



Ohio Physicians
Health Program

2018 Newsletter

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@OhioPHP



Ohio PHP

Mission: To facilitate the health and wellness of healthcare professionals in order to enhance patient care and safety

Who We Are

The Ohio Physicians Health Program (OPHP) is a nonprofit organization that operates independently from all regulatory agencies and provides confidential services to the fullest extent allowed by law. OPHP provides a compassionate, supportive, and safe environment for healthcare professionals to receive confidential services to improve their health and well-being. Our goal is to inspire physicians and other healthcare professionals to seek treatment and monitoring for their illnesses in order to ensure patient care and safety. OPHP achieves this goal through four primary programs which are provided below.

Program Services

Confidential Resource: OPHP serves as a confidential resource that assists with identification, intervention, and referral for assessment or treatment of physicians and other healthcare professionals who may be affected by mental, emotional and behavioral illness, substance-related and addictive disorders, or other issues. OPHP also provides referrals to community resources for: stress, burnout, psychosocial therapy, family and marriage counseling, ethics training, boundary violations, prescribing guidelines, legal counsel, skills assessment, and others. OPHP accepts referrals from any source and protects the confidentiality of program participants and anonymity of referral sources to the fullest extent allowed by law.

Monitoring and Advocacy Services: OPHP specializes in providing confidential monitoring and advocacy for qualifying physicians and other healthcare professionals. OPHP also provides monitoring and advocacy to healthcare professionals who have formal action with licensing agencies. OPHP is staffed with clinical professionals that include a physician specializing in addiction medicine as well as counselors licensed in mental health and chemical dependency. They provide: compliance reviews, assessment of recovery programs, assistance with the continuation in or return to medical practice, support of personal and professional goals, and other advocacy services. OPHP also utilizes a large volunteer network of peer monitors to support program participants.

Educational Outreach Programs: OPHP provides educational presentations to individuals or groups throughout Ohio. Presentations are delivered on the prevention of mental, emotional and behavioral illness and substance-related and addictive disorders. Programs also cover the topics of stress, burnout, and suicide; statutory guidelines for medical professionals; and the role of OPHP in the healthcare community. Presentations meet the criteria for continuing medical education credit.

New Program Update – Wellness and Resiliency: OPHP is proud to now offer a Wellness & Resiliency Program specifically designed to meet the needs of physicians. Experienced professionals are ready to provide supportive services to meet the unique needs of healthcare professionals as the medical industry continues to grow in size and demand. It has never been more important for physicians to properly take care of their mental, emotional, and physical health. This program is designed to eliminate barriers that may prevent physicians from seeking help- such as fear of stigma, loss of license, lack of time, and inability to use peer supports. Services include access to independently licensed mental and behavioral health professionals, referrals to established networks, and confidential support.

OPHP's services are available to the following licensed healthcare professionals in Ohio:

- | | | | |
|-----------------------------|-----------------------------------|--|-------------------|
| • Physicians | • Dieticians | • Massage Therapists | • Veterinarians |
| • Residents | • Acupuncturists | • Dentists | • Vet Technicians |
| • Podiatrists | • Oriental Medicine Practitioners | • Dental Hygienists | • Chiropractors |
| • Physician Assistants | • Genetic Counselors | • Expanded Function Dental Auxillaries | • Students |
| • Anesthesiology Assistants | • Cosmetic Therapists | • Optometrists | • Others |
| • Respiratory Therapists | | | |

NEED HELP?

If you or a colleague are experiencing stress, burnout, depression, or other issues- or if you have concerns about drugs or alcohol use, speak with an OPHP representative today.

All referrals are confidential

Call (614) 841-9690 or Email info@ophp.org.

One Physician's Road to Recovery

In 2013, I was a doctor and a drunk.

My drinking was out of control, and I knew it. I had long since crossed the line between acceptable social drinking and physical and mental dependence on alcohol, if that line ever really existed. No matter how much I wanted to stop, I couldn't. Everything I tried only led to more alcohol and less hope. I could see no way out.

