

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 28th edition, Volume 1 of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

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

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

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PRESIDENT'S MESSAGE

Christopher Bundy, MD, MPH, FASAM

Amidst the confusion and chaos of difficult times, the stories of hope and triumph in this issue of PHN make this much certain: Our work is, and has always been, a force for good in the universe. Here, we celebrate our tireless efforts to make the world a better place. There are easier ways to make a living. The work can be challenging and exhausting, but the rewards are proportional and the positive impact to humanity, seen and unseen, is immeasurable.



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

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President's Message

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One of the most remarkable aspects of the PHP model is its force multiplier effect. We are a few dedicated individuals with modest resources supporting the healthcare of tens of thousands of patients. We proactively inform and educate the medical community on issues critical to physician health and wellness, advocate for reforms that promote workforce sustainability, and provide a safety net for our colleagues who fall ill. With rake and hoe, we humbly tend a large garden that bears fruit for the world.

Hope cannot come from a magical belief that a turn of the calendar page will restore us to normalcy. We must accept the sieges of a pandemic and infodemic that continue to endanger our communities and loved ones. Hope springs from the unfaltering faith that we will prevail in the face of this adversity, and that from it we will be stronger. Hope effervesces from the immutable values that ground and center us in our work and personal lives. Hope is the cause and consequence of our adaptability, a striving enthusiasm to grow and change and improve. Hope is knowing that our purpose, that which gives our existence meaning, has never been more relevant or important. What we do matters. What we do makes a difference.

On behalf of the FSPHP, thank you for your continued dedication and service to the profession. I hope these stories, your stories, give comfort and reassurance in the days ahead. ■

EXECUTIVE DIRECTOR'S MESSAGE

Linda Bresnahan, MS Executive Director

One of the most rewarding and inspiring aspects of my role as your executive director is experiencing the members showing up, contributing to advancements in the field, and coming together in the most impressive ways. In this issue, much is shared about how our members positively impact our mission and the growth of the organization.



Linda R. Bresnahan, MS

A few examples are the following:

- **PHP Resiliency:** Colorado PHP's Amanda Kimmel summarizes all the ways in which Physician Health Programs adjusted and shifted their services in the past year.

- **PHP Confidentiality Protection Is Essential:** Massachusetts PHP attorney Deb Grossbaum's description of the purpose and sanctity of the medical peer process, and how well these laws can serve the work of Physician Health Programs, cannot be overstated. As she explains so well, the "assurance of confidentiality in this context is so critical to the ability of a physician health program to develop an appropriate level of trust so as to enable its overall mission."
- **Leading the Way:** Dr. Paul Earley recognizes how Dr. Brad Hall is an example of how one member's dedication, drive, and leadership continue to benefit the FSPHP.
- **Keeping a Watchful Eye on Relapse:** Oregon PHP shares how they studied and found no significant increase in relapse this past year, despite the challenges the profession faced.

A Frontline Provider Credits the Physician Health Program for Teaching Him That Good Self-Care Is a Key to Surviving the Pandemic (p. 17)

If you read nothing else, please do pause and read the story shared with us from a PHP participant who explains that the lessons he learned from his personal and mental health crisis helped him move forward in his life with a commitment to put his personal health, wellness, and family first.

Like our members as well other associations and nonprofits who face unique challenges from the impact of the virus on our work, we learned that our membership was more valuable than ever before. Despite the challenges of our year, our membership has grown. We currently have reached our highest membership at 264. This means we have many who are new to their PHP and who also value learning from those in the field. Our online meetings have been well attended, offering engagement and learning. Other resources are growing with digital information, and our treasured e-list is bursting with important dialogue. I am grateful that for the first time, our annual meeting will be recorded and available on demand for over 25 hours of ongoing education throughout the year. We have more content than ever before and it will be delivered in a sustainable way for continued viewing by registered attendees.

The strength of all our members working together makes this all possible. Thank you all for your commitment to the health of the profession and the FSPHP! ■

KEY INITIATIVES OF FSPHP

- **FSPHP supports the Dr. Lorna Breen Health Care Provider Protection Act** [Dr. Lorna Breen Health Care Provider Protection Act](#) (more on the foundation here: <https://drlornabreen.org>).
- **Partnering to Advance PHPs** Continued growth in our new industry and individual membership categories is among our priorities (more here: www.fsphp.org/classes-of-membership).
- **Updates to Our Many Resources Pages** www.fsphp.org/resources
- **A Compendium of AMA Physician Health-Related Policy Has Been Created by Dr. Hambleton and the Public Policy Committee** www.fsphp.org/other-organizations--statements---revised-dec-2020.
- **2021 FSPHP Research Committee Guidelines** These guidelines were developed by the FSPHP Research Committee to help investigators interested in working with Physician Health Programs (PHPs), or with data generated by PHPs, in order to inform prospective investigators, standardize procedures, and facilitate research collaboration. The guidelines are meant to encourage research partnerships with FSPHP, and to promote and facilitate research excellence in the field of physician health.
- **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]). The ARC will welcome Tara Gibson, Vice President of Risk Management at Coverys, to the council this month.
- **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 finalizing the criteria and defining the role of authorized subject matter experts to be recruited to assist with each review. Once finalized, the criteria and metrics will advance to the ARC and FSPHP Board 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 and FSPHP Board for review.

Next steps in development of both the 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 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).

- **A CALL TO ACTION TO INSPIRE AND EDUCATE!** The joint education program coordinated by the Federation of State Physician Health Programs (FSPHP) and the American Foundation of Suicide Prevention (AFSP), *"Physician Suicide Prevention: Listening to the Voices of Experience,"* streamed live on December 7, 2020, and will be rolled out in April 2021 as a virtual program on-demand with open access.
- **ARC Issues Brief Confidential Care to Support Physician Health and Wellness** FSPHP contributed to this brief prepared by the AMA Advocacy Resource Center attorney Daniel Blaney-Koen, JD. The purpose of the report was to highlight options for physicians seeking care, including the role of PHPs. This report offers an opportunity for all PHPs to look at how confidentiality is provided in their state.
- **Your Leadership** Our board members, www.fsphp.org/board, serve two-year terms. State voting members received a ballot with the 2021–2023 candidates. Our first public member of the FSPHP Board will be elected. In April 2021, all the FSPHP committee terms are reviewed for renewal and to encourage new members to join.

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Key Initiatives of FSPHP*continued from page 3*

Please watch for news about this and preview our committees: www.fsphp.org/committees. If you have any interest, you may submit an interest form and reach out to speak to the committee chair to learn more about the work of the committee.

