

# PHYSICIAN HEALTH SERVICES & RISK MANAGEMENT: OPPORTUNITIES FOR COLLABORATION

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# WHY ARE WE HERE?; THREE MODEST GOALS FOR TODAY'S TALK:

1. Provide an overview of PHS, our history and mission, services, and challenges.
2. Learn from you about your business, concerns, and challenges in this ever-changing health care environment.
3. Explore opportunities to collaborate on issues relevant to both organizations in light of our conversation.



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# Conflict of Interest Disclosure

Neither Dr. Albanese nor Dr. Simeone have any conflicts to disclose.



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- ADDRESSING HEALTH WORKER  
BURNOUT: THE U.S. SURGEON  
GENERAL'S ADVISORY ON BUILDING  
A THRIVING HEALTH WORKFORCE  
(2022)



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# SG 2022

- Most important point: **“We must shift burnout from a ‘me’ problem to a ‘we’ problem.”**
- So, recommendations at all levels of society, many related to the importance of connection



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# HEALTH CARE ORGANIZATIONS

- Leaders: Connect with the people in the trenches - Listen to and include healthcare providers in process of improving processes, etc.
- Show people how much they are valued.
- Build in time for breaks so that people can connect at work (create the time and space)
- Rebuild community and social connection among health workers to mitigate burnout and feelings of loneliness and isolation



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# PHYSICIAN HEALTH SERVICES (PHS) (1)

- Promote health and well-being of physicians and medical students of Massachusetts. ***We view ourselves as a kind of “public utility” & group disability policy for the medical community***
- 501(c)3 subsidiary of the MMS
- Independent of the BORIM, but enjoy excellent relationship
- Confidential & peer-review protected
- Upon voluntary physician request, PHS communicates with others



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# PHS (2)

- For all physicians (DO and MD), trainees (DO and MD) and students connected to MA
- For non-physicians: URAMP (Unified Recovery and Monitoring Program); [Unified Recovery and Monitoring Program | Mass.gov](#)
- Professional, seasoned & compassionate staff of physicians, counselors, attorney and others with physician health expertise
- Peer support/alumni program being developed



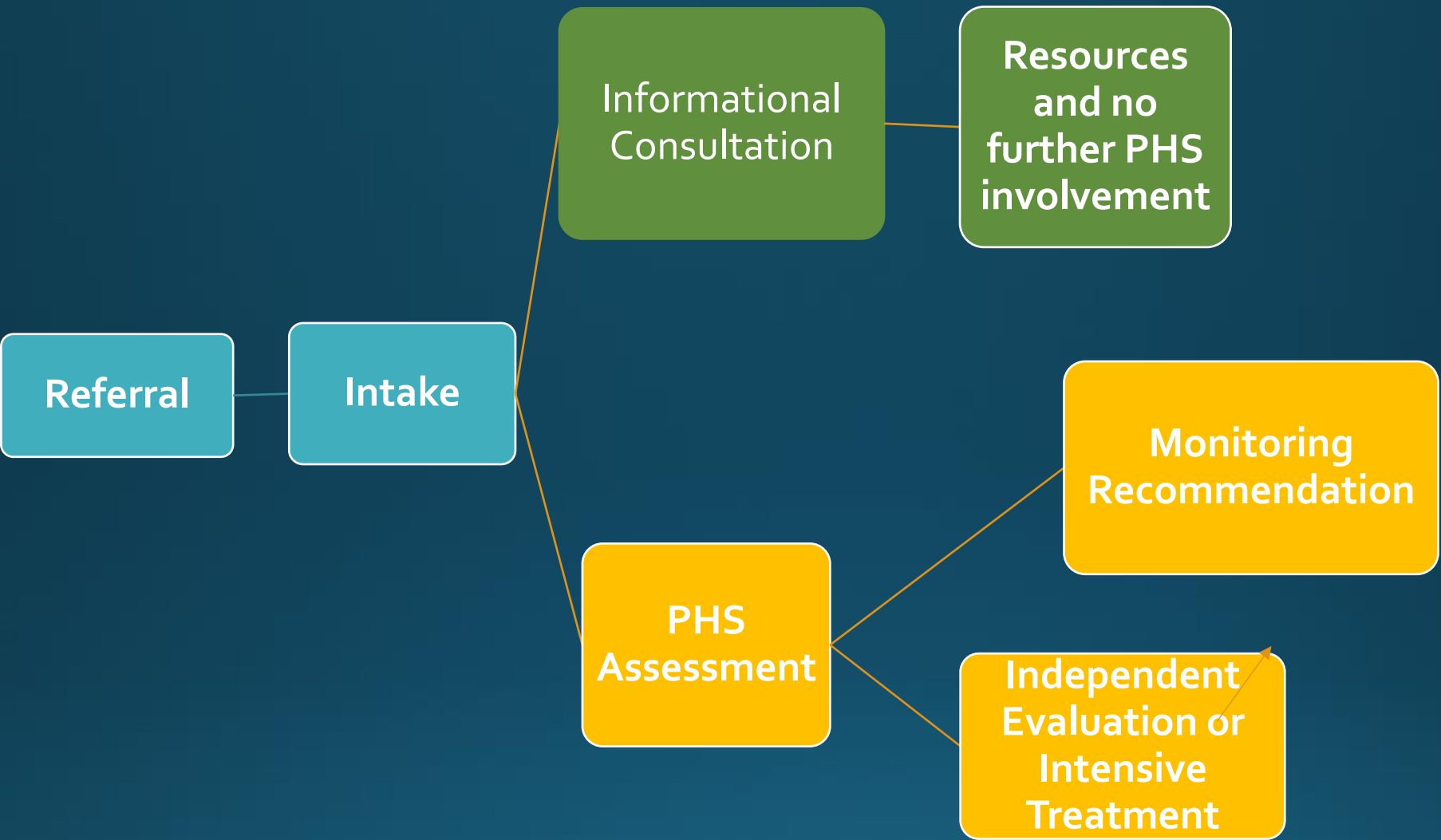
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# PHS (3)

