Physician Health Program Qualitative Study

Summary Report

February 2013

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Prepared for:

The Newfoundland and Labrador Medical Association

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Introduction

In Fall 2012, the Newfoundland and Labrador Medical Association (NLMA) launched an initiative to expand the scope of its current physician assistance program beyond crisis intervention to include more wellness and health promotion. A committee has been struck and expert counsel retained to oversee the further development of the NLMA's physician health program. The NLMA commissioned Corporate Research Associates, Newfoundland and Labrador (CRA-NL) to conduct qualitative research to examine what the membership see as the critical components of a physician health program and to gauge membership interest in such an offering. The primary objective of this research was to:

- Determine the key elements of a physician health program;
- Identify the most effective methods of delivery;
- Explore the NLMA's role in physician monitoring;
- Discuss the resources required and the funding structure; and
- Gauge potential uptake.

Research Methodology

To meet these needs, CRA-NL conducted a series of five (5) focus groups with key segments of the NLMA's membership. In particular, groups were conducted with:

1. Physicians practicing in rural locations;
2. Physicians practicing in urban locations;
3. General practitioners;
4. Specialists; and
5. Medical school students and residents.

All five focus groups were conducted using Net*focus™*. Net*focus™* involves discussions with a limited number of participants via a telephone ***conference call with the addition of simultaneous on-line input*** (online, real-time group discussions, similar to the format of a webinar). Each participant takes part from the convenience of their own home or office and all must have Internet access. With respect to this study, two Net*focus™* groups were conducted with rural practicing physicians and two groups with urban practicing physicians, with groups being separated for general practitioners and specialists. The fifth group was conducted with medical school students and residents.

A total of seven (7) participants were recruited for each Net*focus™* group with the goal of 5-6 to show. The Net*focus™* groups were conducted on January 24th, 28th and 29th, 2013.

CRA randomly conducted participant recruitment from an electronic list provided by the NLMA. Each group was approximately one and a half hours in duration. All members had their name entered in a draw for an iPad mini.

The following report presents a summary of findings for the ***Physician Health Program Qualitative Study*** conducted by CRA-NL on behalf of the NLMA. Appended to this report are copies of the final recruitment screener (Appendix A) and a copy of the final moderator's guide (Appendix B).

Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with members whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying members on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the members' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures.

Executive Summary

Results of the NLMA's ***Membership Engagement and Communication Qualitative Study*** confirm that there is a need for a comprehensive physician health program that provides NLMA members in crisis with ready access to the required supports and resources, and equips members with the tools and strategies, to lead a balanced and healthy life.

In particular, members identify a number of key factors that should be addressed in a physician health program, including offering assistance in areas related to **nutrition** and **physical activity**, dealing with **mental health** and encouraging **physicians to take care of their own physical health.** Members generally consider **crisis intervention, addictions/substance abuse** and **disruptive behaviour** to be the three most important elements within such a program, as these areas pose the greatest threats to patient care and a physician's career. Indeed, findings suggest these areas warrant the greatest attention and focus in the development of a physician health program.

That said, while members applaud the NLMA for the attention it is devoting to physician health, findings reveal there are a number of barriers that must be addressed if the program is going to have its desired impact.

Mental health, addictions and substance abuse are very personal and private matters. Physicians struggling with these challenges have very few places to turn for help. There is a real fear that if they seek assistance, their confidentiality will not be respected. This is especially true for members practicing in rural areas. While a physician health program offered through the NLMA would be a logical choice, members still have concerns over their privacy. It will be imperative that mechanisms be in place to ensure members can seek the supports and services they require, without fear of disclosure to third parties, such as the College of Physicians and Surgeons of Newfoundland and Labrador.

Members readily identify that providing support and medical care to physicians requires a special skillset. Physicians work in a fast-pace and unique environment. There is a pervasive sentiment that only other physicians can truly understand the stress and pressures facing physicians. Based on this perception, members felt strongly that a physician health program must be both designed and delivered by physicians. Having physicians delivering the program would give the program instant credibility and trust.

