

WASHINGTON
**Medical
Commission**

Licensing. Accountability. Leadership.



Personal Appearances
Case Disposition
September 12, 2024



Meeting Agenda

September 12, 2024



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (WMC) meetings. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Capital Events Center, 6005 Tye Drive, Tumwater, WA 98512

Time		Room	
Closed Sessions			
7:45 am	Breakfast	Thurston	
Open Sessions			
8:30 am	Personal Appearances: Panel A – Virtual Meeting Link	Schedule Page 4	Pacific
8:30 am	Personal Appearances: Panel B – Virtual Meeting Link	Schedule Page 5	Grays Harbor
10:30 am	Break		
10:45 am	Case Disposition – Panel A	Pacific	
10:45 am	Case Disposition – Panel B	Grays Harbor	
Noon	Lunch	Thurston	
12:30 pm to 1:30 pm	Lunch & Learn – Virtual Webinar Registration Link Washington Physicians Health Program Annual Report <i>Chris Bundy, MD, Executive Medical Director</i>	Thurston Report pages	
Closed Sessions			
1:30 pm	Case Disposition – Panel A	Pacific	
1:30 pm	Case Disposition – Panel B	Grays Harbor	
3:00 pm	Break		
3:15 pm	Case Disposition – Panel A	Pacific	
3:15 pm	Case Disposition – Panel B	Grays Harbor	
Informational			
Hearing Schedule			Page 3

FORMAL HEARING SCHEDULE



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

DISCLAIMER: THE BELOW HEARING SCHEDULE IS SUBJECT TO CHANGE.

Hearing Date	Respondent	Case No.	Location
September 2024			
September 3-4	Hanson, Jason L., MD	M2022-208	Virtual
September 23	Olsson, Roger, MD	M2023-379	Virtual
September 26-27	Johnson, Lisa, MD	M2023-802	Virtual
October 2024			
October 15-16	Shibley, Eric, MD	M2018-443	TBD
November 2024			
November 18-20	Hammel, James F., MD	M2023-493	TBD
December 2024			
December 6	O'Neill, Jay, PA	M2024-231	TBD
January 2025			
January 14-17	Benson, David, MD	M2022-721	TBD
January 24	Smith, Steven, MD	M2022-722	TBD
February 2025			
February 4-5	Crandall, Sarah, MD	M2023-887	TBD

Information on how to observe a hearing can be obtained from the Adjudicative Clerk Office, (206) 391-5193.



Panel A Personal Appearance Agenda

Thursday, September 12, 2024

Panel
 Members:

Harlan Gallinger, MD, Panel Chair	Daniel Cabrera, MD	Jimmy Chung, MD	Arlene Dorrough, PA-C
Anjali D’Souza, MD	Jamie Koop, Public Member	Sarah Lyle, MD	Elisha Mvundura, MD
Douglas Pullen, Public Member	Scott Rodgers, Public Member		
Janet Barrall, MD, Pro-Tem	Robert Bernstein, MD, Pro-Tem	Charlie Browne, MD, Pro-Tem	Peter Casterella, MD, Pro-Tem
Peggy Hutchison, MD, Pro-Tem			

Compliance
 Officer:

Anthony Elders

8:30 a.m.	Phyllis Hursey, MD Attorney: Pro Se	M2022-990 (2021-13056) RCM: Anjali D’Souza, MD SA: Rick Glein
9:00 a.m.	Shawna E. Purcell, MD Attorney: C. Scott Kee	M2021-754 (2021-1741) RCM: Harlan Gallinger, MD SA: Rick Glein
9:30 a.m.	Helios Liu, MD Attorney: Philip J. VanDerhoef	M2023-50 (2022-8583) RCM: Harlan Gallinger, MD SA: Joel Defazio
10:00 a.m.	Deborah Cahill, MD Attorney: Pro Se	M2014-951 (2014-5571) RCM: Elisha Mvundura, MD SA: Colleen Balatbat

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Panel B

Personal Appearance Agenda

Thursday, September 12, 2024

Panel
Members:

Chair: Terry Murphy, MD	Michael Bailey, Public Member	Christine Blake, Public Member	Toni Borlas, Public Member
Po-Shen Chang, MD	Diana Currie, MD	Karen Domino, MD	April Jaeger, MD
Ed Lopez, PA-C	Claire Trescott, MD	Richard Wohns, MD	
David Brecher, MD, Pro-Tem	Matthew Kogut, MD, Pro-Tem	John Maldon, Public Member, Pro-Tem	

Compliance
Officer:

Mike Kramer

8:30 a.m.	Vrajesh Patel, MD Attorney: Pro Se	M2019-1006- (2019-3354) RCMs: Po-Shen Chang, MD, Christine Blake, Public Member SA: Trish Wolf
9:00 a.m.	Tami S. Meraglia, MD Attorney: Natalie A. Heineman	M2022-842 (2022-3169) RCM: Karen Domino, MD SA: Kelly Elder
9:30 a.m.	Stephen P. Markus, MD Attorney: Douglas Yoshida	M2018-94 (2017-3445, 2019-10700) RCM: Claire Trescott, MD SA: Mike Farrell
10:00 a.m.	Zachary D. Stiles, PA-C Attorney: Stephen M. Lamberson	M2020-706 (2019-14684) RCM: Ed Lopez, PA-C SA: Lisa Krynicki

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WPHP 2023 Report to the Washington Department of Health



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2023 EXECUTIVE SUMMARY

HISTORY

The Washington Physicians Health Program (WPHP) is an independent non-profit organization founded by the WSMA Committee on Physicians with Personal Problems in 1974 to support and assist physicians in crisis, primarily due to concerns about drug or alcohol issues. Since then, WPHP has expanded to serve allopathic physicians, osteopathic physicians, physician assistants, veterinarians, dentists, and podiatric physicians. WPHP has also expanded its scope of services to address any health condition that may cause impairment including substance use, mental health conditions, cognitive disorders, and non-psychiatric medical illnesses. WPHP provides these services to the state of Washington under contract with the Department of Health (DOH) with approximately 82% of operating expenses funded by peer assistance license surcharges supported by the professional groups we serve.

ORGANIZATIONAL LEADERSHIP

WPHP adopted a dual leadership structure in 2010. The Executive Medical Director (Chris Bundy, MD, MPH) and Executive Director (Sheldon Cooper) jointly lead WPHP and report to the WPHP Board of Directors. Dr. Bundy represents WPHP nationally through the Federation of State Physician Health Programs (FSPHP), of which he is the immediate past President and current Chief Medical Officer.

CORE CLINICAL PROGRAM

The WPHP core clinical program includes initial assessment, treatment referral, post-treatment health support verification, and advocacy related to health professional impairment. WPHP utilizes a case management model and each program participant is assigned to a clinical coordinator that manages the professional's progress through the program. In 2023, WPHP received 124 referrals to the program and 56 program admissions. Program satisfaction and outcomes, as assessed by annual and exit surveys of program participants and stakeholders, remain strong. Please see the full contents of this report for more detailed information about program statistics and performance in 2023.

EDUCATION AND OUTREACH

WPHP continues a tradition of providing robust education and outreach to Washington's medical community. Last year, WPHP delivered 62 hours of educational presentations on topics related to physician health and well-being to medical students, trainees, practicing physicians, and healthcare leaders across the state and nation.

2023 PROGRAM HIGHLIGHTS AND CHALLENGES

- **Recruitment and Retention:** Like all areas of health care, WPHP has been challenged in recruiting and retaining staff since the COVID-19 pandemic. In 2023, we hired and trained three clinical coordinators, one quality assurance assistant, one health informatics coordinator, and one communications manager. Our cases are increasingly complex and require clinical staff to be licensed at the master's level with physician oversight. This level of training and expertise adds significantly to our expenses.

- **Quality and Assurance Team Development:** WPHP created the Quality Assurance team to reduce administrative burden to clinical staff, build resilience to clinical staff turnover, and strengthen our quality and performance program.
- **Communications Development:** We added capacity for a more robust communications infrastructure through hiring a communications manager in late 2023 to design and implement our communications strategy, provide communications thought-leadership, and support external engagement with key partners to bring increased awareness to WPHP.
- **System Redesign:** WPHP continues to innovate and improve systems to streamline workflows and efficiency while improving participant and staff experience. We redesigned and implemented our intake and enrollment processes while also developing nationally recognized innovations in toxicology testing.
- **Advocacy:** WPHP continues to make tremendous strides in advocating for license and credentialing question reforms and preserving WPHP protections in the public records act. Our partnership with the University of Washington continues to cover the cost of PHP recommended evaluations and toxicology testing for medical students, physician assistant students, residents, and fellows. The American Medical Association has expressed interest in promoting this model across medical education nationally.

THE YEAR AHEAD

- The passing of license surcharge legislation in 2024 will allow WPHP to keep pace with inflation and operating expenses since the last cycle of increases between 2009 and 2018, harmonizing the surcharge across all disciplines, and streamlining the process for all involved. It will also allow us to fund outreach and education efforts. Not only are these critical in generating awareness about WPHP, but they also help decrease mental health stigma, encourage help-seeking, and support system reforms that benefit all.
- Study opportunities for reducing program and testing cost burdens for participants.
- Continue to find ways to streamline processes and reduce administrative burden to the clinical team.
- Build resilience to staff turnover and add two additional clinical coordinators to handle an increase in caseloads and complexity.
- Evaluate opportunities for additional system improvements in toxicology testing.
- Implement the strategic communications plan to increase awareness of WPHP.

SUMMARY:

Success in our mission to promote patient safety and rehabilitate health care professionals is dependent upon your continued support. We hope this report provides a transparent and informative summary of our work while demonstrating our commitment to accountability, consistency, and excellence.

We thank you in advance for taking the time to review our work. Please do not hesitate to reach out with any questions or feedback you may have.

Respectfully submitted,



Chris Bundy, MD, MPH, FASAM
Executive Medical Director



Sheldon Cooper
Executive Director



WASHINGTON
PHYSICIANS
HEALTH PROGRAM

2023

ANNUAL REPORT



A MESSAGE FROM THE DIRECTORS

Dear Friends,

This Annual Report celebrates WPHP's 2023 accomplishments, impact, and honors our partners. Our work is based on a simple and highly-effective model—confidential help, not discipline, best supports a healthy and safe health-care workforce. WPHP works—our program participants, as well as their families, patients, and communities, all benefit from our efforts. None of this would be possible without the support of the licensees whose surcharges underwrite our work; the courageous compassion of those who reach out to us each year on behalf of themselves or a peer; the collaboration among the employers, organizations, professional associations, Boards and Commissions, with whom we partner; and the dedication of our volunteer Board of Directors who guide our mission. We hope that you will share this report with your teams and partners so that we may reach all in need in Washington's medical community.

Thank you!

A handwritten signature in white ink, appearing to read "Chris Bundy".

Chris Bundy, MD, MPH

EXECUTIVE MEDICAL DIRECTOR

A handwritten signature in white ink, appearing to read "Sheldon Cooper".

Sheldon Cooper

EXECUTIVE DIRECTOR

OUR MISSION

The mission of Washington Physicians Health Program is to facilitate the rehabilitation of health-care professionals who have physical or mental conditions that could compromise patient safety and monitor their recovery.

"WPHP is committed to their mission with compassion and integrity. They genuinely want to help, and it shows."

- WPHP PARTICIPANT



HEALTHY DOCTORS = BETTER CARE

- Increased patient safety
- Higher patient satisfaction
- Lower professional liability risk
- Better treatment recommendations and increased treatment adherence
- Better treatment outcomes



CONFIDENTIAL HELP, TRUSTED ADVOCACY

86%

of participants receive help
without ever being known to
their licensing board

WHAT IS WPHP'S PURPOSE?

- Assist in the early detection and treatment of illnesses that could compromise safe practice
- Provide participants with credible verification of health status and program adherence when needed to support continuation or re-entry to practice
- Confront stigma, bias, and discrimination through education, outreach, and advocacy

WHAT DOES WPHP HELP WITH?

- Mental health conditions
- Medical conditions
- Cognitive issues
- Substance use disorders
- Stress and burnout
- ANY health condition

WHO WE SERVE

Allopathic, Osteopathic, and Podiatric Physicians, Physician Assistants, Dentists, Veterinarians, and the residents, students, and family members of these disciplines



SUPPORT IS OFFERED, CONCERNS ARE PUT TO REST

104

New referrals
assessed and assisted
by WPHP in 2023

56

Enrolled in a health support agreement

About half of those referred to WPHP receive support and advocacy without the need to enroll in a health support agreement

OUR IMPACT

Saving lives and preserving the health-care workforce

83%

Colleagues report WPHP treats participants with care and compassion

84%

Colleagues report that WPHP is effective

88%

Colleagues report that WPHP is a valuable resource to the medical community

91%

Participants report being treated with courtesy and respect by WPHP

87%

Participants describe their WPHP experience as extremely useful or life-saving

91%

Participants report needing and benefiting from WPHP advocacy



WPHP REDUCES BURNOUT

63%

NATIONAL AVERAGE



1 OUT OF 5

Participants report that WPHP saved their life

18%

WPHP PARTICIPANTS



83%

Working in their field at program completion

87%

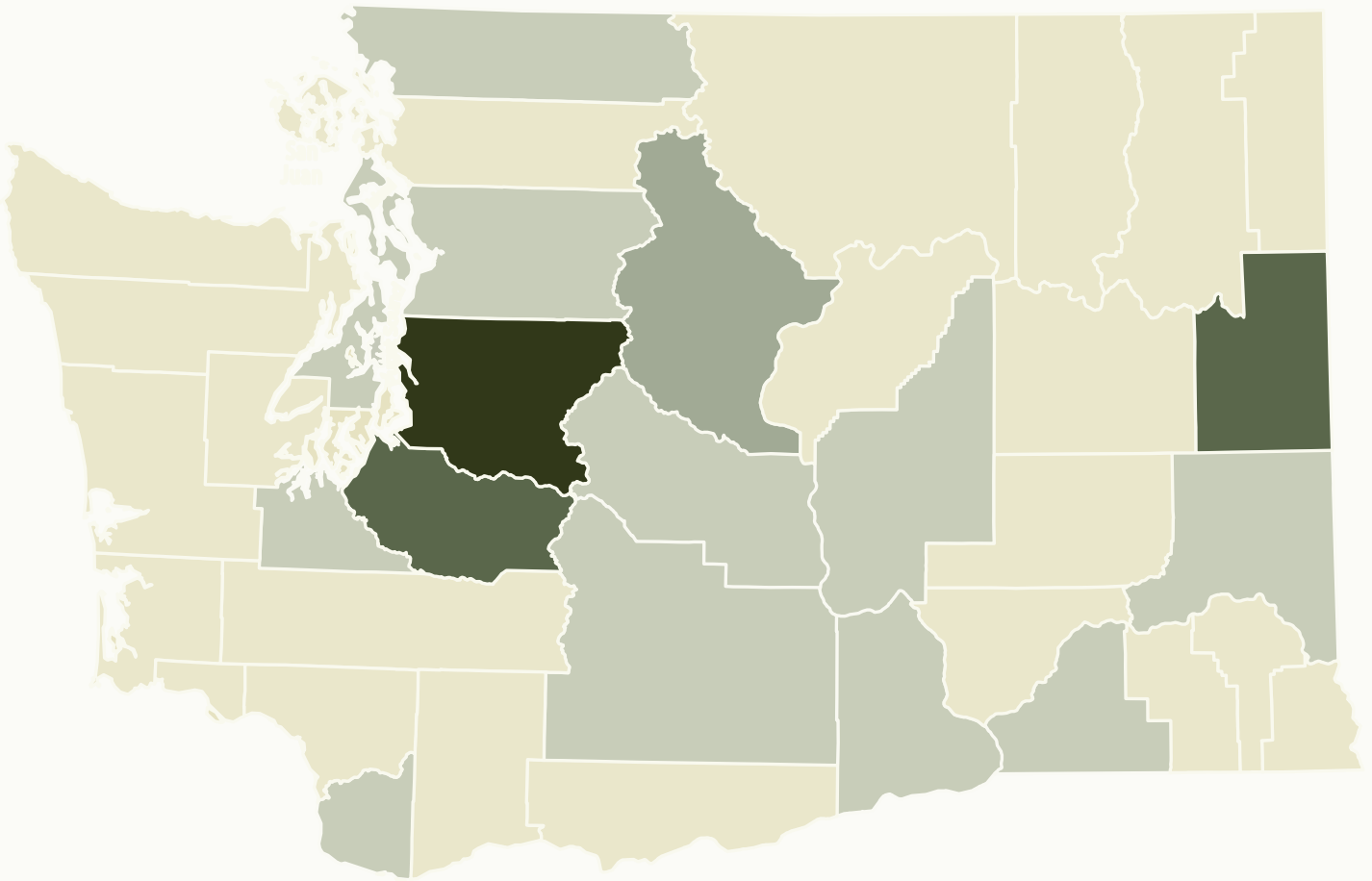
Substance Use Disorder participants with no return to use at 5 years

WPHP participants have consistently reported substantially lower rates of burnout than national averages.

