

# PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 30th edition, Volume 1, of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

## PUBLICATIONS COMMITTEE

Sarah Early, PsyD, Cochair      Mary Ellen Caiati, MD  
Amanda Kimmel, MPA,      Edwin Kim, MD  
Cochair      Terry Lavery, MA, LCPC  
Mark Albanese, MD      Linda Bresnahan, MS

The FSPHP is a national organization providing an exchange of information among state physician health programs (PHPs) to develop common objectives, goals, and standards. If you're not a member yet, please consider joining. State, Associate, International, Individual, and Organizational membership categories are available. Please visit <https://fsphp.memberclicks.net/membership> to join today.

## FSPHP CONTACT INFORMATION AND MAILING ADDRESS

Sandra Savage  
FSPHP  
668 Main St, Suite 8, #295  
Wilmington, MA 01887  
Phone: (978) 347-0600  
Fax: (978) 347-0603  
Email: [ssavage@fsphp.org](mailto:ssavage@fsphp.org)  
Website: [www.fsphp.org](http://www.fsphp.org)

*Physician Health News* is developed through the volunteer efforts of the Publications Committee with assistance from Misty Horten (design and layout) and Christine Clark (copyediting and proofreading).

## PRESIDENT'S MESSAGE

Scott L. Hambleton, MD, DFASAM

As we prepare for our 2023 Annual Education Conference in Minneapolis in May, reflecting on the work of the Federation in preparation for this event gives me a sense of tremendous gratitude and excitement! This event has been the highlight of my year, every year since the first one that I attended in 2007 during my Addiction Medicine Fellowship in Mississippi.

Throughout the years, I followed the sage advice of my friend and mentor, Dr. Roland Gray, at the Tennessee Medical Foundation to "get involved with the Federation!". Serving on various committees, and then the board, and now, as your president, I can say that following his advice is one of the best things I have ever done! My interactions with all of you at the Federation have enriched my life, not only professionally, in a



Scott Hambleton, MD,  
DFASAM

*continued on page 2*

## IN THIS ISSUE

President's Message	1
Executive Director's Message	3
FSPHP Welcomes New Members	7
Thank You To Our 2022/2023 Donors	9
Donor Spotlight	9
<b>UPDATES FROM AROUND THE UNITED STATES 10</b>	
Colorado Physician Health Program Announces New Program: Doc2doc Wellbeing Consulting	10
The History of the Maryland Physicians Health Program: Part 1	10
Nebraska Medical Association Brings Forth Safe Haven Legislation for Physician Wellness Program	11
TN-PSQ: Three-Year Results Show Tennessee Health Professionals Still Struggling with Pandemic Impact	12
April Mallory Joins the TMF as Case Manager	13
Participants and Programs Confirm DNA-Authenticated Remote Urine Drug Testing (rUDT) has Significant Value Over Standard Collection Site Urine Drug Testing	13
Prioritizing Physician Wellness: A Multifaceted Approach to Tackling Healthcare Provider Burnout	14
<i>Physician Health News</i> Marketplace	16

## President's Message

*continued from page 1*

multitude of ways, but also personally, in terms of my own recovery journey. I have never met such a group of dedicated, passionate, gifted, and generous people in my entire life. My companionship with you has profoundly changed me and enhanced my well-being with a growing sense of gratitude. This journey with you has been a gift from heaven!

Considering the multitude of activities and initiatives of the Federation, including the development and upcoming launch of the FSPHP-Evaluation and Treatment Accreditation (ETA)<sup>™</sup> and Performance Enhancement and Effectiveness Program (PEER)<sup>™</sup>, we have much to be proud of as our work continues to come to fruition. One of these works in progress is our effort with friends and partners to decrease stigma through reforming questions on applications for medical licensure, credentialing, and liability insurance coverage.

This reform is a direct result of the work of the FSMB Workgroup on Physician Wellness and Burnout, which was chaired by Dr. Arthur Hengerer, the Federation's first public board member! Dr. Doris Gundersen, Past President of the Federation, also served on the Workgroup, which produced a 2018 report with recommendations for state medical boards, external organizations, and stakeholders to ensure physician wellness, recognizing that ensuring physician wellness is a component of the duty of state medical boards to protect patients.

The necessity of asking probing questions about a physician applicant's mental health, addiction, or substance use on applications for medical licensure or their renewal was examined, as well as whether the information these questions elicited might be obtained through means less likely to discourage treatment-seeking among physician applicants.

The Workgroup's report recommended the utilization of Physician Health Programs with the option of "safe haven" nonreporting, when possible. In addition, specific language was provided as an example of licensure questions that focused on the presence or absence of **current** impairment.

As a result of this report, Dr. Ken Cleveland, Executive Director of the Mississippi State Board of Medical Licensure, recommended changing licensure questions, and he began utilizing the language suggested in the report after the board members unanimously approved the change in May 2018. While the Mississippi State Board of Medical Licensure and other state regulatory agencies recognized the importance of decreasing stigma and promoting treatment as a viable mechanism to improve public safety, the changes remained largely unknown publicly.

However, that changed as the next seismic shift occurred resulting from the work of Corey and Jennifer Breen Feist, co-founders of the Lorna Breen Heroes' Foundation, which was created after Dr. Lorna Breen's tragic death by suicide on April 26, 2020. Lorna practiced emergency medicine in Manhattan, New York, at the beginning of the COVID outbreak, with limited personal protective equipment, grueling long hours, and not enough help. After contracting COVID, Lorna returned to the front lines treating the relentless and overwhelming onslaught of incredibly sick patients. She became burned out, exhausted, and despondent. Lorna suffered in silence because of the fear of losing her medical license!

Since then, Corey, Jennifer, and the Foundation have worked tirelessly and effectively to overhaul the entire medical system. On March 18, 2022, in a bittersweet moment, after two years of persistent advocacy, President Biden signed into law the Lorna Breen Health Care Provider Protection Act. This historic legislation required the Department of Health and Human Services (HHS) to establish and distribute grants to hospitals, medical professional associations, and other healthcare entities for programs to promote mental health and resiliency among healthcare providers. Further, HHS must study and develop policy to remove barriers to accessing care and treatment and identify strategies to promote resiliency. Furthermore, the Government Accountability Office must report on the extent to which relevant federal grant programs address the prevalence and severity of mental health conditions and substance use disorders among healthcare providers.

One of the many results of the Foundation's work is that a national spotlight has illuminated the requirement for disclosure of mental health assistance, regardless of scale or severity, to some licensing boards and healthcare institutions. These efforts are expanding the work of the FSMB Workgroup, and this national spotlight and relentless advocacy by the Foundation are resulting in powerful change!

Subsequently, the FSPHP has partnered with Corey and Jennifer Breen Feist and the Heroes' Foundation in order to continue the fight to decrease stigma and encourage health-seeking by all healthcare providers. Utilization of PHPs, and particularly those with "safe haven" nonreporting, are being recognized as potent tools that promote confidentiality and physician wellness while enhancing public safety. The important role of PHPs working closely with their respective medical boards to initiate change is also being recognized. Corey is speaking at the Federation's Annual Education Conference in Minneapolis next month.

All of these efforts are exemplified by the efforts of the FSPHP for the last three decades. As the Federation deploys the ETA™ and PEER™ programs, the evaluation and treatment services provided to healthcare providers as well as the services of individual Physician Health Programs will continue to be perfected, and all of society will benefit.

Stay tuned, we are living in exciting times! ■

## EXECUTIVE DIRECTOR'S MESSAGE

### Linda Bresnahan, MS

It is an exciting time for us as we head into our 33rd annual education conference focusing on the Next Generation of Physician Health and Well-Being. Due to the profession's increasing focus on well-being and burnout prevention, interest is growing in learning more about Physician Health Programs such as how they work, how to refer, and when to refer. There is also interest in understanding the specifics of the confidentiality provided by PHPs, and any exceptions.

