PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs

Welcome to the 29th edition, Volume 2 of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

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, MS
Executive Director
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

December/Winter 2022 Physician Health News *President's Message*

Scott Hambleton, MD, DFASAM

Scott Hambleton, MD, DFASAM

It is apparent to me that individual state PHPs and the Federation will emerge from the COVID-19 pandemic weathered but stronger than ever and this is great news! Considering the horrific impact of the virus, finding any silver lining is a delightful surprise. With that in

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President's Message

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mind, I would like to talk about some of these silver linings and why I am excited about our future.

Mark Twain popularized the saying, "There are three kinds of lies: lies, damned lies, and statistics." And now, in the age of COVID, the saying is more apropos than ever. Americans have become even more skeptical about the validity of medical science, and medical advice, and often do not know what or whom to believe. The lasting impact of medical misinformation (defined as information or claims that are false, inaccurate, or misleading) and spreading disinformation (defined as intentionally spreading misinformation to serve a malicious purpose, such as financial or political advantage) will be difficult to quantify. However, most agree that the public trust in medical science and healthcare providers has eroded. The Association of American Medical Colleges (AAMC) describes this as a crisis in credibility, and the forces and factors behind distrust include "a public overwhelmed by too much information, growing polarization, disinformation campaigns by domestic or foreign corporations and governments, a media environment that rewards outrage and outlandishness, and the increasingly public nature of scientific research."[1]

The impact of medical misinformation and disinformation is exacerbated by other COVID-related factors such as the Great Resignation, which resulted in millions of Americans quitting their jobs. The U.S. healthcare workforce, representing one in nine American jobs, was disproportionally affected, according to the U.S. Bureau of Labor Statistics.[2] A 2021 *Mayo Clinic Proceedings* article based on a survey of over 20,000 healthcare providers reported that one in five physicians and two in five nurses intended to leave their fields of practice altogether.[3] The AAMC projects a national shortage of up to 124,000 physicians by 2033, and more than 200,000 nurses will need to be hired each year to meet increased demand and to replace retiring nurses.[1,2] Not surprisingly, there are also critical shortages of allied health and behavioral health professionals.

The incredible success of FSPHP and individual state PHPs in helping to protect the U.S. healthcare workforce represents a stark contrast to the chronic disease management of most Americans with potentially impairing illnesses such as addiction. Last year we witnessed the accidental overdose deaths of over 100,000 Americans, representing the highest number of deaths in a single year in our nation's history. Solutions are needed, and the chronic disease management processes perfected by PHPs show that long-term recovery from addiction is not only possible but also can be expected. Physician participants with addictive disorders monitored by PHPs have achieved long-term recovery rates that approach 80 percent at 5 years,[4–8] and this should be a cause for celebration!

Ironically, despite our role in protecting the healthcare workforce for several decades, the Federation and individual state PHPs have consistently battled misinformation and disinformation. Whereas PHPs have confidentiality limitations, the criticism is one-sided. Perhaps more commonly, the amazing services provided by PHPs are simply not widely known.

We have witnessed the incredibly successful efforts of Jennifer Breen Feist and Corey Feist, cofounders of Dr. Lorna Breen Heroes' Foundation, which has resulted in a national focus on the needs of physicians and other healthcare professionals for confidential, non-stigmatized mental health care. The tragic death of their sister, Dr. Lorna Breen, by suicide powerfully illustrated the impact of stigma perceived by many healthcare professionals associated with seeking mental health care, which results in their suffering in silence. These efforts have reinforced the urgency to promote awareness of PHP services, which is one of our strategic goals as a Federation—to establish the Federation and PHP model as the unequivocal leader in the field. An example is the Research Committee's upcoming survey to PHPs regarding the PHP model, scope of services, and educational and support services being offered to health professionals. Ultimately, the results of the survey will be disseminated nationally. The Public Policy Committee is extremely busy compiling an ever-increasing compendium of physician health-related literature on our website, www.fsphp.org.

Another idea being discussed is the Publication Committee's eventual creation of a video for national distribution entitled *Promoting Resilience and Mental Health Among Healthcare Professional Workforce*. We are also in the process of developing and showcasing personal success stories of PHP participants whose lives and careers have been saved by PHPs. There are many other examples, and I will expound on these in future messages.

We are acutely aware of the need to propagate trust in our programs through effective educational outreach and the dissemination of accurate information about our services. This process of weathering storms of misinformation and disinformation has taught us that we must effectively differentiate our services, and perhaps, more important, we are learning that we need to keep our own houses in order. We have matured,

organizationally, and the Federation is providing a way for all of us to examine our own houses, in every program, recognizing that we must reduce or eliminate unsustainable practice variation among our individual state PHPs, recognizing when practice variation is a liability.

The *2016 FSPHP Performance Enhancement Review Guidelines* were created to optimize the efficacy and credibility of every PHP, and the publication of our 2019 *FSPHP Guidelines* furthered this process. Later this year, after a successful multiyear partnership with Metacred, the Federation will launch the Performance Enhancement and Effectiveness Review (PEER)™ for beta testing. After that, the FSPHP Evaluation and Treatment Accreditation (ETA)™ will launch. These efforts represent thousands of hours of time, freely donated by our members and other stakeholders, representing a diverse and robust consensus of nationally and internationally respected experts in the field. PEER™ will serve as an objective performance measure that will showcase PHP services, ETA will serve as an objective performance measure of our treatment providers, and all PHPs and PHP participants will benefit.

The tide appears to be turning, and the Federation's partnerships with national organizations are reaching new highs. For example, in June of this year, the AMA House of Delegates unanimously voted to reinsert language into the Code of Medical Ethics that referenced physician health programs.[9] This experience illustrated the critical necessity of individual state PHPs working closely and developing strong relationships with their respective state medical societies. This reversal could not have occurred without the successful efforts of our supporters representing the State Medical Societies in Pennsylvania, New York, Washington State, and others, culminating in powerful testimony during the AMA November 2021 Special Meeting in which the House of Delegates unanimously voted to ask the Council of Ethical and Judicial Affairs to consider specific amendments that referenced physician health programs. I want to acknowledge the efforts of our Executive Director, Linda Bresnahan, and our FSPHP AMA Observer, Dr. Chris Bundy, who both played a critical role in this complex process. In particular, the compelling testimony provided by Dr. Bundy at the AMA November 2021 Special Meeting was an inspiring contribution to this historic reversal. The fact that this occurred during the middle of a pandemic makes the victory even sweeter!

The efforts of our incredibly productive committees, combined with the guidance of our Board of Directors, Presidents, and committee chairs, are enhanced by our diverse and ever-growing family of members, volunteers, and partners. Additionally, we are blessed to have our Executive Director, Linda Bresnahan, whose energy, dedication, talent, and spirit are indomitable. Working with all of you has been the highlight of my career, and one of my primary goals as your incoming President will be to help the Federation battle misinformation and disinformation. I believe that our success will be contingent on our ability to execute our strategic goals, which are focused on three areas: (1) Research, Education, and Policy Development; (2) Accountability, Consistency, and Excellence; and (3) Organizational Management and Member Services. Ultimately, every decision we make will prioritize the creation and enhancement of benefits for our members.

We are living in exciting times, and despite the forces of misinformation and disinformation, we are amid a rising tide that will lift all boats!

References

1. Association of American Medical Colleges. Why do so many Americans distrust science? Available at: https://www.aamc.org/news-insights/why-do-so-many-americans-distrust-science. Accessed July 1, 2022.

2. American Hospital Association. Fact sheet: strengthening the health care workforce. Nov 2021. Available at: https://www.aha.org/system/files/media/file/2021/11/strengthening-the-health-care-workforce-II.pdf. Accessed July 1, 2022.

3. Sinsky CA, Brown RL, Stillman MJ, Linzer M. COVID-related stress and work intentions in a sample of US health care workers. *Mayo Clinic Proceedings*. 2021; 5(6): 1165–1173. doi: DOI:https://doi.org/10.1016/j.mayocpiqo.2021.08.007.

4. DuPont RL, McLellan AT, Carr G, Gendel M, Skipper GE. How are addicted physicians treated? A national survey of physician health programs. *J Subst Abuse Treat*. 37(1); July 2009: 1–7.

5. McLellan AT, Skipper GE, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ* 337; Nov 2008: 1–6.

6. Domino KB, Hornbein TF, Polissar NL, Renner G, Johnson J, Alberti S, Hankes L. Risk factors for relapse in health care professionals with substance use disorders. *JAMA* 293(12); March 2005: 1453–60.

7. Earley P. Physicians health programs and addiction among physicians. In *American Society of Addiction Medicine, Principles of Addiction Medicine* 5th Edition, Chapter 49; Edited by S Miller, D Fiellin, R Rosenthal, R Saitz, 671–92. Philadelphia: Wolters Kluwer, 2019.

8. Carr GD, Hall PB, Finlayson AR, DuPont RL. Physician health programs: the US model. In *Physician Mental Health and Well-Being*, 265–94: Springer, 2017.

