Federation of State Physician Health Programs

Fall 2025 • Volume 2

Physician Health News

The Official Newsletter of the Federation of State Physician Health Programs

Inside this issue . . .

and more . . .

Welcome to the 32nd edition, Volume 2 of *Physician Health News*. We hope you will find this an informative forum for all aspects of physician health and well-being. *Physician Health News* is the official newsletter of the Federation of State Physician Health Programs (FSPHP) and is published by the FSPHP.

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. Please visit membership to learn more.

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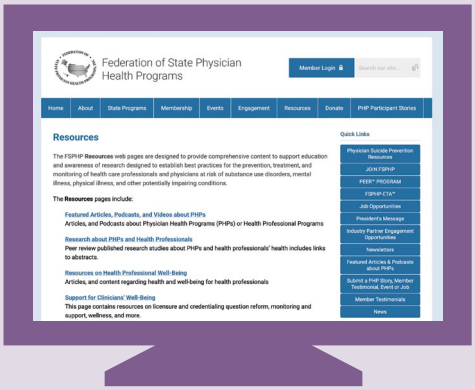
In This Issue



EXPLORE KEY FSPHP RESOURCES

- **FSPHP Events**
- **FSPHP State Program Member Directory**
- **Past issues of *Physician Health News***
- **Past issues of *FSPHP Insights***
- **Featured Articles, Podcasts, and Videos about PHPs**
- **FSPHP Video: *Trusted Help for Healthcare Professionals***
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President's Message

Michael Baron, MD, MPH, DFASAM, FAPA

We, the FSPHP, have done it! We envisioned, outlined, constructed, and launched two top-notch programs that will strengthen and elevate Physician Health and Professional Health Programs (PHPs) for years to come. I'm referring, of course, to the Performance Enhancement and Effectiveness Review (PEER)™ and the Evaluation and Treatment Accreditation (ETA)™—both of which launched this year.

Consensus Builds Credibility and Objectivity

The "we" includes more than 75 dedicated individuals, both internal and external to the Federation of State Physician Health Programs (FSPHP). I don't want to name names because there is just not enough room. The process involved accreditation experts, clinicians, administrators, lawyers, subject matter experts, and representatives from many different organizations—including the American Medical Association (AMA), Federation of State Medical Boards (FSMB), American Osteopathic Association (AOA), American Board of Medical Specialties (ABMS), Accreditation Council for Graduate Medical Education (ACGME), and others. I am deeply grateful for the work, energy, and purpose that everyone gave throughout this process.

Setting New Standards in Physician Health

This journey began over six years ago with a recognized need for increased uniformity among PHPs and a way to accredit facilities that PHPs use to evaluate and treat healthcare professionals.

PEER™: Strengthening PHPs Through Best Practices

The PEER™ is a structured review process designed to empower PHPs and other safety-sensitive professional health programs to use the *FSPHP PHP Guidelines* as a practical tool for identifying opportunities to optimize performance and effectiveness in alignment with best practices. With broad participation, PEER™ will do the following:

- Ensure best practices are up to date and consistently applied
- Strengthen defensibility during audits, lawsuits, and funding requests
- Provide assurance to stakeholders that PHPs are operating with accountability and transparency
- Enhance the PHP's ability to contribute to workforce health and preservation to the benefit of the professional and the public served
- Identify opportunities to enhance collaboration between PHPs, organized medicine, legislators, regulatory authorities, and other stakeholders
- Identify staffing, operational, financial, and other resource needs and allocation to support current and anticipated levels of service

Physician Foundation Grant Offsets PEER™ Expense for PHPs

FSPHP received a generous grant from the Physicians Foundation to help offset some of the costs for PHPs to undergo a PEER™. The first 15 PHPs to participate will benefit from these savings.

FSPHP-ETA™: Recognizing Specialized Care for Health Professionals

PHPs also need to ensure their participants are receiving the best and most up-to-date care. The ETA™ was developed to recognize evaluation and treatment services that are qualified to specialize in the care of physicians and other safety-sensitive professionals. It is built on a valid, reliable assessment process that confirms compliance with objective standards. It does the following:

- Supplements existing accreditation (e.g., CARF®, Joint Commission®) with standards specific to safety-sensitive professionals. The ETA standards are different and do not duplicate.
- Enhances the defensibility of PHP referrals to treatment programs.

- Provides PHPs with objective guidance for selecting evaluation and treatment facilities.
- Demonstrates commitment to high standards of care, accountability, and excellence.

Guided by Structured Governance, Expertise, and Objective Oversight

The development process was structured by forming three committees:

- Accreditation Review Council (ARC), which reviewed the work of two technical committees
- ETA™ committee (ETAC) and the PEER™ committee (PEERC), made up of volunteers from PHPs and evaluation and treatment facilities.
- ETAC Focus Group, which provided insight into ETAC's work

These committees, with guidance from an accreditation consultant, held numerous meetings over several years to develop criteria based on the *FSPHP PHP Guidelines*.

The work of these committees was then reviewed and approved by the ARC and ultimately by the FSPHP Board of Directors. Thousands of hours of work went into this project. I was intimately involved in the development of the ETA™.

Testing, Launch, and the Path Forward

Once developed, the ETA™ and PEER™ programs went through beta testing to validate the functionality and user experience in real-world environments. The programs were refined and were finally launched in early 2025.

PHPs will undergo a PEER™ review to demonstrate to their stakeholders their compliance and utilization with FSPHP guidelines. PEER™ ensures that best practices are used, that policies are not dated, and that participants are receiving cutting-edge support and health verification.

PHPs are adopting ETA™ as their single standard accreditation program for vetting evaluation and treatment programs. ETA™ enhances the defensibility of where PHPs send participants for evaluation and treatment. It also provides PHPs with objective guidance in selecting evaluation and treatment facilities. ETA™ demonstrates a commitment to high standards and encourages accountability and excellence for safety-sensitive professionals' care.

Raising the Standard Together

The launch of PEER™ and ETA™ represents the dedication of countless people over many years. These programs elevate PHPs and treatment centers by providing consistency, defensibility, functionality, validity, and reliability.

My goal has always been to provide the best evidence-based care possible to ensure the highest success rates for those with substance use disorders and other mental health conditions. PEER™ and ETA™ are catalysts to ensure that happens. Congratulations to us!

For more information, see the following:

- PEER™ Program Completions
- PEER™ Pricing and Discounts
- Purchase the FSPHP-PEER™ Criteria and Metrics
- PEER™ Application
- Frequently Asked Questions (including steps to prepare)
- ETA™ Accredited Entities
- FSPHP-ETA™ Application
- FSPHP-ETA™ Standards Version 2.0
- Frequently Asked Questions
- FSPHP-ETA™ Pricing

Michael Baron, MD, MPH, DFASAM, FAPA
Federation of State Physician Health Programs, President

Dr. Lynn Hankes (FSPHP Past President), Dr. Michael Baron (FSPHP President), and Dr. Chris Bundy (FSPHP Chief Medical Officer) at the 2025 FSPHP Education Conference in Seattle.

FSPHP Update from the CEO and Executive Director

Linda Bresnahan, MS

I am inspired by the progress we are making together. FSPHP continues to advance its mission and strategic priorities through program development, research, policy initiatives, and national engagement. Over the coming months, we are focused on:

- Support to PEER™ and ETA™ applicants
- A focused review of the FSPHP PHP Guidelines
- Planning for the 2026 Education Conference & Annual Member Meeting
- Strengthening funding, partnerships, and advocacy

Together, these priorities strengthen support for Physician and Health Professional Programs (PHP) nationwide, safeguard the healthcare workforce, and elevate the visibility and impact of PHPs.

1. ARC, PEER™, and ETA™

Our top priority is supporting member PHPs with PEER™ applications. Discounts are available for the first 15 programs.

We also support Evaluation and Treatment Programs with ETA™.

Action: Schedule a call to discuss next steps.

2. Research, Education, and Policy Development

Upcoming Survey Reports

- **FSPHP PHP National Survey:** Comprehensive report this fall—providing insights into the current state of PHPs.
- **Suicide Risk Screening Survey:** Results to be presented at the 2026 Education Conference & Annual Membership Meeting—aligned with PEER™ criteria in support of PHP's screening.

Research Information System Invitation to FSPHP PHPs

With support from The Physicians Foundation grant, FSPHP is ready to move forward with the next phase of the **FSPHP Research Information System (RIS)**. We are pleased to invite your PHP to participate in this important initiative, which aims to help shape the future of PHPs nationwide. This is an innovative project aimed at developing data-driven analysis of various PHP models and outcomes. The FSPHP RIS is designed to explore our collective ability to track participant outcomes and strengthen advocacy efforts, all while ensuring secure and responsible data governance.

This initiative is intended to serve as a way to collect de-identified data—we are not collecting any private health information or identifying details. The project contracts also provide for confidential handling of any data not sanitized before submission. Our focus is on aggregated insights that can help strengthen PHPs without compromising participant confidentiality.

To ensure a smooth process, we have partnered with three information technology experts, **Ted Blizzard, Jeff Gross,** and **Raj (Sidhu) Datla**. Ted Blizzard was the former Chief Information Officer at the Massachusetts Medical Society; he and his team have extensive expertise in healthcare technology and data-driven solutions. In addition, Ted was involved in the IT solutions for the Massachusetts Physician Health Services for over a decade, seeing this program through a few database transitions.

Of importance to you, we have commitments from **Recovery Trek, Affinity,** and **Vault** to support any PHP affiliated with them in the data file preparation, extraction, and export. The lift on your end will be light!

Why Participate?

- **Strengthen PHPs Through Data:** Gain deeper insights into participant utilization, presenting issues, and treatment outcomes, helping to shape evidence-based best practices for PHPs.
- **Enhance Program Advocacy:** Reliable national data strengthens our ability to advocate for PHPs by demonstrating the effectiveness of these programs in supporting physician health and workforce retention.
- **Secure & Ethical Data Management:** Our system prioritizes data security, participant privacy, and compliance with industry standards, ensuring responsible handling of sensitive information.
- **Early Access to a Transformative System:** PHPs will play a key role in shaping the system, ensuring it meets the needs of programs across diverse jurisdictions.

We are seeking up to five PHPs to participate in the proof of concept. The proof of concept will focus on a limited but meaningful subset of data elements, allowing us to test the system's functionality, assess usability, and refine processes before broader implementation.

Your participation would be invaluable in ensuring that the RIS meets the real-world needs of PHPs while maintaining the highest standards of data security and ethical oversight.

What's Next? We Need Your Involvement!

Download, read, sign, and submit this Data Sharing Agreement. This agreement solidifies our commitment to data security. Please review it and upload it at this link: RIS Participation Form.

Questions? Preview our Frequently Asked Questions here: Data Sharing Frequently Asked Questions.

For any questions, please email lbresnahan@fsphp.org.

Advancing the FSPHP Triad of Confidentiality

FSPHP, in partnership with the Federation of State Medical Boards (FSMB), is collecting **state-by-state legislation** to study laws that provide important protections for Physician Health Programs (PHPs):

- **Regulator Protection:** PHP participation need not be reported; PHPs serve as an alternative to reporting.
- **Record Protection:** PHP records are shielded from disclosure in legal proceedings.
- **Application Protection:** Licensure applications allow nondisclosure of protected healthcare information and, in most cases, PHP participation.

