



Physicians'
HEALTH
Program

The Foundation of the Pennsylvania Medical Society

SPRING
2020

PHP UPDATE

— NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM —



Thank you, Dr. McClure

At the end of 2019, Dr. Charles McClure concluded his six-year term as a member of the Physicians' Health Program Advisory Committee. The staff members of the PHP are incredibly grateful for his dedicated service to his peers.

"This program has been a big part of my recovery. Saving my job was important, but what I got from the program was so much more," McClure said. "The people I've met and the way it's changed my life as a man, father, doctor – it's unbelievable. I'm really grateful I can see how the program runs on the inside."

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.

For National Doctors' Day, we are asking you to support the future of medicine – the next generation of physician excellence.

All gifts made in honor of National Doctors' Day will support the legacy of the Pennsylvania Medical Society Alliance and its Alliance Medical Education Scholarship fund, which is managed by the Foundation and provides awards to Pennsylvania medical students attending an accredited Pennsylvania medical school.

Please consider celebrating this National Doctors' Day with a gift to boost the journey of a future physician.

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.

You change lives every day – your charitable donation will help change the life of a medical student and inspire the next generation of philanthropic support.

Visit www.foundationpamedsoc.org/donate or mark the remittance envelope in your newsletter with "Doctors' Day" to make your contribution.

THANK YOU FOR YOUR SUPPORT!



**Physicians'
HEALTH
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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

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FROM THE DIRECTOR



Embracing Change

Change can be challenging and honestly, most people do not enjoy it. When I was growing up, my father taught me the best thing to do when faced with change is to adapt and endure. As a youngster, I was a little dismissive and did not realize the depth of wisdom in this concept. As an adult, I've had the opportunity to embrace change and apply this knowledge to grow personally and professionally.

The Physicians' Health Program (PHP) has been embracing change this last calendar quarter. My promotion to director in September was exciting and I am grateful for the opportunity to lead the team.

The PHP is delighted to welcome new case manager, Katie Thiemann, LSW. She previously served as a master's level intern to our program in 2018. Katie's foundation of knowledge of our program has allowed her to quickly establish herself as a strong addition to our team.

At the end of December, Jon Shapiro, MD retired as one of our part-time medical directors. We appreciate his contributions to the program and wish him well in his retirement. In early January, Edwin Kim, MD, joined our team to serve along-side Raymond Truex Jr., MD, FAANS, FACS as our part-time medical director. We are elated to have Dr. Kim, who is uniquely dual trained in psychiatry and addiction medicine.

As the PHP continues to adapt and endure through this time of change, I want to express my gratitude to our staff. They've been steadfast in providing services to our participants and maintaining the excellence in service that is a trademark of our program. I look forward to welcoming new possibilities as our team grows together in 2020.

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



amazonsmile

Stay in touch between newsletters
'Like' us on Facebook and follow us on Twitter
www.foundationpamedsoc.org

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.

Our pledge: Not one more



My grandmother used to say, “death always comes in threes.” Sadly, as 2020 began to unfold, it seems the rule of three has grossly elevated when it comes to those being lost to the opioid epidemic.

In a span of two months, four lives within my circle of family and friends were cut short due to overdoses related to opioid addiction. They were spouses, parents and children – all gone way too soon. They leave behind a path of over-whelming sadness.

As I think about the loss in my own circle, I look to our Physicians’ Health Program (PHP) and question – are we doing enough to provide help to those who are suffering? Is the message of help and hope reaching our constituencies?

On an early Saturday morning in January, I had the opportunity to speak with about 75 physicians in the western part of the state. My outreach experience with them convinced me that we need to do more. So many myths about the PHP are incorrectly perpetuated. Each time I speak I feel like we should modify the “Ghostbusters theme song” to a “myth-busters theme song.” Despite our best efforts, there is still a perception that everyone who comes to the PHP is automatically reported to the state

licensing board. That is not the case. There is a perception that every PHP participant follows a “cookie cutter” approach to assessment and possible treatment. That is not the case. The specific needs of each individual are addressed and their pathway to evaluation, treatment and monitoring is individualized to their presenting concerns.