More to come in 2021! ■

FSPHP WELCOMES NEW MEMBERS

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

State Voting Members

Kate Manelis, LMSW
HPSP Program Manager, Integrated Behavioral Health–Oregon

Molly Rossignol, DO
Medical Director, New Hampshire Professionals Health Program

Associate Members

Ashland Boles
Program Manager, Oklahoma Health Professionals Program

Latecia Cobbs
Lead Recovery Specialist, South Carolina Recovering Professional Program

Tabitha Coffindaffer, LPC
Case Manager, West Virginia Medical Professionals Health Program

Olivia Culotta, LCPC
Clinical Manager, Center for Healthy Maryland

Daniel Farmer, DO
Assistant Professor, WVU Department of Behavioral Medicine & Psychiatry

Rachel Goldberg, LCSW
Clinician, Colorado Physician Health Program

Susan Kelley, LCSW, LCAC
Case Manager, Indiana State Medical Association

Brian McDaniel, DO, FASMBS
Governing Board President, Texas Physician Health Program

Ruthanne Orsini
Administrator, Illinois Professionals Health Program

Lowell Robertson, MD
Associate Director, Oklahoma Health Professionals Program

Jerry Howard Smith, PsyD
Clinical Coordinator, North Carolina Professionals Health Program

Mary Anna Sullivan, MD
Medical Director, Physician Health Services, Massachusetts

Alexander von Hafften Jr., MD
Committee Member, Physician Health Committee–Alaska State Medical Association

Individual Members

Jan Michelle Brown, MSc
Executive Director, SpiritWorks Foundation

David Granovetter, MD
TPMG Regional Chair, Physician Well-Being, The Permanente Medical Group, Inc.

Myrtle Greene, PhD, LMHC, CAP, ICADC
Chief Operations Officer, Intervention Project for Nurses

Joseph (Buddy) Stockwell III, Esq.
Executive Director, Tennessee Lawyers Assistance Program

Industry Partner Individual Member

Mary Ann Long, MD
WVU Medicine United Summit Center

Scott Stacy, PsyD
Managing Partner/Co-Director, Acumen Assessments and Acumen Institute

International Members

Kirat Klair
Manager, Operations, Ontario Medical Association

Laura Mattila
Director, Administration, Ontario Medical Association

Organizational Members

Robert Albury, JD, LADC
Executive Director, West Virginia Judicial & Lawyer Assistance Program

Chantale Brien, MD
Director of Intervention and Prevention, QPHP

Emily Caporal, PharmD
President, Kentucky Professionals Recovery Network

Shannon Opie, DNP, APRN, ANP-BC, CARN-AP
CEO, Intervention Project for Nurses ■

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 \$35,000 in 2021!

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 2021 DONORS

The following have donated between December 15, 2020, and March 8, 2021:

Advocate (\$1,000–\$2,499)

Doris Gundersen, MD
Scott Hambleton, MD, DFASAM

Caregiver (\$500–\$999)

Ruchi Fitzgerald, MD, FAAFP

Friend (\$1–\$499)

Elizabeth Bradshaw, MBA
James Conway, LMFT
Monica Faria, MD, FASAM
James Ferguson, DO
Lynn Hanks, MD, FASAM
Anish John, MD
Terry Lavery, MA, LCPC
Mary Long, MD
Robin McCown
Michael Ramirez, MS
Pamela Rowland, PhD
Luis Sanchez, MD
Jon Shapiro, MD, DABAM, MRO ■

PHYSICIAN HEALTH PROGRAM (PHP) COVID-19 ACUTE PHASE SURVEY AND FOLLOW-UP

Amanda Kimmel, MPA, Co-Chair
FSPHP Publications Committee,
Director of Public Affairs, Colorado
Physician Health Program



Amanda Kimmel, MPA

The Federation of State Physician Health Programs (FSPHP) state members recognized in early March 2020 that the practices of our programs would require changes in the weeks to come. We did not know that those changes would still be present here a year later. As Co-Chair of the FSPHP Publications Committee, I would like to offer some insights into not only what were the first steps our members took during the acute phase of the pandemic but also how our practices have continued to evolve. Our member programs remain committed not only to the health and well-being of physicians (and other

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Physician Health Program (PHP) COVID-19 Acute Phase Survey and Follow-Up

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healthcare professionals) but also to the safety of the patients they serve.

In late March 2020, FSPHP surveyed our members to see what programmatic practices were being altered (supportive services, participant meetings, and forensic tissue testing) due to stay-at-home orders and the rampant spread of the virus. Forty of our state member programs responded to the survey (FSPHP has 48 state program members), and the results are provided in Table 1. Participant meetings were offered by the majority of programs via telephone or videoconferencing. The majority of programs changed their requirements for support group attendance, increased their workplace/workplace monitor interactions, and were forced to reevaluate their tissue testing requirements. Not a single responding program was able to continue practices that were previously in place; with disruption came change.

The rapid responsiveness of FSPHP member programs continues to amaze us. As some members shared an update in January 2021 (results are included in the bulleted list below), state programs continue to adapt

to the changing medical community and healthcare professionals' needs. A sampling of information gathered showed many programs are doing the following:

- offering 24/7 support line(s) directly related to COVID-19 stressors
- having all staff work from home, utilizing confidential, 42 CFR, and HIPAA-compliant technologies
- engaging in case-by-case specific accommodations for participants
- increasing communication with participants; offering support
- allowing participants to engage in less frequent forensic urine screens with increased alternatives (PEth, hair/nail, or at-home breathalyzers/saliva)* noted in survey results
- working directly with tissue testing sites and treatment facilities to ensure safe-practice measures
- conducting education and outreach to their communities virtually
- allowing in-person meetings or treatment only if all COVID-19 safety precautions are met

Table 1: Physician Health Program (PHP) COVID-19 Acute Phase Survey—March 2020

		Changed Practice	Yes	No	Other
Participant Interactions	PHP Meetings	Discontinued individual face-to-face meetings (excluding emergencies)	82%	18%	–
		Discontinued group face-to-face meetings (with PHP)	85%	2%	Partially 13%
		Offering telehealth	87%	13%	–
		Offering online PHP-led support groups	47%	53%	–
	Community Services	Discontinued requirement of face-to-face support group meetings	72%	5%	Partially 23%
		Provided resources for online support group attendance	100%	–	–
		Therapist/community providers offering telehealth	75%	–	Unknown 25%
		Increased interaction with workplaces/workplace monitors	20%	49%	Partially 31%
Other Requirements	Forensic Testing Issue	Changed requirements for urine drug screens	82%*	18%	–
		Increased use of alternative drug screen collection methodologies (breath, saliva)	62.5%	15%	Considering 22.5%
		Testing changes resulting in participants being removed from work	5%	95%	
	Licensing Board(s) Involvement	Involved your board(s) in planning changes to participant requirements	32.5%	35%	Partially 22.5%
		Informed your board(s) about changes to participant requirements	57.5%	22.5%	Partially 20%

