

Maryland Psychiatric Society Ethics Committee

February 27, 2025

Margaret Kroen, LCSW-C, Program Director, Maryland Physician Health Program

Arthur Hildreth, MD, Medical Director

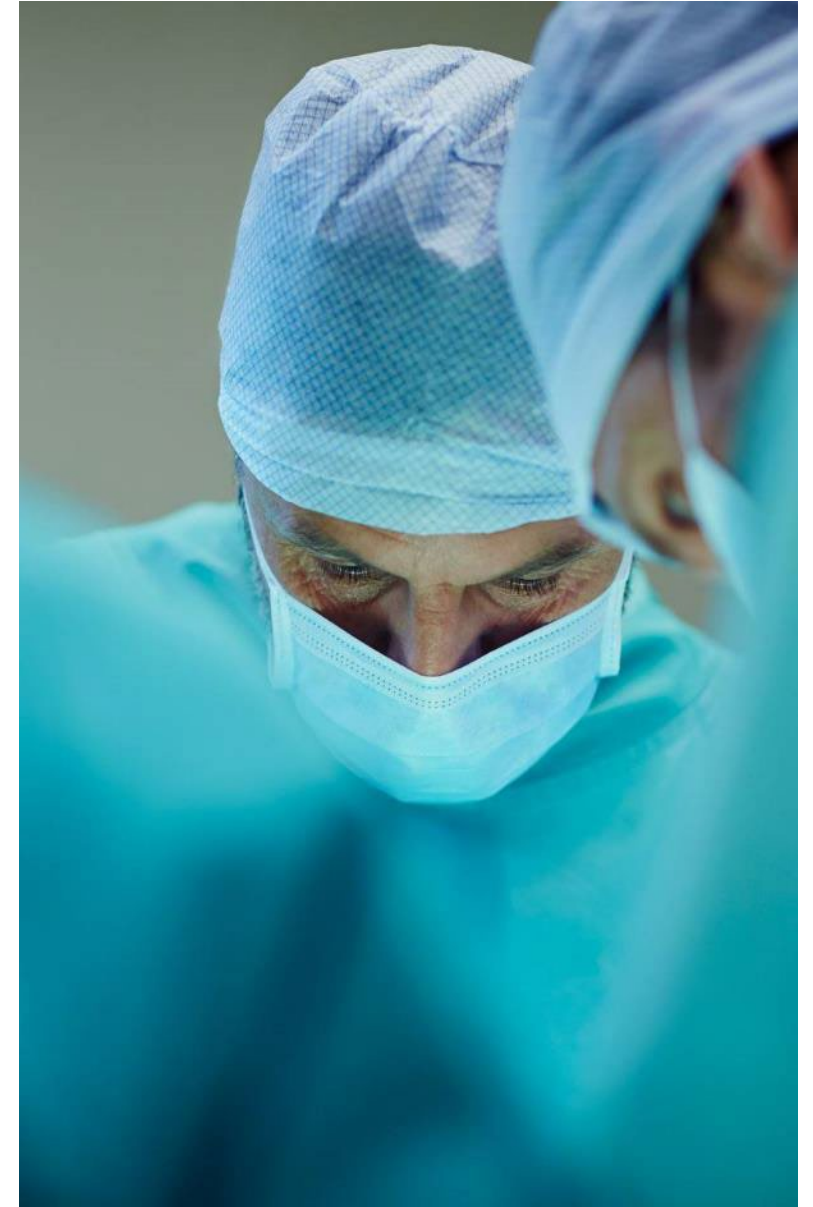
Martin Rusinowitz, MD, Medical Director



MHP

MARYLAND PHYSICIAN HEALTH PROGRAM

- Who We Are
- Our Philosophy
- What We Do
- Outcomes
- Collaboration





MPHP is part of The Center For A Healthy Maryland



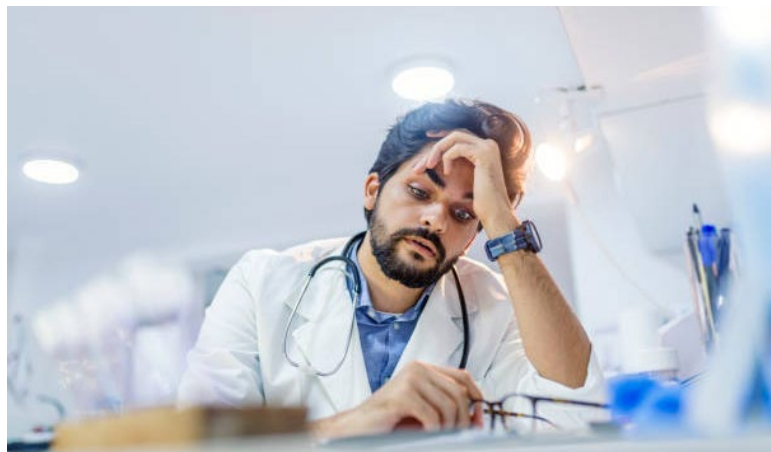
The Center for a Healthy Maryland, The Maryland State Medical Society Foundation was established in 1976 as a 501(c)(3) corporation to support the charitable, educational and scientific purposes and functions of MedChi, The Maryland State Medical Society. These include education, quality improvement,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

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.

Who We Are

Our mission is to promote the highest standards of patient safety and care by providing compassionate high-quality assistance, monitoring, structure and support to physicians and other healthcare professionals who are dealing with potentially impairing conditions.

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





Our Philosophy

- 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.