9. American Medical Association. Report of the Council on Ethical and Judicial Affairs. Amendment to E-9.3.2, Physician Responsibilities to Colleagues with Illness Disability or Impairment. CEJA Report 3-A-22. ■

EXECUTIVE DIRECTOR'S MESSAGE

Linda Bresnahan, MS

Linda Bresnahan, MS

I hope you are all doing well and enjoying the fall. I look forward to providing you with some highlights of FSPHP activity to keep you abreast of information that we feel is helpful to you. Thank you for all you do for healthcare professionals in your state PHPs!

PHPs in the News

- ***How Doctors with Addiction Heal and Return to Practice —*** One of the more exciting developments to highlight is a recent article in Medscape, which we shared with you all. It is on our "Featured Articles & Podcasts about PHPs Page." The journalist who authored the article, Andrea Goto, reached out to FSPHP with an admirable goal to show physicians a way to recover by example. Her intentions were genuinely good ones. Please be sure to review it, share it on your website and social media, and consider ways you can feature and create stories like this for your stakeholder community. It is a great example of raising awareness and helping those in need understand the PHP resources that are available to them.
- Other Featured Articles: "Physician Health Programs: Changing the Culture of Medicine," https://www.mplassociation.org/Web/Publications/Inside_Medical_Liability/Issues/2022/Q2/articles/Physician_Health_Programs-Changing_the_Culture_of_Medicine.aspx
- "When healers need help: Recovery programs for health care workers offer specialized care."

FSPHP Membership Is GROWING!

- **As of November 2022, FSPHP Has 286 Members**
  - 47 State PHP Members and 165 Associate Members affiliated with their State PHP!
  - 74 Individual, Industry Partner Individual, International, Organization, and Honorary Members
    - » 4 States do not have State PHP membership: California, Maine, Nebraska, and Wisconsin.
    - » California, Nebraska, and Wisconsin have individual members and are working to develop PHPs!
    - » More dentists and lawyers affiliated with health assistance programs for their professions are joining FSPHP!

FSPHP's Performance Enhancement and Effectiveness Reviews (PEER)™ and Evaluation and Treatment Accreditation (ETA)™

- PEER™ Criteria and Metrics and ETA™ Standards have been published for purchase: www.fsphp.org/fsphp-guidelines--policies--position-statements
- Here is what is next in early 2023
  - Subject Matter Expert Applications
  - Pilot Applications for PHPs and Treatment Centers
  - Policy and Procedures for the Process
- National Organizations That Support PEER™ and ETA™
  - Coverys—Medical Liability Insurance Company
  - American Board of Medical Specialties (ABMS)
  - American College of Physicians (ACP)
  - American Medical Association (AMA)
  - American Psychiatric Association (APA)
  - Accreditation Council for Graduate Medical Education (ACGME)
  - Federation of State Medical Boards Foundation (FSMB Foundation)
  - American Osteopathic Association

FSPHP Rally By Region Donation Campaign

- There is still time to donate to help us raise **$50,000** this year: https://www.fsphp.org/donate. The FSPHP leadership, inspired by the FSPHP Fund Development Committee, is launching an FSPHP RALLY BY REGION.

  The goal is to rally together and raise $50,000! Each region is encouraged to independently raise $3,000 both from members and nonmembers between **July 1–December 31, 2022**.

  Your donations will ensure that FSPHP remains the trusted national voice for addressing issues that affect physician health and patient safety. In addition, your contributions will allow FSPHP to continue implementing new initiatives, uphold an environment of subject matter experts, facilitate sharing and networking, and establish best practices to assist PHPs in their quest to protect the public.

  FSPHP will acknowledge your region when you reach the $3,000 goal. Let the fun begin! Click here to donate!

  To those who donated already in 2022, we thank you wholeheartedly for your invaluable support!

Outreach and Education about PHPs

- AMA—State Medical Society, CEO Meeting. FSPHP Past President Dr. Bundy and I will present about opportunities for emerging Physician Well-Being Programs to work with Physician Health Programs.
- Coalition for Physician Well-Being
  - The Power of Partnership: Collaborating with Physician Health Programs to Support Physician Well-Being, Dr. Chris Bundy and Linda Bresnahan, MS.
- ADA—The American Dental Association is sponsoring up to eleven health professional ambassadors who are invested in Dental Health Programs to learn from PHPs and FSPHP.
- IDAA (International Doctors in Alcoholics Anonymous) and FSPHP are having conversations about ways to help spread the word about the support available through IDAA to PHP participants and their families! www.idaa.org
- AMA and FSPHP—This past October, the FSPHP Board of Directors welcomed Daniel Blaney-Koen, Esq, AMA Chief Advocacy Officer, to discuss ways FSPHP can support AMA's Initiatives That Impact Physician Well-Being.

  Topics discussed were plans for the AMA to update its Model Legislation, https://www.fsphp.org/assets/docs/ama_physicians_health_programs_act_-_2016.pdf, and the ARC ISSUE Brief, https://www.ama-assn.org/system/files/issue-brief-physician-health-wellness.pdf. Other areas of mutual interest include the AMA recovery plan: https://www.ama-assn.org/practice-management/physician-health/ama-advocates-support-physician-mental-health-needs and the AMA's plans to do the following:

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Federation of State Physician Health Programs

Executive Director's Message

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  - Enact state legislation that provides for safe haven reporting systems and wellness programs for physicians, medical students, and other healthcare professionals to seek care for burnout and other stressors as well as mental health issues. Medical societies should consider implementing and/or supporting these programs.
  - Review state Physician Health Program (PHP) laws and policies to ensure they provide strong confidentiality protections for physicians seeking care.
  - Address legally questionable and stigmatizing medical board licensing questions, credentialing applications, liability insurance applications, and questions related to gaps in practice, such as a recent question that asked for explanations about gaps in employment for more than one month.

- FSMB and FSPHP continue to further conversations about licensure question reform and to discuss plans for our Joint Session on May 6, 2023, in Minneapolis!
- Academic Surgical Congress—Dr. Bundy has been invited to participate on a panel February 7–9, 2023 with Corey Feist, Dr. Christine Moutier, Dr. Colin West, and Dr. Sunil Geevargheese.
- National Health Plan Released October 3, 2022; Dr. Hengerer, FSPHP Board Member, Attends NAM: https://nap.nationalacademies.org/catalog/26744/national-plan-for-health-workforce-well-being
- American College of Occupational and Environmental Medicine Presentation workshop in development with Dr. Paul Early and Dr. Chris Bundy.
- SUBMIT an ABSTRACT! Help elevate awareness of PHPs to Chief Wellness Officers and those invested in health professional well-being. Submit an abstract at the American Conference on Physician Health, October 11–13, 2023, Desert Springs, CA: https://www.physician-wellbeing-conference.org/#:~:text=October%2011%2D13%2C%202023%20%2D,to%20improve%20physician%20well%2Dbeing.

FSPHP Board of Directors and Committee Initiatives

Public Policy Committee: Updates to several documents can be found here: https://www.fsphp.org/fsphp-guidelines--policies--position-statements.

- Physician Illness, Disability, and Impairment: Differentiation and Responsibility
- Safety Considerations for Medication Treatment of Opioid Use Disorders in Monitored Health Professionals
- Working toward a portal for members of Sample PHP Policies and Monitoring Agreements shared by our members

Fund Development Committee

- Rally by Region!
- Seeking funding via All In for Healthcare and Professional Liability Organizations

Public Policy Committee

- The member portal provides access to the recently updated Physician Illness and Impairment Position Statement: https://www.fsphp.org/fsphp-guidelines--policies--position-statements.

Publication Committee

- Website/Newsletter and FSPHP—PHP Video for Visibility

Research Committee

- PHP National Survey Coming Soon. Responding to this survey will benefit all PHPs because results will be de-identified and share how to define the landscape of PHPs in 2023!
- Developing a 2023 Research Presentation for the annual meeting

Important Dates to Save

- FSPHP Board
  December 14, 2023
- FSPHP Board
  January 18, 2023
- Member Information Session
  February 9–12, 2023, 1:30 p.m. EST
- FSPHP Board
  March 8, 2023
- FSPHP Board and Committee Chairs
  April 12, 2023
- New Member Meeting
  Virtual, April 10, 2023, 11:00 a.m. EST

- 2023 FSPHP Annual Meeting
  May 2–6, 2023
- AAAP
  December 8–11, 2022
- ACGME 2023
  Nashville, February 23–26, 2023
- ASAM
  April 13–16, 2023, Maryland
- American Conference on Physician Health
  October 11–13, 2023, Desert Springs, CA:
  https://www.physician-wellbeing-conference.org/#:~:text=October%2011%2D13%2C%202023%20%2D,to%20improve%20physician%20well%2Dbeing.

Thank You to Dr. Alexis Polles

Alexis Polles, MD

Dr. Polles served on the FSPHP Board of Directors and led the FSPHP Public Policy Committee for several years. Her dedication and leadership have been instrumental in developing and updating FSPHP policies. In addition, she has been vice chair to the FSPHP PEER™ Committee, inclusively and ably leading the development of the first of its kind review process for PHPs.

