



# PROFESSIONAL WELLNESS IN KANSAS

**CAMERON CHARITY**  
EDUCATION & OUTREACH  
COORDINATOR, KSBHA

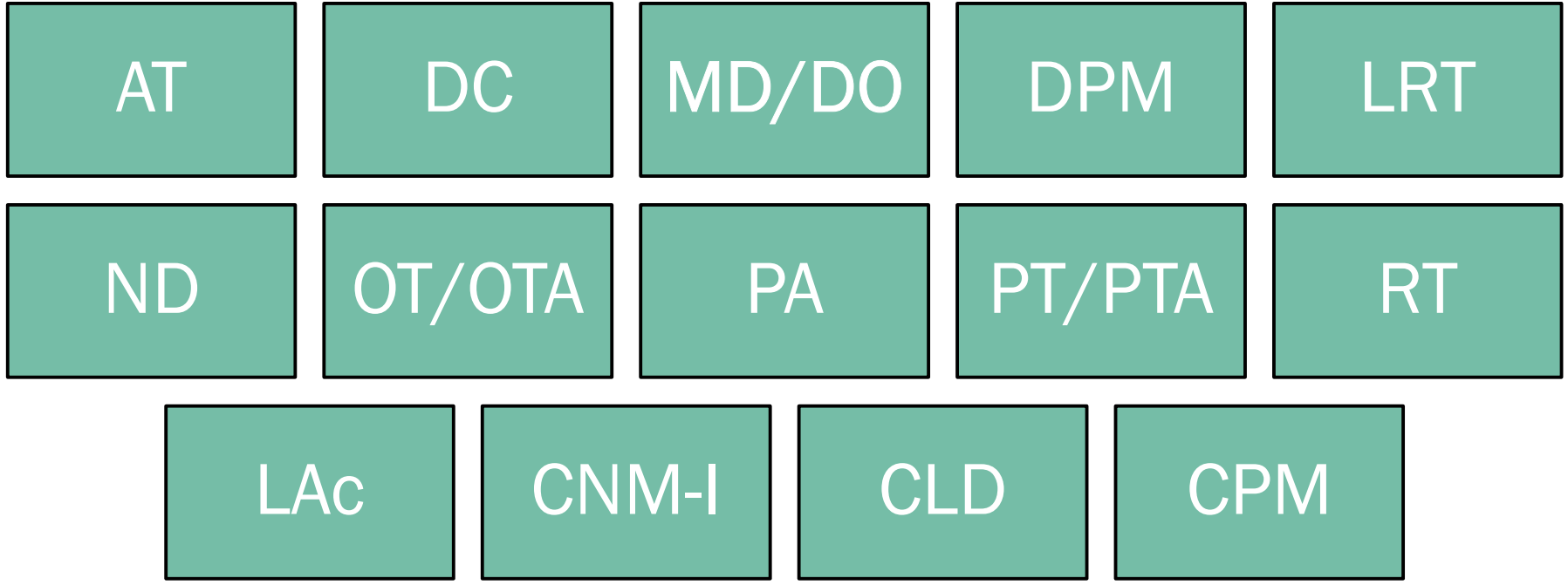
**ANGELA GRITTMAN**  
CLINICAL CASE MANAGER, KMS-PHP

**H. MIKEL THOMAS, M.D.**  
MEDICAL DIRECTOR, KMS-PHP

Presentation Recorded

Please remain muted  
until Q&A

Drop questions in chat



# **KSBHA PROFESSIONS**

## ROADMAP

Professional Wellness

KMS-PHP

KSBHA

Q&A

# What is Professional Wellness?



... the ability to sustain a balanced lifestyle, experience continued personal growth and maintain successful relationships.

## PHYSICIAN IMPAIRMENT

- A provider's mental and physical health is foundational to the functioning of the health care system.
- Physical health can be compromised by mental health.



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## WHAT IS IMPAIRMENT?