- Principles of support, safety and accountability are important parts of our effective management plans.
- Helping one doctor helps a thousand patients.

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.

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.

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.

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

What We Do

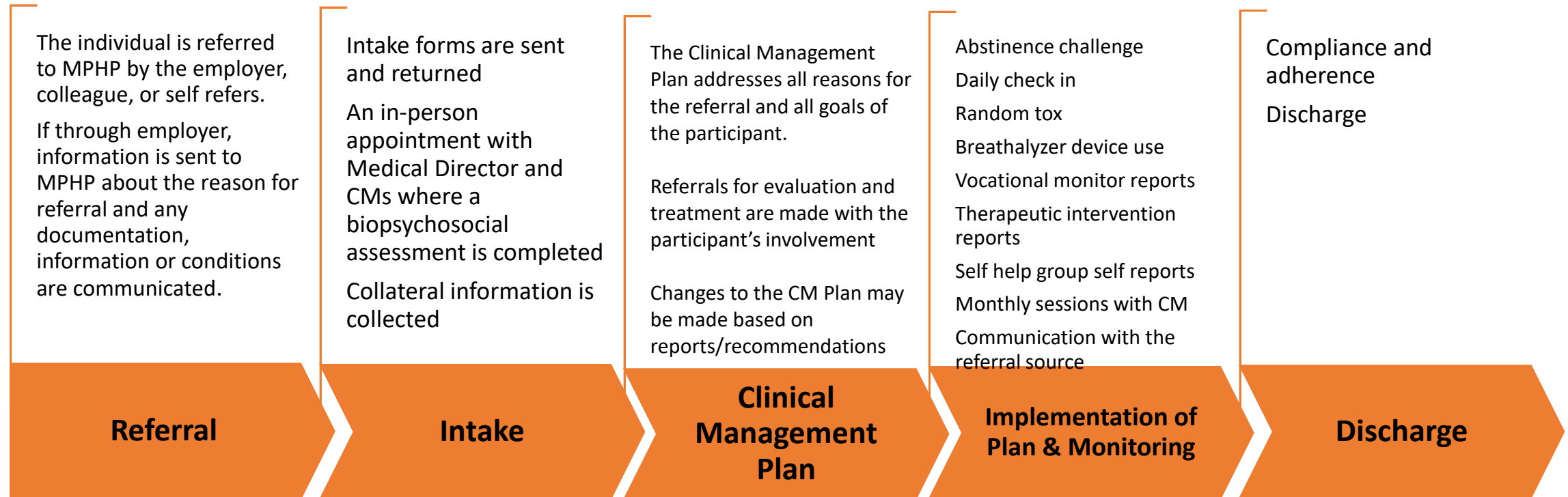
Program Services

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
 - 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](#)

Referral and Intake Process



Our Resources



Comprehensive Multi-Day Evaluation

- In or out of state depending upon problem
- Match problems with right resource
- Safety to practice determinations
- Time and cost

Specific Evaluations

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

Interventions

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

MPHP Treatment Report Form

Maryland Physician Health Program

TREATMENT REPORT

1202 Maryland Avenue
Baltimore, MD 21201
Phone: 410.962.5580
Fax: 410.962.5583

PARTICIPANT: _____

REPORTER: _____

REPORTING PERIOD: FROM: _____ TO: _____

TYPE OF TREATMENT: INDIVIDUAL _____ GROUP _____ OTHER _____

CURRENT FREQUENCY _____ / _____ MONTH _____ / _____ QUARTER

REPORTING SCHEDULE (CHECK)

