

OHIO PHYSICIANS HEALTH PROGRAM NEWS

To facilitate the health and wellness of healthcare professionals in order to enhance patient safety.

FEATURE ARTICLE: OPHP WELCOMES NEW MEDICAL DIRECTOR



Peter D. Rogers, M.D., MPH is now serving as President & Medical Director of the Ohio Physicians Health Program.

Dr. Rogers has been working in Addiction Medicine since 1985. He is Board Certified in Addiction and Pediatric Medicine. He is a Fellow of the American Society of Addiction Medicine, a Fellow of the American Academy of Pediatrics, a Fellow of the Society of Adolescent Medicine, and a Diplomate of the American Board of Addiction Medicine.

Dr. Rogers was a member of the Committee on Substance Abuse of the American Academy of Pediatrics for six years and wrote their Policy Statement on marijuana. Most of his clinical work in Addiction Medicine has been with adolescents and, more recently, with healthcare professionals.

Dr. Rogers has written extensively on the topics of substance abuse and performance enhancing drugs, and has edited or co-authored six books on addiction medicine.

Dr. Rogers is a former Clinical Professor of Pediatrics at the Ohio State University College of Medicine. He has served on the ADAMH Board of Franklin County, the Board of Maryhaven – a residential chemical dependency facility – and on the Advisory Board of the Partnership for a Drug-Free America. He is currently the volunteer Medical Director at Teen Challenge Columbus.

Dr. Rogers was listed in the “Best Doctors in America” database in 2005, 2007, and 2009.

UPDATE: FUND DEVELOPMENT INITIATIVE

The Ohio Physicians Health Program has kicked off the 2010 Annual Spring Appeal for operational expenses to provide services to physicians, residents, medical students, dentists, veterinarians, other healthcare professionals, hospitals, medical staff leaders, medical schools, and others. Through the efforts of OPHP, patients in the State of Ohio are safer. Like many other organizations, OPHP relies on the generosity of the public to support our services. Throughout the year, solicitations are mailed and face-to-face visits with key hospital personnel and state stakeholders are made to secure additional funding. With the downturn of the economy, annual fundraising has declined a bit, yet, during these stressful times, the mission of OPHP has never been more important.

The high volume of referrals OPHP receives includes a broad scope of problems and issues. Historically, the vast majority of cases involved substance use disorders. However, in response to the needs of physicians and other health care professionals dealing with stress, burnout, mental and emotional illness, disruptive behavior, physical illness, sexual boundary issues, and aging, OPHP has responded by expanding their services. Physicians who are enrolled with OPHP for monitoring and recovery documentation services experience recovery and success rates similar or higher than those reported in medical literature.

In addition to serving healthcare professionals directly, OPHP regularly counsels with hospitals, hospital staffs, and medical groups on how they might proceed when one of their professionals is having issues that may affect patient safety. OPHP also provides educational presentations throughout the state of Ohio to raise awareness of substance use disorders and the services available through OPHP. If you are already a supporter, thank you for your generosity. If you have not donated in the past, please consider a gift today. Your donation of any size will help further our mission “To facilitate the health and wellness of healthcare professionals in order to enhance patient safety.”

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LONG TERM STUDY: CONCLUDES DRINKING DOES NOT PROTECT AGAINST STROKE

January 8, 2010

Researchers who studied 22,000 men over more than two decades have concluded that drinking alcohol is not associated with either the odds of having a stroke or the severity of stroke symptoms, Reuters reported Jan. 5.

Previous, smaller studies have suggested that moderate drinking may protect against stroke, but researcher Tobias Kurth and colleagues found that the association is weak and grows even weaker over time.

The study found that very light drinkers -- those who consumed just one alcoholic drink weekly -- were slightly less likely to suffer strokes, but moderate drinking had no impact.

On the other hand, heavy drinking was found to raise stroke risk, said Kurth, a researcher with the French national research institute INSERM and Brigham and Women's Hospital in Boston. The findings were published in the January 2010 issue of the journal *Stroke*.