Educating the physician community and equipping them with strategies and the skills to obtain a balanced work life and engage in healthy lifestyle practices should start early in a physician's career and is considered an important component of a physician health program. However, the challenge is that many physicians either do not have the time to engage in preventive health practices or refuse to acknowledge the negative impact certain stressors are having on their well-being. This can lead to instances of anxiety, depression and burnout. Thus the individuals who need help the most will not seek it out. The physician health program will need to identify unique and novel ways to educate physicians on the importance of taking care of their own health and provide them with the skills, resources and supports needed to initiate meaningful behavioural change. This will require the use of various modalities including both electronic and face-to-face mediums, across urban and rural locations. Obtaining and using regular feedback from program recipients in an attempt to better meet the NLMA's membership needs should be considered.

Monitoring compliance with treatment protocols for physicians who are dealing with substance abuse, addictions and/or mental health issues is clearly seen as the College of Physicians and Surgeons of

Newfoundland and Labrador's mandate and not that of the NLMA. Members expect the NLMA to provide support and guidance to members facing such challenges and to police the College to ensure members are being treated fairly.

Members exhibit divergent views in terms of how a physician health program should be funded. Some members suggest third parties, such government and the university, have a role to play. In contrast, others believe the medical profession is a self-governing organization and, as such, should be responsible for funding their own health program.

The results of this qualitative study provide the NLMA with initial direction in terms of the key components of a physician health program. Given the qualitative nature of this study and its limited membership reach, it is recommended that an online membership study be conducted to quantify the extent to which the views and opinions expressed are representative of the larger membership. The findings from the online study will greatly assist in the further development of a robust physician health program, and would confirm which areas should be given priority in such a program and what a realistic uptake of the program would be, particularly if a self-funding mechanism is introduced.

Detailed Findings

Key Components of a Physician Health Program

Members envision a physician health program that encompasses both crisis intervention and health promotion/education that honours the confidentiality of its users.

To begin the discussion, members were asked to identify what they saw as the key components of a physician health program. Members readily identify a need for a **comprehensive program offering that embraces both crisis intervention/management and health education**. Members indicate there are many factors that influence physician health and there is a need for the program to adopt a broad perspective. Enhancing the current professional assistance program as well as introducing a program designed to equip physicians with the tools and strategies they require to achieve a healthy lifestyle and work life balance is seen as an area that warrants attention.

> *"I see it as two major areas. One is more from helping physicians that need help now with addictions or perhaps some mental health issues things like that, but I see a huge component of the program being more prevention. So educating and helping our physician population on preventing burnout and healthy living."*

> *"If NLMA is going to do something worthwhile it should take the broadest perspective in terms of wellness. It is a whole variety of things and some of that is specifically the poor working environment that is in many cases created by hospital or health authorities, colleagues scamming, plotting. There is so much crazy stuff that goes on in hospitals. I think the NLMA needs to look at all those things and the impact it is having on physician wellness. Whether it be depression or stress or a whole range of gamut that arises from the conduct of other professionals."*

> *"We have to constantly create a culture of physicians supporting physicians because the truth is we are all vulnerable and we are, for the most part, all experiencing the same stresses. I think a lot of physicians get fooled into thinking that they are in a unique silo of stress and everyone else is making more money and having less stress and that is probably not true."*

One of the main concerns regarding a physician health program is the level of **confidentiality** that can be achieved. While members see the value and importance of such an offering, they are fearful of who will have access to their personal health information, especially if they are dealing with mental health and/or substance use issues. This is an issue raised by all members, regardless of where they were practicing. However, those practicing in rural areas, indicate lack of confidentiality is even more pronounced as many community residents watch what physicians are doing very closely.

> *"If I have a blood test and it goes to the Health Sciences Centre there is no privacy."*

> *"If you park in the wrong spot, people will think you have a mental health issue."*

> *"People are not going to come forward to get well unless they feel safe."*

The importance of confidentiality to the success of a physician health program cannot be underscored. While members were unable to provide concrete examples, they noted the program's confidentiality must be clearly demonstrated as opposed to being just verbally communicated. When the NLMA begins to design its physician health program, it was suggested it review the structure and principals set out by the

Canadian Medical Protective Association (CMPA) to ensure a high level of confidentiality and professional conduct. Other members propose putting safeguards in place so the College is unable to subpoena personal information of participating physicians from the program.

