

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 30th 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.

PUBLICATIONS COMMITTEE

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

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

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

FSPHP CONTACT INFORMATION AND MAILING ADDRESS

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

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

IN THIS ISSUE

President's Message	2
Executive Director's Message	3
Call For Nominations for FSPHP Board of Directors for 2024–2026 Term	4
FSPHP Welcomes New Members	6
It's Renewal Time	6
Special Membership Dues Promotions	6
Join Us In Our Rally by Region Fundraiser	7
Thank You to Our 2023 Donors	7
Tennessee Peer Assistance Programs Host First Interprofessional Mental Health, Recovery, and Suicide Prevention Summit	9

2023 EDUCATION CONFERENCE LECTURE SUMMARIES

General Sessions

Humanistic and Holistic Clinical Case Management for Physician Health Programs	10
Top 10 (11!) Papers in Physician Health—A Presentation by the FSPHP Research Committee	11
Going Hollywood: How to Create a Video for Your Program	12
The National Academy of Medicine, A National Plan for Health Care Professional Well-Being, and the Surgeon General's Advisory Highlight Important Roles for PHPs to Play in Professional Well-Being	13
Psychedelics: Lessons Learned from Opioids, Marijuana, and Ketamine Medication for Opioid Use Disorder in Safety-Sensitive Workers—a Panel Approach Utilizing Audience Response System	14
Toxicology 2.0: Update on the Washington Physicians Health Program Virtual Specimen Collection Pilot	15
The Role of IDAA in PHP Participants Recovering from Addiction	17
The Future of Dentist Health and Wellness	17

Breakout Sessions

A Proven Outreach and Prevention Tool for PHPs: AFSP's Interactive Screening Program	18
Identifying and Exploring Challenges for Smaller Physician Health Programs in Establishing and Maintaining Recommended Best Practices	18
Recommendations for Healthcare Providers and Organizations in Distress: Collaboration with Providers and Systems of Care in Aid of Improving Outcomes	19
Stakeholders, from Friends to Foes: How to Secure, Maintain, and Enhance Your PHP	20
Steps for Success: Empowering PHPs to Formalize Their Well-Being Programs and Become Leaders of Wellness	21
Efficacy of Short Duration Residential/IOP for Primary Treatment of Physicians with SUDs	22
Fostering Relationships with Medical Schools to Increase Access to Care for the Next Generation of Medical Professionals	22
Phosphatidylethanol: Basics and Recent Developments	23
Recommendations for the Evaluation, Treatment, and Monitoring of Healthcare Professionals with Co-Morbid Eating and Substance Use Disorders	24
Understanding the Impact of Cannabis Legalization on Health Professionals	25
Fostering Healing and Collaboration with Loved Ones of Addicted Physicians	26
When Personality Is Driving the Bus: Evaluating, Treating, and Monitoring the Difficult Professional	26

Poster Presentations

Preliminary Findings in Cognition, Substance Use, and Neurocognitive Impairment among Physicians	27
A Study of Mental Health Symptoms in Matriculating US Medical Students	28
Improved Participant Accountability Using Dried Blood Spot Toxicology	29
Co-occurring Pain and Addiction: Prognostic Implications for Healthcare Professionals in Residential Treatment for Substance Use Disorder	29
<i>Physician Health News</i> Marketplace	30
Making Memories in Minneapolis	34

PRESIDENT'S MESSAGE

Fall 2023 *Physician Health News*

Scott Hambleton, MD, DFASAM

Bob Hope once said, "You know you're getting old when the candles cost more than the cake!" And as I celebrated my sixtieth birthday earlier this year, I could relate. However, since I have been on a keto diet, I didn't have any cake. At any rate, time seems to disappear faster and faster, with each passing year. Astonishingly, I can hardly believe that our 2023 Annual Education Conference has already come and gone!

For the last fifteen years, the Federation's Annual Conference has been the highlight of the year for me. And this year was no exception. The caliber of our speakers and the quality of their presentations continue to improve every year, and it gives me a sense of tremendous pride to be associated with this incredible organization.

This fall edition of the Federation's *Physician Health News* is always special to me because of the summaries of the presentations. As I read and reread them, it brings back wonderful memories of the special event. This year, as I reflect on the general sense of awe that I felt during the conference in Minneapolis, I realize how much we have grown over the years and the trajectory of our current growth. Our relationships with our partners at the American Medical Association (AMA), the Accreditation Council for Graduate Medical Education (ACGME), the Federation of State Medical Boards (FSMB), the Lorna Breen Heroes Foundation, and many others steadily deepen, and it is exciting to see our stakeholder engagement continually expand. This collaborative spirit is evident in the success of our annual conference and the perpetual growth of our membership. This embrace of our work and our mission to support physician health programs in improving the health of medical professionals is immensely gratifying and speaks to the underlying power of the PHP Model and the dedication of our FSPHP leadership, staff, committees, and every one of our members. We are actively engaging with healthcare institutions, policymakers, and stakeholders to create environments that support physician health and normalize seeking help for mental health concerns to ensure that physicians and healthcare professionals have access to confidential and supportive resources. By doing so, we can help to break down the barriers that prevent all individuals from seeking the care they need.

Earlier this month, we had our Annual Fall Meeting of the FSPHP Board of Directors at Amelia Island in



Scott Hambleton, MD,
DFASAM

conjunction with the Florida Professionals Resource Network Annual Conference. One goal of the meeting was to examine and refine the Federation's strategic plan. I believe that our continued success will be contingent on our ability to execute our strategic goals, which are focused on three areas: (1) Research, Education, and Policy Development; (2) Accountability, Consistency, and Excellence; and (3) Organizational Management and Member Services. We reviewed the work of the committees and the objectives for each of the strategic areas and Dr. Bundy facilitated an assessment of the overall organizational strengths, weaknesses, opportunities, and threats.

Our strengths center on the expertise and commitment of our leaders, members, volunteers, and notably, our dedicated staff! Our major organizational threats include credibility, influence, and criticism of the PHP Model, and our greatest weakness continues to be a lack of resources and funding.

Fortunately, the Federation's opportunities abound! Our major initiatives, [the Performance Enhancement and Effectiveness Review \(PEER\)TM](#) of individual state PHPs and the [FSPHP Evaluation and Treatment AccreditationTM](#) of treatment providers for safety-sensitive workers will reduce untenable practice variation by PHPs and treatment providers, which I believe will eventually translate into improved outcomes for addiction treatment globally! Additionally, I believe effective utilization of data driven by sound research will further enrich and promulgate the PHP Model for future utilization in all patient populations. The FSPHP Research Committee has unfurled the PHP Survey and over half of the Federation's member programs have responded! This undertaking will provide a treasure trove of valuable data that we have needed for many, many years! Additionally, we are currently exploring a partnership with the National Association of Addiction Treatment Providers' (NAATP) Foundation for Recovery Science and Education (FoRSE), which aggregates national addiction treatment outcome data with the potential to harness PHP outcome data; in turn, this will further promote the PHP Model. Opportunities for continued membership growth are also emerging, and the Federation is constantly exploring ways to amplify our impact and that of our member programs.

As we reflect on the past year, it is clear that the Federation's strengths and opportunities far outweigh any of the challenges that we face. We are living in an exciting time of growth that reminds me of the words of Abraham Maslow, "In any given moment, we have two options: to step forward into growth or to step back into safety."

In closing, I want to express my deepest gratitude to each of you for your unwavering dedication and commitment to our mission. Together, we are making a difference!

Wishing you a vibrant and rejuvenating fall season.

Warmest regards,
Scott ■

EXECUTIVE DIRECTOR'S MESSAGE

Linda Bresnahan, MS

This year's annual meeting did it again! Like prior years, I garner a year's worth of energy from the connections and inspiration from the education and wisdom surrounding me. I am reminded how extremely honored I am to serve in this position and to be on the sidelines supporting all the important work you do restoring the hope, health, and well-being of healthcare professionals.

I want to keep my message brief because the content in this issue recaps some excellent information that deserves your full attention. Thank you for motivating me to continue to do my best for our FSPHP members. I believe there is no other mission that is more important.

I want to highlight the work that has been occurring to further our strategic objectives, which are to do the following:

- **Increase education about the impact of FSPHP and PHPs** on the health of the profession. This includes ensuring our member PHPs have the most current information in our field available to you first and includes the work we do to collaborate with other national organizations such as the American Medical Association (AMA), American Board of Medical Specialties (ABMS), American College of Physicians (ACP), Accreditation Council for Graduate Medical Education (ACGME), Federation of State Medical Boards (FSMB), American Osteopathic Association (AOA), American Psychological Association (APA), Medical Professional Liability Association (MPLA), the National Physician Suicide Awareness Day collaboration, and the Lorna Breen Heroes Foundation.
- **Further development of PEER™ and FSPHP-ETA™** More information here:

[FSPHP Evaluation and Treatment Accreditation™ \(FSPHP-ETA™\)](#)

[FSPHP Performance Enhancement and Effectiveness Review \(PEER™\)](#)



Linda Bresnahan, MS

- **Enhance funding opportunities to continue to grow FSPHP and its membership to further support PHPs** with growth to meet the needs of the profession.

Now for a few of the highlights of our work!

- **PHPs Featured:** FSPHP advocated for a spot at the [American Conference on Physician Health 2023](#) and as a result Christopher Bundy, MD, MPH, and Carrie Cunningham, MD, MPH, will have an opening day presentation sharing a candid conversation about Physician Health Programs. I am looking into whether this can be available virtually or by recording for all of us!
- **FSPHP 2024 Conference:** Plans are underway to make our 2024 conference our best yet. You may book your room, submit a poster, and register to exhibit at this time! For more information, see [FSPHP 2024 Annual Education Conference and Business Meeting: Enhancing the Effectiveness of Professional Health Programs Through Collaboration: Improving Health and Well-Being](#) in Nashville, Tennessee, on Wednesday, April 17, through Sunday, April 21, 2024.
- **PHP Survey:** Our new survey will capture the full scope of PHP populations and services provided that include mental health. The FSPHP Research Committee launched a survey that will provide us with the most accurate summary of PHP information across the United States and Canada. The information will be used to develop a comprehensive report of Physician Health Programs (PHPs) and similar entities in the year 2023. The last [national survey of this kind was done in 2009](#) with a limited focus on the PHP services for substance use disorders alone.
- **PHPs Featured:** FSPHP was chosen to feature the story of the PHP Model success for National Physician Suicide Awareness Month. We encourage you to share this story across your communications channels and your organizations: [Integrating Confidential Mental Health Care to Support Physicians](#). It explains how PHPs respond to the pressing need for support and care in a confidential manner.
- **Understanding PHP Confidentiality:** We hear feedback from those who share stories of their lack of understanding about how their state PHP works. To increase transparency and understanding, it is recommended that PHPs explain *confidentiality* at the forefront of their website. What is protected information? What is shared with proper consent

continued on page 4

Executive Director's Message*continued from page 3*

and with whom? What is shared and under what circumstances? What are the limits of confidentiality? Stay tuned because the FSPHP Public Policy Committee is working on a document to share with PHPs to encourage each PHP to include information about the specific confidentiality protections, and processes at the PHP.

- **Increasing Consistency among PHPs via a PHP Policy Library:** The Public Policy Committee has developed a process for all PHPs to upload policies by topic into a library to be shared with all member PHPs. The library is open to the FSPHP Board of Directors and Public Policy Committee to pilot and load content and soon will be open to all PHPs. Policies are available for members to access to review and have as references for their own policy development.
- **NEW State Program Videos Page:** This new and growing page includes links to informational videos by FSPHP State Member Physician/Professional Health Programs. These videos provide insight into how PHPs work and how they impact the lives and careers of health professionals.
- **Advocacy for Insurance Reimbursement:** Barriers to recovery for medical professionals: Assessing financial support through a [survey of Physician Health Programs](#).
- **PHPs Featured:** Innovative Partnerships on Specialized Mental Health & SUD Care for Clinicians A Look at Provider Health Programs. <https://vimeo.com/819869740/ad1bc729b3>.

For the rest of 2023, we will be focused on member education at our virtual regional meetings, on further development with PEER™ and FSPHP-ETA™, and on developing a successful and relevant 2024 conference!

I want to thank our incredible leadership on the [FSPHP Board of Directors](#) and those who serve as chairs to our thriving [committees](#) (we have 17 of them!). Also, we could not do any of this without the incredible team of staff and consultants including Sandra Savage, our Membership Services Manager, Tanya Roof, our Meeting and Event Planner, and Shari Centrone and Kevin Feldman, who provide essential behind-the-scenes support for our website and database.

I also want to thank our FSPHP Board of Directors for their 100 percent support in our annual giving campaign, our donors, and our FSPHP Fund Development Committee for spearheading the

giving to FSPHP. We continue to receive an increase annually in overall donations: <https://www.fspHP.org/2023-donors>.

With gratitude and excitement for what is ahead,
Linda ■

CALL FOR NOMINATIONS FOR FSPHP BOARD OF DIRECTORS FOR 2024–2026 TERM

Would you like to make a difference at a national level that supports the work of Physician Health Programs?

Are you committed to sharing your time and talents to help your peers involved in the work of Physician Health Programs?

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

Individuals who serve on the FSPHP Board of Directors have the opportunity to contribute and further develop as leaders, cultivate new skill sets, expand their network of peers, be recognized as national thought leaders, and bring national visibility to their PHP.

