

# PHYSICIAN'S HEALTH

A publication of the Physician's Health Program of the Tennessee Medical Foundation

Fall 2014

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## Message from the President

### Times are Changing — Click for Dollars

**The practice of medicine continues to be a work in progress.** We physicians formerly had a reasonable

grip on the practice of medicine and were able to put our patients' health and welfare foremost. Recent changes now place many more people in the exam room. Now it's the physician, patient, insurance company, pharmacy benefits manager, health coach, prior authorization team, home health agency, durable medical equipment vendor, HR advisor from employee's company, Medicare Advantage Plan, Board of Medical Examiners, pain control CMS data, Center for Disease Control, evidence-based medicine documents, electronic medical records and, last but not least, your medical assistant or nurse — in short, the exam room is so packed to overflowing capacity that it is literally choking and impeding the practice of medicine.

Reimbursement is being ratcheted down and overhead is ever increasing with our health insurance leading the pack. New payment objectives such as less pay for service and more pay for cost-sharing, saving and/or quality measures are the new game in town. Quality measures must have data and this requires electronic medical records. The EMR cost never ends with updates, license fees, new software, replacing hardware and printers. Our offices are now delegating someone to track meaningful use and PQRS measures and compliance, at more cost. Have any of the meaningful use and PQRS measures really improved patient care or outcomes? I heard of a nonmedical office that does not have scales or a sphygmomanometer but still met the measures by simply asking, "What do you weigh, what does your blood

pressure usually run?" That office received a sizeable check while physician offices struggle to dot the i's and cross the t's and may not obtain the goals. Where is the relevancy and justice? One recent article estimated that we may waste up to 45 minutes per day on slow computers and moving from one click to the next. Recently our office received a check for .5 percent for our Medicare charges, less the .2 percent sequestration fee correction, or a net of .3 percent. My check for the year totaled less than \$700.00. Now I ask, why am I doing this exercise and putting my office and everyone through the stresses for this amount of money?

The frustrations and obstruction to the practice of medicine is out of hand. The satisfaction level is down and burnout is increasing. **The physician's health is being challenged more each day.** We can see the issues with our patients and give sound advice for a corrective action plan; however, we often don't heed the warnings for ourselves or our own practice. When you see a red flashing caution or warning light pop up on your dashboard, you pull over and take your vehicle in for evaluation. We need to do the same with our own health and wellbeing. The burnout challenges are ever increasing. **The Tennessee Medical Foundation Physician's Health Program has been the go-to resource for the last 35 years, saving careers and saving lives.** There is no stopping now. While referral issues may vary, the importance, need and benefit to Tennessee physicians will not change.

Vince Parrish, TMF Developmental Director, recently penned an article, **"Five Years ... Five Reasons"** to Support the PHP (See page 7). Briefly, the five reasons are:

**1) We need to safeguard patients.** Adhering to the Hippocratic Oath and protecting patients is our top priority. (Continued)

*The mission of the Physician's Health Program (PHP) is to protect patients through identification, intervention, rehabilitation, and the provision of advocacy and/or support for physicians impaired by addictive disease, mental or emotional illness.*

# PHYSICIAN'S HEALTH

## MEDICAL DIRECTOR'S MESSAGE



### Physician Suicide Study Reveals Patterns In Isolation, Benzo Use

By Roland Gray, MD  
Medical Director

**Each year in the United States, over 400 physicians die by their own hand.** That's approximately the number of new physicians who graduate from Tennessee's medical schools each year. If you think

of it another way, it takes an entire graduating class of all the medical schools in Tennessee just to replace the physicians in the U.S. who die by suicide each year.

Among that group, if you're a male physician you are 1.5 times more likely to complete suicide than the entire physician population at large; if you're a female physician, the number is 2.3 times the physician population at large.

It's an alarming number, and something nobody ever talks about.

I co-authored a research article on physician suicide that was published earlier this year in *General Hospital Psychiatry*, entitled "Suicidal behavior among physicians referred for fitness-for-duty evaluation."\* This was a study of a group of 141 physicians who, for the most part, did not have alcohol or substance use disorders and had been referred by the Tennessee Medical Foundation to the Vanderbilt Comprehensive Assessment Program (VCAP) for a fitness-for-duty (FFD) assessment. Out of that group, seven physicians wound up attempting suicide (2) or dying by their own hand (5). Although it was a small number, this was a group of physicians about whom we had a lot of information. Those seven comprised 3.5 percent of that 141; that's 175 times greater than the comparable rate in the general population of Tennessee.

My co-authors and I were interested in looking at this group to see if there were some commonalities among these seven cases.

