

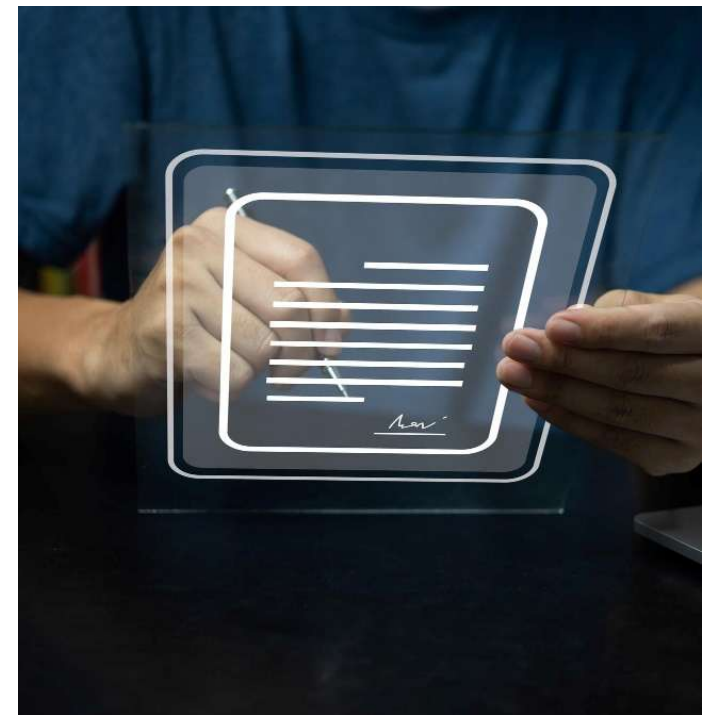
“Watch Your Language!” Reducing Mental Health Stigma for Physicians



Steven Reames
Ada County Medical Society

Impaired or Depression under Control?

- Graduating Idaho medical resident applies for full license in another state
- Checked "yes" for her history of MDD (stable, no relapses)
- Required to pay for a forensic psychological evaluation, arrange for PCP to speak to the BOM-contracted psychologist, do drug-testing wait to hear if licensed, possibly enter a monitoring program, or be denied her license altogether.



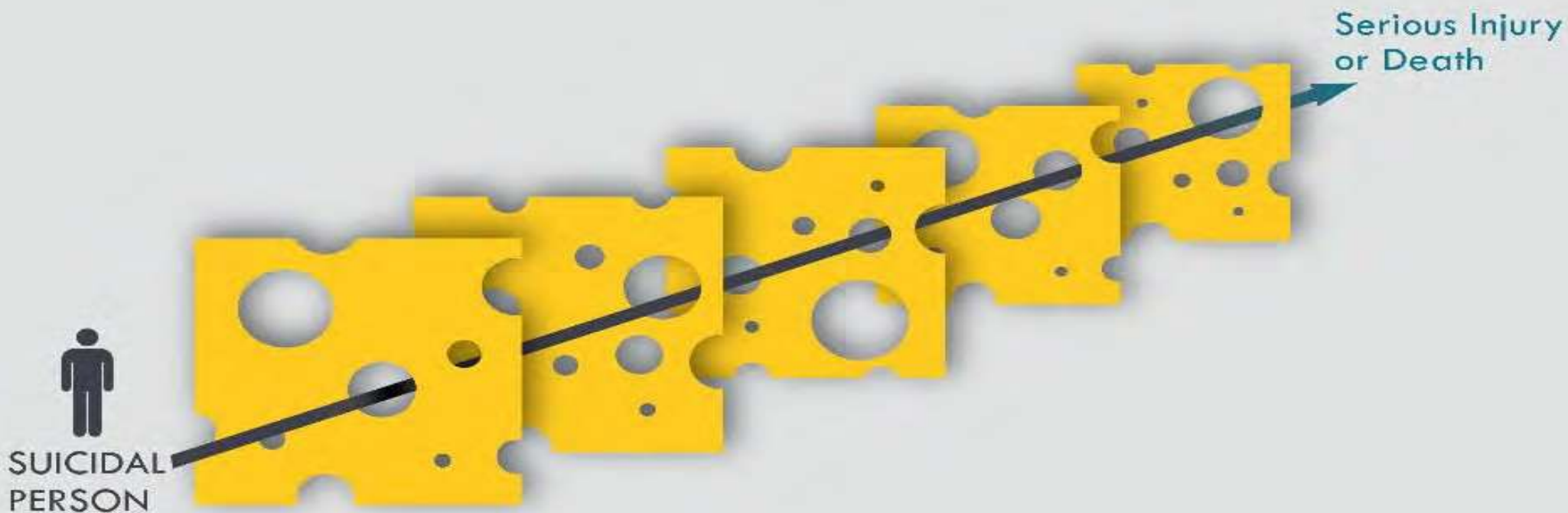
Impaired or Just in Pain?

- An Idaho physician who underwent several surgeries in a couple year period developed a high tolerance for opioids
- No concerns from PCP/prescriber about misuse and no complaints at practice
- Disclosed to employer because of institutional drug testing
- Employer pushed for inpatient treatment and monitoring



A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION

Without improved suicide care, people slip through gaps.