- The definition of impairment under the Healing Arts Act:
  - *The licensee's ability to practice the healing arts with reasonable skill and safety to patients is impaired by reason of physical or mental illness, or condition or use of alcohol, drugs or controlled substances. K.S.A. 65-2836(i).*
- The definition of impairment endorsed by the Kansas Medical Society:
  - *The inability to practice medicine with reasonable skill and safety due to physical or mental disabilities including deterioration through the aging process or loss of motor skills or abuse of drugs or alcohol.*
- The definition of impairment listed in the AAPAs "Guidelines for Ethical Conduct for the PA Profession":
  - *"Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.*

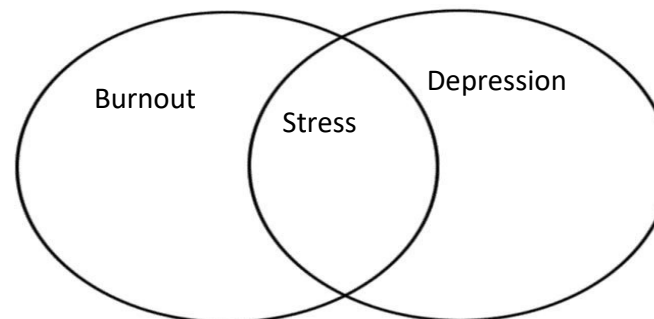
# BURN OUT IMBALANCE

## Symptoms

- *Loss of professionalism*
- *Less attention to detail, increased risk of error*
- *Relationship issues*
- *Depression/Anxiety*
- *Social isolation*
- *Insomnia*
- *Physical illness*
  - *Prolonged fatigue, headaches, GI issues, etc.*
- *Substance use to cope*
- *Suicide - Increase by as much as 48 percent.*

## Causes

- *Inefficient work environment*
- *Excessive workload*
- *Loss of support from colleagues*
- *Loss of control, autonomy and meaning at work*
- *Organizational climate – GAPS*
  - *Limited collaboration between administrative leadership and providers*
  - *Lack of alignment between administrative objectives and provider motivation; individual and organizational priorities are not congruent resulting in political harassment and personality conflicts amongst staff, admin and providers*



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## STATISTICS ON PHYSICIAN WELLNESS

- For 2024, 43.2% of physicians reported experiencing at least one symptom of burnout, down from 48% in 2023. Recent data indicates promising trends – physician burnout has fallen 18% since its peak of 62% in 2021. In 2024, physicians across all levels of training reported lower levels of job stress and burnout, and more physicians reported that they feel valued by their organization. <https://www.ama-assn.org/practice-management/physician-health/burnout-eases-doctors-every-career-stage-support-rises>
- The prevalence of substance abuse disorders among physicians during their lifetime is estimated between 8% and 15%. Hirsch JA, Mandel S, Bresnahan, LR, et. al. The Whole Physician: Physicians with Substance Use Disorder: Help is Available, Practical Neurology. 2023 <https://practicalneurology.com/articles/2023-nov/the-whole-physician-physicians-with-substance-use-disorder-help-is-available>;
- In a national study of SUDs sampling 27,276 physicians across all specialty disciplines, almost 13% of male physicians and 21% of female physicians met the diagnostic criteria for alcohol abuse or dependence. Oreskovich MR, Shanafelt T, Dyrbye LN, et. al. The Prevalence of Substance Use Disorders in American Physicians, Am J Addict. 2015 Jan; 24(1):30-8

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## SUBSTANCES ABUSED

- **Alcohol abused the most.** Hirsch JA, Mandel S, Bresnahan, LR, et. al. The Whole Physician: Physicians with Substance Use Disorder: Help is Available, Practical Neurology. 2023  
<https://practicalneurology.com/articles/2023-nov/the-whole-physician-physicians-with-substance-use-disorder-help-is-available;>
- **Abuse of illicit substances is rare.** Hirsch JA, Mandel S, Bresnahan, LR, et. al. The Whole Physician: Physicians with Substance Use Disorder: Help is Available, Practical Neurology. 2023  
<https://practicalneurology.com/articles/2023-nov/the-whole-physician-physicians-with-substance-use-disorder-help-is-available;>
- **Higher rates of abuse with benzodiazepines and opiates.** Baldisseri MR. Impaired healthcare professional. Crit Care Med. 2007 Feb;35(2 Suppl):S106-16. doi: 10.1097/01.CCM.0000252918.87746.96. PMID: 17242598.
- **Specialties such as anesthesia, emergency medicine, and psychiatry have higher rates of drug abuse.** Baldisseri MR. Impaired healthcare professional. Crit Care Med. 2007 Feb;35(2 Suppl):S106-16. doi: 10.1097/01.CCM.0000252918.87746.96. PMID: 17242598.

