PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs

Welcome to the 31st edition, Volume 2 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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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, Industry Partner Individual, and Organizational membership categories are available. Please visit fsphp.org/membership to learn more.

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PRESIDENT'S MESSAGE

Michael Baron, MD, MPH, DFASAM, FAPA

Michael Baron, MD, MPH, DFASAM, FAPA

Twenty-seven years ago, Dr. David Dodd saved my life. He was the first full-time medical director of today's Tennessee Medical Foundation – Physician's Health Program (TMF-PHP) and the third president of the FSPHP. If he were alive today, he would say that he confronted me and intervened. It matters less how it happened than that it happened.

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President's Message

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Back then, the Tennessee Impaired Physician Program was a two-person show: Dr. Dodd, a surgeon, was the Medical Director, and his surgical nurse became everything else including the case manager. Together they put down the roots for the TMF-PHP that has functioned well for over 45 years.

Just as it changed my life for the better, the Tennessee Impaired Physician Program changed for the better. The program name changed to the Physician's Health Program (PHP). It moved from the medical director's home office to an office building; staffing grew from one RN to seven full-time employees. Initially charged with helping physicians with alcoholism, today it helps physicians and many other healthcare licensees with substance use and other mental health disorders. The changes were incremental but substantial.

What hasn't changed is that we help healthcare providers through an individualized approach without regard to gender, race, or religion. Forty-five years later, the TMF-PHP has grown up and has provided some amazing and dramatic results.

The TMF-PHP is the only program I know on an intimate basis. I was monitored and supported for three years but have remained connected to this program for my entire recovery. As I have become more involved in the Federation, I have realized that while some programs enjoy the budget and growth that TMF-PHP has enjoyed, some programs have challenges; they are not as well funded or do not have the strong relationships with their state medical board, state medical association, or medical professional liability carriers that other programs enjoy. Although there is considerable overlap from PHP to PHP, there are also differences.

It is those differences that the FSPHP Performance Enhancement and Effectiveness Review (PEER™) program will help to address. PEER™ is a structured review process designed as a practical tool to identify opportunities to align PHPs with best practices, thereby reducing PHP practice variations; it may help less-funded programs solicit better funding by pointing out specific needs to their funding sources. PEER™ was developed in conjunction with its sister program, the FSPHP Evaluation and Treatment Accreditation (ETA™) program. The ETA™ will provide guidance and recognize evaluation and treatment services that are qualified to specialize in the care of medical professionals.

I have been involved with the development of the ETA™ program. Over this past summer in β test mode, the ETA™ program assessed two evaluation and treatment centers, while PEER™ reviewed three Professional Health Programs. This was an incredible achievement that culminated five years of work. Kudos to all those professionals who sacrificed their time and used their expertise in the treatment of safety-sensitive professionals and their effort and energy to develop these two programs. After some minor tweaking, we plan to launch both programs this fall of 2024. Both programs have been a monumental endeavor that started as the brainchild of Dr. Brad Hall from West Virginia when he was FSPHP president.

Both programs are under the oversight of the FSPHP Accreditation and Review Council (ARC). The House of Medicine is well represented in the ARC with committee members from the Federation of State Medical Boards (FSMB), American Medical Association (AMA), American Psychological Association (APA), Accreditation Council for Graduate Medical Education (ACGME), Medical Professional Liability Association (MPL), and American Osteopathic Association (AOA). PEER™ and ETA™ are exceedingly important to how PHPs function and where their participants are referred for evaluation and treatment. Congratulations to all of you who have worked so hard bringing these two programs to fruition—a job exceedingly well done.

The FSPHP has been involved in other areas as well; for years we have been actively promoting safe haven for health fitness questions found on health licensure, insurance panel, hospital credentialing, and medical malpractice applications. The work of Drs. Gundersen and Hengerer promoting the safe haven questions has been key to abolishing the stigma associated with getting help for a mental health disorder. We have received help from some newcomers to this arena and together have begun to turn the tide, but this work is far from over. The confidential triad of regulatory protection, record protection, and application protection are the cornerstones to helping protect our programs and our participants.

The PHP outcome data coined the "Blueprint Studies" are often quoted but are old and need to be updated. (Learn more at Five Year Outcomes in a Cohort Study of Physicians Treated for Substance Use Disorders in the United States *by AT McLellan, GS Skipper, M Campbell, RL DuPont, August 2008).* We are in the middle of collecting and extracting new data—thank you to Drs. Karen Miotto and Lisa Merlo for championing this work. These, like other study results, will show that participants who successfully complete five years of monitoring have a lower risk for return to use than the risk for initial use by their physician peers. Also, the risk of a malpractice claim is less after successful

completion of five years of PHP monitoring than that of their non-monitored physician cohorts. As a result, PHPs help to improve the quality of care their physician participants provide, thus adding a financial benefit to medical malpractice liability carriers.

Many professional liability carriers are now understanding the economic benefit that PHPs provide. Some of these carriers are already helping to fund their state PHPs. The Federation has financial pledges from five medical malpractice liability carriers and was awarded $5,000 by the Medical Practice Liability Association (MPLA). Using this momentum, we are soliciting donations from other carriers.

Soliciting contributions may require a few phone calls, some letters, and follow-up, which seems like a pretty reasonable workload. But combining that with administrative duties, membership maintenance, and oversight of projects, including the few mentioned above, can be overwhelming for our already overachieving Executive Director Linda Bresnahan and our volunteer committee members.

To combat our own burnout, we must realize the FSPHP is a relatively small professional organization with limited resources—smaller than most other national medical organizations. Although being lean and mean may have advantages, it can be unfavorable, too. FSPHP board members are often the same people serving on our committees and ad hoc workgroups, using the same brain trust on most of our projects. We cannot keep adding to the workload of these same individuals, and we cannot take on every challenge. As we often preach, "We need to know our limits."

The volunteer members and the employed staff of the Federation have elegantly met those limits and challenges. A large thank you to our Board of Directors, Committee Chairs, and Committee members for all the work you do carrying this organization. I also want to acknowledge the amazing work and the dedication of time of our past presidents and the executive committee members. For the last two years as president-elect, I have attended those weekly meetings that include the current, past, and future presidents and the Executive Director. Dr. Bundy, a recent Past President, has graciously accepted the inaugural position as the FSPHP's first Chief Medical Officer. His presence as CMO has and will make my job much easier. Thank you, Dr. Bundy, for your work, help, intellect, and friendship. You "walk the walk." Our Executive Committee and especially our Executive Director, Linda Bresnahan, put in enormous amounts of time and dedication to the success of this organization.

I also want to thank you, our members, for supporting the Federation. Without members, we would not have an organization. I stand in awe of the amount of passion that those mentioned above and our members have for this organization.

I could not fulfill the responsibilities and requirements of this office without the support of the Tennessee Medical Foundation's staff and boards. Jennifer, Brenda, Tamiko, April, Dot, Barbara, and TMF board members—thank you for providing the extra resources I need to do this.

To conclude my first President's Message, I also want to say I am grateful for the trust you placed in me to lead this organization over the next two years. A PHP saved my life, career, and family. Saving lives and saving careers is much more than a slogan; it is what we do, and it is the most rewarding work I have ever done. ■

EXECUTIVE DIRECTOR'S MESSAGE

Linda Bresnahan, MS

Linda Bresnahan, MS

Dear FSPHP Members,

As we reflect on the past year, I am filled with pride for the remarkable achievements and milestones we've accomplished together. The dedication, passion, and collaborative spirit of our members have driven our progress, and I am excited to share some highlights of our journey.

Financial Growth and Stability

A heartfelt thank you to our generous donors! While our expenses have exceeded the budget slightly, strategic planning and strong board support have allowed us to navigate these challenges effectively. Our Rally by Region and Silent Auction events raised nearly $20,000 collectively. We are also pleased to welcome new, meaningful contributions from the liability insurance space. Following the agreement of Coverys to fund FSPHP with a three-year donation of $15,000 a few years ago, we now have additional commitments from State Volunteer Mutual Insurance Company (SVMIC), MedPro Group/MLMIC Insurance Company, and Physicians Insurance to do the same for the next three years. The Doctors Company is donating $5,000 this year, and MPLA awarded us $5,000.

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Executive Director's Message
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Advancing Education, Outreach, and Research

Our commitment to education and outreach has never been stronger. This year's annual meeting resulted in impactful education, as evidenced by the summaries in this issue. Much appreciation to our network of experts and educators in physician health who not only donate their time to present to us but also create lasting education about this issue! This year also marked the launch of the National Physician Health Program (PHP) Survey, the results of which will offer crucial insights into the services provided by PHPs across the country. Our presence at national forums has amplified our voice, ensuring that the work of PHPs is recognized and valued.

Issue Brief on Confidentiality

This document, developed by our Public Policy Committee, underscores the critical role of confidentiality in PHPs, which are designed to reduce barriers resulting from the stigma, shame, and fear of professional repercussions that often prevent healthcare professionals from seeking help. By clearly defining and communicating the parameters of confidentiality, PHPs can ensure that participants feel safe and protected, encouraging early intervention before issues escalate into impairments. The brief provides recommendations for PHPs to enhance transparency and clarity about their confidentiality practices, which is essential for informed decision-making and fostering trust between healthcare professionals and the programs.

The Task Force on Safe Haven's Action Plan

https://fsphp.memberclicks.net/assets/docs/POLICIES-POSITION_STATEMENTS/FSPHP%20Safe%20Haven%20Task%20Force%20Approved%20FINAL%20September%2025%202024.pdf

This policy paper highlights the critical need to establish and protect confidentiality mechanisms within PHPs. These are vital for encouraging healthcare professionals to seek help without fear of stigma or professional repercussions. As the healthcare system faces a looming physician shortage, maintaining the well-being of physicians through confidential and supportive channels is essential for ensuring patient safety and sustaining the physician workforce. The paper advocates for legislative and regulatory changes that codify the Triad of Confidentiality—regulatory protection, record protection, and application protection—to foster early intervention and self-referral, which ultimately enhances public safety by promoting effective rehabilitation and reducing malpractice rates. By strengthening these protections, the paper aims to balance the confidentiality needs of healthcare professionals with the critical responsibility of safeguarding public health.

Launching New Programs and Resources

The launch of PEER™ and ETA™ criteria and the pilots of both programs mark a significant milestone. These programs are designed to enhance the consistency and excellence of PHP services across the nation. We have also made strides in developing new resources for our members, including a comprehensive membership portal that will serve as a valuable tool for PHPs. The continued growth of our membership, now at 323, reflects the increasing value and support our organization provides.

Strengthening Relationships and Building Partnerships

Our success this year would not have been possible without the strong relationships we've nurtured with both internal and external stakeholders. From securing substantial financial commitments from professional liability organizations to forming strategic alliances with the AMA, ACGME, APA, AOA, ACGME, AAMC, ACP, and FSMB, we have positioned FSPHP as a leader in physician health. These partnerships not only bring financial support but also enhance our ability to advocate and create understanding about the role of PHPs on a broader scale.

https://www.fsphp.org/assets/RESOURCES/FEATURED_ARTICLES_PHPs/The%20Role%20and%20Success%20of%20Physician%20and%20Healthcare%20Professional%20Programs.pdf

Looking Ahead

As we move into the new year, our focus will remain on building on these achievements. We are committed to continuing our work in education, outreach, and research, while also expanding our programs and resources to meet the evolving needs of our members. Your ongoing support and engagement are crucial to our shared success.

Thank you for your unwavering dedication to FSPHP and the important work we do. Our members are the backbone of the FSPHP, and they are pivotal in

advancing our mission to promote health and support healthcare professionals. Your dedication, expertise, and commitment have been instrumental in shaping FSPHP's standards and expanding access to care across the nation. By fostering environments of confidentiality, trust, and compassion, you ensure that physicians can seek help without fear, ultimately preserving the well-being of our healthcare workforce and enhancing patient care. Your role is not just important—it's also vital to the mission of healing and maintaining the integrity of our medical community. Together, we will continue to advance the mission of promoting the health and well-being of physicians nationwide.