Thank you to so many members who dedicate their time serving on committees and on our board. Thank you for allowing me to serve as your Executive Director. I am grateful for the opportunity to work with each one of you. And most important, thank you to all of you for all you do to support the health and well-being of healthcare professionals. Your work makes a difference, restores physicians' careers, and improves their lives.

Best to you all,
Linda Bresnahan ■

CALL FOR NOMINATIONS FOR FSPHP BOARD OF DIRECTORS FOR 2023–2025 TERM

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

For many 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.

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

We look forward to your interest in serving the FSPHP!

The FSPHP Nominating Committee is seeking candidates interested in openings in leadership on the Board of Directors. The Nominating Committee is tasked with distributing its recommendations for positions by ballot in February 2023. The following Board of Director positions have reached their two-year term and will be on the ballot for the 2023–2025 term:

- Secretary
- Treasurer
- Central Region Director
- Northeast Region Director
- Southeast Region Director
- Western Region Director

All current members of the board in these positions are eligible to be candidates on the ballot for another term. https://www.fsphp.org/call-for-nominations ■

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Spring 2022 issue was published. Please join us in welcoming our new members!

State Voting Members

Emily Doyle, MD, Medical Director, Texas PHP

Mary Jo Fleming, PhD, Acting Program Director, Kansas Medical Society

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

Margaret Kroen, LCSW-C, Program Director, MedChi

Associate Members

Eva Brookie, MS, CRC, LMHCA, Clinical Coordinator, Washington Physicians Health Program

Megan Curry, Clinician, Colorado Physician Health Program

Molly Dagon, MSW, LCSW, Case Manager, Indiana State Medical Association—Physician Assistance Program

Melissa Devonshire, Case Manager, Pennsylvania Physician Health Program

Balir Dowdle, Toxicology and Scheduling Coordinator, Kentucky Physicians Health Foundation

Mark Goldberg, MD, Florida Professionals Resource Network

Angela Grittman, Case Manager, Kansas Medical Society

Michele Hagan, LCSW, Clinical Coordinator, Physician Health Services/Massachusetts Medical Society

Jenny Hong, Quality and Compliance Assistant, Washington Physicians Health Program

Nancy Hooper, DPh, Case Manager, Tennessee Medical Foundation

Jennifer Jackson-Harr, MSW, LCSW, Program Coordinator, Indiana State Medical Association Physician Assistance Program

Anne Kelley, MSW, LISW, Case Manager, Ohio Physician Health Program

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

Mariella LaRosa, JD, Chief Executive Officer, Health Assistance Intervention Education Network

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

Leah Nelson, MD, Medical Director, New Mexico Health Professional Wellness Program

Maria Piacentino, MA, LPC-MH, LAC, QMHP, Partner, South Dakota Physician Well-Being Program (PWP)

Kellie Reilly, Quality and Compliance Manager, Washington Physician Health Program

Kayla Ritchie, LMHCA, WPHP, Clinical Coordinator, Washington Physician Health Program

Sara Sargo, MD, Executive Assistant, West Virginia Medical Professional Health Program

Jose Silveria, MD, FRCPC, Associate Medical Director, Ontario Medical Association Physician Health Program

Andy Sullivan, MD, President, Oklahoma Health Professional Program

Rita Towers, MSW, LCSW, Clinical Associate, Rhode Island Medical Society Physician Health Program

Dorothy van Oppen, MD, Case Mgmt. Committee Member/Addiction Medicine Fellow-Psychiatrist, West Virginia Medical Professionals Health Program

Rebecca Villarreal, Administrative Assistant, Washington Physicians Health Program

Erika Voris, MA, MHP, SUDP, Clinical Coordinator, Washington Physicians Health Program

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

Christy Weihe, Alabama Physician Health Program

Kaitlyn Wilson, BA, Program Coordinator, Alabama Physician Health Program

Individual Members

John Lesko, JD, CAP, Outreach & Interventions, Florida Lawyers Assistance, Inc.

Virginia Matthews, RN, BSN, MBA, Program Director, Maximus

Jill O'Neill, BS, Executive Director, New Hampshire Lawyers Assistance Program

Molly Ranns, MA, LPC, CAADC, Director, State Bar of Michigan, Lawyers, and Judges Assistance Program

Industry Partner Individual Members

Leah Claire Bennett, PhD, Director of Clinical Operations, Pine Grove Behavioral Health & Addiction Services

Lisa Clark, RN, MSN, Referral Relations Manager, Ellenhorn, LLC

Tim Reid, Director of Business Development, Genotox Laboratories

Organizational Members

Bruce Ballon, MD, ESP(C), FRCP(C), FCPA, Medical Director, Lifemark Health Group

Alan Budd, DMD, Director, Dentists Concerned for Dentists of Massachusetts

Bill Claytor, DDS, Executive Director, North Carolina Caring Dental Professionals ■

IT'S RENEWAL TIME

The FSPHP membership renewal period began on October 1. We hope that you will renew your FSPHP membership for 2023. The involvement of every FSPHP member is important and very much appreciated.

FSPHP 2022 Membership Dues

$1,695—State Voting
$225—Associate
$850*—International
$172—Individual
$172—Industry Partner Individual
$450—Organizational

**The first two international members are $850 within the same program, and others are $225.*

We look forward to continuing your membership and growing the FSPHP membership and its associated benefits. We ask you to share information about FSPHP membership with your staff, board members, and committee members who would benefit from an FSPHP membership.

Please share these helpful links with those who may be interested in the benefits of FSPHP membership:

Benefits of Membership

Classes of Membership

Map of FSPHP Regions

FSPHP Member Testimonials

Join Now

Special Membership Dues Promotions

Three Free Months for New Members

Starting October 1, 2022 any new member who joins FSPHP for the 2023 calendar year will receive the remainder of 2022, at no additional cost. Please share this information with anyone considering becoming a member or who you feel may benefit by becoming an FSPHP member. Please email bmaher@fsphp.org with any questions.

One Free Associate Membership For Each Renewing State PHP

Once again, FSPHP is offering **one complimentary Associate Membership** to each renewing State PHP when the State Voting Member and **all existing Associate Members** at that State PHP **renew for 2023**. This is for a staff, committee, or board member affiliated with your PHP.

For example, if your State PHP currently has ***three Associate Members*** with FSPHP and ***all three renew their membership for 2023***, you are eligible to have one person join as an Associate Member for free for 2023.*

**State Voting Members must also renew in order to have Associate Membership eligibility.*

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

SAVE THE DATE

*We hope you will join us **in person** for our annual conference.*

OBJECTIVES

The 2023 FSPHP Annual Education Conference will focus on the following education objectives:

- Identify the next generation of prevention and outreach strategies for healthcare professionals that increase confidentiality, reduce stigma, and remove barriers for help-seeking to increase utilization of PHPs.
- Share and propose exemplary administrative, funding, legal, and case management policies and approaches for professional health and well-being programs that will increase access to care, improve the participants' experience seeking services and/or being monitored, and illustrate evidence-based outcomes.
- Implement research, public relations, and outcome reporting methods to foster increased understanding of the benefits of a healthcare professional seeking support from a PHP for their health and well-being.
- Describe and compare the unique characteristics of the evaluation and treatment of healthcare professionals in a safety-sensitive profession that will positively impact health and well-being outcomes and increase the opportunity for a safe return to the practice of medicine.

CLICK HERE FOR THE CONFERENCE AGENDA.

JOIN US IN OUR RALLY BY REGION FUNDRAISER

The FSPHP leadership, inspired by the FSPHP Fund Development Committee, launched the first FSPHP RALLY BY REGION in 2021.

Our goal was to rally together and raise $10,000 and we did it! Thank you for this incredible response. Two regions exceeded their $3,000 goal! Your contribution by December 2022 will count toward this year's Rally success.

FSPHP will acknowledge your region when you reach the $3,000 goal.

Let the fun begin! Click here to donate.*

To those who donated already in 2022, we thank you wholeheartedly for your invaluable support!

**You will be prompted to enter your FSPHP username and password to proceed. New users will be prompted to create a username and password.*

THANK YOU TO OUR 2022 DONORS

The following have donated between February 10, 2022 November 7, 2022:

Ally of Hope ($2,500–$4,999)
Sachi Adamson—Washington Physicians Health Program

Advocate ($1,000–$2,499)
Kelley Long—Ohio Physicians Health Program
P. Bradley Hall, MD, DABAM, FASAM, MROCC/AAMRO

Caregiver ($500–$999)
Anthony Cloy, MD
Doris Gundersen, MD
Jenny Melamed, MD, MBChB, FASAM
John Kuhn, MD
Jon Shapiro, MD, DABAM
Heather Wilson, MSW, CFRE, CAE, FCPP
Melissa Warner, MD

Friend ($1–$499)
Alexander Chaikin, MD
Amanda Kimmel, MPA
Angela Graham, MPA
Anish John, MD
Art Hengerer, MD, FACS
Blair Dowdle
Christopher Bundy, MD, MPH, FASAM
Joseph Jones, PhD
Kathleen Boyd, MSW, LICSW
Kay O'Shea, MAC, CADC, CCTP
Kelley Long, MBA
Lantie Jorandby, MD
Laura Moss, MD
Lisa Clark, RN, MSN
Lisa Merlo, PhD, MPE
Lynn Hankes, MD, FASAM
Pamela Rowland, PhD
Ray Truex, MD, FACS, FAANS
Richard Whitney, MD, DABAM, FASAM
Robert Lindsey—*In gratitude for Linda Bresnahan's service to FSPHP*
Scott Hambleton, MD, DFASAM
Tiffany Booher, MA, LPC, CAADC, CIP, CCSM
Tracey Zemansky, PhD

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

AMA OBSERVER REPORT

Chris Bundy, MD, MPH

Chris Bundy, MD, MPH

The American Medical Association (AMA) held its Annual Meeting in June 2022 in Chicago, Illinois. This was the first in-person meeting of the AMA House of Delegates (HOD) since the beginning of the COVID-19 pandemic in 2020. The meeting was well attended with over 650 delegates, alternates, observers, and AMA staff buzzing with pent-up energy and enthusiasm for the vigorous advocacy and networking that typify the largest meeting of organized medicine in the nation.