With this in mind, I would like to share articles, publications, and educational activities that FSPHP and our members have been a part of which center around raising awareness about the much-needed resources of PHPs!

### *Physician Health Programs: Changing the Culture of Medicine*

Dr. Scott Hambleton was invited to co-author an article regarding the role of PHPs supporting physicians with mental health issues, including addiction. This is a great overview article about PHPs to link to your own websites!

[https://www.mplassociation.org/Web/Publications/Inside\\_Medical\\_Liability/Issues/2022/Q2/articles/Physician\\_Health\\_Programs-Changing\\_the\\_Culture\\_of\\_Medicine.aspx](https://www.mplassociation.org/Web/Publications/Inside_Medical_Liability/Issues/2022/Q2/articles/Physician_Health_Programs-Changing_the_Culture_of_Medicine.aspx)

### *Accreditation Council for Graduate Medical Education Annual Meeting—Resident Well-Being: Identifying “Red Flags” and Options for Intervention*

I recently had the opportunity to present about PHPs at the ACGME Conference! What a large conference with an eager-to-learn audience! I hope there are ways for us all to consider more abstracts in 2024 at this conference with four thousand attendees! Here is the website



Linda Bresnahan, MS



Left to right: Linda Bresnahan, MS, Executive Director, Federation of State Physician Health Programs; Kimberly Templeton, MD, Professor and Associate Dean, University of Kansas Medical Center; Carol Bernstein, MD, Senior Scholar, Department of Education, ACGME; Patricia Poitevien, MD, Associate Professor and Senior Associate Dean, Brown University; and Erika Smart, JD, Legal Risk Manager, University of Vermont.

information that we can track for next year's call: [www.acgme.org/meetings-and-educational-activities/annual-educational-conference/call-for-abstracts-information](http://www.acgme.org/meetings-and-educational-activities/annual-educational-conference/call-for-abstracts-information). The 2024 ACGME Annual Educational Conference will take place March 7–10, 2024, at the Rosen Shingle Creek Resort in Orlando, Florida.

I was able to share information about how PHPs work, and I participated in case discussions that conveyed how a residency director or coordinator may lean on a PHP. In the course of this discussion, I did encourage audience members to reach out to their PHP to “get to know” the PHP staff and how it works. You could get a phone call in this regard from a residency director asking to learn more about your PHP. Many audience members liked the idea of a meeting with a PHP to learn more about how it works outside of a referral. Is this something that you are open to providing? I was reminded how there is still considerable confusion about the role of PHPs. Many attendees felt they could only refer to a PHP if they knew someone had a mental health or substance use diagnosis versus referring early when signs of concern arise. There were questions asked about when to refer a colleague of concern to Human Resources versus an Employee Assistance Program versus a PHP. The panelists who presented include Kimberly Templeton, MD, Professor and Associate Dean, University of Kansas Medical Center; Carol Bernstein, MD, Senior Scholar, Department of Education, ACGME; Patricia Poitevien, MD, Associate Professor and Senior Associate Dean, Brown University; and Erika Smart, JD, Legal Risk Manager, University of Vermont.

*continued on page 4*

**Executive Director's Message***continued from page 3****American Psychiatric Association Frontline Connect***

The APA is creating a robust toolkit that offers proven strategies to help make mental health services and supports more accessible to your healthcare workforce. FSPHP was invited to share information about the role of PHPs. This will translate into a video message on their website soon. They have offered to do a few segments about PHPs. Visit Frontline Connect, at <https://frontlineconnect.org>. Our content will be live soon! You can sign up at the **"Get FIRST Access"** button to gain access to their videos. The first one by Kirk Brower, MD, discusses his personal experience and the power of storytelling to break down stigma and help others. More to follow on this!

***American Journal of Addiction, Barriers to Recovery for Medical Professionals: Assessing Financial Support Through a Survey of Physician Health Programs***

*"This is the first publication that attempts to measure the extent to which the costs of qualified evaluation and treatment are barriers to help-seeking for physicians with impairing or potentially impairing health conditions. The findings suggest that the cost burden to physicians, especially earlier in their careers when intervention would be most helpful, may be a major impediment to health and well-being. Rather than seeing this as a problem with the PHP model, which has consistently delivered exemplary results, the authors conclude that costs should be shifted away from individuals and onto the system that benefits from their work without compromising the quality or qualifications of those who have the experience and expertise to effectively evaluate and treat this unique population."* **Chris Bundy, MD, MPH, FSPHP Past-President, Executive Medical Director, Washington Physicians Health Program**

*"Physicians arrive in treatment at different times during their career. About 30% of these admissions are medical students or early career physicians, who are burdened by academic debt. Third-party payers provide limited support for career and life-saving care, decreasing the effectiveness of the long-term disease management process provided by PHPs across the U.S. and Canada. This article serves as a wake-up call for all. Effective treatment followed by disease monitoring works and is cost-effective. Why are we not able to use it in this vulnerable population?"* **Paul H. Earley, MD, DFASAM, FSPHP Past President, and GA Professionals Health Program, Inc. Medical Director**

Thank you to Dr. Earley, who initiated this project during his presidency, and a special thank you to all the authors: Authors include Amy E. Vinson, MD (Boston Children's Hospital/MMS Benevolent Society), Michael Fitzsimons, MD (Massachusetts General Hospital), Samuel Weinhouse, BA (Brigham and Women's Hospital), Lisa Merlo, PhD, MPE, Chris Bundy, MD, MPH, FASAM, Steven Staffa, MS (Boston Children's Hospital), Mark Rockoff, MD (Boston Children's Hospital), Linda Bresnahan, MS.

<https://pubmed.ncbi.nlm.nih.gov/36883286>

***2023 Association for Academic Surgery Presidential Session—How Can We Help?***

Thank you to Dr. Bundy for his role in sharing more understanding of the role of PHPs with Jon Shapiro, MD, DABAM; Michael Maddus MD; Colin West MD, PhD; Carrie Cunningham MD, MPH; and Sunil Geevarghese MD, MSCI, FACS; the entire session is available here: [www.youtube.com/watch?v=42yoYwZqRu8](http://www.youtube.com/watch?v=42yoYwZqRu8) Related, not to miss: AAS Presidential Address—Removing the Mask: <https://youtu.be/JaNBH4UPHv4>

***Advocacy Resource Center Issue Brief: Confidential Care to Support Physician Health and Wellness Updated and Re-Issued in March 2023***

FSPHP was invited to review and propose revisions to this important resource. The issue briefly highlights several different options for physicians seeking care and provides tangible legislative, regulatory, and other options for medical societies and other stakeholders to support those efforts. It seeks to further the goals of balancing privacy and confidentiality while also reducing stigma and protecting public health. For more information about the information contained in this issue brief, contact the Advocacy Resource Center attorneys Daniel Blaney-Koen, JD, at [daniel.blaney-koen@ama-assn.org](mailto:daniel.blaney-koen@ama-assn.org) and Wes Cleveland, JD, at [wes.cleveland@ama-assn.org](mailto:wes.cleveland@ama-assn.org)

<https://www.ama-assn.org/system/files/issue-brief-physician-health-wellness.pdf>

***"Confidential Online Screening Program Leads to High Utilization"***

Please Review Tennessee Medical Foundations PHP's Free, Voluntary Screening Program—Available to PHPs through American Foundation for Suicide Prevention

<https://www.nashvillemedicalnews.com/article/5920/tn-psq-three-year-results-show-tn-health-professionals-still-struggling-with-pandemic-health-system-impact>

### ***Out of the Shadows: Physicians Share Their Mental Health Struggles*** **March 28, 2023**

One physician in this article shares that with the help of her department, she connected with the state physician health program, the organization that provides confidential assessments and resources for providers. Seeking help did not affect her medical license, and she returned to practice after the PHP cleared her. Doctors face high rates of mental health challenges, but they often hide their stories due to shame and fear of professional fallout. Four physicians reveal their journeys in the hopes of reducing stigma and inspiring others to seek care.