Why are physicians so successful when they attempt suicide? They have a knowledge of toxicology and how to use

lethal medication, and ready access to drugs; and if you live in Tennessee there is no problem getting access to firearms.

Previously, the profile of the physician at high risk of suicide has been characterized by engaging in alcohol or other drug abuse, being a workaholic, being an excessive risk taker, having psychiatric symptoms, especially depression or anxiety, and suffering from chronic illness. We've also known that change in professional status also puts physicians at high risk of suicide.

Among this group, all but one had been found unfit for the practice of medicine. They were all in solo practice so there was isolation and a lack of social support. There was also a pattern of chronic benzodiazepine use. Benzodiazepines are widely used in psychiatry in America and may be overutilized for certain conditions. In this group the use of

benzodiazepines may have lowered their inhibitions and increased their willingness to take risks. Our finding correlates with a 2012 study that found an association between physician suicide and the use of benzodiazepines. "Pseudo-dementia" – impaired judgment associated with chronic benzodiazepine use – may also help to explain their poor compliance with specific treatment recommendations made by VCAP.

These were physicians who all had a four-day comprehensive assessment, evaluated by some of the top people in the state, and no one felt they were at risk of suicide. So what was the reason for not averting

physician suicidal behavior in this group? More than likely due to shame and stigma surrounding substance abuse and mental health issues that prevented these physicians from seeking help and cooperating with treatment and support.

The surprise element for me was the impact of benzodiazepines. Prior to this study, if a physician being assessed was on these drugs and under the care of a psychiatrist, it was not as alarming; but now we've seen that chronic use of – or in some cases doctors self-prescribing – benzodiazepines is a marker for these individuals being at increased risk of suicide.

*"Whatever you  
may be sure of, be  
sure of this, that  
you are dreadfully  
like  
other people."  
—James Russell  
Lowell*

*Dr. Gray has served as medical director of the Tennessee Medical Foundation's Physician's Health Program since January 2001. He previously served as a TMF Board member and long-time volunteer for the Physician's Health Program. Certified in Addiction Medicine in 1987, Dr. Gray has treated more than 10,000 patients for addiction diseases over the course of his career. He serves as a special government employee and consultant to the FDA Subcommittee on Drug Abuse. A practicing pediatrician from 1976 through 2001, Dr. Gray is a Fellow of the American Academy of Pediatrics as well as a Fellow of the American Society of Addiction Medicine. Dr. Gray is also a member of the clinical faculty at Vanderbilt University.*

# PHYSICIAN'S HEALTH

## MEDICAL DIRECTOR'S MESSAGE

### Physician Suicide Study

**What have we learned from this, and what is our takeaway here at the TMF Physicians Health Program?** We have learned to be concerned about physicians who are socially isolated, who have chronic use of benzodiazepines, and who are found unfit for the practice of medicine. This is a group we need to reach out to and work with to overcome their stigma about seeking help for their problems. Unfortunately, in the house of medicine there is still a lot of stigma about any kind of mental illness or any alcohol or substance abuse. You would think our profession more than any other would understand it is an illness and that help is available, but it is hard to get at-risk physicians to reach out.

Our study concluded that we need better strategies to identify presuicidal physicians and improve retention in treatment and rehabilitation, and better education among students and doctors-in-training to combat the shame and stigma about seeking help for behavioral health issues.

As always, if you or a colleague are experiencing any of these risk factors or suicidal thoughts, please reach out to the TMF Physicians Health Program. We stand ready to help. ⚓

*\*Iannelli RJ, Finlayson AJR, Brown KP, Neufeld R, Gray R, Dietrich MS, Martin PR: Suicidal behavior among physicians referred for fitness-for-duty evaluation. Gen Hosp Psychiat. Pub. online June 28, 2014. Available at [http://www.ghpjournal.com/article/S0163-8343\(14\)00163-7/abstract](http://www.ghpjournal.com/article/S0163-8343(14)00163-7/abstract).*

### Events Calendar



#### SVMIC Risk Management Program

October 27, 2014. . . . . Gatlinburg, TN

#### 46th ASAM Annual Conference— Innovations in Addiction Medicine and Science

April 23-26, 2015 . . . . . Austin, TX

#### FSPHP 2015 Annual Meeting & Conference

April 24-27, 2015 . . . . . Fort Worth, TX

#### 2015 Caduceus Retreat

June 26-28, 2015 . . . . . Four Points by Sheraton  
Brentwood, TN

#### IDAA Annual Meeting

August 5-9, 2015. . . . . Norfolk, VA

### Clicking for Dollars (Continued)

**2) We need a program focused on physician support, not physician punishment.** No one is perfect. We all need support at times in our lives, whether through the TMF, SVMIC, TMA or other resources. Some states focus on punitive action, while the TMF is committed to helping doctors with addiction, mental health, emotional or behavioral issues. We need to keep the TMF viable and available.

