

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



VOLUME 21 • FEBRUARY 2016

Welcome to the 21st edition 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, with production and printing assistance from the Massachusetts Medical Society.

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The FSPHP is a national organization providing an exchange of information among state physician health programs to develop common objectives, goals, and standards. If you're not a member yet, please consider joining. State membership is \$400 per year, and (associate) membership is \$100. We sincerely hope you respond as an indication of your commitment to a stronger, more cohesive Federation of State Physician Health Programs. For more information on each of the membership categories, including new categories for organizational and individual members, please contact Debbie Brennan.

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***Physician Health News* developed through the volunteer efforts of the Publications Committee with pro bono assistance from the Massachusetts Medical Society's Department of Premedia and Publishing Services..**

MESSAGE FROM THE PRESIDENT

FSPHP Strong!

It is hard to believe that this will be my last "Message from the President" to the members and supporters of the FSPHP. Over the last two years, I have had the good fortune to work with fiercely dedicated and talented friends and colleagues in advancing FSPHP initiatives as well as creating new ones. With the hard work of leadership, committee chairs, and individual members volunteering their time, we have accomplished a lot and we are positioned to continue growing in numbers, expertise, and national, if not international recognition. I am forever grateful to the collective FSPHP team for the support, guidance, and wisdom provided during my tenure.

With the steady work of FSPHP volunteers, we now offer two newsletters per year to our members. The attendance at our annual meeting continues to grow, so much so that I hope you have reserved your hotel room in San Diego by now! We have introduced a new website, fsphp.org



Doris Gundersen, MD

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that includes a variety of features to improve our ability to communicate effectively and share resources on all matters relating to physician health. We have become more adept at managing media inquiries and successfully “pushed back” on mischaracterizations of our mission and the work we do to assist physicians who are addicted, depressed, experiencing burnout, or other serious medical conditions. The FSPHP has established strong relationships with a number of national organizations including the American Medical Association, the American Osteopathic Association, the Federation of State Medical Boards, the American Board of Medical Specialties, the American Society of Addiction Medicine, the American Psychiatric Association, and the Administrators in Medicine. We provided consultation to the National Practitioner Data Bank concerning language used to address physician impairment. Finally, FSPHP now has the support of Mr. Jim Wilkinson, an attorney with expertise in issues pertaining to health care who is generously volunteering his time to educate and guide us through the changing health care landscape.

In October 2015, the FSPHP Board of Directors (BOD) convened a two-day meeting in Chicago with the purpose of developing a new strategic plan. With the superb facilitation of Executive Service Corporation we were able to distill our ideas into three specific categories of action:

First, FSPHP formed a **funding work group** committed to increasing our organization’s revenue by \$550,000 over a two-year period. Members of this work group are actively pursuing potential funding sources, which will help us further develop our infrastructure and enhance member services.

Secondly, the existing **Accountability, Consistency and Excellence (ACE)** task force has been elevated to committee status, following the successful development of sound guidelines for Performance Enhancement Reviews (PER) of PHPs to provide us with a tool to measure quality of each respective PHPs work and create an opportunity for improvement where and when needed. PERs can be used to measure quality and also prepare PHPs for any external reviews they may be subjected to. Additionally,

this committee will begin to review and update the existing FSPHP guidelines for assessing and monitoring a variety of health conditions. Finally, the ACE committee will explore the possibility of developing a review process for health care professional treatment programs to further protect PHPs and their participants by ensuring treatment programs utilized by PHPs meet criteria needed to provide the best treatment and outcomes for our physician clients.

The third category of action involves the newly formed **Education, Communication, and Research in Physician Health** work group. Over time, through our successful networking efforts, educational presentations at national meetings, and growing research, FSPHP has gained credibility and respect for our expertise in physician health. While the majority of media contacts have been positive and our work has been accurately portrayed, if not praised, we have also experienced unanticipated criticisms, from a small number of PHP detractors. We recognize, as a growing and more public organization, that the FSPHP leadership must develop greater media savvy and comfort in representing the good work of PHPs outside of our historically traditional comfort zone. For this reason, media training is planned for our board of directors (BOD) and we will be including a media relations presentation at our 2016 annual meeting. Furthermore the development of education programs to promote the health and well-being of physicians is critical, along with continued research in our field.

As Aristotle once said, *“In the arena of human life, the honors and rewards fall to those who show their good qualities in action.”* I can say without hesitation, that the leadership I have had the honor to work with, in addition to committee chairs and every volunteer within the FSPHP have demonstrated their best qualities in the actions taken to advance the good work of PHPs. We will continue our mission to support physician health programs in improving the health of medical professionals thereby contributing to quality patient care. In closing, I look forward to continuing my involvement with FSPHP as past president. Dr. Hall, tag you’re it!

— **Doris C. Gundersen, MD, President,**
Federation of State Physician Health Programs

WELCOME NEW FSPHP MEMBERS AS OF 1/25/16

Seth Kunen, *Executive Director, Physicians' Health Foundation of Louisiana*

Adrienne Gaudet, MD, *Physician Advisor, Programme D'Aide Aux Medecins Du Quebec*

Lillian Miedzinski, MD, *Assessment Physician, Physician and Family Support Program of the Alberta Medical Association*

Maureen Pennington, MD, *Assessment Physician, Physician and Family Support Program of the Alberta Medical Association*

Joyce M. Davidson, LSW, *Clinician, Colorado Physician Health Program*

Peter Brennan, *Compliance Officer, Georgia Professional Health Program, Inc.*

Sara Shelton, *Program Operations Manager, Georgia Professional Health Program, Inc.*

Robert McKinnon, *Case Manager, Georgia Professional Health Program*

Martin Rusinowitz, MD, *Chair, Physician Health Committee, Maryland Physicians Health Program*

Melissa Flammer, *Case Manager, Pennsylvania Physicians' Health Program*

Katie Gruber, *Case Manager, Pennsylvania Physicians' Health Program*

Brenda G. Williams, *Development Coordinator, Tennessee Medical Foundation, Physician Health Program*

Mary Lynn Griffin, *Clinical Coordinator, New Mexico Monitored Treatment Program*

Emily Zalasky, LBSE, *Iowa Physician Health Program Case Manager*

OUR FIRST MEMBERSHIP SURVEY

As we began preparations for the development of our 2016–2019 strategic plan, we knew we needed to start with a deeper understanding of how we were meeting our members' needs and what could we do to be of more value to you. With Executive Service Corps, we developed a brief online survey to understand how we were serving you today and what were your desires and dreams for FSPHP as you looked out over the next three years. About a third of our members responded and we thank you for your great insights and honesty. This feedback became a foundation of our strategic planning process.

