The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 31st edition, Volume 1, of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

PUBLICATIONS COMMITTEE

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

For more information on each of the membership categories, please see our website or contact Sandra Savage.

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PRESIDENT'S MESSAGE

Scott L. Hambleton, MD, DFASAM

As I write my farewell message for the Federation's spring edition of Physician Health News, I am filled with a profound sense of gratitude and reflection as well as an unwavering commitment to the mission of the Federation of State Physician Health Programs to support physician health programs in improving



Scott Hambleton, MD, DFASAM

the health of medical professionals. It has been an incredible honor to serve as your president, and it is with both pride

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President's Message

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and humility that I prepare to pass the torch to the extremely capable hands of Dr. Michael Baron, your president-elect. Meeting weekly with our incredible executive director, Linda Bresnahan, and Drs. Baron and Christopher Bundy, our immediate past president, has been one of the greatest joys of my adult life! I cannot overemphasize the competence, generosity, dedication, and brilliance of these individuals, and the gift that has been given to me through frequent contact with them. In similar fashion, my association with the past presidents, board members, committee chairs, committee members, and all Federation members and stakeholders is an immense source of joy and fulfillment that has enriched my personal recovery journey beyond measure. The collective passion and commitment of members and supporters of the Federation to each other and to our shared mission have made this experience truly remarkable.

As I bid adieu to this chapter of this adventure, I would like to emphasize a critical message that underscores the essence of our work, which is the imperative to preserve and promote confidentiality in three significant domains: first, reform of questions on applications for medical licensure credentialing and liability insurance coverage; second, enshrined protection of PHP records; and third, provision for exceptions to mandated reporting through utilization of Physician Health Program services. These components are the essential pillars of the tripartite foundation of confidentiality.

I am confident that utilization of the Federation's Evaluation and Treatment Accreditation[™] (FSPHP-ETA[™]) program for treatment providers of professionals and the Performance Enhancement and Effectiveness Review (PEER[™]) program for individual state PHPs will help to significantly reduce unnecessary and potentially harmful practice variation. However, we have much work to do regarding the continued establishment of confidentiality—across the field.

The process of reforming medical licensure questions is under way and is reducing stigma, resulting in promotion of the PHP model. This is a great victory! However, much work is still needed with credentialing entities and professional liability carriers, who inadvertently promote stigma and decrease treatmentseeking through unnecessary probing questions in the application process. The protection of records at the PHP level is a pivotal aspect of our mission. Peer review is essential for assessing the competence and conduct of healthcare providers. However, the information gathered during this process must be handled with utmost care and transparency. Protection of PHP records with the promise of confidentiality results in increased utilization of PHP services. In states where reporting impaired colleagues is mandated, respective PHPs in those states that are enabled to receive reports of impaired colleagues have experienced increased utilization of PHP services. Those services would be significantly hindered without the ability to function as an exception to mandated reporting. This exception to mandated reporting, along with the other pillars of confidentiality, serves as a powerful incentive for early identification and treatment of individuals with potentially impairing illnesses, which saves lives and careers and ensures a healthy physician workforce. Balancing the need for accountability with a commitment to recovery is a delicate tightrope that PHPs navigate daily. To facilitate this, the Federation will soon provide recommendations encouraging us all to emphasize and clarify the concept of confidentiality, and its essential pillars, with eventual recommendations for best practices for all PHPs and treatment providers. I am confident that this information will be a great asset to all PHPs as they endeavor to implement the PHP model.

Throughout my term as president, I have had the privilege of witnessing the transformative power of our organization. The FSPHP, comprising dedicated state physician health programs, is a beacon of hope for healthcare and other professionals facing personal and occupational challenges. We have worked tirelessly to create an environment where physicians, healthcare providers, and other professionals can seek assistance, embark on a path to recovery, and ultimately continue their honorable journey of healing without the crippling burden of stigma or fear.

Confidentiality is not merely a principle; it is the very bedrock of trust upon which our programs are built. It is a sacred commitment that ensures that professionals

PHPs Help Enact Licensure/Credentialing Question Reform

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)

If you are currently a compliant participant in the State Physician Health Program, you may answer "No." who seek help can do so without fear of exposure or retribution. The assurance of confidentiality is the lifeline that incentivizes those in need to step forward, access the support they require, and begin the journey toward healing. We must preserve and promote confidentiality with unwavering dedication to create a sanctuary where healthcare providers and other professionals can openly discuss their challenges, seek guidance, and find solace in the knowledge that their personal struggles will be treated with the utmost care and privacy.

Our advocacy for a balanced approach is unwavering. We collaborate with regulatory authorities and other stakeholders advocating for policies that promote the well-being of healthcare providers while maintaining the highest standards of patient safety. This approach, rooted in compassion and accountability, not only safeguards the public but also facilitates rehabilitation and recovery for those who have dedicated their lives to healing. PHPs are one of the most valuable assets to protect the healthcare professional workforce. The return on investment for dollars invested in a PHP to assure high-level operations resulting in assurance of a healthy provider workforce is not significantly promoted. However, considering the costs associated with replacing an impaired healthcare professional versus rehabilitating one, the savings associated with funding adequate PHP services are profound.

In conclusion, my time as president of the Federation of State Physician Health Programs has been a journey marked by collaboration, resilience, and an unwavering commitment to our mission. I want to express my deepest gratitude to each one of you for your support, dedication, and unwavering commitment to our cause.

The FSPHP is a powerful force for good. It is a lifeline for those in need, a source of hope for those in despair, and a sanctuary for those seeking recovery. The work we do is nothing short of transformative, and I have every confidence that this remarkable community will continue to make a lasting impact on the lives of healthcare professionals and the patients they serve.

I can't wait to see you all in Nashville!

With heartfelt gratitude and warm regards, Scott

EXECUTIVE DIRECTOR'S MESSAGE

Linda Bresnahan, MS

When our president's term transitions in May, Dr. Hambleton will pivot to be our past president, and Dr. Baron will enter his presidency. I will have the privilege of continuing to work with the



Linda Bresnahan, MS

most amazing leaders in this field, while a new president-elect will join our leadership team. I was moved to read Dr. Hambleton's sentiments, especially when he said that his term has been "one of the greatest joys of his adult life." When I reflect on his leadership of this organization and his decade of contributions to FSPHP, I am moved by what I've gained and what he has given to FSPHP through his incredible kindness, leadership, and focus. He has instilled confidence in me when I needed it most and has given us all a clear vision, meaningful empathy, and strong passion. It truly is an incredible journey to work in this role as your executive director with the most dedicated and exceptionally talented leaders in this field.