Jan. 1 - March 31 _____
April 1 - June 30 _____
July 1 - Sept. 30 _____
Oct. 1 - Dec. 31 _____

- NUMBER OF SCHEDULED & ATTENDED SESSIONS WITHIN REPORTING PERIOD: _____
- NUMBER OF UNEXCUSED MISSED SESSIONS WITHIN REPORTING PERIOD: _____ LIST REASON(S) _____
- PLEASE DESCRIBE THE GOALS OF YOUR CURRENT TREATMENT AND PROGRESS MADE SINCE THE LAST REPORTING PERIOD:
- PLEASE LIST ALL MEDICATIONS BEING PRESCRIBED AND DOSAGE AMOUNT IF *APPLICABLE*:

PLEASE PROVIDE YOUR CLINICAL ASSESSMENT AND COMMENTS REGARDING THE FOLLOWING FOR THIS REPORTING PERIOD:

	POOR				EXCELLENT
	1	2	3	4	5
5. VOCATIONAL (COMMENTS AND RECOMMENDATIONS)					
6. RELATIONSHIPS/FAMILY (COMMENTS AND RECOMMENDATIONS)					
7. PERSONAL WELL-BEING/MENTAL STATUS (COMMENTS AND RECOMMENDATIONS)					
8. HEALTH STATUS (COMMENTS AND RECOMMENDATIONS)					
9. OVERALL (COMMENTS AND RECOMMENDATIONS)					

- IS THIS CLIENT PRESENTLY EXPERIENCING ANY PROBLEMS THAT YOU BELIEVE MAY NEGATIVELY IMPACT HIS/HER ABILITY TO SAFELY PRACTICE MEDICINE? PLEASE EXPLAIN.
- PLEASE DESCRIBE YOUR ASSESSMENT OF THE PARTICIPANT'S CURRENT OVERALL PSYCHIATRIC/MENTAL HEALTH. PLEASE ALSO STATE THE PARTICIPANT'S PSYCHIATRIC DIAGNOSIS *IF APPLICABLE*.
- ADDITIONAL COMMENTS (PLEASE USE A SEPARATE PAGE IF NECESSARY):

SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS FORM BY FAX OR MAIL USING THE INFORMATION LISTED ON HEADER.