OFFICERS

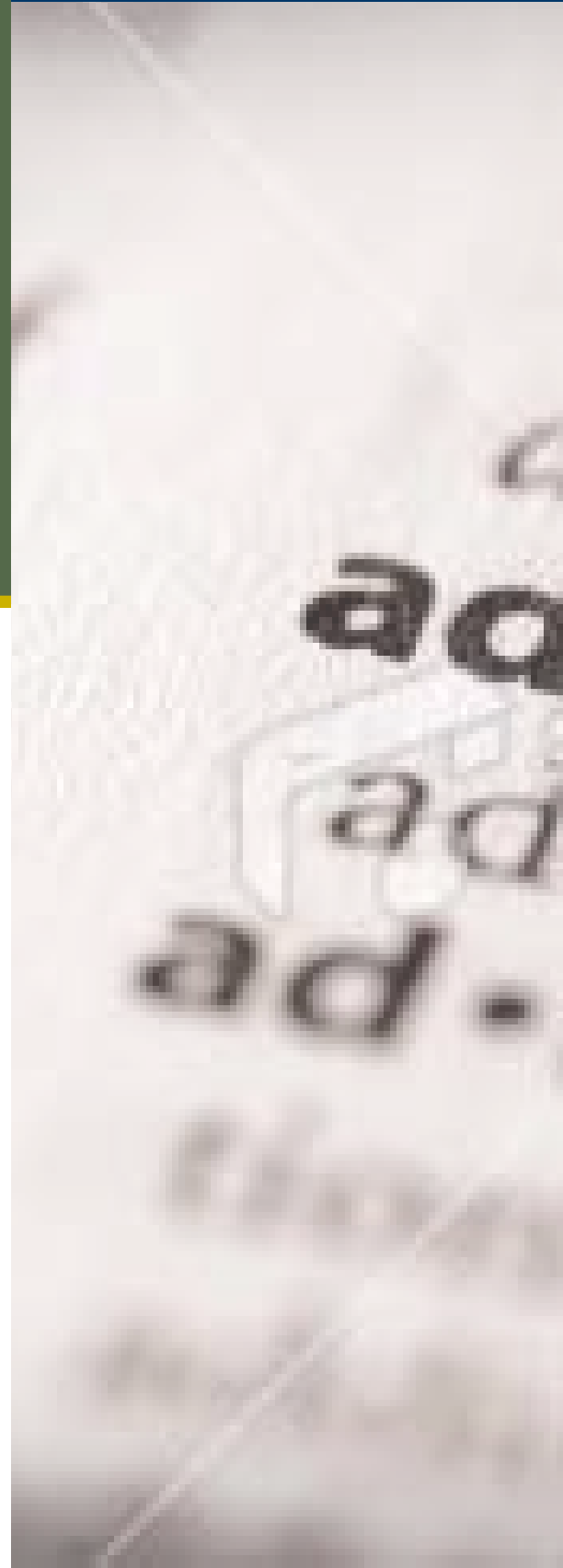
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HCARE TODAY

Recovery: Physician Placement Program Working with OPHP

NeoVocatus Physician Placement is a physician-centered service organization, reaching out to those in need to help them regain their careers and lives. Their service facilitates and assists in placing physicians in gainful employment who are actively engaged in recovery. They do not charge physicians a fee for services rendered. Rather, their fees are paid by the healthcare organization that employs their candidates. The only requirement is that the physician be actively involved in, and committed to, good recovery.

“Cultivating relationships with state Physicians Health Programs in order to provide a synergistic approach to the long term success and career of the physician”

They employ a unique screening process that results in physicians’ success. They work with each hiring organization in order to ensure a good match, understanding, and to be certain that the environment is conducive to long term recovery and high-level functioning.

NeoVocatus Physician Placement cultivates relationships with state Physicians Health Programs in order to provide a synergistic approach to the long term success and career of the physician. For more information, please contact Dr. Rogers at the Ohio Physicians Health Program at 614.841.9690 x26.

Call for Caduceus Meetings

The Ohio Physicians Health Program is currently in the process of setting up a central office for Ohio Caduceus meetings as an informational resource to physicians in Ohio.

If you have information regarding a Caduceus meeting and would like it to be made available to physicians seeking a local meeting, please contact Samantha Allen at 614.841.9690 x25.

4 **STUDIES:** Physician Health Programs Set the Standard for Addiction Treatment

Three new studies show that physicians who develop problems with alcohol and other drugs can be treated successfully and returned to medical practice with the help of special programs that couple treatment referral and monitoring with rapid responses to noncompliance. Previous studies have shown that in individual states, and on a small scale, the Physician Health Programs (PHPs) are effective. The current studies, however, involve the largest samples of physicians ever followed, over the longest periods of time. In general, rates of illicit drug use are lower among physicians than in the general public. However, rates of prescription misuse are five times higher among physicians, according to a 2008 review published in the *Harvard Review of Psychiatry*. That study concluded that physicians' drug problems are related to occupational exposure and ease of access to drugs, coupled with high levels of stress and lack of early detection.