Over and over during my presentation, I encouraged folks to call the PHP, to ask questions, to find answers, and to connect with case management professionals and physician colleagues who can help. A phone call doesn’t cost anyone anything but their time. A phone call, which is kept completely confidential, can be the first step in saving a life and a career. On our website you will find helpful resources and compelling videos from real folks who found

help and hope with the PHP.

We see every
person entering the PHP
as an individual.

I say to myself, not one more funeral – not one more. I say that to the family and friends I love and care for and I also say that to the health professional community we

serve daily at the PHP. Asking for help is the first step – don’t let fear and myths keep you or those you care for from seeking the help that is readily available. We are here to take your call.

Be well,

A handwritten signature in black ink that reads "Heather Wilson". The signature is fluid and cursive.

Heather Wilson, MSW, CFRE, CAE | Executive Director

PHP Welcomes Medical Director Dr. Kim

In January 2020, the PHP welcomed Dr. Edwin Kim as a part-time medical director. Dr. Kim holds a bachelor's degree in psychobiology from the University of California Los Angeles and he obtained his medical degree from Saint George's University. He completed his residency training in psychiatry at Maricopa Integrated Health System in Phoenix and completed his fellowship in addiction psychiatry at the University of Pennsylvania. Dr. Kim currently serves as an assistant professor in clinical psychiatry at the University of Pennsylvania and as medical director of the Charles O'Brien Center for Addiction Treatment, an outpatient addiction psychiatry clinic. He also dedicates time to Mother's Matter, a Center of Excellence program that provides medication-assisted treatment to pregnant, postpartum and planning mothers who are coping with opioid addiction, and sees patients at UPenn's general outpatient psychiatry practice.

Why did you want to join the Physicians' Health Program team?

When the opportunity arose to join the Physicians' Health Program, I felt compelled to learn more about Pennsylvania's specific work. Without a doubt, numerous lives and careers are now on a positive trajectory due to the continued work of the Foundation. The numbers and testimonials are staggering when you think about it. The ability to maintain one's practice in health care is a privilege; I am proud to support

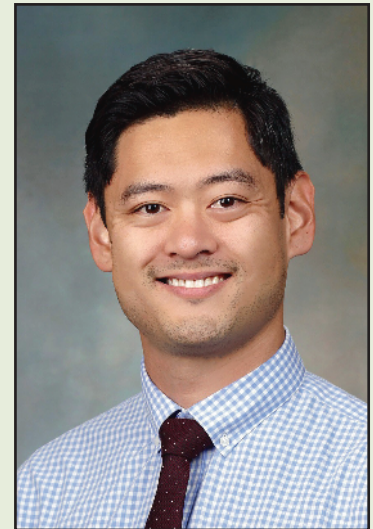
and educate physicians, medical students, residents, fellows, and other state-licensed health care professionals in their path towards recovery and pursuit of their passions and career.

Why do you believe the work being done at the PHP is important?

The Physicians' Health Program (PHP) model is known in the treatment community to have a high success rate, with significantly positive outcomes. When it comes to assisting individuals find their path toward recovery, I think the PHP contributes decades of experience, which is unparalleled in other settings. I am honored to join the Foundation's team, which works so passionately for their participants. I am impressed by the commitment each team member holds to all stakeholders. The PHP really does serve as a knowledge hub and advocating force in a web of health care systems, hospitals, medical and dental practices, the public, and treatment providers and programs.

What does it mean to you to play a part in the recovery of your physician colleagues?

I remain empathetic, respectful and non-judgmental. As one part of the individual's PHP team, I serve as a resource to help clarify the medical and psychiatric components as they are related to a sustained entry into recovery. I provide support and educate as much as possible, so that my colleagues navigate



Edwin Kim, MD

through the process. By the time someone enters our doors, some questions have been answered, while the majority certainly have not. In my opinion, spending quality time in the beginning to outline a roadmap of a monitoring agreement is crucial in establishing a meaningful rapport and alliance. The more I can help my colleagues understand my role as advocate, educator and ally in the process, the sooner they can focus their mental, cognitive and emotional energy toward recovery.

What goals do you have as medical director of the PHP?

