



Physicians'
HEALTH
Program

The Foundation of the Pennsylvania Medical Society

FALL
2021

PHP UPDATE

— NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM —

A Simple Roadmap for Becoming a Better Team Member at Work

By Joe Siegler MD

Humility and kindness combined with a respect for self and others, may be the easiest and quickest way to optimize your effectiveness as a physician, team member, and person. We have included some basic goals for you to implement that may help achieve quick results from your efforts.

Humility, Kindness, and Respect

By developing greater humility, physicians can positively impact their team, patients and families, and their organization. They may also benefit personally by experiencing greater connection with others.

In the past years, self-improvement movements in our country have taught concepts of humility with expressions like "I am a man among men," or "I am a person among people" to describe how each individual is connected to and alike others. Each person is not alone, not better, not worse, and not so unique.

Working on kindness and patience is a good approach for everyone to take. Try to avoid expressing irritation, anger, judgment or even bullying behaviors. It is good for all of us to be aware of our triggers, that in turn can generate maladaptive behaviors. It is good for physicians to develop preventive solutions to avoid getting stressed. For example, pausing after being triggered is a useful and powerful mindfulness technique that allows you to stay calm and then decide on a next step, if any.



Emotional Intelligence [E.I.]

Raising one's emotional intelligence is a good idea for everyone as well. E.I. is learning how others see and experience you and how you see yourself and others. Another thing one can do is to ask a few friends to tell you how they see you in terms of strengths and goals they would suggest for you. However, you have to be ready to hear viewpoints that may be challenging to hear.

Empathy

Empathy is the ability to put oneself in another's shoes and to be able to understand their experience better. Greater empathy might be related to an increased ability to have deeper relationships with others. Therefore, growing one's capacity for empathy would probably be a good investment for you—with a probable positive influence on your own wellness as you connect better to patients, families, and fellow team members—as well as to one's own family and friends.

Wellness

One of the best ways to respect yourself is by optimizing your wellness — both physical and emotional health. One thing we observe in physicians who actively improve their overall job and team performance as well as personal wellness is expansion of confidence and job satisfaction. This progress also tends to raise stress tolerance and at times actually alleviates or entirely prevents burnout.

continued on page 7



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

Published semi-annually by the
Physicians' Health Program

PHP UPDATE

Physicians' Health Program
The Foundation of the Pennsylvania
Medical Society

400 Winding Creek Blvd.
Mechanicsburg, PA 17050
www.paphp.org
(717) 558-7819
In Pennsylvania: (866) 747-2255
Fax: (717) 558-7818

Hours:
Monday-Thursday
7:30 a.m.-5 p.m.
Friday, Emergency Calls Only
(717) 558-7817

PHP STAFF

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM
Program Director
Melissa Devonshire, MBA, CADC, CCDP
Case Manager
Alice Dunkin, NAPT4
Assistant Case Manager
Wendie Dunkin
Compliance Assistant
Katie Gruber, MSW, CADC
Case Manager
Edwin Kim, MD, MRO
Medical Director
Kathleen Thiemann, LSW
Case Manager
Raymond C. Truex Jr., MD, FAANS, FACS
Medical Director

PHP Committee

Edward W. Jew III, MD, *Chair*
Jon Lepley, DO, *Vice Chair*
Rebecca Borders, MD, *Secretary*
Martin Freifield, MD
Suzanne Glossner, PAC
Steven Heird, MD
Jadeep Kaur, MD
John Mellett, DMD
Clifford D. Swift III, Esq.
Louis H. Verna, MAC, LPC, CIP
Christopher J. Ware, MD
Jacob Widroff, MD

— FROM THE DIRECTOR —

Grateful Heart

Life can get overwhelming sometimes. Our minds become noisy, our hearts overburdened, and quickly we fall out of the present moment. While the pandemic continues, I find myself with some of these feelings. Preoccupied with the future... wondering what kind of world we will be living in, how things will be a month, a year, a decade from now. When will we see some relief from the constant daily challenges we are all facing. My thoughts wander and my monkey mind takes over. Worry, Fear, Anger...



