

# PHYSICIAN HEALTH NEWS

*The Official Newsletter of the Federation of State Physician Health Programs*



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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Sarah Early, PsyD (CO)      Laura Berg, LCSW-C (IL)  
Amanda Kimmel (CO)      Mary Ellen Caiati, MD (CO)  
Joyce Davidson, LCSW (CO)      Linda Bresnahan, MS (MA)  
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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.

## FSPHP CONTACT INFORMATION AND MAILING ADDRESS

Julie Robarge  
FSPHP  
668 Main St., Suite 8, #295  
Wilmington, MA 01887  
Phone: (978) 347-0600  
Fax: (978) 347-0603  
Email: [jrobarge@fsphp.org](mailto:jrobarge@fsphp.org)  
Website: [www.fsphp.org](http://www.fsphp.org)

**Your participation in the submission of material for future issues is vital. Please send your contributions, comments, news, and updates to:**

Linda Bresnahan, MS  
FSPHP  
668 Main St., Suite 8, #295  
Wilmington, MA 01887  
Phone: (978) 347-0600  
Fax: (978) 347-0603  
Email: [lbresnahan@fsphp.org](mailto:lbresnahan@fsphp.org)

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## PRESIDENT'S MESSAGE

### *Burnout and the FSPHP: A Paradox for Success*

P. Bradley Hall, MD, DABAM, DFASAM

The term *burnout* itself is a paradox of sorts—almost a “pejorative blessing.” Initially indicating a condition of the individual physician, burnout garnered a preponderance of attention from the house of medicine at the individual level all the way to national organizations representing or serving those individuals experiencing burnout. As result, it is now recognized more accurately as a cause for concern that goes well beyond the problem “within” the



**P. Bradley Hall, MD,  
DABAM, DFASAM**

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## President's Message

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individual physician. It is now known to include “systems” within which physicians work today; therefore, the solutions must include this shared responsibility of system redesigns and individual wellness. This buzzword of *burnout* has resulted in the FSPHP being involved in an unprecedented multitude of projects and collaborations with other organizations and in partnership at the national level. The recognition of the benefits and success of the PHP model we have all known has shifted the perspective of others to see our membership—and the FSPHP itself—as having a significant role in primary prevention of burnout and the expanding awareness of issues facing physician health and well-being.

In recent years, the FSPHP has been involved in the 2016 World Medical Association Physician Well-Being Policy and the AMA Model Physician Health Program Act (a 1985 policy revision) [[www.fsphp.org/sites/default/files/pdfs/ama\\_physicians\\_health\\_programs\\_act\\_-\\_2016.pdf](http://www.fsphp.org/sites/default/files/pdfs/ama_physicians_health_programs_act_-_2016.pdf)]. Your leadership has attended the ACGME Symposium on Physician Well-Being and the National Academy of Medicine’s “Action Collaborative on Clinician Well-Being and Resilience” [<https://nam.edu/initiatives/clinician-resilience-and-well-being>]. We are currently involved in the Federation of State Medical Boards’ Physician Wellness and Burnout Workgroup, a joint FSPHP/FSMB survey of PHPs and will continue our combined education session at the FSPHP annual conference. We’ve had additional educational opportunities at the Coalition of Physician Enhancement (CPE), American Osteopathic Association (AOA), Coalition of Physician Education (COPE), and the Organization of State Medical Association Presidents (OSMAP), and we will be presenting “Improving Addiction Outcomes: Lessons from the Physician Health Program Model” at the National Rx Drug Abuse & Heroin Summit [<https://vendome.swoogo.com/2018-rx-summit>].

The FSPHP has also had direct interactions with ABMS member boards as they navigate their own processes. Many of our members were involved in the writing of the recent textbook, *Physician Mental Health and Well-Being: Research and Practice*. Meanwhile, Dr. Earley was involved in writing the revision of the chapter on PHPs and Physician Addiction in the ASAM textbook: *Principles of Addiction Medicine*. Dan Perlin, MD, presented at the International Health Facility Diverison Association (IHFDA), representing his commitment to physician health and well-being. We were also instrumental in assisting the American Board of Obstetrics and Gynecology in updating their MOC application relative to PHP participants. Without the support of our membership and individuals like yourselves, these and other important works would not have been accomplished.

Board members continue the important work in overseeing the accomplishments within each of the four strategic goals and associated objectives related to our workgroups:

- **Revenue**
- **Accountability, Consistency, and Excellence (ACE)**
- **Education, Media, and Research**
- **Organizational and Membership Development**

The FSPHP committees have been hard at work accomplishing the much-needed groundwork for the many FSPHP projects, both within and beyond the organization. The program planning committee, under the leadership of Martha Brown, MD, and Doris Gundersen, MD, have continued to improve the quality of education and attendee experience for members and nonmembers alike at our annual conference. The work of committee members has been exemplary and now includes the addition of the silent auction in support of the funding workgroup goals.

The publication committee, under the leadership of Sarah Early, PsyD, and Amanda Kimmel, continues to produce an exemplary FSPHP newsletter of the highest caliber, while guiding ongoing work of the website and ListServe. The finance committee, Robin McCown, chair, continues to guide the board in its fiscal responsibilities of carrying out our transition to organizational independence with sound financial management. Recently, one of our most valuable assets, the past-presidents committee, Luis Sanchez, MD, chair, has been doing a groundbreaking

### FSPHP STRATEGIC GOAL WORKGROUPS

- **Revenue:** Develop revenue sources to support budget neutrality to ensure the financial sustainability of the FSPHP.
- **Accountability, Consistency, and Excellence (ACE):** Improve accountability, consistency, and excellence by utilizing and implementing an FSPHP-endorsed review process for PHPs and treatment centers.
- **Education, Media, and Research:** Provide ongoing education about the value of PHPs via education, media relations, and research.
- **Organizational and Membership Development:** Maintain and continue to grow an organizational structure and membership services that will help achieve our mission, vision, and strategic goals.

compilation of references toward a future publication representing years of expertise, experience, and passion. Having a “white-paper-type” publication by our mentors and “lions in the field” is exciting. The medical student and resident committee, under the leadership of chairs Martha Brown, MD, and Joyce Davidson, LSW, has been quite busy in producing a medical school survey related to PHP awareness and utilization. The research committee chair, Paul Earley, MD, has been very productive in the development of potential FSPHP research and projects that will collaborate with outside organizations. Dr. Goldberg and the task force on education developed guidelines that resulted in the recent launch of the FSPHP membership portal and library of presentations. Kelley Long, chair of the funding development committee, is working in tandem with the board members involved in the Revenue Workgroup, providing incredible expertise and guidance in the FSPHP fundraising plan. Our intensely dedicated FSPHP ACE Committee has been and continues to participate in an impressive consensus-building process updating the *FSPHP Guidelines*. These guidelines will be utilized in the development of our performance, enhancement, and effectiveness review process to be made available for all PHP programs, inclusive of a treatment center review process.

As you can see, the years of hard work by the forefathers of the FSPHP, the PHP model success, the devotion of our membership, and the current state of affairs relative to burnout, physician health, and well-being have made the importance of our work highly respected. The gold standard of care provided by the PHP model and the work we do are exemplified by the current activities and those yet to come benefiting the PHP model and the participants we serve.

I would be remiss not to recognize Linda Bresnahan, our Executive Director, for her expertise, passion, and leadership, which is demonstrated in all that the FSPHP has accomplished and continues to improve upon today. The medical association management assistance from Julie Robarge is greatly appreciated as well. With our current staffing and committed membership, “we” have created more understanding of the value of the PHP model and, therefore, expanding opportunities ahead for PHPs, including greater visibility of the successes and importance of our work.

As your president, in writing my last “President’s Message,” I am in awe. Words are inadequate in describing the experience. Since beginning this work in 2005, the maturation, devotion, expertise, and accomplishments of the FSPHP are ineffable. I remain and have been honored to be a “humble servant” among many to the effectiveness of the FSPHP and enhancement of physician health and well-being. ■

## MESSAGE FROM THE EXECUTIVE DIRECTOR

Linda Bresnahan, MS,  
Executive Director



Linda Bresnahan, MS

### *FSPHP Activities*

As the new year began, I had a chance to consider where we have come and where we are going. During these 18 months in my role as your first full-time executive director, I realize now more than ever that this is an exciting and important time for the physician health program profession and the FSPHP.

### *Membership*

The FSPHP total membership has increased 10 percent. There is more potential to realize. I look forward to prioritizing conversations and support from the membership committee and state physician health programs to continue to expand our membership to Physician Health Programs (PHP) professionals and to individual and organization members. Your support by sharing information about FSPHP membership to your board, committees, treatment professionals in the state, and stakeholders can have enormous impact. I invite you to encourage new members and share contact information of potential members with me.

This membership increase of 10 percent is significant considering many membership associations struggle to retain their membership. We not only retain our members, but we also gain new ones each year. We should be very proud of our ability to retain members. I am certain this is reflective of the strong dedication and passion we share with our fellow members toward our mission of supporting the well-being of physicians and healthcare professionals.

### *FSPHP Committees and Workgroups*

Along with the 14 board members leading the FSPHP through the work of the Board of Directors, we have approximately 15 committees moving our goals forward. As you may know, in 2015, following a robust strategic retreat, the Board of Directors divided into four workgroups to help lead the progress of four strategic goals. These strategic goals were shaped based on your feedback solicited during our first membership survey. These workgroups are centered on expanding and diversifying revenue; sustaining and growing our membership and

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### Message from the Executive Director

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organizational development; enhancing our accountability, consistency, and excellence; and strengthening our education, research, and visibility.

The success of the FSPHP committees and workgroups has been tremendous. As an association, we are going to benefit from continued laser focus on our strategic plan goals. The action items of these plans are aligned and often carried out by the FSPHP committees. We thank you for this!