40 = Number of Physician Health Programs that responded to the survey between 03/24/2020 and 03/31/2020

*82% = 40% decreased frequency somewhat, 22% decreased frequency dramatically, 20% discontinued for all participants, and 0% increased frequency

FSPHP cannot overemphasize how important healthcare providers are to the nation during this time. Our state members are often categorized as “essential” in their communities and the services that they provide must continue; not only for those participants receiving help, but also for the patients whom they serve. As noted earlier, some consider the support groups vital, some cannot accommodate alternative tissue testing, and some programs are struggling to keep up with the ever-changing demands. But one thing is for certain: Our

programs remain committed. We remain committed to supporting, rehabilitating, and caring for all healthcare professionals so they can safely care for their patients.

For more information regarding adaptations and adjustments made by FSPHP member programs during the COVID-19 pandemic, please access the recently published article by Polles et al., “Adaptations to substance use disorder monitoring by physician health programs in response to COVID-19,” January 7, 2021, in the *Journal of Substance Abuse Treatment*. ■

A TRIBUTE TO DR. ANAND MEHENDALE

On December 19, 2020, Anand Mehendale, MD, President of the Texas Physician Health Program (TXPHP), died from complications due to COVID-19. He practiced as a neurologist in Kerrville, Texas, for many years, where his practice focused on treating complicated patients with multifaceted medical issues. Patients were known to wait months for a first appointment and to travel long distances to see him because of his expertise and reputation in treating challenging neurology cases. His commitment to addiction medicine and recovery was well known within the Texas community because he worked closely with many county medical societies to develop a resource network for impaired Texas physicians to get assistance and engage in recovery. He was instrumental in the creation of TXPHP in 2009 and took over the mantle of board president in 2018. As president, Dr. Mehendale actively addressed program updates and reform and tackled policy issues such as the adoption of FSMB and FSPHP recommended licensure questions regarding impairment, which the Texas Medical Board adopted in 2019.

He is remembered by staff and colleagues as an unfailingly kind and courageous physician who inspired those around him and led by example. He was famous for sharing stories, personal wisdom, and quotes—each of us who worked with him have stories about his ability to cut to the heart of difficult subjects in a compassionate and open-minded manner. Some oft-shared quotes that many of the TXPHP staff have returned to as we struggle with the challenges of our current times and the professional loss of our colleague and mentor are the words of Kent M. Keith (often attributed to Mother Theresa in error) that Dr. Mehendale often shared:

People are unreasonable, illogical, and self-centered.
Forgive them anyway.

If you are kind, people may accuse you of selfish, ulterior motives.
Be kind anyway.

If you are successful, you will win some false friends and some true enemies.
Succeed anyway.

If you are honest and frank, people may cheat you.
Be honest and frank anyway.

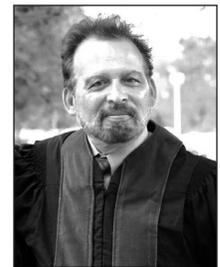
What you spend years building, someone could destroy overnight.
Build anyway.

If you find serenity and happiness, they may be jealous.
Be happy anyway.

The good you do today, people will often forget tomorrow.
Do good anyway.

Give the world the best you have, and it may never be enough.
Give the world the best you've got anyway.

You see, in the final analysis, it is between you and your God.
It was never between you and them anyway.



Anand Mehendale, MD

Dr. Mehendale leaves behind a wife, two sons, and a daughter. He also leaves behind a legacy and a vision for TXPHP. ■

IN MEMORIAM, KEN THOMPSON, MD

Paul H. Earley, MD

On September 29, 2020, our field of physician health lost a quiet lion of a man. Ken Thompson worked in the field of Addiction Medicine for 30 years. He focused his efforts on healthcare professionals who suffer from substance use disorders.

Ken worked at four addiction treatment centers, blessing them with his firm, compassionate, and person-centered approach. He carefully shared his own recovery experience, when clinically appropriate, and in doing so decreased shame and provided hope to physicians and other healthcare providers.

He counted many of us as his friends. About Ken, Dr. Scott Teitelbaum said, “Ken Thompson was one of the most influential men in my life. He was my mentor in addiction medicine and taught me to not only think critically, but to challenge patients’ denial with loving kindness. He was the model of a recovering physician who ‘walked the talk.’ We worked together for years and ate lunch nearly every day, during which we would discuss cases. His acerbic wit came through when he—tongue-in-cheek—would say, ‘Why can’t they all be spiritual giants like you and me?’ The field of addiction medicine has lost a giant and he will be sorely missed.

Dr. Mel Pohl worked with Ken, founding Like Minded Docs, a system of discussion and support for Addiction Medicine physicians. Mel said, “Ken was a straight shooter. He told it as he saw it. He organized and sustained Like Minded Docs, a group of doctors committed to the inclusion of psychosocial factors in the recovery process. This group grew to over 300 members under Ken’s leadership as a forum for information exchange among hundreds of addiction specialists. He was a true gentleman—a gentle man—a living example of humility and the AA motto, “principles before personalities.”

About Ken, Dr. Chris Bundy said, “He had that wonderful quality of making whomever he was with feel like the most important thing in the world to him.” Dr. Penny Ziegler said, “He reminded us daily that recovery (from any disease) is more than finding the best chemical cocktail for harm reduction.” Dr. Jon Shapiro added to this, saying, “At times, Ken would speak in a quiet aside, with a sly smile reflecting his understanding of people’s foibles. His love for ‘all things recovery’ was always clear. He pushed hard for us not to forgo the heart and soul of recovery as the science was developing.”

Many responded to our call for comments about Ken, including Michael Ramirez and Monica K Guidry, and doctors Brad Hall, Lynn Hankes, Alexis Polles, Louis E. Baxter. These comments will be placed on the FSPHP website for all to review. Dr. Ken Thompson is resting in peace and will remain in our hearts forever. ■



Ken Thompson, MD

BRAD HALL, MD, CONTINUES TO LEAD THE WAY

Paul H. Earley, MD, DFASAM

Brad Hall continues to lead the way with his life’s work. It is time we celebrate him and all he has brought to our lives, both individually and as an organization. Let’s spend a moment looking back at where he has been, where he is going now, and how he has benefited the profession.