FSPHP was following several resolutions as they made their way through reference committee. The most important of these were CEJA Report 3-A-22: Amendment to E-9.3.2, "Physician Responsibilities to Colleagues with Illness, Disability or Impairment" and Resolution 212: Medication for Opioid Use Disorder in Physician Health Programs.

CEJA Report 3-A-22 aimed to restore reference to PHPs in Opinion 9.3.2 of the AMA's Code of Medical Ethics "Physician Responsibilities to Colleagues with Illness, Disability, or Impairment." Reference to PHPs as a key resource for impaired or potentially impaired physicians was removed from this opinion by CEJA in June of 2021. However, in November 2021, the AMA HOD overwhelmingly passed a resolution asking CEJA to restore the opinion's reference to PHPs. CEJA concurred with the HOD and provided the remedy in Report 3-A-22. FSPHP and many others provided robust testimony to support this resolution in reference committee. It was adopted without debate by the full HOD.

FSPHP also provided testimony in support of Resolution 212, which received strong support in reference committee and passed the HOD without debate. Resolution 212 reaffirms AMA policy to prevent discrimination against physicians in treatment with medication for opioid use disorders (MOUD) and encourages the AMA, FSPHP, and FSMB to work collaboratively to study existing MOUD practices among PHPs and state medical boards. It also amends existing AMA policy to collaborate with FSPHP on the development of model legislation to enhance safe-haven non-reporting to state medical boards for PHP-involved physicians.

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AMA Observer Report
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Overall, the passage of these two resolutions underscores strong support for PHPs and the PHP model among our state delegations. You have done well in demonstrating your value to the profession, and that could not have been more in evidence at this year's annual meeting. Please continue to cultivate those relationships with your state medical associations and your AMA delegates so we may enjoy their support for years to come!

In gratitude,
Chris Bundy, MD, MPH ■

2022 EDUCATION CONFERENCE LECTURE SUMMARIES

OVERCOMING STIGMA AND BIAS: THE TENNESSEE PROFESSIONAL SCREENING QUESTIONNAIRE (TN-PSQ)

Michael Baron, MD, MPH, DFASAM, Brenda Williams-Denbo, BA, and Laura Hoffman, BA

Michael Baron, MD, MPH, DFASAM

Brenda Williams-Denbo, BA

Laura Hoffman, BA

Overview

Our presentation set out to share our experience with the Tennessee Medical Foundation (TMF) utilization of the AFSP's Interactive Screening Program platform with other Physician Health Programs. We wanted a way to reach our licensees that would decrease the stigma of getting mental health help and that would be proactive, user-friendly and all-inclusive, anonymous and confidential, and economical.

Under state law, the TMF must operate as a Quality Improvement Organization, not as a treating entity. To maintain that status and for liability insurance reasons, we had to separate the TMF from the TN-PSQ. Thus, it was named the TN-PSQ and not the TMF-PSQ, and we utilize an outside psychiatric services practice to staff the site, respond to screened individuals, and work with them on further help and referrals.

The site launched in February 2020, just before the widespread outbreak of COVID-19. We believe now the timing was providential—the pandemic seemed to drive health professionals to the site once they learned about it.

AFSP Platform

American Foundation for Suicide Prevention's Interactive Screening Program (ISP): ISP is an online program that identifies people at risk and connects them with available mental health services before crises emerge. Developed in 2001, it now operates at 160 institutions and organizations across the country; more than 50 are serving healthcare providers or those in training. The TMF was first PHP to join. To date it has connected over 200,000 people to professional mental health support.

The ISP is customized for each organization but allows participants to **anonymously** take a brief evidence-based screening (includes the PHQ-9) for stress, depression, burnout, and other mental health concerns. Screening participants receive a personalized response from a mental health professional with the option to dialogue further to receive recommendations on services, resources, and referrals in their community.

TMF Experience

The TN-PSQ has turned out to be the proactive resource we were looking for. It breaks through the barriers to seeking help, including confidentiality, stigma, career implications, and a lack of time and money. Our two-year results were the following:

- 408 health professionals screened
- 301 reviewed Managed Healthcare Professional (MHP) response (73.8%)
- 96 dialogued with MHP (31.9%)
- 69 requested appointment or referral (71.9%)
- More than half screened at the high distress level, with nearly 20 percent experiencing suicidal thoughts.

The TMF investment for the program was affordable. Final costs, less the amounts of grants for the program, totaled less than $6,000 annually.

Benefits for screened participants included privacy and confidentiality; choice, with a voluntary screening;

engagement and connection with a caring mental health professional with expertise in the field; and no cost, since the resource is funded by TMF donors.

For the TMF, benefits include mission fulfillment; innovation with a 24/7 resource that checks the wellness/mental health boxes for healthcare leaders; enhancement of TMF credibility with health professionals and organizations; and the opportunity to rekindle or establish partnerships because of this new, free, interactive resource. We've been able to obtain new funding and grants due to the TN-PSQ as well.

TN-PSQ Information:

- Direct Link: https://tn.providerwellness.org
- TMF Landing Page and FAQs: https://e-tmf.org/tnpsq

For a demo of the ISP platform, visit https://connectsyou.org. ■

ADDRESSING WELL-BEING, BURNOUT, IMPAIRMENT, AND THE STIGMA SURROUNDING MENTAL HEALTH

Colin P. West, MD, PhD, FACP

Colin P. West, MD, PhD, FACP

Burnout and other forms of distress are common among healthcare professionals. These challenges to well-being have only been exacerbated by the COVID-19 pandemic, and documented mental health care needs have increased among physicians since the onset of this public health crisis. The consequences of physician burnout affect every stakeholder in society, with adverse impacts on patients, families, physicians themselves, and the healthcare system as a whole.

These issues should be viewed through the lens of system limitations rather than blaming individual physicians, who are actually remarkably resilient despite their high levels of burnout symptoms. That said, there are useful solutions at both individual and organizational levels. These have been well summarized by groups such as the National Academy of Medicine. To promote system-level efforts, physician well-being should be thought of as a quality marker for a practice's performance and as a necessity for patient needs to be optimally met.

A final key message is that stigma around help-seeking for mental health issues is prevalent among physicians and serves as a barrier to accessing needed support. This stigma is heightened by burnout experiences. Policy modifications are necessary to remove threats to physician careers such as when licensing applications ask about histories of treatment for mental illness rather than about the more appropriately relevant issues of current impairment that affect clinical practice. This example further illustrates how solutions to promote well-being must act across all levels of the healthcare system, from individuals to their practices to state and national policies affecting mental health. ■

TOP TEN PAPERS IN PHYSICIAN HEALTH: A PRESENTATION BY THE FSPHP RESEARCH COMMITTEE

Paul H. Earley, MD, and Pamela A. Rowland, PhD

Paul H. Earley, MD

Pamela A. Rowland, PhD

In the 1970s, Jane Brody of the *New York Times* labeled physicians, "Gods in white coats with silver necklaces," and many agreed. Then in the 1990s, those stethoscopes began to tarnish. The *New York Times Magazine*, with a 1.6 million circulation, began to publish stories of physicians with serious alcohol and sexual abuse problems. The public learned that doctors have problems and programs are available that are designed to help them. *The Economist* (2015) published profiles of Congressional scientific hearings stating that a significant amount of published research was useless, lacked quality control protocols, was considered fraudulent by many professionals, and was fueled by pressures of "publish/perish" expectations. Although not scientific journals, these articles had an impact on public opinion and influence. *Nature*, a scientific journal, states that "an inherent principle of publication is that others should be able to replicate and build on the authors' published claims."

An opinion article in *JAMA* by the Council on Mental Health, "The sick physician: Impairment by psychiatric disorders, including alcoholism and drug dependence," started our field in 1973. Our goal in 2022 is to compile ten significant articles for those new to the field of PHPs, as conflicts about research quality, influence, integrity, and reproducibility continue.