Adapted from James Reason's "Swiss Cheese" Model Of Accidents

ORIGINAL ARTICLE



Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions

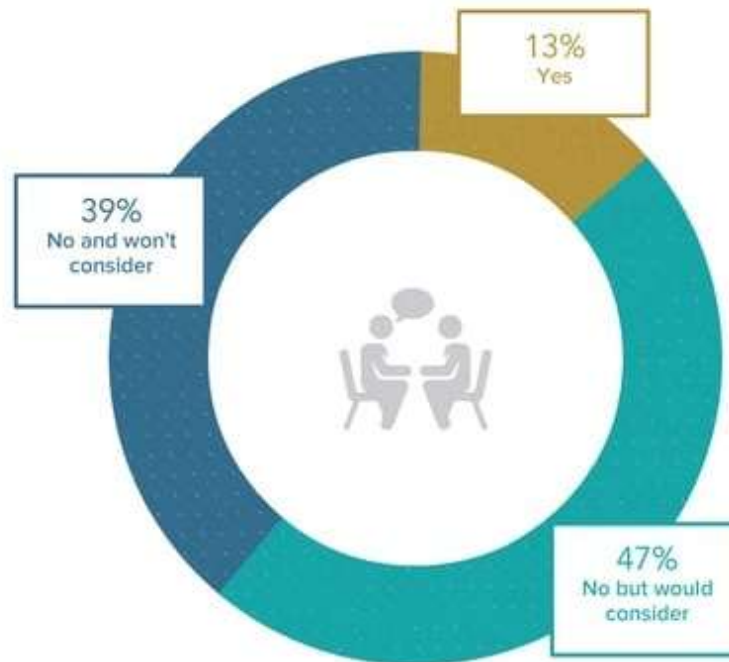


Overall, nearly 40% of physicians (2325 of 5829 [39.9%]) reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure. Reluctance to seek care was least prevalent among physicians practicing in states in which both applications were designated consistent (775 of 2117 [36.6%]) compared with those practicing in states classified as initial application consistent (89 of 206 [43.2%]; $P=.06$), renewal application consistent (443 of 1080, [41.0%]; $P=.02$), and neither application consistent (1018 of 2426 [42.0%], $P<.001$) (overall, $P=.002$ across categories). These data suggest that

In multivariate analysis to explore factors independently associated with whether physicians reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure, physicians who were younger, male, and worked in private practice were more reluctant to seek help (Table 2). Physicians working in a state in which neither application was consistent were more likely to be reluctant to seek help (odds ratio, 1.21 [95% CI, 1.07-1.37]; $P=.002$ vs both applications consistent), as were those who worked in states in which only the renewal application was consistent (odds ratio, 1.22 [95% CI, 1.05-1.43];

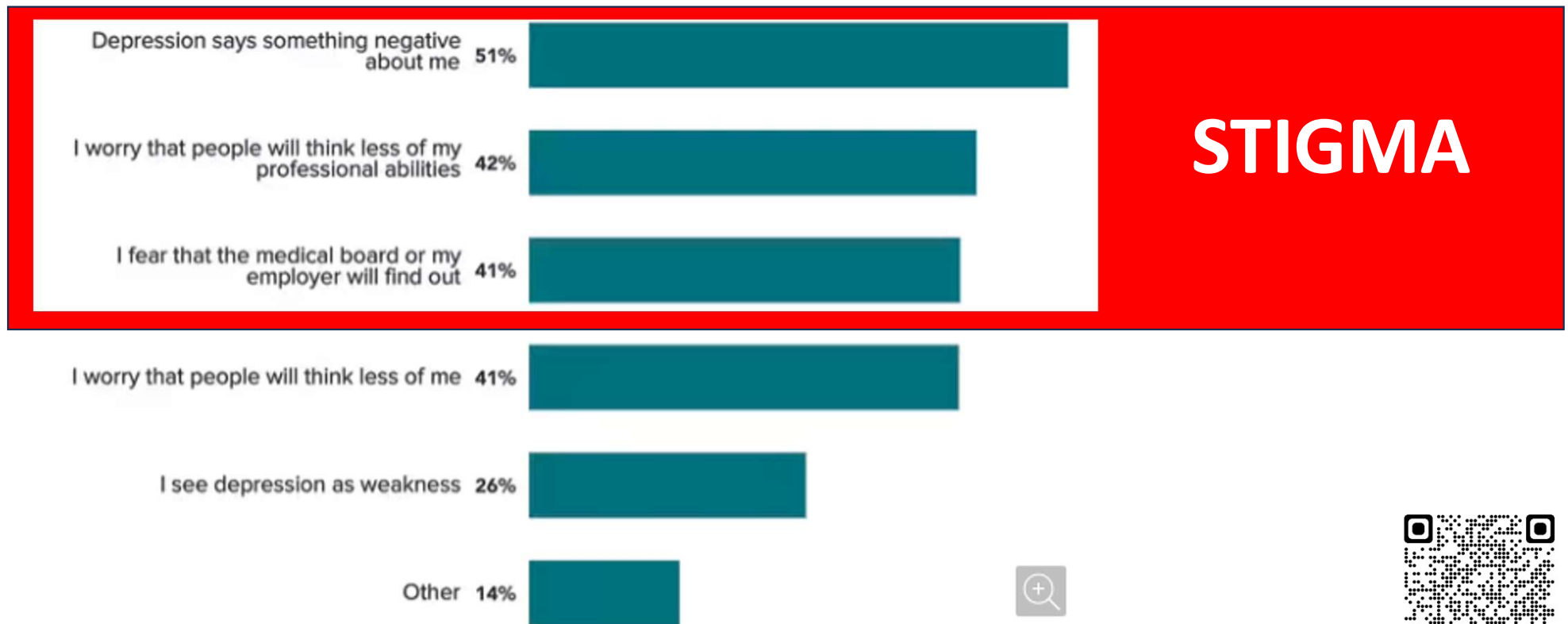


Have you sought professional help to reduce burnout



<https://www.medscape.com/slideshow/2023-lifestyle-burnout-6016058?#20>

Why Have you Not Sought Help for Burnout or Depression



<https://www.medscape.com/slideshow/2023-lifestyle-burnout-6016058?#25>



Nearly eight in 10 physicians (78%), residents (79%) and medical students (76%) agree that there is stigma surrounding mental health and seeking mental health care among physicians.