Dr. Hall is a third-generation physician serving the West Virginia community. After his residency, he practiced family medicine, occupational medicine, urgent care, and sports medicine in a large multi-provider private practice with over 120 staff. He now recognizes he



Brad Hall, MD

was a burned-out physician long before that term was recognized. Ultimately, he sold the practice and shifted to addiction medicine. Maybe it was his family full of physicians that drove him to this, but his interest in physician health resulted in him establishing the West Virginia Medical Professionals Health Program (WVMPHP) as its first and founding medical director in 2007. Not being one who knew or respected his own limits, he became the president and executive director of the West Virginia Society of Addiction Medicine and went on to earn the title of Distinguished Fellow of the American Society of Addiction Medicine. Always one to get more training than one could possibly use, he is a certified Medical Review Officer and a Board Registered Interventionist.

Soon after I met Brad, I noticed that he intuitively knew where to place people to get jobs done. He could do this even when they were reluctant to go where he

wanted them to go or do what he wanted them to do! I found myself in his crosshairs during his FSPHP presidency; I soon found myself working in FSPHP in jobs I did not even know I wanted. This kind but persistent pressure has changed many of our lives. Brad brought all his people and organizational skills to the FSPHP, helping it change from a part-time service contract with the Massachusetts PHP to a full-fledged, autonomous, and vibrant organization. He had the vision to recognize FSPHP was ready for a full-time executive director and supported her transition into this role in an instrumental way. He carefully orchestrated chairs of committees and motivated individuals to run for FSPHP officer positions. If you watch carefully, he still is doing this subtle emotional jiu-jitsu to this day.

We have celebrated Brad's successes by making him the recipient of the FSPHP President's Award in 2019 and 2020. He continues to lead as the Co-Chair of FSPHP's Accreditation Review Council in its oversight of the Performance Enhancement and Effectiveness Review Program. The FSPHP counts on him for his advice and direction and will hopefully do so for years to come.

So why did I title this article, "Brad Hall, MD, Continues to Lead the Way"? Despite all his accomplishments, Brad keeps pushing forward while remembering his past. In 1951, his paternal grandfather and Clarksburg, West Virginia, otolaryngologist, Sobisca D. Hall, MD, became the eighty-fifth president of the West Virginia State Medical Association. Almost 70 years later, his grandson rose to become its latest president. In doing so, Brad encourages all of us in the field of physician health to lead in our state, local, national, and specialty organizations. Each of us needs to consider the importance of carrying the mission of physician health and well-being to the physician community at large. In doing so, we improve the lives of physicians who then contribute to the well-being of society at large.

All of us are honored to have Brad Hall in our lives. ■

THE SANCTITY OF THE PEER REVIEW PRIVILEGE

Debra A. Grossbaum, General Counsel, Massachusetts Physician Health Services

Medical peer review is the process by which healthcare organizations and institutions are able to take an unencumbered look back at certain medical practices with the goal of determining how to do things better in the future.



Debra A. Grossbaum

In doing so, organizations and institutions are able to learn and improve on these practices, increasing patient safety and the effectiveness of the care being provided. Medical peer review laws are state specific and set forth confidentiality protections to be afforded to "Medical Peer Review Committees" so that these important retroactive reviews/discussions will be exempt from discovery in a lawsuit. Without the risk of discovery, the conversations and considerations of the Medical Peer Review Committee can be open, honest, and effective. Typically, peer review laws are structured to balance the interests of patients in obtaining relevant medical information, with the importance of having a protected forum for after-the-fact discussion and review that will lead to long-term societal benefit.

Over 25 years ago, the state physician health program in Massachusetts, Physician Health Services, Inc. (PHS), became a 501(c)(3) nonprofit corporation, the primary purpose of which was the evaluation and assistance of healthcare providers impaired, allegedly impaired, or at risk for impairment by reason of alcohol, drugs, physical disability, mental illness, or otherwise. In order to achieve this mission, and fully evaluate a physician's health status, PHS recognized the need to be able to engage in open, unfettered discussions with our physician clients without the risk that these discussions could later be held against the physician in a lawsuit. Therefore, PHS looked to the Massachusetts legislature to specifically include PHS in the definition of what is to be considered a "Medical Peer Review Committee" so that PHS could avail itself of the peer review confidentiality and engage in open, protected discussions to best assist the physicians in our program, promoting safety for the public at large. The Massachusetts legislature agreed with this reasoning and in 1993 specifically amended the definition of a Medical Peer Review Committee to include PHS and its activities.

Peer review protections that, by their nature, prevent information from open discovery, often come under scrutiny. This is because society typically places great value on healthcare entities and their clinical professionals being as open and forthcoming with patients as possible. However, without the ability for PHS or other state physician health programs to assure confidentiality to physician clients, the usefulness of the assessment, and the opportunity for significant remediation, could be lost. In other words, even at the risk of limiting public information, the assurance of confidentiality in this context is so critical to the ability of a physician health program to develop an appropriate level of trust so as to enable its overall mission, that the limited cost to overall transparency is, on balance, deemed worthwhile.

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The Sanctity of the Peer Review Privilege

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Since the Massachusetts peer review law so clearly incorporates PHS activities within the definition of a “Medical Peer Review Committee,” PHS has faced occasional direct challenges to applying peer review confidentiality to its communications, and this year PHS did face such a challenge. A physician litigant in a civil employment lawsuit wanted to share the content of communications that they had during some initial phone calls to PHS. They claimed that since they did not ultimately proceed with a full PHS assessment or any direct monitoring services, the peer review protection had not yet kicked in, and as such did not apply.

Although PHS was not a party to the litigation, PHS was granted leave to file an amicus brief, arguing that as a *per se* medical peer review committee, it was critical to the sanctity of the peer review privilege that the court recognize *all* PHS communications to be covered. Were it otherwise, physicians would be chilled when reaching out to PHS and sharing the nature of their concerns lest they or others determine to stop the interaction early in the process, such as at the preassessment phase, making all their communication to that date discoverable. Rather, PHS could only function effectively as a medical peer review committee if the initial outreach and subsequent communications are included within the statute’s protection, regardless of whether the physician ultimately proceeds with an assessment or obtains subsequent PHS services and monitoring. The court agreed with this argument and supported the application of the privilege to *all* of PHS’s communications, explaining:

“The privilege was created to promote uninhibited communications between peer review committee members and any physician who might be referred to the committee for assistance. As the wording of the statute suggests, this is not a personal privilege that may be waived by one party to the communication. Rather the focus is on whether the communication occurred as part of the medical peer review process. In the instant case, the plaintiff acknowledges that PHS is in fact a medical peer review committee: formed in 1993, its sole voting member is the Massachusetts Medical Society and its primary purpose is to evaluate and assist health care providers who may be physically or mentally impaired. . . .