To address such problems, Physician Health Programs provide intensive, long-term case management and monitoring. The programs aim to save the lives and careers of addicted physicians, and to protect the public by addressing impairment among caregivers. They are also an effective way to remove noncompliant doctors from the practice of medicine. "This isn't to cover it up; it's quite the opposite," said Temple University psychiatry chairman Dr. David Baron, who oversees the Pennsylvania PHP. "It allows for quality treatment and to make sure that we're still ensuring the safety of the public."

In a study published in the March 2008 issue of the journal *Substance Abuse Treatment*, Drs. Robert L. DuPont, A. Thomas McLellan, William L. White, L. J. Merlo and Mark S. Gold described an analysis of 904 physicians enrolled in 16 state Physician Health Programs between 1995 and 2001. The research was funded by the Robert Wood Johnson Foundation. Of the physicians enrolled, 45% were mandated formally by a licensing board, hospital, malpractice insurer, or other agency. The rest were informally "mandated" by employers, families and colleagues. Physicians entering such programs generally sign agreements to abstain from use of alcohol or drugs, with penalties for violating such agreements including intensified treatment, being reported to their medical licensing boards, and/or surrender of their license to practice medicine.

Program measures included group and individual therapy, residential and outpatient programs, surprise workplace visits from monitors, and links to 12-Step

programs such as Alcoholics Anonymous and Narcotics Anonymous. Physicians who enrolled in the programs had to abstain from alcohol or other drugs, and were subject to random drug testing for five or more years. If tests showed signs of a return to substance abuse, swift action was taken: the errant physician was reported to the medical board, which could lead to loss of a medical license. Patients received care not only for their addiction, but also for accompanying medical or psychiatric disorders. They paid for their treatment, drug tests and follow-up care. Mark Gold, M.D., chairman of psychiatry at the University of Florida College of Medicine and UFL's McKnight Brain Institute, noted that the approach used by the PHPs "should be a model for treatment of anyone with these diagnoses."

Of the 904 physicians enrolled in a PHP at the beginning of the study, 78% had no positive drug tests during five years of intensive monitoring. And five to seven years after starting treatment, 72% were actively practicing medicine, without drug abuse or malpractice. Of the others, 18% left medical practice, while others relapsed into drug use. Three percent of those who did not complete their programs had substance-related deaths or committed suicide.

Although the PHPs employed a variety of approaches, the researchers found that success was not related to specific therapists or modes of therapy, but rather to the longterm nature of the treatment. Still, the authors singled out some ingredients that successful programs had in common, including treatment extended over years — not weeks or months — and unambiguous success markers such as urine testing and return to work and normal family activities. The results were the same regardless of whether the drug of choice was alcohol, cocaine, prescription medications, or other substances.

"It's the idea of a carrot and a stick," explained Scott Teitelbaum, M.D., director of the Florida Recovery Center, which treats addicted physicians referred from around the country. "There's always a level of resistance — people never feel they need the level of care that's recommended. Someone might not agree with you, but if they want to practice medicine, they have to comply." Often, with the support of peers and growing realization that treatment is working, the physician-patients' motivations change from simply wanting to obey the rules to wanting to change their lives, Dr. Teitelbaum added.

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March 26-28, 2010	Australian Doctors in Recovery Annual Convention <i>Sydney, Australia</i>
April 15-18, 2010	American Society of Addiction Medicine Conference; The Ruth Fox Course for Physicians <i>San Francisco, California</i>
April 19-22, 2010	Federation of State Physician Health Programs Annual Meeting <i>Chicago, Illinois</i>
April 22-24, 2010	Federation of State Medical Boards Annual Meeting <i>Chicago, Illinois</i>
May 3-6, 2010	Health for the Healer Workshop <i>Birmingham, Alabama</i>
May 4-7, 2010	Case Western Reserve University: Controlled Substance Management <i>Cleveland, Ohio</i>
May 4-7, 2010	Case Western Reserve University: Opiate Maintenance Treatment Programs <i>Cleveland, Ohio</i>
June 3-4, 2010	Case Western Reserve University: Medical Record Keeping with Individual Preceptorships <i>Cleveland, Ohio</i>
August 4-8, 2010	International Doctors in Alcoholics Anonymous Annual Meeting <i>Buffalo, New York</i>
September 2-3, 2010	Case Western Reserve University: Medical Ethics, Boundaries and Professionalism <i>Cleveland, Ohio</i>
October TBA, 2010	Health for the Healer Workshop <i>Birmingham, Alabama</i>
October 3-5, 2010	International Conference on Physician Health <i>Chicago, Illinois</i>
October 14-17, 2010	Institute on Psychiatric Services Meeting <i>Boston, Massachusetts</i>
October 21-22, 2010	Case Western Reserve University: Managing Conflict in Medical Practice <i>Cleveland, Ohio</i>
October 27-30, 2010	California Society of Addiction Medicine Conference <i>Newport Beach, California</i>
November 4-5, 2010	Case Western Reserve University: Medical Record Keeping with Individual Preceptorships <i>Cleveland, Ohio</i>
November 17-19, 2010	Case Western Reserve University: Physician Communication <i>Cleveland, Ohio</i>
December 7-10, 2010	Case Western Reserve University: Opiate Maintenance Treatment Programs <i>Cleveland, Ohio</i>
December 7-10, 2010	Case Western Reserve University: Controlled Substance Management <i>Cleveland, Ohio</i>



