

PHYSICIAN HEALTH NEWS

The Official Newsletter of the Federation of State Physician Health Programs



Welcome to the 22nd 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. 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 Julie Robarge.

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PRESIDENT'S MESSAGE

FSPHP Strong through "UNITY"

P. Bradley Hall, MD

I quote from the end of my previous President's Message in the fall 2016 newsletter:

During my tenure as president, I hope to facilitate the FSPHP's ability to fulfill its mission *'to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.'* As president the most gratifying thing I can do is focus on the FSPHP organizational maturation and associated goals in hopes of leaving it improved, financially and strategically, during my limited time of service. To do so I will continue to need your help with the power of "WE." I am so blessed to be a part of this organization!



P. Bradley Hall, MD

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President's Message

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I'm excited to report the FSPHP has had a tremendous year in the giving of time and expertise from its membership among our many committees, workgroups, and board of directors. I don't believe in all my years of membership I have seen so much enthusiasm, activity, and associated accomplishments. The collaborations between the committees and the board have been most impressive to the benefit of the FSPHP and the members we serve. "FSPHP Strong," as Dr. Doris Gundersen says, "has become contagious." My goal of increased involvement of the FSPHP members is showing success with more member involvement and associated committee activities, which continue to expand today. I laud the efforts of all.

FSPHP board member workgroups continue to move forward with the strategic plan as previously outlined in the fall 2016 newsletter. The awareness of FSPHP funding needs and movement forward is exemplified by 100 percent participation of the current board of directors in donating in excess of \$10,000 in support of our funding campaign in 2016. There will be more information and news regarding the first inaugural funding campaign early this summer. Additionally, the interest in participating as a board member was higher than ever in advance of our upcoming April elections.

Having the privilege of attending the FSPHP Annual Conference is always a highlight of my year. Attendees bring enthusiasm and passion to a field of work best understood and experienced by others in similar roles, albeit sometimes isolated, in their own states. There is always "something in the air" at our annual meeting that is not experienced anywhere else. The quality CME, social events, and networking keeps getting better each year. As always, I look forward to seeing my friends and colleagues.

What I see as most encouraging is the collaboration and communication, which occurs among our membership. For years, I have been keenly aware of the adaptability of PHPs within each state in order to operate within individual state statutes, regulations, finances, and relationships as one of the PHP model's most valuable assets. This same asset, however, can be a liability in that the *individuality could lead* to unnecessary variations among PHPs that may not contribute to our long-term goal of accountability, consistency, and excellence, thereby not contributing to the long-term availability and viability of the PHP model itself. As we embrace this goal and performance enhancement review of PHPs, there is an obvious desire to increase our common and necessary approaches while also minimizing differences among PHPs. There is a PHP cultural shift occurring from individual silos to a larger more uniform silo encompassing all of the FSPHP.

What I see today from our membership is continued growth, sharing of experience, and expertise, which has allowed us all to grow and learn from each other to all our benefit. The uniqueness of each of our individual members coming together in support of the unified FSPHP mission (noted below) embodies a "unity of diversity, embraced, protected, and maintained in support of a collective voice representing our common welfare to the benefit of those we serve."

Your president, friend, and colleague,
P. Bradley Hall, MD ■

FSPHP'S MISSION, VISION, AND VALUES

Mission: To support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.

Vision: A society of highly effective PHPs advancing the health of the medical community and the patients they serve.

Guiding Values

Membership: The FSPHP is dedicated to enhancing the value of membership and upholding an environment of fellowship and networking.

Advocacy: The FSPHP strengthens PHPs by promoting best practices and providing guidelines, advocacy, and other resources that enhance their effectiveness. The FSPHP encourages partnerships between physician health programs, regulatory boards, and other appropriate components of organized medicine.

Collaboration: The FSPHP fosters collaboration and engagement with other national and international medical organizations.

Equality: The FSPHP opposes discrimination against physicians and the medical community solely based on the presence of a particular diagnosis or other discriminatory factors and supports the use of PHP services in lieu of disciplinary action whenever possible.

Education: The FSPHP supports education and research designed to establish best practices for the prevention, treatment, and monitoring of physicians experiencing substance use disorders, mental illness, physical illness, and other potentially impairing conditions.

FSPHP STRATEGIC GOALS (2015 TO PRESENT)

I. Funding

The FSPHP board of directors formed a funding workgroup committed to increasing our organization's revenue significantly over a two-year period. The board's workgroup's plans are successfully underway including the formation of a Funding Development Committee, which has met regularly and designed plans to assist FSPHP with fundraising. Already all fourteen FSPHP board members have donated over \$10,000 to the FSPHP in 2016. These plans will launch further in the summer of 2017 with our first inaugural campaign for donations. Donations may be made to FSPHP at www.fspHP.org/donate.

Further solicitation to donors—including associations, foundations, and organizations invested in the health of physicians and healthcare professionals—will occur, along with an increase in sponsorship and grant opportunities.

II. Accountability, Consistency, and Excellence (ACE)

The ACE workgroup of board members will continue its work to improve accountability, consistency, and excellence by developing and implementing an FSPHP-endorsed review process. This comes following the successful development of sound guidelines for performance enhancement reviews (PER) of PHPs. It is the FSPHP's goal to provide a tool to measure the quality of each respective PHP's work and create an opportunity for improvement where and when needed. The workgroup's objectives include updating FSPHP guidelines via the ACE Committee and developing a review process for identifying a range of evaluation and treatment options for the safety-sensitive professional.

III. Education, Communication, and Research

This workgroup of the board is dedicated to increasing education and communication about the value of PHPs with the assistance of several FSPHP committees such as the Past President's Committee, the Publication Committee, the Public Policy Committee, and the Program Planning Committee. This workgroup is also invested supporting the work of the FSPHP Research Committee to advance research in the field.

IV. Future efforts of this workgroup include the following:

- Educational presentations at national meetings
- Developing a library of physician health education presentations
- Developing a speakers' bureau
- Developing more educational programs for PHP members ■

MESSAGE FROM THE EXECUTIVE DIRECTOR

Linda Bresnahan, MS, Executive Director

It has been nine months in this new full-time role as your executive director, and I continue to feel grateful to be serving in this role supporting the FSPHP, its members, and the strategic plans. The national recognition of the FSPHP is apparent when I speak to other organizations about our work. The opportunity for continued growth of the organization and its benefits to the members is exciting.



Linda Bresnahan, MS

The support, dedication, and passion from the leadership, and from the thriving members involved in more committee efforts than ever before, has been encouraging. The enthusiasm and commitment that surrounds us is inspiring and will surely lead to future growth and success of FSPHP.

My focus as directed by the board will continue to be moving the strategic plans forward, increasing membership, and assisting the increasing activity of the fifteen FSPHP committees who now all meet on a regular basis. I'd like to recognize these committees and the chairs for their dedication to the FSPHP listed below. For the first time in FSPHP history, the past presidents of the FSPHP have convened monthly to discuss ways to contribute to their tremendous leadership and experience back to the FSPHP. Please join me in recognizing our committees and their leaders:

FSPHP COMMITTEES AND CHAIRS

Executive Committee

P. Bradley Hall, MD, President, Chair

Nominating Committee

Doris Gundersen, MD, Chair

Bylaws Committee

Debra Grossbaum, Esq., Chair

Program Planning Committee

Martha Brown, MD, and Doris Gundersen, MD, Co-chairs

Publication Committee

Sarah Early, PsyD, and Amanda Parry, Co-chairs

Public Policy Committee

Scott Hambleton, MD, FASAM, and Monica R. Feider, MSW, LICSW, Co-chairs

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Message from the Executive Director*continued from page 3***Finance Committee**

Robin F. McCown, Chair

**SPECIAL FSPHP COMMITTEES
(Subcommittees or Task Forces)****Membership Committee**

P. Bradley Hall, MD, and James Wieberg, Co-chairs

Ethics Committee

Bradley Diner, MD, Chair

Past President Committee

Luis T. Sanchez, MD, Chair

**Accountability, Consistency, and Excellence
Committee**Maureen Dinnan, Esq., and Doina Lupea, MD, MHSC,
Co-chairs**Medical Student and Resident Committee**

Martha Brown, MD, and Joyce Davidson, LSW, Co-chairs

Research Committee

Paul Earley, MD

Task Force on Educational Materials

David D. Goldberg, DO, Chair

Funding Development Committee

Kelley Long, MBA, Chair

A full list of committee membership can be seen at
www.fsphp.org/about/committees.***Some Highlights of Recent FSPHP Activities*****Annual Meeting:** The strongest registration with over forty exhibitors, new sponsors, and attendees for the 2017 Annual Meeting and Educational Conference suggests this will be our best meeting yet.

Along with the excellent quality abstract submissions selected for presentations, we are thrilled to have four guest speakers presenting this year throughout the conference:

- Arthur Hengerer, MD, FACS, Federation of State Medical Boards
- Kurt Mosley, *Feeling the Burn—Physician Burnout in America*, Vice President of Strategic Alliances for Merritt Hawkins (a physician search and consulting firm)

- Christine Moutier, MD, *Physician Mental Health: Preventing Suicide and Building Resilience*, CEO, American Foundation of Suicide Prevention

- Suzie Brown, MD, *My Life as a Guitardiologist*

For the first time, we are pleased to have the support of several national organizations providing educational sponsorship to the mission of the FSPHP. Please join me in recognizing and applauding them. They are the following:

- The American Society of Addiction Medicine
- The American Association of Addiction Psychiatrists
- The Center for Professional Excellence

Opening Night Silent Auction: We will hold this new event on Wednesday, April 19, 6:00–8:30 p.m., with an opening night dinner and silent auction to raise funds for the FSPHP mission and strategic goals.

Social Event on Friday, April 21, at 6:15 p.m.: New this year, join us for a trip to the Stockyard for dinner together with FSPHP friends and then on to the rodeo (\$97 per person). Visit https://accesstexas1.com/events/show_events.php?accountid=1&companyid=60 to register online for this event.

Membership Renewal

We have successfully completed the membership renewal for 2017 membership. This year ahead, the FSPHP, under the leadership of the Membership Committee, looks forward to growing our membership by gathering potential new member information from you. So please encourage your committee, staff, board members, therapists, professional coaches, and others aligned with the FSPHP mission in your state to join FSPHP. We currently have 43 state PHP members, 123 associate members, 13 international members, 5 honorary members, 11 individual members, and 3 organizational members for a total of 199 total members! We look forward to growing this number with you. For more information, please visit www.fsphp.org/membership.