“It would make no sense to have the question of the confidentiality of these initial interactions turn on whether those conversations led to something more. Accordingly, [the] Motion to Enforce the Massachusetts Peer Review privilege is allowed. No

party in this action may testify at deposition or trial to the contents of the communications that [the plaintiff] had with [PHS], nor may [the Director of PHS] be deposed regarding those conversations. Furthermore, no notes or records kept by PHS regarding its communications with plaintiff shall be produced in discovery.”

The importance of this protection cannot be overstated, and having the specific language of the statute speak to PHS as an organization was undoubtedly essential in the outcome of the present case. ■

MAKE A DIFFERENCE! GET INVOLVED IN THE FSPHP-NIDA BIOMARKER STUDY

Paul H. Earley, MD, DFASAM

Six years ago, I sat through an amazing lecture by Elliot Stein, PhD, Division Chief, Neuroimaging Research Branch at the National Institute of Drug Abuse (NIDA). Dr. Stein founded the NIDA Neuroimaging Branch during the rapid and amazing expansion of new neuroimaging techniques that began in the late twentieth century, including MRI-based (e.g., fMRI, MR spectroscopy, functional connectivity, DTI) and PET (dopamine, serotonin system) imaging. Although he was hopeful about the possibility of these techniques providing meaningful data about how the brain reacts to addicting substances, he lamented the lack of proper subjects to study the spectrum of the illness, from the effects caused by ongoing substance use to early remission, and on to sustained remission. “Neuroimaging studies have amazing promise, but we need subjects in the full lifecycle of the addiction disease,” he said.



**Paul H. Earley, MD,
DFASAM**

After the lecture, I approached Dr. Stein and explained state Physician Health Programs to him. Always a bit presumptuous, I offered the possibility of the FSPHP partnering with NIDA in a large study. This led to hundreds of hours by many NIDA staff in developing a research protocol, “Imaging biomarker for addiction treatment outcome.” The original 121-page protocol was submitted for and achieved IRB approval in 2017. It is a huge study that is projected to need a total of 350 subjects to achieve statistical validity. It hopes to define the biomarkers of addiction and define brain systems that predict relapse and/or sustained remission.

But there is more. To fully understand the brain circuits of addiction and its outcome, the study also must

characterize the types and severity of addiction disorders in its subjects. Led by the principal NIDA investigator, Osama Abulseoud, MD, all participants will participate in a large set of instruments, including a Timeline Follow Back (full lifetime), the Inventory of Drug Taking Situation (IDTS), Obsessive Compulsive Drinking Scale, Penn Alcohol Craving Scale (PACS), and the Prescription Drug Use Questionnaire (PDUQ). Comorbid psychiatric conditions among the participants will be evaluated using the Structured Interview for Psychiatric Disorders (MINI+), the Beck Depression Inventory (BDI-II), the Snaith-Hamilton Pleasure Scale (SHAPS), the Beck Anxiety Inventory (BAI), Barratt Impulsivity Scale (BIS-11), the Adult ADHD self-report scale (ASRS), the Childhood Trauma Questionnaire (CTQ), the PTSD Check List – Civilian Version (PCL-C), the Personality Disorder Questionnaire (PDQ-4), and the Toronto Alexithymia Scale. A full review of psychometric and personality testing performed during treatment will also add to a massive characterization database. We will know more about our participants than we ever thought possible once this study is complete.

At this point in time, we have very early results of the participant characterization part of the study. Due to sample size, we cannot even begin to speculate the trends in our participants’ addiction disorders. However, the early data hints at the tantalizing data to come.

I can state without a doubt that this data collection process will provide an enormous increase in our understanding of the disease of addiction and its comorbid conditions. If we are able to complete the study with its 350 or more participants, it may be the biggest leap in understanding the large neural circuitry that is altered by addiction and how and when it heals.

Here is the most important part of this article. **We need your help.** To get to our goal, every PHP and all our treatment providers must help. Many of you have already begun to help. COVID-19 has stopped all the in-person parts of the study (where our participant flies to Baltimore to undergo intensive brain imaging). We hope this will start back up soon. But in the meantime, we need you to get the word out to your participants about the importance of this study, get them signed up, and complete the initial battery of tests (which can all be done virtually).

To get involved, please watch out for announcements of sessions, held by my office and/or Osama Abulseoud, MD, email me with questions (paul.earley@gaphp.org), or check into the section on the FSPHP website dedicated to this study (www.fspHP.org/NIDA_study). If you are a treatment provider, learn how you can offer this study to your patients in the latter part of their treatment.

Physicians have a storied history of studying themselves for the betterment of humankind. This is our opportunity to make an important impact. We need at least 100 participants this year. Please join us and help us make this happen! For more information, please contact Dr. Osama Abulseoud at (507) 319-0234. ■

COPE[ING] WITH COVID-19: EXPLORING LEVEL OF PARTICIPATION IN A VIRTUAL CME ACTIVITY

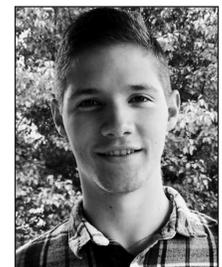
Kaylin Ervay, Lois Johnson, Garrett Girard, Elizabeth Modellmog, Mette Esbensen, Betsy Williams, and Michael Williams



Kaylin Ervay



Lois Johnson



Garrett Girard



Elizabeth Modellmog



Mette Esbensen



Betsy Williams



Michael Williams

The COVID-19 pandemic has had a profound impact on healthcare education, delivery, and, importantly, the mental health and well-being of healthcare providers, as symptoms of depression, anxiety, insomnia, and PTSD are well documented. Within medical education,

continued on page 12

Cope[ing] with COVID-19: Exploring Level of Participation In a Virtual CME Activity

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the pandemic has contributed to a need for rapid delivery of new information and a shift from live programming.

We investigated how the pandemic affected participation in a longstanding, virtual, live, small group CME activity (COPE) targeting professionalism, particularly health and well-being. The activity has previously demonstrated efficacy in reducing burnout and increasing participants' sense of well-being.