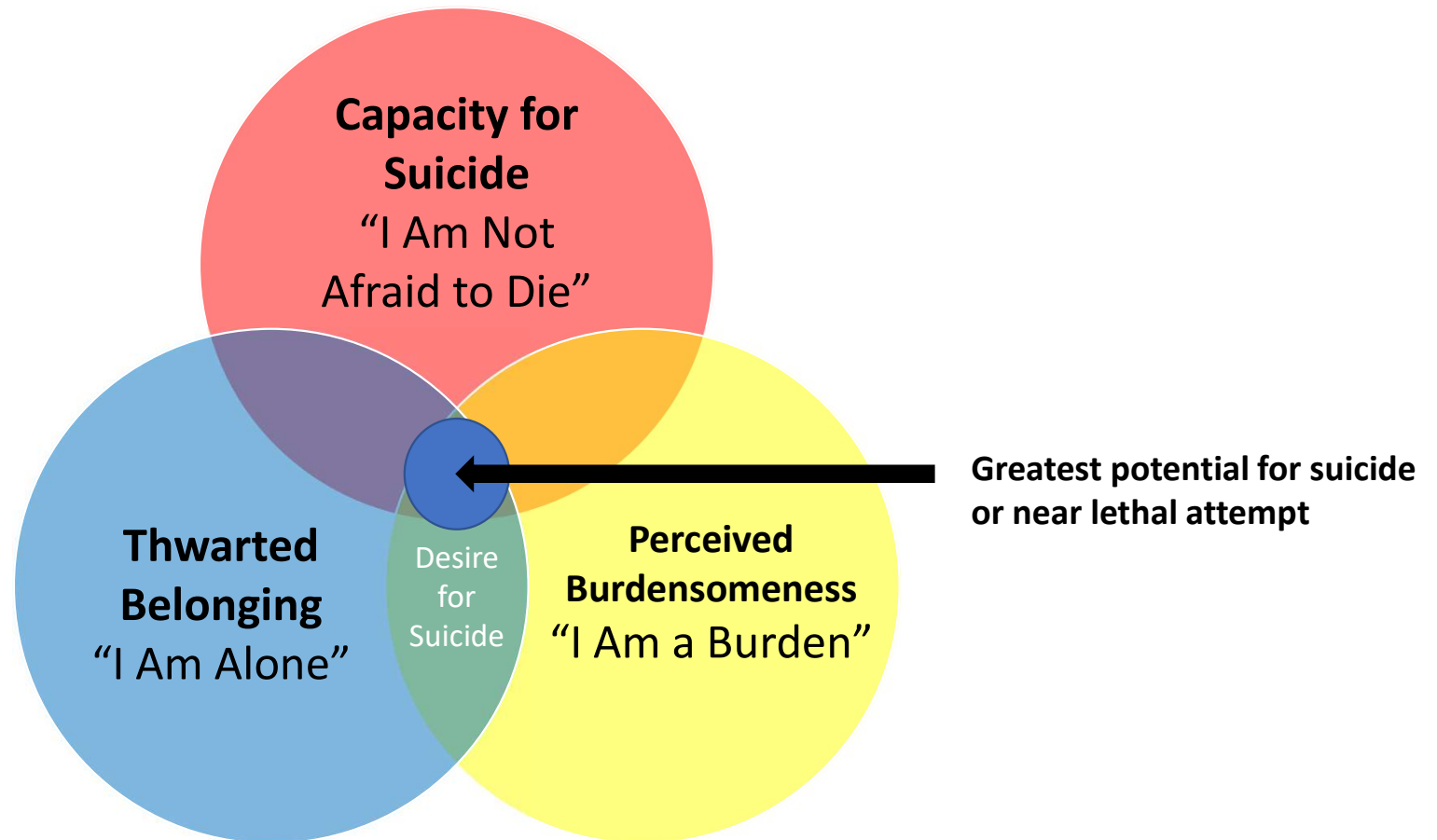
Nearly **five in 10 residents and medical students** were either afraid or knew another colleague fearful of seeking mental health care given questions asked in medical licensure, credentialing, insurance applications.