Media Education

FSPHP board members and PHP directors were invited to the first Media Education Training for PHPs in January 2017. Agency 33's two-day course provided extensive information on dealing with the media as well as realistic on-camera mock interviews with participants, which were critiqued and evaluated, and used for training purposes for all participants. Each participant received a copy of his or her video file. The

FSPHP will be able to share tips for working with the media developed for this session. Key messages for education were gleaned from FAQs available on our website (www.fsphp.org/about/faqs).

FSPHP Collaboration News

- American Osteopathic Association (AOA): The FSPHP was invited to present at the AOA's Advocacy for Health Partnerships conference. Dr. David Goldberg provided an excellent presentation, "PHPs and FSPHP: Creating a Culture of Physician Wellness."
- The American Medical Association's Physician Health Program Model Act, released in 2016, takes much of its language from existing statutes with the intent to appropriately detect potentially impairing conditions early in their course and evaluate and treat physicians and other health care professionals to enhance the health of the provider and thereby better ensure public safety. For more information, visit www.fsphp.org/advocacy/ama-model-bill-physician-health-programs-actAMA.
- Federation of State Medical Boards: In addition to continued collaboration with the FSPHP on the joint session at our annual meeting, the Federation of State Medical Boards (FSMB) has designed a workgroup to consider strategies to combat physician burnout, and has invited the FSPHP to participate in this important effort. Dr. Doris Gundersen is representing the FSPHP on this FSMB Physician Burnout Workgroup.
- The Accreditation Council for Graduate Medical Education (ACGME): FSPHP President Dr. P. Bradley Hall was invited to the ACGME Second Symposium on Physician Well-Being, Commitment to Change, in November of 2016.

Thank you for trusting me in this new role for FSPHP. I look forward to hearing more from each of our members on how to continually expand and improve the FSPHP abilities to assist its members. ■

FSPHP WELCOMES THE FOLLOWING NEW MEMBERS!

FSPHP State Voting Member

Michael Baron, MD, Medical Director
Tennessee Medical Foundation PHP, TN

FSPHP Associate Members

Jamie Aldrich
Missouri Physicians Health Program, MO

Kathryn Andolsek, MD, MPH
North Carolina Professional Health Program, NC

Carolyn Batchelor
Ulliance/Michigan HPRP, MI

Stephen Batchelor
Ulliance/Michigan HPRP, MI

Brittany Boden, LCSW
Private Practice, GA

Mark Broadhead, MD
Idaho Physicians Recovery Network, ID

Joan Bunke
Montana Professional Assistance Program, MT

Russ Carpenter, MD
MAOPS, MO

Shana Corvers, PhD
Healthcare Professionals' Foundation of Louisiana, LA

Mary DuCote
Healthcare Professionals' Foundation of Louisiana, LA

Tiffany East
Southworth Associates, ID

Tracy Ellman, MS, MSW, LCSW
Missouri Regional PHP, MO

Melissa Freeman
Physician Health Services, Inc., MA

Clark Gaither, MD
North Carolina Professional Health Program, NC

Ewell Hardman
Georgia Physician Health Program, GA

John Heaton, MD
Health Professionals' Foundation of Louisiana, LA

Vanessa Hebert, LCSW
Georgia Physician Health Program, GA

Erica Herrman
Kansas Medical Society–Professionals' Health Program, KS

Caro Louise Jehle
Alabama Physician Health Program, AL

Anne Kelley
Indiana State Medical Association, IN

Richard Kenney
Missouri State Medical Association Physician Health Program, MO

Harvey Kowaloff, MD
Physician Health Services, Inc., MA

Jayne Mahboubi, LCSW
Georgia Physician Health Program, GA

Donald Misch, MD
Colorado Physician Health Program, CO

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FSPHP Welcomes the Following New Members!*continued from page 5*

Susannah Misiasek, MA, LMHC
Washington Physicians Health Program, WA

Laura Moss, MD
Washington State Physician Health Program, WA

Annie Norton
Maryland Physician Health Program, MD

Gerald Perman, MD
Medical Society of the District of Columbia, Physician Health Program, DC

Tony Porrett
North Carolina Professional Health Program, NC

Susan Silvia
Rhode Island Medical Society Foundation, RI

Juliana Szakacs
Physician Health Services, Inc., MA

Newell Warde, PhD
Rhode Island Medical Society Foundation, RI

Heather Wilson, MSW, CFRE
Foundation of the Pennsylvania Medical Society, PA

Cecilia Zinnikas, LPC
Oklahoma Health Professions Program, OK

FSPHP Organizational Member

Karen Miotto, MD
 California Public Protection and Physician Health, CA

FSPHP Individual Member

Joseph Siegler, MD; IL ■

AMA COUNCIL ON MEDICAL EDUCATION REPORT — ACCESS TO CONFIDENTIAL HEALTH SERVICES FOR MEDICAL STUDENTS AND PHYSICIANS

At the American Medical Association's (AMA) interim meeting held in Orlando in November 2016, members of the House of Delegates (HOD) adopted a Council on Medical Education report titled *Access to Confidential Health Services for Medical Students and Physicians*. The report was written in response to multiple resolutions, which asked that the AMA study the following:

- The power dichotomy between physicians and medical students, residents, and fellows as it relates to these trainees' care of patients

- The provision of on-campus mental health care in medical school and residency programs that goes beyond supportive counseling, and ongoing and future initiatives by medical schools and residency programs to provide urgent and emergent access for all medical trainees to psychiatrists
- How to encourage health systems, hospitals, and medical schools to offer physicians and medical students access to confidential and comprehensive mental health services not affiliated with their place of employment
- Ways to improve access and reduce barriers to seek preventive and routine physical and mental health care for trainees in graduate medical education programs

The council summarized its findings by noting that ensuring access to confidential health services for medical students and physicians offers many ethical, logistical, educational, and systemic/cultural challenges. Fortunately, the council noted, a variety of programs/initiatives/requirements are currently in place, from accrediting agencies and medical institutions, along with the AMA and other professional associations, to ensure more attention and holistic solutions to this issue. The council closed by stating that it believes this report and its recommendations will help raise awareness of and action on this important issue as it relates to the needs of medical students and physicians throughout the continuum.

Recommendations included asking the Liaison Committee on Medical Education (LCME), Commission on Osteopathic College Accreditation (COCA), American Osteopathic Association, and Accreditation Council for Graduate Medical Education to encourage medical schools and residency/fellowship training programs to take the following actions (which have been edited here for length):

- Provide or facilitate the immediate availability of urgent and emergent access to low-cost, confidential health care, including mental health and substance use disorder counseling services
- Ensure that residency/fellowship programs are abiding by all duty-hour restrictions, as these regulations exist in part to ensure the mental and physical health of trainees
- Encourage and promote routine health screening among medical students and resident/fellow physicians, including physical, mental, and dental care

- Remind trainees and practicing physicians to avail themselves of any needed resources to provide for their mental and physical health and well-being as a component of their professional obligation to ensure their own fitness for duty

Other recommendations asked that the AMA urge state medical boards to refrain from asking applicants about past history of mental health or substance use disorder diagnosis or treatment, and only focus on current impairment by mental illness or addiction, and to accept “safe haven” nonreporting for physicians seeking licensure or relicensure who are undergoing treatment for mental health or addiction issues; and that several existing AMA policies be updated or rescinded based on the recommendations of this current report.

The AMA also encouraged medical schools to create mental health and substance abuse awareness and suicide prevention screening programs that would be available to all medical students on an opt-out basis; ensure anonymity, confidentiality, and protection from administrative action; provide proactive intervention for identified at-risk students by mental health professionals; and inform students and faculty about personal mental health, substance use and addiction, and other risk factors that may contribute to suicidal ideation.

In response to these policy directives adopted by the HOD, the AMA has sent letters to the LCME, COCA, AOA, ACGME, FSMB, and AAMC communicating these new AMA policies.

The report’s final recommendations are available here: <https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2FHOD-295.858.xml>. ■

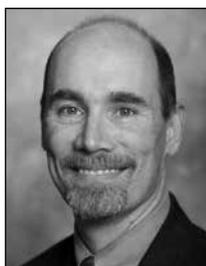
FROM YOUR AMA OBSERVER

Warren Pendergast, MD

Warren Pendergast, MD, serves as the AMA Observer representing the FSPHP at their annual and interim meetings.

Summary and Extracts from the Final AMA House of Delegate Actions at the 2016 Interim Meeting in Orlando

Reports of the Board of Trustees include the following, which serves to continue the AMA focus of its clout and resources to address the opioid epidemic:



Warren Pendergast, MD

2016 AMA ADVOCACY EFFORTS (HOD action: voted to file report)

Opioid Misuse

With over 78 deaths per day, the opioid epidemic remains one of the biggest health challenges facing our nation. The AMA is continuing our advocacy and communications efforts through the AMA Task Force to Reduce Opioid Abuse (Task Force), which is comprised of more than 25 physician organizations including the AMA, American Osteopathic Association, American Dental Association, national medical specialty societies and state medical associations.

The Task Force has coalesced around pursuing five clear actions:

- Increasing physicians’ registration and use of effective prescription drug monitoring programs;
- Enhancing physicians’ education on safe, effective and evidence-based prescribing of opioids;
- Reducing the stigma of pain and promoting comprehensive assessment and treatment;
- Reducing the stigma of substance use disorder and enhancing access to treatment; and
- Supporting overdose prevention efforts by expanding access to naloxone and providing Good Samaritan protections.

Resolution 14. (“Medical Reporting for Safety Sensitive Positions”)

was originally introduced by the Aerospace Medical Association at the June 2016 Annual Meeting in Chicago, partly in follow-up to the tragic Germanwings airplane crash in March 2015. The Resolution appeared intended to address only those individuals covered under the Department of Transportation (DOT) rules, focusing on pilots. However, it seemed possible that the Resolution might also have some implications for other professionals including those in health care. Following a hearing in the Reference Committee on Amendments to Constitution and Bylaws, the HOD action at the June 2016 Annual meeting was to refer for report back at the November interim meeting in Orlando (i16). The resulting Board of Trustees (BOT) report to the i16 meeting reviewed the issue in depth, including mention of Council on Ethical and Judicial Affairs Opinion (CEJA) 9.3.2, “Reporting Impaired Colleagues,” and FSPHP Guidelines:

“Professional organizations also have their own recommendations for reporting when a threat to public safety exists. For example, the Federation of State Physician Health Programs recommends immediate reporting to

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From Your AMA Observer*continued from page 7*

the licensing authority by the state physician health program (PHP) if a physician enrolled in the PHP has an impairing condition and refuses to cease practice or otherwise presents a threat to public safety. Similarly, the physician must be reported if he or she rejects recommendations for evaluation or treatment or has been directed by the licensing authority to undergo evaluation or treatment. Although the safety of individual patients and the public may be the primary consideration, protecting the confidentiality of the impaired physician is also an important consideration [5].”