What did we learn?

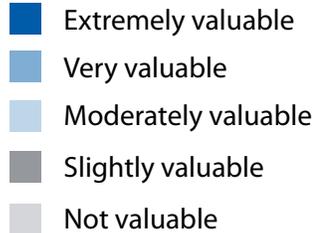
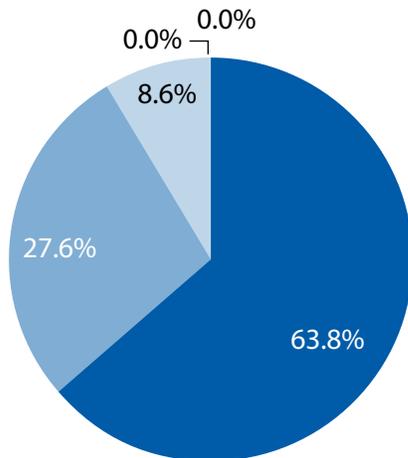
- We were excited that nearly all respondents saw high value in their FSPHP membership. Over 90 percent of the respondents viewed their membership as extremely or very valuable.
- We heard from you that the top five FSPHP services which provide the most value to you as members are:
 - Networking
 - Education
 - Annual meetings
 - List Serve
 - Power of a national presence
- We learned that we excel at two areas that are among the most to you: the annual meeting and information-sharing forums between states.
- As we hoped, we learned how we could improve what we do and how we do it to offer more value to you. There were three areas that were emphasized across the responses.
 - There is a high desire for improved guidelines for state PHPs, policies, and position statements that you as member PHPs can use to further improve your organization and its performance. You emphasize a balance between being specific and helpful, but not too restrictive as to not allow member PHPs to adapt to local laws.
 - Although information-sharing is a strength, with today's time demand and new technologies, you would like to see more diverse ways of information-sharing, e.g. more online information-sharing, improved website, or webinars. The newsletter offers a possible opportunity for better focus.
 - With common requests for media inquiries or media stories, you would like to see FSPHP provide more support in media relations.
- Finally, we asked about committee effectiveness. You shared that you saw a wide spread variation in committee effectiveness, with the significant opportunity to improve committee effectiveness within some of the committees.

What is next?

We have built off these insights and developed a three-year strategic plan that will take FSPHP to the next level. We are very excited to share it with you and excited about the even greater organization we can become.

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How valuable is your membership in FSPHP?



2015 FSPHP MEMBER SURVEY KEY POINTS

- Survey in September of 2015 in preparation for 2016–2019 strategic plan
- About a third of the members responded
- Nearly all respondents saw high value in their FSPHP membership
- Top five benefits are:
 - Networking
 - Education
 - Annual meetings
 - List Serve
 - National presence
- Extremely important and effective:
 - Annual meetings
 - Information-sharing forums between states
- What would members like to see?
 - High desire for guidelines for state PHPs, policies, and position statements
 - More diverse ways of information-sharing
 - Media relations
- There is a significant opportunity to improve committee effectiveness

CALIFORNIA PUBLIC PROTECTION AND PHYSICIAN HEALTH (CPPPH) NEW LEADERSHIP

CPPPH begins 2016 with new leadership as Barbara Thompson comes into the role of executive director. She was executive director of the Sacramento Region Affiliate of the National Council on Alcoholism and Drug Dependence from 2011 to 2015 and has over 30 years of leadership in the field of addiction and recovery with experience managing and directing medical and health care delivery organizations.



Barbara Thompson

Gail Jara will focus on CPPPH's educational programs and guideline documents, such as the one on "disruptive behavior" that is in development now: *Policies and Procedures to Address Behaviors that Undermine a Culture of Safety*.



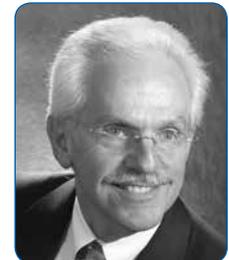
Gail Jara

Karen Miotto, MD, director of the UCLA Addiction Medicine Service and chair of the UCLA Program on Medical Staff Health, takes office as the incoming chair of the Board of Directors.



Karen Miotto, MD

Jim Hay, MD, continues his role on the Board as immediate past chair and continues as liaison to CPPPH parent organizations and their efforts to introduce legislation into the 2016 California legislature to authorize and fund a statewide physician health program.



Jim Hay, MD

In 2015, CPPPH completed its second conference — *Evaluations of Healthcare Professionals: From Initial Assessment to Fitness for Duty* — for those who conduct and report evaluations of health care professionals and, once again, provided certificates of completion to those who met the defined requirements. And CPPPH completed its fourth year of holding half-day workshops for hospital medical staff well-being committees two or three times a year in four different regions of the state.

CPPPH organized the second annual weekend retreat meeting for the Western States Health Care Professionals Group — a now two-year-old regional organization

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patterned after IDAA: www.WSHCPG.com. WSHCPH is dedicated to providing a vibrant forum for information, education, and encouragement for doctorate-level health care professionals and their families to support one another in their recovery from alcohol, drugs, and other addictions.

This year, the new leaders of CPPPH will focus their energies on shifting CPPPH from an organization supported by donations from medical and specialty societies and the hospital association to an organization supported by fees charged for its services. As part of that process, CPPPH has made its website more useful and much more user friendly; check it out www.CPPPH.org.

COLORADO PHYSICIAN HEALTH PROGRAM — QUALITY IMPROVEMENT INITIATIVES

Our goals as physician health programs are two fold; helping medical licensees within our states manage health conditions and protecting the public. This nat-



Amanda Parry, MPA, and Sarah Early, PsyD

ural tension between these two distinct goals makes the relationship with the state Medical Board even more essential for each PHP. In Colorado, we are thankful that this relationship is one of open communication, honest challenges, and equal responsibility. In the past year, a task force of Colorado Medical Board (CMB) and leaders of the Colorado Physician Health Program (CPHP) was formed to establish metrics illustrating “success and growth points” for our program. CPHP has contracted with the CMB since 1986 to provide the peer assistance services for physicians and physician assistants statewide. As a piece of the contract, certain de-identified elements of utilization and clinical outcomes are reported quarterly (and annually) to the CMB. These reports are complex in nature and often do not speak to the true question, “is CPHP successful at obtaining the aforementioned two goals?” It is for this question that the CMB/CPHP Quality Task Force started to deliberate. Six different aspects of clinical and program performance were decided upon to illustrate quality. The measures will be reported to the CMB by CPHP for the first time in 2016.

