



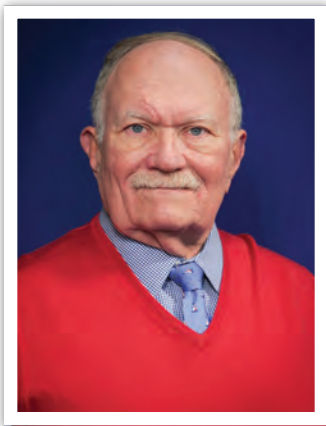
2025  
ANNUAL REPORT  
**MEASURING  
OUR IMPACT**



**TMF**  
TENNESSEE MEDICAL  
FOUNDATION



# MEASURING OUR IMPACT



**Since becoming sober, I have wondered which methods of attaining and maintaining sobriety are the most effective.**

Is complete abstinence necessary, or is the occasional glass of wine innocuous? Is

abstinence from all mind-altering substances required, or is alcohol my only problem, leaving room for “less addictive” substances like THC? Can the claims of for-profit recovery centers and methods be trusted, and how will we know?

As physicians, we know how to measure efficacy in drugs and surgical methods. Measuring efficacy is, at its very core, no more or less than the scientific method we learned in high school biology and physics classes: observation, question, research, hypothesis, experimentation, data analysis, and conclusion/communication.

As you will see in our Annual Report, we have compiled data that helps us measure efficacy and outcomes—the impact of our work. This data is readily available to be mined and analyzed. Other Physician Health Programs have done this to various levels of sophistication and rigor, and

many have published their data; that will soon include the Tennessee Medical Foundation.

Thanks to a grant awarded by the Tennessee Opioid Abatement Council, we were able to survey TMF graduates and have their answers analyzed by a PhD-level biostatistician. Those results are in the process of submission to a peer-reviewed scientific journal. A second more narrative article might also be published later, sharing results of a survey of current participants about which of our support services they find most helpful to their recovery.

It’s been 18 years since I began my journey in sobriety, and every step of that path has been taken with the help of the Tennessee Medical Foundation. I have found answers to all my early questions. While most of these answers are personal observation, I now have a yardstick with which to measure the impact of the TMF.

The data is clear: the TMF works. I am proud to share these results with you as we continue to apply clinical rigor to the vital work of physician recovery.

**Eric W. Berg, III, MD**  
*Board President*

# THE VA RESTO



**Physicians are valuable—not just to their patients, but to their employers.**

Most estimates put the cost of replacing a physician at roughly two-to-three times their annual salary; for large systems, the AMA estimates that burnout turnover can aggregate to tens of millions of dollars per year.

The costs can include recruitment, onboarding

and relocation, coverage costs during vacancy, loss or reduced revenue, and indirect costs such as increased stress among remaining clinicians and detrimental patient experiences, with loss of continuity of care causing quality and safety issues.

The TMF has a tremendous impact on Tennessee’s healthcare economy. Our Physician Health Program (PHP) model is reparative—it restores and safely returns experienced clinicians to practice at a fraction of what it would cost to lose and replace them. They are also proven to have less liability and malpractice risk, saving systems even more money.

Last year, we set out to assess the value of our work with two studies: an Outcome Study of past PHP participants to determine program completion and recovery success, and a Survey Study of current participants to determine which TMF services they regard as most beneficial.

# VALUE OF RATION

The results are featured elsewhere in these pages, but I will share a few highlights:

- 87% of Participant Monitoring Agreements (PMAs) were successfully completed, and the more years in monitoring, the higher the success rate.
- Just 12% had a return to use—remarkable in the world of addiction medicine—and most of those individuals went on to successfully complete their agreement.
- Advocacy, Caduceus meetings, connection with others in recovery, and accountability were cited by active participants as most helpful to their sustained recovery.

These impressive findings support other studies showing the PHP model of care works extraordinarily well for a disease that is lethal if left untreated.

As for the economy of it all, preventing even a modest number of health professional exits through successful TMF intervention translates into large savings. It is ironic that provider replacement costs are borne by the employer, whereas the reparative costs are shouldered by the participants.

Our graduates often resume long, productive careers, the cumulative value of their retained clinical work, mentorship, leadership, and continuity of care multiplies the economic benefit year after year. In this way, the reparative TMF model quietly returns millions of dollars to Tennessee's health care economy annually, while simultaneously enhancing patient safety and professional well-being.



**Michael Baron, MD, MPH, DFASAM**  
Medical Director

# BEYOND DATA- LIVES CHANGED



**We live in a data-driven world.** Data is important because it helps us measure our impact and see areas where we can strive to do better. But data never tells the full story.

When we look at our recent Outcome Study, we see a success rate for our program of 87%. That's an incredible number and one we can be proud of. But that number represents so much more than the completion of our program by a participant. It reflects real lives, impacted by real care and real work toward recovery. There is nothing magical about what we do. A participant in our program is successful in long-term recovery because they want it and they work for it. We simply provide a map for them to follow and the tools to help them along the way.

I want to congratulate our TMF graduates. What you have accomplished is an inspiration!

Your courage and persistence on this journey have helped to reduce the stigma of mental health and addictive disease for all the participants who come after you. Please know that the TMF will always be here for you when you need us.

And thank you to those who faithfully give to us year after year. Your support of our program has made all of this possible! We are grateful for our donors, volunteers, board and committee members, and TMF staff who go above and beyond to help health professionals in our program. We are all proud to be a part of an organization that is making an impact on the lives of our participants, their families, their patients, and their communities.

So, here's to an amazing 2025 and to an even better 2026!



**Jennifer Rainwater**  
Executive Director

# TMF OUTCOME STUDY: HOW EFFECTIVE IS THE PHP MODEL?

In 2024-2025, the TMF conducted a long-awaited outcome study, funded by the Tennessee Opioid Abatement Grant. A PhD-level biostatistician guided the study, assisted by TMF clinical staff, examining effectiveness of the TMF's PHP recovery program model. The results were impressive.