The BOT report ultimately concluded that a national mandatory reporting standard was not needed, and that the burden on non DOT-certified physicians could be substantial. The BOT recommended that the Resolution not be adopted and the report be filed.

The Reference Committee on Amendments to Constitution and Bylaws again heard testimony on the matter at the November 2016 meeting, and concluded:

“Because of the failure of the [BOT] report to accurately address the ethical and public health dimensions of this subject, your Reference Committee felt that the issues of safety sensitive positions should be examined through a joint report of the CEJA and the Council on Science and Public Health. Your Reference Committee recommends that Board of Trustee Report 8 be referred.”

The AMA House of Delegates concurred, and the final action at the November 16 meeting was that BOT Report 8 (and effectively the Resolution) was **referred**.

AMA Council on Medical Education Report Executive Summary: Access to Confidential Health Services for Medical Students and Physicians (see one page summary previously distributed on e-group)

Improving Residency Training in the Treatment of Opioid Dependence

This resolution was broadened by changes to the title and the resolved clauses: it had originally focused on *medication-assisted treatment of opioid disorders* and the language was amended to delete the words *medication-assisted*. The reference committee agreed with keeping the focus on opioid dependence, as opposed to all addictive disorders, and the HOD concurred in its action by **adopting the amended resolution**.

Reports of the Council on Science and Public Health (CSAPH)

Urine Drug Testing (Recommendations adopted, remainder of report filed)

Much of this information is familiar to FSPHP members. It's good basic information that would be very appropriate to give out to colleagues. There are also some specifics that could be directly relevant to PHPs (e.g., the Organization of Scientific Area Committees Toxicology Subcommittee below).

The report makes recommendations for clinicians prescribing potentially addictive prescription medications, in the national context of the opioid overdose epidemic. It reviews basic information about the difference between forensic versus clinical testing, point-of-care other testing versus confirmatory testing such as GC-MS. It references PHPs briefly:

UDT is used in addiction medicine to detect unauthorized use of potentially addictive substances. It is also used in quasi-clinical physician health programs and related programs to monitor the status of continuous abstinence from alcohol and other drugs and the ongoing recovery in health care professionals who are receiving or have received treatment for a substance use disorder.

Organization of Scientific Area Committees (OSAC) is an organization that bears monitoring by FSPHP, as it may produce standards directly relevant to the labs used by PHPs:

The National Institute of Standards and Technology and the Department of Justice recently established [OSAC] in order to support the development and promulgation of forensic science standards and guidelines. The Toxicology Subcommittee focuses on standards and guidelines related to the analysis of biological samples for alcohol, drugs, or poisons, and the interpretation of these results.

Resolution 7: Fair Process for Employed Physicians (Reference Committee recommended adoption, **HOD voted to adopt**)

RESOLVED, That our American Medical Association support whistleblower protections for health care professionals and parties who raise questions that include, but are not limited to, issues of quality, safety, and efficacy of health care and are adversely treated by any health care organization or entity; and be it further

RESOLVED, That our AMA advocate for protection in medical staff bylaws to minimize negative repercussions for physicians who report problems within their workplace.

FSMB UPDATE FOR FSPHP

Mark Staz, MA, CPE

Mark Staz, MA, CPE, is director of Continuing Professional Development (CPD) at the Federation of State Medical Boards (FSMB).

State medical boards are following closely the significant amount of research and literature around physician wellness that has resulted from the nationwide conversation about physician burnout. What may formerly have been labeled *disruptive behavior* is now being looked at in a new light in the medical regulatory community, taking into consideration broader influences on physician health that might also impact patient safety.

In an effort to promote physician wellness and increase patient safety, the FSMB has created a Workgroup on Physician Wellness and Burnout, chaired by Dr. Arthur S. Hengerer, MD. The new workgroup has been tasked with looking into the issues of physician wellness and burnout from a regulatory perspective, identifying key patient safety issues, and determining ways in which state medical boards can be supported. As with many FSMB committees and workgroups, most appointees are either staff or board members of state medical boards. The workgroup also includes representation from subject matter experts in physician wellness, psychiatry, and from the Physician Health Program community through the FSPHP's immediate past president, Dr. Doris Gundersen.

The workgroup is currently engaged in a multipart work program that involves the following: 1) educating state medical boards and physicians through the creation of a compendium of research and resources on identifying, managing, and preventing physician burnout; 2) raising awareness about the prevalence of burnout among physicians and other healthcare professionals and thereby reducing stigma associated with seeking help for burnout symptoms; 3) evaluating current research on the impact of physician burnout on patient care; and 4) convening stakeholder organizations and experts to discuss physician wellness and recommend best practices for identifying, managing, and preventing physician burnout throughout the career continuum.

In carrying out its work, the workgroup held an invitational meeting in Washington, DC, on November 30 and December 1, 2016. The meeting was structured so that invited guests could speak about their organizational



**Mark Staz,
MA, CPE**

initiatives related to physician wellness and burnout, but also engage in a discussion with workgroup members around issues related to physician wellness that might be addressed through medical regulatory efforts or potential collaborations.

As a result of these discussions, the workgroup will focus next on developing best practices for phrasing questions on licensure applications that address leave from medical practice, mental illness, substance abuse, impairment, or addiction. Many state medical boards feel that these questions are essential to equip them with the necessary information to effectively assess risk for patient harm and make informed licensure decisions. However, recent research suggests that the inclusion of such questions might act as a barrier to seeking treatment among some physicians experiencing symptoms of burnout. Part of the workgroup's task will therefore involve clarifying the distinction between illness and impairment and emphasizing that a physician who suffers from an illness is not the same as one who is impaired in a way that is meaningful in the context of his or her ability to safely provide care to patients.

Next steps for the workgroup include reviewing themes addressed during its invitational meeting, determining areas in need of further investigation, and compiling a report, including recommendations, to be finalized in early 2018. The FSMB values the FSPHP's involvement throughout this process and appreciates its commitment to this area of mutual concern. Our duty to protect the public includes a responsibility to ensure physician wellness, and we are eager to continue working with the FSPHP on these important goals. ■

REDUCING PHYSICIAN SUICIDE THROUGH ONLINE EDUCATION

Elizabeth Brooks, PhD

If you watched the news recently, you probably heard that noted surgeon Robert Ashton jumped to his death from the George Washington Bridge on February 11. As of early March, details of his suicide have not been made public; however, his ex-wife indicated that he may have been struggling from problems with depression. As FSPHP members, we know all too well that Dr. Ashton's suicide is not unique. Several researchers have documented higher rates of suicide among doctors compared to the general population.



**Elizabeth Brooks,
PhD**

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Reducing Physician Suicide through Online Education

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In an effort to address the problem of physician suicide, Dr. Elizabeth Brooks (University of Colorado School of Public Health), the Colorado Physician Health Program, and the AMA developed a new tool for educating practice managers and clinicians about ways that they can become a change agent in their organization. *Preventing Physician Distress and Suicide* is a web-based module, available for CME credit, which instructs learners to recognize and respond to doctors who may be in trouble. The module provides specific steps for identifying at-risk physicians and facilitating access to care, answers common questions about physician distress and suicidal behavior, and offers links to downloadable tools and resources. *Steps Forward™* provides several other modules on topics related to physician well-being, patient care, workflow and process, and technology and finance. The suicide module and links to the other learning activities can be found here: www.stepsforward.org/modules/preventing-physician-suicide. ■

NC MEDICAL BOARD ADOPTS NEW APPROACH TO MONITORING LICENSEE HEALTH ISSUES

November 18, 2016

Recently, the board has received feedback that its practice of asking renewing licensees to disclose medical conditions that might impair or limit ability to practice may in fact deter licensees who need help from seeking it. This led the board to evaluate the value of information collected through this renewal question and, ultimately, to change its approach. The board now requires licensees completing renewal to acknowledge a statement of the North Carolina Medical Board's (NCMB) expectation that they appropriately address personal health conditions, including mental health and substance use issues, without disclosing specific details. The change was approved at the board's September meeting. The wording of the statement (published at right) was developed by the NCMB in collaboration with the North Carolina Medical Society and the North Carolina Physicians Health Program. Multiple factors contributed to the NCMB's decision. Over the past year, the board has spent time considering whether the renewal question may be an obstacle to licensees seeking assistance. Forgoing treatment can contribute to burnout, impact quality of care or, in extreme cases,

lead to major depression or suicidal thoughts. This is a growing problem among medical professionals across the nation. The board is committed to doing its part to encourage licensees to seek the help they need without fear of repercussion. As the board considered its existing renewal question, it became clear that the current question is sufficiently broad in its definition of *medical condition* and that licensees frequently overreport health concerns. This results in unnecessary staff review of renewal applications in which there is no true threat to patient safety. After thoroughly considering the matter, the NCMB concluded that the existing renewal question wasn't effective at identifying licensees who may need review and might actually be actively deterring individuals from seeking help. The board is indebted to several groups that have helped the NCMB better understand the reasons licensees may not seek medical attention, especially for mental/emotional health concerns. The NC Consortium for Physician Resilience and Retention has been instrumental in bringing together stakeholders, including the NC Medical Society, Cone Health, the NC Physicians Health Program, the NCMB, and other organizations that deal with the impact of this trend. The consortium is committed to identifying opportunities to address mental health, wellness, and burnout among medical professionals in the state. The board is proud to participate in the consortium and looks forward to identifying more opportunities to support the health needs of its licensees. **See the new renewal questionnaire language below.**

The board voted in September to replace the current renewal question that asks licensees to state whether they are under treatment for a condition that may adversely affect their ability to practice with the following language: *Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.* ■

COGNITIVE PERFORMANCE IN PHYSICIANS: WHAT'S AGE GOT TO DO WITH IT?

