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MEDICAL DIRECTOR'S MESSAGE



TMF OUTCOME STUDY SHOWS HIGH RATES OF RECOVERY

BY MICHAEL J. BARON, MD, MPH, DFASAM

Data is valuable in medicine because it empowers us to make informed evidence-based decisions that help enhance efficiency and improve outcomes. In the treatment world, outcome data is key – it shows the results of all the efforts made to bring an individual back to health and into long term, successful recovery.

Outcome data for addiction treatment measures the effectiveness of therapy and treatment. It goes beyond what was done, it also

captures useful information such as recovery, sobriety, and return-to-use rates.

This data is essential: it enables us to track progress and drives improvements in the recommendations we provide to our participants; it helps improve clinical decision-making and will help to adjust treatment plans when problems occur; it is also critical to help defend the use of expensive evaluations and long-term treatment.

(Continued on Page 4)

PHP PROFILE

“WHAT WAS ONCE LOST HAS NOW BEEN FOUND.”



“I began struggling with opioid use following a difficult divorce and the separation from my two young sons. Later, there were also some issues with amphetamines.”

That from Dr. W.* a West Tennessee internist who said he was practicing in South Georgia when the battle began in 2002. He subsequently transferred to Alabama and stayed “sort of” clean until he joined a solo practice and the use began again. His opioid use disorder (OUD) eventually led to involvement with Alabama’s Physician Health Program (PHP) and mandated treatment in that state.

“I went and had a very hard detox week at a rehab facility and then just wasn’t ready for my use to stop, much less, to entertain the thought of recovery. I eventually left AMA despite many

warnings from staff – ‘You’re going to lose your license.’ At the time I just did not care, nor feel that I could break free of my addiction.” That unsurprisingly led to revocation of his Alabama medical license in 2005.

Back in South Georgia, Dr. W.’s addiction continued to worsen, and he was eventually jailed for the commission of a crime while using methamphetamine in 2017. The state of Georgia offered a 12-month Department of Corrections (DOC) rehab program, and he went voluntarily. He emerged clean in 2018 but without any prospects and still unable to practice medicine. This was soon followed by two years of Intensive Outpatient (IOP) treatment.

In 2020 he relocated to Memphis. Prompted by a perceived need for doctors during the pandemic, he started looking for a way to return to medicine. He found and attended a meeting of the local Caduceus support group for TMF participants. “They noticed I was a newcomer and asked, ‘Are you under contract?’ I said, ‘Contract

(Continued on Page 6)

2025 CADUCEUS RETREAT: 6 CME HOURS ON ADDICTION, BURNOUT, SPIRITUALITY IN RECOVERY



Dr. Scott Teitelbaum shares about the history and role of "Spirituality in Recovery."



Attendees heard from "Reignite" Author Dr. Clark Gaither about types, causes, and viable remedies for professional burnout.

TMF participants attending the 2025 Caduceus Retreat were able to earn up to six hours of continuing medical education (CME) credit through presentations offered by three distinguished speakers on various topics related to recovery. The Retreat was held June 6-8 at the Franklin Marriott Cool Springs in Franklin, TN.

SPEAKERS & SESSIONS

Petros Levounis, MD, MA, Clark Gaither, MD, FFAFP, and Scott Teitelbaum, MD, DFASAM, were this year's presenters. Dr. Levounis, a past president of the American Psychiatric Association and current professor and chair of psychiatry and associate dean at Rutgers New Jersey Medical School, spoke on The Neurobiology of Addiction and Technological Addictions.

Dr. Gaither, medical director of the North Carolina Physicians Health Program (NCPHP), gave presentations on Professional Job-Related Burnout and Wellness.

Dr. Teitelbaum, who is the Pottash professor in psychiatry and neuroscience at the University of Florida (UF) College of Medicine and serves as medical director of the UF Health Florida Recovery Center (FRC), spoke on Spirituality in Recovery and in the Sunday session, shared his personal recovery story with attendees.

Focused on recovery support through education and networking, the annual event is required for most TMF participants, while families and TMF alumni are also welcomed.

Next year's Caduceus Retreat is scheduled for June 12-14, 2026. 🌱



Retreat attendees listen to Dr. Petros Levounis share the latest research on addiction and its neurobiological connections.