*"...in a grateful heart
there is no room for
worry, fear, or anger."*

In my own search for relief, a good friend of mine reminded me that in a grateful heart there is no room for worry, fear, or anger. She discussed her belief in the energetics of our thoughts and that an attitude of abundance will attract more abundance. I mulled this over for a few days. After some time in reflection, I realized I had to institute some changes. I made a commitment to myself to spend more and more time turning to my mindfulness practice to center and ground me in the present moment, to raise my level of awareness to my breath, my surroundings and experiences as they unfold. Each day, I comb through my experiences to identify morsels of gratitude while I prepare for sleep. This allows me to go to sleep thinking positively and in a place of peace.

This has made a dramatic difference in the way I experience the world around me and has helped shift my mind to a calm, focused state. I share this anecdote to hopefully encourage others to take a moment, on purpose, to just be. As difficult as it may be in today's demanding culture, spend a few minutes in reflection on the small and large things we have to be grateful for each day.

Tiffany M. Booher, MA, LPC, CAADC, CIP, CCSM
Director

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.

#NotOneMoreDoc

When I speak on behalf of the Physicians' Health Program to medical staffs and medical students, I find that most of my audience knows the statistic – almost 400 physicians annually die by suicide. Generally, most have heard the American Foundation for Suicide Prevention data that the suicide rate for male doctors is 1.41 times higher than the general population, and for female doctors it's 2.27 times greater. When I question if that is acceptable, everyone shakes their head "no". When I ask, "what are we going to do about that?", I often hear an uncomfortable silence.

September is National Suicide Awareness month and September 17, 2021, is designated as National Physician Suicide Awareness Day. On this day, the Pennsylvania Medical Society (PAMED), the Foundation of the Pennsylvania Medical Society (Foundation) and county medical societies across the Commonwealth will partner from 9:00 AM to 9:00 PM EST to raise the collective consciousness of our medical communities imploring physicians to seek support and not suffer in silence.

Often, physicians take better care of their patients than they do of themselves, sacrificing relationships and personal well-being. Our "Not One More Doc" campaign will provide a forum for physicians to raise their voices to speak against the dangerous stigma about mental health for those who are

on the front lines of helping and healing individuals across our state and nation.

The antecedents to physician suicide are complex and often require different actions from different constituencies operating at different levels. Daily, the Foundation, PAMED and County Medical Societies diligently advocate for systemic change to address genuine threats that contribute to physician burnout, depression and moral injury.

One more physician life lost to suicide is one too many. On September 17, I encourage you to join our "Not One More Doc" campaign on Facebook. Together,

let us compassionately remember those who are gone too soon and provide hope and resources to those who are suffering.

Be well,



Heather A. Wilson, MSW, CFRE, CAE
Executive Director



The National Suicide Prevention Hotline, 1-800-273-8255, provides free and confidential support 24 hours a day, 7 days a week; Physician Suicide Resources can be found on the Physicians' Health Program website at: <https://www.foundationpamedsoc.org/physicians-health-program/physician-suicide-prevention>.

What is Soberlink?

and Why am I being asked to use it?

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

In March of 2020, as the PA PHP began to plan for the coming Covid-19 pandemic, it became apparent that utilization of different methods of drug testing would be necessary, as social distancing, lockdowns, and business closures would make it difficult and unsafe for many of our participants to visit remote laboratory testing sites. We developed alternative methods of testing that could be done more conveniently and with greater safety for the participants. One of these alternatives was the Soberlink device.



The Soberlink device was introduced for general clinical use in 2010, and to date, over 150,000 individuals have used it to validate their sobriety. Soberlink is being utilized by over 40 professional licensing organizations in the United States. The Soberlink device is a professional grade handheld breathalyzer with wireless connectivity, real-time facial recognition, robust tamper detection, and real-time alerting. It can be used wherever Wi-Fi or digital connectivity is available, which makes it possible for our participants to be tested while they travel abroad.