*Initial Study Group: 676 Encounters, December 2018-July 2024*

- 60%** - Provided with alternate support, resources, and encouragement, with no formal TMF involvement.
- 33%** - Enrolled in Participant Monitoring Agreements (PMAs).
- 7%** - Removed from study group due to external factors (death, retirement, move/transfer, voluntary withdrawal of licensure).

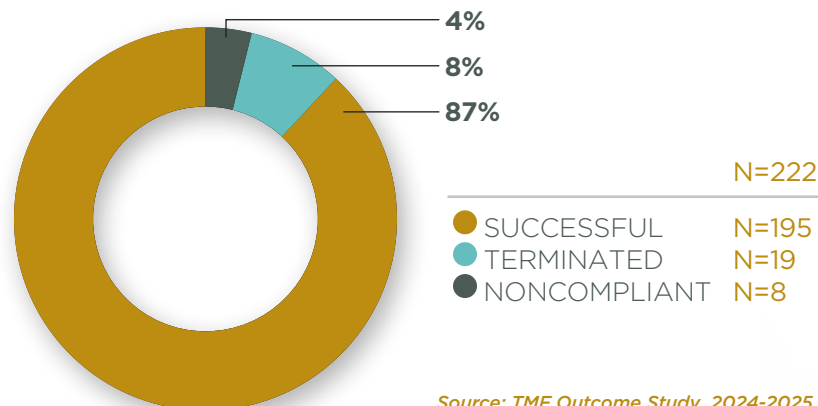
*Final Study Group: 222 Participants*

- 12%** - Closed for non-compliance or other reason; most returned to monitoring or left medical practice.
- 87%** - Successful completions; includes non-compliant participants who came back to successfully complete and graduate. (Non-PHP program avg: ~45%\*)
- 12%** - Return to use rate in final study group; 48% went on to successfully complete during the study period. (Non-PHP return to use avg: 30%-50%\*\*)

**“The night I was intervened on, I went to my first Caduceus meeting, unaware I was in need of much help. Two relapses and three treatments later, I needed everything - the meetings, the testing, the therapy - and finally I am accountable. TMF advocacy saved my life, my family, and my career. I am so grateful.”**

— TMF Outcome Study Participant

**TMF Participant Monitoring Agreement (PMA) Completion Rate\***



## CONCLUSION:

The TMF program showed remarkably high rates of recovery and low rates of return-to-use. TMF outcome data is among the best published data regarding PHP model success.

\*U.S. Substance Abuse and Mental Health Services Administration (2025).

\*\*Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. JAMA, October 4, 2000.

Source: TMF Outcome Study, 2024-2025.

\*Percentages total less than 100% due to rounding.

# MEASURING OUR IMPACT

The TMF's reach extends across the entire spectrum of Tennessee's healthcare workforce. Our overall impact can be measured through the people we serve in various ways.

## 2025 PEOPLE AND PROGRAMS

**323** Tennessee health professionals were served through the **TMF Professionals Health Program (PHP)**

**179** TMF participants attended the annual **Caduceus Retreat**

**136** Health professionals accessed the **Tennessee Professional Screening Questionnaire (TN-PSQ)** mental health screening tool, for a total of **971** screenings through 2025

**42** **Educational programs** were presented at hospitals, medical schools, training programs, and stakeholder meetings, impacting thousands of clinicians statewide

**49** Individuals attended the 2025 **Mental Health, Recovery, & Suicide Prevention Summit**

## PROFESSIONALS HEALTH PROGRAM: SUPPORT, ADVOCACY, ACCOUNTABILITY

The TMF offers expert help in identifying, assessing, and finding the best resources and treatment for conditions that can impact health professional health and patient safety.

We walk with participants through their recovery journey, providing encouragement, guidance, advocacy, and if needed, health and program compliance verification. PHP participants find lifelong community and support through their TMF experience.

### REFERRAL REASONS

- Alcohol and Drug Dependency
- Disruptive Behavior
- Boundary Issues
- Psychiatric Disorders
- Burnout/Stress
- Cognitive Deficits
- Other Behavioral Illnesses

### WHO WE SERVE

- Physicians – MDs and DOs
- Medical students
- Residents
- Physician Assistants
- Optometrists
- Podiatrists
- Veterinarians
- Chiropractors
- X-Ray Technicians
- Surgical Assistants
- Midwives
- Detox Acupuncturists
- Respiratory Therapists
- Other professionals not already served by the Tennessee Professional Assistance Program (TNPAP), the Tennessee Pharmacy Recovery Network (TPRN), or the Tennessee Dental Wellness Foundation (TDWF)

# ADVOCACY

The TMF supports referred health professionals through advocacy with entities and issues impacting a participant's health, license, practice, and career.

## LICENSURE & PROFESSIONAL ISSUES

Throughout the year, the TMF is present for semi-monthly and quarterly meetings for Tennessee's health professional licensing boards, including:

- Board of Medical Examiners
- Board of Osteopathic Examination
- Board of Physician Assistants
- Board of Veterinary Medical Examiners
- Board of Chiropractic Examiners
- Other state health licensure boards as needed

The Medical Director and/or Case Managers stand with and answer board questions regarding PHP participants or new applicants.

The TMF also advocates for PHP participants with:

- Employers
- Credentialing organizations
- Insurance companies
- Professional and specialty organizations



*Dr. Baron attending a recent Tennessee Board of Medical Examiners meeting.*



*Advocating for TMF participants with the SVMIC Board in January 2025.*

## CLINICIAN HEALTH & WELLBEING

### President's Message

Michael Baron, MD, MPH, DFASAM, FAPA



#### Stigma is Lethal

Stigma is lethal. Stigma significantly prevents physicians and other licensed healthcare workers from seeking help for mental illness. Stigma leads to exclusion, prejudice, and

his eighth week of treatment, and despite heavy lobbying by the PHP, he was terminated from residency with only four months remaining.

So far, his story has a happy conclusion. About eight months after successfully completing treatment, he entered

At the national and state level, the TMF is involved in efforts to promote clinician health and wellbeing, protect confidentiality, and reduce the stigma for help-seeking.

In 2025, that included passage of the **Private Advocacy Order Bill**, thanks to the efforts of former BME member and current TMF Board of Directors member Dr. W.