The Second Annual Medical-Spirituality Conference

"Connections of the Heart" will take place at the Dayton Masonic Center in Dayton, Ohio on April 15, 2010. The conference features Annette Jo Giarrante, M.Div., CPCC as keynote speaker.

For more information regarding this program or to register, go to med.wright.edu/med-spirit.

A PHYSICIANS FINAL AMEND

By: Peter D. Rogers, M.D., MPH, FASAM

Mr. Gambini was an alcoholic who I had as a patient three times during my internship year in internal medicine. Each time he was admitted with increasingly severe cirrhosis and life-threatening bleeding from his esophageal varices, and each time he was “saved” with all of the heroic measures available to us at that time. His wife and two teenage daughters, their rosaries clutched in their hands, would always be at his side or in the waiting room, praying.

During his third admission, I, along with two residents and a medical student, worked over him all night and most of the next day before he stabilized. Sometime during the night Mr. Gambini, still stuporous, pulled his subclavian intravenous line out. As I attempted to put it back in, I said to the medical student: “I don’t know why this guy just doesn’t put a gun to his head. He’d be putting himself and his family out of a lot of misery. He just won’t stop drinking.”

Ten days later I discharged him with the same admonition: “You have to stop drinking. You’re dying.” I never told him how he was supposed to stop drinking. I probably didn’t know.

A week later Mr. Gambini was admitted again. This time directly to the morgue. He had put the barrel of a rifle in his mouth and pulled the trigger. I felt only a little remorse.

At the end of my internship year, I left internal medicine because I did not like working with the “self-inflicted” diseases of adults – the obese patients, the “chronic lungers” who wouldn’t stop smoking, the alcoholics, and the drug addicts. And I didn’t like the fact that I was taking too many pills myself. Pills to get me to sleep. Pills to wake me up. Pills to calm me during those stressful days. I entered a residency in pediatrics, a specialty with less complicated, “pure” diseases to deal with.

I had learned in my preclinical years in medical school what everyone else learned – biochemistry, anatomy, physiology, histology, pathology, and pharmacology. But I didn’t learn something that eventually almost killed me. I didn’t learn any non-chemical coping skills to deal with stress. None of my professors even said to me: “Learn how to take care of yourself. If you’re not healthy, you’re of no use to anyone.”

During my first year in medical school a psychiatrist put me on Valium to help me cope with the stress. Valium worked. It helped me sleep. It helped me concentrate when I was studying. It reduced the anxiety for me around examination time.

At the end of my first year in medical school, I tried to stop taking Valium, which I had been taking four times a day. But when I tried to stop, I would get anxious and restless and I couldn’t sleep. I didn’t understand that I was addicted to it, and every time I would stop, I would go into benzodiazepine withdrawal. I continued to take Valium and between 1966 and 1979 it was my constant companion, my best friend, my worst enemy.

During my second year of medical school I was taking increasing amounts of Valium to get the same relief from anxiety. Soon I began taking sleeping pills. A fellow medical student “turned me on” to marijuana. Soon I was on the street, like all the other junkies, buying marijuana and smoking it daily. I liked the feeling of contentment and joy out of proportion to reality that it gave me. Those feelings, I found, were more intense and lasted longer if I drank alcohol when I smoked pot.

When I graduated from medical school, I was certifiably a drug addict and an alcoholic. I remember walking into a pharmacy soon after I received my MD degree and experiencing almost

“When I graduated from medical school, I was certifiably a drug addict and an alcoholic.”

orgasmic excitement knowing that I could have any of the drugs that were on the shelves. In those years we could write prescriptions for ourselves. In the next few years I tried every mood-altering chemical that I could put in my mouth.

