



Physicians'  
HEALTH  
Program

The Foundation of the Pennsylvania Medical Society

# PHP UPDATE

SPRING 2019

## NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM

### Selfless service, incredible impact: Thank you, Dr. Charles Burns

With his six-year term on the Physicians' Health Program Committee coming to an end, the PHP honors Dr. Charles Burns for his service to his fellow physicians and the work of the PHP.

"Charlie has helped many people one-on-one and has saved many lives," said PHP Medical Director Jon Shapiro, MD, DABAM, MRO.

A native of northeastern Pennsylvania, Dr. Burns graduated with a Bachelor of Science in biology from the University of Scranton in 1972. He went on to obtain his medical education from Jefferson Medical College in 1976 and studied general surgery and urology at Geisinger Medical Center from 1976 to 1981.

Dr. Burns joined his father in practice in Kingston after completing a fellowship in adult and pediatric reconstructive urology at Eastern Virginia Medical School in 1983. He retired in 2017 after practicing urology for 36 years.

"Because I was born into a medical family, I really never thought I would do anything else. My father was a surgeon in WWII, and my mother was a nurse," he said. "One of my fondest memories was seeing my father come home one night with a bag of farmer's vegetables. He had a huge smile and explained to me that the farmer had no money and paid his bill with vegetables. My father never asked about payment, he just was a caring person. I wanted to be that person."

Dr. Burns shared his father's passion for making a difference in the lives of others – something he certainly did as a member of the PHP Committee.

"The work that the PHP does daily, helping health care professionals, is inspiring and so meaningful to me," he said. "Being a small part of the committee for many years has enhanced my work and reminds me of the goodness in people."



PHP Medical Directors Dr. Ray Truex, Jr. (left) and Dr. Jon Shapiro (right) present Dr. Charles Burns (center) with a certificate of appreciation for his service to the PHP Committee.

*"The work that the PHP does daily, helping health care professionals, is inspiring and so meaningful to me."*

His journey with the committee began when a fellow physician thought he may be a good fit to serve and reached out. Dr. Burns was honored by the call.

"From the beginning, I sensed the PHP had a heart and soul," he said. "Every person I encountered worked to help us become the best practitioners possible. They worked for us even when we were antagonistic!"

Dr. Burns believed part of his own recovery would be helping other struggling professionals in his area.

"Over the years, I've been involved with lots of physicians who are struggling in their early recovery," he said. "I tell them we have all gone through guilt and shame of addiction, and PHP is crucial in directing us outside help. I am convinced of the sincerity of the staff."

He believes the PHP staff work to save lives, families and careers. And part of his work through the committee was to dispel the negativity associated with the PHP.

"The PHP mission is to help any of its members to reintegrate into society with minimal disruption of their lives," Dr. Burns said. "Addiction destroys self, family and work, and PHP assists us with those struggles."

Through a natural progression during his time on the committee, he became chairman.

"My colleagues trusted me to sincerely state my positions in the interest of recovering health care professionals," he said.

He has embodied the work and spirit of the PHP, and has impacted many lives.

"I talk with a lot of recovering professionals," Dr. Burns said. "I tell them PHP is not the enemy and that the organization is of great help to us all. Instead of looking at PHP as punishment, look at it as a way to begin redemption." ■

## PHP UPDATE

Published semi-annually by the Physicians' Health Program.

### PHP UPDATE

Physicians' Health Program

The Foundation of the Pennsylvania Medical Society

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# EXECUTIVE DIRECTOR MESSAGE

## Learning to practice what we preach

Safely landing planes in the midst of multiple tornadoes, one plane at a time to minimize the damage and body count, often seems like an ideal way to describe my work and life. Many days I find myself working from 5 a.m. until 11:30 p.m. For those who work around me, I strongly encourage work-life balance; yet, I often fail to practice what I preach. Recently, my two-year-old granddaughter gave me the greatest reminder to be present – she grabbed my face with her little hands and turned me toward her to ensure I was engaging with her. The discernment of a two-year-old child to do what it took for her Nana to be present was remarkable and convicting.