A sampling of FSPHP success in the past 18 months follows, accomplished with the robust leadership of our various FSPHP Committees and our Board of Directors:

- Navigated the transition of the FSPHP operations to an independent stand-alone organization
- Planned and organized a 2017 Strategic Retreat
- Strengthened and developed visibility for FSPHP through relationships with national associations, for example, the American Medical Association, the American Psychiatric Association, The American Osteopathic Association, FSMB, the ACGME, the AAAP, Coalition for Physician Enhancement, Institute for the Advancement of Behavioral Healthcare/National RX, and PEW Trust
- Launched the inaugural funding campaign and implemented many FSPHP fundraising initiatives, including our first silent auction (raising over \$20,000 in 2017) with the support of the FSPHP Funding Committee and FSPHP Program Planning Committee
- Secured \$10,000 in funding from the Federation of State Medical Boards and the American Medical Association to support the development of our Performance Enhancement and Effectiveness Process (PEER) for Physician Health Programs and Treatment Center reviews
- Implemented a new 123Signup membership system user interface
- Implemented our new membership portal with integration for member log-in access, with much guidance from the FSPHP Library Task Force
- Organized our first leadership media training and media training for FSPHP members in our 2016 and 2018 annual meetings
- Rewriting of the *FSPHP Guidelines* by the FSPHP ACE Committee
- Facilitated and contributed to an educational piece with PEW Trust ([www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/11/06/for-addicted-doctors-confidential-treatment-that-works](http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/11/06/for-addicted-doctors-confidential-treatment-that-works))
- Facilitated a publication about PHPs with the *Judges Journal* ([https://www.americanbar.org/groups/judicial/publications/judges\\_journal/2018/winter/physician-health-programs-model-treating-substance-use-disorders.html](https://www.americanbar.org/groups/judicial/publications/judges_journal/2018/winter/physician-health-programs-model-treating-substance-use-disorders.html))
- Participated in education calls with states forming or developing their PHP
- Program Planning Committee continues to meet monthly to design our pinnacle event—that is, our annual meeting
- First-ever Past Presidents Committee has been meeting monthly under the leadership of Luis T. Sanchez, MD
- Our Finance Committee, Research Committee, Ethics Committee, Publication Committee, Medical Student and Resident Committee, Membership Committee, and Bylaws Committee have all been meeting regularly and/or advising FSPHP on important matters. The FSPHP Public Policy Committee members have been actively involved in the critical work of updating the *FSPHP Guidelines*.

It continues to be my privilege to serve in this role for you. I encourage all members to take advantage of the many benefits of the FSPHP by participating in a committee or initiating posts to either of the two Yahoo! groups to increase discussion and dialogue around best practices. Please also log into our new member portal and submit presentations to grow our library. We are interested in having new members join our Program Planning Committee and the Membership Committee to help with our goals for these areas. Most of all, reach out to let me know how we can continue to best serve our members. ■

### FSPHP APPRECIATION TO OUR ANNUAL CAMPAIGN DONORS

Since the start of our inaugural FSPHP fundraising campaign and silent auction, FSPHP raised \$22,840 in 2017 and \$500 dollars thus far in 2018.

FSPHP and our fundraising committee members would like to thank the numerous generous donors. We are grateful for this ongoing support. Board members, FSPHP members, and others invested in physician health have made contributions with a few matching PHP donations. This growing support will further our

strategic goals to develop a Performance Enhancement and Effectiveness Review Program (PEER) and a Treatment Center Review Program and increase member services and support, while furthering our research and education goals. To donate online, you may click here: [www.fsphp.org/donate](http://www.fsphp.org/donate).

We would like to thank the following donors who have contributed since our last FSPHP newsletter issue:

#### Caregivers (\$500–\$999)

Chris Bundy, MD  
Mary Ellen Caiati, MD  
Penelope Ziegler, MD

#### Friends (\$1–\$499)

Michael Baron, MD	John Jackson, MD
Chris Bundy, MD	Victoria Jones
Russ Carpenter, MD	David Karney, MD, MPH
Gary Carr, MD	Scott Hambleton, MD
Sarah Early, PsyD	Charles Meredith, MD
Paul Earley, MD	Warren Pendergast, MD
Doris Gundersen, MD	Michael Ramirez, MS
Marlene Hall	Tracy Zemansky, PhD
P. Bradley Hall, MD	Penelope Ziegler, MD
Lynn Hankes, MD	

#### A Special Thank You to Our Education Donors

Affinity  
Caron Treatment Center  
The Farley Center  
MARR  
Providence Treatment Center ■

## FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS' DEVELOPMENT PLANS FOR PERFORMANCE ENHANCEMENT AND EFFECTIVENESS REVIEWS (PEER) AND TREATMENT CENTER REVIEWS

In the 1980s, the American Medical Association and the Federation of State Medical Boards called for every state to form a safe alternative to discipline for physicians seeking confidential support for their mental health needs. Almost all state medical societies promptly responded and created Physician Health Committees within their state medical societies to address this call to action. Having successfully established PHPs in most states in the United States, the profession has called upon PHPs to improve the accountability, consistency, and excellence of the

services we provide. PHPs are expanding the scope of their services. As PHPs improve, they are reaching a wider range of physicians before their stress, burnout, or challenges result in illness or impairment.

In 2005, the state members of FSPHP formulated guidelines for state programs to improve accountability, consistency, and excellence (FSPHP, 2005). This was the first step for PHPs and FSPHP to document best practices for PHPs. Consistent application of best practices has been a challenge for PHPs in an environment where each PHP works within the parameters of its state laws, regulations, and/or contracts. Given this dilemma, it became apparent that PHPs would benefit from a method for their boards, licensing agencies, and other stakeholders to review the expectations and services provided to determine if a given PHP is performing optimally and effectively. Furthermore, in 2011, the Federation of State Medical Board's (FSMB's) Policy on Physician Impairment states, "to gain the confidence of the regulatory boards, PHPs must develop audits of their programs that demonstrate an ongoing track record of ensuring safety to the public and reveal deficiencies if they occur." More feedback came to the PHPs from members of our Physician Health Programs who completed a survey in 2015 in response to a request from FSPHP to help develop a process to review Physician Health Programs. For many years, PHPs have commissioned their own "audits" or "reviews." However, objective and qualified review professionals are in short supply, and the existing methods for conducting reviews vary widely. To further assist its member PHPs with designing their own reviews, FSPHP created guidelines for designing a "Performance Enhancement Review" (PER). The 2016 *FSPHP Performance Review Guidelines* (<https://www.fsphp.org/resources/guidelines/2016-performance-enhancement-review-guidelines>) were a necessary and helpful tool to promptly assist a PHP in commissioning and designing a performance review.

The next critical step in optimizing the efficacy of PHPs and to confirm credibility with key stakeholders is for FSPHP to design a standardized "Performance Enhancement and Effectiveness Review" process and train knowledgeable professionals on how to perform the PEER. An FSPHP PEER will alleviate the variability of reviews and provide a consistent measure of quality across all PHPs.

In addition, FSPHP recognizes the need to develop standards and use them to accredit treatment centers that work with our special population. Over the years, PHPs have gained tremendous experience with treatment

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## FSPHP's Development Plans for Performance Enhancement and Effectiveness Reviews (PEER) and Treatment Center Reviews

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centers that specialize in the care of medical students, residents, and career physicians. Our members have established standards of care for certain diseases. PHPs provide their physician participants with several treatment options at these programs, based on the physician's illness and the experience of the treatment center with that illness and co-occurring illnesses. Despite best efforts, PHPs are sometimes questioned about their rationale for suggesting certain treatment programs for certain situations. To provide an accountable and consistent method of ensuring the treatment programs offered as resources to PHP participants are qualified, FSPHP would like to develop a Healthcare Professional Treatment Center Review Program in conjunction with developing the PEER Program. This review process will examine the qualifications of treatment centers to manage physicians, given the treatment centers' unique needs to not only achieve health and strong recovery during treatment but also to be able to make qualified determinations regarding a physician's fitness and whether to return a safety-sensitive professional to work.

### **Project Plan**

The 2005 *FSPHP Guidelines* are undergoing an update and will be a useful resource for the development of this process. The "Accountability, Consistency, and Excellence Committee" consists of physicians, social workers, and attorneys representing 20 state PHPs. To provide a consistent measure of quality across all physician health programs, these updated guidelines will be utilized to serve as the basis for the state PHP PEER Program.

Given the call for the PHP review arm of the PEER process and the treatment centers' review process, we need to establish both arms of this process quickly. This is best accomplished with a partner. Over the past two years, FSPHP has vetted several potential partners. Ultimately, we are close to partnering with a quality company that has a track record of successfully developing validated accreditation processes and has extensive management experience. Outsourcing the initial development work on these two review programs—with FSPHP, PHP, and treatment professionals' input and oversight—and the subsequent day-to-day management of the programs to an external partner will enable both programs to grow under the guidance of a dedicated staff with deep expertise in standard-setting programs. Metacred will implement a research and development solution that will take the PHP PEER Program and the Treatment Center Review Program from concept to full implementation,

helping FSPHP realize our strategic and financial goals. They will be certain that the solution has the proper governance, structure, policies, procedures, and assessments in place to ensure the program is reliable, valid, and legally defensible and adheres to global best practices.

### **Projected Outcome**

We are confident this program will strongly enhance the accountability, consistency, and excellence of the PHPs. It is well documented that healthy physicians have healthier patients. By enhancing PHPs, this process will improve the PHP participant's ability to deliver quality care to patients, improve patient safety, and return more physicians to medicine, thereby positively impacting the supply of physicians. The visibility and accountability of PHPs have the capacity to increase with this program, thereby increasing referrals to PHPs. The impact of more referrals has the capacity to have a positive impact on more physicians who face the challenges of the healthcare environment today and suffer from stress and burnout as a result of those challenges. Finally, PHPs are well positioned to assist leaders in healthcare organizations who need time-sensitive, compassionate, and skilled assistance referring physicians in crisis within their organizations for help to a PHP. Again, with the PEER program and Treatment Center Review Program, PHPs' capabilities in all these areas will improve, further supporting leaders in healthcare and PHP participants.

FSPHP's specific outcome goal is to design and launch a PEER program and Treatment Center Review program over a period of 18–24 months. Our first successful outcome will be the completion of Phase 1 development, and our second successful outcome will be the launch of the PEER and Treatment Center Review services. The overall target outcome is for both review programs to provide a baseline for a PHP's record of enhancing professional health, and to identify areas that would benefit from improvements. PEERs will provide a strong foundation for an ongoing commitment to maintaining quality of services, as well as strategic enhancement to a PHP and the treatment centers. As such reviews become more common, it is hoped that the data will enable the development of deeper insight and awareness into the importance of allowing our professionals the dignity to be patients, as well as providers, thereby enhancing patient health and safety.