**3) The PHP benefits your practice or health care organization.** Replacing a valued medical staff member can be costly and difficult. Supporting the TMF, which has a good track record of returning clinicians back to work and saving lives, careers and families, makes sense.

**4) The PHP benefits you.** You may have personally benefitted from the program or one of your colleagues may have benefitted from our mission. Physician Health Program has a wide-reaching effect.

**5) The PHP embodies your mission as a physician to heal and not to harm.** We as physicians often times can self-destruct by neglect, trying to persevere and press through issues.

The TMF has established a campaign to challenge Tennessee doctors to pledge **\$1,000.00 annually for five years**, to support the PHP and its work, saving lives and saving careers. Have you benefitted from TMF's existence? If so, you fully understand the importance of the program. Are you on the edge of burnout and in potential need of help? We all need to commit our support so that TMF will be around if and when the need arises. Help the TMF have a stable footing for the future.

As you click your computer to meet the meaningful use and PQRS criteria, please also click on [www.e-tmf.org](http://www.e-tmf.org) to make your tax deductible contribution for a viable TMF for the future. Let's all click for dollars!

Respectfully,

A handwritten signature in black ink that reads "Michael A. McGowan MD".



# PHYSICIAN'S HEALTH

## T M F NEWS



### While Doctors Have PHP, Med Students Can Turn to AIMS

By Ginger H. Porter

**The Tennessee Medical Foundation's Physician's Health Program (PHP) is a 501(c)3 organization funded by grants and contributions from hospitals and individuals.** A full-time staff of seven people, primarily case managers, follows a caseload of more than 200 doctors throughout Tennessee. A lot of the support group work is done by volunteers; two groups meet in Memphis.

"We have had doctors doing volunteer work for us for 30 years," said Roland Gray, MD, medical director of Tennessee's PHP. "Generally, these are physicians who have gone through some experience themselves. As they go through the process of recovery, a big part of that is reaching out and helping others."

Gray, a pediatrician for 25 years, became interested in addiction medicine in the 1990s and received certification in it in 1997. He worked in addiction part-time until he began as medical director in 2002 after retiring from pediatrics.

He explained that any family member, patient or colleague can confidentially report concerns about a physician by phoning 615-467-6411 or at the TMF website at [www.e-tmf.org](http://www.e-tmf.org). After a case is identified, case managers try to verify the reported behavior. If the report is not verifiable, the process is halted or the information is held for further inquiry.

If the need for help is present, the physician is asked to make an appointment for an interview with PHP personnel for evaluation. In exchange for support, the doctor is invited to follow the recommendations of the PHP in seeking specified treatment at his or her own expense. All treatment is done in approved hospitals and treatment facilities. The length of treatment is based on the physician's individual needs and can include prescribed inpatient and/or intensive outpatient therapy.

Gray and case managers work in concert with the treatment center's recommendations to establish contractual ground rules for re-entry into the workplace. "During this period, the PHP is often the physician's strongest — and sometimes only — ally," Gray said.

Follow-up consists of a minimum five-year process of ongoing monitoring by the Tennessee Medical Foundation, guided by an individualized contract consisting of

recommendations of the PHP and treatment facility. The success rate of the program is 97 percent. "Probably the most difficult cases for me are the cases I receive late — whether the problem is alcohol or drugs or sex or prescribing or behavior," Gray said.

Getting a physician's issues resolved early can also mean intervention as early as medical school. Around the same time the Tennessee PHP was created 30-plus years ago, a student organization was founded at UT called AIMS: Aid for the Impaired Medical Student. Herschel "Pat" Wall, MD, was dean of students at the University of Tennessee Health Science Center when he got a call about an addicted student.

"At the time, we had nothing here to deal with that," he said. "As it turned out, there was no program in the United States to deal with impaired students. I quickly pulled together a group of individuals in the college of medicine, some of them recovering physicians, and we came up with a program that started with medical students and then reached all students on campus."

A classmate could call the AIMS council to report that a student was impaired in some way, and everything was confidential. The program gained such credibility that it worked. Wall took the AIMS program "on the road" to other schools around the country so that they could model it and develop their own student programs for addiction and behavioral problems.

"I was pleased and proud of our students and the initial committee for helping set up the national model," he said.

Jay Mattingly, MD,\* an anesthesiologist, ophthalmologist and director of clinical affairs for the UT department of anesthesiology, has been chair of the AIMS committee for the past four years. He has worked with the program for 10 years.