I am convinced that drug addicts and alcoholics aren’t so much addicted to drugs or alcohol as we are to the feelings that the chemicals give us. I didn’t want stimulation or euphoria. I wanted anesthesia. Within only a few years I was taking, on a daily basis, Miltown... Tranxene... Ativan... Equagesic... Doriden... Noctec... Seconal... Librium... Placidyl... Dalmane... Quaaludes... Lamid... Alcohol... and my drug of choice, Valium. I drank a lot of coffee and took an occasional amphetamine to help me get out of the house in the morning.

I enjoyed pediatrics and I was good at it. I had finally found what I wanted to do professionally. But I was not going gently into my future. I was unhappy and depressed most of the time. I didn’t understand that all the drugs and alcohol I was taking were central nervous system depressants, which contributed significantly to my depression. I was living the life of an addict – a joyless, miserable existence. While I was active in my addiction, I lied, stole, cheated, and manipulated people. I had no conscience. When you live without a conscience, its amazing the awful things you can do and feel no remorse.

I finished my residency in Pediatrics and, surprisingly, passed my written and oral boards within the next two years. I soon learned, however, that being a Pediatrician was interfering with my life as drug addict/ alcoholic. I left pediatrics and went into the public

health field, where there was no night call or weekend work and I was less likely to make any life-threatening mistakes with patients.

The mind protects itself from unpleasant self-scrutiny. I could not... would not think of myself as a drug addict. I had a classic case of the Titanic Syndrome. I steamed along thinking I was invulnerable, thinking I couldn't sink. Drug addiction is something that happens to other people. Those are the ones who show up in emergency rooms with needle tracks in their arms, jaundiced from hepatitis or fevered and weak with bacterial endocarditis. I wasn't one of them.

I saw two psychiatrists at different times because of my depression. I told each of them during the course of therapy that I thought I was "taking too many drugs." The first psychiatrist said, "You're taking too many drugs because you're depressed. I'll have to treat your depression before we can get you off drugs." He put me on Mellaril and Tofranil. The second psychiatrist said, "You're depressed because you have too many unresolved conflicts. We need to talk about these. Cut down on those other drugs you're taking." He put me on Elavil.

Surely, they would have told me if I were a drug addict. Of course, I was never completely honest with them. I spent hundreds of hours and thousands of dollars on psychiatrists, and I only got worse. My drug taking and my drinking increased.

Being a physician is hard work, but so is being a drug addict. Most of my energies went into presenting myself to my colleagues and my patients as a normal, healthy, happy man. It was a façade. I was decaying inside. Before I would go to bed at night I would take a handful of tranquilizers and sleeping pills, and just before I took the drugs I would say, "Please, God, don't let these kill me." I would then wash the drugs down with a glass of wine and drift off into oblivion, never sure if I would wake up.

After years of abusing drugs and alcohol, I began having periods of drug-induced

amnesia. They're called "blackouts." I would have to see movies a second time. I went on a week's vacation to Tampa, Florida and I remember nothing of the entire trip. I would forget appointments. Although I wasn't afraid of dying, the thought that I was damaging my brain terrified me.

In 1979 I entered a drug and alcohol treatment facility. The medical director, after doing my history and physical, told me, "You're a very sick man. It's only by the grace of God that you're not dead. Fortunately, you have the only terminal disease – chemical dependency – that you can choose not to die from. You've just taken the first step of recovery by coming here." Probably more than anything else, I was sick in my soul, manifested by a profound unhappiness and total lack of self-esteem.

However, I still had some misplaced arrogance, and I was a reluctant patient. I wanted special treatment because I was a physician. I didn't see myself as being as sick as the other patients. My denial, which made my disease so difficult to treat, was firmly in place.

During my withdrawal from drugs and alcohol I had seizures, experienced agitated depression, and later, hallucinated. My arrogance and denial began dissolving away. I became teachable. I was in group therapy daily with other alcoholics and drug addicts. They told me that, although I was an impaired physician, I was primarily an impaired person. They showed me that I was just a run-of-the-mill, garden variety drug addict and alcoholic. They told me that if I wanted to get well I had to do the same things they did. Slowly I began to trust them.

Finally, I believed them. I realized I needed help. During my two-months in residential treatment I was introduced to other physicians who were recovering alcoholics/ drug addicts and involved in a 12-step recovery program that I had learned nothing about in medical school or my residency. These recovering physicians appeared emotionally well and seemed to have a serenity and joy I never experienced. I wanted what they had.

