Dear Friends and Colleagues:

We are pleased to share with you this annual report summarizing our work from June 1, 2015, through May 31, 2016. PHS continues to hum with activity, with new clients reaching out for help and being referred on a daily basis. Much of the activity is in the domain of “occupational health.” With burnout rates across the profession in excess of 50 percent, we are seeing increasing numbers of stressed-out physicians, some of whom are experiencing significant personal, professional or health-related challenges. Doctors calling for help are typically accommodated within a week of contacting us. Many refer themselves; others are referred by medical leaders because their challenges are beginning to affect others. We do our best to figure out what is going on, provide needed support, and direct the physician to the help that he or she needs. In many cases, substance misuse and mental illness are not yet in the mix. These distressed physicians are often very amenable to professional coaching which can be helpful for problems like work-related stress, burnout, work/life imbalance, organization, communication challenges, and interpersonal conflict. This year has been one of growth and transformation for PHS. Our revered board chair, Edward Khantzian, MD, has stepped down after decades of devoted stewardship of PHS. Ms. Linda Bresnahan, our tireless and committed former director of program operations, has stepped into a national role as the full-time executive director of the Federation of State Physician Health Programs. Psychiatrist Wendy Cohen, MD, has joined us (and hit the ground running) in the new role of physician evaluation director. The roles and responsibilities of other staff members are growing and evolving in order to meet the needs of our clients and their workplaces. As always, any physician or medical student with a Massachusetts connection is welcome at PHS — they are not charged for the services we provide. We greatly appreciate the support that we receive from many institutions and organizations in the health care community, working together, as we do, to help physicians optimize their ability to care for patients.

Sincerely,

— Mary Anna Sullivan, MD, President

— Steven A. Adelman, MD, Director

About Physician Health Services, Inc.

Physician Health Services, Inc. (PHS), is a nonprofit corporation that was founded by the Massachusetts Medical Society to address issues of physician health. PHS is a confidential resource for physicians and medical students who may benefit from help addressing stress, burnout, work/life balance issues, and a variety of physical and behavioral health concerns that sometimes arise in today’s hectic health care environment. These include substance use difficulties, cognitive issues, psychiatric problems, the stress of medicolegal situations, and interpersonal challenges at work or at home. PHS provides resources to those who seek our services, and is designed to provide assessments and, when appropriate, recovery monitoring for substance use disorders, behavioral health concerns, occupational problems, or mental or physical illness. Steven A. Adelman, MD, a board-certified psychiatrist with subspecialty expertise in addiction psychiatry and addiction medicine, has served as the director of PHS since March 2013. With the help of physician associate directors located throughout Massachusetts, the PHS team assists physicians, medical students, hospitals, colleagues, and family members of physicians who may be at risk.

2016 Annual Report

Physician Health Services, Inc., is dedicated to improving the health, well-being, and effectiveness of physicians and medical students while promoting patient safety. This is achieved by supporting physicians through education and prevention, as well as assessment, referral to treatment, and monitoring.

Reasons to Refer or Self-Refer

PHS provides assistance with a wide variety of health conditions as well as personal and professional situations. Any one of the following issues may represent a reason to refer yourself or a colleague to PHS or to contact us for advice:

- Occupational stress and burnout
- Difficulty balancing work and family
- Difficulty dealing with stress, or financial pressure
- Difficulties practicing medicine in the changing environment
- Challenges with retirement planning or career change
- Distressed, unprofessional, or disruptive behavior
- Professional boundary issues
- Any psychiatric disorder
- Malpractice stress
- Stress or trauma following an unexpected outcome, medical error, or high-stress situation
- Medical challenges with the potential to affect one’s ability to practice medicine
- Alcohol and substance use concerns
- Other addictive behaviors
- Concerns about loss of memory and age-related challenges
- Attention, learning, and organizational issues
- Marital problems
- Anger management

(781) 434-7404
Yearly Activity

- **336 physicians and medical students** have been helped directly in FY 16 through personalized assessments, consultative support services, and monitoring. The cumulative number of physicians and medical students who have been assisted since PHS was incorporated is now in **excess of 2,700**.

- **163 new physicians and medical students** were referred this year (see Figure 1).

In addition to the hundreds of physicians, students, medical leaders, and medical school staff who consulted with PHS in 2016, our professional staff confers with a large number of individuals who call to discuss a variety of concerns over the course of the year. We hear from family members, colleagues, health professionals who treat physicians, practice and hospital administrators, attorneys, anonymous callers, and others, all of whom contact PHS for advice regarding administrative, clinical, and legal matters pertaining to physicians with health or behavioral concerns.