### **Funding Request to National Organizations**

The Federation of State Physician Health Programs (FSPHP) is requesting financial support from national organizations that share our common goal to improve the health and well-being of physicians. The funds

will go directly to an important project that further enhances the success of Physician Health Programs (PHPs) through the development and implementation of FSPHP's Performance Enhancement and Effectiveness Review (PEER) Program. This program will create an on-site review process of PHPs. The review will capitalize on best practices in physician health and will identify areas that would benefit from improvements. In addition, FSPHP is constructing a second review process for the treatment centers that care for healthcare professionals—again ensuring that our physicians who become ill are given the best available treatment using evidence-based care.

Our first enthusiastic support has already come from the Federation of State Medical Boards (FSMB) and the American Medical Association (AMA). The FSMB and AMA—both of which promoted the development of PHPs in every state over 30 years ago—have each offered \$10,000 in seed funding. We are asking other organizations to join us in this important endeavor, so we can start the development process in early 2018.

As you may know, FSPHP is a nonprofit organization of state physician health programs (PHPs) whose mission is “to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.” PHPs, in turn, ensure the health of the physician workforce by assisting physicians suffering from potentially impairing conditions such as burnout, stress, substance use disorders, and other mental health conditions. PHPs are strengthened by the support of FSPHP. Thus, the support of national organizations will be amplified to the thousands of physicians throughout the country who suffer from stress, burnout, and mental health issues.

Upon confirmation of funding, FSPHP will execute the agreement with our new partner, who will develop both the PEER and treatment center review programs. With the chosen partner, FSPHP will have the capability to implement the review services upon completion of the development phase.

## References

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## FREQUENTLY ASKED QUESTIONS

### ***What will the PEER and treatment center review cost?***

During the development phase of this project, the FSPHP board and members involved will be part of an analysis to determine the cost for these services. These details are to be determined.

### ***How will my PHP or treatment center prepare for a review?***

A PHP or treatment center will complete an application for a review, at which point an iterative, consultative process will guide the applicant through the review. ■

## FSPHP WELCOMES THE FOLLOWING NEW MEMBERS!

### ***FSPHP State/Voting Members***

#### **Guy Cousins, LCSW, LADC, CCS, Director**

Medical Professionals Health Program, ME

#### **Greg Jones, MD, Medical Director**

Kentucky Physicians Health Foundation, KY

#### **David Karney, MD, MPH**

Texas Physician Health Program, TX

#### **Todd Mandell, MD**

Vermont Practitioner Health Program, VT

#### **Ben Seymour, CADC, Program Coordinator**

Idaho Physician Recovery Network, ID

### ***FSPHP Associate Members***

#### **James Alford, MD Associate Medical Director**

Alabama Physician Health Program, AL

#### **Dan Avery Jr., MD, FACOG, FACS, Associate Medical Director**

Alabama Physician Health Program, AL

#### **Jill Billions, MD, ABAM, FASAM, Associate Medical Director**

Alabama Physician Health Program, AL

#### **Amanda Brooks, LPC, Clinician**

Colorado Physician Health Program, CO

#### **Philip Candilis, MD, Interim Director of Medical Affairs**

Saint Elizabeth's Hospital, VA

#### **Ashley Capdeville, LMHC, Monitoring Associate**

Physician Health Services, Inc., MA

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**FSPHP Welcomes the Following New Members!***continued from page 7***Paul Cheng, MD**

Oklahoma Health Professionals Program, OK

**Monica Faria, MD, Addiction Psychiatrist**

Greenburg &amp; Sucher, PC, AZ

**Sandra Frazier, MD, FASAM, Medical Director**

Alabama Physician Health Program, AL

**Dianne Gay, Project Manager**

Georgia PHP, Inc., GA

**Emily Haase, LPC, Clinician**

Colorado Physician Health Program, CO

**James T. Howell, MD, MPH**

Florida PRN, FL

**Wendy Humphries, Program Manager**

Texas Medical Association, TX

**Victoria Jones, Director, Program Operations**

WV Medical Professionals Health Program, WV

**Meghan McGauley, Clinical Coordinator**

Montana Professional Assistance Program, MT

**Andrew McLean, MD, MPH, Board President**

NDPHP, ND

**Cynthia Morales, Clinical Coordinator**

Washington Physicians Health Program, WA

**Kristi Plotner, LCSW, Executive Director**

Mississippi Physician Health Program, MS

**Astrid Richardson-Ashley, LGSW, Clinical Manager**

Maryland Physician Health Program and Maryland Professional Rehabilitation Program, MD

**Lisa Thomas, MD, MA, Medical Director**

Missouri Physicians Health Program, MO

**Ray Truex, MD, FACS, FAANS, Medical Director**

Physicians' Health Program, PA

**John Valentine, MD**

Vermont Practitioner Health Program, VT

**Felix Vanderlick, Case Manager**

Healthcare Professionals' Foundation of Louisiana, LA

**FSPHP Individual Members****Roland Gray, MD, Commissioner**

Tennessee Lawyers Assistance Program, TN

**Corey Richardson, DHSc, MBA, CEO/Clinical Director**

Integrated Care of Greater Hickory, NC

**FSPHP International Members****Vicki Deutsch, Program Manager**

Physician and Family Support Program of the Alberta Medical Association, AB

**Mara Goldstein, MD, FRCPC, Associate Medical Director**

Ontario Medical Association—Physician Health Program, ON

**Jon Novick, MD, Associate Medical Director**

Ontario Medical Association—Physician Health Program, ON ■

**OBSERVATIONS OF A NEWBIE****January 2018****Raymond C. Truex Jr., MD, FACS, FAANS; Co-Medical Director, Pennsylvania PHP Foundation of the Pennsylvania Medical Society****Raymond C. Truex Jr., MD, FACS, FAANS**

Thirty-one years ago, I was in the process of losing my job to addiction. I had no ability to control my drinking and drug use and was living broke in a cheap motel. A colleague had heard something about a new program that had been started at the Pennsylvania Medical Society and suggested that I give them a call. That new program was called the Physicians' Health Program. I made the call, and the PHP staff asked if I would be willing to follow their direction, and I agreed to do so. It was not an easy program that they outlined, but in my mind, I had no choice if I still wanted to be a physician. So, I went away to a long-term rehabilitation facility, and I was out of neurosurgery, my specialty, for three years. I never expected to get back.

However, after working in a drug rehabilitation facility for several years, a neurosurgical job opened up in middle Pennsylvania and, having demonstrated some early success in staying sober, the Physicians' Health Program advocated for my return to neurosurgical practice. I would not have been able to return to clinical practice without the PHP standing behind me. I was able to rebuild my life in a new locale, and through a recovery program that included toxicology monitoring, I was able to maintain a stable recovery and build a successful practice.

Thirty years have now passed, but I've stayed close to the PHP. I became involved in my county medical society and rose to a leadership position. Because of my burgeoning involvement in organized medicine, I was elected to the Board of Trustees of the Foundation of the Pennsylvania Medical Society, the parent organization of our state PHP. I learned how important fundraising is to our PHP's function and helped

campaign successfully to create an endowment for our PHP, ensuring its long-term survival. While on the Board of Trustees, I was heartened by the growth and success of Pennsylvania's PHP, which I realized was a model for other states. I was honored to be elected Chairman of the Foundation Board and served as such for twelve years, all the while maintaining my own personal sobriety.

In July of 2017, I retired from clinical practice after 50 years of service to my patients. I knew that I would be at loose ends if I did not have some new purpose in my life. My Higher Power, as always, provided that purpose in the form of an offer to serve as a co-Medical Director of the Pennsylvania PHP. It seemed such a natural progression to me, given my personal understanding of recovery and gratitude to our PHP for turning my life around. What a shock it was to find that, despite my time on the Board of Trustees, I knew virtually nothing about the internal workings of our PHP and its relationship to the Pennsylvania State Board of Medicine and Dentistry. I had a lot to learn to become functional in my new position. I had to become more familiar with the co-occurrence of psychiatric conditions and substance abuse, and I needed to learn more about the new medically assisted treatments that are currently employed by the rehabilitation centers. I needed to know more about the new toxicology tests, their values and limitations. It was confusing to understand the various case-management paradigms that provide a structure for the management of our physician participants, yet to see that each case has its own variables that require flexible solutions. Dr. Jon Shapiro and our clinical staff proved to be patient, willing, and able teachers. And finally, I was introduced to the Federation of the State Physicians' Health Programs, which I only remotely knew existed. I attended the Northeast regional meeting of the FSPHP in November of 2017 and was amazed to see how all of the state PHPs are confronted by different problems and have varying organizational structure, yet they are united in their purpose to assist recovering physicians. They facilitate the exchange of useful and important information through an Internet email chain, formal face-to-face interaction, and this newsletter. All of these communications have helped me acclimate to my new career with our state's PHP.

In retrospect, I would not have planned my life as it happened, and it seems to have unfolded in a most unpredictable way. Early in my recovery, I had great fear of the PHP for the power they had over me and resentment for what they asked of me. Those negatives transitioned to respect and gratitude for the PHP in their support for me as I regained my life and my

neurosurgical career. And as the narrative continues, I am learning about what happens behind the scenes to create success stories for so many of my fellow travelers on the road to recovery. I have been given a wonderful opportunity to work for the PHP, in the service of my peers, and for that I am most thankful. And I am grateful for all the wisdom and compassionate efforts of state PHPs across our country who have encouraged and facilitated the road to recovery for thousands of physicians and healthcare professionals, who, like me, without the help of their state PHP would have been consigned to the trash bin of medicine and dentistry. ■

## AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY'S COLLABORATION WITH THE FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS

**Susan Ramin, MD**  
Associate Executive Director

**Sylvia Aziz, MHA, CSSGB**  
MOC Program and  
Communication Manager

**Melissa Bagert**  
MOC Senior Specialist



**Susan Ramin, MD**

The professionalism and professional standing component of the Maintenance of Certification (MOC) Program is indispensable with regard to maintaining board certification through the American Board of Obstetrics and Gynecology (ABOG).