These clinical quality measurement points include metrics for time of case progression and referrals’ status regarding patient safety. More specifically, CPHP will

track how long the timespan is from client’s original contact, to first appointment, to completion of the in-house evaluation. Secondly, we are tracking the time necessary to take an official order for a licensee to receive services from CPHP, from the CMB, to the final evaluation report. These metrics were agreed upon by both the CMB and CPHP for patient safety is time-sensitive and when evaluating physicians with health conditions, one measure of success may be defined as timeliness. One secondary component that will stem from these metrics are quality benchmarks; not only determining what is a *reasonable* timespan for a licensee receiving services but what is our goal that represents an excellent quality timespan. It is a great advantage that CPHP leadership and the CMB both want to ensure that the physicians (and their patients) are receiving the absolute best care possible. CPHP looks forward to evaluating our timeliness, setting benchmarks for best practices and improving upon our services rendered. Ultimately these metrics will ensure our two goals are met — physician health and patient safety because, truly, “Healthy Doctors Give Better Care!” —*Sarah Early, PsyD, Executive Director; and Amanda Parry, MPA, Director of Public Affairs*

NEVADA PROFESSIONALS ASSISTANCE PROGRAM (NPAP) UPDATE

The NPAP continued to have a productive year in 2015. We focused on putting together a 5- to 10-year plan, educating outside resources on the work we do, and maintaining positive relationships with licensing boards, hospitals, and insurance carriers. The NPAP’s alumni program has continued to grow and has become an important representation of the influential work the NPAP is doing. We have been very pleased with the number of participants willing to voluntarily continue as alumni.

Dr. Peter Mansky, executive medical director of the NPAP, continues to serve on the Board of Trustees for the Clark County Medical Society, the largest medical society in Nevada. His work has been instrumental in referrals to the NPAP. Dr. Mansky also remains a vital source of information about professionals and impairment to the community in both Northern and Southern Nevada and continues to provide presentations, at the request of educators, hospitals, group practices, and licensing boards in Nevada.

In 2016, the NPAP is looking forward to continuing to further assist Nevada professionals and educate the community about the services we provide. — *Shauna Eger*

NEW YORK COMMITTEE FOR PHYSICIAN HEALTH (CPH) GRANTED ACCESS TO THE NY PRESCRIPTION MONITORING PROGRAM

A recent law passed in New York State now requires most prescribers to consult a prescription monitoring program registry when writing prescriptions for controlled substances. The registry, available 24 hours a day, provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients.

Patient reports include all controlled substances that were dispensed by a pharmacy or dispenser in New York State. The Department of Health website suggests that this information will allow practitioners to better evaluate their patients' treatment with controlled substances and determine whether there may be abuse or nonmedical use.

In the context of patient safety, the New York physician health program, known as the Committee for Physician Health (CPH), has been granted access to the registry through its medical director, Jeffrey Selzer, MD. Says Dr. Selzer, "Access to the prescription monitoring program has been helpful to CPH in its mission to restore physician health while protecting the public." For new referrals, CPH reviews the pattern of a referred physician's use of prescribed medication. For a participant in monitored recovery, the database provides objective confirmation that appropriately prescribed medications were dispensed. The prescription monitoring program has already made CPH aware of unreported and self-prescribed medications. — *Terrance M. Bedient, FACHE*



Terrance M. Bedient,
FACHE

OREGON — HPSP COMPLETION RATES

The Health Professionals' Services Program (HPSP) has operated since July 2010 as Oregon's physician health program for the medical, dental, and pharmacy boards and the alternative to discipline program for the nursing board. HPSP recently quantified 1) Do licensees complete HPSP? and 2) Do self-referred licensees who become known to their boards lose their licenses?



Christopher J. Hamilton,
PhD, MPA

1) Do licensees complete HPSP? Yes, 73.6% of all licensees have completed or are on target to complete HPSP. For Medical Board licensees, 84.2% have completed or are on target to complete.

Excluding a handful of licensees who were referred and subsequently separated in the first few days as inappropriate referrals (30) or died while participating (7), a total of 706 health professionals have participated in HPSP. HPSP is a minimum of two years for mental health only licensees and four or five years for licensees diagnosed with a substance use disorder. As of early December 2015, five years and five months since the program began, 43.2% (305) licensees have successfully completed HPSP. If we add in the 30.4% (215) licensees who are still active in the program, we see 73.6% of licensees have completed or are on target to complete HPSP. The 73.6% includes licensees from all four boards (nursing, dentistry, pharmacy, and medical). When we look at just the 120 Oregon Medical Board (OMB) licensees who enrolled prior to June 30, 2011, we realize a 67.5% (81) completion rate with an additional 16.67% (20) OMB licensees still active in the program. Combined, 84.2% of medical board licensees have completed or are on target to complete.

Of the 412 HPSP licensees who enrolled before July 2011, 64.8% (267) have successfully completed the program. This group is important as it represents a population where at least four and half years have passed to allow nurses (four years) and dentists, pharmacists, and OMB licensees (five years) with substance use disorders, the time necessary to complete. In addition to the 64.8% who have completed, another 3.7% (10) licensees are still active in the program.

2) Do self-referred licensees who become known to their boards lose their licenses? No, 80% of self-referred licensees who become known to their boards complete or are still active in the program.

Over the past five and a half years, a total of 139 licensees have self-referred into the program. Of these 139 licensees, 43 (31%) have become known to their boards due to a report of noncompliance and two (1.5%) of these licensees self-reported to their boards. Of the 45 self-referred licensees who became known to their respective boards, 36 (80%) have completed or are still active.

— *Christopher J. Hamilton, PhD, MPA*

AN OUTSIDER LOOKS AT PHP CARE MANAGEMENT

The twin goals of the state PHPs are to help physicians achieve long-term recovery and to save their careers while also protecting the public and its confidence in physicians.^{1,2} The incentive for physicians to participate in this rigorous system of care management is that the PHPs validate the physicians' abstinence from the use of alcohol and other drugs and compliance with recovery-focused care. The only consequence for physicians who reject or fail to comply with PHP care management is that the PHP removes the safe haven it provides to the physician. Leaving the PHP can result in adverse actions by others such as state Boards of Medicine, hospitals, insurance companies, or families who require PHP care. There is no adverse action taken by the PHPs.

