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Letter to the editor

Flaws in the methods and reporting of physician health program outcome studies

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Physician health programs (PHPs) have commonly been reported as providing highly effective treatment for physicians with substance use and other mental disorders, but there are many reasons to believe that PHP outcome studies have painted an overly rosy picture of their effectiveness. Some of the flaws in the methods and reporting of these studies include their use of outcome measures that may not accurately reflect treatment efficacy; the absence of appropriate comparisons to control populations; and use of self-report satisfaction surveys of PHP participants, which are susceptible to bias.

A recent systematic review of PHP outcome studies has been published in the *BMJ Quality and Safety* [1]. This was a comprehensive report, and particularly useful for isolating the actual studies being used to draw conclusions about PHP effectiveness, as many articles on this topic simply represent slightly different analyses of the same data sets. Unfortunately, the authors of this review stopped short of engaging in critical reflection about the information they summarized from PHP outcome studies. In their abstract, the authors report that, "Programme completion rates for SUDs [substance use disorders] were positive and approximately 80%–90% of participants were employed after treatment." From this they conclude that, "Because of the positive outcomes of physician health programmes, other countries should consider introducing similar programmes to support healthcare professionals getting back on track."

Yet program completion, return to practice, and no relapse/recurrence may not reflect treatment efficacy [2]. Many physicians who are forced to sign monitoring agreements with PHPs might not actually have an SUD or problematic performance in the first place. If individuals such as these are included in success rates, these numbers are inflated. Additionally, many programs do not track individuals who drop out of monitoring or who commit suicide while being monitored, which can also lead to inflated success rates.

There have also been no outcome comparisons between physicians participating in PHPs and other similarly situated physicians who are never referred for evaluations or treatment and who do not present to a PHP. Some PHP representatives have compared suicide rates for physicians referred to PHPs to those of physicians referred for a fitness-for-duty evaluation, and inferred that PHPs help reduce physician suicide on the basis of these comparisons [3]. Given that these authors made no comparisons to baseline rates of physician suicide, however, their conclusions should be viewed with some skepticism.

Many PHP outcome studies also cite long-term follow-up surveys of PHP participants supposedly demonstrating very high satisfaction with PHP engagement. Respondents to these queries may be quite reluctant to criticize these programs, however, given PHPs' close ties to boards of medicine, so it is hard to know what can be concluded from these survey results. Additionally, we surmise that some individuals who were dissatisfied or felt harmed by their experience with PHPs might actively take steps to ensure PHPs do not have their contact information. Some of those not responding to these surveys may have committed suicide.

It is also important to be aware that the overwhelming majority of the literature on PHPs and on their effectiveness come from individuals with close ties to the PHPs or to the evaluation/treatment centers that PHPs often mandate these physicians utilize, even though PHP authors often explicitly state that they have no conflicts of interest in these articles. These authors might believe that their affiliations are not significantly affecting their study designs or their reporting of PHP outcomes, but some of the flaws in these studies and reporting (in addition to other concerns raised about PHPs' conflicts of interest with evaluation and treatment centers [4, 5]), suggest otherwise.

Referrals to PHPs are generally coercive [6] in nature, but a recent paper authored by representatives of the Colorado PHP has characterized the majority of their intakes as voluntary [7]. Under scrutiny, however, the authors state that individuals who are applying for licensure in Colorado are required to either report their personal health history to the Board of Medicine or the PHP. Can such a self-report made to the Colorado PHP truly be considered voluntary, given that being

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compelled to choose between two options and choosing the one that is perceived to be less bad does not seem "voluntary"?

It is also troubling that many PHPs describe their evaluations as confidential even when there is often an expectation or demand on the part of employers for employees to waive confidentiality and grant their employers the right to communicate with these programs. Additionally, at their initial encounter, many PHPs ask participants to sign releases to various entities, including boards of medicine, and if these forms are signed, the board will be notified if the participant fails to comply with any PHP recommendation, which often results in public sanctioning of the physician. (To compound matters, PHPs often have no real avenues for appealing their recommendations.) Thus, any claims about confidentiality ought to be viewed skeptically.

Overall, it cannot be assumed that PHPs and physician impairment policies (which encourage more referrals of physicians to PHPs) benefit physicians. Many other physicians who never present to a PHP, but are inappropriately labeled as impaired as a result of PHP outreach efforts [8], may also be adversely affected. State PHPs and other workplace wellness programs/initiatives should also not be assumed to promote inclusion of physicians with mental disorders and disabilities [8]. While these programs are often characterized as forms of accommodations for physicians with mental disorders and disabilities that facilitate integration and retention of these individuals within the hospital workforce, disability rights advocates and groups have strongly opposed workplace wellness programs [9, 10].

Research on the possible harms of these programs and policies has been in very short supply [9], but what evidence currently exists from PHP effectiveness studies should be reported in a way that is careful not to mislead readers, in order to allow physicians to make their own informed choices about whether to support and/or participate in PHPs and other wellness initiatives.

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Conflicts of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.genhosppsych.2018.06.002.

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