With gratitude as your FSPHP Executive Director,
Linda Bresnahan, MS ■

FSPHP LEADERSHIP PRESENTS IN SUPPORT OF THE PHP MODEL TO THE CALIFORNIA MEDICAL BOARD

FSPHP Stands in Support of Health Professionals in California

The FSPHP Past Presidents, Chris Bundy, MD, MPH, Washington Physicians Health Program Executive Medical Director, and Paul H. Earley, MD, DFASAM, Georgia Professionals Program Medical Director, were invited to present evidence regarding the efficacy of the FSPHP PHP Model at the May California Medical Board meeting. The invitation followed FSPHP's submission of Comments in November 2023 to the California Medical Board expressing concerns for the newly proposed regulation of the Physician and Surgeon Health and Wellness Program, coupled with comments regarding problems with the existing Uniform Standards. Next, FSPHP submitted a statement in March 2024 offering to provide information on the FSPHP PHP Model that exists in 47 other states. The key message is that California is an outlier in its approach by not offering a confidential alternative to discipline separate from the medical board. This discourages those at risk of mental health and substance use disorders from coming forward early, which would result in optimal patient safety. Other concerns with the proposed regulation include overlooked provisions for psychiatric disorders, incorrect projections of the prevalence of those needing help, and a problematic funding model that places the entire financial burden on the participants.

California Medical Board Withdraws the Proposal for Regulations Based on Uniform Standards

Following the presentations, the California Medical Board voted to take a new and different approach to establishing a Physician Health Program for California. At its meeting on May 24, 2024, the board decided to withdraw the proposed regulations that were based on the Uniform Standards and prepare a proposal for new legislation that would allow a program aligned with national best practices. That action addresses the core obstacle that has prevented the board from taking the necessary steps to establish a Physician Health Program for California.

The discussion among board members made it clear that they wanted a state-of-the-art program that attracted self-referrals and fostered early intervention. They decided that there was only one way to achieve such a program: change the authorizing legislation. Thus, they voted to withdraw the proposed regulations and start anew.

Dr. Bundy shared with the FSPHP members that *"The Medical Board of California made a momentous decision and voted unanimously to withdraw the rulemaking that would have led to a terrible solution for California physicians and affirmed its commitment to work with CA stakeholders to develop a model PHP that aligns with the Federation of Physician Health Programs best practices. The road ahead will no doubt be long and arduous, but at least we have newfound hope."*

Dr. Earley's key concepts were the following:

- *Physicians are human beings who develop illnesses like everyone else.*
- *Most physicians who become ill are not impaired.*
- *Interceding early when a physician develops an illness prevents impairment.*
- *Physicians are safety-sensitive workers.*
- *Physician Health Programs know how to balance the needs of ill physicians and public safety.*
- *Research and best practices for Physician Health Programs are well known and promoted by the FSPHP.*
- *The best way of ensuring public safety is an independent Physician Health Program, with evolving trust of the California Medical Board.*

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FSPHP Leadership Presents in Support of a PHP Model Consistent with the FSPHP PHP Guidelines to the California Medical Board

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On May 24, 2024, the MBC staff with Staff Counsel Kerrie Webb prepared and distributed a chart showing the "Best Practices for Physician Health Programs Compared to California's Proposed Physician Health and Wellness Program," demonstrating the areas in which the proposed regulations do not meet best practices. The source of this information includes the Federation of State Medical Board Policy on Physician Illness and Impairment of 2021; the American Medical Association Model Language for Physician Health Programs, and input from the Federation of State Physician Health Programs experts and policy.

- RX for Success: The Washington Physician Health Program, Dr. Chris Bundy, MD, MPH, Executive Medical Director and FSPHP Past President
- Physician Health and Public Safety, Dr. Paul H. Earley, MD, Medical Director, GA Professionals Health Program and FSPHP and ASAM Past President
- CA Medical Board Video Recording of May 24—including Dr. Bundy's and Dr. Earley's presentations ■

CALL FOR 2025–2027 BOARD NOMINATIONS: SHAPE THE FUTURE OF FSPHP

The Federation of State Physician Health Programs (FSPHP) is seeking dedicated and passionate members to join our Board of Directors. This is your opportunity to help guide the strategic direction and impact of our organization as we work to support physician/ professional health programs and improve the health and well-being of medical professionals nationwide.

Nomination Criteria

- Experience with the wide range of physician health issues
- Experience as an FSPHP committee chair or committee member
- Expected to continue as an FSPHP member throughout the two-year term
- Willingness to assist in governing the FSPHP in its mission with duty and loyalty
- Ability to oversee the FSPHP's financial integrity
- Participate in 8 to 12 Board of Directors meetings a year and the Annual Membership Meeting
- Participate in subcommittees, retreats, or special projects as requested with travel
- Familiarity with the FSPHP bylaws and policies

How to Nominate

Nomination Form: Complete the nomination form available on our website: https://fsphp.memberclicks.net/2025-fsphp-call-for-nominations.

Supporting Documents: Include a statement of interest, biography, headshot, and any other relevant documents.

Deadline

All nominations must be submitted by **December 19, 2024**.

We look forward to your interest in serving the FSPHP!

The FSPHP Nominating Committee is seeking candidates interested in openings in leadership on the Board of Directors. The Nominating Committee is tasked with distributing its recommendations for positions by ballot in February 2025.

The following Board of Director positions will be on the ballot for the 2025–2027 term:

- Secretary
- Treasurer
- Central Region Director
- Southeast Region Director
- Northeast Region Director
- Western Region Director
- Director-at-large
- Public Member

All current members of the board in these positions are eligible to be candidates on the ballot for another term. Visit the 2025 FSPHP Call for Nominations web page for full details and to access the 2025 FSPHP Call for Nominations submission form. ■

SAVE THE DATE AND BOOK YOUR HOTEL ROOM

FSPHP 2025 CONFERENCE AND ANNUAL MEMBERSHIP MEETING

Health Professional Wellbeing: Aligning Safety, Supports, and Confidentiality

April 23-26, 2025 | Hyatt Regency Seattle

The Federation of State Physician Health Programs (FSPHP) Conference and Annual Membership Meeting is the premier event for physicians and healthcare professionals of all specialties and for others dedicated to health and professional well-being. Over 300 attendees join us including Physician or Health Professional Program (PHP) staff and experts involved in the evaluation and treatment of health professionals.

It is the most valued professional development training for your PHP staff and treatment professionals.

Hyatt Regency Seattle
808 Howell St.
Seattle, WA 98101

Seattle is a popular destination! We encourage you to plan early. We have negotiated a discounted rate of **$249** at the Hyatt Regency Seattle. **Book your hotel room in our group block at hyatt.com/en-US/group-booking/SEARS/G-FSPH.**

REASONS TO ATTEND

- Significant networking opportunities are available with leaders in the field of professional health and well-being.
- Essential time is available to meet with exhibitors during breaks, lunches, and at sessions.
- Learn about the essentials of physician health programs and healthcare professional treatment.
- Tend to your health and well-being with peer support groups and run/walk with peers.

REASONS TO EXHIBIT

- Engage in face-to-face networking with leaders in the field of professional health and well-being.
- Interact and network with attendees during dedicated exhibit hall hours and meals in a large exhibit space.
- Generate visibility for your organization or program.
- Build an interactive company profile on the conference mobile app to include your logo, video upload, photos, company description, contact info, links, and more.
- Attend all general and breakout sessions focused on the essentials of professional health programs.
- Receive exhibitor personnel registrations (the number is based on your sponsorship level) with access to all conference-related education events.

For more information, visit https://fsphp.memberclicks.net/2025-fsphp-annual-conference.

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Spring 2024 issue was published.

Please join us in welcoming our new members!

State Voting Members

Mark Chase, PhD, MBA, LADC, DOT SAP, MFT-I
Clinical Director, Nevada Professionals Health Program

Michael Sorna, MD, MSA, FASAM
Medical Director, Professionals Resource Network – Florida

Associate Members

Julia Bennett, JD
Health Practitioners Monitoring Program Manager
Virginia Health Practitioners' Monitoring Program

Alison Kathleen Brown, BA
Case Manager, Iowa Physician Health Program

John Curtis, SUDP
Clinical Coordinator, Washington Physicians Health Program

Kevin Hallgren, PhD
Associate Professor, University of Washington

Audrey M. Kern, MD, DFASAM
Associate Director, New Hampshire Professionals Health Program

Aalysia Mitchell
Quality Assurance Assistant, Washington Physicians Health Program

Leslie Bakken Oliver, JD
General Counsel, North Dakota Professional Health Program

Andrew Seefeld, MD
Associate Medical Director
New Hampshire Professionals Health Program

Industry Partner Individual Members

Timothy Carpenter, DO
Medical Director, Longleaf Recovery and Wellness

Mikhail Joutovsky, DO
Medical Director, Bradford Health Services

Charles Marlin
President & Founder, Interstate Healthcare Underwriters of Professional Liability Insurance Agency, Inc.

Lindsey Olander, MA
Professionals' Program Coordinator, Cumberland Heights

John Woods, MD
Assistant Medical Director, Cumberland Heights

International Members

Kathleen McGarvey, MD, FRCPC
Program Psychiatrist, Physician Health Program of British Columbia ■

IT'S RENEWAL TIME

The FSPHP membership renewal period began on October 1, and a renewal email and invoice have been sent to you. We hope that you will renew your FSPHP membership for 2025.

FSPHP 2025 Membership Dues

$1,860	State Voting
$250	Associate
$495	Organizational
$495*	International
$190	Individual
$190	Industry Partner Individual

**The first three International members from the same program are $495 each, and any additional members from that same program are $250 each.*

Please email ssavage@fsphp.org for an adjusted invoice if you have more than three renewing members at your program. ■

SPECIAL MEMBERSHIP DUES PROMOTIONS

Three Free Months for New Members

Starting October 1, any new member who joins FSPHP for the 2025 calendar year will receive the remainder of 2024 at no additional cost. Please share this information with anyone you think might benefit from becoming an FSPHP member or who is considering joining our community. Please email ssavage@fsphp.org with any questions.

One NEW Free Associate Membership for Each Renewing State PHP

Once again, FSPHP is offering **one complimentary Associate Membership** to each renewing State PHP when the State Voting Member and **all existing Associate Members** at that State PHP **renew for 2025**. This is for a staff, committee, or board member affiliated with your PHP and can only be used for ***NEW*** members.

For example, if your State PHP currently has **three Associate Members** with FSPHP and **all three Associate Members and the State Voting Member renew their membership for 2025**, you are eligible to have one person join as a ***NEW*** Associate Member for free for 2025.*

**Limited to one complimentary Associate Membership per qualifying State PHP. State Voting Members must also renew for Associate Membership eligibility. Email ssavage@fsphp.org with questions or for more information.* ■

THE VALUE OF FSPHP MEMBERSHIP!

FSPHP members enjoy a wealth of exclusive benefits, including networking, resources, collaboration, and cutting-edge educational opportunities in physician health. The FSPHP fosters the exchange of ideas and education through its member email groups and provides access to a members-only section on the FSPHP website.

Membership also offers access to FSPHP policies and guidelines, leadership opportunities, new employment listings, and the latest information on state and national issues affecting physician and professional health. Members also receive a discount on our annual conference and complimentary participation in FSPHP Regional Member Meetings.

For more information on the benefits of membership, visit https://www.fsphp.org/membership.

Share the Benefits and Spread the Word about Our Strongest Membership Ever!

Our membership and our network are growing. FSPHP membership has never been larger, with 323 active FSPHP members:

- 51 State Voting
- 159 Associate
- 16 International
- 62 Individuals
- 23 Industry Partner Individuals
- 8 Organizational
- 4 Honorary

New members benefit from the wealth of experience of our current PHP members and, in turn, bring fresh and exciting ideas to the table. Our dedicated 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.*** ■

RALLY WITH US: DONATE IN THE ANNUAL FSPHP RALLY BY REGION FUNDRAISER

It's time for FSPHP's members and nonmembers alike to rally together!

Please join FSPHP and the Fund Development Committee in the fourth annual Rally-by-Region!