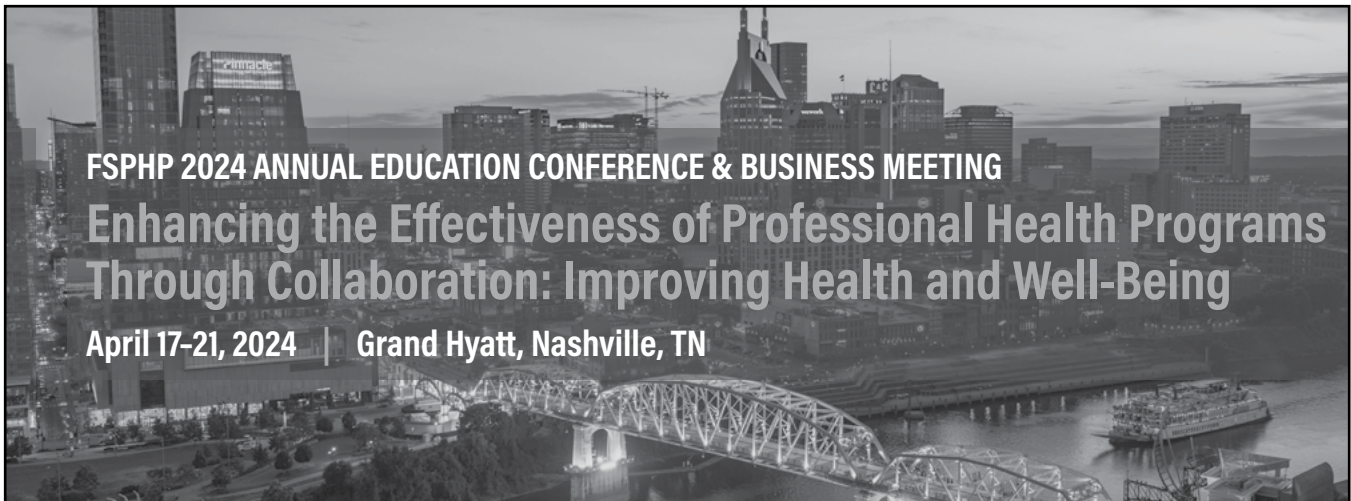
We look forward to your interest in serving the FSPHP!

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 2024. The following Board of Director positions will be on the ballot for the 2024–2026 term:

- President-Elect
- Central Region Director
- Northeast Region Director
- Southeast Region Director
- Western Region Director

All current members of the board in these positions are eligible to be candidates on the ballot for another term. Click for more information and to access the nomination submission form: [2024 FSPHP Call for Nominations \(memberclicks.net\)](https://www.fspHP.org/2024-nominations). ■

SAVE THE DATE



TRAVEL PLANNING

Arrive on Wednesday, April 17, 2024, and depart after 1:00 p.m. on Sunday, April 21, 2024, because our program will flow through the weekend in Nashville.

REASONS TO ATTEND

- Significant networking opportunities with leaders in the field of professional health and well-being
- Essential time spent meeting 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, yoga, and run/walk with peers

REASONS TO EXHIBIT

- 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.

Visit fsphp.org/2024-annual-conference for more information.

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Spring 2023 issue was published. Please join us in welcoming our new members!

State Voting Members

Christina Buisset, HPMP Program Manager, Virginia Department of Health Professions–Health Practitioners’ Monitoring Program

Anita Mireles, RN, Montana Recovery Program Director, Maximus Montana Recovery Program

Associate Members

Angela Burnett, LCMHCS, Case Director, North Carolina Professionals Health Program

Charles Burns, MD, FASAM, Medical Director, Pennsylvania Physicians’ Health Program

Samantha Chow, Health Informatics Coordinator, Washington Physicians Health Program

Jessica Jasper, LSWAIC, Clinical Coordinator, Washington Physicians Health Program

Heather O’Brien, PsyD, Clinical Coordinator, Washington Physicians Health Program

Kelley Sandaker, SUDP, Washington Physicians Health Program

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

Sheila Specker, MD, Medical Consultant/Addiction Psychiatrist/Fellowship Program Director, Minnesota Health Professionals Services Program

Geri Young, MD, Executive Director, Pu’ulu Lapa’au: The Hawaii Program for Healthcare Professionals

Individual Members

Cristiana Nelise de Paula Araujo, PhD, Postdoctoral Associate, Department of Psychiatry, College of Medicine, University of Florida

Stephanne Thornton, LICSW, MAC, Clinical Director, West Virginia Judicial and Lawyer Assistance Program

Industry Partner Individual Members

Kirk Cizerle, CEO, RecoveryTrek, LLC ■

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 2024.

FSPHP 2024 Membership Dues

\$1800 State Voting

\$240 Associate

\$480* International

\$184 Individual

\$184 Industry Partner Individual

\$480 Organizational

**First 3 International members from the same program are \$480 each and any additional members from that same program are \$240 each. Please email ssavage@fsphp.org for an adjusted invoice if you have more than 3 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 2024 calendar year will receive the remainder of 2023 at no additional cost. Please share this information with anyone considering or who you feel may benefit from becoming an FSPHP member. Please email ssavage@fsphp.org with any questions.

One 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 2024**. This is for a staff, committee, or board member affiliated with your PHP.

For example, if your State PHP currently has **three Associate Members** with FSPHP and **all three renew their membership for 2024**, you are eligible to have one person join as an Associate Member for free for 2024.*

**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.*

Please email ssavage@fsphp.org with any questions about either of these offers.

FSPHP is extremely grateful to all our members for your support and participation. Our members are a vital part of our organization, and we sincerely appreciate all that you do to help us continue our mission of supporting physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.

THE VALUE OF MEMBERSHIP!

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

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

Our membership and our network are growing. FSPHP membership has never been larger, with approximately 316 active FSPHP members:

- 50 State Voting
- 166 Associates
- 12 International
- 56 Individuals
- 20 Industry Partner Individuals
- 7 Organizational
- 5 Honorary

New members benefit from the deep experience of our current member PHPs and, in turn, new members bring exciting ideas to our members. Our dedicated current members are a vital part of the passion and effectiveness of our overall mission: "To support

Physician Health Programs in improving the health of medical professionals, thereby contributing to quality patient care" and our vision: "A society of highly effective PHPs advancing the health of the medical community and the patients they serve."

JOIN US IN OUR 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 third annual Rally-by-Region!

Help us raise \$14,000 (\$3,500 per region) in donations from today through December 31, 2023! Your contribution will help to elevate best practices through PEER™ and ETA™ and will allow us to use research to report on factors that contribute to well-being. Your support will also ensure that FSPHP remains the trusted national voice for addressing issues that affect physician health and patient safety, while upholding an environment of networking and sharing through subject matter experts.

Last year the Western Region won the rally by raising over \$5,700! 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 here: https://fspHP.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=%202004317#! ■

THANK YOU TO OUR 2023 DONORS

The following have donated between April 4, 2023, and October 2, 2023:

Ally of Hope (\$2,500–\$4,999)

Washington Physicians Health Program

Advocate (\$1,000–\$2,499)

Anonymous

Michael Wilkerson, MD

Caregiver (\$500–\$999)

Brad Hall, MD, DFASAM, DABAM, & Marlene Hall

Doris Gundersen, MD

John Kuhn, MD

continued on page 8

THANK YOU TO OUR 2023 DONORS*continued from page 7*

Melissa Henke, MD

Katie McQueen, MD

Jenny Melamed, MD, MBChB, FASAM

Friend (\$1–\$499)

Kathleen Boyd, MSW, LICSW

William Carpenter, DO, FASAM

Hannah DeVries, MD

Sarah Early, PsyD

Tracy Harrison Goen, MD

Angela Graham, MPA

Scott Hambleton, MD, DFASAM

Lynn Hankes, MD, FASAM

Joseph Jones, PhD

Joseph Jordan, PhD

Amanda Kimmel, MPA

Lisa Merlo, PhD, MPE

Kay O'Shea, CADC, MAC, CCTP

Alexis Polles, MD

Molly Rossignol, DO, FAAFP, FASAM

Sandra Savage

Beth Stroup Menge

Scott Teitelbaum, MD

Elise Wessol, DO

Michael Wilkerson, MD

Thank you to our 2023 Regional Member Meeting Educational Grant Sponsors.

All Points North

High Watch Recovery Center

The Menninger Clinic

Mountainside Treatment Center

Pine Grove Behavioral Health & Addiction Services

Sierra Tucson

Soberman's Estate

UF Health Florida Recovery Center ■

FSPHP Members to Receive Special Complimentary and Discount Offers on the *ASAM Criteria, 4th edition*, and the *ASAM Principles of Addiction Medicine, 7th edition*

FSPHP members' expertise and contributions to physician and health professional well-being are recognized!!

FSPHP members are the leading experts in Physician Health and have contributed to chapters in the ***ASAM Criteria, 4th edition***, and the ***ASAM Principles of Addiction Medicine, 7th edition***. As a result, the American Society of Addiction Medicine (ASAM) has graciously responded to FSPHP's request for its members to receive the following complimentary publication and discounts!

- The ***ASAM Criteria, 4th edition***: A complimentary book to each FSPHP State PHP Voting Member and a 20 percent discount to all other FSPHP members.
- Hazelden Publishing has offered to provide each State Voting FSPHP Member (up to 50 states) with a complimentary print copy of the ***ASAM Criteria, 4th edition***. Hazelden will fulfill this request when books are in print and have been shipped to their warehouse for distribution. Additionally, Hazelden Publishing is offering all other FSPHP members a 20% discount on the publication. The ***ASAM Criteria, 4th edition*** includes a chapter important to all FSPHP Members and Professional Health Programs, and as such we want to be sure it is available to our members.
- The Chapter entitled "*Supporting Patients Working in Safety-Sensitive Occupations*" was authored by Paul H. Earley, MD, DFASAM, FSPHP Past President and Medical Director, Georgia Professional Health Program, Inc. Michael J. Baron, MD, MPH, DFASAM, FSPHP President-Elect and Medical Director, Tennessee Medical Foundation Physician's Health Program; and Alexandria G. Polles, MD, FASAM, FSPHP Past Board Member and Medical Director, Professionals Resource Network, Inc. Florida.

- **The ASAM Principles of Addiction Medicine, 7th edition:** “Physician Health Programs and Addiction Among Physicians in the Workplace Setting” is a complimentary chapter to FSPHP State Voting Members and is offered at a discount to all other FSPHP members. It will be available in April 2024.

Wolters Kluwer has agreed to provide FSPHP State Voting Members with a free copy of the chapter, “Physician Health Programs and Addiction Among Physicians in the Workplace Setting” from The **ASAM Principles of Addiction Medicine, 7th edition**. This chapter was authored by Paul H. Earley, MD, DFASAM, FSPHP Past President and Medical Director, Georgia Professional Health Program, Inc.; and Chris Bundy, MD, MPH, FASAM, FSPHP Past President and Executive Medical Director, Washington Physicians Health Program. Lisa Merlo, PhD, MPE, FSPHP Research Committee Co-Chair and Associate Professor of Psychiatry, University of Florida and Director of Research, Professionals Resource Network, Inc. served as the section editor for this chapter.

In addition, Wolters Kluwer has agreed to provide FSPHP State Voting Members with a complimentary copy of chapter 31, SB, 1, “Physician/Health Care Professional Coping and Wellness After Patient Overdose or Death,” by Amy Yule, MD, Medical Director, Addiction Recovery Management Service Instructor at Harvard Medical School; and Frances Levin, MD, Kennedy-Leavy Professor of Psychiatry and Chief of the Division on Substance Use Disorders at NYSPI/Columbia University.

There will also be a special discount for all other FSPHP members.

FSPHP would like to thank ASAM for coordinating this special offer and Hazelton Publishing and Wolters Kluwer for making it possible!

FSPHP would like to thank our members for their expertise and incredible work on these chapters:

Michael J. Baron, MD, MPH, DFASAM, FSPHP President-Elect, Medical Director, Tennessee Medical Foundation Physician’s Health Program

Chris Bundy, MD, MPH, FASAM, FSPHP Past President, Executive Medical Director, Washington Physicians Health Program

Paul H. Earley, MD, DFASAM, FSPHP Past President, Medical Director, Georgia Professional Health Program, Inc.

Lisa Merlo, PhD, MPE, FSPHP Research Committee Co-Chair, Associate Professor of Psychiatry, University of Florida and Director of Research, Professionals Resource Network, Inc.

Alexandria G. Polles, MD, FASAM, FSPHP Past Board Member, Medical Director, Professionals Resource Network, Inc. Florida.

FSPHP initiated this request because you deserve firsthand, easy access to this content that is most relevant to the work that you do and because our members authored it!

TENNESSEE PEER ASSISTANCE PROGRAMS HOST FIRST INTERPROFESSIONAL MENTAL HEALTH, RECOVERY, AND SUICIDE PREVENTION SUMMIT

Brenda Williams-Denbo

Tennessee’s health professional peer assistance programs came together in September to observe



Brenda Williams-Denbo

National Recovery Month and National Suicide Prevention Awareness Month by hosting the state’s first Interprofessional Mental Health, Recovery, and Suicide Prevention Summit.

The Tennessee Medical Foundation (TMF) Physician’s Health Program joined the Tennessee Pharmacy Recovery Network (TPRN), the Tennessee Professional Assistance Program (TNPAP), and the Tennessee Dental Wellness Foundation (TDWF) in offering what they hope will be an annual event for all licensed health professions, health technicians, and other industry professionals across the state.

continued on page 10

Tennessee Peer Assistance Programs Host First Interprofessional Mental Health, Recovery, and Suicide Prevention Summit

continued from page 9

“September is National Recovery and Suicide Prevention Awareness month, a time for many people to reflect on those they have lost, their friends and family, or even their own personal struggle with suicide or substance use disorder,” said summit coordinator and presenter Ariel Clark, PharmD, Director of Educational Affairs for the Tennessee Pharmacists Association (TPA). “As healthcare providers, we should prepare ourselves as best we can with the knowledge of what to do if one of our patients or someone in our lives experiences a suicidal crisis,” she added.



Ariel Clark, PharmD



Michael Baron, MD, MPH, DFASAM

“Our programs take care of different populations and have different approaches, but we are united in our goal to take care of our state’s health professionals. I’m glad we were able to come together in the interest of promoting the health and well-being for all healthcare providers,” said TMF Medical Director and FSPHP President-elect Dr. Michael Baron. Held at the Tennessee Pharmacists Association Educational Center, the summit provided four hours of CE/CME education aimed at promoting healthcare provider education on mental health, resiliency, recovery, and offering tools to help someone who may be at risk for suicide.

