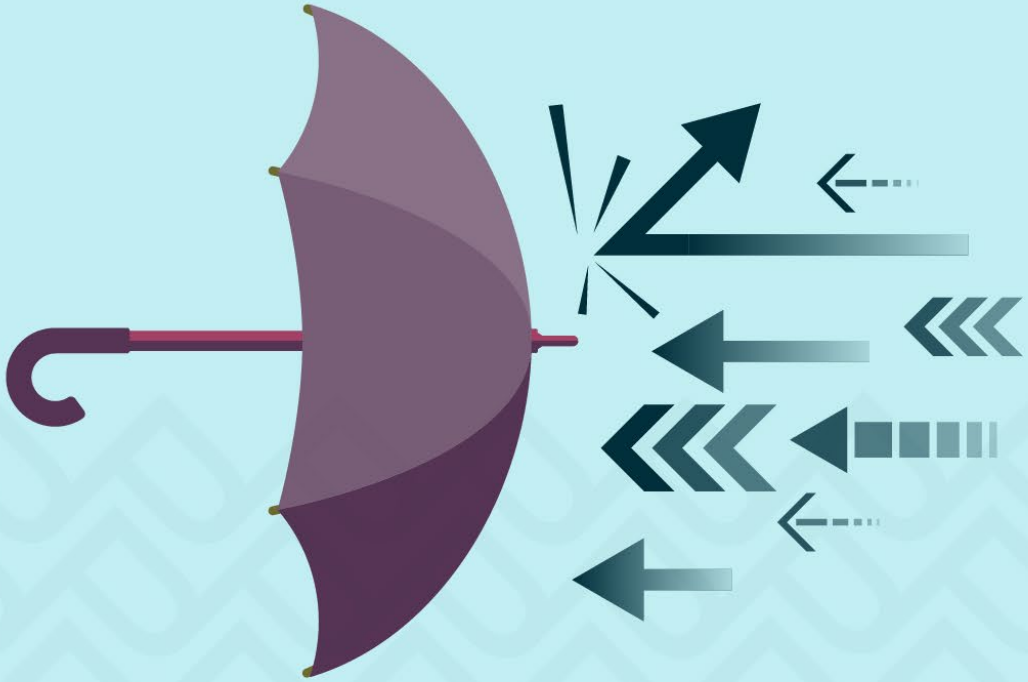


PHYSICIANS INSURANCE

Risk Factors

From Risk to Recovery: Partnering to Address Clinician Impairment

Chris Bundy, MD, MPH
Executive Medical Director
Washington Physicians Health Program

Chief Medical Officer
Federation of State Physician Health Programs

Anne Flitcroft, BSN, RN
Vice President, Risk Management
Physicians Insurance

Physicians Insurance A Mutual Company

Physicians Insurance Risk Retention Group, Inc.
Serviced by Physicians Insurance Member Services, LLC

phyins.com
601 Union Street, Suite 500
Seattle, WA 98101 | (800) 962-1399

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Agenda

Define impairment and describe how signs of potential impairment might show up in clinical practice.

Describe how Physician Health Programs (PHPs) and alternative-to-discipline programs complement organizational risk management and liability protection.

Outline key elements of an organizational policy for referring clinicians to a PHP.

Evaluate credentialing practices that balance patient safety with fair treatment of clinicians in recovery.





mrgao. Compass on White Background, Purpose Concept stock photo. iStock. Accessed October 26, 2026.

PHP and MPL Alignment

- Patient is our North Star
- Healthy doctors = better (safer) health care
- System issues driving doctors out of health care (burnout, malpractice fatigue, risk aversion, etc.)
- Success in our shared mission lowers cost, increases access, and improves care for patients
- Mis/disinformation impedes progress

Impairment and How it May Present

Elements of Clinical Performance



Competence

- **CRPs (Communication and Response/Resolution Programs)**
  - Responding to error/harm

Professionalism

- **Vanderbilt Center for Patient and Professional Advocacy (PARS/CORS)**
  - Responding to unprofessional conduct