Help us raise $14,000 ($3,500 per region) in donations from today through December 31, 2024!

Your donation will help FSPHP continue to:

- Elevate best practices for the health of the profession with the development of performance reviews for PHPs and accreditation for treatment programs.
- Carry on research to reveal how participation in Physician and Health Professional Programs (PHP) improves well-being and reduces malpractice risk.
- Raise awareness of health professionals' access to available PHP services.

Last year, the Central Region won the rally by raising over $4,000! Which region will win this year? To find out, we will send periodic emails updating you on the region that is in the lead. You may also track your region's progress through the Rally-by-Region webpage.

Donate at https://fsphp.memberclicks.net/donate.

See which region is in the lead at https://fsphp.memberclicks.net/rally-by-region-2024.

THANK YOU TO OUR LATEST DONORS

The following are our donors from March 23, 2024–October 1, 2024:

Leader of Healing ($10,000–$24,999)

Physicians Insurance

MedPro Group/MLMIC Insurance Company

State Volunteer Mutual Insurance Company

Partner in Health ($5,000–$9,999)

The Doctors Company

Medical Professional Liability Association

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Thank You To Our Latest Donors

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Ally of Hope ($2,500–$4,999)

Ohio Professionals Health Program

Washington Physicians Health Program

Advocate ($1,000–$2,499)

Michael Wilkerson, MD

In honor of Dr. Scott Hambleton's service to FSPHP

Caregiver ($500–$999)

Ruchi Fitzgerald MD, FAAFP

P. Bradley Hall, MD, DFASAM DABAM

Jenny Melamed, MD, MBChB, FASAM, and
E. Máire Durnin-Goodman, MD, PhD, FASAM, cISAM, FCFP, CCBOM, MRO

Friend ($1–$499)

Chris Bundy, MD, MPH, FASAM

Sarah Early, PsyD

James Ferguson, DO, DFASAM, MRO

Scott Hambleton, MD, DFASAM

Lynn Hankes, MD, FASAM

Art Hengerer, MD, FACS

Illinois Professionals Health Program

Interstate Healthcare Underwriters of Professional Liability Insurance Agency, Inc.

Joseph Jones, PhD

Margaret Kroen, LCSW-C

Tommy Malone, DPh — *In Memory of Dr. Roland Gray*

PBI Education ■

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FSPHP MEMBER POLICY LIBRARY—ESSENTIAL RESOURCE FOR PHP MEMBERS!

The FSPHP Member Policy Library, created by the Public Policy Committee, serves as a valuable resource where members can share and download a wide range of PHP policies.

The policies are catalogued into the following seven main categories:

- Entire PHP Policy Manual
- Administrative Policies
- Appendices
- Psychiatric Conditions
- Services Provided by PHPs
- SUDs Policies
- Other

Each of these categories has an extensive list of subtopic categories. View the list of FSPHP Policy Library Categories and Subtopic Categories at https://fsphp.memberclicks.net/assets/PolicyLibrary/FSPHP%20Policy%20Library%20-%20Category%20%26%20Subcategory%20List.pdf.

We encourage you to take advantage of these resources and consider contributing your organization's policies to the library. Your submissions are invaluable in supporting the FSPHP mission. All content submitted to FSPHP for member use will be reviewed before posting.

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Visit the **FSPHP Member Policy Library*** to learn more!

Be sure to read the Terms of Use and the General Guidelines prior to uploading or accessing any policies.

Please allow approximately 7–10 business days for your policies to be populated into the searchable Policy Library.

Email ssavage@fsphp.org with questions.

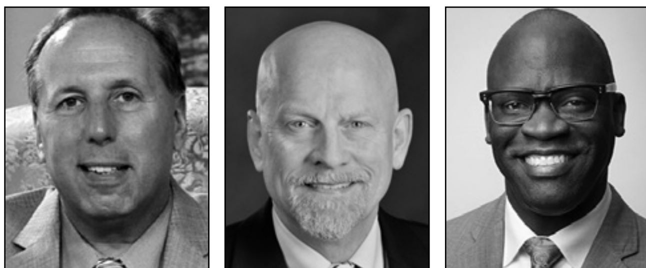
Access to the FSPHP Member Policy Library is restricted to FSPHP members and login to the Member Portal is required. ■

2024 EDUCATION CONFERENCE LECTURE SUMMARIES

GENERAL SESSIONS

FSMB AND FSPHP JOINT SESSION: WORKING IN HARMONY TO ENSURE A HEALTHY WORKFORCE

Michael Baron, MD, MPH, DFASAM, FAPA; Scott L. Hambleton, MD, DFASAM; Jeffrey D. Carter, MD; Stephanie Loucka, JD; Michelle Owens, MD



Michael Baron, MD, MPH, DFASAM, FAPA | Scott L. Hambleton, MD, DFASAM | Jeffrey D. Carter, MD

Stephanie Loucka, JD | Michelle Owens, MD

This year's combined session was presented in two parts: Dr. Scott Hambleton, Immediate Past President of the Federation of State Physician Health Programs (FSPHP), began by reviewing the historical landmarks in the FSPHP collaboration with FSMB and the role of medical boards and Physician Health Programs (PHPs), functioning in unison to fulfill the statutory public protection mandate of state medical boards. The launch of best-practice initiatives by FSPHP with national partners highlighted the PEER™ and ETA™ Programs, ultimately improving the performance and effectiveness of both PHPs and the treatment providers used by PHPs. The anticipated result will be that all PHPs will function at the highest levels, accurately representing the PHP model.

One of the prominent variations among PHPs involves the penetrance and utilization of PHP services, which is directly correlated with confidentiality provisions. Specifically, the ability of a PHP to provide monitoring services to participants who are completely unknown to their respective medical boards.When PHPs cannot monitor participants confidentially, a barrier exists, referrals are decreased, and public safety is jeopardized.

Stephanie Loucka, Executive Director of the State Medical Board of Ohio, described the long needed statutory and board changes in Ohio that have contributed to the success and effectiveness of the Ohio PHP. The changes include moving away from largely Board-ordered impairment monitoring by expanding confidential monitoring within the program. Early indicators of success include a 61 percent share of non-Board referrals and a 59 percent increase of Board referrals to the Ohio PHP. Panelists agreed the results are further evidence that a confidential, nonpunitive approach increases utilization of a PHP, thus improving patient safety. We hope to present current utilization data at the 2025 FSPHP annual meeting.

The second part of the combined session, moderated by Mississippi State Board of Medical Licensure President Dr. Michelle Owens, was a case study illustrating the different ways PHPs and State Medical Boards (SMBs) approach working with a physician diagnosed with a Substance Use Disorder (SUD) and who has not been practicing medicine for many years. The case, an amalgam of physicians with whom the Tennessee Medical Foundation-Physician's Health Program has worked, was presented in seven chronologic portions by TMF-PHP Medical Director and current President of the FSPHP, Dr. Michael Baron. Panelists Dr. Jeffrey Carter, immediate past Chair of the FSMB; Drs. Hambleton and Baron; and Ms. Loucka shared how the case would be handled based on their states' statutory limits, SMB rules and regulations, and PHP policies. The responses revealed both the differences and similarities among SMBs and PHPs across the country.

Dr. Owens noted key takeaways from the session. A healthy working relationship between the PHPs and licensure boards improves public safety by optimizing opportunities for physicians to get the assistance that they need and deserve, while allowing them to practice safely. There is a delicate balance between transparency and confidentiality, and both are essential to facilitate effective functioning of licensure boards as well as PHPs. Treating licensees with respect throughout the process of engagement with both entities is key, as our actions have a profound impact on the lives of our licensees as well as the patients and communities they serve.

Panelists agreed that Fitness for Duty and Clinical Competence are two distinct elements that are determined by vastly different methods. They stated

that when a physician has been out of practice for many years, both elements must be evaluated to permit a safe return to practice.

A Message from the Chair of the FSMB Medical Board
FSMB and FSPHP Joint Session: Working in Harmony to Ensure a Healthy Workforce

Jeffrey D. Carter, MD, FSMB Past Chair; and Chair of the Missouri Medical Board

The annual joint session that FSMB plans with FSPHP during each organization's Annual Meeting is very impactful and highlights the essential ongoing collaboration between the two organizations. The opportunity to participate in ***Working in Harmony to Ensure a Healthy Workforce*** was a capstone of my term as Chair of the FSMB Board of Directors. FSMB is grateful for the insight and the value derived from our relationship with FSPHP, and we hope that it adds value to the work of our member state medical boards as well.

The Missouri Board of Registration for the Healing Arts deeply values the relationship we have with the two PHPs in our state: The Missouri Physicians Health Program, established in 1985 by the Missouri State Medical Association, and The Center for Mental Wellness at Capital Regional Medical Center in Jefferson City, founded in 1987, and sponsored by the Missouri Osteopathic Association. A Memorandum of Understanding defines the relationship as well as reporting requirements between each PHP and the medical board in Missouri.

The case presented during this session illustrated several key themes. Healthy physicians are in the best interests and safety of the public, and one responsibility of state medical boards is to work with PHPs to support physicians and PAs in accessing treatment. However, stigma associated with illness and impairment and fear of regulatory scrutiny that may impact licensure can be powerful barriers to seeking treatment among physicians. Confidentiality is therefore a fundamental priority for both programs for the clients who self-refer. One obstacle to ensuring confidentiality is a requirement for physicians to notify the Board at the time of license renewal, even if they are participating and compliant with the terms of a PHP program. Safe Haven Non-Reporting, which allows physicians to apply for medical licensure or license renewal without having to disclose their diagnosis or treatment to the Board, is supported by FSMB policy, is a way to ensure confidentiality, when appropriate, and has been adopted by a number of states. While Missouri has not adopted Safe Haven Non-Reporting at this time, the Board recognizes the importance of a nonpunitive approach toward physicians who are in compliance with a monitoring and treatment program.

The physician in the case presentation was unlicensed and out of practice five years during a period of impairment, which requires a process of reentry to regain licensure. Most states require anyone out of practice and not licensed for longer than two years to undergo a reentry process to prove clinical competence. Interestingly, had she maintained her license and fulfilled requirements such as CME, a specific reentry process would not have been required in many jurisdictions. A more holistic approach to evaluating reentry physicians is needed beyond a simple time frame out of practice. There should not be a one-size-fits-all approach; rather, an individualized assessment considering other factors is needed. The medical regulatory authority may consider a variety of factors when evaluating the necessity of a reentry process, including the following:

- Administrative or consultative activity (e.g., chart reviews)
- Concordance of prior and intended scopes of practice
- Educational or mentoring responsibilities
- Intention to perform procedures upon reentry
- Length of time in practice prior to departure
- Participation in accredited continuing medical education and/or volunteer activities during the time out of practice
- Participation in continuous certification prior to departure from practice
- Time since completion of post-graduate training

It is important to state that the terms *illness* and *impairment* are not synonymous. *Illness* is the term used to describe the existence of a disease state. It can be physical or psychiatric and can include addictive disease, injury, and cognitive change. *Impairment*, however, is a functional classification that implies the inability of the person affected by illness or injury to provide medical care with reasonable skill and safety. A physician who is or has been ill is not necessarily impaired and might be able to function effectively and practice safely, especially with participation in relevant treatment programs and ongoing monitoring. **Therefore, reentry requirements and programs should be available to this population of physicians seeking reentry. The bar for assessing competence should not be higher than a reentry physician without illness.**

Jeffrey D. Carter, MD
FSMB Immediate Past Chair ■

THE CALIFORNIA STORY 2008–2024: SIXTEEN YEARS IN THE TRENCHES

Tracy Zemansky, PhD; Francine Farrell, MS, LMFT, ICADC

Tracy Zemansky, PhD

Francine Farrell, MS, LMFT, ICADC

This presentation illustrated the forming and ongoing functioning of Pacific Assistance Group (PAG), a California-wide Private Support and Monitoring Entity (PSME) that offers confidential, early intervention, treatment recommendations and referrals, facilitated healthcare professionals' support and monitoring groups, and Standard of Care monitoring outside the formal structure of a state PHP. Dr. Zemansky and Ms. Farrell are two of the nine founding members of PAG.