PRESIDENT'S MESSAGE

FALL & FOUNDATION REFLECTIONS: ONE SEASON ENDS, ANOTHER BEGINS

BY CLAY RUNNELS, MD, MBA
TMF President

Dear Colleagues and Friends, as we enter into the fall season with football and cooler weather, I find myself reflecting on changing seasons—both in nature and in our foundation. This autumn marks not only a new chapter for our organization, but also the conclusion of my tenure as your president and chairman of the board.

Serving as president of this foundation has been one of the most rewarding experiences of my career. I have been inspired by the dedication, compassion, and expertise of our team members. Supporting the health of professionals has always been a passion for me and TMF has allowed me to pursue that passion.

I want to express my deepest gratitude to our outstanding staff. Their tireless work behind the scenes has made every initiative, program, and event possible. Their commitment to supporting our mission has been unwavering, and I am continually impressed by their professionalism and heart. Together, we have launched new programs, strengthened partnerships, and navigated challenges—always with the goal of improving the lives of those we serve.

Here are a few of the many accomplishments of the TMF over the last two years:

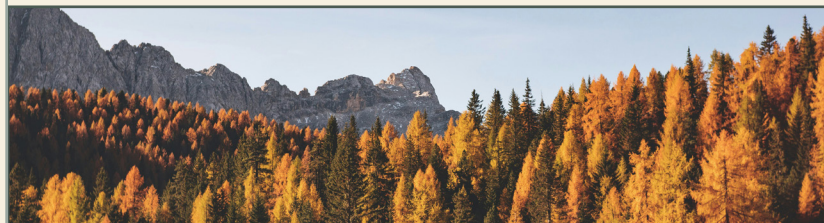
- A 2024-2025 TMF Outcome Study showed an 88% rate of successful completion of our Professionals Health Program (PHP), and a relapse rate of just 12%; both are significantly better results than non-PHP recovery programs. See details in the Medical Director's Message on the cover of this issue.
- The TMF has led or joined several efforts to reduce stigma for help-seeking by Tennessee clinicians, including working with the state's physician licensure boards to remove intrusive mental health questions from applications, and adding a "safe harbor" for those participating in peer assistance programs like the TMF.
- We also helped pass legislation this year to allow TN physician licensure for qualified candidates, in conjunction with a Private Advocacy Order (PAO) to maintain participation in a peer assistance program like the TMF; the PAO is issued in executive session and is not reportable to the National Practitioner Data Bank.
- The TMF and our Tennessee Professional Screening Questionnaire (TN-PSQ) were recognized in an August 2025 article in the *Journal of the American Medical Association (JAMA)* as a model for mental health support.
- As current president of the Federation of State Physician Health Programs, Dr. Baron has contributed to FSPHP's work on the Triad of Confidentiality, three key aspects that ensure the privacy and protection of health professionals who seek help from a PHP: regulatory protection, record protection, and application protection.

Since 1978, the TMF has assisted 4,000-plus doctors and other health professionals with substance use, mental, emotional, and behavioral health problems, including burnout, stress, depression, suicide, cognitive issues – any condition that can potentially impair the practitioner and impact patient safety. Once again, I would like to thank our donors, supporters, and partners for making this work possible. Without you, we could not carry out our mission to *Save Lives, Save Careers*.

As my term comes to an end, I am excited about the future of our organization. I believe our foundation is poised for its brightest days yet. I look forward to what will happen in the next two years.

Wishing you all a wonderful fall season. 🍂

With warm regards,



EVENTS CALENDAR

TMF Board Retreat

October 17-19

The Lodge at Fall Creek Falls — Spencer, TN

TMF PHQIC Meeting

December 9

TN Medical Association — Nashville, TN

FSPHP Annual Education Conference

April 29-May 1, 2026

Hilton Baltimore Inner Harbor — Baltimore, MD

TMF Caduceus Retreat

June 12-14, 2026

Franklin Marriott Cool Springs — Franklin, TN

IDAA Annual Meeting

July 8-12, 2026

Chicago Marriott Downtown — Chicago, IL

MEDICAL DIRECTOR'S MESSAGE

(Continued from Page 1)

INTRODUCTION

General outcome data for Professional Health Programs (PHPs) ranges from a few to many years old. We have always relied on this data but felt it was time to determine our own outcome data.