The 90-minute activity is available three times a week; typically, participants take part in one of three weekly sessions. Physician attendance for each session was reported throughout 2019 and 2020. Data on COVID-19 confirmed cases, hospitalizations, and deaths were obtained from CDC data. Linear regression and factor analysis were employed to compare small group participation to the mentioned markers of pandemic intensity.

Two pandemic intensity factors were found to be predictive of participation: one related to immediate COVID-19 intensity and one related to more cumulative COVID-19 data. COVID-19 intensity data were positively related to activity attendance, while cumulative data were negatively related to attendance. Thus, surges in the number of COVID-19 cases and deaths in a given week were associated with an increase in individual attendance. But as the cumulative sequelae of the disease were manifested, participation as a whole decreased.

A possible explanation for these findings is that the overall weight of the disease contributed to institution-related impediments, resulting in a lack of consistent participation. There are other potential interpretations of these data and our interpretation is limited in that we only have quantitative data. Other limitations include that the sample is composed of trainees/physicians previously identified as engaging in unprofessional behavior leading to referral for services. Additionally, the sample is predominantly male and from one provider center. These factors limit the generalizability of findings. While recognizing these limitations, the findings are nonetheless concerning. Despite the availability of this resource, it is being underutilized. Further exploration and elucidation of potential barriers will be important moving forward.

Physicians often try to "soldier on," a mindset that potentially contributes to their not accessing available resources. Data from this current study suggest that physicians were motivated to access supportive

services, but other forces inhibited their ultimate participation. This is concerning because the timing and frequency of the offered activity make it readily available to providers. Importantly, recent work found a close connection between the intensity of COVID-19-related occupational stressors, psychiatric symptoms, and self-reported functional impairment. It will be important to explore and understand all the potential barriers that limit the ability of healthcare professionals to access available support services during the current crisis but also more broadly. This exploration should include individual physician factors, organizational factors, and broader system factors, including concerns related to mental health stigma or concerns around regulatory/employment and/or medical staff scrutiny.

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UPDATES FROM AROUND THE UNITED STATES

OREGON HEALTH PROFESSIONALS' SERVICES PROGRAM 2020 COVID RELAPSE RATES

Christopher Hamilton, PhD, MPA, Former Monitoring Program Director, and Lori Govar, MSW, MBA, Report and Data Manager



Christopher Hamilton, PhD, MPA



Lori Govar, MSW, MBA

The year 2020 was one of challenges and change. Perhaps no group was hit harder than health professionals working the front line. Those health professionals also recovering from substance use disorders or other behavioral health issues were especially challenged as schedules became more demanding and unpredictable, making it increasingly difficult to find the time and space to follow their recovery plan.

The most important elements of a physician health program (PHP) are the structure and support it provides its participants. Structure and support

allow participants to remain healthy, productive, and prepared to meet challenges and change in the workplace, their personal lives, and the requirements of their PHP. Like other PHPs, Oregon's Health Professionals' Services Program (HPSP) adapted to the changes brought on by COVID. Whether it be modifications to collection site hours, evaluator availability, or adaptation of weekly physician groups and ongoing treatment to telehealth platforms, the program adjusted, and participants remained resilient.

Given the increased stressors on the health professionals we serve, HPSP was eager to know if there was a corresponding increase in relapse rates in 2020 when compared against the relapse rates of previous years of operation. When we analyzed the data, we were pleased to see there was no statistically significant change in participant relapse rates. In 2020, we realized a relapse rate of 10.62% for our Medical Board participants. This is 12 of the 113 physicians and physician assistants who participated in HPSP during calendar year 2020. HPSP also serves licensees from the boards of nursing, dentistry, and pharmacy. The overall HPSP participant relapse rate in 2020 was 13.65%.

As with all relapses, HPSP participants who relapse are promptly removed from practice and required to undergo an independent third-party evaluation with an approved evaluator. They must then complete all recommended treatment and recovery requirements. Twelve individuals relapsing is more than we would like to see but is certainly less than there could have been given the circumstances. This is a testament to monitoring, the adaptability of the HPSP program, and the participants' resilience.

With our commitment to continuous quality improvement, we listen to participant feedback through satisfaction surveys, conducted every six months, and analyze our data to observe trends. With all the hardships 2020 brought, we are pleased that there was not a significant increase in relapse and that the power of monitoring was once again proven. We will continue to monitor relapse and look at ways that the program can

		2017	2018	2019	2020
Medical Board	Individuals Who Relapsed	9	7	11	12
	Total Medical Participants	111	115	122	113
	Relapse Rate %	8.11%	6.09%	9.02%	10.62%
All Participants	Individuals Who Relapsed	21	34	31	34
	Total Participants	283	278	286	249
	Relapse Rate %	7.42%	12.23%	10.84%	13.65%

Oregon Health Professionals' Services Program 2020 COVID Relapse Rates

continued from page 13

mitigate future relapses through structure and support of the participants. Knowing that physicians have endurance and an almost superhuman way of keeping their lives and careers in order, we will be here when too much finally becomes too much, and as they put their guards down when COVID-19 retreats in the future. ■

RESILIENCE IN THE COVID-19 PANDEMIC

Edwin Kim, MD, MRO

Edwin Kim, MD, MRO, is a medical director at the Foundation of the Pennsylvania Medical Society's Physicians' Health Program.



Edwin Kim, MD, MRO

The global community is meeting milestones in the fight against COVID-19. I feel cautiously optimistic reading about new and updated national guidelines and encouraged by the steadily increasing number of vaccinations. Nevertheless, I remain cognizant of the effort that must continue to promote downward trends in the number of COVID-19–related hospitalizations and deaths. We're not yet in the clear, but this an important moment in our collective struggle for retrospection and reflection.

Retrospection is looking back or reviewing past events or situations especially in one's own life.¹ This action is conducted at a particular point in time to survey what has happened. For instance, when taking inventory of this past year, take note of the events that occurred at home and in the workplace. Do you remember any trials and tribulations? Conversely, did you find new strengths? Lastly, were you blessed with pleasant or unexpected gifts along the way? You may be surprised to remember just how much you were required to adapt—as a parent, child, spouse, friend, neighbor, employee, employer, consumer, patient, and provider.

By surveying this past year, you might begin to remember the magnitude of change that has occurred, and the adaptations that occurred along the way, after those initial moments of trepidation and uncertainty. In the process of describing the past 12 months, some individuals naturally shift their dialogue to exemplify how they adjusted and coped with personal challenges. One common theme was the use of technology to address the consequences of physical distancing: loneliness and isolation.

