

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 29th edition, Volume 1 of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

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

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

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PRESIDENT'S MESSAGE

The Equivalence Problem

Christopher Bundy, MD, MPH, FASAM

*"Sometimes the light's all shinin' on me
Other times, I can barely see
Lately, it occurs to me
What a long, strange trip it's been. . . ."*

—From "Truckin'" by the Grateful Dead

It is traditional for the outgoing FSPHP president to use this space to reflect on the organization's progress over the prior two years. Like my predecessor, Dr. Paul Early, I will spare you the accomplishment inventory. We've done a lot of stuff, in a short amount of time, driven by necessity and the pressures wrought by a global pandemic.

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**Christopher Bundy, MD,
MPH, FASAM**

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President's Message

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Yes, we can all be proud of our progress. It has been nothing short of remarkable and we are well on our way to the future that Dr. Earley envisioned in his message in the spring of 2020. But I don't really want to talk about that. Before I go, I want to talk about something I call the "equivalence problem."

Over the last several years, many new players have entered the physician health and well-being space, offering an array of mental health, wellness, and other services aimed at beleaguered health professionals. While I am hopeful that these additional resources will be utilized and beneficial for our colleagues in distress, I am also concerned by the emergence of the equivalence problem. The equivalence problem is born of a mistaken belief that other organizations or individuals that assist (or want to assist) health professionals are essentially interchangeable with PHPs.

At the June 2021 meeting of the American Medical Association (AMA), a report from the Council on Judicial and Ethical Affairs (CEJA) was passed that revised the AMA Code of Medical Ethics Opinion 9.3.2 to remove reference to the utilization of PHPs for those impacted by risk of impairment. At the subsequent November 2021 meeting of the AMA House of Delegates (HOD), the Pennsylvania Medical Society delegation (Marilyn Heine, MD), with support from New York (Frank Dowling, MD) and Wisconsin (Michael Miller, MD) delegations, introduced Resolution 23 to the HOD in an effort, among other things, to restore the reference to PHPs in 9.3.2.

Resolution 23 passed by a very wide margin in the HOD, signaling widespread support for restoring the reference to PHPs. However, it only recommends that CEJA reconsider the removal; it does not require it to be restored. In the lead-up to the vote, reference committee testimony from a member of CEJA revealed that some among AMA's ranks believe that there are many resources to support physician well-being and that PHPs should not enjoy the privilege of special recognition in 9.3.2. As your AMA observer, I testified in strong opposition to this notion. It contradicts several existing AMA policies that support the PHP model as an alternative to discipline. A few follow here for reference:

https://www.fsphp.org/assets/docs/ARTICES_RESOURCES/AMA%20Report%20of%20the%20Council%20on%20Science%20and%20Public%20Health%20-%20Physician%20Health%20Programs.pdf

<https://policysearch.ama-assn.org/policyfinder/detail/H-405.961%20?uri=%2FAMADoc%2FHOD.xml-0-3581.xml>, <https://policysearch.ama-assn.org/policyfinder/detail/H-95.955%20?uri=%2FAMADoc%2FHOD.xml-0-5334.xml>

https://www.fsphp.org/assets/docs/ama_physicians_health_programs_act_-_2016.pdf

https://www.fsphp.org/assets/docs/ARTICES_RESOURCES/AMA%20Report%20of%20the%20Council%20on%20Science%20and%20Public%20Health%20-%20Physician%20Health%20Programs.pdf

While it remains to be seen whether CEJA will reconsider these ideas and restore a reference to the utilization of PHPs in the Code of Medical Ethics, the experience reinforced concerns about the equivalence problem that had been gnawing at me for some time.

Recent revisions to the American Society of Addiction Medicine (ASAM) and the Federation of State Medical Boards (FSMB) policies relating to physician health were strongly supportive of PHPs and the PHP model. However, these policies also contain statements acknowledging that physicians and other health professionals may seek care from "other clinicians with expertise" without the oversight of the PHP. On the surface, this is not surprising or particularly problematic. We all want health professionals to get care when needed, and PHPs certainly do not want or need to be involved with all physicians who are ill. That said, such language edges toward the equivalence problem.

FSPHP and its members have a responsibility to educate our participants and stakeholders about our model and what makes us unique among the many resources now available to health professionals. In my view, the equivalence problem is ours to solve. In short, it is critical that we better manage our brand.

FSPHP recently contributed to an update on the [AMA Advocacy Resource Center \(ARC\) Issue Brief: confidential care to support physician health and wellness](#). There, we began to define the characteristics of PHPs that set us apart from other resources available to healthcare professionals. I think it is worthwhile to expand further here:

- 1. Legal authority:** Depending on state law, a PHP may be the only legally authorized entity that may receive reports of impairment or potential impairment in lieu of a report to the disciplinary authority.
- 2. Special accountability:** Through statute, rule, or contract with the disciplinary authority, PHPs have special accountability and mandatory

reporting obligations designed to protect the public. Non-PHP providers may also have mandatory reporting obligations but, in our experience, even expert clinicians are unfamiliar with reporting obligations, and consequences for failure to report are often lacking.

3. **Trusted verification:** PHPs are trusted by employers, credentialing entities, licensing boards, medical specialty boards, and others to provide objective and ongoing verification that a health professional is safe to practice. PHP program compliance is often a requirement of continued employment or medical staff privileges. Non-PHP providers are often unwilling to provide opinions regarding the safety to practice or unable to meet the reporting needs of the involved entity. Such entities may also be reluctant to act in reliance upon information received from a non-PHP provider who is ethically bound to act in the interest of their patient.
4. **No treatment relationship:** PHPs do not provide treatment to participants and therefore do not have a treatment relationship that could create conflicts of interest with their obligation to act in the interest of public safety. PHPs seek to balance the rehabilitative needs of the participant with protection of the public. Non-PHP providers have a primary obligation to the interest of their patients, which may help health professionals feel more comfortable disclosing worsening symptoms or very private information.
5. **Care management:** PHPs provide oversight, communication, and coordination of healthcare to promote effective and sustained remission of chronic illnesses. PHPs also receive functional information from employers and key supports that, along with other monitoring data such as toxicology testing, can optimize the care a participant receives from their treatment providers. Outside of PHPs, this level of care management is virtually unavailable to health professionals.