- **54 educational sessions and webinars** were provided by PHS to physicians, hospitals, and individual practices. More than 2,200 physicians, medical students, and health care professionals were in attendance at the physician health educational offerings this year. Our extensive online and print outreach activities reach tens of thousands of readers each year.

Monitoring Contracts and Agreements

At any point in time, PHS is maintaining ongoing, structured oversight of approximately 125 physicians and medical students with monitoring contracts or agreements. PHS recommends structured monitoring to approximately 30 percent of those referred each year. Most individuals who complete assessments without a recommendation of monitoring are referred to other resources for support and treatment. Structured monitoring helps individuals who might otherwise leave the profession stay on track.

- **Substance Use (SU) Monitoring Contract** — This contract is a minimum of three years in length and is designed to guide and document abstinence from substances of abuse.

- **Behavioral Health (BH) Monitoring Contract** — This contract addresses mental and behavioral health issues resulting from stress, emotional problems, and mental illness. The contract duration is a minimum of two years.

- **Occupational Health Monitoring Agreement (OHMA)** — This agreement is designed to assist with interpersonal, communication, and other occupational health challenges that are a subject of concern at work. The agreement duration is a minimum of one year.

Presenting Problems

PHS addresses a broad range of physician health issues (listed by category in the table below). The Problematic Workplace Behavior category includes physicians who refer themselves or are referred by others because of interpersonal, performance, work/life imbalance, and communication challenges that are sometimes amenable to professional coaching as a remediation strategy. Physicians who self-refer to PHS because of occupational stress and/or burnout are included in the mental health category.
Meet Physicians Health Services

The Board of Directors

- Mary Anna Sullivan, MD, President and Chair
- Lois Dehls Cornell, Director
- Booker Bush, MD, Director
- Mary Kraft, MD, Director
- Thomas D. Sequist, MD, Director
- Stephen Tosi, MD, Director
- Steven A. Adelman, MD, COO and PHS Director
- Michael Farrell, Treasurer
- Debra A. Grossbaum, Esq., Clerk and General Counsel

PHS Physicians

- Wendy L. Cohen, MD, Physician Evaluation Director
- Gary Chinman, MD, Boston Central Region
- Wayne A. Garvyck, MD, Springfield/Western Mass. Region
- Amy Harrington, MD, Worcester Region
- Jacqueline Starer, MD, FACOG, FASAM, Metro Boston and Southeastern Region
- Judith Eaton, MD, Associate Director Emerita

The Staff

- Debbie Brennan, Program and Funding Coordinator
- Deborah M. Canale, PHS Office Manager
- Mary M. Howard, Monitoring Services Coordinator
- Elizabeth Lawson, Client Services Documentation Coordinator
- Toni Pakus, Client Services Coordinator
- Lucia Whalen, PHS Assistant

Legacy Contributors
- Coverys
- CRICO
- Massachusetts Medical Society

Sustaining Contributors
- Atrius Health
- Baystate Health
- Berkshire Health Systems, Inc.
- Blue Cross Blue Shield of Massachusetts
- Boston Medical Center
- Boston University School of Medicine — Office of Student Affairs
- Brigham and Women's Hospital
- Brigham and Women’s Physicians Organization (BWPO)
- Cambridge Health Alliance
- Cape Cod Healthcare, Inc.
- Carney Hospital Medical Staff
- Charles River District Medical Society
- Connecticut Medical Insurance Company (CMIC)
- Emerson Hospital
- Good Samaritan Medical Center
- Good Samaritan Medical Center Medical Staff
- Harrington HealthCare System
- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
- Harvard Medical School
- Harvard Pilgrim Health Care, Inc.
- Lahey Health System
- The Medical Staff at Lawrence General Hospital
- MetroWest Medical Center Medical Staff
- Morton Hospital
- Nashoba Valley Medical Center
- Nashoba Valley Medical Center Medical Staff
- Newton-Wellesley Hospital
- Norwood Hospital
- Norwood Hospital Medical Staff
- Physicians Insurance Agency of Massachusetts (PIAM) (Independent Insurance Subsidiary of the MMS)
- Plymouth District Medical Society
- Reliant Medical Group
- Saint Anne’s Hospital and Medical Staff
- Saint Vincent Hospital Medical Staff and Hospital
- Southcoast Health
- St. Elizabeth’s Medical Center and Medical Staff
- Steward Health Care System
- Sturdy Memorial Hospital
- Tufts Medical Center
- Tufts University School of Medicine
- UMass Memorial Medical Center
- UMass Memorial Medical Group, Inc.
- Wyncote Foundation
- University of Massachusetts Medical School

First Time Contributors
- Edward P. Lawrence Center for Quality and Safety, Massachusetts General Hospital, MGH PO
- Emerson Hospital Medical Staff
- Essex North District Medical Society
- Hallmark Health System, Inc.
- Holy Family Hospital
- Holy Family Hospital Medical Staff
- Lowell General Hospital
- Mount Auburn Hospital
- New England Sinai Hospital
- New England Sinai Hospital Medical Staff
- Suffolk District Medical Society

These contributions and corporate sponsorships were received by PHS during fiscal year 2016 (June 1, 2015–May 31, 2016).

