Janelle A. Rhyne, MD, MA, MACP is the Director of Innovation, Policy, and Strategy for the North Carolina Medical Board and has a long history of service in medical regulation. She previously served as a physician member of the North Carolina Medical Board from 2003-2009 with a one-year term as President. She also served on the Board of Directors of the Federation of State Medical Boards and had a one-year term as Chair of the Board. Additionally, Dr. Rhyne has been a member of the Federation of State Medical Boards Education and Research Foundation since 2011, serving as President since 2013. She previously was a member of the Executive Board of the National Board of Medica Examiners.

Dr. Rhyne earned a Batchelor of Arts degree in anthropology from the University of North Carolina at Chapel Hill, a Master of Arts degree in physical anthropology from Arizona State University, and a MD from Wake Forest University School of Medicine. Dr. Rhyne completed an internal medicine residency, including a year as Chief Resident, and afterwards a fellowship in infectious disease. She then entered private practice for 18 years and later worked in public health.

North Carolina Medical Board Experience regarding Mental and Physical Health Questions on the Licensure Application

July 30,2024

Janelle A. Rhyne, MD, MA

Director of Innovation, Policy, and Strategy

North Carolina Medical Board



Disclaimer

 Any opinions expressed in this presentation and on the following slides are solely that of Janelle Rhyne, MD and not necessarily those of the North Carolina Medical Board.



Why make the change?

- A prominent medical leader in North Carolina was devastated when his primary care physician took his life by suicide.
- It was reported to the North Carolina Medical Board that the physician's spouse made the statement that her husband was hesitant to seek help due to concerns over losing his license.
- The medical leader galvanized the effort to change a licensing question.



Review of available data

- We reviewed several years of responses to Question #4.
- We were not collecting useful information.
- Increasing concerns expressed about physician suicide and burnout.
- Wording on the license application might deter physicians from seeking help.



Pre-2017 Question #4

- Since you last renewed have you become aware of any medical condition that impairs or limits, or could possibly impair or limit, your ability to practice medicine safely? (If you are in an anonymous participant in the NC Physicians Health Program and in compliance with your contract, you do not need to list any medical conditions related to that contract).
- Medical Condition includes physiologic, psychiatric, or psychologic conditions or disorders including, but not limited to orthopedic, ophthalmologic, or neuromuscular problems, speech or hearing impairment, or infectious disease.



Post 2017 – Question #4

- Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.
- The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.



Questions

- Did "old" Question #4 discourage physicians from getting help?
- Did removing Question #4 encourage doctors to get help?
- How should we measure?
 - O More physicians getting help?
 - Obecrease in reported depression, burnout, etc?
 - o Fewer physician suicides?
- How do we collect that information?



Data that we have

 Recent North Carolina Physicians Health Program study on suicidal ideation among physicians in North Carolina

 Anonymous participation in NCPHP since removal of Question #4

2018 and 2023 N.C. Medical Board surveys of licensees



NC PHP Suicide Prevention Initiative Preliminary Results

- 1,416 respondents
- Gender (48% female, 52% male)
- Average age 52.24 (SD 12.3)
- Time working 21 years (SD =16)
- 45.3 h/wk (SD = 16.3)
- Current position 11 years (SD = 10)
- 17.5% SI in last year (compared to 10% in Medscape study)
- 32.5% told someone, 67.5% did not



Anonymous Participation in NCPHP

 Participation did not increase in PHP. However, other options for treatment of mental and physical health concerns are now available locally. This is one point in data collection.



Anonymous participation in NCPHP

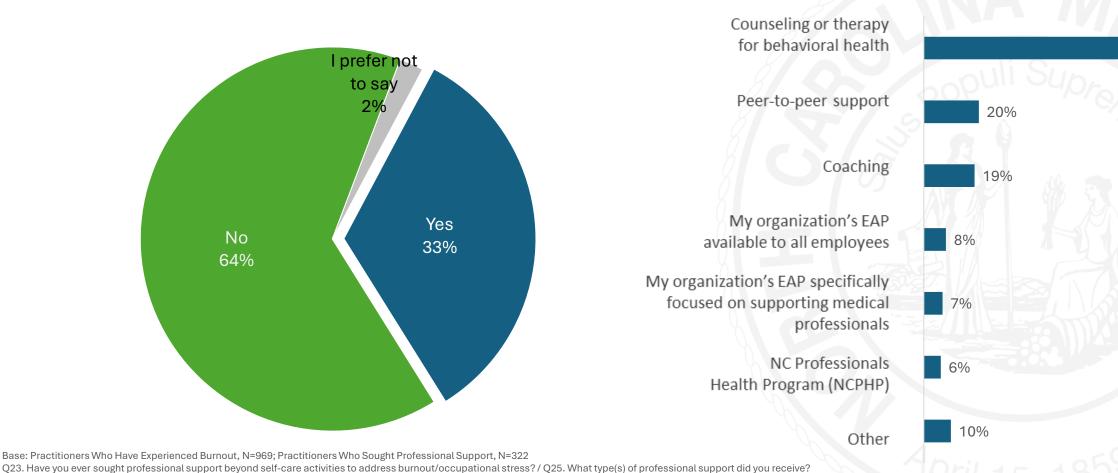
- Recall statement in pre-2017 Question #4
 - "If you are an anonymous participant in the NC Physicians Health Program and in compliance with your contract, you do not need to list any medical conditions related to that contract"

