



# Physician Wellness and the New Mexico Medical Board

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# Objectives



1. Participants will obtain a general understanding of the issue of physician burnout and wellness.



2. Participants will gain an appreciation of the concerns expressed by the Federation of State Medical Boards around this issue and their recommendations.



3. Participants will gain an understanding of the role of the New Mexico Medical Board is attempting to address the promotion of physician wellness while balancing its foundational role of protecting public safety.



Primary Reference: Physician Wellness and Burnout: New Perspectives for Medical Regulation. *Journal of Medical Regulation*. 104(2). 2018

# What is Burnout? ....from Physician's Perspective

- ▶ Definition: A psychological response that may be experienced by doctors exposed to chronic situational stressors in the health care environment.
- ▶ Characterized by:
  - ▶ overwhelming exhaustion,
  - ▶ feelings of cynicism,
  - ▶ detachment from work,
  - ▶ a sense of ineffectiveness and lack of accomplishment.
- ▶ In a 2012 study, 45.5% of surveyed physicians reported at least one symptom of burnout: three years later a similar survey found an increase of 9%.

# Consequences of Burnout and Mental Illness

- ▶ 25% of interns suffer from depression or significant depressive symptoms
- ▶ 28% of residents may be suffering from symptoms of major depression
- ▶ 300-400 physicians commit suicide each year
  - ▶ Odds of male physician suicide vs general male population: 1.41
  - ▶ Odds of female physician suicide vs general female population: 2.27
- ▶ Physician vs non-physician suicide factors:
  - ▶ Physicians are less likely to be in treatment,
  - ▶ more likely to be suffering from a job-related problem than a death, and
  - ▶ 20-40 times found more likely to have used medications on autopsy.

# Substance Use and Misuse

- ▶ 10-12% of physicians will develop a substance use disorder during their career.
- ▶ Alcohol 50.3%, opioids 35.9%, stimulants 7.9%, other substances 5.9%
- ▶ Use of multiple substances 50%, intravenous use 13.9%, previous SUD treatment 17%
- ▶ Anesthesiology, emergency medicine, psychiatry are over-represented
- ▶ Drug diversion a significant issue
- ▶ Work performance is often the last dimension of their life to be preserved from the devastating effects of substance abuse disorder



Berge KH, Seppala MD and Schipper AM.  
Chemical dependency and the physician.  
Mayo Clin Proc 2009;84(7):625-631

# Risks of Physician Burnout to Patients



Possible increase in unprofessional behavior



Surgical or diagnostic errors



Loss of trust and satisfaction of patients



Early or unnecessary retirement contributing to physician shortages



AMA: “When health and wellness is compromised, so may the safety and effectiveness of the medical care provided.”

# Factors Contributing to Burnout



## Predisposing factors?

Physicians traits that increase susceptibility to burnout: perfectionism, self-denial and compulsiveness

Physician training culture: denial of personal vulnerability, tendency to delay gratification, feelings of guilt.



Interplay of mental illness and substance abuse (chicken or egg phenomena) also complicate matters.



Peak times for burnout to manifest: during training and in mid-career.



Specialties with highest sense of a “lack of control” are at increased risk (e.g. emergency medicine).

# Practice Climate Factors Contributing to Burnout



“Deprofessionalization” - rigid adherence to guidelines replacing the more elegant, artistic and satisfying aspects of medical practice.



Perceived erosion of physician autonomy.



Expanding requirements for maintenance of certification, quality reporting, increased productivity pressure, keeping up with expanding medical literature, etc, etc.



The ELECTRONIC MEDICAL RECORD. Say no more.

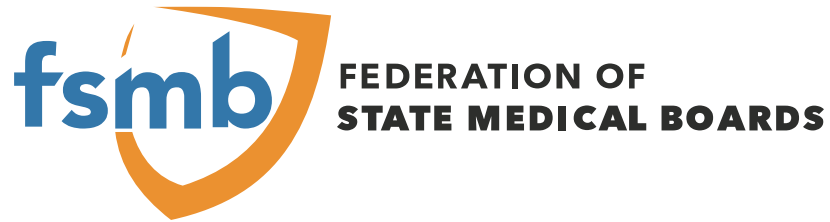


# Challenges in Addressing Burnout

- ▶ Expand resources to address burnout and physician wellness
- ▶ Research on how to address different sources of burnout
  - ▶ asking physicians to take better care of themselves will not be the entire answer)
- ▶ Increase awareness and education about burnout and wellness, and how to overcome stigma.
- ▶ Address system issues, improve communication and team building.
- ▶ Improved modeling of appropriate self-care by faculty and mentors.
- ▶ Overcoming reluctance to address and/or report impaired colleagues.