To remedy this problem, we embarked on an outcome study paid for in part by a grant awarded by the Opioid Abatement Council. We added a survey to query our active participants' perception of which TMF services are most beneficial in maintaining sobriety. The OAC grant supported the implementation of the studies, as well as the PhD level biostatistician we retained to help manage both.

Our most significant challenge was data entry variability. In 2018, we changed from paper charts to an Electronic Health Record (EHR); however, our data was not easy to extract. It was polluted by too many drop-down choices, too many parameters, and inter-user variability. Before we could extract data for this study, we had to clean it, which took weeks of work by our clinical team. The resulting benefit was that it delineated our data entry problems and helped us implement more standardized data entry procedures.

METHODS

Our study group was made up of 676 health professionals referred to the TMF and entered into our EHR over a five-and-a-half-year period, from December 2018 to July 2024. In that some participants had more than one Monitoring Agreement, we decided to report the data by Participant Monitoring Agreements (PMAs).

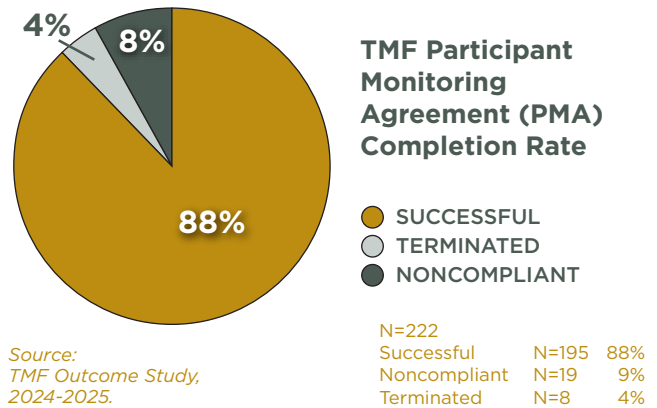
We dropped 406 participants from the group who never signed nor were asked to sign a PMA for various reasons, including being referred to non-TMF resources or solutions, such as therapy, coaching, a training course, etc.

The remaining 270 were TMF participants who signed monitoring agreements (PMAs). We excluded participants whose agreements were ended for the following reasons: death (not due to substance use or suicide), retirement, released (agreements ended when graduated medical school or residency and moved to another state), or voluntary withdrawal (due to lifetime monitoring requirements ended by the state or completion of a voluntary post-graduation Recovery Maintenance Agreement).

That left 222 participants who had signed PMAs. Of those, 195 PMAs (88%) were successfully completed. Eight (4%) were closed due to revocation of the participant's medical license, which meant they could no longer be monitored. Nineteen participants (9%) could no longer be monitored because they were non-compliant. Three participants initially in the non-compliant group went on to successfully complete a monitoring agreement, so they were counted in both groups.

RESULTS

Overall, 88% of our Participant Monitoring Agreements were successfully completed. The average length of successful PMAs was 44 months, and our study found the longer the PMA, the higher the success rate. To contrast with non-PHP programs, the top rate for program completion is about 45%, depending on the type of program.¹



Our return-to-use data is equally impressive. Of 185 participants who signed 198 PMAs, 21 participants (12%), had a return to use. In the world of addiction medicine, a 12% return-to-use rate is remarkable; non-PHP programs average 30%-50%.²

Results from our survey study, in which former participants were asked about the most helpful TMF services in their recovery, will hopefully be shared in a separate article at a later date. Overall, former participants cited accountability, Caduceus meetings, and connections with other TMF participants among the most perceived helpful aspects of our program.

CONCLUSION

The TMF participant outcome data is among the best of published data regarding success rates using the PHP model.^{3,4} Within the next year, we plan to submit this study for publication.

I want to offer a heartfelt congratulations to our TMF participants. The most gratifying aspect of my job is being a part of a participant's recovery. Having a front-row seat to view and help them and their families heal from a horrible, chronic, and lethal disease, and knowing that our participants are providing the best health care they can, is amazing.