	2024 YTD	2023	2022	2021	2020	2019
Total Assessments	82	160	161	171	151	165
Anonymous Assessments	27	47	57	51	58	60
Percentage	33%	29%	35%	30%	38%	36%



78%

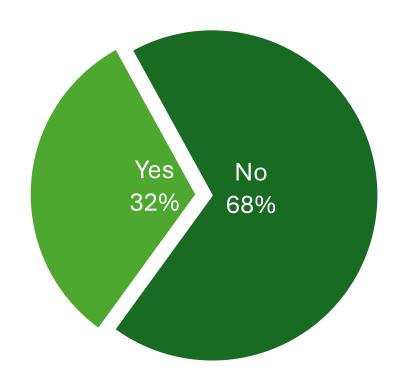
2023 Medical Board Survey





2018 Medical Board Survey

Does changing the question on the annual renewal make a difference in your willingness to pursue treatment?



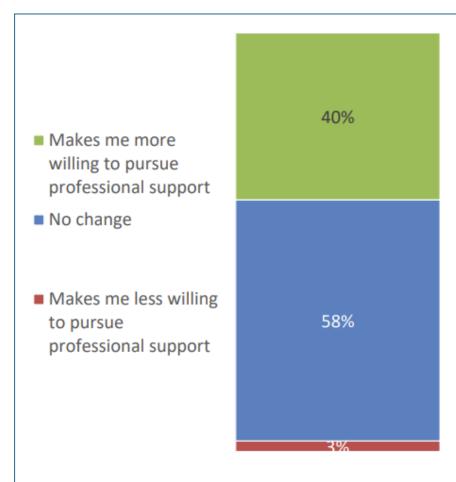
Still feel this would be looked at negatively and impact my license

I believe that it is important to pursue treatment either way. I had been told that simply answering yes to that question didn't jeopardize my license so I didn't worry about it. I believe my license would be more jeopardized if I did not get treatment.

I will get the care I need whether the board cares about me or not. I need to take care of myself in order to be healthy for myself and my patients.



2023 Medical Board Survey



Continue to eliminate questions related to substance use and abuse and streamline process to only ask questions that are truly necessary for safe patient care. The abundance of questions still promotes a climate of oversight and not self-policing.

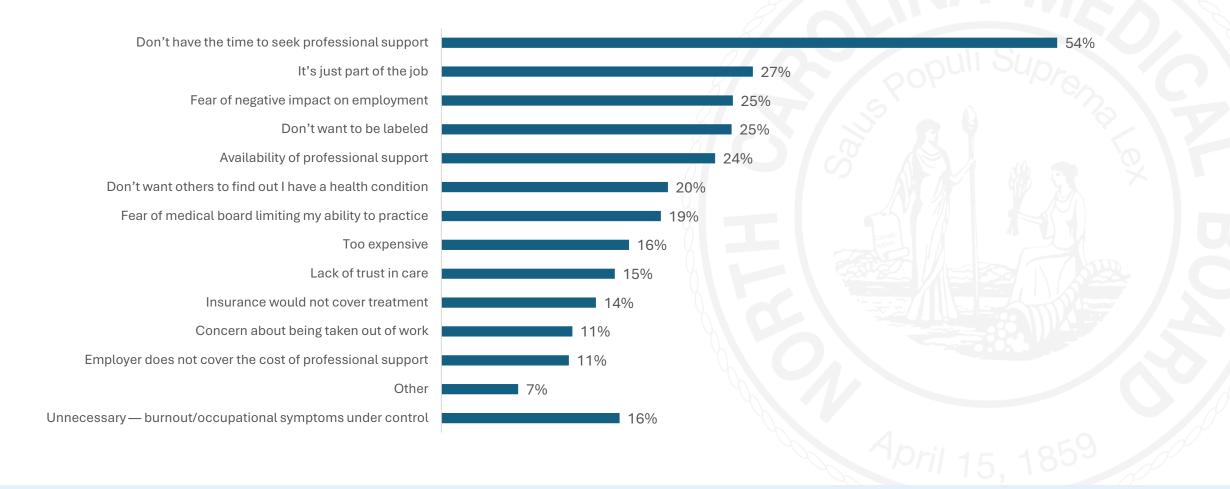
End the stigmatization of mental health care for physicians. Removing the questions on the licensure application is a good first step

One of the largest barriers to care of the physician is fear of the NCMB taking action against a physician who is trying to help themselves and their patients by seeking support.

-Retired and Non-Administrative Practitioners, N=1.864



Barriers to seeking support





Conclusions

- The limited information available to the Board does not support any conclusions.
- Other states may have different experience
- Consider what, if anything, you hope to accomplish
 - Encourage physicians to get help?
 - Reduce stigmatization that may occur by asking the question?
 - Reduce administrative burden?
 - Are you currently getting useful information?



What NCMB has done around topic

- Established a wellness statement
- Further developed <u>wellness resources</u> for clinicians on Board's website
- Focused three MedBoard Matters podcast around subject
 - Suicide Prevention Awareness (Interview with Dr. Christine Moutier)
 - 2023 Licensee Survey Results (Responses on Burnout)
 - 2021 NCMB Annual Report (NC PHP resources)
- Participation in The North Carolina Clinician and Physician Retention and Well-Being Consortium