WPHP REFERRALS BY LOCATION

Washington, by county:

KING	55	BENTON	4	THURSTON	3	GRANT	1
SPOKANE	12	SNOHOMISH	4	CLARK	2	KITTITAS	1
PIERCE	10	YAKIMA	4	ISLAND	2	WALLA WALLA	1
CHELAN	5	KITSAP	3	WHATCOM	2	WHITMAN	1



Out of State:

ALASKA	1	COLORADO	2	OKLAHOMA	1	BRITISH COLUMBIA	1
CALIFORNIA	3	NORTH CAROLINA	1	OREGON	5		



PARTNERSHIP = STRENGTH

EDUCATION & OUTREACH IN 2023

62

Hours of educational presentations

3,691

Professionals reached through presentations

100

Outreach meetings & conferences

39,238,500

Newsletter, article & media impressions

8,960

Social media impressions

"WPHP provides a holistic focus on physician health and offers genuine care for participants, balanced with the role of ensuring safety to practice."

- MENTAL HEALTH THERAPIST

WPHP BOARD OF DIRECTORS

Tom Miller, MD, Chair

Barbara Schneidman, MD, MPH, Vice Chair

Carla Ainsworth, MD, MPH, Secretary

Kristin Kenny, Treasurer

Rob Benedetti, MD

Taya Briley, RN, MN, JD

James Brown, MD

LuAnn Chen, MD, MHA, FAAFP

Lon Hatfield, MD, PhD

Matthew Layton, MD, PhD, FACP, DFAPA

Brad McPhee, DDS

Mary Collins Murphy, RN

Brenda Suiter, MHA

Jeffrey Sung, MD



WASHINGTON
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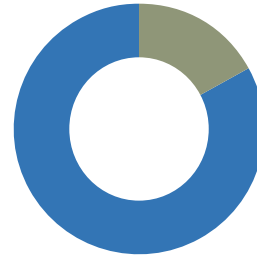
1200 6TH AVE, SUITE 850
SEATTLE, WA 98101

PHONE: (206) 583-0127
TOLL-FREE: (800) 552-7236

WPHP.ORG

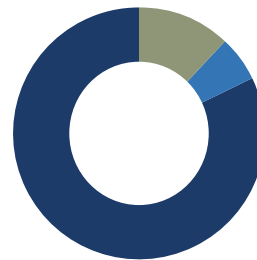
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2023 FINANCIAL SNAPSHOT



FUNCTIONAL EXPENSES

17% MANAGEMENT & GENERAL
83% PROGRAM SERVICES



REVENUE RESOURCES*

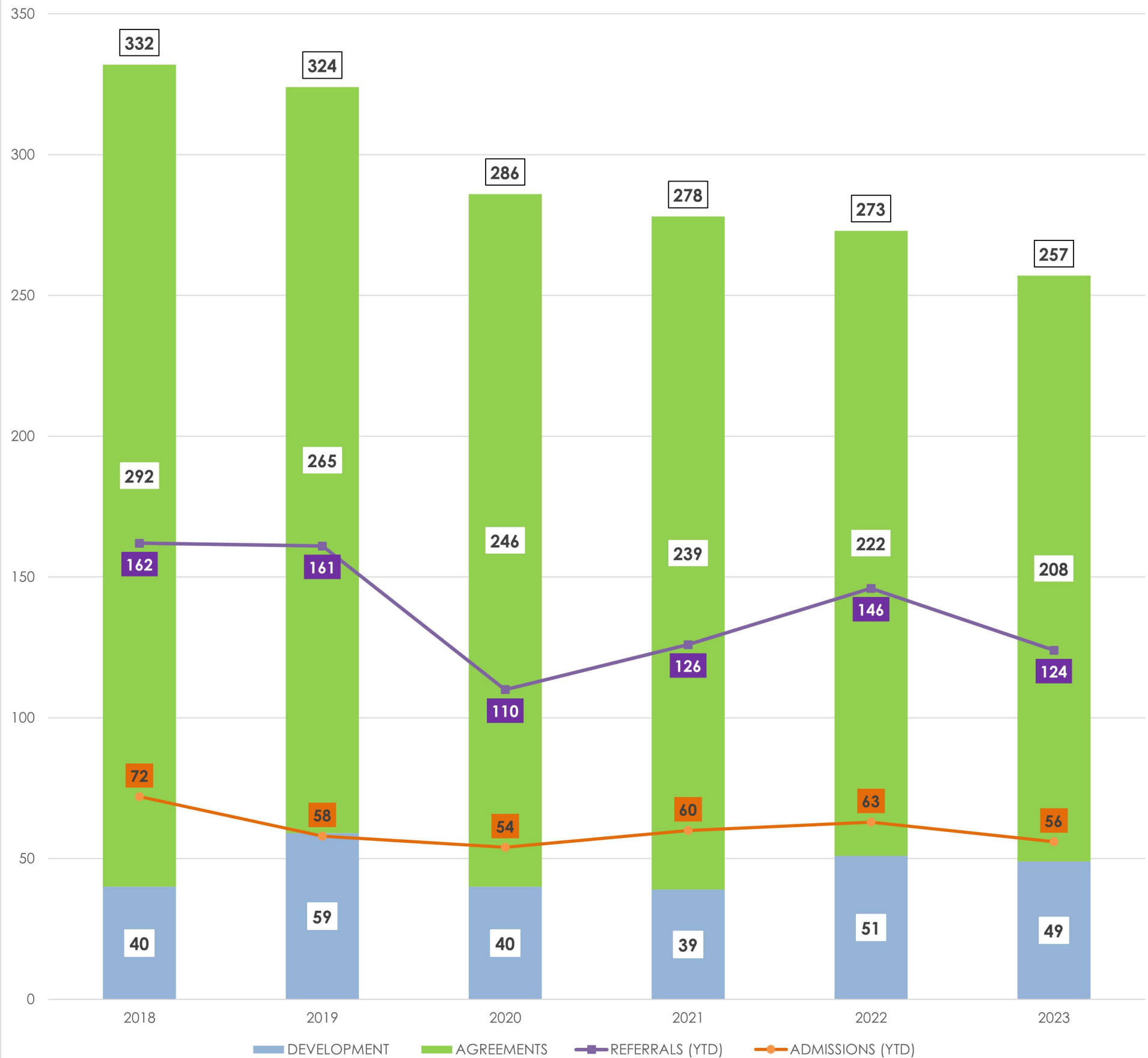
12% PARTICIPANT FEES
6% DONATIONS & OTHER
82% LICENSE SURCHARGES

*Excludes WPHP's investment activity.

DONATIONS SUPPORT FINANCIAL ASSISTANCE

On the strength of philanthropic contributions from many individuals and organizations, WPHP provided \$61,263 in grants to 40 participants in need during 2023. These contributions supported participant access to evaluation and treatment, as well as our Annual Reunion and ongoing WPHP services. We are deeply grateful to our donors for this support.

WPHP Statistics, December 31, 2023





Washington Physicians Health Program
DOH Annual Report 2023

	Q1	Q2	Q3	Q4	YTD
Total Cases in Development End of Prior Quarter	51	34	36	43	
Program Admissions	19	13	14	10	56
Cases Resolved	25	8	19	20	72
New Referrals	27	21	40	36	124
SUD	9	7	19	10	45
PSY	8	5	13	14	40
MED	5	2	4	6	17
PWB	5	7	4	6	22
Total Cases in Development End of Current Quarter	34	36	43	49	162
Cases in Development Detail					
Initial Assessments	23	22	30	29	104
SUD	9	5	14	10	38
PSY	5	6	9	9	29
MED	1	4	2	5	12
PWB	8	7	5	5	25
Participants Under Agreement End of Prior Quarter	222	217	215	214	
Program Admissions	19	13	14	10	56
Discharges	24	14	15	16	69
Participants Under Agreement End of Current Quarter	217	215	214	208	
Agreement Detail as of Current Quarter					
Active (with Advocacy)	173	171	173	167	
SUD	122	123	124	120	
PSY	27	25	24	22	
MED	5	7	5	6	
SUD1	1	1	1	0	
OSA	18	15	19	19	
Non Advocacy (includes GSA)	44	44	41	41	
GSA-SUD	33	32	30	29	
GSA-PSY	0	0	0	0	
Non-Advocacy	11	12	11	12	
Total Participants (Agreement and CID) End of Current Quarter	251	251	258	257	
Program Deaths					
Total	0	0	0	0	0
Suicide	0	0	0	0	0
Relapse	0	0	0	0	0
Other	0	0	0	0	0

2018	2019	2020	2021	2022
YE	YE	YE	YE	YE
72	59	54	60	63
98	83	75	67	72
162	161	110	126	146
	68	42	56	59
	66	52	47	49
	18	10	13	23
	9	6	10	15
137	113	90	95	118
50	45	34	41	51
72	51	41	37	34
15	12	10	11	22
	5	5	6	11
72	59	54	60	63
85	84	73	67	80
3	1	0	1	1
1	0	0	0	0
0	0	0	0	1
2	1	0	1	0

Glossary of Terms

- SUD Substance Use Disorder
- PSY Mental health condition predominates without significant SUD co-occurrence
- MED Medical - non-mental health related condition
- PWB Problematic Workplace Behavior
- SUD1 1 year abstinence-based advocacy agreement with toxicology testing for individuals to rule out more significant substance use disorder diagnosis
- GSA Graduate Support Agreement - non-advocacy agreement for participants who wish to continue accountability and connection to WPHP as part of ongoing recovery following completion of their monitoring obligation
- OSA Out of State Agreement - Participant is monitored by another state's physician health program under agreement between WPHP and the other program.



Washington Physicians Health Program
DOH Annual Report 2023

Participants Under Agreement Details

Board Status					
Professionals	Q1	Q2	Q3	Q4	YTD
Voluntary					
MD	126	124	122	116	
PA	18	19	17	17	
DMD/DDS	9	9	10	9	
DO	18	16	13	15	
DVM	10	10	10	10	
DPM	1	2	2	2	
Mandatory					
MD	18	18	19	19	
PA	2	2	2	1	
DMD/DDS	5	5	6	5	
DO	1	1	3	3	
DVM	1	1	1	1	
DPM	0	0	0	0	

Students	Q1	Q2	Q3	Q4	YTD
Voluntary					
MD	8	8	9	10	
PA	0	0	0	0	
DMD/DDS	0	0	0	0	
DO	0	0	0	0	
DVM	0	0	0	0	
DPM	0	0	0	0	

Board Reports	Q1	Q2	Q3	Q4	YTD
Total Board Reports	2	2	1	1	6
Intake/Cases in Development	1	1	1	1	4
Active Participant	1	1	0	0	2

Board Reports	Q1	Q2	Q3	Q4	YTD
Total Board Reports	2	2	1	1	6
WMC	1	0	1	0	2
BOMS	0	1	0	1	2
DQAC	1	1	0	0	2
VBG	0	0	0	0	0
PMB	0	0	0	0	0

2019	2020	2021	2022
YE	YE	YE	YE

YE	YE	YE	YE

YE	YE	YE	YE
8	12	8	19
6	9	3	10
2	3	5	9

YE	YE	YE	YE
8	12	8	19
7	11	5	15
1	0	0	3
0	1	1	0
0	0	2	1
0	0	0	0



RETURN TO USE AND SUICIDE DATA 2014-2023

	<u>2023</u>		<u>2022</u>		<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016[^]</u>	<u>2015</u>	<u>2014^{**}</u>	<u>10 yr Avg.</u>
# of Substance Use Disorder Participants	146		160	166	170	171	173	189	204	225	182	163	
# of Mandated Participants	24		24	22	21	16	13	13	21	28	17	18	
# of Voluntary Participants	122		136	144	149	155	160	176	183	197	165	145	
Participants that Returned to Use													
Total	11	7.53%	14	7	3	8	8	7	13	13	14	8	
Mandated	2	18.18%	2	1	0	3	3	0	2	3	3	2	
Voluntary	9	81.82%	12	6	3	5	5	7	11	10	11	7	
Method of Detection for Return to Use													
Self Reported	2	18.18%	2	4	1	3	2	2	5	1	3	2	27.38%
Behavioral Monitoring	0	0.00%	0	0	0	0	0	0	0	0	0	0	0.00%
Toxicology Monitoring	9	81.82%	10	3	2	5	4	4	9	11	11	6	69.05%
Workplace Monitoring	0	0.00%	1	0	0	0	1	0	0	0	0	0	1.19%
Other	0	0.00%	1	0	0	0	1	1	1	1	0	0	4.76%
Disposition for Return to Use													
Re-treatment/Re-Evaluated	6	54.55%	7	6	1	2	6	4	9	9	5	5	57.14%
Intensify Monitoring	4	36.36%	3	1	1	4	1	0	3	1	4	2	22.62%
Other	1	9.09%	4	0	1	2	1	3	3	3	5	2	22.62%
Total At-Risk (Known to WPHP) ^^	375		397	404									
At-Risk (Known to WPHP) Suicides	0	0.00%	0	0									
Total Engaged Participants***	338		369	377	366	265	292	305	306	318	315	288	
Engaged Participant Deaths Due to Suicide	0	0.00%	1	0	1	0	1	0	0	0	1	0.30	0.10%

*Relapse data includes all degree groups that WPHP actively monitors for substance use disorders.

**2014 Client numbers exclude Phase III clients who have successfully completed monitoring agreements and are not being monitored with the same degree of rigor as Chemical Dependency Phase I and II clients. Phase III clients were included in 2007-2013 client numbers in this document.

[^] 2016 methodology changed from average number of SUD clients, mandated and voluntary, to counts

^{^^}All "Active Monitoring" participants and CID's (excluding OSA)

^{***} All monitoring participants and CID's who have completed initial assessemnt with WPHP (excluding OSA). Prior to 2020, this was count of end of year participants + CID's.



ADA GRIEVANCES

There were no ADA grievances filed for WPHP for 2023.



