

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 27th 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.

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DFASAM	

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 www.fshp.org/join-now to join today.

We sincerely hope you respond as an indication of your commitment to a stronger, more cohesive FSPHP. For more information on each of the membership categories, including new categories for organizational and individual members, please see our website or contact Sandra Savage.

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PRESIDENT'S MESSAGE

Paul H. Earley, MD, DFASAM

It is characteristic in this slot of our spring newsletter for the FSPHP President to reflect on their tenure, holding a spotlight on the progress made during the past two years. I will spare you, reader, the dalliance of a nostalgic trip down a very short lane. Instead, I would like to look into the future, projecting a rough time line of where we will be in the next five years. To do that, I will have to review elements of the pivotal progress we have made, however, so



Paul H. Earley, MD,
DFASAM

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President's Message

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I confess you will have to endure a modicum of my nostalgic bent.

In five years, the FSPHP will have firm committees and a strong board, working efficiently through rules of order, each member respecting the right of all to be heard, but prevented from slowing progress that, at times in our history, came from free-form discussion. The constitution and bylaws will be firm and fair, thanks to the efforts of many to craft meaningful expansion of our membership, scope of care, and compassion for those who suffer.

All PHPs will have adopted best practices, evolving out of an iterative process consisting of standards, organizational review of those standards, and expanding research. The three legs of this stool—standards, performance review, and research—will ensure and confirm that PHPs have built the gold standard for chronic disease management of safety-sensitive workers. Many who work outside our niche will have adopted and modified the elements of this amazing model. The addiction treatment world, for example, will recognize that a substantive dose of initial care, followed by a monitoring system that uses elements of contingency management, peer support, and therapy (provided by caregivers who work with but not for a PHP) ensures remarkable outcomes for this complex chronic condition. PHPs will develop more nuanced approaches to lapses in remission and its antecedents, by using big data and artificial intelligence, thus improving our impressive track record even more.

Medical boards and the Federation of State Medical Boards (FSMB) already value what we do. As we continue our self-examination and self-improvement, medical boards across the United States will develop a more consistent view and understanding of what we do, because we are pushing hard for excellence in every state and province. In the coming years, we will be comfortable with constant reexamination of our protocols, procedures, and outcomes, ensuring we remain on track. Publishing these results in peer-reviewed journals will be a routine part of examining and establishing our success. Even today, no other branch of behavioral medicine has five-year outcome data. We acknowledge that limitations exist in the design of these studies, but who else has characterized remission over a time frame anywhere close to five years?

Finally, the FSPHP will work closely with others who care for safety-sensitive workers. Our protocols and research will lead to changes in cohorts far afield,

for example, the criminal justice system. Some of our relatives who work with safety-sensitive workers may become part of our organization; some may choose to remain distinct yet walk alongside us as we continue to redefine the gold standard in chronic disease management for those who suffer from chronic biobehavioral illnesses.

Are these extravagant, pie-in-the-sky predictions? We think not. They **will** materialize if we work for them.

I thank you for allowing me to pilot this ship for what turned out to be a very short two years. ■

MESSAGE FROM THE FSPHP EXECUTIVE DIRECTOR

Linda R. Bresnahan, MS,
FSPHP Executive Director



Linda R. Bresnahan, MS

As we head into the FSPHP 30th anniversary year since we were incorporated in 1990, I would like to dedicate this message to providing our members and stakeholders with highlights of a few recent milestones since our last issue, including highlights of the FSPHP current business and future goals within the framework of our strategic plans. I also would like to pay tribute to past FSPHP leaders so as to honor their contributions. The strength and development of the FSPHP is a credit to our past leaders and members who volunteer their expertise and time to moving FSPHP forward in all our efforts.

FSPHP Milestones to Celebrate

- Established the FSPHP Accreditation Review Council to oversee the Performance Enhancement and Effective Review™ (PEER™) and the FSPHP-Evaluation and Treatment Accreditation (FSPHP-ETA) development with stakeholder and subject matter experts to develop these programs
- Unanimously approved the publication of the 2019 *FSPHP Physician Health Program Guidelines* — www.fsphp.org/guidelines — developed by the FSPHP Accountability, Consistency, and Excellence Committee
- Strengthened national collaborative work and support with the following:
 - American Medical Association
 - Federation of State Medical Boards
 - Accreditation Council for Graduate Medical Education

- American Osteopathic Association
- American Board of Medical Specialty
- American Psychiatric Association
- American College of Physicians
- American Society of Addiction Medicine
- Medical Professional Liability Association
- AMA Resolution 321 passes June 2019
FSPHP AMA OBSERVERS: Scott Hambleton, MD, and Luis Sanchez, MD
Physician Health Program Accountability, Consistency, and Excellence in provision of service to the medical profession
Our AMA will continue to work with and support FSPHP efforts already under way to design and implement the Physician Health Program review process, Performance Enhancement and Effectiveness Review™ (PEER™), to improve accountability, consistency, and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project. Our AMA will continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options.
- Expanding our reach through education reorganized and routinely updated FSPHP resource pages: www.fsphp.org/resources

The **Resources** pages include the following:

1. **Featured Articles and Podcasts about PHPS**
Articles and podcasts about Physician Health Programs (PHPs) or Health Professional Programs
2. **Research about PHPs and Health Professionals**
Peer review published research studies about PHPs and health professionals' health include links to abstracts
3. **Resources on Health Professional Well-Being**
Articles and content regarding health and well-being for health professionals
4. **Guidelines, Policies, and Position Statements**
FSPHP and other national organizations' guidelines, policies, and position statements designed to support FSPHP's member physician health programs in improving the health of medical professionals, thereby contributing to quality patient care
5. **Newsletters**
 - I. All past issues of *Physician Health News*
 - II. Newsletter submission guidelines
 - III. Newsletter advertising

- **Physicians and Other Healthcare Professionals with Addiction**

The American Society of Addiction Medicine Physician Health Policy Statement, released February 2020, Physicians and Other Health Professionals with Addiction, February 6, 2020.

- **Healthcare Professionals' Mental Health Needs: Where Can They Go?**

By Kay Miller Temple, MD

Article in *The Rural Monitor*. This is the second in a two-part series on rural physician and provider behavioral health, January 29, 2020.

- FSPHP was offered, reviewed, and provided endorsement of ASAM's *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use* and on their *Clinical Practice Guideline for Alcohol Withdrawal Management*.
- Medication-Assisted Treatment (MAT) for Treatment of Opioid Addiction among Healthcare Professionals—FSPHP continues to review and discuss MAT in health professionals.
 - The FSPHP Board and the Board's MAT Advisory Panel are actively working on measures to support our members in addressing this complex issue.
- Launched a new fundraising campaign, Partnering to Advance PHPs, raising \$28,000 from generous donors and 100% Board Member giving for three years in a row, www.fsphp.org/donate.
- **STRONGEST** Membership to date (241 Members: 47 State Members, 145 Associate Members, 22 International, 20 Individual, 4 Honorary, and 3 Organization)
 - Two states have two PHPS (Missouri and Arizona)
 - Four Non-State Members (S. Dakota, California, Nebraska, Wisconsin) and two states membership pending (Maine, Utah)

FSPHP Strategic Areas

Accountability, Consistency, Excellence

- Through the FSPHP Board of Directors and Accreditation Review Council, develop and implement a Performance Enhancement and Effectiveness Review™ and FSPHP Evaluation and Treatment Accreditation™.
- Educate all PHPs and others regarding the "PHP Model" via 2019 *FSPHP Physician Health Program Guidelines*.

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Message from the FSPHP Executive Director

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The FSPHP ACE Workgroup is focused on overseeing the development of the FSPHP PEER™ and FSPHP-ETA™ with a robust business plan. In addition, the Accountability, Consistency, and Excellence Committee launched the 2019 *FSPHP Guidelines* and will begin conversations to collect information on future revisions as needed. The board passed a recent motion to ask the many PHPs who have requested to be part of the pilot of PEER™ to provide commentary to members on their interest in being involved in this process.