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Top Ten Papers in Physician Health: A Presentation by the FSPHP Research Committee

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The initial Blueprint Study (2009), "How are addicted physicians treated? A national survey of Physician Health Programs," was the first to describe the PHP Model and characteristics with an impressive response rate. The second Blueprint Study (2008), "Five-year outcomes in a cohort study of physicians treated for substance use disorders in the United States," was a retrospective chart review with strict criteria for successful outcomes over five-plus years but had data only from sixteen PHPs. In 2011, the third Blueprint Study, "Prognosis for the recovery of surgeons from chemical dependency: A 5-year outcome study," was one of several papers that examined a singular specialty in medicine showing high remission rates.

"Physician health programmes and malpractice claims: reducing risk through monitoring" (2013) was the first to prove successful completion at a PHP is associated with lower professional liability risk compared to those who do not receive monitoring. Although useful when requesting funding from malpractice carriers, retrospective studies can't infer direct causation.

"Risk factors for relapse in health care professionals with substance use disorders" in 2005 used an independent data set that replicated excellent outcomes for the PHP model.

In 2008, the "Characteristics and outcomes of doctors in a substance dependence monitoring programme in Canada: prospective descriptive study" included a large sample over ten years. The data was self-reported, which makes reproducibility challenging.

In single state studies, these researchers were the first to question whether mental health and behavioral health conditions could be monitored as those with SUDs: "Outcomes of a monitoring program for physicians with mental and behavioral health problems" (2007) and "Monitoring physician drug problems: attitudes of participants" (2002).

The only true meta-analysis of international literature (2021), "Success rates of monitoring for healthcare professionals with a substance use disorder: a meta-analysis," concluded that monitored professionals were more successful in maintaining abstinence than those who did not receive monitoring.

Research invitation: Addiction Biomarker Study
www.fsphp.org/fsphp-nida-study ■

DESTIGMATIZING HELP-SEEKING, ENCOURAGING EARLY IDENTIFICATION, AND INCREASING ACCESS TO EFFECTIVE INTERVENTIONS FOR MEDICAL STUDENTS WITH POTENTIALLY IMPAIRING CONDITIONS

Lisa J. Merlo, PhD, MPE

Alexis Polles, MD

Lisa J. Merlo, PhD, MPE, Tish Conwell, and Alexis Polles, MD

Negative reactions to the stress of medical school may extend throughout training, triggering further problems such as substance use disorders, medical school dropout, and lower-quality patient care. Indeed, evidence suggests that most healthcare professionals with potentially impairing conditions displayed symptoms of their disease/disorder before completing professional school, and a significant minority acknowledged concerns about their substance use. It is well understood that early identification and treatment of mental health and substance use disorders could limit the severity and chronicity of these potentially impairing conditions among future health professionals. Students who obtain appropriate care and learn to manage their condition during training are also better positioned to perform well academically and clinically, and they are likely to have greater success in meeting their training and career goals. Further, early intervention may decrease risk to patients by ensuring that students with potentially impairing conditions achieve stable recovery before obtaining a license to practice independently.

Unfortunately, despite the many benefits of prompt referral for evaluation and treatment, many medical schools seem to turn a blind eye to students in distress, even when red flags or other warning signs are present. Stigma prevents individuals from referring (or self-referring) medical students in need, and student financial concerns create an additional barrier. As a result, rates of referral to professional health programs (PHPs) are relatively low among the population of health profession students, even in states where the PHP welcomes student participation.

The Professionals Resource Network (PRN) has been working to address this concern within the State of

Florida. By partnering with the Florida medical schools, PRN established a scholarship-type program to provide students access to high-quality independent medical evaluations at no cost. In response to stakeholder feedback, care was taken to maximize consistency and expediency of the evaluation process. Education was provided to medical school liaisons regarding the potential benefits of appropriate referral, as well as the process. All student evaluations will be completed by an assessment team that includes a psychiatrist and addiction medicine specialist (or an addiction psychiatrist), as well as a psychologist with expertise in neurocognitive assessment. Minimum requirements for the assessment include clinical interview, healthcare-specific drug panel, and standardized assessment of major neurocognitive domains. Efforts are made to expedite the process in order to minimize any student time away from training. Finally, the intake and monitoring policies and procedures for students were reviewed and revised to maximize utility while minimizing burden for the student and school. ■

BREAKOUT SESSIONS

PERSONALITY PREDICTING RELAPSE: A SUBFACTOR ANALYSIS OF THE NEO PI-R

Daniel H. Angres, MD

Daniel H. Angres, MD

Recognizing personality adaptations can be helpful in working with addictions. This can include determining endophenotypes in genetic vulnerability to substance use disorder as well as potential relapse patterns in those in recovery. One personality test commonly studied to categorize and stratify risk of addiction is the Revised NEO Personality Inventory (NEO PI-R). Alcohol consumption has been correlated with high Extraversion and low Conscientiousness and Agreeableness. Similar results have been found in studies examining the likelihood of relapse to substance use: higher Neuroticism and lower Conscientiousness have both been associated with increased chance of relapse.

Participants were recruited from Positive Sobriety Institute (PSI), an abstinence-based substance use disorder treatment clinic in Chicago, Illinois, that specializes in treatment of physicians and other professionals. All individuals who entered PSI for treatment from 2015–2018 were eligible for inclusion in this study. Patients were also required to consent for and complete personality testing to be eligible. Eligibility criteria were approved by the Northwestern University Institutional Review Board.

High Neuroticism and low Conscientiousness correlate overall with higher relapse rates. Specifically, the higher Conscientiousness subscale of Dutifulness showed the highest degree of statistical significance among all subfactors assessed. Example questions to measure Dutifulness were questions like "Do you keep your promises?" and "Do you tell the truth?" Affirmative responses were linked to higher Dutifulness. Previous studies have linked Dutifulness with closeness to a therapeutic community. In the context of addiction treatment, there are several things that can create this sense of closeness to a therapeutic community. Within the community setting at PSI, there are small groups where patients can develop a bond between each other and the therapist. There is a sense of connection among people with SUD more broadly that can serve to further enhance dutifulness, including the social contract of abstinence, and the support structures that come along with that social contract, including Alcoholic Anonymous (AA). Prior work has found that social support can help protect against relapse, again emphasizing the importance of the therapeutic community and the social connections that come along with this. This sense of community, which includes a shared goal of sobriety, can engage someone who might be deficient in this area and consequently elevate this personality variable. In terms of relapse outcomes, health professionals did significantly better than non-health professionals, with physicians maintaining sobriety at a rate of about 82 percent, whereas non-health professionals maintained sobriety at a rate of 48 percent. This disparity has been seen in past literature. Many physicians are mandated to attend aftercare and be monitored by their state Physician Heath Program, both of which have been associated with lower relapse rates.

References

Beattie MC, Longabaugh R. "General and alcohol-specific social support following treatment." *Addictive Behaviors* 24.5 (999): 93–606.

McLellan AT, Skipper GE, Campbell MG, DuPont RL (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Med J* 337: a2038.

Werby J, Caldeugh J, Angres D. "The Importance of Continuing Care in Substance Abuse: A single Center Experience," presented at American Academy of Addiction Psychiatry, 12/5/2019, San Diego, CA

Personality: A psychological interpretation. (1937) New York: Holt, Rinehart, & Winston.

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Personality Predicting Relapse: A Subfactor Analysis of the NEO PI-R

continued from page 15

Belcher A, Volkow N et al. "Personality traits and vulnerability or resilience to substance use disorders." *Trends in Cognitive Sciences*. April 2014, Vol. 18, no. 4.

Angres DH, Bracha A. "The Role of the TCI (Temperament and Character Inventory) in Individualized Treatment Planning in a Population of Addicted Professionals." *Journal of Addictive Diseases*, Volume 26, Supplement Number 1, 2007.

Angres, DH, Bologeorges S, Chou J. "A Two Year Longitudinal Outcome Study of Addicted Health Care Professionals: An Investigation of the Role of Personality Variables." *Substance Abuse: Research and Treatment*. 2013:7 1–12.

Ruiz MA, Pincus AL, Dickinson KA. "NEO PI-R predictors of alcohol use and alcohol-related problems." *Journal of Personality Assessment* 81.3 (2003): 226–236

Mohammadpoorasl A, et al. "Addiction relapse and its predictors: A prospective study." *Journal of Addiction Research & Therapy* 3.1 (2012):

Costa PT, McCrae RR. "Neo personality inventory-revised (NEO PI-R)." Odessa, FL: *Psychological Assessment Resources*, 1992.

Dubey C et al. "Five factor correlates: A comparison of substance abusers and non-substance abusers." *Journal of the Indian Academy of Applied Psychology* 36.1 (2010): 107–114. ■

"STIGMA MULTIPLIED" WORKSHOP SUMMARY

Penelope P. Ziegler, MD

Penelope P. Ziegler, MD

A workshop entitled "Stigma Multiplied: Addressing Substance Use Disorders in LGBTQ+ Healthcare Professionals" was presented at the FSPHP Annual Education Conference in New Orleans by Penelope Ziegler, MD. After a brief review of the minority stress model as it applies to sexual and gender minority (SGM) persons, and a summary of the existing data on frequency of substance use disorders (SUDs) among SGM persons in the general population, she discussed how the SARS-CoV-2 pandemic has impacted LGBTQ+ individuals. The workshop then explored what is known about SUDs and other psychiatric illnesses among SGM healthcare professionals.