> *"This program has to be run outside of the traditional medical system and it needs to be highly confidential and protect the identities of those availing of these services."*

> *"If health issues are impairing the individual's ability to practice than they need to be able to access advice from a source that they can trust."*

Currently, when a physician is faced with a crisis situation there are few avenues of support. The NLMA, as the professional provincial body, is seen as a logical place to seek assistance when such a situation arises. Having **rapid access** to the services required to effectively manage and resolve a crisis is seen as critical. Having **multiple access points and methods** to access the services required is also seen as an important feature. In addition, multiple access points may also help address confidentiality concerns.

> *"I kind of envision what would be valuable is a system of physicians' physicians, maybe some mentors, differing levels of expertise whether it be health, wellness or prevention or balance, or that sort of thing. But you need a lot of access points that are people. Because I think the reality is that a lot of people are apprehensive about who they trust. Physicians are very apprehensive about who they approach and if you only have three or four of these experts in the province I think that is going to set up a lot of barriers. I think you need to think of this as a large team of leaders in physician health as the initial points of entry with varying levels of expertise with cross-support and cross-referrals."*

> *"Access is a big thing in rural areas. Numbers are limited. Physicians find it difficult to look after their own health and to get time off."*

Several members also recommend having a mechanism in place to enable **other physicians to refer a colleague in need**. Oftentimes those in need of help may not readily identify the warning signs and/or are not capable of self-referral. Educating members on the warning signs of such depression, anxiety, burnout and suicide and providing them with an avenue to assist other physicians in need was deemed important to consider.

It was noted by several members that the stigma associated with substance abuse, addictions and mental health issues (most notably depression and anxiety) may prevent some physicians from seeking the help they require. In some cases they may even begin to self-medicate. Overcoming the **stigma associated with these conditions will need to be acknowledged and addressed** in the roll out of this program offering to ensure those who need assistance the most receive it.

> *"Depression and anxiety are big issues facing physicians. Workload and peer reviews are leading to burnout and contributing to depression and anxiety issues. Some are self-medicating to cope with these issues. There is a lot of stigma around depression and anxiety."*

Members strongly believe that **a physician health program needs to be designed and delivered by physicians**. **Being a physician to a physician is seen as requiring a special skillset.** Also, speaking with another physician who understands the pressures that physicians are facing is considered to be a strong asset and would greatly aid in the program's credibility and uptake. Having a physician associated with the

program that is trained to conduct occupational health assessments for physicians is also an area deserving consideration.

> *"When you are dealing with very highly educated and experienced people all ready, you need some pretty unique individuals to be able to be of use to the physician who is having difficulty."*
>
> *"There is an expertise of being a physician's physician."*
>
> *"Speaking to physicians who can understand and relate to physician issues would be very supportive and helpful."*
>
> *"I think peer to peer makes the most sense."*
>
> *"Only other doctors can walk in your shoes."*

Several members suggest a system be created in which a physician in need can be matched with a volunteer physician that has had a similar life experience or clinical expertise in the area. This approach would require physicians to come forward on a volunteer basis and receive the appropriate training to provide care to other physicians.

> *"A physician, especially one who has had a similar experience would be especially trusted, but on top of that, I think someone who has an extremely deep knowledge from a physician's perspective of whatever the problem was would be extremely important. The last thing you would want to do, as a physician, I would think, is to disclose issues to someone who had a lower level of life experience and experience in health care than you yourself had."*
>
> *"There has to be something of a fast match between you and another physician or health professional to help you with your problem."*
>
> *"If you identified a group of 20-30 physicians with deep experience and a broad range of knowledge who step forward and very anonymously identify the areas where they think they can help based on either their professional or private experience and you brought them together for a weekend training centre and there was a few tens of thousands of dollars of cost in training them so there would be some standard of care. I think that would be money really, really well spent and I think members and possibly even government would support that."*

Several members noted physician health is of growing concern across the Country and various organizations, such as the Canadian Medical Association (CMA), has done a lot of work in this regard. **Conducting a jurisdictional review** to identify the types and kinds of services being offered in other provinces and the methods of delivery being used is seen as a worthwhile exercise to undertake.