Education, Visibility, Research

- Disseminate timely and accurate information to the field that demonstrates the value and effectiveness of the PHP model.
- Develop strategic communications, stakeholder partnerships/alignment, media and PR, and research.

The FSPHP Research Committee, Public Policy Committee, and Publication Committee are engaged in many objectives within this area. The Research Committee is meeting on a reoccurring schedule to design a survey to our member PHPs intended to gain updated information on the structure of PHPs and the services provided by each PHP. They also serve to review any proposed projects presented to them. The publication committee is laser focused on reoccurring issues of the newsletter and website content, including the launch of our new LinkedIn page (please follow us!). FSPHP now has more content on its member portal and includes a media toolkit, MAT reference hub, and a library of PHP slide presentations that we would like to expand! Several other education ideas are being explored, including offering more webinars for FSPHP members.

Membership

- Develop organizational growth, membership service and value, and experienced and skilled leadership succession.
- Add diversity and inclusion to the organization while maintaining the existing vision and mission for physicians and professionals.

Your FSPHP leadership, membership committee, bylaw committee, and other committees are actively working on these goals, which include hosting at least annual committee chair meetings, development of board member roles, recruitment of new members,

mentoring of new members, support to FSPHP regional meetings exclusive to members, and the development of membership tools, education, and resources such as webinars and more member information sessions. A large effort has been placed to expand membership eligibility. In addition, the FSPHP Public Policy Committee is working on the development of procedures for the Board of Directors to guide the development and renewal of all FSPHP policy documents.

Financial Stability

- Develop resources to support sustainable growth and budget neutrality and deliver on mission, vision, and strategic goals.

The FSPHP leadership, Finance Committee, and Fund Development have worked tirelessly on fundraising activities for FSPHP, including the launch of our fundraising campaign, Partnering to Advance PHPs. The Membership Committee and Finance Committee have partnered to examine membership dues and supported necessary increases to sustain FSPHP. Additional efforts are under way to forge relationships with professional liability professionals to seek funding support toward the FSPHP.

Honoring our History

The FSPHP history can be reviewed here: www.fsphp.org/history.

As most of us know, the FSPHP evolved from initiatives taken by the American Medical Association (AMA) and the Federation of State Medical Boards (FSMB). The relevance and importance of the original goal stands strong today, and that is the following: **to offer a therapeutic alternative to discipline, recognizing alcoholism, other drug addictions, and mental health as illnesses** through the model PHP and the related parameters of state regulation and legislation.

Five years ago, we celebrated our 25th anniversary and the many milestones accomplished along this road in our newsletter's 2015 issue. Dr. Gundersen's reflections are worth us all revisiting here: www.fsphp.org/assets/docs/fsphpnewslettermarch2015.pdf.

Since that time, we have seen a rise in national support and policy to revive, reenergize, and improve best practices for the PHP model as a therapeutic alternative to discipline.

In 2020, ASAM updated its national policy (www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2020/02/07/

physicians-and-other-healthcare-professionals-with-addiction). The American College of Physicians paper supports the model and a powerful landmark paper from the Federation of State Medical Boards. The FSMB report and recommendations of the Workgroup on Physician Wellness and burnout provide lengthy recommendations for physician wellness, requesting states lessen barriers for those seeking support for their health needs. It includes a call to all state medical professionals to consider whether it is necessary for state medical boards' licensing processes to include probing questions about a physician applicant's mental

health, addiction, or substance use on applications for medical licensure or their renewal, and whether the information these questions are designed to elicit, ostensibly in the interests of patient safety, may be better obtained through means less likely to discourage treatment-seeking among physician applicants.

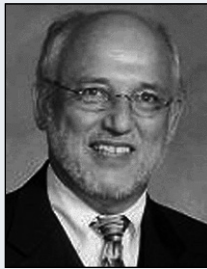
As we reflect on this milestone in the field, let us also celebrate our past and present FSPHP leaders.

What you all do makes such a difference in the health and well-being of the profession.

HONORING OUR LEADERS PRESIDENTS OF THE FSPHP



1988–1991
Violet Eggert, MD
(In Memoriam)



1991–1993
Richard Irons, MD
(In Memoriam)



1993–1995
David Dodd, MD
(In Memoriam)



1995–1997
Gerald L. Summer, MD
(In Memoriam)



1997–1999
John Fromson, MD



1999–2001
Lynn Hankes, MD,
FASAM



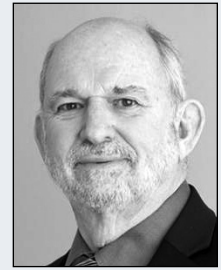
2001–2003
Martin C. Doot, MD
(In Memoriam)



2003–2005
Michael H. Gendel, MD



2005–2005
Susan V. McCall, MD



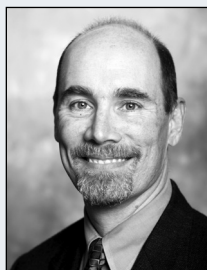
2005–2010
Luis T. Sanchez, MD



2010–2010
Gary Carr, MD
President-elect



2010–2012
Peter Mansky, MD
(In Memoriam)



2012–2016
Warren Pendergast, MD



2014–2016
Doris Gundersen, MD



2016–2018
P. Bradley Hall, MD

Message from the FSPHP Executive Director*continued from page 5***HONORING OUR LEADERS (continued)****PRESIDENTS OF THE FSPHP**

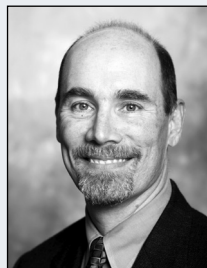
2018–2020
Paul H. Earley, MD



2020–2022
Chris Bundy, MD

AMERICAN MEDICAL ASSOCIATION FSPHP OBSERVERS

2006–2013
2018–present
Luis T. Sanchez, MD



2013–2018
Warren Pendergast, MD



2018–Present
Scott Hambleton, MD

FSPHP'S PERFORMANCE ENHANCEMENT AND EFFECTIVENESS REVIEW™ (PEER™) PROGRAM AND THE FSPHP-EVALUATION AND TREATMENT ACCREDITATION™ PROGRAM

This is a brief interim report describing the status of the development of the Performance Enhancement and Effectiveness Review™ (PEER™) program and the FSPHP-Evaluation and Treatment Accreditation™.

FSPHP's Performance Enhancement and Effectiveness Review™ (PEER™) program will create and manage an on-site review process of PHPs across the United States and Canada. The review will capitalize on best practices in physician health and identify areas that will benefit from improvements. The FSPHP's Evaluation and Accreditation™ is aimed at treatment providers and centers that care for healthcare professionals, again ensuring that our physicians who become ill are given the best treatment using evidence-based care designed for those in a safety-sensitive occupation.

As the priority in late 2018, and into 2019, the FSPHP formed an alliance of national organizations to ensure the success of this important project. Our first enthusiastic financial support came from the Federation of State Medical Boards (FSMB) Foundation. Following the FSMB, the American Medical Association (AMA), the American Psychiatric Association (APA), the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) provided additional support.

FSPHP has plans to continue this outreach to add more national support, including that from medical professional liability organizations. At an AMA meeting in June 2019, a resolution passed that will offer FSPHP support from the AMA for more outreach to expand our national support. Our goal is to continue to raise funding to support the development and the implementation costs and in the future to fund education on lessons learned.

With the initial funding support in place from FSMB and these other organizations, the FSPHP was able to proceed with resources to support the early stages of development. FSPHP retained a consultant, Metacred, to assist with the development and review process in May 2018.

The initial phases of development in 2018 included the design of a governance structure. The FSPHP Board of Directors created an oversight committee (the Accreditation and Review Council [ARC]) and two technical committees (the Evaluation and Treatment Accreditation™ [FSPHP-ETA™] Committee [ETAC] and the Performance Enhancement and Effectiveness Review [PEER™] Committee [PEERC]).