Health

- **PHPs**
  - Responding to impairment

AMA Code of Medical Ethics: Opinions 9.3.1 and 9.3.2

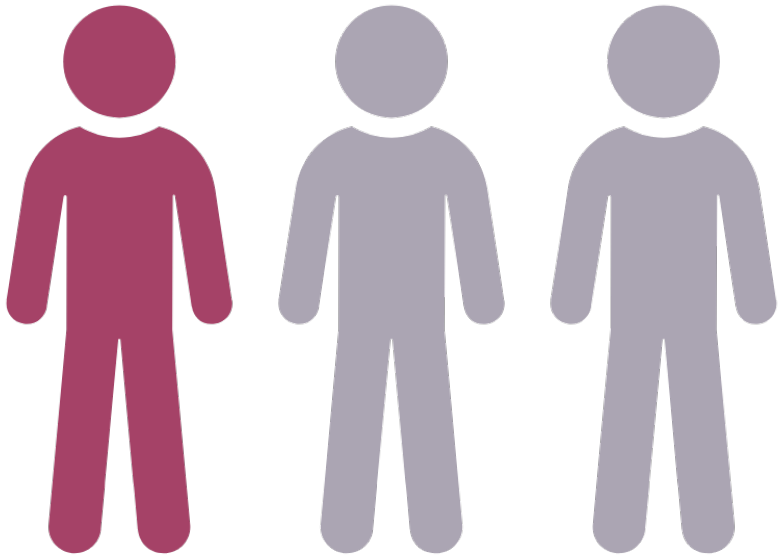
Professional responsibility to attend to personal health and intervene with colleagues when illness may impact safe care

Impairment: Definition

Impairment = Inability to practice with reasonable skill and safety to patients by reason of a health condition

Illness ≠ impairment

Clinical care/skill deficiencies ≠ impairment



1/3 of healthcare professionals will have an impairing health condition during their career

