Maryland Physician Health Program

Margaret Kroen, LCSW-C, Program Director

Astrid Richardson-Ashley, LCSW-C, Senior Clinical Manager

Learning Objectives

- Understand the purpose and structure of MPHP including our mission, key services, and role in supporting physician wellness and patient safety.
- Identify the types of concerns or conditions that may lead to a referral to the MPHP, including behavioral health issues, substance use disorders, and disruptive behavior.
- Understand the process of physician referrals to MPHP, including confidentiality reporting requirements, and the distinction between voluntary and mandatory referrals.
- Discuss how MPHP and Medical Executive Committees can collaborate to support physician wellness and patient safety.

MPHP is part of The Center For A Healthy Maryland

The Center for a Healthy Maryland, The Maryland State Medical Society Foundation was established in 1976 as a 501(c)(3) corporation to support the charitable, educational and scientific purposes and functions of MedChi. These include education, quality improvement, health promotion, community outreach, preservation of MedChi history, and public health.

MedChi (the Maryland State Medical Society) established a Physician Rehabilitation Program in 1978.

A subsequent reorganization occurred in July 2004 which consolidated the administration of all public health and physician-quality programs under the Foundation. In September 2005, the MedChi Foundation was renamed and launched as the Center for a Healthy Maryland, an affiliate of MedChi, to better reflect its vision, mission and activities. The MPHP became part of the Center For a Healthy Maryland.

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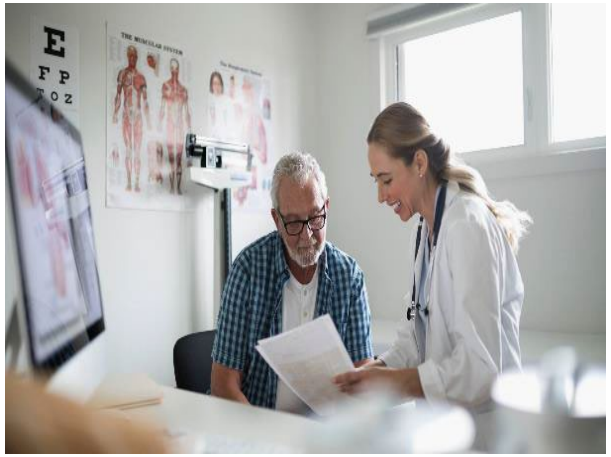
Who We Are

The mission of the Maryland Physician Health Program is to provide compassionate high-quality assistance to physicians and other healthcare professionals dealing with potentially impairing conditions in a private, non-disciplinary setting while protecting both the confidentiality of the participant and the safety of the public.

We do this as a team of licensed doctors, social workers, and professional counselors as well as experienced administrators through an integrated clinical approach.



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Who We Are

- MPHP is a member of the Federation of State Physician Health Programs (FSPHP).
- There are Physician Health Programs in nearly all states and many Canadian provinces.
- At the 2025 FSPHP Conference and Annual Membership Meeting in April, MPHP Clinical Manager Holly Wade, LCPC was a co-presenter on the topic of Applying a Trauma-Informed Approach to PHP Processes: Rationale, Implementation, and Improved Outcomes.

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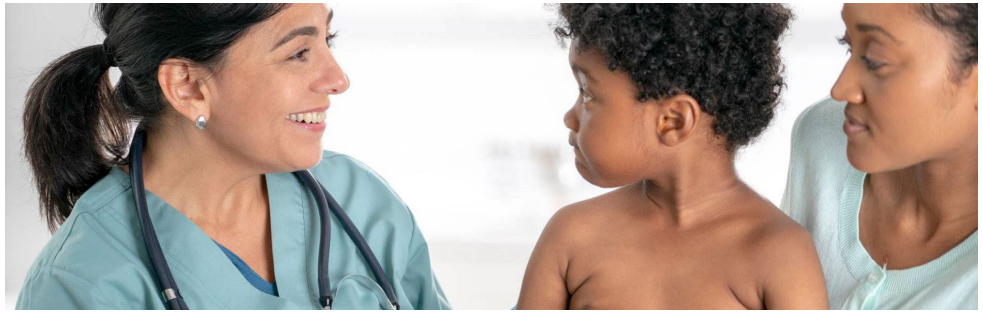
Our Philosophy



- Physicians with substance use and mental health or other problems should not lose their medical licenses (and livelihood) without at least attempting intervention.
- All physicians and healthcare practitioners are important to all Maryland citizens.
- Keeping them healthy and able to work safely and effectively is essential to providing quality healthcare to Marylanders.
- Supporting physicians and healthcare practitioners who deal with very real, difficult, yet common human issues is the best way to protect patients and keep needed medical staff practicing.
- Helping one doctor helps a thousand patients.