I want to continue to work with a dedicated team of case managers, directors, my fellow medical director Dr. Raymond Truex and the executive leadership, as well as the Pennsylvania community of stakeholders, treatment centers and providers to provide the best possible experience for state-licensed health care professionals.

As one of the medical directors, one of my goals is to keep the team and program at the leading edge of addiction treatment. Measurable ways to track this goal include regular contact with the Federation of State Physician Health Programs, utilization of standardized protocols and quality improvement measures, and maintaining a pulse on the emerging issues that impact licensed professionals today and in the future.

What are you looking forward to accomplishing as a member of the team?

Decades of experience and bridging with nationwide initiatives to find meaningful ways to standardize the physician health program as a whole, while continuing to work with the team to find relevant solutions specific for the Pennsylvania medical community. I hope my knowledge

and skillset complement those of the PHP's interdisciplinary team. My clinical expertise is not the only component of the monitoring process. This is a group of individuals who serve numerous individuals across a broad geographical area. I look forward to being part of a well-oiled machine.

I am honored to join the Foundation's team, which works so passionately for their participants.

Do you have encouraging words for those who are struggling to seek help for their issues?

The struggle is real. The pressure can be overwhelming and seemingly impossible. Even when things seem too far gone, then

please be in touch with us. We can advocate, find answers, provide education and help you build upon your strengths to put kinetics into your plan. We can help make the incremental steps in a positive trajectory.

Is there anything else you'd like to add?

I am so excited to serve in my new role alongside Dr. Raymond Truex and the Foundation team. I am thankful for the Medical Society staff, who have warmly welcomed me. Also, I appreciate the ongoing mentorship of Kyle Kampman, Charles O'Brien, Mario

Cristancho and Jody Foster in Philadelphia. Finally, I want to recognize my PHP counterparts and mentors in Arizona, Michel Sucher and Monica Faria, as well as Matt Goldenberg in California, for their encouragement as I join the Pennsylvania team.



BUILD A HEALTHIER PHYSICIAN COMMUNITY

The Foundation of the Pennsylvania Medical Society Physicians' Health Program (PHP) seeks mental health professionals to serve physicians and other eligible health care professionals in monitoring.

Through our physician-driven mission, we provide services to help physicians and other eligible health care professionals who struggle with substance use disorders, mental health or behavioral challenges obtain the necessary resources allowing them to safely work in their chosen profession. Participants of the PHP need mental health care. Confidentiality is crucial.

The PHP continually strives to increase its capacity to serve its participants through identifying resources in a participant's local community. The generosity of service, time and financial support from the physician community enables the PHP to expand outreach efforts and ensure those we serve have the support they need.

Please contact us at (717) 558-7819 or php-foundation@pamedsoc.org

A physician gets a DUI. What's the big deal?

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



When I was in grade school in the 1950s, my uncle, a dentist, was killed in a traffic accident. A drunk driver had crossed the midline on a state highway in Nebraska, and struck my uncle's car head on, killing both drivers, and leaving my aunt with three young children and no financial support. I remember my

dad fuming, "there ought to be a law against this type of thing." Drunk driving was commonplace then, with little legal repercussion. Things have been tightening up progressively since that time but driving under the influence (DUI) remains the most commonly committed crime.

On May 3, 1980, 13-year-old Cari Lightner was struck and killed by a drunk driver in Fair Oaks, Calif. The 48-year-old drunk driver left Cari's body at the scene; he had recently been arrested for another drunken hit and run. Cari's mother, Candace Lightner, registered the same indignation as my father, but went on to do something about it. She became the moving force of Mothers' Against Drunk Driving (MADD), an organization which grew rapidly after a TV movie garnered publicity for the cause and became a political force.

Beginning in 1982, Congress developed a series of grant programs requiring states to establish safety criteria in order to receive federal money for state highway programs. One of the requirements was the establishment of a nationwide legal limit of .10 blood alcohol concentration (BAC) for drunk driving.