I want to share some very exciting news for FSPHP. To strengthen the continuity of our physician leadership for FSPHP, the FSPHP board of directors has approved the creation of a chief medical officer consulting position for FSPHP effective in June 2024. When Dr. Chris Bundy terms off of the FSPHP board of directors in May, plans are under way for him to assume this new part-time leadership role for FSPHP! The timing of adding to our leadership team is on point. More on this follows in this issue.

Our FSPHP mission, and that of our member Physician Health Programs/Health Professional Programs, is more essential than ever before. Not only is this mission to support the health of our nation's physicians and healthcare professionals critically needed to address the physician shortage, but it is also more widely understood and public in conversation. Post-pandemic, the health and well-being of our nation's healthcare professionals is now national news. As such, the call for privacy and confidentiality of the records of those seeking help is surging with more legislative efforts and demands for nondisclosure of health conditions as described by Dr. Hambleton in his message. The timing is perfect to educate healthcare professionals about the role of Physician Health Programs, and, where needed, to strengthen the confidentiality of the PHP services, and increase awareness of the confidentiality that exists to protect the privacy of PHP participants.

Executive Director's Message

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FSPHP continues its mission to raise the visibility and understanding of PHPs and to increase consistency among PHPs. By celebrating our success, we reinforce the motivation that will carry us through the next achievement. Let us take a moment to reflect on our accomplishments:

- FSPHP Public Policy Committee has created a library of PHP Policies.
- FSPHP supports continued partnership with the American Foundation for Suicide Prevention to promote the implementation of the Interactive Screening Program (ISP). The following PHPs have implemented the program:
 - 1. Tennessee Medical Foundation https://tn.providerwellness.org—TN-PSQ site https://e-tmf.org/tnpsq—TMF landing page Contact: Brenda Williams-Denbo, Development Coordinator, brendaw@ e-tmf.org
 - 2. Ohio State Medical Association https://www.osmawellbeing.org/care Contact: Todd Baker, CEO, TBaker@osma.org
 - 3. Wyoming Professional Assistance Program https://wpapro.org/self-tests Contact: Candice Cochran, Executive Director, candicec@wpapro.org
 - 4. Arkansas Medical Foundation (Website Launching Soon) Contact: Rebecca Gaston, Program Director, rgaston@arkmedfoundation.org

For general information about ISP, visit www.afsp.org/isp.

For healthcare professional resources from AFSP and partners, visit www.afsp.org/hcp.

- Cultivate Member Engagement—FSPHP membership is on the rise and includes dentist health programs and lawyer assistance programs.
- The FSPHP Research Committee completed the National Survey of PHP Services.
- Raising Awareness & Education about PHPs!
 - AAS Presidential Session—How Can We Help? https://www.youtube.com/ watch?v=42yoYwZqRu8 Chris Bundy, MD, MPH, FASAM

- FSPHP Presents to the Office of National Drug Control, January 2024: Addressing Healthcare Professionals at Risk of Mental Health Illness, Including Substance Use Disorders, P. Bradley Hall, MD
- American Conference on Physician Health— Unprecedented: A Candid Conversation about Physician Health Programs, featuring Dr. Chris Bundy, FSPHP Past-President and Executive Medical Director of the Washington Physicians Health Program (WPHP), and surgeon Carrie Cunningham, MD, MPH
- ACGME Annual Meeting:
 - » Effectively Partnering with Physician Health Programs to Support Learners in Difficulty, Chris Bundy, MD, MPH, FASAM, Courtney Strong, LMHC, SUDP, and Cindy Hamra, JD, MA (University of Washington)
 - » Successful Return to Training—Fairy Tale or Reality? Jon Novick, Medical Director, Ontario Medical Association, and Danijela Ninkovic
- FSPHP Leadership Contributions to the Field:
 - » Fitness for Duty—Neuroscience and Biobehavioral Psychology— Encyclopedia of the Neurological Sciences, 3rd edition, Ciaran Michael Considine, PhD, ABPP-CN, A.J. Reid Finlayson, MD and Michael Baron, MD, MPH, DFASAM: https://e-tmf.org/app/ uploads/2023/11/FINAL-PUBLISHED-Fitness-for-Duty-Published-Chapter.pdf
 - » Supporting Patients Working in Safety-Sensitive Occupations, ASAM Criteria, 4th Edition, Paul H. Earley, MD, DFASAM; Michael J. Baron, MD, MPH, DFASAM; and Alexandria G. Polles, MD
 - » Physician Health Programs and Addiction Among Physicians in the Workplace Setting, The ASAM Principles of Addiction Medicine, 7th Edition, Paul H. Earley, MD, DFASAM; Chris Bundy, MD, MPH, FASAM; and Lisa Merlo, PhD, MPE

As we move further into 2024, we have several initiatives in our focus. They include the following:

- Launch of the FSPHP Performance Enhancement and Effectiveness Review[™] and Evaluation and Treatment Accreditation[™] Pilot by July of 2024.
- CALL FOR PHPs to pilot PEER[™] and Evaluation and Treatment Entities to pilot FSPHP-ETA[™].
 FSPHP is seeking three PHPs and three Evaluation/Treatment Entities to participate in the pilots! Contact lbresnahan@fsphp.org if you are interested.
- Study and analysis of the PHP National Survey. We look forward to sharing information on the landscape of PHP scope of services to deepen an understanding of the work of PHPs.
- Confidentiality—Supporting PHPs in their efforts to address licensure and credentialing health question reform and to increase statutory protections, that is, safe haven or peer review record protection, and exceptions to mandated reporting that allow a referral to a PHP in lieu of the licensing board.
- Raising Awareness of Physician Suicide and the practices of PHPs in screening and providing education that mitigates the risk of physician suicide.

I would like to thank the leadership of our 14 FSPHP committees and task forces, along with our dedicated and accomplished FSPHP members who rally together to make all that we do possible. All of this increases the impact of our member programs and enhances the life-saving work that you all do!

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

FSPHP DESIRED FUTURE



The FSPHP board of directors has identified the objectives of our future state. Let us all direct our attention to this future destination:

- PHP services are valued as essential for protecting patients and saving careers.
- Few treatment barriers exist and there is no stigma to seeking care.
- A central database facilitates research and identification of predictive factors for improved outcomes.

- Uniformity of PHP services is recognized by PHPs as critical to their effectiveness.
- PHP services are delivered consistently across the country.
- Training and credentialing of physicians/providers serving safety-sensitive physician patients is well established nationally.

