

On May 17, 2017, Governor Scott signed a law making the first significant changes to the Vermont Practitioner Health Program.

A Brief History of VPHP

In 1999, Vermont law was amended to allow the board of Medical Practice to fund a program focused on “chemically dependent licensees.” From the beginning, the program has served two important purposes: assisting the Board in its mission to protect the public; and, assisting licensees with substance use issues. The program was established in partnership with the Vermont Medical Society, which has won each competitive bid process for the contract to run the program.

Known as the Vermont Practitioner Health Program (or VPHP), the program has offered services to both “Board involved” participants, who have encountered an event such as an employer action or DUI conviction, and participants who voluntarily seek help on their own without a requirement from (or notice to) the Board. Over the years, VPHP has proven to be effective. VPHP assists the Board by providing expert evaluations, coordination of recovery plans, and monitoring of recovery, as confirmed by participation in care, objective testing, and successful practice of medicine. VPHP has allowed licensees whose lives have been complicated by substance abuse to continue to practice, or to return to practice. Just as importantly, VPHP has helped many other licensees who’ve sought help on their own to find recovery before experiencing consequences that lead to mandated participation.

Recognizing an Unmet Need

Although the program was successful, the Board and Medical Society came to recognize an unmet need. Some of the Board’s licensees confronted impairments that did not fit within the VPHP offerings for “chemically dependent” licensees. The Board could better serve its mission to protect the public if the services of evaluation, monitoring, and support provided by VPHP were available to a greater range of licensees whose ability to practice safely was compromised, or at risk, from an impairment. The Board had always been required to deal with the broader range of issues, and had done so by seeking expert assistance on an *ad hoc* basis as individual cases arose. However, it was clear that this could be done more effectively and more efficiently on a planned basis. The potential benefit of expanding services became increasingly apparent in recent years, as the issues of physician wellness and physician “burnout” have become the focus of much attention.



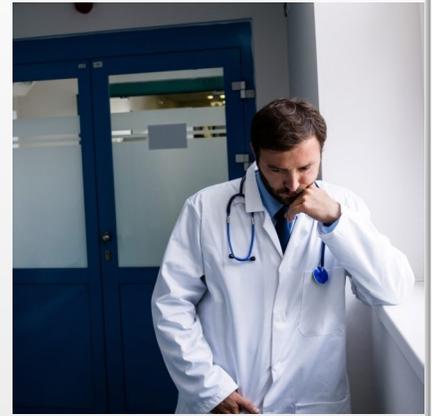
The Process of Expanding the Program

Because VPHP is funded through a portion of the licensing fees collected by the Board, an important first step was to confirm that licensees would support expansion of the program, even though greater costs for the program could contribute to increases in licensing fees. A survey of Medical Society members revealed

that a very large percentage of members supported expansion. Not all licensees are members of VMS, but the strong majority in support made it clear that most licensees would concur. This was not surprising, given that not only VPHP participants benefit from the program: it benefits patients, peers, co-workers – everyone who is part of or uses health care services.

Agreement that the program should expand was only the start. Because this is a government program that was created by legislation, the law would have to be modified. As the 2017 legislative session opened, the Board and the Vermont Medical Society jointly asked the Legislature to expand the program beyond its original authorization for “chemically dependent licensees.” When first introduced as a bill in the Senate, the changes were presented an amendment to include behavioral health issues. However, with the assistance of the Senate Committee on Health and Welfare, the House Committee on Health Care, legislative staff, and especially Rep. Anne Donahue, the bill was significantly improved along the way to becoming Act 39 of 2017.

The law now describes the purpose and role of the program as being:
“...for the protection of the public, monitors and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.” Act 39 of 2017.



VPHP 2.0

The Board is very pleased to have this additional capacity to work with those licensees in need of VPHP services. The expanded scope will address issues caused by any factor that interferes with cognition, judgement or behavior, including behavioral health matters, organic causes of cognitive impairment, and cognitive deficits associated with the aging process. As VPHP better defines the new, broader scope of services, more information will be available on the program website at: <http://www.vtmd.org/education/practitioner-health>.

The Board greatly appreciates the hard work and support of the Vermont Medical Society and the Legislature to bring about this change, and we encourage all licensees concerned about a personal impairment, or one in a peer, to consider contacting or recommending VPHP.



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