The **purpose of the ARC** is to review the work product of the two technical committees (the ETAC and the PEERC) and provide final recommendations on both committees' work product to the FSPHP Board.

The ARC, PEERC, and ETAC each consist of a **highly diverse group of stakeholders**. The ARC includes FSPHP members and distinguished representatives of the FSMB, AMA, ABMS, APA, AOA, ACP, ACGME, MPLA, and AOA. The ETAC includes FSPHP members and providers. The ETAC organizes ad hoc focus groups to empower the full array of providers (assessment facilities, treatment centers, etc.) to engage and participate in the FSPHP-ETA™ program development process. The entire structure and process are focused on inclusiveness of subject matter experts, objective opinions in the field, and consensus building.

Simultaneously to this process, the FSPHP Accountability, Consistency, and Excellence Committee (ACE) revised, and FSPHP has since published, our 2019 *FSPHP Physician Health Program Guidelines* in May 2019. In addition, the FSPHP had available Performance Enhancement Review Guidelines for PHPs, which were used as a reference to draft the framework for the Physician Health Program Review process (www.fsphp.org/fsphp-performance-enhancement-review-2016).

Next Steps for PEER™ and FSPHP-Evaluation and Treatment Accreditation™

- Continue outreach and education for further financial support for development phases through outreach to national organizations and medical professional liability organizations.
- Complete refinement of the finalized Physician Health Program Review™ (PEER™) and FSPHP-Evaluation and Treatment Accreditation criteria, refine the PEER™ and FSPHP-ETA™ strategic plans

and budget, marketing and education strategy, and business plan—estimated to occur through June 2020.

- FSPHP ARC and Board of Directors will adopt the finalized criterion, program budgets, marketing and education strategy, and business plans—estimated to occur by fall 2020.
- Adopt policies and procedures for the PEER™ and PA Programs—fall 2020.
- Pilot (beta test) the PEER™ and PA Programs—September 2020 through December 2020.
- Refine and finalize PEER™ and PA Program eligibility and renewal requirements; review criteria, assessment methods, procedures, and rubrics; and policies and procedures—ongoing June 2020 through Spring 2021.
- Launch the finalized PEER™ and PA Programs in 2021.

The FSPHP thanks the national sponsors of this program and the enormous efforts of the volunteer committees who are heavily involved in development while generously dedicating their time and expertise. The FSMB Foundation, AMA, ACP, APA, ABMS, and ACGME are to be recognized for supporting Physician Health Programs' mission to improve the health of physicians and healthcare providers. We are proud to partner with these organizations as leaders in the next evolution of the Physician Health Program movement. By improving PHPs, this program will improve the PHP participant's ability to deliver quality care to patients, improve patient safety, and return more physicians back to medicine, thereby positively impacting the supply of physicians. ■

THE CHANGING LANDSCAPE OF PHYSICIAN HEALTH PROGRAMS

P. Bradley Hall, MD
Executive Medical Director,
WVMPHP Immediate Past-
President, FSPHP



P. Bradley Hall, MD

The need for education and visibility about the role of PHPs is now more important than ever before. The barriers to PHP assistance and guidance for those in need are increasing.

As I participate in and reflect on our Performance Enhancement and Effectiveness Review Program™

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The Changing Landscape of Physician Health Programs

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(PEER™) development process, as co-chair of the Accreditation Review Council (ARC), I have gained tremendous insight from the value of a consensus-building process of subject-matter experts with multiple perspectives and decades of experience across a diversity of disciplines. It has been enlightening and educational. I've gained this perspective:

“The only thing constant is everything changes, including PHPs.”

We deliberately pause and consider where we are and where we are going. If we step back far enough, we can recognize change is coming into effect. These changes are sometimes challenging us, sometimes dazzling us, but always sending us into new, unforeseen directions. Change is a continual process and is always happening. Change is a continuous river of new information, evidence, and experience and is always flowing. We just never know what form it will take until it shows up. If we are open to change, change can arrive out of nowhere and send us in a new and wonderful direction. This year will bring us change we couldn't have expected, so let's embrace it and revel in it, instead of living in a lifejacket to save us from the tides of change. This is a new year and new beginning, and things will change.

The PHP model itself and issues we face are changing. We need to continue to educate ourselves and others about the work we do. Just like with the addiction epidemic our nation is facing today, we can use education to the benefit of all. Education for those affected, and even those who aren't, is an unparalleled weapon to embrace change and erase stigma that results from inadequate understanding.

The PHP model is best served by publishing facts and promoting education about how and why the PHP model works the way it does in service to ill professionals working in a safety-sensitive occupation. The simple most widely accepted truth is that there are too many barriers for physicians in need of assistance to access care. I laud organized medicine for raising the issue of stigma and barriers facing our colleagues today. Our focus needs to be on increasing the education and messages about the work of PHPs.

One area of confusion that can benefit from improved clarity is the topic of “abstinence.” I encourage all PHPs to create some consistent definitions and education around “the abstinence-based model.” In the West Virginia PHP, abstinence means free from ingestion of substances not specifically prescribed for the individual.

Abstinence does not mean complete abstinence from all mind- and/or mood-altering substances, no matter what. As experts in this cohort of workers in safety-sensitive occupations utilizing a thoughtful and cautious approach, the PHP model makes available a multitude of treatment options with unparalleled success. Treatment options include, but are not limited to, prescribed medication(s) to prevent relapse (MAT) or for identified co-occurring disorders, individual and group psychotherapy, mutual support groups, education about the disease and relapse prevention, and so forth. The initial phase of treatment often occurs with an intense multimodal, multidisciplinary team of experts experienced in working with professionals employed in a safety-sensitive occupation regulated and overseen by other outside entities. As part of this initial experience, many of the comorbidities get discovered and effectively addressed. This intense initial treatment experience coupled with the PHP model of contingency management has demonstrated unprecedented outcomes. The evidence of PHPs producing high rates of sustained recovery in this cohort of workers in safety-sensitive occupations is well established.

We know the PHP model works well for confidential chronic disease management through enhancing early detection, intervention, evaluation, treatment, and monitoring for healthcare professionals with potential impairing conditions longitudinally over time. The model itself is exceptional in providing services to ill professionals in need for their potentially impairing condition. I would argue that this exceptional PHP model would work for many populations outside the “exceptional physicians” population. Improving access to the PHP model for those in need is a worthy endeavor.

The real problem and my most salient point is the issue of stigma and unintended barriers to professionals in need. Many publications inadvertently contribute to the barrier(s) of accessing the very system designed and supported by organized medicine in the provision of access to care and improved public safety. These barriers include stigma amongst physicians toward fellows with potentially impairing illness associated with the human condition unique to us all; inadequate education in medical school and residency; inadequate policies and procedures addressing illness and safe disclosure; lack of safe-harbor statutes; employer, payor, and hospital credentialing and licensure questions; and stigma created by insufficient education about PHPs. The provision of safe harbor itself allows for physicians to obtain treatment and then ultimately continue working within a very safety-sensitive occupation. This latter responsibility to protect the safety of the public does

indeed compel PHPs to implement rigorous, long-term, and intensive monitoring of participants, which allows for valid endorsement for the return to the safe, monitored practice of their profession. PHP participation and support are safeguards against unintended discrimination of all physicians with potentially impairing conditions by key stakeholders such as colleagues, hospital systems, employers, insurers, and licensing agencies. Inadequate information about PHP policy(ies) minimizes the impact on lives saved and careers salvaged and creates unintended barriers for those in need.