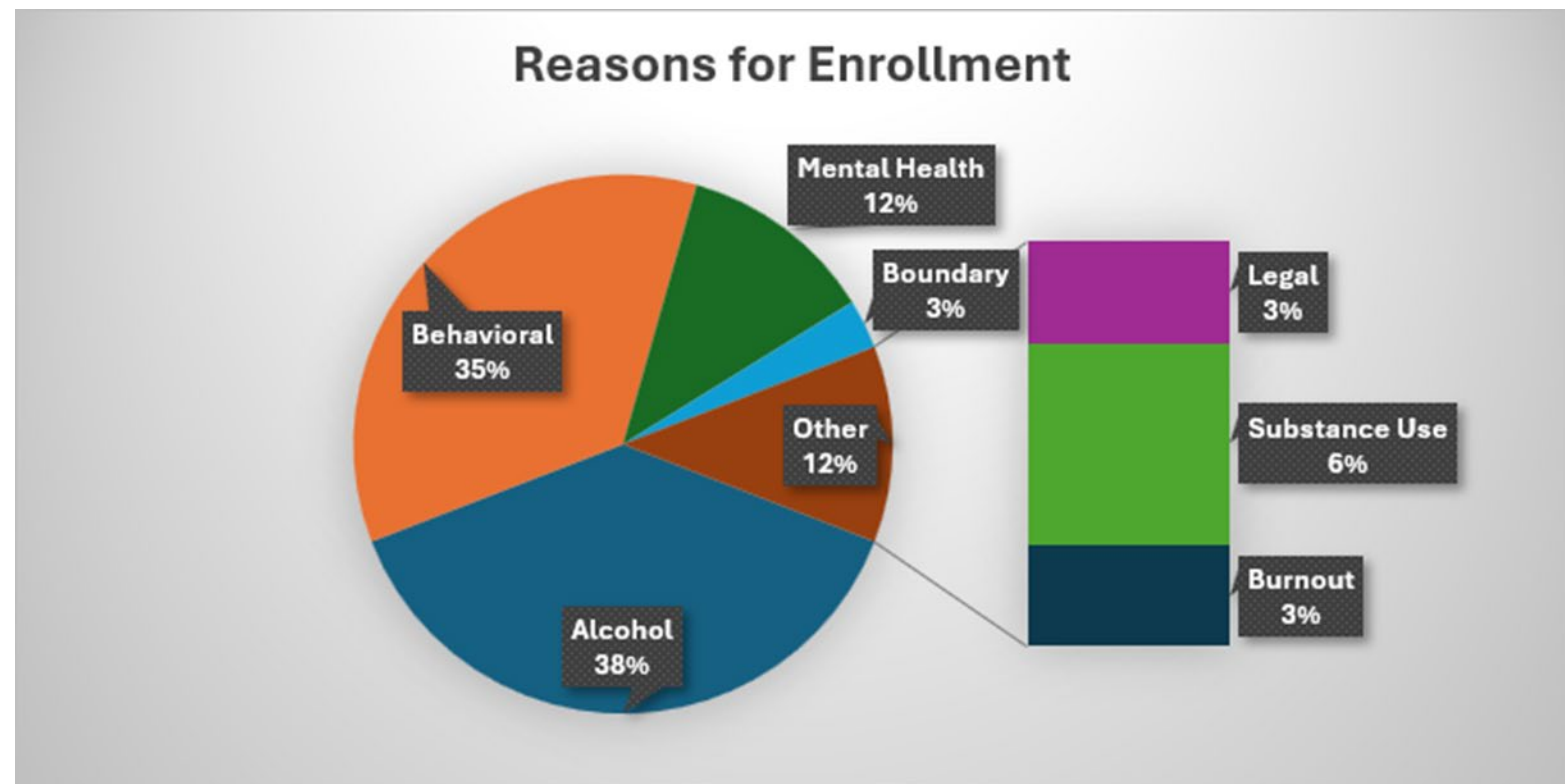
PLEASE NOTIFY THE MARYLAND PROFESSIONAL REHABILITATION PROGRAM WITHIN 24 HOURS OF ANY OF THE FOLLOWING:

- A POSITIVE TOXICOLOGY SCREEN/REPORTED SUBSTANCE USE
- APPEARING TO BE OF IMMINENT DANGER TO SELF OR OTHERS
- BEING THE SUBJECT OF ANY DISCIPLINARY ACTIONS OR INVESTIGATIONS
- CHANGES IN HOSPITAL OR HEALTHCARE FACILITY PRIVILEGES
- CHANGES IN EMPLOYMENT