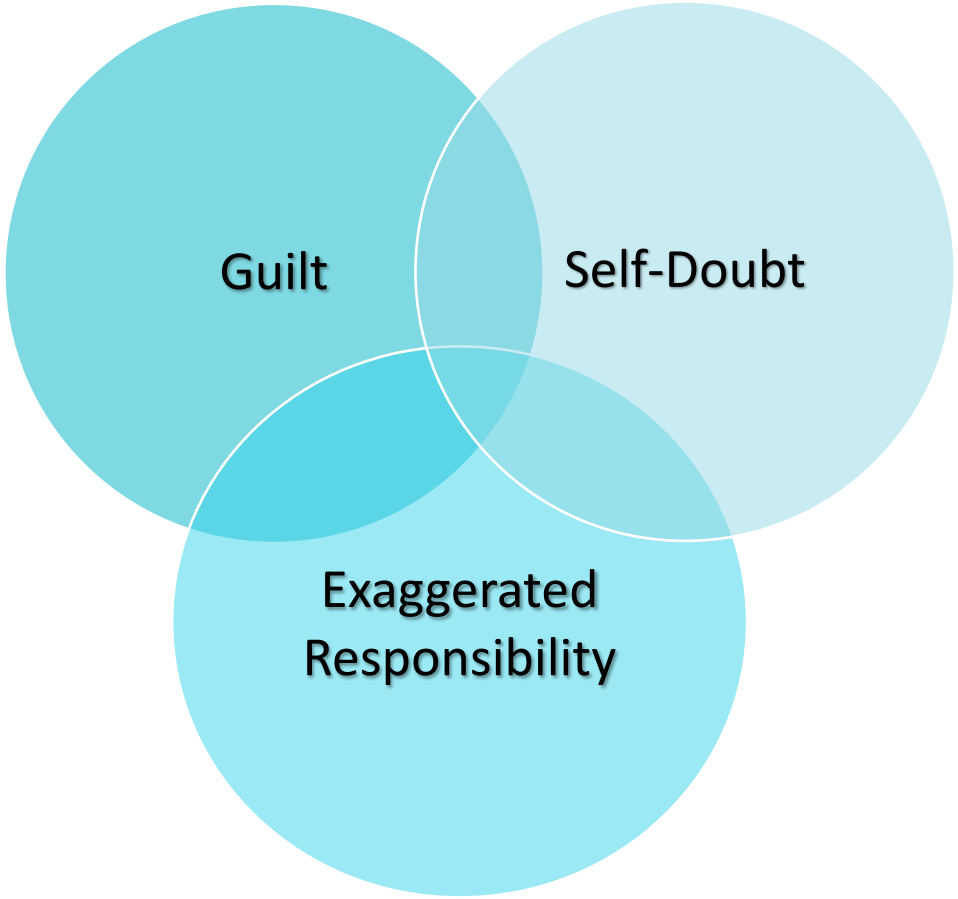
1-2% may be impaired per year

Leape L. and Fromson J. Ann Int Med. 2006

Medical training overtly and covertly conditions you to perform at the cost of routine maintenance…



Normal Physician Personality: Compulsive Triad



Gabbard JAMA 1985,254:2926

Difficulties:

- Overwork
- Denial of physical and emotional needs
- Leisure/unstructured time
- Setting limits
- Personal relationships

Socially desirable, personally costly

What Might Result in Unsafe Practice?