<https://www.aamc.org/news-insights/out-shadows-physicians-share-their-mental-health-struggles>

### ***Licensure and Credentialing Question Reform Continues and PHPs have a Role:***

- Dr. Bradley Hall, FSPHP Past President, and Executive Director of WV Medical PHP was a guest speaker at this virtual FSMB Webinar, which is available on demand. “[Changing the System: Removing Barriers to Treatment through Licensing Reform.](#)”
- Congratulations to Georgia PHP—Georgia Composite Medical Board Updates Mental Health Question on Licensure Application—If you are currently involved in Georgia PHP—you may answer No to the question. <https://medicalboard.georgia.gov/press-releases/2023-02-02/gcmb-updates-mental-health-question-licensure-applications>
- Washington Practitioner Application Supports Physician Well-Being: <https://www.linkedin.com/pulse/updated-washington-practitioner-application-supports-jennifer/?trackingId=0YBt1ic%2FoGH2AD%2Bf50iliQ%3D%3D>
- A toolkit and state by state tracking of changes is here: <https://drlornabreen.org/removebarriers>

### ***What's Ahead***

American Society of Addiction Medicine (ASAM) and Wolters Kluwer Publisher Grant FSPHP request for *The ASAM Principles of Addiction Medicine*, 7th edition Chapter 31. Content to be Available to FSPHP State Voting Members FREE of cost.

*The ASAM Principles of Addiction Medicine*, 7th edition to be published soon by Wolters Kluwer has a chapter relevant to FSPHP members, ***Physician Health Programs and Addiction Among Physicians in the Workplace Setting, Chapter 31***—Authors are Drs. Bundy and Earley with Dr. Lisa Merlo as editor.

This complimentary offer includes Chapter 31 and the sidebar, *Physician/Health Care Professional Coping and Wellness After Patient Overdose or Death*, Authors: Amy Yule, MD and Frances Levin, MD

*\*\*As this moves closer to publication, access for the chapters will be set up and shared with FSPHP Members.*

### ***The American Society Of Addiction Medicine Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 4th Edition***

This publication will be of great interest to FSPHP and those in this field. Its anticipated publication date is November 2023. This will be published by Hazelden Betty Ford Publishing. Chapter title of relevance, *Supporting Patients Working in Safety-sensitive Occupation*, Chapter 23—Authors Drs. Baron, Alexis Polles, and Paul Earley.

### ***American Psychiatric Association (APA) Annual Meeting Panel: Innovations in Improving Access to Mental Health Care for Frontline Healthcare Clinicians***

FSPHP was provided an opportunity to share the great work of our member PHPs at the APA Annual Meeting as part of a panel chaired by Gaurava Agarwal, MD on behalf of the APA Center for Workplace Mental Health's Frontline Connect Initiative. The panel session is taking place on **Sunday, May 21st from 8:00–9:30 AM** at the APA Annual Meeting in San Francisco. Session Description: The COVID-19 pandemic has profoundly impacted frontline healthcare workers with many experiencing crisis-level rates of anxiety, depression, suicidality, trauma, and substance use. Unfortunately, health care workers are not accessing the mental health care they need when they need it. The urgency in improving access to mental health care could not be greater. During this session, attendees will hear firsthand from resources that have improved access to mental health resources for frontline health care clinicians, including the change management and implementation strategies that have allowed these innovations and programs to be successful.

Panelists include:

Christine Moutier, MD, CMO, American Foundation for Suicide Prevention

Mary Moffit, PhD, Associate Professor of Psychiatry, Oregon Health and Science University; Director, Resident and Faculty Wellness and Peer Support Programs

Linda Bresnahan, MS, FSPHP Executive Director

*continued on page 6*

**Executive Director's Message***continued from page 5*

Thank you all for the incredible work you do providing much needed services to the profession. It is an honor and privilege to support the work of PHPs. If you have ideas on ways we can further spread news, and provide education, please let us know. Your role in saving lives, and careers of our much-needed healthcare professionals is appreciated, and needed. ■

Please Follow FSPHP on LinkedIn!



### FSPHP 2023 VIRTUAL ANNUAL MEMBER BUSINESS MEETING

**May 24, 2023, 3:00–5:00 PM Eastern Time**

***Open to State, Associate, Honorary, and International Members***

During this meeting, we will review our FSPHP priorities, provide a report from our treasurer, recognize new members, and announce the 2023 ballot results. Committee chairs will share an annual information report from each FSPHP committee as well. We will have a brief breakout session by region to discuss plans for regional member meetings in the fall.

Register here: <https://fsphp.memberclicks.net/2023annualmbrmtg>

Email [ssavage@fsphp.org](mailto:ssavage@fsphp.org) with questions.

### SUBMIT YOUR INTEREST IN A COMMITTEE—JOIN OR RENEW FOR 2023–2024

Would you like to make a difference at a national level that supports the work of Physician Health Programs? Are you committed to sharing your time and talents to help your peers involved in the work of Physician Health Programs?

For many people, the ideal way to do that is to serve on a nonprofit board or committee for their professional membership association. Serving on a committee is a wonderful way to support a cause that you care about and a powerful way to build your own skills and experience.

FSPHP is asking our members to renew or join an FSPHP Committee for 2023–2024. Serving on a committee is also a wonderful way to prepare for a future leadership position on the board of directors.

#### **To join a committee:**

- Review the Committee Purposes and Frequency of Meetings on the FSPHP Committees webpage: Committees (<https://fsphp.memberclicks.net/committees>)
- Submit your interest to join or your plans to renew on the FSPHP Committee Service Interest Form: [https://fsphp.memberclicks.net/index.php?option=com\\_mcform&view=ngforms&id=2161252](https://fsphp.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2161252)

Individuals who serve on a committee have the opportunity to develop and grow as leaders, cultivate new skill sets, and expand their network of peers, professionals, and leaders. Committee members also will have the opportunity to be recognized as a national thought leader.

Click here to see a full list of FSPHP committees, their descriptions, and rosters: Committees (<https://fsphp.memberclicks.net/committees>)

## FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Winter 2022 issue was published. Please join us in welcoming our new members!

### *State Voting Members*

Nels Kloster, MD, Medical Director, Vermont Practitioner Health Program

Kimberly Navarre, LMFT, Program Director, Health Professional Services Program—Minnesota

### *Associate Members*

Theodore Bowles, DO, Associate Medical Director, Florida Professionals Resource Network

Christina Delos Reyes, MD, Associate Medical Director, Ohio Professionals Health Program

Alice Dunkin, BA, Assistant Case Manager, Pennsylvania Physicians Health Program

Kate Folkins, APRN, PMHNP-BC, Assistant Medical Director, New Hampshire Professionals Health Program

Paul Gregory Simeone, PhD, Executive Director, Physicians Health Services, Massachusetts Medical Society

Robin Hounslow, Quality and Compliance Assistant, Washington Physicians Health Program

Phuong Huynh, MD, Well-Being Director and Associate Medical Director, Ohio Professionals Health Program

April Mallory, LCSW, Case Manager, Tennessee Medical Foundation

Burt Riskedahl, Board Member, North Dakota Physician Health Program

Latasha Roles, MEd, Clinical Manager, MedChi

Lori Rosburg, EdS PLPC, Coordinator MAOPS PHP

Michelle Sticka, MSW, LCSW, Clinical Coordinator, Utah Professionals Health Program

Beth Stroup Menge, Board Member, North Dakota Professional Health Program

Richard Stuver, LICSW, DCSW, Clinical Coordinator, Massachusetts Physician Health Services, Inc.