These solutions epitomize one's resilience: the ability to psychologically cope with a crisis in a way that might mitigate potentially negative consequences. People are highlighting key components of resilience: connection, mental agility, optimism, strength of character, self-awareness, and self-regulation. The University of Pennsylvania Resilience Program defines these components or competencies succinctly.

Connection is the ability to build and maintain strong, trusting relationships. Mental agility is the ability to look at situations from multiple perspectives and to think creatively and flexibly. Optimism is the ability to notice and expect the positive, to focus on what you can control, and to take purposeful action. Strength of character is the ability to use one's top strengths to engage authentically, overcome challenges, and create a life aligned with one's values. Self-awareness is the ability to pay attention to your thoughts, emotions, behaviors, and psychological reactions. Self-regulation is the ability to change one's thoughts, emotions, behaviors, and physiology in the service of a desired outcome.²

As a final reflection, take this time to acknowledge that you are resilient. Then identify the helpful responses to events in your own life that demonstrate the abilities of resilience mentioned above. If you're like most, you've likely identified a few abilities that come easily and readily. You've also established the others that can be strengthened. Fortunately, the skills necessary to foster these competencies further can be achieved with intention and guidance—whether it's through self-direction, engaging mutual help, or finding individual psychotherapy or counseling. This is one way to strengthen your ability to cope with uncertainties and potentially negative consequences as the pandemic continues.

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This article also appeared in the spring 2021 issue of the Foundation of the Pennsylvania Medical Society's PHP Update newsletter. ■

TENNESSEE MEDICAL FOUNDATION STAFF TRANSITIONS: NEW EXECUTIVE DIRECTOR, RETIREMENTS, AND ADDITIONS



Mike Todd



Jennifer Rainwater



Jeanne Breard, RN



Nancy Hooper, DPh

In a year of upheaval, the Tennessee Medical Foundation has seen its fair share of change with a leadership transition, the retirement of two veteran senior staffers, and the addition of new personnel in clinical and administrative roles within the past 11 months.

After nearly 18 years as administrator and case manager, **Mike Todd** retired in June 2020. “I have been privileged to simply be a steward of this program to try to provide the resources needed to fulfill our mission. We have achieved many things I am very proud of, and I feel the program is on solid footing,” he said.

Jennifer Rainwater, former executive assistant to Mr. Todd, Dr. Baron, and his predecessor the late Dr. Roland Gray, is now executive director. The current COVID-19 crisis added a new layer of challenges with much of the TMF team working from home as duties were transferred. “At a time like this, we understand the importance of the health of our medical professionals more than ever,” Ms. Rainwater said, adding, “It is an honor to be in a position to truly assist them.”

The Foundation also said goodbye in November 2020 to Field Coordinator **Jeanne Breard, RN**, who retired after 32 years with the TMF PHP. “I have been lucky to witness daily miracles of restored physical, mental, and emotional health in individuals and entire families,” she said.

New staff additions include **Nancy Hooper, DPh**, as case manager, and Barbara Nicks as administrative assistant.

Dr. Hooper has 20 years in pharmacy experience in a variety of settings in the Nashville, Tennessee, area, and is herself in long-term recovery. “Having personally experienced the freedom of recovery from substance use disorder, the mission of the TMF is very close to my heart and I am very grateful for the opportunity to support other professionals in their own recovery process,” she said.

Ms. Nicks is a Nashville native who brings eight years of office experience into her administrative assistant position. “I am very excited to be a part of TMF and look forward to supporting the mission of the Foundation,” she said.

TMF Board Additions

The TMF also experienced recent changes to its Board of Directors. The Foundation mourns the loss of one board member, **Thomas C. Lewis, MD**, in January, following six years of valuable service to the TMF.

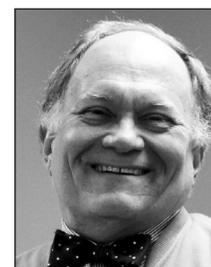


Thomas C. Lewis, MD

In addition, four new members have been installed: **Subhi D. Ali, MD**, is a returning board member; **Eric W. Berg, III, MD**; **Randall A. Ratliff, Esq.**; and **Perry C. Rothrock, III, MD**, are new to the TMF Board. The TMF is honored to be working with all four members, who bring their knowledge, experience, and talent along with a strong commitment to advancing the mission of the TMF Physician’s Health Program. ■



Subhi D. Ali, MD



Eric W. Berg, III, MD



Randall A. Ratliff, Esq.



Perry C. Rothrock, III, MD

BIG CHANGES FOR THE UTAH RECOVERY ASSISTANCE PROGRAM

Utah legislators brought about some big changes for the Utah Recovery Assistance Program (URAP) in the last year. In March of 2020, the Utah legislature unanimously passed House Bill 285, which restructured URAP into the Utah Professionals Health Program (UPHP) and provided additional funding through a small increase in licensing fees for all participating professions. The UPHP is designed to assist healthcare professionals who have substance use disorders by providing an alternative to public disciplinary action, promoting professional awareness and wellness, and offering guidance on initiating conversations with licensees about substance use.



Kelli Jacobsen, LCSW



**Robert Simpson, MD,
FASAM, DABPM-ADM,
DABIM**

Since the UPHP's launch in July of 2020, it has formed an Executive Advisory Committee that consists of some of Utah's best minds in the field of addiction, staff from the State of Utah tasked with addressing Substance Use Disorder, and licensees from a variety of healthcare professions that the UPHP serves. This volunteer committee will provide recommendations on policy and executive oversight, ensuring a fair and effective program that protects the public while supporting Utah professionals.

The UPHP would like to welcome Kelli Jacobsen, LCSW, as Program Manager. Ms. Jacobsen brings a wealth of experience in the assessment and treatment of Substance Use Disorder to this newly created position. The UPHP would also like to welcome Dr. Robert Simpson, MD, FASAM, DABPM-ADM, DABIM, as Medical Director. Dr. Simpson is a local champion for medical professionals in recovery. We are looking forward to working with the Executive Advisory Committee, Ms. Jacobsen, Dr. Simpson, and the FSPHP as we expand this new program to serve the community. ■

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."

PHP Participant Story

A FRONTLINE PROVIDER CREDITS THE PHYSICIAN HEALTH PROGRAM FOR TEACHING HIM THAT GOOD SELF-CARE IS A KEY TO SURVIVING THE PANDEMIC

I am a frontline provider at a busy hospital at the epicenter of the COVID pandemic. Most days, I get home from work completely overwhelmed and exhausted. I collapse on the floor and can barely summon the energy to speak. When I do, it is often unintelligible. My family looks at me in horror. My back aches from long shifts spent hunched over critically ill COVID patients. My face is raw and sore and chafed. There were many shifts when I had to wear inadequate PPE and there was the constant awareness of putting my own health and that of my family in jeopardy. Many patients are on ventilators and have a grim prognosis. For those who are lucky to be awake, there is never quite enough time for compassion or connection. There are always more patients to see, the hospital quite literally overflowing with patients. The final indignity is that we were forced to take a pay cut, which was even more demoralizing.