# Challenges to Addressing Burnout

- ▶ Address perception by physicians that one cannot show weakness, that to seek help will have a detrimental effect on obtaining and maintaining a license, obtain a residency and practice credentials and find a job.
- ▶ Address approaches by medical boards, residency programs, employers, etc that foster these perceptions.
- ▶ Including protection of privacy



“It should be considered that state medical boards’ duty to protect the public, in this regard, also includes a responsibility to ensure the wellness of its licensees.”

Federation of State  
Medical Boards,  
2018

# The Contribution of Medical Boards to the Problem



State boards may be inadvertently discriminating unfairly against physicians suffering from mental illness or substance use disorders.



Including those that take a leave of absence to prevent or recover from burnout.



Application questions for medical licenses, including renewals, may stigmatize those suffering from MI or SUD, and mitigate against those in need from seeking treatment.



These questions on medical license applications have doubled between 1996 and 2006.



These questions, besides discouraging licensees from seeking care, may be in violation of the Americans with Disabilities Act.

# Licensing Questions

- ▶ From 1993 to 1996, questions on mental health conditions and their effect on ability to practice increased from 425 to 75%.
- ▶ 2009 analysis showed that 34 of 49 states (69%) included questions that might be a violation of the Americans With Disabilities Act.
- ▶ 2017 analysis showed 84% of applications asked about mental health, often asked about past BH treatment history (but not for physical illnesses), and only 43% focused on physical impairment. Only 33% of applications seemed to comply with ADA requirements.
- ▶ One survey reported only 6% of applicants who sought BH treatment reported doing so.

# Medical Board Predicament



Quandary: Boards have a fundamental duty to protect the public and ensure that individuals that practice medicine are fully qualified to do so.

How to obtain enough information to make that determination?

While protecting privacy, meeting the ADA requirements, and avoid discouraging physicians from seeking needed care?

Paradoxically, if physicians do not obtain the care they need, this could increase the risk to the public.

## Recommendations from FSMB For Medical Boards

- ▶ 1. Are probing questions about an applicants mental health, addiction or substance use necessary?
  - ▶ Will the questions discourage treatment seeking
  - ▶ Could the information be obtained elsewhere?
- ▶ 2. Differentiate between a diagnosed illness versus an impairment.
  - ▶ Illness does not imply impairment
- ▶ 3. Focus on the presence or absence of current impairment, but no more than a two year span.
  - ▶ Questions should about mental health and physical health should be similar.

## Recommendations from FSMB

- ▶ 4. Consider the option of “safe haven non-reporting” to applicants for licensure who are receiving appropriate treatment for mental health or addiction.
  - ▶ If in treatment, being monitored and in good standing with the PHP
- ▶ 5. State medical boards should work with their state legislatures to maintain privacy of applicant’s health history.
- ▶ 6. State medical boards should emphasize the importance of physician health, self-care, and treatment-seeking for all health conditions by including a statement to this effect on medical licensing applications, state board websites, and other official board communications.



## Recommendations from FSMB

- ▶ 7. State medical boards should clarify through communications, in print and online, that an investigation is not the same as a disciplinary undertaking.
  - ▶ May help address stigma and fear of seeking treatment
- ▶ 8. State medical boards are encouraged to maintain or establish relationships with a Physician Health Program in their state and to support the use of data from these programs in a board's decision-making.
- ▶ 9. State medical boards should examine the policies and procedures to ensure that they are fair, reasonable, and fit for the purpose of protecting patients.
  - ▶ All such processes should be clearly explained and publicly available.
- ▶ 10. State medical boards should be aware of potential burdens placed on licensees by new or redundant regulatory requirements.

## Recommendations from FSMB For Other Entities

- ▶ For Medical Societies:
  - ▶ 1. Encourage physicians to seek treatment.
  - ▶ 2. Stress self-care
  - ▶ 3. Foster expansion of counseling options, perhaps thru the medical society.
  - ▶ 4. Provide education to physicians about resources available for burnout.
  - ▶ 5. Work with medical boards to raise awareness by the public of the importance of physician wellness.

## Recommendations from FSMB For Other Entities

- ▶ CMS: consider how all added requirements on physicians affect wellness.
- ▶ Government: consider impact of new regulations on physician wellness
- ▶ EHR Vendors: Make the EHR easier to use, consider physician user perspective, avoid duplicative entry, focus on facilitating and improving patient care.
- ▶ Medical Schools:
  - ▶ Accreditation bodies continue to promote discussions about wellness and proper care to promote positive change,
  - ▶ Encourage medical students and residents to value self-care and wellness,
  - ▶ Acknowledge and support trainees in having avenue to raise issues concerning their wellbeing.