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Research

Physician Suicide

Medscape July 13, 2022

- Estimates of successful completion of suicide by physicians range from 1.4 to 2.3 times the rate achieved in the general population.
- 400 physicians die by suicide each year. Nurses and physicians die by suicide at 2x the rate of the general population. Burnout has been shown to cause a 200% increase in medical errors. 62% of nurses and 42% of doctors are feeling burnt out as a direct result of covid.

The prevalence of substance use disorders in American physicians

American Journal on Addiction Jan 2015

- Of the 27,276 physicians who received an invitation to participate, 7,288 (26.7%) completed surveys. 12.9% of male physicians and 21.4% of female physicians met diagnostic criteria for alcohol abuse or dependence.
- Alcohol abuse or dependence is a significant problem among American physicians. Since prognosis for recovery of physicians from chemical dependency is exceptionally high, organizational approaches for the early identification of problematic alcohol consumption in physicians followed by intervention and treatment where indicated should be strongly supported.

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Research

Behaviors that undermine a culture of safety

The Joint Commission, June 18, 2021

- Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek
- Disruptive behaviors often go unreported, and therefore unaddressed, for a number of reasons. Fear of retaliation and the stigma associated with "blowing the whistle" on a colleague, as well as a general reluctance to confront an intimidator all contribute to underreporting of intimidating and/or disruptive behavior. Additionally, staff within institutions often perceive that powerful, revenue-generating physicians are "let off the hook" for inappropriate behavior due to the perceived consequences of confronting them.

Beyond Substance Abuse: Stress, Burnout, and Depression as Causes of Physician Impairment and Disruptive Behavior

JACR July 2009

- Disruptive physician behavior may diminish productivity, lead to medical errors, and compromise patient safety. The purpose of this paper is to review how common psychological conditions such as depression, stress, and burnout may drive disruptive behavior in the workplace and result in impaired patterns of professional conduct similar to what is seen with substance abuse. Problems related to these psychological morbidities may be more effectively managed with improved understanding of the conditions and behaviors, their associated risk factors, and the barriers that exist to reporting them.

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Our Programs

	Referral Source	Professions	Problems	Clinical Management	Random Toxicology	Financial Assistance	Confidential and Private	Advocacy
Maryland Professional Rehabilitation Program	Maryland Board of Physicians	Anyone licensed by the MBOP	No difference	Yes	Yes	Yes	All information is the property of the MBOP and to others through ROI only	No
MPHP Maryland Physician Health Program	**Hospitals, practices, self, colleagues, family**	**Anyone licensed by the MBOP**	**No difference**	**Yes**	**Yes**	**Yes**	**NO information available to the MBOP unless through ROI. Information sent to others through ROI only**	**Yes**
Maryland Healthcare Professionals Program	Professional boards, Hospitals, practices, self, colleagues, family	Any professional licensed by a MD state board	No difference	Yes	Yes	Yes	All information available to referring licensing Board. Information sent to others through ROI only. If not referred by a Board, information available by ROI only.	Yes

What We Do

Problem areas we address

Helping Doctors Helps Patients

- Alcohol use
- Substance use
- Mental health
- Stress and burnout
- Disruptive behavior
- Boundary violations
- Legal issues (DUI, DWI)
- Physical impairment
- Cognitive impairment

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What We Do

Program Services

Helping Doctors Helps Patients

- MPHP provides an evaluation of the individual's problems and needs which will result in
  - Evaluation and recommendations
    - OR
  - Evaluation and monitoring
- MPHP does not provide therapy or medical intervention
- Wellness
  - Lemons to Lemonade CME lecture series
  - Cabana (wellness app for healthcare providers) is available for our participants
    - Check out the website, watch the Cabana intro video and the Voyage feature video

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Compassionate High-Quality Assistance

- Principles of support, safety and accountability are important parts of our effective management plans.
- Trauma-informed approach
- Team approach to clinical management plans
  - We meet weekly with the entire team – medical directors, clinical managers and administrative staff to discuss participants and develop plans
  - Two internal committees support MPHP work – the MPHP Oversight Committee and the Physician Health Committee – providing additional consultation and recommendations

