

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 27th edition, Volume 2 of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

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

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PRESIDENT'S MESSAGE

What Do You Do With A Problem?

Christopher Bundy, MD, MPH, FASAM

On January 20, 2020, the first confirmed U.S. case of COVID-19 occurred in Washington State. By February, a nursing home outbreak would make Washington our nation's first epicenter of what would become a global pandemic.

Fear and uncertainty gripped the country as we struggled to understand what was happening, who was at risk, how the disease was spread, and the potential impact to ourselves,



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

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President's Message

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our loved ones, the healthcare infrastructure, and the economy. Social collapse suddenly became a near-future possibility. However, the dire circumstances galvanized a healthcare workforce that rose heroically to answer the call. Systemic dysfunction and bureaucratic hurdles that had been barriers to widespread implementation of telehealth services “virtually” disappeared overnight. Reuse of personal protective equipment, unthinkable prior to COVID, became standard operating procedure as supply chains failed. After decades of systematic marginalization, the expertise and voices of doctors were being relied upon by hospital administrators struggling to find solutions to the crisis. In terms of telehealth regulations, payor issues, and the creation of COVID wards, rigid and constraining rules and regulations became more flexible, fluid, or even unnecessary so that we could adapt to the rapidly changing circumstances.

In *The Origin of Species*, Darwin states that it is not the strongest or most intelligent that survives, but the one that is most adaptable to change. I have marveled at the pace and competence with which our member physician health programs have been able to adapt inside our new and dynamic reality. We have challenged our old ideas and developed fresh, innovative, and effective ways of supporting the healthcare workforce during a time when our mission could not be more vital. Some of Darwin's other views may have pushed a scientific version of racism that still impacts us today. Ironically, embracing adaptation and a willingness to confront our assumptions and biases will serve us well in confronting the challenges of COVID-19 and systemic racism.

Navigating these challenges would not be possible without the collaboration and collective expertise that embody this Federation. Having immediate access to guidance from across the field has been critical to rapidly evolving best practices under unprecedented circumstances. Our email groups, ever-expanding online resources, and virtual education sessions have provided and will continue to provide you with the connections and tools you need to stay at the top of your game.

As the pandemic wears on, casualties among physicians working on the front lines of patient care have heightened the national discourse on physician suicide and well-being. This much-needed and overdue attention touches directly on our work and underscores the importance of having our expertise and voice included in the dialogue. FSPHP has spent the last several years nurturing strong relationships with the major players among national organizations that shape the healthcare professional, regulatory, and advocacy environment. As

the result of these efforts, you may rest assured that the Federation is effectively representing you on the issues that impact your work and participants. The bottom line is that we are here for you and being a member of the Federation has never been more relevant and valuable. We count on your continued support, through membership activities, committee work, and charitable giving so that we can grow the resources and influence that will help us support and sustain the healthcare workforce in the days ahead.

Serving as your first (and hopefully last) “virtual president” has challenged me in ways I had never anticipated. It has been disappointing to not be able to gather with you, break bread, and connect on a more intimate level during a time when we really need each other's support. But being a virtual president also means fewer days I must travel or put on a suit and more bedtime stories with my kids. We were recently reading Kobi Yamada's book, *What Do You Do With A Problem?* In it, we are reminded that inside the heart of any problem lies opportunity. In complicated times, the truth of this simple and transcendent concept could not be more ironic and comforting.

A famous poker player once said, “Anyone can play heroically, but in the end, what is most important is how you play the terrible hands, the ones you can barely stand to look at.” As a Federation we will unmask opportunities and manage the tough hands. We will take hope and inspiration from humble yet abiding faith in our ability to prevail over adversity. And, when foreboding creeps in (as it inevitably will) we recognize that our strength is drawn from the power of relationships to support, heal, and accomplish together what we could not do alone. ■

EXECUTIVE DIRECTOR'S MESSAGE

Linda Bresnahan, MS
Executive Director

It certainly has been a year like no other with consistent “unprecedented” experiences. Most worrisome of all is how COVID-19 has upended so many lives. Through all of this, my gratitude for the FSPHP and appreciation for what you all do to help support the profession grow and grounds me every day.



Linda R. Bresnahan, MS

The stress imposed on the profession from COVID-19 is at an all-time high. This year has been a time to be grateful that our member Physician Health Programs were in

place to support those referred. FSPHP was at the center of conversations with national organizations discussing “access to confidential care for the profession.” FSPHP takes these opportunities to educate about the historical reasons PHPs were designed—to be a safe, confidential resource for the profession in each state, supported by organized medicine, as an alternative to discipline.

This year, FSPHP members came together via virtual meetings and our E-lists in the most meaningful ways to support each other through the changes in their services imposed by COVID-19. PHPs developed new ways to monitor and provide services virtually that resulted in a smooth, seamless source of PHP support in each state. Most PHPs reported that access to their PHP and peer support groups was increased in ways that resulted in meaningful improvements to their reach.