3. Organizational Impact & Membership

New Grant-Funded Initiatives

Thanks to a two-year, $150,000 Physicians Foundation Grant (May 2025–May 2027), FSPHP is advancing three major initiatives:

- **PEER™ Discounting:** Supporting 15 PHPs over 24 months.
- **Course Development:** *When Doctors Become Patients: Providing Care for General Medical, Mental Health, and Substance Use Disorders*
  - **Faculty:** Paul H. Earley, MD, DFASAM; Michael J. Baron, MD, MPH, DFASAM, FAPA; Alexandria G. Polles, MD, FASAM; Chris Bundy, MD, MPH, FASAM
  - **Launch:** Jan 2026; Live Session: Sept 2026; 3-year enduring course
- Launch of Proof of Concept of the first-of-its-kind FSPHP Research Information System

Strategic Collaborative Partners

FSPHP is deeply grateful to the following organizations for leading the way with their support. These organizations demonstrate their commitment to PHPs through their generous support of FSPHP.

Leaders of Healing

AMA AMERICAN MEDICAL ASSOCIATION

COVERYS FREE TO FOCUS®

PHYSICIANS INSURANCE

MedPro Group *a Berkshire Hathaway company*

MLMIC MLMIC Insurance Company a Berkshire Hathaway company

SVMIC®

Partners in Health

Learn more about our Strategic Partners Collaborative.

4. Partnership Spotlight: Wisconsin Medical Society

FSPHP Partners with WisMed on PHP Development

FSPHP is proud to partner with the dedicated and visionary leadership of the Wisconsin Medical Society (WisMed) in its unwavering commitment to establish a Physician Health Program (PHP) that serves all health care professionals in Wisconsin and aligns with national standards. A properly structured and funded PHP is essential to protect the healthcare workforce from the growing toll of burnout, mental health challenges, and substance use disorders—issues that, when left unaddressed, threaten not only the lives of licensed healthcare professionals but also patient safety across the state. Under the guidance of Jim Lorence, Chief Value and Engagement Officer, who became a member of FSPHP to initiate this important work, WisMed has led a thoughtful and determined effort grounded in research, stakeholder collaboration, and best practices. Their goal is to align Wisconsin with the FSPHP PHP Guidelines, including participation in the FSPHP Performance Enhancement and Effectiveness (PEER™) Review. WisMed has received a planning grant from the Advancing a Healthier Wisconsin Endowment (AHW) to design this program and will partner with FSPHP for development support. This $2.4M grant will span 2.5 years. WisMed will have collaborating partners, including the Pharmacy Society of Wisconsin, Wisconsin Dental Association, Wisconsin Nurses Association, the Wisconsin Academy of Physician Assistants, and other professional organizations across the state. WisMed is honored to have the FSPHP as a collaborating partner in the planning and design. *"We could not have accomplished what we have thus far, nor what we will accomplish, without the incredible guidance, partnership, and collaboration of the FSPHP,"* Lorence stated. Through FSPHP membership, WisMed has drawn on a national network of experts who continue to mentor, guide, and support the development of this vital program. The value of FSPHP membership lies in exactly this kind of collaboration—helping states build programs that protect both public safety and healthcare professionals well-being through early intervention, confidentiality protections, and alternatives to punitive disciplinary action.

Closing

I am inspired by the dedication, collaboration, and progress we are achieving together. Your commitment to supporting PHPs ensures we continue to protect the he althcare workforce, enhance public safety, and strengthen programs nationwide.

Thank you for your ongoing partnership and engagement.

With gratitude,
Linda Bresnahan
CEO & Executive Director, FSPHP

QUICK LINKS & ACTIONS

- **Schedule PEER™/ETA™ Call:** Submit here
- **Strategic Partners Collaborative:** Learn more
- **Download, read, sign, and submit this Data Sharing Agreement. This agreement solidifies our commitment to data security. Please review it and upload it at this link: RIS Participation Form.**
- **Review the Data Sharing FAQs**

FSPHP Releases Video: *Trusted Help for Healthcare Professionals*

We invite you to watch our new video, *Trusted Help for Healthcare Professionals*, highlighting the critical role of Physician Health Programs (PHPs) and how they support the health and well-being of healthcare professionals. This powerful video features inspiring stories from PHP program graduates and heartfelt reflections from the Federation of State Physician Health Program leaders across the country. Together, they share how PHPs provide hope, healing, and a path forward, providing reassurance of safe practice and promoting workforce sustainability.

We encourage you to watch and share this video widely to help shine a light on the vital, compassionate work PHPs do every day.

Watch and share to help break the stigma. https://youtu.be/IFhPPvl2hxA

Video and Media Kit Available for FSPHP Members

FSPHP Members now have access to both the full-length video and a 60-second highlight reel—perfect for sharing and showcasing the impact of our work.

To further support your outreach efforts, FSPHP has developed a comprehensive Media Kit designed to elevate awareness and celebrate the vital role of physician and healthcare professional health programs.

Log in to the FSPHP Member Portal to download the video assets and media kit.

A Special Opportunity to Elevate Your Program—With Up to a $2,500 Discount!

The FSPHP Performance Enhancement and Effectiveness Review™ (PEER™) Program is a structured review process designed to empower Physician Health Programs (PHPs) and other safety-sensitive professional health programs to use the *FSPHP PHP Guidelines* as a practical tool for identifying opportunities to optimize performance and effectiveness in alignment with best practices among PHPs.

Thanks to a generous grant from **The Physicians Foundation, 15 PHPs can now access the program at a discounted rate:**

- $2,500 to the first five applicants
- $1,500 to the next five applicants
- $1,000 to the next five applicants

Discounts awarded on a first-come, first-served basis upon submission of the PEER™ application.

Here's how the pricing breaks down for the first five PEER™ applicants:

First five applicants:

Members: ~~$9,000~~ **$6,500 after discount**
Nonmembers: ~~$14,000~~ **$11,500 after discount**

Next five applicants:

Members: ~~$9,000~~ **$7,500 after discount**
Nonmembers: ~~$14,000~~ **$12,500 after discount**

Final five applicants:

Members: ~~$9,000~~ **$8,000 after discount**
Nonmembers: ~~$14,000~~ **$13,000 after discount**

To learn more about the PEER™ program, review the criteria, and access the application, visit: www.fsphp.org/peer-program.

Member News and Updates

FSPHP Has a Powerful Presence at the 2025 American Conference on Physician Health

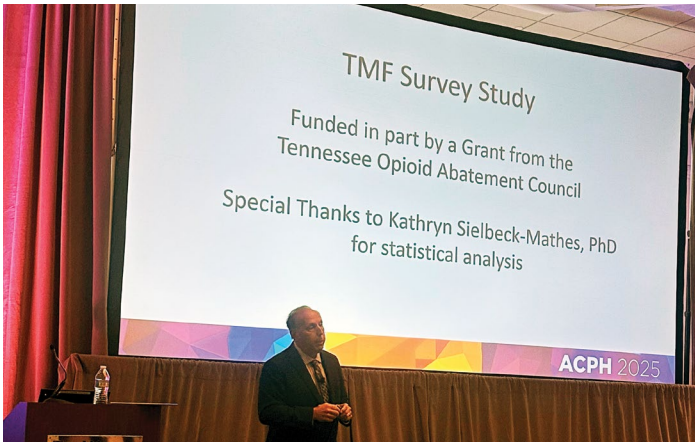
Transforming the Future of Physician Well-Being—Better Together

In an ongoing effort to elevate awareness and expand access to Physician Health Programs (PHPs), ten FSPHP member programs from across the United States were proudly represented at the American Conference on Physician Health (ACPH), held in Boston on September 11–13. This premier national event brought together Chief Wellness Officers, medical executives, and health system leaders who are shaping the future of clinician wellbeing.

FSPHP's presence underscored the vital role PHPs play in sustaining the health and effectiveness of our medical workforce. Several FSPHP leaders delivered key presentations, sharing insights on best practices, early intervention strategies, and the importance of state PHPs' confidential support systems for physicians.

Featured presentations by FSPHP leaders were the following:

Participant Survey Data from the Tennessee Medical Foundation—Physician Health Program
Michael J. Baron, MD, MPH, DFASAM, FAPA
President, FSPHP
Medical Director, Tennessee Medical Foundation Physician's Health Program



Trends in Case Complexity at a Physician Health Program and Implications for Physician Wellness
Sarah Early, PsyD
Co-Chair, FSPHP Publications Committee
Executive Director, Colorado Physician Health Program

Help Is Hiding in Plain Sight: Results of a National Survey of Physician Health Programs
Chris Bundy, MD, MPH, FAPA, FASAM
Chief Medical Officer, FSPHP
Executive Medical Director, Washington Physicians Health Program

Physician Health Programs as a Suicide Prevention Resource
Lisa Merlo, PhD, MPE
Co-Chair, FSPHP Research Committee
Professor of Psychiatry, University of Florida
Director of Research, Professionals Resource Network, Inc.

Workshop: Physician Health Programs—Helping You Help Physicians with Potentially Impairing Conditions
Lisa Merlo, PhD, MPE
Co-Chair, FSPHP Research Committee
Professor of Psychiatry, University of Florida
Director of Research, Professionals Resource Network, Inc.

Pictured here are representatives from FSPHP member programs, joining national voices to advocate for a future where physician health is prioritized, supported, and celebrated. Front row: Dr. Molly Rossignol of the New Hampshire Professionals Health Program; Dr. Mark Albanese of the Massachusetts Physician Health Services, Inc.; Dr. Joyce Davidson of the Colorado Physician Health Program; Dr. Lisa Merlo of the Professionals Resource Network (PRN); Dr. Chris Bundy of the Washington Physicians Health Program. Back row: Dr. Richard Whitney of the Ohio Professionals Health Program; Dr. Melissa Henke of the North Dakota Professional Health Program; Dr. Paul Simeone of the Physicians Health Services—Massachusetts Medical Society; Ms. Amanda Kimmel and Dr. Sarah Early of the Colorado Physician Health Program; Dr. Susan Blank of the Georgia Professional Health Program; Dr. Michael Baron of the Tennessee Medical Foundation Physician's Health Program; Ms. Linda Bresnahan of FSPHP.

Ms. Amanda Kimmel and Dr. Sarah Early of the Colorado Physician Health Program, Ms. Emily King of the North Carolina Professionals Health Program, Ms. Linda Bresnahan of FSPHP, Dr. Susan Blank of the Georgia Professional Health Program, Dr. Paul Simeone of the Physicians Health Services—Massachusetts Medical Society, Dr. Lisa Merlo of the Professionals Resource Network (PRN), and FSPHP CMO Dr. Chris Bundy of the Washington Physicians Health Program.

FSPHP Chief Medical Officer and Executive Medical Director of the Washington Physicians Health Program (WPHP) Chris Bundy, MD, MPH, FAPA, FASAM, with Michael Stadler, MD, of the Medical College of Wisconsin and Michael Miller, MD, of Loma Linda University.