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Confidentiality

- Confidentiality and privacy are hallmarks of our program
- All MPHP records are confidential
- Information is released only through a signed ROI
- MPHP does not report non-adherence or relapse to the Board of Physicians, though may report to an employer with ROI
- MPHP staff are mandated reporters
- MPHP may report to the Board regarding harm to patients if the employer does not report it

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Voluntary

- MPHP is a voluntary, non-disciplinary program
- Participants always have the option to engage with the program or not
- We recognize that participants may be referred by employers who may need reports of adherence and progress (voluntold)

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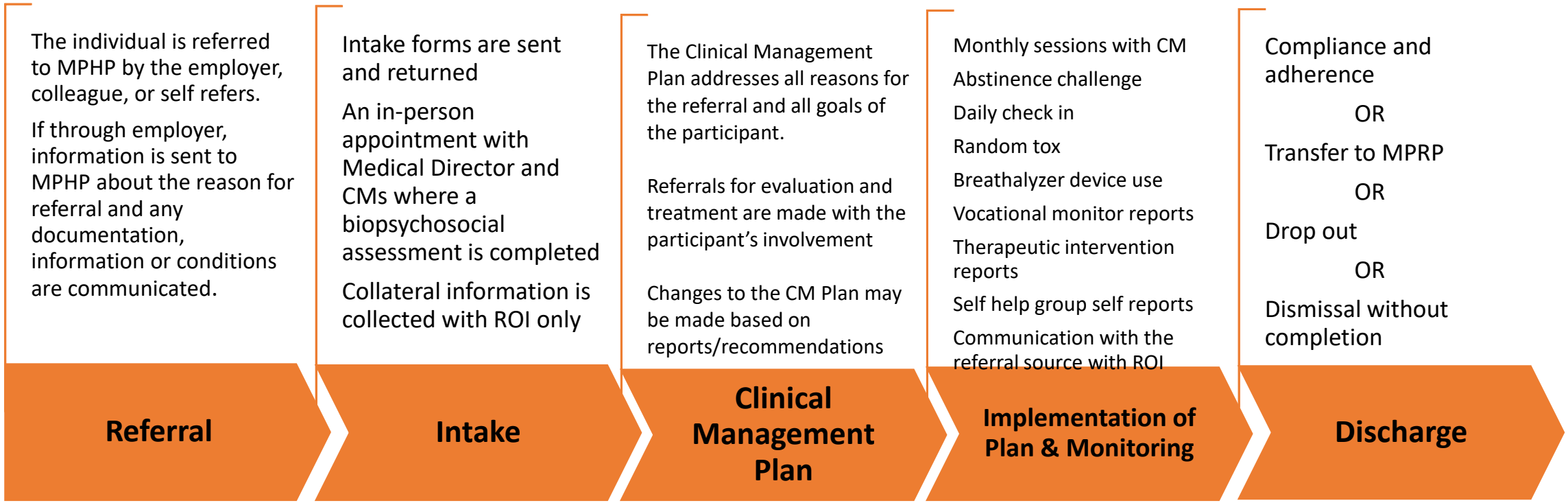
Referral and Intake Process



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Our Resources

Comprehensive Evaluation

- Match problems with right resource
- In or out of state depending upon problem
- Multi-day evaluations when appropriate
- Safety to practice determinations
- Time and cost considerations

Specific Evaluations

- Substance use
- Psychiatric
- Psychological
- Neuropsychological
- Neurological
- Medical

Interventions

- Psychotherapy – individual, group, couples
- Substance use treatment
- Coaching
- Self-help groups (AA, NA, Caduceus, etc.)
- Targeted professionals' classes
- Cabana