Today, the AIMS committee consists of half students and half faculty. Two students per class (a total of eight for the four-year program) are elected at the start of every year. The committee students can then refer a problem student to the program, but other resources are in place as well. The first recourse is University Health Services, where students can self-refer and confidentially receive help for a substance abuse problem, depression or a psychiatric problem. Then there are times when that does not work out and a situation rises to the level of the committee's attention.

"If there's an incident that occurs, like they get arrested at a frat party for getting drunk and fighting, or there's a DUI, then that's serious," Mattingly said. "Sometimes it's as simple

*If you know a physician who may need help or have a question about physician health, please contact the TMF Physician's Health Program at (615) 467-6411 or visit our website at [www.e-tmf.org](http://www.e-tmf.org).*

### Meet the Board: Drs. Rosdeutscher & Morisy



J. D. Rosdeutscher, MD, has been involved with the Tennessee Medical Foundation Physician's Health Program since 2000; currently he serves as chairman of the TMF Physician's Health Quality Improvement Committee.

His wife, Kimberly Rosdeutscher, MD, currently serves as TMF Board vice-president.

"I have supported the TMF because I believe strongly in the rehabilitative work (instead of

punitive) that they do to return doctors to caring for Tennesseans," he said.

A native of Bowling Green, KY, he earned his MD from Vanderbilt University School of Medicine. Leadership began in medical school where he served in a number of class offices and volunteer positions, receiving the Merck Manual award and the Dean's award for leadership and service. After internships and residency in Cincinnati, OH, and Louisville, KY, he opened Cumberland Plastic Surgery, PC, in Nashville in 1998.

He is a certified diplomate by both the American Board of Otolaryngology/Head & Neck Surgery and American Board of Plastic Surgery, and a fellow of the American Academy Otolaryngology-Head and Neck Surgery. He is currently an assistant clinical professor of Otolaryngology and Plastic Reconstructive Surgery at VUSM and has been active in teaching medical students and resident physicians.

Along with his service to the TMF PHP, Dr. Rosdeutscher regularly volunteers at Nashville's Siloam Family Health Clinic and has served in overseas missions. He is an active member of Hillsboro Presbyterian Church. He lives in Nashville with his wife Kimberly and their two sons, Jordan and Noah. ⚓



Lee R. Morisy, MD, became active in the TMF PHP as a board member in March 2011.

A Board-certified surgeon and Fellow of the American College of Surgeons, Dr. Morisy is a principal in Morisy & Wood, PLC, a general surgery practice in Memphis.

He became familiar with the work and mission of the TMF PHP while serving on the Tennessee Medical Association Board of Trustees.

A 1976 graduate of Cornell University, Dr. Morisy received his medical degree in 1980 from The Chicago Medical School. He did an internship and residency in general surgery at The Hartford Hospital/University of Connecticut.

A leader in state, local and specialty societies for the past two decades, Dr. Morisy was president of the Memphis Surgical Society and is a member of the Southeastern Surgical Congress, the Harwell Wilson Surgical Society and the Society of American Gastrointestinal Endoscopic Surgeons. Currently, Dr. Morisy is secretary/treasurer of the Tennessee Medical Association. He served as a Shelby County delegate to the Tennessee Medical Association from 1998-2006. He has also been an active member and former vice president and secretary of the Memphis Medical Society Board of Directors. Dr. Morisy has also served in leadership roles at the national level, including the American Medical Association's Legislative and Inter-Professional Liaison Committees and as a delegate to the AMA.

In addition to his work with the TMF PHP, he serves as a volunteer at the Church Health Center, a nationally recognized center providing care for the underserved in Memphis. ⚓

### Medical Students (Continued)

as chit chat with our committee and an 'I'm concerned about so and so.'"

If necessary, a student then gets evaluated for treatment. If therapy or a treatment program is indicated, therapy is supplied for free and arrangement for repayment of the cost of treatment is made. This whole process is confidential. However, if the student demonstrates poor compliance with treatment and all resources have been exhausted, the AIMS committee has to evaluate the possibility of reporting the

student to the dean of his or her college as a last resort.