The Success-First Model—Successful Outcomes Rooted in Recovery

Edwin Kim, MD,
FSPHP President-Elect,
Pennsylvania Physician Health,
Program Medical Director

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Pennsylvania Physician Health Program, Program Director

Edwin Kim, MD

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM

As we enter the fall, I have been reflecting on the shared mission that brings us together: supporting the health and well-being of our physician community while promoting the integrity of patient care. When examining the commonalities of Physician Health Programs (PHP) across the nation to carry out this mission, I am struck by how firmly rooted in the DNA of programs is a success-first approach.

This approach is a model of intervention, which prioritizes successful outcomes from the onset of connecting with a physician seeking help. Aligned with modern perspectives that health and recovery begin with respect, nonjudgment, and empathy for the healthcare professional, PHPs take a supportive stance toward these safety-sensitive occupation workers. Going beyond the traditional stepped-care model, which also prioritizes reducing barriers to care, the success-first framework recognizes that physicians operate in safety-sensitive roles where the stakes are simply too high for trial and error. Treatment failure can jeopardize careers—and more important—compromise patient safety. Thus, PHPs are tasked with helping break down barriers to the most appropriate care, which for healthcare professionals includes evaluations, treatment, and connection to support by entities that are uniquely qualified in working with healthcare professionals.

At the heart of this model is a comprehensive, expert-led clinical evaluation. By engaging professionals who specialize in the care of licensed healthcare workers, we ensure that the unique challenges professionals, trainees, and students face are understood from the outset. These evaluations span non-psychiatric medical, mental health, and substance use disorders and are designed to yield diagnostic precision and individualized treatment planning.

One of the most defining aspects of the success-first approach is its readiness to advocate for the level of care that can accommodate the complexities and nuances with helping our whole healthcare team. For a number of participants who engage with PHPs, they are recommended

higher levels of stay for evaluation and possibly treatment at the onset. This is by design and purposeful. By front-loading the most effective interventions, such as residential or intensive outpatient treatment, we give healthcare professionals the best chance at discovering a sustainable path into recovery. It's a strategic investment in their future and in the safety of the patients they serve.

Beyond individual care, this approach strengthens our ability to advocate for physicians professionally. PHPs serve as trusted intermediaries between physicians and the regulatory bodies that oversee their practice. A well-documented recovery process provides the assurance needed by licensing boards, employers, and other stakeholders. When PHPs operate with a success-first-driven mindset, stakeholders can be assured that the most appropriate level of evaluation or treatment is being offered to professionals in need.

But for this approach to truly thrive in a way that supports the well-being and long-term goals of healthcare professionals, PHPs must also address the cultural and societal barriers that prevent healthcare professionals from seeking help. The stigma surrounding professionals seeking help remains an unnecessary yet ever-present barrier to care for many individuals to engage with the process. I've seen firsthand how fear of professional reprimand can keep our colleagues from accessing the care they need. We must continue to foster a culture where seeking help is seen not as a weakness, but as a courageous and responsible act.

While the success-first model is rooted in ensuring the best possible outcomes from the outset, it also presents distinct challenges—particularly regarding insurance reimbursement. Traditional reimbursement structures typically support a stepped-care approach, wherein individuals begin at the lowest level of care and progress to more intensive services only if necessary. In contrast, the success-first model often necessitates immediate engagement with higher levels of care—such as comprehensive evaluations or residential treatment—to protect both patient safety and professional accountability. For healthcare professionals, especially those facing licensing concerns, this front-loaded approach is not just clinically appropriate, but often essential. However, when these services are not fully reimbursed, PHP participants may encounter financial strain or barriers to timely care. There is a pressing need for greater alignment between reimbursement models and the clinical realities of the success-first approach, including recognition that release-to-practice decisions must be based on fitness for duty—not insurance coverage. Addressing this tension is critical to ensuring that care remains both effective and accessible.

The Federation of State Physician Health Programs continues to work with the individualized needs of state PHPs to champion the ethos of this approach, so it is supported at the national, regional, and community levels. Our efforts continue to build a system network that is not only clinically unprecedented but also compassionate and forward-thinking regarding the needs of healthcare professionals and the public. The success-first approach is more than a framework—it's a model of care and intervention that reflects the tried-and-true successes by PHPs over the past 50 years.

Washington Physicians Health Program Updates

Washington Physicians Health Program Celebrates 30th Annual Reunion

This summer, Washington Physicians Health Program proudly marked a major milestone in the organization's history, holding its 30th Annual Reunion. In addition to fostering connection and support among attendees, the event featured an inspiring lineup of speakers and offered continuing education credits. Emily Brunner, MD, DFASA, presented "Digital Behavior Addictions: Current Perspectives"; Stefanie Simmons, MD, FACEP, Chief Medical Officer of the Dr. Lorna Breen Heroes' Foundation, spoke on "Wellbeing First for Healthcare"; Jeffrey Sung, MD, shared "Stories About Suicide: Science, Advocacy, and Suicide Risk"; and Carolyn McCarthy led an interactive workshop on "Mindfulness and Self-Compassion."

Washington Physicians Health Program Publishes 2024 Annual Report

Washington Physicians Health Program (WPHP) has released their 2024 Annual Report celebrating the accomplishments, impact, and vital work the organization is doing to support healthcare professionals. The report highlights WPHP's continued efforts to support, educate,

and advocate for those who care for others. View the report here: https://wphp.org/wp-content/uploads/2025/07/WPHP_AnnRep2024.pdf.

UW Medicine Recognized for Credentialing Reform in Collaboration with Washington Physicians Health Program

During a ceremony held at UW Medical Center, UW Medicine was awarded a badge as a "Wellbeing First Champion" by ALL IN: Wellbeing First for Healthcare, by Dr. Stefanie Simmons, Chief Medical Officer of the Dr. Lorna Breen Heroes' Foundation. The organization leads a coalition of healthcare organizations working to eliminate barriers that discourage health workers from seeking mental health care.

This recognition comes after Dr. Chris Bundy, Executive Medical Director of the Washington Physicians Health Program (WPHP), and Dr. Brian Johnston, professor of pediatrics at the University of Washington's School of Medicine, partnered to revise UW Medicine's credentialing procedures. WPHP provided consultation on credentialing best practices that focus on current impairment rather than past treatment or diagnoses. UW Medicine joins 600+ healthcare organizations and 50+ licensing boards working to make the system safer and more supportive for healthcare workers.

Efforts by Washington Physicians Health Program to Reduce Financial Barriers in Accessing Mental Health Care

To support those seeking help, Washington Physicians Health Program (WPHP) is working to lower cost barriers in accessing mental health care. Medical students and residents are our most financially vulnerable population with the least access to mental health resources. With the University of Washington School of Medicine and Graduate Medical Education contract renewal, the cost of initial toxicology testing and any recommended evaluations to determine fitness for practice is included for medical and PA students, residents, and fellows. The Washington State University's Elson S. Floyd College of Medicine contract renewal includes cost of initial toxicology testing for students and, for residents, includes initial toxicology testing and recommended evaluations to determine fitness for practice.

Dr. Chris Bundy, Executive Medical Director for WPHP, is chairing the ACGME affinity group on access to mental health services, which provides opportunities to learn from national GME wellness experts while also disseminating best practices from the Washington experience nationally.

WPHP also provides need-based grants to assist participants cover unreimbursed costs for evaluation and/or treatment. Eligible participants may receive three grants, up to $3,000 per grant, to mitigate cost burden. To learn more about WPHP's financial assistance, visit https://wphp.org/financial-aid.

In addition, WPHP is partnering with the Washington State Medical Association to explore additional options for employer-, state-, and medical-association-sponsored assistance.

It is unlikely that there will ever be a one-size-fits-all solution. However, WPHP is committed to developing the business case for investing in PHP-approved evaluation and treatment such that financial burdens are shifted away from individuals and onto systems that benefit from a healthy workforce.

Support, Unite, Rally—FSPHP's Annual Giving Event Is Here!

FSPHP
ANNUAL GIVING

Please join FSPHP and the Funding Development Committee for the 5th annual Rally-by-Region!

Help us raise $14,000 ($3,500 per region) by December 31, 2025!

Your donation will help FSPHP continue to do the following:

- **Advance Best Practices:** Support the rollout of PEER™ (Performance Enhancement and Effective Reviews for PHPs) and the FSPHP-ETA™ (Evaluation and Treatment Accreditation Program).
- **Expand Research:** Help analyze data from our National PHP Study and build a national Research Information System (RIS) to demonstrate how PHPs improve well-being and reduce professional liability risk.
- **Raise Awareness:** Promote PHP services with national education efforts and our new awareness video: *Trusted Help for Healthcare Professionals*.

Visit the Rally-by-Region 2025 page for updates and to see your region's progress.

CLICK HERE TO DONATE!

It's Time to Renew Your FSPHP Membership for 2026

The **2026 FSPHP membership renewal period** began on October 1, and your renewal email and invoice have already been sent. We hope you'll continue to be part of our vibrant community dedicated to advancing physician and health professional well-being.

Special Membership Dues Promotions—Join or Renew Today!

Starting **October 1**, any **new member** who joins FSPHP for the **2026 calendar year** will receive **the remainder of 2025 at no additional cost**.

Questions? Email ssavage@fsphp.org.

One New Free Associate Membership for Each Renewing State PHP

FSPHP is pleased to offer a complimentary Associate Membership to eligible state PHPs renewing for the 2026 membership year. This free membership is intended for a staff, committee, or board member affiliated with your PHP who would be joining FSPHP as a first-time, new member.

Eligibility

Programs with Nine or Fewer Members

If your **State Voting Member** and **all current Associate Members** renew for 2026, your program qualifies for one free new Associate Membership.

Example: If your State PHP has three Associate Members and all three, along with the State Voting Member, renew for 2026, you may add one new Associate Member at no cost.

Programs with Ten or More Members

If your program has ten or more total members, and at least nine Associate Members plus the State Voting Member renew for 2026, you also qualify for one free new Associate Membership.

Example: If your State PHP has 15 members, and the State Voting Member and 9 or more Associate Members renew, you are eligible to add one new Associate Member for free.

Note: This offer is limited to one complimentary Associate Membership per qualifying State PHP and must be used for a new member.

For questions, please contact ssavage@fsphp.org.

CBS Morning Show Segment Features Physician Health Programs

We're excited to share that *CBS Mornings Plus* recently featured the vital work of State Physician Health Programs (PHPs), which help doctors recover from substance use and mental health challenges while protecting patient safety.

The segment follows surgeon Dr. Courtney Barrows McKeown, who shared her courageous story of recovery and return to practice—showing that with the right structure, support, and accountability, healing is possible. As she put it, "I'm a better surgeon, doctor, wife, daughter, sister—you name it—than I ever was before."

FSPHP Chief Medical Officer Dr. Chris Bundy also reminded viewers: "A monitored physician is a safe doctor."

These programs have quietly helped thousands of physicians find lasting recovery, reduce stigma, and continue serving patients safely. **We encourage you to share this story with your networks** to help raise awareness and support compassionate, evidence-based approaches to physician health and well-being.

Watch the full segment here.

Welcome Our Newest FSPHP Members!