Jessie Willden, CSW, Clinical Coordinator, DOPL—Utah Professionals Health Program

Caroline Young, LPCC, Clinician, Colorado Physician Health Program

### *Individual Members*

Alejandro Barrera, DDS, Dentist, American Dental Association Wellness Ambassador Program

Felicia Bloom, MHS, Manager, Elder Care and Dentist Health and Wellness, American Dental Association

Joel Collins, DDS, Ambassador, American Dental Association Wellness Ambassador Program

Hannah DeVries, MD, Avera

Karen Foster, DDS, Wellness Ambassador, American Dental Association

William Hamel III, DDS, Member, American Dental Association

Cathy Hung-Orlando, DDS, Wellness Ambassador, Council on Dental Practice, American Dental Association

Quyen Lam, MD, FRCPC, Physician Health Advisor, CPSA

David Lesansky, DMD, Wellness Ambassador, American Dental Association

Anna Levine, CPS, Esq., Director, New Jersey Lawyers Assistance Program

Diane McKay, PsyD., Director of Behavioral Health, LECOM

Robert Miller, DDS, Chairman, Maryland State Dental Association, Dentist Well-Being Committee

Brett Montieth, MD, Psychiatry Resident, Avera Hospital System

Anne Morrison, Wellness Ambassador, American Dental Association

Carol Parks, MBA, MS, Clinical Director, Florida Lawyers Assistance, Inc.

David Sain, DDS, MS, Executive Director, Tennessee Dental Wellness Foundation

Amisha Singh, DDS, Faculty, Director of Diversity Inclusion Programming, American Dental Association

Julie Spaniel, DDS, Wellness Ambassador, Summerwood Family Dental

Brian Toorani, DDS, American Dental Association Wellness Ambassador, American Dental Association

### *Industry Partner Individual Members*

Krista Machart, RMS Client Success, Vault

*continued on page 8*

**Welcomes New Members**

*continued from page 7*

**International Members**

Erica Dance, MD, FRCPC, DABEM, Clinical and Program Co-Director, Physician and Family Support Program, Alberta Medical Association

Jane Loehr, MD, Assessment Physician, Physician and Family Support Program, Alberta Medical Association

Tom Rapanakis, Vice President, Physician Health Program of British Columbia ■



**[CLICK HERE FOR THE CONFERENCE AGENDA.](#)**

The FSPHP Annual Education Conference is designed for physicians of all specialties, physician assistants, psychologists, attorneys, program developers, physical therapists, case managers, nurses, licensed social workers, toxicologists, scientific researchers, and clinical coordinators involved in physician and professional health programs. The 2023 FSPHP Annual Education Conference has an expected attendance of over 300 participants.

**CONFERENCE OBJECTIVES**

- Identify the next generation of prevention and outreach strategies for healthcare professionals that increase confidentiality, reduce stigma, and remove barriers for help-seeking to increase the utilization of PHPs.
- Share and propose exemplary administrative, funding, legal, and case-management policies and approaches for professional health and well-being programs that will increase access to care, improve the participants' experiences seeking services and/or being monitored, and illustrate evidence-based outcomes.
- Implement research, public relations, and outcome-reporting methods to foster an increased understanding of the benefits of a healthcare professional seeking support from a PHP for their health and well-being.
- Describe and compare the unique characteristics of the evaluation and treatment of healthcare professionals in a safety-sensitive profession that will positively impact health and well-being outcomes and increase the opportunity for a safe return to the practice of medicine.

This activity has been approved for up to 20.5 hours of education credits for Physicians, Nurses, Pharmacists, Psychologists, Social Workers, and Dentists!

This activity has been preapproved for the following accreditations:

AMA PRA Category 1 Credits for Physicians

APA CE for Psychologists

ANCC CE for Nurses

ASWB ACE for Social Workers

ACPE CE for Pharmacists

ADA CERP CE for Dentists

Visit the FSPHP 2023 Annual Education Conference webpage for complete details and to register: 2023 Annual Conference (fsphp.org).



## THANK YOU TO OUR 2022/2023 DONORS

The following have donated between November 7, 2022 and April 4, 2023:

### Leader of Healing (\$10,000–\$24,999)

Federation of State Medical Boards Research and Education Foundation

### Partner in Health (\$5,000–\$9,999)

American Board of Medical Specialties

### Advocate (\$1,000–\$2,499)

Allstair James Reid Finlayson, MD, MMHC, DLFAPA, DFASAM—*In Honor of James Brady Poole, MD*

Art Stewart Hengerer, MD, FACS

Kelley M. Long

Montana Health

### Caregiver (\$500 –\$999)

Glenn Stuart Pransky, MD

Michael Wilkerson, MD

John R. Whipple, MD

### Friend (\$1–\$499)

Kathryn Andolsek, MD, MPH

William Carpenter, DO, FASAM

Alexander Chaikin, MD

Sarah Early, PsyD

Ruchi Fitzgerald, MD, FAAFP

Anish John, MD

Molly Rossignol, DO, FAAFP, FASAM

Rhode Island Medical Society Foundation—*In Honor of Herbert Rakatansky, MD, Chairperson, Physician Health Program*

Alexander von Hafften Jr., MD

Sherry Young, PhD

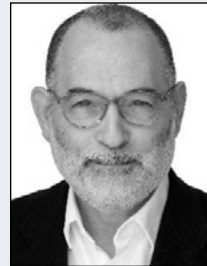
Tracy Zemansky, PhD

Penelope Ziegler, MD, DFASAM ■

## DONOR SPOTLIGHT

### AMERICAN BOARD OF MEDICAL SPECIALTIES

*Tom Granatir, Senior Vice President for Policy and External Relations*



Tom Granatir



Our relationship with the Federation of State Physician Health Programs (FSPHP) began after hearing Linda Bresnahan and Chris Bundy, MD, speak at a meeting of the Administrators in Medicine in 2017. Shortly thereafter, and partly as a result of that meeting, the American Board of Medical Specialties (ABMS) began the process of revising its professional licensure and misconduct policies, concluding with the approval of a new professionalism and misconduct policy in June 2022. Ms. Bresnahan and Dr. Bundy were instrumental in the development of the updated policy, which creates an exception—a safe harbor—for physicians suffering from potentially impairing illness when enrolled in a Physician Health Program.

Through my involvement with FSPHP, I became aware of the accreditation and peer review programs. These programs are essential to reassuring the ABMS member boards that ill physicians can practice safely and effectively with appropriate care and oversight. I see the PHPs as partners enabling us to support physician well-being while protecting public health and safety. As a result, ABMS chose to support FSPHP last year and we are happy to continue to do so through 2023. ■

## UPDATES FROM AROUND THE UNITED STATES

### COLORADO PHYSICIAN HEALTH PROGRAM ANNOUNCES NEW PROGRAM: DOC2DOC WELLBEING CONSULTING

**Sarah Early, PsyD, Executive Director, and Amanda Kimmel, MPA, Public Affairs Director, Colorado Physician Health Program**

The Colorado Physician Health Program (CPHP) is thrilled to promote a new program developed in collaboration with Colorado Medical Society (CMS): Doc2Doc Wellbeing Consulting (Doc2Doc). Our goal was to provide pre-clinical support to any Colorado physician in a confidential and timely manner. CPHP provides the management and execution of daily operations with CMS providing endorsement as well as marketing and advertising resources.