Substance use



Psychiatric disorders



Non-psychiatric medical conditions and their treatments



Cognitive and neurologic disorders



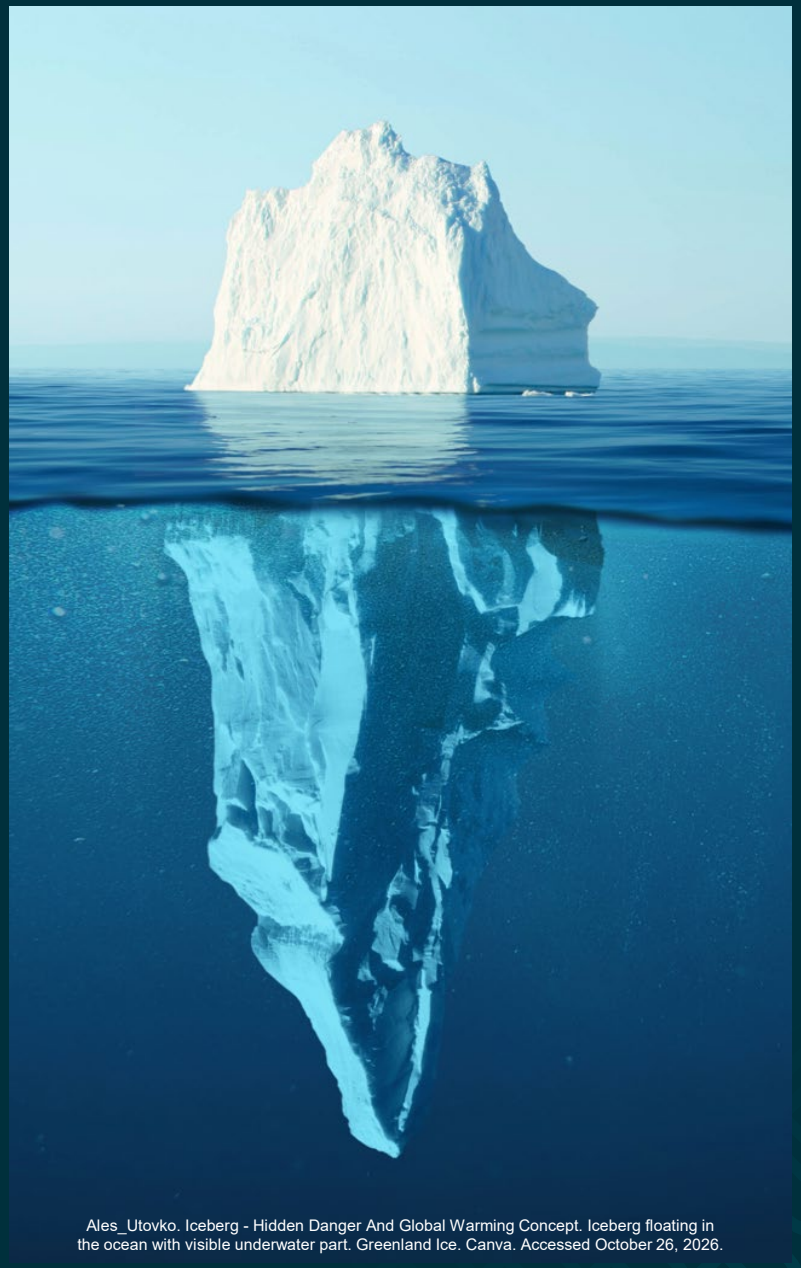
Chronic burnout and distress



Personality disorders

Signs of Impairment

Category	Possible Signs
Behavioral Changes	Mood swings, irritability, paranoia, social withdrawal
Cognitive Impairment	Poor memory, difficulty concentrating, disorganization
Professional Performance	Increased errors, missed deadlines, late documentation
Appearance	Decline in grooming, weight loss/gain, signs of fatigue
Reliability	Frequent absences, tardiness, unexplained disappearances
Substance Concerns	Smell of alcohol, slurred speech, unsteady gait, overly sedated or overly energetic demeanor
Interpersonal Issues	Conflict with colleagues, inappropriate comments, lack of empathy
Burnout Indicators	Cynicism, hopelessness, detachment, depersonalization



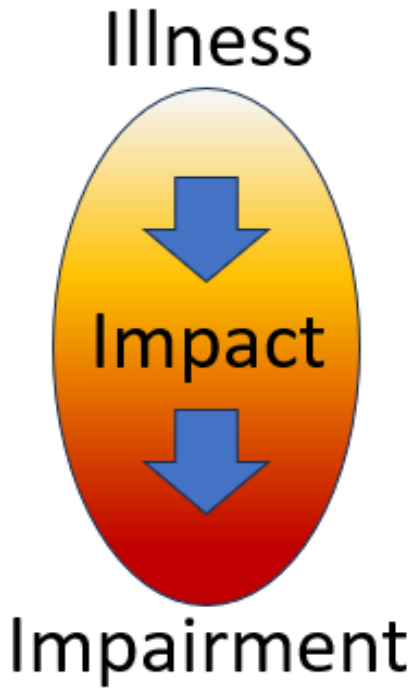
Ales_Utovko. Iceberg - Hidden Danger And Global Warming Concept. Iceberg floating in the ocean with visible underwater part. Greenland Ice. Canva. Accessed October 26, 2026.

Remember:

- You will likely have doubts
- What you can see is almost always the tip of the iceberg
- It takes time and trust for physicians to let someone peer beneath the surface

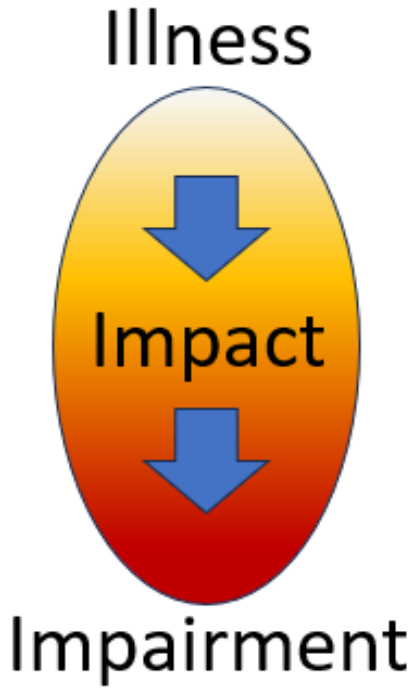
The Value of Physician Health and Other Alternative-to-Discipline Programs

What is a Physician/Professional Assistance Program?



A confidential resource to support health professionals when illness may be adversely impacting clinical performance

What is a Physician/Professional Assistance Program?



Early intervention, structured and compassionate support, accountability

Deliver exceptional outcomes - improve health, lives, and careers

Rehabilitate professional – protect the public

What Sets a PHP Apart?