Physicians, dentists, and other healthcare professionals are always under high levels of stress. SGM professionals, as a stigmatized minority in healthcare, experience additional stress. And when a person develops an SUD, stress and stigma are multiplied for these individuals at every level of training and practice (students, residents and post-docs, practitioners, and retirees). Unfortunately, little is known about the effects of these stressors because most PHPs and other peer support programs do not collect information about participants' sexual orientation and/or gender identity and do not document the impact of minority stress on diagnoses, treatment experiences, return-to-work issues, and so forth.

Anecdotal reports and small surveys of LGBTQ+ healthcare students and residents have revealed cases of discrimination including different standards of performance evaluation; verbal slurs and harassment from peers and superiors; demeaning and derogatory comments; sexualized teasing and sexual coercion; and overt and covert bullying. However, it is not known if the reporting individuals suffered from substance use or mental health issues. Two small studies of residents asked about anxiety, depression, and suicidal ideation, but no questions about substance use, misuse, or dependence were included. This is despite the fact that multiple studies in the general population show that SGM individuals, especially bisexual people, are at higher risk for SUDs than heterosexual, cis-gender individuals.

The workshop then discussed Justin Bullock, MD, MPH, who is an internal medicine resident in San Francisco, California. In 2020, he published in the *New England Journal of Medicine* a detailed account of his bipolar disorder and his aborted suicide attempt during his internship (PGY1) year. He is an African American gay man who has since become an advocate for physicians and other healthcare professionals with disabilities who are able to practice with skill and safety when suitable accommodations are provided. He has been an outspoken critic of PHPs and regulatory bodies that employ what he calls a "one-size-fits-all" approach to evaluation and treatment that is not trauma-informed or culturally sensitive.

A lively question-and-answer session on SGM people in healthcare professions concluded the workshop.

References

Bullock JL. Suicide — Rewriting My Story. *N Engl J Med*. 2020 Mar 26;382(13):1196-1197.

Heiderscheit EA, Schlick CJ, Ellis RJ, Cheung EO, Irizarry D, Amortegui D, Eng J, Sosa JA, Hoyt DB, Buyske J, Nasca TJ, Billmoria KY, Hu Y. Experiences of LGBTQ+ Residents in US General Surgery Training Programs. *JAMA Surg* Oct 20, 2021; E1-E10. ■

BUILDING RELATIONSHIPS WITH INDIGENOUS LEARNERS AND PHYSICIANS IN ONTARIO

Jon S. Novick, MD, and Beth Collison, MSW, RSW

Jon S. Novick, MD

Beth Collison, MSW, RSW

The Ontario Medical Association Physician Health Program (OMA-PHP) had the privilege to present their journey of practicing with greater humility to provide increasingly culturally safe services for Indigenous learners (medical students and residents) in Ontario. The OMA PHP's goal is to improve the accessibility, relevancy, and reach of PHP services to Indigenous learners and physicians; build and nurture collaborative relationships with Indigenous supports and resources; offer a menu of health and well-being resources that would be experienced as culturally safe and meaningful to Indigenous individuals; create a safe means of providing feedback to the PHP; and transform PHP practices to better recognize the strengths of and meet the needs of Indigenous learners.

By presenting contributions from Dr. Chase McMurren and Dr. Nel Wieman and the shared learnings of colleagues including Colleen Good and Tereena Berry, Beth Collison and Dr. Jon Novick led an interactive session that highlighted their process of discovery of the many challenges, needs, barriers, and contributions of Indigenous learners and the PHP's initial steps toward transforming services. Initial steps included seeking input from Dr. Nel Wieman, the recent president of the Indigenous Physicians Association of Canada, a key organization in Indigenous health, to discuss our commitment and seek feedback on our approach. After being introduced by Dr. Wieman to the Indigenous Liaisons at the six Medical Schools in Ontario, the PHP team met each Indigenous liaison and others providing supports to the Indigenous medical community. Using a semi-structured conversation guide, we heard about Indigenous medical learners' unique needs and worldviews, barriers encountered at admission and throughout their training, and Indigenous-specific resources, and we welcomed feedback on how the PHP may improve our services.

It is important that the team noted the critical roles played by stigmatized groups in shaping next steps while not burdening them with the task of transformation. Four key themes were highlighted and included:

1. Colonial legacy continues today in many facets of society, including medicine (and the OMA-PHP), which directly impacts Indigenous medical learners and communities.
2. Learners and staff who identify as Indigenous remain underrepresented in medicine and overextended, including through unremunerated requests to be spokespersons and committee members in their organizations and workplaces.
3. Indigenous learners face unique stressors given colonial legacy, intergenerational trauma, and present-day anti-Indigenous racism.
4. It is important that Indigenous learners' needs not be subsumed by "EDI" efforts where "inclusion can be felt as assimilation" and the unique history and treaty rights of Indigenous peoples can be forgotten.

We learned that conversation was just the beginning of this journey to understand the history and impact of colonization on Indigenous peoples, and more specifically Indigenous learners, in Canada and the OMA-PHP's role in facilitating meaningful transformation. Next steps for the PHP include further collaboration and outreach, review and revision of PHP materials and processes, and continued consultation and relationship building. ■

WORKSHOP SUMMARY: INCLUSIVITY IN ACTION: TWELVE STEP PROGRAMS AND HEALTHCARE PROFESSIONALS IN RECOVERY

Penelope P. Ziegler, MD

Penelope P. Ziegler, MD

Most Professional Health Programs (PHPs) recognize the critical importance, for their participants with substance use disorders, of attendance at mutual help meetings, including Alcoholics Anonymous, Narcotics Anonymous, LifeRing,

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Workshop Summary: Inclusivity In Action: Twelve Step Programs and Healthcare Professionals in Recovery

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SMART Recovery, and so forth. However, many people who do not personally participate in such programs may not recognize the central theme of inclusivity and welcoming of diversity, as embodied in the Third Tradition of Alcoholics Anonymous: "The only requirement for A.A. membership is a desire to stop drinking." Persons new to the field of professionals' health may not be aware of the availability of specialized meetings for recovering professionals, and for subgroups of professionals (women, LGBTQ+, agnostics, etc.) and their family members, available through organizations such as International Doctors in Alcoholics Anonymous (IDAA).

During this workshop, Penelope Ziegler, MD, and Paul Earley, MD, discussed the tradition of inclusivity in Twelve Step and other mutual help fellowships. Attendees were then able to experience this and other features of such programs via a demonstration meeting with volunteer participants. Attendees observed a Twelve Step meeting in action, with participants sharing about their experiences with inclusivity and diversity during their recovery. Following the demonstration meeting, attendees asked questions of the presenters and the volunteer participants and shared some of their own experiences, with the focus on issues of diversity, inclusion, and destigmatization.

References

Galanter M, Dermatis H, Stanievich J, Santucci C (2013). Physicians in long-term recovery who are members of Alcoholics Anonymous. *Amer J Addict* 22:323–328.

Humphreys K et al. (1994). Are twelve step programs appropriate for disenfranchised groups? Evidence from a study of posttreatment mutual help involvement. *Prevention in Human Services*. 11: 165–179.

Kelly JF, Humphreys K, Ferri M. Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews* 2020, Issue 3. ■

CHALLENGES FOR NURSE ANESTHETISTS REENTERING PRACTICE FOLLOWING SUBSTANCE USE DISORDER TREATMENT

T'Anya Carter, PhD, CRNA

T'Anya Carter, PhD, CRNA

Substance use disorder (SUD) is a persistent, relapsing condition that is present in approximately 10 percent of anesthesia providers who, compared to other healthcare providers, face a greater risk of developing an SUD by virtue of constant access to medications. The ability of Certified Registered Nurse Anesthetists (CRNAs) to obtain employment or maintain employment after treatment for SUDs is not well documented. CRNAs in recovery from SUDs in the United States experience challenges when attempting to return to work following treatment for SUDs for reasons yet to be identified.

The purpose of this qualitative multiple-case study is to explore the challenges encountered by nurse anesthetists in recovery as they attempt to reenter practice following SUD treatment. The phenomenon will be explored through multiple-case studies, using qualitative semi-structured interviews with participants in four cases: CRNAs in recovery, CRNA colleagues, CRNA employers, and professional health program employees. Multiple-case study research provided thirty-six participants an opportunity to convey their perspectives about the challenges CRNAs in recovery face upon reentry into practice following SUD treatment.

The Worker Well-Being conceptual model, introduced by NIOSH, was used to guide this study. The conceptual model includes the safety and health of the worker in the workplace and circumstances that positively or negatively impact the well-being of the worker beyond the workplace.