The well-documented results of PHP care management speak for themselves.^{3,4,5,6,7,8,9} These outcomes set the standard for the entire world by making long-term recovery, and not relapse, the expected outcome of the PHP intervention and treatment.^{10,11,12}

This remarkable system has evolved over the past four decades, often led by physicians who are themselves in recovery. There is no one PHP model; instead each state program adapts the core approach to the individual state's needs. It would be unfortunate to insist on a rigid format for all states, not only because that ignores differences in the state regulations and laws that strongly affect the PHP programs, but also because it would stifle the ongoing innovations that have characterized the PHPs throughout their existence.

PHPs have adopted varying strategies to assist in the management of behavioral health problems among physicians, including serving physicians with alcohol and drug use disorders. The 2008 Joint Commission (TJC) publication "Creating a Culture of Safety" (Issue 40)¹³ empowered hospitals and practices to intervene when the behavior of physicians interferes with the optimal functioning of clinical teams. While PHPs have an admirable record of success helping physicians with addiction and other psychiatric illness, some physicians with concurrent substance use and mental illness can present difficult management challenges, a fact that those critical of PHPs often fail to reflect in their comments.



Robert L. DuPont, MD

It is important to recognize that many physicians entering into PHP care are angry and feel beleaguered because they do not think they have problems or need treatment. This is not unique to physicians. It is common in all addiction treatment. About 95% of individuals with substance use disorders do not perceive that they have a problem or need treatment.¹⁴ What is unique in my experience is that the large majority of physicians who leave their PHP experience are grateful to these programs. Even more impressive is that most participants remain in long-term recovery after their monitoring ends.

Not every participating physician succeeds in PHP care management. For as many as 10 to 20%, their illnesses prevent them from returning to the practice of medicine. Some of these physicians will return to PHP care after initially failing and then succeed on their second or third tries. Some who fail feel betrayed by the profession of medicine and by the PHP.

I see PHP care management as inspiring a new way of thinking about addiction treatment, which I have labeled the New Paradigm.^{15,16,17} This new approach links high quality recovery-oriented treatment with long-term monitoring and support with the standard of no-use of alcohol or other drugs. It features immersion in community support, mostly but not always, the 12-step fellowships. The random testing used by the PHPs is remarkable in identifying relapses quickly and permitting early intervention. The long-term wrap-around approach provided by PHP care has demonstrated its ability to regularly deliver recovery and satisfied, grateful participants. This is all the more remarkable given how unhappy and resentful most of these same physicians were at the time of their initial evaluations.

Legitimate concerns have been raised about the quality, objectivity and transparency of evaluations for physicians, for which guidelines and standards for the evaluation of physicians have been published by the American Psychiatric Association.¹⁸ Those conducted by centers offering treatment have been criticized as biased but they may be less expensive than independent evaluations.

Physician suicide has been a concern long before the establishment of PHPs.¹⁹ Stigma within the medical profession itself concerning mental illness and addiction has been cited as a factor contributing to suicide risk. A small outcome study by the Vanderbilt Comprehensive Assessment Program showed — not surprisingly — that being found unfit to practice and working in isolation were significant suicide risk factors.²⁰ Loss of income, loss of a professional role, and refusal to accept recommendations for care are other reasons physicians fail to seek treatment.

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Also important are the financial costs of treatment, maintaining practice and supporting a family. There is no insurance available that is suited to many of these needs. Because physicians regularly place themselves in a positive light even under these often desperately stressful circumstances, it should not be surprising that subsequent suicide was not readily predictable.

The PHP care management system deserves careful study because it holds great promise of improving the often-frustrating enterprise of addiction treatment. PHPs also appear to be the best way to organize the difficult task of caring for physicians with other behavioral and mental health problems.

About the Author

Robert L. DuPont, MD
First Director, National Institute on Drug Abuse (NIDA)
President, Institute for Behavior and Health
Clinical Professor of Psychiatry, Georgetown Medical School

Ten years ago, after more than three decades working in addiction treatment, recognizing the ubiquity of relapse after even the best treatment for alcohol and other drug addiction, I asked the question, "How good can long-term outcomes be for this cunning, baffling and powerful disease?" The answer was in my practice.

I had seen many physicians under the care management of PHPs who did amazingly well. That observation let me to recruit A. Thomas McLellan, PhD, and Gregory Skipper, MD, to help me conduct the first national study of PHP care with the active support of the Federation of State Physician Health Programs (FSPHP). We conducted the study with a small grant that Dr. McLellan obtained from the Robert Wood Johnson Foundation. To date, there have been seven professional articles published from that initial study of 904 physicians in 16 state PHPs.

— **Robert L. DuPont, MD**

Endnotes

¹Federation of State Medical Boards of the United States. (1996). Report of the Ad Hoc Committee on Physician Impairment Federation of State Medical Boards of the United States. Available: www.fsmb.org/pdf/1995_grpol_Physician_Impairment.pdf

²Federation of State Medical Boards of the United States. (2005). Policy on Physician Impairment. Federation of State Medical Boards of the United States, Inc. Available: www.fsmb.org/pdf/grpolicy-on-physician-impairment.pdf

³McLellan A.T., Skipper G.E., Campbell M.G., and DuPont R.L. (2008). Five-year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Medical Journal*, 337:a2038.

⁴DuPont R.L., McLellan A.T., Carr G., Gendel M., and Skipper G.E. (2009). How are addicted physicians treated? A national survey of physician health programs. *Journal of Substance Abuse Treatment*, 37, 1–7.

⁵DuPont R.L., McLellan A.T., White W.L., Merlo L., and Gold M.S. (2009). Setting the standard for recovery: Physicians Health Programs evaluation review. *Journal for Substance Abuse Treatment*, 36(2), 159–171.

⁶Buhl A., Oreskovich M.R., Meredith C.W., Campbell M.D., and DuPont R.L. (2011). Prognosis for the recovery of surgeons from chemical dependency. *Archives of Surgery*, 146(11), 1286–1291.

⁷Skipper G.E., Campbell M.D., and DuPont R.L. (2009). Anesthesiologists with substance use disorders: A 5-year outcome study from 16 state Physician Health Programs. *Anesthesia & Analgesia*, 109(3), 891–896.