WASHINGTON
PHYSICIANS
HEALTH PROGRAM

FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)



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**WASHINGTON PHYSICIANS HEALTH PROGRAM
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YEAR ENDED JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)**

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Washington Physicians Health Program
Seattle, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Washington Physicians Health Program (a Washington nonprofit corporation), which comprises the statement of financial position as of June 30, 2023, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Washington Physicians Health Program as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Washington Physicians Health Program and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Washington Physicians Health Program's ability to continue as a going concern within one year after the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatements, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Washington Physicians Health Program's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Washington Physicians Health Program's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Washington Physicians Health Program's 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 15, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.



CliftonLarsonAllen LLP

Bellevue, Washington
September 20, 2023

WASHINGTON PHYSICIANS HEALTH PROGRAM
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

	2023	2022
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 891,332	\$ 888,077
Contract Receivables	564,235	260,130
Client Receivables, Net of Allowance for Doubtful Accounts of \$9,394 and \$16,262, Respectively	83,493	71,394
Prepaid Expenses	59,722	70,141
Total Current Assets	1,598,782	1,289,742
OTHER ASSETS		
Investments	5,703,128	5,451,342
Property and Equipment, Net	416,806	469,746
Operating Right-of-Use Asset	1,231,278	-
Security Deposit	24,869	25,869
Deferred Compensation Investments	292,522	252,658
Total Other Assets	7,668,603	6,199,615
Total Assets	\$ 9,267,385	\$ 7,489,357
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 54,034	\$ 42,334
Accrued Payables	242,279	240,005
Current Portion of Lease Liability - Operating	209,197	-
Deferred Tenant Leasehold Allowance, Current	-	46,809
Deferred Rent, Current	-	6,361
Total Current Liabilities	505,510	335,509
Deferred Tenant Leasehold Allowance, Net of Current Portion	-	315,964
Deferred Rent, Net of Current Portion	-	114,786
Long-Term Lease Liability - Operating, Net of Current Portion	1,465,553	-
Deferred Compensation	292,522	252,658
Total Liabilities	2,263,585	1,018,917
NET ASSETS		
Without Donor Restrictions:		
Undesignated	1,285,672	1,017,154
Board Quasi-Endowment - Client Support Fund	3,688,981	3,521,960
Board Designated for Working Capital	2,014,147	1,929,382
Total Without Donor Restrictions	6,988,800	6,468,496
With Donor Restrictions	15,000	1,944
Total Net Assets	7,003,800	6,470,440
Total Liabilities and Net Assets	\$ 9,267,385	\$ 7,489,357

See accompanying Notes to Financial Statements.

WASHINGTON PHYSICIANS HEALTH PROGRAM
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

	Without Donor Restrictions	With Donor Restrictions	Total 2023	Total 2022
REVENUE AND SUPPORT				
Contract Revenue	\$ 2,852,389	\$ -	\$ 2,852,389	\$ 2,616,815
Client Fees, Net of Financial Assistance	391,194	-	391,194	386,936
Therapeutic Conferences	10,620	-	10,620	9,336
Investment Return (Loss)	252,569	-	252,569	(346,094)
Contributions	38,570	19,695	58,265	18,350
Other	5,073	-	5,073	3,557
Net Assets Released from Restrictions	6,639	(6,639)	-	-
Total Revenues and Support	<u>3,557,054</u>	<u>13,056</u>	<u>3,570,110</u>	<u>2,688,900</u>
EXPENSES				
Program Services	2,510,974	-	2,510,974	2,206,183
Management and General	525,776	-	525,776	467,212
Total Expenses	<u>3,036,750</u>	<u>-</u>	<u>3,036,750</u>	<u>2,673,395</u>
CHANGES IN NET ASSETS	520,304	13,056	533,360	15,505
Net Assets - Beginning of Year	<u>6,468,496</u>	<u>1,944</u>	<u>6,470,440</u>	<u>6,454,935</u>
NET ASSETS - END OF YEAR	<u><u>\$ 6,988,800</u></u>	<u><u>\$ 15,000</u></u>	<u><u>\$ 7,003,800</u></u>	<u><u>\$ 6,470,440</u></u>

See accompanying Notes to Financial Statements.

**WASHINGTON PHYSICIANS HEALTH PROGRAM
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)**

	<u>Program Services</u>	<u>Management and General</u>	<u>Total 2023</u>	<u>Total 2022</u>
Employee Compensation and Taxes	\$ 1,423,451	\$ 308,008	\$ 1,731,459	\$ 1,519,663
Clinical Services	26,191	-	26,191	11,181
Office Rent	184,105	37,671	221,776	216,047
Employee Benefits	221,217	47,867	269,084	233,171
Facilitator Compensation and Taxes	120,915	-	120,915	129,886
Office Expenses	96,011	18,105	114,116	99,215
Professional Services	89,152	63,437	152,589	123,237
Employee Vacation	98,950	21,411	120,361	106,697
Annual Reunion	91,606	-	91,606	67,848
Depreciation and Amortization	65,741	13,452	79,193	76,165
Bank and Investment Fees	1,212	-	1,212	1,457
Administrative Meetings	-	10,410	10,410	6,355
Client Support	49,503	-	49,503	28,227
Training and Research	28,474	2,218	30,692	33,611
Business Taxes	10,103	-	10,103	9,107
Bad Debts (Recoveries)	135	-	135	(587)
Physician Education	4,208	-	4,208	823
Lobbying	-	-	-	8,500
Miscellaneous	-	3,197	3,197	2,792
Total Expenses	<u>\$ 2,510,974</u>	<u>\$ 525,776</u>	<u>\$ 3,036,750</u>	<u>\$ 2,673,395</u>

See accompanying Notes to Financial Statements.

WASHINGTON PHYSICIANS HEALTH PROGRAM
STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in Net Assets	\$ 533,360	\$ 15,505
Adjustments to Reconcile Change in Net Assets to		
Net Cash Provided by Operating Activities:		
Depreciation and Amortization	79,193	76,165
Bad Debts (Recoveries)	135	(587)
Amortization of Operating Right-of-Use Asset	(40,448)	-
Amortization of Deferred Tenant Leasehold Allowance	-	(46,809)
Loss (Gain) on Investments	(125,654)	457,410
Decrease (Increase) in Assets:		
Contract Receivables	(304,105)	405,927
Client Receivables	(12,234)	8,652
Security Deposits	1,000	(1,000)
Prepaid Expenses	10,419	40,843
Increase (Decrease) in Liabilities:		
Accounts Payable	11,700	6,123
Accrued Payables	2,274	23,451
Deferred Rent	-	12,422
Net Cash Provided by Operating Activities	155,640	998,102
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	(26,253)	(17,646)
Purchases of Investments and Reinvested Earnings	(957,430)	(1,007,985)
Proceeds from Sales of Investments	831,298	397,060
Net Cash Used by Investing Activities	(152,385)	(628,571)
NET INCREASE IN CASH AND CASH EQUIVALENTS	3,255	369,531
Cash and Cash Equivalents - Beginning of Year	888,077	518,546
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 891,332	\$ 888,077

See accompanying Notes to Financial Statements.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES

Organization

Washington Physicians Health Program (WPHP) is a nonprofit organization incorporated in June 1987 to implement a health program as an alternative to discipline, in matters of physician impairment. WPHP's mission is to facilitate the rehabilitation of health care professionals who have physical or mental conditions that could compromise patient safety and to monitor their recovery.

Financial Statement Presentation

WPHP's financial statements are presented on the accrual basis of accounting. Net assets, revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor- or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board has designated, from net assets without donor restrictions, net assets for an operating reserve and board-designated endowment.

Net Assets With Donor Restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions.

Cash and Cash Equivalents

For the purpose of the statement of cash flows, WPHP considers all cash accounts which are not subject to withdrawal restrictions or penalties, and all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents, except those held as part of its investment portfolio.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contract and Client Receivables

Contract and client receivables are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to contract or client receivables. At June 30, 2023, 2022, and 2021, the client receivables, net of allowance for doubtful accounts was \$83,493, \$71,394, and \$79,459, respectively.

Investments

Investments are carried at fair value, and realized and unrealized gains and losses are reflected in the statement of activities and changes in net assets. Investment fees have been netted against investment income for financial statement reporting purposes.

Property and Equipment

Property and equipment is recorded at cost if purchased or at fair value at the date of receipt if donated. WPHP follows the practice of capitalizing all expenditures for property and equipment over \$1,000. Depreciation is provided on the straight-line basis over the estimated useful lives of the assets of three years for computer equipment and software and five to seven years for furniture, fixtures, and other equipment. Leasehold improvements are depreciated on a straight-line basis over the shorter of the useful life or the life of the lease.

Revenue Recognition

Contract revenue is derived from the Washington State Department of Health (DOH) and university contracts which is conditioned upon certain performance requirements. Amounts received are recognized as revenue under Accounting Standards Codification (ASC) 958 when services are provided to beneficiaries other than the resource providers. Amounts received prior to performing the required services are reported as refundable advances in the statements of financial position. WPHP has a total of \$282,000 and \$100,000 related to the university contracts that have not been recognized as revenue at June 30, 2023 and 2022, respectively, because the required services have not yet been performed. The conditional amount related to the DOH contract cannot be determined at June 30, 2023 or 2022 as the amount of reimbursement is determined by the DOH. No amounts have been received in advance under these contracts.

Client fees consist of laboratory and testing fees, monitoring fees, and treatment fees. The revenue is subject to ASC 606, *Contracts with Customers*. The fees are recognized over the period of time in which the underlying services are provided. No funds are received in advance of the service being rendered. Client fees are presented separately on the statement of financial position and the statement of activities and changes in net assets.

Financial Assistance

WPHP has a policy to fund part or all of its program services to needy clients who meet the criteria under its policy. Financial assistance provided for the years ended June 30, 2023 and 2022, was \$41,114 and \$23,427, respectively.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Federal Income Tax

The Internal Revenue Service (IRS) has determined that WPHP is exempt from federal income tax under Section 501(c)(3) and is classified as an organization other than a private foundation under Section 509(a)(1); accordingly, no provision has been made for federal income tax in the financial statements. WPHP files tax filings with the U.S., state, and various local governments. WPHP's income tax filings are subject to examination by various taxing authorities.

WPHP follows the provisions of uncertain tax positions as addressed in Financial Accounting Standards Board (FASB) Codification Subtopic 740-10, *Income Taxes*. WPHP believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

Concentration of Credit Risk

Financial instruments that potentially subject WPHP to concentrations of credit risk consist of cash and cash equivalents and investments. At times, such amounts may be in excess of Federal Insurance deposit Corporation (FDIC) and Securities Investor Protection Corporation (SIPC) federally insured limits. At June 30, 2023, WPHP's deposits were approximately \$644,000 over the federally insured limits. WPHP has not experienced any losses in such accounts. WPHP believes it is not exposed to any significant credit risk on cash and cash equivalents.

Approximately 78% and 73% of WPHP's receivables at June 30, 2023 and 2022, was due from the DOH.

Economic Dependency

WPHP received approximately 77% and 95% of its total revenues and support from the DOH for the years ended June 30, 2023 and 2022, respectively.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and changes in net assets and the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services based on the benefits derived. Personnel costs, rent, office expenses, and depreciation are allocated based on personnel time.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP), requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Comparative Amounts for 2022

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with WPHP's financial statements for the year ended June 30, 2022, from which the summarized information was derived.

Adoption of New Accounting Standard

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2016-02, *Leases (ASC 842)*. The new standard increases transparency and comparability among organizations by requiring the recognition of right-of-use (ROU) assets and lease liabilities on the statement of financial position. Most prominent of the changes in the standard is the recognition of ROU assets and lease liabilities by lessees for those leases classified as operating leases. Under the standard, disclosures are required to meet the objective of enabling users of financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases.

WPHP adopted the requirements of the guidance effective July 1, 2022 and has elected to apply the provisions of this standard to the beginning of the period of adoption, through a cumulative effect adjustment, with certain practical expedients available. Lease disclosures for the year ended June 30, 2022 are made under prior lease guidance in FASB ASC 840.

WPHP has elected to adopt the package of practical expedients available in the year of adoption. WPHP has elected to adopt the available practical expedient to use hindsight in determining the lease term and in assessing impairment of WPHP's ROU asset.

WPHP elected the available practical expedients to account for existing capital leases and operating leases as finance leases and operating leases, respectively, under the new guidance, without reassessing (a) whether the contracts contain leases under the new standard, (b) whether classification of capital leases or operating leases would be different in accordance with the new guidance, or (c) whether the unamortized initial direct costs before transition adjustments would have met the definition of initial direct costs in the new guidance at lease commencement.

In addition, WPHP elected the hindsight practical expedient to determine the lease term for existing leases. The election of the hindsight practical expedient resulted in no significant change. WPHP evaluated the associated markets in relation to its overall real estate strategies, which resulted in the determination that the renewal option would not be reasonably certain in determining the expected lease term.

As a result of the adoption of the new lease accounting guidance, WPHP recognized on July 1, 2022 a lease liability of \$1,871,804, which represents the present value of the remaining operating lease payments of \$2,096,355, discounted using a risk-free rate of 2.92%, and a ROU asset of \$1,387,884. The difference between the additional lease assets and lease liabilities, was not material to the financial statements.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Adoption of New Accounting Standard (Continued)

The standard had a material impact on the statement of financial position but did not have an impact on the statement of activities and changes in net assets, nor statement of cash flows. The most significant impact was the recognition of ROU asset and lease liability for operating lease.

Lease

WPHP determines if an arrangement is a lease at inception. Operating leases are included in operating lease ROU assets, other current liabilities, and operating lease liabilities on the statement of financial position.

ROU assets represent WPHP's right to use an underlying asset for the lease term and lease liabilities represent WPHP's obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. As most of leases do not provide an implicit rate, WPHP uses a risk-free rate based on the information available at commencement date in determining the present value of lease payments. The operating lease ROU asset also includes any lease payments made and excludes lease incentives. The lease terms may include options to extend or terminate the lease when it is reasonably certain that the WPHP will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. WPHP has elected to recognize payments for short-term leases with a lease term of 12 months or less as expense as incurred and these leases are not included as lease liabilities or right of use assets on the statement of financial position. WPHP does not have short-term leases as of June 30, 2023.

WPHP has elected not to separate nonlease components from lease components and instead accounts for each separate lease component and the nonlease component as a single lease component.

WPHP's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating contracts to determine if they qualify as a lease, WPHP considers factors such as if WPHP has obtained substantially all of the rights to the underlying asset through exclusivity, if WPHP can direct the use of the asset by making decisions about how and for what purpose the asset will be used and if the lessor has substantive substitution rights. This evaluation may require significant judgment.

The individual lease contracts do not provide information about the discount rate implicit in the lease. Therefore, WPHP has elected to use a risk-free discount rate determined using a period comparable with that of the lease term for computing the present value of lease liability.

**WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)**

NOTE 2 LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	<u>2023</u>	<u>2022</u>
Cash and Cash Equivalents	\$ 891,332	\$ 888,077
Contract Receivables	564,235	260,130
Client Receivables, Net	83,493	71,394
Total	<u>\$ 1,539,060</u>	<u>\$ 1,219,601</u>

As part of WPHP's liquidity management plan, cash in excess of four months expenditure requirements are transferred to one of the investment accounts. At June 30, 2023, the operating reserve was \$2,014,147 and the quasi-endowment fund was \$3,688,981. These reserves, established by the board of directors, may be drawn upon, if necessary, to meet unexpected liquidity needs or in the event of financial distress.