Being a physician was always my dream. It was my singular focus since 9th grade and all my efforts were to that end. I loved the idea of sitting down with people, one on one, and having no agenda other than trying to make their lives better. It seemed to me the noblest of pursuits and I was ready to dedicate my life to it. I was less academically gifted than many of my peers, but I worked hard, always keeping this goal in mind. I ultimately accomplished my goal of becoming a physician and graduated from medical school in 2005. However, as I transitioned to being a doctor instead of a student, an unexpected consequence surfaced: I never felt good enough. Part of me always felt inadequate.

In this void, I found alcohol.

DEATH SEEMED MORE WELCOME THAN A LIFE EXPOSED.

Initially alcohol was a means to relax, to numb that daily feeling that lives were in my hands and to quiet my own insecurities. It was an artificial means to a kind of temporary serenity that made the evening seem easier after a long day. It started out as an occasional social release long before getting my medical degree, but as my responsibilities grew first in residency and then ultimately in private practice, drinking became something I eagerly anticipated nightly. With time, my alcohol intake went from being a social experience to a solitary routine. This happened for various reasons but most notably because the amount and type of alcohol I required to achieve the same nightly serenity inevitably increased with time. Social norms would not accept the volume of alcohol I consumed to obtain the desired effect, and I wanted nothing to do with being judged. I went from drinking wine to scotch then whiskey and ultimately tequila. My spiritual and psychological dependence on alcohol inexorably became a physical dependence that transformed into shaking, vomiting, and sleepless shell of my old self when sober. In the end, I only felt functional when a good amount of liquor was in my system. Without it, the day became unbearable and I would count the seconds until I could get enough alcohol in my body to calm my demons. I

lived in constant fear, self-pity, and shame.

... A JOURNEY IN RECOVERY THAT HAS BEEN SO MUCH MORE THAN JUST STOPPING DRINKING.

I knew that I was an alcoholic, and I knew enough about my field of work that the end-result of my path was a dark one. Every time I vomited I waited to see blood in it. Every night I lied awake, trying to decide if I should take 3-4 more shots of tequila to get some sleep and risk being intoxicated at work, or would it be better to shake like a leaf and intermittently excuse myself from patient rooms to throw up. I knew that I needed help to get better, but I also believed that, if I sought help, my life would be over. I would be exposed for what I was, a drunk and a failure. I would lose my livelihood, something I had spent my life dedicated to pursuing. I would lose the only shred of dignity I had left—being a doctor. Death seemed more welcome than a life exposed.

As I look back, I can't give an exact reason why I walked in my boss' office and asked for help. I had a few encouraging friends who stuck by my side though they had no reason to do so. Maybe it was a moment of weakness, or more likely a rare moment of strength. Even more likely something bigger than myself was at work and in my corner. But regardless it happened, and instead of being the end of all my goals and dreams, it was the beginning

of a journey in recovery that has been so much more than just stopping drinking. I was fortunate to be connected with Shepherd Hill, a facility in Newark that I believe saved my life. I safely went through detox there and transitioned to an inpatient recovery unit, where I began to heal from years of physical and emotional damage. As I put the pieces of my life slowly back together, I was introduced to the staff at the Ohio Physicians Health Program (OPHP). I had not been aware of this program before early recovery, but it has become one of my most important resources. The staff of OPHP introduced me to Ohio's one-bite rule, which allowed me to recover from my active alcoholism without the added burden of facing sanction for my disease. Facing the State Medical Board was one of my greatest fears in seeking help, and I am sure that the moment I was informed I would avoid this, the relief from my soul was palpable. Whenever issues related to recovery have arisen, OPHP has been there to support me. They have been my advocate and

have been critical in helping me grow in sobriety. When I needed help, and I finally had the courage to ask for it, I was blessed with more than I could have ever imagined. OPHP has played a major role in that.

Today, I have maintained sobriety for over four years. I am actively involved in Alcoholics Anonymous. I have a thriving primary care practice. Moreover, I have the opportunity to listen and help my patients each day without being drawn elsewhere by an obsession to feed my addiction. I get to be the physician I always wanted to be. I still can't cure every disease or fix every problem, but I have come to the realization that if I do the best I can, God will take care of the rest.

In sobriety I got married and my wife is currently pregnant with my first child. Neither of them ever has to see me drink alcohol.