The presentation described the urgency of forming the PSME in preparation for the state's impending sunsetting of the formal California Diversion Program, which had previously served as a model for other states that were developing PHPs. We discussed the challenges encountered over the past 16 years without a formal state PHP offering recovery services for physicians. We talked about the primary PAG goal: to provide early intervention and support for physicians with substance use, other addictive/compulsive behaviors, mental health concerns, behavioral and boundary issues, and aging and physical illness, as well as other life changes and stressors. The presentation concluded with case examples and a Q & A with the audience.

We addressed the following topics:

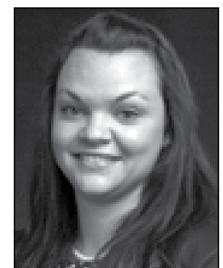
- Formation and financial structures implemented to make a statewide PSME feasible with no external funding source
- Assumptions made in the formation of the PSME, problems encountered
- Development of Policies and Procedures for Case Management and Group Facilitation
- Integration of monitoring and TPA biological testing (hair/blood/urine)
- The process of entry into PAG, initiated by a participant or an outside entity
- Immediate initiation of HIPAA-compliant telehealth services for all professionals' groups within two weeks of the pandemic shutdown on 3/15/20
- Use of outside, Board Certified Addiction Medicine Physicians and Addiction Psychiatrists as consultants for all participants with substance use issues
- Viable strategies for publicizing the PSME, developing referral and treatment resources
- Ways to effectively engage worksites and other referring entities
- Effective communication and collaboration with hospital and university wellness committees, medical groups, State Boards, attorneys, and outside treating professionals
- Implementation of methods allowing a PSME to collaborate with other state PHPs, allowing seamless transition when physicians must relocate to or from the state.
- Managing a balance between effective advocacy for physicians in recovery and an adequately structured PSME to ensure credibility and consistency
- How to assess the effectiveness and limitations of a PSME over the course of 16 years
- Recovery goals for physicians in PSME ■

IMPLEMENTING THE INTERACTIVE SCREENING PROGRAM (ISP) AS A PROACTIVE WELLNESS INITIATIVE FOR PHPS

Michael Baron, MD, MPH, DFASAM, FAPA; Christine Yu Moutier, MD; Kelley Long, MBA; Candice Cochran, MSPR; Brenda Williams-Denbo, BA

Michael Baron, MD, MPH, DFASAM, FAPA

Christine Yu Moutier, MD


Kelley Long, MBA

Candice Cochran, MSPR

Brenda Williams-Denbo, BA

Physicians are less likely to receive mental health treatment when compared with nonphysicians. There are many barriers in place that prevent physicians from seeking mental health care, including stigma, health licensure and credentialing fitness questions, self-reliance, ego, cost, time, and many more.

Dr. Christine Moutier, Chief Medical Officer for the American Foundation for Suicide Prevention (AFSP), began the presentation with new data that challenges widely repeated data about physician suicide that may be inaccurate or unproven. She cited proven facts: female physicians have a higher suicide rate than female nonphysicians, and male and female physician suicide rates are roughly the same. She shared national initiatives to address physician well-being and actionable strategies for organizations and workplaces to improve well-being and prevent suicide.

To address mental health and suicide problems, the AFSP offers an innovative online tool, the Interactive Screening Program (ISP). Dr. Moutier introduced the resource and explained the ISP goal to connect individuals in a safe and anonymous way to available mental health services. It is an essential part of a comprehensive mental health promotion and suicide-prevention strategy.

The ISP has been widely implemented nationwide including by three state Physician Health Programs (PHP): the Wyoming Professional Assistance Program (PAP), the Ohio Professionals Health Program, and the Tennessee Medical Foundation-Physician's Health Program. Candice Cochran, Kelley Long, and Brenda Williams-Denbo, respectively representing these three programs, discussed their remarkable utilization and outcome data.

Wyoming PAP's version of the ISP is available to nursing, legal, pharmacy, veterinary, and dental professionals, as well as physicians, with a total of 571 health professionals and attorneys taking the mental health screening to date; 35 percent scored in Tier 1 with high/severe distress; 68 percent logged back into the site to review the clinician response, and 20 percent dialogued with clinicians for further assistance. Ms. Cochran shared that they know at least one life was saved when an individual in crisis was referred to the PHP through the ISP.

Ms. Long presented on Ohio PHP's version of the ISP, branded as the Well-Being CARE Service. A total of 410 health professionals completed the survey: 75 percent of those were in Tier 1/high distress; 71 percent reviewed the clinician response, 77 percent of whom were Tier 1 users; and 41 percent engaged in dialogue, 85 percent of whom were Tier 1.

Tennessee's ISP survey, the Tennessee Professional Screening Questionnaire, had been used by 786 health professionals to date: 53 percent scored in Tier 1/high distress; 69 percent reviewed the clinician response; 32 percent dialogued with the clinician; and 64 percent requested an appointment or referral. Ms. Williams-Denbo shared that the TMF wanted a proactive, anonymous, free resource, with the goal of reaching health professionals sooner in their condition and before a referral to the PHP was necessary. She said a key data point that suggests they are meeting that goal is that 83 percent of users were not already in treatment or therapy for their stated concern.

Use of the ISP has clearly been a win for licensee/participants/users in these states and a win for these PHPs in terms of fulfilling their missions to offer proactive, reparative help as well as increased awareness, recognition, and fundraising. ■

COURAGEOUS COMPASSION: STRATEGIES TO EFFECTIVELY PARTNER WITH GRADUATE MEDICAL EDUCATION (GME) PROGRAMS TO SUPPORT TRAINEES IN DIFFICULTY

Christopher Bundy MD, MPH, FASAM; Timothy Brigham MDiv, MS, PhD; Courtney Strong, LMHC, SUDP; Cindy Hamra, JD, MA

Christopher Bundy MD, MPH, FASAM

Timothy Brigham MDiv, MS, PhD

Courtney Strong, LMHC, SUDP

Cindy Hamra, JD, MA

Medical trainees (residents and fellows) are eligible for participation in most state physician health programs (PHPs). While published data comparing utilization of PHPs among medical trainees are lacking, it is likely that there is substantial variation in PHP utilization by different GME programs as well as considerable unmet need.[1,2] Mental health

continued on page 16

Courageous Compassion: Strategies to Effectively Partner with Graduate Medical Education (GME) Programs to Support Trainees in Difficulty

continued from page 15

and substance use problems typically predate and may worsen during medical school and training.[2,3] Residency training, a period of both intense stress and evaluation, thus represents a unique opportunity for early identification and intervention of impairing illness before patients or careers are put at risk.

In this workshop session, Chris Bundy, MD, MPH, Executive Medical Director of the Washington Physicians Health Program (WPHP); Courtney Strong, LMHC, SUDP, WPHP Clinical Director; Cindy Hamra, JD, MA, Associate Dean for Graduate Medical Education at the University of Washington School of Medicine; and Timothy Brigham, MDiv, MS, PhD, Chief of Staff and Chief Education Officer, ACMGE, presented their experience cultivating collaborative alliances in support of resident and fellow health and well-being. Barriers to effective identification and PHP utilization, unique to medical trainees and GME programs, were highlighted as well as practical strategies to facilitate desired outcomes. Collaboration with GME wellness services, a funding program to offset costs of evaluation and treatment, and working with resident unions, was addressed. WPHP presented data showing that covering the cost of evaluations for GME participants markedly increased program utilization. By 2023, GME referrals were 12 percent of all WPHP referrals. Session polling (n = 79–86) revealed almost an even split between PHPs' agreement and disagreement on statements related to the PHP being well utilized by large GME programs in their respective states, GME program support of PHP recommendations, and residents being a more challenging population to work with than other participant groups.

The session concluded with Timothy Brigham offering inspiring support of PHPs and a commitment to build awareness of the importance of PHP work within ACGME and its members.

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2. Rotenstein, L. S., Ramos, M. A., & Torre, M., et al. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis. *JAMA*. Dec 6 2016;316(21):2214–2236. doi:10.1001/jama.2016.17324

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ONGOING RESEARCH ROUNDUP: TOP TEN PAPERS IN CLINICIAN HEALTH, IMPAIRMENT, AND MONITORING PUBLISHED IN THE LAST TWO YEARS

Michael Gendel, MD; Rosalie Hemphill, LSW; Emily M. King, C(ASCP)cm, MHS, PA-C; Natalie Lyons, BS, IADC

Michael Gendel, MD

Rosalie Hemphill, LSW

Emily M. King, C(ASCP)cm, MHS, PA-C

Natalie Lyons, BS, IADC

The 2024 presentation subcommittee reviewed all articles submitted to the full research committee over the past year and published between 2022–2024 and not previously considered for review. The goal of this year's presentation was to find unique perspectives on physician health. Each article was included for further consideration if it discussed novel ideas or new information related to physician health or monitoring. The final articles were tiered during independent subcommittee meetings until the top ten articles were chosen to present during the conference. Categories covered this year included articles related to stressors unique to physicians and their work environments, measuring burnout, screening and addressing impairment in physician cognition, financial barriers to treatment, and evolving licensing questions. This presentation has been offered by the research committee since 2022 and will continue in efforts to provide up-to-date information to FSPHP members regarding physician health research, monitoring, and treatment.

Top Ten Papers

Cognitive Screening for Senior Physicians: Are We Minding the Gap?
Christopher C. Bundy, MD, MPH; Betsy White Williams, PhD, MPH
Journal of Medical Regulation
VOL 107, NO 2 | 41-48
https://meridian.allenpress.com/jmr/article/107/2/41/469723/Cognitive-Screening-for-Senior-Physicians-Are-We

Burnout in Medicine: Are We Asking the Right Questions?
Alexandra DePorre, Gargi Banerjee MD, John D Mitchell MD, Marek Brzezinski MD PhD, Heather A Ballard MD MS
The Permanente Journal
2023 Jun; 27(2): 123–129
doi: 10.7812/TPP/23.033
https://www.thepermanentejournal.org/doi/full/10.7812/TPP/23.033

Barriers to Recovery for Medical Professionals: Assessing Financial Support through a Survey of Physician Health Programs
Samuel Weinhouse BA; Lisa J. Merlo PhD, MPE; Chris C. Bundy MD, MPH; Linda R. Bresnahan MS; Steven J. Staffa MS; Michael G. Fitzsimons MD; Mark A. Rockoff MD; Amy E. Vinson MD
The American Journal on Addictions
2023 Jul; 32(4): 385–392
https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13397

Veiled Harm: Impacts of Microaggressions on Psychological Safety and Physician Burnout
Vimal Desai, MD; Antonio Hernandez Conte, MD, MBA, FASA; Vu T Nguyen, MD; Philip Shin, MD; Neha T Sudol, MD; Janet Hobbs, EdD; Chunyuan Qiu, MD, MS
The Permanente Journal
2023; 27(2): 169–178
doi: 10.7812/TPP/23.017
https://www.thepermanentejournal.org/doi/full/10.7812/TPP/23.017

The Effects of Becoming a Physician on Prescription Drug Use & Mental Health Treatment
D. Mark Anderson, Ron Diris, Raymond Montizaan, Daniel I. Rees
Journal of Health Economics
2023 Sep:91:102774
doi: 10.1016/j.jhealeco.2023.102774
https://www.sciencedirect.com/science/article/abs/pii/S0167629623000516

A Rationale and Framework for Addressing Physician Cognitive Impairment
Victor A. Del Bene, David S. Geldmacher, George Howard, Catherine Brown, Elizabeth Turnipseed, T. Charles Fry, Keith A. Jones and Ronald M. Lazar
Frontiers in Public Health
Published 25 August 2023
DOI 10.3389/fpubh.2023.1245770
https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1245770/full

Questioning Physicians About Health Conditions at Medical Licensure Registration: How Should Policy Evolve in Canada?
Erene Stergiopoulos MD, MA, Maria Athina, Martimianakis PhD, Juveria Zaheer MD MSc
Canadian Medical Association Journal
Published May 2023 | 195(20) E710-E716
doi: 10.1503/cmaj.221097
https://www.cmaj.ca/content/195/20/E710