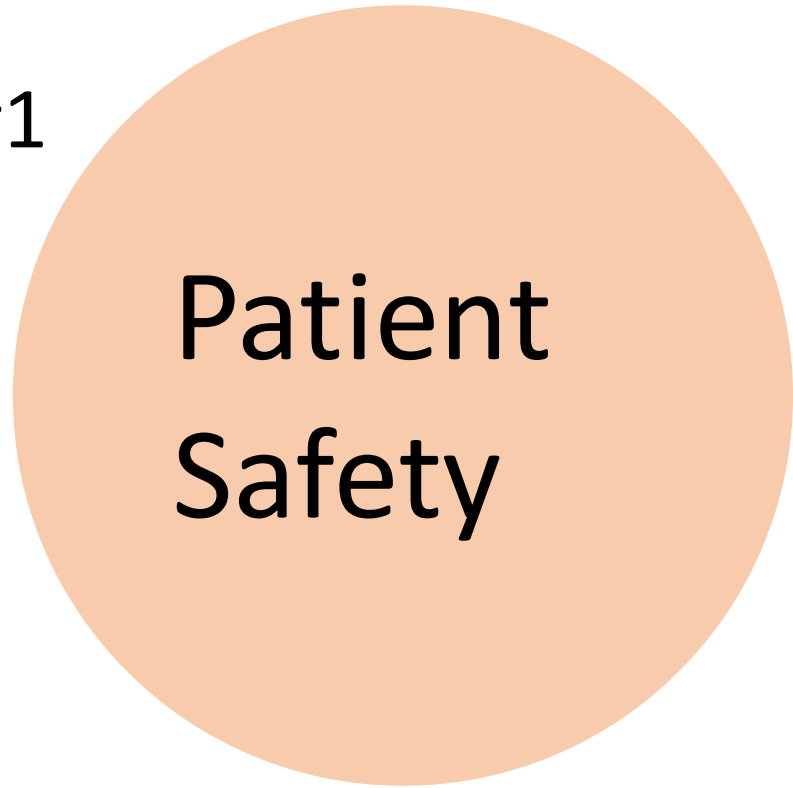
Source: www.theshamespace.com/

Thomas Joiner's Interpersonal-Psychological Theory of Suicidal Behavior



Do No Harm

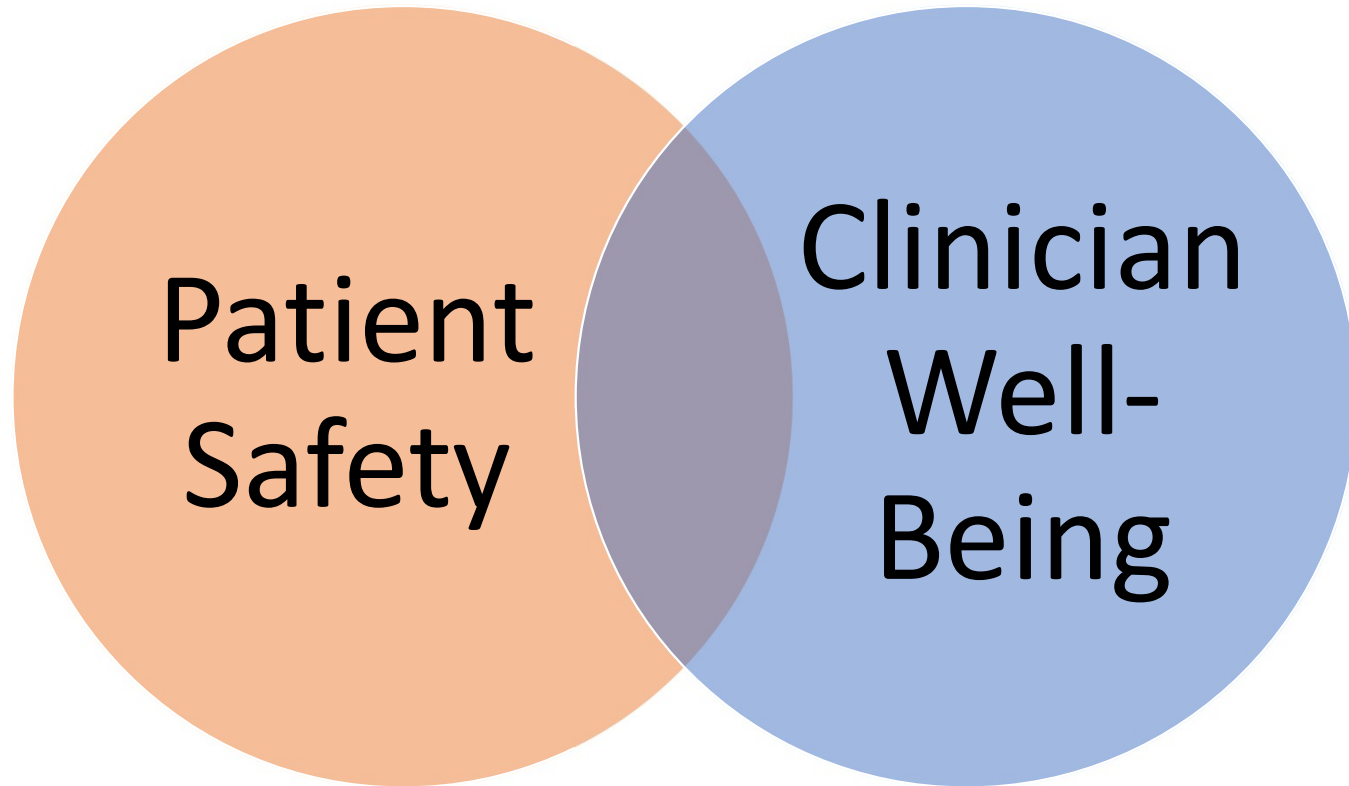
#1



#2



Do No Harm

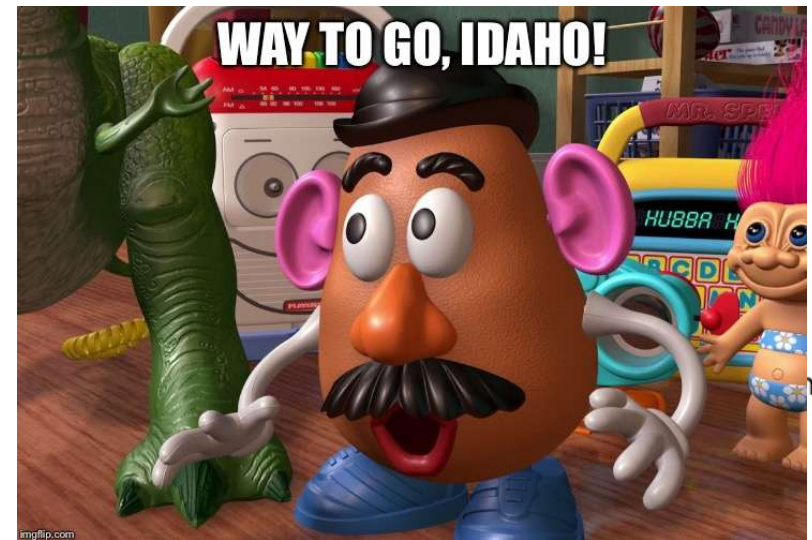
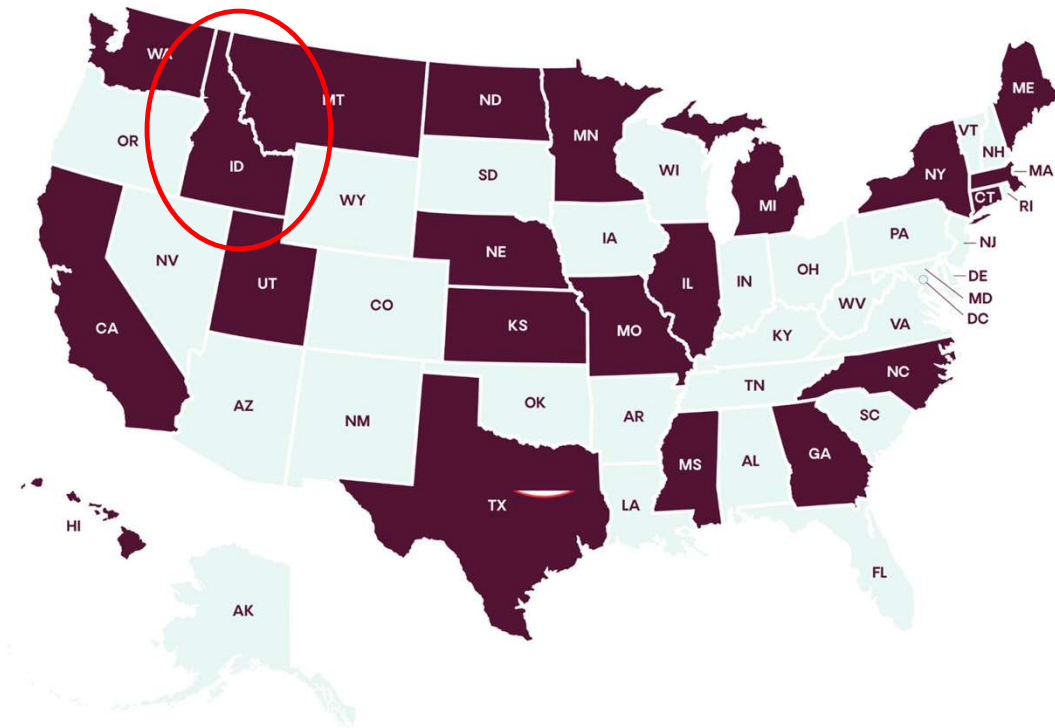


Do No Harm



FOCUS ON LICENSURE & CREDENTIALING

The ALL IN States for Prioritizing Clinician Well-being




OPEN-ENDED QUESTIONS – REMNANTS OF THE 70'S

- Have you been diagnosed and/or treated for **any** mental, physical, or cognitive condition including substance use disorder that **may** affect your ability to practice medicine with reasonable skill and safety?

“In reviewing our data, Idaho got docked for hypothetical impairment (“that may affect your ability”) without any specified timeframe, safe haven nonreporting, or normalizing/supportive language.”

Consistency Between State Medical License Applications and Recommendations Regarding Physician Mental Health Saddawi-Konefka D, Brown A, Eisenhart I, Hicks K, Barrett E, Gold JA. *JAMA*. Published May 18, 2021. doi:10.1001/jama.2021.2275
Personal correspondence with Dr. Daniel Saddawi-Konefka, author of 2021 study previously cited

A REVOLUTION STILL UNFOLDING

- 2017 - Idaho Medical Association resolution seeks changes at Board of Medicine level
 - 2018 – Federation of State Medical Board makes sweeping recommendations on impairment questions language
 - 2018 – Idaho BOM votes to make changes to align with FSMB
 - 2020-2021 – State by state research surveys indicate which are following recommendations and ranks them (Idaho fares poorly)