NOTE 3 PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at June 30:

	<u>2023</u>	<u>2022</u>
Computer Equipment	\$ 95,641	\$ 98,957
Software	1,475	1,475
Furniture, Fixtures, and Equipment	83,807	83,807
Leasehold Improvements	544,250	544,250
Total	<u>725,173</u>	<u>728,489</u>
Less: Accumulated Depreciation	<u>(308,367)</u>	<u>(258,743)</u>
Total Property and Equipment	<u>\$ 416,806</u>	<u>\$ 469,746</u>

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 4 INVESTMENTS

Fair Value Measurements

U.S. GAAP defines fair value, provides a framework for measuring fair value, and requires certain disclosures about fair value measurements. To increase consistency and comparability in fair value measurements, U.S. GAAP uses a fair value hierarchy that prioritizes the inputs to valuation approaches into three broad levels. The hierarchy gives the highest priority to quoted prices in active markets (Level 1) and the lowest priority to unobservable inputs (Level 3).

Valuation Techniques

Financial assets and liabilities valued using Level 1 inputs are based on unadjusted quoted market prices of identical assets and liabilities within active markets. Financial assets and liabilities valued using Level 2 inputs are based primarily on inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs. Financial assets and liabilities using Level 3 inputs are unobservable inputs for the asset or liability. In these situations, WPHP develop inputs using the best information available in the circumstances. Valuation techniques utilized to determine the fair value are consistently applied.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

Money Market Funds – Valued at cost plus accrued interest, which approximates fair value.

Common Stock and Mutual Funds – Valued at closing price reported on the active market on which the securities are traded.

Preferred Stock – Valued at quoted prices for identical assets in markets that are not active.

Corporate Bonds – Valued using recently executed transactions, market price quotations (where observable), bond spreads, or credit default swap spreads.

Annuity Funds – The fair value of participation units in the annuity funds is determined by the asset custodian based on the valuation of the underlying investments at the year-end.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 4 INVESTMENTS (CONTINUED)

Valuation Techniques (Continued)

Fair values of investments were as follows at June 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 44,027	\$ -	\$ -	\$ 44,027
Mutual Funds	38,146	-	-	38,146
Common Stock	1,926,206	-	-	1,926,206
Preferred Stock	-	24,300	-	24,300
Corporate Bonds	-	3,670,449	-	3,670,449
Total Investments	<u>\$ 2,008,379</u>	<u>\$ 3,694,749</u>	<u>\$ -</u>	<u>\$ 5,703,128</u>

Fair values of deferred compensation investments were as follows at June 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed Income Annuity Fund	<u>\$ -</u>	<u>\$ 292,522</u>	<u>\$ -</u>	<u>\$ 292,522</u>

Fair values of investments were as follows at June 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 76,232	\$ -	\$ -	\$ 76,232
Mutual Funds	32,902	-	-	32,902
Common Stock	1,867,575	-	-	1,867,575
Preferred Stock	-	26,649	-	26,649
Corporate Bonds	-	3,447,984	-	3,447,984
Total Investments	<u>\$ 1,976,709</u>	<u>\$ 3,474,633</u>	<u>\$ -</u>	<u>\$ 5,451,342</u>

Fair values of deferred compensation investments were as follows at June 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed Income Annuity Fund	<u>\$ -</u>	<u>\$ 252,658</u>	<u>\$ -</u>	<u>\$ 252,658</u>

Investment return was as follows for the years ended June 30:

	<u>2023</u>	<u>2022</u>
Dividends and Interest	\$ 148,569	\$ 132,622
Investment Fees	(21,654)	(21,306)
Investment Gain (Loss)	125,654	(457,410)
Total	<u>\$ 252,569</u>	<u>\$ (346,094)</u>

**WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)**

NOTE 5 BOARD-DESIGNATED NET ASSETS

Board-Designated Quasi-Endowment Fund

The board of directors designated funds to function as endowments (quasi-endowment) to support its clients as envisioned in its mission statement in the event of shortfalls in funding or unanticipated need. As required by U.S. GAAP, net assets associated with endowment funds, including quasi-endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Changes to endowment net assets were as follows for the year ended June 30, 2023:

Endowment Net Assets - July 1, 2022	\$ 3,521,960
Investment Income	94,607
Investment Fees	(14,542)
Net Appreciation	86,956
Endowment Net Assets - June 30, 2023	<u>\$ 3,688,981</u>

Changes to endowment net assets were as follows for the year ended June 30, 2022:

Endowment Net Assets - July 1, 2021	\$ 3,275,914
Investment Income	100,710
Investment Fees	(13,412)
Net Depreciation	(341,252)
Additions	500,000
Endowment Net Assets - June 30, 2022	<u>\$ 3,521,960</u>

Return Objectives and Risk Parameters

WPHP desires an endowment investment performance that provides reasonable opportunities over the long term for growth of assets and generation of income, while protecting principal to ensure long term sustainability of the programs of WPHP. WPHP has adopted an investment policy in which endowment assets are invested in a manner that is intended to provide a positive rate of return annually. The target investment class allocation is approved by the board of directors based on recommendations from the finance committee and investment consultants.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, WPHP relies on an investment strategy that achieves both capital appreciation (realized and unrealized) and current yield (interest and dividends). WPHP targets a diversified asset allocation that can be adjusted by the board of directors based on market conditions.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 5 BOARD-DESIGNATED NET ASSETS (CONTINUED)

Spending Policy and How the Investment Objectives Relate to Spending Policy

The endowments are to be thought of as permanent funds. WPHP has adopted a policy whereby all income earned on its quasi-endowment is available to be expended.

Other Board-Designated Net Assets

The board of directors has voted to designate \$850,000 for the working capital reserve fund. The purpose of the working capital reserve fund is to ensure the continued high quality operation of WPHP in pursuit of its mission in times of funding uncertainty or scarcity. The income of the working capital reserve fund shall be reinvested. The board of directors shall authorize any withdrawals from the working capital reserve fund. The balance in this fund was \$2,014,147 and \$1,929,382 as of June 30, 2023 and 2022, respectively. For the years ended June 30, 2023 and 2022, there were no authorized withdrawals.

NOTE 6 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions of \$15,000 are subject to the passage of time at June 30, 2023. Net assets with donor restrictions of \$1,944 are subject to provide assistance for attending the reunion at June 30, 2022.

Net assets were released from donor restrictions of \$6,639 by providing assistance for participant access to evaluation and treatment, as well as attending the reunion during the year ended June 30, 2023.

NOTE 7 COMMITMENTS, CONTINGENCIES AND UNCERTAINTIES

In the normal course of its activities, WPHP may encounter claims in process, matters in litigation, and other contingencies. In management's opinion, the outcome from these matters will not materially impact WPHP's financial position or results of its activities as of June 30, 2023.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 8 LEASE – ASC 842

WPHP leases office space for a term under a long-term, non-cancelable lease arrangement. The lease expires in March 2030 and provides for renewal option for five years. As of June 30, 2023, there is no expectation that WPHP will exercise the renewal option.

The following table provide quantitative information concerning WPHP’s lease for the year ended June 30:

Lease Costs:	
Operating Lease Costs	\$ 208,056
Other Information:	
Cash Paid for Amounts Included in the Measurement of Lease Liabilities:	
Operating Cash Flows from Operating Lease	248,504
Right-of-Use Assets Obtained in Exchange for New Operating Lease Liabilities	1,387,884
Weighted-Average Remaining Lease Term - Operating Lease	6.8 years
Weighted-Average Discount Rate - Operating Lease	2.92%

WPHP classifies the total undiscounted lease payments that are due in the next 12 months as current. A maturity analysis of annual undiscounted cash flows for lease liability as of June 30, 2023, is as follows:

2024	\$ 254,717
2025	261,085
2026	267,612
2027	274,302
2028	281,160
Thereafter	<u>508,975</u>
Total Lease Payments	1,847,851
Less: Present Value Discount	<u>173,101</u>
Total Lease Liability	1,674,750
Less: Current Portion	<u>209,197</u>
Long-Term Lease Liability	<u><u>\$ 1,465,553</u></u>

**WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)**

NOTE 9 OPERATING LEASE ARRANGEMENT – ASC 840

During the year ended June 30, 2019, WPHP entered into a noncancelable operating lease for office space commencing in December 2019 and expiring in March 2030. The lease includes a four-month rent abatement and calls for escalating monthly payments from \$19,428 to \$24,869 over the lease term. The total amount of the rent payments will be charged to expense on the straight-line basis over the term of the lease. WPHP will record a deferred rent liability to reflect the excess of rent expense over cash payments from the inception of the lease.

Under U.S. GAAP, expenses for long-term escalating lease agreements, including the effect of rent concessions, are to be recognized on a straight-line basis over the life of the lease. Total rent expense for the year ended June 30, 2022 was \$216,047.

Future minimum rent payments to third parties under noncancelable operating leases are as follows:

<u>Year Ending June 30.</u>	<u>Actual Lease Payments</u>	<u>Straight-Line Expense</u>
2024	\$ 254,717	\$ 254,866
2025	261,085	254,866
2026	267,612	254,866
2027	274,302	254,866
2028	281,160	254,866
2029	288,189	254,866
2030	220,787	191,149
Total	<u>\$ 1,847,852</u>	<u>\$ 1,720,345</u>

The cumulative difference of these two payment streams at June 30, 2022 totals \$121,147, and is reflected as deferred rent on the statement of financial position.

NOTE 10 RETIREMENT PLAN

WPHP has a tax deferred annuity retirement plan under Section 403(b) of the Internal Revenue Code (IRC). Employees are eligible to participate at the date of hire and are eligible to receive the employer contribution upon completing six months of service. Employee contributions are limited to the lesser of 100% of the employee's annual salary or the applicable statutory amounts. Regardless of participant contributions, WPHP contributes an amount equal to 6% of each participant's eligible compensation. For the years ended June 30, 2023 and 2022, the employer contribution to the plan was \$97,628 and \$82,219, respectively. Employees are immediately vested in the employer contribution.

WASHINGTON PHYSICIANS HEALTH PROGRAM
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2023
(WITH COMPARATIVE TOTALS FOR 2022)

NOTE 10 RETIREMENT PLAN (CONTINUED)

WPHP has established a nonqualifying deferred compensation plan (the 457 Plan) under Section 457(b) of the IRC for certain key employees. The 457 Plan only allows for employee contributions through payroll deductions. Until the withdrawal date, the contributions to the 457 Plan are legal assets (nontrust) of WPHP and subject to its creditors. Cumulative contributions held are reported separately in the statement of financial position as deferred compensation investments. During the years ended June 30, 2023 and 2022, WPHP recorded a liability for the contributions payable, based on employee deferrals for those fiscal years. WPHP did not contribute to the 457 Plan for the years ended June 30, 2023 and 2022.

NOTE 11 SUBSEQUENT EVENTS

WPHP has evaluated subsequent events through September 20, 2023, which is the date the financial statements were available to be issued, and has determined there are no material subsequent events that require recognition or disclosure.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Washington Physicians Health Program
Statement of Activities
For the Six Months Ending 12/31/2023

	December	Budget	Variance	YTD	Budget	Variance	% of Budget	Previous YTD Actuals
REVENUES:								
State Contract	\$193,072	\$216,584	(\$23,512)	\$1,309,196	\$1,299,504	\$9,692	101%	\$1,306,460
University Contract	10,417	10,417	0	62,500	62,502	(2)	100%	50,000
Client Program Fees	23,593	23,368	225	142,953	140,208	2,745	102%	141,860
Client Lab Fees	9,865	8,723	1,142	65,866	52,338	13,528	126%	49,313
Donations	0	2,803	(2,803)	8,600	16,818	(8,218)	51%	11,270
Investment Returns	150,095	10,750	139,345	266,482	64,500	201,982	413%	37,523
Other	355	292	63	2,006	1,752	254	114%	2,870
Total Revenue	387,397	272,937	114,460	1,857,603	1,637,622	219,981	113%	1,599,296
EXPENSES:								
Payroll Expense	160,409	185,123	24,714	1,023,292	1,110,738	87,446	92%	975,010
Employee Benefits	24,332	24,952	620	135,454	149,137	13,683	91%	143,252
Professional Services	6,808	12,970	6,162	66,304	87,420	21,116	76%	90,568
Clinical Services	3,049	3,000	(49)	24,722	18,000	(6,722)	137%	8,912
Office Rent	19,061	18,911	(150)	113,626	113,466	(160)	100%	112,118
Office Expenses	10,381	10,366	(15)	59,873	60,741	868	99%	58,897
Client Fees Covered	505	208	(297)	1,675	1,248	(427)	134%	140
Other Client Support	7,000	7,125	125	63,985	46,750	(17,235)	137%	28,461
Other	16,637	20,803	4,166	87,305	99,643	12,338	88%	78,436
Total Expenses	248,182	283,458	35,276	1,576,236	1,687,143	110,907	93%	1,495,794
Increase (decrease) in Net Assets	139,215	(10,521)	149,736	281,367	(49,521)	330,888	-568%	103,502

Washington Physicians Health Program
Statement of Position
For the Six Months Ending 12/31/2023

	Current Year	Prior Year	Change
ASSETS			
Checking	\$678,530	\$577,385	\$101,145
Interest Maximizer	211,370	211,285	85
Total Cash	889,900	788,670	101,230
Client Receivable	107,089	91,437	15,652
University Receivable	87,500	25,000	62,500
State Contract Receivable	405,572	420,439	(14,867)
Misc Receivable	15,000	0	15,000
Allowance for Bad Debt	(11,192)	(16,401)	5,209
Total Receivables	603,969	520,475	83,494
Prepaid Expenses	107,714	81,584	26,130
Total Current Assets	1,601,583	1,390,729	210,854
Leasehold Improvements	544,250	544,250	0
Furniture and Equipment	194,121	202,776	(8,655)
Accumulated Depreciation	(347,121)	(298,172)	(48,949)
Total Property and Equipment	391,250	448,854	(57,604)
Operating ROU Asset	1,150,776	1,378,142	(227,366)
Baird Acct-Working Capital Reserve	2,119,352	1,933,071	186,281
Baird Acct-Quasi-Endowment Client Support	3,838,849	3,545,036	293,813
Deposits	24,869	25,869	(1,000)
Deferred Compensation Investments	292,522	252,658	39,864
Total Long Term Assets	7,817,618	7,583,630	233,988
TOTAL ASSETS	9,419,201	8,974,359	444,842
LIABILITIES			
Accounts Payable	53,243	97,100	(43,857)
Accrued Wages Payable	80,202	78,918	1,284
Accrued Payroll Related Exp	136,136	128,627	7,509
Total Current Liabilities	269,581	304,645	(35,064)
Operating Lease Liability	1,572,225	1,843,113	(270,888)
Deferred Compensation Payable	292,522	252,658	39,864
Total Long-Term Liabilities	1,864,747	2,095,771	(231,024)
NET ASSETS			
Prior Year Net Assets	4,974,654	4,542,276	432,378
Temporarily Restricted Funds	15,000	1,944	13,056
Board Designated Reserves	2,014,146	1,926,220	87,926
Current Year Net Assets	281,073	103,503	177,570
Total Net Assets	7,284,873	6,573,943	710,930
TOTAL LIABILITIES & NET ASSETS	9,419,201	8,974,359	444,842



Sales Ended



Friday, April 21

2023 Annual Reunion

Sales Ended

[Explore similar events](#)

Welcome to the 28th Annual WPHP Reunion!

By **Washington Physicians Health Program**

12 followers

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Date and time

April 21, 2023 · 3pm - April 23, 2023 · 12pm PDT

Location

Sleeping Lady Mountain Resort
7375 Icicle Road Leavenworth, WA 98826
[Show map](#)

About this event

Welcome to the 28th Annual WPHP Reunion!