In 1998, then President Bill Clinton addressed the nation on setting a new standard to prevent the many tragic and unnecessary alcohol-related highway deaths from drunken driving. Between 1998 and 2004, Congress passed a series of laws which essentially forced states to adopt a common upper limit of .08 BAC as a definition of drunk driving, at penalty of reduction in federal highway grants to the state. As of 2001, 49 states had adapted the .08 BAC rule, with

the remaining setting the limit at .10. The national requirements have become progressively stringent. In 2019, all states define driving with a BAC level of .08 as a crime, except Utah, which has adapted a level of .05.

So what is the magic of a BAC of .08? Was this level picked out of a hat? The National Highway Traffic Safety Administration (NHTSA) became the lead federal agency to study and regulate the DUI issue. They found significant statistical justification for setting the level at .08:

- 1) On the basis of NHTSA testing, 95 percent of drivers (a mean plus two standard deviations) are functionally impaired at BAC of .08, with reductions in judgment, reaction time, attention and coordination. Those who are not impaired at this level generally have developed tolerance to alcohol by prior habitual heavy consumption.
- 2) With a BAC of .08 or greater, there is a rapid increase in the frequency of auto crashes.
- 3) California experienced a 12 percent reduction in DUI-related fatalities the year after the BAC legal limit was lowered from .10 to .08. A similar study in Illinois corroborated a 14 percent reduction.
- 4) A BAC level of .08 does not inhibit responsible social drinking. An average 170-pound man would have to consume more than four drinks in one hour on an empty stomach to attain a .08 BAC. (For an average woman, it would take three drinks).

Number of Drinks		Body Weight in Pounds								Driving Condition
		100	120	140	160	180	200	220	240	
0	M	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
	F	.00	.00	.00	.00	.00	.00	.00	.00	
1	M	.06	.05	.04	.04	.03	.03	.03	.02	Driving Skills Impaired
	F	.07	.06	.05	.04	.04	.03	.03	.03	
2	M	.12	.10	.09	.07	.07	.06	.05	.05	
	F	.13	.11	.09	.08	.07	.07	.06	.06	
3	M	.18	.15	.13	.11	.10	.09	.08	.07	Legally Intoxicated
	F	.20	.17	.14	.12	.11	.10	.09	.08	
4	M	.24	.20	.17	.15	.13	.12	.11	.10	
	F	.26	.22	.19	.17	.15	.13	.12	.11	
5	M	.30	.25	.21	.19	.17	.15	.14	.12	
	F	.33	.28	.24	.21	.18	.17	.15	.14	

Subtract .01% for each 40 minutes of drinking.
1 drink = 1.5 oz. 80 proof liquor, 12 oz. 5% beer, or 5 oz. 12% wine.
Fewer than 5 persons out of 100 will exceed these values.

Figure 1: BAC vs. Impairment

Further consideration suggests that impairment does not magically appear at a BAC of .08. Just as some persons are not functionally impaired at a BAC of .08, logic would dictate that other individuals will become functionally impaired with a BAC level of less than .08, depending upon gender, metabolism, body habitus and other factors. For this reason, many states and countries have set an even lower standard for DUI. Australia, France and Germany have a legal BAC level of .05, as does Utah. The American Medical Association introduced a policy in 2018 supporting a .04 BAC as a legal limit for drunk driving. Thus, there is continuing support for further lowering of the BAC .08 standard.

Does getting a DUI mean that the involved individual suffers from an alcohol use disorder, or is it merely a reflection of a one-off incident of bad judgement? Alcohol use disorder is efficiently defined as: the continued use of alcohol despite the use of alcohol causing problems in one's life. By that definition, a second DUI would certainly be diagnostic of alcoholism. But what about the first DUI? Some factual information:

- 1) The CDC has found in a study of DUI first arrests, that on average, that driver had driven drunk approximately 80 times prior to his first arrest.
- 2) For those arrested for DUI, one in three had a prior conviction for DUI.
- 3) The DSM 5 lists 11 criteria for Alcohol Use Disorder (AUD). Two of the criteria are enough to establish a diagnosis of mild AUD. One of the eleven criteria is: engaging in hazardous activity while under the influence of alcohol. That hazardous activity includes driving drunk. Thus, even one DUI establishes 50 percent of the necessary diagnostic criteria for AUD.

These facts make it clear that even one DUI is enough to at least raise a red flag that there may be an AUD underlying a DUI arrest.