These five characteristics (and perhaps there are more) carve out our niche in the healthcare ecosystem and provide an answer to the equivalence problem.

Over the last year or so, three state-member PHPs have been under serious threat. Those threats were all founded on the flawed idea that the existing PHP could be easily replaced with another resource (another version of the equivalence problem). Fortunately, in New Hampshire and Colorado, reason prevailed. In Montana, it did not. I am saddened by the loss of the Montana Professionals Program and our dear

member, Michael Ramirez, who spent twenty-seven years building a model program there. Such threats demonstrate why it is critical that we are prepared to respond to misguided notions of PHP equivalence.

This issue of *Physician Health News* is devoted to your efforts and accomplishments aimed at supporting and strengthening the PHP model, especially the confidentiality that is the cornerstone of all we do. Here, we showcase that which demonstrates the excellence and exceptionality, the specialness, of who you are and what you do. This work adds credibility to our rejection of PHP equivalence.

In closing, I want to express what an honor and privilege it has been to have your support, trust, and camaraderie these past two years. Serving as your president has been a career highlight and I am grateful to have had the opportunity. I have made many great friends along the way and find comfort knowing that I am leaving the position in the capable hands of Dr. Scott Hambleton. Finally, I would be remiss if I did not publicly thank Linda Bresnahan (my sister from another mother). She remains a tremendous asset to FSPHP and has been an exceptional leadership partner and friend. I will always cherish her kindness, grace, and patience she has always shown me!

I hope to see you all in New Orleans for some joviality, jazz, and jambalaya! ■

EXECUTIVE DIRECTOR'S MESSAGE

Message from the Executive Director

Linda Bresnahan, MS



Linda R. Bresnahan, MS

There are many updates and much impressive committee and board business progress to report, so I am going to jump right in!

Staffing of FSPHP: I know you all join me in expressing sincere gratitude and best wishes to Sandra Savage, who was with FSPHP for the past several years as our Membership and Annual Meeting specialist. She was a pleasure to work with and incredibly talented with associate management skills. While Sandra has a new career at UMass Lowell, she is still assisting FSPHP periodically with projects.

FSPHP has benefitted greatly from a new staffing solution with Riggs Management, an Association Management

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Executive Director's Message

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organization. Beth Mayer and Lisa Held are both providing support to FSPHP with our membership activities, meetings, website, and more! More about them can be found here: <https://www.fsphp.org/staff>. Tanya Roof, a meeting planner specialist who has supported FSPHP with our annual meeting planning, has returned to provide her services to us. She has expert skills, and I am deeply grateful to her for returning to assist FSPHP. She does so out of appreciation for what you all do!

FSPHP also benefits greatly from consulting support from Kevin Feldman, who provides website and other medical content support to FSPHP. Linda Lambert, a former PHP Executive Director, former FSPHP member, and association specialist, has been of assistance consulting with the FSPHP as well. In addition, we continue our partnership with David Rozsa, CEO of Metacred, on the implementation of PEER™ and FSPHP-ETA™.

In addition, we continue to have attorney James Wilkinson, who provides his legal guidance to FSPHP as a donation of his time to our mission! ■

CONFIDENTIALITY AND SAFE HAVEN

Recognizing that the distinguishing benefit of our member Physician Health Programs is the confidentiality they provide, FSPHP has prioritized an effort to highlight the ways in which PHPs offer this added privacy to their participants. We asked members to share strong policy or exceptions to mandated reporting that provide measures of confidentiality that result in important access to care.

A few examples are shared in this issue, and we ask you all to continue to share. More examples will be highlighted at our annual meeting in New Orleans as well.

The confidentiality protections PHPs provide are largely misunderstood, so we want to do all we can to amplify the different approaches. It may be through enabling legislation that exists in a state authorizing the PHP to operate as an exception to mandated reporting, or the board might have rules or regulations that enable such an exception. Other PHPs have special immunity protections and peer review protections that provide added layers of confidentiality. In addition to these various and important protections, many states have existing or adjusted licensure questions that allow those involved in their PHP an option to answer "No" to health-related questions that are adequately addressed at the PHP, or there is an attestation that accomplishes the same.

Whereas current literature confirms that truly *confidential* peer assistance provides medical licensees

the best outcome when dealing with a potentially impairing health condition, FSPHP will continue with its focus to highlight examples and assist PHPs with improvements to their legislation, rules, regulations, or licensure questions in this regard."¹⁻⁵

References

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3. Gold, Katherine J., et al., "I would never want to have a mental health diagnosis on my record: A survey of female physicians on mental health diagnosis, treatment, and reporting," *General Hospital Psychiatry* (2016), doi: 10.1016/j.genhosppsych.2016.09.00
4. Steffen, Hagen, Benkadra, Molella, Newcomb, & Murad, "A survey of physicians' perceptions of their health care needs," *Occupational Medicine* 2015; 65:49-53, doi:10.1093/occmed/kqu145
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FSPHP COMMITTEE AND BOARD BUSINESS MILESTONES

Safety Considerations for Medication Treatment of Opioid Use Disorders in Monitored Health Professionals.