The TMF presented a one-hour session on its mental health screening tool titled TN-PSQ: A Resource for Mental Health and Suicide Prevention for Health Professionals. Dr. Clark of TPA/TPRN presented QPR Suicide Prevention Training. Other sessions included Shared Trauma and Moral Injury, led by Stephanie Thornton, MSW, LICSW, clinical director of the West Virginia Judicial & Lawyer Assistance Program; and A Shared Common Peril: A Powerful Cement Which Binds Us, presented by Phil Herndon, MA, LPC-MHSP, NCC, of River Tree Center. ■

2023 EDUCATION CONFERENCE LECTURE SUMMARIES

GENERAL SESSIONS

HUMANISTIC AND HOLISTIC CLINICAL CASE MANAGEMENT FOR PHYSICIAN HEALTH PROGRAMS

Caroline Young, LPCC; Quinn Montgomery, LPC; Rachel Goldberg, LCSW; Joyce Davidson, LCSW

Physician Health Programs (PHPs) aim to address physician well-being and to prevent patient safety issues within the healthcare system. Clinical case management (CCM) requires a delicate balance of clinical and administrative skill sets that align with this dual-pronged mission. Successful CCM among PHPs requires a human-centered and holistic approach that guides the clinician toward client-centered supportive resources, relationship building, and effective communication. Case management is pivotal in ensuring physicians follow the terms of their monitoring agreement with their PHP to support their health. Humanistic and holistic (HH) CCM adopts a human-centered and holistic approach, guiding clinicians toward effective communication with participants and supportive treatment recommendations that consider the whole person.

At the core, a humanistic perspective views people as conscious and intentional beings who seek meaning and value through thought and actions. HH CCM takes an individualized approach by evaluating the individual as a whole, not just their presenting problem. Empathy, compassion, and validation are at the core of every participant interaction. Getting to know a participant



Caroline Young, LPCC



Quinn Montgomery, LPC



Rachel Goldberg, LCSW



Joyce Davidson, LCSW

as a unique individual allows for tailored treatment and monitoring plans instead of using blanket approaches to address a diagnosis or presenting concern. For example, two physicians struggling with an alcohol use disorder may have different treatment and monitoring plans based on their history, pattern of drinking, and life circumstances. An HH approach means that what works for one person may not be the most effective strategy for another. Learning more about a participant's goals helps clarify what motivates an individual to participate in their treatment and monitoring.

The HH approach prioritizes supportive relationships and effective communication with participants, workplaces, and state medical boards. Clinical case managers regularly receive updates from treatment providers and workplaces to measure participant well-being. Regular communication and good relationships with outside entities ensure that all stakeholders' needs are met while adhering to regulatory obligations. Clinical case managers constantly assess if treatment and monitoring approaches should be adjusted based on a participant's improvement and updates from stakeholders regarding the participant's progress.

Through its philosophy and application, HH CCM guides physicians toward improved well-being and optimal patient care. Incorporating objectivity, compassion, and transparency fosters a supportive environment for participants to create meaningful change, which not only positively impacts patient outcomes but also creates long-lasting transformation in a participant's life. ■

TOP 10 (11!) PAPERS IN PHYSICIAN HEALTH—A PRESENTATION BY THE FSPHP RESEARCH COMMITTEE

Jenny Melamed, MD, MBChB, FASAM; E. Maire Durnin-Goodman, MD, PhD, FASAM, CCBOM, MRO; Jon S. Novick, MDCM FRCPC



Jenny Melamed, MD, MBChB, FASAM



E. Maire Durnin-Goodman, MD, PhD, FASAM, CCBOM, MRO



Jon S. Novick, MDCM FRCPC

The submission criteria for inclusion required the papers to deal with physician health and have been published in the two years prior to the conference. Submissions were accepted from the FSPHP member E-Lists and the Research Committee members. The committee reviewed and voted on all papers. The papers were broken down into four categories for simplicity: 1. Substance use and Monitoring; 2. Burnout and Physician Healthcare visits; 3. Cognition; and 4. Self-harm/Suicide & Violence against Physicians. One paper from each category was presented. All 11 papers can be found on the [Research about PHPs and Health Professionals page](#) of the FSPHP website.

The Research Committee started this concept at the 2022 meeting and will continue to provide a yearly update of the papers that focus on important issues relating to physician health at all the FSPHP Conferences going forward.

Top (11 Papers)

1. Merlo L, Campbell M, Shea C et al. Essential components of physician health program monitoring for substance use disorder: A survey of participants 5 years post successful program completion, *American Journal on Addictions*, 2022 <https://doi.org/10.1111/ajad.13257>.
2. Geuijen P, Pars E, Kuppens J et al. Barriers and Facilitators to Seek Help for Substance Use Disorder among Dutch Physicians: A Qualitative Study, *Eur Addict Res* 2022;28:23–32.
3. Weinhouse, S, Merlo, L, Bundy, C et al. Barriers to recovery for medical professionals: Assessing financial support through a survey of Physician Health Programs, *Am J Addict*. 2023; 1–8, doi: 10.1111/ajad.13397.
4. Aruleba F, J Beach J. Do Medical Licensing Questions on Health Conditions Pose a Barrier to Physicians Seeking Treatment? A Literature Review 2022, *Journal of Medical Regulation*, Vol 108, No 3/35.
5. Myran, D, et al. Physician Health Care Visits for Mental Health and Substance Use During the COVID-19 Pandemic in Ontario, Canada, *JAMA Network Open*, 2022;5(1):e2143160 doi:10.1001/jamanetworkopen.2021.43160.
6. Shanafelt T, West, C, Dyrbye L et al. Changes in Burnout and Satisfaction With WorkLife Integration in Physicians During the First 2 Years of

continued on page 12

Top 10 (11!) Papers in Physician Health—A Presentation by the FSPHP Research Committee

continued from page 11

- the COVID-19 Pandemic, *Mayo Clin Proc.* 2022; 1–11 doi.org/10.1016/j.mayocp.2022.09.00.
7. Sen, S
Is It Burnout or Depression? Expanding Efforts to Improve Physician Well-Being, *New Engl J Med* 387;18 nejm.org November 3, 2022, 1629–30.
 8. Gajjar J, Pullen N, Li Y et al.
Impact of the COVID-19 pandemic upon self-reported physician burnout in Ontario, Canada: evidence from a repeated cross-sectional survey, *BMJ Open* 2022;12:e060138. doi:10.1136/bmjopen-2021-060138
 9. Sharona Hoffman S; JD, LLM, SJD
Physicians and Cognitive Decline: A Challenge for State Medical Boards, 2022, *Journal Of Medical Regulation*, Vol 108, No 2 | 19.
 10. Sood M, Rhodes E, Talarico R et al.
Suicide and Self-Harm Among Physicians in Ontario, Canada, *The Canadian Journal of Psychiatry* 1–9, 2022, doi: 10.1177/07067437221099774
 11. Caruso R, Toffanin T, Folesani F et al.
Violence Against Physicians in the Workplace: Trends, Causes, Consequences, and Strategies for Intervention, *Current Psychiatry Reports* (2022), 24(12):911–924. doi: 10.1007/s11920-022-01398-1

The Research Committee is now accepting submissions for their 2024 presentation. If you have read anything that you consider to be relevant to the health of medical/healthcare professionals and on a topic felt to be important to our field at the present time, please email the article link or PDF to ssavage@fsphp.org. ■

ARE YOU HIRING OR LOOKING FOR A NEW OPPORTUNITY!

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

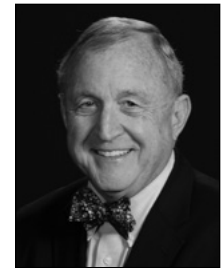
Now
Hiring!

GOING HOLLYWOOD: HOW TO CREATE A VIDEO FOR YOUR PROGRAM

Lynn Hanks,
MD, FASAM;
Dale Syfert, MD



Lynn Hanks, MD,
FASAM



Dale Syfert, MD

This presentation discussed the necessary elements in making a successful video, listed the steps involved, and

illustrated the core message conveyed by the video.

Enhancing the visibility of your PHP is the video's main purpose. It can be used to demonstrate your PHP's success, inject emotion into standard presentations, counter adverse articles, raise funds, and as a marketing tool.

Target audiences include professional students, residency programs, hospital staffs, boards, large medical associations, legislators, and regulatory agencies.

The cost for the FL PRN video was approximately \$26,000, which included the full services of a videographer and sound technician. It was filmed at PRN headquarters.

We embraced diversity in choosing the cast in terms of gender, age, and race, all with varying specialties. Cast members had to have completed the PRN's five-year monitoring program, be in substantial recovery, be willing to break their anonymity, and sign a legal waiver.

Information about the PRN was a critical component of the video and included stating its mission, that it provides a therapeutic alternative to discipline, is highly confidential, and has a credentialed professional staff. We enumerated PRN's services and explained how to access the program. Its success was demonstrated by the testimonials about recovery.

Attributes peculiar to health professionals were mentioned, such as their presumed immunity, the "M-Deity syndrome," and their easy access to addictive substances ("candy-store-itis").

We emphasized that addiction is a disease by talking about how this primary brain dysfunction manifests as powerlessness that leads to unmanageability and the 4 C's: loss of Control, Compulsive use, and Continued use despite adverse Consequences. Two of our cast

members were examples of iatrogenic addiction. We stressed the progression of the disease, which, if untreated, leads to eventual impairment and even death.

During rehearsal, the cast was directed to omit their last names, identify as an alcoholic and/or addict, state their sobriety dates and type of practice, and tell how they got to the PRN. They were asked to mention their guilt and shame and to verbalize their initial fears about confidentiality and their concerns about licensure ramifications. They were cautioned not to name any treatment centers nor mention Alcoholics Anonymous lest they violate AA's 11th Tradition.

Lastly, we asked cast members to basically tell a mini-version of their recovery story and in so doing incorporate some of the major ingredients of recovery such as honesty, humility, surrender, acceptance, and discipline. Most of all, cast members were asked to stress the benefits that had accrued to them as a direct result of participating in the PRN program.

The video is available on the [FL PRN website](#). ■

THE NATIONAL ACADEMY OF MEDICINE, A NATIONAL PLAN FOR HEALTH CARE PROFESSIONAL WELL-BEING, AND THE SURGEON GENERAL'S ADVISORY HIGHLIGHT IMPORTANT ROLES FOR PHPS TO PLAY IN PROFESSIONAL WELL-BEING

Art Hengerer, MD, FACS

The intent of the presentation was to review the impact the pandemic had on healthcare professionals and how the FSPHP can assist in guiding and providing appropriate mental health services.

Since the pandemic, surveys show burnout and depression have been increasing to over 55% of physicians manifesting symptoms with services for mental health care severely lacking for clinicians and the population in general. Burnout is not manifested from a lack of resilience in physicians but due to stressful environments and moral injury occurring in the systems that require commitment to a culture change.

The presentation discussed the national efforts that have been initiated to impact these problems and solutions. First is the National Academy of Medicine "Action Collaborative," National Plan for Health Work Force Well-Being, www.nap.edu. Second is the U.S. Surgeon General's Advisory On Building a



Art Hengerer, MD, FACS

Thriving Health Workforce, "Addressing Health Worker Burnout," surgeongeneral.gov. Third is a summary of the developed PEER program that the FSPHP developed for enhancement of PHPs, and how this can eventually augment these national efforts. These three documents have overlap, addressing mental health and well-being in a collaborative approach rather than individually in the multiple silos that are the medical industrial complex.

I chose two of the seven national plan goals to highlight that have particular application for the organization to consider in planning for the aftereffects of the pandemic on the clinicians. Goal #3 is Support Mental Health and Reduce Stigma. There are multiple steps for PHPs to consider to support this goal. The need is to decrease barriers to care and increase services where appropriate and staffing makes possible. Discuss with SMB to see what mental health needs they are seeing in physicians with complaints to adjust needed services. The FSPHP should evaluate their support of PHPs to be certain their policies are in line with the projected needs.

Goal #6 is Institutionalize Well-Being as a Long-term Value. Actions include defining FSPHP's ideal future that is guided by a culture of well-being as a core value. Increase communication to clinicians that the support offered by PHPs for their well-being is critical and safe. Many of these points mentioned are highlighted in the Surgeon General advisory and were reviewed.

The summary of the presentation includes the following list of recommendations for the FSPHP and state PHPs:

- Define ideals and culture of well-being as a care value.
- Use PEER and ETA evaluations to enhance consistency, excellence, and accountability.
- Survey all state PHP services as a guide to directions for change to meet present demands.
- Track services to see if they are meeting needs and if barriers have been removed.
- Expand the outreach and enhance safe haven, quality mental health programs—emphasize confidentiality.
- Evaluate the need to recruit staff with varied training for wellness.
- Enhance research on wellness and expand the central database.
- Develop policies for others to use based on our experience. ■

PSYCHEDELICS: LESSONS LEARNED FROM OPIOIDS, MARIJUANA, AND KETAMINE

Bertha K. Madras, PhD

The coming years will witness ever-growing challenges to prevention and treatment strategies of Physician Health Programs (PHP). Clear guidelines on drug use and treatment are being compromised by the designation of specific drugs as medicines while they remain illegal at the federal level, by the opening of rogue clinics offering off-label use of scheduled drugs, and by the emergence of social and legal constructs such as ballot initiatives to designate specific drugs as medicines. These unprecedented trends in modern medicine and drug policy create a trail of confusion and uncertainty for PHPs. This presentation provides an overview of the current status and evidence regarding the medicalization of psychoactive substances, with the view of educating and assisting the medical community in developing defensible policies amidst these controversies. The medicalization of psychedelics is particularly relevant because drugs in this class are intoxicants, with intoxication a risk to providing effective medical care of patients. Physicians and other healthcare professionals are obligated to mitigate identifiable safety risks because they reside in safety-sensitive positions.

Driving these challenges is the fast-tracking medicalization of certain psychoactive drugs, most of which reside in highly restrictive categories of the Controlled Substances Act (CSA). Drugs in the most prohibitive Schedule (I) are clearly the most contested, remain illegal according to federal law, and are not approved by the FDA for use in any medical condition. The illegal status of Schedule I drugs is based on evidence that acutely they engender intoxication, impair mental and physical ability, and have high abuse and addiction potential. Movements to medicalize and legalize drugs using state ballot and legislative initiatives or by other means have de facto compromised the CSA, the FDA drug approval process, and PHP policies by enabling access to: (1) cannabis for state-specified numerous health conditions, even though cannabis remains illegal at the federal level and is not FDA-approved; (2) ketamine in rogue clinics piggy-backing onto an FDA-approved nasal spray formulation of ketamine for addressing



Bertha K. Madras,
PhD

treatment-resistant depression; and (3) hallucinogens/psychedelics (psilocybin, LSD, MDMA) approved as medicines in specific states by political processes and specified for myriad psychiatric symptoms.