But throughout this pandemic, even in the worst of times, I have always felt that I will be okay and that I can get through this with grace. A number of years ago, I experienced a devastating personal and mental health crisis and was introduced to the Physician Health Program. Through their guidance and support, I was able to get the necessary treatment and therapy to get my life and career back on track. The enduring lesson from that experience is that I cannot rely on willpower and self-reliance alone to overcome anxiety, substance abuse, or PTSD. That was an extremely difficult and uncomfortable lesson to learn because willpower and self-reliance are the very traits that helped me excel at

every level of my education and medical career. It took time, but I ultimately learned to embrace vulnerability and fallibility not as weaknesses but as signs of my humanity. As I moved forward with my life, it was with a commitment to always put personal health, wellness, and family first over career and ambition.

As we start the new year and the pandemic rages unabated, I made the difficult decision to cut back on my work hours. This has paid immediate dividends on my overall mood and energy level. I reconnected with a therapist I used to see, which has been incredibly helpful. Also important has been making sure to get plenty of sleep. I used to take pride in being able to get by on only four to six hours of sleep, but now I aim for at least eight hours each night. I eat a healthy diet and get regular exercise. I meditate and practice yoga daily. I am reading more and watching more TV. As I write this, I have an awareness that these may come across as indulgences in the midst of a national and global health crisis. But I assure you that these are not indulgences; these are critical things that I need to do to be at my best as a provider and serve the public.

When I wake up in the morning to get ready for another difficult day at work, I feel well rested. My head is clear and my heart is open. I listen to inspirational music as I drive in to work and I feel incredible gratitude—gratitude for my own health and also for the privilege to be able to help others in this time of need. ■

THE FSPHP JOB CENTER

Visit the [FSPHP Job Center](#) for the most up-to-date listings of career opportunities in physician or professional health programs.

These are just some of the job postings currently on the FSPHP Job Center web page:

- Case Manager – Tennessee Medical Foundation
- Clinical Coordinator – Montana Professional Assistance Program, Inc.
- Case Manager – Professionals Resource Network, FL
- Medical Director – HAVEN, East Berlin, CT
- Medical Director – Ohio Physicians Health Program

Visit <https://www.fspHP.org/jobs> to see all of the job postings on the FSPHP Job Center web page.



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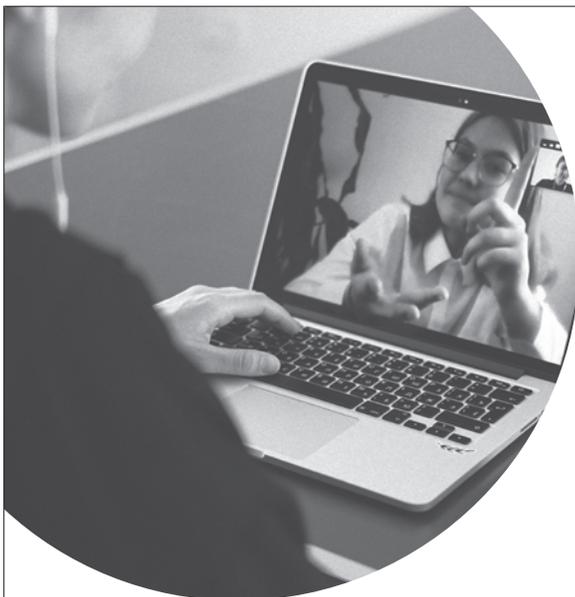
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Federation of State Physician Health Programs

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

Join Us for the FSPHP 2021 Virtual Education Conference & Annual Business Meeting as We Exceed Your Expectations and Rise Above Our Challenges! Access to Over 25 Hours of “On-Demand” Sessions

Please join other state physician health program administrators, care providers, and allied health professionals dedicated to the mission of the FSPHP and its member state programs for over three days of education, **interaction, information, and opportunity**. Conference registration includes attendance at the four days of live programming: March 30, April 1, 8, and 15.

This conference will do the following:

- Address evidence-based strategies and peer support resources to prevent healthcare professional burnout and decrease risk of suicide
- Utilize and integrate outcomes of mental health, behavioral health, and addiction services provided by Physician Health Programs to reduce conditions related to job stress
- Examine key sources of stress and apply a strengths-based approach to improve fulfillment and well-being in healthcare professionals and organizations
- Apply Physician Health Programs’ data-driven models that match the healthcare professionals’ needs for evaluation, referral, treatment, and/or monitoring when issues of aging, professional boundaries, and determining fitness for duty are required

Speakers explore the impact of COVID-19 and topics on diversity, equality, and inclusion in relation to the health and well-being of healthcare professionals.

The format delivery will be different, but the conference agenda will continue to include thought-provoking sessions, networking opportunities, social engagement, and access to information on industry-related services—all focused on **supporting professionals** dedicated to issues of **physician well-being**, including the **treatment of substance use disorders** and **mental illness facing physicians** and other **healthcare professionals**.

AMA Credit Designation Statement

The American Society of Addiction Medicine designates this live activity for a maximum of 26.5 AMA PRA Category 1 Credit(s).™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACCME Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of The American Society of Addiction Medicine and The Federation of State Physician Health Programs (FSPHP). The American Society of Addiction Medicine is accredited by the ACCME to provide continuing medical education for physicians.

[CLICK HERE TO REGISTER](#)

[CLICK HERE FOR CONFERENCE AGENDA](#)

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 Fall issue: August 30, 2021

Deadline for the Spring issue: January 30, 2022

WE NEED YOUR INVOLVEMENT AND INPUT!

There are various ways to get involved in the FSPHP!

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

Ways to support the mission of the FSPHP:

- Join our Mailing List
https://fspHP.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2030696
- Regional Member Meeting Sponsorship
www.fspHP.org/regional-meeting-sponsor
- FSPHP Newsletter Advertisements
www.fspHP.org/newsletter-advertisement
- FSPHP 2021 Virtual Education Conference Exhibitor/Sponsorship Opportunities
www.fspHP.org/2021-exhibitor-information
- FSPHP Industry Partner Membership
www.fspHP.org/classes-of-membership ■

We hope you enjoy the 2021 Spring Issue of the *Physician Health News*.