> *"The NLMA committee needs to identify the required skillset. They need to do a jurisdictional review. There is a role for psychiatry, a role for those who know the system/the medical bureaucracy and those who have experienced crisis themselves."*
>
> *"Look at what the OMA is doing. Look at what is happening nationally. We don't need to reinvent the wheel."*

Having participation in physician health education sessions or seminars, whether via an electronic medium or in-person, linked to **continuing medical education (CME) credits** was seen as making physician participation more attractive. The concept of receiving CME credits for participation was most notably evident in the urban groups.

There were divergent views in terms of whether a physician health program should be open to the families and partners of physicians. In some cases, members feel the program's scope should be limited exclusively to physicians, as including family members and partners would make the offering too cumbersome and complex. In contrast, others feel it is important to include family members and partners so they can gain a greater understanding of the unique pressures and stressors physicians may be experiencing.

Health Promotion Topics of Interest

Educating and equipping physicians early on in their careers with the knowledge, tools and strategies to manage busy practices, while maintaining a balanced personal life, is seen as being an important component of a physician health program.

Members were given an opportunity to identify health promotion topics they thought would be of interest to both themselves and the larger membership. Overall, five broad categories were identified.

Health Promotion Topics of Interest
• **Work life balance**
• **Nutrition**
• **Physical activity**
• **Mental health**
• **Preventative testing and health checks**
• **Dealing with a disruptive workplace /workplace conflicts***

**** Most notably in urban groups***

Members readily identify that it is a challenge for many physicians to **strike a healthy balance between their professional and personal lives**. Providing assistance in identifying simple strategies to help achieve a balanced lifestyle is seen as having real value.

> *"Having a balanced life, which can be very difficult to achieve in rural practice."*

Nutrition and **physical activity** were also identified as areas of interest. However, members noted that many physicians might feel they have sufficient knowledge in these areas. That said, the challenge many physicians are facing is finding the time to prepare and eat nutritious meals and to regularly participate in physical activity. Thus the focus of such potential program offerings needs to be on how to incorporate nutrition and exercise into a busy practice. Preparing case studies of physicians who have successfully adopted strategies that have enabled them to improve their eating habits and/or ability to engage in physical activity was suggested.

> *"What are physicians doing for their own well-being?...You know all this business about medicine… but that is a bias view in some regards."*

> *"Physicians often feel they do not have enough time for their own health and they most certainly don't have time to have an onus to look for an illness because that could derail you from all the things you have to do to look after other people, let alone earn money."*

Dealing with various **mental health** issues such as anxiety, depression and suicidal thoughts, are all seen as important areas to be included in a physician health program. Providing information on recognizing the

warning signs of depression and suicide in colleagues and outlining the appropriate steps to provide support and engage professional help is of interest to many members.

Members would also like to see a physician health program that brings awareness and encourages **physicians to take care of their own physical health**. Many physicians do not have a family doctor and are not availing of preventative medicine and screening tests, such as prostate exams, pap smears and mammograms. This is particularly true for physicians practicing in rural locations as their ability to access a general practitioner may be limited, especially if they are residing in a remote area. As previously mentioned, it was suggested that a team of physicians be trained to treat their physician colleagues. Having members of this team travel to rural parts of the province on a regular basis is seen as an effective way to provide medical services to those physicians practicing in rural locations in a confidential manner.

> *"I wonder what percentage of doctors have family doctors that they can relate to?"*

While there was minimal variation in suggested health promotion topics across the groups, it is important to note that physicians practicing in **urban locations** are more apt to identify addressing **workplace conflict and disruptive behaviour** as an area of interest. Low morale within the workplace and the bureaucracy that exists within Eastern Health is seen as having a negative impact on the health and well-being of physicians working in this setting.

Developing strategies and tools to effectively deal with **difficult patients** was also seen as a potential topic area and was identified by rural general practitioners. Offering a session on this topic at the NLMA's next annual general meeting was suggested.