A physician's professionalism and professional standing not only contribute to better patient care and improvements in practice but also assure the public that Diplomates exhibit a high standard of care and professionalism in medical practice.

A few examples of the aforementioned level of care and professionalism include:

1. Acting in patients' best interests
2. Behaving professionally in encounters with other medical professionals and colleagues, as well as with patients and families



**Sylvia Aziz, MHA,  
CSSGB**

*continued on page 10*

### American Board of Obstetrics and Gynecology's Collaboration with the Federation of State Physician Health Programs

*continued from page 9*

3. Holding themselves to a high standard of care so as to be able to provide the same for their patients
4. Representing their board certification and MOC status in the utmost professional manner

One measure of the professionalism and professional standing requirement is the self-reporting mechanism that is integrated into the annual ABOG MOC application. ABOG, along with the Federation of State Physician Health Programs (FSPHP), collaborated on revisions to the health-related questions in the application to ensure the questions are appropriate and effective. It is the goal of ABOG to have questions supportive of physician health and well-being and encourage support if needed. Health-related questions are intended to reflect ABOG's desire to minimize barriers to physician health and well-being.

The health-related questions pertain to mandated participation in physician health programs by a state medical licensing board and to conditions affecting a physician's ability to practice medicine in a competent, ethical, and professional manner. When physicians self-report that they are participating in a physician health program mandated by the state or facility where they are privileged, ABOG will conduct an inspection. Through this enhancement, ABOG can ensure the proper physician health program disclosure that would meet MOC requirements, protect privacy of health information not specifically related to a physician's ability in their clinical practice, and simultaneously safeguard public welfare.

Furthermore, ABOG was cognizant of the fact that sometimes health-related questions are viewed negatively. Accordingly, the intention behind the revision of these health-related questions was to steer away from those that could potentially be interpreted as invasive or punitive. Notably, the partnership with the FSPHP on this project was instrumental in utilizing verbiage that disclosed the appropriate information without being intrusive, thereby minimizing any unintended barriers to physician health and well-being.

In summary, this collaboration has allowed ABOG to ask physician health program questions effectively, enabling physicians to respond without fear of disciplinary action in most situations.

For inquiries regarding ABOG's MOC program or specific health program questions, email us at [moc@abog.org](mailto:moc@abog.org). ■

### "CLEARED FOR TAKEOFF"

Lynn Hankes, MD



Lynn Hankes, MD

"Cleared for Takeoff" is the title of the segment that aired on December 10, 2017, on CBS-TV *Sunday Morning News* with Jane Pauley. It told the success story of the commercial airline pilots' recovery and monitoring program called HIMS that coordinates the identification, treatment, and return to work for pilots with substance use disorders.

It is an industry-wide effort in which managers, pilots, healthcare professionals, and the FAA work together to preserve careers and enhance air safety.

Up until now, HIMS, like most PHPs, has not been well understood by the public, media, and population it serves. This, combined with the stigma of addiction, has made it difficult to share this model of success. Both HIMS and PHPs have benefited from tremendous success with their models for monitoring substance use disorders, and more effort is underway to share these strategies to create more awareness of the public and patient safety efforts in place and to raise awareness of the lessons to be learned from these safety-sensitive professions.

Both HIMS and PHPs have many similarities and differences. What can PHPs learn from HIMS?

HIMS was established in 1974, two years before the earliest PHP was formed. The early PHPs actually "borrowed" many features from the HIMS model.

There is variation among PHPs, and the table on page 11 represents a broad generalization for comparison purposes only.

Here are some comparisons:

ELEMENT	HIMS	PHPs
Organization	National	State
Participation	80% of airlines	90% of states
Structure	Airline sponsored	Variable by state
Oversight	FAA	Organized medicine and medical boards
Services	SUD* only	SUD, MI <sup>†</sup> , others
Drug of Choice	90% EtOH	EtOH and drugs
In-Patient Treatment	28 days	28–90 days
Treatment cost	Airline and pilot	Doctor alone
Return-to-work	6–9 months	3–6 months
Disability support	Yes	No
Monitoring	3 years	6 months–5 years
A.A. and Peer Support	Mainstream/BOAF	Mainstream/IDAA
Confidentiality	No	Yes
Relapse Rates	20% Estimated	21% Estimated
Research	Only 1 study	Many studies
Penetration	0.7% average	1.0% average
Diagnostic mon.	No	Yes
Public Safety	Yes	Yes

\*SUD = Substance Use Disorder

<sup>†</sup>MI = Mental Illness

Both programs deal with individuals who are highly educated, goal-oriented, perfectionistic, hypervigilant, analytic, obsessive-compulsive, control-focused, and who overidentify with their occupations. HIMS programs, even at different airlines, are more uniform, whereas PHPs have more variations. Many of these variations are a result of laws, rules, and regulations beyond PHP control. With the support of the FSPHP, PHPs are moving toward increasing consistency among their best practices. Behavioral monitoring occurs monthly with HIMS as opposed to weekly with PHPs. Also, HIMS conducts urine drug screens less frequently than PHPs. Worksite monitoring, on the other hand, is more frequent with monthly visits at HIMS but quite variable with PHPs. Relapse detections differ—for HIMS: 20% UDSS/30% DUIs/50% Misc.; for PHPs: 60% UDSS/20% worksite monitor/20% Misc. Pilots usually receive disability payments while in treatment, but medical professionals do not, and they suffer from total loss of income.

It appears that the HIMS program, in comparison to PHPs, has tighter worksite monitoring, better financial support, access to DUI reports, less adverse publicity, greater program uniformity, and independent fitness-for-duty exams.

In comparison to the HIMS program, PHPs have a confidential track, tighter continuing care, published research,

an extensive educational effort, more frequent forensic testing, and a diagnostic-monitoring category.

Do both programs work? Yes! For PHPs, out of 904 PHP-monitored medical professionals over seven-plus years, there was only one case of patient harm—an erroneous prescription. In its 43-year history, HIMS has never had a single case of a commercial passenger-carrying airline alcohol-related incident or accident. That is the “proof of the pudding!” It is reassuring that both the HIMS program and PHPs enhance public safety.

The national CBS TV broadcast highlighted the high success rate of the HIMS program and attributed it mostly to quality treatment, tight monitoring coordinated by an independent medical sponsor, and strict FAA requirements for return to work. It featured two recovering pilots, an FAA Official, and Dr. Lynn Hankes, who has worked with the HIMS program for the last 30 years.

To view the TV segment, click on [www.cbsnews.com/news/rehab-that-puts-alcoholic-pilots-back-in-the-cockpit](http://www.cbsnews.com/news/rehab-that-puts-alcoholic-pilots-back-in-the-cockpit). It’s also on YouTube under “when rehab puts airline pilots back in the cockpit.”

You can learn more about the HIMS program at [himsprogram.org](http://himsprogram.org). ■

## SERVICE TO ALCOHOLICS ANONYMOUS

### Terrance Bedient, FACHE

Alcoholics Anonymous (A.A.) is a fellowship of men and women who share their experience, strength, and hope to solve their common problem and help others to recover from alcoholism. It may seem unusual for a nonalcoholic to be writing about service to the fellowship of A.A.. However, nonalcoholics have been involved with A.A. in some fashion from the very beginning. It was a nonalcoholic woman who introduced Bill W. to Dr. Bob some 82 years ago—and that first conversation of the two founders of A.A. is now considered to be the birth of the fellowship.

Many are familiar with A.A.'s 12 Steps, which suggest a program of personal recovery, and the 12 Traditions, which help groups to preserve unity and singleness of purpose. Less well-known are A.A.'s 12 Concepts. While anything to assist a fellow sufferer can be considered A.A. service, the Concepts recognize the need for *general* service, which individual members and groups could not manage alone. The Concepts describe the general service structure and the services provided for the fellowship through the General Service Board of Alcoholics Anonymous (Board). It is through general service that nonalcoholics may contribute to the fellowship.

Though the FSPHP has always been supportive of A.A., Narcotics Anonymous (NA), International Doctors in Alcoholics Anonymous (IDAA), and Caduceus, I was initially unaware of general service opportunities for nonalcoholics. After a PHP presentation at a lawyer assistance program in 2008, a trustee inquired of my interest in A.A. general service. Thinking the trustee had mistaken me for someone in the fellowship, I responded, "I'm not alcoholic—I'm just visiting." The trustee then explained that bylaws require that 7 of the 21 Board trustees be nonalcoholics.

The Traditions recognize the need for leadership to carry the message in ways that are impossible for local groups, such as publication of uniform literature, public information resources, helping new groups get started, publishing an international magazine, and carrying the message in other languages and in other countries. The Board, through its staff and subsidiaries, oversees



Terrance Bedient,  
FACHE

services that individual members and groups could never manage alone.

The nonalcoholics on the Board are men and women who are recognized professionals in their own fields, have some experience working with A.A. members, and express a profound faith in the recovery program of A.A. As nonalcoholics do not have to worry about anonymity, they can represent A.A. in the media. Over the years, nonalcoholics have represented a variety of professions, including law, business, finance, corrections, medicine, social work, treatment, and public relations.

The Trustees of the General Service Board are concerned with everything happening inside and outside A.A. that may affect the health and growth of the movement. The Board has the spiritual and legal responsibility to protect A.A.'s Steps, Traditions, and Concepts as well as the integrity of the principles of A.A. However, whenever a decision on movement-wide policy is needed, the Board turns to the General Service Conference, some 120 elected members from the United States and Canada who provide broad policy guidance at the annual meeting.

Over the past several years, the Trustees developed their first-ever strategic plan to guide how the Board will continue to serve the fellowship. Key challenges for A.A. include engagement, membership, and communication. Though there are over 60,000 groups in the United States and Canada, only about 42 percent are actively engaged in general service. Lack of growth in the Fellowship in recent years indicates an opportunity to better reach out the hand of A.A. At the same time, data suggests that two-thirds of members come to A.A. through nonmember referrals. One effective way to attract more people to A.A. is to enhance cooperation with professionals and groups such as the FSPHP. Indeed, one of the first special interest activities ever embraced by A.A. was the development of the IDAA.