PHPs have a joint obligation to care for the professional and protect patient safety

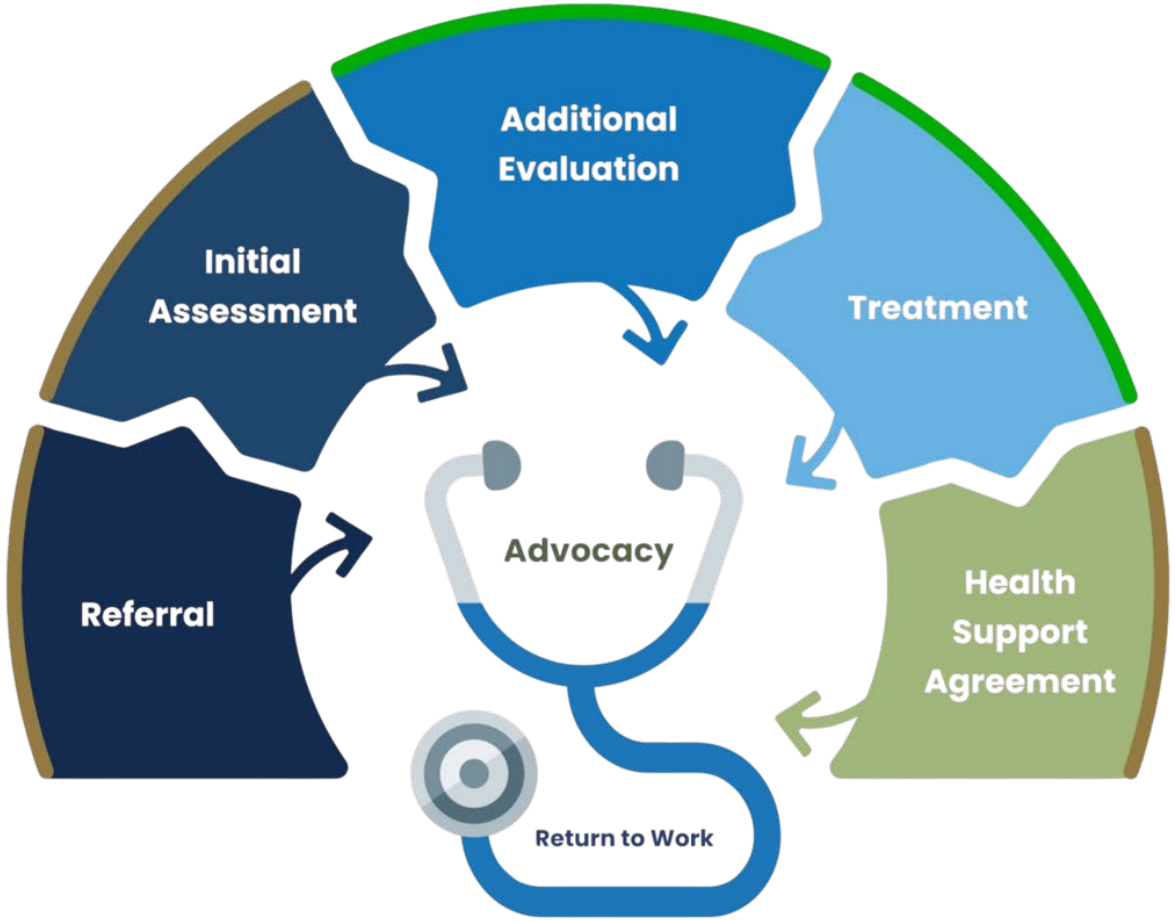
In many states, PHPs have unique authorization to accept referrals in lieu of reporting to a licensing board

Why Physician/Professional Assistance Programs?