As a state, Pennsylvania is getting tougher on drunk driving. Pennsylvania employs a three-tier system, depending upon the BAC level and number of previous offenses. The higher levels carry more severe penalties. There are escalating fines and penalties for repeat offenders. While still fairly permissive of a first

offense, new laws passed in October 2018 for the first time established a felony charge for a third conviction for a DUI with BAC of less than .016, or fourth DUI conviction regardless of BAC. A second DUI conviction carries a minimum jail sentence of 90 days, and a third conviction costs the offender six months in jail. A DUI vehicular homicide leads to five years in jail, while a second DUI vehicular homicide conviction increases to seven years in prison. For all but the first DUI offense, an ignition interlock device is required for the offender to drive. Despite these penalties, up to 75 percent of individuals with a suspended driver's license continue to drive illegally, but substantial fines and jail time await those who get another DUI.

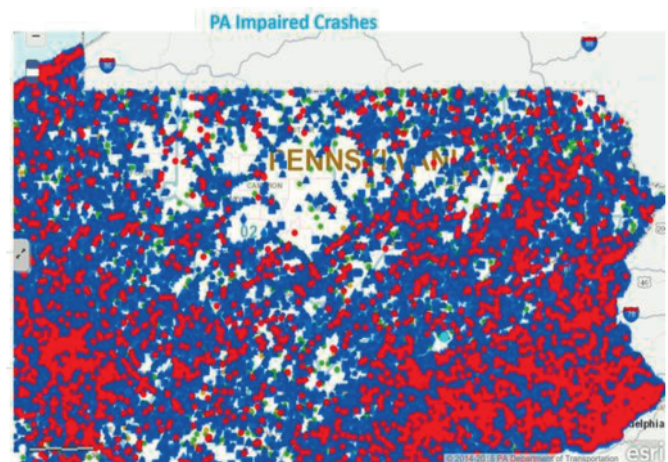


Figure 2: DUI-involved crashes in PA, 2008-2018. There were 123,321 crashes, including 3,331 fatalities.

If you are a physician, or other PA-licensed health care provider, what does receiving a DUI penalty mean to you? Is it a big deal – a threat to your medical license and thus your medical career? A DUI is a criminal offense, why does that affect your medical license? Let me explain.

In March of 2014, then Pennsylvania Governor Tom Corbett, in executive order 2014-02, formalized the establishment of Justice Net, which is a computer network that searches criminal offenses and cross matches them with individuals who carry a health care license, including physicians, nurses, pharmacists, dentists, physical therapists and physician assistants, to name a few. A DUI conviction, which is a criminal offense, gets reported to the state board which oversees that profession. That prompts a referral to the Professional Health Monitoring Programs (PHMP),

which is the monitoring arm of that board. For physicians and select other related professions, that in turn prompts a referral to the Physicians' Health Program (PHP), which holds a contract with the PHMP to perform much of the required evaluation and monitoring.

Why do the Bureau of Occupational Affairs and the Boards of Medicine and Osteopathy care if a physician gets a DUI? I have presented a strong case, above, that even a single DUI presents a red flag about the possibility of an underlying alcohol use disorder in the offender. Secondly, being a physician is a privilege, not a right; and with that privilege comes the responsibility to carry oneself above approach and to protect the public from harm. Medicine and its allied health professions are understood to be defined by uniformly high standards of excellence.

As an example of that high standard, the American Medical Association prohibits the consumption of any alcohol while a physician is on call, because there is no clearly established lower limit of impairment for drinking without the risk of judgmental error. Driving while impaired is certainly an error in judgement, and also a violation of the medical professional's ethical mandate to protect the public welfare.

That is the basis for the Board of Medicine, under the Medical Practice Act of 1985-112, Section 4, to investigate a physician who has received a DUI, to

determine if that physician has an AUD which requires treatment.