MPHP Statistics

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

Helping Doctors Helps Communities



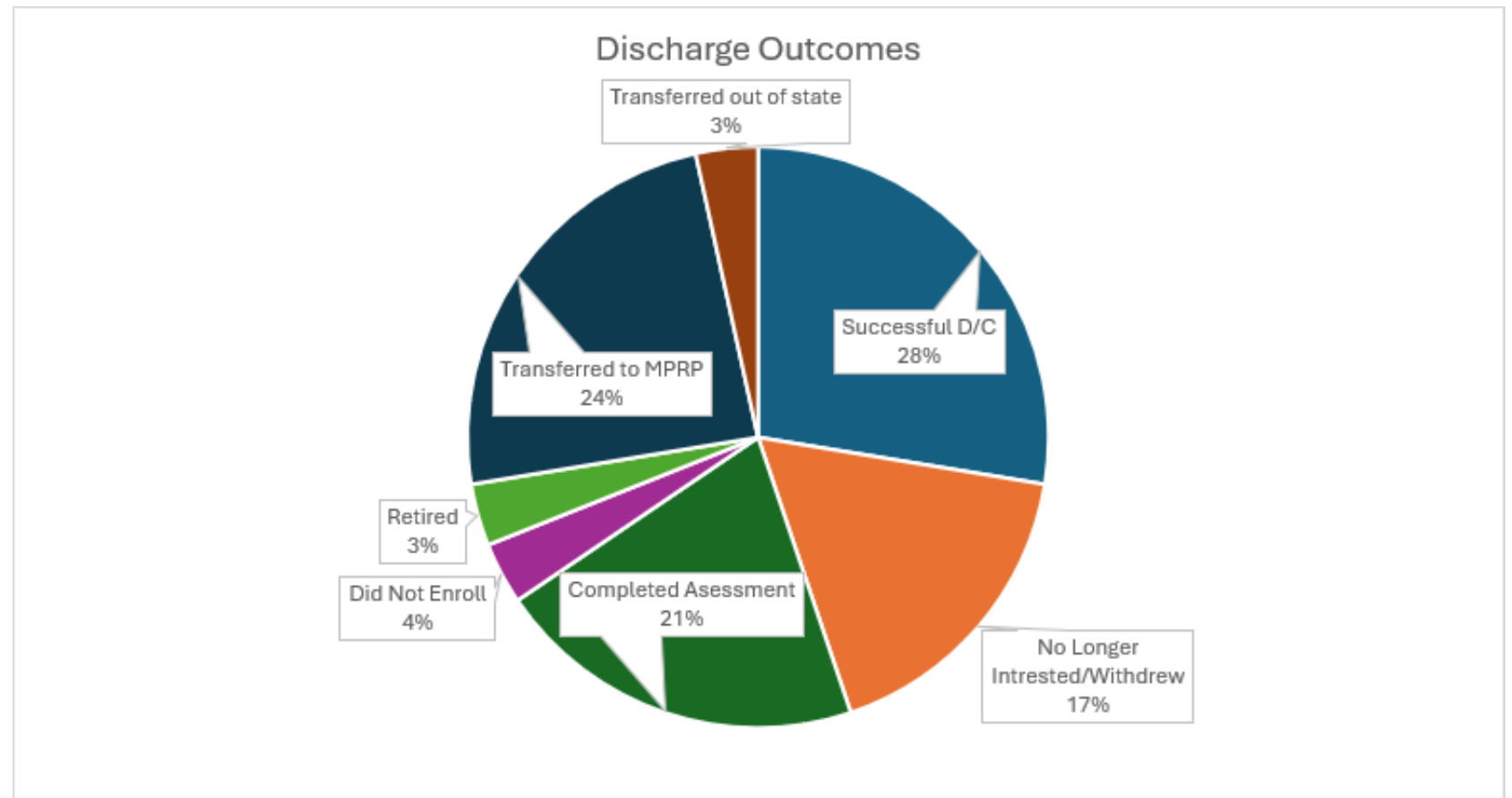
MPHP Statistics

Discharge Outcomes 2024

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

Discharge Reasons

- Completed the Program Successfully
- Assessment Only
- Transferred to MPRP
- Transferred to another state
- Retired
- Opted not to enroll
- Withdrew



Funding

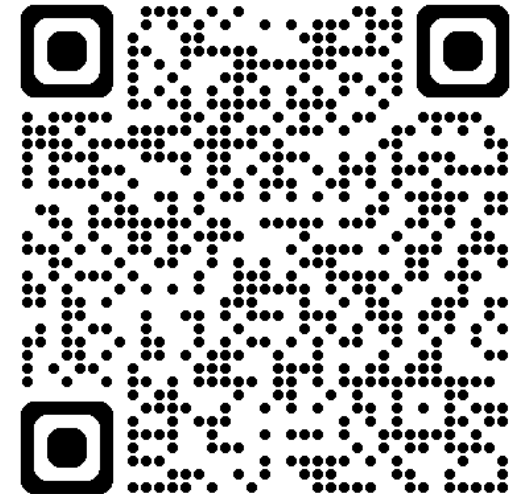
Sources

- Annual Hospital Support
- 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



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”

Our surveys revealed that 83.3% of respondents reported they learned one or more strategies to cope with the issues that brought them to MPHP.

Success Stories



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

OUR TEAM

- Margaret Ann Kroen, LCSW-C
Program Director
- Mike Llufrío
Director of Operations
- Astrid Richardson-Ashley, LCSW-C
Senior Clinical Manager
- Amber Thrasher, LCSW-C
Clinical Manager II
- Holly Wade, LCPC
Clinical Manager II
- Martin Rusinowitz, MD
MPRP Medical Director
- Arthur Hildreth, MD
MPHP Medical Director
- Karen Dionesotes, MD, MPH
Medical Consultant
- Domenica Stone
Chief Administrative Officer
- John Gloss
Administrative Coordinator

Allan Browder

Executive Director Center for a Healthy Maryland

Collaboration



- Support providers in getting help – carrot and not the stick
- Early intervention
 - Before final notice
 - Before you must involve the Board
- Open communication between referral source and MPHP
- Helping is our business and yours too. It works best when we work together.



Summary

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.

Thank you!

Questions?

