

# **Doctors Pay Up or Else Don't Work**

## **Physicians suspected of mental health issues often either pay or else don't work**

Psychology Today (Online)

Posted Nov 19, 2019

Roughly twice a month I am contacted by a physician somewhere in the US who is, effectively, being extorted. How are they being extorted? These physicians are forced to either pay tens of thousands of dollars to for-profit evaluation/treatment centers or else they lose their ability to practice medicine.

Here is how the extortion evolves: First, a physician gets referred to their state physician health program (PHP) because of some sort of concern—possible substance use or erratic behavior or inability to keep up with productivity expectations or being a bit too loud in advocating for patient care. The physician then (often) blithely goes to the PHP, not realizing the very serious threat to their career. The PHP then refers them to a multiday psychological evaluation that costs between \$6000 and \$10,000, which insurance almost never covers. These evaluations, in turn, frequently result in the physician being told that they need to stay for 30 to 90 days of treatment that can cost up to \$100,000, even when the evidence for actual impairment is scant or non-existent.

If physicians pony up the money and do the required time, they often are allowed to continue practicing medicine, generally with some kind of monitoring program in place. If physicians refuse to comply with the PHP or evaluation center recommendations, the PHP informs the state board of medicine as much, often resulting in the physicians losing their ability to practice, no matter how flimsy the initial referral to the PHP.

How did we get here? PHPs snuck into the powerful position they now hold under the radar because they started off 50 years ago as benevolent, rag-tag groups of physicians, often those who had kicked their own addictions, helping other physicians get clean and sober. Boards of medicine came to trust them for good reasons, but the problem is that boards of medicine continue to trust them despite a radical change in how PHPs do business.

PHPs are now corporate entities with significant financial conflicts of interest who routinely refer doctors, no matter how unsupported or minor the concerns about the doctors might have been, to out of state evaluations at for-profit centers. Many of these centers offer “treatment” that can cost tens of thousands of dollars and often recommend it, no matter if a physician actually has a problem or not.

If the physician thinks that they’ve been referred inappropriately to their physician health program, they are basically out of luck, because around the country there are generally no avenues of appeal once a PHP has made its “recommendation.” Either do what the

PHP tells you to do or the PHP is going to inform the board of medicine that you didn't follow their directions.

The problem is that state boards of medicine now generally defer any and all questions about physicians who might be impaired to PHPs and if the PHP tells the board a physician is impaired or isn't playing ball—such as balking at the demand to go to a treatment center--the board generally yanks that physician's license to practice.

But what the boards of medicine either don't know or else choose to overlook is the fact that PHPs have extensive financial ties to centers around the country that they refer doctors to. Evaluation/treatment centers often sponsor local, regional, and national PHP meetings—see this PDF from the 2017 national meeting of PHPs. Given these financial arrangements, is it surprising that the centers that sponsor PHP meetings are the ones that become “preferred”?

What happens if a physician asks to go to an academic medical center instead? Overwhelmingly the answer is no. What about an evaluation by one of the top 20 psychiatric departments in the country? Nope. What about an evaluation by a local psychologist or psychiatrist who is forensically trained? No way. What if that same clinician were a full professor at a top medical school? Still, the answer is overwhelmingly no. What if a physician asks to go to the single best psychological or psychiatric department in the country? Again, the answer is no.

Instead of being able to be evaluated in the best places in the country, doctors are being extorted and being sent for evaluations that are financially motivated in a multitude of ways and boards of medicine are either duped or being complicit.

Why do abuse and extortion persist? The reason PHP abuses have continued so long is that for the most part physicians don't know that they ought to be concerned about PHPs and evaluation/treatment centers and only become concerned about PHP practices once they've been referred. And if they complain once they've been referred to a PHP, they are generally seen as belly-aching or as addicts who are in denial instead of having their concerns taken seriously. (I saw this first hand when I submitted my first piece about PHP abuses to JAMA and received a call from the editor in chief herself who asked if I or my co-author had been referred to a PHP—only after I told her “no” was she willing to send the paper out for review.) The result is that there has been no effective voice thus far that has caused boards of medicine to question PHPs and not enough legal action again PHPs to cause them to change their practice.

Something has to give. The extortion needs to stop. Physicians who need help need to get it in a manner that is free of financial and other conflicts of interest. Physicians need to be able to appeal—quickly and inexpensively—unfair and unethical referrals by PHPs. We all need to know that if our doctors need help it is readily available to them in places other than shady centers with financial conflicts of interest with PHPs. Forensically trained and/or academic clinicians would be best. Boards of medicine

ought to take note and stop, essentially, giving PHPs carte blanche to dictate what physicians need.

Every physician in the US—and, in fact, every patient—ought to join in calling for fairness and transparency in PHP recommendations. Physicians with mental health or substance abuse problems need to know that the recommendations and treatment they receive are free of conflicts of interest and are the absolute best available, not the one offered to the highest bidder. All physicians also ought to call for PHPs to begin sending physicians to local non-profit academic institutions for evaluations and treatment. And, given how compromised PHPs are, everyone ought to encourage their board of medicine to stop accepting any and all PHP recommendations about physician treatment. Until there is a groundswell of opposition against standard PHP practices, the extortion—including profiteering on the backs of vulnerable physicians—will continue.

I look forward to the day when my phone stops ringing and my email inbox goes silent from doctors who have unnecessarily been forced into the PHP-evaluation center racket.

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