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## WHY DON'T HEALTHCARE PROFESSIONALS SEEK HELP?

Culture of healthcare

Stigma

Fear of impact on licensure

Time

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## WHAT CAN A PHYSICIAN DO TO SUPPORT A SUSTAINABLE CAREER

- **Education** regarding the symptoms and signs of burnout, depression, anxiety, and mental health states.
- **Emotional Intelligence development** to balance out IQ.
- **Realistic recognition of limits.** Nobody is a Superman, Iron Man, Aqua Man, Captain America or Wonder Woman.
- **Physical exercise** – Whole Health Models, Holistic Wellness Models
- **Seeking supportive help** through talking with others about issues and stressors – either professional or by creating a support system within and without the work environment.
- **Sustainable Boundaries** with Administration and Family Members.
- **Life/Work Balance** – Increase the Quality of Life for the Provider not just your patients.



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## PHYSICIAN HEALTH PROGRAM

- In the 1973 landmark article, “The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence, SUD was conceptualized as an illness deserving diagnosis and treatment rather than punishment.
- State medical boards adopted more therapeutic mechanisms to address SUD in physicians, including adoption of Physician Health Programs.
- PHP’s are authorized by state law or under contract with state medical boards, with the Federation of State Physician Health Programs serving as an umbrella organization.
- Mission remains the same: helping physicians recover from SUD or behavioral or mental disorders.

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## STATISTICS ON PHP EFFECTIVENESS

- **Early studies including toxicology screens showed significantly higher abstinence 5 years after completion (78%) compared with 6 months standard treatment (40% to 60% abstinence) as well as a high retention licenses (72%).** Hirsch JA, Mandel S, Bresnahan, LR, et. al. The Whole Physician: Physicians with Substance Use Disorder: Help is Available, Practical Neurology. 2023 <https://practicalneurology.com/articles/2023-nov/the-whole-physician-physicians-with-substance-use-disorder-help-is-available>;
- **PHPs, as the backbone of support for physicians with severe SUD or psychiatric or behavioral disorders, are so effective in confronting SUD that recovery is the presumed outcome of treatment.** Hirsch JA, Mandel S, Bresnahan, LR, et. al. The Whole Physician: Physicians with Substance Use Disorder: Help is Available, Practical Neurology. 2023 <https://practicalneurology.com/articles/2023-nov/the-whole-physician-physicians-with-substance-use-disorder-help-is-available>;
- **In the first national study of the effectiveness of state PHPs, it was reported that 78% of monitored physicians completed their 5-year monitoring contract without relapse.** Subsequent studies reported similar or higher rates off success. DuPont RL, McLellan AT, Carr G, Gendel M, Skipper GE. How are addicted physicians treated? A national survey of Physician Health Programs. J Subst Abuse Treat. 2009;37(1):1-7. doi:10.1016/j.jsat.2009.03.010; Carr GD, Hall PB, Reid Finlayson AJ, DuPont RL. Physician Health Programs: The US Model. In: Brower KJ, Riba MB, eds. Physician Mental Health and Well-Being. Springer International Publishing; 2017.



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**KANSAS MEDICAL SOCIETY PHYSICIAN HEALTH PROGRAM**

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## KMS-PHP OVERVIEW

- Program designed to protect the health of Kansans and promote medical excellence by seeking early identification, rehabilitation and treatment of MDs, DOs, PAs, and DCs affected by mental/emotional disorders, physical health, substance use disorders, disruptive behaviors and other life circumstances that affect practice competency.
- Established by legislative mandate (K.S.A. 65-4924)
- The Kansas Medical Society was established in 1859, prior to Kansas becoming a State.
- The Professionals Health Program was established in 1978 and has gone through several name changes. Web Site: <https://www.kmsonline.org/wellness>
- MDs, DOs, PAs and DCs.