Since my discharge from residential treatment, I have maintained my sobriety and some semblance of sanity by doing four things:

- I abstain from alcohol and other mood-altering drugs.
- I meet regularly with other recovering alcoholics and drug addicts.
- I spend a lot of time on my knees because I know I can't stay sober without the help of God.
- I try to help others who are abusing drugs and alcohol.

In a miraculous way, appreciated only by me and my family, I have been given my life back. My unhappiness, depression, and craving for alcohol and drugs has been lifted from me. Finally, after so many years of pain, I feel good about myself. The nice thing about that is that no one can ever take that feeling away from me. I have learned that my happiness now, like my depression before it, is self-inflicted.

After years of sobriety, I still don't even pretend to be emotionally well. Recovery from the addictions I had is a life-long process. I still have to remind myself daily that I am powerless over people, places and things. When I get my feelings hurt, I move quickly into a resentment. Resentments, like guilt and shame, are poison to recovering alcoholics and drug addicts.

For several years I was ravaged by the guilt I felt knowing that I had hurt people while I was abusing drugs and alcohol. I have, whenever possible, made amends to the people I hurt. The pain of the guilt is considerably lessened, but still is not gone. There was someone once who needed my help, and I treated him with disdain. Indeed, I may have indirectly caused his death because of my ignorance and judgmental attitude. So, there is still one final amend I need to make.

Mr. Gambini, wherever you are, I'm sorry.

HOSPITALS

KEYSTONE SOCIETY (\$5,000 - \$9,999)

- Good Samaritan Hospital (Dayton) and Medical Staff
- MetroHealth Medical Center & Medical Staff
- Miami Valley Hospital
- Miami Valley Hospital Medical Staff

Tower Society (\$1,000 - \$4,999)

- Adena Regional Medical Center
- Adena Regional Medical Center Medical Staff
- Akron Children's Hospital Medical Staff
- Bedford Medical Center Medical Staff
- Blanchard Valley Regional Health Center Medical Staff
- Clinton Memorial Hospital Medical Staff
- Deaconess Hospital Medical Staff
- Fairfield Medical Center Medical Staff
- Flower Hospital Medical Staff
- Grady Memorial Hospital Medical Staff
- Grant Medical Center Medical Staff
- Joint Township District Memorial Hospital
- Joint Township District Memorial Hospital Medical Staff
- Lake Hospital System
- Lake Hospital System Medical Staff
- Licking Memorial Hospital
- Licking Memorial Hospital Medical Staff
- Memorial Hospital Fremont
- Nationwide Children's Hospital
- Parma Community General Hospital Medical Staff
- St. Luke's Hospital
- St. Luke's Hospital Medical Staff

PILLAR SOCIETY (\$500 - \$999)

- Christ Hospital
- Christ Hospital Medical Staff
- Fayette County Memorial Hospital Medical Staff
- Marietta Memorial Hospital
- McCullough-Hyde Memorial Hospital
- McCullough-Hyde Memorial Hospital Medical Staff
- MedCentral Health System
- MedCentral Health System Medical Staff
- Medina General Hospital
- Medina General Hospital Medical Staff
- Ohio Health
- Samaritan Regional Health System Medical Staff
- Southeastern Ohio Regional Medical Center Medical Staff
- Southern Ohio Medical Center
- St. John West Shore Hospital
- St. John West Shore Hospital Medical Staff
- Mr. James P. Reber, St. Rita's Medical Center
- University Hospital Cleveland Medical Staff
- Upper Valley Medical Center and Medical Staff



*In recognition of their support for the Ohio Physicians Health Program for 2009, Nicole Mohar presented a Certificate of Appreciation to Timothy Sorg, M.D., Chief of Staff at **Good Samaritan Hospital of Dayton**.*

CORNERSTONE SOCIETY (\$200 - \$499)

- Bellevue Hospital
- Doctors Hospital West Medical Staff
- Fisher-Titus Medical Center
- Fisher-Titus Medical Center Medical Staff
- Fort Hamilton Hospital Medical Staff
- Fulton County Health Center Medical Staff
- Joel Pomerene Hospital
- Joel Pomerene Hospital Medical Staff
- Toledo Children's Hospital Medical Staff
- Toledo Hospital Medical Staff
- Wadsworth-Rittman Hospital Medical Staff
- Wyandot County Medical Society
- Wyandot Memorial Hospital

FOUNDERS SOCIETY (\$25 - \$199)