FSPHP ANNOUNCES NEW CHIEF MEDICAL OFFICER TO OUR LEADERSHIP TEAM

FSPHP's national presence has been increasing dramatically since 2016, with invitations from national organizations to review their policies on physician health, to attend national conferences, and coordinate advocacy efforts. FSPHP has also increased invitations to national organizations to support FSPHP initiatives. The FSPHP board has wisely decided to



Christopher Bundy, MD, MPH, FASAM

create a new chief medical officer consulting position to maintain continuity in relationships and initiatives. While it is recognized that the FSPHP elected physician leaders play an important role in cultivating FSPHP partnerships, the turnover inherent in elected physician leaders is also a disadvantage in terms of continuity, relationship building over time, and institutional learning. FSPHP takes note of the fact that many of our partner organizations have physicians in executive staff positions. Whereas Dr. Chris Bundy has developed strong relationships with our partner organizations and has been recognized as a leader of FSPHP with invitations for his involvement to present or be part of workgroups occurring routinely, he has been selected to be the FSPHP chief medical officer. Dr. Bundy is uniquely gualified to maintain the continuity of leadership, internally and externally.

The FSPHP CMO will have broad responsibility for evaluating and responding to organizational matters requiring medical expertise, represent FSPHP policy on matters related to physician health and well-being to both internal and external stakeholders, serve as a spokesperson for FSPHP on education and outreach efforts, respond to media requests in collaboration with the FSPHP president and executive director, and provide expertise on evolving issues relevant to FSPHP's mission for which there is no existing FSPHP policy guidance. The CMO will also identify opportunities

FSPHP Announces New Chief Medical Officer to Our Leadership Team

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and threats to the organization and its members and, in collaboration with the executive director, president, board of directors, and committees, will organize responses that protect the organization and strategy for its members. The CMO responsibilities will complement and elevate the existing leadership roles of the president, board, and executive director, adding visibility and effectiveness to these roles with our members, partners, and the public

FSPHP 2024 VIRTUAL ANNUAL MEMBER BUSINESS MEETING

May 8, 2024, 2:00-4:00 PM Eastern Daylight Time

Open to State, Associate, Honorary, and International Members

During this meeting, we will review our FSPHP priorities, provide a report from our treasurer, recognize new members, and announce the 2024 ballot results. Committee chairs will also share an annual information report.

State, Associate, Honorary, and International Members register here: https://fsphp .memberclicks.net/AMB2024

Email ssavage@fsphp.org with questions.

FSPHP and FSMB at the American Medical Association House of Delegates Meeting



In front from left to right: Maroulla S. Gleaton, MD, FSMB Board of Directors, Maine Medical Board; Lisa Robin, MLA, Chief Advocacy Officer, FSMB. Back row from left to right: Linda Bresnahan, MS, FSPHP Executive Director; Chris Bundy, MD, MPH, FASAM, Executive Medical Director, Washington Physicians Health Program, FSPHP Past President; Kandis McClure, JD, Director, Federal Advocacy and Policy, FSMB; George M. Abraham, MD, MPH, FSMB Board of Directors, Massachusetts Medical Board.

SUBMIT YOUR INTEREST IN A COMMITTEE FOR 2024–2025

Are you passionate about contributing to a national cause that supports Physician Health Programs? Are you dedicated to sharing your time and skills to assist your colleagues in the realm of Physician Health Programs? One impactful avenue to achieve this is by serving on a nonprofit board or committee for your professional membership association. Joining an FSPHP committee not only allows you to support a cause you care about but also provides a valuable opportunity to enhance your skills and gain valuable experience.

Being part of a committee is also an excellent steppingstone toward a future leadership role on the board of directors.



Please consider joining or renewing your participation on an FSPHP Committee for 2024–2025.

To join a committee, please do the following:

- Review the Committee Purposes and Frequency of Meetings on the FSPHP Committees webpage: Committees (fsphp.org)
- Submit your interest to join or your plans to renew on the FSPHP Committee Service Interest Form: https://fsphp.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2196533

Click here to see a full list of FSPHP committees, their descriptions, and rosters: Committees (fsphp.org)

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Fall 2023 issue was published.

Please join us in welcoming our new members!

State Voting Members

Angela Gough, DO Medical Director, Hawaii Program for Healthcare Professionals: Pu'ulu Lapa'au

Brittany Hanson, BSN, RN Executive Director, North Dakota Professional Health Program

Marc McManus, PA-C, PsyD Clinical Case Manager Medical Society of the District of Columbia Physician Health Program

Kathryn Peil, BS Interim Program Manager, Uprise Health—Oregon Health Professionals Services Program

Associate Members

Vanessa Bloy Communications Manager, Washington Physicians Health Program

Amanda Freeman, LMSW Case Manager, Mississippi Physician Health Program

Vaune Johnson Board Member, North Dakota Professional Health Program

Matthew Keene, MD SCAN—Scottsdale Center for the Advancement of Neuroscience, LLC

Martin Kerzer, DO Chair, Rhode Island Medical Society's Physician Health Program

Susan Montminy, EdD, MPA, BSN, RN, FASHRM, CPHRM, CPPS Director of Risk Management, Coverys

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FSPHP Welcomes New Members

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Barbara Nicks Administrative Assistant, Tennessee Medical Foundation Physician's Health Program

Janet Osterman, MD Associate Medical Director, Massachusetts Medical Society, Physician Health Services

Natalie Perry Program Coordinator, Alabama Professionals Health Program

Danny Wilkerson, MD Executive Director, Arkansas Medical Foundation

William Wright, MD Board Chair, Colorado Physicians Health Program

Individual Members

Mihran Ask, MD Chair, Well-Being Committee, Loma Linda University Medical Center

Rachel Davis, MD Associate Professor, Vice Chair for Clinical Affairs and Strategy, University of Colorado Anschutz

Lauren Haarlow, LCSW, LCAS, CCS Clinical Director, North Carolina Caring Dental Professionals

Robyn Hacker, PhD, LP, LAC Assistant Professor, Behavioral Health and Wellness Program—University of Colorado

Ann Leber, LMFT Pacific Assistance Group—Northern California

Stephanie Lehto, PsyD Assistant Professor, University of Colorado Anschutz School of Medicine

Rebecca Mathews, PhD Clinical Assistant Professor, University of North Carolina at Greensboro

Neal Mehra, MD, MBA, FASAM Treasurer, Chair of Finance Committee, Board Member, California Society of Addiction Medicine

David Tiner, DDS, MMFT Executive Director, Tennessee Dental Wellness Foundation Phong Van, LCSW, LCAS, CCS Director, Continuing Competence College of Physicians & Surgeons of Alberta