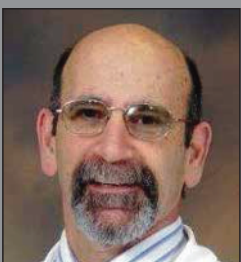
That's where the Physicians' Health Program can be a lifesaver for a physician who has received a DUI. We can arrange for an evaluation to determine if there is an underlying alcohol use disorder. (I estimate that about 50 percent of the evaluations we request for evaluation of a DUI in Pennsylvania are returned without a confirmatory diagnosis of AUD; that it was a one-time error in judgement, rather than a repetitive pattern). When diagnosis of AUD is made in the remaining 50 percent, we can arrange for confidential

treatment at a center specializing in the rehabilitation of health professionals, and after that, advocate for the professional to safely return

Being a physician is a privilege, not a right;
and with that privilege comes the responsibility
to carry oneself above approach and to protect
the public from harm.

to practice with monitoring procedures in place to ensure the individual's sobriety, and to safeguard the public.

The other alternative for a physician with a DUI is to not participate with the PHP, but take the alternative administrative pathway, which can lead to a sanction (probation or suspension) on the individual's professional license, public disclosure of that license sanction and reporting to the National Practitioner DataBank. That is a gamble that most intelligent and logical physicians would not take; but then again, we are considering health care professionals that have already shown defective judgment and demonstrated risky behavior by obtaining a DUI in the first place.



The Pennsylvania Physicians' Health Program would like to congratulate Jon Shapiro, MD, DABAM, FASAM, MRO on his retirement as medical director of the PHP. We are grateful for his dedicated service to our participants and the wisdom and thoughtfulness he shared during his time at the PHP. We wish him all the best as he embarks on the next chapter!

THANK YOU TO OUR HOSPITAL SPONSORS

who supported The Foundation of the Pennsylvania Medical Society and Physicians' Health Program in 2019.

AMBASSADOR \$10,000 AND ABOVE

Geisinger Medical Center – M & H
Lehigh Valley Hospital –
Cedar Crest, Hazleton,
Muhlenberg, Schuylkill – M & H
Mount Nittany Medical Center – M & H
Penn Medicine at Chester
County Hospital – M
UPMC Pinnacle Hospital – M & H
WellSpan York Hospital – M & H

VISIONARY \$5,000 TO \$9,999

Abington Hospital – Jefferson Health
M & H
Evangelical Community Hospital –
M & H
Forbes Hospital – M & H
Holy Redeemer Hospital and
Medical Center – M & H
Lehigh Valley Hospital – Pocono –
M & H
Main Line Health, Inc. – M & H
Penn Medicine Lancaster General
Health – M & H
Penn State Health Milton S. Hershey
Medical Center – M & H
Reading Hospital/Reading Health
System – M & H
Thomas Jefferson University Hospital –
M & H
UPMC Altoona – M & H
UPMC Hamot Medical Center – M
UPMC Mercy – M
UPMC Passavant – M
WellSpan Philhaven – M

LEADER \$2,500 TO \$4,999

Allegheny General Hospital – M
Chambersburg Hospital – M & H
Doylestown Hospital – M & H
Easton Hospital – M & H
Excelsa Health – M
Grand View Hospital – M & H
Indiana Regional Medical Center – M & H

Jefferson Regional Medical Center –
M & H
Moses Taylor Hospital – M
Saint Vincent Health System – M
The Western Pennsylvania Hospital – M
UPMC Hanover – M & H
UPMC Horizon – M & H
UPMC McKeesport – M
UPMC Memorial – M & H
UPMC St. Margaret – M
Washington Health System – M & H
WellSpan Good Samaritan Hospital –
M & H

GUARDIAN \$1,000 TO \$2,499

Abington – Lansdale Hospital – M & H
Butler Health System – M
Chan Soon-Shiong Medical Center
at Windber – M & H
Chestnut Hill Hospital – M
Eagleville Hospital – H
Einstein Medical Center
Philadelphia – M
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
Monongahela Valley Hospital – M & H
Ohio Valley General Hospital – M
Penn Highlands Clearfield – M & H
Penn Highlands DuBois – M & H
Penn Highlands Elk – M & H
Penn Presbyterian Medical Center – M
Phoenixville Hospital – M & H
Pottstown Hospital Tower Health – M
Sharon Regional Medical Center – M & H
St. Clair Hospital – M