The study revealed that participants described stigma as the most significant barrier for CRNAs in recovery. Stigma persists as a considerable barrier in many facets of SUD, contributing to an increase in shame associated with having the disease. All cases agreed that more SUD education is a key facilitator for more CRNAs in recovery to reenter the workplace. Across all participant groups, risk of relapse was a major concern, though most participants believed that CRNAs in recovery should have an opportunity to reenter practice under the right circumstances. More research is needed to create uniform standards of care, including reentry guidelines, departmental policies, and continuing education that facilitate reentry into practice following SUD treatment. ■

SEXUAL MISCONDUCT: IMPROVING PUBLIC SAFETY AND ASSISTING COLLEAGUES

Alexis Polles, MD, Lisa J. Merlo, PhD, MPE, and Valencia Mitchell

Alexis Polles, MD

Lisa J. Merlo, PhD, MPE

Nowhere in the PHP world are there more stigmatized mental health disorders than in the realm of inappropriate sexual behavior in the workplace. In general, sexually aberrant behaviors violate social and societal norms. However, the risk of harm to victims of professional sexual misconduct by healthcare providers is amplified. As a result, there is significant pressure on organizations with oversight responsibility (e.g., medical boards, licensing authorities, and PHPs). How can PHPs do the following? (1) Play a role in protecting the public while not harboring those who violate others. (2) Discern who may benefit from intervention and monitoring to support their return to practice. (3) Provide oversight of those being monitored.

Though forty-seven of the fifty states in the United States provide monitoring for physicians with substance use disorders, and nearly all provide monitoring for other mental health conditions, the majority do not monitor individuals presenting with aberrant sexual behaviors and attractions. To be clear, many individuals who exhibit professional sexual misconduct are not appropriate for PHP monitoring. Those who have committed sexual crimes should be involved with the criminal justice system. In addition, they may benefit from involvement with a PHP when deemed appropriate. Others exhibit unprofessional behavior that falls into a more "gray area" (e.g., inappropriate comments to patients or staff, permeable boundaries, accessing sexually explicit digital content in the workplace). In these cases, various predisposing factors may be relevant to determining the appropriate intervention and monitoring practices, including trauma/abuse history, cultural norms, underlying psychiatric or psychosexual disorders, and psychological insight. It is important to note that stigma can be a significant barrier to assisting these professionals in their recovery and eventual return to practice. It may impact the individual's willingness and ability to obtain services, the care provided by treatment centers and PHP staff, the likelihood that they will be welcomed (or allowed) back to clinical practice, and the support they receive from loved ones. Self-stigma may also hamper efforts.

However, despite the fact that we observed increased stigma toward PRN participants with unprofessional sexual behavior when compared to those with substance use disorders, the rate of successful program completion appears similar between both groups. Indeed, a chart review spanning thirty-five years of monitoring demonstrated that about 75 percent of individuals who underwent monitoring related to unprofessional sexual behavior had a "successful" or "very successful" outcome. It is noteworthy that a significant number of referrals were not deemed appropriate for monitoring (i.e., because their license was revoked and/or their case was handled by a different entity such as the medical board or the criminal justice system). These findings support the importance of obtaining a comprehensive evaluation conducted by a clinician with significant expertise and experience working with this population, as well as the importance of matching the referral with a qualified treatment program/provider. As policies and norms related to appropriate professional conduct continue to evolve, it will be important for PHPs to understand their role in supporting healthcare professionals who exhibit unprofessional sexual behavior, while always keeping the safety and well-being of patients as the top priority. ■

POSTERS

THE NEUROBIOLOGY OF SPIRITUALITY

Ken Roy, MD

Ken Roy, MD

It is common for patients diagnosed with addiction to resist incorporation of mutual help and 12 Step referrals because of a resistance to what is perceived as religion. Although such programs are generally spiritual and not religious, the understanding of spirituality as biology and spiritual practices as beneficial, separate from religion, may remove resistance to participation. The presentation at FSPHP is a discussion of what is known about the neurophysiological barriers to spirituality—self-centeredness originating in hyperactivity of the Default Mode Neural Network (DMN), and the practices and interventions that reduce the influence of the DMN,

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The Neurobiology of Spirituality

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with the result of enhancement of spirituality and facilitation of recovery from addiction. The presentation describes the neural structures that together are the DMN and the consequences of reducing the activity within and between those structures.

Practices such as contemplative meditation and open monitoring meditation have been shown to reduce the activity of the DMN. Such practices are associated with right sizing of ego reduction of self-centeredness. Exercise, altruism, and practices of loving kindness reduce the activity of the DMN and are associated with emotional health. Understanding spirituality as biology provides a reason for spiritual living that is different from dogma or religious requirements or belief in a deity. Pursuing modification of the activity of the DMN then is a way to achieve emotional peace for those with religious beliefs and for those who are atheist or agnostic. ■

LIFEBRIDGE THE NEBRASKA WAY

Todd Stull, MD

Todd Stull, MD

The purpose of this presentation was to describe a program designed for physicians to prevent or mitigate burnout and increase resilience. The Nebraska Medical Association (NMA) has implemented a physician wellness program in which physicians serve as trained coaches to help other physicians. The program focuses on prevention to build protective factors for issues that could lead to burnout, depression, substance use, and other mental health problems.

Risks of burnout among physicians include an increase in medical errors, decreased patient satisfaction, poor care coordination, increased risk of malpractice, decreased healthcare team functioning, and increased turnover. Benefits of physician coaching can help prevent those

risks by learning tools to improve communication and relationships, improve work–life balance, become more accountable, and align personal strengths and values in one's personal and professional life.

A wellness steering committee was formed and met regularly to review various programs in the United States and the literature. With the input from the steering committee and physicians in Nebraska, the NMA elected to use the LifeBridge model. However, Nebraska's program is designed using a peer-to-peer coaching model rather than treatment. The NMA physician wellness program follows some of the guidelines of LifeBridge but is tailored to the needs of Nebraska physicians. Trained physician coaches help physicians manage issues like burnout, work–life balance, and other stressors such as the effects of COVID-19. Coaching sessions may be proactive and enable physicians to seek preventive measures to clarify their purpose, achieve health and fitness goals, improve relationships, or improve their leadership skills or strategies to implement and maintain changes.

Any Nebraska-licensed physician may access the program through calling the third-party call center where they are paired with a coach. The number of sessions varies and can be in person or remote. There is no cost to participate. LifeBridge Nebraska is not an employee assistance program (EAP). The coaching sessions are confidential, and no medical record is created. No information is shared with the licensing board. If a physician has a more serious medical, mental health, or a substance problem, an appropriate referral is made to a licensed provider in Nebraska to provide treatment promptly and prioritize referred physicians. Deidentified data with feedback is collected to enhance program expansion and improvement.

The LifeBridge Nebraska program aims to address the well-being of physicians across a spectrum of wellness and health-related problems by engaging physicians to be proactive and take care of themselves throughout their lives. The program encourages the mindset of "I owe it to myself; I owe it to my patients." ■

REACTIONS TO RECONCEPTUALIZING BORDERLINE PERSONALITY TO REDUCE STIGMA AND IMPROVE OUTCOMES

Amanda K. Janner, PsyD

Amanda K. Janner, PsyD

Borderline personality disorder (BPD) has been the focus of a volume of research, yet it continues to be ill-defined in diagnostic manuals and debated among scholars. Key factors in dispute include whether it is more behavioral, manifested by poor impulse control, or mood-based, with affective dysregulation. Along with the controversy and lack of clear definition, historically BPD has been shrouded in shame and stigma. Research shows clinicians and laypeople alike view individuals diagnosed with BPD as more generally negative and having more control over the manifestations of the condition. Studies employing psychoeducation and various other interventions aimed at altering perceptions of individuals diagnosed with BPD have shown promise. It was suggested that a better understanding and definition of the condition will assist in those ventures and improve treatment outcomes through understanding and increased empathy.

During the course of the poster presentation session, a number of clinicians shared their experience with the diagnosis and their desire to identify treatment facilities experienced with this population to ensure all of their needs are served and maximize their therapeutic success. Consideration of trauma and complex PTSD were also discussed by some of the participants, further highlighting the nebulous nature of a disorder defined in diagnostic manuals, albeit imprecisely. Areas for future study were deliberated as well. Specifically, consideration is given to further study, perhaps on a qualitative level, of individuals' perceptions of BPD, exposure to information about the diagnosis, and personal experiences with it. The goal of such research would be potentially identifying sources of stigma and bias in an effort to design more effective interventions. Another consideration was designing a psychoeducational intervention for clinicians and/or clients and assessing the effectiveness in reducing stigma and increasing empathy. This presentation reinforced the need for additional practical research and interventions with this often marginalized population. ■

NEUROMODULATION: POINT AND SHOOT

Anish John, MD, and Dominic Angres, LCPC, CADC

Anish John, MD

Dominic Angres, LCPC, CADC

As our understanding matures regarding the dysfunctional neural circuitry that drives addiction, evidence-based neuromodulation therapies exist that further legitimize the concept of addiction being a medical disorder of the brain. In direct opposition to the hedonic, selfish choice that addiction may resemble when looking in from the outside, the continuing search for biomarkers correlating to success in recovery is somewhat akin to the quest for the Holy Grail. There is, however, much promise in what has already been unearthed regarding targeted approaches to remodel misfiring circuitry. We are currently at an exciting time of modern science, with a plethora of both invasive and noninvasive interventions to apply our knowledge of these mapped-out brain sites. This includes cortical and deep brain stimulation, repetitive transcranial magnetic stimulation, transcranial direct current stimulation, cranial electrotherapy stimulation, brain wave entrainment, and neurofeedback.