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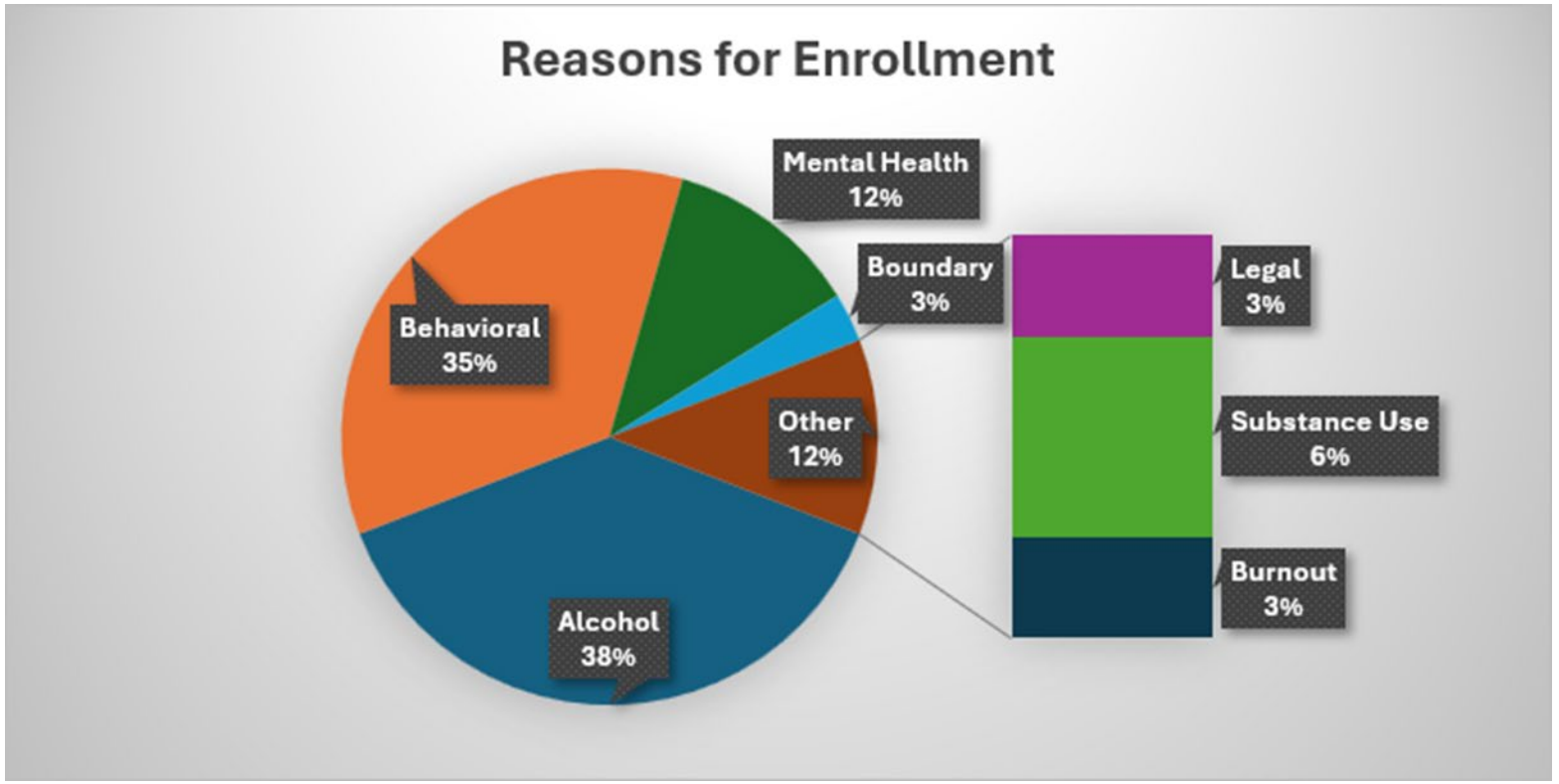
MPHP Statistics