- Dunlap Community Hospital
- Dunlap Community Hospital Medical Staff
- Galion Community Hospital Medical Staff
- Mercer County Joint Township Community Hospital Medical Staff
- Morrow County Hospital
- Morrow County Hospital Medical Staff

Disclosure Statement: *The official registration of the Ohio Physicians Health Program may be obtained from the State of Ohio, Office of the Attorney General, Charitable Law Section, by calling (614) 466-9788. Registration does not imply endorsement.*

OHIO MEDICAL QUALITY FOUNDATION *is a major supporter of the Ohio Physicians Health Program. The Foundation authorized a three-year grant through 2010 providing operating support to allow the organization to serve physicians and other medical professionals who have issues related to substance abuse, mental illness, and aging.*

Please note: *Every effort has been made to ensure proper recognition to individuals, organizations, and hospitals supporting the Ohio Physicians Health Program (OPHP) in 2009. Please contact us at info@ophp.org if you have a correction.*



Accepting the Certificate of Appreciation recognizing **Lake Hospital System** and medical staff's financial support of the Ohio Physicians Health Program, is pictured left to right: **Back row:** Kenneth Weiner, D.O., David Steiger, M.D., Frank Myers, D.O., Timothy Doyle, M.D., Jamal Azem, M.D., Ted Nichols, M.D. **Front row:** Mary Ogrinc, John Scerbo, M.D., John Ferron, M.D., Joyce West, M.D., Julia Heng, M.D.

INDIVIDUALS

Tower Society (\$1,000 - \$4,999)

- Martha S. Bethea, C.P.A.
- John J. Picken, M.D.

Pillar Society (\$500 - \$999)

- Craig W. Anderson, M.D.
- Patricia J. Davidson, M.D.
- Stewart J. Friedman, M.D.
- Robert C. Schiff, Jr., M.D.

Cornerstone Society (\$200 - \$499)

- Albert B. Cinelli, M.D.
- Jerome E. Driesen, M.D.
- Mark T. Finneran, M.D.
- David D. Goldberg, D.O.
- Margaret L. Hayes, M.D.
- Molly A. Katz, M.D.
- Raymond R. Mazzotta, CPCU
- Peter D. Rogers, M.D.
- Elizabeth A. Roseberry, M.D.
- Robert K. Rupp, J.D.
- Herbert A. Schumm, M.D.
- Myron R. Smith, M.D.
- Timothy O. Wiechers, J.D.

Founders Society (\$25 - \$199)

- Anonymous (9)
- Lolita Rodriguez Agra, M.D.
- Samantha J. Allen
- Evangeline C. Andarsio, M.D.
- Dennis R. Assenmacher, M.D.
- Charles F. Baker, D.M.D.
- Louis L. Barich, M.D.
- Robert Barker, M.D.
- Jerome R. Berman, M.D.

- John E. Bloom, M.D.
- Ronald J. Bloomfield, M.D.
- Anthony G. Chila, D.O.
- Rosie & Dick Clark,
In Memory of Louise K. Stoer
- Robert D. Clinger
- Gregory B. Collins, M.D.
- Leslie R. Dye, M.D.
- G. Patrick Ecklar, M.D.
- Sanders M. Farber, M.D.
- Frederick M. Goldman, M.D.
- Sree Mu Gorty, M.D.
- Russell H. Hackett, M.D.
- Edward C. Hall, M.D.
- Bruce A. Hamilton, M.D.
- Kurt D. Harrison, D.O.
- Jeffrey A. Harwood, M.D.
- Robert S. Heidt, Jr., M.D.
- Dennis O. Helmuth, M.D., Ph.D.
- Susan L. Hubbell, M.D.
- Lawrence J. Jacobs, M.D.
- Michael A. Jaffe, M.D.
- N. Timothy Jette, M.D.
- Michael Kelly, M.D.
- Samuel Kramer, M.D.
- Robert J. Kromer, D.O.
- Robert A. Liebelt, M.D.
- Kelley M. Long
- Eric W. Lothes, M.D.
- Mark D. Lutz
- Deborah J. Lynn, M.D.
- Claudia Metz, M.D.
- Nicole L. Mohar
- Douglas Mossman, M.D.
- Link R. Murphy, M.D.
- David M. Novick, M.D.
- Brian Powderly, M.D.
- Elizabeth M. Read, M.D.

- David B. Reynolds, M.D.
- Mark A. Smith, M.D.
- William D. Smucker, M.D.
- Joseph A. Solomito, M.D.
- J. Craig Strafford, M.D.
- Glenn J. Trippe, M.D.
- Rekha R. Trivedi, M.D.
- John H. Viall, M.D.
- Mark Weiner, D.O.