After a rigorous drafting and editing process, the FSPHP Board of Directors released this position statement: <https://fsphp.memberclicks.net/assets/MEMBERPORTAL/FSPHP%20Safety%20Considerations%20for%20Medication%20Treatment%20for%20Monitored%20Health%20Professionals.pdf>

Background, Purpose, and Process. In 2019, the FSPHP Board of Directors appointed an advisory panel to create a statement for the purposes of providing guidance to member Physician Health Programs and other stakeholders regarding safety considerations for medication treatment of opioid use disorders, specific to the monitored health professional. This occurred following some articles and press that suggested a lack of understanding about the practices of PHPs when participants are either recommended or considered for different types of medication-assisted treatment.

The advisory panel drafted the statement via a thoughtful consensus-building process of line-by-line editing over the course of eighteen months. Following its completion, the statement was sent out to the

members for feedback, which was then incorporated into the statement. Next, the advisory panel sent out the near-final document to experts in physician health and addiction outside of the FSPHP. Following the submission of their feedback, the panel took all recommendations into consideration through further rigorous consensus-building editing. Next, the finalized statement was presented to the FSPHP Board of Directors, and with their final edits it was approved for release to our members at the December 2021 Board meeting.

We do hope this is helpful to our members in achieving accountability, consistency, and excellence. FSPHP would like to express its sincere gratitude for the tremendous dedication, expertise, and time to the following:

FSPHP's **MAT Advisory Panel**

Chris Bundy, MD, MPH, FASAM, Chair
Michael Baron, MD, MPH, DFASAM
P. Bradley Hall, MD, DFASAM
Scott L. Hambleton, MD, DFASAM
Jenny Melamed, MD, MBChB, FASAM
Alexis Polles, MD

Physician Illness, Disability, and Impairment: Differentiation and Responsibility. This past year, the Public Policy Committee revised a prior FSPHP statement defining Impairment versus Illness. The new position statement was approved in April 2022 and released to our website recently. "Physician Illness, Disability, and Impairment: Differentiation and Responsibility" can be accessed at <https://www.fsphp.org/fsphp-guidelines--policies--position-statements>.

FSPHP's Performance Enhancement and Effectiveness Review™ and Evaluation and Treatment Accreditation™

The PEER™ and FSPHP-ETA™ committees, with oversight of the Accreditation Review Council and Board of Directors, have completed several milestones! Both technical committees have completed the criteria and metrics and finalized policy and procedures. We are sending out a call for subject matter expert applicants who will work together with Metacred staff on the reviews of PHPs and accreditation for treatment professionals and programs. We anticipate accepting applications for the pilot by June. The pilot process will occur over three to six months while we refine both programs. We held a virtual program on April 7 to discuss "How to Prepare for a PEER™," and plans are underway to host a virtual session, "How to Prepare for FSPHP-ETA™ Accreditation," for all those interested on June 7 at noon. We will send out a registration form soon.

Upcoming Initiatives

- The FSPHP Nominating Committee will announce results on May 5, and we will welcome new leaders onto our Board of Directors.
- Dr. Scott Hambleton will be President of FSPHP as of May 5, 2022. I look forward to working with Dr. Hambleton on his vision for FSPHP for the next two years.
- We are working on a shareable Summary of Strategic Priorities for FSPHP.
- FSPHP Committee Chairs will provide reports to our members at our May 5, 2022, Annual Business Meeting.
- FSPHP has partnered with the American Foundation on Suicide Prevention to share their Interactive Screen Program to PHPs; more information is to come on this.
- FSPHP Regional Directors on the Board will soon set dates for the Fall Regional Membership Meetings.
- The FSPHP Research Committee is building a national survey to be sent to all PHPs in 2022 to gather current information regarding PHP scope of services, demographics, budget, resources, confidentiality protections, and monitoring practices. This will be a repeat of the national survey done in 2005, yet it will be more comprehensive and benefit all our members.

Please join us at our Virtual Annual Business Meeting for more updates from our committees. ■

FSPHP 2022 VIRTUAL ANNUAL MEMBERSHIP MEETING

May 5, 2022, 3:00 PM to 5:00 PM

Who attends: State, Associate, Honary, and International Physician Health Programs

Register here: <https://fsphp.memberclicks.net/membershipbusinessmeeting2022>

In closing, thank you for all you do! Our FSPHP members make this progress possible. Your commitment to the health of physicians and healthcare professionals in your state is vital. If you would like to get involved in any of our FSPHP initiatives, please join a committee! ■

SUBMIT YOUR INTEREST IN A COMMITTEE, OR RENEW OR JOIN FOR 2022–2023

Dear FSPHP Colleagues,

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

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

Serving on a committee is also a wonderful way to prepare for a future leadership position on the Board of Directors.

Submit your interest in joining a committee or your plans to renew here: <https://www.fspHP.org/submit-your-committee-interest-to-renew-or-join-for-2022---2023>.

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

We look forward to you expressing your interest in serving the FSPHP!

Christopher Bundy, MD, MPH, FASAM

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Fall 2021 issue was published. Please join us in welcoming our new members!

State Voting Members

Elizabeth Jensen, DO
Lead Physician, South Dakota Physician Health and Wellness Program

Associate Members

Amber Thrasher, LCSW-C
Clinical Manager, MedChi

Eva Averie Brookie
Clinical Coordinator, WPHP

Blair Dowdle
Toxicology and Scheduling Coordinator, Kentucky Physicians Health Foundation

Emily King, PA-C
Assistant Medical Director, North Carolina Professionals Health Program

Jessica Linder, LMSW
Lead Recovery Specialist, South Carolina Recovering Professional Program

Jose Silveira, MD FRCPC
Associate Medical Director, OMA Physician Health Program

Maria Piacentino, MA, LPC-MH, LAC
QMHP Partner, SD Physician Health and Wellness Program (PHWP)

Nancy Hooper, DPh
Case Manager, TN Medical Foundation

Quinn Montgomery, LPC
Clinician, Colorado Physician Health Program

Erika Linn Voris, MA, MHP, SUDP
Clinical Coordinator, WPHP

Tamiko Webb, PhD
Case Manager, Tennessee Medical Foundation Physician's Health Program (TMF-PHP)