Chris Bundy, MD, MPH, Washington Physician Health Program

Our population is getting older with the proportion of physicians over age 60 approaching 25%. The aging of the physician workforce has raised concern and controversy. On one hand, physician retirement represents a major threat to an adequately supplied physician workforce with implications for access to services and quality of care. We should welcome and encourage older physicians to remain in practice as long as they wish to do so. On the other hand, some physicians may wish to work beyond the time when they can safely practice, prompting proposals for age-based cognitive screening for physicians. While this might appear to be a reasonable strategy to protect patient safety, it is far from clear *whether* and *when* screening older doctors is appropriate or how such screening would be implemented. Imposing a separate standard for older physicians can only be justified if it protects patients. Even then, age-based screening may engender a discriminatory rift proportionately more harmful to our senior colleagues, profession, and patients than the threat of potential impairment among older doctors.

Concerns about older physicians are understandable given that average performance on virtually all cognitive measures declines with age¹ and advancing age is the greatest risk factor for neurodegenerative disorders such as Alzheimer's disease. Among physicians, increasing years of experience and older age were associated with lower quality of care in a 2005 meta-analysis by Niteesh K. Choudhry, MD, and colleagues. Of the 62 studies evaluated, 32 (52%) demonstrated a negative association between increasing years of experience and *all* quality outcomes assessed. The authors suggest that "older physicians may need quality improvement interventions that are generally applicable to all physicians."²

In contrast, factors such as genetic vulnerability, lifestyle choices, personality type/stress response, and medical comorbidity create substantial inter-individual variability in cognitive aging. Physicians, like other well-educated professionals, tend to enter the years of declining cognitive performance with higher baseline intellectual function and better cognitive reserve than the general population. This may buffer against impairing levels of cognitive



Chris Bundy, MD, MPH

decline, allowing safe practice well into the physician's later years. Lauren L. Drag, MA, PhD, and colleagues found that nearly 80% of study surgeons between the ages 60 of 64 performed within the range of younger surgeons on all tasks measured. On average, surgeons over age 60 as a *group* did not perform as well as those under age 60; however, there was a substantial subset that did *just as well* as their younger colleagues with about 40% of surgeons retaining this performance at or beyond age 70. Of note, the study also found that 45% of retired senior surgeons performed within the range of the younger surgeons on all tasks. The authors speculate that some surgeons might have chosen to stay in practice with the benefit of objective evidence of their intact cognitive abilities.³ Overall, the Drag study confirms variability in cognitive aging among physicians and cautions against drawing conclusions about physician performance based on age alone.

Not well-studied is the value of wisdom that comes with practice experience. While it is difficult to operationalize and study, it seems self-evident that decades of experience allow senior physicians to draw on thousands more patient experiences than younger physicians who have recently completed training. This learned and acculturated knowledge, referred to as crystallized cognitive ability, tends to be well preserved with age, plays an important role in pattern recognition (e.g., making accurate diagnoses), allows older physicians to function impressively well in performing familiar clinical tasks and procedures (including complex ones), and probably enhances our elegance in the challenging emotional aspects of our work. In addition, accumulated life experience almost certainly informs our work with, and understanding of, our patients' problems. By comparison, fluid cognitive ability involves novel and abstract problem solving and is more susceptible to deterioration with age. When faced with a new problem or one that is complicated by urgent and competing demands, the older physician may be more prone to error. Hence, physicians at different points in their career trajectories bring developmentally appropriate strengths and challenges that collectively contribute to the betterment of the profession and our patients.

If our overarching goal is to prevent patient harm through early detection of cognitive impairment in physicians, older physicians may be too narrow a target. There is a growing body of literature demonstrating that cognitive dysfunction among physicians is not limited to our older peers. In a study of 267 physicians referred to a specialized physician assessment center for competency concerns, 24% had levels of cognitive difficulty warranting further neuropsychological assessment. By contrast, none of the 68 control physicians who

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Cognitive Performance in Physicians: What's Age Got to Do with It?

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underwent the same screening showed evidence of cognitive impairment and there was no association between age and impairment.⁴ In another study by John Turnbull, MD, and colleagues, 38% of physicians who scored poorly in the evaluation demonstrated moderate-to-severe cognitive impairment on neurocognitive testing sufficient to explain their poor performance. There was no meaningful difference in age between the cognitively impaired and intact groups.⁵ Finally, Elizabeth Brooks, PhD, and colleagues described the Colorado Physician Health Program experience with screening physicians referred to their program over a period of 30 years and found that age and referral questions were poor predictors of cognitive difficulty among the 124 cases with cognitive impairment.⁶ These studies reveal that cognitive problems are highly prevalent in physicians referred for practice concerns and arise in physicians of all ages. This suggests that selectively screening older physicians for cognitive impairment may be a somewhat arbitrary and ineffective quality improvement effort.

In our current *reactive* system of detection, cognitive concerns typically only come to light *after* practice problems have developed and patients have been put at risk. Routine cognitive screening across the physician career span side-steps the limitations of age-based screening with a *proactive* approach to detecting impairment *before* patient care is impacted. The brain, exquisitely sensitive to insult from a variety of health conditions, may well be the “canary in the coal mine” of physician health for doctors of any age. Proactive screening has the potential to facilitate earlier detection and treatment of illnesses that are negatively impacting cognitive function while improving the likelihood of cognitive recovery. In our work at the Washington Physicians Health Program, we have seen numerous conditions including sleep apnea, cardiovascular disease, diabetes, pulmonary illness, substance use disorders, depression, anxiety, cancer and chemotherapy, diabetes, mild traumatic brain injury, and chronic pain treatment all present as cognitive dysfunction in physicians. We have found that objective evidence of cognitive trouble is a powerful motivator for physicians to attend to their personal health and engage with effective medical care. Furthermore, the prospect of routine cognitive screening might encourage healthier lifestyle choices and better healthcare engagement by physicians who tend to neglect self-care and seek medical treatment reluctantly. Other safety-sensitive professions worry about the health of their members. Airline pilots, air traffic controllers, police officers, and firefighters all undergo routine health screening to ensure they are safe to carry out their duties. Perhaps it is time to include ourselves among those ranks.

Routine cognitive screening for all physicians can be justified as a principled approach toward the goal of improving the health of our colleagues and patients. Age-based screening may not go far enough toward that goal and carries the risk of alienating our senior colleagues. However well-intentioned, age-based screening *feels* more like discriminatory policing than a genuine effort to improve care quality. Perfectly capable older physicians who would otherwise continue in practice may simply decide to leave medicine on their own terms rather than work under the cloud of suspicion and second guessing that a system of age-based screening engenders. In an era of physician shortages, it seems we can little afford such losses.

In parting, I am reminded of Miles' Law: “Where you stand depends on where you sit.” We should be wary of this proclivity and how our biases may falsely reassure us that only older physicians should be targeted with enhanced surveillance. In truth, we are all sitting together when it comes to vulnerability to cognitive impairment, some with greater risk than others, but none without risk. As Choudhry points out, “Older physicians may need quality improvement interventions that are generally applicable to all physicians.” The implication is not that we should have a special intervention for older physicians, but that we should have broadly applicable standards of cognitive performance for all physicians to which older physicians are equally accountable. Under those circumstances, the aging physician controversy virtually dissolves.

What's age got to do with cognitive performance in physicians? Perhaps not as much as we thought.

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UPDATES FROM AROUND THE UNITED STATES

California

On the Way to a CA PHP!

In our last issue, we reported that legislation for reestablishment of a California PHP had passed. Here is an update.

The legislation that passed in September authorized the Medical Board of California (MBC) to establish a Physician and Surgeon Health and Wellness Program “for the early identification of, and appropriate interventions to support, a physician and surgeon in his or her rehabilitation from, substance abuse.” (See a full copy of the legislation at http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB1177.) The law requires that the program comply with California’s Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (see the full text of the Uniform Standards at www.cppph.org/cppph/wp-content/uploads/2016/11/California-Code-of-Regulations-Title-16-Section-1361.5-effective-July-1-2015-1.pdf) and that the MBC prepare regulations that will govern the operations of the program.

In January, the MBC convened a meeting of interested parties to review and comment on what the Board will be drafting for the new regulations. (See the MBC draft at www.cppph.org/cppph/wp-content/uploads/2017/01/MBC-mtg-1-11-17-for-interested-parties-materials_20170111_ip-2-1.pdf.)

According to the schedule announced at that meeting, the MBC must complete three separate steps in order to open a program: 1) regulations adopted for operations of the program, 2) an RFP issued and an administering agency selected, and 3) a second set of regulations adopted to set the fee that will be charged to each participant. Knowledgeable observers consider that those steps will take approximately two years.

Meanwhile, California Public Protection and Physician Health will continue its role as advocate for a program that will function as close to the FSPHP guidelines as possible.

Update from California Public Protection and Physician Health

Karen Miotto, MD, Chair of CPPPH



Karen Miotto, MD

California Public Protection and Physician Health (CPPPH) has published its third guideline document for medical groups and medical staffs as they exercise their roles related to physician health, patient safety, and quality of care. **Behaviors that Undermine a Culture of Safety** reviews the current clinical, administrative, and legal context and makes recommendations for assessing and responding to disruptive behavior in physicians.

“We know how important it is to recognize the relationship between behavior and impairment, and we think this guideline will help determine when counseling, treatment, and monitoring can be the right first response,” said Karen Miotto, MD, chair of the CPPPH board.

The other two guidelines are *Guidelines for Evaluations of Health Care Professionals* (2013) and *Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening* (2015). All are available from www.cppph.org/cppph-guidelines.

In other news, CPPPH reports that Dr. Miotto was recognized with an award from the California Medical Association (CMA) for her selfless devotion to advocating and promoting the well-being of her fellow physicians (see <https://www.cmanet.org/news/detail?article=cma-doc-karen-miotto-md>). In her address to the CMA House of Delegates, she said, “I did not learn to prioritize self-care in any aspect of my medical training or my occupational life. I, just like you, learned the opposite. My goal is to be a personal agent for change and to advocate for well-being.”

For more on the CPPPH, please visit www.CPPPH.org.

Updates from Around the United States*continued from page 13***Delaware****Delaware Professionals' Health Monitoring Program****Christopher J. Hamilton, PhD, MPA, Monitoring Programs Director, Reliant Behavioral Health**

The Delaware Professionals' Health Monitoring Program (DPHMP) is Delaware's physician health program. In operation since late 2013, the program is available to all of Delaware's licensed health professions including physicians. The DPHMP is operated by Reliant Behavioral Health under the direction of Monitoring Programs Director Christopher Hamilton, PhD, MPA.