This is a wonderful opportunity to join WPHP program participants, staff, alumni, members of our Board, and their loved ones at the Sleeping Lady Mountain Resort in Leavenworth, Washington as we support each other on the journey of recovery. This year we are delighted to welcome our special guest Drs. Scott Teitelbaum and Bertha Madras.

The fellowship, personal stories, and educational presentations you will find at this event will enhance your recovery while also providing the newest members of WPHP with support, guidance, and community. It is truly a one of a kind event and we hope to see you this April!

Chris Bundy, MD, MPH

Executive Medical Director, Washington Physicians Health Program

GUEST SPEAKERS

Scott Teitelbaum, MD, FAAP, DFASAM, ABPM-ADM

Scott Teitelbaum, M.D., is the Pottash Professor in Psychiatry and Neuroscience at the University of Florida's College of Medicine, where he serves as Vice Chair of the Department of Psychiatry, Chief of the Division of Addiction Medicine, Medical Director of the UF Health Florida Recovery Center, and former Fellowship Director of UF's American Board of Preventative Medicine (ABPM) – Addiction Medicine fellowship.

Originally trained and board-certified as a pediatrician, Dr. Teitelbaum later completed fellowships in addiction medicine and child psychiatry at the University of Florida. Dr. Teitelbaum became medical director of the Florida Recovery Center in 2002, and since then has been involved in the evaluation and/or treatment of more than 5,000 healthcare providers and other professionals from across the country. Through his efforts, the Florida Recovery Center has led the way nationally with its evidence-based treatment of the disease of addiction.

Dr. Teitelbaum developed one of the first-ever accredited fellowships in addiction medicine. His program now has trained more addiction-medicine fellows than any other program nationwide. In 2016, Dr. Teitelbaum was awarded the Pottash Endowment, allowing for the creation of a research initiative that's focused on addiction medicine and the fight toward recovery. He has been honored on multiple occasions with the Exemplary Teacher Award for his guidance of medical students.

Dr. Teitelbaum has received multiple awards and honors, including in January 2018, the American Society of Addiction Medicine named Dr. Teitelbaum winner of its Prestigious Annual Award in recognition of his outstanding contributions to the field.

A national expert who has been consulted by the White House Office of National Drug Control and the U.S. Drug Enforcement Administration, Dr. Teitelbaum is passionate about reducing stigma and advancing treatment for those suffering from the disease of addiction.

Bertha Madras, PhD

Bertha K. Madras, PhD, is a professor of psychobiology at Harvard Medical School, based at McLean Hospital and cross appointed at the Massachusetts General Hospital. Her research focuses on neurobiology, imaging, and medications development (19 U.S. and 27 international patents) for neuropsychiatric disorders. In public policy, she was deputy director for demand reduction in the White House Office of National Drug Control Policy, a presidential appointment confirmed unanimously by the U.S. Senate.

Dr. Madras recently served as a panelist at the Vatican Pontifical Academy of Sciences and in 2017, was appointed as one of six members of the President's Commission on Combating Drug Addiction and the Opioid Crisis. In service to the public, she developed a museum exhibit and a CD (licensed by Disney) with the Museum of Science, Boston. She is recipient of an NIH MERIT award, a NIDA Public Service Award, and others.

SCHOLARSHIPS

Thanks to our generous donors, WPHP has scholarship funds available to fully underwrite first time attendees and to assist returning attendees experiencing financial hardship. If you are interested in scholarship support, please apply when registering. You will be asked to provide additional information to determine eligibility. The deadline for scholarship requests is February 17, 2023. Applicants will be notified on March 3, 2023. Scholarship awards may not cover the entire cost of Reunion participation.

The WPHP Reunion is only able to accommodate participants and their spouses/significant others. Please call WPHP directly if you need support with the cost of childcare to facilitate your attendance.

DONATIONS

WPHP has three established donation funds designed to assist program participants:

1. Thomas Hornbein, M.D. Fund
2. The Lynn R. Hanks, M.D. Reunion Scholarship Fund
3. The Daniel O'Neill Family Fund

As is our tradition, last year generous donors stepped forward and underwrote scholarships for 17 participants/SO's who otherwise would not have been able to attend the reunion. WPHP expresses heartfelt gratitude for this strong show of generosity. As you register this year, we encourage you to perpetuate this tradition by donating an amount that is meaningful to you. Thank you so much!

AMBASSADOR PROGRAM

Ambassadors offer warm welcome to new participants and significant others by helping them meet new people throughout the weekend. While first time attendees will automatically be matched to an Ambassador, any attendee is welcome to participate. Just indicate your preference during registration.

ACCOMMODATION INFORMATION

WPHP has reserved the entire facility at Sleeping Lady for the Reunion and all activities will take place onsite. Sleeping Lady is a non-smoking facility with pet friendly rooms (\$35 additional/night); please contact for availability. To receive the group rate, make your reservation and mention WPHP by March 17, 2023.

Sleeping Lady Mountain Retreat

800-574-2123, www.sleepinglady.com

7375 Icicle Road, Leavenworth, Washington

Cabins (double occupancy) are \$398 plus tax for two nights. If you want to cabin-share, please make separate financial arrangements prior to calling Sleeping Lady or contact WPHP for assistance. Pool, hot tub, and spa facilities are available on site.

Hotels

For those who wish to stay offsite, there are other hotels around the area. Below are some of our suggestions.

[Icicle Village Resort](#)

[Blue Elk Inn](#)

[Hampton Inn & Suites](#)

[Bavarian Lodge](#)

COVID Safety

While we look forward to seeing everyone, the health and safety of our guests remains our priority. Additional precautions may include:

- Arrival and daily health screening/attestation for symptoms of COVID-19
- Masking when social distancing is not possible
- Limiting number of attendees
- Other as indicated

CANCELLATION POLICY

The cancellation fee is \$25 on or prior to March 17, 2023. Cancellations after this date will not be refunded.

About the organizer

Organized by

Washington Physicians Health Program

12
Followers

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Q1 Name (optional)

Answered: 23 Skipped: 5

#	RESPONSES	DATE
1	████	██████████
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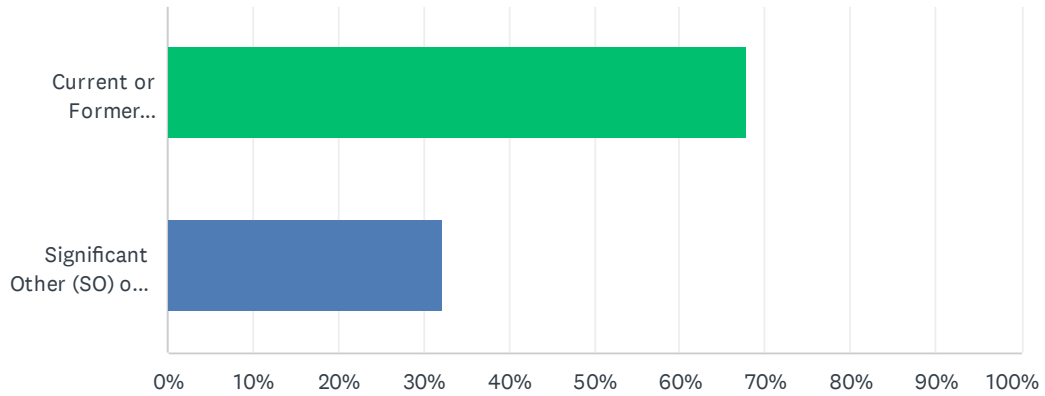
Q2 Profession

Answered: 26 Skipped: 2

#	RESPONSES	DATE
1	Doctor	5/7/2023 10:17 PM
2	MD (GI)	5/4/2023 7:32 AM
3	Physician	4/26/2023 10:16 PM
4	RN Parent Educator	4/26/2023 4:48 PM
5	MD	4/26/2023 4:08 PM
6	MD	4/26/2023 12:06 PM
7	Artist	4/26/2023 11:31 AM
8	retired teacher	4/26/2023 9:40 AM
9	PA	4/26/2023 9:26 AM
10	Physician	4/25/2023 9:11 AM
11	Retired Physician	4/24/2023 6:49 PM
12	Physician	4/24/2023 5:59 PM
13	PA	4/24/2023 12:33 PM
14	MD	4/24/2023 11:54 AM
15	PA	4/23/2023 11:39 PM
16	Internist	4/23/2023 10:27 PM
17	MD	4/23/2023 9:22 PM
18	Veterinarian	4/23/2023 7:57 PM
19	Dentist	4/23/2023 4:17 PM
20	Administrator	4/23/2023 4:04 PM
21	Internal Medicine	4/23/2023 3:16 PM
22	Psychiatry	4/23/2023 2:57 PM
23	Physician	4/23/2023 11:38 AM
24	Physician	4/23/2023 10:37 AM
25	Family Med	4/23/2023 10:35 AM
26	Psychiatrist	4/23/2023 10:26 AM

Q3 Guest Type (check one):

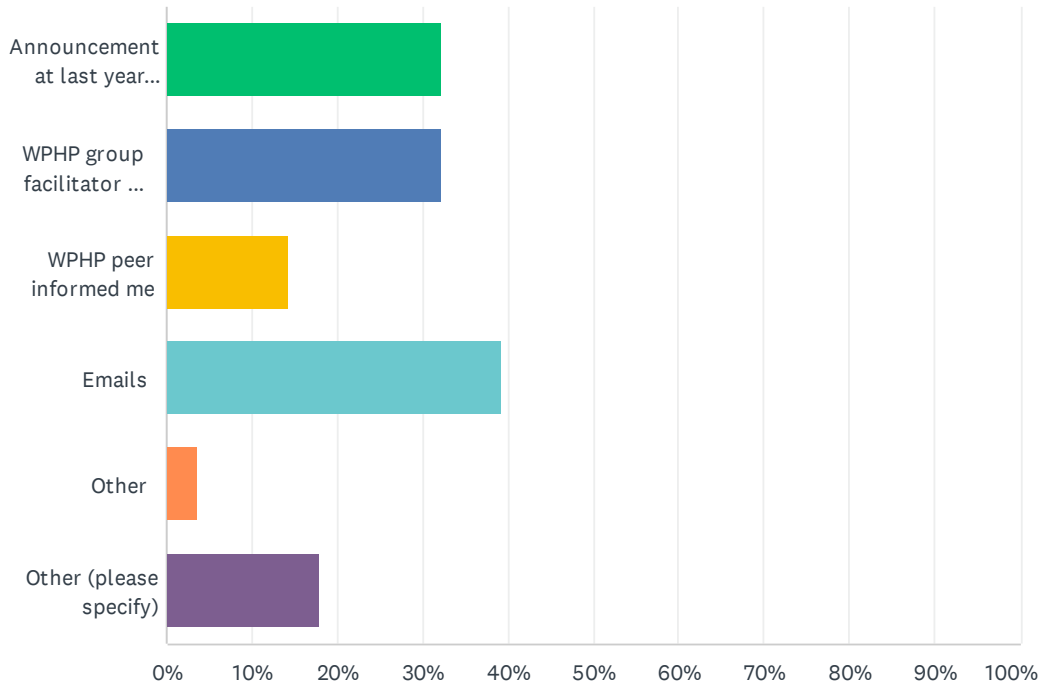
Answered: 28 Skipped: 0



ANSWER CHOICES	RESPONSES	
Current or Former Participant	67.86%	19
Significant Other (SO) of Participant or Former Participant	32.14%	9
TOTAL		28

Q4 How did you hear about this year's Reunion?

Answered: 28 Skipped: 0

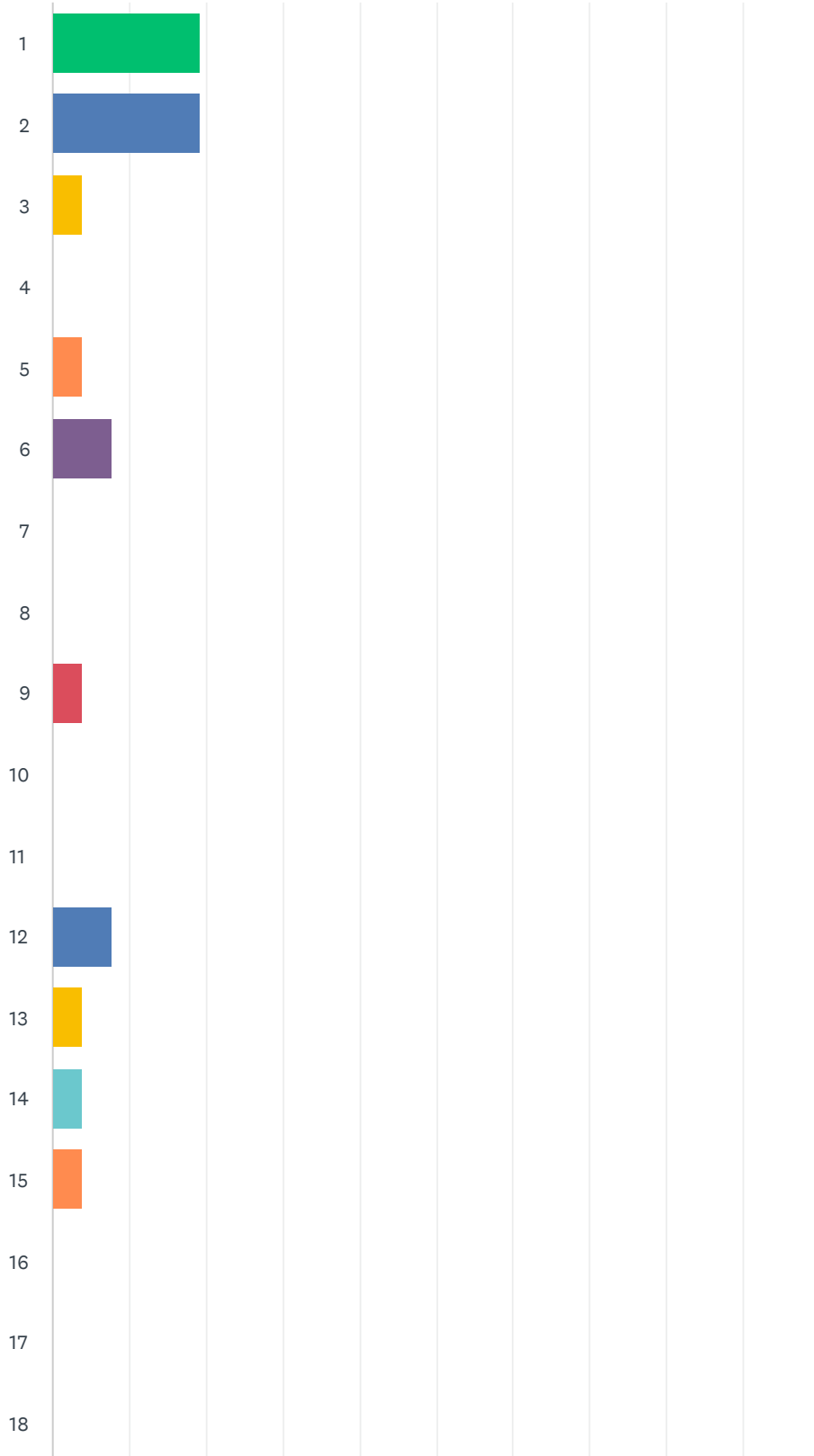


ANSWER CHOICES	RESPONSES	
Announcement at last year's Reunion	32.14%	9
WPHP group facilitator or staff member informed me	32.14%	9
WPHP peer informed me	14.29%	4
Emails	39.29%	11
Other	3.57%	1
Other (please specify)	17.86%	5
Total Respondents: 28		