Overall, our Physician Health Programs and FSPHP resiliency were tested, and we all persevered. This is what makes you, Physician Health Programs, and the FSPHP so special! ■

KEY INITIATIVES OF FSPHP

FSPHP SUPPORTS THE DR. LORNA BREEN HEALTH CARE PROVIDER PROTECTION ACT S.B. 4349

(<https://www.congress.gov/bill/116th-congress/senate-bill/4349?q=%7b%22search%22%3a%5b%22d%22%5d%7d&s=1&r=3>)

When this legislation is enacted, the FSPHP, along with our member Physician Health Programs (PHPs) across the United States, will have an opportunity to be a part of the solution to address the intensifying stress, burnout, mental health, substance misuse, and suicide crisis among physicians that have been exacerbated by COVID-19. The legislation calls for access to grants for resources that will provide additional education, research, and training to address the well-being of the profession. PHPs are well positioned to address the mandates described in the legislation and to be part of the solution when it comes to implementing the training, the best practices, the education, and research called for in the bill.

PERFORMANCE ENHANCEMENT AND EFFECTIVE REVIEW™ (PEER™) AND THE FSPHP EVALUATION AND TREATMENT ACCREDITATION (FSPHP-ETA) PILOTS TO LAUNCH IN 2021

- **The FSPHP Accreditation and Review Council (ARC)** was designed to oversee the work of two FSPHP technical committees (the Evaluation and Treatment Accreditation™ [FSPHP-ETA™] Committee [ETAC] and the Performance Enhancement and Effectiveness Review [PEER™] Committee [PEERC]).

Members of these committees can be reviewed here: <https://www.fsphp.org/committees>. The ARC, PEERC, and ETAC each consist of a highly diverse group of stakeholders and subject matter experts.

- **FSPHP’s Performance Enhancement and Effectiveness Review™ (PEER™) program** will create and manage an on-site review process of PHPs across the United States and Canada. The review will capitalize on best practices in physician health and identify areas that will benefit from improvements.
 - Criteria and Metrics for the PEER™ have been drafted, and currently the committee is refining, editing, and merging the final 20–39 criteria of the total 150 criteria.
 - Once finalized, the criteria and metrics will advance to the ARC for review.
- **The FSPHP’s Evaluation and Treatment Accreditation™ program** is aimed at treatment providers and centers that care for healthcare professionals, again ensuring that our physicians who become ill are given the best treatment using evidence-based care designed for those in a safety-sensitive occupation.
 - Criteria and Metrics (approx. 105 criteria) for the ETA™ have been drafted, refined, and edited with the ETAC approving the final set of criteria and metrics to advance to the ARC for review.
- **Next steps in development of BOTH ETA™ and PEER™** include adopting an application, policies, and procedures, launching of a pilot and beta testing, identifying and recruiting subject matter experts (SMEs), and developing a training program for SMEs. FSPHP estimates launching the pilot to both programs sometime in the early part of 2021. The key priority for development has been to utilize a consensus-building process.
- **FSPHP Is Grateful for the National Support** from the Federation of State Medical Boards (FSMB) Foundation, the American Medical Association (AMA), the American Psychiatric Association (APA), the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), the American College of Physicians (ACP), and the American Osteopathic Association (AOA).

FSPHP MEMBERSHIP GROWTH

FSPHP has its largest membership and it continues growing. Currently, we have 266 members, including 48 State PHP Voting Members, 163 Associate Members

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Key Initiatives of FSPHP

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(affiliated with the State Voting PHPs), 23 International Members, 18 Individual Members, 4 Honorary Members, 3 Organization Members, and 7 new Industry Partner Individual Members.

- Two States have two Voting Members (Missouri and Arizona).
- Five states currently do not have a state voting PHP Member. They are South Dakota, California, Nebraska, Maine, and Wisconsin. FSPHP is working with all five states on their development efforts or on their efforts to join FSPHP.

A CALL TO ACTION TO INSPIRE AND EDUCATE! PHYSICIAN SUICIDE PREVENTION: LISTENING TO THE VOICES OF EXPERIENCE, A VIRTUAL EDUCATION SESSION, WILL TAKE PLACE DECEMBER 7, 2020, 4:00 P.M.–5:45 P.M. EDT.

A joint education program coordinated by the Federation of State Physician Health Programs (FSPHP) and the American Foundation of Suicide Prevention (AFSP)

This special program is designed for FSPHP members and speakers or guests from the American Foundation of Suicide Prevention (AFSP), the American Medical Association (AMA), the Accreditation Council for Graduate Medical Education (ACGME), the Dr. Lorna Breen Heroes' Foundation, the Federation of State Medical Boards (FSBM), the American Board of Medical Specialty (ABMS), the American Psychiatric Association (APA), the American Osteopathic Association (AOA), the Ontario Medical Association, the American College of Physicians (ACP), and the American Medical Women's Association (AMWA).

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

FSPHP BOARD OF DIRECTORS SHARPENS ITS STRATEGIC AREAS

The FSPHP Board of Directors met virtually in September 2020 for two days, focusing on plans to streamline the work of FSPHP committees, provide transparency in policy development, and assure adequate support for all FSPHP programs and services while best utilizing officers, board members, and staff.

In doing so, the FSPHP board organized FSPHP priorities into three strategic areas. FSPHP board members will serve as board liaison(s) to committees, streamlining the workflow from committees directly to the board. In addition, board liaisons will oversee and coordinate integration of committee work with the goals and objectives of the strategic plan. A new documentation method for monitoring the strategic plan will be developed.

The FSPHP Strategic Areas are:

I. Research, Education and Policy Development

Provide ongoing education and evidence about the impact of FSPHP and its member PHPs on the health of the profession via media relations, communication strategies, and research.