I suspect that for many physicians the story is the same. You begin your work early and often your day doesn't end until well after midnight. Laptops replace the book that may have been by the bedside. Cell phones buzz, ding and hum incessantly. Everything is a spreadsheet and a checklist. The human interaction that often was the catalyst for entering the healing profession takes a back burner to the laptop in the room.

This year as the Foundation focuses on physician well-being, particularly on how to assist physicians to identify and increase their resilience skills, I hope you will join us for the discussion. The Foundation will distribute a Resilience Toolkit to all medical staff offices that includes helpful guides and resources. We will host the Physician Resiliency Summit featuring keynote speaker, Tait Shanafelt, MD, one of the leading voices in addressing physician burnout and resiliency across the country. This will be held in Lancaster on June 5-6, 2019. Our goal is to provide tools and information for building resilience at both the individual and systems level. The Pennsylvania Medical Society will join us for the summit as physician wellness is listed as a key priority for PAMED to address in 2019 in a recent survey of members and non-members.

This is my open invitation for you to become engaged. If you have found tools and tricks to build resilience, please share. If you need resources, please ask – the Foundation is here as a resource. The conversation about physician resilience won't end in 2019, and like nature, tornadoes will always be with us. Our goal at the Foundation is to be a resource for every medical student, resident and physician across the state to help them manage stress and burnout when it feels like the tornadoes are out of control. I look forward to seeing you at the Resiliency Summit in June!

Be well,

Heather A. Wilson, MSW, CFRE

Executive Director,

The Foundation;

Deputy Executive Vice President,  
Pennsylvania Medical Society



Heather A. Wilson, MSW, CFRE

*"For those who work around me, I strongly encourage work-life balance; yet, I often fail to practice what I preach."*

### OUR MISSION

The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.

# Addiction, disability insurance and your professional license

By Clifford D. Swift III, Esq.

We all know that addiction takes a heavy toll on the individual suffering from a substance use disorder, their family, friends, colleagues and coworkers. Should this addiction involve diversion, fraudulent prescribing, DUI or medical mishap, the consequences can also have a serious impact on a professional license, including revocation, suspension, probation, and the payment of fines and penalties. Additional consequences may include the loss of DEA registration, exclusion from the Medical Assistance Program, being prohibited from participation in health insurance panels and a report to the National Practitioner Data Bank (NPD). Disability insurance can help to alleviate some of the financial difficulties caused by addiction, such as loss of employment and costs of treatment. But what happens to these benefits when a physician whose license is restricted in some manner attempts to return to the practice of medicine?

A Mayo Clinic 2009 editorial reviewed data from numerous Physicians' Health Programs (PHP) and noted that many chemically dependent physicians, including anesthesiologists, returned to clinical practice. The difficult challenge facing physicians receiving disability benefits and attempting a return to practice is convincing the State Board of Medicine or Osteopathic Medicine they are safe to practice while at the same time certifying to the disability insurer they are disabled under the policy. Although this may seem to be a contradiction, it is possible to effectively do both.

In devising a strategy to return to work while maintaining disability benefits, a physician must be familiar with the language contained in the policy. An "own occupation" policy in most circumstances will permit a physician to continue to receive disability benefits even if he or she returns to full-time work in a medical specialty other than the one practiced prior to disability. Under an "own occupation" policy a physician may also, in some circumstances, continue to



Clifford D. Swift III, Esq.

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*"Although there can be many obstacles in returning to the practice of medicine after treatment for addiction, they are not insurmountable."*

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collect disability benefits when they return to work performing non-material aspects of their prior occupation (for example, an orthopedic surgeon who returns to work performing office examinations only and no longer performs surgery).

Often the physician's treatment providers may advocate for a gradual return to work: part-time, no-call, etc. In such cases, it may be possible to receive partial or residual disability benefits under the disability policy. These types of benefits provide a physician with benefits that directly correlate to a loss of pre-disability income. Typically, a physician will have to suffer at least a 20-percent loss of pre-disability income to be eligible for partial or residual disability benefits.