## Recommendations from FSMB For Other Entities

- ▶ Employers:
  - ▶ 1. Perform periodic assessments of physician health using validated, confidential instruments, to promote workplace change.
  - ▶ 2. Adopt the “Quadruple Aim”.
  - ▶ 3. Consider the impact of policies and procedures on workforce wellness.
  - ▶ 4. Provide resources for physician wellness, but adapted to the unique needs of different provider needs. Includes not just wellness resources, but tools to improve functioning, such as scribes.
  - ▶ 5. Ensure issues related to physician competence and discipline are made available to state medical board.

# Triple Aim to the Quadruple Aim

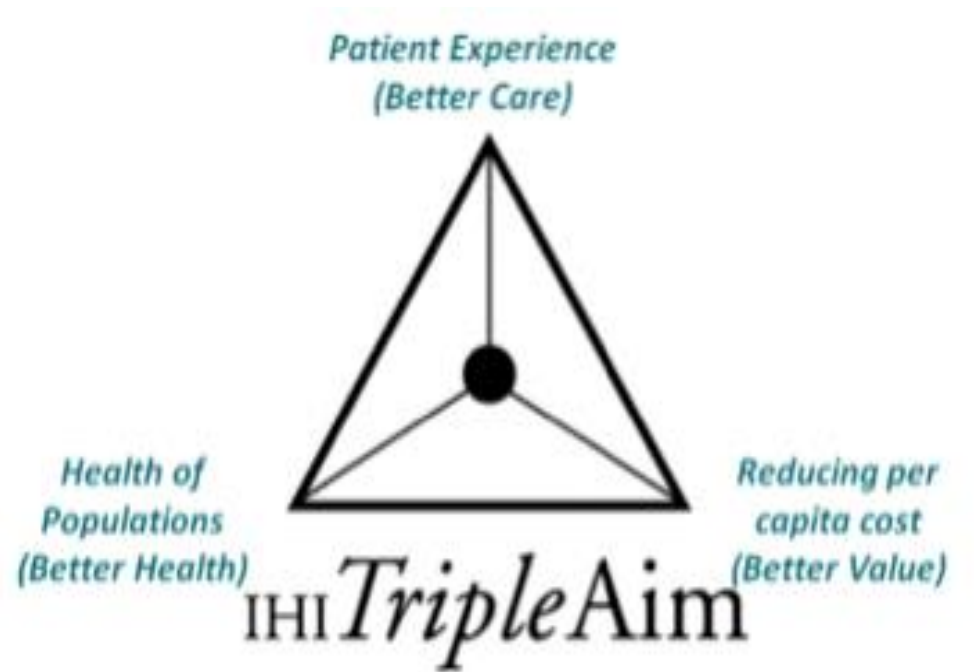


Figure 2. The Fourth (missing) Aim is improved clinician experience.

## Recommendations from FSMB For Other Entities

- ▶ Insurers: Review questions that are part of the credentialing process that may discourage physicians from seeking care, consider incentivizing physician wellness as part of quality of care efforts.
- ▶ Accrediting organizations: Consider standards related to required resources and policies aimed at protecting medical students, residents and attending physicians.
- ▶ Physicians: Take responsibility for self-care, understand ethical duty to report issues related to unsafe care delivered by peers, find work-life balance.

# New Mexico Medical Board Efforts

## The “Question 18” Story:



### ▶ Previous wording:

- ▶ **18.** In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? **If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment.**

### ▶ Revised 2018:

- ▶ **18.** Do you have or have you been diagnosed with an illness or condition which impairs your judgement or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? **If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.**

# Other Challenges

- ▶ “Confidential” monitoring programs
  - ▶ Allow for treatment and monitoring without reporting to the medical board
  - ▶ But conflict with demand for “transparency” by the public (California situation)
  - ▶ Double bind on licenses that enroll for treatment expecting confidentiality but need to report adverse events when renewing license (lack of “safe harbor”)
- ▶ Impact of public actions on the licensee
  - ▶ Loss of board certification
  - ▶ Loss of credentialing privileges by insurance companies, practice groups and hospitals



# Physician Wellness Programs



New Mexico Healthcare and Wellness Program  
(formerly Monitored Treatment Program)



The NMMB's contracted entity to assist licensees in locating assessment and treatment, and to provide monitoring compliance with treatment when required by the medical board



Can be confidential

# New Mexico Medical Board Educational Effort

- ▶ The NMMB fully supports its licensees taking good care of themselves!
- ▶ Wellness is a continuum, and proactively caring for oneself, or addressing signs of burn-out can help prevent the development of more serious problems later on.
- ▶ Physicians who are both proactive and reactive in addressing their own health make good providers who provide safe patient care.
- ▶ We support the creation and activity of physician wellness programs in hospitals and other institutions (eg Schwartz rounds).
- ▶ We support the proper training of medical students and residents, including fostering a culture of respect, self-care and anti-stigma.

What more can we do?



Thoughts?  
Comments?  
Questions?

Thank you!