

Why PAs Need to Share in the Funding of the West Virginia Medical Professionals Health Program

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The West Virginia Medical Professionals Health Program, WVMPHP, is an independent, non-profit organization established by the WV legislature in 2007. The dual role of the WVMPHP is to protect the public and provide a voluntary-confidential means of successful rehabilitation and re-entrance into the safe practice of medicine. Despite their approval of the program, the legislature did not provide any funding for it. To date, it has been funded by individual, corporate, and organizational contributions plus participant fees (which are generally below the actual cost of providing the services because many of these health care providers are unable to work due to their illness). Specifically, the WV Mutual Insurance Company, Hospitals of the State and the WV State Medical Association have provided the majority of the funding with a paucity of contributions from health care providers. However, these sources cannot be maintained indefinitely nor are they sufficient enough to continue the viability of this important program.

As the number of participants increase, the costs associated with operating the program likewise increases. Hence, other stable ongoing sources of funding must be established to ensure that the WVMPHP can continue to provide quality services to all health care providers in need of these services.

One source for financial support is funding through a portion of the medical licensure fee being dedicated to the WVMPHP to continue to provide these services. According to the Federation of State Physician Health Programs, this source is utilized in over half of all states to either partially or completely fund physician health programs. The WV Board of Medicine's recent proposed rule change to increase licensure fees for physicians, physician assistants, and podiatrists is requested to enable the Board of Medicine to meet the increasing cost associated with their services, plus it will also provide some funding to the WVMPHP. Despite partial funding coming from the licensure fee increases, the WVMPHP will continue to be an entirely separate and independent organization from the WV Board of Medicine and the WV Board of Osteopathy.

While nobody likes to see an increase in the cost of anything related to the practice of medicine (except perhaps for reimbursement fees), an increase in licensure fees is necessary to ensure the viability and future of these important bodies. Funding for the WVMPHP should especially be important to and supported by physician assistants because out of the first 20 participants in the WVMPHP, 4 were PAs. Since the ratio of physicians to physician assistants in West Virginia is approximately 5:1, PAs are benefiting from this program at essentially the same rate as physicians. Therefore, it is our responsibility to assist in the funding of the program to ensure that these services continue to be available to our PA colleagues and ourselves, if required. Are we

not our "brother's keeper"? Do we not want the ability of our peers to be treated with the same respectful, confidential assistance we give our patients?

Although no practitioner "plans" needing to utilize the services provided by the WVMPHP, life does not always go as planned. Individuals in the "caring professions" have a higher "burn-out", substance abuse, alcohol dependency, and major mental disorders (including suicide) rates than those found in the general population. In addition to these illnesses, other medical conditions can affect the provider's cognition, memory, and/or motor skills making it impossible for him or her to continue in their current practice environment without causing undue harm to a patient.

Because the WVMPHP accepts self-referrals from physicians, physician assistants, and podiatrists, it can provide appropriate assistance for any provider who finds himself or herself in

this situation before an adverse patient outcome occurs or a complaint is filed with the provider's respective medical board. By voluntarily participating in the program, signing a written contract with the WVMPHP, and meeting their personalized monitoring agreement requirements, these practitioners are not reported to

their respective boards of medicine and in lieu of disciplinary action, including licensure revocation, by the licensure board. (The only exception is if a report has already been filed with the respective board of medicine before the health care provider voluntarily signs up for the WVMPHP.) In fact, the WVMPHP can serve as an advocate for the provider with the appropriate licensure board as long as they are a compliant participant in the program.

Furthermore, the WVMPHP can also serve as an advocate for compliant, participating physician assistants with the National Commission for Certification of Physician Assistants (NCCPA) since they are now performing "regulatory-like" activities as part of their determination of eligibility to sit for the National Physician Assistant Certifying Examination (PANCE) and the National Physician Assistant Recertifying Examination (PANRE), the certificate maintenance process, and the continuation of certification. It would seem logical that a PA with an impairment issue who is voluntarily compliant with monitoring under a medical professional/physician health program would have less difficulty in all of these processes than a PA who reports (or was reported) that his or her license was suspended because of a mental illness or substance use disorder.

It is inevitable that you or someone you know will be in need of assistance from the WVMPHP sometime during your career. Support for the proposed licensure fee increase to assist with funding the WVMPHP equates to support for the entire physician assistant profession in West Virginia.

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