Reeves Johnson and TMF Medical Director Dr. Michael Baron, who worked with the BME, the Office of General Counsel, and legislators to ensure approval.

The new law allows TN health regulatory boards to issue licenses to physician applicants who participate in a peer assistance program without mandatory reporting to the National Practitioner Data Bank (NPDB).

The TMF has championed additional recent initiatives to protect clinician confidentiality regarding past and current mental health conditions, such as:

- Leading the charge to **change TN physician licensure questions** about mental health and peer assistance program participation. (2023-2024)
- Supporting the **TMA Wellness Bill**, prohibiting disclosure of mental health and wellness treatment as a condition for physician licensure, credentialing, or employment. (2024)
- As president of the Federation of State Physician Health Programs (FSPHP) the past two years, TMF Medical Director Dr. Michael Baron led promotion of the **Triad of Confidentiality**, involving Regulatory, Record, and Application protections for healthcare professionals who seek help.

# GRADUATE PROFILE



## Teresa Rasmussen, PA-C

*Speedwell, TN  
2026 Graduate*

### **“I’m All In.”**

These were my first words after TMF participation terms were explained to me. This I can do: respond quickly, perform efficiently, complete my goal. The goal was to be reemployed as a physician assistant. I believed my career to be the sum total of my person; without it, I was nothing.

I had long ago left behind being a parent, daughter, partner, and friend. I devoted my all each day to my work, and each night to the bottle of liquor that helped me forget my failures as a human being outside my profession.

Five-plus years down the road, I am still “all in,” but in a far greater sense. I am reemployed but in a fullness of spirit that

allows me to minister to my patients much more effectively and compassionately than before my sobriety journey began. The opportunities for making living amends to my loved ones are revealed daily. I gratefully receive them and fulfill them as best I can. Contentment is a frequent companion, rather than a fleeting idealized emotion.

Precious is far too small a word to describe my sobriety. It is priceless, as dear as my next breath. It is “the daily reprieve contingent on the maintenance of my spiritual condition.” TMF did not just give me back my career, although that is all I set out to do; TMF, and the fellowship of Alcoholics Anonymous, gave me back my life.

Yes, I am all in. I pray to be for all the rest of my days.

# CADUCEUS GROUPS

Across the state, PHP participants receive safe, confidential support through **peer-led Caduceus groups**. Volunteer leaders are longtime participants and graduates in firm sobriety who have a mission to help newcomers, providing experience and encouragement throughout the recovery journey. Groups currently meet in 12 cities: Chattanooga, Clarksville, Cookeville, Gallatin, Jackson, Johnson City, Kingsport, Knoxville, McKenzie, Memphis, Murfreesboro, and Nashville. Participants in rural locations or with special circumstances can attend a virtual group on a case-by-case basis. Leader identities remain largely confidential but their service to the TMF and their colleagues has visible and lifesaving impact.

## Dr. Cox: “The Man with the Serenity I Wanted.”

By **Dr. Matthew Mabie**  
*Caduceus Co-Facilitator*  
*Memphis*

**It doesn't seem like it was that long ago that I left rehab.** My character defect of “doing less than necessary” was at the forefront when I began my “90 in 90.” I found the first meeting of the day in Memphis and began attending daily. It was several weeks before I would sign my TMF contract and long before I knew what Caduceus was or would come to mean to me.

That meeting was exactly what I thought a “clubhouse” meeting should be: people from diverse backgrounds gathering early in the morning to strengthen their sobriety. There was one man who always sat in the same place, always said something meaningful, always seemed at ease.

I got over my fear and introduced myself to him. I was not prepared for his reply. “Oh... you're Matt Mabie! We can't wait to see you on Wednesday night at Caduceus!”

My reply was likely just as baffling to him: “What is Caduceus is, and how do you know who I am?”

And so that is how I met Kent. He was the man at the meeting who had the serenity I wanted. I was honored when he asked me to “keep coming back” but also to stay as a facilitator. I had found a home in Caduceus, a meeting I thought of as an annoyance early in recovery and came to call the cornerstone of my recovery program as the years passed.

I learned that Kent is a man committed to giving freely to others what he had received. His honesty about his dementia has been both sad and an inspiration. He “kept coming back” with wisdom to share and patience for all. He sometimes struggled with names but never with kindness and hope for those early in their recovery.

Kent Cox has been a selfless servant in the program. He cares for all but has an especially strong passion for struggling professionals, as evidenced by his work with doctors, lawyers, and dentists. He is what I still strive to become.

# VOLUNTEER PROFILE

## W. Kent Cox, PhD, ABPP

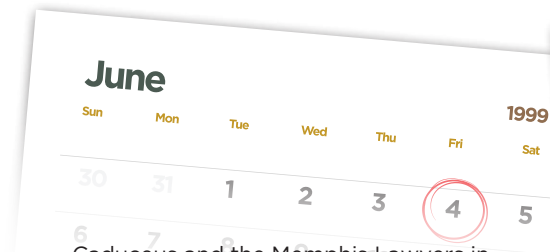
*Caduceus Leader  
Memphis*

By Anne Ayres, PhD\*

**Kent Cox went into treatment and got sober on June 4, 1999, and for him, life began on that date.** As the youngest of five in a close and loving family, he knew he belonged both at home and in the neighborhood, where he was the natural leader of the gang. In high school he worked at the Boys Club where he felt right at home; he loved being with the boys and I expect they loved him. Once outside the circle of family and friends, however, he experienced some academic difficulties which undermined his confidence. When he began to drink in his early teens, he felt looser, more at ease. Alcohol gave him the confidence he lacked.

When he joined the Army, he discovered he excelled in leadership; he thought there may be other possibilities out there that he had never considered. He kept on with school, earning a master's degree in counseling from Mississippi State and then a Ph.D. from University of Missouri. He took a job at the Memphis VA where he resumed something like his Boys Club work. Kent felt called to serve severely mentally ill folks who suffered from schizophrenia or bipolar disorder and who often carried a diagnosis of alcohol abuse as well. This was his ideal career in so many ways but he still felt that old tug of insecurity. His drinking continued and increased over the years. While he could so easily see the problems his patients were having with alcohol, he couldn't see it in himself. Like so many addicts, he tried to quit several times on his own but always came back to drinking. With the encouragement of his older brother, he finally realized that he needed help to quit.