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## WHAT THE KMS-PHP IS NOT

- **Human Resources** – encompasses maximizing employee productivity and protecting the company from any issues that may arise within the workforce, this includes staff conflicts.
- **Risk Management** – encompasses the identification, analysis, and response to risk factors that form part of the life of a business. Effective risk management means attempting to control, as much as possible, future outcomes by acting proactively rather than reactively. Therefore, effective risk management offers the potential to reduce both the possibility of a risk occurring and its potential impact.

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## **KMS-PHP GOALS**

- To protect the public safety of those receiving medical care in Kansas.
- To assist professional MDs, DOs, PAs and DCs in overcoming obstacles that interfere with the application of their profession through referral for services, assessment, treatment and creating monitoring systems designed to redirect behavior through accountability systems.

## **KMS-PHP PROCESS**

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Referral for evaluation and/or assessment

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After the evaluation/assessment, review with participant and discuss recommendations

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Implement recommendations for treatment, continuing education, monitoring contracts.

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Summary Report sent to referral source.

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Quarterly Reports sent to Board of Healing Arts/other sources.

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## **REFERRAL SOURCES**

- KSBHA
- Professionals (i.e., attorney, peers, therapists, treatment facilities)
- Self-referrals
- Hospitals, Clinics, Schools of Medicine (Residents/Fellows)
- Family Members and Friends
- PA Programs and Other PHPs

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## REASONS FOR REFERRAL

Mental and emotional  
(suicidal ideation)

Physical health  
(including  
neurological issues,  
aging, etc.)

Substance use  
disorders

Addiction of all kinds

Disruptive behaviors

Burnout

Boundary issues

Stress-related  
problems (financial,  
grief, marital/partners  
issues, practice  
issues and COVID)

Inappropriate social  
media

Unhealthy  
interpersonal  
relationships

Core competency  
issues

Self-referrals for  
support

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## MONITORING CONTRACTS

- While every contract is personalized there are some general parameters: Accountability systems are tight at first and can loosen up over time with proven compliance and cooperation.
  - Generally, 3 to 5 year term
  - Weekly calls for check in – Monthly Face to Face visits
  - Support meetings – 90 in 90 or 3x per week/Caduceus
  - Worksite Monitors and Chaperones
  - Ongoing Treatment/Therapy requirements/Communication
  - Assessments – Fitness to Practice Assessments can cost 10K
  - Prescription approval – Working with your doctors to ensure compliance



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## **MISSION: TO PROTECT THE PUBLIC**

- “Recognizing that the practice of the healing arts is a privilege granted by the legislative authority and is not a natural right of individuals, it is deemed necessary as a matter of policy in the interest of public health, safety and welfare, to provide laws and provisions covering the granting of that privilege and its subsequent use, control and regulation to the end that **the public shall be properly protected against unprofessional, improper, unauthorized and unqualified practice of the healing arts and from unprofessional conduct by persons licensed to practice under this act.**” K.S.A. 65-2801.

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## FEDERATION OF STATE MEDICAL BOARDS – REPORT AND RECOMMENDATIONS OF THE WORKGROUP ON PHYSICIAN WELLNESS AND BURNOUT (APRIL 2018)

### Review

Recommendation 1: Review medical licensure (and renewal) applications questions on mental health, substance use, and addiction

### Emphasize

Recommendation 6: Emphasize the importance of health, self-care, and treatment-seeking for all health conditions

### Be Aware

Recommendation 10: Be aware of potential burdens placed on licensees by new or redundant regulatory requirements

Dear Kansas Physician:

Today is the 8th National Physician Suicide Awareness Day. Almost 400 physicians across the United States die by suicide each year, including physicians at all levels of training and in all specialties. Discussion of physician suicide is never easy, but it is crucial if we are going to make things better for everyone in healthcare.

Physicians are less likely than others to seek help before deciding to end our lives. We often do not seek care or want to discuss mental health issues because of the fear, shame, and stigma attached to these issues. We entered medicine to become physicians and help others, not to become patients ourselves. We are the ones that are supposed to have the answers, but stress and anxiety frequently leave us feeling lost. In addition, we may practice in an environment in which we frequently have minimal interactions with our colleagues. Our careers can have negative impacts on our personal lives, and successful work-life integration remains elusive.