Physicians deserve to get the voluntary, confidential, respectful, professional assistance and guidance that is provided their patients every day. How many could benefit from treatment who don't enroll in PHPs because of widespread stigma and lack of education? I would not recommend we endorse anything that contributes intentionally or unintentionally to increasing barriers of accessing a safe system of help for our colleagues in need. Let's embrace change, address the stigma, treat illness in professionals with evidence-based medicine, save lives and careers, and thereby encourage recovery and well-being.

The solution is education, which can save lives and help PHPs continue to make a difference in the lives of others.

Your friend and colleague,
Brad ■

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Fall 2019 issue was published. Please join us in welcoming our new members!

State Voting Members

John Kuhn, Director, Oklahoma Health Professionals Program

Christa Lee, LMSW, Lead Agreement Monitor, Integrated Behavioral Health—Delaware

Scott S. McBeth, PhD, Monitoring Policy Manager, Integrated Behavioral Health—Oregon

Associate Members

Rui Bernardo, Program Manager, Texas Physician Health Program

Jeremy Vincent Bloom, CMPE, Director of Medical Practice, Community Bridges, Inc.

Russ H. Carter, MD, Executive Medical Director, Texas PHP
Margaret Mary Crowder, MSN, FNP-BC, PMHNP-BC, Nurse Practitioner, NHPHP

Aaron James Faist, MA, SUDP, Clinical Coordinator, Washington Physicians Health Program

Nikki Fambro, Administrative Assistant, Georgia Professionals Health Program

Amy Sue Feitelson, MD, VP Board of Directors, NH PHP Board

Nelson Heise, MS, MA, Clinical Director, OPHP

Thomasine Heitkamp, Board Member, North Dakota Professional Health Program

Mark A. Hughes, MD, WV Medical Professionals Health Program

Steven J. Karp, DO, Medical Director, Gateway Recovery Institute

Andrew Lamb, MD, Board of Directors Member, North Carolina Professionals Health Program

Heidi Lamonica, Operations Manager, Maine Medical Professionals Health Program

Eric Stanley Lott, MD, Physician, Community Bridges Inc.

Annette Altamirano Lusko, DO, Deputy Chief Medical Officer, Community Bridges Inc.

Jennifer Mark, MD, Associate Director, Physician Health Services

Laura Martin, MD, FASAM, DFAPA, Associate Medical Director, Colorado Physician Health Program

Michael Metzger, MD, Medical Director, Montana Professional Assistance Program

Daniel Nyhan, MBBCh, MD, Chair, Maryland Physician Health Committee, Maryland Physician Health Program

Jackie Ritter, LSW, Case Manager, WV Medical Professionals Health Program Inc.

Deborah Saint-Phard, MD, Associate Professor, University of Colorado School of Medicine and Board Director, Colorado Physician Health Program

Courtney Lee Strong, LMHC, SUDP, Clinical Director, Washington Physicians Health Program

Amy Swanholm, JD, MSEL, Assistant General Counsel, Texas Physician Health Program

Kathleen Thiemann, LSW, Case Manager, Pennsylvania Physicians' Health Program

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FSPHP Welcomes New Members*continued from page 9*

Robert Brownie Thornhill, MS, LPC, ICADC, ADC, AADAC, Clinical Coordinator, Alabama Professionals Health Program

Jennifer West, LGPC, Clinical Manager, Maryland Physician Health Program & Maryland Professional Rehabilitation Program

Kimberly Zillmer, BA, LADC, Case Manager, Health Professionals Services Program

Individual Members

Diana Dill, EdD, President, Working Together For Health

Paul A. Farnan, MD, FASAM, dipABAM, Occupational Addiction Medicine Physician, Drs. Farnan & O'Driscoll Inc.

Ruchi Mishra Fitzgerald, MD, Addiction Medicine Fellow & Family Physician, Rush University

James Joseph Lorence, Chief Value and Engagement Officer, Wisconsin Medical Society

Mark Douglas Lutz, MA, Director Business Development, FSSolutions

Pamela A. Rowland, PhD, Professor of Surgery, University of Vermont

Rachel Sowards, MD, Medical Director, LINKS Treatment and Counseling Center

International Members

Tania Campbell, MSW, Clinical Coordinator, Physician Health Program, Ontario Medical Association

Beth Collison, MSW, RSW, Clinical Coordinator, Physician Health Program, Ontario Medical Association

Colleen Good, MSc OT (Reg) ONT, Clinical Coordinator, Physician Health Program, Ontario Medical Association

Jordanna Graves, MSW, RSW, Clinical Coordinator, Physician Health Program, Ontario Medical Association

Eva Ingber, MSW, Clinical Coordinator, Physician Health Program, Ontario Medical Association

Danijela Ninkovic, RN BScN CPMHN(C), Clinical Coordinator, Physician Health Program, Ontario Medical Association

Michael Edward Pett, MSW, Clinical Coordinator, Physician Health Program, Ontario Medical Association

Wendy Susan Ross, MSW, RSW, Clinical Coordinator, Physician Health Program, Ontario Medical Association ■

THANK YOU TO OUR RECENT DONORS (SINCE OUR LAST ISSUE)

FSPHP and our fund committee members would like to thank the numerous dedicated donors. We are grateful for this ongoing support. Board members, FSPHP members, and others invested in physician health have made contributions with a few matching PHP donations. This growing support will further our strategic goals to develop a Performance Enhancement Review Program and a Treatment Center Review Program and increase member services and support, while furthering our research and education goals, too. To donate online, you may click here: www.fsphp.org/donate.

To see the complete list of 2019 Donors, visit www.fsphp.org/2019-donors.

As of February 25, 2020

Advocate (\$1,000–\$2,499)

Paul Earley, MD, DFASAM

Caregiver (\$500–\$999)

Paula Colescott, MD

E. Maire Durnin-Goodman, MD

Jenny Melamed, MD

Shane Moes

Friend (\$1–\$499)

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM

Kathleen Boyd, MSW, LICSW

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Deanne Chapman, PA-C

Sarah Early, PsyD

Mary Fahey, LCSW

James Ferguson, DO

Dianne Gay

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Craig Pratt, MD, DFASAM, FAPA

Michael Ramirez, MS

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Laurie Verhoeff

Heather Wilson, MSW, CFRE, CAE

Tracy Zemansky, PhD ■

**A TRIBUTE TO ROLAND GRAY, MD, TENNESSEE MEDICAL FOUNDATION—
PHYSICIAN HEALTH PROGRAM MEDICAL DIRECTOR 2001–2017**

Michael Baron, MD, MPH

The Tennessee Medical Foundation—Physician Health Program (TMF-PHP) was saddened with the passing of Dr. Roland Gray on Saturday, October 6, 2018. Dr. Gray started his medical career as a pediatrician in Donelson, Tennessee. Then after twenty years, he became trained and certified and started a second career in Addiction Medicine. His Addiction Medicine career culminated in being the Medical Director for the Tennessee Medical Foundation—Physicians Health Program.



Roland Gray, MD

Dr. Gray was extremely dedicated as Medical Director of the TMF-PHP, having retired in January 2017 after fifteen years of service to his physician colleagues and to many other healthcare professionals. Under Dr. Gray’s leadership, the TMF-PHP grew from a two-person operation to the preeminent program it is today with seven full-time employees and an annual budget over \$1 Million. The TMF-PHP serves allopathic and osteopathic physicians as well as veterinarians, podiatrists, optometrists, chiropractors, physician assistants, and x-ray operators.

Dr. Gray served many other patient populations that suffered with addiction. He was the first Medical Director of the Davidson County Drug Court that was founded in 1997 by the 20th Judicial District Criminal Court Judge Seth Norman. Dr. Gray served as a volunteer in this role for twenty years. The Davidson County Drug Court Residential Treatment Program has been a statewide and national leader in the effort to reduce recidivism, lower costs, and improve the lives of nonviolent offenders with substance use disorders. Dr. Gray was also the volunteer medical director at Renewal House, a twenty-four-bed long-term residential treatment center treatment for low-income women with substance use disorders and who are either pregnant or have infant children.