When he emerged after four months in treatment in June 1999, he felt like a new man, but this time he knew he had the tools to sustain a new way of life. He started attending AA meetings daily and even though he was a psychologist, he was referred to the Memphis Caduceus group and began attending weekly meetings that same summer. As a member of Caduceus and AA, he felt like he had found his people. When he retired from the VA in 2003, he was asked to join the leadership teams of both



Caduceus and the Memphis Lawyers in Recovery groups. It was a natural step. When asked what he loved most about Caduceus, he said, "Everybody there was on the same level. Nobody was better than anyone else."

In Caduceus he was back at home again with the warmth and acceptance of a family. His leadership was a position of service – he did not think of himself above anyone else. When new physicians were referred to the group, he was interested in meeting them and hearing their stories. He knew that at first most people viewed the mandatory attendance as a pain; they came in wanting to be anywhere else but there. Over time he saw that as the new doctors settled in, going to group became a part of their lives and the members became part of their family. Kent's life has always been an open book, and he delighted in seeing others open up and embrace their own humanity. He saw them experiencing what he experienced: self-acceptance and the courage to be honest. In recent years, Kent modeled this same honesty when he acknowledged to the group that he was developing dementia. He did this knowing that he would be met with support and encouragement.

Serving as a leader in Caduceus for 20 plus years was one of the highlights of Kent's life. It gave Kent a deep sense of purpose and satisfaction. He knew in his heart that by showing up every Wednesday night, he was not only saving people's careers but also helping them build invaluable connections to others.



*Dr. Cox; photo courtesy of Dr. Anne Ayres.*

*\*Dr. Anne Ayres, PhD, is a retired psychologist and the wife of Dr. W. Kent Cox.*

# SUPPORT

## CADUCEUS RETREAT

Each year, most PHP participants are required to attend an annual Caduceus Retreat focused on strengthening recovery and fostering community connection.

The 2025 retreat was held in June at the Franklin Marriott Cool Springs in Franklin, TN. Speakers included:

- Former American Psychiatric Association President **Dr. Petros Levounis**, speaking on the Neurobiology of Addiction and Technological Addiction;

- Author and North Carolina Physicians Health Program Medical Director **Dr. Clark Gaither**, speaking on Professional Job-Related Burnout and Wellness; and
- **Dr. Scott Teitelbaum**, medical director of the University of Florida Health's Florida Recovery Center (FRC), speaking on Spirituality in Recovery and sharing his personal recovery story.

Attendees earned up to 6.0 hours of CME, with accreditation provided by the Tennessee Medical Association/ACCME.



2025 Caduceus Retreat speakers and their TMF host: (L-R) Dr. Petros Levounis, Dr. Baron, Dr. Scott Teitelbaum, and Dr. Clark Gaither.



Attendees listen to a presentation on Job-Related Burnout by Dr. Clark Gaither at the 2025 Caduceus Retreat.



Dr. Scott Teitelbaum shares his personal recovery journey during the Sunday Spiritual session of the Retreat.

# MENTAL HEALTH HELP FOR TENNESEE CLINICIANS

TMF impact can also be measured through six years of results from the **Tennessee Professional Screening Questionnaire (TN-PSQ)**.

This anonymous, confidential, and voluntary tool was launched in February 2020 to combat mental health stigma for Tennessee medical professionals, students, and trainees. The free 10-minute, 35-question self-screen is designed to help identify and find help for mental health struggles before they escalate.

The TN-PSQ is open to all health professionals served by the TMF and in 2025, the program expanded to include Tennessee pharmacy professionals.



## SIX-YEAR IMPACT

**TOTAL USERS:** To date, **981** health professionals have taken the screening.

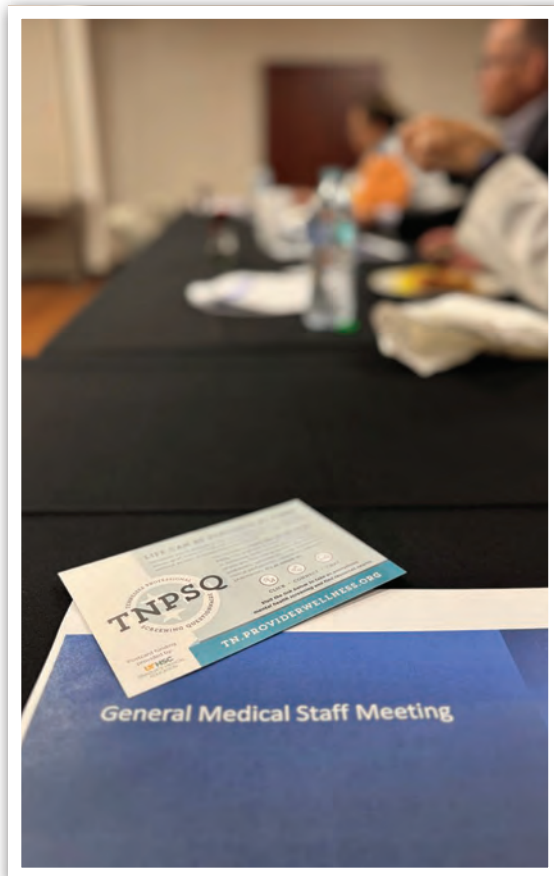
**EARLY INTERVENTION:** **82%** of users were not already receiving treatment or help for their stated mental health concern.