Part of the fear and stigma surrounding seeking care for mental health issues is related to concern of the impact that it could have on our licensure status and hospital privileges. In 2018, the Federation of State Medical Boards ("FSMB") recommended state medical boards review their impairment application questions to determine whether the information the questions were designed to seek in the interest of patient safety could be better obtained through a means that was less likely to discourage professionals from seeking treatment. Recognizing the important link between patient safety and healthcare professional wellbeing, the Kansas State Board of Healing Arts underwent a review of initial, renewal, and reinstatement impairment application questions, and in October 2019, removed several questions relating to mental health and impairment treatment history. This was done because the Board realized that these questions were unnecessarily broad in some respects and might contribute to the phenomena of physicians avoiding treatment and continuing to suffer due to fears of licensing consequences down the road. These questions were replaced with a narrower and more focused universal question that asks about **current impairment and your ability to practice safely and ethically** on initial and renewal licensing applications. The universal question was again updated in April 2021. The Board is continuing to refine the application process to further promote the mental and physical health of physicians. The hope is that hospitals will address similar language on their credentialing forms, such as was done at The University of Kansas Health System, to continue to encourage physicians to seek the help they need.

**The mission of the Kansas State Board of Healing Arts is to safeguard the public. A significant component of that is doing as much as we can to promote the health and wellbeing of physicians.** The KSBHA wants to work with you to address the issues leading to physician mental health issues and suicide. The National Physician Suicide Awareness Day was initiated by emergency medicine residency program directors in 2018, and since then many other organizations have signed on to the effort to help shine a light on this issue, including but not limited to, the American Medical Women's Association *Humans Before Heroes* campaign, co-chaired by past KSBHA member Kim Templeton, MD. As part of this campaign, the Kansas State Board of Healing Arts provided a guidance document in 2021 as part of an advocacy toolkit to help encourage hospitals and other state medical boards to review their impairment questions.

Remember, it's OK to not be OK - but if you or a colleague are suffering from depression or anxiety or other mental health issues, please seek help. Or if you just need to talk, there are those who want to listen. Please reach out by contacting the Kansas Medical Society Professionals' Health Program or the Kansas Association of Osteopathic Medicine's OPAP Program at the numbers listed below. If you would like additional information, there are resources listed at the bottom of this letter.

*Resources*

- Kansas Medical Society – Professionals Health Program: Angela Grittmann, Case Manager of the Professionals' Health Program - (785) 231-1306
- Kansas Association of Osteopathic Medicine-Physician Advocacy Program
- AMA Steps Forward
- AOA Physician Wellness
- National Suicide Prevention Lifeline: Dial or text 988; or 1-800-273-8255 or text "HELLO" to 741741 (both are available 24/7)
- Physician Support Line 1-888-409-0141 Free and Confidential-No appointment necessary-Open 7 days a week 8:00am to 1:00am ET

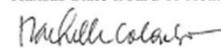
Sincerely,



Kimbely Templeton, M.D.,  
Past Member and President, Kansas State  
Board of Healing Arts



Susan Gile  
Executive Director  
Kansas State Board of Healing Arts



Rachelle Colombo  
Executive Director  
Kansas Medical Society



Sherrie Wattenbarger, J.D.  
President, Kansas State Board of Healing  
Arts



Derenda Mitchell, J.D.  
General Counsel  
Kansas State Board of Healing Arts



Angela Bedell  
Executive Director  
Kansas Association of Osteopathic  
Medicine

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## PROFESSIONAL HEALTH PROGRAM INITIATIVES

Develop	Create	Support	Normalize	Change
Develop a sense of belonging, community, and increased opportunities for interaction (especially post-pandemic)	Create a more supportive environment that responds to the needs of healthcare professionals <ul style="list-style-type: none"><li>• Control and flexibility in schedules</li><li>• Workload</li></ul>	Support for roles outside of work (maternity/family leave, childcare, etc.)	Normalize self-care from institutional to personal level	Change the climate so healthcare professionals can and will seek needed help (decrease stigma)




## CREDENTIALING REFORM


- *KSBHA Recognized by the Lorna Breen Heroes' Foundation*
- *Removed intrusive application questions regarding mental health.*
- *Current Application:*
  - *Do you **currently** have any physical or mental health conditions (including alcohol or substance use) that impairs your ability to practice your profession in a competent, ethical, and professional manner? (Yes/No)*

## SELF-REPORTING

- Failure to furnish the board, or its investigators or representatives, any information legally requested by the board is a violation under the Healing Arts Act. K.S.A. 65-2836(r)



If I have a condition that is being treated and under control, do I need to report it?