Christopher J. Hamilton, PhD, MPA

Key Staff

Key DPHMP staff members include Agreement Monitor Christa Lee, MSW, and Medical Director Joe Autry, MD. Ms. Lee is a graduate of University of Maryland Graduate School of Social Work, where she concentrated in both employee assistance programs and substance abuse. Christa has ten years of extensive experience monitoring health professionals. Dr. Autry is the recipient of both the Presidential Rank Award for Meritorious Service and the Presidential Rank Award for Distinguished Service, is a Distinguished Life Fellow



Christa Lee, MSW, and Joe Autry, MD

of the American Psychiatric Association, and is certified by the American Board of Psychiatry and Neurology. Dr. Autry's career spans his private psychiatric practice and a comprehensive federal career, which included being a former member of the Federal Senior Executive Service and also a senior medical consultant and interagency coordinator for the Health and Human Services (HHS)/ Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Autry graduated from Rhodes University and the University of Tennessee Medical School before completing his residency at the National Institute of Mental Health (NIMH) and St. Elizabeth's Hospital in Washington, DC. Dr. Autry served as lieutenant commander, U.S. Navy, chief of psychiatry, at the Naval Operations Base in Norfolk, VA, and as staff psychiatrist at the Portsmouth Naval Hospital in Portsmouth, VA.

Program Highlights

Licensees may be self-referred, third-party referred, or board-referred into DPHMP. The program is a minimum of five years for physicians, dentists, pharmacists, and advance practice nurses. Through December 2016, ninety-three licensees have enrolled in DPHMP; this includes seven physicians. The DPHMP recently joined the Federation and looks forward to continued participation in the Northeast Regional Meetings.

2017 Goals

The DPHMP recently embarked on a campaign to increase education and awareness of the state's PHP. DPHMP staff recently met with the Medical Society of Delaware, the Department of Professional Regulation (DPR), and representatives from Delaware's four hospital systems to partner and collaborate on outreach efforts. One specific outreach goal shared by the DPHMP and the DPR is to increase the number of self-referred licensees into the program.

For more information, please visit www.delawaremonitoring.com or contact Monitoring Programs Director Christopher Hamilton, PhD, MPA.

Illinois

Carole Hoffman, PhD, LCSW, CAADC, Program Lead, Illinois Professionals Health Program

The Illinois Professionals Health Program (IPHP) is on the move! The IPHP transitioned out of Advocate Health Care and became an independent LLC on March 4, 2017. The IPHP began in the early 80s as a program of the Illinois State Medical Society, known then as the ISMS Physician Assistance Program. Dr. Violet Eggert was the first medical director and also served as the first president of the FSPHP from 1988 to 1990. Dr. Martin Doot became the medical director in 1991, and served in that capacity until his untimely death in 2008. Dr. Doot also served as president of the FSPHP and was deeply committed to physician health issues. As the program evolved and began serving other health professions, our name changed to the Illinois Professionals Health Program in 1999. IPHP Medical Director Cynthia Gordon, MD, JD, took over the helm in August 2010 and has been moving us forward ever since. We are excited and grateful to continue our mission and dedication to the health and well-being of Illinois healthcare professionals. For more information, please call (800) 215-4357 or (847) 892-7910.



Carole Hoffman, PhD,
LCSW, CAADC



Cynthia Gordon, MD, JD
is the medical director
and proprietor of the
newly independent
Illinois Professionals
Health Program.

New IPHP Address

701 Lee Street
Suite 125
Des Plaines, IL 60016

Indiana

Candace Backer, LCSW, LCAC, Physician Assistance Program Coordinator, COPA, Indiana State Medical Association

Throughout 2016, the Indiana State Medical Association (ISMA) allocated a significant amount of time and energy developing resources for facilitating physician health. The Indiana State Medical Association launched



Candace Backer,
LCSW, LCAC

a webpage devoted to physician burnout and wellness in January 2017. Articles, podcasts, and specific strategies to improve the lives of physicians are embedded in the website. Please take a few moments to peruse the information at www.ismanet.org/doctoryourspirit. In addition, the ISMA includes a "Doctor your Spirit" section in the monthly newsletter addressing physician well-being. Our hope is that this two-prong approach will increase awareness of available resources and strategies to improve the lives of physicians.

Maine Medical Professionals Health Program (MPHP)

Cathryn R. Stratton, Program Manager, Medical Professionals Health Program

This is our 30th anniversary. The MPHP began serving physicians, physician assistants, and dentists in 1987. Over the years, the program has kept a low profile, like many PHPs in the United States, but in the last ten years, we have expanded to also serve nurses, pharmacists, and veterinarians. With the addition of each profession, the complexity of issues has compounded—more boards, more professionals needing services, and an increasing disparity between treatment costs and ability to pay. This year, on our 30th anniversary, we celebrate the commitment of the many individuals who have helped build and been helped by the MPHP—the strength of our program rests on our collective shoulders.



Cathryn R. Stratton

New Case Manager

The MPHP hired case manager Heidi Wright in August 2016. She is managing both substance use and behavioral health cases as well as the clinical resource list. Ms. Wright received her degree in rehabilitation from University at Farmington here in Maine and later obtained her LSW. She has been working in the mental health field for over ten years. She has experience in working with children and adults with co-occurring disorders. Prior to the MPHP, she was employed by a psychiatric practice, working directly with clients who had substance use disorders and behavioral problems.

MPHP Professionals Conference

The MPHP is hosting a conference on May 5, 2017, in Portland, Maine, titled *Professionals Conference*:

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Updates from Around the United States

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Health Wellbeing and Awareness. This one-day conference is targeted to all medical professionals in recovery, medical, and clinical treatment providers, and anyone in a monitoring or supporting role for MPHP participants. We would like to invite any FSPHP member who is interested in attending or sponsoring to visit our website (www.mainemphp.org/mphp-conference.html) for more information.

North Carolina

Beth Byarlay

North Carolina Physicians Health Program Names New Medical Director

The North Carolina Physicians Health Program (NCPHP) has named Clark Gaither, MD, FAAFP, as medical director, effective January 1, 2017. Dr. Gaither has extensive personal and clinical experience within the NCPHP and in the areas of addiction and recovery. He has served as a volunteer for the organization for many years, as a member of the Compliance Committee (two consecutive three-year terms), as a member of the board of directors for five years (2002–2007), and as the board chair for two consecutive years (2004 and 2005).



**Clark Gaither, MD,
FAAFP**

Since 2000, Dr. Gaither has served as a physician monitor for NCPHP participants. He has also presented on behalf of the NCPHP to groups at hospitals, physician practices, and medical schools throughout the state. In addition to practicing as a family physician for twenty-seven years, he has gained an additional area of expertise—job-related burnout and restoring balance and wellness to one's professional life—a valuable asset to the depth and breadth of services the NCPHP provides.

On December 7, 2016, Dr. Gaither was presented with the Order of the Long Leaf Pine Award, which is among the most prestigious awards granted by the governor of North Carolina. "It is awarded to persons for exemplary service to the State of North Carolina and their communities that is above and beyond the call of duty and which has made a significant impact and strengthened North Carolina." Dr. Gaither earned the award for his work with the WATCH (Wayne Action Teams for Community Health) Free Mobile Clinics, which he started on August 1, 2000. The program

serves the uninsured citizens of Wayne County and provides free office visits, prescriptions, and lab work. Since its inception, WATCH has cared for over 13,000 patients through more than 131,000 office visits and has provided over \$19 million in free prescriptions and more than \$8 million in lab work.

Dr. Joseph Jordan, NCPHP CEO, had this to say about Dr. Gaither's appointment as Medical Director of NCPHP, "We are excited and honored that Dr. Gaither would join the NCPHP team. He brings a wealth of experience working with physician health issues and his expertise in burnout, wellness, and recovery are a perfect fit for NCPHP moving forward."

About NCPHP

Since 1988, the North Carolina Physicians Health Program has been dedicated to helping medical professionals experience a lifetime of change and return to health. The NCPHP assists with recovery from substance use disorders and other conditions such as depression, anxiety, or burnout that could impair a provider's ability to safely provide care and services to their patients.

The NCPHP originated as a physicians health committee of the North Carolina Medical Society. Established as a formal program in 1988, the NCPHP provides assistance and advocacy for licensees of the North Carolina Medical Board, the North Carolina Board of Veterinary Medicine, and the North Carolina Board of Pharmacy. From 1988 through 2015, the NCPHP provided direct assistance to more than 3,600 medical professionals and indirect assistance to thousands more through educational and advisory programs.

Oklahoma

Robert Westcott, MD, OHPP Medical Director

The Oklahoma Health Professional Program (OHPP) experienced many transitions in 2016. The OHPP welcomes Cecilia Zinnikas, LPC, as the program compliance manager. She joins Deputy Medical Director Dr. Merlin Kilbury, Assistant Director Paul Cheng (rural director), and Administrative Program Manager Nancy Marshall.



**Robert Westcott, MD,
OHPP**

Additional administrative staff will be joining the program this month. The additional staff has allowed for increased cohesion, program integrity, and professional community educational outreach.

We provided training to the members of our various boards, and brought Paul Earley, MD, to speak. Dr. Earley did an amazing job presenting. He then attended the medical board hearing the following day and discussed the many facets of dealing with physicians in recovery.

We were fortunate enough to have a National Mindfulness expert, Dr. Raj Krishna, to bring the mindfulness training series Heal the Healer to program participants in fall 2016 and spring 2017.

The OHPP's other endeavors in the past year include updating and developing comprehensive policy guidelines and a preliminary new contract. We would be happy to discuss and trade ideas for this endeavor, as it is quite a task. We would like to thank Cecelia Zinnikas for her tireless work on this project and for the many weekends she gave up to help us get this far.

We have also been working on OHPP graduate programs, which would include 1) service to others in recovery, 2) a "pay it forward" campaign to address scholarship needs for incoming participants, and 3) continued commitment to recovery and accountability.

In 2017, the OHPP intends to expand our program success and create a five-to-ten-year plan with implementation of performance enhancement reviews.