St. Luke's Hospital – Palmerton
Campus – M
Temple University Hospital – M & H
UPMC – Bedford Memorial – M & H
UPMC Children's Hospital of
Pittsburgh – M
UPMC Lititz – M
UPMC Somerset Hospital – M & H
UPMC Susquehanna – M & H
UPMC Susquehanna Soldiers and
Sailors – M & H
Waynesboro Hospital – M & H
WellSpan Ephrata Community
Hospital – M

BENEFACTOR \$500 TO \$999

Bradford Regional Medical Center – M
Millcreek Community Hospital –
M & H
Penn State Health St. Joseph – M
The Guthrie Clinic/Robert Packer
Hospital – M
Tyrone Hospital – M
UPMC Northwest – Seneca – M
UPMC Susquehanna Muncy – M & H
Wayne Memorial Community
Health Centers – M

PARTNER \$100 TO \$499

Clarks Summit State Hospital – M
Conemaugh Miners Medical Center –
M & H
Corry Memorial Hospital – M
Ellwood City Medical Center – M
Lehigh Valley Hospital – Schuylkill
E. Norwegian Street – H
Penn Highlands Brookville – M & H
Punkstutawney Area Hospital – M
Titusville Area Hospital – M & H
Wernersville State Hospital – M

M = Medical Staff Donation
H = Hospital Administration Donation
M & H = Medical Staff & Hospital Admin. Donation

WE ARE GRATEFUL FOR YOUR GENEROUS SUPPORT!



OPIOID AND CONTROLLED SUBSTANCES PRESCRIBING COURSE AND EDUCATION PROGRAM

SEPTEMBER 28-29, 2020

As medical professionals, we all face the undeniable outcomes of the opioid crisis.

We are challenged with providing appropriate care, including opioid therapy, for patients experiencing chronic pain while also combating potential addiction from the treatment prescribed. This course will address the multi-faceted issues associated with chronic pain management.

Join LifeGuard, a nationally recognized physician assessment program, for its Opioid and Controlled Substances Prescribing Course and Education Program on Sept. 28-29 at The Foundation of the Pennsylvania Medical Society headquarters in Mechanicsburg.

Learn more and register at
www.foundationpamedsoc.org/lifeguard/controlled-substance.
Space is limited, so don't delay!

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and the Foundation of the Pennsylvania Medical Society. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians. The Pennsylvania Medical Society designates this live activity for a maximum of 20 AMA PRA Category 1 Credits.™ Physicians should only claim credit commensurate with the extent of their participation in the educational activity.

The Foundation of the Pennsylvania Medical Society
400 Winding Creek Blvd., Mechanicsburg, PA 17050

Working for You

THIS REGULAR FEATURE IN PHP UPDATE INTRODUCES STAFF MEMBERS FROM THE PHYSICIANS' HEALTH PROGRAM AT THE FOUNDATION OF THE PENNSYLVANIA MEDICAL SOCIETY.



Name: Katie Thiemann, LSW

Title: Case Manager

When did you join the PHP?
November 2019

Please tell us a little bit about your career experience. What kind of

work did you do before arriving at the PHP?

After 10 years working in various capacities within government relations, I chose to follow both of my parents' footsteps and pursue my master's degree in social work at Temple University.

Prior to joining the PHP as a case manager, I provided therapeutic and case management support for youth within the juvenile justice system at Dauphin County's Youth Advocate Program-Community Treatment Center as a licensed social worker.

What do you do at the PHP?

I've learned very quickly there is no such thing as a "typical" day at the PHP, which I personally find inspiring. Our days can be filled with any combination of collaboration with participants, treatment providers and the State Board of Medicine.

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

The mission of the PHP is so unique in that we provide a very compassionate service to Pennsylvania's impaired physicians. Our team ensures medical professionals are not only receiving the best care available but also providing safe and effective treatment for patients across the commonwealth.

Please share a personal "fun fact."

I love to travel. I have two international trips to Jamaica and Italy planned with family and friends in 2020.



The PHP hosted the Northeast Regional Meeting of the Federation of State Physician Health Programs on Nov. 8, 2019, at the Foundation of the Pennsylvania Medical Society headquarters in Harrisburg.



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

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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.