Malfunctioning brain connectivity in the default mode network (DMN) has also emerged as a fascinating realm that could influence addiction treatment. Appropriate utilization of these neuromodulation devices could significantly alter the brain's vulnerability to future relapse and further individualize treatment with precision. Our poster presentation was aimed at highlighting these procedural approaches to the brain to help soften the guilt, shame, and self-flagellation that are often fused to the recovery process. Practical methods to incorporate these strategies within a time-limited intensive treatment stay were discussed in real time with the attendees, and a live demonstration was also presented of an application using Audio Brain Wave Entrainment with Binaural Beats. ■

DEVELOPING AN IMAGING BIOMARKER FOR ADDICTION TREATMENT OUTCOME: UPDATE ON NIDA/FSPHP COLLABORATION TO STUDY HEALTH PROFESSIONALS ACROSS TREATMENT

Betty Jo Salmeron, MD, MA

Betty Jo Salmeron, MD, MA

This poster presented preliminary behavioral data on a collaboration between the FSPHP and the National Institute on Drug Abuse's Neuroimaging Research Branch. This project gathers deep phenotyping data on healthcare professionals with substance use disorders and will bring some of them to NIDA for functional neuroimaging. The project includes those who are very early in their treatment course as well as those who have already been abstinent for an extended period. The main goal is to better understand the brain circuits that support successful abstinence and those associated with greater risk for relapse as well as the how these circuits may change over the course of treatment.

Our preliminary analysis of behavioral data indicated that, while anxiety and alcohol craving levels did not differ between those who had experienced a relapse after entering treatment and those who did not, anxiety and craving were tightly correlated in those who had experienced a relapse but unrelated in those who had not experienced a relapse, indicating that linking anxiety to the desire for alcohol may predispose people to relapse. More information on this ongoing study is available at www.fsphp.org/fsphp-nida-study. ■

THE DETECTION OF FENTANYL IN HAIR SPECIMENS FROM A HIGH-RISK POPULATION BEFORE AND AFTER THE ARRIVAL OF COVID-19

Joseph Jones, PhD, NRCC-TC

Joseph Jones, PhD, NRCC-TC

Since 1999, over 800,000 people in the United States have perished in the opioid epidemic (CDC, 2021). The opioid epidemic has been escalating over the past few decades with waves of various opioids.

A disturbing trend at this time is the increase of nonmedical use of fentanyl. Between 2011 and 2016, fentanyl overdose deaths increased from 1,662 per year up to 18,335 overdose deaths per year. Because of the trend, fentanyl overdose deaths outpaced heroin overdose deaths for the first time, which prompted the DEA to label fentanyl as America's most dangerous drug in 2018 (Hedegaard et al., 2018). We reviewed historical hair testing toxicology records to evaluate changes in fentanyl positivity rates and concentrations in a high-risk population.

A secondary analysis of the toxicology results for hair specimens received from a high-risk population between January 2018 and December 2021 at a national reference laboratory were analyzed for changes in norfentanyl (fentanyl metabolite) positivity rates and observed concentrations of norfentanyl in hair. Specimens were initially tested using a validated immunoassay technique (ELISA), and presumptive positive specimens were confirmed using a validated liquid chromatography tandem mass spectrometry method.

During the study time frame, the laboratory received 20,734 hair specimens for fentanyl analysis and 1,762 (2.6%) of these specimens were positive for norfentanyl. The quarterly norfentanyl positivity rates increased over time and ranged from 1.1% (2018 quarter 3) to 4.2% (2021 quarter 1), loosely paralleling the arrival of COVID-19. An analysis of pre-COVID and post-COVID norfentanyl positivity rates revealed an average quarterly increase from 2.2% (2018 quarter 1 to 2020 quarter 1) to 3.5% (2020 quarter 4 to 2021 quarter 4), and this difference was significant ($p = 0.003$). However, over this period of time there was no significant change in the concentration of norfentanyl observed in the hair specimens.

Nonmedical use of fentanyl has been and continues to be a significant public health concern. The study demonstrated a significant increase in fentanyl positivity rates following the arrival of the COVID-19 pandemic. In our current landscape, it is important for substance abuse treatment professionals to include fentanyl monitoring, and most laboratories currently have fentanyl testing available for a wide variety of specimen types. If you do not test for it, you will not find it.

References

Centers for Disease Control and Prevention (CDC; March 03, 2021), Drug Overdose Deaths. Accessed December 4, 2021. www.cdc.gov/drugoverdose/deaths/index.html.

Hedegaard et al. (2018. Drugs most frequently involved in drug overdose deaths: United States, 2011–2016, *National Vital Statistics Reports*, 67(9), 1–14. ■

BARRIERS TO RECOVERY

Samuel Weinhouse, BA

Samuel Weinhouse, BA

Little is understood of the overall financial cost to medical professionals in need of evaluation, treatment, and monitoring to ensure their long-term well-being and fitness for practicing medicine. Moreover, little is known regarding the availability of resources (e.g., adequate healthcare insurance coverage, savings, family support, specific charitable funds, etc.) to address the financial burden necessary to restore a medical professional to practice. The aim of this project was to assess the availability of financial support needed for medical professionals to appropriately access Physician Health Program (PHP) care. The purpose of this project was to elucidate the perceived costs of engagement with PHPs and highlight resources available for mitigation of strain, including charitable organizations.

To accomplish this, a survey questionnaire was built in RedCap, and the senior administrator for the FSPHP distributed the link via email to all American state members of the FSPHP, seeking a response from each individual PHP. Participation was voluntary and responses were linked to the state in question. Multiple follow-up email invitations were sent to those who had not yet completed the survey, and the results were then analyzed.

In cases where multiple responses had been obtained from the same PHP, the most complete response was used. In the case of two complete responses, the most recent was used for analysis. Questions assessed the age of the PHP, populations served, and the PHP's understanding of participants' ability to cover costs related to any PHP recommendations for evaluation, treatment, and/or monitoring. Further questions assessed whether there was a perceived limitation to engagement with PHP recommendations for evaluation, treatment, and/or monitoring services due to financial constraints. Finally, the survey queried whether resources were available (charitable or otherwise) for participants facing financial constraints.

The results showed that more than half of medical students struggled to afford the services they needed, and while 71 percent of the PHPs stated that health insurance was at least sometimes able to cover costs, half said that hospitals and medical schools rarely or never assisted in covering the cost of treatment. Therefore, more shared responsibility in the investment in our medical professionals may best come from

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Barriers to Recovery
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employers and health insurance reimbursement reform for medical professionals. There is also a need to destigmatize help-seeking, which is especially important for physicians at risk for mental health problems, and particularly for younger physicians still in training. We believe that partnerships between PHPs and nonprofit organizations including state medical societies may offer solutions for physician participants facing financial distress, thereby optimizing their ability to access care for their behavioral health problems. Ultimately, we believe these data should encourage focus on the development of more sources of financial support for physicians in need, including an emphasis on healthcare insurance reform. Especially in light of the COVID-19 pandemic, it is important that widespread access to PHPs and other organizations like them are not only available but are also affordable. The data shows that there is still substantial work to be done to accomplish this goal. ■

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!

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, MS 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!

Now Hiring!

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, MS at lbresnahan@fsphp.org with a complete job description, including the title of the position, the name of your PHP, and contact information.

Learn More on How to Exhibit for the 2023 FSPHP Annual Education Conference!

We invite you to sponsor and exhibit with us on May 2–6, 2023, in Minneapolis, Minnesota, for the FSPHP 2023 Annual Education Conference. You will have the opportunity to network with professionals dedicated to issues of physician well-being, including the treatment of substance use disorders and mental health issues facing physicians and other licensed healthcare professionals in the United States, Canada, and other parts of the world.

REASONS TO EXHIBIT

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

ABOUT THE ATTENDEES

The FSPHP Annual Education Conference is attended by over 300 participants and is designed for:

- Physicians of all specialties
- Physician assistants
- Clinical coordinators
- Nurses
- Dentists
- Psychologists
- Attorneys
- Physical therapists
- Case managers
- Licensed social workers
- Toxicologists
- Scientific researchers
- Clinical coordinators involved in physician and professional health programs

Please contact Linda Bresnahan, MS lbresnahan@fsphp.org or Beth Maher at bmaher@fsphp.org if you have any questions, or to set up a call to discuss our meeting.

Reserve your booth and preview our exhibitor prospectus that includes past exhibitors' comments, the exhibitor levels and benefits, new sponsorship options (i.e., conference bag flyers and logo on the back of conference book), recommended arrival and departure times, silent auction information, and to secure your hotel room!

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 *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 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, 2023

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 2023 Education Conference Exhibitor/ Sponsorship Opportunities https://fsphp.memberclicks.net/assets/2023/FSPHP_2023_ExhibitorBrochure_FINAL.pdf
- FSPHP Industry Partner Membership www.fsphp.org/classes-of-membership ■

PHP PARTICIPANT STORIES

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

Click here if you would like to share your PHP Participant Story.

HELPFUL FSPHP RESOURCES

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

We hope you enjoyed the 2022 December/ Winter Issue of the *Physician Health News.*