Julie Wolfe, MD Assistant Professor, Medical Director Student and Resident Mental Health, Medical Director Faculty Staff, Mental Health, University of Colorado

Industry Partner Individual Member

Leanne Minckler, RN Program Manager, College of Physicians & Surgeons of Alberta

Tom Ryan Executive Director, Policy Development, State of Wisconsin Department of Safety and Professional Services

International Member

Shelley Anderson, MD, FRCPC Medical Lead Physician Health, Doctors Manitoba

Nancy Coish, BSW, RSW, MHS Physician Health Monitoring Coordinator, Newfoundland and Labrador Medical Association

Stephen Darcy, MD Assistant to Medical Director of PHP, Newfoundland and Labrador Medical Association

Kris Luscombe, MD Medical Director, Newfoundland and Labrador Medical Association

Organizational Member

Gail Jara, BA Executive Director, California Public Protection & Physician Health

Ken Rosenbaum, MD Chair of Health and Wellbeing Committee, Palo Alto Medical Foundation Medical Group ■ FSPHP 2024 ANNUAL EDUCATION CONFERENCE & BUSINESS MEETING Enhancing the Effectiveness of Professional Health Programs Through Collaboration: Improving Health and Well-Being

April 17–21, 2024 | Grand Hyatt, Nashville, TN







CLICK HERE FOR THE CONFERENCE AGENDA.

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

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

Education Objectives

- Identify the next generation of prevention and outreach strategies for healthcare professionals.
- Examine the day-to-day operation of PHPs by focusing on positive benefits, as well as the challenges that impact desired outcomes.
- Examine and propose practices to improve confidentiality, reduce stigma, and remove barriers for help-seeking to increase
 utilization of PHPs.
- Share and propose exemplary administrative, funding, legal, monitoring, and case-management policies and approaches that
 increase access to care, improve the participants' experience seeking services and/or being monitored, and contribute to
 evidence-based outcomes.
- Demonstrate how research, public relations, and outcome reporting foster an increased understanding of the benefits of
 professional health programs and the significance of health and well-being initiatives.
- Describe and compare the unique characteristics of the evaluation and treatment of healthcare professionals through a safetysensitive lens that positively impacts health and well-being outcomes and public safety.
- Compare and discuss how PHPs interface with institutional wellness programs.

This activity has been approved for up to 18.5 hours of education credits for physicians, nurses, pharmacists, psychologists, social workers, and dentists!

This activity has been preapproved for the following accreditations:

AMA PRA Category 1 Credits[™] for Physicians ANCC CE for Nurses ACPE CE for Pharmacists APA CE for Psychologists ASWB ACE for Social Workers ADA CERP CE for Dentists

Visit the FSPHP 2024 Annual Education Conference website for full details: https://www.fsphp.org/2024-annual-conference.

THANK YOU TO OUR 2023/2024 DONORS

The following are our donors from April 4, 2023 through March 22, 2024:

Ally of Hope (\$2,500-\$4,999)

Washington Physicians Health Program

Advocate (\$1,000-\$2,499)

Scott Hambleton, MD, DFASAM Art Hengerer, MD—In honor of the FSPHP Board of Directors Kelley Long, MBA Michael Wilkerson, MD Heather Wilson, MSW, CFRE, CAE—In honor of the PA-PHP Staff Caregiver (\$500-\$999) Christopher Bundy, MD, MPH, FASAM Anthony Cloy, MD Ruchi Fitzgerald, MD, FAAFP Doris Gundersen, MD Brad Hall, MD, DFASAM, DABAM Melissa Henke, MD John Kuhn, MD Katie McQueen, MD Jenny Melamed, MD, MBChB, FASAM Melissa Warner, MD

Geri Young, MD Sherry Young, PhD, CSAT—In honor of Dr. Roland Gray

Friend (\$1-\$499)

Michael Baron, MD, MPH, DFASAM, DAPA—In honor of Dr. Roland Gray Felicia Bloom, MHS—In honor of Drs. Alan Budd, Julie

Spaniel, and Bill Claytor Tiffany Booher, MA, LPC, CAADC, CIP, CCSM

Kathleen Boyd, MSW, LICSW—In honor of Herbert Rakatansky, MD

William Carpenter, DO, FASAM

Alexander Chaikin, MD

Hannah DeVries, MD Sarah Early, PsyD Mike and Hannah Ferguson, and Rod and Lisa Tissue— In honor of Dr. Jeremy and Emily Stone Alistair Finlayson, MD, MMHC, DLFAPA, DFASAM Travis Geier, MD, MPH Tracy Harrison Goen, MD Angela Graham, MPA Scott Hambleton, MD, DFASAM Lynn Hankes, MD, FASAM Anish John, MD Joseph Jones, PhD Joseph Jordan, PhD Amanda Kimmel, MPA Neal Mehra, MD, MBA, FASAM Lisa Merlo, PhD, MPE Kay O'Shea, CADC, MAC, CCTP Leonard Pinkley, MD Alexis Polles, MD Positive Sobriety Institute Molly Rossignol, DO, FAAFP, FASAM Alecia Sanchez Sandra Savage Beth Stroup Menge Scott Teitelbaum, MD Ray Truex, MD, FACS, FAANS Elise Wessol, DO Richard Whitney, MD, DABAM, FASAM Michael Wilkerson, MD Heather Wilson, MSW, CFRE, CAE, FCPP Tracy Zemansky, PhD Penelope Ziegler, MD, DFASAM Visit the FSPHP website to see current and past donors and to make your contribution.

#WHAT'S TRENDING

- FSPHP joins this coalition in support of the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act
- RI's Physician Health Program: Serving practitioners for more than four decades
- International Conference on Physician Health 2024—Call for Abstracts open until April 12

In Case You Missed It—Hot Topics from the FSPHP E-Lists

Did you know that you can log in to your FSPHP member profile and see *all* of the E-list topics and messages that were sent by FSPHP members? Log in to your member profile, click "My Profile and My Community" in the Member Portal, and select "E-lists" from the "My Features" tab.

FSPHP ALL MEMBERS E-LIST (open to all members):

- Co-occurring issues and medications Post created on 2/19/24
- Kratom
- Dealcoholized beer

Post created on 2/2/24 Post created on 12/1<u>4/23</u>

STATE PHP MEMBERS E-LIST (open to state, associate, honorary, and international members):

- State CWO Groups
- 42 CFR Part 2
- PHP Utilization: Role of Isolation

Post created 2/21/24 Post created 12/21/23 Post created 9/10/23

DISCOVER THE UPDATED IDAA WEBSITE, ENJOY REDUCED MEMBERSHIP RATES, AND ATTEND THE 75TH CONFERENCE!