Thank you,
Robert Westcott, MD, OHPP
OHPP Medical Director

Oregon

Health Professionals' Services Program Preliminary MAT Findings

Christopher J. Hamilton, PhD, MPA, Monitoring Programs Director, and Robbie Bahl, MD, HPSP Medical Director

The Health Professionals' Services Program (HPSP) recently performed an administrative review of HPSP participants. Twenty-five licensees were identified as having taken buprenorphine prescriptions and 18 licensees were identified as having taken naltrexone while participating in HPSP.



Christopher J. Hamilton, PhD, MPA



Robbie Bahl, MD, HPSP

Certain prescriptions—including federally classified 2, 3, and 4 controlled substances—require medication management forms from the licensee's prescriber and are subsequently entered as a medication in HPSP's case management system. Enrollment documentation—including third-party evaluations, prescriptions, medication management forms, and toxicology results—were reviewed to determine prescription start date and duration. Additionally, the data set was used to determine the date the licensee started the HPSP and their current status.

Buprenorphine Experience

Of the 25 licensees, only one started buprenorphine as a treatment recommendation following a relapse verified by positive toxicology while participating in the program. The other 24 licensees started taking buprenorphine as a component of the treatment episode just prior to HPSP participation. The 25 licensees included 2 medical board, 2 board of dentistry, and 21 board of nursing.

To date, 18 of 25 licensees (72%) who have had a buprenorphine prescription while participating in HPSP have successfully completed or are on target to successfully complete. Seven licensees (28%) have discharged unsuccessfully through license revocation, surrender, or retirement.

An area of concern voiced by some is the return to work of licensees while taking a partial agonist opioid receptor, buprenorphine. As the HPSP can neither treat nor practice medicine, it must rely on the licensee's prescriber and a third-party evaluator—independent from the program and the licensee's board—for return-to-work recommendations. It is up to the prescriber to determine if the licensee can safely practice while on a medically appropriate dose of buprenorphine. The HPSP medical director has final approval for medications and return to work with medication for medical, pharmacy, and dental board licensees

HPSP licensees do work and take buprenorphine simultaneously. All 12 licensees who have successfully completed the HPSP were working while taking buprenorphine and being monitored. Additionally, at the time of program completion, all but one of the 12 were still working and taking buprenorphine. Additionally, of the 6 licensees currently in the program who have taken buprenorphine, 4 are currently working. Of the 4 licensee with buprenorphine prescriptions who are currently working, 3 are currently taking the medication and 1 titrated off the medication after stabilizing and

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before returning to work. Two of the 6 currently active HPSP licensees taking buprenorphine are in an unemployed status.

Naltrexone Experience

Of the 18 licensees, 2 started naltrexone as a treatment recommendation following a relapse verified by positive toxicology while participating in the program. The other 16 licensees started taking naltrexone as a component of the treatment episode just prior to HPSP participation. Licensees include 2 medical board and 16 board of nursing.

Of the 14 currently active licensees, 11 were prescribed naltrexone for six months to one year and are no longer taking the medication since stabilizing in their recovery. The other 3 currently active licensees are still on a therapeutic naltrexone dose. The 1 licensee who successfully completed HPSP who was prescribed naltrexone while participating used the medication for a short duration before stabilizing and was off the medication at the time of program completion. Of the 3 HPSP licensees with naltrexone prescriptions who

unsuccessfully discharged, 2 were still taking naltrexone at the time they were placed on probation by their board. In contrast to buprenorphine, HPSPs experience with naltrexone is the medication is more regularly associated with a short duration of stabilization.

Preliminary Findings

Based on Oregon's Health Professionals' Services Program's experience, health professional licensees participating in monitoring who are prescribed medically appropriate buprenorphine doses in conjunction with substance use disorder treatment successfully complete monitoring and safely return to work at the same frequencies as health professional licensees who participate in monitoring and adhere to treatment recommendations that do not include buprenorphine prescriptions. Our findings suggest that licensees taking buprenorphine, when medically appropriate and in conjunction with substance use disorder treatment, are as safe to practice in their chosen field and are as likely to successfully complete their monitoring requirements as licensees who are not prescribed buprenorphine. We continue to review our experience and will publish our findings.



From left to right: Agreement Monitor Nichole Collier, LPC, Program Director Christopher J. Hamilton, PhD, MPA, Medical Director Robbie Bahl, MD, and Agreement Monitor Scott McBeth, PhD.

Pennsylvania

Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

Kerry Royer, Editor-in-Chief, *Pennsylvania Physician Magazine*, Communications Director, the Foundation of the Pennsylvania Medical Society

30 Stories for 30 Years

The Foundation of the Pennsylvania Medical Society launched a fundraising campaign in 2016 to celebrate the 30th anniversary of its Physicians' Health Program (PHP). We shared thirty stories of how involvement in the program changed peoples' lives. One generous donor anonymously pledged \$30,000 in matching funds to the PHP endowment. By the end of the year, thirty stories were shared on the website, in newsletters, and through video and email messages. We reached and surpassed our fundraising goal of \$60,000.

Here are some excerpts from the stories that inspired people to support the future of the program:

Anonymous

As a medical student, my experience in the PHP has been quite interesting. Initially, I was hesitant, mainly because I had never imagined myself in a program like this. However, after almost a year in the PHP, I can honestly say that this program is the best thing that has ever happened to me.

My family and closest friends constantly remind me how much better I am since joining the PHP. The staff is very kind and it is clear that they care about you and your well-being. My most memorable patient experience that reminded me how great the program



Kerry Royer

has been for me was on my psychiatric rotation. I was talking to one of my patients and another patient happened to be sitting at the table with us. I had never met her before and I felt a very unique connection and understanding with her.

She mentioned that she no longer drinks at all because no one likes being around her when she drinks. This patient went on describing her story, and I was able to relate on a very personal level. I understood her intimately, as my family and friends have been telling me how great I am to be around since I've stopped drinking. **Through the PHP, I feel like I am finally in a place where I have always wanted to be.** I feel happier than I ever have before.

Mainly, I am grateful to the PHP for making me a better person and I know I will be a better doctor.

Anonymous

Early recovery from drug addiction was full of pain and shame. My relapse after eight months of sobriety had led me to license revocation in Delaware. I had been fired. Relations were strained at home. An attorney had told me that he wouldn't represent me because he loathed addicts. My mentor in medicine declined to write me a letter of recommendation because he didn't think that physician addicts should return to work.

In an attempt to restart my professional life, I came to Harrisburg to defend my license in Pennsylvania. [A PHP representative] met me in a coffee shop near the board hearing. He comforted me with his calming presence and competent professional demeanor. He spoke for me at the hearing, tipping the scales in favor of me retaining my license. My profession was relaunched with my recovery.

After twenty-five years in recovery I look back on those who made it possible. I attended the Caduceus meeting in Philadelphia where I was greeted and found that I was neither unique nor alone. My wife stayed around and worked with me to build a wonderful family. I benefited from the amazing wisdom of my sponsor. And through it all PHP educated me, supported me, and advocated for my healthy progression through this wonderful journey which is recovery.

Go to www.foundationpamedsoc.org to read more.

continued on page 20

Updates from Around the United States*continued from page 19***Saving Lives and Careers**

For 30 years, the PHP has helped more than 4,300 individuals enjoy life without drugs or alcohol and continue to be successful health care professionals.

To learn how you can make a difference by contributing to the PHP Endowment, contact our philanthropy department at (717) 558-7846.

The Foundation of the Pennsylvania Medical Society Physicians' Health Program Endowment Campaign
777 East Park Drive
PO Box 8820
Harrisburg, PA 17105-8820

The Physicians' Health Program (PHP), a program of the Foundation of the Pennsylvania Medical Society, the charitable arm of PAMED, provides support and advocacy to physicians struggling with addiction or physical or mental challenges. The program also offers information and support to the families of impaired physicians and encourages their involvement in the recovery process.

Tennessee**TMF Welcomes New Medical Director Dr. Baron**

The Tennessee Medical Foundation (TMF) welcomes Michael Baron, MD, MPH, FASAM, as medical director, effective February 2017. Dr. Baron succeeds Roland W. Gray, MD, DFASAM, who served as medical director of the TMF from 2002 to 2017.

"The strong foundation that Dr. Gray has laid for the TMF has been invaluable to our participants and a valued resource to the medical community around the country. He cannot be replaced," said TMF Administrator Michael Todd. "However, we look with anticipation as Dr. Baron takes on the role and continues to build on this foundation with his own unique vision and leadership style," he added.



**Roland W. Gray, MD,
DFASAM**



**Michael Baron, MD,
MPH, FASAM**

Dr. Baron comes to the TMF from his position as medical director of the Ranch, a 120-bed residential treatment program based in Nunnally, TN. Prior to that, he had a part-time, outpatient psychiatric practice combined with an inpatient academic practice at Vanderbilt Psychiatric Hospital. He worked in other settings including the Tennessee Department of Health as an appointed member of the Board of Medical Examiners (BME) and as the chair of the state's Controlled Substance Monitoring Database Committee.

Challenges for Physician Health

While physician health programs around the country have what he considers a good handle on physician substance use disorders, Dr. Baron believes the challenges will come with other types of physician health issues.

"Burnout is a big issue with physicians, which is being looked at by both the FSMB and FSPHP," he said. "Burnout will impair a physician as much and sometimes even more than a substance use disorder. Burnout can encompass depression, anxiety, loss of judgment, loss of boundaries, and could eventually lead to suicide."

He said physicians often don't realize they're depressed until the end stage of that illness. "Physicians by and large haven't learned how to ask for help. Their training involves singular/silo-type thinking where they figure something out on their own and look something up. The slogan 'Asking for help is a sign of weakness' is still around in medicine and those stigmas need to be overcome."

PHPs in Partnership with Medical Boards

His six years on the BME instilled a firm belief in the partnership between state medical boards and physician health programs.

"I didn't realize how much these two entities rely on each other until well into my BME appointment," Dr. Baron said. "The mission of the TMF PHP appreciably complements the BME by facilitating the help physicians need before they have any functional impairment and generate a complaint." In return, he said the medical board provides the teeth needed to spur physicians to seek help or to prevent them from harming themselves or a patient. "If an identified physician is not willing to do what is needed, I can rely on the BME for appropriate action before functional impairment occurs."