PHS would also like to acknowledge and thank the many individuals who contribute to us throughout the year. Collectively, individual contributors donated more than $19,000 to PHS.
In the course of the year, hundreds of individuals contact PHS to discuss a variety of health-related concerns involving medical students, residents, and practicing physicians. Those who contact us include medical leaders, physician and nonphysician colleagues, family members, attorneys, and distressed or concerned medical students and physicians themselves. In some cases, after a phone call or two we provide advice and suggest resources. We always offer to meet with physicians and students in person as a critical first step towards more fully addressing their needs. In fiscal year 2016, 44 percent of our clients referred themselves; 56 percent were referred by a concerned third party. Most of the PHS clients who refer themselves have one or two meetings at PHS and leave with several written suggestions for specific help resources (courses, coaches, therapists, and the like). Between October 2015 and May 2016, 28 consecutive self-referred physicians and students were provided with an anonymous feedback form about the service provided by PHS. Twenty individuals returned the feedback form. Nineteen characterized their consultation as “very helpful,” while one said it was “helpful.” Wrote one physician, “At the end of my appointment, I was much better able to frame my issues and understand my options to address them.” Eighteen of the 20 clients stated that they were “very likely” to follow through with the resources or suggestions provided (two were “likely”) and all 20 self-referred clients stated that they were “very likely” to recommend an in-person PHS consultation to other physicians in need. One satisfied physician client summarized her experience as follows: “I am extremely pleased with the way PHS conducts its caring support to physicians and deeply appreciate its information, resources, and assistance. Good job!”

Although all self-referred clients are offered the possibility of continuing on with a more in-depth assessment, most opt to look into suggested resources as a next step. On the other hand, when a medical leader or medical school administrator refers a physician or student to PHS because of significant performance concerns that may be health-related, PHS always offers the referred individual a more in-depth assessment as a next step. Assessments involve the collection of additional data — this is always done with the explicit, written permission of the client. This data may come from others at work, family members, and current or former treatment providers. At least two PHS professionals meet with the client. Sometimes evaluations or testing are recommended. The purpose of a PHS assessment is to form a detailed and accurate picture of the individual and his or her problem, in order to point the way to a successful and sustainable improvement plan.

PHS offers one of three monitoring programs to approximately 30 percent of the medical students and physicians who are referred because of health-related challenges that may pose a threat to their careers as well as to patient safety. Monitoring is an evidence-based form of structured oversight of a long-term remediation program. PHS has monitoring programs for those who suffer from substance disorders such as alcoholism and drug addiction, those with serious mental disorders such as major depression and bipolar disorder, and those with significant occupational health challenges in domains such as professionalism, anger management, and social communication.

PHS sponsors support groups across the state for any physician or student with substance use challenges. In addition, PHS sponsors a moderated Behavioral Health Peer Support Group in Waltham to help address other challenges. Members of the PHS professional staff are available to provide customized programs to assist medical students, residents, practicing physicians, and medical leaders at medical settings and across the Commonwealth.
A Personal Story of Recovery

I am an ER physician. Growing up, my family believed in hard work and achievement. Not a single grandparent finished high school — earning money was a necessity. My parents built good careers and enabled their children to earn advanced degrees. Self-sufficiency was our flag.

I am also an alcoholic. When I graduated med school, I never imagined introducing myself that way. An alcoholic. I write that now without feeling even the slightest shame! Sure, I liked a nice cocktail (or three or five) — that’s what we did in emergency medicine. We worked hard in a stressful environment and we played hard as a release. It seemed natural. I was confident, well-trained, and looked good in person and on paper: Ivy Leaguer, honor societies, awards, publications, and presentations.

That self-confidence would prove life-threatening when facing my most difficult challenge. That harmless drinking had seamlessly evolved into a necessary crutch. In the fellowship of AA, we talk of the invisible line that we all crossed. Like most of my fellow alcoholics, I never saw it. I had been able to solve any problem, pass any test, get any grade. Managing booze was no different.