In sobriety, I found out I was born with a bicuspid aortic valve and, at the age of 38, required open heart surgery for an ascending aortic aneurysm. When I found this out, many fears went through my mind, especially the fact that I would require potentially addictive substances to recover from the surgery. From the moment I was diagnosed and throughout the recovery period, OPHP was there for me. With all the tools I gained in rehab, with my personal and AA families, and with OPHP, I never had to face this battle alone.

I am truly blessed to have sobriety and recovery more than I could ever describe in words. OPHP has been a cornerstone

of that recovery, and I will be forever grateful for everything the staff has done to help me.

My only regret was not knowing help was available sooner.

I would encourage any health professional to reach out to OPHP if they are suffering from alcoholism or addiction. There is no reason to suffer another day in silence. OPHP has been there for me from the beginning and continues to be my partner in recovery today. Asking for help was the first step. It changed my personal and professional life in ways I never thought possible.

- Anonymous Physician



Reflection from Staff

Nelson H. Heise, MS, PCC-S, LICDC-CS, Clinical Director

Another year has passed and again we find ourselves in the midst of new initiatives to promote physician wellness. In our last annual newsletter, I shared information about our “Wellness Wednesday” work with the Ohio Academy of Family Physicians. I am happy to report that the program was successful and that we will continue to do bi-monthly sessions throughout 2018. We have also launched our physician specific, teletherapy pilot program with the Ohio Hospital Association with three different hospitals. We are hopeful that physicians will use this as a tool to combat issues like stress and burnout.

We are excited to be a member of the Ohio Physician Wellness Coalition

(OPWC)- a statewide coalition dedicated to addressing physician burnout and providing physician wellness initiatives. OPWC is currently working on developing CME programs that will focus on various topics such as mindfulness and meditation, stress, burnout and others. The coalition is considering conducting meetings around the state to provide a forum for physicians to discuss the issues related to the causes of burnout. We continue to reach out to medical schools, hospitals and healthcare systems to deliver educational outreach presentations on stress and burnout, as well as addiction and Ohio’s “One Bite” rule. The latter topic is generating a lot of interest thanks to the passing of House Bill 145. This bill will allow physicians and others licensed by the State Medical

Board of Ohio more access to seek confidential treatment while getting individualized care.

It is exciting to be involved in so many projects that promote physician wellness. One of my primary goals as the Clinical Director at OPHP is to try and provide preventative services to the physician demographic. We would love to see physicians get the tools they need for wellness early, so they do not find themselves in the midst of burnout. Also, if they are struggling with an issue I think it is important for them to be able to access the support and care they need as soon as possible. Just like with any condition, prevention, early detection and intervention produces the best results.



Check out these resources for helpful tips, inspiration, and to track various aspects of your personal wellness!

Websites:

AAFP.org – Physician First Health Initiative was introduced in 2017 to help combat burnout and improve well-being and professional satisfaction among family physicians. The Well-being Planner is the newest addition to the Physician Health First initiative. The planner, which debuted in April 2018, is designed to help family physicians chart a path to personal wellness and professional fulfillment. The planner helps family physicians choose well-being goals and track and measure progress toward achieving each goal among other things.

APA.org - Psychology Help Center is an online consumer resource from the American Psychiatric Association featuring information related to psychological issues affecting your daily physical and emotional well-being. Interest areas range from work and school to health and emotional wellness.

NAM.edu- Clinician Well-Being Knowledge Hub is an effort by the National Academy of Medicine and the Action Collaborative on Clinician Well-Being and Resilience. It is intended to provide an easy-to-navigate repository of helpful resources for those seeking information and guidance on how to combat physician burnout in their organizations and in their personal lives. Resources are added on an ongoing basis.

StepsForward.org- STEPS Forward™ is a practice-based initiative from the American Medical Association. The goal is to share proven strategies that can improve practice efficiency and help physicians and their staff reach the Quadruple Aim- better patient experience, better population health and lower overall costs with improved professional satisfaction.



Breaking Silence, Breaking Stigma

Jasleen Salwan

Source: Salwan, J. 2017. This piece first appeared in the Beeson Beat, Yale University's internal medicine housestaff periodical, in April 2017. It is reprinted with kind permission from the Beeson Beat and Dr. Jasleen Salwan. Minor edits have been made to this text since its original publication.