The medical, societal, and legal implications for these trends present specific challenges for PHPs charged with monitoring health professionals for their ability to practice with skill, judgment, and safety. Is fitness for duty compromised by FDA-approved opioid medications to treat opioid use disorder? PHPs must decide whether MAT is compatible with monitoring and safe practice, decisions that also consider PHPs' obligations to regulatory agencies and credentialing bodies responsible for patient safety. The challenges of opioid medications are surpassed by those associated with the use of non-FDA-approved ketamine formulations and state-level-approved marijuana or psychedelic hallucinogens. These drugs are intoxicants whether used for recreational or medicinal purposes, with duration of effect lasting from several hours to a day, depending on dose/route. Does daily marijuana consumption or less frequent hallucinogen use interfere subtly or robustly with cognition, judgment, and surgical skills? Will consuming drugs with addiction potential compromise treatment for substance use disorders? It is the shared responsibility of the participant, their treatment providers, the physician health program, and medical regulatory agencies to determine whether a health professional is safe to continue or return to practice. A few simple principles may be useful as starting points in debating PHP policies and guidance:

1. Intoxicating drugs not approved by the FDA should not be acceptable as medicines.
2. Intoxicating substances approved by the FDA should be prohibited for a specific period prior to, during working hours, or for the duration of compromised cognition.
3. Alternatives to an intoxicating substance should be tried before resorting to psychoactive drugs.
4. During withdrawal from intoxicants, which may vary from hours to weeks, the participant should recuse themselves from practice. ■

MEDICATION FOR OPIOID USE DISORDER IN SAFETY-SENSITIVE WORKERS—A PANEL APPROACH UTILIZING AUDIENCE RESPONSE SYSTEM

Michael Baron, MD, MPH, DFASAM; Christopher Bundy, MD, MPH, FASAM; J.E. Buddy Stockwell, III, JD



Michael Baron, MD, MPH, DFASAM

Christopher Bundy, MD, MPH, FASAM

J.E. Buddy Stockwell, III, JD

Medication for Addiction Treatment (MAT) and more specifically Medication for Opioid Use Disorder (MOUD) have become incommensurate for many Physician Health and Professional Health Programs. The stakeholders including Professional Organizations and the DOJ strongly encourage the use of agonist and partial agonist therapy for any person with Opioid Use Disorder (OUD) with minimal thought to the effects on occupational safety, self-regulation, cognition, and ability to be monitored. Also, very little weight was given to the historical successes of the PHP model that has transpired without the benefit of MOUD.

To address these concerns, Dr. Michael Baron, Medical Director of the Tennessee Medical Foundation – Physician’s Health Program (TMF), presented the history of MOUD going back to 1920. He discussed the pharmacodynamics and the pros and cons of the three current FDA-approved MOUD medications (methadone, buprenorphine, and naltrexone).

The presenters illustrated how agonist and partial agonist MOUD can promote relief but may eclipse the spiritual or psychic change that can be necessary for long-term recovery.

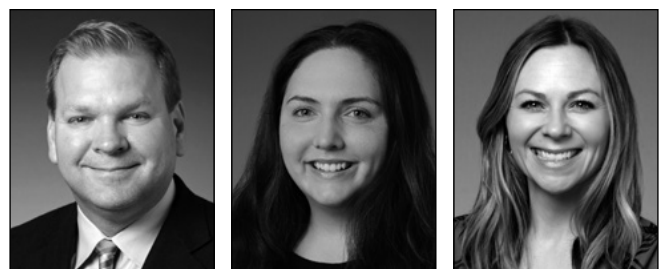
Naltrexone was presented as having an overall advantage for the monitored safety-sensitive occupation worker, as it has no diversion or abuse potential, is not self-regulated for effect, compliance can be assured by using the injectable product, and there are no known cognitive impediments.

Mr. Buddy Stockwell, an attorney and Director of the Tennessee Lawyers Assistance Program (TLAP), presented and discussed two cases that the DOJ settled pertaining to the use of MOUD in safety-sensitive workers. His legal expertise helped explain how these cases differ from each other and how they both have significant limitations and fallacies. He illustrated how these cases should not be used as precedent for all matters related to MOUD in safety-sensitive workers, using the example that the FAA continues to prohibit the use of any and all MOUD medications for commercial pilots in recovery from OUD. Mr. Stockwell then talked about how patients may lack the capacity to make healthcare decisions while in active addiction or active withdrawal, a time when most MOUD decisions are made. This was a very revealing discussion.

Dr. Chris Bundy, Executive Medical Director of the Washington State Physician Health Program (WPHP), served as the moderator and interpreted the four ARS questions and audience answers. He also engaged at times as a speaker to help answer audience questions. ■

TOXICOLOGY 2.0: UPDATE ON THE WASHINGTON PHYSICIANS HEALTH PROGRAM VIRTUAL SPECIMEN COLLECTION PILOT

Christopher Bundy, MD, MPH, FASAM; Kellie Reilly; Courtney Strong, LMHC, SUDP



Christopher Bundy, MD, MPH, FASAM

Kellie Reilly

Courtney Strong, LMHC, SUDP

At the 2022 FSPHP Annual Conference and Business Meeting, the Washington Physicians Health Program (WPHP) presented a novel alternative to site-based toxicology testing paradigms using technological advances in specimen collection and validation systems. At this year’s conference, WPHP presented follow-up data

continued on page 16

Toxicology 2.0: Update on the Washington Physicians Health Program Virtual Specimen Collection Pilot

continued from page 15

that have guided the ongoing evolution and improvement of the program and polled attendees regarding current practices and attitudes about virtual specimen collection and other emerging testing technologies and practices related to toxicology monitoring.

Current testing practices and experience with virtual collection systems were assessed among learners using the audience response system. Fifty-four percent of attendees (n=80) reported at least some integration of virtual collection into their existing testing programs with only 12% reporting substantial or complete integration. For site-based testing, urine (95%), PEth (76%), and hair/nail (62%) (or some combination thereof) were the most commonly used testing matrices (n=78). For virtual collections, breath alcohol (53%), PEth (50%), and DNA urine (48%), alone or in combination, were the most used matrices (n=62). Only 13% of attendees felt that virtual collection systems were often or always problematic (n=48). Challenges with virtual collection systems identified by attendees included cost (56%), collection kit management (35%), difficulty using the technology (31%), program enrollment/orientation (27%), invalid/missed collections (23%), and limitations in drugs detected or windows of detection (19%) (n=48).

Insights gained from the pilot study and early implementation of the novel toxicology program were presented. WPHP shared two illustrative cases to highlight lessons learned. The first case involved a long-term monitoring participant who was found to be using *myraginine speciosa* (kratom) when switched to the virtual specimen collection monitoring paradigm. This case illustrated that, in addition to the convenience of virtual collection, the broader test panels offered through DNA urine testing improved detection rates for use of unauthorized substances that would not normally be detected in more traditional testing panels.

The second case presented a monitoring participant who was using up to a fifth of distilled spirits a day and evaded detection for several months. This testing paradigm was overly reliant on oral fluid and breath alcohol testing, which can have limited utility or may be more readily defeated in monitoring scenarios. WPHP presented this case to highlight the false reassurance that some testing modalities can provide, especially considering

the frequency of alcohol use and return to use involving alcohol in monitored health professional populations. WPHP reported that 70% of its program participants self-report alcohol use disorder as their primary SUD and that 69% of detected use under monitoring in the prior five years of the program was for alcohol. Given these data, and the ease with which a participant using alcohol was able to evade detection under oral fluid and breath alcohol testing, WPHP eliminated these modalities from the testing paradigm and added phosphatidyl ethanol (PEth) testing at a frequency of six times per year.

WPHP also presented performance data for the virtual collection paradigm versus traditional site-based testing spanning the prior year of testing. While both testing strategies performed similarly in terms of failed collections, virtual collection outperformed site-based collection for detection of substance use under monitoring (2% vs. 61% detections, respectively). While the difference in absolute terms was small, this represents a greater than three-fold increase in use detection in the virtual collection group. The superior performance of virtual collection was hypothesized to have resulted from a combination of expanded testing panels, test selection on weekends and holidays, and decreased opportunity for specimen substitution with virtual collection.

WPHP also presented survey data demonstrating high participant satisfaction with the virtual collection paradigm and a willingness to pay more for the convenience of virtual testing. Overall, 87% of pilot program participants (n=30) strongly agreed that virtual testing is preferable to site-based testing.

Performance data, clinical experience, and participant feedback were used to inform a continuous performance improvement cycle resulting in adjustments to the monitoring paradigm. The new paradigm relies on DNA urine and PEth testing. "Doubling down" on testing for alcohol biomarkers aligns more closely to participant substance use patterns, while the expanded panel DNA urine testing ensures a wide range of additional substances will also be regularly surveilled. In addition, WPHP has begun expanding the new paradigm to an increasing number of program participants. With increased use, we expect that implementation challenges will be overcome, resulting in improved efficiency, system performance, lower cost, and higher acceptance among health professional monitoring programs. ■

SHARE YOUR STATE PHP EVENTS WITH FSPHP

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

THE ROLE OF IDAA IN PHP PARTICIPANTS RECOVERING FROM ADDICTION

**Penelope Ziegler, MD;
Paul Earley, MD, DFASAM**

This panel discussion was organized and presented by Penelope Ziegler, MD, and Paul Earley, MD.

Participants in the panel included Michael Baron, MD; Melissa Lee Warner, MD; and Christopher Bundy, MD.

The panel discussion was developed because of interest in the topic that was noted during the 2022 FSPHP Conference. Attendees at the demonstration 12-Step meeting session, as well as persons viewing the IDAA poster on virtual meetings, raised questions about the role of IDAA (International Doctors in Alcoholics Anonymous) in addiction recovery for healthcare professionals. We discovered that, while some PHPs refer all eligible participants to IDAA and encourage participants to become active in the organization, other PHPs have limited knowledge about how IDAA can enhance participants' recovery experience in a variety of ways. This panel discussion was designed to demonstrate to attendees the ways in which Professional Health Programs utilize referral to and encourage participation in IDAA.

IDAA is a worldwide fellowship of healthcare professionals, families, and significant others striving to help one another attain and maintain recovery from addiction. Initially founded in 1949 and intended for recovering physicians and dentists, it now welcomes psychologists, pharmacists, veterinarians, podiatrists, chiropractors, other doctoral-level healthcare providers, advanced registered nurse practitioners, certified registered nurse anesthetists, physician assistants, and students in these disciplines. It is not affiliated with Alcoholics Anonymous or any other 12-Step Program. It is also not affiliated with any disciplinary entity or monitoring organization. It offers support to recovering professionals and to all members of their families.

After a brief introduction to IDAA, Dr. Baron spoke about the Tennessee Medical Foundation's Physician Health Program and its encouragement to participants to join and become active in IDAA as an adjunct to their recovery. He provided examples of participants



Penelope Ziegler, MD



**Paul Earley, MD,
DFASAM**

who benefitted from IDAA membership and discussed the combined activities that Tennessee's PHP had with IDAA when the annual IDAA meeting was in Knoxville, TN. Dr. Warner described her family's involvement with the family activities at IDAA, including Al-Anon, the Jerry Moe program for children, and the IDAA Teen program.

Dr. Bundy discussed the benefits to all recovering healthcare professionals and their significant others from participation in a noncompulsory, peer-based recovery program, especially in overcoming the resentments and feelings of coercion often experienced by PHP participants. Hearing directly from other professionals and family members about how they have found great benefits in recovery and have been able to return to their former practice or found acceptable alternatives has much greater credibility than reassurances given by PHP staff.

There followed a lively question-and-answer session with active audience participation. ■

THE FUTURE OF DENTIST HEALTH AND WELLNESS

Alan Budd, DMD



Alan Budd, DMD

About thirty conference attendees participated in a discussion of Dentist Health Programs by Dr. Alan Budd of The National Council of Dentist Health Programs (NCDHP). It was the first-ever FSPHP session focused on issues related to dental professionals. Some key takeaways:

(1) in approximately half of all US states, dental professionals are accepted into their state PHP or similar program; most of the other half access a separate health program exclusively for dental professionals; (2) all PHPs present reported dwindling numbers of dental professionals accessing their services; (3) dental professionals face some of the same challenges that physicians face as well as some unique to dental practice; and (4) DHPs are as varied as PHPs are. Session attendees were overwhelmingly appreciative of this introduction to dental health programs and eager to develop collaborative relationships between medical and dental programs.

BREAKOUT SESSIONS

PHP Administrative Topics Track

A PROVEN OUTREACH AND PREVENTION TOOL FOR PHPS: AFSP'S INTERACTIVE SCREENING PROGRAM

Michael Baron, MD, MPH, DFASAM;
Laura Hoffman

Dr. Michael Baron described the process of how the Tennessee Professional Screening



Michael Baron, MD, MPH, DFASAM



Laura Hoffman

Questionnaire (TN-PSQ) was developed to offer physicians and other healthcare providers under our charge a proactive approach to mental health resources and treatment. The Tennessee Medical Foundation – Physician's Health Program wanted a proactive resource for early intervention and referral to mental health resources before mental health symptoms deteriorated to severe illness, functional impairment, and suicide. With this objective, we chose the Interactive Screening Program (ISP).

The ISP was developed in 2001 by the American Foundation for Suicide Prevention (AFSP). The ISP is listed in the Best Practice Registry for Suicide Prevention, the Accreditation Council for Graduate Medical Education's Tools and Resources for Physician Well-Being, and as a recommended program in the U.S. Surgeon General's report, "Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce." This vetted online screening platform, which physicians participate in anonymously, includes the PHQ-9, covering depression, anxiety, trauma, substance use, and suicide. The answers are computer-scored and quantified into four tiers. A mental health professional reviews the results and offers recommendations and further assistance or appropriate referrals. The user can then continue to dialogue via the platform anonymously or connect directly with the mental health service offerings. The ISP was adapted for health professionals served by the TMF and launched on February 3, 2020, coincidental to the start of the pandemic. It is free to the user, confidential and anonymous; the TMF has access only to deidentified data. The TMF was the first

state PHP to utilize the ISP; we have since had four other states sign on and numerous inquiries from other state PHPs.