Co-Occurring Pain & Addiction: Prognostic Implications for Healthcare Professionals in Residential Treatment for Substance Use Disorder
Lysandrou AE, Teitelbaum SA, Merlo L, Phalin B, Janner A, Solomon L, Hunt J, Lewis B.
Journal of Addictive Diseases
2023 Jun 28:1–10
doi: 10.1080/10550887.2023.2223505
https://www.tandfonline.com/doi/full/10.1080/10550887.2023.2223505

Supporting Mental Health and Psychological Resilience Among the Health Care Workforce: Gaps in the Evidence and Urgency for Action
Oluwatoyin Akinnusotu, Atiq Bhatti, MD, Chyke A. Doubeni, MD, MPH, Mark Williams, MD
Annals of Family Medicine
Vol. 21, Supplement 2
2023
https://www.annfammed.org/content/21/Suppl_2/S100

The Stress of Being Sued
Jeffrey L. Metzner & Michael H. Gendel
Textbook Chapter in *Malpractice and Liability in Psychiatry*, Springer Nature, Switzerland, 2022.
https://link.springer.com/book/10.1007/978-3-030-91975-7 ■

A SURVEY OF SUICIDAL BEHAVIOR AMONG NORTH CAROLINA PHYSICIANS: USING DATA TO INFORM INTERVENTIONS

Joseph P. Jordan, PhD; Rebecca Mathews, PhD

Joseph P. Jordan, PhD

Rebecca Mathews, PhD

The North Carolina Professionals Health Program (NCPHP), in partnership with the North Carolina Medical Board (NCMB), created and distributed an online survey to all licensed physicians in North Carolina for anonymous participation. This survey asked about any suicidal ideation in the last 12 months, as well as factors that previous research had linked to suicidality in professionals. Statistically significant results were obtained identifying multiple factors related to suicidality in respondent physicians. Depression, burdensomeness, and lack of social support were the main factors identified. Possible avenues for intervention and directions for future research were discussed.

This survey indicates the problem may be more severe than previously understood. Jean Fisher Brinkley, Communications Director, North Carolina Medical Board, and Dr. Joe Jordan, CEO of NCPHP and Southeast Regional Director of FSPHP, discuss the findings from NCPHP's recent Suicidal Ideation Survey and explore solutions to address this critical issue on the podcast"Physicians on the Brink: Suicidal Ideation in NC". Learn more and listen at https://ncmedsoc.org/physicians-on-the-brink-suicidal-ideation-in-nc.

WORKSHOPS

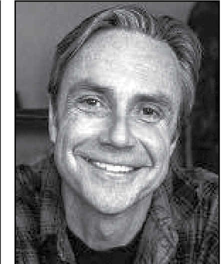
SO, YOU ARE THE NEW PHP MEDICAL/ CLINICAL DIRECTOR: A WORKSHOP FOR THE NEWLY HIRED MEDICAL OR CLINICAL DIRECTOR

Michael Baron, MD, MPH, DFASAM, FAPA; P. Bradley Hall, MD, DABAM, DFASAM; Kelli Jacobson, MSW, LCSW; Robert Simpson, MD, FASAM

Michael Baron, MD, MPH, DFASAM, FAPA

P. Bradley Hall, MD, DABAM, DFASAM

Kelli Jacobson, MSW, LCSW


Robert Simpson, MD, FASAM

Stepping into the role of a medical/clinical director of a Physician Health Program (PHP) presents a variety of challenges, even for the most experienced clinician. In this workshop, we explored the roles of medical/clinical directors of PHPs of varying sizes in terms of budget and stage of establishment. Our learning objectives were to explain and differentiate these roles across the different-sized PHPs and to examine their scope of responsibility, functions, and duties to assist the newly hired director in navigating these complex land scapes of PHP operations.

Representing a new program with a smaller budget, the Utah Professionals Health Program (UPHP) highlighted the unique challenges and opportunities faced by newly established programs. The focus here is often on building the program from the ground up, establishing standard operating procedures, and gaining credibility with key stakeholders.

The West Virginia Medical Professionals Health Program, representing a medium-sized budget in its adolescent stage of development, showcased the evolution and the maturation of a developing PHP. These programs often focus on refining processes, expanding services, and maintaining stakeholder relationships.

Lastly, the Tennessee Medical Foundation, representing a large budget and a well-established program, demonstrated the advanced stages of PHP development. These programs typically prioritize innovation, research, and setting industry standards, often modeling best practices for newly established programs.

Feedback and Future Directions

Attendees provided valuable feedback, expressing a strong interest in taking a deeper dive into exploring the detailed roles and responsibilities of medical and clinical directors. Attendees suggested that future workshops could incorporate specific case examples of referrals, return to use, and other clinical issues to illustrate how the medical/clinical director role oversees and interacts with staff, participants, and referents in the management of common and challenging situations. ■

THE POWER OF COLLABORATION IN PROMOTING HEALTH: LEADERSHIP AND PROFESSIONAL DEVELOPMENT

Philip Hemphill, PhD; Craig Uthe, MD; Kelley Long, MBA

Philip Hemphill, PhD **Craig Uthe, MD** **Kelley Long, MBA**

This workshop focused on the relationship between employee well-being and organizational success because leadership is responsible for providing a positive environment that focuses on work–life balance that meets the evolving needs of the staff. The facilitators provided an environment that simulated leadership development by providing small roundtables for participants who were grouped together by organization. This accelerated trust and openness among participants. Initially, the workshop used the 501 Commons model, which has a five-star organizational assessment: (1) Governance & Boards; (2) Funding & Financial Management; (3) Communications & Relationships; (4) Planning, Technology, & Administration; and (5) Management & Culture. The fifth element—Management & Culture—provided each table with an opportunity to review their current operational and organizational functioning by appraising one of the following areas: Resiliency and Change Management; Staff Diversity; Intentional Staff Support; Organizational Culture; Decision-Making Processes; Staff Recruitment and Retention Efforts; Clear Job Descriptions; Standardized Interviewing Processes; Up-to-Date and Current Employee Handbook; Engaging Employee Orientation with Fidelity; Professional Feedback and Performance Reviews; Skills and Experience of Personnel with Competencies Checklist; Market Staff Compensation Packages; Thoughtful Leadership Succession Planning; or Ongoing Review of Staffing Levels with Agility. Following discussion, each table identified a spokesperson who shared one to three examples of operational success for each area with all participants. This allowed others to consider different strategies for implementation. This exercise provided participants with a structure for positive exchange and concept generating as they consider next steps.

The workshop pivoted to the importance of individual well-being and offered a personal experience of Being Centered, Staying Focused, Finding Balance, and Seeking Margins. Each participant generated Three Top Priorities in life representing the question: "What Do You Live Your Life For?" Common responses were family, friends, faith, work, and personal health. The top priority of the three was identified as the Firm Anchor, and it was stressed as participants prioritized answering the question: "What do you put all your hope in when you have nothing left to hang on to?" These responses were built on identifying five Core Values and allowed participants to explore values, principles, and virtues held in the highest esteem in their daily living. The number one Core Value of the five was identified as the Common Thread in the Tapestry of Life that allows for inner connection. These exercises promoted the use of team building as organizations could offer them as a platform that enhances engagement through sharing.

In summary, this workshop invited participants to face the responsibility of supporting the health of their organization and individual staff. A big part of this is taking active steps to tackle key areas such as employee productivity and performance, retention and recruitment strategies, work–life balance efforts, employee engagement and their connectedness to the organization's mission and its goals, and organizational culture. The importance of prioritizing and taking first steps are key opportunities. ■

PHYSICIAN HEALTH PROGRAMS STRATEGIC PLANNING YOUR ROADMAP TO SUCCESS

Scot Scala, MEd

Scot Scala, MEd

Establishing a comprehensive strategic plan for a Physician Health Program (PHP) ensures that an organization's programs, practices, and policies remain mission focused. It becomes a roadmap that assists a PHP in being successful, guides in priority setting, and sustains the important work of the organization. Strategic plans also show a potential funder that the PHP is not just chasing the money but is actually being strategic about what funds it solicits, from whom, when, and why.

Strategic plans should never be written by just one person in an organization. Therefore, the session presentation was designed to detail how participants may work collaboratively with board and team members for buy-in, completion, and ultimately adoption of the strategic plan. During the presentation, participants explored the early planning steps required to start a strategic plan with a comprehensive and holistic approach. Participants also learned to articulate their PHP's goals and how to reach them, walking through the process of strategic planning, naming goals, identifying specific activities, discussing what is needed to implement chosen activities, developing a necessary time frame to complete each activity, assigning responsibility/roles for each activity, and identifying how to measure the outcomes.

Presenter Scot Scala is a seasoned fundraising executive with 36 years of experience, Grant Professionals Certified (GPC), a nationally accredited approved trainer, and an award-winning consultant who has helped nonprofit organizations secure revenue for their operations and programs. ■

BREAKOUT SESSIONS

Administration of PHPs

WHERE HAVE ALL THE DENTISTS GONE?

Alan Budd, DMD; Julie Spaniel, DDS; Mary Wolf, MS, LPC-MH; William Hamel III, DDS, FAGD; Bill Claytor, Jr, DDS, MAGD

Alan Budd, DMD

Julie Spaniel, DDS

Mary Wolf, MS, LPC-MH

William Hamel III, DDS, FAGD

Bill Claytor, Jr, DDS, MAGD

Despite evidence that dentists across the country are struggling with unprecedented levels of burnout and related issues, utilization of dentist health peer-to-peer wellness programs and remediation services has declined post-pandemic. Many states report a significant drop in substance abuse–related requests. However, more robust programs in states like North Carolina, Oregon, and South Dakota have experienced increased demand.

Successful programs share key components: confidentiality, consistent and creative outreach, stable funding, and well-trained volunteers. A major barrier to program success is limited awareness among dentists. To overcome this, strategies such as targeted newsletters, information included with license applications, and specialized seminars can be effective. Traditional outreach methods, including reliance on the American Dental Association, are becoming less effective as the profession evolves.

With half of dentists still practicing solo and facing unique accountability challenges compared to other healthcare providers, innovative approaches are essential to reach those struggling with substance abuse and mental health issues. In 28 states, dentists are referred to a Professional Health Program (PHP) for monitoring. We encourage PHPs to engage with dental associations and licensing boards to improve outreach and early identification of dentists struggling with mental health issues. ■

AN ORGANIZATIONAL APPROACH TO BURNOUT PREVENTION IN HEALTHCARE PROFESSIONALS

Christine Garver-Apgar, PhD; Robyn Hacker, PhD, LP, LAC; Chad Morris, PhD; Cindy Morris, PsyD

Christine Garver-Apgar, PhD

Robyn Hacker, PhD, LP, LAC

Chad Morris, PhD

Cindy Morris, PsyD

Healthcare providers are at increased risk for burnout and other health problems due to long work hours, high work demands, and regular exposure to distressing circumstances. The World Health Organization considers burnout a syndrome tied to chronic workplace stress, yet national wellness initiatives often focus intervention on employees' individual health behavior change. Mounting evidence suggests, however, that the most effective employee wellness interventions occur at the organizational level. The solution to reduce burnout is to take a multi-pronged approach; it requires organizational change and individual support.

Certain individual and organizational characteristics increase risk for burnout and the development of diagnosable mental health concerns that may result in PHP involvement. Being a woman, being divorced, being a nurse or a physician, and having fewer years of healthcare experience increased risk for burnout in response to the pandemic. At an organizational level, systems that required people to work longer hours, those lacking PPE, and settings with closer contact with infected patients also increased risk (Chutiyami et al., 2022). The establishment of a culture of organizational wellness demands the sustained actions of leadership, supervisors, wellness champions, and employees themselves and may be an opportunity for PHPs to participate in the next generation of prevention and outreach to support healthcare providers.