The ideas and viewpoints expressed by the medical school students/residents aligned with those of practicing physicians. However, in addition, this group stressed the importance of **promoting what services are currently available**. Making physicians aware of what services and supports are available and how to access them is considered an important step.

Regardless of practice area or location, all members agree the health promotion measures and topics identified need to be **introduced early on in a physician's career**. Providing graduating physicians with the information, tools and strategies to effectively manage a busy practice, while adopting healthy lifestyle habits is seen as an appropriate means to ward off health complications, both physically and mentally. Several members, including the medical students/residents, confirmed that medical school has already begun to focus its energies on physician health issues.

> *"We don't do enough education for physicians on the whole topic and I would like to see it start at the medical school level."*

Priority Areas

Crisis intervention, addictions/substance abuse and dealing with disruptive behaviour are seen as the three areas requiring immediate attention and focus.

From a pre-determined list, members were asked to identify what services they felt to be most important to include within a physician health program. The items listed include:

- Crisis intervention;
- Dealing with disruptive behaviour;
- Burnout;
- Time management;
- Nutrition;
- Work life balance;
- Health promotion/prevention; and
- Addictions/substance abuse.

While there was some individual variation, most identify **crisis intervention, addictions/substance abuse** and **disruptive behaviour** as the three most important elements. Members indicate these three areas are interrelated in that many people suffering from addictions/substance abuse also exhibit disruptive behavioural tendencies. It is felt that these three areas pose the biggest threats to patient care and a physician's career. Therefore, these areas warrant the greatest attention and focus in the development of a physician health program.

> *"These areas represent the greatest challenge to the medical profession. The result of not having these services is far too great."*

> *"These are the areas that have the greatest impact on physicians and on their patients and colleagues."*

Despite the consensus on the three main program focus areas, there is some variation with respect to other program elements. More specifically, members practicing in urban locations are more apt to suggest greater emphasis should be afforded to addressing burnout. In addition, specialists, regardless of location, suggest addressing work life balance issues and that health promotion/prevention topics should be given priority. Similarly, medical school students/residents suggest work life balance requires attention.

In addition to the pre-determined list, some members identify **dealing with difficult patients** as the greatest source of professional stress.

Delivery Methods

Multiple methods are required to effectively deliver a physician wellness program.

Overall, members recommend multiple methods and strategies be adopted to effectively deliver a physician health program. Some of the specific suggestions put forward are as follows:

Team of trained experts. As previously mentioned, members suggest a health program for physicians should be designed and delivered by physicians. Having a team of physicians that are equipped with the knowledge and skills required to medically assess and treat physicians is seen as imperative when dealing with mental health issues, addictions/substance abuse and preventative health practices.

> *"At the end of the day, physicians would probably trust another physician more than anyone else, not a counsellor who had never walked in the shoes of a physician."*

> *"Having someone you can trust who works in the same situation that you can confide in and can talk about it is important."*

Electronic media. The electronic media is seen as an effective means to reach out and share information with members, especially those residing in rural and remote areas of the province. For example, **webinars and tele-health** are seen as effective means to deliver various health promotion topics. However, it is important to note that some members indicate that while webinars are convenient and many have good intentions in participating, conflicting priorities may result in poor uptake.

Other members suggest having an **icon for physician health** on the NLMA's website. By clicking on this icon members would expect to find contact information for important services and supports, links to other resources and the announcement of upcoming physician health events and initiatives. This icon could serve as an electronic access point for the program.

The use of **private secure chat rooms** where physicians could converse and share their experiences with their colleagues and seek advice is also considered a possible tool. Similarly, the concept of **online counselling** is seen as a potential means to provide support to physicians working in rural areas. Online counselling also offers a high degree of confidentiality and anonymity, so members do not have to physically be present or leave their homes or workplace to participate in counselling sessions.

> *"We can do banking online, which is secure. Can we not find a secure network so we can reach people who are remote?"*

> *"I guess if you had a chat room for people who didn't mind communicating online. They could be completely anonymous and so could the people within the virtual room and the so called expert can contribute as well."*

In-person sessions. Offering health promotion sessions in conjunction with other scheduled events such as the President's Tour and the annual general meeting were also identified as effective means of program delivery. One group suggested the NLMA should consider hosting a **"wellness conference"** to launch its physician health program. Having accredited presenters and holding the conference in a location that would allow the planners to incorporate physical activity into the agenda was seen as a way to increase the event's appeal.