At this time, the PHP is utilizing the Soberlink device primarily for participants who have a diagnosis of Alcohol Use Disorder, and who have been unable to abstain from use of alcohol while undergoing drug testing. Our reasoning is based upon studies, which suggest that Soberlink is more likely to detect early alcohol relapse than standard urine drug testing ¹. At first, many participants perceive this as a punitive response to their relapse. However, the PHP prefers to view it as a logical, stepwise increase in the ongoing evaluation of a chronic disease process that is not responding to less stringent treatment measures. To their surprise, many participants over time begin to see use of the Soberlink in a more positive light, as it is portable and fast, convenient to use during a bathroom break, and significantly reduces the number of necessary trips to a remote lab testing site, with all the inherent inconvenience, expense, and disruption of busy schedules.

We believe that the Soberlink may be more reliable in the detection of low level drinking than standard UDS testing, which typically employs the biomarker ethyl glucuronide (UEtG), detectable in the urine for 2-3

days after a drinking episode. Since UDS testing is typically done at a frequency of once per week, 4-5 days are untested, and it is quite possible to miss a brief alcohol relapse by this method. Skipper et al¹ carried out a randomized trial of controlled drinking by twelve non-alcoholic volunteers over 5 weeks, a comparison between drinking episode detection by UEtG and Soberlink over the 5 week trial period. On the 12 volunteers, UDS testing was done once per week, and Soberlink testing four times per day. There were 84 volunteer drinking episodes over the five weeks, of

which 83 (98%) were detected by Soberlink, and only 1 (1%) by UEtG. The volunteers strongly preferred the convenience of Soberlink testing to UDS testing. This study suggests that Soberlink is more likely to detect brief alcohol relapses than urine drug testing, and is easier to use.

The breathalyzer function records the alcohol concentration in expired air during mid expiration. Alcohol in the blood stream readily passes through the alveolar wall into the air cell, and is accurately recorded in the exhaled breath as the blood alcohol concentration (BAC), quite similar to what police use during traffic stops for suspected drunk driving. The Soberlink unit can detect two standard drinks from 2 to 5 hours post ingestion, or 5 drinks (binge drinking) up to 12 hours post ingestion. At the exact time the exhaled air sample is taken, the Soberlink device takes a photo of the individual blowing into the device. Using facial recognition software, the device confirms the identity of the person submitting the sample. There are also temperature recognition and other tamper-proof mechanisms incorporated into the device. Once the sample BAC is recorded, the result is transmitted electronically to Soberlink and relayed almost immediately to the PHP, which is notified of a positive result.

In their first year of using the Soberlink device, our participants are asked to blow into the device four times per day on a predetermined schedule. A sample testing schedule might be: 7 AM, 12 PM, 5 PM, and 10 PM, but is adjustable to the needs of the individual participant. This poses a problem for some physicians, such as surgeons, who are involved in lengthy operations that do not lend themselves to



interruption. The PHP certainly understands the problem this poses. What we then ask is for the physician who anticipates being unable

to test on schedule to give the PHP a call to explain the problem, and then to test as soon as possible when the procedure is completed. The PHP will make every effort to reasonably accommodate a busy physician's schedule.

After a year of successful drug and alcohol testing, statistics show that the risk of alcohol use relapse diminishes significantly 2,3 , and at this juncture, the participant can request a reduction in the Soberlink testing frequency.

One of the difficulties with the Soberlink device is its sensitivity, in that it can detect mouthwash, toothpaste, hand sanitizer, hair spray, and other vapors in the ambient air, which might trigger an incidental positive result with a low level BAC. The participant follows protocol to retest every 15 minutes until the Soberlink records a negative result, usually after one or two tries. Understanding this potential problem allows the user to select a testing environment free of these potential risks.

A Confirmed Positive Test is defined by the PHP as: A positive test (.005 or higher) followed by a second

positive test (anything above .000). A participant is then required to adhere to the following protocol: Re-test every 15 minutes until a .000 is registered or 3 hours have elapsed. Any test for Soberlink resulting in a Confirmed Positive Test will require the participant to utilize the Self-Test feature on Affinity and provide a urine screen. A participant may activate a Self-Test at any time by logging into their Affinity account. A confirmed positive test followed by a positive Self-Test will result in a referral for an evaluation by a PHP approved provider.