Here are the facts: Four years ago I had tried every available method to manage my drinking: self-discipline, tapering, wine only, counting drinks, numerous medications, individual therapy, etc., etc. I was underreporting my consumption to professionals and was diagnosed with ADHD, anxiety, and mild alcohol abuse ("just take it easy"). I was prescribed a variety of psychiatric medications but my drinking progressed. I was terrified of sleepless nights so I misused sleep aids. I was haunted by tremors and agitation nearly every morning. I desperately wanted a medical solution, not sobriety.

On Father’s Day, I passed out in a pool, intoxicated by a combination of alcohol, prescription meds, and OTC sleep meds. After passing out, my 11-year old son saw me motionless, lying at the bottom of the pool. I was pulled out just in time, unconscious and limp. My only memory is of the ambulance’s sirens in the background. I recovered physically within days. The terror and suffering that I caused my family that day is almost too painful to summon. But doing so still helps keep me sober.

I was desperate and completely out of ideas. I was too sick to just stop drinking on my own or to walk into AA. Medications weren’t working. My family stuck by me but insisted that I enter a strict, intensive 12-step rehabilitation program. The first day there my counselor wrote down two phrases to hang on my wall. They read: (1) "Your greatest weakness will become your greatest strength!” and (2) "Embrace your failure!" These sounded crazy and perplexing — riddles I was not interested in solving. How clearly I see it all today!

I was introduced to the concepts of surrender, acceptance, humility, and spirituality and how they might lead to truly contented sobriety. These were particularly difficult for me initially as they would be for most docs. I’m programmed to be successful and accomplished. I thought, “You don’t fix me, I fix you!” But by recalling my desperation and painful memories, I can see how these principles foster my recovery. My desperation leads to my surrender, acceptance, and humility.

These themes became particularly salient when my rehab counselor suggested that we contact PHS. He noted that physicians with addiction fare much better when they get involved in a physician health-monitoring and support program and he strongly suggested that I take advantage of all that PHS has to offer. Although I had somehow managed to get by at work, I understood that I could repair the damage at home and protect my professional viability by signing up for a structured monitoring and support program that would hold me accountable for the next three years. Initially it felt daunting and ominous, but deep down I knew I would stay sober with all that structure in place.

Looking back, there is no question that my involvement with PHS helped me stay sober. That was nearly four years ago. Today, I no longer turn to a drink or a chemical for peace and solace. I have learned a great deal about myself and my alcoholism. I used to feign confidence and act like a hot shot to get by. It’s different now. Humility and spirituality have taught me to get on my knees to rise, to close my eyes to see, and to surrender in order to win.

For additional stories of success, visit our website at www.physicianhealth.org under Helping Yourself or a Colleague.

Outreach and Education

One of the most important activities of Physician Health Services is educating physicians, residents, medical students, health care administrators, hospitals, and the public regarding the prevention, early identification, and treatment of addiction and other illnesses that affect physicians. PHS holds a twice-yearly Managing Workplace Conflict course and a biennial Caring for the Caregivers conference. PHS also provides education regarding the types of services we offer, which go well beyond support for substance use disorders. Contact PHS for more information on our programs or visit our website at www.physicianhealth.org.
Testimonials about PHS

From Physician-Leaders

“Physician Health Services is a critical and wonderful resource for all of us.”
— Wilton Levine, MD, Associate Medical Director, Perioperative Services Department of Anesthesia, Massachusetts General Hospital

“Lawrence General and I feel very supported by PHS.”
— Eduwado Haddad, MD, President of the Medical Staff, Lawrence General Hospital

“We deeply laud and value the invaluable work you do for the physician community!”
— Former medical staff president of a large community hospital

“The PHS presentation on ‘Self Care!’ at the Harvard Lifestyle Medicine Program was informational, fun, and inspiring.”
— Roy Buchinsky, MD, ABIHM, Director of Wellness, University Hospitals of Cleveland, Robert and Susan Hurwitz Master Clinician in Wellness

From Clients

“PHS is a gift. I am really beginning to appreciate the gifts of recovery. I never thought this was ever going to happen.”
— Physician currently monitored by PHS

“A one session informational consultation at PHS help me to crystallize my issues and my options for moving forward in a very significant way. Thank you.”
— A self-referred internist with work/life balance challenges

“I could not have moved forward with my medical career if it had not been for your time, help, and support. I feel immense gratitude and relief to be able to continue with my career, and I cannot overstate how grateful I am or how much I appreciate the work that you and PHS carry out and make available to physicians like me.... It means the world to me.”
— A grateful intern (MD, PhD)