

August 15, 2013

Honorable Bruce Tutvedt, SD 3
Chair, Economic Affairs Interim Committee
State Capitol
Helena, MT 59620

Dear Chair Tutvedt and Committee Members:

We write with concern in regard to the proposal that medical assistance programs be changed to be handled in-house by the Department of Labor and Industry.

At the level of the hospital Medical Staff, it is required that we have a Professional Wellness Policy and Program. The overriding objective of these instruments is the protection of patients. It is well-established that this objective requires essential elements: 1) an effective process of observation and reporting of impaired medical practice; 2) the ability to conduct investigation of reports or concerns with strict confidentiality; and 3) means of assisting doctors to continue, or return to, competent practice.

At Providence St. Patrick Hospital, we have participated in revising and rewriting these instruments, and implementing them, so we are acutely aware of the importance and the effectiveness of the. From the viewpoint of Credentialing, the assurance of competency to exercise privileges awarded is absolutely essential. The Montana Professional Assistance Program (MPAP) is repeatedly a decisive resource in maintaining such assurance, all the more necessary for Montana providers who do not have hospital staff privileges, or whose medical staff is small.

The ideal of professional assistance is to support providers' self-care and health maintenance and to facilitate reporting, and especially self-reporting by practitioners. This is not intrinsically easy, and it is made more difficult by layers of bureaucracy, uncertain confidentiality, and lack of clear processes toward assistance and remediation. Our joint efforts with MPAP aspire to this facility, and we cannot imagine improvement in the necessary environment under a government agency.

The Background Document on this matter sorely understates the problem by referring to a "helping hand" to an impaired professional. As you may imagine, the process is much more complicated and requires a great deal of expertise and influence to manage the critical preservation of patient safety, thorough investigation, confidentiality, fairness to practitioners and communities, and constructive assistance in recovery for practitioners. Compassion, knowledge and enforcement are all critical, and none are easily maintained.

Our experience with MPAP shows favorable outcomes in effective construction and enforcement of contracts with providers, and in successful returns to practice. Confidentiality has been

meticulous, and efficiency, as it appears to us, is very high. Monitoring is provided – exceedingly important, all the more so the more rural the practices involved.

We are concerned that changing the program has even been considered. MPAP is a critical resource. A formal performance audit in 2009 ranked MPAP in the top tier of small physician health programs in the country. The idea that a government agency could run an equivalent program more efficiently or economically is impossible to entertain. We believe the critical elements of confidentiality, investigation, assistance and enforcement, coordinated so professionally by MPAP, simply could not be managed in-house. We fear loss of good providers and harm to patients as consequences of the proposed change. The cost of that, in money alone, is not difficult to visualize.

We have also been surprised to hear about the proposal on such short notice. We understand that even the Board of Medical Examiners was not consulted, nor were professional associations or physicians.

Experience teaches us a few things we ask you to consider in summary: Medicine is a profession which presents some hazards to the health of its practitioners; fitness of practitioners to practice competently is in the public interest; fitness, when impaired, can often be restored; and doing so is not simple, but the effort is obligatory. MPAP is an effective instrument, it is modeled after successful experience in other states, and we need for it to be maintained and supported. Thank you for your careful attention.

Sincerely,



Richard Reid Felix, MD
Medical Director, Neurobehavioral Medicine Services
Chair, Credentials Committee
Member, Professional Wellness Committee
Providence St. Patrick Hospital
Missoula, MT
Clinical Assistant Professor, University of Washington



Beth Ammons, MD
Chair SPH Professional Wellness Committee
Affiliate Professor Western Montana Family Medicine Residency
Affiliate Professor University of Montana Honors College
Associate Medical Director Partnership Hospice