Associate Members

Leah Nelson, MD
New Mexico Health Professional Wellness Program

Erika Voris, MA, MHP SUDP
WPHP

Eva Brookie, MS, CRC, LMHCA
WPHP

Mariella LaRosa, JD
Health Assistance Intervention Education Network

Andy Sullivan, MD
Oklahoma Health Professional Program

Individual Members

Todd Stull, MD
Medical Director, Nebraska Medical Association

Industry Partner Individual Members

Alistair James Reid Finlayson, MD, MMHC, DLFAPA, DFASAM
Professor of Clinical Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center

Jessica Sellar
Outreach Director, The Ridge Ohio

Jonathan Saul, CMHC
CEO, Brighton Recovery Center

Leah Briick, PhD
CEO/Consultant, Briick By Briick Consulting, LLC

MayreAnn Frantz, CMHC (LPC)
Clinical Director, Turning Point Centers

Nathan Ah Quin, LCSW
Program Director, Cirque Lodge

International Members

Laurie Anne Bentley, MSW
Clinical Case Manager for PFSP, Alberta Medical Association ■



FSPHP 2022 ANNUAL EDUCATION CONFERENCE

April 26–28, 2022

Embracing Inclusivity and Confronting Stigma with Professional Health Programs' Best Practices

CLICK HERE FOR THE CONFERENCE AGENDA: <https://www.fsphp.org/education-events>

May 5, 2022, 3:00 p.m.–5:00 p.m. ET— Virtual Annual Member Business Meeting

Conference Objectives

- Review existing evidence-informed strategies that promote cultures of wellness through the assessment and mitigation of mental health stigma, bias, and discrimination in the healthcare ecosystem.
- Examine policies or practices of PHPs, evaluation and treatment providers, employers, educators, and regulatory or credentialing entities that encourage (or impede) early identification, access to resources, and effective interventions for healthcare professionals at risk of burnout, mental illness, and/or substance use disorders.
- Describe education and advocacy efforts that use destigmatization strategies to promote health professional wellness, access to support, and effective treatment. Identify best practices for identifying, referring, and monitoring substance use and mental health disorders in healthcare professionals. Such practices include mitigating stigma, internal/implicit bias, and discrimination.

This activity has been preapproved for the following accreditations:

- AMA PRA Category 1 Credits™ for Physicians
- ANCC CE for Nurses
- ACPE CE for Pharmacists
- PA CE for Psychologists
- ASWB ACE for Social Workers



We are excited to be meeting in person for our annual conference, which will focus on two themes, inclusivity and destigmatization for healthcare professionals, as we deliver PHP best practices. Presentations will focus on overcoming these barriers, while addressing the evaluation, treatment, and monitoring of illness and conditions relevant to our work. This includes the stigma that accompanies mental health and substance use disorders in healthcare professionals.

THANK YOU TO OUR 2021/2022 DONORS

The following have donated between October 16, 2021–February 9, 2022

Advocate (\$1,000–\$2,499)

Kelley M. Long, MBA—*In honor of the Ohio Physician Health Program*
Ohio Physician Health Program

James Kirk Cizerle
RecoveryTrek, LLC

Alistair James Reid Finlayson, MD, MMHC,
DLFAPA, DFASAM—*In honor of James Edward Brady Poole, MD 1907–1974*

Vanderbilt Comprehensive Assessment Program

Caregiver (\$500–\$999)

Alistair James Reid Finlayson, MD, MMHC, DLFAPA,
DFASAM—*In honor of Dr. David Dodd*

Friend (\$1–\$499)

Michael J. Ramirez, MS

Kelley M. Long, MBA

William R. Carpenter, DO

Jon Shapiro, MD, DABAM—*In honor of Linda Bresnahan*

Mary Ellen Caiati, MD

Molly Rossignol, DO, FAAFP, FASAM

Richard N. Whitney, MD, FASAM

Penelope P. Ziegler, MD

Alexander Chaikin, Illinois PHP Participant—*In honor of*
AAPeoria.org

Michael Myers, MD—*In honor of Leah Dickstein, MD*

Sarah R. Early, PsyD

Jonathan Saul, CMHC

Kay O'Shea, MAC, CADC, CCTP

Pamela Rowland, PhD

Jessica Sellar

Tracy Zemansky, PhD

Anish John, MD

Lisa Clark, RN, MSN

Kathleen Boyd, MSW, LICSW

Blair Dowdle

UPCOMING MEETING OF INTEREST

International Conference on Physician Health™

October 13–15, 2022, Orlando, FL

www.ama-assn.org/practice-management/physician-health/international-conference-physician-health

THE CORNERSTONE OF PHPS IS CONFIDENTIALITY RESULTING IN EARLY ACCESS TO CARE



Debra Grossbaum, Esq

Incentive to Seek Help Prior to Impairment, the Hallmark of the Massachusetts Exception to Mandated Reporting, Is Further Strengthened with New Safe Haven Licensure Application Approach

Debra Grossbaum, Esq, General Counsel at Massachusetts Physician Health Services

In Massachusetts, there is a broad and comprehensive requirement for all healthcare providers (including not only physicians, but also social workers, psychologists, nurses, and others) to report to the Board of Registration in Medicine whenever they have a “reasonable basis to believe” that a physician in the state is in violation of any of the rules or regulations of the licensing board. Known as the “mandated reporting law,” this includes an obligation to report to the licensing board whenever a healthcare provider believes a physician may be impaired as a result of mental illness or substance use.