 - 2019-2023 – BOM->IDOPL works establish direct HPRP contract
 - 2023 –BOM’s application questions confirmed to align with major recommendations of FSMB
- 

ADOPTED IMA RESOLUTION 206 (2017)

- RESOLVED, The Idaho Medical Association adopt a policy in support of fair and transparent processes for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further
- RESOLVED, The Idaho Medical Association will work with stakeholders to improve established policies, rules and procedures and the communication about them for the evaluation of a physician's mental health during licensure, credentialing and hiring or retention processes to reduce the stigma and potential for inappropriate negative professional consequences for physicians who disclose mental health conditions; and be it further



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*

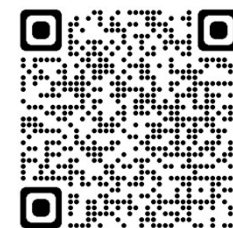


...Boards are encouraged to find ways to **promote health, rehabilitation and restoration, and reduce obstacles to seeking treatment...**while **reminding licensees of their professional responsibility** to address any health concerns and ensure patient safety.

Physicians **must be afforded the same access to care** as the general public. When boards achieve positive change in these areas, they are encouraged to **communicate this to licensees and the public** to ensure greater awareness and protect licensees' ability to address health conditions without stigma or delay

<https://www.fsmb.org/siteassets/advocacy/policies/policy-on-physician-impairment.pdf>.