In a late March issue of the *New England Journal of Medicine* (NEJM), the dean of my medical school published a beautiful essay on the tragic death of one of my classmates. Kathryn had committed suicide last August. Earnest and humble, Dr. Muller's piece demonstrates his ongoing commitment to promoting wellness among medical trainees in a way that is not reactionary but rather proactive and sustained. With student input, he and his colleagues are studying ways to enhance work-life balance, relieving the pressure to perform according to unforgiving metrics, and expanding access to mental health resources. As I read his thoughtful words, a gnawing question formed in my mind: Why has a medical school community with deeply compassionate leadership seen two trainee suicides in one year? More broadly, if Hippocrates's words are true that those who love medicine also love humanity, how does profound suffering pass unnoticed among our own? Perhaps we residents can play a role in bringing that suffering out into the open. While continuing to expect confidential mental health services, we should at the same time foster a culture that embraces open conversation about experiences with depression and other mental illnesses.

Trainees often worry that stigma against mental illness is rampant in medicine, but in fact, an examination of the evidence assuages this concern. According to one study, medical

students who suffered from self-reported moderate to severe depression were more likely to believe that peers and faculty held negative attitudes about the competence of trainees with mental illness than were students with minimal or no depression [3]. Thinking about the converse of this finding is heartening: those who did not suffer from depression did not actually harbor the perceived prejudices against those who did. Fear of stigma among people with depression—which could be partially attributable to feelings of worthlessness caused by the disease itself—seems to be a larger problem in medicine than the stigma perpetuated by others is. We should invite those members of the medical community living with depression to share their stories, making it clear that self-disclosure will be met not with persecution but rather with admiration.

The notion of soliciting dark or deeply personal anecdotes from our colleagues cuts against the doctor's impulse to protect confidentiality. However, the opportunity to share experiences with mental illness before an open-minded peer audience can enhance medical professionals' self-acceptance. Dr. Kay Redfield Jamison, Dr. Alice W. Flaherty, and Dr. Adam B. Hill (the latter's essay immediately follows Dr. Muller's in NEJM) have embraced their psychiatric diagnoses and empowered themselves to describe how depression, bipolar disorder, and/or addiction have made them more empathic and creative providers. The opportunity to publish one's private thoughts may be more valuable than a guarantee of anonymity that enables repression of those thoughts.

The combination of closeness as a community and passion for medicine places residents in

a special position to open up to one another about intimate health issues, and it seems a logical extension to speak about the mind as openly as we already do the body. I was out to dinner with a group of co-residents one evening when one of us, who had excused herself to use the restroom, sent a text message to say that we need not wait for her before placing our orders. When she returned, the group showed support not by assuming that she wanted to bury an awkward moment, but rather by giving her the space to speak openly about what had delayed her. We asked how she was feeling and assured her that we were perfectly comfortable hearing about the details of her gastrointestinal troubles—even over our meal, because, after all, we were all doctors. As she spoke without embarrassment, each of us found ourselves chiming in with our own experiences of digestive difficulties in the setting of working long and inconsistent hours. With little effort, we had normalized something that was known to be common but that carried shame when kept secret.

Trainees know that depression is highly prevalent in our community, with estimates as high as 43 percent [4,5]. We need not be afraid to acknowledge when we suspect it. We can ask each other about sadness, feelings of worthlessness, and even thoughts that life is not worthwhile—and draw on the epidemiologic data to offer the validation that no one enduring these experiences is alone. By normalizing open dialogue about mental illness as a common condition that many medical providers live with, we can encourage treatment and aid our leadership in preventing recurrent tragedies.

Thank you to our 2017 donors

Without your support, our work would not be possible.

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Mercy Anderson Hospital Medical Staff
Mercy Health St. Vincent Medical
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OhioHealth Doctors Hospital Medical Staff
OhioHealth Dublin Methodist
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Medical Center and Medical Staff
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If you are interested in making a gift to OPHP in your will to support a cause that has been important throughout your life and your career please contact our Executive Director, Kelley Long at (614) 841-9690 ex23.

OPHP relies on the generosity of professional colleagues to continue this important work.

Please consider making a gift today to support OPHP!
 Go to www.ophp.org or complete the form in this newsletter.

Thank you



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