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2 VERMONT MEDICAL SOCIETY RESOLUTION

3 Expanding the Vermont Practitioner Health Program

4 *Adopted November 5, 2016*

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6 Whereas, A physician health program (PHP) is a program of prevention, detection,
7 intervention, rehabilitation and monitoring of medical practitioners with potentially impairing
8 illnesses, approved and/or recognized by a state medical board;¹ and
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10 Whereas, The Federation of State Physician Health Programs supports state PHPs providing
11 services to physicians suffering from addictive, psychiatric and other potentially impairing
12 conditions when approved by a state PHP - appropriate evaluation and treatment of these
13 physicians will ultimately protect the patient and restore the health of the provider;² and
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15 Whereas, the American Medical Association supports state health programs that provide
16 services for physicians with both substance use disorder and also other health concerns;³
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18 Whereas, All PHP's provide services related to substance use disorder and the Federation of
19 State Physician Health Programs states that "physician health programs should [also] provide
20 services to physicians with psychiatric disorders. . . and should be structured to manage this
21 population. . . While not all psychiatric disorders reach a level of severity to warrant
22 monitoring, many cases will benefit from the coordination of care provided by a PHP;"⁴ and
23

24 Whereas, out of 47 state PHP programs, Vermont is one of only four states with a PHP that
25 focuses exclusively on substance use disorder; 43 other PHPs also work with physicians who
26 have mental illness and/or behavioral health needs;⁵ and
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28 Whereas, PHPs in other states serve physicians with a range of mental and psychiatric
29 disorders, including Axis I psychiatric disorders (for example, mood disorders, anxiety
30 disorders, adjustment disorders), Axis II behavioral personality disorders as well as issues of
31 sexual misconduct, disruptive disorder and cognitive decline;⁶ and
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¹ Federation of State Medical Boards, *Policy on Physician Impairment*, April 2011,
https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol_policy-on-physician-impairment.pdf

² Federation of State Physician Health Programs Policy Statements, <http://www.fsphp.org/resources/position-statements>. Several long-term studies have reported recovery rates between 70-90 percent for physicians with substance use disorders monitored by PHPs. Abstinence rates approaching 90 percent are reported for physicians in PHPs with substance use disorders, at the end of five years. Physicians who have successfully completed monitoring with a PHP have been shown to experience a lower risk of malpractice claims after monitoring. See sources at: <http://www.fsphp.org/about/faqs>

³ American Medical Association Statement on Physician Health Programs, February 2, 2008,
http://www.fsphp.org/sites/default/files/pdfs/ama_statement.pdf

⁴ Federation of State Physician Health Programs, *Physician Health Program Guidelines*, Dec. 2005,
https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/grpol_policy-on-physician-impairment.pdf

⁵ State survey data provided by Federation of State Physician Health Programs; see also DePont et al., *How are Addicted Physicians Treated*, *Journal of Substance Abuse Treatment* 37 (2009) 1-7,
http://www.vvmp.org/PHP.PhaseI.How_are_Addicted_Phys_treated.pdf

⁶ *Supra*, note 1, 5

1 Whereas; The Vermont Practitioner Health Program (VPHP) is organized as a peer review
2 committee of the Vermont Medical Society and has been operating Vermont's PHP successfully
3 under contract with the Vermont Board of Medical Practice since 2000; and
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5 Whereas, The VPHP's current purpose is to protect the public by facilitating and monitoring
6 the early identification, treatment and rehabilitation of individual providers of health service
7 (physicians, physician assistants, podiatrists, radiology assistants, and anesthesiologist
8 assistants) who are impaired or at risk for impairment by the excessive use of drugs including
9 alcohol; and
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11 Whereas, The VPHP has sixteen years of experience working with 248 Board-referred and
12 self-referred clients in carrying out its mission; and
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14 Whereas, The VPHP currently operates under the direction of one part-time Medical Director
15 and a volunteer Case Management Committee, made up of physicians and other licensees; and
16

17 Whereas, The VPHP has seen its cases per year quadruple from 5 participants under contract
18 in 2005 to 21 under contract in 2016 while it's budget and staffing have remained level; and
19

20 Whereas, 70 percent of respondents to the Vermont Medical Society 2016 Physician Survey
21 either supported or were neutral regarding a modest increase in physician licensing fees to
22 expand the conditions covered by the VPHP program beyond substance abuse to also include
23 mental health; now therefore be it:
24

25 **RESOLVED, The Vermont Medical Society supports increasing the scope of the VPHP**
26 **program to serve physicians and other clinicians licensed by the Vermont Board of**
27 **Medical Practice who are experiencing not only substance use disorder but also**
28 **psychiatric and behavioral health conditions such as depression, anxiety, disruptive**
29 **behavior and cognitive decline, as determined appropriate by the VPHP program; and be**
30 **it further**
31

32 **RESOLVED, The Vermont Medical Society will urge the Vermont Board of Medical**
33 **Practice and Vermont Legislature to increase the assessment on each licensee from \$25**
34 **per biannual license period to \$50 per license period (for physicians and podiatrists) and**
35 **from \$10 to \$20 every two years (for AAs, RAs and PAs) to support increased staff and**
36 **case capacity for the VPHP program, including additional clinical staff.**