2018 FEDERATION OF STATE MEDICAL BOARD (FSMB) RECOMMENDATIONS



- 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.
- 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.**
- **Applications must not seek information about impairment that may have occurred in the distant past** and state medical boards should limit the time window for such historical questions to two years or less, though a **focus on the presence or absence of current impairment is preferred.**


<https://www.fsmb.org/siteassets/advocacy/policies/policy-on-physician-impairment.pdf>

Idaho State Board of Medicine

September 2018 – The Board votes to change questions on initial/renewal application forms.

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice your medical profession with reasonable skill and safety?"

Due to application database related delays, the renewal form language did not take effect until July 2019.



Idaho State Board of Medicine


THE REPORT

Fall 2019

Message From: The Board

Recent Changes to Idaho Board of Medicine Application Forms

By: David McCluskey III, MD



The Idaho Board of Medicine has made changes to questions on both the initial license application addendum and the license renewal forms to reduce redundancy, provide clarity, and modernize the language. We would like to highlight several of the changes in order to provide insight into the rationale behind the modifications to support applicants and licensees using these new forms.

The new addendum combines 3 questions regarding prior investigations and does not include a previous question regarding past alcohol or substance abuse. We also added one question regarding active military service. This nine-question addendum replaces the previous twelve question form.

Several of the questions on these application forms involve queries into previous exam failures, licensure actions, professional investigations, or involvement in previous malpractice suits. Nearly 10% of our most recent 200 applicants have attested "yes" to one or more of these questions. Whether a specific event, investigation, or malpractice action constitutes a "yes," however, can often be confusing. This is the most frequent source of questions to the Board of Medicine regarding our application process. For perspective, 2.5% of our recent applicants answered "no" when they should have answered "yes."

continued on page 2

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Board Actions	12
Board Members and Staff	13



L.

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice your medical profession with reasonable skill and safety?

Yes No

Re-Start Renewal

Previous

Next

If It's Good Enough for the Board of Medicine...

Idaho Board of Medicine	Non-invasive Questions
Employer Credentialing	Invasive
Health insurance credentialing	Invasive
Malpractice insurance applications	Invasive
Disability Insurance	Invasive AND Disqualifying

Participating Organizations

- Idaho Board of Medicine
- Saint Alphonsus Health System
- St. Luke's Health System
- Desert Sage Health Centers
- Full Circle Health
- Pacific Source Health Plans
- Regence Blue Shield of Idaho



**June 9 Workshop with Corey Feist
Dr. Lorna Breen Healthcare Heroes'
Foundation**



Saint Alphonsus/Trinity Health - 2020

We are aware that our clinicians may experience the need for physical or mental healthcare and encourage seeking such care. When asking about current impairment, we are specifically asking about any current impairment to your practice of medicine, not diagnosis or treatment of health conditions.

Are you currently physically and mentally able to perform all of the privileges you are requesting.



Saint Alphonsus

A Member of Trinity Health

St. Luke's Health System – 2023

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment, or that would otherwise adversely affect your ability to practice your medical profession with reasonable skill and safety?



Full Circle Health - 2023



OLD	NEW
Do you have a physical or mental condition which would affect your ability to carry out your professional duties or to exercise the clinical privileges which you have requested, or would require an accommodation in order for you to exercise the requested privileges safely and competently?	Do you have any condition that adversely affects your ability to practice medicine in a competent, ethical, and professional manner? You may answer “No” if you are currently receiving appropriate treatment to mitigate the condition(s).
Do you have or have you ever had any problems with substance abuse or dependency?	Do you require any accommodations in order to exercise the requested privileges safely and competently?

Pacific Source Health Plans – 2023

c.	AFFIRMATION OF ABILITIES	Yes	No
①	Do you presently use any drugs illegally?		
②	Do you currently have any condition that adversely affects your ability to practice medicine in a safe, competent, ethical, and professional manner?		
<p>It is common for clinicians to feel overwhelmed from time to time and feel the need to seek help when appropriate. We emphasize the importance of well-being, appropriate treatment, and support for all health conditions, both mental and physical.</p> <p>SouthworthAssociates.net/professional-programs-idaho MontanaRecoveryProgram.com</p>			

Objections and Roadblocks: What About...

URAC

- Disclosure of any condition that could, without reasonable accommodation, impede the practitioner's ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of patients, staff, or colleagues.

NCQA

- Factor 1: Inability to perform essential functions: the inquiry regarding inability to perform essential functions may vary or may exceed NCQA standards, depending on the organization's interpretation of applicable legal requirements such as the Americans with Disabilities Act (ADA).
- Factor 2: Illegal drug use: Practitioners may use language other than "drug" to attest they do not use illegal substances. The organization may use more general or extensive language to query practitioners about impairment; language is not required to refer exclusively to the present or only to illegal substances.

The Joint Commission



Joint Commission Statement on Removing Barriers to Mental Health Care for Clinicians and Health Care Staff

May 12, 2020

The COVID-19 pandemic is placing unprecedented strains on the health care workforce. As a result, many health care workers feel that it would be helpful to talk to a mental health professional. However, clinicians have concerns that seeing a mental health professional could adversely affect their career if they are asked about a previous history of mental health issues during the credentialing or licensing process.

The Joint Commission does not require organizations to ask about a clinician's history of mental health conditions or treatment. We strongly encourage organizations to not ask about past history of mental health conditions or treatment. As an alternative, we support the recommendations of the Federation of State Medical Boards and the American Medical Association to limit inquiries to conditions that **currently** impair the clinicians' ability to perform their job. It is critical that we ensure health care workers can feel free to access mental health resources.

The Joint Commission supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.