Dr. Baron remains a member of the state's Chronic Pain Guidelines Steering Committee, and provides pro bono psychiatry services for the Davidson County Drug Court. ■



FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS ANNUAL EDUCATION CONFERENCE AND BUSINESS MEETING

Wednesday, April 19, to Saturday, April 22, 2017

PHPS RESTORING PHYSICIAN SATISFACTION AND WELLNESS IN AN ERA OF BURNOUT, MENTAL ILLNESS, ADDICTION, AND SUICIDE

Highlights

- General and breakout sessions each day to highlight the essentials of physician health programs
- Networking opportunities with leaders in the field of professional health and well-being
- Daily peer support groups
- Large exhibitor space
- Poster sessions

Topic Areas

- Burnout Prevention
- Satisfaction in Medicine
- Mental Health
- Suicide Prevention
- PHP Best Practices
- PHP Funding Strategies
- The Aging Physician Population



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TUESDAY

Board of Directors Meeting

WEDNESDAY

Registration/Exhibitors Open
Luncheon General Sessions
Committee Meetings
Silent Auction and Dinner

THURSDAY

New Member Meeting
General Sessions
Poster Session
Board and Committee Chair
Dinner

FRIDAY

General Sessions
FSPHP Regional Meetings
Exhibitor Session
Annual Business Meeting
Social Event

SATURDAY

FSPHP/FSMB Joint General
Sessions

continued from page 21

Meeting and Conference Agenda

Agenda Subject to Change

*Sessions Marked with an * means there are AMA PRA Category 1 Credits™ available.*

All session and events are open to all registered attendees unless otherwise noted.

Tuesday, April 18, 2017

6:00 p.m.–8:00 p.m. FSPHP Board of Directors

Wednesday, April 19, 2017

10:00 a.m.–11:30 a.m. Exhibitor Set Up

11:30 a.m. Annual Meeting Registration and Exhibits Open

noon–1:30 p.m. Luncheon FOR ALL—Meet and Greet Exhibitors
Open Seating and Committee Meeting Tables Available

12:30 p.m.–1:30 p.m. FSPHP Committee Meetings co-occurring with Luncheon

1:30 p.m. Welcome and Introductions
P. Bradley Hall, MD, FSPHP President

1:35 p.m.–2:05 p.m. *FSPHP and Physician Health Update
P. Bradley Hall, MD, FSPHP President

2:05 p.m.–3:05 p.m. *General Session I
Feeling the Burn—Physician Burnout in America
Kurt Mosley, Vice President of Strategic Alliances for Merritt Hawkins, A Physician Search and Consulting Firm

3:05 p.m.–3:20 p.m. Break

3:20 p.m.–4:35 p.m. *General Session II
PHP 2.0: WHP Pilot Program to Address Burnout and Enhance Resilience in Health Professionals
Chris Bundy, MD, Laura Moss, MD, and Charles Meredith, MD
Creating a Cooperative Solution for Physician Burnout
Joe Jordan, PhD, Clark Gaither, MD, and Ernst Casimir, MS

4:35 p.m.–5:35 p.m. *General Session III
Reducing Physician Suicide in the Workplace: Practical Steps toward Organization
Elizabeth Brooks, PhD, and Doris Gundersen, MD
Legal and Ethical Issues in Risk Assessment: A How to Guide for Suicide and Homicide Risk
James Walker, PhD, and Paul Ragan, MD

6:00 p.m.–8:30 p.m. Silent Auction Dinner
Remarks By P. Bradley Hall, MD, FSPHP President, and Martha E. Brown, MD, Program Planning Committee Chair
Welcome Exhibitors
Opening Night Door Prize

Thursday, April 20, 2017

Posters Available for Viewing All Day

- 6:30 a.m.–7:30 a.m. Morning Walk—meet at 6:25 a.m. in the hotel lobby
- 7:15 a.m.–8:15 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 IV Going to Summit... Reaching Your Peak of Fundraising! Lessons from Colorado PHP
Sarah Early, PsyD, Angela Graham, MPA, and Amanda Parry, MPA
The Funding of Physician Health Programs in Quebec: How to Demonstrate Our Efficiency
Denis Chênevert, Marie-Claude Tremblay, MBA, and Anne Mignan
- 10:00 a.m.–10:15 a.m. Break and Exhibit Viewing
- 10:15 a.m.–10:40 a.m. New Member Meeting
P. Bradley Hall, MD, and Paul Earley, MD, and FSPHP Officers
Special Thanks to the FSPHP Emerald and Diamond Exhibitors
- 10:45 a.m.–noon *General Session V
My Life as a Guitardiologist
Suzie Brown, MD
- noon–12:55 p.m. Luncheon and Exhibit Viewing

Reminder to all committee chairs to turn in your committee reports prior to tonight's FSPHP Board meeting

- 1:00 p.m.–2:00 p.m. Breakouts

Workshop A	Workshop B	Workshop C
*Professional Burnout: A Systems Theory Approach to the Multiple Levels of Causality and Intervention <i>Scott C. Stacy, MD, Peter Graham, MD, Jim Wieberg, Med, LPC, and Thomas Janousek, PsyD</i>	*Healthcare Professionals and Sexual Boundary Violations: Problems and Solutions <i>Tracy Zemansky, PhD</i>	*Navigating the World of Physician Coaching <i>Diana Dill, EdD, Ken Kraft, PhD, Les Schwab, MD, and Donna Singer, MS</i>

- 2:00 p.m.–2:15 p.m. Break
- 2:15 p.m.–3:15 p.m. *General Session VI
Monitoring of PHP Participants: Best Practices to Help Avoid Difficulties
Martha E. Brown, MD, Penelope Zeigler, MD, and Thomas Crabb, Esq.
- 3:15 p.m.–3:45 p.m. Special Presentation—Federation of State Medical Boards
Arthur S. Hengerer, MD, FACS Federation of State Medical Boards, Chair

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3:45 p.m.–4:00 p.m. Exhibit Viewing/Break

4:00 p.m.–5:00 p.m. Breakout Sessions

Session A	Session B	Workshop C
<p>*The Aging Physician: Practical Solutions for a Sensitive Issue <i>David E.J. Bazzo, MD, FAAFP, CAQSM</i></p> <p>*What’s Age Got to Do with It? Insights on the Aging Physician Controversy from WPHP’s Cognitive Screening Program <i>Chris Bundy, MD, and Laura Moss, MD</i></p>	<p>*Five Theories of Self Medication: A Critique <i>Michael Gendel, MD</i></p>	<p>*Physician Suicide: From Burnout and Substance Abuse to Prevention <i>Matthew Goldenberg, DO, and Gregory Skipper, MD</i></p>

5:00 p.m.–6:00 p.m. Reception with Poster Session Presentations
Hors d’oeuvre

Approaching Substance Use Disorders and Psychiatric Disorders with Aging Physicians
Chip Abernathy, LPC, MAC

Physician Health Impacting Patient Safety—the Experience and Results of a National Fitness for Duty Evaluation Program
David E.J. Bazzo, MD, FAAFP, CAQSM

The Use of Mindfulness-Based Stress Reduction (MBSR) Strategies as a Prevention Tool for Burnout and Acute Stress in Practicing Physicians
William J. Heran, PhD

Performance Coaching: Rx to Revitalize Physicians
Diana Dill, EdD, Ken Kraft PhD, and Les Schwab, MD

Spirituality and Substance Use among Florida Medical Students
Lisa Merlo, PhD, and Stefano A. Leitner

Well-Being Coaching: Utilizing the GOOD Coaching Method with Well-Being Coaching Forms, Tools, and Assessments
Jeffrey Auerbach, PhD, MCC

Disability Insurance as a Tool to Restore Physician Wellness from Burnout and Mental Illness
Mark F. Selzer, JD

A PHP’s Impact on Clients Professional, Personal, and Interpersonal Behaviors
Elizabeth Brooks, PhD

Posters on Display All Day Friday, April 21

6:00 p.m.–8:00 p.m. FSPHP Board Meeting and Committee Chairs Dinner
(Open to Board of Directors and Committee Chairs)

Friday, April 21, 2017

Posters Available for Viewing All Day

- 7:00 a.m.–8:00 a.m. Open Mutual Support Meeting (All Are Welcome)
- 7:30 a.m.–8:30 a.m. ACE Committee Review of FSPHP Guidelines
*facilitated by Maureen Dinnan, Esq., and Doina Lupea MD, MHSc
(Open to ALL FSPHP State, Associate, Honorary, and International Members)*
- 8:00 a.m.–9:00 a.m. Breakfast and Exhibit Viewing
- 9:00 a.m.–10:00 a.m. *General Session VII
Length of Stay for the Addicted Physician: Do We Need to Rethink the 90-Day Treatment Model?
Daniel Angres, MD
- 10:00 a.m.–10:15 a.m. Exhibit Viewing/Break
- 10:15 a.m.–11:15 a.m. *General Session VIII
Physician Mental Health: Preventing Suicide and Building Resilience
Christine Moutier, MD, CEO American Foundation of Suicide Prevention
- 11:15 a.m.–12:15 p.m. Breakout Sessions

Session A	Workshop B	Session C
*The Recent Emergence of Two New Levels of Coaching Intervention in Physician Health <i>Joe Siegler, MD, and Thomas C. Dolan, PhD, FACHE, FASAE</i>	*The Aging Physician: PHP Involvement in Education, Evaluation and Treatment <i>Leah Bennett, PhD, Scott Hambleton, MD, FASAM, and Sally Moody, LCSW</i>	*Utilizing Motivational Interviewing to Manage “Discord” in Client Interaction <i>George Brenner, MS</i>

- 12:15 p.m.–1:15 p.m. Luncheon Recognition of Emerald, Diamond Exhibitors, and Exhibitor Drawing
- 1:15 p.m.–2:30 p.m. FSPHP Regional Member Meetings (*Open to FSPHP State, Associate, Honorary, International, Individual, and Organizational 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
All exhibitors are invited to meet with members of the FSPHP Program Planning Committee for discussion and feedback.
- 3:00 p.m.–3:15 p.m. FSPHP Annual Business Meeting Registration and Photo
- 3:15 p.m.–5:00 p.m. FSPHP Annual Business Meeting (*Open to FSPHP State, Associate, Honorary, and International Members*)
- 5:00 p.m.–5:15 p.m. FSPHP Board of Directors Meeting (*Open to FSPHP Board of Directors*)
- 6:15 p.m. Transportation to Stockyard—Advance Registration Required
(Visit https://acesstexas1.com/events/show_events.php?accountid=1&companyid=60 to register online for this event! Or call (214) 350-6282)
Dinner at Los Vaqueros Restaurant, followed by the Rodeo at Cowtown Coliseum