Dr. Gray was active in the local recovery community. His recovery wisdom was often shared at his home group, a 12-step men’s group that meets every Saturday morning. When Roland spoke, people listened.

At the time of his death, Dr. Gray was married to Diane Ward for 49 years. They raised two sons, Dr. Will Gray and Dr. Andrew Gray, and a daughter, Camilla. He is survived by six grandchildren and his twin brother, Roger Gray.

It is my privilege and honor to have known Dr. Gray, to have worked with Dr. Gray, and to call Roland my friend. He is dearly missed. ■

UPDATES FROM AROUND THE UNITED STATES

**THE FIELD OF PHYSICIAN HEALTH
CONTINUES TO GO GLOBAL!**

*Colorado Physician Health Program (CPHP)
Partners with Argentina and Italy to Improve
Physician Health!*

Joyce Davidson, LCSW, and Sarah Early, PsyD



Joyce Davidson, LCSW



Sarah Early, PsyD

Colorado Physician Health Program (CPHP) was delighted to have the opportunity to collaborate with the medical communities of Argentina and Italy. Sarah R. Early, PsyD, CPHP Executive Director, and Joyce Davidson, LCSW, CPHP Director of Clinical Services, traveled to Buenos Aires to participate at the International Congress of Occupational Medicine of Argentina and Italy in November 2019.

Hector Nieto, MD, and Simone De Sio, MD, served as Presidents of the Third Annual International Congress of Occupational Medicine of Argentina and Italy. Dr. Nieto is the Director of the Occupational Health and Safety Department at the Ministry of Health in Buenos Aires, Argentina, and Dr. De Sio is a Senior Researcher and Professor of Occupational Medicine at the University of Rome in Italy.

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The Field of Physician Health Continues to Go Global!

continued from page 11

The Anesthesiology Association of Buenos Aires hosted a Pre-Congress International Forum on Physician Health on November 27, 2019. The Forum consisted of international professionals in the field of physician health, including Dr. Early, Dr. Simone De Sio (Italy), Ms. Lucy Warner (England), and Dr. Segolene Arzalier Daret (France). Discussion included perspectives on the current issues facing physicians, solutions for the worldwide medical community, and collaboration ideas for the future. Approximately 75 anesthesiologists attended this event.

The International Congress of Occupational Medicine of Argentina and Italy was held November 28–29, 2019, with the theme being New Challenges in Health and Safety at Work. On November 29, 2019, Ms. Davidson presented on Physician Health Programs (PHPs) in the United States, focusing on an overview of CPHP, current trends, and effective interventions utilized as well as highlighting several case examples. Dr. Early presented the CPHP Research Study of Malpractice Claims: Reducing Risk Through Monitoring that revealed PHP monitoring demonstrated a significant reduction in malpractice claims of participants. In addition, malpractice claims of participants who complete PHP involvement have less malpractice risk than a control group of matched physicians who had not participated in a PHP. This conference had over 1,500 registrants and was live streamed.

We greatly appreciate the partnership with our global colleagues to share our passion for physician wellness as well as best practices in our respective countries. ■

NEW MEDICAL DIRECTOR AT COLORADO PHYSICIAN HEALTH PROGRAM (CPHP)

CPHP is pleased to announce that Scott A. Humphreys, MD, has assumed the role of Medical Director as of January 1, 2020. Dr. Humphreys joined CPHP in August of 2008 as an Associate Medical Director and has been a pivotal member of CPHP's expert team of physicians. Dr. Humphreys received his medical degree from the University of Oklahoma. He went on to train in General Psychiatry at Johns Hopkins Hospital, where he served as chief resident. He came to Denver to train in Forensic Psychiatry through the University of Colorado Denver. Dr. Humphreys is a senior medical director at Colorado Access. For almost ten years, he was an inpatient and consult liaison psychiatrist for the HealthONE system. He continues to be affiliated with the Forensic Psychiatry training program and maintains



Scott A. Humphreys, MD

a private forensic practice. In addition, he cares for general psychiatric outpatients in his private practice. Congratulations, Dr. Humphreys!

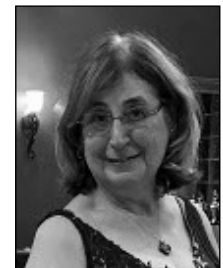
In addition, we would like to express our sincerest gratitude to Doris C. Gundersen, MD, for serving for the past ten years as our program's Medical Director. Dr. Gundersen became Medical Director Emeritus January 1, 2020. She will continue her work serving the physicians and physician assistants of Colorado as well as maintaining her community private practice. Dr. Gundersen provided unequalled guidance and clinical acumen throughout her Medical Director role since July 1, 2009. We have appreciated her leadership and perspective for the organization this past decade. Thank you, Dr. Gundersen! ■



Doris C. Gundersen, MD

ILLINOIS PROFESSIONAL HEALTH PROGRAM CELEBRATES CAROLE HOFFMAN, PHD, LCSW

Carole Hoffman, PhD, LCSW, has worked for the Illinois Professionals Health Program for the past twenty-six years, and in 2019 she decided to transition out of her full-time role and into another direction. Carole's knowledge, compassion, and commitment to the mission of the Illinois Professionals Health Program (IPHP) and the Recovering Professionals community has been inspiring. She has held the title of Program Lead for a number of years and helped carry the program through the loss of one of its beloved Medical Directors, Marty Doot, MD. Carole sought to continue with the spiritual compassion that Dr. Doot brought to this program and developed a symposium dedicated to his name. Carole has been a leader in the field of healthcare professionals' advocacy and recovery programs. She has volunteered tirelessly and served on multiple boards and committees to continue the mission of serving others. Her hard work and belief that we can always improve in our methods and technology have contributed to the quality and credibility of State Physician Health Programs as a whole. She will be greatly missed in her role in IPHP.



Carole Hoffman, PhD, LCSW

Carole will be facilitating a weekly caduceus group and will be doing group therapy to remain involved in her passion and sharing her wealth of experience.

On behalf of the Federation of State Physician Health Programs, Carole has been a longstanding member for twenty-six years and served on the FSPHP Board of Directors and multiple committees. Her contributions

to her life's work of being dedicated to the health and well-being of healthcare professionals has had a strong impact on shaping the FSPHP.

Please join us in celebrating Carole's dedication to IPHP and FSPHP!

She can be reached at choffman@iphp-bh.com. ■

REMEMBERING ROBERT BONDURANT, RN, LCSW

Missouri Physicians Health Program

Mary Fahey, LCSW, and Nancy Morton

It is with great sadness that I share with you the passing of our beloved FSPHP member Robert Bondurant, RN, LCSW, Executive Director of the Missouri Physicians Health Program (MPHP).

Please join me in offering our heartfelt sympathy to his family and our colleagues at the Missouri PHP: Lisa A. Thomas, MD, MA, Medical Director; Charles Sincox, MD, Medical Director Emeritus; Mary Fahey, LCSW, Program Director; Jayne Niskey, PhD, Regional Coordinator; Nancy Morton, BS, Hospital Services Coordinator/Editor of *The Physician Lifeline*; Kay O'Shea, MA, CDAC, Clinical Coordinator; Jamie Hilkenkamp, Client Services Coordinator; and others who mourn his loss.



**Robert Bondurant,
RN, LCSW**

A Legacy for the Missouri Physicians Health Program

Robert Bondurant, RN, LCSW, Executive Director of the MPHP, resigned December 31, 2019, as a result of his health condition and treatment for cancer. He lost his fight on February 20, 2020. Until his passing, he had remained hopeful and in touch with the MPHP staff. The MPHP staff is prepared to carry on his legacy and has been working hard to do so.

The MPHP and FSPHP would like to pay tribute to Mr. Bondurant's passion to his life's work of having been involved in the foundation of the MPHP and his commitment to physician health. His dedication to the MPHP and the education work that he provided on physician health are invaluable and include the successful outcomes of the MPHP program. They can be found here: www.ncbi.nlm.nih.gov/pmc/articles/PMC6188337.