As might be expected, when dealing with a crisis situation, some members might be more comfortable in a more private and **one-on-one** setting. It was felt this option must always remain available to members in need.

> *"If it was something that was extremely private than you would probably want to speak with someone in-person."*

The President's Letter. There is an opportunity to use the President's Letter to share information about health promotion activities. Members suggest dedicating an entire issue of the President's Letter to physician health to signify the importance of the issue. Showcasing physicians who have successfully achieved a balanced lifestyle that includes healthy eating, regular physical activity and time management is seen as having value.

Overall, a variety of methods are necessary to engage members in physician health activities and initiatives. However, it merits attention that while the education and health promotion piece is important, it must be accompanied by resources that the membership can access and apply to their own unique situation. The sharing of information cannot be static. It requires an interactive approach in which members are able to access the tools and supports they require to make the necessary changes to improve their own health status.

> *"When I look at these topics, nutrition, work life balance, health promotion…, If it is only going to be a matter of putting some reading material on a website, that will serve no purpose because you can get that reading material anywhere else. I think there has got to be something behind it, there has got to be a resource there that people can connect with, there has got to be more to it."*
>
> *"I think you have to do something radically different. Reading a motherhood newsletter article about whatever it is, is not going to make any impact on my life because those are typically the kinds of messages I am giving my patients anyways. So I think for something to change how healthy I am mentally or physically and have it delivered from the NLMA as opposed to acquired through my own resources would have to be radically different."*
>
> *"You can have brochures to educate people, but if there is no substance behind that in terms of confidential services for someone in need. It can't just be online education. It needs to be a confidential method so that if people are in crisis they are able to speak to someone."*

Monitoring

The monitoring of physician treatment compliance for addictions, substance abuse and mental health issues should be the responsibility of the College of Physicians and Surgeons of Newfoundland and Labrador.

Members were informed that when physicians are overcoming substance abuse, addictions and/or mental health issues, they are clinically assessed outside of the province and the member is responsible for the assessment cost. Once the member is assessed and a treatment plan is initiated, their compliance and progress needs to be monitored. Members were informed that the College of Physicians and Surgeons of Newfoundland and Labrador is currently overseeing the monitoring process.

Overall, members are in agreement that monitoring of treatment compliance should be the responsibility of the College. The College has a number of responsibilities including ensuring the safety of the general public. Medicine is seen as a self-regulating profession and members see it as the College's role to monitor treatment compliance of physicians who are dealing with addictions and substance abuse issues. Consequently, the College is seen as the appropriate disciplinarian.

> *"Experience shows that unless there is the authority and the force necessary behind it, that really only the College has, then the monitoring may well breakdown if it doesn't carry the authority of the College. When it comes to addictions and substance issues, I tend to think it should be the College."*

> *"The regulator has to be the ultimate monitor. The licencing College is the monitor. I don't see how you are going to be able to get away having the licencing authority, who protects the patient population, being other than the monitor in this kind of situation."*

Compliance monitoring is considered to be outside of the NLMA's mandate. Members see the NLMA's role as one of support to members dealing with addictions/substance abuse and/or mental health issues. It was not considered to be appropriate for the NLMA to oversee the monitoring process and provide support to members, as it would be in conflict. However, members would like the NLMA to "monitor" the College's practices to ensure all members are being treated fair and just.

> *"I don't think it is the NLMA's role to monitor, the NLMA should be there to provide the support."*

> *"The NLMA needs to monitor what the College is doing because I think the NLMA needs to be in a position to be supportive of the physician and not to be seen as the authority."*

> *"The NLMA has to make sure the College is being fair to the individual. They should provide some oversight regarding the part being played by the College."*

Perceived Value and Potential Program Uptake

Most members would avail of a physician health program.

Overall, members see value in the NLMA establishing a physician health program, with most indicating they would avail of some of the services discussed. The NLMA is primarily seen as the physicians' negotiations body and some members commended the NLMA for focusing attention on other priority areas such as physician health.