During Colorado's 2022 legislative session, $61 million was dedicated to support the healthcare and public health workforce. This funding led to the development of the Colorado Alliance for Resilient and Equitable Systems (CO-CARES). This was a partnership with the University of Colorado Department of Psychiatry's Behavioral Health and Wellness Program (BHWP), other department clinics, the Colorado Hospital Association, and the Colorado Department of Public Health and Environment. CO-CARES was an innovative response to burnout experienced by the Colorado workforce through the pandemic. All healthcare and public health workers in the state were provided free access to programs tailored to individuals, peer champions, and organizations. BHWP provided expertise at the organizational level through Organizational Wellness Consultations.

Organizational Wellness Consultations included three components: (1) needs assessment, (2) goal setting, and (3) follow-up. The needs assessment involved an initial consult with an organization's leadership to explore general concerns, align expectations, and plan to distribute a survey to identify staff priorities across the organization. During goal setting, data from the staff feedback survey was reviewed with organizational leadership; when appropriate, this included a comparison between leadership and staff perspectives. It was also during this consultation that priority areas were identified, and rapid improvement goals and action steps were agreed on. During the follow-up consultation, outcomes of the initial action steps were reviewed, collaborative next steps and additional goals were identified, and a plan was finalized to transition ownership of continued progress to the organization.

A review of organizational staff feedback data across consults led to common recommendations. Staff desired overt agency commitment to employee wellness, increased leadership transparency and bidirectional communication, involvement in continuous quality-improvement projects, and opportunities for career advancement. It is important to note that staff want leadership to be adequately trained to encourage and destigmatize help-seeking. ■

Case Management

STRATEGIC APPROACH TO SUCCESSFUL RETURN TO WORK FOR PHYSICIANS SUPPORTED BY PHYSICIAN HEALTH PROGRAMS

Danijela Ninkovic, RN, MHM, CPMHN(C); Jon S. Novick, MDM, FRCPC, MRO

Danijela Ninkovic, RN, MHM, CPMHN(C)

Jon S. Novick, MDM, FRCPC, MRO

Physician Health Programs (PHP) are in the business of supporting physicians struggling with their health and assisting with their advocacy and accountability needs in recovery. One juncture where advocacy plays a key role is the moment when a physician or learner (medical student or resident) is ready to return to work (RTW). Data and anecdotal reports from Ontario physicians showed that the process of RTW can be complicated, tasking, and reminiscent of a setback even if it is exactly the opposite. To improve the quality and coordination of support provided to Ontario physicians, the Ontario PHP evaluated and redesigned its RTW processes to better account for active risk management, stakeholder engagement, efficiency, transparency, and standardizing approaches to address individual physician and workplace needs.

Consultation with external stakeholders including PHP participants, their clinical treaters, and workplace leaders identified the most challenging aspects of the process. They cited the following: (1) a lack of understanding of the overall process and estimated timelines increased uncertainty and stress, and (2) operationalizing the return-to-work plan was challenging and caused unnecessary delays. Combining this with internal discussion, we identified gaps, strengths, and priorities.

Our ultimate objective was to integrate (1) new evidence, (2) stakeholder feedback, and (3) the PHPs experience gathered over two decades to optimize our RTW protocol. This optimized protocol, which we presented in April, rests on engaging all stakeholders in a clear and standardized approach that allows all parties to overcome systemic barriers while minimizing the stress and burden on individual physicians and workplaces.

Clarity was achieved and facilitated by training the clinical and administrative team to use standardized tools that would improve communication and thereby enhance the engagement of internal and external stakeholders.

During the workshop, we shared our protocol including the tools and strategies developed in our Canadian (Ontario) context. Our protocol facilitates effective communication between multiple stakeholders with both overlapping and divergent goals to achieve a highly integrated approach accounting for and reflecting individual physician, workplace, and physician health program needs. Practical examples (case studies) were shared by the presenters, while the attendees had the opportunity to bring their experiences and engage others in problem-solving discussions. Questions focused on the feasibility of applying our RTW process to different PHP settings, audiences, and with a variety of stakeholders.

Three of the themes that emerged during the workshop included the following:

1. Return-to-work is foundational to PHP work. Yet many facilities (if they use a model at all) use one that is rooted either in nonmedical leaves or nonphysician needs, not accounting for either the safety-sensitive or recovery-minded individual, leaving risky gaps.
2. There is an appetite for collaboration with multiple stakeholders—that is, hospitals, university or faculty wellness offices, and at different levels of leadership.
3. PHP participants/teams and stakeholders appreciated the clear RTW process because it provides an important and straightforward framework to support doctors returning to work after stabilization.

The FSPHP presentation provided an invaluable platform to share our work and learnings and identify new directions to other PHPs. This includes the opportunity to train PHP teams who are preparing to introduce and offer an RTW protocol to the physicians and healthcare institutions in their communities. ■

A BROADER VIEW OF PHYSICIAN UNWELLNESS: CURRENT CONTEXT AND FUTURE DIRECTIONS

Mark J. Albanese, MD; Amy Harrington, MD, CPE, FAPA; Paul G. Simeone, PhD, MA

Mark J. Albanese, MD

Amy Harrington, MD, CPE, FAPA

Paul G. Simeone, PhD, MA

The COVID-19 pandemic resulted in both a rise in physician burnout and an increased focus on factors that contributor to physician unwellness. There are both risk factors and protective factors within society, with the medical profession itself, and within our healthcare institutions that can prevent or contribute to burnout. Before 2020, the United States was experiencing social, political, and economic unrest not seen since the Civil War. The mental health arm of the COVID pandemic came on the heels of a mental health crisis that was already well under way in the United States. As a culture, we lost our sense of "self as we knew it," and our attachments are now either seen as frail and easily lost or have disappeared altogether.

Physician Health Programs are swimming in the same toxic waters of society. A 2023 Surgeon General's report on "Our Epidemic of Loneliness and Isolation" stated that the health effects of lacking social connection were worse than smoking 15 cigarettes a day or drinking 6 alcoholic beverages a day. During the COVID-19 pandemic, healthcare workers experienced both physical isolation due to high-risk status and emotional isolation because their experience of the pandemic was different from others in society. To address the issue of healthcare worker burnout, the healthcare profession must start to look at it as a "we" problem instead of a problem associated with an individual provider.

The University of Massachusetts is an example of one system that took an institutional approach to improving physician and healthcare provider wellness through creating a workplace that facilitated connection. Using data from the Stanford Professional Wellness Academic Consortium survey completed every two years, the organization identified areas for improvement. Following national trends, mid-career female physicians had the highest rates of burnout within the organization, so group coaching was offered for all women clinical faculty members. High rates of provider mistreatment by patients and family members led to the implementation of a Patient and Visitor Code of Conduct, as well as messaging that verbal and physical mistreatment of healthcare providers would not be tolerated by the organization. Financial planning was also identified as an area for potential improvement, so tuition reimbursement and loan forgiveness were implemented, as were educational interventions on financial resources available to members of the medical group. By taking this sort of approach, the burden of regaining mental wellness is shifted from the individual provider to the organization, directly alleviating the feelings of isolation and loneliness that the individual provider might be feeling. ■

MENTAL HEALTH AND WELLNESS IN NURSES AND HEALTHCARE WORKERS

Abby Migliore, MSN, MBA, RN

Abby Migliore, MSN, MBA, RN

As COVID-19 swept across the world, healthcare workers found themselves in unprecedented situations. They faced a surge in patients, higher acuity levels, and increased personal risk as well as the emotional burden of supporting patients who could be dying alone due to visitor restrictions. This has been shown to significantly impact the mental health and well-being of healthcare workers.

This presentation examined what is transpiring regarding mental health and wellness in healthcare workers today. It looked at recent surveys, studies, or articles written by organizations including Mental Health America, American Psychological Association's 2022 COVID-19 Practitioner Impact Survey, The Centers for Disease Control and Prevention's Quality of Worklife Survey, and more. It also discussed the increase in rates of pandemic fatigue, burnout, compassion fatigue, post-traumatic stress disorder, and suicide rates in healthcare workers. It had approximately 30 references and looked at multiple reports or articles from organizations or experts such as the American Psychological Association, Scientific America, Global Wellness Institute, and more.

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Mental Health and Wellness in Nurses and Healthcare Workers
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Presenters shared insights from their research on these important statistics. For example, in a survey conducted from June to September 2020, 55.14 percent of the healthcare workers surveyed were questioning their career path, and 52.19 percent reported experiencing compassion fatigue. These same healthcare workers reported that only 27.7 percent felt hopeful, and 19.66 percent felt pride. Challenges faced included that this is an evolving situation and the studies examining it are relatively new. Long-term mental health effects on healthcare workers may not be completely realized yet.

There was strong discussion and questions during the end of the presentation. Questions asked were the following: How will the healthcare community cope if there is another health-related global disaster? How can we change the discussion from a disciplinary perspective for boards who use or view complaints with this approach? What is the data about assaults on or by healthcare workers and stigma? Will organizations continue to collect data so we can see when the effects of the pandemic are over? A live survey was conducted among participants during the presentation to compare their responses with the data reported by these various publications and organizations. It was found that even participants at the conference were reporting similar experiences and increased stress and even considered leaving their jobs.

Healthcare workers are experiencing similar stress-related effects and concerns both across the United States and around the globe. This can increase concerns for regulatory bodies related to increases in substance use or mental health concerns that would compromise the healthcare worker's ability to provide safe care. It also can lead to a decrease in the number of healthcare workers in the field, which raises concerns about adequate coverage for the growing number of patients requiring care. These are important issues for health programs and the community to be aware of and to find ways to assist our healthcare workers with their mental health and wellness. ■

Conditions Requiring Treatment

ALCOHOL ABSTINENCE MONITORING: THE PRESENT STATE OF AFFAIRS

Scott Teitelbaum, MD, FAAP, FASAM; Joe Jones, PhD

Scott Teitelbaum, MD, FAAP, FASAM

Joe Jones, PhD

Alcohol is by far the most common drug of use and substance abuse disorder in the United States—including among individuals referred to Physician Health Programs. Accordingly, optimal use of forensically defensible alcohol biomarkers is the cornerstone of alcohol abstinence monitoring in these programs.

A variety of direct biomarkers are available for commercial laboratory analysis as well as an array of biological matrices in which they may be measured, including alcohol itself (primarily in breath and transdermal); the alcohol conjugates ethyl glucuronide (in urine, hair, and nails) and ethyl sulfate (in urine); and the erythrocyte-based phospholipid phosphatidylethanol (in blood). These biomarkers often pose ordering and interpretive challenges due, in part, to factors such windows of detection; lack of uniformity in cutoff concentrations and what the cutoff concentrations signify; the ubiquity of alcohol in the environment (e.g., incidental exposures from alcohol-containing hand sanitizers, mouthwashes, and so-called nonalcoholic beers and kombuchas); and misinterpretations of the extant literature.

This presentation reviewed the current state of affairs in alcohol abstinence monitoring and, using both the most current literature and case studies, suggested rational approaches to integrating these biomarkers with other evaluative tools in assessing alcohol abstinence. ■

NEUROPSYCHOLOGICAL EVALUATION OF HEALTHCARE PROVIDERS: A CASE-BASED DISCUSSION

Betsy Williams, PhD, MPH, FSACME;
Benjamin R. Phalin, PhD;
Scott A. Teitelbaum, MD, FAAP, DFASAM

Betsy Williams, PhD, MPH, FSACME

Benjamin R. Phalin, PhD

Scott A. Teitelbaum, MD, FAAP, DFASAM

Neuropsychological assessment is a performance-based method to assess cognitive functioning. The primary purposes for clinical neuropsychological assessment are to do the following: (1) detect neurological dysfunction and guide differential diagnosis, (2) characterize changes in cognitive strengths and weaknesses over time, (3) guide recommendations for treatment planning, and (4) guide recommendations regarding implications for functioning/everyday life. Examples of the clinical questions that can be addressed with neuropsychological testing include early detection of insidious neurological disorders, cognitive decline following subtle brain insults (e.g., head trauma), cognitive decline associated with various medical conditions (e.g., sleep apnea), and potential cognitive decline related to substance use. In each of these conditions, neuropsychological difficulties can impact a healthcare provider's ability to practice with reasonable skill and safety. During this breakout session, Drs. Williams, Phalin, and Teitelbaum used a case-based learning approach to familiarize the audience with the value of neuropsychological testing. The presenters described the unique characteristics of the neuropsychological evaluation and treatment of healthcare professionals through a safety-sensitive lens that recognizes the health and well-being needs of the provider, recognizes organizational/system concerns, and ensures public safety. Presented cases included professionals who were referred secondary to concerns around substance use, co-occurring psychiatric and general medical conditions, disruptive behavior, and boundary issues. Guided discussion focused on the importance of proper test interpretation, with consideration of psychometric test properties, use of appropriate normative comparison groups, and identification of the complex interactions that can occur between potential cognitive impairment, characterological issues, and other patient-specific variables, emphasizing the critical role of proper neurocognitive assessment in fitness-for-duty evaluations. Such assessments can assist with diagnosis, treatment recommendations, and return-to-work decision-making on a case-by-case basis.