Mr. Bondurant also volunteered his time as a dedicated member of the FSPHP on committees spearheading our efforts for national policy and support on behalf of the profession. His devotion and passion to this cause were obvious to anyone who attended his educational sessions or enjoyed his presence on committee calls. In his involvement with the FSPHP membership committee, Dr. P. Bradley Hall noted that, "*Mr. Bondurant had an enthusiasm and passion for the PHP model, value of FSPHP membership, and actively participated in the committee as a visionary leader.*"

Among his many laudable accomplishments, Mr. Bondurant provided an interactive session at the AMA regarding the evolution of physician health and the role of physician health programs (PHPs) to create awareness and access for physicians in need of confidential assistance for their substance use or mental health needs, including burnout and stress prevention: <https://cme.ama-assn.org/Activity/5650451/Detail.aspx>. Mr. Bondurant summarized this session here: www.ncbi.nlm.nih.gov/pmc/articles/PMC6139798.

He was dedicated to ensuring that there was a review of national PHP outcomes and practices, along with highlights of the AMA Physician Health Programs Act, www.fsphp.org/ama-model-bill-physician-health-programs-act, passed in 2016. A deeper review of the history of the Missouri PHP will provide you with an example of a model PHP, while highlighting areas of future potential for physician health programs.

Mr. Bondurant was tireless in traveling the state to provide educational presentations to medical staffs. When he first began, the program was very small, but with his efforts the program expanded over time. He often would leave on a Monday and return on Friday after his travels. He particularly enjoyed presenting programs to medical students and residents and teaching them about avoiding some of the pitfalls that could derail their careers. The relationships he established with medical staff leadership as well as administrators were vital in sustaining the program and providing necessary donations. (The MPHP is a 501(c)3 not-for-profit organization and is totally independent of the Board of Healing Arts.) He firmly believed in the organization maintaining its independence so the clinical staff could advocate for clients without concern for any repercussions.

Please join us in recognizing Mr. Bondurant. If you would like to send a note of sympathy, please address it to the MPHP, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141. His obituary can be found here: www.dignitymemorial.com/obituaries/saint-louis-mo/robert-bondurant-9045453. ■

A SEASON OF CHANGE AT THE PENNSYLVANIA PHP

Heather A. Wilson, MSW, CFRE, FCPP, Executive Director, The Foundation of the Pennsylvania Medical Society

The New Year has brought many changes to the Pennsylvania Physicians' Health Program. As we look forward with a renewed sense of purpose in this important work of changing lives, we'd like to share recent staffing updates, a colleague's prestigious honor, and what the future holds for our team.

In the fall of 2019, we welcomed Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, as our new Physicians' Health Program director. Booher has been a part of the PHP team since 2013, most recently serving as case management supervisor. She has worked in the behavioral health field for more than twelve years. She is highly regarded for her commitment to our participants and her colleagues at the local, state, and national levels.

In October, Medical Director Raymond C. Truex, Jr., MD, FACS, FAANS, was honored with the Pennsylvania Medical Society's Distinguished Service Award at the House of Delegates. He is a tireless advocate for physicians in recovery. Dr. Truex has served as a trustee of the Foundation of the Pennsylvania Medical Society since 1998. He joined the PHP as part-time medical director after his retirement from a prestigious career in neurosurgery in 2017.

In November, we welcomed Katie Thiemann, LSW, as a case manager. Thiemann holds a master's degree in social work from Temple University. Prior to joining the PHP team, she provided therapeutic and case management support for youth within the juvenile justice system at Dauphin County's Youth Advocate Program Community Treatment Center as a licensed social worker.



Heather A. Wilson, MSW, CFRE, FCPP



Tiffany Booher, MA, LPC, CAADC, CIP, CCSM



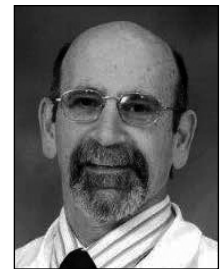
Raymond C. Truex, Jr., MD, FACS, FAANS



Katie Thiemann, LSW

In December, we bid happy retirement to Medical Director Jon Shapiro, MD, DABAM, FASAM, MRO. We are grateful for his dedication and devotion to the PHP, and for the lives he changed with his wisdom and thoughtfulness.

And finally, we look forward to welcoming our colleagues from across the country to our new location — we will be moving to Mechanicsburg, Pennsylvania, in June 2020. During the time of transition, we will maintain the utmost security and confidentiality. This is an exciting next step for our organization, and we are eager to continue to serve in a new space that will promote wellness and best meet the needs of our participants. ■



Jon Shapiro, MD, DABAM, FASAM, MRO

EDUCATING THE COMMUNITY ABOUT WPHP: RAISING OUR VOICES TOGETHER

Shea Scheuler, MA, LMFTA, SUDP

The year 2019 was a big one for WPHP! One of the many changes was adding my position, Director of Program Development, to our staff. The hope with this position is to be able to further important ideas, plans, and projects that leadership wanted to prioritize but could not seem to tackle given the day-to-day demands of a busy PHP. One of the main initiatives was to transform our Education and Outreach program from a one-man show, with the primary burden landing on our Executive Medical Director, to a multilevel communications strategy that could be uniquely scaled to continually adjust to our organization's bandwidth. This was a scary proposition as our previous public relations strategy had no proactive component and largely resided in the "no comment" portion of the public relations spectrum.

After much consideration and consultation with experts in the field, close stakeholders, staff, and our board, we elected to begin modestly by focusing on the following opportunities to augment and proliferate our voice:

- 1. Where to start?** While I came to the table with a background in marketing and lots of opinions, it was important that we sit together as a team, with a public relations professional, and take an inventory of where we were, where we wanted to go, and to hear from the expert about how



Shea Scheuler, MA, LMFTA, SUDP

to get there. This also helped us to establish an “emergency contact” with a PR pro who we could put on retainer to respond to media inquiries we weren’t sure how to handle. In addition to our PR team, we also began collaborating more closely with Linda Bresnahan around media inquiries so we could benefit from her experience and knowledge as we navigated those requests.

2. **Who do we know?** Our contacts were in disarray and spread across several systems. We had spreadsheets with missing and highly variable information, an Outlook shared contacts library with no business rules for how information was collected and managed in that system, and participant and stakeholder records within two separate records systems, including a legacy Access database that we all dreaded opening. Getting a handle on all of this promised to be a massive project in its own right, but it was foundational to an effective communications strategy. The first step was building the database capacity we needed within our current case management software system so the data would stay aligned with current clinical data and could enable any communications we created to tie to the clinical record. This required working with our software vendor to build out some of the functionality we knew we would need, as well as side projects to collect and validate email contacts across all our connections. The majority of our communications had been through snail mail and it was time to go paperless! We are now in the midst of moving the remaining lists into our database and adding clinical information to our contacts so that we can efficiently communicate with our stakeholders while simultaneously adding a highly functional and nuanced tool to assist our clinicians in connecting participants with resources.
3. **Time to start talking!** Once our database was up and running, it was time to begin using it! We needed a safe and professional way to communicate with our audience. We opened an email marketing account and had our marketing firm design a template within the application that mirrored the homepage of our new website. This added to the uniformity within our brand, encouraged traffic to the website, and gave us an easy way to begin connecting with our audience.

4. **A turn of events.** As luck would have it, our website died right as we were getting ready to launch our social media efforts. Without a working website to drive people to, we decided to slow our social media rollout while building a new and improved website. Our guiding principles in redesigning this website were to make it easily manageable for staff while providing a clear and concise platform for educating the community about WPHP and disseminating information related to physician health and well-being. Thus, we began constructing a media library and blog where we can position ourselves as a resource while concurrently broadcasting our work and relevant happenings in the PHP universe. Our new website went live in February 2020, and if you haven’t already done so, please check us out at wphp.org!