"For a long time, the populace has avoided reaching out for help because it was regarded as a sign of weakness rather than a sign of strength," Mattingly said. "Now there are more resources available, and people are availing themselves of those resources." ⚓

*Originally published in Memphis Medical News on October 7, 2013. Reprinted with Permission. ©2013, Medical News, Inc. \*Dr. Mattingly passed away on May 5, 2014.*

*Image courtesy of Julie Freeman-Woolpert, freeimages.com.*

# PHYSICIAN'S HEALTH

## DONOR ACKNOWLEDGEMENTS

### OUR MAJOR CONTRIBUTORS

For many years, the Tennessee Medical Foundation has enjoyed the staunch financial support of three loyal and generous benefactors: **State Volunteer Mutual Insurance Company (SVMIC)**, the **State of Tennessee Board of Medical Examiners (BME)** and the **Tennessee Medical Association (TMA)**. Together they provide 63% of the annual budget for the Physician's Health Program. Without their support, our crucial work of **Saving Lives. Saving Careers** would not be possible. We are immensely grateful to them.

### CONTRIBUTIONS: JANUARY 1-JUNE 30, 2014

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# PHYSICIAN'S HEALTH

## DEVELOPMENT NEWS



By Vince Parrish, LCSW  
Development Director

The TMF is announcing the launch of **"Five Years ... Five Reasons,"** a campaign inviting all past TMF participants and current and former leaders to pledge **\$1,000.00 annually for**

**five years** toward our crucial work of **Saving Lives. Saving Careers.**

Pledging to **"Five Years ... Five Reasons"** acknowledges that you recognize the five key reasons to support Tennessee's program to identify, intervene, rehabilitate and support physicians in distress:

### 1. We need to safeguard patients

Physicians uphold the Hippocratic Oath; protecting their patients is a priority for our physician community and our state.

### 2. We need a program focused on physician support, not punishment

While other states focus more on punitive action, the TMF Physician Health Program is committed to helping doctors with addiction, mental health, emotional or behavioral issues. We need to keep Tennessee's program in place to give these physicians a second chance.

### 3. The PHP benefits your practice or healthcare organization

Replacing a valued medical staff member can be costly and difficult. Supporting a program with a good track record of returning these highly-skilled clinicians to work just makes sense.

### 4. The PHP benefits you

You may have personally benefited from the Physician Health Program, and chances are high that a colleague has also benefited from our mission to restore doctors to health and practice.

### 5. The PHP embodies your mission as a physician

To heal, and not to harm: again, the Oath is imbued in the TMF Physician Health Program.

## TMF Launches "Five Years ... Five Reasons"

It stands to reason that TMF former participants and leaders would be the vanguard of our support; in recent years, about 35% of you have contributed to the TMF. Understandably, it is difficult to ask for help from the wider physician community without stronger support from those who have directly benefited from the program.

If you are among the 35%, thank you! Please consider raising your commitment level to help meet our campaign goals. If not, we hope you will consider the **"Five Reasons"** – and then commit to supporting your Physician's Health Program for the next five years to put us on a more stable footing for the future. For details, contact me at 615-467-6411 or visit [www.e-tmf.org](http://www.e-tmf.org) to make your tax-deductible contribution. **Thanks for all you do!** ⚓

### Thank You to Our First-Time Donors!

The Foundation is always happy to welcome new donors; the following are first-time givers to the TMF PHP:

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Many thanks to them for supporting the Physician's Health Program's crucial work of **Saving Lives. Saving Careers!** ⚓

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Make a generous,  
tax-deductible  
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615-467-6419

Thank You!



### Change of Address

Please let us know your new address when you move. Thank you for helping us keep in touch!

216 Centerview Drive, Suite 304  
Brentwood, TN 37027

Phone: 615-467-6411

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## PHYSICIAN'S HEALTH

### TMF Medallion Society Recognizes Special Commitment

Every donation to the TMF Physician's Health Program (PHP) matters and is appreciated. Yet, special acknowledgement is reserved for individuals whose substantial contributions exemplify their commitment to the mission of the TMF Physician's Health Program (PHP). Their leadership giving is recognized by membership in the **TMF Medallion Society**.

Created in 2013 to honor physicians who have given \$10,000 or more to support the PHP over a 10-year period, the **TMF Medallion Society** honors and acknowledges their generosity and pace-setting benevolence. To learn more, contact us at 615-467-6411 or [vincep@e-tmf.org](mailto:vincep@e-tmf.org).

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James McFerrin, MD, Nashville

James Nelson, MD, Signal Mountain

Evelyn Ogle, MD, Memphis

Richard Parrish, MD, Murfreesboro

Vinton Pierce Jr., MD, Nashville

Patrick Showalter, MD, Murfreesboro

Robert Shull, MD, Ridgely

Dr. Steve & Mrs. Miriam Tate, Franklin

John B. Thomison, MD, Sr., Brentwood  
(deceased)

Dr. Edward Welles, III, Jackson

Dr. Mark Wigger, Brentwood

Clifton Woodford, MD, Fox Point, WI