The strategy presented to the State Boards of Medicine or Osteopathic Medicine and the disability insurance company is dependent upon the policy language, the opinions of treatment providers, and the physician's health and ability to practice safely. To be successful, the strategy must be well thought out in advance of any petition for re-instatement in order to prevent the termination of disability benefits during the three- to six-month period that the Boards may take to reinstate a physician's license.

Although there can be many obstacles in returning to the practice of medicine after treatment for addiction, they are not insurmountable. Understanding disability insurance policy and pre-planning a return to work will make the transition back to work much more seamless while continuing to ensure financial stability. ■



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*Clifford D. Swift III is a former prosecuting attorney for the Pennsylvania State Board of Medicine and Osteopathic Medicine. Swift maintains a nationwide disability insurance law practice and practices professional licensure law in Pennsylvania and New Jersey.*



# PHP MEDICAL DIRECTOR MESSAGE

## Why can't I have a drink on call?

By Jon A. Shapiro, MD, DABAM, MRO

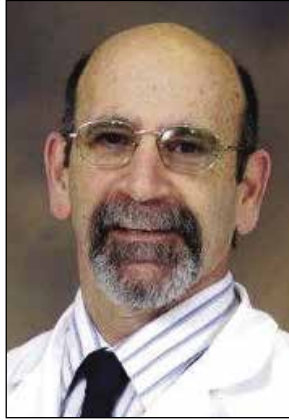
Is it permissible to drink on call? This question, simple on first inspection, deepens into uncertainty with further scrutiny. Is it safe and acceptable to drink alcohol while you are away from the work site, but may need to decide issues of health and safety?

The AMA House of Delegates offers a relevant policy. The policy "(1) urges that physicians engaging in patient care have no significant body content of alcohol and (2) urges that all physicians, prior to being available for patient care, refrain from ingesting an amount of alcohol that has the potential to cause impairment of performance or create a 'hangover' effect." What exactly is a "significant" body content and what level of drinking causes impairment?

The legal blood level of alcohol for drinking is .08 milligram percent. The legal limit was previously 0.1 milligram percent, but was lowered to further reduce traffic accidents and fatalities.

Currently there are legislative efforts in several states to lower the legal limit further to .05 milligram percent, because we don't know when the impairment begins. One drink is certainly safer than three, but impairment begins insidiously with the first drink.

Reason by analogy might be helpful. When we board the plane, we are happy to know that the pilot not only would pass a sobriety test, but has had no alcohol for at least eight hours. We work in a safety sensitive field. "Sober as a judge" isn't good enough. I want my doctor sober as a pilot.



Jon A. Shapiro, MD,  
DABAM, MRO

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*"We may potentially be called upon to make life and death decisions whether or not we are called in to the hospital."*

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Do you drink beer and wine at the hospital cafeteria? Why not? In addition to the potential impairment, this gives an awful appearance. Frankly, our patients don't want us drinking at work. They want us operating at full potential. I imagine it is difficult to defend drinking on call in a court of law. (We can only imagine the questioning at a trial: "Yes, I see, Doctor. And how many beers did you have that night before you spoke with the late Mr. Matthews?")

Some could argue that this is an unfair policy. Some rural physicians or specialists may be on call every night. Should they be called upon to abstain from alcohol? Their very best is expected despite restriction from professional or personal circumstance.

Is there something unique about being "on call"? Despite being away from the workplace, we are still on duty. We may potentially be called upon to make life and death decisions whether or not we are called in to the hospital.

Should we argue lamely that wine is okay with dinner when we're on call because the patients can't see us?

The AMA code of ethics clearly states that it is unethical to practice medicine while impaired by alcohol or drugs. The approach I recommend is abstinence while on call. It is based on three logical pillars: 1) impairment potentially starts with the first drink; 2) our patients want and expect us to be completely sober at work; and 3) on call still means at work. ■



# NATIONAL DOCTORS' DAY — MARCH 30

**On March 30, we celebrate you.**

**National Doctors' Day**  
recognizes the **important work**  
you do every day as medical professionals.  
Your charge is **unique** and your **dedication**  
to your communities is **appreciated**.