Michelle Van Alst

What Is IDAA? IDAA is a nonprofit organization committed to empowering healthcare professionals and their families in their journey to recovery from substance use disorders and addictive behaviors. We connect individuals struggling or in recovery from addiction and loved ones to



Michelle Van Alst

supportive communities, both online and in person. Here, they can find inspiration, strength, and hope as they hear personal stories of recovery from addiction as told by fellow healthcare professionals. To further our mission, we gather annually for a conference, delving into the educational depths of addiction as a disease and providing invaluable spiritual support to one another. **Special First-Year Membership Offer** In celebration of our website redesign, IDAA extends a \$50 rate for new qualifying members (a \$200 savings!). Membership includes access to the exclusive member portal, featuring the IDAA meeting list, Member Directory, Listservs, Bulletin Board, and Archives, along with an invitation to the 75th Annual Conference. These peer-based resources offer valuable ongoing support for a lifelong journey in recovery.

75th Conference: Join Us July 10–14, 2024, in Baltimore, Maryland

Join us for the 75th Annual Conference in beautiful Baltimore, Maryland, from July 10–14, as we celebrate this momentous milestone in IDAA history. This year, we invite you to find solace and connection in "Our Safe Harbor"—a gathering that promises support, growth, and inspiration.

Prepare to indulge in the luxurious comfort of the Baltimore Marriott Waterfront, situated in the heart of Baltimore's picturesque harbor. This exquisite venue sets the stage for our transformative conference, offering a stunning backdrop of breathtaking views,

Discover the Updated IDAA Website, Enjoy Reduced Membership Rates, and Attend the 75th Conference! continued from page 11

opulent accommodations, and convenient access to local attractions. Immerse yourself in an environment that harmoniously blends elegance, relaxation, and inspiration.

You and your family will be able to embrace your recovery in a safe and nurturing environment, surrounded by individuals who understand your journey. Discover new tools, techniques, and perspectives that will empower you to navigate the challenges of recovery with strength and resilience.

Offering CE credits for a wide range of specialties, including the following:

- AMA PRA Category 1 Credits[™] for Physicians (MD/DO)
- ANCC CE for Nursing (CRNA**, NP (FNP-BC, PMHNP-BC, ACNP-BC, AGNP-BC, etc.), RN, BSN
- ACPE Credit for Pharmacists
- APA CE for Psychologists
- ASWEB CE for Social Workers
- ADA CERP CE for Oral Health Professionals
- NAADAC CE for Addiction Professionals

Please note: You must qualify to be an IDAA member or be a member's guest to attend the IDAA Annual Meeting. The expansion of CE credits *does not* change the gualifications for attendance at the conference but does allow spouses/guests working in other healthcare fields the opportunity to earn credits.

UPDATES FROM AROUND THE UNITED STATES

THE TENNESSEE MEDICAL FOUNDATION **RECEIVES \$1M OPIOID ABATEMENT GRANT FOR OUD EDUCATION**

The Tennessee Medical Foundation (TMF) is among 85 organizations to receive grant awards in the first round of funding by Tennessee's **Opioid Abatement Council** (TN OAC).

The TN OAC was created to manage the disbursement of its share of proceeds from lawsuits



Michael Baron, MD, MPH, DFASAM

relating to opioids. A total of \$81 million in grants was approved in March 2024.

"The \$1 Million grant over three years will allow us to do many things we could only dream of, such as create professional educational videos about opioid addiction treatment, as well as about our PHP, what to expect as a participant, and others," said TMF Medical Director Dr. Michael Baron. "We will also use a portion of the funds to complete an in-depth outcome study. I am very excited," he added.

The TMF grant will fund ongoing training lectures, modes, and events for Tennessee's health professionals on proper opioid prescribing, prevention and treatment of opioid use disorder, and appropriate prescribing for acute and chronic pain management without opioids. Additional projects will include the outcomes study and ongoing recovery support for opioid use disorder among TMF-PHP participants.

NEW LEADERSHIP ANNOUNCED FOR THE TENNESSEE MEDICAL FOUNDATION







Clay W. Runnels, MD, MBA, FACHE, FACEP

Brigham S. Scallion, DO

John Woods, MD









John D. Rosdeutscher MD

Eric W. Berg III, MD, FCAP, FASCP

Lee McLellan

The Tennessee Medical Foundation is delighted to announce leadership changes on its Board of Directors and Physician's Health Quality Improvement Committee (PHQIC), including two new members.

"The Tennessee Medical Foundation is pleased to welcome new board member Lee McLellan as treasurer and new PHQIC member Dr. Brigham

Scallion. We are also happy to announce that **Dr. Clay Runnels** and **Dr. Eric Berg III** have moved into the role of president and vice president, respectively, of our board of directors for 2024–2025," said TMF executive director Jennifer Rainwater. "We at the TMF value our dedicated board and committee members and look forward to serving with them this year," she added.

Dr. Runnels succeeds **Dr. Michael Miller**, who has moved into the ex officio role of past president. Mr. McLellan succeeds **Martin Akin** of Nashville, who rotated off the board after serving eight years as treasurer. In addition, **Dr. John Woods** is now a cochair of the PHQIC, alongside longtime chair **Dr. John D. Rosdeutscher** of Nashville.

New Leaders

TMF board president Clay W. Runnels, MD,

MBA, FACHE, FACEP, is chief physician executive of Ballad Health in Johnson City, TN, overseeing all clinical services, quality, service lines, Ballad Health Medical Associates, health research, and graduate medical education. Dr. Runnels is a licensed and ABEM-certified emergency physician and has served in various leadership positions in the health system since 2000. He has helped spearhead several awardwinning projects, including initiatives to reduce time to treatment for oncology patients and to streamline the physician credentialing process. Dr. Runnels also participated in the development of regional stroke care protocols, as well as a teleneurology program. He received his BS from Texas A&M University and his MD from University of Texas Southwestern Medical School.

Vice president Eric W. Berg III, MD, FCAP, FASCP, of

Clarksville, is a graduate of the TMF Physician's Health Program. He serves as chief of Anatomic Pathology Service at Blanchfield Army Community Hospital at Fort Campbell, KY, and is a retired colonel in the U.S. Army Medical Corps. As a regional medical examiner for the Armed Forces Medical Examiner System, he participated in identification and autopsy examination of those killed in the September 11, 2001, Pentagon attack, the Space Shuttle Columbia explosion, Operation Iraqi Freedom, Operation Enduring Freedom, and other national and international crisis and terrorist events. Dr. Berg is a graduate of Mercer University School of Medicine in GA.