⁸Yellowlees P.M., Campbell M.D., Rose J.S., Parish M.B., Ferrer D., Scher L.M., Skipper G.E., and DuPont R.L. (2014). Psychiatrists with substance use disorders: positive treatment outcomes from physician health programs. *Psychiatric Services*, 65(12), 1492–1495.

⁹Rose J.S., Campbell M., and Skipper G. (2014). Prognosis for emergency physician with substance abuse recovery: 5-year outcome study. *Western Journal of Emergency Medicine*, 15(1), 20–25.

¹⁰Skipper G.E., and DuPont R.L. (2011). The Physician Health Program: A replicable model of sustained recovery management. In J. F. Kelly & W. L. White (Eds.), *Addiction Recovery Management: Theory, Research and Practice* (pp. 281–299). New York: Science+Business Media, LLC.

¹¹DuPont R.L., and Humphreys K. (2011). A new paradigm for long-term recovery. *Substance Abuse*, 32(1), 1–6.

¹²DuPont R.L., and Skipper G.E. (2012). Six lessons from physician health programs to promote long-term recovery. *Journal of Psychoactive Drugs*, 44(1), 72–78.

¹³The Joint Commission. (2008). Issue 40: behaviors that undermine a culture of safety. Available at www.jointcommission.org/assets/1/18/SEA_40.PDF

¹⁴Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration.

¹⁵Finlayson, A.J.R., Dietrich, M.A., Neufeld, R., Roback, H.R., Martin, P.R. (2013) Restoring professionalism: the physician fitness for duty evaluation. *Gen Hosp Psychiatry*, 35:659–63.

¹⁶DuPont, R. L. (2014). The New Paradigm for Recovery: Making Recovery—and Not Relapse—the Expected Outcome of Addiction Treatment. Rockville, MD: Institute for Behavior and Health, Inc. Available: <http://ibhinc.org/pdfs/NewParadigmforRecoveryReportMarch2014.pdf>

¹⁷DuPont R.L., Compton W.M., and McLellan A.T. (2015). Five-year recovery: A new standard for assessing effectiveness of substance use disorder treatment. *Journal of Substance Abuse Treatment*, 58, 1–5.

¹⁸Anfang S.A., Faulkner L.R., Fromson J.A., Gendel M.H. (2005) The American Psychiatric Association's resource document on guidelines for psychiatric FFD evaluations of physicians. *J Am Acad Psychiatry Law* 33:85–8.

¹⁹Legha R.K. (2013). A history of physician suicide in America. *The Journal of Medical Humanities*, 33(4), 219–244.

²⁰Iannelli R.J., Finlayson A.J.R., Brown K.P., Neufeld R., Gray R., Dietrich M.S. and Martin P.R. (2014). Suicidal behavior among physicians referred for fitness-for-duty evaluation. *General Hospital Psychiatry*, 36(6), 732–736.



The Pennsylvania Physicians' Health Program (PHP) is celebrating its 30th anniversary this year. We saw a significant change in staff heading into 2016. Program Director Shirley Stuppy retired after more than 22 years with the PHP. Kendra Parry, MS, CADC, CIP, is serving as the new program manager, while Tiffany Booher, MA, CADC, CIP, has taken on the roll of case management supervisor.

Shirley will be greatly missed by the PHP staff and participants. She successfully led the PHP through years of growth and change. We also said happy retirement in 2015 to Lou Verna and Vicki Baker. The PHP has welcomed several new staff members, and as of January 2016, we are fully staffed! Melissa Flammer, MBA, CADC, CCDP, and Katie Gruber, CADC, joined us as case managers as well as Barbara Dillow, case management assistant. Jon Shapiro, MD, ABAM, remains our trusted medical director and Wendie Dunkin continues to be the backbone of the PHP as compliance assistant. Wendie celebrated her 25th year with the Foundation of the Pennsylvania Medical Society in 2015. The PHP staff is excited to continue to offer the best services possible and carry on the legacy that was built by those who came before us.

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After participating in this activity, attendees will be able to:

- > Discuss the mutual challenges faced by practicing physicians and physician leaders.
- > Listen and communicate more effectively as a leader and/or as a member of a team.
- > Apply negotiation and conflict resolution skills with peers in practice situations and with leaders in the institution.
- > Promote behavioral change in the workplace using new methods and problem-solving skills acceptable to the workplace and conforming to professional standards.
- > Understand and analyze personal stress and its effects on interactions.
- > And more.

Space is limited!



For a list of all the objectives and to register for this event, go to www.massmed.org/cme/events. For more information, contact PHS at 781.434.7404.

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Elective Follow-Up Session

WEDNESDAY, MAY 25, 2016

Massachusetts Medical Society Headquarters
at Waltham Woods, Waltham, Massachusetts



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MEDICAL SOCIETY

SAVE THE DATE

THURSDAY, APRIL 28—SUNDAY, MAY 1, 2016



Federation of State Physician Health Programs Annual Education Conference and Business Meeting Essentials of Physician Health Programs: Success During Challenging Times

The FSPHP is excited to announce the 2016 Federation of State Physician Health Programs Annual Education Conference and Business Meeting — *Essentials of Physician Health Programs: Success During Challenging Times* will be held in beautiful, sunny San Diego at the Manchester Grand Hyatt San Diego on Thursday, April 28—Sunday, May 1, 2016.

Our room block is now open. To make your reservation, please call (888) 591-1234 or visit <https://resweb.passkey.com/go/FSPHP2016>. Room rates are \$219 for a standard room.

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Highlights

- General and breakout sessions each day to share physician health best practices
- Networking Opportunities
- Daily Peer Support Groups
- Tentative Schedule Subject to Change
- Large exhibitor space for networking in the field

Tentative Schedule Subject to Change

THURSDAY

- Board of Directors Meeting
- 1:00 p.m. Registration/Exhibitors Open
- Luncheon
- General Sessions
- Committee Meetings
- Opening Reception

FRIDAY

- New Member Meeting
- General Sessions
- Administrative Session
- Risk Management
- Poster Session
- Board and Committee Chair Dinner

SATURDAY

- FSPHP and FSMB Joint Session
- General Sessions
- FSPHP Regional Meetings
- Annual Business Meeting
- Exhibitor Session
- Annual Business Meeting

SUNDAY

- General Sessions
- Adjournment at 11:30 a.m.

Poster Session

Poster viewing hours: Friday, April 29, and Saturday, April 30, from 8 a.m.—6:30 p.m. Poster Session — Friday, April 29, from 5:00—5:45 p.m.