During your career, surely there has been a fellow **physician, mentor, friend or colleague** that has truly touched your heart and **changed your life** for the better.

We would like to help you **celebrate** those who have supported you in your journey.

**Please consider a gift in honor of a doctor who has made a difference.**

For more than 60 years, the Foundation of the Pennsylvania Medical Society has been providing programs that support medical education, physician health and excellence in practice.

Your contribution helps sustain the future of medicine in Pennsylvania.

A donation in recognition of someone who has changed your life is a gift that gives back.

Visit [www.foundationpamedsoc.org/donate](http://www.foundationpamedsoc.org/donate)  
or mark the remittance envelope in this newsletter  
with “Doctors’ Day” to make your contribution.

**Thank you for your support!**



Raymond C. Truex Jr., MD,  
FAANS, FACS

# MEDICAL DIRECTOR MESSAGE

## King Baby gets an evaluation

By Raymond Truex Jr., MD, FACS, FAANS

When a physician starts practicing medicine in a new setting, he or she begins to set up a network of preferred specialists to refer patients. These preferred physicians are chosen because of a variety of factors, including the skill of the specialist, their demeanor, interpersonal skills, experience, specialized training, outcomes, cost, location and many other subtle factors. The PHP is not so different than other health care providers in its desire to establish a network of skilled specialists to evaluate individuals who have contacted the PHP when their reputations, health and careers are threatened by addiction, mental illness or behavioral irregularities.

It is widely recognized that the evaluation of a physician requires particular expertise. (In this discourse, I use "physician" as a generic term to refer to all the health care provider types that the PHP will advocate for, such as dentists, physician assistants, medical students, etc.). Why would that be true? It is because physicians in general are an entitled cohort and are difficult to treat.

To become a physician, the individual has survived a Darwinian selection process that begins in high school and extends through college. He or she aced the most difficult examinations, and was accepted to a very limited number of medical school seats because of his or her intelligence, perseverance and singleness of purpose. As a result of success during this process, the individual has come to trust in their own instincts and skills. Their self-confidence is reinforced later on when they enter medical practice by the respect they are accorded by their grateful patients, and by society in general.

The physician's earning power propels them to the upper levels of socioeconomic stratification. Because of their extensive training and advanced knowledge, they are reluctant to consider medical opinions and recommendations from those they consider as inferior to them on the health care register. Over time, the physician may come to believe that life should be good, because they are special, and deserve only the best. This is a form of narcissism; in addiction medicine, where this phenomenon is also widely recognized in non-physician addicts, it is termed the "King or Queen Baby Syndrome."

Geraldine O. Delaney at Alina Lodge termed it "Egomania with an inferiority complex," and in doctors she called it, "the

M Deity syndrome." Because of training and societal accolades, the addicted physician can come to represent the zenith of addictive behavior.

Here are some characteristics of the King or Queen Baby Syndrome, according to Tom Cunningham at Hazelden Rehabilitation facility, which seem to describe your average surgeon:

- Belief that their needs come first and foremost without concern for others
- "My way or the highway" attitude
- Extreme arrogance
- Wanting to appear fiercely independent, with underlying dependency
- Acquisition of money and possessions to prove worth
- Need for continual validation
- Catastrophizing events
- Feeling misjudged and underappreciated
- Expressions of superiority that mask insecurity
- Egoic pride
- Lack of trust
- Entitlement
- Expecting to be treated with deference

As a generality, every individual has a different perception of themselves than do those around them. We all have some difficulty in accurately seeing ourselves. When a physician becomes impaired, it becomes obvious to those around them long before it is recognized by the physician himself or herself.