- Program Planning Committee, co-chaired by Dr. Martha Brown and Dr. Doris Gundersen
- Public Policy Committee, chaired by Dr. Scott Hambleton
- Publication Committee, co-chaired by Dr. Sarah Early and Amanda Kimmel
- Research Committee, co-chaired by Dr. Karen Miotto and Dr. Lisa Merlo-Green
- Medical Student and Resident Committee, co-chaired by Dr. Martha Brown and Joyce Davidson
- MAT Taskforce/Advisory Panel, chaired by Dr. Chris Bundy

II. Accountability, Consistency and Excellence

Improve accountability, consistency, and excellence by utilizing and implementing an FSPHP-endorsed review process. Develop a Performance Enhancement and Effectiveness Review Program™ for PHPs and an FSPHP-Evaluation and Treatment Accreditation™ Program for those specialized for treating healthcare professionals/safety-sensitive professionals.

- PEERC, co-chaired by Michael Ramirez and Dr. Jon Shapiro
- ETAC, co-chaired by Dr. Michael Baron and Dr. Joseph Jordan
- ETAC Focus Group
- ARC, co-chaired by Dr. Brad Hall and Dr. Scott Hambleton

III. Organizational Management and Member Services

Maintain and continue to grow an organization structure and membership services that will help achieve our mission, vision, and strategic goals with revenue that supports budget neutrality and financial sustainability.

- Finance Committee, chaired by Deanne Chapman, PA-C
- Bylaws Committee, chaired by Dr. Jon Shapiro

- Nominating Committee, chaired by Dr. Paul Earley
- Membership Committee, chaired by Dr. Chris Bundy
- Fund Development, co-chaired by Kelley Long and Angela Graham
- Ethics Committee, chaired by Dr. Michael Baron
- Past Presidents, chaired by Dr. Brad Hall and Dr. Paul Earley

Stay tuned for our next issue, which will contain updates on our committee work.

JOIN AN FSPHP COMMITTEE— COMMITTEE INTEREST FORM

https://fsphp.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2045910

The FSPHP relies on volunteers to serve on its committees to promote the missions and objectives of the organization. If you are interested in learning more about participating in one or more of these committees, please complete and submit this form. You can visit <https://www.fspHP.org/committees> to learn more about each committee and its members. FSPHP committees meet by conference call and some meet at our annual meeting. Committee membership is reviewed by committee chairs and approved by the FSPHP board on an annual basis.

FSPHP CALL FOR NOMINATIONS FOR BOARD OF DIRECTORS FOR 2021–2023 TERM

The FSPHP Nominating Committee is seeking candidates interested in openings in the leadership on the Board of Directors. The Nominating Committee is tasked with distributing its recommendations for positions by ballot in February 2021. The following Board of Director positions have reached their two-year term and will be on the ballot for the 2021–2023 term:

- Treasurer
- Secretary
- Central Region Director
- Northeast Region Director
- Southeast Region Director
- Western Region Director
- Director-at-large
- Public Director: The Public Director shall be an individual who is not affiliated with a PHP or eligible for any category of FSPHP membership. The Public Director will have experience and knowledge of not-for-profit associations and/or past external board service, is aware of and aligned with the

values of FSPHP consistent with all Board Criteria, and is someone who will bring global vision, public accountability, and transparency to board deliberations.

All current members of the board in these positions are eligible to be candidates on the ballot for another term. Interested candidates can contact any member of the [FSPHP Nominating Committee](#).

FSPHP WELCOMES NEW MEMBERS

The following new members have joined FSPHP since the Spring 2020 issue was published. Please join us in welcoming our new members!

State Voting Members

Kelli Jacobsen, Program Manager, Division of Occupational and Professional Licensing, Utah Professionals Health Program

Terrence Morgan, LCSW-C, LCADC, Program Director, MedChi—Center for a Healthy Maryland

Associate Members

Mary Behnke, RN, Clinical Advocate, New Hampshire Professionals Health Program

Marvin Bornschlegl, LCPC, CADC, CCJP, Case Manager, Illinois Professionals Health Program

Marie Brown, MD, MBA, MA, Clinical Coordinator, Washington Physicians Health Program

Jeffrey Butts, DO, Medical Director, Celebrity Care Medical Clinic

Peter DalPra, LADC, Clinical Coordinator, New Hampshire Professionals Health Program

Rosalie S. Hemphill, MSW, Case Manager, Ohio Physicians Health Program

Mikhail Joutovsky, DO, Clinical Coordinator, Montana Professional Assistance Program, Inc.

Lisa Joy, LCSW-C, Clinical Manager, Maryland Physician Health Program & Maryland Professional Rehabilitation Program

Natalie Lyons, Case Manager, Iowa Board of Medicine

Robyn Madden, Esq., Special Counsel/Administrative Coordinator, South Carolina Recovering Professional Program

Kathy McKenney, Marketing Coordinator, Missouri Physicians Health Program

Katherine McQueen, MD, Medical Director, Texas Physician Health Program

Katty Neely, Case Manager, Mississippi Physician Health Program

Trish Nyquist, Case Manager, Georgia Professionals Health Program

FSPHP Welcomes New Members*continued from page 5*

John Ordiway, MS, LPC, LAT, Clinical Director, Wyoming Professional Assistance Program

Rebecca Payne, MD, Medical Director, South Carolina Recovering Professional Program

Jennifer Rainwater, Executive Director, Tennessee Medical Foundation

Nadine Dianne Rosete, Office Administrator, Washington Physicians Health Program

Debra Sciabarrasi, Executive Director, Center for a Healthy Maryland

Lindsay Shea, BA, SUDP, RYT, Clinical Coordinator, Washington Physicians Health Program