We're thrilled to introduce the newest additions to the FSPHP community who have joined us since the Spring 2025 issue. Their presence strengthens our shared mission and brings fresh energy to our work. Let's give them a warm welcome as they embark on this journey with us!

Associate Members

Becky Carlson, LMHC
Program Coordinator, Iowa Professional Health Program—Dental, Pharmacy, & Professional Licensing

Stephen Ezzo, MD
Chair, Compliance Committee and Board of Directors, North Carolina Professionals Health Program

Tara Hart, MHNP-BC, CARN-AP
Program Director, Ohio Professionals Health Program

Julie Heaney
Coordinator, Outreach, Education & Communications, Foundation of the Pennsylvania Medical Society

Daphne Huynh
Quality and Compliance Assistant
Washington Physicians Health Program

Carlos Llanes, MD
Medical Director, Health Assistance InterVention Education Network (HAVEN) For Connecticut Health Professionals

Ammon Sorensen, CMHC
Clinical Coordinator, Utah Dept of Commerce—Utah Professionals Health Program

Etta Thordarson, MSW, LSWAIC
Clinical Coordinator, Washington Physicians Health Program

Allison Yang
Communications Coordinator, Washington Physicians Health Program

Individual Members

Erin Kiesel, DO
Communications Chair, IDAA

Bruce Patsner, MD, JD
Medical Director, Jersey Shore Addiction Services

Rachel Thies, MD, MPH, MHA, FACOEM
Medical Director, Avera Health

Industry Partner Individual Members

Jason Link, LPC
Owner/Clinical Director, St. Michael's Sanctuary, LLC

John Pustaver, MDiv, MA
Program Director, The Center for Diagnostic Evaluations, LLC

International Member

Samantha Wallenius, MD, FRCPC
Associate Medical Director, Ontario Medical Association Physician Health Program

Organizational Member

Ryan Gries, PharmD
Program Director, Professionals Assisting Professionals of Arizona

Kevin Rich, D.Ph.
Executive Director, Oklahoma Pharmacists Helping Pharmacists (OPHP)

Invitation to Nominate: FSPHP Board of Directors 2026–2028

The Federation of State Physician Health Programs (FSPHP) is currently seeking committed and visionary members to serve on our Board of Directors for the 2026–2028 term.

This is a meaningful opportunity to help shape the strategic direction of FSPHP and contribute to our mission of supporting Physician and Health Professional Programs nationwide. If you're passionate about the health of medical professionals and ready to lead, we encourage you to consider submitting a nomination.

The following Board of Directors positions will be on the ballot for the 2026–2028 term:

- President-Elect
- Central Region Director
- Southeast Region Director
- Northeast Region Director
- Western Region Director

Nomination Criteria

- Experience with a wide range of physician health issues
- Experience as an FSPHP committee chair or committee member
- Expected to continue as an FSPHP member throughout the two-year term
- Willingness to assist in governing the FSPHP in its mission with duty and loyalty
- Ability to oversee the FSPHP's financial integrity
- Participate in eight to twelve Board of Directors meetings a year and the Annual Membership Meeting
- Participate in subcommittees, retreats, or special projects as requested with travel
- Familiarity with the FSPHP bylaws and policies

How to Nominate

- **Nomination Form:** Complete the nomination form at https://fsphp.memberclicks.net/2026bdnom.
- **Supporting Documents:** Include a statement of interest, biography, headshot, and any other relevant documents.
- **Deadline:** All nominations must be submitted by December 19, 2025.

We look forward to your interest in serving the FSPHP!

Visit the 2026 FSPHP Call for Nominations web page for full details and to access the 2026 FSPHP Call for Nominations submission form.

2025 Education Conference Presentation Summaries

GENERAL SESSIONS

Suicide Prevention, Postvention, and Safe Messaging

Christine Moutier, MD

Christine Moutier, MD

Suicide prevention is a major public health priority in the United States with a growing body of science shedding light on the drivers of suicide risk and effective suicide prevention strategies. A public health framework can be effectively applied to address suicide risk, requiring investments in strategic, sustained, multiprong programs and interventions.

Among health professions, occupational culture is also changing and is ready to address mental health and suicide as the priorities they need to be for trainees and the workforce. There are several initiatives with demonstrated effectiveness that can be scaled up for greatest impact: education and stigma-reduction efforts, safe connections to support and mental health treatment, policies and procedures that approach mental health on par with physical health, and efforts that promote an overarching culture of respect.

Postvention and safe messaging are also critical when addressing and communicating about suicide and can help support prevention efforts and reduce the risks of contagion.

Staying Human: Taking Care of Ourselves While Taking Care of Others

Jessi Gold, MD, MS

Jessi Gold, MD, MS

Dr. Jessi Gold, a psychiatrist who specializes in taking care of healthcare workers and trainees and author of the book *How Do You Feel?: One Doctor's Search for Humanity in Medicine*, spoke about taking care of ourselves as we take care of others and why we need to prioritize our own well-being to be the best clinician, colleague, and person doing the work. Her presentation started with a discussion of the question "How Do You Feel?" and the barriers we all face to answering anything but "OK" or "Fine" to each other when we are, in fact, not fine. She then spoke of her own story of burnout as a psychiatrist during the pandemic and why it is so hard to notice our own struggles in the work that we do. For example, burnout is defined as emotional exhaustion, a reduced sense of personal accomplishment, and depersonalization, and so much of what we might experience that we assume are side effects of the jobs we do: "Of course, I am emotionally exhausted, I listen to trauma all day." As a result, we ignore symptoms until they interfere with work, and even when we do finally notice, due to stigma and perfectionism, we don't often ask for help. Dr. Gold argued we can do better for ourselves and our teams by first noticing how we feel regularly and often. After that, she emphasized that burnout can be prevented with meaning, purpose, and social support. She encouraged the group to create a workplace culture of transparency and vulnerability—so we can help ourselves and others stay human.

What We Were Like, What Happened, and What We Are Like Today: The History of the FSPHP

Lynn Hankes, MD

Chris Bundy, MD, MPH, FAPA, FASAM

Lynn Hankes, MD

Chris Bundy, MD, MPH, FAPA, FASAM

This presentation chronicles the evolution of the Federation of State Physician Health Programs (FSPHP) from its origins to its present-day role in promoting physician health and accountability. It offers an in-depth view of the Federation's developmental milestones, major accomplishments, ongoing challenges, and strategic direction for the future.

Historical Evolution

The origins of Physician Health Programs (PHPs) date back to the 1969 Florida "Sick

Doctor" statute and were further legitimized by the AMA in 1973. Throughout the 1980s and 1990s, more state programs emerged, culminating in the formation of FSPHP in 1990. The organization matured in phases:

- **Infancy (1988–92):** Establishment of bylaws and foundational leadership
- **Childhood (1992–97):** Democratization of the organization, formal meetings, and national visibility
- **Adolescence (1997–2005):** Expansion of membership, ethics focus, and international collaboration
- **Adulthood (2005–Present):** Professionalization, introduction of performance metrics, increased visibility, and organizational independence

Major Accomplishments

Key accomplishments of the FSPHP include the following:

- Developing national guidelines and best practices to standardize PHP operations
- Establishing **PEER**™ (Performance Enhancement and Effectiveness Review) and **ETA**™ (Evaluation and Treatment Accreditation) to assure quality
- Expanding the organization's reach beyond substance use to broader physician health issues
- Strengthening collaborations with entities like the American Medical Association (AMA) and Federation of State Medical Boards (FSMB)
- Launching awareness campaigns, educational initiatives, and robust member support systems.

Current Challenges

Despite growth, significant challenges remain:

- **Resource Constraints:** Many programs operate under financial duress, posing threats to quality and sustainability.
- **Stigma and Misperceptions:** Language and public narratives sometimes frame PHPs as punitive rather than supportive, hindering utilization.
- **Access and Cost Barriers:** High evaluation and treatment costs, coupled with insufficient funding mechanisms, limit accessibility.
- **Healthcare Climate Pressures:** Financial strain on healthcare systems may have implications for use and support of PHPs. PHPs need to develop a clearer understanding of their value proposition and the business case for investing in PHPs and effectively communicate these perspectives to their stakeholders.

Strategic Vision for the Future

FSPHP envisions a future where

- PHP services are **visible**, **valued**, **and accessible**, integrated into a healthcare system that recognizes their essential role.
- Programs are **data-driven**, using evidence to ensure accountability and continuous improvement.
- Evaluators and treatment providers are **reliable and specialized**, with standardized credentials and training.
- Language and messaging are **carefully curated** to reduce stigma and reflect the supportive, nonpunitive role of PHPs.

Conclusion

FSPHP has evolved from a loose coalition into a nationally respected, data-informed organization leading the field of physician health. As the healthcare landscape shifts, the Federation is focused on ensuring sustainability, combating stigma, and upholding its commitment to accountability, consistency, and excellence. The presenters emphasized that overcoming today's challenges will require partnerships, strategic communication, and ongoing investment in the infrastructure that supports health professionals' well-being.

The Neurobiology of Addiction in 2025

Petros Levounis, MD, MA

Petros Levounis, MD, MA

From a neurobiological perspective, addiction is the hijacking of the pleasure-reward pathways of the brain and a weakening of its executive function. In 2025, the fundamental model was expanded to include newer concepts such as motivational circuitry, the anti-reward pathways, and interoception. These 21st-century discoveries inform clinical innovations that are revolutionizing the landscape of the pharmacological and psychosocial treatments of substance use disorders and behavioral addictions.

Addiction in LGBTQ+ Communities and Crystal Methamphetamine Use Among Gay Men

Petros Levounis, MD, MA

Reflecting sweeping changes in our understanding of gender and sexuality over the past decade, an informative and affirming discussion of addiction treatment for clinicians working with patients of diverse gender and sexual identities is essential. The reemergence of crystal methamphetamine among gay men requires culturally sensitive, safe, and effective treatments.

So, You Are the New PHP Medical or Clinical Director

Michael Baron, MD, MPH, DFASAM, FAPA

Kelli Jacobsen, MSW, LCSW

Michael Baron, MD, MPH, DFASAM, FAPA

Kelli Jacobsen, MSW, LCSW

The workshop's primary objective was to describe the struggles and illustrate the differences between two distinct types of PHPs. The speakers contrasted a recently established program with a budget under $1 million (Utah Professionals Health Program) and a well-established program with a budget over $1 million (Tennessee Medical Foundation PHP). This comparison allowed the presenters to illustrate the unique infrastructures, personnel, and microclimates of each. The presentation detailed how factors like age, funding, statutes, and organizational structure shape the day-to-day operations and challenges faced by PHP leaders.

To achieve the next objective, the presenters shared compelling cases from both programs. These case studies were chosen to illustrate how each program operates within its organizational structure, including its processes and statutes. The Utah case highlighted the challenges of a new program, demonstrating how the program works with the investigations division of DOPL and sparking discussion around confidentiality, its limits, and the firewall that exists between the PHP and the rest of the division. The Tennessee case demonstrated how a well-established program handles complex situations involving legal challenges and board relations.

The case presentations led to a workshop discussion. Attendees engaged in a Q&A session, analyzing the different approaches required by each program's scale and structure.