Between 1/1/2024 and 12/31/2024 we worked with 61 individuals

Helping Doctors Helps Communities



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MPHP Statistics

Discharge Outcomes 2024

Between 1/1/2024 and 12/31/2024 we had 29 Discharges

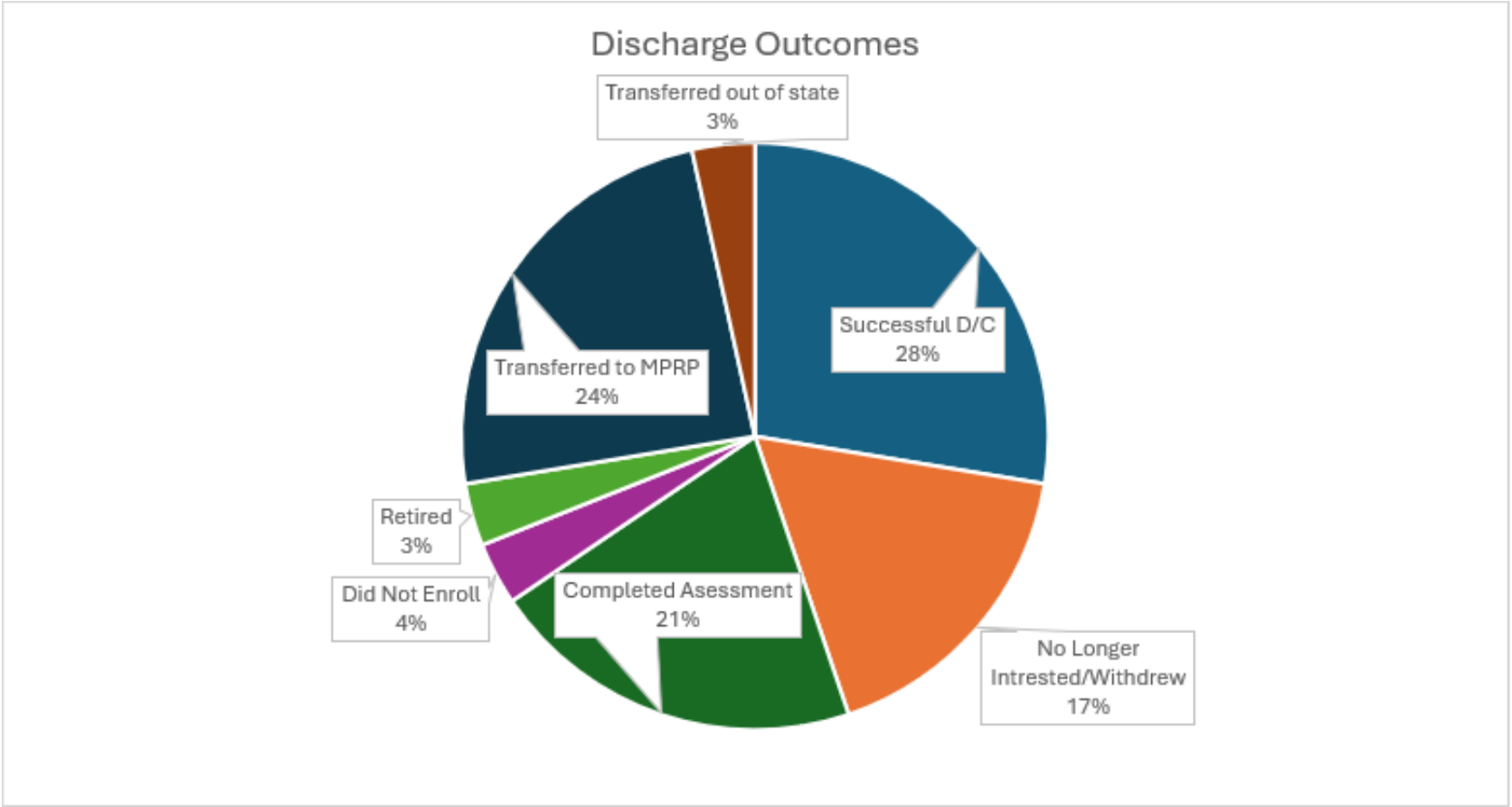
Discharge Reasons

Successful – 79%

- Completed the Program Successfully
- Assessment Only
- Transferred to MPRP
- Transferred to another state
- Retired

Unsuccessful – 21%

- Opted not to enroll
- Withdrew



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How are we doing?

Feedback

- “I really didn’t like this when I started, but by the end I realized I got a lot out of it.”
- “My clinical manager was very understanding and worked with me well on the issues to help me relate to patients better”
- “The staff are very kind and knowledgeable. They are all very willing to help.”

Our surveys revealed that 85% of respondents reported they learned one or more strategies to cope with the issues that brought them to MPHP.

Success Stories – see our YouTube Channel

Visit our YouTube channel [Center for a Healthy Maryland - YouTube]

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Benefits to Hospitals and Physicians

Joint Commission Compliance

Hospitals will meet the Joint Commission requirements for having a non-disciplinary process for assisting physicians who are suspected of, or are found to have, impairing illnesses.

We are a Safe Harbor

Mandated reporting requirements to the Maryland Board of Physicians(section 10.32.22 of the Medical Practice Act) is satisfied by referral to the Maryland Physician Health Program for certain conditions if, "…the action or conditions of the [physician or allied health provider] had not caused injury to any individual during the provision of health care by the [physician or allied health provider]" Meaning, a direct referral to the Maryland Physician Health Program means the provider does not need to be reported to the Maryland Board of Physicians.

We are endorsed by the Maryland State Board of Physicians

Question 10 of the medical license application:

Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice your profession in a safe, competent, ethical, and professional manner? **Important:** The Board recognizes that licensees encounter health conditions, including those involving career fatigue, burnout, mental health, and substance use disorders, just as their patients and other healthcare providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Voluntary options may include seeking medical care, self limiting the licensee's medical practice, or voluntarily self-referring to the Maryland Physician Health Program (MPHP), a program that provides assistance to physicians and other healthcare professionals dealing with potentially impairing conditions in a private, non-disciplinary setting while protecting both the confidentiality of the participant and the safety of the public.