For helpful resources please refer to The Joint Commission's Staff Health and Wellbeing section on the [Coronavirus portal](#).

Original Investigation | Occupational Health


Association of Physician Burnout With Suicidal Ideation and Medical Errors

Nikitha K. Menon, BA; Tait D. Shanafelt, MD; Christine A. Sinsky, MD; Mark Linzer, MD; Lindsey Carlasare, MBA; Keri J. S. Brady, MPH, PhD;
Martin J. Stillman, MD, JD; Mickey T. Trockel, MD, PhD



Age, y		
<35	439 (32.4)	1854 (17.6)
35-44	385 (28.4)	2245 (21.3)
45-54	243 (18.0)	2444 (23.2)
55-64	193 (14.3)	2291 (21.8)
≥65	94 (6.9)	1688 (16.0)
Training status		
Attending physician	934 (69.0)	9059 (86.0)
Trainee (resident or fellow)	420 (31.0)	1470 (14.0)
Practice type		
Nongovernment hospital	473 (34.9)	1882 (17.9)
Group practice	404 (29.8)	4018 (38.2)
Government hospital (city, county, state, or federal)	132 (9.8)	1166 (11.1)
Small private practice ^b	114 (8.4)	1777 (16.9)
Missing or other practice type ^c	231 (17.1)	1686 (16.0)

Conclusions and Relevance The results of this cross-sectional study suggest that depression but not physician burnout is directly associated with suicidal ideation. Burnout was associated with self-reported medical errors. Future investigation might examine whether burnout represents an upstream intervention target to prevent suicidal ideation by preventing depression.





Suicide Prevention

Evidence-Informed Interventions for the Health Care Workforce

American Hospital Association Resource



DRIVER Stigma associated with talking about

DRIVER Inadequate access to behavioral health treatment options

DRIVER Job-related Stress



Figure 2. Addressing the Drivers of Suicide in the Health Care Workforce

TAKE ACTION

DRIVER

Destigmatize Help-Seeking and Treatment-Seeking Behaviors

- Create awareness and improve understanding about the prevalence of behavioral health disorders
- Create a culture of transparency where all employees feel safe to discuss behavioral health without fear
- Improve employee and medical staff capacity to respond to peers experiencing behavioral health concerns
- Eliminate credentialing questions and policies that stigmatize seeking behavioral health treatment or resources

What other Language?

- **Separating impairment and mental health questions from “bad behavior” questions (illegal drug use, felonies, etc.)**
- **Changing language on HPRP Contracts**
 - **From “I acknowledge that I am addicted” to “I identify as being diagnosed with having a substance/alcohol abuse disorder.”**
 - **Instead of using the word "relapse," the phrase "return to use" is used.**
- **Elevating the importance of self-care as a professional duty**



AMA Principles of Medical Ethics

When physician health or wellness is compromised, so may the safety and effectiveness of the medical care provided. To preserve the quality of their performance, physicians have a responsibility to maintain their health and wellness, broadly construed as preventing or treating acute or chronic diseases, including mental illness, disabilities and occupational stress. To

...physicians have a responsibility to maintain their health and wellness, broadly construed as preventing or treating acute or chronic diseases, including mental illness, disabilities and occupational stress.

(ii) ensuring that they have a personal physician whose objectivity is not compromised.

(b) Take appropriate action when their health or wellness is compromised, including:

(i) engaging in honest assessment of their ability to continue practicing safely;

Taking appropriate action with their health and wellness is compromised

- **Taking measures to mitigate the problem**
- **Seeking appropriate help as needed**

their ability to do so safely is impaired by use of a controlled substance, alcohol, other chemical agent or a health condition.


Collectively, physicians have an obligation to ensure that colleagues are able to provide safe and effective care, which includes promoting health and wellness among physicians.



Evolving Physician Oaths


“I WILL ATTEND
TO my own
health, well-
being, and
abilities in
order to
provide care
of the highest
standard...”

Revised
Geneva Oath



We SOLEMNLY PLEDGE to embrace and promote the well-being of our self, our colleagues, and the medical community as part of our responsibility to the effective care of our patients, ourselves, and in partnership with our healthcare organization.

<https://muktapandamd.com/oath-to-self-care-and-well-being/>



We WILL CHAMPION for a healthcare system that values the well-being of its personnel, uses best evidence for an institutional culture of wellness, and recognizes that in so promoting the patients we care for are ultimately best served.

<https://muktapandamd.com/oath-to-self-care-and-well-being/>

WellBeing First Champion Challenge

Goal

Galvanize all hospitals to remove intrusive mental health questions from their licensure applications **and** communicate about the changes to their clinicians



Toolkit to Audit, Change,
and Communicate

www.drlornabreen.org/removebarriers





3 Steps Hospitals Can Take



Audit

all licensure and credentialing applications, addendums, and peer review forms.



Change

any invasive or stigmatizing language around mental health.



Communicate

these changes to your workforce and assure clinicians that it is safe for them to seek care.



WellBeing First Champion Toolkit

Badge Guidelines

The WellBeing First Champion Badge may only be used by a licensure board, hospital or health system that has been successfully verified by ALL IN: WellBeing First for Healthcare.

The toolkit includes a link to download the logo in addition to:

- General Use of the Badge
- Colors and Typography
- How to Use it and How Not to Use It



Health Professionals Recovery Program

Are you going down the wrong path?
Feeling the quality of your patient care slipping?
Concerned you are becoming a burden to others?

Behavioral and Mental
Health Conditions

IT IS TIME TO MAKE A CHANGE



HPRP is a non-punitive and confidential program that helps you get healthy again need while protecting your professional license to work.