Even A.A. members may have limited awareness of the services provided under the Board. Thus, improvements are needed in the communications within the fellowship to engage individual members and groups. Through its literature and communications, the Board continues to emphasize a consistent message of hope so that Alcoholics Anonymous will continue to be a unified worldwide movement.

I had the privilege of serving as a Trustee from 2008–2017 with service as Treasurer from 2008–2013 and Chairman of the Board from 2013–2017. Serving as a nonalcoholic Trustee created a steep learning curve, and there were some surprises. For example, it surprised me to learn that anonymity is more about

preserving the integrity of the fellowship and less about protecting the privacy of the A.A. member. I was also surprised that A.A. is not a temperance organization. At Board social events, nonalcoholics were free to drink as they might in similar circumstances. But out of respect for the fellowship, none of us did.

In addition, I was surprised that, despite all of the instructive literature, A.A. is not a *you should* fellowship but rather a *we did* fellowship, capturing that indefinable magic of one alcoholic talking with another alcoholic. I was surprised to discover that A.A. literature does not portray Bill and Dr. Bob as saints—quite the opposite. I was surprised to learn that on the A.A. Board, the process is often more important than the resulting decision. Actively encouraging the minority voice ensures an informed group conscience and consensus.

Finally, I was surprised to learn that the Board has no authority to set policy for any group at any time about any matter. The fellowship has delegated great responsibility to the Board, but the Trustees have never been delegated the authority or responsibility to determine how any groups or members function within the fellowship.

Over the years, the FSPHP has been well represented on the General Service Board. Past FSPHP President John Fromson served as a nonalcoholic A.A. Trustee from 2012–2016. Michele Grinberg, legal counsel for the West Virginia PHP, currently serves as Board Chair.

The General Service Board is continually seeking professionals who may have an interest in service as a nonalcoholic Trustee. For further information, see [www.aa.org](http://www.aa.org) or email [nominating@aa.org](mailto:nominating@aa.org). ■

## UPDATES FROM AROUND THE UNITED STATES

*Thank you for all the great work you do and for all the times you were especially patient, nice, understanding, and went out of your way for me when you certainly didn't have to! At least five or six times when my life was chaotic and impending doom was certain, you did what you could and more to lift the extra burden, while keeping me compliant. Undoubtedly, I am just one of many who have contacted you in desperate, frenzied, unexpected circumstances needing urgent help! You may have what seems a relentlessly tough, thankless job (I hope not!), but you are the right person for it and the PHP administration and its members, like me, are super fortunate to have you serving this important role, not just with competency, but with such compassion as well. Thank you!!*

*"This program didn't just save my career—it saved my life!"*

*"I truly believe I wouldn't be alive today if not for the PHP, staff, and the people I have been blessed to meet in recovery."*

*"The main reason I didn't want to hear about the PHP is that I thought it would ruin my professional life. Instead, it helped my professional life tremendously! I became the chief, received a salary increase, and the relationship at the hospital and partners improved."*

*"I'm really grateful to you and all the staff at the PHP. Please continue your excellent job for some talented people."*

## Alabama Physician Health Program Leadership Changes for 2018

The Alabama Physician Health Program (APHP), the medical association's confidential resource for physicians and other medical professionals with potentially impairing conditions or illnesses, recently announced a reorganization and new staff to better protect the health, safety, and welfare of those it serves.

The APHP provides confidential consultation and support to physicians, physician's assistants, residents, and medical students facing concerns related to alcoholism, substance abuse, physical illness, and behavioral or mental health issues. It monitors an average of 280 physicians in Alabama at any given time. These physicians, whether self-referred or mandated, may initially be hesitant to come forward for help, but they soon learn the APHP is their best advocate. Now, the APHP has even more staff and physicians available to assist when medical professionals need help.

### Meet the Staff

#### Director

Robert C. Hunt, D Min, ASAM, LPC

#### Senior Associate Medical Director

Sandra L. Frazier, MD

*continued on page 14*

**Updates from Around the United States***continued from page 13***Associate Medical Directors**

James H. Alford, MD

Daniel M. Avery Jr., MD, FACOG, FACS

Jill Billions, MD

**APHP Case Manager**

Fay McDonnell

**APHP Program Coordinator**

Caro Louise Jehle

**Idaho****New Program Coordinator for the Idaho Physician Recovery Network**

As some of you may know, we lost our friend and colleague John Southworth, CADC, in November of 2017. Since then, Ben Seymour, CADC, CTP1, has taken over as Director at Southworth Associates, including the position of Program Coordinator for the Idaho Physician Recovery Network (PRN). John and Ben worked together closely for many years with the intention that Ben would take over duties as director for the company. Ben has worked in the addiction treatment field for the past 18 years as an interventionist, counselor, consultant, and program administrator. He is pleased to be serving as a member of the Federation of State Physician Health Programs representing the State of Idaho.

**Nevada****Change in Ownership at the Nevada Professionals Assistance Program**

As of August 1, 2017, following the retirement of Peter Mansky, MD, the Nevada Professionals Assistance Program (NPAP) transferred ownership of the program to Greenberg and Sucher (Arizona Monitored Aftercare Program) and Southworth Associates (Idaho Physician Recovery Network). Greenberg and Sucher has been monitoring healthcare professionals in California and Arizona for more than 30 years, and Southworth Associates has over 25 years' experience working with healthcare professionals in the State of Idaho. Dr. Michel Sucher, MD, and Mr. Ben Seymour, CADC, lead the program.

**Oklahoma**

The Oklahoma Health Professional Program (OHPP) celebrates its thirty-fifth year in 2018. Plans for a celebratory event are under way and will include history and awards for members who were instrumental in the 35-year-history of our PHP.

Medical Director Robert Westcott, MD, in collaboration with the Oklahoma State Board of Medical Licensure and Supervision and Physician Recovery Center, provided FSPHP 2017 with education in addressing the "Aging Physician." Since that time, OHPP experienced a very busy year. We provided a seven-hour CME addressing the opioid epidemic for Oklahoma Health Providers at Oklahoma City and again in Tulsa. Scott Teitelbaum, MD, from the University of Florida, Florida Recovery Center was the keynote speaker for both events.

OHPP initiated its first annual participant satisfaction survey in May and June of 2017. OHPP underwent a Program Procedural Audit performed by Dr. Lynn Hankes. He was very thorough in his comprehensive and informative audit report. We were excited to improve the program in our anticipation of his audit recommendations. However, we were not prepared for the plethora of good ideas that we received. Dr. Hankes presented an extensive list of program tasks that OHPP has been fast at work to implement in the past few months.

OHPP is very appreciative to Corinne Kilbury, OHPP Assistant Director (and Dr. Merlin Kilbury's wife), for facilitation of the Al-Anon Family Group to support Tulsa Caduceus. Dr. Hankes was complimentary of the OHPP strength in service to participant families.

In 2018, the OHPP intends to continue to put into place recommendations from the procedural audit, expand our program resource list and participant services, and increase frequency of professional community educational outreach. As a result of Dr. Hankes's recommendations, the OHPP Board of Directors authorized the hire of another full-time compliance staff member. This has been a long-standing and desperate program need. We are excited to welcome new staff to our program team. Our board is tasked with development of a fundraising task force and to create a 5- to 10-year plan with implementation of performance enhancement reviews.

**Oregon**

**Recent Oregon Health Professionals’ Services Program Exit Interview Findings**

**Christopher Hamilton, PhD, MPA, Monitoring Programs Director**

For the last eight years, Oregon’s Health Professionals’ Services Program (HPSP) has administered an exit interview survey to all successfully completing participants at the time of program discharge.

The HPSP Policy Advisory Committee has long been interested in identifying how the structure and accountability of our physician health



**Christopher Hamilton, PhD, MPA**

program impact the professional, personal, and interpersonal lives of participants. After being exposed to the excellent follow-up survey work performed by the Colorado Physician Health Program (CPHP) at the 2016 Federation of State Physician Health Programs Conference session, HPSP updated our exit interview survey and adapted some of CPHP’s questions. The updated questions were implemented over the last year. Eight surveys were returned in the first six months of 2017. The eight-survey sample represents a 19 percent response rate for the period.

More than 50 percent of respondents reported that they agreed or strongly agreed with the following statements about their professional lives, with 86 percent of participants agreeing or strongly agreeing that they felt less stressed or burned out at work:

Professional Life	Percent Agree or Strongly Agree
I am more satisfied with work.	71%
I feel less stressed or burned out at work.	86%
I am better able to understand or empathize with my patients.	71%
The medical care I provide to my patients has improved.	57%
My professional relationships have improved.	57%
My work feels more meaningful.	57%

Responses to personal and interpersonal life questions were similar to professional lives with responses of 50 percent or greater “agree” or “strongly agree” to all but one of the statements. Only 29 percent of respondents reported that they agree or strongly agree

that they communicate better with their spouse/partner following HPSP participation. One hundred percent of licensees reported that they now spend more meaningful time with their family and friends.

Personal and Interpersonal Life	Percent Agree or Strongly Agree
I feel better able to cope with life changes.	86%
I feel better equipped to manage my own health.	71%
My self-esteem improved.	57%
My mood improved.	71%
I have a better work–life balance.	86%
I am more engaged in my community.	57%
My personal life is less stressful.	57%
My spouse/partner and I communicate better.	29%
I am more satisfied with my personal relationships.	57%
I am better equipped to manage problems at home.	71%
I spend more meaningful time with family or friends.	100%
I feel better able to cope with life changes.	86%

**Updates from Around the United States***continued from page 15*

Although this is a small sample, it is reassuring that the respondents feel their professional, personal, and interpersonal lives have improved in so many areas. HPSP hopes to yield a better response rate over the next six months to assure that these preliminary findings are representative of most participants completing HPSP.

**Pennsylvania****Long-Term Monitoring****Jon Shapiro, MD, DABAM**

At the Pennsylvania PHP, we are starting to collect some statistics from our electronic record and from exit interviews. We don't yet have results, but a troubling trend has emerged in recent weeks. Suddenly we have five previous monitorees who have returned to residential care for substance use disorder treatment.