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Meeting and Conference Agenda

(Agenda Subject to Change)

THURSDAY, APRIL 28, 2016

8:30 a.m.—noon	FSPHP BOARD OF DIRECTORS MEETING (Open to Board of Directors)
11:00 a.m.—1:00 p.m.	EXHIBITOR SET UP
1:00 p.m.	ANNUAL MEETING REGISTRATION AND EXHIBITS OPEN
1:00 p.m.	LUNCH — <i>Open Seating and Committee Meeting Tables Available</i>
1:30 p.m.—2:30 p.m.	FSPHP COMMITTEE MEETINGS (Open to Committee Members)
2:30 p.m.—3:00 p.m.	EXHIBITOR VIEWING — MEET AND GREET EXHIBITORS
3:00 p.m.	WELCOME AND INTRODUCTIONS <i>Doris C. Gundersen, MD, FSPHP President</i>
3:05 p.m.—3:30 p.m.	FSPHP AND PHYSICIAN HEALTH UPDATE (.5 AMA PRA Cat. 1 Credit™/Ethics) <i>Doris C. Gundersen, MD</i>
3:30 p.m.—4:30 p.m.	GENERAL SESSION I (1 AMA PRA Cat. 1 Credit™/Ethics) Results from the WPHP Client Exit Survey: What Graduating Participants Are Really Saying on the Way Out the Door <i>Chris Bundy, MD, MPH; and Charles Meredith, MD</i> Designing Client Exit Surveys to Capture Program Effectiveness Data <i>Elizabeth Brooks, PhD; and Scott Humphreys, MD</i>
4:30 p.m.—6:00 p.m.	GENERAL SESSION II (1.5 AMA PRA Cat. 1 Credits™) How to Hack Your Way through the Media Jungle <i>Neal Browne</i>
6:00 p.m.—7:30 p.m.	OPENING RECEPTION <i>Remarks by Doris C. Gundersen, MD, FSPHP President; and Martha E. Brown, MD, Program Planning Committee Chair</i>
7:30 p.m.—8:30 p.m.	FSPHP COMMITTEE MEETINGS (Open to Committee Members) <i>All session and events are open to all registered attendees unless otherwise noted.</i>

FRIDAY, APRIL 29, 2016

Posters available for viewing on Friday, April 29, and Saturday, April 30, from 8:00 a.m. to 6:30 p.m.

6:30 a.m.—7:30 a.m.	WALK THE WHARF, hosted by James T. Hay, MD Meet at 6:25 a.m. in the hotel lobby
7:30 a.m.—8:30 a.m.	OPEN MUTUAL SUPPORT MEETING (All Are Welcome)
7:45 a.m.—8:30 a.m.	BREAKFAST AND EXHIBIT VIEWING
8:30 a.m.—10:00 a.m.	GENERAL SESSION III (1.5 AMA PRA Cat. 1 Credit™) Comparing the Commercial Airline Pilots Monitoring, the HIMS Program, with the PHP Model <i>Lynn Hanks, MD, FASAM, Past FSPHP President; and Captain Chris Storbeck, Immediate Past HIMS Chairman and Retired Delta Airlines Pilot</i>
10:00 a.m.—10:15 a.m.	BREAK AND EXHIBIT VIEWING
10:15 a.m.—11:00 a.m.	NEW MEMBER MEETING <i>Doris C. Gundersen, MD; P. Bradley Hall; and FSPHP Officers</i> <i>Special Thanks to the FSPHP Diamond Exhibitors</i>

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11:00 a.m.—noon	PHP ADMINISTRATIVE SESSION (ETHICS) RISK MANAGEMENT OF PHPS (1 AMA PRA Cat. 1 Credit™/Ethics) <i>Legal Panel Speakers: Thomas A. Crabb, JD; Debra Grossbaum, Esq.; and James Wilkinson, Esq.</i>
noon—12:45 p.m.	LUNCHEON AND EXHIBIT VIEWING
1:00 p.m.—2:00 p.m.	CONCURRENT SESSION A (1 AMA PRA Cat. 1 Credit™) An Overview of the Ontario Medical Association's PHP Assessment Service <i>Joy Albuquerque, MD, FRCP; Lisa Lefebvre, MDCM, CCFP, MPH, DABAM; Doina Lupea, MD, MHSc; and Derek Puddester, MD, MEd FRCPC ACC</i>
	CONCURRENT SESSION B (1 AMA PRA Cat. 1 Credit™/Ethics) The Role of the Polygraph in Independent Comprehensive Evaluation for Professional Sexual Misconduct <i>Alistair James Reid Finlayson, MD; Kimberly P. Brown, PhD, ABPP; and Ron Neufeld, BSW, LADAC</i>
	Use of Polygraph in the Assessment, Treatment and Monitoring of Physicians: Tips for Success <i>Philip Hemphill, PhD; and David Clayton, BS</i>
	CONCURRENT SESSION C (1 AMA PRA Cat. 1 Credit™) A Tale of Three Doctors: Effective Screening of Physicians with Suspected TBI, Stroke and Alzheimer's Disease <i>James S. Walker, PhD, ABPP; and Paul Ragan, MD</i>
2:00 p.m.—2:15 p.m.	BREAK
2:15 p.m.—3:15 p.m.	GENERAL SESSION IV (1 AMA PRA Cat. 1 Credit™/Ethics) The Trauma of Monitoring Program Participation <i>Penelope P. Ziegler, MD</i>
3:15 p.m.—3:45 p.m.	Special Presentation—FSMB Speaker (.5 AMA PRA Cat. 1 Credit™)
3:45 p.m.—4:00 p.m.	Exhibit Viewing/Break
4:00 p.m.—5:00 p.m.	GENERAL SESSION V (1 AMA PRA Cat. 1 Credit™/Ethics) To Bupe or Not to Bupe: That is the Question <i>Scott Hambleton, MD; Paul Earley, MD; Penelope P. Ziegler, MD; Michael Kaufmann, MD; and A. Kennison Roy, III, MD</i>
5:00 p.m.—5:45 p.m.	POSTER SESSION Presenters available for Q & A (.75 AMA PRA Cat. 1 Credit™)
6:30 p.m.—9:00 p.m.	FSPHP Board of Directors and Committee Chair Dinner (Open to board of directors and committee chairs)