To date the PHP has 23 participants who are testing on the Soberlink device, with mostly positive reviews and good compliance. The cost to the participant is roughly the same as would be experienced in a standard drug testing regimen. We think it is an effective form of accountability and supports recovery, while being easy to use and cost-effective for participants.

Skipper G, Thon N, DuPont R, Campbell M, Weinmann W, Wurst F. Cellular Photo Digital Breathalyzer for Monitoring Alcohol Use: A Pilot Study. *Eur Addict Res* 2014;20:137-142

Katsukas, LA, Ammon L, Delucchi K. et al. Alcoholics Anonymous Careers: Patterns of AA involvement five years after treatment entry. *Alcohol Clin Exp Res* 2005;29:1983-1990

Moos RH, Moos BS. Treated and Untreated Alcohol Use Disorders, Course and Predictors of Remission and Relapse. *Evaluation Review* 2007;31:564-584

Support for peers during challenging times...

When individuals are struggling with the effects of substance use disorder, you know that numerous obstacles may get in the way of treatment—finances should not be one of these things. The Physicians' Health Program (PHP) Assistance Fund provides financial assistance for participants enrolled in the Pennsylvania Physicians' Health Program who have demonstrated need for financial assistance for fees associated with: case initiation, monitoring, advocacy, testifying, drug testing, treatment, and evaluation.

At times, participants enrolled in the PHP cope with unexpected hardships that place undue financial stress on them and their families. Your contribution to the PHP Assistance Fund demonstrates true compassion and caring for your peers and provides essential monies to a PHP participant to help them move forward in their recovery.

To support the PHP Assistance Fund, please go to: www.foundationpamedsoc.org

Bringing Awareness to Physician Suicide and Reducing the Stigma

By Edwin Kim, MD, MRO

September 17 is National Physician Suicide Awareness Day. It is a day to acknowledge the nearly four hundred physicians – the size of an average medical school class – that die by suicide in the U.S. every year. That is an average of one physician per day in the year.

Last year, the issue of physician suicide was pronounced by the loss of Dr. Lorna Breen in New York during the first wave of the COVID-19. Dr. Breen's death signified the tragic aftermath, not only of an individual's personal struggle, but also the combined stress and trauma faced by physicians who provide our nation's health care during a global pandemic. We observe this day of awareness as a solemn reminder that physicians too are vulnerable. It is an opportunity to conduct conversations about how to better identify and provide relief for physicians who may be suffering.

According to the Centers for Disease Control and Prevention, intentional self-harm (suicide) is the tenth leading cause of death in the U.S. Suicide is commonly associated with psychiatric disorders such as depression or bipolar disorder as well as substance use disorders. Losing interest in work or school, giving away possessions, and withdrawing or becoming more isolated can be early signs of suicidal behavior. With such a fatal outcome, the tremendous amount of suffering that an individual faces alone and in isolation seems unnecessary. Unfortunately, not all acts of suicide manifest with recognizable warning signs or behavior, and prevention can be difficult because suicide is difficult to predict. We can recognize the true dangers associated with frank precursors of suicide: thoughts of wanting to end



one's life or wanting to go to sleep and not wake up are risk factors for suicidal behavior.

I am concerned that the epidemic of physician burnout and the challenges we face in the ongoing pandemic continue to impact our physicians. We do know there is some risk associated with suicide resulting from mental illness, and problematic substance use. Left under- or untreated, these stressors can be exacerbated by workplace burnout and even moral injury. These additive barriers

prevent physicians in achieving a state of well-being to thrive both in their workplace and home.

Raising awareness of the risk for suicide begins with reducing the stigma associated with seeking help for mental health in addition to improving work conditions to mitigate the effects of burnout or moral injury. The process continues with educating physicians about the risk factors and warning signs. Finally, there is no study yet characterizing the potential correlation among burnout, moral injury, and trauma experienced at the workplace with thoughts or acts of suicide. For this, we need to fill gaps in our knowledge.