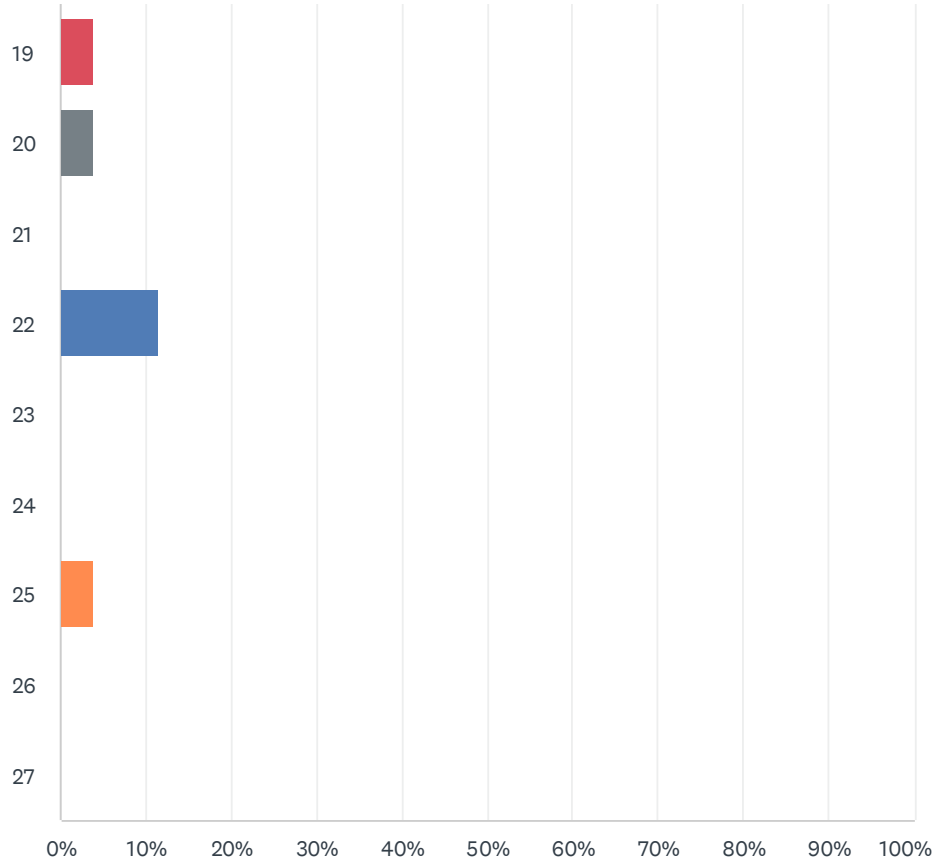
#	OTHER (PLEASE SPECIFY)	DATE
1	As a member of the Board	4/26/2023 4:08 PM
2	Spouse	4/26/2023 9:37 AM
3	Required by treatment team at FRC	4/26/2023 9:26 AM
4	Long term repeater	4/24/2023 11:54 AM
5	Been going for years	4/23/2023 4:17 PM

Q5 How many WPHP Reunions have you attended? If this is your first Reunion, please select 1.

Answered: 26 Skipped: 2



2023 WPHP Reunion Evaluation

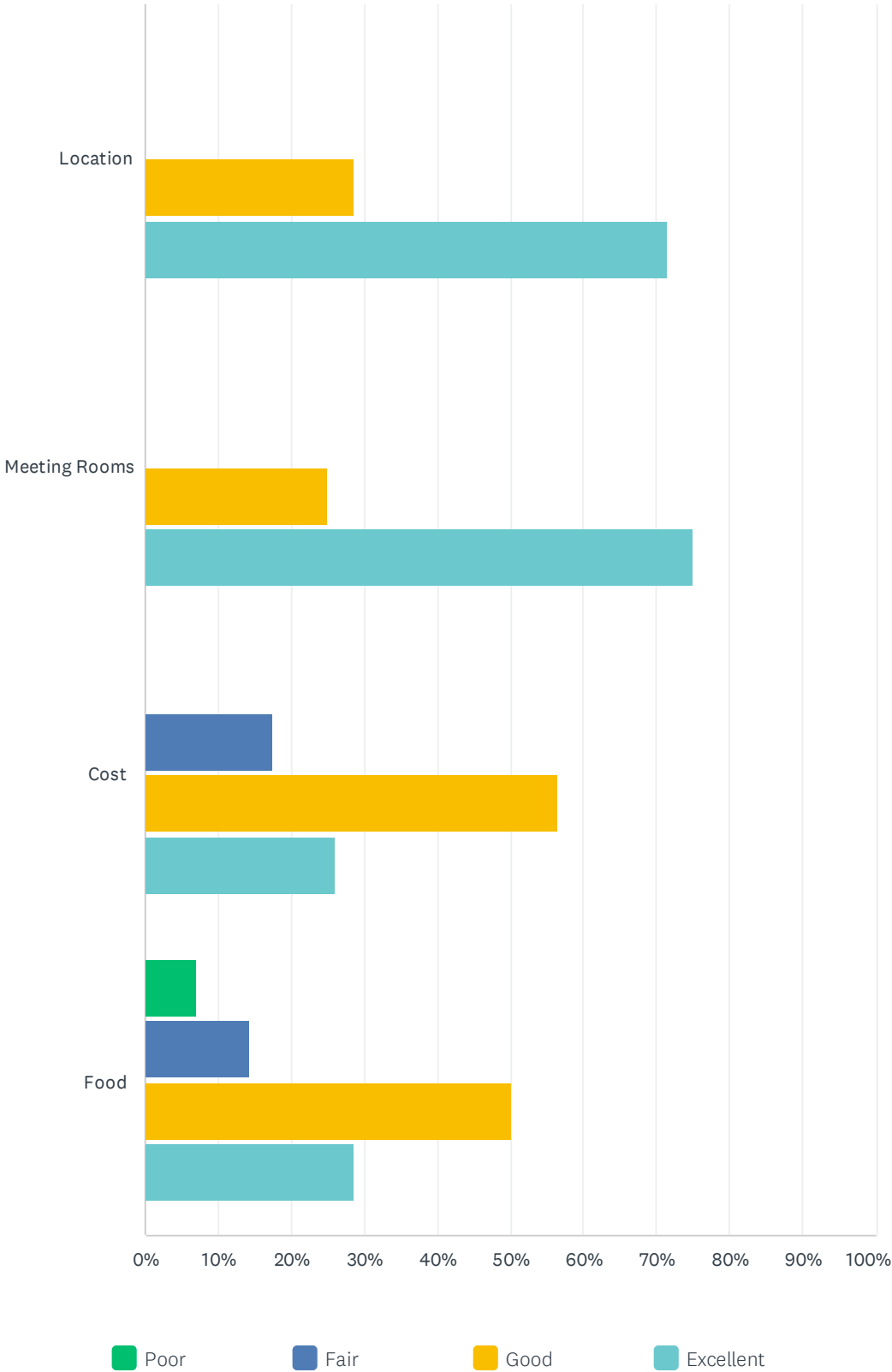


2023 WPHP Reunion Evaluation

ANSWER CHOICES	RESPONSES	
1	19.23%	5
2	19.23%	5
3	3.85%	1
4	0.00%	0
5	3.85%	1
6	7.69%	2
7	0.00%	0
8	0.00%	0
9	3.85%	1
10	0.00%	0
11	0.00%	0
12	7.69%	2
13	3.85%	1
14	3.85%	1
15	3.85%	1
16	0.00%	0
17	0.00%	0
18	0.00%	0
19	3.85%	1
20	3.85%	1
21	0.00%	0
22	11.54%	3
23	0.00%	0
24	0.00%	0
25	3.85%	1
26	0.00%	0
27	0.00%	0
TOTAL		26

Q6 Please rate the following

Answered: 28 Skipped: 0

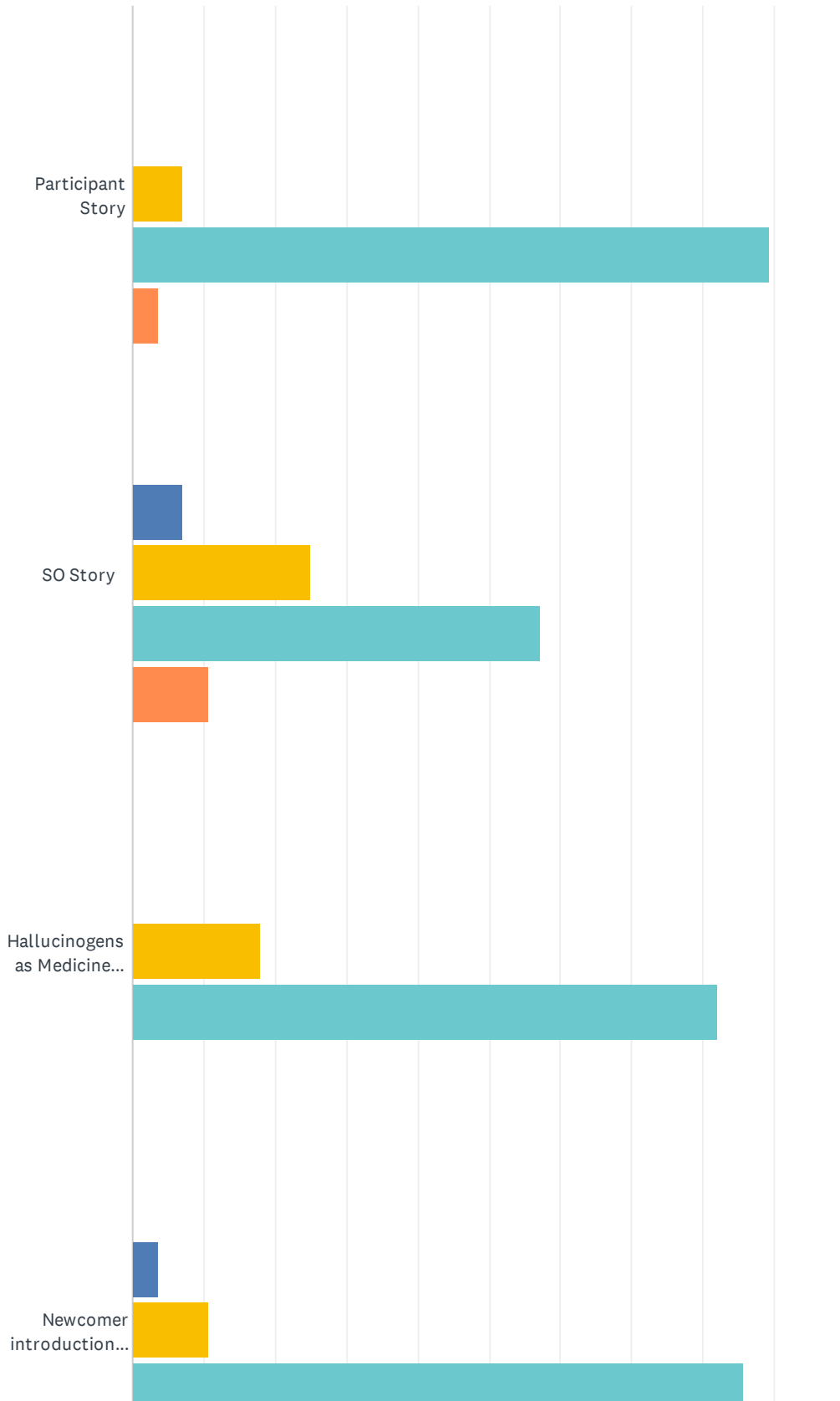


2023 WPHP Reunion Evaluation

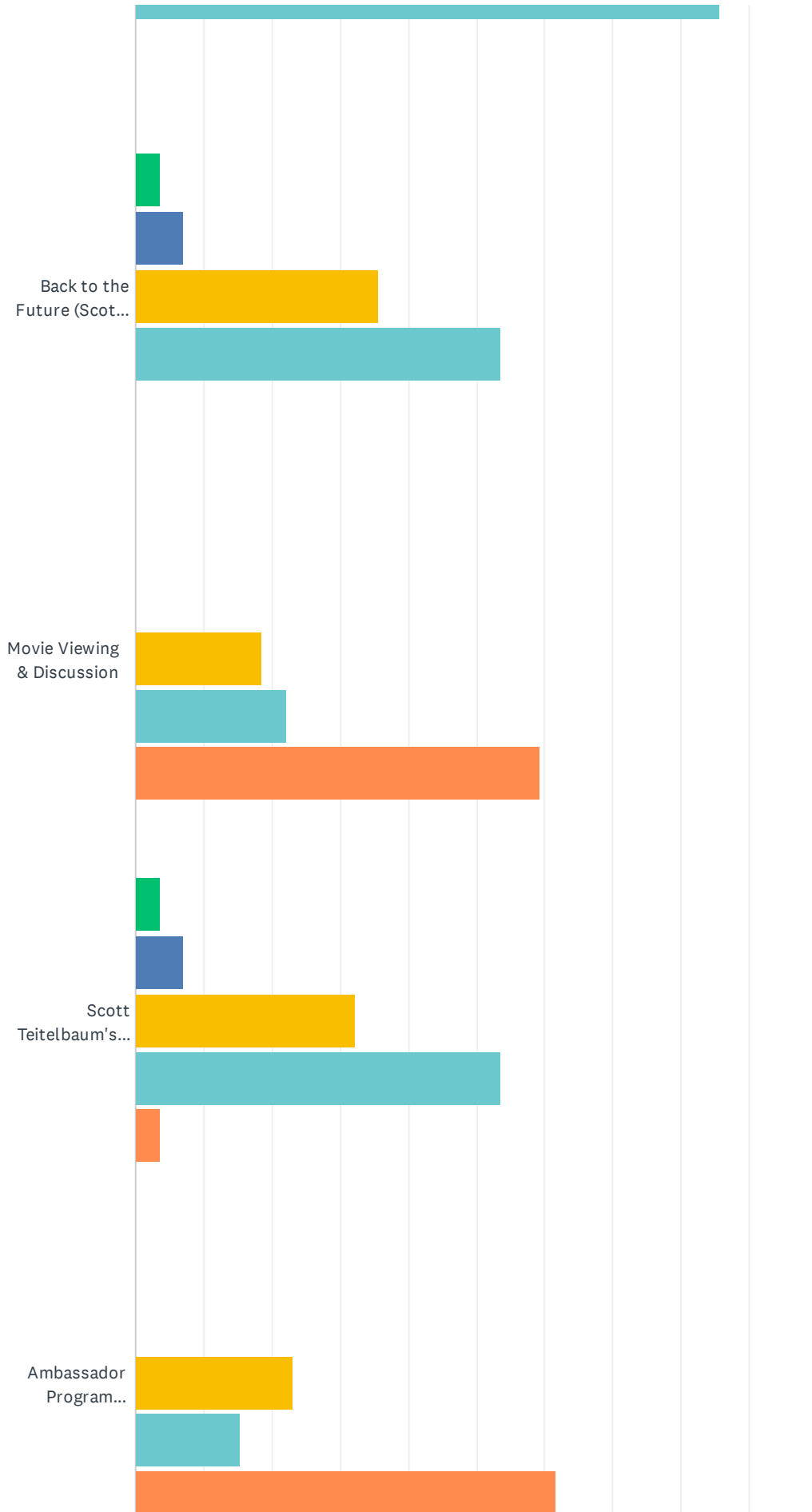
	POOR	FAIR	GOOD	EXCELLENT	TOTAL	WEIGHTED AVERAGE
Location	0.00% 0	0.00% 0	28.57% 8	71.43% 20	28	3.71
Meeting Rooms	0.00% 0	0.00% 0	25.00% 7	75.00% 21	28	3.75
Cost	0.00% 0	17.39% 4	56.52% 13	26.09% 6	23	3.09
Food	7.14% 2	14.29% 4	50.00% 14	28.57% 8	28	3.00