**Sarah Early, PsyD**



**Amanda Kimmel, MPA**

The Doc2Doc Program provides three free peer consultations via phone, video, or in person on matters that are pre-clinical in nature, specifically, problems such as burnout, workplace stress, or other situational issues. The caller is initially connected to a masters-level clinician who can assess if the caller is appropriate for the program. This clinician assesses life-threatening situations needing immediate assistance and/or the presence of more significant symptomatology or diagnoses. A more complex presentation, for instance, comorbidities or multiple stressors, may best be served by CPHP traditional evaluation and treatment-monitoring services. If the caller is appropriate for the Doc2Doc Program, confidentiality of the program is relayed, and the participant is connected to one of CPHP's medical directors. If additional resources, such as treatment, are needed during or after the consultation sessions, this is arranged.

We know many healthcare providers continue to struggle with burnout and workplace stress. This program targets this issue. The objective was to provide a resource to assist physicians who may not need lengthy or traditional treatment but can benefit from consultation support. In addition, we wanted to provide ready access to a physician health professional,

a true peer with the requisite expertise, who can provide a therapeutic ear and support. Physicians often do not feel they have the time to complete lengthy evaluations and paperwork, thus the consultation model was developed to streamline assistance. Lastly, physicians need and want support for pre-clinical issues but often do not know where to turn. CPHP is pleased to codevelop the Doc2Doc Program to fill this void in physician support.

The Doc2Doc program commenced Doctors Day, March 30, 2023, with both CPHP and CMS utilizing all communication channels available to reach physicians across Colorado. CPHP will assess the success of the program, tabulating utilization after six months. Based on this data, CPHP and CMS will jointly pursue funding sources. We look forward to relaying the results of the Doc2Doc Program to the FSPHP.

By having a readily available resource to assist physicians, we hope struggles with workplace issues or situational matters may be addressed more proactively, hopefully subverting the trajectory into a significant health problem or compromised patient care. Within the spectrum of available physician supports, we are excited to expand what CPHP can offer and ultimately impact more lives in medicine! ■

### THE HISTORY OF THE MARYLAND PHYSICIANS HEALTH PROGRAM: PART 1

**Michael Lufrio, MPHP Director of Operations**



**Michael Lufrio**



This year is the forty-fifth anniversary of the Maryland Physicians Health Program. As we look back, we also look forward and plan our next steps in meeting healthcare providers' needs. We would like to share a bit of our early history with all of you and invite you to get to know us better.

The Physician Rehabilitation Committee was formed in 1977 through the Medical and Chirurgical Faculty of Maryland (Med Chi). The Committee first met on October 10, 1977.

In 1978, the first full year of the Committee's existence, we assisted thirty-five physicians with an average age of fifty-three. These were primarily later-stage alcoholic, primary care practitioners who often had physical problems because of their drinking. Many required detoxification and inpatient rehabilitation. Several died of active illness, some retired, and a few left the state of Maryland. Still, most reached abstinence and a few entered true recovery.

Early on, physician teams assisted their troubled colleagues. In time, procedures and guidelines were established. The Committee gained support from Med Chi's Executive Committee, the county medical societies, and the auxiliary. From 1977 to 1985, the Physician Rehabilitation Committee made a difference in the lives of over two hundred physicians.

A part-time program director was hired in 1985 and became full-time in 1986. Funding was obtained from a \$10 assessment on the medical society membership fee and then from a yearly donation by the Medical Mutual Liability Insurance Society of Maryland. From the beginning, the services of the program were available to all licensed and non-licensed physicians and medical students in Maryland, as well as their family members, but funding was limited as was active outreach and meaningful preventive education.

In 1990, the Maryland State Legislature included, at the request of the Med Chi Executive Committee, an amendment to SB 138 (the Board of Physician Quality Assurance bill) assessing all licensed Maryland physicians a \$50.00 pass-through fee to support the Physician Rehabilitation Program. The bill, supported by the chairman of the board of physician quality assurance and the board's executive director, passed and was signed by Governor Donald Schaefer. This provided a significant infusion of funds, and these resources marked a new era in the activities of the Physician Rehabilitation Program with the Physician Rehabilitation Committee serving in an advisory role.

The late 1980s saw much discussion between the program and the Maryland Board of Physicians around having an illness not being prima facie evidence that the physician was incompetent or dangerous. By 1990, the board and the program both recognized that we came to the same place, helping physicians and protecting patients, though from different perspectives. Also, during this time, the program was an active participant in the founding and expansion of the Federation of State Physician Health Programs, serving on the inaugural and multiple additional terms of the Board of Governors.

Stay tuned for the rest of our story in the next newsletter. Please also consider donating to our [45th Anniversary Fundraiser](#). ■

## NEBRASKA MEDICAL ASSOCIATION BRINGS FORTH SAFE HAVEN LEGISLATION FOR PHYSICIAN WELLNESS PROGRAM

Lindsey Hanlon, MS, CPH, CPDC



Lindsey Hanlon, MS, CPH, CPDC

The Nebraska Medical Association recently brought forth legislation, LB286, to the Nebraska unicameral that would provide confidential protections for physician participation in a wellness program organized by the statewide medical association. This legislation was crafted using bill language similar to that used by other states that have recently passed safe haven bills, including South Dakota, Illinois, and Virginia.

The recent COVID-19 pandemic has exacerbated adverse behavioral health outcomes in the physician population. Physicians were experiencing career fatigue and symptoms of burnout prior to the onset of the pandemic but are now facing increased pressures due to a decreased workforce, increased job expectations, and societal stigma. The need has been amplified not only for wellness and social supports, but also for statutory regulation of confidentiality in seeking services for the individual. Physicians face stigma and professional obstacles to seeking appropriate solutions for behavioral and mental health concerns.

Safe Haven legislation would provide a level of protection with civil immunity for physicians seeking confidential and voluntary support for career fatigue and wellness through a designated wellness program. These physicians may otherwise avoid seeking help for fear of negative repercussions with licensing, credentialing, malpractice insurance carriers, and employers. This protection is specific to physician wellness programs; it is different from services that might be required when there is concern for impairment.

Wellness programs, such as LifeBridge Nebraska, vary in design and services offered but, overall, provide a nonclinical option for help with managing situations such as workplace conflicts, stress, relationships, communication, and career fatigue. An issue brief published by the American Medical Association states

*continued on page 12*

## Nebraska Medical Association Brings Forth Safe Haven Legislation for Physician Wellness Program

*continued from page 11*

that it is important to distinguish the difference between seeking assistance for wellness and seeking treatment for impairment. In states with Physician Health Programs (PHPs), physicians are treated and monitored for impairment. By participating in a PHP, an individual may avoid mandatory reporting to the regulatory board. This provides a level of confidential support. This is a critical component of a PHP as stigma continues to be an ongoing barrier that discourages physicians from seeking support.

However, Nebraska currently does not have a PHP and therefore needs a support system for physicians looking to address their mental health and wellness. The stigma is still an incredible barrier for physicians to address concerns of stress and burnout. The fear of being reported to the Board of Medicine and Surgery or to their employer is the most reported reason for not engaging in preventive support services such as professional coaching, peer support, or employee assistance programs. In a population that is already under an incredible amount of stress, it is imperative that they are ensured confidentiality when accessing wellness services so that issues do not progress to more severe situations causing regulatory intervention.