The presenters appreciated the opportunity to share their experiences with peers. The dialogue proved valuable, offering insights into the challenges faced by other programs and the strategies used to address them.

Difficult Cases: The Use of Neuropsychological Evaluation as a Tool in Making Return-to-Work Recommendations

Betsy Williams, PhD, MPH, FSACME

Benjamin R. Phalin, PhD

Amanda Janner, PsyD

Betsy Williams, PhD, MPH, FSACME

Benjamin R. Phalin, PhD

Amanda Janner, PsyD

This presentation, delivered by Drs. Williams, Phalin, and Janner, explored the critical role of neuropsychological evaluation in guiding return-to-work decisions for healthcare professionals, particularly physicians. Neuropsychology bridges psychology and neurology, using standardized, performance-based tasks to assess brain function. Evaluations are designed to explore cognitive abilities and brain–behavior relationships, requiring nuanced interpretation that accounts for psychometric properties, normative comparisons, individual differences and baseline functioning, and behavioral observations and contextual factors.

Beyond cognitive testing, formal assessments of psychopathology and personality traits/disorders are part of such evaluations, as they can help to clarify underlying psychological dynamics that may impact professional functioning.

"Difficult" cases were defined by a constellation of factors including comorbid psychiatric conditions, neurodevelopmental disorders, complex medical histories, and occupation-specific demands. The presentation highlighted how a nuanced interpretation of test results, behavioral observations, and situational factors can help differentiate between transient difficulties and more entrenched impairments.

Participants were guided through case-based vignettes to understand the multiple roles of neuropsychological evaluation in healthcare provider assessment and treatment, including its utility in helping to inform return-to-work decisions and assisting in reassuring physician health programs and licensing boards regarding fitness for duty.

Using a collaborative, case-based format, the session emphasized how neuropsychological testing—when interpreted within a biopsychosocial framework—can illuminate subtle cognitive and psychological factors that may impact clinical performance. Through interactive vignettes, participants were encouraged to consider referral reasons, behavioral data, and personality profiles in developing thoughtful, evidence-based recommendations.

The presenters underscored the importance of integrating standardized test data with contextual variables, such as career stage, specialty, and practice setting, to inform ethical and safety-conscious recommendations. This approach not only aids in identifying impairments but also provides reassurance to physician health programs and licensing boards regarding fitness for duty. Ultimately, the session advocated for a comprehensive, multidisciplinary approach to assessment that prioritizes both individual well-being and public safety.

Click here for references.

BREAKOUT SESSIONS
Administration of PHPs

Triad of Confidentiality: Legislation, Record Protection, and Licensure Questions That Support PHP Confidentiality

Mary A. Azzarito, Esq.

Mary A. Azzarito, Esq.

When seen from the perspective of a potentially impaired provider, the importance of confidentiality comes into sharp focus. Looking at hard questions ("Dear Internet: I have a question—will I lose my license?") and answers makes it obvious that confidentiality is the key to allowing providers to gain access to resources and treatment without risking discipline, reporting, stigma, and loss of patient trust. We examined several different states and the way that each handles regulatory protections, record protections, and application questions, and we looked at one state that successfully changed the laws and regulations to enhance the availability of treatment and evaluation for providers. Participants were encouraged to examine their own system of regulations, laws, and confidentiality protections and to reach out about ways to enhance confidentiality within their own jurisdictions. An open discussion allowed the exchange of ideas and an examination of different structural schemes for confidentiality and reporting. Informal polling during this session revealed that the majority of attendees felt that their state allowed for a "no" answer to impairment questions for providers who were in treatment or monitoring, which is tremendously encouraging. Most attendees also reported that their states allowed for PHP participation as an alternative to mandatory reporting and also protected PHP records from disclosure. One challenge that we identified, even for states that are fully on board with the triad of confidentiality, is making certain that potential PHP participants are aware of these protections through website information and transparency about the details of each program.

Outcomes of Medical Professionals Who Present with Substance Use and Other Presenting Factors Participating in a State Physician Health Program

Michael Baron, MD, MPH, FAPA, FASAM

April Mallory, LCSW

Michael Baron, MD, MPH, DFASAM, FAPA

April Mallory, LCSW

Dr. Michael Baron and April Mallory, medical director and case manager of the Tennessee Medical Foundation, respectively, presented outcome data collected about participants of a state Professional Health Program (PHP) between December 30, 2018, and July 31, 2024. The Tennessee Medical Foundation (TMF) utilized Opioid Abatement Grant money to employ an external PhD-level biostatistician to extract data from the EHR, utilized by TMF. The research population is medical professionals who were under a Monitoring Agreement and were discharged as successful or as one of the nonsuccessful groups, noncompliant, or termination discharge. Participants discharged for retirement, death, and voluntary withdrawal due to relocation prior to completion of the agreement were removed from the study. Data collected include discharge type, length of monitoring agreement, diagnosis, primary drug, return to use while under monitoring, and demographic information. The project for the outcome study was developed to add to the limited literature that is currently available when exploring outcome data from State Physician Health Programs. This data can promote PHPs by implementing effective resources and tools to encourage successful discharge rates

and to help decrease return to use rates among medical professionals who are monitored for a substance use disorder.

Completion data showed that for the 5.5 years of the study, 60 percent of contacts with TMF were closed without any type of monitoring agreement. Of those with monitoring agreements, 8 percent withdrew voluntarily (relocated out of state with no TN license) and 4 percent died or retired, leaving a study sample of 222 participant agreements. Of these, 87 percent were closed successfully, 9 percent were closed for noncompliance, and 4 percent were terminated. This represented 200 individuals, as there were 18 individuals with two agreement closures and 2 individuals with 3 agreements closed during the study period.

Return-to-use data showed 11 percent of participant agreements documented a return to use while under a monitoring agreement (24 of 222). This represents only 21 individuals, as three of the agreements were duplicates during the study period, some with return to use under multiple agreements. The average length of monitoring was 44 months. The data also showed us that the longer the length of monitoring, the higher the success rate. This is not determinant or cause and effect but explained by the fact that some of the participants who were noncompliant or terminated were no longer monitored.

Significant challenges identified included missing data, multiple agreements for certain individuals, classification issues within the EHR, and inter-rater variability in coding.

Overall, an 87 percent success rate with an 11 percent return to use rate is remarkable for a population diagnosed with substance use disorders. The authors plan to submit this for publication after further cleaning and mining the data.

Doctors but Not Physicians: How to Be Successful Working with Dental Professionals

John Claytor, DDS, MAGD

John Claytor, DDS, MAGD

State Physician Health Programs (PHPs) play a critical role in supporting healthcare professionals with substance use and mental health challenges. Currently, approximately 28 state PHPs include dentists within their monitoring and advocacy efforts. While physicians and dentists often undergo similar training, their professional paths, personality traits, and workplace dynamics differ significantly—differences that can present unique challenges for PHPs when managing dental professionals.

This session explored this essential question: *Are dentists really different from physicians when it comes to monitoring and advocacy?* While the foundational approaches to support may be similar, the nuances of dental practice—including professional isolation, solo versus corporate practice settings, and challenges with seeking help—require thoughtful adaptation.

The presenter examined personality patterns commonly seen among dentists, such as unhealthy perfectionism, social anxiety, overreliance on self-sufficiency, and codependent behaviors, and how these factors may influence recovery, leadership, and compliance in PHP agreements. The presenter also looked at what draws individuals into dentistry and how these motivations inform their recovery process and engagement in post-treatment support.

Attendees gained practical insights and strategies to better engage, advocate for, and monitor dental professionals—offering PHPs tools to improve outcomes and strengthen support for this distinct population within the healthcare community.

Clinical Claims Data Analysis: Making a Connection Between Physician Health and Patient Safety

Susan Montminy, EdD, MPA, BSN, RN, FASHRM, CPHRM, CPPS

Susan Montminy, EdD, MPA, BSN, RN, FASHRM, CPHRM, CPPS

Research has found a link between physician health and malpractice claims.

Physician Burnout and the Impact on Patient Safety

A landmark study observed an important connection between physician health and malpractice claims. Titled "Physician Health Programmes and Malpractice Claims: Reducing Risk Through Monitoring," it considered whether physician health programs had an impact on malpractice claims. Data revealed a 20 percent lower malpractice risk among physicians enrolled in the program compared to physicians who were not enrolled.

A physician health program provides support to physicians who are struggling with addiction, physical, and/or mental health challenges. The study demonstrated that such programs are critical for both physicians and the patients they treat. Since then, the issue has become even more important considering the high levels of physicians experiencing burnout.

Physician burnout, as well as coexisting issues with substance use and physical/mental health matters, may also have a direct impact on patient care.

Claims Data and the Physician Health Connection

To further explore the link between physician health and patient safety, Coverys conducted an analysis of 6,050 medical professional liability events between 2019 and 2023. Risk-management issues associated with physician health and behavior were used to select a target data set of 103 events. The following risk-management issues were included in the analysis:

- Provider behavior
- Distractions/lack of situational awareness
- Fatigue
- Alarm fatigue
- Ethical issues

Among these 103 events, surgery/procedure events accounted for the highest levels of both indemnity paid and the number of events. The top risk-management issues were human factors, technical performance, and behavior-related issues.

Supporting Physicians and Developing a Culture of Safety

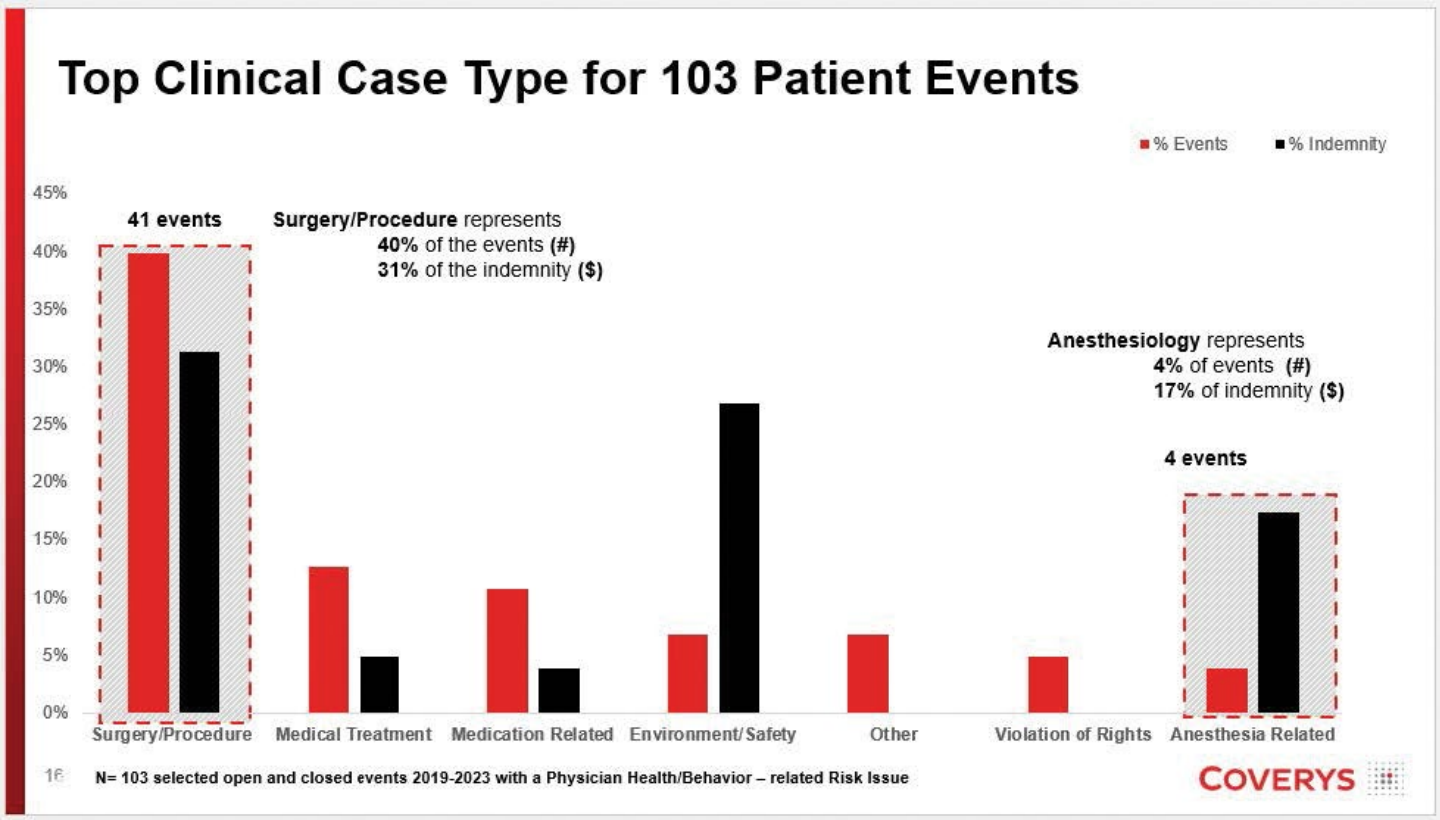
According to the CDC, a culture of safety can decrease adverse events, improve quality of care, and increase patient satisfaction.