*"Over time, the physician may come to believe that life should be good, because they are special, and deserve only the best."*





In the impaired physician, this subconscious phenomenon is termed denial. Addiction tends to follow a defined downward course described in the Jellinek Curve and the end result of this decline is invariably a negative outcome, which for the physician, may include loss of medical license, loss of health, loss of freedom, financial ruin or death. Our hope, at the Physicians' Health Program, is for an expert evaluator to recognize the disease process early in its course and to interrupt the progression before too much damage has been done.

The purpose of an evaluation is to determine if the physician has a substance use disorder or a mental health problem, or a co-occurrence of the two. Or, in some cases, to determine that neither is present. What is required is an objective opinion by an individual who is experienced in dealing with addiction and with physicians.

Physicians in denial tend to minimize the issues surrounding their situation, either consciously or subconsciously. It's hard to believe, but they may also be overtly untruthful, because of a perceived threat to their career. They are often angry, based on fear and an invasion of outside authority into their realm. So a conscientious evaluator must avoid being subverted by a persuasive, angry, entitled and possibly dishonest physician. This basically excludes any psychotherapist that has already been involved with the physician, who may have been emotionally co-opted.

The process begins with a telephone interview by one of our expert PHP case managers, and depending upon the facts gleaned at the initial intake, the PHP may recommend either an inpatient or outpatient evaluation. The Pennsylvania PHP will provide the physician who has sought our help with a choice of evaluators that we feel, through over our more than 30 years of experience, have the confidence, aura of authority, and expertise to accurately diagnose the presence or absence of addiction or mental illness in a dispassionate manner, and will not "co-sign the physician's balderdash." The evaluator should take an extensive history, perhaps perform a neurocognitive and psychological assessment, obtain relevant laboratory drug and alcohol testing data, and privately interview individuals close to the physician, in an effort to obtain a true picture of what is happening in the physician's life. The evaluator will then synthesize this information into a coherent report, including a diagnosis, and make recommendations for treatment, if required.

A skilled evaluator will have developed insights that lead to the correct diagnosis. It is equally important to recognize a physician who suffers from an early stage of addiction, as it is to recognize when a physician is not addicted. It can be a tricky tightrope to walk.

When presented with a list of possible specialists who we recommend for their evaluation, we often are met with a variety of challenges from the physician. Why do I have to travel so far? Why does it cost so much? Why does it take so long? Such challenges from the physician may simply represent an effort on his or her part to exert some control over the process, as physicians are accustomed to having the power in such situations. But when it comes to looking at themselves, physicians forget that they have poor objectivity; as the saying goes, "only a fool has himself for a doctor."



If a physician is in need of complex heart surgery, they will travel any distance and pay any amount of money to obtain what they believe to be the "best" care. But paradoxically, when it comes to his or her own life- and career-threatening addiction, they underestimate the seriousness of the problem, and want to be evaluated as cheaply and close to home as possible. When it comes to an evaluation of this importance, why not get the best possible opinion?

In truth, the Pennsylvania PHP has a need for additional evaluators to serve our participants, particularly in the more sparsely settled communities in the middle of the state, because in these areas there may be a delay in scheduling an evaluation. If you become aware of an addiction specialist who possesses this type of expertise and experience in treating professional types, we invite such an individual to contact the PHP so that we may initiate a dialog toward a possible referral network relationship.

Perhaps the best advice one could give to a perturbed physician who is struggling with the process is to grasp the recovery concept of powerlessness: "Turn your will and your life over to the care of GOD as you understand him," GOD also being an acronym for Good, Orderly Direction.

The PHP was established by the Pennsylvania Medical Society to obtain help for struggling physicians, to preserve their health, their reputations and their medical licenses if they become willing to seek the treatment they need. We know how to provide the Good, Orderly Direction.

By necessity, the PA PHP must safeguard its reputation and credibility with the public and with government regulatory agencies by obtaining the most accurate diagnosis and treatment recommendations available. Our process is tested and true, and to the frightened and defensive impaired physician coming in our front door, I would simply implore you to take off your white coat, take a deep breath, let go of the control lever, and trust and follow the recommendations of those who have the expertise to help you and who have your best interests at heart.