**DISTRESS LEVELS:** **56%** of users scored with “high distress,” including more than 20% with suicidal risk.

**ENGAGEMENT:** **70%** viewed the initial response from a mental health professional in the TN-PSQ portal.

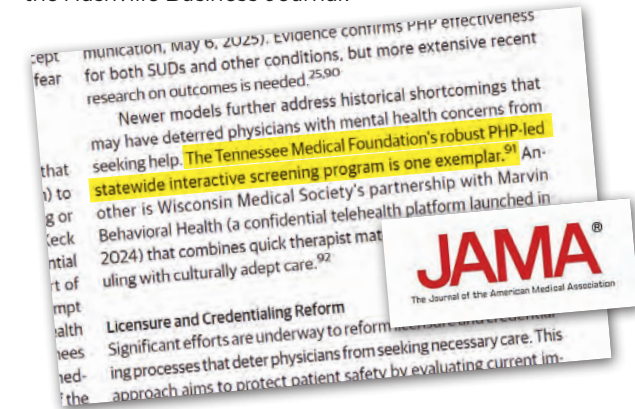
**REFERRALS:** **61%** of users who engaged in anonymous dialogue with the MHP requested an appointment or referral for help.

**REGIONAL USE:** **39%** East Tennessee; **31%** Middle Tennessee; **19%** West Tennessee; **11%** Preferred not to answer.



## TN-PSQ RECOGNIZED

Because of her mental health advocacy and work to establish and oversee the **TN-PSQ screening tool**, TMF Development Coordinator Brenda Williams-Denbo was recognized in April 2025 as a “Woman of Influence” by the *Nashville Business Journal*.



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

# AWARENESS & PR

The TMF mission includes raising awareness about the importance of clinician health, the risk and prevention of conditions that can cause impairment and threaten patient safety, the dangers of stigma, and the help available through our program.

## 2025 TMF OUTREACH INCLUDED:

- 43** Educational lectures to healthcare audiences.
- 10** Exhibits at healthcare meetings and conferences.
- 272** Social media posts generating 99,320 views.



Group photo following a presentation to incoming students at Belmont University's Thomas J. Frist, Jr., College of Medicine, September 2025.

## EDUCATION

Healthcare organizations, workplaces, and schools can receive **free education from the TMF** on a variety of topics related to professional health, including risk awareness and prevention, healthy practice, proper prescribing, professionalism and boundaries, regulatory adherence, and resources for impairment treatment and recovery.

*TMF exhibit at the Rural Health Association of Tennessee Annual Conference, November 2025.*



## TMF PRESENTED TO THESE GROUPS IN 2025:

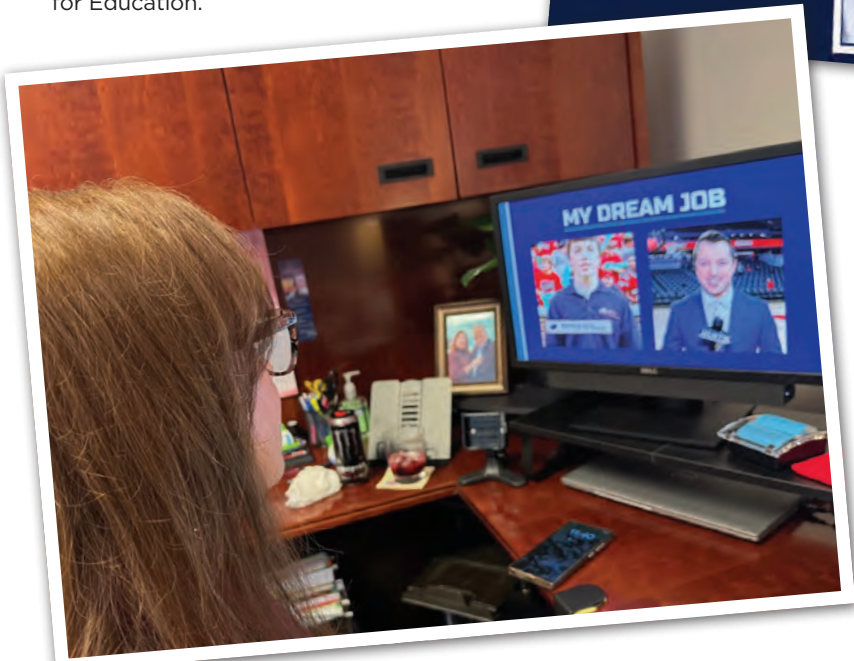
- American College of Graduate Medical Education
- American Conference on Physician Health
- American Medical Association State Advocacy Summit
- American Psychiatric Association
- Ascension Saint Thomas Nashville
- American Society of Addiction Medicine
- Christian Brothers University Physician Assistant Studies
- Federation of State Physician Health Programs
- Federation of State Medical Boards
- Fort Sanders Regional Medical Center
- Georgia Professional Health Program
- Greeneville Community Hospital
- Meharry Medical College
- Metro Nashville Public Health Department
- Mid-South Addiction Conference
- Milligan University Physician Assistant Studies
- Middle Tennessee State University Physician Assistant Studies
- Tennessee Academy of Family Physicians
- Tennessee Academy of Physician Assistants
- Tennessee Association of Medical Staff Services
- Tennessee Board of Medical Examiners
- Tennessee Board of Physician Assistants
- Tennessee Charitable Care Network
- Tennessee Medical Association
- Tennessee Osteopathic Medical Association
- Tennessee Society of Addiction Medicine
- Thomas J. Frist, Jr., College of Medicine
- Trevecca Nazarene University Physician Assistant Program
- University of Tennessee Health Science Center-Memphis
- Vanderbilt University Medical Center
- Vanderbilt Tullahoma-Harton Hospital
- Vanderbilt University School of Medicine
- West Tennessee Healthcare
- West Tennessee Medical Group Management Association

# EVENTION

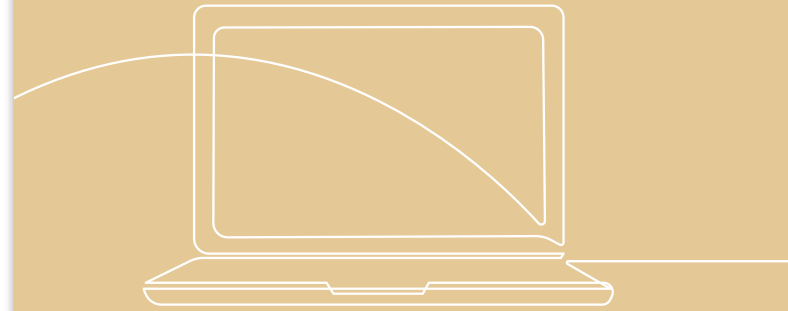
## MENTAL HEALTH SUMMIT

Our **3rd annual Mental Health, Recovery, and Suicide Prevention Summit**, co-hosted with the Tennessee Pharmacy Recovery Network, was held in September in observance of National Suicide Prevention Awareness and Recovery Month. We doubled attendance in 2025 by transitioning to a virtual, one-hour lunchtime presentation for all clinicians and trainees, lowering the CME cost, and offering need-based scholarships.