In the first three years of use, the TN-PSQ had 648 users; 54% were in Tier 1 with high distress. Overall, 84% were not receiving help elsewhere, so we were reaching the population that was untreated.

Ms. Laura Hoffman with AFSP described the process of how the ISP can be utilized and branded by any program that wants to offer this wellness tool. It is an integral part of proactively connecting healthcare professionals to the mental health support they deserve. ■

IDENTIFYING AND EXPLORING CHALLENGES FOR SMALLER PHYSICIAN HEALTH PROGRAMS IN ESTABLISHING AND MAINTAINING RECOMMENDED BEST PRACTICES

Kathleen Boyd, MSW, LICSW; Steven Carreras, PhD, MSW



Kathleen Boyd, MSW, LICSW



Steven Carreras, PhD, MSW

This workshop was offered as an opportunity to talk about the unique challenges that

smaller PHPs face in providing services and securing ongoing funding with limited staff and/or resources in their geographic area. With the movement toward program reviews, that is, the FSPHP Performance Enhancement and Effectiveness Review (PEER™ Program), and suggested criteria and metrics for best practices, we hypothesized that a discussion format in which smaller programs could share concerns and ideas would be beneficial in terms of networking and supporting each other as we strive to meet expected standards, regardless of the size of our programs.

In order to gain a better understanding of the number of small PHPs, we first set out to establish criteria to determine how many of the current 48 PHPs in the United States are actually "small." We noted that this was not in any way meant to be a scientific research project. Initially, the criteria for this were based on: (1) amount and scope of budget; (2) number of staff; and (3) approximate size of population served. We

used the FSPHP website's state program listing for our initial data.

We decided to use an annual budget of \$500,000 or less as a better determination of program size as compared to the number of staff since some PHPs use part-time or less than part-time staff. After phoning several PHPs and visiting available PHP websites, we were able to screen out 21 PHPs based upon their reported budgets. Using Survey Monkey, we sent a link to a 17-item exploratory questionnaire to the remaining 27 PHPs. Our response rate was over 90% (N=25), with 20 PHPs qualifying as small PHPs, which is approximately 42% of the current FSPHP membership.

Twenty PHPs had budgets of \$500,000 or less; however, 15 of those 20 PHPs had budgets of \$300,000 or less with nine of those 15 having a budget of \$200,000 or less. Some of the additional findings revealed that 20 PHPs not only monitored for AUD/SUD, but 19 of them also monitored for one or more of the following: psychiatric illness, dual diagnosis, medical conditions, cognitive disorders, burnout, and disruptive behaviors. Seventy-five percent, or 15, PHPs monitored multiple professions. Slightly more than 50% reported having multiple funding sources, such as state licensing boards, professional associations, hospitals/health systems, physician group practices, and malpractice carriers. Eight (40%) of the PHPs reported an intention to implement the PEER™.

From the discussion, one of the main concerns raised was that limited staff were responsible for many roles (i.e., intakes, monitoring, PR/speaking, collaborating with state agencies, etc.). Ideas for ways to increase support for smaller programs included the following: availability of specific peer consultation groups; FSPHP annual conference planning to include offerings relevant to smaller programs; and collaboration between the smaller PHPs in developing ideas to increase funding.

In conclusion, in the world of our identified 48 physician health programs, every organization may run slightly differently and may have different needs and expectations within the communities we serve, but essentially, the type of specialized work we all do requires the same expertise, commitment, and passion, regardless of the budget and size of our respective programs. ■

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS AND ORGANIZATIONS IN DISTRESS: COLLABORATION WITH PROVIDERS AND SYSTEMS OF CARE IN AID OF IMPROVING OUTCOMES

Betsy Williams, PhD, MPH, FSACME; Jerry Smith, PsyD; Clark Gaither, MD



Betsy Williams, PhD, MPH, FSACME



Jerry Smith, PsyD



Clark Gaither, MD

While the practice of medicine can bring clinicians many rewards, it is also a stressful and demanding profession. Trainees and physicians in high-stress specialties and those working in high-intensity areas are particularly at risk for demonstrating difficulties with professionalism, whether it be issues with health/well-being or disruptive behavior (2). The COVID-19 pandemic placed additional pressure on both clinicians and the healthcare system and contributed to greater distress in doctors (1). This distress can often manifest as disruptive behavior. Disruptive behavior can be understood as a manifestation of issues idiosyncratic to the physician, limitations of the system in which the physician works, and the interaction between the physician and system. This understanding highlights the importance of working with both the identified physician and appropriate individuals within the physician's system in order to ensure the best outcome for all parties (2,3). Participation statistics from the North Carolina Physician Health Program between 2018 through 2022 indicated a 16% increase in referrals over the five-year period of study. Substance use disorders continued to be the primary referral type, ranging from 50% to 62% in 2020 with behavioral referrals (range 17%–22%) the next most common referral type. Participant statistics from a Midwestern assessment and treatment program indicated that referrals for substance-related concerns increased during the pandemic as did referrals related to psychiatric concerns. Approximately 70% of participants referred during the active stages of the pandemic met criteria for burnout.

continued on page 20

Recommendations for Healthcare Providers and Organizations in Distress: Collaboration with Providers and Systems of Care in Aid of Improving Outcomes

continued from page 19

It is important to consider the potential relationship between burnout and disruptive behavior. Underlying drivers of burnout include work overload, lack of control, insufficient reward, breakdown of community, absence of fairness, and conflicting values between the clinical and the system. Organizational strategies for eliminating job-related burnout were articulated in the National Academy of Medicine National Plan for Health Workforce Well-being (4). It will be important that stakeholders including physician health programs, state medical boards, medical societies, hospital groups/associations, practice administrators, physicians, and other stakeholders read the NAM plan and begin the process of implementing the recommendations. This is particularly important considering the increasing shortage of healthcare clinicians amidst increasing healthcare service demands. It will be important to work together to educate healthcare systems and our referral sources about the need to allow those who have acknowledged distress to have the time and opportunity to address their issues. Also important will be to educate systems about ways they can be supportive of their clinician cadre. This has the benefit of reducing the environmental irritants that can retrigger physicians who have already acknowledged distress and can help potentially help stem the tide of burnout and psychological distress in our healthcare practitioners. ■

REFERENCES

- Galbraith N., Boyda, D., McFeeters, D., and Hassan, T. The mental health of doctors during the COVID-19 pandemic. *BJPsych Bull.* 2021 Apr;45(2):93–97. doi: 10.1192/bjb.2020.44. PMID: 32340645; PMCID: PMC7322151
- Williams, B. W., and Williams, M. (2020). Understanding and Remediating Lapses in Professionalism: Lessons from the Island of Last Resort. *Annals of Thoracic Surgery*; 109:317–324.
- Williams, B., and Welindt, D. (2023). Assisting Physicians Who Exhibit Disruptive Behavior: Understanding the Costs, Contributors, and Corrections. *Australasian Psychiatry* 2023, Vol. 0(0) 1–4.
- <https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being>

STAKEHOLDERS, FROM FRIENDS TO FOES: HOW TO SECURE, MAINTAIN, AND ENHANCE YOUR PHP

Amanda Kimmel, MPA;
Sarah Early, PsyD



Amanda Kimmel, MPA



Sarah Early, PsyD

Physician Health Programs (PHPs) must remain aware of all constituents who have an

impact on conducting our mission. Close community partners remain essential in keeping a “word-of-mouth” reputation, but the current (and next) generation of stakeholders requires an innovative approach. Key elements of public relations and communications are paramount in the ever-changing landscape. PHPs need to know how to use stakeholders in a variety of scenarios—when facing challenges or crises, during daily operations, and when trying to grow or enhance the program. Your constituents can assist with education, bolstering funding, nullifying detractors, and growing your program’s reach.

You realize that relationships are essential, but finding time to consistently network can be difficult. We encourage you to make this a priority! Consider who your stakeholders are, both friends and foes. This may include the Board of Directors, Donors/Supporters, State Medical Society, Training Programs, Hospital Association and Hospital Systems, Treatment Providers, Specialty/County Societies, Legislators, FSPHP/National Organizations, other Peer Programs, Lobbyists, Regulatory Agency, Defense Attorneys, Patient Advocate Groups, Competing Organizations, Detractors, and/or unhappy participants. Engaging your Board of Directors in public relations work is essential.

No one enjoys thinking about threat mitigation or disaster planning. Unfortunately, threats can happen to any program. Stakeholders are critical help in case of a crisis. Security issues may involve threats to existence such as loss of designation as a state’s Peer Assistance Provider, or loss of funding or internal issues made public (i.e., ethical dilemmas, confidentiality breach, or participant dissatisfaction). Involve constituents based on the type of threat. Perhaps use your key constituents as a think tank, to educate others, supply letters of support, help rectify the situation, and/or assist in engaging professional strategists (media, public image).

If you are facing a key-tenet compromise, for PHPs this is often a threat to client confidentiality, so employ a strategy focusing on areas of agreement, such as patient safety. Then educate with research, and use constituents directly affected by this tenant's change to be most impactful.

Market-position threats can affect the security of your PHP. Be persistent in educating on the unique benefits of your PHP such as being independent and confidential and offering true peer-to-peer assistance.

Communication continues to be key to both friends and foes. With foes, heading off miscommunication and finding reasons to engage are important, though they can be difficult. It is easy to want to avoid your foes, but this will breed misinformation and mistrust. Be open to hearing their side, engaging in tough dialogue, and compromising if there is a common goal available.

While most programs may not have resources to conduct all marketing strategies, various ideas include individualized email correspondence, conference exhibits, electronic campaigns, and featured articles. When trying to enhance your program, consider the following when approaching constituents:

- Can you make their job easier?
- Focus on what will be best for patients.
- What do you offer that is different?

Your stakeholders are key to your PHP success. Build and foster key relationships to enhance your mission and goals! ■

STEPS FOR SUCCESS: EMPOWERING PHPS TO FORMALIZE THEIR WELL-BEING PROGRAMS AND BECOME LEADERS OF WELLNESS

Philip Hemphill, PhD; Scott Humphreys, MD

This presentation focused on three learning objectives: (1) to demonstrate the steps necessary in developing a well-being program for your PHP; (2) to differentiate how a well-being program is a secondary intervention strategy instead of a tertiary strategy; and (3) to



Philip Hemphill, PhD



Scott Humphreys, MD

formulate a plan of action for implementing a PHP well-being program.

The importance of being a leader in the well-being delivery system was the overarching goal of the seminar. We described the history of medicine, which progressed from anatomy-focused to a holistic approach. PHPs began by providing diversion programs, which led to a focus on control or cure. This often rigid and small scope made it difficult to address the need for prevention or well-being needs. The importance of completing a quick self-assessment to determine the culture of wellness at each attendee's PHP was provided. This included the following questions: What do you believe you need to Keep Doing, Stop Doing, and Start Doing? This showed the need for continuing with a S.W.O.T (Strengths, Weaknesses, Opportunities, Threats) analysis to demonstrate potential areas for review in one's PHP: including system-wide initiatives modeling wellness, leadership development, health integration, workforce growth/education, benefits and policy reviews, and data-informed feedback systems. Some of the opportunities for impact include coordinating with other professional societies, increasing access to care, destigmatizing mental health and addiction, offering trauma-informed services, and being reminded to partner with like-minded organizations when possible.

As the development of these well-being programs continues to evolve and have a priority within the healthcare industry, PHPs are positioned to provide leadership. PHPs have been able to demonstrate value, enhance outcomes, and increase public safety. Therefore, leadership in this initiative could be accelerated given the vast experience of assessing, managing, and monitoring professionals PHPs bring to the discussion. Understandably, wellness or well-being programs may not be a priority for some programs and may lead to others defining what is relevant or important. The presentation offered encouragement and empowerment to PHPs by reassuring their capacity to formalize and prioritize well-being within their own programs first. PHP staff are some of the most experienced and qualified individuals to offer such preventative services by having a presence in schools and hospitals. The opportunity is to develop an infrastructure that consists of disseminating relevant information, providing proper assessments, strengthening partnerships, and possibly offering consultative services that are executable within the scope of your PHP. ■

PHP Clinical and Case Management Track

EFFICACY OF SHORT DURATION RESIDENTIAL/IOP FOR PRIMARY TREATMENT OF PHYSICIANS WITH SUDS

**Richard Whitney, MD,
DABAM, FASAM**



**Richard Whitney, MD,
DABAM, FASAM**

At the 2023 FSPHP Annual Education Conference, Richard N. Whitney, MD, DABAM, FASAM, Medical Director for Ohio Professionals Health Program (OhioPHP), presented “Efficacy of Short Duration Residential/Intensive Outpatient Program (IOP) for Primary Treatment of Physicians with Substance Use Disorders.” This presentation provided an overview of the rules and regulations of the State Medical Board of Ohio related to impairment, a brief review of current standard of care for the treatment of physicians diagnosed with a substance use disorder, and a retrospective review of OhioPHP data from the years 2019–2022. In this presentation, OhioPHP proposed the hypothesis that “Individualized, clinically driven care is non-inferior or as effective as the current standard of requiring 30–90 days of residential treatment for all physicians, regardless of diagnosis or other circumstances.”

Dr. Whitney reviewed with the audience a retrospective collection of data from 2019–2022 after significant changes were made to the rules and regulations related to impairment with the State Medical Board of Ohio (referred to as the SMBO ‘One-Bite Program’). The reviewed data included only the licensed and resident physician population and did not include all licensee types of the SMBO. The data included de-identified basic demographic information, medical specialty, diagnosis, primary treatment level(s) of care, and duration of treatment as well as return-to-use data for 127 physician participants of OhioPHP.

The data revealed a few key points:

1. Average length of stay was 5.2 weeks for participants who attended residential treatment only
2. Average length of stay for all levels of care was 6.8 weeks
3. Of 127 participants in the program during 2019–2022, only 11 participants returned to use of mood-altering chemicals
 - a. 73% of participants who returned to use did so within the first year of monitoring

- b. 82% of participants who returned to use subsequently returned to treatment and remain in monitored recovery today

This presentation ended with a brief review of where to go from here. The importance and prospective collection of this type of data were discussed and an outline of a planned prospective study was also reviewed.