**Jon Shapiro, MD,  
DABAM**

At federation gatherings, we have discussed the correct length of monitoring. Is five years a magic number? Is three years too little? We are now suffering a clear slap-in-the-face reminder of what we all know: Substance use is a chronic, progressive, and fatal illness that requires coordinated long-term care.

Relapses occur more frequently in the first few years of monitoring healthcare professionals, but we have seen a strange phenomenon in Pennsylvania when some of our participants relapse in their last year of monitoring. We know that at least one state PHP increases the frequency of urine toxicology in the last year to match this statistic. As the pain and impact of initial recovery fade, it is natural, yet unfortunate, that our focus begins to fade.

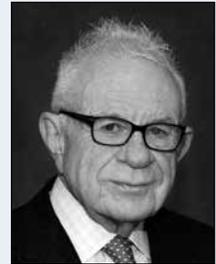
So here we are with a cluster of doctors who relapsed five, six, seven years into recovery. My impression is that they were not undertreated in their first pass through the system. For better understanding, it is time to break out our tried-and-true analogy. No physician would stop checking blood glucose levels or withhold insulin for a diabetic patient simply because they successfully completed five years of monitoring.

When our participants finish a five-year period of monitoring, we congratulate them. But they haven't graduated from anything—just entered a new phase of recovery. Following this painful reminder of late relapse, we conclude with a pledge to put more effort into recruiting our participants into our long-term

agreements. Addiction is, was, and will always be a chronic illness requiring ongoing care. ■

**IN REMEMBRANCE OF JOHN SOUTHWORTH**

Our friend and colleague John Southworth passed away in November of 2017. John was a huge force in the addiction treatment field and a contributing member of the Federation of State Physician Health Programs. John served as Program Coordinator for the Idaho Physician Recovery Network from 1993 until his passing in November. John also served as Program Coordinator for many other health professional programs as well as worked as an interventionist globally. John pushed for enhanced professionalism for interventionists and supported national organizations working on behalf of better substance use disorder treatment. He was one of the best-known professionals in the field.



**John Southworth**

John loved to travel. As busy as he was traveling the world, he was never too busy to help a friend or anyone suffering from the disease of addiction. John survived several bouts with pneumonia and several major heart operations. As a result, he cherished every minute of life. He was profoundly grateful for his own recovery and used his time and remarkable talents to help others find the same gift. Following sobriety, John was able to live life as he wished. When road bumps arose, he dealt with them with determination and humor. He loved what he did professionally and was proud of his many accomplishments. Anyone who knew him well has many humorous stories to tell. He was a larger-than-life character and will be missed. John would have turned 80 years old in January and would have celebrated receiving his 35-year chip in A.A.

## ANOTHER TOOL FOR YOUR TOOL KIT IN YOUR WORK WITH HEALTHCARE PROFESSIONALS

**Mike Metcalf, IDAA Executive Director**

Greetings Fellow FSPHP Members:

I am the Executive Director for International Doctors in Alcoholics Anonymous (IDAA). I have been fortunate to attend the annual FSPHP meetings for the last two years, where we from IDAA had the opportunity to meet many of you. This note will hopefully offer you one more tool to use in your treatment and support of Health Care Professionals in recovery.



**Mike Metcalf**

IDAA began in the garage of a physician in 1949 and from there has grown to over 10,000 members in 2018. Our membership is available to Doctorate Level HCPs, and we welcome advanced care practitioners as well (ARNPs, CRNAs, and PAs). In addition, the spouse or family member of a provider may join independently, whether the HCP is or is not yet in the rooms. Our membership database is securely maintained and is kept confidential. We are a 12-Step-based program, but we believe that any trail taken to the top of the mountain is acceptable. Although our name includes "AA," we have members from many additional recovery programs. IDAA is now a 501(c)(3) nonprofit organization.

Although IDAA is "of A.A., it is not, in the strictest sense, A.A." (Although supportive of treatment when indicated, IDAA does not make treatment referrals.)

Benefits of IDAA membership include:

- An international recovery-based fellowship
- An annual IDAA meeting with over 800 attendees
- The annual meeting offers a family recovery component, including programs created to address the needs of all family members, from age seven years and up.
- IDAA supports three cyber meetings for those interested (one with a pure recovery focus for those with substance abuse concerns, one that focuses on needs and concerns of family members, and last, one that focuses on "nuts-and-bolts issues" for your clients, such as concerns regarding return to work, etc.).
- Maintenance of an international database of local HCP recovery meetings

Please check out our website at [IDAA.org](http://IDAA.org) for information. I can provide brochures to hand out to anyone you believe might be interested. We are happy to speak with those curious about membership in IDAA. Membership application is simple and may be completed online at [IDAA.org](http://IDAA.org). I can be reached by phone almost any time for questions at (509) 954-4789.

Ginger and I look forward to seeing you in Charlotte. ■

## FSMB Workgroup on Physician Wellness and Burnout

The FSMB Workgroup on Physician Wellness and Burnout will soon have a final report available that expounds on an issue of which we all are well aware: discouraging probing mental health questions on licensure applications that contribute to creating barriers to those in need of getting help. The final report is reflective of FSPHP collaboratives, with expertise provided by our esteemed past president, Doris Gundersen, MD.

The following quote is from Doris Gundersen, who was invited to serve on this workgroup of the FSMB representing the FSPHP and our PHP members:

*"I had the opportunity to participate in the FSMB's Workgroup on Physician Wellness and Burnout, which was initiated in April 2016. It included a number of stakeholders interested in physician health and turned out to be a highly effective collaboration with regard to supporting physician health while ensuring the public's protection. Eliminating intrusive questions on licensure applications and encouraging nonpunitive approaches to address burnout and other physician health issues were strongly emphasized. As a group, we pushed for the Quadruple Aim to be adopted by all healthcare entities. This experience taught me that great progress can be made when enthusiastic experts come together for a common goal."*

The document will be available in its final form in April 2018. A draft is available at this link for preview: <https://www.fsmb.org/globalassets/communications/draft-report-for-2018-hod---wellness-and-burnout.pdf>

We look forward to sharing the final document further as soon as it becomes available.



**Doris Gundersen, MD**



## FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS 2018 ANNUAL EDUCATION CONFERENCE AND BUSINESS MEETING

*Wednesday, April 25 to Saturday, April 28, 2018*

### PHYSICIAN AND PROFESSIONAL HEALTH: ENHANCING AN EFFECTIVE MODEL

#### *Highlights*

- Networking opportunities with leaders in the field of professional health and well-being
- Large exhibitor space with all breaks, breakfast and food service with attendees
- General and breakout sessions each day to highlight the essentials of Physician Health Programs
- Poster Session Reception



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*Will coincide with Federation of State Medical Boards Conference*

#### **TUESDAY**

4:30 p.m. Early Exhibitor Registration  
6:00 p.m. Board Meeting

#### **WEDNESDAY**

11:30 a.m. Registration and Exhibit Hall Opens  
General and Breakout Sessions  
Committee Meetings  
Opening Silent Auction Dinner

#### **THURSDAY**

Morning Walk  
New Member Meeting  
General and Breakout Sessions  
FSMB Guest Speaker  
Poster Session Reception  
Board and Committee Chair  
Dinner

#### **FRIDAY**

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

#### **SATURDAY**

General and Breakout Sessions  
FSMB-FSPHP Joint Session

*Tentative schedule subject to change.*

## ***Meeting and Conference Agenda***

*Agenda Subject to Change*

*Sessions marked with an \* have AMA PRA Category 1 Credits™ available.  
All session and events are open to all registered attendees unless otherwise noted.*

### **Tuesday, April 24, 2018**

- 6:00 p.m.–8:00 p.m. FSPHP Board of Directors (Harrisburg Hollow Square)  
4:30 p.m.–6:30 p.m. Exhibitor Check-In (Convention Center Registration South Rotunda)

### **Wednesday, April 25, 2018**

- 8:00 a.m.–10:00 a.m. Exhibitor Check-In and Setup (Concord Convention Hall ABCDE)  
11:30 a.m. Annual Meeting Registration (Convention Center Registration South Rotunda)  
Exhibits Open (Concord Convention Hall ABCDE)  
12:00 p.m.–1:30 p.m. Silent Auction—Items Open for Bidding (Concord Convention Hall ABCDE)  
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 (Concord Convention Hall ABCDE)  
Research Committee (Concord I)  
ACE Committee (Concord J)  
Nominating Committee (Harrisburg)  
1:30 p.m. Welcome and Introductions (Concord Convention Hall F)  
*P. Bradley Hall, MD, DABAM, DFASAM, FSPHP President*  
1:35 p.m.–2:05 p.m. \*FSPHP and Physician Health Update (Concord Convention Hall F)  
*P. Bradley Hall, MD, DABAM, DFASAM, FSPHP President*  
2:05 p.m.–3:05 p.m. \*General Session I (Concord Convention Hall F)  
Management of Complex Cases, Funding, and Relationships with Shareholders:  
Experiences of Four Rural PHPs  
*Scott Hambleton, MD, DASAM, Maureen Sullivan Dinnan, JD, P. Bradley Hall, MD, DABAM, DFASAM, MRO, and Michael Ramirez, MS*  
3:05 p.m.–3:30 p.m. Visit Exhibitors and Break (Concord Convention Hall ABCDE)  
3:30 p.m.–4:15 p.m. \*General Session II (Concord Convention Hall F) The Non-Practice Agreement:  
A Cooperative Solution with Your Medical Board to Protect Participants, the  
Public, and Your Organizations  
*Joseph Jordan, PhD, and Brian Blankenship, JD*  
4:15 p.m.–5:15 p.m. \*General Session III (Concord Convention Hall F) Media Training  
*Jan Fox, Past TV Talk Show Host and Four-time Emmy Award Winner*  
6:00 p.m.–8:30 p.m. Opening Night Silent Auction Dinner for All (Concord Convention Hall ABCDE)

*\*Reminder to all committee chairs to turn in your committee reports prior to Thursday evening's board meeting.*

*continued on page 20*

*continued from page 19*

- 6:30 p.m. Welcome Remarks by *P. Bradley Hall, MD, FSPHP President, and Martha E. Brown, MD, Program Planning Committee Chair*  
Welcome and Introductions of Exhibitors
- 7:45 p.m. Silent Bidding Closes and Winners Announced