Q7 Please rate the following program elements:

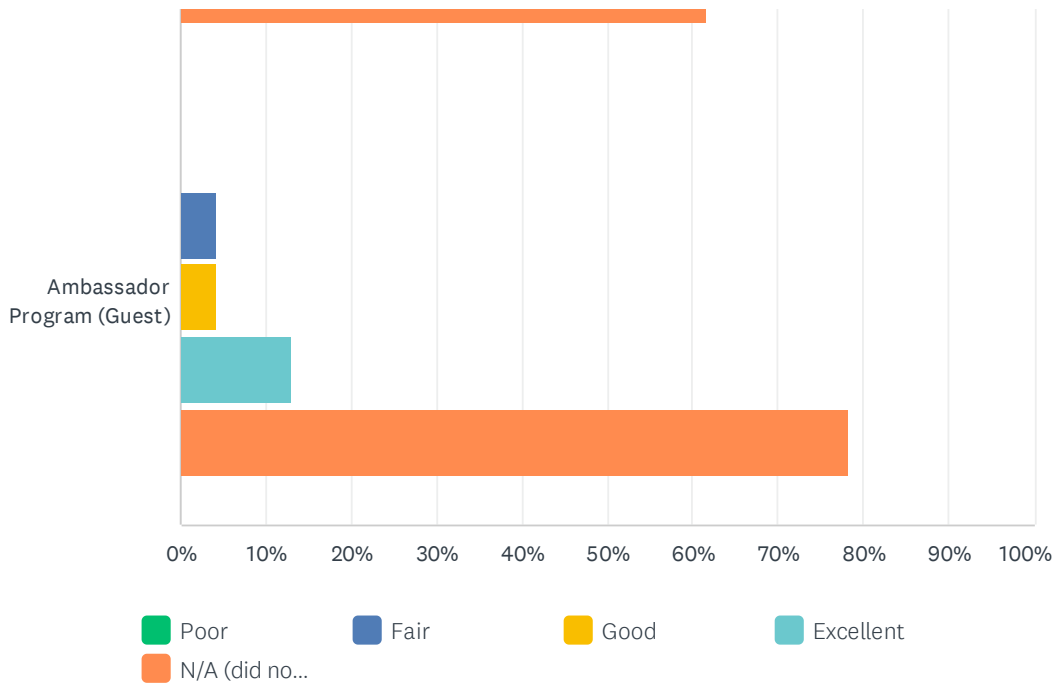
Answered: 28 Skipped: 0



2023 WPHP Reunion Evaluation



2023 WPHP Reunion Evaluation



	POOR	FAIR	GOOD	EXCELLENT	N/A (DID NOT ATTEND)	TOTAL	WEIGHTED AVERAGE
Participant Story	0.00% 0	0.00% 0	7.14% 2	89.29% 25	3.57% 1	28	3.93
SO Story	0.00% 0	7.14% 2	25.00% 7	57.14% 16	10.71% 3	28	3.56
Hallucinogens as Medicine (Bertha Madras, PhD)	0.00% 0	0.00% 0	17.86% 5	82.14% 23	0.00% 0	28	3.82
Newcomer introductions (Participants)	0.00% 0	3.57% 1	10.71% 3	85.71% 24	0.00% 0	28	3.82
Back to the Future (Scott Teitelbaum, MD)	3.57% 1	7.14% 2	35.71% 10	53.57% 15	0.00% 0	28	3.39
Movie Viewing & Discussion	0.00% 0	0.00% 0	18.52% 5	22.22% 6	59.26% 16	27	3.55
Scott Teitelbaum's Personal Story	3.57% 1	7.14% 2	32.14% 9	53.57% 15	3.57% 1	28	3.41
Ambassador Program (Ambassador)	0.00% 0	0.00% 0	23.08% 6	15.38% 4	61.54% 16	26	3.40
Ambassador Program (Guest)	0.00% 0	4.35% 1	4.35% 1	13.04% 3	78.26% 18	23	3.40

#	COMMENTS	DATE
1	Great reunion, thanks to a lot of honest participation & sharing. Only gripe was the food!	5/4/2023 7:32 AM
2	Dan and I had a couple that we were assigned and it was amazing how many connections we had. We thoroughly enjoyed them and will probably see them again before the next reunion.	4/26/2023 4:48 PM
3	Dr. Teitelbaum seemed kinda proud of being able to rush through 160 slides in a one hour talk, kind of like an alcoholic who is proud of being able to show up for work high and getting away with it. He must not have taken Lecture 101 where it is advised that two minutes per slide is the goal to strive for. Anyway, he is an impressive man with a great story and a serious	4/26/2023 4:08 PM

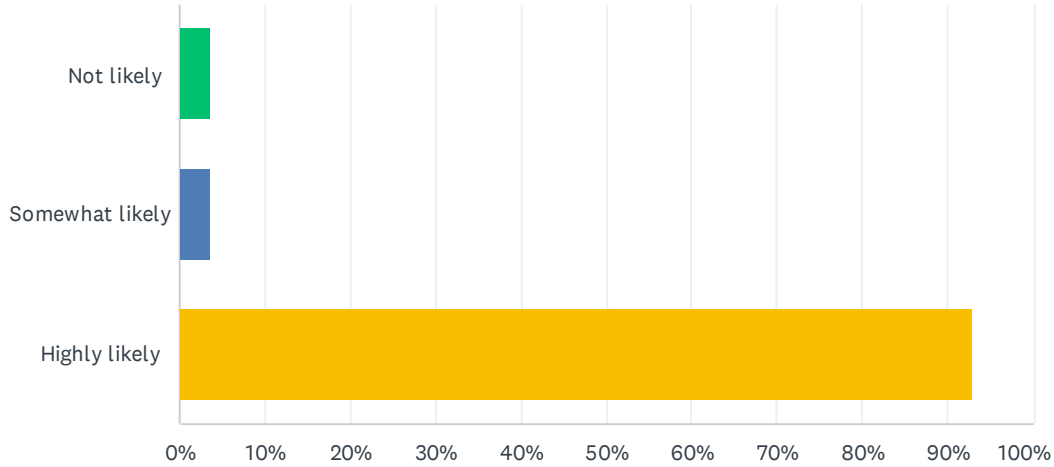
2023 WPHP Reunion Evaluation

contribution to the field, and it was disappointing that he went way too fast through good material so as to be distracting.

4	EXCELLENT!!! programming. i LOVED the breakfast before the first meeting. All the lectures were excellent as well as all the stories.	4/26/2023 11:31 AM
5	Both keynote speakers had really interesting topics and information, but I thought they talked too fast and tried to present too much info. Both didn't talk clearly into the microphone and I thought Scott was hard to understand as he tended to mumble. I would like to have had a time to ask questions and have discussion after each of the presentations	4/26/2023 9:40 AM
6	Dr. Teitelbaum does not speak clearly very difficult to understand him, did get the jist. He did speak about his personal experience matter-of-factly and I suppose that's the way it is with addiction. I also just felt a superiority in him. I just didn't appreciate it.	4/26/2023 9:37 AM
7	I wasn't really sure what the ambassador program was or what [REDACTED] was supposed to do. He checked in on me throughout the weekend to make sure I was having a good time which was kind and introduced me to some people the first day. My only qualm was the sleeping arrangements for the newcomers without SOs - I did agree to sharing a room, but only because I would have felt bad requesting my own space when I was required to go and wasn't paying for it. I imagined it being a space with separate beds. I didn't realize the Rookery was hyperlinked in the email I got and that it was 4 bunk beds. More clear communication on housing would have been helpful.	4/26/2023 9:26 AM
8	The food was good, but certainly not up to the standard we have been used to. Both speakers were very interesting, but tried to push out too much and talk too fast. Presenting 150+ loads in an hour is not ideal for audience consumption.	4/24/2023 11:54 AM
9	Didn't connect with my third participant because she came late	4/23/2023 11:39 PM
10	It was an enjoyable weekend and my wife and I recharged our relationship significantly. I am always disappointed that the other members of my support group did not attend, despite my personal urging and several personal contacts urging attendance. If I could be absolutely honest, I am the only member Of my support group that has attended, and I am the only member of my support group that is working a honest program of recovery. I suspect there is a relationship there.	4/23/2023 10:27 PM
11	Dr. Teitelbaum would have been more effective if he had shown fewer slides and spoken more slowly.	4/23/2023 9:22 PM
12	[REDACTED] did an outstanding job. Both professional presentations were extremely timely and helpful. There were several things that were said this year, that really, really resonated with me. I think WPHP is really on top of things. I just wish this was actually an additional day with 2-3 more speakers and more meeting or activities. It seems too short to me. Maybe having it local in Seattle we could fit in a few more things?	4/23/2023 7:57 PM
13	Not really sure how many times we've been-- but a fair number. Sad to be leaving Sleeping Lady-- Holy grounds. Grateful for the years spent at SL and the fact that we were this years recipient of the free weekend. Thank you WPHP!	4/23/2023 4:17 PM
14	Unfortunately, I didn't connect with my newcomer. I don't think she attended the reunion.	4/23/2023 4:04 PM
15	Would appreciate having wphp exchange cell phone numbers between ambassadors and newcomers assigned to them a week or so ahead of the meeting (with appropriate participant permissions) to facilitate connection. Would also like for new folks to have a couple groups they could sign up for for the free afternoon (1 hiking, one for exploring leavenworth. Etc).	4/23/2023 2:57 PM
16	I always enjoy the Reunion, the fellowship and being at Sleeping Lady. I liked the academic speakers this year. Dr. Teitlebaum mumbles, a little difficult to understand.	4/23/2023 11:38 AM

Q8 Based on your experience this year, how likely would you be to encourage someone else to attend a WPHP Reunion?

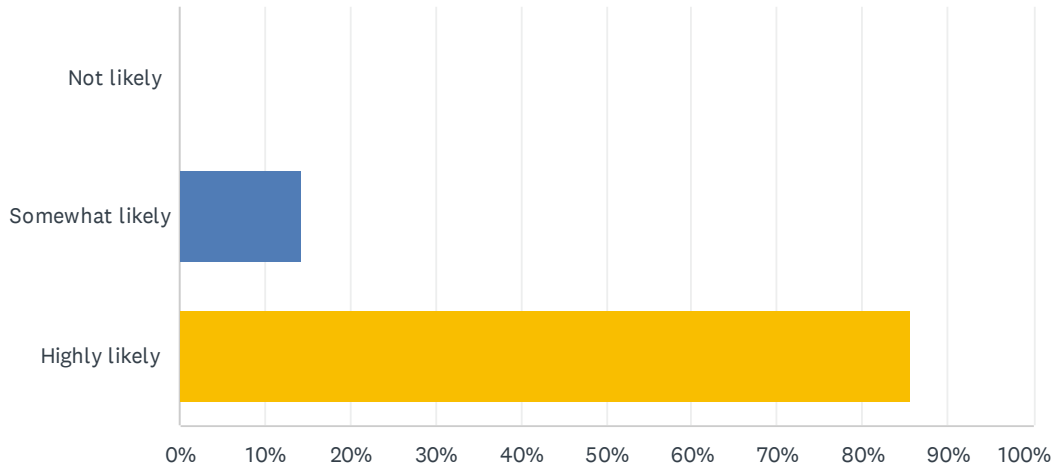
Answered: 28 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not likely	3.57%	1
Somewhat likely	3.57%	1
Highly likely	92.86%	26
TOTAL		28

Q9 How likely are you attend next year's Reunion at Cedarbrook Lodge (April 27-28, 2024)?

Answered: 28 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not likely	0.00%	0
Somewhat likely	14.29%	4
Highly likely	85.71%	24
TOTAL		28

Q10 Do you have suggestions for Reunion speakers or topics you would like to see in the future?

Answered: 9 Skipped: 19

#	RESPONSES	DATE
1	Self love/ self compassion and self forgiveness	5/7/2023 10:17 PM
2	TBD...	4/26/2023 10:16 PM
3	Perhaps a bit of administrative editing on the number of slides that a speaker can show.....	4/26/2023 4:08 PM
4	Ann	4/26/2023 11:31 AM
5	I would like to hear personal stories, as AA believes in a higher power, I would like people to state. How is that higher power is beneficial to them not just mention it cursory.	4/26/2023 9:37 AM
6	Less history, more actionable suggestions	4/26/2023 9:26 AM
7	Maybe have a spiritual speaker or a spiritual talk on Sunday	4/24/2023 11:54 AM
8	Challenges of life after WPHP; relapse rates, complacency, drift, etc.	4/23/2023 9:22 PM
9	Jim Harbaugh-- Jesuit priest. Lives in Oakland CA and is housemate of the other Jesuit priest we had in 22'. He's about the same age. Has given recovery retreats all over the country. He's excellent.12 step guy. Open to all forms of spirituality. Also a friend of mine. If you're at all curious let me know and I can reach out.	4/23/2023 4:17 PM

Q11 What did you like most about this Reunion?

Answered: 23 Skipped: 5

#	RESPONSES	DATE
1	Being able to talk w facilitators and my contact at Php	5/7/2023 10:17 PM
2	Participation	5/4/2023 7:32 AM
3	Location. Free afternoon	4/26/2023 10:16 PM
4	This felt like the best reunion we have had so far. I think that is partly because it was in person. Also the quality of the sharing at the sessions was really honest and moving. I only listed Scott Teittlebaum's sessions as good because he was hard to hear and he spoke so fast.	4/26/2023 4:48 PM
5	The Alanon meetings are always a highlight for me, but the client program is also powerful	4/26/2023 4:08 PM
6	Reconnecting with friends	4/26/2023 12:06 PM
7	comraaderi	4/26/2023 11:31 AM
8	the opportunity to see old friends and be inspired to renew commitment to my own recovery. Sleeping Lady is a very special and peaceful location. I will miss it!	4/26/2023 9:40 AM
9	Call location	4/26/2023 9:37 AM
10	Connecting with others	4/26/2023 9:26 AM
11	The people	4/25/2023 9:11 AM
12	I really liked Sleeping Lady. I feel that it is the ideal venue for this; it allows a wide variety of meetings to be going simultaneously, encourages exploration in areas a person may not have considered, and allows time with Significant Others. In addition, it is a beautiful place, with many opportunities for discussion with others, private time for thought, and outdoor exercise. I hope you continue to use this venue.	4/24/2023 6:49 PM
13	The speakers.	4/24/2023 5:59 PM
14	The fellowship	4/24/2023 12:33 PM
15	New and old acquaintances, catching up building and rebuilding friendships	4/24/2023 11:54 AM
16	Fellowship	4/23/2023 11:39 PM
17	It seems like we had more free time this year. The afternoon on Saturday was genuinely enjoyable and allow personal time for my wife and I to reconnect.	4/23/2023 10:27 PM
18	Newcomers' and participants' stories. Also, Dr. Madras's presentation was great basic science coupled with sociopolitical perspective. Outstanding!	4/23/2023 9:22 PM
19	everything	4/23/2023 7:57 PM
20	Connection. Conversations.	4/23/2023 4:17 PM
21	Breakfast before the morning meeting - more people attended	4/23/2023 4:04 PM
22	The fellowship & sense of connection.	4/23/2023 11:38 AM
23	Camaraderie and inspiration	4/23/2023 10:35 AM

Q12 In your opinion, what would could we do to improve the Reunion?