LB286 had its initial hearing in the Health and Human Services committee in February. Proponent testifiers included the NMA President and LifeBridge Nebraska Medical Director. The bill advanced to General File unanimously where it will be placed in the queue for debate. ■

## TN-PSQ: THREE-YEAR RESULTS SHOW TENNESSEE HEALTH PROFESSIONALS STILL STRUGGLING WITH PANDEMIC IMPACT

### Brenda G. Williams-Denbo

Tennessee health professionals are continuing to feel the strain of the pandemic and resulting health system impact, and their mental health is suffering. That is the story told in anonymous comments left by physicians and other healthcare providers who have accessed the Tennessee Professional Screening Questionnaire (TN-PSQ) over the past three years.



**Brenda G. Williams-Denbo**

The Tennessee Medical Foundation launched the TN-PSQ in February 2020 to address rising mental health referrals to its PHP. Since then, more than 650 health professionals have used the screening tool, with more than half scoring in the severe-/high-risk category; 83 percent were not already in treatment or therapy for their stated problem.

“Overall utilization and the high number of those not already getting help are big indicators to us that this tool is sorely needed, and that we are reaching our target population,” said TMF Executive Director Jennifer Rainwater.

“The large number reaching out for the first time is a solid indicator that stigma, shame, and fears of career implications or censure for a mental health condition are still huge barriers in the medical profession,” added TMF Medical Director Dr. Michael Baron.

### Results

From February 3, 2020, through February 6, 2023, 652 health professionals utilized the TN-PSQ screening tool:

- 132 (20%) were Tier 1A (high/severe distress including suicidal thoughts)
- 217 (33%) were Tier 1B (high/severe distress with no suicidal thoughts)
- 268 (42%) were Tier 2 (moderate distress)
- 33 (5%) were Tier 3 (low to no distress)
- 652 (100%) received initial response from site MHP
- 460 (70%) reviewed the counselor’s response
- Of reviewers, 144 (22%) dialogued with MHP a total of 243 times
- Of dialoguers, 93 (66%) requested an appointment or referral
- 83% were not already receiving treatment or therapy for their mental health problem

### \*Profession/Practice Type as of February 3, 2023:

- Faculty—224 (34.6%)
- Employed—219 (33.8%)
- Student—33 (5.1%)
- Resident/Fellow—37 (5.7%)
- Other—107 (16.5%)
- Prefer not to answer/No answer—28 (4.3%)

*\*As per responses to optional demographic questions*

Dr. Baron reiterated that fear is the reason for both the existence and high utilization of the TN-PSQ by health professionals—fear of discovery and disappointing self and others; fear of being perceived as weak and incapable; and fear of lost opportunities, punitive action, or other career implications. Cost and time are also barriers to seeking care for most health providers, especially early in their careers.

“We are the absolute worst about asking for help and following our own good health advice and are the hardest on each other when we do reach out. We have much work to do in this area,” he said, adding that previous efforts focused on fixing the “canary” rather than the “coal mine” are finally starting to change.

The TMF was the first Physician Health Program in the country to utilize the ISP; the Arkansas Medical Foundation, Ohio Physician Health Program, and Wyoming Professional Assistance Program have since signed on to adopt the platform, while others are reportedly exploring the idea.

For more information, visit [e-tmf.org/tnpsq](http://e-tmf.org/tnpsq) and [afsp.org/interactive-screening-program](http://afsp.org/interactive-screening-program). ■

## APRIL MALLORY JOINS THE TMF AS CASE MANAGER

### April Mallory, LCSW

The Tennessee Medical Foundation Physician’s Health Program (TMF PHP) welcomes April Mallory, LCSW, as a new case manager. Ms. Mallory is working with health professionals who do not have a licensing board referral.



April Mallory, LCSW

“Ms. Mallory brings a wealth of experience to the TMF; she has been providing direct social work services in Middle Tennessee for over twenty years and also has a decade of experience in social work education,” said TMF Executive Director Jennifer Rainwater, adding, “We are confident she will make a great addition to our team.”

Ms. Mallory comes to the TMF from the Vanderbilt Comprehensive Assessment Program (VCAP) where she has worked since 2011 and served as program manager for the past two years. A licensed clinical social worker with a background in behavioral health and social work education, her educational workshops and publications have focused on reducing the stigma of behavioral health issues.

She completed her MSW at University of Southern Indiana and returned to Nashville, Tennessee, working

in court services at Cumberland Heights Treatment Center, the day reporting center at Davidson County’s first drug court, and with inpatients on the dual diagnosis unit at Vanderbilt Psychiatric Hospital. Since 2011, Ms. Mallory has been teaching social work students at all levels, most recently at the University of Tennessee College of Social Work.

Away from work, she frequently attends live music events, constantly has a home construction project underway, and spends time with her retired racing greyhound. ■

## PARTICIPANTS AND PROGRAMS CONFIRM DNA-AUTHENTICATED REMOTE URINE DRUG TESTING (rUDT) HAS SIGNIFICANT VALUE OVER STANDARD COLLECTION SITE URINE DRUG TESTING

### Matthew McCarty, MD, Founder, Genotox Laboratories



Matthew McCarty, MD

In 2013, Robert DuPont, MD, past president of the Institute for Behavior and Health and the first director of the National Institute on Drug Abuse (NIDA), chaired the ASAM committee that produced a white paper that outlined the following statement:

“Today’s most urgent need is for broader use of drug testing, especially in clinical settings, and for smarter approaches to drug testing.” Dr. DuPont went a step further and stated, “Drug testing is the technology of addiction medicine.”

In September 2021, Oklahoma Health Professionals Program was the first Professional Health Monitoring (PHM) program to offer DNA-authenticated remote urine drug testing (rUDT) to their participants as a urine drug testing (UDT) option. In conjunction with programs, participants have provided their feedback throughout the past eighteen months. The results are summarized below:

- 100% reported an improvement in their drug testing experience.
  - No requirement to attend collection site was primary reason (100%)
  - More stable employment (80%)
  - Easier to test when traveling/working away from primary residence (60%)

### Participants And Programs Confirm DNA-Authenticated Remote Urine Drug Testing (rUDT) Has Significant Value Over Standard Collection Site Urine Drug Testing

*continued from page 13*

- 100% preferred the dignity of no human-observed urine collection.
- 89% took >30 minutes and 45% took >60 minutes to attend a collection site.
- 89% stated DNA-authenticated rUDT was 'easy' to collect.
- 78% aged 45–54 years of age.

Survey data presented at last year's FSPHP conference from the Washington PHP quantified the "indirect" costs associated with collection site UDT (time from work, travel to/from collection sites, and vehicle use) to be approximately \$61/test. This aligns with additional feedback collected from four Maryland PHP participants quantifying these 'indirect' costs for collection site testing at ~\$67.50/test. The following data is no surprise:

- 90% of participants, from a select test group at Ohio PHP, when given a choice, chose DNA-authenticated rUDT over collection site testing for every urine test even though the 'test cost' were nominally higher.