Can I be in a professional health program without the  
Board being notified?




I was recently arrested for a DUI. What can I expect?

## REPORTING OTHERS

- “Any person licensed...to practice any profession regulated by the board who **possesses knowledge** not subject to the physician-patient privilege that **another person so licensed, registered or certified has committed any act enumerated under any practice act administered by the board which may be a ground for disciplinary action shall immediately** report such knowledge [to the board]...:”
- “Knowledge” means familiarity because of direct involvement or observation of the incident.
- Failure to report or reveal knowledge required to be reported under K.S.A. 65-28,122 is a violation under the Healing Arts Act.

K.S.A. 65-28,122; K.S.A. 65-2836(l)



I heard that a surgeon where I worked consumed alcohol right before surgery. Do I have a duty to report the surgeon?

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The other day I saw a surgeon consume alcohol right before performing surgery. Do I have to report the surgeon?

## RESOURCES

## PROFESSIONAL HEALTH PROGRAMS

### MD/DO/PA/DC

#### Kansas Medical Society

- Angela Grittman, Clinical Case Manager
- 785-235-2383
- [agrittman@kmsonline.org](mailto:agrittman@kmsonline.org)

#### Kansas Association of Osteopathic Medicine

- Angela Bedell, Executive Director
- 785-234-5563
- [Angela@kansasdo.org](mailto:Angela@kansasdo.org)

### RT/PT/PTA/OT/OTA/AT

#### Strategic Professional Solutions

- Stephanie Becraft, Executive Director
- 913-236-7575
- [Stephanie@hapn.org](mailto:Stephanie@hapn.org)



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# Physician Support Line

## 1 (888) 409-0141

Psychiatrists helping our US physician colleagues  
and medical students navigate the many intersections  
of our personal and professional lives

Free & Confidential | No appointment necessary  
Open 7 days a week | 8:00AM - 1:00AM ET

[Call Now](#)

## Welcome.

The Emotional PPE Project connects healthcare workers in need with licensed mental health professionals who can help.

No cost. No insurance. Just a trained professional to talk to.

Healthcare Workers Affected By The  
COVID-19 Crisis

Mental Health Practitioners Looking To  
Help

## All Services Provided Through The Emotional PPE Project Are Free Of Charge.

*The Emotional PPE Project is a directory that provides contact information of volunteer mental health practitioners to healthcare workers whose mental health has been impacted by the COVID-19 crisis.*

The Emotional PPE Project is an independent tax-exempt nonprofit (501(c)(3)) organization fully staffed by volunteers.

You may contact us at: [contact@emotionalppe.org](mailto:contact@emotionalppe.org) // [Click here to review our Terms of Use](#) // [Click here to read our FAQs](#)

Follow Us On Social Media!



# 988 Suicide & Crisis Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.



## SPECIAL ANNOUNCEMENT



### The 988 Lifeline

988 is now active across the United States. This new, shorter phone number will make it easier for people to remember and access mental health crisis services. (Please note, the previous 1-800-273-TALK (8255) number will continue to function indefinitely.) Click below to learn more about 988.

[LEARN MORE](#)



**THANK YOU**

# **QUESTIONS?**

## **CAMERON CHARITY**

EDUCATION & OUTREACH COORDINATOR  
KANSAS STATE BOARD OF HEALING ARTS  
800 SW JACKSON, LOWER LEVEL – SUITE A  
TOPEKA, KS 66612  
(785) 296-5584  
[CAMERON.CHARITY@KS.GOV](mailto:CAMERON.CHARITY@KS.GOV)