Our outcome study, together with our participants' recovery, achievement, productivity, and happiness, confirms that we are on the correct path: protecting patients while saving the lives and careers of Tennessee healthcare providers, using the best and most effective addiction treatment model available. †

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TMF/TPRN MENTAL HEALTH, RECOVERY, & SUICIDE PREVENTION SUMMIT A VIRTUAL SUCCESS

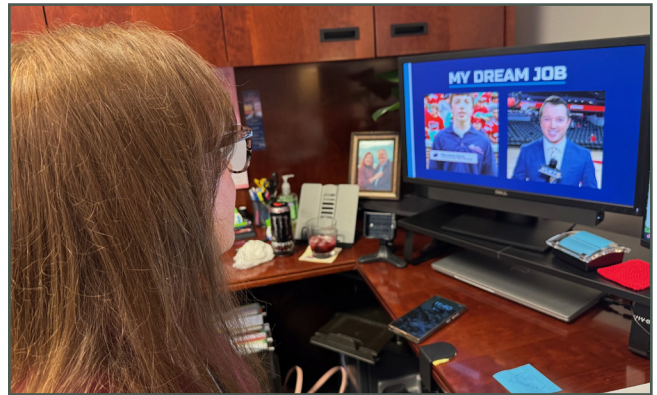
The 2025 Mental Health, Recovery, & Suicide Prevention Summit went virtual this year, providing one hour of online CME/CE credit with a presentation by Speaker Brandon Saho, founder and host of “The Mental Game” podcast.

Saho is a former sports journalist who created the podcast after battling depression and suicidal thoughts for years. He also speaks nationally, with a mission to break the stigma and save lives with impactful conversations around mental health. He shared his personal story with Summit attendees, along with evidence-based mental health management and coping strategies, and tips on supporting colleagues and loved ones with their mental health struggles.

GOING VIRTUAL

“Tennessee healthcare workers have busy lives and demanding schedules, and we were aware of the challenges posed by our first two in-person Summit events,” said TMF Executive Director Jennifer Rainwater, who said the decision was made to do a virtual event during lunch hours to allow more flexibility for clinicians, techs, and students across the state to attend. The move helped double attendance to nearly 50 attendees.

“This event is still young, so we hope to grow it and continue to offer engaging CME/CE content that speaks to recovery, mental health, and suicide prevention, as these are some of our biggest concerns for clinicians currently,” Mrs. Rainwater said.



TMF Executive Director Jennifer Rainwater listens as Summit speaker Brandon Saho shares his personal mental health journey with Tennessee health professionals.

DONOR SUPPORT

This was the third year for the Summit event, co-hosted by the TMF and the Tennessee Pharmacy Recovery Network (TPRN) to observe National Recovery Month and Suicide Prevention Awareness Month each September.

The Summit was funded by TMF donors and partners and by a grant provided through TPRN. ▼

TMF OUTCOME STUDY PRESENTED AT ACPH 2025



Dr. Baron presents the results of the 2024-2025 TMF Outcome Study at the American Conference on Physician Health in September.

Findings from a 2024-2025 outcome study involving participants in the TMF Professionals Health Program (PHP) were presented in September at the 2025 American Conference on Physician Health (ACPH) in Baltimore, MD.

The TMF was among 10 state PHPs to attend ACPH 2025 as part of a delegation from the Federation of State Physician Health Programs (FSPHP). TMF Medical Director Dr. Michael Baron, as FSPHP president, was one of four leaders to present at the conference.

Dr. Baron led the session entitled “Participant Survey Data from the Tennessee Medical Foundation – Physician Health Program,” which showcased impressive outcome data.

Survey data collected from TMF participants from December 2018 through July 2024 revealed an 88% rate of successful program completion, along with a 12% return-to-use (relapse) rate. Both figures are significantly higher than the average results achieved through non-PHP programs.

Please see details about the TMF Outcome Study in the Medical Director’s Message on page 1. ▼

(Continued from Page 1)

with who?” The group’s leader put him in touch with TMF Medical Director Dr. Michael Baron.

“When I met with Dr. Baron in 2020, I honestly explained my whole story and point-blank asked him: ‘Do you think there’s a way back or do I need to give up and find something else to do?’ Dr. Baron did not mince words: ‘Yes, if you do what we tell you to this time. If you comply, there may possibly be a road back.’” Dr. Baron sent him for an evaluation and subsequent treatment at a vetted professionals program at the University of Florida Recovery Center.

“I’d been clean from opioids and amphetamines since 2017; at this point, quite honestly, I was a little resentful about having to go back into formalized treatment, but I harkened back to what Dr. Baron told me earlier, so I did.” After 13 weeks of treatment, Dr. W. signed his TMF monitoring contract in March 2021.