However, there is also an exception to this mandated reporting law for matters related to drugs and alcohol that allows for a referral to Physician Health Services in lieu of a report to the licensing board. This provides an important incentive to encourage physicians with active substance use disorders to obtain help and support for their illness before there are issues of patient safety. There are parameters to accessing this alternate route, in that it is limited to matters of drugs/alcohol (and does not include referral for impairment as a result of a mental illness) and certain conditions must be met. Specifically, there must be no violation of law or regulation, and the physician's involvement with drugs or alcohol must not involve an allegation of patient harm or any impairment occurring at the workplace or while the physician is on call. Then, the healthcare provider who has the “reasonable basis to believe” there is a reportable situation must obtain confirmation directly from PHS, within thirty days, that the physician is in compliance with the PHS program. While this is certainly helpful in encouraging referrals to PHS for substance use matters, PHS hopes to provide early support services to physicians for mental health challenges as well.

Fortunately, the Massachusetts Board of Registration in Medicine recently voted to add “Safe Haven” language to its medical license application. While the new application has not yet been published, PHS understands that language will be added that will allow those physicians who are compliant with PHS to answer “No” to questions on the licensing application that ask about health conditions that could impact the practice of medicine. This new language is an effort by the Massachusetts licensing board to remove obstacles and disincentives for physicians who may be struggling with any number of health-related challenges to obtain care. If their care is overseen and supported by PHS, and they remain compliant with the program, they need not fear that their health matters would require disclosure to the state licensing board upon licensure or renewal. PHS applauds the Massachusetts Board of Registration in Medicine on this development and safeguard for Massachusetts physicians.

https://www.massmed.org/Physician_Health_Services/Helping_Yourself_and_Others/Mandated_Reporting_-_Exceptions

Mandated Reporting:

Exception to Mandated Reporting: Exception to Mandatory Reports—MA PHS

Announcement from the Massachusetts Board of Registration in Medicine

Recognizing that physicians might be reluctant to disclose mental health and behavioral health conditions, or substance use disorders to their licensing board out of concern about the impact on their license, and further recognizing that such concerns may discourage physicians who are struggling with such health conditions from receiving needed care, the Massachusetts Board of Registration in Medicine has recently amended its license applications to include “Safe Haven” language. This initiative is similar to “Safe Haven” provisions in other state medical boards’ applications. Applicants and licensees renewing their license in Massachusetts will now be able to answer “no” to the Board’s application question regarding medical conditions impacting their practice of medicine as long as the physician/applicant’s condition is known to the Massachusetts Medical Society’s Physician Health Services program, and the applicant is compliant with all of the recommendations and requirements made by Physician Health Services. The Massachusetts Board of Registration in Medicine believes that this initiative will encourage physicians to seek help, thereby promoting both physician well-being and patient safety.

—Robert E. Harvey, Board Counsel ■

RHODE ISLAND MEDICAL SOCIETY

**Kathleen Boyd, MSW, LICSW,
Director, Physician Health
Program, Rhode Island
Medical Society**



**Kathleen Boyd, MSW,
LICSW**

Because we live in a small state that is fortunate to have many harbors, we like to think of the Rhode Island Medical Society’s Physician Health Program as a *safe harbor* for the healthcare practitioners we serve. We are a program of the Medical Society and, as such, are independent of the boards of licensure for our state. We receive no funding from these state entities but have sustained a collaborative relationship with the boards over several decades. We serve as a resource for the boards to refer healthcare practitioners when they determine there is a need for assessment and/or assistance. The majority of our referrals do not come from the licensing boards but rather from healthcare institutions, private medical groups, and the educational communities we serve—meaning that many of our participants are never known to the licensing entities. Every practitioner referred to our program is given a statement of our confidentiality policy to read and sign. The statement indicates the circumstances under which we would need to report them to their licensing boards. Institutions refer to us directly as a first course of action that can often avoid board involvement. In 2018, language on the application for an initial Rhode Island medical license and the renewal application was updated and no longer includes any specific questions related to diagnosis and/or treatment for psychiatric

Please accept my thanks for your kindness during the past two years. It has made a big difference to know that the Physician Health Committee was on my side. It provided a safe harbor of support and good advice for this whole time.

— Family Medicine Physician



**Rhode Island Medical Society
— Physician Health Program —
Confidential Support — Personalized Attention**

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Rhode Island Medical Society

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or substance use disorders. On the initial application for medical licensure, it asks if you have taken a leave of absence for medical reasons, and the renewal application states, “*Since your last renewal has your health deteriorated to the point where you have been told you are not fit to practice medicine?*”

While there is currently no official, legally sanctioned “Safe Haven” in Rhode Island, in the past, there has been a link on the Department of Health’s website that directs healthcare practitioners who are seeking assistance to our program. While the current understanding and collaboration are informal, we recognize that they do leave us susceptible to the winds of change since leadership of the various boards and the board members can alter over time. Such leadership changes could bring a change in perceptions and understanding of the work of the Physician Health Program. We are hopeful that we can continue to sustain our existing relationships and be proactive about our message when changes occur. ■

THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE PROMOTES PHYSICIAN WELLNESS AND REHABILITATION THROUGH USE OF THE MS PHYSICIAN HEALTH PROGRAM.

Anthony Cloy, MD

Initial application for a permanent license includes a Health Notice, which reads as follows:

The Board recognizes that licensees may suffer from potentially impairing health conditions, just like their patients, including psychiatric illnesses, physical illnesses which may impact cognition, and substance use disorders. The Board expects its licensees to properly address their health concerns in order to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice, when appropriate.

The Board encourages licensees to utilize the services of the Mississippi Physician Health Program, a confidential resource which provides advocacy for licensees who may suffer from potentially impairing illnesses (www.msphp.com).



J. Anthony Cloy, MD

The failure of a licensee to adequately address any health condition which may impair their ability to practice medicine with reasonable skill and safety to patients will likely result in the board taking action against the license to practice medicine.

The initial application does ask specific questions about arrests, DUIs, and current or former substance abuse. If an applicant has previously been treated for SUD, a completion letter from another state’s PHP is generally requested.

Renewal applications ask only if since last renewal there have been any investigations, sanctions, or legal issues including DUI.