Replicating this review and continuing to enhance the collection of data over the years to come are crucial to provide additional evidence that long-term therapeutic monitoring by PHPs is key to improving the health and well-being of physicians and other healthcare professionals. ■

FOSTERING RELATIONSHIPS WITH MEDICAL SCHOOLS TO INCREASE ACCESS TO CARE FOR THE NEXT GENERATION OF MEDICAL PROFESSIONALS

**Lisa J. Merlo,
PhD, MPE;
Alexis Polles,
MD; Delena
Torrence, MS,
CAP, ICADC;
Tish Conwell;
Maureen
Novak, MD;
Diane McKay,
PsyD**



Lisa J. Merlo, PhD, MPE



Alexis Polles, MD



Maureen Novak, MD



Diane McKay, PsyD

Building and nurturing positive relationships between PHPs and the medical school(s) within their state is instrumental to the development of a healthy physician workforce. The benefits of such partnerships include:

- Ensuring awareness of and access to PHP monitoring services
- Highlighting the need for PHP services among students, residents, and faculty
- Building trust between the PHP and school administration
- Streamlining the communication process between entities

- Responding to medical school and student needs
- Providing important services that positively impact the lives and careers of medical students and faculty

Over the past two decades of working to develop and enhance collaboration between the Florida PHP and the 10 medical schools within our state, we have learned a number of lessons. First, it is important to examine existing statutes or other applicable regulations to determine whether students are eligible for PHP services. In Florida, we identified champions in the state legislature to update relevant statutes in order to allow student access. We then developed contracts with the individual medical schools, including an annual fee to provide their students access to monitoring services. Second, we solicited liaisons from each medical school to increase/improve communication and ensure that stakeholder needs were met. Medical school liaisons typically come from the Student Affairs or Student Counseling offices at each institution. Third, we assigned one PHP staff member as the dedicated staff person for cases involving students. This individual was selected based on personal qualities/skills that facilitate good rapport with students. Having a consistent contact person maximizes consistency of experience across students (whose needs often differ from practicing professionals in important ways). Fourth, we identified an allopathic and an osteopathic medical student to serve as student representatives to the PHP Board of Directors. This provides transparency, credibility, and accessibility and allows the Board to solicit student perspectives/feedback when making decisions. Fifth, we developed a standardized assessment protocol for all student referrals, which includes input from a psychiatrist, addiction specialist (including toxicology testing), and neurocognitive testing. This helps to ensure that underlying psychiatric/SUD concerns are considered, even when referral questions are vague and/or relate primarily to problematic behavior or professionalism concerns. Sixth, we revised our standard monitoring agreement to remove components that were inappropriate for students and updated the intake forms, monitoring report forms, and monitoring components to better meet the needs of students and medical schools. Seventh, we engaged in additional outreach to the schools—offering educational presentations, invitations to attend our PHP Board meetings, and increased communication with the liaisons, in order to better coordinate with existing school-based resources. Finally, we collaborated with the schools to conduct a statewide assessment of medical student well-being using an anonymous online survey. Results will be used to provide feedback regarding the need for continued

efforts/interventions to support student well-being, and to demonstrate how PHP services can complement school-based resources.

In conclusion, recognition of the multiple differences between monitoring licensed professionals and students will assist PHPs in overcoming the obstacles that might otherwise prevent them from providing vital services to students. Early intervention (i.e., during training) can result in more successful educational experiences and improved quality and longevity of students' future careers in medicine. ■

PHOSPHATIDYLETHANOL: BASICS AND RECENT DEVELOPMENTS

Joseph Jones, PhD



Joseph Jones, PhD

Phosphatidylethanol (PEth) is a very specific nonoxidative metabolite of ethanol that forms only in the presence of ethanol. PEth forms from the action of phospholipase D on phosphatidylcholine and ethanol in the phospholipid membranes of red blood cells.

Once formed, it resides in the phospholipid membranes until it naturally decomposes or the red blood cell is eliminated. This allows for a useful detection window of up to two to four weeks following heavy ethanol exposure using a venipuncture blood sample or a finger-stick dried-blood spot sample. The specificity and long detection window have resulted in the widespread use of the detection of PEth in whole blood or dried blood spots in environments that require ethanol abstinence monitoring.

The recent COVID epidemic created an environment that was unfavorable for those in alcohol use disorder (AUD) recovery or for those just under the threshold of an AUD diagnosis. The number of drinking days and heavy drinking days increased significantly by 8% in a survey of general demographic respondents (Rodriguez, Litt, and Steward, 2020). Barbosa, Cowell, and Dowd (2020) reported increases of 27% and 26% for average drinks per day and binge drinking, respectively in the month just prior to and just after the beginning of the pandemic. Similarly, USDTL saw a 12.5% increase in our national PEth positivity rates within a calendar quarter of the pandemic beginning.

Two common excuses used to explain positive PEth results are the use of ethanol-containing mouthwashes and ethanol-containing waterless hand sanitizers. A

continued on page 24

Phosphatidylethanol: Basics and Recent Developments

continued from page 23

study of 15 abstinent volunteers were given servings of a mouthwash (21.6% ethanol) to use 4x daily for 2 weeks. None of the participants produced a positive PEth during the study period (Reisfield, Teitelbaum, Jones, Mason, Bleiweis, & Lewis, 2020). A cohort of 15 abstinent volunteers were recruited to apply ethanol-based waterless hand sanitizers 24-100x daily for 2 weeks. None of the participants produced a positive PEth during the study period (Reisfield, Teitelbaum, Jones, Mason, Bleiweis, & Lewis, 2022). These two studies provide important evidence for treatment professionals when discussing positive results with their clients.

Another question that occurs frequently concerns the role of hemolytic disease in the detection and quantification of PEth. A large retrospective study evaluating biomarkers of hemolytic disease and PEth concentrations was reported by Årving, Hilberg, Sovershaev, Bogstrand, & Høiseith (2023). They reported that a cohort consisting of those with discrepant ethanol biomarker results (low PEth with an elevated CDT) had significantly lower haptoglobin, HbA1c, and hemoglobin levels, suggesting that those with these biomarkers of hemolytic disease had lower than expected PEth concentrations.

The PEth literature is rapidly expanding and remaining current is challenging. Due to its ease of collection, long detection window, and more importantly, its specificity for ethanol, PEth testing has become an important tool for monitoring those referred to, seeking, or undergoing treatment for AUD. ■

References

- Årving, A., Hilberg, T., Sovershaev, M., Bogstrand, S. T., and Høiseith, G. (2023). Falsely low phosphatidylethanol may be associated with biomarkers of haemolytic disease. *Basic & Clinical Pharmacology & Toxicology*, 132(2), 223–230.
- Barbosa, C., Cowell, A., and Dowd, W. (September 2020). How has drinking behavior changed during the COVID-19 Pandemic? Research Society on Alcoholism webinar.
- Reisfield, G. M., Teitelbaum, S. A., Jones, J. T., Mason, D., Bleiweis, M., and Lewis, B. (2020). Blood Phosphatidylethanol (PEth) Concentrations Following Regular Exposure to an Alcohol-Based Mouthwash. *Journal of Analytical Toxicology*, 45(9), 950–956.
- Reisfield, G. M., Teitelbaum, S. A., Jones, J. T., Mason, D., Bleiweis, M., and Lewis, B. (2022). Blood phosphatidylethanol (PEth) concentrations following intensive use of an alcohol-based hand sanitizer. *Journal of Analytical Toxicology*, 46(9), 979–990.

Rodriguez, L. M., Litt, D. M., and Stewart, S. H. (2020). Drinking to cope with the pandemic: The unique associations of COVID-19-related perceived threat and psychological distress to drinking behaviors in American men and women. *Addictive Behaviors*, 110, 106532.

RECOMMENDATIONS FOR THE EVALUATION, TREATMENT, AND MONITORING OF HEALTHCARE PROFESSIONALS WITH CO-MORBID EATING AND SUBSTANCE USE DISORDERS

Maggie Klyce,
LICSW-S,
PIP, CEDS-S;
Michael
Wilkerson, MD



Maggie Klyce,
LICSW-S, PIP, CEDS-S



Michael Wilkerson,
MD

There is a high co-occurrence rate of eating disorders among individuals with substance use

disorders. When evaluating and treating healthcare professionals for substance use disorders, it is imperative that the evaluation includes screening for eating disorders. If an eating disorder is present but left untreated, an individual is at higher risk for relapse with their substance use and for experiencing poorer overall outcomes. If an individual has a history of an eating disorder, monitoring should be implemented regarding recurrence of eating disorder behaviors as symptom substitution, and the ensuing game of whack-a-mole is common with this presentation.

While the presence of an eating disorder poses a threat for the patient and their substance use recovery, it can also pose a potential threat to the patients they are serving. Individuals with eating disorders may show signs of cognitive impairment related to malnutrition (which can occur independent of body weight). Eating disorders can also present with sudden medical complications including syncope or cardiac arrest that can come on without warning. Physicians with eating disorders may be more at risk for medical complications due to the avoidance of medical monitoring by another professional and shame around their disorder leading to lack of disclosure.

Research suggests that simultaneous treatment of the substance use and eating disorder leads to the best outcomes. When deciding appropriate placement for a patient with a co-occurring presentation, referring

to the APA's Level of Care Guidelines can be helpful in making recommendations. If an individual is appropriate for lower levels of care for their eating disorder, they may benefit from remaining in primary SUD treatment in which they are surrounded by a group of their peers in a program designed to manage the unique needs of healthcare professionals while receiving supplemental support for their eating disorder. This additional support (at minimum) needs to involve weekly therapy and dietitian appointments with eating disorder specialists. The interplay between an individual's substance use and eating disorder must be explored during the treatment process and can highlight relapse risk factors and areas for relapse prevention work. Treatment agreements can be implemented to outline when an individual would need to be referred for higher level of care primary eating disorder treatment (such as lack of response to current interventions or worsening of eating disorder symptoms). When making recommendations for monitoring after completion of treatment, the recommendations need to include treatment for the eating disorder (e.g., therapy and dietitian appointments with eating disorder specialists, regular medical monitoring, and eating disorder-specific support groups).

Recovery from an eating disorder is possible, but research shows spontaneous remission of an eating disorder without treatment is unlikely. If an individual reports a history of an eating disorder and denies that it is currently active, but has not received treatment, they may benefit from seeing eating disorder specialists as well to make sure the eating disorder is truly in remission status and that relapse patterns of thinking or behaviors do not begin to resurface in their early substance use recovery. ■

UNDERSTANDING THE IMPACT OF CANNABIS LEGALIZATION ON HEALTH PROFESSIONALS

Christian Hopfer, MD;
Robyn L. Hacker,
PhD, LP, LAC

This talk presented an overview of the history of state cannabis legalization in the United States and data from a large, population-based twin study that examined the impact of cannabis legalization on cannabis use, mental health, and that tested the



Christian Hopfer, MD



Robyn L. Hacker, PhD,
LP, LAC

substitution theory. Additional information was drawn from a sub-sample of safety-sensitive professionals from the twin population that included healthcare professionals. Discussion was focused on unique considerations for this population and issues of how to assess impairment in healthcare professionals in the context of increasing legal access to cannabis as well as issues related to medicinal cannabis.

Key Points

Cannabis legalization is associated with increased cannabis use, and as its use increases in the general population, it is likely to become more prevalently used by healthcare professionals.

The study presented found no support for the substitution theory or other effects of cannabis legalization on mental health or other substance use outcomes; however, it revealed a 20% increase in cannabis use that was attributable to state legalization. There was some support for decreased problematic alcohol use, but there was no decrease in alcohol frequency due to cannabis legalization.

Assessment of impairment due to cannabis use in healthcare professionals should focus on a combination of amount and frequency of cannabis use, a thorough clinical history including collateral information, results of psychological testing, and consideration of state legalization status and organization policy.

Current standards for levels of THC are lacking in terms of assessing impairment and require more research. Urine, hair, or drug testing has utility in terms of assessing cannabis use, but more limited utility for assessing impairment.

As cannabis becomes increasingly legalized, including at the federal level, organizations such as PHPs will need to consider its use similar to alcohol and develop standards for assessing impairment and fitness to practice. ■

References

- Evaluating substance use outcomes of recreational cannabis legalization using a unique co-twin control design.
- Ross, J. M., Karoly, H. C., Zellers, S. M., Ellingson, J. M., Corley, R. P., Iacono, W. G., Hewitt, J. K., McGue, M., Vrieze, S., and Hopfer, C. J. *Am J Drug Alcohol Abuse*. 2023 Jun 1:1–10.
- MacCallum, C. A., Lo, L. A., Pistawka, C. A., and Boivin, M. *Cannabis and Cannabinoid Research*. 2023 May (8), 3: 385–578.
- Recreational cannabis legalization has had limited effects on a wide range of adult psychiatric and psychosocial outcomes.
- Zellers, S. M., Ross, J. M., Saunders, G. R. B., Ellingson, J. M., Walvig, T., Anderson, J. E., Corley, R. P., Iacono, W., Hewitt, J. K., Hopfer, C. J., McGue, M. K., and Vrieze, S. *Psychol Med*. 2023 Jan 5:1–10.

Evaluation and Treatment Track

FOSTERING HEALING AND COLLABORATION WITH LOVED ONES OF ADDICTED PHYSICIANS

Kathy Bettinardi-Angres, APN-BC, MS, RN, CADC

In summary, this presentation explained the heightened stressors on physicians, especially during Covid and afterward. One stressor that has been uniform in all physicians is “epidemic loneliness.” There is more fear of loss for loved ones of physicians as a result, to include loss of their optimal mental health, income, and so forth. Therefore, loved ones are more inclined to protect, enable, and react.