Answered: 20 Skipped: 8

#	RESPONSES	DATE
1	Time of year so weather doesn't suck	5/7/2023 10:17 PM
2	If it ain't broken, don't fix it. Also on question 3, have an option for present or former board member and/or facilitator	5/4/2023 7:32 AM
3	Group outdoor program.	4/26/2023 10:16 PM
4	I think you already are doing that by changing the location. It was disappointing to experience such a change from outstanding food to what we were served this past weekend. That said though the staff in the dining area were very nice.	4/26/2023 4:48 PM
5	Hmmmm....there must be something, but I get so renewed by the reunion that I can't think of how it could be more meaningful to me personally. Any criticisms that I have are trifling.	4/26/2023 4:08 PM
6	fix the food what was bad.	4/26/2023 11:31 AM
7	It was good as it was!!	4/26/2023 9:40 AM
8	So I don't go to Al-Anon or meetings, and somehow there should be some education. I can't be the only one in my position.	4/26/2023 9:37 AM
9	Maybe some organized socializing outside of the meetings. I was a solo newcomer and took a nap at the beginning of our activity hour. When I woke up, I had a hard time trying to find someone to connect with or something to do and ended up going to town by myself when I would have appreciated a coffee hour or some kind of connection with the other participants. Watching a movie didn't feel like a good use of my time.	4/26/2023 9:26 AM
10	1 smaller recovery group? The mass group was a little difficult. Maybe 2 or more groups <20 for a session.	4/25/2023 9:11 AM
11	Have a recovery meeting the first night and for the first meeting please have everyone go around an introduce themselves.	4/24/2023 5:59 PM
12	It would be good to get CME then I can use my CME money to pay for the conference	4/24/2023 12:33 PM
13	I think the format is good. I think making it a little more relaxed is probably a good idea. I did miss the spiritual speaker on Sunday morning.	4/24/2023 11:54 AM
14	I think some group outdoor activities given this year's venue, horseback, riding, for example, at a group hike, there is a truly remarkable zip line just outside of Leavenworth and that would've been a really fun destinations bonding experience	4/23/2023 10:27 PM
15	I thought the schedule was perfect this year. Sorry to see Sleeping Lady go, but I will hope a change in venue helps boost attendance.	4/23/2023 9:22 PM
16	I would like to see one option put in place that involves physical activity, yoga, meditation, etc. I would like to see 1-2 more presentations, perhaps not ending so soon on Sunday or starting up sooner on Friday. The event seems very short to me.	4/23/2023 7:57 PM
17	I liked this year's schedule. Feels a bit more relaxed. Having time in between events helps with connecting if people choose. One thing-- as far as the meetings go-- is perhaps breaking into smaller groups. More people would get to share and perhaps feel more comfortable doing so. May not be feasible. Just a thought.	4/23/2023 4:17 PM
18	I miss the opportunity to learn about movement in meditation or exercise, such as yoga or some type of care for our physical bodies as part of recovery	4/23/2023 4:04 PM
19	See comments above	4/23/2023 2:57 PM
20	Meditation & movement are great, missed it this year.	4/23/2023 11:38 AM

Q13 Testimonial: Please share briefly about your experience as a participant (or SO of a participant) in WPHP. We would love to hear about the impact this program had on your quality of life/work as well as your journey of personal recovery and wellness. By writing this testimonial you agree that your submission may be used for WPHP and/or FSPHP publication and marketing purposes. All submissions will remain anonymous.

Answered: 14 Skipped: 14

#	RESPONSES	DATE
1	I've got a group of people who care deeply about my recovery and thereby help me learn to care for myself so I can be a good provider	5/7/2023 10:17 PM
2	I came home feeling really energized and felt it was time well spent!	4/26/2023 4:48 PM
3	I appreciated the priest last year. He at least had words of wisdom that a person could live by, take to heart. Whether you were an addict or not.	4/26/2023 9:37 AM
4	WPHP has been an essential resource in my personal journey. I never imagined I'd find such encouragement, accountability, and care delivered in a constructive, compassionate, and respectful environment. I am a much better physician now than I ever could have been on my own.	4/25/2023 9:11 AM
5	WPHP has provided an opportunity for me to gain understanding of alcohol abuse, the process of recovery, and the things that will be helpful as time goes on.	4/24/2023 6:49 PM
6	The Reunion always recharges my spiritual batteries and this year was no exception. :)	4/24/2023 5:59 PM
7	Being in WPHP at the beginning was incredibly stressful for me and I fought almost every step. In hind sight it was very helpful. For the life of me I am not sure why I was so anxious to return to work. Of course virtual IOP was not exactly relaxing and in a way was more exhausting than I would have liked. That said, I can't complain because I fought everything else. If I could go back and talk to myself during those initial intakes, I wish I could tell myself to calm down and accept the help. That was said to me but I could not hear it and I probably wouldn't be able to hear it if it happened in the future. I did find the financial aspect of everything incredibly intimidating and I know I was more fortunate than most.	4/24/2023 12:33 PM
8	WPHP and the reunion have been an integral part of our lives. The support, fellowship and friendship has been amazing. I can't imagine what life would be like had I got them in recovery and supported by PHP. If you want me to write something for a publication, I would be happy to do that.	4/24/2023 11:54 AM
9	WPHP provided me the means to allow me to recover my career, improve my relationship with my family, and it saved my life. I am one of hundreds who owe a deep debt of gratitude to this organization and the amazing professionals who work there.	4/23/2023 9:22 PM
10	I am only 11 years into my recovery. Due to the help from WPHP, I have been able to make significant changes to my life which have both repaired damages and now vigilently protect the things I value most. The re-connection with other similar Health Care Professionals, who have similar issues, helps me significantly with my recovery. While it certainly re-enforces the progress that I have made, it also serves as a very clear reminder of the need for continued vigilance. I always learn something new at these meetings, and find things that I can work on to strengthen my recovery. I attribute my success with recovery entirely to WPHP and will always consider this group as an integral part of my spiritual journey. Warmly, [REDACTED]	4/23/2023 7:57 PM
11	My experience goes back to 1988 when WPHP did not yet exist. 1988 was my last drink of alcohol. Richard Irons was the director. As a person with OUD it took 5 treatments. 1997,	4/23/2023 4:17 PM

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2004, and 2012 with WPHP. My story and what I did in my addiction was ugly like they all are. From self prescribing to stealing to the street to breaking into surgeons offices and shooting fentanyl hundreds of times in the middle of the night. WPHP saved my life, my career, my family and marriage. I should have gone to jail many times over. Because WPHP believed in me I had a very successful career that I can look back on knowing that I contributed to my profession and my patients well being. I became very involved at the state level and national level. My experience as a recovering addict has led to a depth of life and an empathy for others suffering that I can only thank others-- such as WPHP-- and my higher power for. Life is not perfect-- never will be-- but I am grateful for the struggles today, an opportunity to let go and let God, and deepen that relationship with my HP and with others. How could any of this been possible without WPHP? The answer is simple. It would not have been possible. Today WPHP feels like family. A credit to the transformation an evolution of an organization who believes that we-- people with a fatal, progressive, but arrestable disease-- are worth saving. And once saved the gifts they bring to their patients, as patients themselves who have suffered greatly, are countless. Thank you WPHP

12	<p>My introduction to WPHP was rocky. I would not want another SO to experience the 'rug pulled out' feeling when my spouse was sent to treatment. I was not predisposed to either attend or enjoy the reunion. Now, I'm thankful for those who welcomed me into the SO program, such as it was, and for their loving me when I was not happy to be counted as one of them. Over the years, I am grateful the SO portion of the program has been strengthened by the return of many of those initial welcoming faces who were there to assure me that things would get better even if my spouse relapsed again and again. I am a slow learner. I'm finally understanding that this program is for me and the benefit of working it is first mine THEN for those around me. I admire the way the environment for the participants has also grown to include humor and humility. A huge debt of gratitude goes to Chris B and his extraordinary team for fostering that culture and for living recovery 'out loud'. In the family recovery rooms, we talked today about how we wish all people could partake of what recovery offers — a model for healthy loving and living. The principles of recovery are woven into our family life, my interactions with friends, and my work relationships. I am a grateful member of this fellowship.</p>	4/23/2023 4:04 PM
13	<p>Another great shame-antidote experience. Attending the WPHP reunion and IDAA every year allows me to hold my head high the rest of the year and share my recovery story at work whenever it might benefit others. I am so glad I finally found my people.</p>	4/23/2023 2:57 PM
14	<p>It was great to meet other people in PHP and create new connections. This is very important to me build my recovery program and create new friendships.</p>	4/23/2023 10:37 AM

Date	Presentation Title	Audience	Location	Number of Attendees:
1/5/2023	Best Practices for PHP and medical Board Collaboration	Physician Health Committee of Alaska	Seattle WA (Virtual)	20
1/26/2023	WPHP Program Overview	Washington State Veterinary Medical Association	Olympia, WA (Virtual)	30
1/30/2023	Wearing Masks	Virginia Mason Franciscan Health - Seattle	Seattle (Virtual)	10
2/1/2023	WPHP Program Overview	Providence Medical Group - Spokane	Spokane (Virtual)	30
2/8/2023	Removing the Mask	Association for Academic Surgery	Houston, TX	500
3/2/2023	WPHP: Program Overview and Outcomes	Washington Medical Commission	Tumwater, WA	50
3/9/2023	WPHP Program Overview	University of Washington School of Medicine (UWSOM)	Seattle WA (Virtual)	20
3/10/2023	Occupational Hazards of a Career in Medicine	HealthPoint	Renton, WA	40
3/17/2023	Saving Careers, Saving Lives: WPHP and the Impaired Physician	Seattle Children's Hospital	Seattle WA (Virtual)	8
3/21/2023	Personal Data Questions	Washington Medical Commission	Seattle WA (Virtual)	30
4/19/2023	Physicians Health and Wellbeing	University of Washington School of Medicine (UWSOM)	Seattle WA (Virtual)	10
4/20/2023	WPHP: Program Overview and Outcomes	Podiatric Medical Board	Seattle WA	10
4/28/2023	Lets Talk Addiction: Panel Discussion	Merit Resources - Drug Treatment and Rehabilitation Center	Ellensburg, WA	50
5/3/2023	Healing HealthCare Together, The Dr. Lorna Breen Heroes' Foundation's Mission to Support the Well-Being of the Healthcare Workforce	Federation of State Physician Health Programs	Minneapolis, Minnesota.	150
5/5/2023	Toxicology 2.0: Update on the Washington Physician Health Program Virtual Collection Pilot	Federation of State Physician Health Programs	Minneapolis, Minnesota.	150
5/6/2023	State Medical Boards and PHPs: Aligned to Support Physician Wellness and Protect the Public	Federation of State Physician Health Programs	Minneapolis, MN	200
5/6/2023	Medication for Opioid Use Disorder in Safety Sensitive Workers (A Panel Approach Utilizing Audience Response System)	Federation of State Physician Health Programs	Minneapolis, MN	40

Date	Presentation Title	Audience	Location	Number of Attendees:
5/21/2023	WPHP Annual Report	Washington State Medical Association	Lake Chelan, WA	50
5/22/2023	Ontacle is the Path: Finding Meaning and Purpose in Challenging Times	University of Washington School of Medicine (UWSOM)	Seattle WA	100
5/23/2023	Obstacle is the Path: Finding Meaning and Purpose in Challenging Times	University of Washington School of Medicine (UWSOM)	Seattle WA	15
5/25/2023	WPHP: Resources for Residents (and Program Directors!) in Difficulty	University of Washington School of Medicine (UWSOM)	Seattle, WA	20
5/26/2023	WPHP Overview	University of Washington School of Medicine (UWSOM)	Seattle WA	40
6/12/2023	The Power of Partnership: Physician Health Program Panel and Discussion	American Society of Medical Association Counsel	Chicago, IL (Virtual)	50
6/14/2023	Saving Careers, Saving Lives: WPHP and the Impaired Physician	Swedish Cherry Hill Campus	Seattle, WA	50
6/16/2023	WPHP: Program Overview and Outcomes	Dental Quality Assurance Commission	Olympia, WA (Virtual)	30
6/22/2023	Impaired Health Care Professionals Seminar	University of Washington School of Medicine (UWSOM)	Seattle, WA	150
7/12/2023	Controlled Substances: Keeping Yourself and Your Colleagues Safe	University of Washington Medical Center	Seattle, WA	60
7/17/2023	WPHP Program Overview	University of Washington School of Medicine (UWSOM)	Seattle WA	100
7/18/2023	Washington Physicians Health Program	Washington State Department of Labor & Industries	Seattle WA (Virtual)	15
7/20/2023	WPHP Overview	University of Washington School of Medicine (UWSOM)	Seattle WA (Virtual)	30
8/7/2023	WPHP Overview	Swedish Health Services	Seattle WA (Virtual)	5
8/22/2023	Saving Lives, Saving Careers: Wellness, Illness, and Impairment in Dental Practice	University of Washington School of Dentistry	Seattle, WA	75
9/8/2023	Highlights from the Physician Model	American Dental Association	Chicago, IL	200
9/10/2023	SWOT Analysis and Functional Model	Federation of State Physician Health Programs	Amelia Island, FL	20
9/13/2023	Physician Suicide and WPHP	University of Washington Medicine	Seattle WA (Virtual)	30
9/15/2023	WPHP Overview	University of Washington School of Medicine-Spokane	Spokane, WA	140

Date	Presentation Title	Audience	Location	Number of Attendees:
9/21/2023	Wellness, Impairment and Washington Physicians Health Program	Providence Medical Group - Spokane	Spokane (Virtual)	11
9/26/2023	Better Together: Strategies for Identifying and Remediating Burnout in Performance Challenged Health Professionals	Coalition for Physician Enhancement (CPE)	Salt Lake City, UT	75
10/2/2023	Medical Officer Collab	Washington State Medical Association	Seattle WA	35
10/6/2023	Relationships with Medical Boards	Federation of State Physician Health Programs	Seattle, WA (Virtual)	35
10/11/2023	Physician health programs: A candid conversation	American Medical Association	Palm Desert, CA	600
10/12/2023	Substance Use, Addiction, and Recovery for Health Professionals	Spokane Teaching Health Center	Spokane (Virtual)	15
10/16/2023	DNA-verified Urine Drug Testing	American Dental Association	Seattle WA (Virtual)	10
10/20/2023	Towards a Better Healthcare System: Improving Health Equity.	Virginia Mason Franciscan Health - Seattle	Seattle, WA	80
10/25/2023	Your Partner in Workforce Wellness	Swedish Health Services	Seattle WA (Virtual)	20
10/27/2023	The Sick Physician	University of Washington School of Medicine (UWSOM)	Seattle WA	18
10/27/2023	The Sick Physician	University of Washington School of Medicine (UWSOM)	Seattle WA	50
11/3/2023	Saving Careers, Saving Lives	Washington Academy of Physician Assistants	Walla Walla, WA	90
12/1/2023	WPHP: Program Overview and Outcomes	Board of Osteopathic Medicine and Surgery	Tumwater, WA	15
12/4/2023	WPHP: Program Overview and Outcomes	Veterinary Board of Governors	Tumwater, WA	20
12/5/2023	Physician Health Programs and Physicians in Training	Federation of State Medical Boards	Seattle WA (Virtual)	20