Family Healing & Support Fund Founders Society (\$25 - \$199)

- Anonymous (1)
- Rosie & Dick Clark



The President of the **Ohio State Medical Association**, Roy H. Thomas, M.D., receives a Certificate of Appreciation from Nicole Mohar, Marketing and Resource Development Specialist at OPHP.

CORPORATIONS ORGANIZATIONS SOCIETIES

Physicians Honor Society (\$50,000+)

- Ohio Medical Quality Foundation
- Ohio Department of Alcohol and Drug Addiction Services

Pinnacle Society (\$10,000 - \$24,999)

- Ohio Veterinary Medical Association

Tower Society (\$1,000 - \$4,999)

- Ohio Society of Anesthesiologists

Cornerstone Society (\$200 - \$499)

- Dayton Caduceus
- Oak Leaf Cluster

IN-KIND

Pinnacle Society (\$10,000 - \$24,999)

- Baker & Hostetler, LLP

Tower Society (\$1,000 - \$4,999)

- Ohio Osteopathic Association
- Ohio State Medical Association
- Ohio Veterinary Medical Association

Founders Society (\$25 - \$199)

- Wright State University, Boonshoft School of Medicine

HONORARIA

Tower Society (\$1,000 - \$4,999)

- Christ Hospital

Pillar Society (\$500 - \$999)

- Acuity Specialty Hospital
- Fisher-Titus Memorial Hospital
- Miami Valley Hospital

Cornerstone Society (\$200 - \$499)

- Williams County Medical Society



Nicole Mohar, OPHP, presents a Certificate of Appreciation to Dr. Berc Gawne, Chief Medical Officer, **Christ Hospital**, and Dr. Michael Gureasko, the Chair of The Practioner's Aide Committee for the Christ Hospital, for the hospital's support in 2009.



Presenting a Certificate of Appreciation to Jacqueline Jones, M.D., Medical Staff President of **Licking Memorial Hospital**, is Nicole Mohar, Marketing and Resource Development Specialist of the Ohio Physicians Health Program.



The Miami Valley Hospital receives a Certificate of Appreciation recognizing both the hospital and medical staff's support for 2009. Pictured left to right are: Bobbie Gerhart, Chief Operating Officer, Gary Collier, M.D., Vice President and Chief Medical Officer, James M. Pacenta, M.D., Chief of Staff, and Christopher Croom, M.D., Chief of Staff-Elect.



In recognition of financial support for the Ohio Physicians Health Program (OPHP) for 2009, a Certificate of Appreciation was presented to (clockwise from top left): **Martha Bethea, C.P.A.; Metro Health Medical Center**, from left to right are J. Jeffrey Alexander, M.D., Nikki Mohar, Marketing and Resource Development Specialist at OPHP, and Nora J. Lindheim, M.D.; **Joint Township District Memorial Hospital**, Kevin Harlan, Chief Executive Officer, and Victor J. Stegall, M.D., Chief of Staff; **Grant Hospital**, Steven Santanello, M.D., Medical Staff President.

2010 LECTURE SCHEDULE

January 8, 2010	Nationwide Children's Hospital	Columbus, Ohio
January 21, 2010	Academy of Contemporary Dentistry	Worthington, Ohio
January 28, 2010	Trinity Health Systems	Steubenville, Ohio
February 12, 2010	Nationwide Children's Hospital	Columbus, Ohio
March 8, 2010	Community Hospitals & Wellness Centers	Bryan, Ohio
March 24, 2010	Lorain County Medical Society	Lorain, Ohio
March 31, 2010	Robinson Memorial Hospital	Ravenna, Ohio
April 8, 2010	Christ Hospital	Cincinnati, Ohio
April 2010	Mercy Hospital	Willard, Ohio (tentative)
May 14, 2010	University Hospital	Cleveland, Ohio
June 2010	University of Toledo	Toledo, Ohio (tentative)

Providing educational programs regarding the health of physicians and other healthcare professionals is one of the many services available through the Ohio Physicians Health Program. If you are the president of a medical society, chief or president of a medical staff, vice president of medical affairs, hospital risk manager or quality assurance director, director of a residency program, or planning a conference program or orientation, OPHP is a resource for educational presentations covering physician health and impairment topics. You may contact Samantha Allen at (614) 841-9690 extension 25, or sallen@ophp.org for further information or to make arrangements for a presentation.

**OHIO PHYSICIANS
HEALTH PROGRAM**

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