SATURDAY, APRIL 30, 2016

7:00 a.m.—8:00 a.m.	OPEN MUTUAL SUPPORT MEETING (All Are Welcome)
7:00 a.m.—7:45 a.m.	BREAKFAST AND EXHIBIT VIEWING
8:00 a.m.—9:15 a.m.	GENERAL SESSION VI — JOINT FSPHP AND FSMB TOPIC TBD
9:15 a.m.—10:15 a.m.	EXHIBIT VIEWING/BREAK
10:15 a.m.—11:15 a.m.	GENERAL SESSION VII (1 AMA PRA Cat. 1 Credit™/Ethics) Essential Components of PHP Participation: Perspectives of Participants 5 Years Post-Graduation <i>Lisa J. Merlo, PhD, MPE; and Robert L. DuPont, MD</i>
11:15 a.m.—12:15 p.m.	GENERAL SESSION VIII (1 AMA PRA Cat. 1 Credit™/Ethics) Truth in Advertising: What Ought to Matter When Making a Referral for Substance Use Evaluations and Treatment <i>Ben Cort</i>
12:15 p.m.—1:15 p.m.	Luncheon Recognition of Diamond Exhibitors and Exhibitor Drawing

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1:15 p.m.–2:30 p.m.	FSPHP REGIONAL MEMBER MEETINGS (Open to FSPHP Members) Western Region Southeast Region Central Region Northeast Region
2:30 p.m.–3:00 p.m.	EXHIBITOR SESSION facilitated by P. Bradley Hall, MD <i>All exhibitors are invited to meet with members of the FSPHP Program Planning Committee for discussion and feedback.</i>
3:00 p.m.–5:30 p.m.	FSPHP ANNUAL BUSINESS MEETING (Open to FSPHP State, Associate, Honorary, and International Members)
5:45 p.m.–6:00 p.m.	FSPHP BOARD OF DIRECTORS MEETING (Open to FSPHP Board of Directors)

SUNDAY, MAY 1, 2016

6:30 a.m.–7:30 a.m.	OPEN MUTUAL SUPPORT MEETING (All Are Welcome)
7:30 a.m.–8:30 a.m.	BREAKFAST AND EXHIBIT VIEWING
8:30 a.m.–9:30 a.m.	CONCURRENT SESSION A (1 AMA PRA Cat. 1 Credit™/Ethics) What Do Participants Really Think of Their PHP? <i>Charles Meredith, MD; and Chris Bundy, MD, MPH</i>
	CONCURRENT WORKSHOP B (1 AMA PRA Cat. 1 Credit™/Ethics) Challenges of Identifying, Assessing and Monitoring Medical Students and Residents <i>Martha E. Brown, MD; and Penelope P. Ziegler, MD</i>
	MEDICAL STUDENT SUGGESTIONS TO IMPROVE HEALTH AND WELLNESS
9:30 a.m.–9:45 a.m.	BREAK
9:45 a.m.–11:15 a.m.	GENERAL SESSION IX (1 AMA PRA Cat. 1 Credit™/Ethics) Five Fundamentals of Civility for Physicians <i>Michael Kaufmann, MD; and Joy Albuquerque, MD, FRCP</i>
11:15 a.m.–11:30 a.m.	CLOSING REMARKS <i>Doris C. Gundersen, MD</i>
11:30 a.m.	ADJOURN

We are excited to offer Guidebook — an interactive mobile conference guide application — at the upcoming conference.

Further Details...

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SAVE THE DATE
Friday, Sept. 30, 2016
9:00 a.m. to 4 p.m.
Crowne Plaza, Warwick, RI

Senior Physicians: Addressing Age, Ability & Acumen

The topic of the aging physician has timely and immediate relevance to the promotion of patient safety and quality patient care. “Senior Physicians: Addressing Age, Ability & Acumen” is a regional conference made possible through an educational grant from Coverys Community Healthcare Foundation. It will focus on the appropriate measures and initiatives needed to assure that physicians practice with competence and skill throughout their careers. Topics of discussion include how hospital/healthcare systems are dealing with issues of cognitive and physical function in aging physicians; what tools/guidelines exist for assessment and decision-making; how to maintain the valuable resource that aging physicians represent while protecting patient safety; and, ultimately, to prepare physicians for a successful and productive transition to retirement.

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Email physicianhealth@ama-assn.org to receive updates or visit ama-assn.org/go/physicianhealth for more information.



FSPHP E-GROUPS — PLEASE JOIN!

An extraordinarily valuable tool for our members is the FSPHP e-groups, providing a user-friendly capability to share information among our members. As you may know, we now have two e-groups. FSPHS e-groups are a forum for discussion of issues, problems, ideas, or concerns, relevant to State PHPs. Membership to the e-groups is only open to Federation members. Visit www.fsphp.org/FSPHPEGroupGuidelines11.14.pdf for guidelines on the use of the e-groups.

For any questions concerning the two e-groups groups, please call Debbie Brennan or Jessica Vautour at (781) 434-7343. There are currently many FSPHP members who are not yet enrolled on the fsphpmembers@yahoogroups.com. We'd like to change this to ensure all are enrolled. Please watch for an email invitation to join this group, if you are not already on it.

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An information exchange venue for ALL FSPHP MEMBERSHIP CATEGORIES. This includes State, Associate, Honorary, International, Individual, and Organizational members of the Federation of State Physician Health Programs, Inc.

statePHP@yahoogroups.com

A group limited to the following membership categories — State, Associate, Honorary, and International categories. All State, Associate, Honorary, and International members are eligible for both groups. Please join both.



PHYSICIAN HEALTH NEWS

The FSPHP produces a newsletter twice a year in March/April and again in July/August which is sent to all state programs, medical societies, and licensing boards. The Federation of State Physician Health Program requests articles (500 words or less) and other related information be submitted for inclusion in the FSPHP Newsletter.

SUBMISSIONS FOR NEWSLETTER:

By January 30 for the spring issue

By May 31 for the summer issue

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

Please send submissions by email to lbresnahan@mms.org.

Items that you may want to consider include:

- 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, etc.
- 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. Also, information is sent to all prospective advertisers regarding the availability of space to advertise services relevant to physician health programs. Please do not hesitate to call me at (781) 434-7342, or other members of the committee, if you should have any questions.