- Fear, shame, stigma, and denial are substantial barriers to help-seeking and help-acceptance and are intensified in health professionals (perfectionism, excellence, competence, trust)
- Healthcare ecosystem needs confidential, non-disciplinary pathways to decrease barriers and promote early intervention, before illness results in patient harm or lapses in professionalism
- Employers, health systems, organized medical staff, and regulators are generally ill-equipped to provide the necessary services and support
- Maintenance of practice and standards of professional conduct are powerful motivators for healing (accountability)
- PHPs provide trusted assurance of health (advocacy)
- Healthy professionals provide better/safer care

PHP Process

Individualized, concierge approach



PHP direct services

PHP approved referral resources

Health Support and Verification = Advocacy

Elements of Support:

- Case management
- Group/peer support
- Workplace support
- Care provider coordination
- 3rd party verification of health status and safety to practice (when needed)



Individual PHPs demonstrate markedly higher illness remission rates compared to general population

Washington Physicians Health Program (WPHP)

- JAMA 2005
- 75% successful outcome: substance use monitoring
- Risk factors: opioid abuse, family history, dual diagnosis

Outcomes of a Monitoring Program (MAPHS)

- J. Psychiatry Practice 2007
- 75% successful completion: behavioral health & substance use disorder monitoring agreements

Landmark, multisite PHP study replicates earlier findings and demonstrates a highly effective care management model

Blueprint PHP Study:
McClellan et al. BMJ 2008; Dupont et al. J Subs Abuse Treatment 2009

- 16 PHPs, 904 physicians with SUD
- 78% successful completion without detected relapse
- Including those with relapse and further intervention, over 90% doing well at 7.2 years
- Single report of patient harm (over prescribing)

Only 35-50% of individuals in the general population remain abstinent for 1 year or more

Fleury MJ, Djouini A, Huynh C. et al. Remission from substance use disorders: A systematic review and meta-analysis, Drug Alcohol Depend: 2016:168-293-306.

Professional liability risk lower for PHP-involved physicians

Colorado PHP Malpractice Risk Study: Brooks et al. Occ Med 2013

- Retrospective claims data for 818 PHP participants vs 656 reference physicians
  - Pre-monitoring: PHP cohort 111% worse
  - Monitoring: PHP cohort 50% improved, still 28% above reference group for claims
  - Post-monitoring: PHP cohort 20% **better than** reference group

Real Cases, Real Consequences

2025 Annual Report: Physicians Insurance Key Risk Themes

Is impairment hiding in plain sight?

- Documentation audits
- Overdue orders and follow-up
- Sexual misconduct complaints: *“Clear, consistent processes for managing and investigating complaints around sensitive issues….are critical to protect patients, staff, and the organization.”*
- Communications after unexpected outcomes
- Incidental findings
- Supervisor and manager training: *“Workforce risk is patient safety risk.”*

A Cautionary Tale

What Was Seen	What Was Done
Medical school: Academic challenges	90 mg mixed amphetamine salts per day
Residency: Medical errors, sleep deprivation, mental health symptoms	DIY approach by residency program: sleep study, cleared to return
First job: Post-op opioids on board, altered behavior and practice	Medical leave: asked not to return
Next job: Observed use, withdrawal at work, paranoid psychosis	Medical leave granted: asked to resign

Six years. Four institutions. No proper intervention.

The Cost of Waiting

Early Referral

- An uncomfortable conversation
- A confidential evaluation
- Weeks away from training for treatment
- Help and support

Late Referral

- Six years of untreated illness
- Patient safety risks?
- Two jobs ended quietly
- Substance-induced psychosis
- Near-fatal self-injury

He got to the right place
He’s alive and in recovery

Recovery was available in his third year of medical school
The six years of worsening illness and consequences may have been avoidable