- 30-40% self-referred (higher than most PHPs in the country). Measure of excellent reputation as trusted resource to the medical community
- Scope: Substance Use, Behavioral Health, Neurocognitive and other Medical, Burnout/Professionalism/Disruptive Behavior
- Referrals have increased significantly in past year, especially BH, professionalism and neurocognitive difficulties. Relevant to both MPL/GL claims
- Identify, assess, refer to treatment, support & monitor



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# Monitoring Contracts and Agreements

- **Substance Use (SU) Monitoring Contract** — Contract is a minimum of three years and is designed to guide recovery and document abstinence from substances of abuse.
- **Behavioral Health (BH) Monitoring Contract** — Contract addresses mental and behavioral health issues. Duration is a minimum of two years.
- **Substance Use and Behavioral Health Monitoring Contract (SUBH)**
- **Occupational Health Monitoring Agreement (OHMA)** — Agreement is designed to assist with interpersonal, communication, organizational, and other occupational health challenges that are a subject of concern at work. Uses 'coaching' as the intervention and is usually one year.
- **Abstinence Agreement** — One-year agreement utilized for diagnostic purposes



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# THE BUSINESS CASE FOR INVESTING IN PHYSICIAN WELL-BEING (3)

The business case to address physician burnout is multifaceted and includes:

costs associated with turnover

Lost revenue associated with decreased productivity

Financial risks of all types

Threats to the organization's long-term viability due to the robust relationship between burnout and lower quality of care, decreased patient/provider satisfaction, and patient safety.

3. JAMA Int Med, 2017 Dec 1; 177 (12): 1826-1832



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HEALTHY  
PHYSICIANS  
GIVE  
BETTER  
CARE

- **50% fewer medical errors** (Shanafelt, Burnout and medical errors among American surgeons. Ann Surg 2010; 251:995-1000) 1.
- Increased patient satisfaction
- Increased treatment adherence
- **Lower malpractice risk** (20%) (Brooks et al., Physician health programmes and malpractice claims: reducing risk through monitoring. Occ Med 2013;63:274-280) 2.
- Better attitudes toward work
- Higher team functioning
- Lower turnover



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## THE BUSINESS CASE FOR INVESTING IN PHYSICIAN WELL-BEING (Continued):

*Estimates provided by one MPL of average legal and settlement costs per claim.*

| Claim Closed Year | Average of Gross Paid Expense | Average of Gross Paid Indemnity |
|-------------------|-------------------------------|---------------------------------|
| 2020              | \$254,660                     | \$1,946,477                     |
| 2021              | \$105,604                     | \$203,409                       |
| 2022              | \$311,307                     | \$1,554,047                     |
| 2023              | \$192,426                     | \$907,950                       |
| 2024              | \$262,817                     | \$905,857                       |



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# It Takes a Village: Collaboration

- BORIM Licensing/Relicensing:

PHYSICIAN WELLNESS Do you have a medical or physical condition that currently impairs your ability to practice medicine? (You may answer "NO" if the behavior or condition is known to the Massachusetts Medical Society's Physician Health Services (PHS) and you are complying with all PHS requirements for evaluation, treatment and/or monitoring as recommended.)



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# Collaboration (2)

- BORIM: Exception to mandated reporting

Mandated report to BORIM for practicing while impaired (SU or BH) or “habitually drunk”

Exception to mandated report: Physician cooperates with “a program satisfactory to the board” [explicitly PHS]

No patient harm; report to BORIM if physician does not follow through with PHS within 30 days of referral



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# Collaboration (3)

## MHA/MMS: Credentialing/Recredentialing

**Are you currently suffering** from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a safe, competent, ethical, and professional manner?

Do you currently use any substance that impairs in any way your ability to practice with reasonable skill and safety that is not known to a state physician's health program or other legally authorized professional assistance or substance use disorder monitoring program? If yes, please explain.

- “Currently” means within the past six months.
- “Substances” include alcohol, drugs, or medications, whether taken legally or illegally.



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## WHY WE DO WHAT WE DO: A TESTIMONIAL EXPRESSED DURING AN EXIT INTERVIEW

- “The disaster that brought me to PHS was the greatest thing to happen to me...it saved my life, my family, my career. I want to remain involved to be able to help guide others just starting out...they have no idea how fortunate they are to land at PHS rather than any of the alternatives!”



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# THANK YOU!



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