A culture of safety includes the following:

- Recognizing and reporting high-risk exposures
- Developing and implementing prevention and control strategies
- Providing resources that address safety concerns

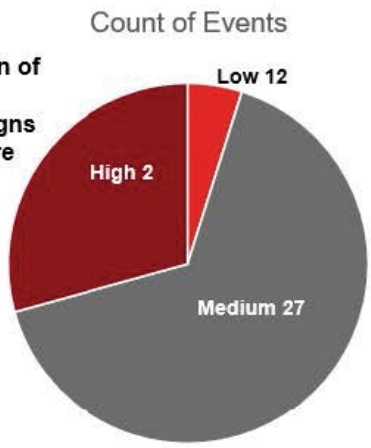
All members of the healthcare team must feel comfortable reporting concerns. Research published in the *AMA Journal of Ethics* states that in a just culture, punishment should be reserved only for those who have willfully and irremediably caused harm.

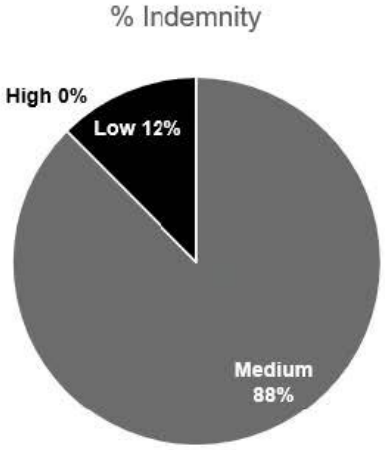
Prompt recognition and follow-up when physicians demonstrate objective indicators that may indicate they are unwell is key. Colleagues, administrators, and other individuals must report these indicators as red flags warranting compassionate follow-up before a patient safety event occurs.



Injury Severity: Surgery/Procedure

Having a larger portion of medium severity and medium indemnity aligns with surgery/procedure events

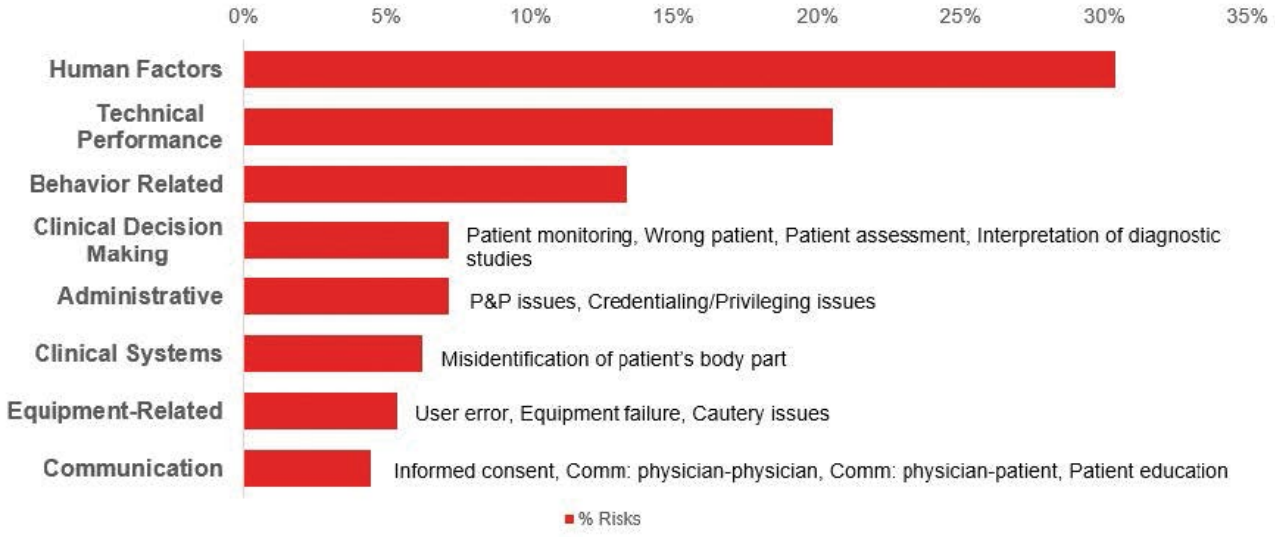




22 **Selection:** N=41 selected open and closed events 2019-2023, with Surgery/Procedure Case Type
Footnote: Injury severity based on National Association of Insurance Commission (NAIC) codes.

COVERYS

Top RM Categories for 41 Surgery/Procedure Events



N=112 Risk Management issues related to Physician Health/Behavior on 41 open and closed events 2019-2023, with Surgery/Procedure Case Type

26 **Footnote:** An event can have more than one risk management issue

COVERYS

Neurodiversity: Assessment, Treatment, and Health Agreements

Lori Woehler, PsyD

Heather O'Brien, PsyD

Lori Woehler, PsyD

Heather O'Brien, PsyD

This session explored the impact of neurodevelopmental conditions—including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and learning disabilities—on medical students, residents, and physicians. Emphasizing accurate assessment, tailored treatment, and ongoing monitoring, the presentation highlighted how executive dysfunction, sensory sensitivities, and social communication challenges intersect with the high-pressure demands of medical education and clinical practice.

Key topics included the following:

- **Understanding Neurodiverse Challenges:** Insights into how cognitive and emotional differences influence task management, interpersonal interactions, and stress resilience in healthcare environments
- **Culturally Informed Assessment:** Strategies for adapting diagnostic tools to account for cultural influences, stigma, and environmental pressures unique to medical professionals
- **Continuous Monitoring:** Evidence-based frameworks for integrating peer, supervisor, and self-evaluation to adjust supports dynamically throughout training and careers

Feedback Themes: Participants expressed strong interest in expanding opportunities for dialogue, additional education, and engagement on neurodiversity within physician health programs, signaling a need for deeper exploration and ongoing conversations in future conferences.

Applying a Trauma-Informed Approach to PHP Processes: Rationale, Implementation, and Improved Outcomes

Catherine V. Caldicott, MD, FACP

Holly Wade, MA, LCPC, LPC, LCPAT, ATR-BC

Catherine V. Caldicott, MD, FACP

Holly Wade, MA, LCPC, LPC, LCPAT, ATR-BC

Approximately 70 percent of the world's population has experienced some type of traumatic event. Because of this "near ubiquity" of exposure (1), physicians began to apply a trauma-informed approach (TIA) to patient care. Similarly, regulators have sought trauma training for board members and staff to provide complainants with a sensitive, supportive environment for reporting physician wrongdoing. However, physicians themselves are not immune to histories of trauma. It is important to note that a link has been demonstrated between physicians with histories of childhood adversity or traumatic experiences and subsequent lapses in their professional conduct, including substance use disorders and mental health issues (2). In addition, the experience of being held to account by a regulator or engaging with a PHP can trigger prior trauma responses or be traumatizing itself.

It is in that context that one of the presenters, a remedial education provider, reached out to a PHP to explore the implementation and impact of applying a TIA to PHP processes. The remedial course provider, PBI Education, had already trained its staff and faculty to employ a TIA with clinicians taking intensive remedial courses as a result of professional wrongdoing in areas such as boundaries, ethics, and communication. Further, PBI has presented nationally about the transformation that can occur in clinicians who engage in a remedial course that incorporates a TIA in its curriculum and faculty and staff training. The Maryland PHP (MPHP) had already begun to integrate aspects of a TIA into its processes with its participants and experienced some early successes. Now the MPHP sought additional ways to operationalize a TIA to further improve the outcomes of safe patient care and better self-care.

After explaining the rationale for applying a TIA to PHP processes, this presentation described the MPHP's efforts and experiences with relevant case examples. It then provided simple steps that PHPs can take if they have not

yet considered integrating a TIA into their processes, plus examples of how to further integrate a TIA for those PHPs that have already begun the process.

By attending to physicians' circumstances and histories, a TIA approach can improve physician buy-in to PHP engagement, engender feelings of safety during the process—particularly with licensees who appear to be resistant and uncooperative—and ultimately lead to more successful program completion, remediation and recidivism prevention, and public protection.

References

(1) Benjet C, et al. The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychol Med*. 2016; 46(2): 327–343.

(2) Williams BW, et al. Adverse Childhood Experiences in Trainees and Physicians With Professionalism Lapses: Implications for Medical Education and Remediation. *Acad Med*. 2021; 96(5): 736–743.

Eating Disorders in Our Physician Population

Kate Humphreys

Scott Humphreys, MD

This presentation explored the history, prevalence, and impact of Eating Disorders (EDs), particularly within the physician population.

Kate Humphreys

Historical Context

Scott Humphreys, MD

EDs have been documented for centuries, from ancient Roman purging rituals to Catherine of Siena's religious fasting. The modern medical understanding began in the late 19th century, with Sir William Gull naming anorexia nervosa in 1873. However, EDs were not widely recognized until the late 20th century, when Dr. Hilde Bruch classified them as psychiatric illnesses and the DSM-III (1980) included anorexia nervosa and bulimia.

General Background

EDs are among the most life-threatening psychiatric conditions, with 3.3 million healthy life years lost annually and a 20 percent mortality rate by suicide. Rates of EDs have doubled in the past decade, with rising cases in men. Recovery remains difficult—overall rates hover around 29 percent, with anorexia nervosa showing the lowest success. Early intervention and relapse prevention are crucial.