What Authentic Caring Actually Requires



A courageous act of compassion

Sometimes it's the call your colleague will resent

An Unspeakable Tragedy: Jones vs Kadlec Medical Center vs Lakeview Anesthesia

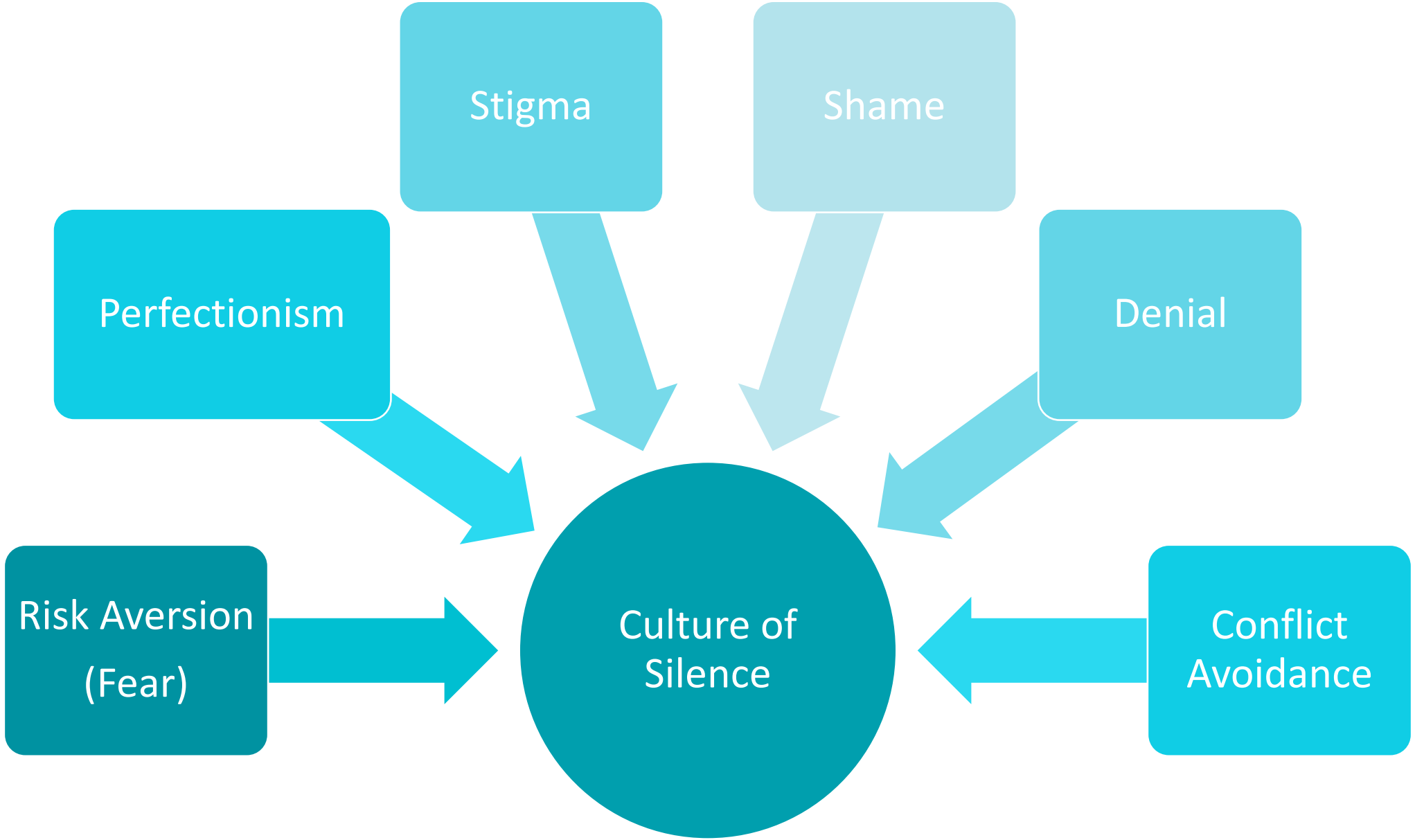
- November 2002: 10 hours after delivering her 3rd child, Kim Jones underwent 15 min tubal ligation
- Dr. Robert Lee Berry, the anesthesiologist, was under the influence of diverted opioids and prematurely extubated Jones and failed to monitor her condition
- Jones suffered myocardial infarction, severe anoxic brain injury, and never regained consciousness
- Jones family sued Dr. Berry and Kadlec
- Court records showed Dr. Berry had been diverting Demerol from Kadlec and was fired from his former employer in Louisiana (Lakeview Anesthesia Associates) for the same reason
- Jones family received an $8.5 million settlement in 2004: reportedly the largest professional liability award in WA history at the time (Ostrum. Seattle Times June 2006)
- Kadlec sued Lakeview Regional Medical Center, Lakeview Anesthesia Associates, and its physicians over credentialing references; a jury found for Kadlec, and the Fifth Circuit upheld liability as to the practice group and reversed as to the hospital (Sanford. 1 Drexel L. Rev. 383)