Once under contract, he sought to regain licensure. He had been out of practice since 2005, but a two-day medical competency assessment found he simply needed refreshment and remediation. In the fall of 2023, he appeared alongside Dr. Baron before the Tennessee Board of Medical Examiners (BME); he was granted a limited license and enrolled in a BME-approved re-entry program, which required him to secure a preceptor physician for a one-year retraining period. After multiple rejections, he finally found a physician who offered him a geriatric fellowship and began that training in January 2025.

“This will serve as retraining in internal medicine and geriatrics, and fulfillment of my reentry requirement with the Tennessee BME. Upon satisfactory completion I will be granted a full unrestricted license,” he said.

Dr. W. shared that the best part about his TMF journey has been the advocacy, having someone finally in his corner. “I received a lot of guidance from my case manager, Dr. Tamiko Webb, and from Dr. Baron,” said Dr. W, adding, “The mere fact that he showed up to that BME meeting and spoke on my behalf, saying, ‘He’s complying with the contract, we have full confidence he can do this,’ that was big.”

His TMF experience was helpful in other ways, as well, he said. “Putting me in touch with peers who have gone through

a similar journey, the support from my Caduceus meeting peers, the continual guidance on what recovery looks like, the accountability with drug screenings – everything that’s been done has been so impactful for me. It is a true understatement, but I credit the TMF in large part with getting me back to where I am meant to be.” He also credits the Memphis geriatrician who took a chance on him and colleagues in his Memphis Caduceus group with life-changing support and grace.

“As Dr. Baron always says, this is an example of the benefits of recovery,” he said. “I don’t want to say this process has not been without its setbacks. I had to remove myself from exclusion with CMS (U.S. Center for Medicare and Medicaid Services), but now I am in their good graces. I’m looking now to get into compliance with the DEA (U.S. Drug Enforcement Administration); that’s the next big step. It’s certainly been a challenge.”

Dr. W. said his spirituality has been a renewed focus during his recovery and continued sobriety. It is the bedrock on which his recovery is built, along with the support he continues to receive from his wife and family.

“For a long time, what initially held me up in recovery was the regret – feeling like I really let myself down after training for many years for this career and then just walking away. But the program has given me a whole new perspective to look at that and say, okay, you’ve done that but it’s redeemable; you’re living it, let’s focus on the here and now.”

His advice for physicians and other clinicians struggling with impairment?

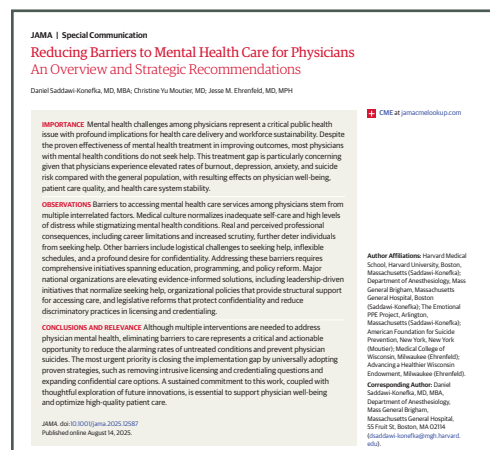
“Number one, our secrets only make us sicker. As a great first step, they need to realize that lifesaving help is out there,” he said, adding, “As somebody who has been out of medicine for 20 years, who has spent time in the criminal justice system, someone for whom it seemed that all avenues and bridges were burned, I can say I don’t think anyone is too far gone.”

Dr. W. concluded, “An organization like TMF helped me resurrect a career that was essentially gone. That speaks powerfully to what can be done with expertise, resources, advocacy, and support – and the mere fact that the TMF has been willing to take a chance on someone like me.”

**Name withheld for confidentiality*

TMF FEATURED IN JAMA

The TMF was spotlighted in an August 2025 article in the *Journal of the American Medical Association (JAMA)*. The article, “Reducing Barriers to Mental Health Care for Physicians: An Overview and Strategic Recommendations,” cited the TMF and its anonymous, online Tennessee Professional Screening Questionnaire (TN-PSQ) as an example of PHP-led efforts to fight mental health stigma for struggling physicians and other health professionals. The article was published online in JAMA Vol. 334, No. 10.