5. **The great social media experiment.** Knowing we had to be realistic with respect to time and resources, we limited our initial foray into social media to Facebook and LinkedIn. We set aside a small budget for boosting our posts and made sure that our pages had functionality that would allow us to control and curate content we might not expect or desire. We are quietly building a small following and dipping our toes in these new waters. We are asking stakeholders to follow us and event organizers to tag us in their social media promotions. We are also using social media to post job openings. In addition, we are building an editorial calendar that will structure our regular posts around content we hope will be interesting and helpful to our audience. Much more is to come here, but in the meantime, please follow us!

All this is to say that I’ve just spoiled my part of the presentation that Amanda Kimmel (CPHP), Joe Jordan (NCPHP), and I are planning for the FSPHP National Conference. But Dr. Chris Bundy assures me that there’s no harm in repetition. Hopefully I’ll have some updates for you in May, but in the meantime, I look forward to hearing from anyone interested in diving into the communications world for their PHP. Let’s raise our voice together about the great work we are doing! ■

PHP Participant Stories

DELIVERANCE: ONE PHYSICIAN'S REFLECTIONS ON REDEMPTION AND PAYING IT FORWARD

I might have been frightened or sad, but I'd been numb for so long that I wasn't sure how I felt. I had been approached by the anesthesia residency directors, who were concerned that I'd developed a drug problem. I immediately denied this, but acknowledged that I was impaired on the basis of depression, that I was suicidal, and that I was struggling. Apparently, they had seen this before because they did not press me for more, and only requested that I be admitted for psychiatric evaluation. And so, one of them, my mentor, accompanied me to my apartment, watched me as I packed up some things, managed to kick the trashcan full of broken vials and syringes out of view, and then drove me to a psychiatric facility. I learned later that the prior two residents approached by the staff actually overdosed after the intervention; he was just delivering me safely to a locked unit.

I never planned on telling anyone—that I'd grown tired of waiting for an antidepressant to work, that I'd felt overwhelmed by the rigors of training, by the deterioration of my marriage, and by a sense of dread that I was over my head—that I'd injected some fentanyl into my arm, on call, in the surgeons' lounge at 2 a.m. And the syringes were right there, loaded up in my pocket, ready for emergency use. The relief was immediate and dramatic; I felt a sense of calm and well-being beyond belief. So, I made a crazy deal with myself, to just use this little remedy temporarily until my mood lifted, until the divorce was over, until whatever. I became lost in this ethereal world. When the shame and fear came up, another injection made them subside.

Having been caught, I was certain that admitting an addiction would be my end. But after not having to be a doctor, surrounded by other suffering human beings, I somehow let go. I allowed myself to be out of control, to be impaired, sick, needy. I asked the nurse to let me call my doctor late one evening before I lost my courage, and I admitted the truth. I was transferred to a substance abuse unit where I learned about my disease. I began to imagine that I could actually go on and find a way to live, that I still had some value, and that this disease could be managed. But there was nothing in place for me to deal with what was to become of my life as a doctor. When my insurance ran out, I was released to learn that the anesthesia department felt it best to not have me continue in the field: too much temptation.

I was very much alone then and didn't know what to do. How would I explain myself applying for work in an ER or as a house physician? Who would want such a deeply flawed and vulnerable specimen? I'd fallen far from the grace of my Ivy League education, fine recommendations, and promising academic future. Even my brother, my role model and greatest support, was heard to utter the conclusion that I'd ruined my career. I felt this, too, but I also had a notion of having narrowly escaped killing myself and ruining my chance of a life. Is there a place for a doctor who has flaws, who got depressed and addicted and acted badly? What happened to all that learning and desire to help?

I managed to get some work as a house physician, working the moonlighter shift on the medical floors of area hospitals. The truth is that during those nights in the CCU or on the medical floors as a house physician, uncertain and anxious, with no great teachers or inspiring leaders to watch over me, I discovered what being a doctor might be. I discovered that I'd been trained well and that I could still think right and do the job well. I was getting things right and helping people. I was not an imposter. Medicine seemed like an incredible gift, an honor, and maybe I still deserved a chance.

After being sober for eight months I got into a conversation with a lawyer in an AA meeting. He told me that if I wanted to continue in medicine, I needed proof that I was sober. Addicts lie and the medical community is aware of this liability; no one would believe me or should believe me without having a record of sobriety.

There was no physician health committee in Pennsylvania at that time, but other states had them. New Jersey was close by, so I became the first doctor to turn myself in to the New Jersey Physicians' Health Committee, looking for a monitoring program and professional support. This included years of random testing to support my sobriety and to face the consequences of filling out licensing and credentialing forms honestly. It also included advocacy and support. There were people there telling me that I could still practice good medicine and end up doing well if I was mindful of my very human limits. I became friendly with a psychiatrist around that time and ended up looking to complete my training by specializing in psychiatry. It was not easy and after five years of sobriety, most programs declined based on my addiction history. I remained candid and honest. I only needed one program to take a risk and I found one with a program director who believed in recovery—a fortunate event that brought me to an evolving and full career.

When I took my first professional job in Rhode Island and moved here, I joined the Physician Health Committee. I recalled my shame and self-doubt. I remembered my relief to find support within the medical community as well as the fortuitous way I learned about the need for advocacy. I wanted to return the grace and kindness shown to me. And I wanted to keep mindful of my own recovery in every way possible and to remain grateful. ■

ENTERING THE PHP SAVED MY LIFE

I first entered a PHP nearly fifteen years ago as a second-year resident. I had been struggling in many ways (depression, pills, overwhelmed as a resident). Entering the PHP saved my life, though at the time it was extremely scary. I attended a ninety-day treatment program and then began their program of groups, 12-step meetings, and therapy. I was a model participant with doing all of the “checklists,” but never really fell into the fold of the 12-step program. I did make some very strong bonds with some other members of the program and from my treatment center. I made a positive decision in my career to leave that residency and pursue a career in primary care. Time passed in a good way as I began to enjoy life again and I made plans to relocate to a different state due to family reasons. The PHP program was undergoing some major changes and I was “graduated” early in three years. At that time, I could not imagine ever using drugs again. I was referred to an attorney to discuss applying for a new state license who told me to never disclose my past of having a “problem with drugs” and going to treatment because I would never get approved. To my detriment, I did not enter another PHP upon my move.

I remained in recovery for three more years, but after having my first child, I had some postpartum health issues and untreated depression. I believe my relapse was triggered as a result. Without a safety net of a recovery community and robust PHP support, I nearly lost everything.

More than six years ago, the DEA intervened upon me in my office after I saw my first patient of the day and referred me to my state’s PHP. The PHP has saved my life and has given me back my professional career. It was a terrifying moment, but without the PHP, I am not sure I would have survived that day.

The director of the PHP has advocated for me from that day forward, every step of the way. I went back to a ninety-day treatment program and successfully completed it. This time, I focused and fully embraced the 12-step program. With counselors, I worked very hard on my spiritual development. My relapse was severe, and I had personal, professional, and legal consequences.

Truly, I had to learn to live life one day at a time. Life was very challenging for some period of time in many ways, emotionally, physically, and professionally. I am grateful every day to just be alive. Ultimately, I was convicted in federal court in March 2014 of a misdemeanor, and it has been through my PHP and through many miracles that I returned to work in my town as a family physician. The DEA reinstated my license within a year, and I have committed to lifelong monitoring through PHP as I believe not staying within a PHP and not working a 12-step program were my biggest mistakes.

As with many PHP participants, early recovery is filled with many challenges and some small victories that feel huge to the participants. I have been extremely fortunate to be enrolled in such a supportive PHP. I had an incredible physician who happened to be my OB/GYN and had two more children in my recovery. I returned to work in 2014 and felt a sense of self-worth and the rays of sun slowly return to my life.