Treasurer Lee McLellan is an investment consultant with Pinnacle Asset Management in Nashville and a registered representative with Raymond James Financial Services. A native of Madison, MS, McLellan graduated from University of Mississippi with a bachelor of Business Administration with a focus on Managerial Finance. He is a member of the Nashville Chamber of Commerce and Big Brothers Big Sisters of Middle Tennessee.

PHQIC member Brigham S. Scallion, DO, of Bells, TN, is a faculty associate professor of biology at Dyersburg State Community College. He holds degrees from Pikeville College, University of Memphis, and Lambuth University. He is the father of a teenage daughter with Down syndrome and volunteers with the Down Syndrome Association of West Tennessee. In 2019, he was appointed by Governor Bill Lee to a three-year term representing the state's Northwest Development District on the state's Council on Developmental Disabilities. He was reappointed for a second term to the council in 2023. Dr. Scallion received his medical degree from the University of Pikeville—Kentucky College of Osteopathic Medicine.

Board And PHQIC

The TMF board oversees the mission and work of the foundation and its Physician's Health Program to assist Tennessee health professionals battling substance use disorders and mental, emotional, or behavioral health problems. Other members are Subhi D. Ali, MD, Waverly and Nashville; Keith D. Gray, MD, Knoxville; Pat Lee, CPMSM, Chattanooga; Randy Ratliff, Esq, Brentwood; Perry C. Rothrock, III, MD, Memphis; Natascha S. Thompson, MD, Memphis; PHQIC cochairs Dr. Rosdeutscher of Nashville and Dr. Woods of Jackson, TN; and Mary I. Yarbrough, MD, Nashville.

The PHQIC is tasked with clinical oversight of the Physician's Health Program. Other members are Dr. Berg; Dr. Runnels; Tim Davis, MD, Chattanooga; John Harris, MD, Memphis; Lorraine Johnson, RN, Knoxville; and Steve Tate, MD, Nashville.

About The TMF

The Tennessee Medical Foundation is a 509(a)2 public charity overseeing the Physician's Health Program with a stated mission to "protect patients through identification, intervention, rehabilitation, and the provision of advocacy/support for physicians and other health professionals impaired by addictive disease, mental or emotional illness." In addition, the TMF provides impairment and health education and resources to health professionals, both licensed and in training, across Tennessee. Learn more about the TMF at e-tmf.org.

WHAT IS THE WASHINGTON PHYSICIANS HEALTH PROGRAM DOING ABOUT PHYSICIAN SUICIDE?

Chris Bundy, MD, MPH, FSPHP, Past President and Executive **Medical Director, Washington Physicians Health Program, Elson** S. Floyd College of Medicine at Washington State University; Jeffrey Sung, MD, Board of **Directors**. Washington Physicians **Health Program and Clinical** Assistant Professor, University of Washington Department of Psychiatry and Behavioral Sciences; Faculty Member, **University of Washington Center for Suicide Prevention** and Recovery, Past President, Washington State Psychiatric Association



Christopher Bundy, MD, MPH, FASAM



Jeffrey Sung, MD

As Washington's trusted resource for restoring the health of medical professionals, the Washington

Physician Health Program (WPHP) considers physician suicide awareness and prevention an important priority—one in which we are leading efforts at state and national levels. Through our education and outreach mission, WPHP strives to provide accurate information about physician suicide as well as resources to support medical professionals with health conditions that are associated with suicide.

Recent estimates suggest that approximately 120 physicians in the United States die by suicide each year.¹ Whether physicians in the United States experience elevated rates of suicide compared to the general population, however, remains unanswered. That said, studies consistently find a higher risk for female physicians versus female non-physicians.²

Many medical practice variables have been suggested as potential contributors to physician suicide: burnout, moral injury, unhealthy medical education and training environments, toxic practice settings, malpractice claims, medical board complaints, and referrals to physician health programs. While these factors may relate to distress and dissatisfaction among physicians or PAs, causal links to suicide remain unclear. A review of 498 physician suicide decedents found that intimate partner problems and physical health problems were the most common circumstances associated with the deaths. About half of the physician suicides involved a firearm. Job problems were more common among physicians than non-physicians, but were found to be a contributing circumstance in less than 20percent of the physician suicides.² While job-related stressors are prevalent in medical practice, the vast majority of physicians with these stressors will not die by suicide, and most physicians who died by suicide do not appear to have job problems. As such examining practice stressors may inform prevention efforts, but they are poor predictors of physician suicide on an individual, case-by-case basis.

Suicide prediction, in general, is fraught. Multiple studies have shown that clinical judgement is no better than chance at predicting suicide. Current or recent psychiatric hospitalization dramatically elevates suicide risk. Yet, the positive predictive value of prior psychiatric hospitalization for future suicide—2.5 percent for men and 1.5 percent for women—is too low to predict suicide even among these high-risk individuals. As such, universal and selective prevention strategies that seek to improve overall health and provide early intervention for distress are likely to have more impact on physician suicide than prevention efforts that rely on probabilistic suicide prediction models.³

Regardless of prevalence or predictability, suicide remains a tragic outcome. People in suicidal despair suffer deep emotional anguish, and suicide loss survivors often experience painful and complicated grief with persisting questions of "Why?" and "What *if...?*". From this perspective, even one suicide is too many. It is therefore critical to use accurate and balanced information when discussing suicide among physicians. Sensationalistic, overly simplistic reports about the "alarming epidemic" of physician suicide, relating to specific events or the collective problem, can misdirect resources toward ineffective advocacy and prevention efforts, add distress to surviving loved ones, cost people their jobs and careers, damage reputations, traumatize organizational cultures, discourage gifted individuals from taking leadership roles, undermine the public trust in our profession, and may increase suicide risk among vulnerable populations by discouraging help-seeking and promoting suicide contagion.

Discussions that attribute physician suicide to specific actions, events, organizations, institutions, circumstances, or conditions in the healthcare ecosystem can be interpreted as understandable efforts to grapple with meaning-making after tragic events. Complex problems in systems of healthcare delivery unquestionably contribute to burnout and distress among health care professionals. At the same time, we caution against narratives that justify the inevitability of suicide—i.e., that a "perfect storm" of events can or will lead to suicide. Instead, we maintain that dignity, hope and agency are possible regardless of circumstances. A compassionate approach should neither trivialize nor demonize high-intensity stressors, including those related to medical practice. As recommended by people with lived experience of suicidality, we suggest an approach that focuses on a message of hope that affirms the existence of lifedirected pathways: that suicide is not the inevitable consequence of any individual or set of circumstances, no matter how difficult.