All in all, our board is happy to leave monitoring and treatment recommendations to us unless there is evidence of patient harm or illegal activity. ■

TISSUE CORNER

FSPHP DILUTE TOXICOLOGY

**Christopher J. Hamilton, PhD,
MPA, and Lori Govar, MSW, MBA**

Uprise Health recently examined their eleven years of toxicology data (66,644 toxicology specimens among 1,185 participants) with a close review of invalid and dilute toxicology results. The results were analyzed to determine if invalid or dilute toxicology samples were predictors for future participant non-negative toxicology.

The combined 1,185 participants are across four monitoring programs operated by Uprise Health and included 930 participants from Oregon’s Health Professionals’ Services Program, 170 participants from the Delaware Professionals’ Health Monitoring Program, 56 monitoring participants from an East Coast health system, and 29 participants from monitoring programs for other professionals.

Despite an increase of invalid results over the past several years, further examination tied the increase in invalid results to a faulty reagent component in the ethyl glucuronide (EtG) assay, which was resolved by assay reformulation. Analysis found that invalid toxicology was not a predictor for subsequent non-negative toxicology.



**Christopher Hamilton,
PhD, MPA**



Lori Govar, MSW, MBA

An association was found when dilute toxicology was examined by comparing participants with dilute toxicology tests against participants without dilute toxicology tests. Of participants without dilute tests, 25.32% of these participants had non-negative toxicology. Of the participants with dilute toxicology tests, 41.37% had subsequent non-negative toxicology. A chi-square test of independence showed that there was a significant association between participants with positive toxicology following a dilute sample, $\chi^2(1, N = 1185) = 29.583, p < .001$. In summary, participants with a dilute test are 60% more likely to have subsequent non-negative toxicology than participants without a dilute test.

These findings have been used to update program guidelines, specifying additional testing and other requirements, such as medical evaluation, for participants who produce dilute samples. The goal of these changes is to reduce future non-negative toxicology by promoting recovery. Further, these changes will act to close the opportunities that might promote specimen adulteration, thereby maintaining the intended deterrent effect of frequent random toxicology testing. ■

UPDATES FROM AROUND THE UNITED STATES

IBH MONITORING IS NOW UPRISE HEALTH

Kate Manelis

The Oregon's Health Professionals' Services Program (HPSP) and the Delaware Professionals' Health Monitoring Program (DPHMP) have been provided by the same company since their inceptions; HPSP in 2010 and DPHMP in 2013. That company, Reliant Behavioral Health, which was acquired by Integrated Behavioral Health (IBH Monitoring) in 2013, is now Uprise Health. Uprise Health is proud to be a leader in the behavioral health field. We use clinically validated technology and appropriate, timely, and coordinated care to transform mental health for our customers, members, and ourselves.



Kate Manelis

Staff News

In November 2021, we bid farewell to Scott McBeth, PhD, who was the Monitoring Policy Manager for HPSP

and DPHMP. Dr. McBeth was able to return to his true passion in academia, working with nursing students at Linfield College in McMinnville, Oregon. We are grateful for his dedication to our programs over the years.

We were pleased to welcome a new Agreement Monitor, Jim Dostert, MA, CADC I, QMHP, to HPSP in December 2021. Prior to joining the monitoring team, Jim gained valuable experience as a PSRB and SPMI clinician. During that time, Jim worked with individuals who were affected by mental health and/or substance use disorders. These experiences allowed him to grow and gain knowledge working with co-occurring disorders. He currently holds a Master of Science in Addictions from Grand Canyon University and QMHP and CADC I certifications. Jim enjoys spending free time with his family, working on cars, and looking for new things to experience in life. ■

NEW LEADERSHIP FOR TENNESSEE PHP BOARD



Timothy P. Davis, MD



Keith Gray, MD, MBA, FACS



Michael R. Miller, DO



Clay Runnels, MD



Natascha Stone Thompson, MD, FACP



John Woods, MD

The TMF is pleased to announce new officers and three new members for its Board of Directors.

Michael R. Miller, DO, has moved into the president's post on the TMF Board, succeeding Timothy P. Davis, MD, who served three years as president and now moves into an ex-officio position as past-president.

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New Leadership for Tennessee PHP Board

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Dr. Miller is a TMF-PHP graduate who has served on the board since October 2015. A primary care physician for over thirty years, Dr. Miller focuses on family medicine and serves in an administrative role with Saint Thomas Medical Partners in Nashville, Tennessee. Dr. Davis, a pediatrician with Galen Medical Group in Chattanooga, Tennessee, is also a TMF alumnus who has served on the board since 2011.

The new board vice president is Clay Runnels, MD, who serves as chief physician executive for Ballad Health in Johnson City, Tennessee. An emergency medicine specialist, Dr. Runnels said that over his clinical and administrative career, he has seen the positive impact the TMF has had on the health and well-being of his colleagues and medical staff members. He has been a board member since 2016.

Among the new TMF board members is Keith Gray, MD, MBA, FACS, a surgical oncologist and chief medical officer at the University of Tennessee Medical Center in Knoxville, Tennessee. Dr. Gray has worked closely with the TMF to ensure the health and wellness of the medical team at UTMCK.

Natascha Stone Thompson, MD, FACP, is a medicine-pediatrics specialist serving as associate dean for Graduate Medical Education at the University of Tennessee Health Science Center in Memphis, Tennessee. She is credited with growing the UTHSC Med-Peds program to the second-largest in the country and providing mentorship to a large number of medical trainees, which includes working with the TMF when a resident or fellow is struggling.

John Woods, MD, of Jackson, Tennessee, is assistant medical director for Cumberland Heights, an addiction treatment center with locations across the state. Originally trained in internal medicine, Dr. Woods found his passion in the field of addiction medicine after his own personal experience with recovery and with the TMF.