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THE PREVALENCE OF ADHD AND STIMULANT USE AMONGST HEALTHCARE PROFESSIONALS UNDERGOING ASSESSMENT

Josh Hypse, PsyD; Michael Seely, PsyD; Alex Latham, PsyD

Josh Hypse, PsyD   Michael Seely, PsyD   Alex Latham, PsyD

Acumen Assessments conducts multidisciplinary fitness-for-duty evaluations for safety-sensitive professionals. During our work, we began noticing a high number of individuals who reported a diagnosis of attention deficit/hyperactivity disorder (ADHD) and were subsequently prescribed stimulant medication. With this observation, we began collecting data in 2022 on the number of physicians diagnosed with ADHD before being evaluated by the Acumen team. We also collected data on any other controlled substance each individual we evaluated was taking (i.e., stimulants, benzodiazepines, ketamine, medical marijuana, etc.). Our research indicates that approximately 5 percent of the general population has ADHD. However, our data suggests that 30 percent of physicians referred for a fitness-for-duty evaluation had been diagnosed with ADHD and were taking stimulant medications. All but six of these individuals (82%) received their ADHD diagnosis while in medical school (whereas most individuals are diagnosed at a younger age). Cognitive testing conducted while at Acumen confirmed ADHD in only two individuals who were diagnosed as a child. Three other individuals who were not diagnosed as children also met DSM-V-TR criteria for ADHD. In total, 5 percent of the individuals evaluated met criteria for ADHD. This raises the question: Why are so many medical professionals being diagnosed with ADHD and prescribed stimulant medications when the cognitive testing and developmental histories are incongruent?

To answer this question, we discussed the DMS-V-TR criteria for ADHD and the steps to ensure a proper diagnosis for psychologists and primary care physicians. This study used descriptive analysis of internal practice data to compare male and female physicians and their use of controlled substances. While this presentation's primary focus was on ADHD and the overuse of stimulants, we also presented our data regarding the use of other controlled substances within our clinical sample. For example, 55 percent of the female physicians we evaluated were on a controlled substance. Out of the 35 individuals who were prescribed stimulants, 20 percent of them were taking multiple stimulants. Forty-three percent of the individuals who were prescribed a stimulant were also prescribed a sedative or sleep medication. We want to share our data with the hope of generating thoughtful discussion and increased awareness surrounding this topic. ■

ADDICTION PSYCHIATRY PERSPECTIVES: CO-OCCURRING MENTAL HEALTH CONDITIONS AND THE COMPLEXITIES OF TREATMENT, REENTRY, AND PHP MONITORING FOR SAFETY-SENSITIVE WORKERS

Laura Moss, MD; Anish John, MD

Laura Moss, MD   Anish John, MD

The quintessential conundrum when assessing and/or treating patients dealing with what is commonly referred to as "dual disorders" is the challenge of wading through the murky waters of substance-related intoxication and withdrawal masquerading as preexisting psychiatric symptomatology. Differentiating substance-induced phenomena from co-occurring independent mental health conditions like anxiety and mood disorders, trauma, and ADHD can be complicated in the face of multiple logistical hurdles. These endeavors are nuanced and at times unpredictable, especially when allowing for space without psychopharmacological dampening while enhancing nonchemical coping skills. The reasonable ambition of streamlining a medication regimen to minimize redundancy and vulnerability needs to be balanced with practical limitations. Amongst others, this includes duration of time in intensive treatment and the level of containment to appropriately respond to decompensation that may occur.

While reentry can be viewed as a latter phase-of-treatment issue, this is something that is frequently a searing concern in the mind of a patient who is a safety-sensitive worker—long before they first step into a treatment setting. In these scenarios, stratifying risk utilizing an addiction psychiatry lens is important, as is setting realistic expectations of what a patient will be able to take on professionally when they return to the workplace. A responsibility of the treatment team and a crucial aspect of reentry is facilitating dialogue between the participant and their Professional Health Program (PHP). Anticipating and, when possible, defusing friction can promote satisfaction and longevity in this unique relationship, which ultimately yields better outcomes. In addition to substance-related concerns, co-occurring disorders and behavioral compulsivity can create unique wrinkles in the fabric of monitoring and accountability, testing the efficiency and flexibility of the PHP.

Audience members were provided with a case example along with questions for PHPs and clinicians regarding diagnoses, potential difficulties mid-assessment, discharge/reentry issues, and toxicology challenges. Internal discussion was encouraged, after which individuals were able to share their thoughts, questions, and concerns with the entire group, guided by the mediators. Dr. Anish John discussed his experiences related to the assessment and treatment process at the Positive Sobriety Institute, and the perspective provided by Dr. Laura Moss, given her clinical background and role as Associate Medical Director with the Washington Physicians Health Program, was invaluable. ■

POSTER SESSIONS

FACILITATING ASSESSMENT AND TREATMENT THROUGH STANDARDIZED INTAKE AND DISCHARGE SCREENERS

Robyn Hacker, PhD, LP, LAC

Robyn Hacker, PhD, LP, LAC

Healthcare providers develop substance use disorders (SUD) at the same or higher rates as the general population; however, they are more likely to be required to complete a comprehensive evaluation to determine diagnoses, treatment, and return-to-work needs. These evaluations must be thorough and able to quickly gather and integrate large amounts of data within a short time frame. Inaccurate conclusions put healthcare professionals with SUDs at risk of not obtaining adequate recovery and causing harm to others. Based on the clinical complexity of SUD treatment for safety-sensitive professionals, we piloted strategies for monitoring the progress and clinical needs of ten patients from healthcare professions in a residential treatment program (M = 60 days in treatment, 80% white, 80% heterosexual, 40% female, 100% with stable housing).

This project piloted the feasibility of electronic intake screeners as a more efficient alternative to paper–pencil measures. This project streamlined the program's intake assessment process by electronically delivering a comprehensive battery of screeners following detox and again at discharge from the program. Data from the measures was made immediately available to the treatment team members via email for use in case conceptualization to determine further assessment needs and to enhance treatment and discharge planning.

In addition, this workflow allowed valuable clinical information to be immediately shared with the team of providers. Further, this information facilitated progress monitoring, pre- and post-residential treatment. Providers provided feedback that this workflow was highly informative and saved time. The demographics of the sample and its clinical presentation were presented including reported trauma symptomology, adverse childhood experiences (ACEs), and substances used.

Findings suggest that the total number of substances used were positively correlated with reported trauma symptoms, ACEs, and somatic symptoms. While these findings are based on a small cohort, it is probable that the noted associations among trauma, ACEs, and substance use are ubiquitous. It is therefore pragmatic that SUD treatment centers are staffed appropriately to treat the psychological trauma history of their patients. These data also provided proof-of-concept that residential treatment yielded notable improvements in anxiety, depression, somatic symptoms, and motivation for change from baseline to discharge. The noted clinical screenings process can be adopted by other treatment programs to improve assessment, monitor progress and treatment outcomes, identify areas for improvement, and inform the team and program composition based on patient needs. ■

MEETING WOMEN PHYSICIANS WHERE THEY ARE: A MULTIPRONGED APPROACH TO REDUCING BURNOUT AND BUILDING RESILIENCE

Qutina J. Watson, EdD; Charlene Dewey, MD, MEd, MACP

Qutina J. Watson, EdD

Charlene Dewey, MD, MEd, MACP

Physician burnout is a long-standing problem that poses a significant risk to physicians, their teams, families, and patients. Women physicians experience higher burnout and suicide rates than men. The gender disparity in physician burnout is a matter of great concern, as it not only impacts the well-being of healthcare professionals but also has the potential to affect the quality of patient care. Thus, healthcare organizations must address this difference and implement strategies that support and alleviate the burden on women physicians. We, The Center of Professional Health at Vanderbilt University Medical Center, developed, implemented, and evaluated three women physician wellness activities/programs. We offered a ten-month program, a three-day retreat, and a two-hour webinar and one-on-one coaching, and we evaluated the participants' perceptions, intent to change, and individual self-assessments of burnout sources. The purpose of the study was to assess feasibility of implementing a variety of educational wellness-based formats to meet the needs of women where they are. Of the three formats, women valued and rated each program highly (>4.9/5.0). Women created intent to change behaviors and wellness goals after each activity. The ten-month platform allowed for implementation and reflection over time with coaching and mentoring, compared to the shorter programs. Assessments demonstrated women had several sources of burnout, some reached burnout, and self-assessed knowledge was improved. Common goals included self-care, mindfulness, effective communication skills, balancing work–life demands, and acknowledging feelings, wants, and needs. The feasibility of providing three unique formats suggests that women can find a variety of formats beneficial and are willing to set wellness goals to reduce their risk of burnout. Email cph@vumc.org if you would like a PDF of the poster or more information about our programming.

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TOGETHER WE THRIVE: THE IMPACT OF THE ADA WELLNESS AMBASSADOR PROGRAM

Felicia Bloom, MHS; Julie Spaniel, DDS

Felicia Bloom, MHS

Julie Spaniel, DDS

For the safety of patients, safeguarding the health of dental providers saves lives. Like all providers, dental professionals experience numerous pressures. Musculoskeletal pain plagues nearly 80 percent of dentists. Dentists also experience behavioral and mental health conditions including substance use disorders. The American Dental Association has been a champion for dental professionals' well-being with its policies, Dental Team Wellness Advisory Committee (DWAC), continuing education, convening events, and resources. Data from the 2021 ADA Dentist Well-Being Survey Report indicated that anxiety tripled from 2003 until 2021. Data from ADA surveys to state dental society Executive Directors and Well-Being Directors pointed to the need to support dental professionals with an innovative program that created a network of caring dental professionals who can help connect a struggling dentist or team member to existing resources or to professional mental health services.

In 2022, the American Dental Association Wellness Ambassador Program was launched with the goal of preparing an ambassador to assist the ADA in the following:

1. Expand the awareness of physical and mental health wellness and well-being challenges faced in the dental profession.
2. Prioritize the need to provide resources at state and local levels to those who may seek help.
3. Connect those who need support to available resources.

The inaugural class of Ambassadors was selected through the ADA Diversity, Equity, and Inclusion lens. Nine dentists and one Alliance of the ADA (representing the dentists' families) from different practice modalities, ADA Trustee Districts, and specialties completed over 40 projects. Ambassadors received training from Hope for the Day (a not-for-profit specializing in suicide-prevention education) and a licensed psychologist on effective peer support. Through FSPHP membership and education by the Connecticut PHP Haven, Ambassadors learned how PHPs provide confidential care to safety-sensitive professionals.

Ambassador projects ranged from articles in state society magazines, peer-reviewed journal articles including "The Ethics of the Unexpected Loss of the Practitioner" published in the *Journal of the American Dental Association* and "Are We Well? A Post-Pandemic Snapshot of Dental Educator Wellness, Well-Being, and Fulfillment" in the *Journal of Dental Education*. Projects also included presentations to dental students and state dental societies, thought leadership at district-wide wellness conferences, webinars on opioid prescribing, advocacy efforts including licensure reform, and the development of a first-ever resource, After a Suicide: Postvention Toolkit, completed with the American Foundation for Suicide Prevention.