Many program administrators have stated that DNA-authenticated rUDT has added value by:

- Providing a flexible urine-testing option for those participants experiencing ongoing difficulties with collection sites, which has minimized participant complaints and improved their monitoring experience.
- Improving comprehensiveness and robustness of toxicology data through broader menu testing (Kratom, CBD, Ketamine) with longer detection windows
- Reducing false negatives and false positives through immediate LC/MS confirmatory testing
- Improving turnaround times to 72 business hours
- Giving programs that don't perform human-observed urine collection the ability to accurately identify synthetic or human substitute urine specimens
- Reducing incidence of diluted specimens because participants can submit the first urine void of the day from home

Ten years after ASAM published their white paper rallying for smarter and broader approaches to

drug testing, more than **twenty** professional health-monitoring programs are now offering DNA-authenticated rUDT as a testing option. The feedback suggests DNA-authenticated rUDT could be the smarter and innovative approach to drug testing to help professional health-monitoring programs provide the next generation of monitoring services to their participants. ■

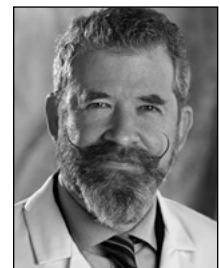
### PRIORITIZING PHYSICIAN WELLNESS: A MULTIFACETED APPROACH TO TACKLING HEALTHCARE PROVIDER BURNOUT

**Stephanie J. Cox, PhD, ABPP, Psychology Section Chief, Department of Behavioral Medicine and Psychiatry, West Virginia University Medicine; and James H. Berry, DO, Professor and Chair, Department of Behavioral Medicine and Psychiatry, Director of Addictions, West Virginia University Medicine**



**Stephanie J. Cox, PhD, ABPP**

Healthcare provider burnout has emerged as arguably one of the greatest crises in twenty-first-century American medicine. Despite progress in recent years, healthcare provider burnout continues to be a pervasive issue in the healthcare industry. Physicians are facing high levels of stress and demands due to the nature of their work, which can lead to burnout, impacting mental, physical, and emotional health. The impacts of burnout and toxic workplaces are numerous and cascading, resulting in severe consequences for healthcare providers and their families, as well as for organizational productivity and sustainability.



**James H. Berry, DO**

At the West Virginia University Rockefeller Neuroscience Institute in the Department of Behavioral Medicine and Psychiatry at WVU Medicine, we recognize that well-being in the workplace is no longer a "nice-to-have"—it is a must-have. The well-being of providers is essential and foundational for delivering quality care to patients. We understand that burnout is not just an individual problem, but also a systemic issue that needs to be addressed through a multifaceted approach. Our focus on workplace culture and well-being aims to create an environment where our providers feel supported, valued, and empowered to provide the best care possible.

To support physician wellness, we developed and implemented several initiatives as part of our Workplace Culture and Wellbeing Strategic Plan beginning in 2021. Our key objectives include the following:

1. Promoting professional development opportunities (by offering quality training, education, and mentoring)
2. Fostering a culture of health and wellness (by promoting workplace satisfaction variables, operationalizing wellness feedback, and using data-based metrics to identify areas to target)
3. Identifying factors that sustain our workforce and promote recruitment (by fostering a culture of diversity, equity, inclusion, and belonging)

To implement our strategic plan, we have created four wellness teams dedicated to reaching these goals; together, we have achieved powerful and meaningful successes thus far. To date, we have been successful with the implementation of several innovative events to facilitate connection and community, advancement of mentorship opportunities, development of processes for stay/exit interviews, and leadership of system-level initiatives that have the potential to impact the wellness of providers across the entire WVU Medicine system.

Finally, we recently launched an institution-level Physician Wellness Committee to identify the most pressing concerns among physicians and advocate for positive change. The top areas of concern identified thus far include intensive time demands with direct patient messaging, the need for improvement in onboarding new physicians and mentorship opportunities, and the lack of accessible paid time off.

Our Wellness and Culture Strategic Plan is driven by the ongoing commitment to elevate the voices of our providers, build workplaces that are engines of well-being, and pioneer wellness initiatives that will lead the way for healthcare systems across the nation. By prioritizing physician wellness and creating a supportive workplace culture, we can create a more sustainable healthcare system that cares for both patients and providers alike.

Stephanie Cox, PhD, ABPP  
Associate Professor  
Psychology Section Chief  
Mission Lead, Behavioral Medicine Strategic Plan  
Workplace Culture and Wellness ■

## WHAT'S NEW ON FSPHP.ORG

Fully loaded [Calendar page](#) that now lists all FSPHP events including Committee Meetings.

Updated National [Organization Events](#) page with more events added every week.

New [2023 Donors](#) page listing the most recent donors—Thank you!

Updated [New Members](#) page—Welcome to FSPHP!

Updated [New Members Guidebook](#) with the latest information all members need—It's not just for members!

## SHARE YOUR STATE PHP EVENTS WITH FSPHP

If you are a member PHP and would like to have your event listed on the FSPHP State PHP Events page, please email your complete event details to Sandra Savage at [ssavage@fsphp.org](mailto:ssavage@fsphp.org). Be sure to include event name, date, location, description, contact information, and a link for more information and to register online.

## ARE YOU HIRING OR LOOKING FOR A NEW OPPORTUNITY!

Visit the FSPHP Jobs Center page to see the latest available job postings from FSPHP members. If you are a member of the FSPHP and would like to post an open position on the FSPHP Jobs Web page, email Sandra Savage at [ssavage@fsphp.org](mailto:ssavage@fsphp.org) with a complete job description, including the title of the position, the name of your PHP, and contact information.

**Now  
Hiring!**

### THE VALUE OF MEMBERSHIP!

FSPHP members have access to exclusive networking, resources, collaboration opportunities, and educational opportunities at the leading edge of physician health. In addition, the FSPHP provides education and exchange of ideas for physician health through its member email groups. Membership provides access to the members-only section of the FSPHP website. Members also have access to FSPHP policies and guidelines, leadership opportunities, new employment opportunities, and up-to-date information on the latest issues affecting physician and professional health at the state and national levels. FSPHP new members receive a discount on our annual conference and complimentary participation in FSPHP Regional Member Meetings. Visit <https://www.fsphp.org/membership> for more information on the benefits of membership.

***Spread the Word and Share in the Benefits of the Strongest Membership to Date!***

Our membership and our network are growing. FSPHP membership has never been larger, with over 320 active FSPHP members:

- 47 State Voting
- 167 Associates
- 10 International
- 56 Individuals
- 19 Industry Partner Individuals
- 7 Organizational
- 4 Honorary

New members benefit from the deep experience of our current member PHPs and, in turn, new members bring exciting ideas to our members. Our dedicated current members are a vital part of the passion and effectiveness of our overall mission: "To support Physician Health Programs in improving the health of medical professionals, thereby contributing to quality patient care," and our vision: "A society of highly effective PHPs advancing the health of the medical community and the patients they serve."

## Physician Health News Marketplace

Special thanks to all of the participating organizations!



**SPECTRUM IMPROVES RECOVERY OUTCOMES, PERIOD**

---

**BARRY H. LUBIN, MD, MRO, FASAM**  
 404.558.5090  
 blubin@affinityesolutions.com

POWERED BY  AFFINITY



**Professionals Program by APN**

Dedicated mental health and recovery programming with industry experts



- In-person at APN Lodge in Colorado
- Online with virtual sessions





A better life for the rest of your life.™

## Discreet Residential Treatment for Professional Men with Substance Use Disorders

- ✓ Utilized and Endorsed by Several Professional Monitoring Services and State Boards
- ✓ 3 to 5 day Comprehensive Professional Evaluations
- ✓ Professional Milieu
- ✓ Dr. Gazda, MD, FAPA, Medical Director
- ✓ Frank Saverino, LPC, LISAC, Clinical Director
- ✓ 3 to 5 One on One Therapy Sessions per Week per Client
- ✓ Comprehensive Approach; all Medical, Clinical, Holistic, and Spiritual Therapeutic Modalities On-Site



**SobermansEstate.com • 480-595-2222 • info@SobermansEstate.com**



GEISINGER MARWORTH  
TREATMENT CENTER

# Addiction treatment designed just for you.

## Geisinger

We're part of a healthcare system. So we understand that many healthcare professionals work under stress that can lead to addiction. Our special program addresses your unique needs and circumstances and includes:

- Group therapy with other healthcare professionals
- Weekly Caduceus recovery meetings
- Medication-assisted treatment
- Support during withdrawal or detox

As a healthcare professional, you've been there for everyone else.