Robert Simpson, MD, Medical Director, Utah Addiction Medicine

Tina Simpson, MD, Associate Medical Director, Kentucky Physicians Health Foundation

Donna Stetson, LMHC, Clinical Associate, Rhode Island Medical Society's Physician Health Program

Christy Weihe, Program Coordinator, Alabama Professionals Health Program

Brenda Williams-Denbo, Development Coordinator, Tennessee Medical Foundation

Don Woodhouse, MD, Medical Director, Iowa Physician Health Program

William Woods, MD, Chairman, Physicians Health Committee, Missouri State Medical Association

Industry Partner Individual Members

Suzanne Alunni-Kinkle, MSN, RN, CARN, Director of Business Development, FSSolutions

Lisa Clark, RN, MSN, Professionals Program Liaison, Acadia Healthcare

Cynthia Henderson, JD, Professionals Program Liaison, JourneyPure Center for Professional Excellence

Shane Moes, MA, Executive Vice President, FSSolutions

International Members

Laura Mattila, Director, Administration, Ontario Medical Association ■

PARTNERING TO ADVANCE PHPS

The mission of the Federation of State Physician Health Programs “to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care” is relevant now more than ever.

It is nearly impossible for us to do this important work without support from our friends and colleagues, like you. We ask that you consider a contribution through our **Partnering to Advance PHPs** campaign. Help us achieve our fundraising goal to raise over \$20,000 in 2020! We are halfway there but need your help today!

We realize from your testimonials that FSPHP remains a valuable resource for connecting our members, for education, and to coordinate regional and national efforts on a daily basis. To keep us connected on timely topics, we hosted virtual regional member meetings this fall and we continue to offer you resources for the support of clinicians during COVID-19, including on-demand access to the **“Preparing PHPs to Support Physicians Facing Moral Injury and Trauma of COVID-19”** education session.

For three decades, FSPHP has provided professional education, collaboration, and advocacy to assist our member Physician Health Programs (PHPs) across the country. FSPHP strives to support physicians, and in some states other licensed healthcare professionals, struggling with health conditions that affect their ability to practice safely and effectively.

Your support will ensure that FSPHP continues to implement new initiatives, uphold an environment of fellowship and networking, establish best practices, and assist PHPs in their quest to protect the public. We will continue collaboration with our membership and increase engagement on a national level, but we cannot do this without your help!

Will you join us in Partnering to Advance PHPs?

We remain grateful to you, our donors, for your incredible generosity and welcome new support from our colleagues. Your investment in FSPHP is essential for our continued success. You can donate online at www.fsphp.org/donate. ■

THANK YOU TO OUR 2020 DONORS

As of December 2, 2020

Advocate (\$1,000–\$2,499)

Christopher Bundy, MD, MPH, FASAM—*In honor of Scott Alberti*
Ruchi Fitzgerald, MD
Doris Gundersen, MD
P. Bradley Hall, MD, and Marlene Hall
Scott Hambleton, MD, DFASAM
Maryland Physician Health Program
Washington Physicians Health Program

Caregiver (\$500–\$999)

Paul Earley, MD, DFASAM
Dr. Alistair James Reid Finlayson—*In honor of Alexander Finlayson, MB, ChB*
Steven B. Heird, MD, FACS
Ohio Physicians Health Program
Alexis Polles, MD

Friend (\$1–\$499)

Michael Baron, MD, MPH, DFASAM
Kathleen Boyd, MSW, LICSW
Linda Bresnahan—*In honor of Robert Bondurant of the Missouri PHP*
Jeffrey Butts, DO
Mary Ellen Caiati, MD
Deanne Chapman, PA-C
Sarah Early, PsyD
Mary Fahey, LCSW
Angela Graham, MPA
Lynn Hanks, MD—*In honor of Scott Alberti*
Joseph Jones, PhD, NRCC-TC
Amanda Kimmel, MPA
Kathy McKenney
Pamela Rowland, PhD
Ray Truex, MD, FACS, FAANS
Melissa Lee Warner, MD
Heather Wilson, MSW, CFRE, CAE—*In honor of Raymond Truex, MD*
Tracy Zemansky, PhD
Penelope Ziegler, MD

Special Thanks to Our 2020 Regional Meeting Educational Grant Sponsors

Bradford Health Services
Pine Grove Behavioral Health and Addiction Services
FSSolutions
Geisinger Marworth Treatment Center
Soberman's Estate
The Farley Center
UF Health Florida Recovery Center
Veritus ■

UPDATES FROM AROUND THE UNITED STATES

A Physician Health Program (PHP) is a confidential resource for physicians, other licensed healthcare professionals, or those in training who are suffering from addictive, psychiatric, medical, behavioral, or other potentially impairing conditions. PHPs coordinate effective detection, evaluation, treatment, and continuing care monitoring of physicians with these conditions. This coordination and documentation of a participant's progress allow PHPs to provide documentation verifying a participant's compliance with treatment and/or continuing care recommendations.

State member programs have a confidential diversionary role allowing for a therapeutic alternative to disciplinary action and have the support of organized medicine in each program's state to qualify for membership.

A directory of all FSPHP State Physician Health Programs can be referenced here: <https://www.fsphp.org/state-programs>.