Speaker Brandon Saho of *The Mental Game* podcast shared his own mental health and recovery story along with evidence-based strategies for managing mental health, regulating emotions, and supporting colleagues. CME accreditation was provided by the Tennessee Medical Association, Tennessee Osteopathic Medical Association, and the Tennessee Pharmacists Consortium for Education.

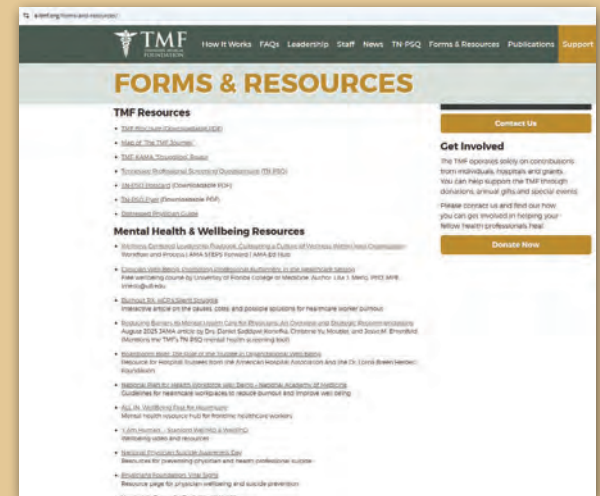


*Executive Director Jennifer Rainwater hosted the online Mental Health Summit in September, introducing the presentation by Speaker Brandon Saho.*



## ONLINE LIBRARY

A robust list of **clinician health and recovery resources** is maintained on the TMF website under the “Forms & Resources” tab. Scroll down below the “Forms” section to see downloadable documents, links, and tools provided by organizations like the American Medical Association, National Academy of Medicine, Dr. Lorna Breen Heroes’ Foundation, The Physicians Foundation, Stanford WellMD, American Foundation for Suicide Prevention, Vanderbilt Center for Professional Health, and more. To access these valuable resources, visit [e-tmf.org](http://e-tmf.org).



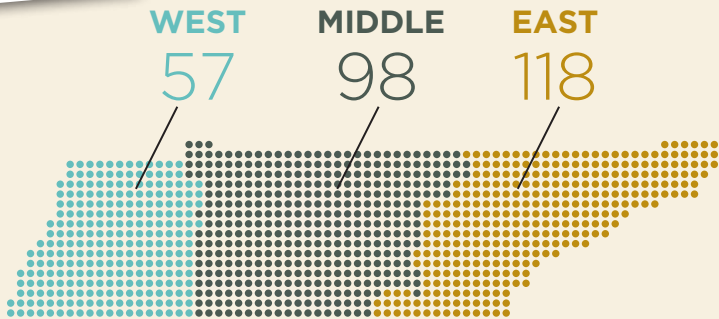
# 2025 CLINICAL DATA

## SPECIALTY

267 PHP PARTICIPANTS

97 NEW REFERRALS

### REGION



### GENDER

70 FEMALES  
253 MALES

AVG AGE  
48

### PROFESSION

Acupunct Detox 1  
Chiropractor 7  
DO 16  
DO Resident 4  
DO Student 7  
MD 225  
MD Resident 10  
MD Student 8  
Optometrist 1  
Physician Assistant 18  
Podiatrist 1  
Polysomnographer 3  
Resp Therapist 9  
Surg Asst 1  
Veterinarian 8  
X-Ray Tech 4

### OUTCOMES

PHP Participants 267  
New Referrals 97  
Received Help w/ No TMF Contract 56  
PHP Graduates 30  
RMA Participants 26\*  
Total Clinicians Served 323

\*Recovery Maintenance Agreements—  
Voluntary monitoring following graduation

Acupunct Detox 1  
Addiction Med 8  
Anesthesiology 13  
Cardiology/Surg 10  
Chiropractic 7  
Dermatology 3  
Emergency Med 27  
Endocrinology 1  
ENT/Otolaryng/Surg 4  
Family Med 37  
Gastroenterology 1  
Infectious Dis 1  
Internal Med 26  
Nephrology 1  
Neurology/Spec/Surg 6  
OB/GYN 16  
Occup Health 1  
Oncology/Surg 5  
Ophthalmol/Surg 2  
Optometry 1  
Orthopedics/Surg 11  
Pathology 4  
Pediatrics/Spec 15  
Physician Asst 14  
Physical Med/Rehab 1  
Plastic Surg 1  
Polysomnography 3  
Psychiatry 7  
Pulm/Critical Care 7  
Radiology 8  
Resp Therapy 9  
Rheumatology 1  
Sleep Med 1  
Student/Trainee 15  
Surgery 39  
Urology 4  
Vascular Surg 1  
Veterinary Med 8  
X-Ray 1

50 OUT OF 50 STATES: AL, AZ, CO, FL, GA, IN, KY, LA, MO, MS, NC, NY, OH, PA, SC, TX, VA

### REFERRALS

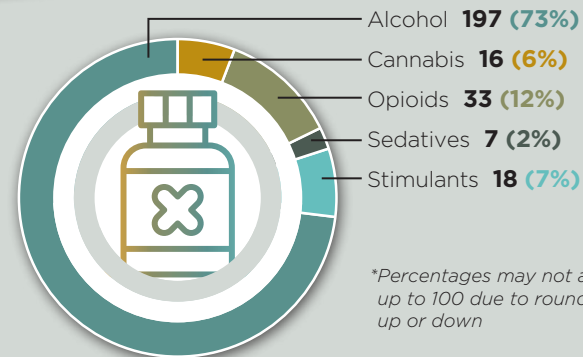
#### REASON

Substance Use 263  
Behavioral 20  
Burnout 3  
Cognitive 4  
Misprescribing 2  
Mental Health 21  
Sexual Boundary 7  
Other 3