The PHP has successfully processed more 4,000 physicians in the past 30 years, with high return to work rates and a low incidence of relapse. Let our expertise work for you. ■



# Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

**Thank you** to our hospital sponsors who supported The Foundation of the Pennsylvania Medical Society and Physicians' Health Program in 2018. We are grateful for your generous support!

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Lehigh Valley Hospital – Cedar Crest, Hazleton,  
Muhlenberg, Schuylkill – M & H  
Mount Nittany Medical Center – M & H  
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Saint Vincent Health System – M  
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UPMC Horizon – M & H  
UPMC McKeesport – M  
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– M & H  
Chestnut Hill Hospital – M  
Children's Hospital of Pittsburgh – M  
Conemaugh Memorial Medical Center – H  
Eagleview Hospital – H  
Einstein Medical Center Philadelphia – M  
Evangelical Community Hospital – M  
Fox Chase Cancer Center – M & H  
Grove City Medical Center – M & H  
Heritage Valley Health System – Beaver – M  
Heritage Valley Health System – Sewickley – M  
Jeanes Hospital – M & H  
Jefferson Health – Northeast – M  
Lower Bucks Hospital – M  
Magee Womens Hospital of UPMC Health  
System – M  
Meadville Medical Center – M & H  
Mercy Catholic Medical Center – H  
Monongahela Valley Hospital – M & H  
Penn Highlands DuBois – M & H  
Penn Highlands Elk – M & H  
Philhaven – M  
Phoenixville Hospital – M  
Pottstown Hospital Tower Health – M  
Sharon Regional Medical Center – M & H  
St. Clair Hospital – M

St. Luke's Hospital – Palmerton Campus – M  
St. Luke's Hospital & Health Network –  
Quakertown – M  
Temple University Hospital – M & H  
Uniontown Hospital – M & H  
UPMC – Bedford Memorial – M & H  
UPMC Somerset Hospital – M & H  
UPMC Susquehanna – M & H  
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Clarion Hospital – M  
Good Shepherd Rehabilitation – M  
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Penn Highlands Clearfield – M & H  
PennState Health St. Joseph – M  
Roxborough Memorial Hospital – M  
The Guthrie Clinic/Robert Packer Hospital – M  
Tyrone Hospital – M  
UPMC Northwest – Seneca – M  
UPMC Pinnacle Lititz – M  
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M = Medical Staff Donation

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of the Pennsylvania Medical Society

Education. Wellness. Excellence. Always.



# WORKING FOR YOU



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

**Title** Case Management Supervisor

**Number of years with the PHP** 5-1/2 years

**What do you do at the PHP?**

*I am responsible for leading case conference meetings, clinical decision making, training and educating staff, and participant case coordination.*

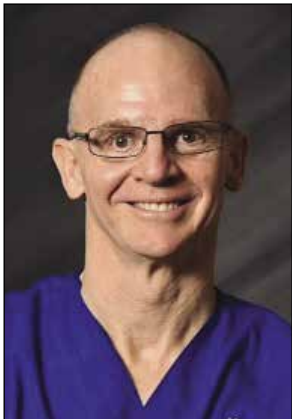
**Why do you think the work being done at the PHP is so important?**

*The work at the PHP is so important because physicians and other health care professionals need a safe place to come for support to get the help they need so they can continue or return to the practice of medicine to serve the public. The work we do is unique and vital to the professions we serve.*

**Please share a personal "fun fact"**

*In my free time, I enjoy riding motorcycle and ATVs, camping, hiking, shopping at the farmer's market and practicing Reiki.*

## WELCOME NEW COMMITTEE MEMBERS



**DR. STEVEN HEIRD**

*President & CEO, Advanced Vein Laser Center Inc.*

**Why serve on the PHP Committee?**

*"I have more than 12 years of continuous sobriety and I feel like it's time to give back. Participation in the committee is one way I see to offer my experience and insights into physician recovery and monitoring."*

**PHP personal impact**

*"I love sobriety and all of its benefits. I am alive and well today impart due to the great work offered by the PHP to allow me to continue my successful medical career."*