Impact on Functioning

EDs negatively affect careers, relationships, and economic productivity. Sufferers experience reduced leadership roles, impaired work performance, and difficulties maintaining close relationships. In the United States, EDs account for an estimated $64.7 billion in annual losses. Patients with anorexia may experience unemployment levels similar to those with schizophrenia and often require extended welfare support post-treatment.

Colorado Physician Health Program (CPHP) Study

CPHP has evaluated ~6,500 physicians and physician assistants, but does not routinely ask about EDs, limiting recognition. A research population of 20 clients with historical or current EDs was studied.

- **Demographics:** The majority were practicing physicians at the time of treatment.
- **Parental involvement:** Significantly higher compared to other mental health disorders.
- **Comorbidities:** Depression was most common.
- **Treatment:** Mostly outpatient therapy; however, 15 percent did not attend their first intake.
- **Career impact:** Of six physicians referred specifically for EDs, two-thirds had to stop practicing. Overall, more than half of physicians with EDs were unable to continue practicing medicine.

Case Study: "Dr. Smith"

Forty-Eight-Year-Old Intensivist Illustrates the Complexity of Physician ED Cases

Despite being respected professionally, Dr. Smith struggled with long-standing anorexia and possible alcohol misuse. Multiple treatment attempts failed due to ambivalence and comorbidities. Over two years, she cycled in and out of ED/SUD treatment before ultimately surrendering her medical license and ending her relationship with CPHP.

Limitations and Future Directions

The study was limited by a small sample size, imperfect data collection, and lack of standardized instruments. Future work should involve collaboration among Physician Health Programs (PHPs) to better identify EDs in physicians. Current findings suggest EDs are often caught too late, with treatment delayed until comorbidities or severe impairment arise.

Conclusion

Eating disorders are devastating for physicians, leading to significant personal suffering, career disruption, and systemic costs. Improved screening, earlier recognition, and targeted interventions within PHPs are urgently needed to address this under-recognized but critical issue.

Data Trends for Physicians in a PHP Treatment Setting

Rachel Waters, LMHC

Apollonia Lysandrou, BS

Rachel Waters, LMHC

Apollonia Lysandrou, BS

Physician well-being continues to gain momentum, as mental health and substance use recovery remain pressing concerns. One way to help clinicians and treatment providers better understand who is willing to engage in treatment, as well as who is progressing in treatment, is utilizing self-report data on various components of an individual's well-being (e.g., sleep quality, pain intensity and interference, depression, anxiety, and abstinence self-efficacy). Examining data trends specific to certain occupations can further help elucidate unique contributors to mental health and substance use disorder conditions across various patient populations, while simultaneously identifying avenues to improve current treatment targets. As a result, this approach can help treatment providers gain a clearer understanding of a patient's experience and reduce stigma by deepening our insight into the nature of their illness and how to best treat it.

This session provided attendees with an overview of real-world treatment trajectory data collected over the past eight years from patients enrolled in a Partial Hospitalization Program in North Central Florida. Specifically, we visualized data on demographics, depression, anxiety, ACE scores, pain, and other psychosocial measures, comparing trajectories across physicians, nurses, and non-healthcare professionals. These comparisons revealed consistent patterns that sparked discussion about why such trends appear to be career-specific and what this might suggest about disorder development, treatment progress, and risk for relapse following discharge. We then took a closer look at the role of pain in substance use treatment, highlighting findings from our laboratory's recently published research. This included examining pain's impact on key treatment outcomes (i.e., craving, quality of life, abstinence self-efficacy, treatment dropout, and readmission) as well as how pain may increase vulnerability to substance use, particularly among healthcare professionals and physicians. While the research is ongoing, and limitations/future directions were also discussed, it offers valuable insight into the importance of addressing pain in treatment.

Sustainable Sobriety: Acknowledging the Importance of Accountability While Strengthening Clinician Mental Health Through Wellness Initiatives and Lifestyle Psychiatry Approaches

Anish John, MD

Gaurava Agarwal, MD

Anish John, MD

Gaurava Agarwal, MD

Health Care Professionals currently have a (somewhat) clearly defined pathway when it comes to addressing substance use disorders and co-occurring mental health conditions, which includes appropriately nuanced treatment followed by ongoing support and accountability for a period of time—thereby yielding the enviable outcomes with which we are familiar for this specific population. A challenge in the months after intensive treatment can be the sustainability of sobriety when crucial areas like loneliness, trauma, and workplace burden can become overwhelming.

A comprehensive approach using wellness-oriented interventions can be advantageous on multiple fronts, with preventive strategies arguably being a powerful piece of this puzzle to shift someone's trajectory of illness. This paradigm aligns with the Lifestyle Psychiatry movement in medicine, which highlights the importance of nutrition, exercise, sleep, and the mind–body connection. When working in this space, it is also prudent to recognize the potential for blurred lines demarcating healthy versus compulsive/addictive and ultimately problematic behaviors.

Dr. Gaurava Agarwal began the presentation by discussing the factors contributing to physician distress and the Occupational Health Prevention model. He highlighted the toolkits that have been made available for the mental health workforce by Frontline Connect. The different domains that Northwestern Medicine has targeted for its Mental and Emotional Support Campaign were reviewed, in addition to the Work Determinants of Wellbeing, to promote a superior work environment. Dr. Anish John then introduced the concept of Lifestyle Psychiatry and reviewed relevant data in each of the facets included in the model. Risks for compulsivity in this arena were discussed, in addition to the correlation of clinician well-being with patient health. Audience members were able to ask questions that touched upon organizational approaches to support clinician well-being and practical ways to incorporate Lifestyle Psychiatry into treatment plans.

Regulatory Substance Use Monitoring Programs for Nurses: Program Participation Post-COVID-19 Pandemic

John Furman, PhD, MSN, COHN-S

John Furman, PhD, MSN, COHN-S

Alternative to Discipline (ATD) substance use monitoring programs began to be utilized by state nursing boards in the early 1980s. The adoption of an ATD approach was primarily driven by the recognition of substance use disorder as a medical condition, the need to retain skilled nursing professionals, and the realization that public protection was best served when nurses were provided an opportunity for monitored rehabilitation.

Most states have regulatory requirements for licensed health professionals and employers to report "unprofessional conduct" to the disciplinary authority. When substance misuse is involved, nurses may be referred to an approved monitoring program under an alternative to discipline agreement. Many states also allow nurses to "self-report" to the monitoring program without involvement of the disciplinary authority.

The prevalence of nurses participating in a state-approved substance use disorder monitoring program has been reported to range from 0.5–1.0 percent. This contrasts with the best data available indicating 15–18 percent of nurses misuse substances at some point during their career. Despite the low monitoring rates reported and the assumption that participation numbers would increase in the COVID-19 era, many states reported a decrease in participation numbers.

This research project sought to gather information from state regulatory substance use monitoring, and peer assistance program directors. Primary objectives were to (1) clarify anecdotal information regarding decreasing participation in regulatory substance use monitoring programs for nurses during the COVID-19 pandemic period, and (2) identify directions for future research.

Thirty-seven surveys were submitted, representing 27 state-approved programs. Most programs reported a decline in participation numbers averaging 28 percent. Primary drivers included the following:

- A decline in employer reports due to staffing pressures
- Financial cost of participation
- Negative perceptions of the monitoring experience
- Little difference between the alternative and discipline approach
- Struggling nurses electing to leave the profession

While time will tell, it appears that some of the fundamental shifts in the healthcare industry that occurred since the emergence of COVID-19 (e.g., staffing pressures along with a focus on staff health and wellness as an internal responsibility) are not going away. This will require nursing boards and monitoring programs to reassess policies and approaches.

Click here for references.

Recovering from Fear: Repairing Social Neurons Through Trauma-Informed Group Work

John Harden, LCSW, MPH

Derek Robben, MD

John Harden, LCSW, MPH

Derek Robben, MD

Healthcare professionals monitored by Professional Health Programs (PHPs) routinely attend peer-support meetings; however, most groups are not designed with trauma science in mind. Our poster details an initiative at BoardPrep Recovery Center that overlays the six SAMHSA trauma-informed principles onto standard mutual aid structures to create Trauma-Informed Mutual Aid (TI-MA) groups for physicians and other safety-sensitive clinicians.

Why Integration is Needed

Literature shows that physicians and other healthcare providers carry an elevated trauma load that can negatively impact their health. Conventional peer groups may unintentionally hinder participation because they (1) ignore trauma-driven dynamics, (2) offer limited psychological safety, (3) allow unmodulated oversharing that can dysregulate members, and (4) overlook cultural or systemic stressors shaping distress.

Core TI-MA elements

- Predictable openings/closings and collaboratively set ground rules create safety and choice.
- Facilitators frame sharing with titration prompts, ensuring stories stay within members' "window of tolerance."

- Somatic grounding, brief mindfulness, and mutual regulation exercises are woven between discussions.
- Attention to power and systemic inequity keeps the lens on context, not just individual resilience.

These adjustments retain classic mutual-aid mechanisms—"all-in-the-same-boat" dialogue, rehearsal of new skills, and strength-in-numbers encouragement—while mitigating common trauma-related pitfalls.

Early Outcomes

Highlights of qualitative feedback from PHP participants over six months:

- Reductions in shame and internalized stigma through validation and belonging
- Greater emotional safety leading to honest self-disclosure and sustained attendance
- Improved emotion regulation via co-regulation and modeling of self-soothing skills
- Decreases in self-reported PTSD, depression, and anxiety symptoms and heightened readiness to return to work

Participants and case managers also note enhanced accountability and recovery confidence, aligning with evidence that well-facilitated peer connection strengthens long-term abstinence and professional functionality.

Key Conclusions

1. **Feasible, low-cost upgrade:** Adding trauma-informed practices requires modest facilitator training yet markedly improves perceived safety and engagement.
2. **Clinical leverage:** Preliminary data suggest symptom relief and functional gains that complement already good PHP outcomes.
3. **Systems impact:** By addressing root relational wounds rather than solely "burnout," TI-MA groups offer a preventive, culture-changing strategy capable of reducing relapse risk, malpractice liability, and costly workforce attrition.

Updated Research on Healthcare Professionals Undergoing Assessment and the Use of Stimulants and Other Controlled Substances

Josh Hypse, PsyD

Alex Latham, PsyD

Michael Seely, PsyD

Josh Hypse, PsyD

Alex Latham, PsyD

Michael Seely, PsyD

Throughout 2023 to 2025, Acumen Assessments collected data on ADHD and the use of controlled substances for safety-sensitive professionals undergoing a fitness-for-duty evaluation. This research was split into two phases. The first phase (2023 to 2024) primarily focused on ADHD and the use to stimulants and other controlled substances. ADHD prevalence estimates for adults in the United States approximate 4.5 to 5 percent (Kessler, et. al, 2006; American Psychiatric Association, 2022). However, in the first phase, 31 percent of evaluees referred to Acumen had received a diagnosis of ADHD and were taking a stimulant medication at the time of the evaluation. During the second phase (throughout 2024 and into 2025), we collected data about other controlled substances evaluees reported taking at the time of their evaluation. This included stimulants, benzodiazepines, sedative/hypnotics, ketamine, medical marijuana, and opiates. Although sample sizes were small, the data suggested some interesting gender-based differences, notably that female evaluees were more likely to be on multiple controlled substances. Our research concluded the following:

- Women were more likely than men to be on a stimulant medication, 43 percent to 25 percent.
  - Of those on stimulants, 43 percent of females versus 14 percent of males were taking multiple stimulants
- 57 percent of females versus 21 percent of males were taking a stimulant and sedative.
- 29 percent of females versus 11 percent of males were taking a benzodiazepine
- Out of the entire sample, 41 percent of evaluees reported taking a controlled substance by prescription.
  - This was more common for women, as 57 percent of the female evaluees were taking a controlled substance, compared to 38 percent of male evaluees.