Join us in marking this important day to recognize the prevalent issue affecting our physician colleagues. On Sept. 17, the Pennsylvania Medical Society's Facebook page will feature videos of physicians with personal stories, as well as tips and resources. Check out the Facebook event page, and make sure to post on Sept. 17 using the hashtag #NotOneMoreDoc.

If you or someone you know is experiencing a crisis, text HOME to 741741 for free, 24/7 crisis counseling. If you or someone you know is experiencing emotional distress or having thoughts of wanting to hurt or kill oneself, call the National Suicide Prevention Lifeline at 1 (800) 273-8255. Do not hesitate to call 911 or visit the nearest emergency room if suicidal thoughts or intention arise. Physicians also have access to resources through the Foundation of the Pennsylvania Medical Society's Physicians Health Program (PHP). Learn more about the PHP at www.foundationpamedsoc.org/physicians-health-program/contact-the-php.

Tax-Free Giving Using Retirement Assets

Consider making a gift to the Foundation using your retirement plan assets. In recently passed legislation, Congress has once again made charitable giving from retirement assets an attractive option.

If you are age 70½ or older, and are looking for the most tax-efficient ways to make your charitable gifts, you can:

Give directly from a traditional or Roth IRA completely free of federal income tax.

Make tax-free gifts of all or a portion of any IRA withdrawals you make this year up to \$100,000.

Give directly from your IRA without increasing your adjusted gross income and possibly subjecting your Social Security income to a higher level of taxation.

Make a generous gift that might not be possible using other assets.

For more information, consult your financial advisors. We are happy to work with you and answer any questions you may have concerning the charitable aspects of your plans. Contact Lori Storm, at lstorm@pamedsoc.org or 717-558-7813.



Lori M. Storm

A Simple Roadmap *Continued from page 1*

Activities such as life-long learning, adventure and travel, socializing, cooking, and meditation can also increase work and life performance.

Raising Performance as a Team Member

You may find the following list of actions are helpful while incorporating aspects of humility when implementing a roadmap for positive changes at work:

- Be prepared and early for deadlines and meetings
- Praise others for their successes
- Accept feedback gracefully, without defensiveness
- Cleanly apologize when appropriate

If after reading this article, you believe that at times you can be triggered into greater stress and irritability—then you might utilize some of the following additional tools to remain calm:

- Buy a book dealing with mindfulness, irritability, or anger.

- Call your insurance company or primary care physician to refer you to a counselor, coach, or physician.
- Continuing to optimize skills of mindfulness and wellness (i.e., positive ways of thinking, meditation, yoga, cardio and weight bearing exercise, nutrition, and exercise, etc.).

Team Effectiveness

We have reviewed some ways of fostering higher performance on your own or with assistance, which in turn would raise your team's effectiveness. A state of calm humility can be incorporated into your optimized interactions with peers, teams, patients, families, and personal friends and family members. You might even inspire another physician colleague to achieve the same!

Joe Siegler, MD, is president and founder of Spheres Leadership Coaching for 22 years in Chicago, and is a physician coach as well as a board-certified physician – specializing in the peak performance and wellness of physicians (assistant@spherescoaching.com, 312.785.7865).



Physicians'
HEALTH
Program

The Foundation of the Pennsylvania Medical Society

400 Winding Creek Boulevard
Mechanicsburg, PA 17050

NON PROFIT ORG.
US POSTAGE
PAID
HARRISBURG, PA
PERMIT NO. 922



NORCAL POLICYHOLDERS

treated fairly

With the recent acquisition of NORCAL Group, ProAssurance is now the nation's third largest medical professional insurance carrier with claims and risk management expertise in every major healthcare region.

Meet the new best-in-class, where the principle of fair treatment guides every action we take in defense of our medical professionals.

NORCAL  **GROUP**
 **ProAssurance**

**Healthcare Professional Liability Insurance
& Risk Management Services**

ProAssurance.com