Kathy Bettinardi-Angres, APN-BC, MS, RN, CADC

When an addicted doctor enters a treatment program, the loved ones experience stages identified in the acronym DRAFT (despair, relief, anger, fear and tolerance). They also experience a form of PTS, posttraumatic stress, not the disorder, but the symptoms are similar and need to be addressed. PTS is also known as “military heart,” since it is common in individuals that are in the military. Surviving and thriving for loved ones requires dedication to self-care and a plan for potential relapse in the future. The plan starts with a question to the newly recovering doctor: “What do you want me to do if I think or know you are in relapse?” The correct answer would be to contact an individual on a list of three solid, knowledgeable people who are trusted and can intervene in a recovering manner. Most relapsing people will not answer honestly if confronted while in relapse or relapse thinking, but a recovering peer, a sponsor, or their therapist will not likely provoke the same guilt and shame that arises with the loved one and offer a safe place to disclose and more openness to help. Other helpful suggestions for recovering doctors are: Tell the truth and tell it as fast as you can and plan future events that may be potentially triggering with loved ones. Loved ones are reminded that the amends-making step is #9 in AA, and this is a chronic disease that requires their patience and commitment to their own recovery. ■

WHEN PERSONALITY IS DRIVING THE BUS: EVALUATING, TREATING, AND MONITORING THE DIFFICULT PROFESSIONAL

Leah Claire Bennett, PhD; Lacey Herrington, PhD



Leah Claire Bennett, PhD



Lacey Herrington, PhD

While the majority of participants in Physician Health Programs

demonstrate successful outcomes (Geuijen et al., 2021), there are times when professionals struggle to engage in the treatment and monitoring process or to demonstrate consistent progress in their recovery. This increases the likelihood of relapse, multiple treatment episodes, and potential impacts to patient care, as well as loss of employment and potential licensure issues.

This presentation explored the underlying factors applicable to these professionals, which typically include trauma history, attachment difficulties, and maladaptive personality characteristics that fuel destructive behaviors (Smith Benjamin, 2003). Specifically, this presentation outlined best practices for evaluating professionals with complex and comorbid presenting issues in the current cultural context where legal threats are ever present. It also described approaches to treatment with this population as well as individual differences such as race, gender, and sexuality that need to be integrated into the treatment process. Further, return-to-work guidelines as well as helpful monitoring guidelines were reviewed.

Regarding evaluation, it is important that when exploring areas of trauma and personality that the evaluation team be multidisciplinary and have a broad knowledge base that includes the ability to tease out diagnoses that will provide a clear roadmap for treatment or therapy if indicated. Multiple points of data are critical, including gathering collateral information from a variety of sources. The quick turnaround for these complex cases can be challenging, and it is important that recommendations be based on what is required for safe practice versus what could be beneficial.

In the treatment context, it is extremely important for the provider to be able to join with the participant in a manner that highlights the common goal: returning to practice safely. Assisting participants in

better understanding patterns of behavior and what is driving them leads to higher levels of engagement and motivation for change. In particular, connecting how the participant's trauma history is driving current maladaptive patterns assists in interrupting entrenched self-sabotaging behaviors. Treatment also provides the opportunity for patients to practice new interpersonal dynamics that model healthy relational patterns and facilitate opportunities for experiencing connection—sometimes for the first time in their lives.

Once they have returned to work, PHPs have the opportunity to continue assisting these participants by ensuring clear and concise expectations from the beginning. It is important for case managers to recognize when they are being pulled into the old maladaptive relational dynamics with the participant and be able to step back and instead offer support while also holding healthy boundaries. Additionally, recognize that when participants leave the treatment environment, the journey is just beginning; thus, having a strong outpatient therapy team that can assist the participant in ongoing trauma work will help reduce relapses and aid in forward progress. It may also be helpful for PHPs to consider what monitoring parameters might benefit this population that might differ from other PHP participants, such as increased monitoring of mental health services/progress, longer monitoring contracts, etc.

Participants with personality struggles can be a challenging population to work with; however, keeping in mind that these maladaptive patterns are being driven by early trauma can help to better understand what is happening and assist in interrupting a confrontational pattern. ■

Poster Presentations

PRELIMINARY FINDINGS IN COGNITION, SUBSTANCE USE, AND NEUROCOGNITIVE IMPAIRMENT AMONG PHYSICIANS

Nena Butterfield, PhD, RN, BSN; Brian Coon, MA, LCAS, CCS, MAC; Denise Kagan, PhD



Nena Butterfield,
PhD, RN, BSN



Brian Coon, MA,
LCAS, CCS, MAC



Denise Kagan, PhD

The aim of our exploratory study was to identify aspects of cognition and neurocognitive function that co-vary with the presence of substance use disorders among physicians referred for assessment by Physician Health Programs.

Substance use is known to be a leading driver of problematic neurocognitive function. The prevalence of substance use disorders (SUDs) among physicians is at least as high, or higher, than the general population. Multiple studies have found neuropsychological deficits in attention, inhibition/regulation, working memory, and decision-making related to substance use disorders in the general population. Burnout, well-being, psychiatric conditions, and medical conditions also contribute to cognition and neurocognitive function. Relatively few studies have explored the link between neurocognitive function and substance use among physicians, and there are currently no physician-specific norms of cognitive impairment especially as they relate to substance use.

We analyzed patterns in cognitive performance among 96 physicians referred for a multi-disciplinary assessment in a residential setting. Using MANCOVA and post-hoc t-tests, we examined the relationship among measures of cognition (Full Scale IQ, General Ability, and all WAIS-IV Indices), neurocognitive function (Verbal, Abstraction, and Abstraction Quotient scores of the Shipley-2), and the presence and scaling of DSM-5-TR Substance Use Disorders. The literature in this area of investigation concludes that overall, Processing Speed is lower among all adults with SUD.

First, we found that Processing Speed was low across all participants regardless of the severity or absence of SUD ($p < .001$). We surmise this low Processing Speed among all physicians reflected carefulness that may be both characterologically present among physicians and accentuated by their medical training and clinical duty.

Second, the only WAIS-IV Index varying significantly with SUD scaling was the presence of elevated Verbal Comprehension among those physicians with SUD Severe ($p < .044$). From this interesting finding, we suggest the working clinician can reasonably conclude the intellectual asset of elevated Verbal Comprehension remains intact, and indeed may also contribute to the development of SUD illness, possibly as a result of verbal proficiency masking disease progression.

Given these unexpected results, we suggest that the residential evaluation method should routinely include examination of IQ and neurocognitive function regardless of the presence or absence of an SUD referral question. Future studies should assess intellectual and neurocognitive functioning among

continued on page 28

Preliminary Findings in Cognition, Substance Use, and Neurocognitive Impairment among Physicians

continued from page 27

physicians toward development of a norm reference group and related national safety standards. ■

References

Bruijnen, C., Dijkstra, B., Walvoort, S., Markus, W., VanDerNagel, J., Kessels, R., and DE Jong, C. (2019). Prevalence of cognitive impairment in patients with substance use disorder. *Drug and alcohol review*, 38(4), 435–442. doi.org/10.1111/dar.12922

Cooney, L., and Balcezak, T. (2020). Cognitive Testing of Older Clinicians Prior to recredentialing. *JAMA*, 323(2), 179–180. doi.org/10.1001/jama.2019.18665

Devi, G., Gitelman, D. R., Press, D., and Daffner, K. R. (2021). Cognitive Impairment in Aging Physicians: Current Challenges and Possible Solutions. *Neurology. Clinical practice*, 11(2), 167–174. doi.org/10.1212/CPJ.0000000000000829

Soonsawat, A., Tanaka, G., Lammando, M. A., Ahmed, I., and Ellison, J. M. (2018). Cognitively Impaired Physicians: How Do We Detect Them? How Do We Assist Them? *The American journal of geriatric psychiatry: official journal of the American Association for Geriatric Psychiatry*, 26(6), 631–640. doi.org/10.1016/j.jagp.2018.01.203

A STUDY OF MENTAL HEALTH SYMPTOMS IN MATRICULATING US MEDICAL STUDENTS

Stephanie Lehto, PsyD; Rachel Davis, MD; Julie Wolfe, MD



Stephanie Lehto,
PsyD



Rachel Davis, MD



Julie Wolfe, MD

Rates of depression, anxiety, stress, substance use, obsessive-compulsive symptoms, perfectionism, and impostor phenomenon were studied in matriculating students prior to starting medical school. In the summer of 2019, the week prior to matriculation, first-year US medical students were surveyed with measures to explore the aforementioned symptoms and compared to general undergraduate population data. In this class, 17.2% met criteria for mild depression, 2.3% met criteria for moderate depression, 1.1% met

criteria for moderately severe depression, 4.6% met criteria for at least moderate generalized anxiety, and 2.3% had scores suggestive of obsessive-compulsive disorder. A significant proportion of medical students reported using cannabis (35.6%) and at least one episode of high-risk drinking (69.0%) in the previous year. In the matriculating medical student class, 28.7% met criteria for maladaptive perfectionism, 75.8% identified as having at least moderate impostor phenomenon, and 11.5% scored at least a 4 on the adverse childhood experiences survey. When compared to population data, this preliminary data suggests that matriculating students have fewer symptoms of anxiety and depression (1). These students endorsed higher rates of maladaptive perfectionism (2) and substance use (4) than undergraduate population data. Current literature suggests there are higher rates of mental health problems in medical students (3), and these findings suggest this may be related to predisposing characteristics as well as medical training systems. Our results assist to inform future investigation to clarify contributing factors and risks in medical students who experience mental health concerns. ■

References

1. Healthy Minds Study Among Colleges and Universities. In: Network HM, editor. University of Michigan, University of California Los Angeles, Boston University, and Wayne State University, 2019.
2. Rice KG, Ashby, Jeffrey S. An Efficient Method for Classifying Perfectionists. *Journal of Counseling Psychology*. 2007;54(1):72–85.
3. Mousa OY, Dharamoon MS, Lander S, Dharamoon AS. The MD Blues: Under-Recognized Depression and Anxiety in Medical Trainees. *PLoS One*. 2016;11(6):e0156554.
4. National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD 2017. p. 213.

DONATE NOW TO THE 2024 SILENT AUCTION!

FSPHP is now taking donations for the 2024 Silent Auction to be held at the Annual Conference in Nashville next April. Please consider donating an item—big or small! Proceeds will benefit the FSPHP's mission to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care. Email ssavage@fsphp.org for more information and to learn how you can participate.

IMPROVED PARTICIPANT ACCOUNTABILITY USING DRIED BLOOD SPOT TOXICOLOGY

Kenneth Lewis, PhD, NRCC; Salvador Valldeperas, MD



Kenneth Lewis, PhD, NRCC **Salvador Valldeperas, MD**

This poster described a method for Dried Blood Spot (DBS) toxicology and Therapeutic Drug Monitoring (TDM) based on High Performance Liquid Chromatography/Tandem Mass Spectrometry (HPLC/MS/MS) and suitable for community use. A side-by-side comparison of quantitative results for illicit and therapeutic (dosed) drugs detected in contemporaneously collected urine and DBS samples was performed among judicially monitored offenders across multiple treatment and supervision settings. The discussion highlighted key comparative findings and the relative value of DBS versus urine testing for justice and medical professionals providing monitoring for illicit and therapeutic drugs. Email info@opans.com if you would like a PDF of the poster. ■

CO-OCCURRING PAIN AND ADDICTION: PROGNOSTIC IMPLICATIONS FOR HEALTHCARE PROFESSIONALS IN RESIDENTIAL TREATMENT FOR SUBSTANCE USE DISORDER

Apollonia Lysandrou, BS



Apollonia Lysandrou, BS

Chronic pain is both an important antecedent and consequence of substance use. Although evidence suggests healthcare professionals (HCPs) may be uniquely vulnerable to chronic pain, this vulnerability remains largely unexamined in the context of recovery from substance use disorders (SUDs). We characterized pain in a sample of treatment-seeking individuals, examined potential differences in pain trajectories between healthcare professionals and non-healthcare patients, and interrogated potential pain-related vulnerabilities

in treatment outcomes between these groups. Our sample consisted of 663 (379 HCPs) patients receiving partial hospitalization for SUDs. Assessments of pain intensity, craving, and abstinence self-efficacy were conducted at intake, after 30 days of treatment, and at discharge. Results revealed no difference in the proportion of healthcare and non-healthcare professionals endorsing chronic pain ($\chi^2=1.78, p=.18$). On average, HCPs reported lower pain intensity ($p=.002$) and greater abstinence self-efficacy ($p<.001$) at all treatment timepoints. However, a profession by pain interaction revealed that among HCPs, associations between pain and all three treatment outcomes of interest were more robust relative to the non-healthcare group. Thus, although HCPs report lower pain and greater abstinence self-efficacy, HCPs presenting with high pain may be a particularly vulnerable group. This work contributes to limited literature characterizing pain trajectories across early abstinence and informs prevention and treatment intervention efforts. ■

NEW FSPHP WEBPAGE— STATE PROGRAM VIDEOS

Send FSPHP links to your program's videos!



FSPHP launched the State Program Videos webpage this past summer. It includes links to informational videos by FSPHP State Member Physician/Professional Health Programs. These videos provide insight into how PHPs work and how they impact the life and career of health professionals.

Please email ssavage@fspHP.org if your program has videos that you would like included on this page.

Physician Health News Marketplace

Special thanks to all of the participating organizations!



SPECTRUM IMPROVES RECOVERY OUTCOMES, PERIOD

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

POWERED BY AFFINITY



ALL POINTS NORTH

Professionals Program by APN

Dedicated mental health and recovery programming with industry experts



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



GEISINGER MARWORTH TREATMENT CENTER

Addiction treatment designed just for you.

Geisinger

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

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

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

Let us be there for you.

marworth.org



FORENSICALLY DEFENSIBLE URINE DRUG TESTING WITHOUT COLLECTION SITES

25+ PHM Programs have implemented DNA-Authenticated remote urine drug testing since 2021

Programs have benefited from:

- ✓ LCMS confirmatory results <72 business hours
- ✓ 100+ substance test panel
- ✓ Longer detection windows
- ✓ Independent CAP-FDT accredited laboratory retesting
- ✓ Direct access to lab toxicologists
- ✓ Significant reduction in participant complaints about collection sites

And participants love it...

"ToxDirect™ has saved many hours of hassle and stress...the process is now 5 minutes."

"I've been using ToxDirect™ for months now, and it's completely changed my attitude towards my testing program."