#### SOURCE

Anonymous 1  
Attorney 6  
Board 62  
Colleague 31  
Employer 53  
Family/Friend 6  
Hospital 30  
Malpractice Insurer 1  
Patient 1  
PHP/Advocacy Pgm 19  
School/Training Pgm 33  
Self 53  
Treatment Provider 27

### DRUG OF CHOICE



\*Percentages may not add up to 100 due to rounding up or down

# VOICES OF IMPACT

## COLLABORATING FOR PHYSICIAN HEALTH



**The Tennessee Medical Foundation is a valuable resource for the physicians in Tennessee.**

Each of us may hope that we never have to seek help from the TMF, but we all need to be aware that

the TMF stands ready to help us as individuals and group practices.

The work that physicians perform requires expertise, precision, and clear judgement for every patient at every encounter every day. We face these challenges and the stress that comes with these challenges throughout our careers, and sometimes we pay a price for that effort. We can fall prey to stress, exhaustion, and burnout. We force ourselves to keep pushing, to work harder for our patients or for our practices, and we often can't see that we are putting ourselves in harm's way. Often, it is our colleagues and partners who notice our struggles before we do.

When I took over as Chief Medical Officer for Galen Medical Group, a medium-sized multispecialty group, several issues regarding physician health and well-being were brought

to my attention by concerned colleagues, and I quickly found out that I was well out of my comfort zone. Thankfully, the Tennessee Medical Foundation was there for guidance.

The TMF has programs to help individual physicians and medical groups who work with physicians, all in a confidential context. Whether there are issues with anger management, depression or burnout, maladaptive coping mechanisms, or the need for cognitive assessments, the TMF can offer individuals and physician groups pathways to get help, seek recovery, or simply learn new skills. When serious questions arise that impact our careers and affect the care we provide for our patients, we owe it to ourselves and our patients to get those questions answered.

Galen Medical Group is so appreciative of the efforts of the TMF that we have committed to give annual financial support for this vital resource for the physicians of Tennessee. I urge all physicians and physician groups in Tennessee to remember that the TMF is the resource we can turn to when we need help, guidance, and healing for ourselves or our colleagues.

Support the Tennessee Medical Foundation today and know that they will be there for you if you ever need them.

**Ben Wiley, MD**  
President, Galen Medical Group  
Chattanooga, TN

*“TMF touches more people directly than any organization that I have worked with. Because of your influence I now, in retirement, work with our local Drug Recovery Court. Addiction is a terrible disease. Please know that you are appreciated.”*

— Mickey McAdoo, MD, Milan, TN

TMF Board President 2013-2015

Letter to TMF Medical Director Dr. Michael Baron

*“Our thanks for all you do for our family of physicians. The love and support (Participant) received saved his life and ours. We appreciate and thank God for you.”*

— Participant Family Members

West Tennessee

# IMPACT



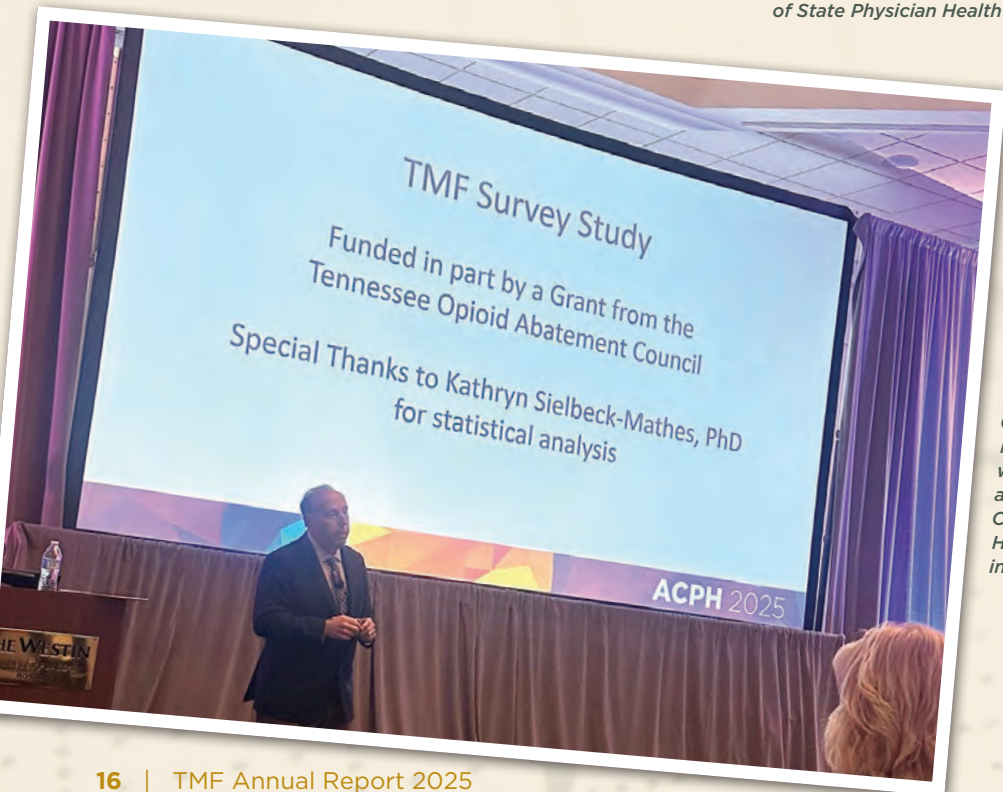
TMF Medical Director Dr. Michael Baron (far right) with panel co-presenters at the AMA Advocacy Summit in January: (L-R) Dr. Humayun Chaudhry, Federation of State Medical Boards; Dr. Stephanie Simmons, Dr. Lorna Breen Heroes' Foundation; and Dr. Elizabeth Struble, Indiana State Medical Association.