CALIFORNIA 2020 UPDATE

While California has had no statewide physician health program since the closure of the Medical Board of California's Diversion Program for Physicians in 2008, legislation was passed in 2016 to authorize the Medical Board to create a new Physician Health and Wellness Program. It requires the Medical Board to adopt regulations for how the program will function, and those regulations have been in the making for the last four years. On the agenda of the August 2020 meeting of the Medical Board, the status report said, "Board staff working on initial review." The California Society of Addiction Medicine continues its efforts with all the state agencies involved to get the regulations to conform to the FSPHP guidelines.

Meanwhile, the services we are accustomed to seeing from a PHP are available in California only from individual private entities and only in some parts of the state.

Hospital medical staffs and medical groups continue to be on the front line, and each develops its own methods of responding to the cases in which possible impairment arises in their systems. California Public Protection &



Karen Miotto, MD

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California 2020 Update*continued from page 7*

Physician Health (CPPPH) makes guidelines available from its website and provides videoconferences in this age of COVID-19 to give the medical staffs and medical groups the information they need.

The California Medical Association has launched Well Physician California, [cmadoocs.org/wellness](https://www.cmadoocs.org/wellness) and Care 4 Caregivers Now: <https://www.cmadoocs.org/wellness/care4caregivers>.

For information, contact Karen Miotto, MD, (310) 658-0081 or Matt Goldenberg, DO, (424) 276-0777. ■

INDIANA PROGRAM COORDINATOR CANDACE BACKER RETIRES AFTER THIRTY YEARS

When Candace Backer, LCSW, LCAC, applied for a job through the *Indianapolis Star* in 1990, almost all she knew was that it entailed working with physicians. That sounded interesting. So, Backer, then the clinical director of an inpatient substance abuse hospital for adolescents, mailed her resume and cover letter to the anonymous post office box listed in the ad.



**Candace Backer,
LCSW, LCAC**

That led to interviews with the Indiana State Medical Association (ISMA) general counsel and Commission on Physician Assistance, who had seen the need for a program to help physicians who were dealing with substance abuse. They hired Backer as the first full-time coordinator of the ISMA Physician Assistance Program (PAP).

"In 1990, there weren't very many programs, so our doctors were forward-looking in establishing one," said Backer, who will retire in January after thirty years with ISMA.

"It has been a tremendous privilege and honor to work with so many gifted and talented physicians. I'm proud of the work ISMA has done to help develop the national model of best practices in assisting physicians and to see the extraordinary rates of recovery, especially with substance use disorders."

ISMA Executive Vice President Julie Reed, JD, said ISMA is fortunate to have benefited from Backer's expertise and commitment for the past thirty years. "Her work with the Physician Assistance Program has created a solid

foundation for success in supporting Indiana physicians that will continue after her departure," Reed said.

Backer, who has served as Central Region representative on the FSPHP Board, spent her first five years as PAP coordinator building the program from the ground up. Working with the ISMA Commission on Physician Assistance, Commission Chair Randall Stevens, MD, and Medical Consultant Fred Frick, MD, she assessed physicians' needs, consulted with staff of the handful of other state programs at the time, created policies and procedures, and visited county medical society and ISMA Alliance meetings to generate referrals.

As more physicians became employed in the late 2000s, they faced new pressure to increase their caseloads and navigate the technicalities of electronic health records. Backer began working with a greater number of distressed physicians—those dealing with behavioral concerns or mental health issues. Senior Case Manager Anne Naus Kelley joined the staff in 2013, and the program's Doctor Your Spirit Web resources on burnout, health and wellness, civility, depression, and suicide were added in 2015.

Even as the number of physicians' concerns grew, a national study in 2008 showed the program was making a difference. Of 904 doctors with substance use disorders admitted to physician assistance programs in 16 states, including Indiana, 80 percent had not relapsed after five years—a rate that continues today, Backer said.

Backer calls confidentiality the foundation of the PAP's success in assisting hundreds of Indiana physicians and medical students. "Physicians always want to remember that, when they call our program, it is confidential and we cannot talk to anyone without their written consent," she said.

She emphasizes the ongoing need for physicians to manage their own emotional and mental health and create a balance between their personal and professional lives, especially during the COVID-19 pandemic. Changing the culture of institutions to ensure physician wellness is equally important, she said. She hopes that more hospital systems and medical schools will hire chief wellness officers and that those leaders will maintain their involvement with clinical medicine and the concerns of physicians on the front lines.

In recognition of her work helping Indiana physicians overcome addiction, Backer was honored with the 2018 Hero in the Fight award from the Mental Health Association of Indiana. ISMA also honored her with a resolution at its virtual annual convention in September, expressing the "deepest respect and heartfelt appreciation" for her "unparalleled commitment to

physicians in Indiana and for her service to ISMA and the medical profession.”

Senior Case Manager Anne Naus Kelley, LCSW, LCAC, will succeed Backer as coordinator of the ISMA Physician Assistance Program upon her retirement. ■

FSPHP THANKS CANDACE BAKER FOR THIRTY YEARS OF DEDICATION TO THE FSPHP AND THE FIELD!