As medical professionals, we have a responsibility to critically appraise health information and communicate accurately to the public and to ourselves. We must educate ourselves about mis- and disinformation so that we may guard against unintentionally propagating it and recognize that suicide and physician suicide are complex, nuanced phenomenon. We must be watchful for confirmation bias, recognizing how seductive it is to favor information, regardless of its accuracy, that confirms our pre-existing beliefs and values, including the understandable frustrations many of us share regarding the modern practice environment. The American Foundation for Suicide Prevention provides safe reporting guidelines for the media that can help health professionals recognize and avoid harmful communication about suicide.

WPHP has a long-standing commitment to addressing health professional suicide. At the individual level, for program participants, WPHP's suicide risk assessment and management protocols are worth mentioning. While suicide risk assessment has limited utility in predicting suicide, it can help identify appropriate targets of therapeutic intervention. This represents a shift in focus from "risk assessment" to "needs assessment."⁴ Every referral call to WPHP is screened for concerns of suicide and all intake assessments include the empirically validated Columbia Suicide Severity Rating Scale Screen Version. Individuals who screen positive undergo comprehensive suicide risk assessment by licensed mental health professionals and are staffed with one of our program psychiatrists. Program participants are asked about thoughts of hopelessness and suicide during any encounter where a clinically relevant increase in distress is observed. Acute distress or exacerbation of illness triggers communication with the participant's care team, identification of unmet needs, and linkages to additional resources and support as indicated.

Although not required by our DOH contract, WPHP provides 10-year suicide data to both the DOH and the Washington State Medical Association, underscoring our commitment to transparency and partnership on this important issue. WPHP may be the only physician health program in the country that obtains external peer review, conducted by nationally recognized experts in physician suicide, for all program suicides. In the past 12 years, five program participants died from suicide and, while WPHP met the standard of care in each of these tragic cases, these reviews always help us improve our work. Key findings of external reviews are provided to the WPHP Board of Directors which includes nationally recognized psychiatrists and other physician and non-physician experts who lend valuable insight to our internal and external prevention efforts.

At the local and state level, WPHP conducts educational presentations about physician suicide to Washington's medical community, including students and trainees, and recently collaborated with the Department of Health (DOH) to develop suicide training for veterinarians. In addition, we recently participated in a Washington Medical Commission webinar. Coffee with the Commission: Personal Data Questions, to report on regulatory reforms that demonstrate our shared commitment to removing barriers to seeking help for mental health conditions. WPHP is also involved in national educational events that promote physician suicide awareness and resources for physicians in distress. For example, we recently presented at the American Conference on Physician Health and participated in a national webinar on suicide prevention, *Physician Suicide Prevention* Listening to the Voices of Experience, sponsored by the Federation of State Physician Health Programs and the American Foundation for Suicide Prevention. Both presentations are available to the public at the links provided.

You can find more resources for suicide prevention and crisis intervention, request a speaking engagement on physician suicide, and learn more about physician health and well-being on our website. In addition, you may wish to sign up for our newsletter, where you can stay up to date on WPHP education and advocacy efforts that may be of interest to you.

At the national level, WPHP is working in close partnership with the Federation of State Physician Health Programs, American Medical Association, Federation of State Medical Boards, American Foundation for Suicide Prevention, Accreditation

What Is the Washington Physicians Health Program Doing About Physician Suicide?

continued from page 15

Council for Graduate Medical Education, and the Lorna Breen Heroes Foundation on physician suicide prevention and advocacy efforts including educational sessions and webinars, communications strategies, licensure and credentialing application reform, financial support, and decreasing barriers to mental health care access across the physician and PA career spectrum. Collectively, we are aligned in the belief that these efforts will decrease stigma, increase help acceptance, and promote life—now and in the years to come.

We are sometimes asked whether a referral to WPHP might precipitate suicide. While we cannot know the constellation of factors that may contribute to a suicide at the point of referral, we do understand that it can be a precarious time. WPHP has the experience, expertise, and outcomes that demonstrate our ability to effectively address the health conditions that relate closely to suicide risk. We believe, on balance, that a referral to WPHP decreases rather than increases suicide risk. Because numbers are too low to empirically validate this belief, we turn to the direct, lived experience of our program participants. 25 percent of program graduates report that WPHP saved their life. Experience suggests that one of the most important ways we can protect our participants from suicide is by quickly establishing a collaborative connection based on mutual trust and support. In so doing, we provide a beacon of hope to help participants navigate through despair. Over the years, countless health professionals have shared with us how WPHP brought them back from the brink of suicide. These heartfelt reports deepen the meaning, purpose, and importance of our mission. You can find examples of these personal stories on our website.

Physician health programs are a critical resource for health professionals at risk for suicide. As such, we need to ensure that we are effectively educating the medical community about the services we provide while also helping those whose lives have been saved by a PHP tell their stories. These life affirming narratives can give hope to someone suffering in silence while also counteracting negative, misleading, or even harmful narratives about physician suicide and physician health programs. As the experts in physician health, we have incredible opportunities to not only work to advance best-practice prevention efforts within our own programs, but to also partner in advancing the work of others who share our commitment to address this complex and tragic problem.

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3. Large MM. The role of prediction in suicide prevention. *Dialogues Clin Neurosci*. Sep 2018;20(3):197–205. doi:10.31887/DCNS.2018.20.3/mlarge

4. Kapur N. Management of self-harm in adults: which way now? *Br J Psychiatry*. Dec 2005;187:497-9. doi:10.1192/ bjp.187.6.497 ■

WHAT'S NEW ON FSPHP.ORG



- Member Policy Library, where PHP members can share and access other PHP members' policies
- State Program Videos page contains informational videos that help provide insight into how these programs work and how they impact the life and career of health professionals
- Fully loaded **Calendar** page updated with all FSPHP events, including committee meetings
- Updated National **Organization Events** page with more events added weekly
- New 2024 Donors page listing the most recent donors—Thank you!
- Updated **New Members** page—Welcome to FSPHP! ■

Now Hiring!

UPDATE YOUR STATE PROGRAM PAGE BY JUNE 21, 2024

FSPHP PHP Members Ensure your state program page is up to date for maximum visibility. It's a valuable benefit in attracting high traffic. Review and update your program information by **June 21**.