American Foundation for Suicide Prevention Medical Director Dr. Christine Moutier connects with Dr. Baron following her presentation at the annual conference of the Federation of State Physician Health Programs (FSPHP) in April.



As FSPHP president, Dr. Baron delivers the opening address during a joint session of the FSPHP and the Federation of State Medical Boards in Seattle.



Results of the TMF Outcome Study, showing impressive success rates, were unveiled to a national audience at the American Conference on Physician Health (ACPH) in Boston in September.



View from the TMF exhibit table at the 2025 Caduceus Retreat in June.

# IMAGES



TMF's Dr. Baron and Case Manager April Mallory pose with Vanderbilt's Dr. Reid Finlayson and Tennessee Lawyers Assistance Program Director Buddy Stockwell, fellow panelists at the Mid-South Addiction Conference in October.



Outgoing TMF Board President Dr. Clay Runnels (center) received parting gifts at the close of the TMF Board Retreat in October.



Incoming President Dr. Eric Berg (far right) and fellow TMF board members listen intently to a report presentation during their final meeting of 2025.



Following a presentation, Dr. Baron accepted a generous donation from Fort Sanders Regional Medical Center in December, presented by Medical Staff President Dr. Patrick Bolt and Medical Staff Services Coordinator Jan Adam.

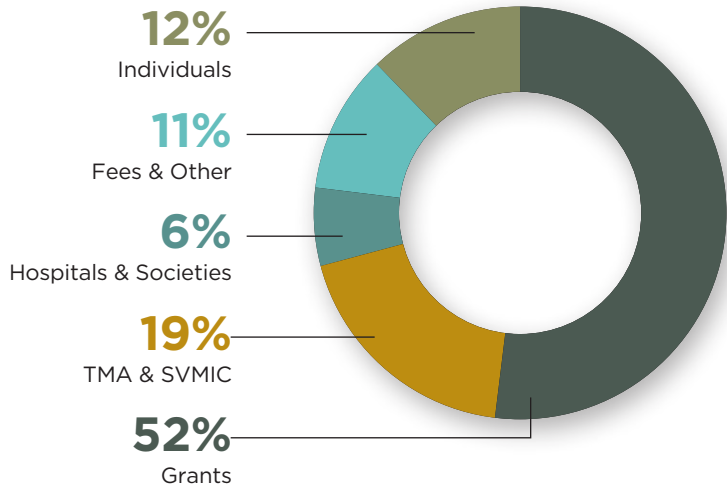


TMF graduates, leaders, and staff were interviewed in December for a series of awareness videos funded by the Tennessee Opioid Abatement Grant. Above: TMF leader discussion. Right: Case Manager Dr. Tamiko Webb on camera.

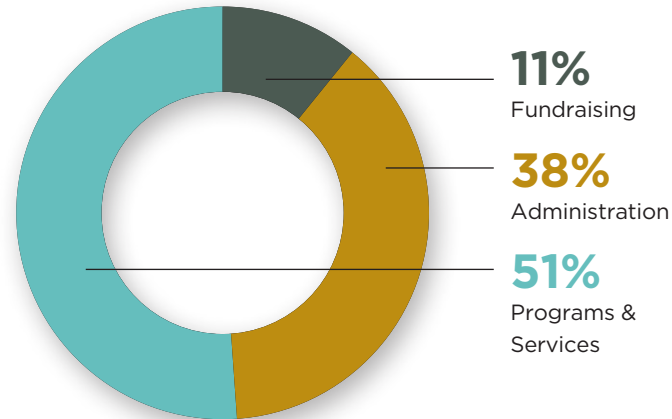


# 2025 DONOR IMPACT

## INCOME

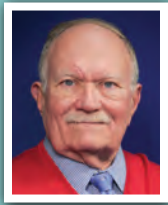


## EXPENSES



**GIFTS GIVEN.** LIVES TRANSFORMED.

# OUR VOLUNTEER LEADERS



**Eric W. Berg, III, MD**  
Board President; PHQIC  
Clarksville



**W. Reeves Johnson, Jr., MD**  
Board Vice President; PHQIC  
Knoxville



**Lee McLellan**  
Board Treasurer  
Nashville



**Clay W. Runnels, MD**  
Board Past President  
Johnson City



**John B. Woods, MD**  
PHQIC Chair  
Jackson



**Tim Davis, MD**  
PHQIC Co-Chair  
Chattanooga



**Subhi D. Ali, MD**  
Board  
Waverly



**Phyllis E. Miller, MD**  
Board  
Chattanooga



**Steve Tate, MD**  
PHQIC  
Nashville



**Amanda von Horn, MD**  
Board  
Nashville



**John Harris, MD**  
PHQIC  
Memphis



**Randy Ratliff, Esq.**  
Board  
Brentwood



**Natascha S. Thompson, MD**  
Board  
Memphis



**Rev. Terry Hunley**  
PHQIC, Consumer Member  
Jackson



**Perry C. Rothrock, III, MD**  
Board  
Cordova



**Lorraine Johnson, RN**  
PHQIC, TMAA  
Representative  
Knoxville



**Brigham Scallion, DO**  
PHQIC  
Bells

*TMF Staff 2025:  
Case Manager  
Tamiko Webb;  
Case Manager April  
Mallory; Development  
Coordinator Brenda  
Williams-Denbo;  
Medical Director  
Dr. Michael Baron;  
Administrative  
Assistant Dot Walker;  
Executive Director  
Jennifer Rainwater;  
Administrative Assistant  
Barbara Nicks.*





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A hand holding a pen is pointing to a line graph on a grid. The graph has two lines: a solid line with circular markers and a dashed line. The y-axis is labeled from 0 to 80 in increments of 20. The x-axis is labeled from 1 to 53. A ruler is placed horizontally below the graph, showing inches and centimeters. The background is a light blue grid.

**SAVING LIVES.** SAVING CAREERS.

## OUR MISSION

The mission of the Tennessee Medical Foundation (TMF) is to **protect patients** through identification, intervention, rehabilitation, and the provision of **advocacy/support** for physicians and other health professionals impaired by addictive disease, mental or emotional illness.