**DR. CHRISTOPHER WARE**

*Vice Chair of Emergency Medicine & Director of Emergency Medicine Informatics, Chester County Hospital Department of Emergency Medicine*

**Why serve on the PHP Committee?**

*The PHP advisory board serves an integral role in maintaining the vitality of the PHP, just as the PHP serves an integral role in maintaining the health and wellness of health care providers in the Commonwealth.*

**Why is the PHP work important?**

*The PHP provides a professional evaluation, treatment, monitoring and advocacy structure for health care providers that promotes patient safety as well as effective care for those who care for patients.*

# SAVE THE DATE



The Foundation  
of the Pennsylvania Medical Society  
*Education. Wellness. Excellence. Always.*

*presents*



## PHYSICIAN RESILIENCY SUMMIT

*Professional • Personal • Peace*

**June 5-6, 2019**

**Eden Resort  
222 Eden Road • Lancaster, PA 17601**

*Join us for the premier event for Pennsylvania medical professionals.*



Learn from experts in the field of **physician wellness** and **burnout prevention**.  
The keynote session will feature **Dr. Tait Shanafelt**, an international thought leader and researcher  
in the field of physician well-being and its implications for quality of care.  
Shanafelt is the chief wellness officer at Stanford Medicine.

**Learn more at**  
[www.foundationpamedsoc.org/summit](http://www.foundationpamedsoc.org/summit).

# FROM THE PHP DIRECTOR

## Know us before you need us

By Kendra Parry, MS, CADC, CIP, CCSM

At the Physicians' Health Program, we do more than just provide case management services and monitoring to participants dealing with substance use disorders, mental health conditions or behavioral concerns. The PHP is here to educate individuals and institutions on these conditions and provide presentations throughout the Commonwealth of Pennsylvania.

We believe that it's important that physicians, physician assistants, dentists and other eligible health care professionals are aware of our services so they know where to turn for help. And even if you don't need us, the chances are someone you come in contact with professionally will. One out of 10 health care professionals will suffer from a potentially impairing condition at some point in their career.

The PHP offers presentations (with or without CME) on the following topics: **Recognizing, Treating and Monitoring Physician Impairment** and **Addressing Physician Burnout and Stress**. In addition, our medical directors have presented to medical students and residents on addiction in physicians. We can also provide informative presentations about our program to those hoping to learn more about our services.

Several times last year, the PHP was invited to exhibit at various conferences to help educate those in attendance about our services. In 2018, the PHP presented or exhibited 18 times. We remain visible and vigilant to help as many physicians as possible.

If you are interested in having the PHP present, please contact me at (717) 558-7819 or by email at [php-foundation@pamedsoc.org](mailto:php-foundation@pamedsoc.org). We would love the opportunity to speak to your hospital, group or institution and provide an educational presentation.

We also invite you to our Physician Resiliency Summit, June 5-6, at the Eden Resort in Lancaster. Now, more than ever, the medical community realizes that in order to provide world-class care for patients, health care professionals must take care of themselves. Issues of burnout and wellness are critically important. This event will explore concerns affecting physicians at all stages of life – from medical students to late-career professionals. Visit [www.foundationpamedsoc.org/summit](http://www.foundationpamedsoc.org/summit) for more information. ■



Kendra Parry, MS, CADC, CIP, CCSM

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## SPREAD THE WORD & SAVE A LIFE WITH PHP POSTERS

Seeking help when you're suffering from a substance use disorder, mental illness or other behavioral issue is hard. Compound with the pressures of working in the medical field and it becomes even harder.

The Physicians' Health Program is here to help. We've created a set of posters for hospitals and other medical facilities to display in common areas where professionals gather. These eye-catching, yet simple designs can discreetly provide a struggling physician with the lifeline needed to get help.

To download and print these posters today, visit [www.foundationpamedsoc.org/posters](http://www.foundationpamedsoc.org/posters).







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**HEALTH**  
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The Foundation of the Pennsylvania Medical Society

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**NOV. 11-12, 2019**

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