**Thursday, April 26, 2018**

*Posters Available for Viewing All Day*

- 6:00 a.m.–9:00 a.m. Breakfast Served at Hotel Lobby for Hotel Guests
- 6:30 a.m.–7:30 a.m. Morning Walk (Meet at 6:25 a.m. in the hotel lobby.)
- 7:30 am – 8:30 a.m. Open Mutual Support Meeting—All Are Welcome (Harrisburg)
- 8:00 a.m.–8:30 a.m. Visit Exhibitors (Concord Convention Hall ABCDE)
- 8:30 a.m.–9:30 a.m. \*Breakout Sessions

<b>Breakout Session A (Concord Convention Hall F)</b>	<b>Breakout Session B (Concord I)</b>
Improved Neurocognitive Functioning Among Healthcare Professionals Initiating Recovery from Addiction <i>Joseph E. Schumacher, PhD, Michael Wilkerson, MD, and Brad H. Sokai, PhD</i>	Use of Controlled Substances as Treatment Modalities for Physicians Being Monitored by PHPs <i>Scott Hambleton, MD, DFASAM, and Laura Moss, MD</i>

- 9:30 a.m.–9:45 a.m. Visit Exhibitors and Break (Concord Convention Hall ABCDE)
- 9:45 a.m.–10:30 a.m. \*General Session IV (Concord Convention Hall F)  
Five Best Practices for Behavioral Cases for Clients and the Workplaces  
*Joyce Davidson, LCSW, Amanda Brooks, LPC, and Emily Haase, LPC*
- 10:30 a.m.–11:00 a.m. New Member Meeting (Concord I)  
*P. Bradley Hall, MD, Paul Earley, MD, and FSPHP Officers*  
*Special Thanks to the FSPHP Emerald and Diamond Exhibitors*
- 11:00 a.m.–11:15 a.m. Visit Exhibitors and Break (Concord Convention Hall ABCDE)
- 11:15 a.m.–12:00 p.m. \*General Session V (Concord Convention Hall F)  
Ethical and Legal Understanding of Physician Health Programs: The Social Contract  
*Philip Candilis, MD*
- 12:00 p.m.–1:00 p.m. Luncheon and Exhibit Viewing (Concord Convention Hall ABCDE)
- 1:00 p.m.–2:00 p.m. \*Breakout Sessions

<b>Breakout Session A Open to FSPHP Members (Concord I)</b>	<b>Breakout Session B (Concord Convention Hall F)</b>
Accountability, Consistency, and Excellence (ACE): A Goal for PHPs in 2018 and Beyond <i>Maureen Dinnan, JD, and Doina Lupea, MD</i>	Implementing Tobacco-Free Policies in Residential Addiction Treatment Settings <i>Laura Martin, MD, FASAM, DFAPA, Jonathan C. Lee, MD, FASAM, FAPA, FACP, and Brian Coon, MA, LCAS, CCS, MAC</i>

- 2:00 p.m.–3:00 p.m. \*General Session VI (Concord Convention Hall F)  
 Performance Enhancement Reviews and Treatment Center Reviews  
*J. David M. Rozsa, CAE, ACA, CEO, Metacred, Inc.*
- 3:00 p.m.–3:30 p.m. Visit Exhibitors and Break (Concord Convention Hall ABCDE)
- 3:30 p.m.–4:30 p.m. \*General Session VII (Concord Convention Hall F)  
 Physician Wellness and Resilience  
 FSMB Guest Speaker Mark Staz, MA
- 4:30 p.m.–5:30 p.m. \*Breakout Sessions

<b>Breakout Session A (Concord Convention Hall F)</b>	<b>Breakout Session B (Concord I)</b>	<b>Breakout Session C (Concord J)</b>
A Review of the Literature About Physician Health Programs: What We Have Learned About Treatment of Addiction in Physicians  <i>Matthew Goldenberg, DO, Karen Miotto, MD, and Greg Skipper, MD</i>	Neuropsychological Screening for Physicians in Remediation  <i>Betsy White Williams MPD, PhD, Dillon Welindt, Michael Williams, PhD, and Philip Flanders, PhD</i>	A Framework for Assessing, Treating, and Monitoring Recovery from Addiction, Psychiatric Illness, and Trauma  <i>Julio I. Rojas, PhD</i>

- 5:30 p.m.–6:30 p.m. Reception with Poster Session Presentations (Convention Center Corridor)  
 Hors d'oeuvres  
 Self-Referred Clients  
*Wendy Cohen, MD, and Steven Adelman, MD*  
 Prospects for Neuroimaging and Neurofeedback for Addiction Treatment Professionals  
*Jonathan Harris, PhD*  
 Using a Recovery-Oriented Lens When Evaluating Serious Psychiatric Disorders in Healthcare Professionals  
*William Heran, PhD, and David Steinman, MD*  
 Treatment Readiness in Physician Assistants in a State Monitoring Program for Substance Use Disorders  
*Corey Richardson, DHSc(c), MPAS, MBA, MAC, LCAS, CSI*  
 Challenges in Effective Use of Drug Testing in Physicians  
*Penelope Ziegler, MD, and Karen Miotto, MD*
- 7:00 p.m.–8:30 p.m. FSPHP Board Meeting and Committee Chairs Dinner (Fairway)  
 (Open to Board of Directors and Committee Chairs)

*Posters on display all day Friday, April 27 (Convention Center Corridor)*

*continued from page 21*

**Friday, April 27, 2018**

*Posters Available for Viewing All Day*

- 6:00 a.m.–9:00 a.m. Breakfast Served at Hotel Lobby for Hotel Guests
- 7:00 a.m.–8:00 a.m. Open Mutual Support Meeting—All Are Welcome (Harrisburg)
- 8:00 a.m.–8:30 a.m. Visit Exhibitors (Concord Convention Hall ABCDE)
- 8:30 a.m.–9:30 a.m. \*General Sessions VIII (Concord Convention Hall F)  
  
Interpreting Alcohol Biomarker Values—Cautions and Caveats  
*M. Katherine Jung, PhD, Director, Division of Metabolism and Health Effects, National Institute on Alcohol Abuse and Alcoholism, NIH*
- 9:30 a.m.–10:00 a.m. \*Biomarkers of Alcohol Consumption in Participants in Professionals' Health Programs  
*Scott A. Teitelbaum, MD, and Gary M. Reisfield, MD*
- 10:00 a.m.–10:30 a.m. \*Discussion of Long-Term Alcohol Biomarker Results: Review of the Most Recent Literature and Case Reports  
*Joseph T. Jones, BS, MS, PhD*
- 10:30 a.m.–11:00 a.m. Visit Exhibitors and Break (Concord Convention Hall ABCDE)
- 11:00 a.m.–12:00 p.m. \*Breakout Sessions

<b>Breakout Session A (Concord Convention Hall F)</b>	<b>Breakout Session B (Concord I)</b>	<b>Breakout Session C (Concord J)</b>
Professional Development Utilizing Motivational Interviewing to Improve Outcomes and Reduce Burnout  <i>Alexandria Polles, MD, Chad Brazle, MA, Lisa J. Merlo, PhD, MPE, and Kim Parker, MPPA</i>	Health-Related Quality of Life Among Physicians, Residents/ Medical Students, and Physician Assistants Entering a Peer-Assistance Program  <i>Elizabeth Brooks, PhD, and Michael Gendel, MD</i>	The Balancing Act: Confidentiality and Public Safety with Professional Sexual Misconduct  <i>Leah Claire Bennett, PhD, and Scott Hambleton, MD, DFASAM</i>

- 12:15 p.m.–1:15 p.m. Luncheon (Concord Convention Hall ABCDE)  
*Recognition of Emerald and 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  
*Carolina A/B Concord I Concord J Caroline C*
- 2:30 p.m.–3:00 p.m. Exhibitor Session Facilitated by P. Bradley Hall, MD (Harrisburg)  
*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  
(Registration South Rotunda)

3:15 p.m.–5:00 p.m.	FSPHP Annual Business Meeting (Concord Convention Hall F) (Open to FSPHP State, Associate, Honorary, and International Members)
5:00 p.m.–5:15 p.m.	FSPHP Board of Directors Meeting (Harrisburg) (Open to FSPHP Board of Directors)
5:15 p.m.– 6:00 p.m.	A Call for Participation: Research Project with the National Institute on Drug Abuse, Open to everyone! <i>Osama A. Abulseoud, MD, Staff Clinician, Neuroimaging Research Branch, IRP, National Institute on Drug Abuse</i>
6:30 p.m.–10:00 p.m.	SOCIAL EVENT (Embassy Terrace) <i>A separate fee applies for this event. Guest speaker Brian Parsley, "The Power of Influence." As professionals, it's important to never forget how important influence is in our lives. Understand a different perspective around how to create a better culture in your life, both personally and professionally.</i>

### Saturday, April 28, 2018

7:30 a.m.–10:30 a.m.	Breakfast Served at Hotel Lobby for Hotel Guests
7:30 a.m.–8:30 a.m.	Open Mutual Support Meeting—All Are Welcome (Harrisburg)
8:00 a.m.– 8:45 a.m.	Buses Depart to FSMB (Sheraton-Le Méridien Charlotte Hotel Complex 555 South McDowell Street, Charlotte, NC 28204)
9:45 a.m.–11:00 a.m.	FSPHP and FSMB Joint Session: Building Bridges between PHPS and Licensing Boards that Protect the Public and Improve Health and Wellness <i>P. Bradley Hall, MD; Paul Earley, MD; Doris Gundersen, MD; Rene Saunders, MD, and Moderator Gregory Snyder, MD (Sheraton-Le Méridien Charlotte Hotel Complex, 555 South McDowell Street, Charlotte, NC)</i>
11:00 a.m.	Travel back to FSPHP (Embassy Suites)
11:45 a.m.–12:45 p.m.	*General Session X (Concord Convention Hall F) Creating a Statewide Consortium to Combat Burnout: A Cooperative Effort of the NC PHP, Board of Medicine and Medical Society <i>Joseph Jordan, PhD, Thomas Mansfield, JD, Clark Gaither, MD, FAAFP, and Shawn Scott, MBA, CAE</i>
12:45 p.m.	Remaining Exhibitor Drawings and Closing Remarks (Concord Convention Hall F) <i>P. Bradley Hall, MD, and Paul Earley, MD</i>

### ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Florida Medical Association and the Federation of State Physician Health Programs. The Florida Medical Association is accredited by the ACCME to provide continuing medical education for physicians. The Florida Medical Association designates this live activity for a maximum of 13.75 AMA PRA CATEGORY 1 CREDITS™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



## FSPHP Member Portal Launches

We are excited to announce that the FSPHP website now has a member portal available to active members.