PHYSICIAN HEALTH AND OTHER RELATED ORGANIZATIONS NATIONAL MEETINGS

FSPHP Annual Meetings

April 28–May 1, 2016
Manchester Grand Hyatt
San Diego, CA

April 19–23, 2017
Worthington Renaissance
Fort Worth Hotel
Fort Worth, TX

Southeast FSPHP Membership Meeting

September 8, 2016
Ritz Carlton
Amelia Island, FL

Northeast FSPHP Membership Meeting

September 23, 2016
Maryland Physician Health Program
Baltimore, MD

FSMB Annual Meetings

April 28–30, 2016
Manchester Grand Hyatt San Diego
San Diego, CA

April 20–22, 2016
Omni Fort Worth Hotel
Fort Worth, TX

April 2018
Le Meridien
Charlotte, NC

2017 Canadian Conference on Physician Health

September 21–23, 2017
Westin Ottawa Hotel
Ottawa, Canada

2016 AMA-CMA-BMA International Conference on Physician Health

September 18–20, 2016
Renaissance Boston Waterfront Hotel
Boston, MA

American Academy of Addiction Psychiatry

Annual Meeting and Symposium
December 8–11, 2016
Hyatt Regency Coconut Point
Resort and Spa
Bonita Springs, FL

December 4–11, 2017
Rancho Bernardo Inn
San Diego, CA

AMA House of Delegates Annual Meeting

June 11–15, 2016
Hyatt Regency Chicago
Chicago, IL

June 10–14, 2017
Hyatt Regency Chicago
Chicago, IL

June 9–13, 2018
Hyatt Regency Chicago
Chicago, IL

June 8–12, 2019
Hyatt Regency Chicago
Chicago, IL

June 6–10, 2020
Hyatt Regency Chicago
Chicago, IL

AMA House of Delegates Interim Meeting

November 12–15, 2016
Walt Disney World Swan/Dolphin
Orlando, FL

November 11–14, 2017
Hawaii Convention Center
Honolulu, HI

November 10–13, 2018
Gaylord National
National Harbor, MD

November 16–19, 2019
Manchester Grand Hyatt
San Diego, CA

November 14–17, 2020
Manchester Grand Hyatt
San Diego, CA

American Psychiatric Association Annual Meeting

May 14–18, 2016
Atlanta, GA

May 20–24, 2017
San Diego, CA

May 5–9, 2018
New York, NY

May 18–22, 2019
San Francisco, CA

American Society of Addiction Medicine

ASAM 47th Annual Conference
Hilton Baltimore
April 14–17, 2016
Baltimore, MD

ASAM State of the Art Course in Addiction Medicine
October 6–8, 2016
Washington Hilton
Washington, DC

ASAM 48th Annual Conference
April 6–9, 2017
Hilton New Orleans Riverside
New Orleans, LA

ASAM 49th Annual Conference
April 12–15, 2018
Hilton San Diego Bayfront
San Diego, CA

ASAM 50th Annual Conference
April 4–7, 2019
Hilton Orlando
Orlando, FL

International Doctors in Alcoholics Anonymous (IDAA) Annual Meeting

August 3–7, 2016
Hilton New Orleans Riverside
New Orleans, LA

2017
Salt Lake City (Snowbird), UT

2018
Reno, NV

National Organization of Alternative Program

March 15–18, 2016
West Palm Beach Marriott
West Palm Beach, FL

Medical Group Management Association

October 30–November 2, 2016
San Francisco, CA

American Board of Medical Specialties Annual Conference

September 26–28, 2016

National Association of Medical Staff Services

NAMSS 40th Educational Conference and Exhibition
Sheraton Boston Hotel
September 17–21, 2016
Boston, MA

NAMSS 41st Educational Conference and Exhibition

The Broadmoor
October 21–25, 2017
Colorado Springs, CO

NAMSS 42nd Educational Conference and Exhibition

Long Beach Convention Center
September 29–October 3, 2018
Long Beach, CA

NAMSS 43rd Educational Conference and Exhibition

Philadelphia Marriott
October 19–October 23, 2019
Philadelphia, PA

American Academy of Psychiatry and the Law

47th Annual Meeting
October 27–30, 2016
Hilton Portland and
Executive Tower
Portland, OR

AMERSA — Association for Medical Education and Research in Substance Abuse

40th Annual National Conference
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FSPHP NEWSLETTER ADVERTISING INFORMATION AND SPECIFICATIONS

Dear prospective *Physician Health News* advertisers:

We would like to invite you and your organization to advertise your services in the future editions of *Physician Health News*. *Physician Health News* is mailed to all state programs and state licensing boards twice yearly. The newsletter is also distributed widely at the FSPHP Annual Meeting.

Articles and notices of interest to the physician health community, the newsletter includes planning information about the upcoming physician health meetings and conferences including FSPHP meetings.

We offer ad design and proofreading services for an additional fee. For your convenience, full ad specifications and PDF instructions can also be provided upon request. We hope you will consider taking advantage of this once-a-year opportunity to advertise your facility, services, and contact information.

Become part of a great resource for state physician health program professionals. The spring issue each year offers an advertising section.

We look forward to working with you in future editions.

FSPHP Publication Committee

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Sarah Early, PsyD (CO)

Scott Hambleton, MD (MS)

Carole Hoffman, PhD, LCSW, CAADC (IL)

Linda Kuhn (TX)

Charles Meredith, MD (WA)

Warren Pendergast, MD (NC)

Cathy Stratton (ME)

Amy VanMaanen, LBSW (IA)

SPECIFICATIONS

Ad Size

3.125" w x 2.25" h

Guidelines for PDF Ads

Black and White Only

Ads should be submitted as grayscale. They will be printed in black ink only. As a convenience, we are able to turn your ad into grayscale if necessary.

Border

You do not need to include a border with your ad. We will frame your advertisement with a 1-point border during newsletter production.

Font

To reduce registration problems, type should be no smaller than 9 point. Fonts must be embedded and TrueType fonts should be avoided.

Screens

150 line screens are preferred for halftones. Halftone minimum screen tone value is 10%.

File Guidelines

All submissions should be Acrobat PDF files and should be sent at the exact size specified herein. Native files or other file formats will not be accepted.

Guidelines for Word Files

Supply Word document and high-resolution logos and graphics (if applicable). Maximum 2 passes for ad approval.

Submission

Remember to label your file with your company name (i.e., CompanyX.pdf or CompanyX.doc). This will assist us in identifying your ad. Please also double check that your ad contains the most up-to-date information.

PLEASE CONSIDER A SUBMISSION IN FUTURE ISSUES!

QUESTIONS?

Please contact Linda Bresnahan at lbresnahan@mms.org