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The Georgia Physicians Health Program

History and Future Directions

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Georgia is among the last states in the U.S. to institute an independent, state-wide Physicians Health Program (PHP). It would be incorrect to assume that there is no statewide interest or expertise regarding physician health, as Georgia is the home for three nationally known programs for the treatment of addiction. Despite this fact, the sad truth is we have lagged behind almost every state in institutionalizing an independent, PHP-based monitoring and continuing care program that ensures long term recovery from addiction and other psychiatric illnesses.

Georgia does have a system of managing addicted physicians and physicians who suffer from potentially impairing illnesses. In Georgia, if a physician needs treatment for any psychiatric or substance use disorder in an organized setting, he or she is mandated by Georgia Law, the Unprofessional Conduct Rule 360-3.02(20). All providers and physician-patients must report to the Georgia board within 30 days of entering any organized treatment. If they fail to do so, they are sanctioned by the board. Sanctions, including private or public consent orders commonly result in difficulty with insurance panels, hospital staff appointments and even maintenance of NBME certification in the physician's specialty. Thus, many of Georgia physicians are "underground" and when they do arrive in treatment; their illnesses are often long standing and debilitating.

In large part, the lack of a PHP comes from a perceived lack of a need. Every treatment program in Georgia who treats health care professionals provides continuing care that is similar to other states' programs. Each of them does a fine job in providing this service. Unfortunately, this distributed system results in each of the physician treatment programs individually interfacing with the Medical Board in Georgia. The Medical Board, due to changing composition and its need to know multiple providers, has taken upon itself the role of determining the quality and appropriateness of each of the providers and their recommended treatment plans.

Once a physician comes before the Board, they act in one of two ways, issuing a **private consent order** (which is in theory non-discoverable, but in practice is known to many parties) or issuing a **public consent order**. Physicians who obtain a private consent order are obligated by many third part payers to report their past illness (often detected by carefully worded provider applications that demand the disclosure of private orders). In such cases, even when the majority of illnesses were not impairing, providers have been denied hospital privileges, given financial contracts with discriminatory pay, and have been denied managed care and insurance reimbursement and provider network affiliation. The situation for physicians issued a public consent order is in a word: dire. Physicians who divert medications prior to treatment, obtain public notice of an illness (such as a DUI reported in a prominent newspaper) or have a single positive urine screen while under private consent are commonly issued a public consent order. Our physicians under

public consent are denied medical privileges and insurance panels, their applications for recertifying in their specialty is denied, and incredibly we have witnessed physician's Board Certification in their specialty *expunged* subsequent to a public consent order.

A group of us has been working for almost a decade to create change. In large part, our early efforts were fruitless. However, in the summer of 2008, Dr. Steve Lynn worked with the Georgia Psychiatric Physicians Association (GPPA) and their legislative committee to gather support for a legislative change. A bill was written and proposed, only to die in the Georgia house. In January 2009, the Georgia psychiatric community, addiction community and interested attorneys gathered to form the Georgia PHP Initiative Committee. The platform of a Georgia PHP was presented to the Medical Board, the Medical Association of Georgia, MAG Mutual (the largest malpractice carrier in Georgia) and several of the large hospital systems in the state. Georgia Society of Addiction Medicine held a conference focused on physician health in the summer of 2009. Most parties agreed, in principle, to the concept of a PHP—we emphasized that all of our adjoining states had PHPs and we were the laggard. Our committee called on the expertise of many of the Federation of State Physicians Health Programs (FSPHP) members across the United States to guide us in our efforts.

Thanks to the committed efforts of the GPPA's legislative affairs' consultant Lasa Joiner and members of the Georgia Medical Board, SB 252 passed House Health and Human Services Committee on March 31, 2010. Although the legal protection of a PHP was defined in this bill, no funding was provided. The final bill passed the Georgia Senate on April 21, 2010, and the bill was signed into law on May 28, 2010.

Several groups have shown an interest in developing a PHP here in Georgia. Our group, comprised of all the current treatment centers and many of the physicians who treat psychiatric and addiction diseases in Georgia, formed the Georgia Professional Health Program, Inc. (GA PHP, Inc.) GA PHP, Inc. is a not-for-profit organization formed under a 501c3 (pending). We have continued to lobby with the interested bodies and agencies for a balanced, measured and effective PHP in our state. As anyone can imagine, the biggest single stumbling block is funding. Currently, our plans are to become funded by moderate participant fees and to look to hospitals, organizations and malpractice carriers for assistance.

The Medical Board has responded to the Georgia law by drafting a proposed set of rules for the PHP. The Medical Board, in consultation with providers in the state, changed the name of the Board's Impairment Committee to the Wellness Committee. Our current challenge is to assist the Georgia Medical Board in their procedures and future interactions with the PHP. We are in the midst of PHP Bylaws development and the financial and logistical hurdles that must be overcome in building the nuts and bolts of GA PHP, Inc. This moment in time in the evolution of GA PHP, Inc. is critical in changing the direction of physician health in our state. We welcome your input, guidance and support in this monumental joint effort!