A self-assessment tool, the Well-Being Index was licensed for Ambassadors, and the program's ripple effect led to an expansion at the state dental association level.

References

National Academy of Medicine (NAM) National Plan for Health Workforce Well-Being (2022).

2021 American Dental Association Dentist Well-Being Survey Report (published 2/2022).

American Dental Association pulse surveys with state dental association executive directors and well-being program directors (unpublished, 2022), American Dental Association Advisory Circle survey (unpublished 2023) on health and wellness topics, participation by over 600 dentists, and pre- and post-Wellness Ambassador program surveys.

Data from the ADA's license of the Well-Being Index (WBI) on behalf of the ADA Wellness Ambassador program.

***Physician Health News* Marketplace**

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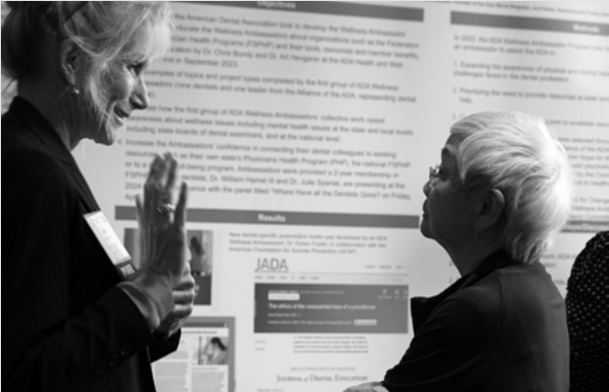
Results
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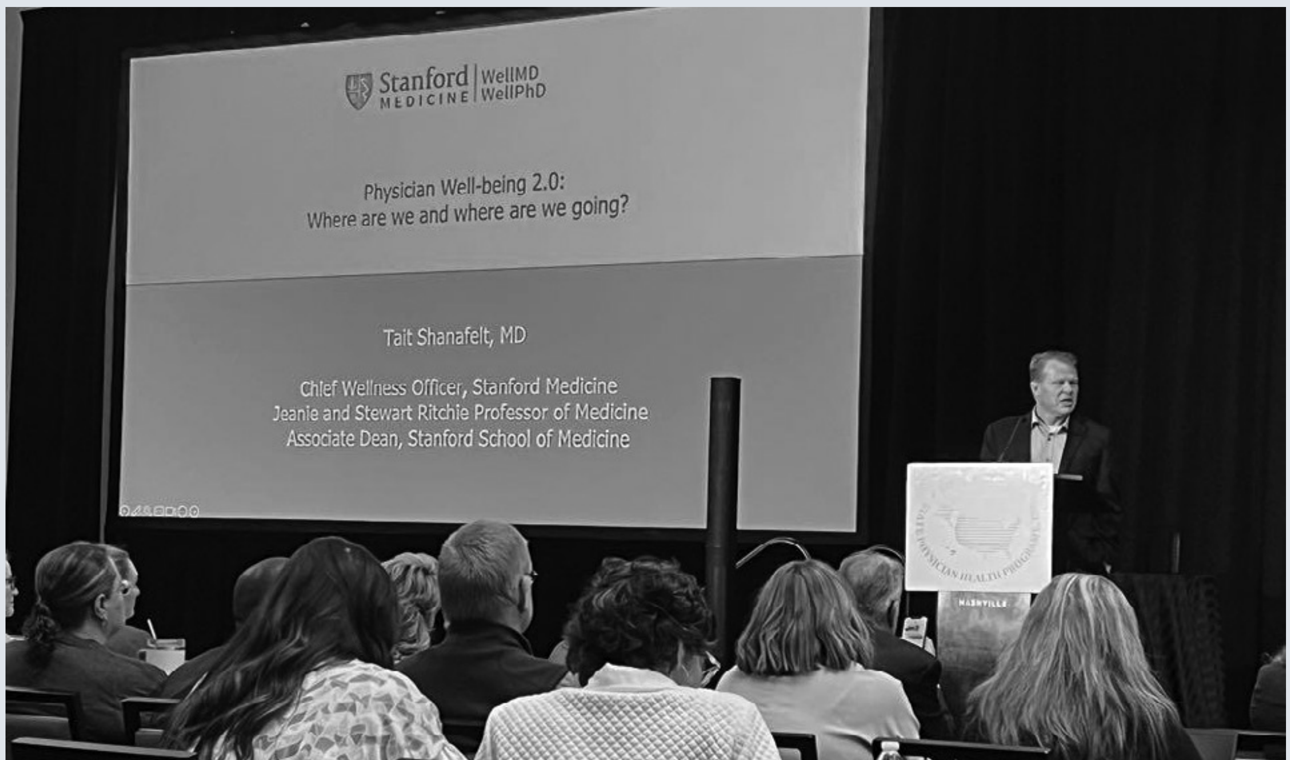
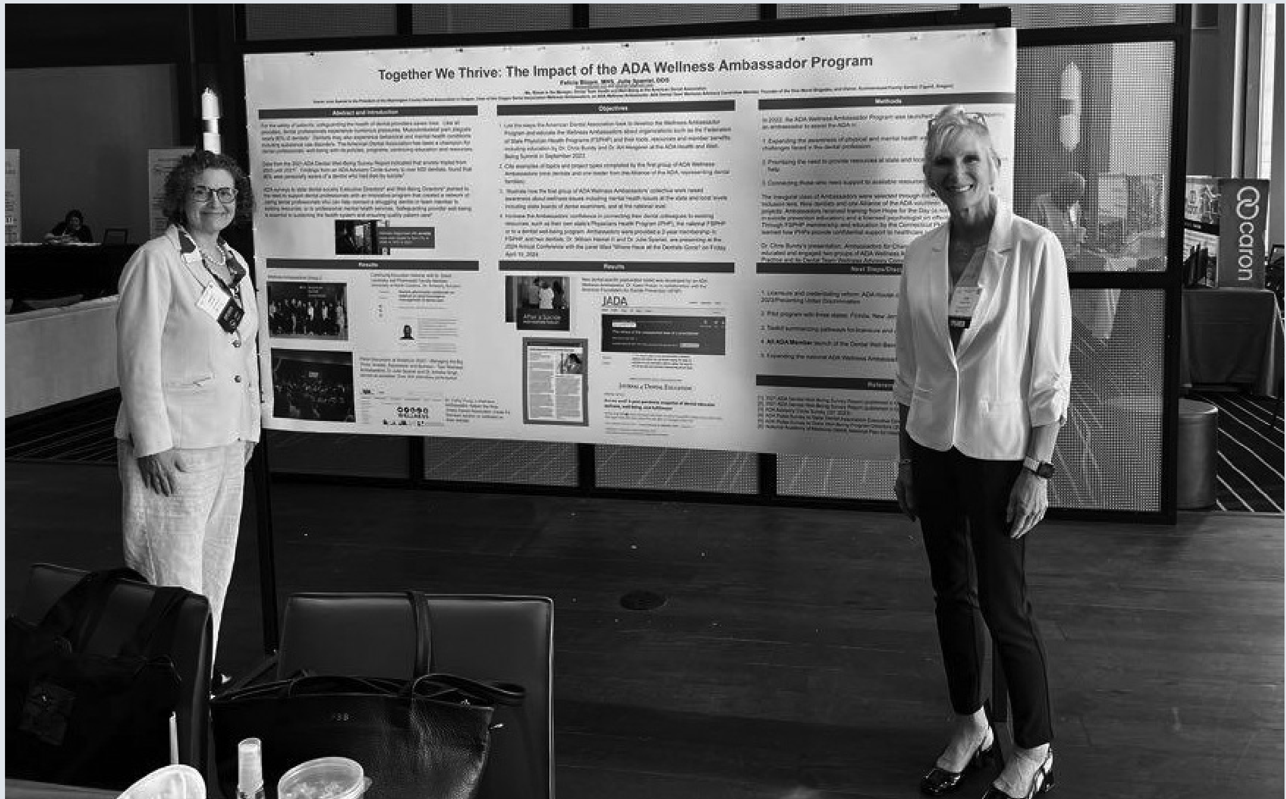
FEDERATION OF

FSPHP Immediate Past President Dr. Scott Hambleton and FSPHP Executive Director Linda Bresnahan, MS, at the Welcome Opening Remarks

FSPHP President and TMF Medical Director Dr. Michael Baron presents at the FSPHP and FSMB Joint Session



Dr. Tait Shanafelt presenting the session "Physician Well-Being 2.0: Where Are We and Where Are We Going?"



American Dental Association Poster Presentation

Outgoing FSPHP President Dr. Scott Hambleton and Incoming FSPHP President Dr. Michael Baron

Dr. Lynn Hankes, Dr. Chris Bundy, and Dr. Tait Shanafelt

Dr. Chris Bundy, Dr. Scott Hambleton, and Dr. Michael Baron

FSPHP Past President Dr. Lynn Hankes and
FSPHP Executive Director Linda Bresnahan

Friday Morning Walkers

SHARE YOUR NEWS: SUBMIT YOUR NEWSLETTER CONTENT

We are currently seeking content submissions for our next publication. Share your insights, experiences, and expertise to contribute to our community's knowledge and growth.

The FSPHP produces a newsletter twice a year in the Spring and Fall and distributes it 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) as well as other stakeholders.

This newsletter aims to keep members updated on local, state, and national activities related to physician health. We invite you to contribute by sharing your program's achievements and advancements to help keep all states informed.

- Newsletter Submission Guidelines can be found here: https://www.fsphp.org/newsletter-submission-guidelines.
- Submit your content here: https://fsphp.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2116093.

Questions? Email ssavage@fsphp.org.

YOUR PARTICIPATION AND INSIGHT ARE NEEDED!

Get involved! Your participation is crucial to our mission. Share your expertise, contribute ideas, and help shape the future of physician health programs. Join us today!

- Become an FSPHP Member: https://www.fsphp.org/membership
- Join the FSPHP distribution list: https://fsphp.memberclicks.net/distributionlist
- Join a Committee: https://www.fsphp.org/committees
- Propose a new activity or project: https://fsphp.memberclicks.net/assets/COMMITTEE_RESOURCES/FSPHP%20New%20Activity%20or%20Project%20Worksheet.pdf

The FSPHP Board of Directors welcomes your ideas and suggestions, and it is important to be organized in our approach to make sure ideas are fully explored and vetted. The board has established a policy requiring members to submit written requests for consideration to the FSPHP Executive Director and Board of Directors. Alternatively, this can also be facilitated through the efforts of an FSPHP Committee.

INDUSTRY PARTNER ENGAGEMENT OPPORTUNITIES

Join us in making a difference! As a valued partner, you have unique opportunities to engage with the FSPHP community. Learn how you can get involved and make an impact here: https://www.fsphp.org/index.php?option=com_content&view=article&id=498:vendor-engagement-opportunities&catid=20:site-content.

INSPIRE OTHERS WITH YOUR PHP PARTICIPANT STORIES

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

Share your PHP Participant Story at https://fsphp.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2050416.

HELPFUL FSPHP RESOURCES

- Event Calendar: https://fsphp.memberclicks.net/index.php?option=com_jevents
- Job Board: https://www.fsphp.org/job-opportunities
- News Releases: https://www.fsphp.org/news
- FSPHP Insights: https://www.fsphp.org/fsphp-insights
- FSPHP Constitution and Bylaws: https://fsphp.memberclicks.net/assets/docs/FSPHP%20Constitution%20%26%20Bylaws%20-%20July%202021.pdf
- E-list Guidelines and Instructions: https://www.fsphp.org/e-list-guidelines-and-instructions
- New Member Guidebook: https://www.fsphp.org/assets/MEMBERPORTAL/FSPHP%20NEW%20MEMBER%20GUIDEBOOK%20-%20UPDATED%20MAY%202024.pdf
- State Program Videos: https://www.fsphp.org/state-program-videos
- Member Policy Library: https://fsphp.memberclicks.net/member-policy-library
- Committee Resources: https://www.fsphp.org/committee-resources

Please note: some of the above resources may be available to FSPHP members only and may require login.

We hope you enjoyed the 2024 Fall Issue of the *Physician Health News.*