Once you have successfully logged in, you will have access to update your membership profile, participate in our new member library of presentations, renew your membership, and view additional buttons on state PHP pages available to members only. This is just the beginning of more opportunities to share resources among our members in the future.

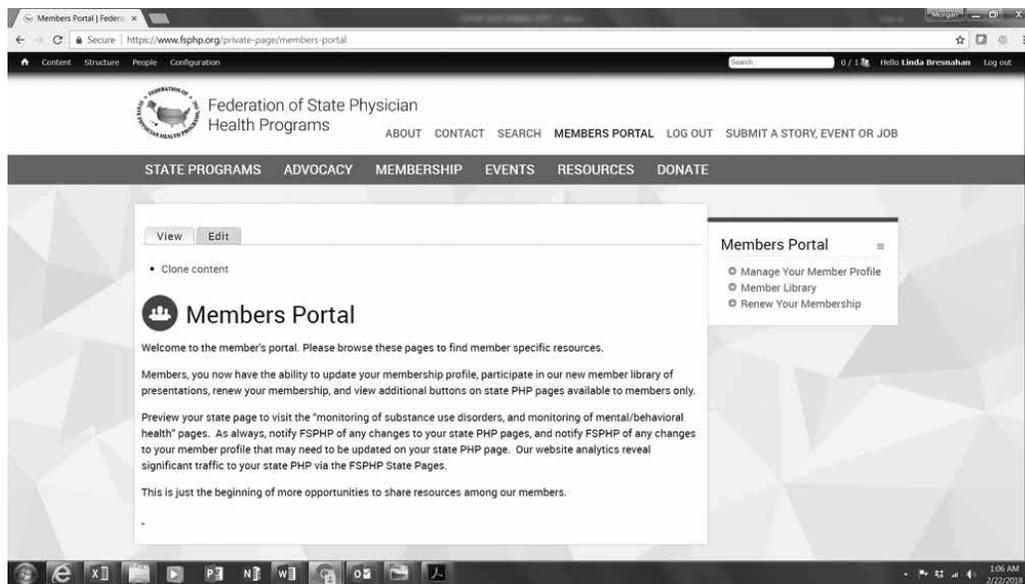
We would also like to ask you to submit a presentation via the portal to grow this library.

You can log in at [www.fsphp.org/user/login](https://www.fsphp.org/user/login). Active members automatically have an account on the FSPHP website. **The login is your member email address, and the password is from your 123Signup.**

In order to access the website, *all members* must have an email address on their 123Signup profile. Should a member wish to change their password, they should do this at 123Signup (click on “manage your member profile”). Within 30 minutes, the website will also update with the new password.

FSPHP would like to thank the Task Force on Education Materials, which was led by Dr. David Goldberg and included Tiffany Booher, MA, CADE, CIP, CCSM, Amanda Kimmel, Alexis Polles, MD, Jon A. Shapiro, MD, Michael A. Sucher, MD, and Robert Westcott, MD. This committee led the development of the guidelines for the member resource library. The guidelines allow members to submit presentations to the FSPHP for the library and users access to references for their own education and presentation needs for their PHP.

We look forward to hearing your feedback on how this portal is working for you. Please email your feedback or any questions to [lbresnahan@fsphp.org](mailto:lbresnahan@fsphp.org) and [jrbarge@fsphp.org](mailto:jrbarge@fsphp.org).



## NATIONAL RX DRUG ABUSE & HEROIN SUMMIT

FSPHP speakers presented “Improving Addiction Outcomes: Lessons from the Physician Health Program Model” on Tuesday, April 3, 2018, 2:00 p.m.–3:15 p.m. at this conference.

Paul Earley, MD, Georgia Professionals Health Program, Inc., President-Elect,  
Federation of State Physician Health Programs

P. Bradley Hall, MD, FASAM, DABAM, MROCC, AAMRO, President, Federation of State Physician Health Programs,  
Executive Medical Director, West Virginia Medical Professionals Health Program

Doris Gundersen, MD, Colorado PHP Medical Director, Federation of State Physician Health Programs

Moderator: Daniel Blaney-Koen, JD, Senior Legislative Attorney, American Medical Association,  
and Member, National Rx Drug Abuse & Heroin Summit Advisory Board

For more information on the summit, please visit <https://vendome.swoogo.com/2018-rx-summit>.



Annual Meeting 2017 Group Photo

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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## ADVERTISING SERVICES!

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## PHYSICIAN HEALTH AND OTHER RELATED ORGANIZATIONS NATIONAL MEETINGS

### FSPHP ANNUAL MEETINGS

**2018 FSPHP Education Conference  
and Business Meeting**

April 25–28, 2018  
Embassy Suites by Hilton  
Concord, NC

**2019 FSPHP Education Conference  
and Business Meeting**

April 24–27, 2019  
Worthington Renaissance Forth Worth Hotel  
Ft. Worth, TX

### FSMB ANNUAL MEETINGS

2018—106th Annual Meeting  
April 26–28, 2018  
Sheraton-Le Méridien Charlotte Complex  
Charlotte, North Carolina

2019—107th Annual Meeting  
April 25–27, 2019  
Omni Fort Worth Hotel  
Fort Worth, Texas

### 2018 INTERNATIONAL CONFERENCE ON PHYSICIAN HEALTH

Hosted by the AMA, BMA, and CMA  
October 11–13, 2018  
Fairmont Royal York  
Toronto, Ontario

### 2019 AMERICAN CONFERENCE ON PHYSICIAN HEALTH (ACPH)

September 12–14, 2019  
Sheraton Charlotte Hotel in Charlotte, NC  
Hosted by the American Medical Association in  
Collaboration with the Stanford University School  
of Medicine and the Mayo Clinic

### AMERICAN ACADEMY OF ADDICTION PSYCHIATRY

**29th Annual Meeting and Scientific Symposium 2018**

December 6–9, 2018  
Hyatt Regency Coconut Point Resort and Spa  
Bonita Springs, FL 34134

**30TH ANNUAL MEETING AND SCIENTIFIC SYMPOSIUM 2019**

December 5–8, 2019  
 Rancho Bernardo Inn  
 San Diego, CA 92128

**AMA HOUSE OF DELEGATES ANNUAL MEETING**

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 10–13, 2018  
 Gaylord National  
 National Harbor, MD

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

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

**AMERICAN PSYCHIATRIC ASSOCIATION ANNUAL MEETING**

May 5–9, 2018  
 New York, NY

May 18–22, 2019  
 San Francisco, CA

**AMERICAN SOCIETY OF ADDICTION MEDICINE****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**

2018—Reno, Nevada

2019—Knoxville, TN

2020—Spokane, WA

**NATIONAL ORGANIZATION OF ALTERNATIVE PROGRAMS****2018 Annual Education Conference**

March 26–29, 2018  
 Omni Royal Orleans Hotel  
 New Orleans, Louisiana

**AMERICAN BOARD OF MEDICAL SPECIALTIES ANNUAL CONFERENCE****ABMS Conference 2018**

September 24–26, 2018  
 Las Vegas, NV

**NATIONAL ASSOCIATION OF MEDICAL STAFF SERVICES****NAMSS 42nd Educational Conference and Exhibition**

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

**NAMSS 43rd Educational Conference and Exhibition**

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

**AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW**

49th Annual Meeting  
 October 25–28, 2018  
 JW Marriott  
 Austin, TX

## FSPHP E-GROUPS—PLEASE JOIN!

The FSPHP e-groups are an extraordinarily valuable tool for our members. The e-groups provide 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 in the e-groups is open only to Federation members. Visit [www.fsphp.org/FSPHPEGroupGuidelines11.14.pdf](http://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 (978) 347-0600, or email [jrobarge@fsphp.org](mailto:jrobarge@fsphp.org) or [lbresnahan@fsphp.org](mailto:lbresnahan@fsphp.org).

Currently, many FSPHP members are not yet enrolled on the [fsphpmembers@yahoogroups.com](mailto: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 in it. The group, [fsphpmembers@yahoogroups.com](mailto:fsphpmembers@yahoogroups.com), is 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. The second group, [statePHP@yahoogroups.com](mailto:statePHP@yahoogroups.com), is limited to the following membership categories—State, Associate, Honorary, and International. All State, Associate, Honorary, and International members are eligible for both groups. We encourage you to join both groups.

The nature of messages should be consistent with each Yahoo! group ListServe purpose. The [statePHP@yahoogroups.com](mailto:statePHP@yahoogroups.com) group is for internal, anonymous, case-specific, administrative, or physician-health-program-specific discussions or questions. The [fsphpmembers@yahoogroups.com](mailto:fsphpmembers@yahoogroups.com) group is for the wider physician health field sharing of data, information, programmatic updates, resources, and overarching field topics. Please remember to be cognizant when utilizing both of these groups.



New England FSPHP

## 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 Kimmel (CO)  
Joyce Davidson, LSW (CO)  
Scott Hambleton, MD (MS)

Carole Hoffman, PhD, LCSW, CAADC (IL)  
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 Microsoft Word document and high-resolution logos and graphics (if applicable). Maximum two 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](mailto:lbresnahan@fsphp.org)*

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

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## PHYSICIAN HEALTH NEWS

The FSPHP produces a newsletter twice a year in March/April and again in August/September that is sent to all state programs, medical societies, and licensing boards. The FSPHP requests articles (500 words or fewer) 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](mailto: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, and so forth
- Notices regarding upcoming program changes, staff changes
- References to new articles in the field
- New research findings
- Letters and opinion pieces
- Physician health conference postings and job postings

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

### 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](mailto:lbresnahan@fsphp.org). This will ensure an organized chain of communication between you and your representatives. Thank you for your assistance!