"We are so very happy to have such wonderful board leadership, including these three new members. We have worked with them for years in caring for our participants and referrals and are now proud to have their expertise to draw from in guiding our foundation and our mission," said TMF Executive Director Jennifer Rainwater.

"Each physician named here has demonstrated a passion about physician health in their respective full-time positions and they bring that energy to the TMF

Board," added Medical Director Dr. Michael Baron. "Our TMF BOD is now represented by top-notch physicians in leadership roles from across Tennessee. It is a pleasure to have this support, collaboration, guidance, and management in place helping to take the TMF to the next level." ■

THE CALIFORNIA STORY 2022

Jim Conway



Jim Conway

In the PHP world, California occupies a unique place. Starting in the early 1980s, it was a pioneer program directly operated by the Medical Board of California (MBC). From its inception until its closure in 2008, the California program dealt with relentless attacks relying on (1) hoax victims, (2) cooperation of the press and media, and (3) dark politics. These attacks originated from Naderists (those who claim to promote consumer interests against dangerous goods) and regrettably led to the program's demise. Following the closure, others took up the cause to provide early intervention and monitoring (Pacific Assistance Group) and community education (California Patient Protection and Physician Health) alongside the California Medical Association (CMA) and stalwart voices like Greg Skipper, MD, and Mikel Sucher, MD. They were able to introduce legislation (Senate Bill 1177) in 2016. Yet here we are in 2022, and there still is not a board-endorsed and -supported PHP.

This year, 2022, is quite a year around the issue of patient safety. The Naderists along with other attorney groups are campaigning to increase their payout for medical malpractice cases. Their campaign relies on demonizing physicians. They have support of the press to the degree that the *LA Times* continues a series about bad doctors not being punished nearly enough. They label any support of physician assistance as part of a "pernicious cartel." Examining the sources, one can easily deduce this as merely a run-up to a vote in November 2022 that would quadruple the attorney payout for malpractice cases. Efforts to establish a PHP will encounter an arsenal of opposition.

Progress around reestablishing a PHP is glacial at best. Today, the proposal is in review by the Department of Consumer Affairs (DCA), which is over all healthcare licensing boards. The DCA started their review in 2019 and has not yet sent it to the MBC. Part of that review will include dealing with

the demand that any such program be under the Uniform Standards Act (Act) (Senate Bill 1441). The Act was the product of dark politics. Ralph Nader, in his contempt for legislators, focused on influencing legislative consultants and staff. In California, the Senate Standing Committee on Business & Professions and Economic Development is most powerful in matters relating to health professionals. By making committee consultants “white envelope” unregistered lobbyists, SB-1441 created a criminalized approach for any potential PHP. Language like “major and minor violations” applied to participants creates a barrier to early entry to peer assistance. Delay then adds to risk.

The Physician Health and Wellness program will be on the quarterly agendas of the MBC. Interested parties can watch it live. We can expect the patient safety trojan horses to hold forth. ■

UPDATE FROM MISSISSIPPI PHYSICIAN HEALTH PROGRAM

Mississippi has had several new staff and former staff who have changed their roles with the PHP that we would like introduce and recognize.

J. Anthony Cloy, MD, Medical Director

J. Anthony Cloy, MD, earned his medical degree from the University of Mississippi School of Medicine in 1991 and completed a Family Medicine residency there in 1994. After seven years of traditional practice, he returned as faculty in the Family Medicine Department at University of Mississippi Medical Center (UMMC) in 2001, where he rose to the rank of Associate Professor. While at UMMC, he participated in the organization’s Opioid Task Force and Controlled Substance education series. Dr. Cloy is a diplomate of the American Board of Family Medicine and is a member of AAFP, STFM, AMA, and ASAM. He is past-president and secretary of the Mississippi Society of Addiction Medicine and has served on the planning committee for the Mississippi Addictions Conference. As a member of the Mississippi Physician Health Committee, he served as chair prior to his appointment as Mississippi Physician Health Program Medical Director in 2021.



J. Anthony Cloy, MD

Kristin A. Powell, LCSW, Associate Director

Kristin A. Powell, LCSW, is a graduate of the University of Southern Mississippi School of Social Work and of Mississippi State University. She worked for ten years in the Mental Health field and helped provide services to adults with intellectual/developmental disabilities. Kristin also has experience working with children diagnosed with developmental disabilities. In June 2018, she joined the Mississippi Physician Health Program as Clinical Case Manager.



Kristin A. Powell, LCSW

Katty Neely, LMSW, Case Manager

Katty Neely graduated with a bachelor’s degree in Social Work from Mississippi College and a master’s degree in Social Work from the University of Alabama. Katty previously worked in residential therapeutic foster care and at the Mississippi Department of Transportation. She joined the Mississippi Physician Health Program as a Case Manager in June 2020.



Katty Neely, LMSW

Amanda Henderson, LMSW, Case Manager

Amanda Henderson received a Bachelor of Social Work degree from Mississippi State University in 2016 and a Master of Social Work degree from the University of Southern Mississippi in 2018. Prior to working with MPHP, Amanda worked as a medical social worker in an acute care hospital and a long-term-care facility. Amanda joined the MPHP team in October 2021.



Amanda Henderson,
LMSW

Ashlee J. Powell, Executive Office Manager

Ashlee graduated from Terry High School. She earned her Bachelor of Science degree in Psychology at Jackson State University. She worked at University of Mississippi Medical Center as a medical office assistant for over four years. In February 2022, she joined Mississippi Physician Health Program. ■



Ashlee J. Powell

FSPHP JOINS THE LORNA BREEN FOUNDATION IN COMMEMORATING THE PASSAGE OF THE LORNA BREEN ACT

www.fsphp.org/fsphp-supports-the-dr--lorna-breen-health-care-provider-protection-act

On Friday, March 18, 2022, President Biden signed into law the Dr. Lorna Breen Health Care Provider Protection Act, which received bipartisan support. This Act increases access to mental health care for healthcare providers and provides financial resources and other avenues of support aimed at addressing the stigma of physician mental health. It is a validation of the work you and FSPHP have been doing for over thirty years.