> *"I think now physicians see the NLMA as purely for negotiations and a few other minor things, and that will still be a huge part of what they do. But it would be nice too, I think, to have it have an impact in other ways as well, as it is our provincial body and we are all members."*

When physicians find themselves in a crisis, there are few places for them to turn. The NLMA, for the most part, is seen as the logical choice from which to obtain support and guidance. However, a high level of trust and assured confidentiality will have to be in place in order for the program to have its desired outcomes.

> *"Faced with a real crisis, I think I would likely reach out* (to the NLMA), *but it is going to depend on the confidentiality and the comprehensiveness."*

> *"In an absolute crisis, I think a lot of people would* (reach out to the NLMA) *because there are few places to turn."*

> *"If you are in a crisis and you know that the NLMA has this team and they can point you in the right direction and walk you through the process, than you will go there."*

It merits mention that a few members noted the NLMA's current physician assistance program is working quite well and questioned if the NLMA is trying to fix a program that doesn't require fixing. The assistance program is seen as having realized several successes to date.

Funding

Members exhibit divergent views with regard to the funding of a physician health program.

Members have differing views regarding who should fund a physician health program. On the one hand, some members feel they belong to a self-governing profession and that the members should fund their own health program. Members, who expressed such viewpoints, believe the general public would not take kindly to a third-party, such as government, funding such a program. This could potentially have a negative impact on public perception of the profession. In other instances, members recognize that potential third-party funders, such as the university and the provincial government, are facing their own financial challenges and would not be receptive to such a request. Others also questioned whether or not the use of third-party funding may somehow compromise the program's confidentiality.

> *"We should fund it ourselves. The general public will not be pleased, they won't understand."*
>
> *"We are a self-governing profession, so we have to be self-funding."*
>
> *"Unlikely these bodies* (provincial government and the university) *will provide financial support because of their own financial constraints".*
>
> *"I think some people may be concerned that involvement of third parties as it may compromise the confidentiality."*

In contrast, others members propose both the provincial and/or federal government should provide some level of funding for a physician health initiative. Some members, who expressed this viewpoint, noted both the disruption and cost to the system of physicians who experience illness, both physical and mental, is quite high. These members argued that it would be in the best interest of government to fund such programming, as they would be saving money in the long run. In other cases, members observed that physicians are typically taxed at a higher tax rate and that it is appropriate to use tax dollars for such a program offering.

> *"We need to build the case for troubled physicians to the system."*
>
> *"It would be in the government's best interest and society's best interest to have physicians providing service. They could make a cost justification for putting money into it."*
>
> *"We pay huge taxes, let some of that money come back to us."*
>
> *"Physicians are givers and contribute both financially and professionally. There should be federal program funding to address physician health."*

Currently NLMA fees are $2,050 per annum. Increasing fees to cover the costs associated with a physician health program received mixed reviews. If the increase is minimal (5-10%), than it might be acceptable, but many cautioned that the NLMA fees are quickly approaching a critical threshold. Increasing fees to introduce a physician health program was repeatedly described as a "tough sell", as such a program offering may not readily resonate with the majority of members.

"People are fed up with having their fees increased."

"Doctors in the rank and file are not going to want to pay for what they may perceive to be a motherhood, touchy, feely kind of thing. Are they going to want their fees to go up a $100 because someone in the next community has a drinking problem who might call the counsellor and who might know? I don't think there would be good buy-in from the membership for that."

Several members consider the costs associated with a physician health program to be minimal or even cost neutral as many of the services should be covered under the province's medical care plan (MCP). It is interesting that some members indicated that if they were treating a colleague for a sensitive health matter, such as addictions or substance abuse, they would opt to not keep a file on this patient and would not bill MCP as a courtesy to their colleague. There is a sentiment that if MCP audited the attending physician than the physician patient's confidentiality may be compromised.

"If I am helping a colleague than I have no interest in billing. I just want to help a colleague."

The concept of a user-pay fee for service is seen as appropriate for some services, such as physician health seminars and events, but not for accessing crisis intervention services. It is clear, having access to timely crisis intervention services should not be associated with any financial cost.