outcomes for those with substance use disorders in the general population.

([22:54](#)):



So yeah, the long-term monitoring that comes with mental health and the umbrella of support when there is a substance use or a mental health disorder, a PHP is lining that person up with specialized therapists. They have a niche with creating peer support, which when physicians are in treatment and then peer support group meetings, that milieu the evidence shows provides better outcomes.

[\(23:20\)](#):

There's urine drug screens, there's a workplace monitor that's meant to be a colleague who's providing support in the workplace to help that physician who they will know needs to go to support group meetings, sometimes needs to go to random drug testing. So to have that peer support in the workplace is another added bonus, and then the therapist that will be on the monitoring contract. All these individuals report back to the PHP and really provide an umbrella of support around that physician. So it's care like no other in my opinion, so the outcomes are great in that regard as well.

Gaurava Agarwal [\(23:57\)](#):

Oh, that's fantastic. I can echo that as someone who's worked with PHPs around the country, it's really saved a lot of my colleagues' lives, and so I appreciate the work that they do.

[\(24:10\)](#):

As I said, I've had incredibly positive experiences with our PHPs from around the country. You do hear occasionally issues or misinformation, disinformation. If you could pick one thing to correct that people have misconceptions about PHPs and how they work, what would that be?

Linda Bresnahan [\(24:30\)](#):

Probably I think there's confusion that Physician Health Programs are connected to the medical boards in ways that they're not. So, Physician Health Programs have a long history of needing to demonstrate that they're accountable, right? So, they need to demonstrate to their state licensing boards that the individuals that are referred to them in lieu of being referred to the medical board are not a risk to patient care.

[\(25:04\)](#):

So because of that dynamic, and it exists in rules and regulations. So in other words, most states have a mechanism, and I'll use Massachusetts again, because it's the one I'm most familiar with, where in Massachusetts there's an exception to mandated reporting. So, you can refer a physician who you have a reasonable basis to believe is impaired with drugs or alcohol to the PHP and be relieved of your mandated reporting obligation, as long as there's no risk to patient harm, and as long as you are sure that that person followed through with the PHP's recommendations.

[\(25:39\)](#):

So because you're being relieved as a mandated reporter, the PHP in the state needs to satisfy the board's expectations. So, the board will have ... in some states it's a written agreement that the PHP will do the following things, or they'll have thresholds. If patient care or patient safety is at risk, you'll report that to the medical board.

[\(26:00\)](#):

In some cases unfortunately, they might have to report relapse. That doesn't mean the licensing board's going to take action, because relapse is part of the illness and we're really working on that, and we're hopeful that medical boards don't take action on that, but that they allow the physician to receive additional care and return to medicine with an understanding that they'll come out during any course of their care that they're not able to practice.

[\(26:25\)](#):

But because of that relationship or those certain expectations the PHP has to meet to maintain those exceptions to mandate report or those statutes, there's accountability to the medical board. So, PHPs have accountability to the medical board so that they can take referrals in lieu of discipline. That gets confused, that PHPs are working for the medical board or they are the medical board, and that's not the case.

Gaurava Agarwal [\(26:55\)](#):

That's very helpful, and I think it's a really important clarification point, that they're designed to be able to treat what we know are illnesses as such and not disciplinary actions. So, I think it's a wonderful innovation that provides us great resources to help get care without the worry for our licensure and our career.

[\(27:19\)](#):

So Linda, I really appreciate this conversation educating us about PHPs and all the services they provide. It sounds like, especially coming out the pandemic, that they provide a lot of resources that otherwise are not frankly available care from an [inaudible 00:27:35] perspective. So thank you for all the work that you do, and appreciate you taking the time with us here today.

Linda Bresnahan [\(27:40\)](#):

Thank you for having me. Really grateful to have the opportunity, right? Being on the sidelines of a Physician Health Program for 25 years, like I said, I saw people's lives and careers restored, so I'm obviously a believer in what they do. I think it's a great resource, so thank you for giving us this opportunity to clarify and educate what they do.

Gaurava Agarwal [\(27:58\)](#):

My pleasure.