Three items for your review and update:

- Your contact information on the FSPHP State Programs list
- Your individual program page with contact info, staff, program structure, services and funding information
- Your monitoring requirements information found via the link* at the bottom of your program page

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 the event name, date, location, description, contact information, and a link for more information and to register online. *You will be required to log in as a member to access and view this page.

Please note: These pages are structured with specific data fields that restrict edits beyond the designated format.

If would prefer to start over and submit all new content for your organization's pages, click here to download a pdf form you can fill out. Complete the entire form, save it to your desktop, and email it to ssavage@fsphp.org.

Email ssavage@fsphp.org with your updates, edits, or questions.

ARE YOU HIRING OR LOOKING FOR A NEW OPPORTUNITY!

Visit the **FSPHP Jobs Center** 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.



Danijela Ninkovic, RN, MHM, CPMHN(C), Clinical Coordinator, Ontario Physician Health Program; Linda Bresnahan, MS, FSPHP Executive Director; Courtney Strong, LMHC, SUDP, Clinical Director; and Chris Bundy, MD, MPH, FASAM, FSPHP Past President, WPHP Medical Director presenting at the ACGME Conference.

Frontline Connect: Mental Health for the Healthcare Workforce

Physician Health Programs (PHPs)

Offering Innovative Partnerships on Specialized Mental Health and Substance Use Disorder (SUD) Care for Clinicians

Physician Health Programs (PHPs) can be an excellent resource and partner for hospitals and health systems in helping to meet Joint Commission required mental health and Substance Use Disorder (SUD) education and policies. PHPs can play a critical role in increasing access to voluntary and confidential mental health care for the healthcare workforce. Either through self referral, or by referring a colleague, frontline clinicians can receive an initial consultation and additional resources or treatment that is culturally competent. All it takes is picking up the phone.



Additional Resources or Treatment

Further Evaluation | Therapy or Counseling | Professional Coaching | In-Patient Treatment | Specialized Education

In Some Cases

's determined that the physician or licensed healthcare professional would enefit from monitoring for SUD or a mental health condition. This is one of the reas of expertise for PHPs! Providing monitoring once a diagnosis and initial eatment has been completed.

I don't ever see a downside to calling a Physician Health Program and saying, 'This is what I'm experiencing. How do your services work? What kind of resources might you have?' Or 'This is what I'm worried about with respect to a colleague.

-- Linda Bresnahan, MS, Executive Director of the Federation of State Physician Health Programs

Hear more insights from Linda Bresnahan, MS, Executive Director of the Federation of State Physician Health Programs, in <u>Innovative Partnerships on Specialized Mental Health & SUD Care</u> <u>for Clinicians: A Look at Provider Health Programs</u>.



Access our complete toolkit right now! Find insights to increase access to mental health services and support for your frontline workforce. Visit frontlineconnect.org

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Vault Workforce Screening

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 education conference and complimentary participation in FSPHP regional member meetings. Visit https://www.fsphp.org/membership for more information on the benefits of membership.

Spread the word and share in the benefits of the strongest membership to date!

Our membership and our network are growing. FSPHP membership has never been larger, with over 308 active FSPHP members:

- 50 State Voting
- 153 Associates
- 15 International
- 62 Individuals

- 18 Industry Partner Individuals
- 7 Organizational
- 4 Honorary

New members benefit from the deep experience of our current member PHPs and, in turn, new members bring exciting ideas to our current 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."



FSPHP collaborating and spreading awareness of Physician Health Programs with (left to right) Danijela Ninkovic, RN MHM CPMHN(C), Clinical Coordinator, Ontario PHP; Courtney Strong, LMHC, SUDP, Clinical Director, Washington PHP; Linda Bresnahan, MS, FSPHP; Carol Bernstein, MD, Senior Scholar, ACGME; Chris Bundy, MD, MPH, FASAM, FSPHP Past President, Washington PHP Medical Director; and Jon Novic, MD, Medical Director, Ontario PHP.

Physician Health News Marketplace

Special thanks to all of the participating organizations!



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ADVERTISING SERVICES!

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

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

The FSPHP requests articles and other related information be submitted for inclusion in the FSPHP newsletter.

CALL FOR CONTENT/NEWSLETTER SUBMISSIONS

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

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

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

Items that you may want to consider include the following:

- Important updates regarding your state program
- A description of initiatives or projects that have been successful, such as monitoring program changes, support group offerings, outreach and/or education programs, and so forth
- Notices regarding upcoming program changes, staff changes
- References to new articles in the field
- New research findings
- Letters and opinion pieces
- Physician health conference postings and job postings Please limit articles to 500 words or fewer and other submissions to 200 words or fewer.

Deadline for the fall issue: August 30, 2024 Deadline for the spring issue: February 28, 2025

WE NEED YOUR INVOLVEMENT AND INPUT!

There are various ways to get involved in the FSPHP!

- Join us as a Member: www.fsphp.org/membership
- Join a Committee: www.fsphp.org/committees

 New Activity or Project: The FSPHP Board of Directors is very interested in your ideas and suggestions, and we welcome agenda items you would like to bring before the board. But it is important to be organized in our approach to make sure ideas are fully explored and vetted. The board established a policy that members are required to submit written requests for consideration to the FSPHP executive director and board of directors. This can also be done through the work of an FSPHP committee. This process is outlined here for our members: FSPHP New Activity or Project Worksheet, https://fsphp.memberclicks.net/assets /COMMITTEE_RESOURCES/FSPHP%20New%20 Activity%20or%20Project%20Worksheet.pdf.

How to Support the Mission of the FSPHP

- Join Our Mailing List: https://fsphp.memberclicks .net/distributionlist
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- FSPHP Newsletter Advertisements: https://fsphp .memberclicks.net/advertisement
- 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: https://fsphp.memberclicks.net/index .php?option=commcform&view=ngforms&id=2050416

HELPFUL FSPHP RESOURCES

- FSPHP Constitution and Bylaws: https://fsphp .memberclicks.net/assets/docs/bylaws/FSPHP%20 Constitution%20%26%20Bylaws%205.30.23.pdf
- E-list Guidelines and Instructions: https://fsphp .memberclicks.net/e-list-guidelines-and-instructions
- New Member Guidebook: https://fsphp. memberclicks.net/assets/docs/FSPHP%20NEW%20 MEMBER%20GUIDEBOOK%20-%20UPDATED%20 MARCH%202023.pdf
- Committee Resources: Committee Resources (memberclicks.net)
- Committee Portal Toolkit: https://fsphp.memberclicks. net/assets/COMMITTEE_RESOURCES/FSPHP%20 COMMITTEES%20PORTAL%20TOOLKIT.pdf

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