- Joined the Indiana State Medical Association (ISMA) in 1990 as the first full-time coordinator of the ISMA Physician Assistance Program (PAP)
- Volunteer and recognized leader in physician health, having served as the FSPHP Central Region representative on the Board of Directors, serving on FSPHP Ethics Committee and other committees, and currently serving on the committee to develop FSPHP Evaluation and Treatment Accreditation (ETA™)
- Spent her first five years as PAP coordinator building the program from the ground up
- Created policies and procedures and visited county medical society and ISMA Alliance meetings to generate referrals
- Honored with the 2018 Hero in the Fight award from the Mental Health Association of Indiana
- ISMA honored her with a resolution at its virtual annual convention in September

“As a Federation Board Member, I am forever grateful to Candace Backer, as she is committed to the success of our mission. She had always reached out with suggestions in an effort to promote the health of the organization. I will truly miss her.”

—Mary Fahey, LCSW, FSPHP Central Region Director, and Program Director, Missouri Physicians Health Program

“I have had the pleasure of working with Candace for well over a decade in two different capacities. As a therapist at a professional’s treatment program, I was able to witness Candace’s dedication and clinical experience as she addressed concerns for physicians referred to treatment. Then, when I started working at IPHP, I was able to meet Candace in person at the FSPHP annual conference and was able to see the passion she had for this work and her commitment to making sure it was quality work. She has been a great advocate for accountability in the FSPHP and she will be missed. Thank you, Candace, for thirty years of dedicated service.”

—Terry Lavery, MA, LCPC, Clinical Care Advocate, Illinois Professionals Health Program, LLC ■

DONNA STETSON, LMHC, JOINS THE RHODE ISLAND MEDICAL SOCIETY

The Rhode Island Medical Society welcomes Donna Stetson, LMHC, to its staff as Clinical Associate for the Physician Health Program under the direction of Kathleen Boyd, MSW, Program Director. Ms. Stetson brings a wealth of education and experience to this newly created position. A licensed psychotherapist, Donna Stetson is a Wellesley College alumna with a master’s degree in psychology from Northeastern University and a graduate certificate in Human Resources Management from Bryant University. She is a seasoned Employee Assistance Professional (EAP) who provided case management, counseling, and coaching services to staff at a variety of organizations, including New England Medical Center, Mount Auburn Hospital, and the Massachusetts Medical Society. Prior to moving into the mental health field, Donna spent ten years in management consulting conducting primary research, facilitating focus groups, and providing corporate training and public speaking. We look forward to Donna’s contribution in expanding the program’s capacity to serve the community. ■



Donna Stetson, LMHC

TENNESSEE MEDICAL FOUNDATION SEES GOOD ENGAGEMENT AND CONNECTION TO RESOURCES WITH ONLINE MENTAL HEALTH SCREENING TOOL

Six months after launching a new online mental health screening tool, the Tennessee Medical Foundation (TMF) is seeing good engagement by Tennessee health professionals who have taken the screening, with higher-than-average connection to nearby resources.



Michael Baron, MD, MPH, FASAM

TMF Medical Director Michael Baron, MD, MPH, FASAM, is pleased with the performance of the Tennessee Professional Screening Program Questionnaire (TN PSQ) thus far. “I am so excited to see this project realized,” he said. “Since I joined the TMF, I have always wanted a proactive approach to physician health—a way that could preempt an intervention or formal referral to the TMF, or an employer or State Medical Board action. This tool is needed, especially now when physician stress is increased because of the pandemic.”

continued on page 10

Tennessee Medical Foundation Sees Good Engagement and Connection to Resources with Online Mental Health Screening Tool

continued from page 9

The TN PSQ debuted on February 3, 2020, nearly two years after the TMF began searching for new resources to help address a rise in mental health problems among health professionals.

The tool utilizes the Interactive Screening Program (ISP) developed more than a decade ago by the American Foundation for Suicide Prevention (AFSP). Working in partnership with AFSP, the tool was customized for Tennessee health professionals served by the TMF.

Strictly a noncrisis service, it offers an anonymous, confidential, and free online mental health screening that results in referrals to appropriate mental health resources and optional interaction with a program counselor.

“This tool is anonymous, voluntary, and free of charge and the outcome is completely driven by the user,” Dr. Baron said, adding this should address health professional fears involved in asking for help with mental or emotional illness.

Six-Month Data

A comprehensive report looking at data from February 3 through August 13 shows that users opting to dialogue anonymously with a program counselor were higher than average, compared to users accessing

the same tool through other organizations across the country (35.3 percent versus 30 percent).

For TMF and AFSP officials, one of the key and most satisfactory findings of the report is the higher-than-average rate of requests for referrals to a nearby resource (66.7 percent versus 40 percent).

“The levels of engagement from TN PSQ participants were significantly higher than the national average users of this program, which speaks to how the program is meeting the needs of health professionals to connect to mental health services in a way that feels safe and accessible,” said AFSP ISP Senior Director Maggie Mortali.

Dr. Baron said the tool does not replace the comprehensive assistance, support, and advocacy offered by the TMF Physician’s Health Program but is one more resource in its arsenal to help Tennessee health professionals who are struggling, especially as they cope with challenges related to the pandemic.

“The goal is to connect more people to the help they need earlier in the process—to be proactive versus reactive—hopefully before there’s a need for intervention by employers, a TMF referral, or licensing board action,” he said.

Questions?

For more information, visit e-tmf.org/tnpsq or contact the TMF at 615-467-6411. Contact Dr. Michael Baron at michaelb@e-tmf.org. ■

SPOTLIGHT ON PHYSICIAN HEALTH AND OTHER RELATED ORGANIZATIONS’ NATIONAL MEETINGS

Following are just a few of the upcoming national meetings related to physician health. The complete listing can be found on the FSPHP website at www.fsphp.org/national-organization-events.