Dr. Lorna Breen died by suicide on April 26, 2020. In a period of three weeks, Dr. Breen treated COVID-19 patients, contracted COVID-19 herself, and then returned to an emergency department overwhelmed with patients sick with COVID-19. She was terrified of the stigma of having depression. She was afraid she would lose her hospital privileges and her medical license. She did not know that her state PHP was available to help and that she could receive help, confidentially, without adverse professional consequences.

Dr. Breen's sister and brother-in-law started the Dr. Lorna Breen Foundation to combat stigma and decrease barriers to help-seeking for physicians and other health professionals in distress. FSPHP has been fortunate to work closely with the Breen family to increase awareness about PHPs in their ongoing advocacy work and to support this important legislation. We hope you will join us in marking this important milestone to support physician well-being.

www.congress.gov/congressional-report/117th-congress/house-report/213/1?overview=closed

FSPHP signed on to support the Lorna Breen Foundation and this legislation:

<https://foreignaffairs.co.nz/2022/03/19/mil-osi-usa-president-biden-signs-into-law-the-bipartisan-dr-lorna-breen-health-care-provider-protection-act-co-led-by-congressman-krishnamoorthi>

Christopher Bundy, MD, MPH (he/him)
President | Federation of State Physician Health Programs
Executive Medical Director | Washington Physicians Health Program

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 Linda Bresnahan at lbresnahan@fsphp.org. Be sure to include event name, date, location, description, contact information, and a link for more information and to register online.

ARE YOU HIRING OR LOOKING FOR A NEW OPPORTUNITY!

Visit the [FSPHP Jobs Center page](#) to see the latest available job postings from FSPHP members.

If you are a member of the FSPHP and would like to post an open position on the FSPHP Jobs web page, email Linda Bresnahan at lbresnahan@fsphp.org with a complete job description, including the title of the position, the name of your PHP, and contact information.

**Now
Hiring!**

THE VALUE OF MEMBERSHIP!

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

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

Our membership and our network are growing. FSPHP membership has never been larger, with approximately 270 active FSPHP members:

- 47 State Voting
- 146 Associates
- 18 International
- 15 Individuals
- 11 Industry Partner Individuals
- 5 Organizational
- 4 Honorary

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

Physician Health News Marketplace

Special thanks to all of the participating organizations!

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Alcohol Biomarkers

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PEth DBS



Indicates high alcohol consumption within an average of 3 weeks of collection

Urine



Indicates alcohol consumption within an average of 3 days of collection



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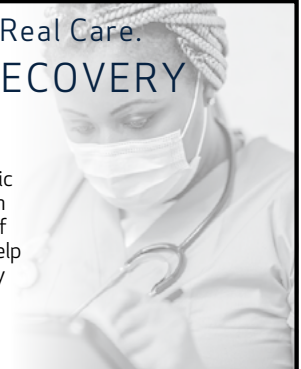
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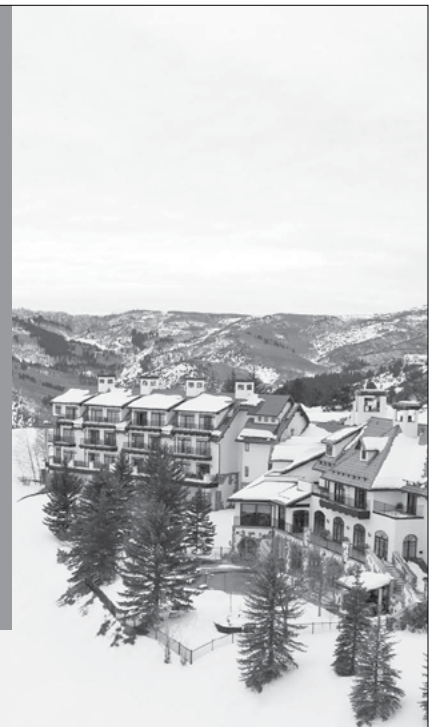
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PHYSICIAN SUICIDE PREVENTION: LISTENING TO THE VOICES OF EXPERIENCE

About the Virtual Session

There is rising national attention concerning physician suicide. Much of the dialogue is centered on barriers to care for physicians as well as the overall level of stress from COVID-19 superimposed on already high rates of burnout and moral injury. This program is designed to share resources and support and recognize the importance of our ability to be there for each other.

This is a call to action to inspire and educate!

This is a complimentary two-hour, on-demand education program brought to you by the FSPHP, in collaboration with AFSP.

Register at the following link to obtain access. For those seeking CME, there is a \$50.00 fee. www.fsphp.org/physician-suicide-prevention.

National Alliance on Mental Illness Resources for Health Care Professionals
www.nami.org/Your-Journey/Frontline-Professionals/Health-Care-Professionals



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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.

CALL FOR CONTENT/ NEWSLETTER SUBMISSIONS

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

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

Please send submissions by email to lbresnahan@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 Spring issue: January 30, 2023

Deadline for the Fall issue: August 31, 2022

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](#).

Ways to support the mission of the FSPHP:

- Join Our Mailing List
https://fsphp.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2030696
- Regional Member Meeting Sponsorship
www.fsphp.org/regional-meeting-sponsor
- FSPHP Newsletter Advertisements
www.fsphp.org/newsletter-advertisement
- FSPHP 2021 Virtual Education Conference Exhibitor/Sponsorship Opportunities
www.fsphp.org/2021-exhibitor-information
- 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

- E-list Instructions
- E-list Guidelines
- New Member Guidebook
- Committee Portal Toolkit

We hope you enjoy the 2022 Spring Issue of the *Physician Health News*.