BETTER for Programs. BETTER for Participants.

toxdirect@genotoxlabs.com



HEALTHCARE PROFESSIONAL PROGRAM

HERE FOR YOU

- A continuum of residential treatment options
- Personalized treatment plan
- Comprehensive psychiatric evaluation
- Quality care
- Experienced professional staff
- Informative, timely fitness-for-duty determination
- Ongoing effective communication
- Meaningful aftercare planning to promote continued success post-discharge

WE UNDERSTAND

- The dynamic of denial, fear, and stigma for the professional
- The importance of coordinating with the PHP and others
- The significance of hope, acceptance, and commitment to sustained remission

State of Art Therapeutic and Medical Services at the First 12-Step Treatment Center in the World



CONTACT

High Watch Recovery Center
 P.O. Box 607 Kent, CT 06757
 (860) 488 2436 - For Information
 (860) 717 2586 - For Admission
www.highwatchrecovery.org



TEXAS A&M HEALTH
Rural & Community
Health Institute



KSTAR PROGRAM FITNESS FOR DUTY

KSTARmed@tamu.edu

A Path to Recovery for Professionals

At UF Health Florida Recovery Center, we are experts in addiction medicine and psychiatry who specialize in the treatment of physicians and other professionals struggling with addiction.



UFHealth
FLORIDA RECOVERY CENTER

855.265.4372 | FRC.UFHealth.org

A Trusted Provider for
Healthcare and Aviation Professionals for over 10 years




Providence Treatment
Personalized Care Proven Success

COMPREHENSIVE EVALUATIONS
PHP WITH HOUSING
IOP
HEALTHCARE AND AVIATION RECOVERY GROUPS

Boston | Philadelphia | Honolulu
866-247-3307 | providencetreatment.com

ADVERTISING SERVICES!

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




SOBERMAN'S™
Estate

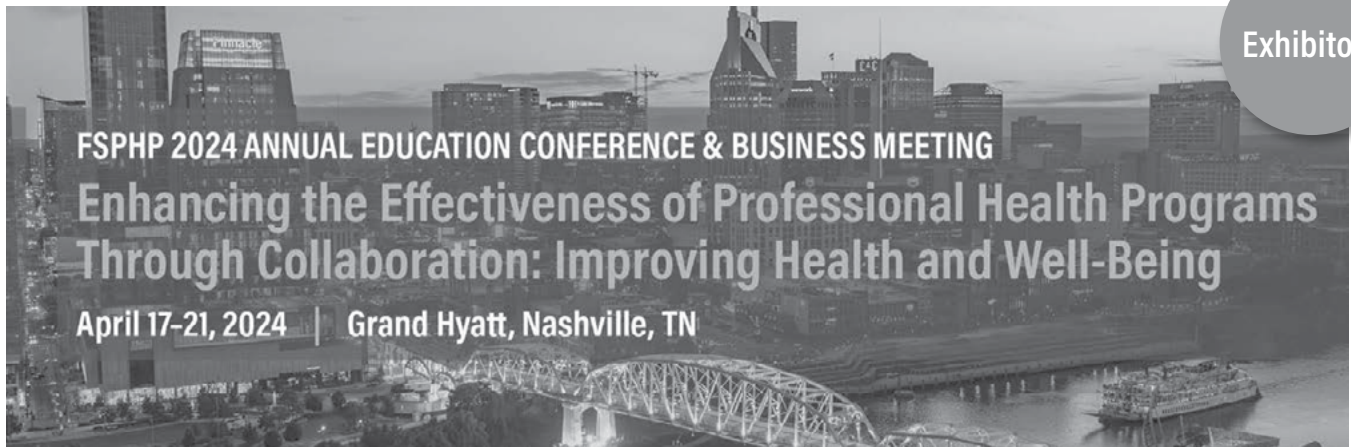
A better life for the rest of your life.™

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

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



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



Network and Reach Hundreds of Leading Healthcare Professionals!

The Federation of State Physician Health Programs (FSPHP) invites you to exhibit at the FSPHP 2024 Annual Education Conference & Business Meeting at the Grand Hyatt Nashville in downtown Nashville, Tennessee.

REASONS TO EXHIBIT

The field of physician health is rapidly evolving. Now, more than ever before, our professional health program (PHP) members serve health program administrators, care providers, and allied health professionals, and is targeted at providing attendees with quality educational and networking opportunities. As an FSPHP 2024 Annual Education Conference exhibitor, you will have the unique opportunity to network with professionals dedicated to issues of physician well-being, including the treatment of substance use disorders and mental health issues facing physicians and other licensed healthcare professionals in the United States, Canada, and other parts of the world.



SAVE THE DATES

- Attend and book your room. Arrive midday Wednesday, April 17, 2024, for exhibitor setup and leaving Sunday, April 21, 2024, for tear down at noon. <https://www.hyatt.com/en-US/group-booking/BNARN/G-FSPH>
- Sign up for an exhibitor information session on December 13, 2023 and/or January 30, 2024. fsphp.memberclicks.net/Infosession#!
- Share your knowledge and consider submitting a proposal to be a session or poster presenter before September 22, 2023.
- The call for presentations is now open and will close on September 22, 2023, for session presentations and December 15, 2023, for poster presentations. fsphp.memberclicks.net/prescall2024#!
- Exhibit registration will open in September. We know travel costs are rising, so all our exhibitor pricing will remain unchanged.
- This year booth selection will take place in the order registration is received inside the exhibitor level you select.
- There will be 5 levels: Diamond \$11,000, Emerald \$9,500, Platinum \$5,500, Gold \$4,500, and Silver \$3,500.

THANK YOU FOR A SUCCESSFUL FSPHP 2023 ANNUAL EDUCATION CONFERENCE IN MINNEAPOLIS!

Making Memories in Minneapolis!



FEDERATION OF PHYSICIAN HEALTH PROGRAMS

Diamond All Points North Lodge	Gold Acumen Assessments/Acumen Institute Faculty Center MeetingMaker, LLC Mountainside Treatment Center Optima Parillon Saint Center for Healing Tabbot Recovery
Emerald Affinity of Health Positive Substancy Institute UF Health Florida Recovery Center	Silver Coalition for Physician Well-Being Fellowship Hall Gottlinger Marwerth Treatment Center Genetrix Laboratories Hankins Berry Ford Foundation MARF Addiction Treatment Centers Palmetto Addiction Recovery Center Peer Green Behavioral Health & Addiction Services Providence Treatment RecoveryLink, LLC SobriLink The Messenger Clinic UC San Diego IACI Program USOZEL YaleSchool University Medical Center
Platinum Biosolving Recovery Center Center for Dependency, Addiction, and Rehabilitation Bradford Health Services Labovine Health Vault Workplace Screening	NON-PROFIT/NON-TREATMENT PROVIDER CHARITY SPONSOR International Doctors in Alcoholics Anonymous (IDAA) Elligward







Dr. Scott Hambleton, FSPHP President; Dr. Chris Bundy, FSPHP Past President; J. Corey Feist, JD, MBA, Co-Founder, Dr. Lorna Breen Heroes' Foundation; and Dr. Michael Baron, FSPHP President-Elect



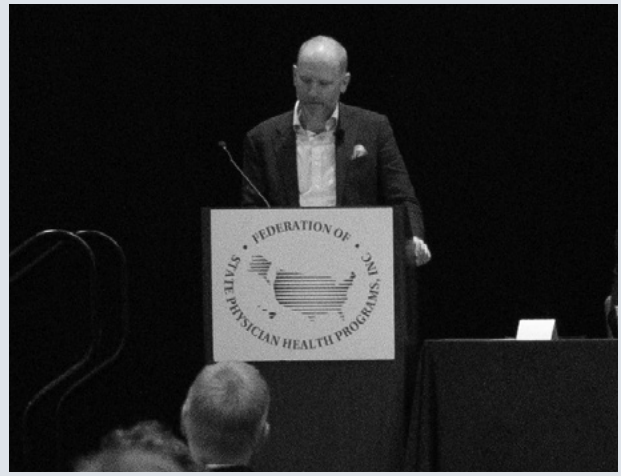
2023 Award Recipients—Heather Wilson, MSW, CFRE, CAE; Kay O’Shea, CADC, MAC, CCTP; Kelley Long, MBA; Joseph Jordan, PhD; Doris Gundersen, MD; P. Bradley Hall, MD, DFASAM; Jon Shapiro, MD, DABAM; and Art Hengerer, MD (not pictured)



Dr. Timothy Brigham presents the session ‘ACGME Focus on Well-Being: Deepening our Commitment to Faculty, Residents, Patients, and All Members of the Healthcare Team’



Dr. Ruchi Fitzgerald, Rush University; and Daniel Blaney-Koen, JD, Senior Legislative Attorney, American Medical Association



Attorney J. Corey Feist presents ‘Healing HealthCare Together, the Dr. Lorna Breen Heroes’ Foundation’s Mission to Support the Well-Being of the Healthcare Workforce’

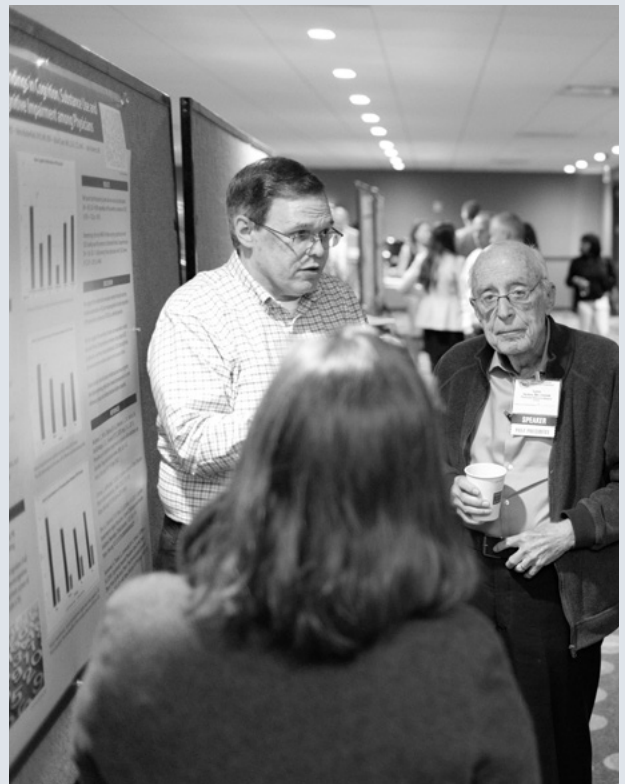
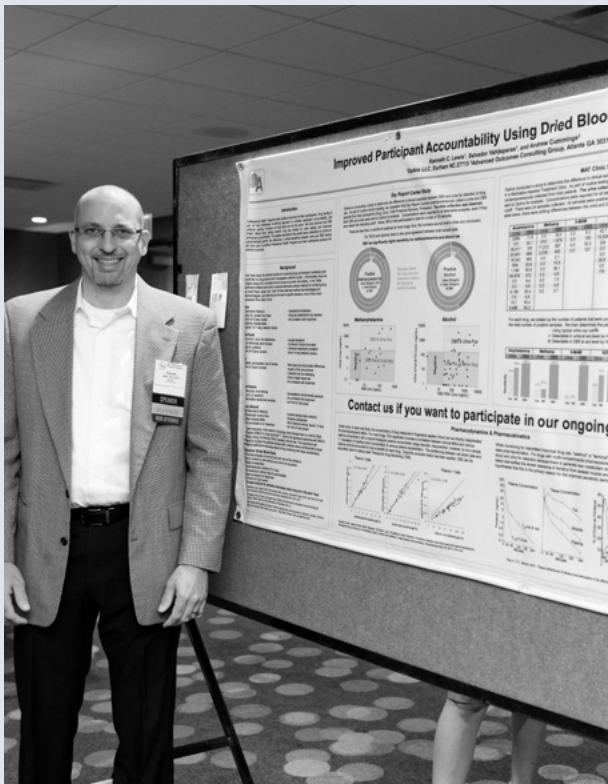


Dr. David Shorter presents 'More than Lip Service: Creating Equitable and Inclusive Services for PHP Participants from Historically Marginalized Communities'



Linda Bresnahan, MS, FSPHP Executive Director; and Dr. Scott Hambleton, FSPHP President

Poster Presentations



CALL FOR CONTENT/ NEWSLETTER SUBMISSIONS

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

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

The FSPHP requests articles (500 words or fewer) and other related information be submitted for inclusion in the FSPHP newsletter.

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

Please send submissions by email to ssavage@fsphp.org.

Items that you may want to consider include the following:

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

Deadline for the Spring issue: **February 24, 2024**

Deadline for the Fall issue: **September 6, 2024**

WE NEED YOUR INVOLVEMENT AND INPUT!

There are various ways to get involved in the FSPHP!

- Join us as a Member: <https://fsphp.memberclicks.net/membership>
- Join a Committee: <https://fsphp.memberclicks.net/submit-your-committee-interest-to-renew-or-join-for-2022---2023>
- New Activity or Project: The FSPHP Board of Directors is very interested in your ideas and suggestions, and we welcome agenda items you would like to bring before the board. But it is important to be organized in our approach to make sure ideas are fully explored and vetted. The board established a policy that members are required to submit written requests for consideration to the FSPHP Executive Director and Board of Directors. This can also be done through the work of an FSPHP Committee. This process is outlined here for our members: [FSPHP New Activity or Project Worksheet](#).

Ways to support the mission of the FSPHP:

- Join Our Mailing List
<https://fsphp.memberclicks.net/distributionlist>
- Regional Member Meeting Sponsorship—
Email: ssavage@fsphp.org
- FSPHP Newsletter Advertisements:
<https://fsphp.memberclicks.net/newsletter-advertisement>
- FSPHP 2024 Education Conference Exhibitor/
Sponsorship Opportunities https://fsphp.memberclicks.net/assets/2024images/FSPHP_AM24_EXHIBITORBROCHURE.pdf
- FSPHP Industry Partner Membership:
www.fsphp.org/classes-of-membership

PHP PARTICIPANT STORIES

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

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

HELPFUL FSPHP RESOURCES

- [FSPHP Constitution and Bylaws](#)
- [E-list Guidelines and Instructions](#)
- [New Member Guidebook](#)
- [Committee Resources](#)
- [Committee Portal Toolkit](#)

We hope you enjoyed the 2023 Fall/Winter Issue of the *Physician Health News*.