FSPHP ANNUAL MEETING

FSPHP 2021 Virtual Education Conference
March 30, April 1, 8, and 15, 2021

FSPHP Virtual Annual Member Business Meeting
April 29, 2020, 3:00–5:00 PM EST

AAAP 31ST ANNUAL MEETING AND SCIENTIFIC SYMPOSIUM 2020

December 10–13, 2020
Virtual

ACGME 2021 ANNUAL EDUCATIONAL CONFERENCE

February 25–26, 2021
Virtual

THE 10TH ANNUAL NATIONAL RX DRUG ABUSE & HEROIN SUMMIT

April 5–8, 2021
Nashville, TN

ASAM 52ND ANNUAL CONFERENCE

April 22–24, 2021
Virtual

PHP Participant Story

WITH THE SUPPORT OF A PHP—AND LOTS OF WORK ON ME—MY LIFE AND LICENSE WERE RESTORED

It was November 25, 1989, and I walked into my Internal Medicine practice in South Florida much like I had been doing for the previous thirteen years. I was thirty-nine, married with three children, and financially and professionally successful in the community in which I was practicing. By then, my recreational drug use of the 1960s and 1970s of alcohol and marijuana had progressed to Quaaludes, hash, powder cocaine, and then freebase, always with the ubiquitous alcohol. There were lots of signs that things were not OK, but I denied them all even when confronted by friends and family. On that November day, my former medical partner handed me a brochure that said PRN—Physicians' Recovery Network—with a sticky attached to it with the name and number of a physician to contact who was a local physician affiliated with the Physician Health Program in Florida with instructions to call him.

At the end of that workday, I did, and he told me that there was concern about my "drug use" which, of course, I denied. He referred to me a physician to set up a four-day evaluation and said that I had to do it immediately. I reached an evaluator that evening, and he set me up for an assessment at his place on the Tampa side of the state—I stalled for one week and knew that I could clean my urine up by then. I did and after contemplating suicide, I arrived for the evaluation figuring I would beat this one since I knew my urine was clean (I had tested it before I left home). However, I did not know that assessments included gathering collateral information and, believe it or not, both my partner and my wife told the truth about me. The evaluator recommended twenty-eight days of treatment. I begged that if he just let me go home, I would stop using because I learned my lesson. Of course, this did not work, and he urged me to comply with treatment so that the PRN could help save my life, and license.

So began the journey of eleven months of treatment, which ended up in Atlanta after the twenty-eight days in Tampa. The evaluator was right, and due to my compliance with a Physician Health Program and treatment recommendations, my life and my

license were OK and did get better. There were lots of changes that had to be done and with the help of lots of people they did get done. I stayed clean for the next eight and one-half years without going to AA, having a sponsor, or working a program. I was working in the addiction field and that was my program. Of course, I had finished my contract and was no longer being monitored. Finally, in March of 1999 (after nine and a half years clean), I picked up a drug again, thinking that I knew so much and was so special that I could use crack just once in a while. Of course, I was wrong.

I went back to treatment—this time in Mississippi—and notified the Physician Health Program, which supported me. However, this time I did not stay clean or compliant and ended up spending some eight years going in and out of sobriety. I had a very serious suicide attempt that scientifically should have been successful. During this time, the Physician Health Program reported me to the board and my license was suspended. They agreed to monitor me, but after multiple relapses, I wasn't able to continue with the monitoring program. I had so much work to do on me. I immersed myself in AA, got a sponsor (for the first time), learned the literature (I had previously seen the movie *My Name Is Bill W.*, so why read the book?), and did lots of other therapy work.

By the grace of God and the power of this program and fellowship, I now have twelve and one-half years of sobriety. I am the happiest I have ever been in my whole life. With the Physician Health Program's support, my license was reinstated. I am working in a clinical addiction-related job having a wonderful time professionally and financially. I am now living the greatest life I have ever known. I wake up joyful and excited to do the day. My ex-wife and I have a cordial relationship. My children are an integral part of my life and I have four granddaughters who have only known me as a sober man. My gratitude list is long, but high up on it is the Physician Health Programs and all of their individual staff persons who supported me along the way. ■

NEW AND NEWLY EXPANDED MEMBERSHIP CLASSES AT FSPHP

In September, FSPHP was excited to announce our new Industry Partner Individual membership class and the newly expanded Individual membership class.

These member types were created and expanded in an effort to be more inclusive of those individuals involved in the professional health industry.

INDUSTRY PARTNER INDIVIDUAL—NEW

This membership class is open to any individual whose primary activity or work involves products or services that are of interest to physician health programs or other professional health monitoring programs, including any business that directly services such programs or their participants such as a treatment center, lab, third-party administrator, licensing board, and a professional coach.

INDIVIDUAL—NEWLY EXPANDED

This membership class is open to individuals who are engaged in the education, intervention, research, peer assistance, monitoring, and/or advocacy of physicians or other professionals with potentially impairing conditions. You may also be eligible for the individual membership class if you are a compensated and/or non-compensated staff and oversight board or committee member, or if you are an FSPHP Organizational Member in good standing, then you may be eligible to become an individual member. Visit the FSPHP website to see the updated and expanded Classes of Membership list and descriptions at <https://www.fsphp.org/classes-of-membership>.