In summary, the use of controlled substances among healthcare professionals undergoing evaluation remains surprisingly high. The results also suggested a much higher rate of the use of stimulant medication than the general population estimate of approximately 6.5 percent (Compton, et al, 2018), leading to questions about why this might be the case.

Trends in Case Complexity and Implications for Physician Health: Findings from the Colorado Physician Health Program

Amanda Kimmel, MPA

Amanda Kimmel, MPA

The Colorado Physician Health Program (CPHP) has tracked a striking shift in the complexity of cases referred in recent years. A new analysis, presented at the 2025 Federation of State Physician Health Programs (FSPHP) Annual Meeting, highlights how complexity has nearly doubled, with significant implications for physician health, patient safety, and for PHPs.

Background and Methods

In 2016, CPHP began noticing an increase in the severity and complexity of participants' health and behavioral issues. To measure and better understand this trend, CPHP developed a protocol to rate complexity levels at case closure. Complexity ratings reflect two domains:

- **Health complexity** (severity and number of health conditions, interplay of stressors, required supports)
- **Administrative complexity** (extent of licensing board/legal involvement, frequency of reports, oversight needs)

This study analyzed five fiscal-year cohorts of CPHP participants referred between July 2016 and June 2021, all with two years or fewer of program involvement (cases closed through June 2023). Chi-square analysis was applied to compare complexity levels across participant characteristics and referral types.

Key Results

Over the five-year period, CPHP observed a marked decline in "mild" complexity cases (from 55 percent in 2016 to just 14 percent in 2021), alongside a dramatic rise in "moderate" cases (25 percent to 73 percent). High-complexity cases fluctuated between 12 percent and 20 percent but showed no clear upward trend. Statistical analysis confirmed these shifts were significant ($p<.001$).

Higher complexity was most commonly associated with:

- Primary presenting concerns of boundaries, substance-related issues, or DUI/DWAI ($p=.004$)
- Medical Board-mandated referrals compared to self-referrals ($p<.001$)
- Program participation extending longer than one year ($p<.001$)

Discussion

The reasons for this rise in complexity are likely multifactorial. Our CPHP team proposed several contributing factors:

1. **Evolving healthcare stressors:** Increased time pressures, expanded use of electronic health records, reduced autonomy, workplace/personal value conflicts, and pandemic-related strain may have led to delayed help-seeking and more severe presentations.
2. **Confidentiality concerns:** Despite national campaigns to reduce stigma, physicians and trainees still fear professional consequences of disclosing health problems, particularly substance use, resulting in more advanced cases upon referral.
3. **Growth of in-house wellness programs:** Health systems increasingly provide wellness support that may capture mild cases internally. While positive, this shift could leave PHPs disproportionately managing more moderate-to-severe cases.

Implications for PHPs

These findings underscore the rising demands on PHPs nationwide. Increased complexity means more intensive care coordination, more frequent referrals, and greater skill in navigating both medical and regulatory challenges. If CPHP's experience reflects a national trend, PHPs must prepare for larger workloads and higher acuity, ensuring they can continue to safeguard physician health and, by extension, patient safety.

The study reinforces the essential role of PHPs as trusted, confidential, and clinically skilled resources. As case complexity grows, maintaining strong partnerships with licensing boards, healthcare organizations, and wellness programs will be vital to meeting provider needs.

Conclusion

This Colorado data illustrates a clear trajectory: physician health programs are increasingly serving participants with moderate-to-high complexity. This trend calls for sustained investment, collaboration, and innovation within PHPs to ensure that every physician, PA, anesthesiology assistant, and trainee receives the comprehensive care and monitoring required to remain well and safe in practice.

Integrating the Enneagram in the Treatment of Healthcare Professionals

Ben Lewis, PhD

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Scott A Teitelbaum, MD, FAAP, DFASAM

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The Enneagram functions like a personality GPS, offering insights into behaviors and the motivations behind why we think, feel, and act the way we do. For physicians in early recovery, it provides tools to access lesser-known aspects of their personality and offers a path to recognize blind spots and areas for ongoing growth. Its true power lies in transforming self-limiting behaviors into life-enhancing personal empowerment.

Introducing the Enneagram's Centers of Intelligence early in treatment helps physicians quickly identify how their worldview affects interactions—both professionally and personally. Traditionally, physician treatment programs focus on identifying character traits and how they can become ongoing defects in recovery. However, the Enneagram supports a strength-based approach, offering recovering physicians a more empowering framework. Learning the Core Motivations of their Enneagram type helps them understand how their underlying fears and desires impact their long-term wellness and recovery.

Incorporating the Enneagram in the later phases of treatment enhances therapeutic outcomes by reinforcing the importance of ongoing self-care and self-awareness, especially in maintaining healthy relationships in both personal and professional spheres.

Implementation of the Enneagram has been well received by the physician group. Most physicians typed themselves as Enneagram Type 1 (the Perfectionist/Reformer), Type 3 (the Achiever/Performer), or Type 8 (the Challenger/Protector). These types are known for their assertive interpersonal coping styles—either moving toward others (Type 1) or against others (Types 3 and 8)—as opposed to withdrawing. This interpersonal style can lead to specific boundary issues as they push for results, truth, and power, potentially at the cost of emotional connection.

In terms of conflict coping styles, Types 1 and 3 tend toward the Logical style (similar to Type 5), while Type 8 tends toward a Reactive style (similar to Types 4 and 6). Notably, none of these types use an Optimistic style (as seen in Types 2, 7, and 9), making them less inclined toward vulnerability and empathy during conflict. Instead, they focus on assertiveness and achieving goals. As a result, Types 1, 3, and 8 often emerge as strong, dynamic leaders—but they may struggle to access deeper emotional layers, especially in times of relational or internal conflict.

Physicians reported that one of the most impactful aspects of the Enneagram series was learning to integrate its wisdom into daily inventory practices, particularly when working on resentments and character defects. The Enneagram offered a personalized lens through which to understand recurring challenges and provided practical strategies for growth.

Compared to the non-physician group, physicians experienced a greater impact in understanding how self-care practices aligned with their Enneagram type could elevate their health and deepen their connection to a higher power. They also reported that exploring the Enneagram's layered teachings—motivation, coping styles, growth paths—was significantly more impactful overall than it was for the non-physician sample.

In summary, the Enneagram offers a rich, multidimensional framework for physicians in recovery. It enhances self-awareness, fosters deeper relational insight, and supports sustained alignment with personal values and spiritual grounding.

The Physician and Family Support Program's Growth and Adaptation to Increased Service Demand

Including the Impact of Provincial Legislative and Regulatory Changes to Physician Health Assessment and Monitoring in Alberta, Canada

Diana Meakins, MD, FRCPC

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Laurie Anne Bentley, MSW, RSW

Erica Dance, MD, FRCPC

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Alberta is a Canadian province with more than 12,000 registered physicians, 1,700 resident physicians, and 1,200 medical students. The Physician and Family Support Program (PFSP) is the provincial Physician Health Program, which is grant funded by Alberta Health and administered by the Alberta Medical Association. The PFSP provides confidential support and assistance to Alberta physicians, resident physicians, and medical students as well as their immediate family members. The PFSP's initial access point is a 24/7/365 Assistance Line for callers seeking peer support or connection to other resources. Callers may be connected with an Assessment Physician from a roster of local, experienced physicians who each cover several on-call weeks per year. The PFSP offers Case Coordination for clients with complex health, personal, or occupational concerns, and the Compassionate Assistance Program (CAP) assists with assessment and monitoring costs for those in Case Coordination with financial need.

Following provincial legislative change in late 2023, the provincial medical regulatory college in Alberta changed its physician health monitoring program from primarily in-house to external service providers who conduct independent health and fitness-to-practice assessments as well as health and biological monitoring. The costs for assessments and monitoring became the responsibility of regulated members.

This poster highlighted the number of calls per year to the PFSP Assistance Line, more than doubling from 1,938 calls in 2018 to 4,050 calls in 2024. With consistent yearly increases in call numbers and Assessment Physician feedback, in 2023, the PFSP made the administrative decision to double the Assessment Physician on-call coverage, with positive internal feedback from staff and the program being well-positioned to continue to meet expected growth in service demand. In addition, the number of callers to the Assistance Line with complex health, personal, or occupational concerns who were newly entered into Case Coordination more than doubled from 24 in 2023 to 60 in 2024. There was a shift in primary concerns from substance use and mental health/psychiatric concerns to occupational concerns, which was largely due to an increased number of clients requesting assistance with obtaining independent health and fitness-to-practice assessments prior to return to work as well as enrolling in health and biological monitoring, as required by the provincial medical regulatory college. CAP was able to assist with the increased number of clients as additional support.

The PFSP's growth and adaptation to increased service demand aligned with the overall program goals of offering confidential support and assistance with personal health issues, so that physicians, residents, and medical students may remain in or return to workplaces or educational programs in optimal health, which enhances the quality of patient care and public safety.

Click here for references.

Upcoming Events

Join us April 29–May 2, 2026, at the Hilton Baltimore Inner Harbor for the premier event dedicated to physician and professional health. This dynamic gathering brings together physicians, healthcare professionals from all specialties, and leaders committed to advancing well-being and professional excellence.

With **approximately 300 attendees**, including **Physician and Professional Health Program (PHP) staff and top experts in health professional evaluation and treatment**, this conference offers unparalleled networking, learning, and collaboration.

Reasons To Attend

- Significant networking opportunities with leaders in the field of professional health and well-being
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- Essential learning about physician health programs and healthcare professional treatment
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FSPHP Membership Information Session

Date: February 18, 2026; Time: 12:00 PM–1:30 PM EST

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Date: March 31, 2026; Time: 12:00 PM–1:30 PM EST

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Date: May 22, 2026; Time: 1:00 PM–3:00 PM EST

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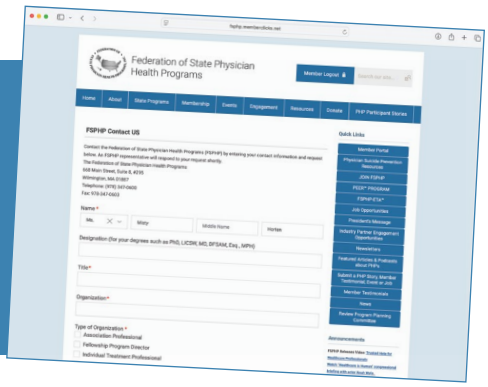

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