Call today to find out more for yourself or a friend.



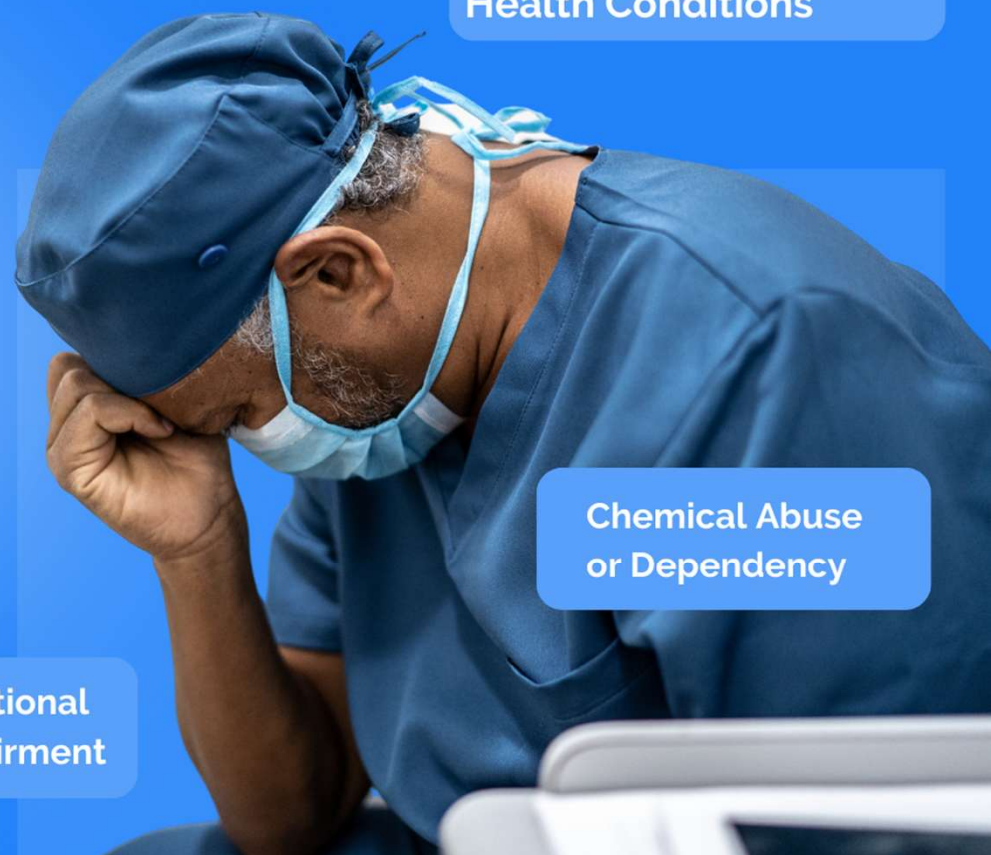
Katie Stuart, CIP
(208) 577-2489
dopl.idaho.gov/health-professionals-recovery-program/



24/7 Crisis Line
1-866-460-9014
southworthassociates.net

Functional
Impairment

Chemical Abuse
or Dependency





PHYSICIAN VITALITY PROGRAM

Coming this fall

A Membership Benefit of



www.physicianvitality.org

WHEN YOU NEED A SAFE PLACE TO TALK

The Physician Vitality Program provides confidential access to mental health providers for licensed IMA members because:

- You want to provide the best care possible for your patients.
- You want to be present for your family, friends, and colleagues.
- You want to optimize your career and life.

CONFIDENTIALITY PRIORITIZED

- ✓ Appointments are made directly with provider
- ✓ No insurance or EAP billing involved
- ✓ IMA never knows of your personal utilization
- ✓ No notice is given to your employer or Board
- ✓ Choice of telehealth or in-person visits

IMA Member Eligibility: physicians, physician assistants, nurse practitioners, medical residents, and retired members.

DESIGNED FOR YOU BY YOUR PEERS

COMPETENT

Screened by and for Idaho doctors



Physicians interviewed mental health providers with a reputation for assisting healthcare professionals in addressing common issues like depression, imposter syndrome, perfectionism, relationship challenges, and workplace burnout.

COST FREE

Five Appointments Per Year



IMA offers up to five appointments per 12-month period at no cost, starting from your initial visit. If you wish to continue treatment beyond this, you can discuss payment arrangements directly with the provider.

CONVENIENT

Telehealth and In-Person



You can typically make appointments within a week or two through a couple of calls or emails. Hours vary by providers, including some weekend and evening time slots available via telehealth and in locations throughout Idaho.



“ HAVING THIS LIFELINE HAS CHANGED AND SAVED MY OWN LIFE TWICE NOW. MY HUSBAND THANKS YOU. MY CHILDREN THANK YOU.

Andrea Prasch, MD, Pediatrics, Meridian



If you are having trouble finding a mental health provider, call or text anonymously


415-PVP-ACMS
(415) 787-2267



Created by Ada County Medical Society to serve Idaho's physicians.

305 W Jefferson Street, Boise ID 83702

Will Your Hospital Champion Physicians?

- Our goal is to align all Idaho healthcare institutions behind the goal of reducing mental health stigma for physicians, beginning with the questions asked of them during credentialing.
 - Beyond that, we hope to nurture a statewide culture that supports physicians as human beings who have the same needs as everybody else by changing the way we talk and act about mental health and other challenges they face.
 - Please let me know if you want to be a part of this coalition.
- 

Contact me

- Steven Reames
- director@adamedicalsociety.org
- 208-336-2930
- adamedicalsociety.org
- physicianvitality.org



PHYSICIAN
VITALITY
CHAMPIONS