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 e-mail 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:

- 48 State Voting
- 163 Associates
- 23 International
- 18 Individuals
- 4 Honorary
- 7 Industry Partner Individuals
- 3 Organizational

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."

It's Renewal Time

The FSPHP membership renewal period began on October 1. We hope that you will renew your FSPHP membership for 2021. The involvement of every FSPHP member is important and very much appreciated.

New members who enroll between October 1 and December 31 benefit from additional weeks of membership that extend membership through December 2021.

****New this year, each renewing State PHP member will receive an additional complimentary Associate Membership spot when existing associate memberships renew. This is for a staff, committee, or board member affiliated with your PHP. For example, if your state PHP currently has two Associate Memberships that renew, you can add a third this year at no added cost.***

Thank you and we look forward to receiving your membership renewal so we can continue to grow the FSPHP together! ■

RESOURCES CORNER

The FSPHP [Resources](#) Web pages are designed to provide comprehensive content to support education and awareness of research designed to establish best practices for the prevention, treatment, and monitoring of healthcare professionals and physicians at risk of substance use disorders, mental illness, physical illness, and other potentially impairing conditions. New information and updates are added to these pages constantly.

- [Featured Articles and Podcasts About PHPs](#)
- [Research About PHPs and Health Professionals](#)
- [Resources on Health Professional Well-Being](#)
- [FSPHP Guidelines, FSPHP Policies, FSPHP Position Statements, and Other Organizations' Statements](#)
- [Newsletters](#)

Following are some recent articles posted to the FSPHP Resources pages:

Resources on Health Professional Well-Being Web page:

- ***The Impact and Sequelae of Sexual Victimization of Graduate and Professional Students***
September 2020 article in *Current Psychopharmacology*
By **FSPHP Member Philip Hemphill, PhD**, and Margaret Reynolds
- ***Invest in Performance***
March/April 2018
Article in *Healthcare Executive*
By **FSPHP Member Joe Siegler, MD**; Colleen L. Kannaday, FACHE; and Thomas C. Dolan, PhD, FACHE

Research About PHPs and Health Professionals Web page:

- ***Alcoholics Anonymous and Other 12-Step Programs for Alcohol Use Disorder***
By John F. Kelly, PhD, Keith Humphreys, PhD, and Marica Ferri, PhD
March 2020, Cochrane Library

Featured Articles and Podcasts About PHPs Web page:

- ***Personal Privacy Versus Public Safety: Addiction Among Health Professionals***
By FSPHP Past-President Paul H. Earley, MD, DFASAM
From *The Carlat Addiction Treatment Report*,
March 2020, Substance Use in Health Professionals ■

Physician Health News Marketplace

Special thanks to all of the participating organizations!



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ADVERTISING SERVICES!

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



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FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS

2021 VIRTUAL EDUCATION CONFERENCE & ANNUAL BUSINESS MEETING

World Disrupted: Caring for Caregivers in Uncertain Times

PRE-CONFERENCE DAY: MARCH 30

CONFERENCE DATES: APRIL 1, 8 & 15

FSPHP MEMBER ANNUAL BUSINESS MEETING: APRIL 29

SAVE THE DATE

JOIN US AS WE EXCEED YOUR EXPECTATIONS AND RISE ABOVE OUR CHALLENGES!



CONFERENCE HIGHLIGHTS INCLUDE:

- Connect with leaders in the field of professional health and well-being
- Interact with exhibitors before, during and after the event via virtual exhibitor booths
- Ability to connect live with MORE attendees than ever before
- Engaging general and breakout sessions with experts including Q&A, Chat, Gaming & Polls
- Poster Symposiums Showcase with recorded informative sessions
- Ability to schedule and attend live networking breakouts
- Peer Support Meetings & Silent Auction

EDUCATION SESSIONS WILL ADDRESS:

- Prevention of healthcare professional burnout and decrease risk of physician suicide
- Reducing barriers for healthcare professionals seeking support for health and well-being
- Best practices of mental, behavioral and addiction health services provided by Physician Health Programs, Healthcare Professional Evaluation and Treatment Programs

All speakers are asked to explore the impact of COVID-19 and topics on diversity, equality, and inclusion in relation to the health and well-being of health care professionals



This activity has been approved for AMA PRA Category 1 Credit.

Visit WWW.FSPHP.ORG

Contact us at ssavage@fsphp.org/978-347-0600x102

PHYSICIAN HEALTH NEWS

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

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

CALL FOR CONTENT/ NEWSLETTER SUBMISSIONS

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

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

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

Items that you may want to consider include the following:

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

Please limit articles to 500 words or fewer and other submissions to 200 words or fewer.

Deadline for the Spring issue: January 30, 2021

Deadline for the Fall issue: August 30, 2021

WE NEED YOUR INVOLVEMENT AND INPUT!

There are various ways to get involved in the FSPHP!

- Join us as a member: <https://www.fspHP.org/membership>
- Join a Committee: <https://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
<https://www.fspHP.org/regional-meeting-sponsor>
- FSPHP Newsletter Advertisements
<https://www.fspHP.org/newsletter-advertisement>
- FSPHP 2021 Virtual Education Conference Exhibitor/Sponsorship Opportunities
<https://www.fspHP.org/2021-exhibitor-information>
- FSPHP Industry Partner Membership
<https://www.fspHP.org/classes-of-membership> ■

We hope you enjoy the 2020 Fall/Winter Issue of the *Physician Health News*.