Let us be there for you.

[marworth.org](http://marworth.org)



**Personalized Treatment for Physicians and Healthcare Professionals**

Located steps from Northwestern Memorial Hospital in Chicago, Positive Sobriety Institute (PSI) offers comprehensive assessment and treatment for substance use and mental health disorders in a safe, private, and supportive environment.

312.312.9000 • positivesobrietyinstitute.com

**Expertise in Addiction Medicine and Psychiatry**  
*Specializing in the treatment of impaired physicians and other professionals*

**UFHealth**  
 FLORIDA RECOVERY CENTER

855.265.4372 | FRC.UFHealth.org



**meetingmaker**

**For the next generation of physician health - ditch the paper!**

- ✔ Verify meeting attendance privately and securely
- ✔ Manage entire caseloads from a single report
- ✔ Verifies in-person and virtual meetings
- ✔ Participants maintain their privacy and dignity in recovery - removes the stigma

*"If MeetingMaker were available when I first began my recovery - it would have allowed me to remain anonymous among the anonymous. It is invaluable."*  
 - HPRP Graduate in Michigan



Name	Meeting Type	Method	Total/Participants	Attendance	Arrival/Late	Left
Jan 20th	Recovery		8	5.5	0	2
Jan 21st	Recovery		8	5.5	0	2
Jan 22nd	Community Service		2	2	0	0
Jan 23rd	Recovery		2	2	0	0
Jan 24th	Recovery		8	5.5	0	2
Jan 25th	Recovery		8	5.5	0	2

Date	Name	Meeting Type	Meeting Name	Address	Start	End	Arrival	Late	Total Time	Missed	Completed
1/20/22	John Doe	Recovery	700 Westwater Blvd, Tallahassee, FL	7:30 AM	8:30 AM	7:30 AM	0	1:00	1:00	0	1
1/21/22	John Doe	Recovery	700 Westwater Blvd, Tallahassee, FL	7:30 AM	8:30 AM	7:30 AM	0	1:00	1:00	0	1
1/22/22	John Doe	Community Service	700 Westwater Blvd, Tallahassee, FL	9:00 AM	10:00 AM	9:00 AM	0	1:00	1:00	0	1
1/23/22	John Doe	Recovery	700 Westwater Blvd, Tallahassee, FL	7:30 AM	8:30 AM	7:30 AM	0	1:00	1:00	0	1
1/24/22	John Doe	Recovery	700 Westwater Blvd, Tallahassee, FL	7:30 AM	8:30 AM	7:30 AM	0	1:00	1:00	0	1
1/25/22	John Doe	Recovery	700 Westwater Blvd, Tallahassee, FL	7:30 AM	8:30 AM	7:30 AM	0	1:00	1:00	0	1

<https://meetingmaker.io>

reimagine **accountability**

**ADVERTISING SERVICES!**

We offer ad design and proofreading services for our Spring newsletter.

## PHYSICIAN HEALTH NEWS

The FSPHP produces a newsletter twice a year in Spring/Summer and again in Fall/Winter that is sent to all state programs, medical societies, licensing boards, national organizations invested in the health of the profession (such as American Foundation of Suicide Prevention, the American Medical Association, the Accreditation Council for Graduate Medical Education, the Federation of State Medical Boards, the American Board of Medical Specialty, the American Psychiatric Association, the American Osteopathic Association, Ontario Medical Association, the American College of Physicians, and the American Medical Women's Association), and other stakeholders as well.

## CALL FOR CONTENT/ NEWSLETTER SUBMISSIONS

The FSPHP wants to hear from you and invites members to submit content for inclusion in *Physician Health News*.

This newsletter is intended to help members stay abreast of local, state, and national activities in the area of physician health. Please consider a submission to help keep all states informed of your program's activity and progress in the field of physician health.

Please send submissions via the Newsletter Submission Form at <https://fsphp.memberclicks.net/newsletter-article-submission-form>, or email Sandra Savage at [ssavage@fsphp.org](mailto:ssavage@fsphp.org).

Items that you may want to consider include the following:

- Important updates regarding your state program
- A description of initiatives or projects that have been successful, such as monitoring program changes, support group offerings, outreach and/or education programs, and so forth
- Notices regarding upcoming program changes, staff changes
- References to new articles in the field
- New research findings
- Letters and opinion pieces
- Physician health conference postings and job postings

Please limit articles to 500 words or fewer and other submissions to 200 words or fewer.

**Deadline for the Fall/Winter issue: August 31, 2023**  
**Deadline for the Spring/Summer issue:**  
**January 30, 2024**

## WE NEED YOUR INVOLVEMENT AND INPUT!

There are various ways to get involved in the FSPHP!

- Join us as a Member: <https://fsphp.memberclicks.net/membership>
- Join a Committee: <https://fsphp.memberclicks.net/committees>
- New Activity or Project: The FSPHP Board of Directors is very interested in your ideas and suggestions, and we welcome agenda items you would like to bring before the board. But it is important to be organized in our approach to make sure ideas are fully explored and vetted. The board established a policy that members are required to submit written requests for consideration to the FSPHP Executive Director and Board of Directors. This can also be done through the work of an FSPHP Committee. This process is outlined here for our members: [FSPHP New Activity or Project Worksheet](#).

### Ways to support the mission of the FSPHP:

- Join Our Mailing List  
<https://fsphp.memberclicks.net/distributionlist>
- Regional Member Meeting Sponsorship—Email:  
[ssavage@fsphp.org](mailto:ssavage@fsphp.org)
- FSPHP Newsletter Advertisements:  
<https://fsphp.memberclicks.net/newsletter-advertisement>
- FSPHP Industry Partner Membership:  
[www.fsphp.org/classes-of-membership](http://www.fsphp.org/classes-of-membership) ■

## PHP PARTICIPANT STORIES

Your PHP Participant Story can help others, and we would love to hear from you. Please consider taking a few moments to write about how your PHP helped you in your recovery journey. All stories are anonymous and could help make a difference in the lives of others.

[Click here](#) if you would like to share your PHP Participant Story.

## HELPFUL FSPHP RESOURCES

- FSPHP Constitution and Bylaws
- E-list Guidelines and Instructions
- New Member Guidebook
- Committee Resources
- Committee Portal Toolkit

**We hope you enjoyed the 2023 Spring/  
Summer Issue of the *Physician Health News*.**

# *Special Thanks to the FSPHP 2023 Annual Education Conference Exhibitors*

## *Diamond*

All Points North

## *Emerald*

Affinity eHealth  
Positive Sobriety Institute  
UF Health Florida Recovery Center

## *Platinum*

BoardPrep Recovery Center  
Bradford Health Services  
Center for Dependency, Addiction,  
and Rehabilitation  
Lakeview Health  
Vault

**NON-PROFIT/NON-TREATMENT  
PROVIDER CHARITY SPONSOR**  
International Doctors in Alcoholics  
Anonymous (IDAA)  
Lifeguard

## *Gold*

Acumen Assessments/Acumen  
Institute  
MeetingMaker, LLC  
Mountainside Treatment Center  
OpAns  
Pavillon  
Sante Center for Healing  
Talbot Recovery  
The Farley Center

## *Silver*

Coalition for Physician Well-Being  
Fellowship Hall  
Geisinger Marworth Treatment  
Center  
Genotox Laboratories  
Hazelden Betty Ford Foundation  
MARR Addiction Treatment Centers  
Palmetto Addiction Recovery Center  
Pine Grove Behavioral Health &  
Addiction Services  
Providence Treatment  
RecoveryTrek, LLC  
Soberlink  
The Menninger Clinic  
UC San Diego PACE Program  
USDTL  
Vanderbilt University Medical Center