Today, I have over six years of recovery. I have a family that is truly supportive of my recovery. My closest friends are those in recovery. It is a beautiful community to join. We are fueled by a strong sense of gratitude. Recovery does not promise an easy life, but it is easier when I am in recovery.

I ran up and over three mountains to celebrate my five years of recovery in a challenging mountain race that took nearly eight hours to complete. Symbolic of my journey of peaks and valleys, I felt a push to send my career in a different direction, knowing it would take a lot of family support for me to go and work full-time with a young family. I am now working toward board certification in addiction medicine via the addiction medicine fellowship. Anything is possible in recovery. My PHP director asked me early on in my recovery to dream of my five- and my ten-year plan and keep working to achieve it.

The 12-step program is the cornerstone of my recovery. I like to think I am working on my faith and spirituality on a daily basis; it is always a work in progress. I believe that a strong PHP can save your life, your license, and your career if you are willing to follow directions and do the next right thing. By sharing my story, I believe I can help another healthcare professional reach out for help.

When we moved yet again, there was no question that I would join the PHP, although I have more than five years of recovery. As I applied for my state license, I had the opportunity to meet with the medical board to review my past and application. I informed them that I wanted to continue with a PHP indefinitely. The members of the board told me in surprised voices that I was the first physician to ever voluntarily do so. I hope I am not the last. ■

GROWING OUR MEMBERSHIP!

Significant potential benefits are available to those interested in physician and professional health when they join the FSPHP. Member benefits can be found here: www.fsphp.org/benefits-of-membership.

Our Network Is Growing

New members benefit by 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.”

We Want to Inspire New Members to Join FSPHP

State PHP Members—We Need Your Help! Please Share Information About Membership

We ask State PHP members to share information about FSPHP membership with your staff, board members, and committee members, who are welcome to join as associate members and benefit from the learning involved in the FSPHP membership. We are encouraging each state member to increase its associate memberships in 2020. While budget considerations may limit the number of FSPHP members a PHP can fund, a designee of the PHP board or committee may be willing to fund their own membership, especially after recognizing the benefits of doing so.

Individual and Organization Membership Opportunity Exists

The individual and organization membership categories allow our membership to grow. The benefits of FSPHP membership may be of interest to colleagues in your state aligned with the FSPHP mission, such as the following:

- Professional coaches of healthcare professionals in the state

- Attorneys on staff of a PHP
- Medical students or residents involved in physician wellness within their institutions
- Residents or fellows who by nature of their training may have a particular interest in physician health (psychiatrist, addiction medicine, occupational medicine, etc.)
- Academic training institutions, deans, associate deans, and attendings
- Medical and specialty societies staff invested in the health and well-being of the profession
- Prior PHP participants with an interest in the field

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 Membership Meetings.

The FSPHP has six categories of membership: State, Associate, International, Organizational, Honorary, and Individual. A description of each membership type can be reviewed here: www.fsphp.org/classes-of-membership.

We look forward to your membership and growing the FSPHP. FSPHP is extremely grateful to all our members for your support and participation. We sincerely appreciate all that you do to help us continue our mission of supporting physician health programs.

Paul H. Earley, MD, DFASAM
FSPHP President

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Special thanks to all of the participating organizations!



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Robyn Hacker, PhD, LP
Program Coordinator



Jason Sapp, DO
Attending Psychiatrist



Bari Platter, MS, RN, PMHCNSBC
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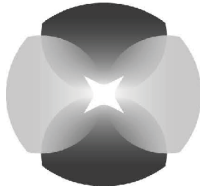
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SPOTLIGHT ON PHYSICIAN HEALTH AND OTHER RELATED ORGANIZATIONS' NATIONAL MEETINGS

Below are just a few of the upcoming national meetings related to physician health. The complete listing can be found on the FSPHP website at www.fsphp.org/national-organization-events.

FSPHP ANNUAL MEETING

2021 FSPHP Education Conference and Business Meeting

April 29–May 2, 2021
Minneapolis Marriott City Center, Minneapolis, MN

FSMB ANNUAL MEETING

2021—109th Annual Meeting

April 29–May 1, 2021
Minneapolis, MN

IDAA ANNUAL MEETING

August 5–9, 2020
Spokane, WA

ABMS CONFERENCE 2020

September 22–25, 2020
Indianapolis, IN

NAMSS 44TH EDUCATIONAL CONFERENCE AND EXHIBITION

October 3–7, 2020
Portland, OR



SAVE THE DATE

2021 FSPHP ANNUAL EDUCATION CONFERENCE AND BUSINESS MEETING

Thursday, April 29 to Sunday, May 2, 2021

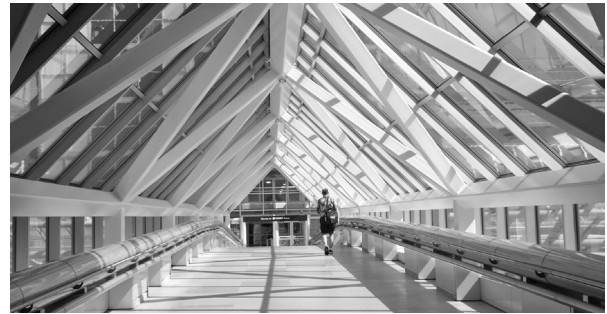
Minneapolis Marriott City Center, Minneapolis, MN



Minneapolis Marriott City Center Lobby Reception



Minneapolis Marriott City Center Outdoor Patio



Minneapolis Skyway

Minneapolis Marriott City Center
 30 S 7th St, Minneapolis, MN 55402
 (612) 349-4000

\$179 (single/double rate) plus tax. A reservations url will be available in early 2021 for attendees to make online hotel reservations.

Highlights

- Networking opportunities with leaders in the field of professional health and well-being
- Large exhibitor space with all meal functions with attendees
- Interactive general and breakout sessions each day to highlight the essentials of physician health programs
- Emphasis on Panel Presentations
- Daily Mutual Support Meetings
- Daily Gentle Mindfulness Meditation
- Poster Symposiums and Reception
- Saturday Night Social Event and Dinner

WEDNESDAY

Board of Directors
 Exhibitor Registration and Setup

THURSDAY (OPENING DAY)

Preconference Session
 Registration/ Exhibits Open
 Luncheon
 General Sessions
 Committee Meetings

Tentative Schedule

FRIDAY

Mutual Support Meeting
 Gentle Mindfulness Meditation
 New Member Meeting
 General and Breakout Sessions
 Poster Symposiums and Reception
 Board and Committee Chair Dinner

SATURDAY

Mutual Support Meeting
 FSPHP/FSMB Joint Session
 FSPHP Regional Member Meetings
 Annual Business Member Meeting
 Social Event and Dinner

SUNDAY

General and Breakout Sessions
 Exhibitor Drawings and Closing Remarks

Watch for updates at www.fsphp.org.
 For information call: (978) 347-0600 x102 or email ssavage@fsphp.org.



Federation of State Physician Health Programs
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We hope you enjoy the 2020 Spring Issue of the *Physician Health News*.

PHYSICIAN HEALTH NEWS

The FSPHP produces a newsletter twice a year in March/April and again in August/September that is sent to all state programs, medical societies, and licensing boards. The FSPHP requests articles (500 words or fewer) and other related information be submitted for inclusion in the FSPHP newsletter.

CALL FOR CONTENT/ NEWSLETTER SUBMISSIONS

FSPHP wants to hear from you and invites members to submit content for inclusion in PHN.

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 by email to ssavage@fsphp.org.

Items that you may want to consider include:

- 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/Annual Meeting issue:
May 31, 2020**

Deadline for the Spring issue: January 30, 2021

WE WANT YOUR INPUT!

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 directly to regional directors. You may also write directly to FSPHP Executive Director Linda Bresnahan at lbresnahan@fsphp.org. This will ensure an organized chain of communication between you and your representatives. Thank you for your assistance!