EXECUTIVE DIRECTOR'S MESSAGE

SUICIDE PREVENTION: A PERSONAL STORY

BY JENNIFER RAINWATER
TMF Executive Director

The TMF, in conjunction with the Tennessee Pharmacy Recovery Network, hosted a Mental Health, Recovery, & Suicide Prevention Summit on September 18, featuring Brandon Saho of The Mental Game podcast. (You can read more about this in our feature article in this edition of Lifelines.) As Brandon shared his personal mental health story, I was reminded of mine.

Suicide prevention is a cause that is personal to me and the month of October is a particularly reflective time each year. I am a suicide loss survivor. On October 30, 1984, my close friend died by suicide. We were only 14 years old, freshmen in high school. It wasn't until my own son turned 14 that I realized how very young I was when this happened. In the early '80s people were just beginning to talk about teen suicide and I don't remember the issue ever being discussed at school. My friend exhibited all the signs, but I was too young and too uninformed to know what they meant. Tragically, he died before I had a chance to learn more. As many young people do, I struggled with suicidal ideation for about a year following. But I was fortunate to have a Mom who listened, loved, and prayed me through that time. Having a loved one to talk to and my faith in Christ were vital in helping me through that very dark period in my life.

I am honored to be a part of the TMF where we are working to break the stigma of talking about mental health, recovery, and suicide prevention. Health professionals bear a tremendous load of responsibility and stress which can make them feel isolated. The TMF is here for you! Our staff members are here to listen and help and our program is completely

"Suicide prevention is a cause that is personal to me and the month of October is a particularly reflective time each year."

confidential. If you are hesitant to call, please take advantage of our anonymous, online mental health screening tool – the Tennessee Professional Screening Questionnaire (TN-PSQ) located here: tn.providerwellness.org. You can confidentially self-screen your mental health and anonymously communicate with a program counselor who can provide you with resources in your area.

If you are currently in crisis, please call the National Suicide Prevention Lifeline at 988, or the Tennessee Statewide Crisis Line at 855-274-7471.

You are not alone. The TMF is here for you. 🌱

With thanks,

Share your thoughts with Ms. Rainwater at jenniferr@e-tmf.org.

TMF MOURNS FRIEND & ADVOCATE



David L. Steed, JD, a close friend of the Tennessee Medical Foundation and legal advocate for many of its physician participants, died on Monday, September 22, 2025, following a battle with liver cancer. He is preceded in death by his parents, Elizabeth and Thomas Atkins, and is survived by his wife of 44 years, Maria, his two sons, Adam and Andrew, and his brother Tom.

The TMF family is deeply saddened by his loss. "Mr. David Steed was a diligent and compassionate attorney who approached every case with warmth and an unwavering commitment to protect his clients," said TMF Medical Director Dr. Michael Baron, adding,

"With deep care, professionalism, and without judgement, David represented physicians facing regulatory challenges. He will be dearly missed."

David Steed devoted his career to health care law, working closely with SVMIC, the Tennessee Medical Association, the TMF, and the TN Board of Medical Examiners.

Mr. Steed was a 1980 graduate of Vanderbilt Law School and practiced with Cornelius & Collins, LLC, of Nashville for most of his legal career. 🌱



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IN THIS ISSUE

TMF Outcome Study Results.....	1
"What Was Once Lost": PHP Profile.....	1
Caduceus Retreat Wrap.....	2
President's Message: Reflections.....	3
Events Calendar.....	3
Mental Health Summit Wrap.....	5
TMF Outcome Study at ACPH.....	5
TMF Featured in JAMA.....	6
Exec Director: Suicide Prevention.....	7
TMF Mourns David Steed.....	7
TN-PSQ.....	8



LIFE CAN BE STRESSFUL AT TIMES.

Whatever you're struggling with—family pressures, work, relationship issues, grief, stress or financial concerns—it is easy to get overwhelmed without an idea of where to turn for support.

The TN-PSQ is a **SAFE AND SECURE ONLINE TOOL** now available to health professionals in Tennessee, both licensed and in training: physicians, PAs, chiropractors, veterinarians, RTs, podiatrists, optometrists, x-ray technologists, clinical perfusionists. **It's as simple as:**



CLICK • CONNECT • CHAT

Visit the link below to take an anonymous mental health screening and find resources nearby.

TN.PROVIDERWELLNESS.ORG