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Collaboration

How can we work together effectively?

- Support providers in getting help – carrot and not the stick
- Open communication between referral source and MPHP
- Helping is our business and yours too. It works best when we work together.

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Collaboration

Who really needs MPHP?

- Impaired providers
  - Someone not meeting standards of care
  - Someone working in an impaired state
- Potentially impaired providers
  - Early intervention
  - Is the EAP referral enough?
  - Referrals from concerned colleagues
  - Non-disciplinary

Collaboration – Questions for you…

- What is the role of the Medical Staff Professional in recognizing potential red flags during credentialing or reappointment that may warrant further review or communication with the MPHP?
- How is MPHP participation considered in credentialing and privileging decisions, including best practices for documentation, communication with medical staff leadership?

Funding

Sources

- Annual Hospital Support
  - With endorsement of Maryland Hospital Administration (MHA), MPHP is partially funded by hospital fees.
- Participants
  - Intake Fee
  - Monthly Clinical Management Fees
- Grants/Fundraising
- State Contract (MPRP only)

Allocation

- Program Operations
- Participant Financial Assistance
- Federation of State Physician Health Program Membership
- Education/CME Lectures
- Outreach
- New Program Development/Cabana

Donations/On-Going Support

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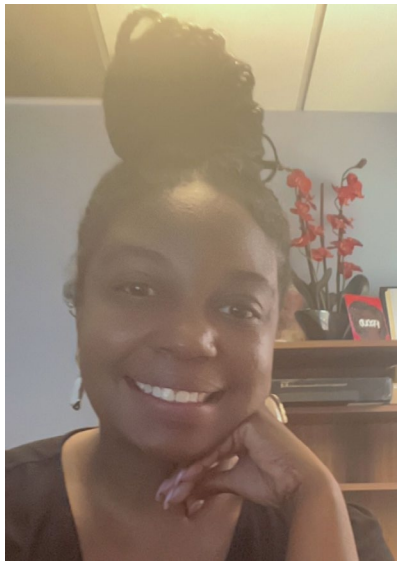
Our Clinical Team - Clinical Managers

Margaret Ann Kroen, LCSW-C

Program Director

Astrid Richardson-Ashley, LCSW-C

Senior Clinical Manager



Amber Thrasher, LCSW-C

Clinical Manager II

Holly Wade, LCPC

Clinical Manager II

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Our Clinical Team - Medical Directors

Karen Dionesotes, MD, MPH

Medical Director

Arthur Hildreth, MD

Medical Director

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Our Administrative Team

Michael Llufrio

Director of Operations

Domenica Stone

Chief Administrative Officer

John Gloss

Administrative Coordinator

Allan C. Browder, Jr.

CFHM Executive Director

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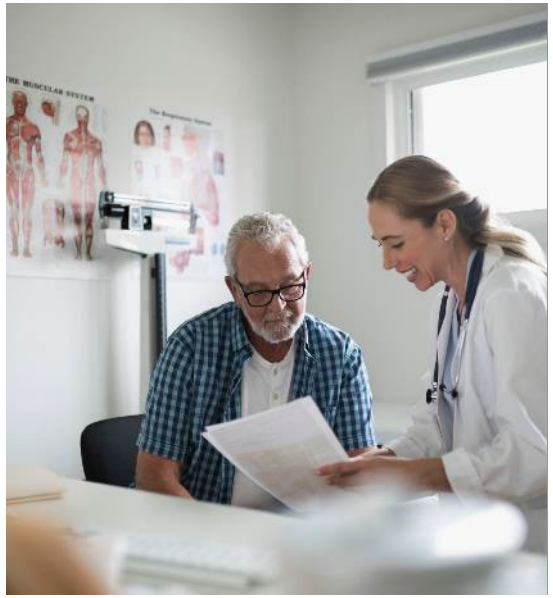

Thank you!

We are thankful to have partnered with Maryland institutions and organizations to help thousands of individuals over the past 46 years. We look forward to working with you to help even more doctors and healthcare professionals in the years to come.

Referrals – contact Mike Llufrio at mllufrio@medchi.org or 410 878-9534

Questions?

Center for a Healthy Maryland
The Maryland State Medical Society Foundation

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