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Saturday, April 22, 2017

6:30 a.m.–7:30 a.m. Open Mutual Support Meeting (All Are Welcome)

7:30 a.m.–8:00 a.m. Breakfast

8:00 a.m.–9:00 a.m. Breakout Sessions

Workshop A	Workshop B	Workshop C
*Burnout Prevention Among Physician Educators <i>Lisa Merlo, PhD</i>	*Aging Physicians: When Is It Time to Hang Up the Spurs? <i>Betsy White Williams, MPH, PhD, Lyle R. Kelsey, MBA, CAE, CMBE, Billy Stout, MD, and Robert Westcott, MD</i>	*Occupational Health Monitoring Agreements: Optimizing the Effectiveness of Professional Coaching for Physicians <i>Amy Harrington, MD, Jacquelyn Starer, MD, Debra Grossbaum, Esq, and Steve Adelman, MD</i>

9:00 a.m. Commute to FSMB

9:30 a.m.–10:45 a.m. General Session IX
JOINT FSPHP and FSMB Moderator: Arthur S. Hengerer, MD, FACS
Federation of State Medical Boards, Chair Omni Fort Worth Hotel,
1300 Houston Street, Fort Worth, Texas 76102

Burnout Prevention Strategies from PHPs and Beyond
P. Bradley Hall, MD, Paul Earley, MD, and Chris Bundy, MD

10:45 a.m. Travel back to hotel

11:15 a.m.–12:15 p.m. *General Session X
PHPs and Professional Sexual Misconduct: Pitfalls and Pearls
Scott Hambleton, MD, FASAM, Doris Gundersen, MD, Michael Ramirez, MD, and Martha E. Brown, MD

12:15 p.m.–12:30 p.m. Closing Remarks
P. Bradley Hall, MD

PHYSICIAN HEALTH AND OTHER RELATED ORGANIZATIONS NATIONAL MEETINGS

FSPHP ANNUAL MEETINGS

April 19–22, 2017
Worthington Renaissance Forth Worth Hotel
Ft. Worth, TX

April 26–29, 2018
Embassy Suites by Hilton
Concord, NC

FSPHP REGIONAL MEETINGS

Northeast, Fall 2017, hosted by the Physicians' Health Program, PA

Southeast, September 7, Amelia Island, FL

Central—TBD

Western—TBD

FSMB ANNUAL MEETINGS

April 20–22, 2017
Omni Fort Worth Hotel
Ft. Worth, TX

April 26–28, 2018
Le Meridien
Charlotte, NC

2017 CANADIAN CONFERENCE ON PHYSICIAN HEALTH

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

2017 AMERICAN CONFERENCE ON PHYSICIAN HEALTH: CREATING AN ORGANIZATIONAL FOUNDATION TO ACHIEVE JOY IN MEDICINE

September 28–29, 2017
American Conference on Physician Health (ACPH)
Hosted by the Stanford University School of Medicine in collaboration with the American Medical Association and the Mayo Clinic
Palace Hotel, San Francisco, CA

AMERICAN ACADEMY OF ADDICTION PSYCHIATRY ANNUAL MEETING AND SYMPOSIUM

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

December 6–9, 2018

AMA HOUSE OF DELEGATES ANNUAL MEETING

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 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

Physician Health and Other Related Organizations National Meetings

continued from page 27

AMERICAN PSYCHIATRIC ASSOCIATION ANNUAL MEETING

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 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

ASAM 51st Annual Conference

April 2–5, 2020
Gaylord Rockies Resort and Conference Center
Denver, CO

INTERNATIONAL DOCTORS IN ALCOHOLICS ANONYMOUS (IDAA) ANNUAL MEETING

August 2–6, 2017
The Cliff Lodge, Snowbird Resort
Salt Lake City, UT

2018—Reno, NV

2019—Knoxville, TN

2020—Spokane, WA

NATIONAL ORGANIZATION OF ALTERNATIVE PROGRAMS

March 28–31, 2017
Omni La Mansión del Rio Hotel
San Antonio, Texas

AMERICAN BOARD OF MEDICAL SPECIALTIES ANNUAL CONFERENCE

September 25–27, 2017
The Westin Michigan Avenue Chicago
Chicago, IL

NATIONAL ASSOCIATION OF MEDICAL STAFF SERVICES

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 Downtown
October 19–October 23, 2019
Philadelphia, PA

AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

48th Annual Meeting

October 26–29, 2017
Hyatt Regency
Denver, CO

49th Annual Meeting

October 25–28, 2018
Marriott
Austin, TX

SAVE THE DATE!



Coalition For Physician Enhancement Spring 2017 Meeting *Critical Transitions in Medical Careers: Implications for Assessment and Education*

April 18–19, 2017

Embassy Suites—Downtown, Fort Worth, TX

LEARNING OBJECTIVES

At the end of this meeting participants will be able to:

- Describe the potential risk to physician performance at several common critical career transitions.
- Discuss key factors in newly trained physicians that portend ongoing successful performance in practice.
- Review the impact of illness and impairment on physicians' continued safe practice and reentry to practice including how they can be assessed, treated, and monitored.
- Depict factors that affect patient safety when physicians change the scope of their practice.
- Discuss why, when, and how late career physicians are evaluated for fitness to duty in North America, and compare those to the processes developed for airline pilots in the United States.

For more information and to register for this program, visit www.cpmemberlodge.org.



FSPHP Annual Meeting 2016



First row, left to right: Michael Llufrío, Director of Operations, Maryland Physician Health Program and Maryland Professional Rehabilitation Program; Chae Kwak, LCSW-C, Director, Maryland Physician Health Program; K. Edward Shanbacker, MPA, Executive Vice President, Medical Society of the District of Columbia; Melissa Flammer, MBA, CADC, CCDP, Case Manager, Pennsylvania Physicians' Health Program; Jon Shapiro, MD, Medical Director, Pennsylvania Physicians' Health Program; Martin Rusinowitz, MD, Chair, Maryland Physician Health Committee; Arthur Hildreth, MD, Medical Director, Maryland Physician Health Program; Daniel Perlin, MD, Chair, Physician Health Committee, Medical Society of the District of Columbia; Linda Bresnahan, MS, Executive Director, Federation of the State Physician Health Programs; P. Bradley Hall, MD, Executive Medical Director, West Virginia Medical Professionals Health Program, President, Federation of State Physician Health Programs; Linda Rodriguez, LCSW-C, Clinical Manager, Maryland Physician Health Program. **Second row, left to right:** Thomas Allen, MD, Chair, Maryland Board of Trustees Oversight Committee on Physician Health Program; Katie Gruber, MSW, CADC, Case Manager, Pennsylvania Physicians' Health Program; Tiffany Booher, MA, CADC, CIP, CCSM, Case Management Supervisor, Pennsylvania Physicians' Health Program; Tanya Bryant, LCSW-C, Clinical Manager, Maryland Physician Health Program; Annie Norton, LGSW, Clinical Manager, Maryland Physician Health Program; Laura Berg, LCSW-C, Associate Director, Maryland Physician Health Program; Ambadas Pathak, MD, Member, Maryland Board of Trustees Oversight Committee on Physician Health Program; Deborah Canale, Office Manager, Massachusetts Physician Health Services; Susan Bailey, MD, Medical Director, Maryland Professional Rehabilitation Program; Amy Stewart, LCSW, Case Management Coordinator, Virginia Health Practitioners' Monitoring Program; Kathleen Boyd, LICSW, Director, Physician Health Program, Rhode Island Medical Society; Susan Silvia, Program Administrator, Physician Health Program, Rhode Island Medical Society. **Third row, left to right:** Mark Katlic, MD, Presenter, Director, Aging Surgeon Program, Sinai Hospital; Robert DuPont, MD, Presenter, President, Institute for Behavior and Health; Stephen Johnson, JD, General Counsel, MedChi, The Maryland State Medical Society; Christopher Hamilton, PhD, MPA, Monitoring Programs, Program Director, Delaware and Oregon, Reliant Behavioral Health; Maureen Sullivan Dinnan, JD, Executive Director, HAVEN.

We are pleased to present our **advertising section** of *Physician Health News*. We thank all the participating organizations for their support of the FSPHP. We hope this section is a useful resource to state physician health program professionals.



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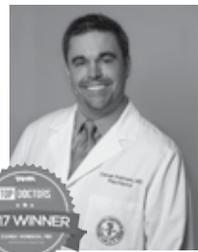
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FSPHP E-GROUPS— PLEASE JOIN!

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. FSPHP 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, please call Julie Robarge or Linda Bresnahan at FSPHP (p) (978) 347-0600, or email jrobarge@fsphp.org or lbresnahan@fsphp.org.

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.

fsphpmembers@yahoogroups.com

An information exchange venue for ALL FSPHP MEMBERSHIP CATEGORIES. These include State, Associate, Honorary, and International for both Individual and Organizational memberships 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.

ADVERTISING AVAILABLE!

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. The newsletter is also distributed widely at the FSPHP Annual Meeting. The newsletter includes articles and notices of interest to the physician health community and planning information for 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 advertisement specifications and PDF instructions can also be provided upon request. We hope you will consider taking advantage of this opportunity to advertise your facility, services, and contact information.

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

We look forward to working with you in future editions.

FSPHP Publication Committee

Sarah Early, PsyD (CO)

Amanda Parry (CO)

Joyce Davidson, LSW (CO)

Scott Hambleton, MD (MS)

Carole Hoffman, PhD, LCSW,

CAADC (IL)

Linda Kuhn (TX)

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Laura Berg, LCSW-C (IL)

Mary Ellen Caiati, MD (CO)

Linda Bresnahan, MS (MA)

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 .5-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 MS 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@fsphp.org

FSPHP
668 Main St, Suite 8, #295
Wilmington, MA 01887

PHYSICIAN HEALTH NEWS

The FSPHP produces a newsletter twice a year in March/April and again in August/September which is sent to all state programs, medical societies, and licensing boards. The FSPHP 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—*the summer issue is typically reserved for content related to our FSPHP annual meeting.*

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

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

Items that you may want to consider include:

- 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.

WE WANT YOUR INPUT!

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 in order to make sure ideas are fully explored and vetted. The board established a policy that members are required to submit written requests for consideration directly to regional directors. You may also write directly to FSPHP Executive Director Linda Bresnahan at lbresnahan@fspHP.org. This will ensure an organized chain of communication between you and your representatives. Thank you for your assistance!