According to court records, Louisiana healthcare organizations had information indicating Dr. Berry was impaired and did not share it with Kadlec. ***Why?***

Dr. Heekin Case

- Dr. Richard David Heekin, Florida orthopedic surgeon
- As of July 2022, 350+ lawsuits were pending alleging harm including fractures, tendon ruptures, nerve damage, and death
- Between 2016-2020, patients reported “difficulty with balance, inability to concentrate, angry outbursts, erratic behavior, gait disturbances and impaired judgment and mood.”
- Physicians and nurses reportedly voiced concern to Ascension management about Heekin’s safety to practice
- Dr. Heekin was ultimately diagnosed with progressive supranuclear palsy, a progressive neurodegenerative disorder

Chuck. NBC News July 29, 2022,
Accessed Nov 10, 2026


Stigma
Shame
Perfectionism
Denial
Risk Aversion (Fear)
Culture of Silence
Conflict Avoidance

Case

40 year-old physician referred to PHP concerns for substance use

Separation from employment

Completes SUD treatment

Enrolls in 5-year PHP health support agreement

Seeks employment/placement with a large national locums company

Case

Question: Are you currently using, or have you ever used, illegal drugs or legal drugs in an illegal manner?

Physician answers “YES”

Case

Question: Have you ever had any physical or mental condition, including substance abuse or dependency, that has impaired or may impair your ability to work safely and according to accepted standards of performance with patients as a practitioner, or has otherwise been deemed a violation of the law?

Physician answers “YES”

Case

Locums company asks for additional information regarding “yes” responses

PHP provides standard verification of health and safety to practice

Locums company requests physician disclose their diagnosis

Tells PHP that they will not hire if there is SUD and that underwriter insists on disclosure of diagnosis

Case

PHP advises physician to not disclose diagnosis

PHP Medical Director attempts advocacy with employer and PL company

Physician decides not to disclose diagnosis

Locums company informs physician they will not be moving forward with placing them

Questions

- Were the questions asked on the credentialing application consistent with applicable disability discrimination law?
- Was it acceptable for the employer or professional liability carrier to condition employment or liability coverage on the disclosure of a diagnosis?
- How can we work together to reduce barriers to help-seeking while also managing risk?

Partnering for Success

Model Language for Credentialing Applications

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.

Actionable Strategies

1. Signal detection: What early warning systems currently might help identify risk? Peer review, patient safety, HR, patient and staff complaint systems (PARS/CORS data), Press-Ganey data, AI pattern detection?
2. Clear policies: Is there a policy for a confidential, therapeutic, non-disciplinary pathway for addressing impairment? Is it available to all or only some?
3. Clear processes: Do policies describe the process for consultation and referral to professional assistance programs – who decides, what are the triggers, what is communicated, and how?
4. What supports are available: medical leave, cost support for fitness restoration, retention stance?
5. Supervisor/manager training
6. After action review, documentation, process improvement

Policy Resources

Federation of State Physician Health Programs Sample Hospital Policy:

Referral and Consultation with Physician or Healthcare Professional Health Program

Washington Physicians Health Program Health Organization Partner Engagement (HOPE):

- Policy Guide for Referral and Consultation
- Tip Sheet for Supervisors

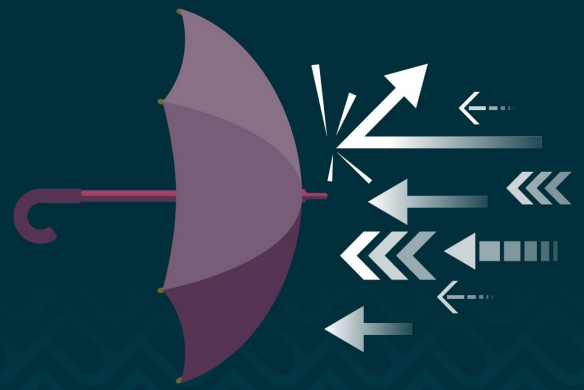


Questions?

Thank you for attending!

Next *Risk Factors* webinar will be on

January 19, 2027



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