“As physicians, we all stress over life and misfortunes. PHS is a shining light to help us at times like this to get back on track.”

—A Recent PHS Client
Dear Friends and Colleagues,

We are pleased to share with you this annual report summarizing our work from June 1, 2016, through May 31, 2017. We have had an extremely busy year, with almost 200 new clients referred or referring themselves. Sixty-nine of our new clients were self-referred. Most of those who come to PHS of their own accord are contending with professional stress and burnout. In addition to the new referrals, we serve hundreds of additional individuals in our various monitoring programs and in a variety of PHS-sponsored support groups throughout the Commonwealth.

Our professional staff includes five part-time physicians, two part-time mental health counselors (monitoring associates), a part-time attorney, and a dedicated and extremely hard-working office staff. The medical team includes specialists in addiction medicine, addiction psychiatry, internal medicine, pathology, psychiatry, and medical leadership. We endeavor to accommodate all new referrals quickly, and to complete the time-intensive assessment process as expeditiously as possible. We recommend ongoing monitoring to physicians and students who are deemed to be in need of structured remediation and oversight.

When physicians and students come to PHS, we assess the reasons for the referral and help to identify any health-related issues or concerns that would benefit from support and/or services. We then direct the physician to the help that he or she needs. At times, a significant condition such as a substance use disorder or a mental illness is identified. In many cases, however, major illnesses are not yet in the mix, and the physicians are dealing with lower-level health concerns, stress, or burnout. These distressed physicians are often very amenable to professional coaching, which can be helpful for problems like work-related stress, burnout, work/life imbalance, disorganization, communication challenges, and interpersonal conflict.

In the fall of 2016, PHS participated in a program enhancement review. The evaluation report concludes that “PHS has effectively facilitated the rehabilitation of its participants while simultaneously protecting the public. Its physicians exude an extraordinary degree of talent and ethical caliber. Its staff is extremely well-organized and efficient. The PHS board is dedicated and committed to lofty ideals. The program has solid endorsement from organized medicine, a clear legislative mandate, qualified immunity, and support from the medical community.”

As a way of reaching out to the large number of busy physicians in the delivery system who are struggling to manage workplace complexity in today’s pressurized environment, we have created MedPEP, the Medical Professionals Empowerment Program. MedPEP’s first project is a podcast series that focuses on the knowledge of coaches and other physician health experts to help physicians develop tools to thrive in the profession. Stay tuned!

As always, any physician or medical student with a Massachusetts connection is welcome at PHS. We greatly appreciate the support that we receive from institutions, organizations, and individuals in the health care community. This support enables us to welcome and serve such a wide range of participants. Our collaboration helps physicians and students learn to care for themselves and ensure their ability to care for their patients.

Sincerely,

Mary Anna Sullivan, MD, President and Chair
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 a professional staff located throughout Massachusetts, the PHS team assists physicians, medical students, hospitals, colleagues, and family members of physicians who may be at risk.

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 use and other substance use concerns
- Addictive behaviors such as compulsive gambling
- Concerns about memory loss and age-related challenges
- Attention, learning, and organizational issues
- Relationship and family problems
- Anger management

(781) 434-7404
YEAR IN REVIEW
Fiscal Year 2017: June 1, 2016, to May 31, 2017

Yearly Activity
During the past year, PHS has improved physicians’ lives in the following ways:

- More than 400 physicians and medical students have been helped directly in FY 17 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 3,000.
- 192 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 2017, 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.
- 47 educational sessions and webinars were provided by PHS to physicians, medical leaders, hospitals, and individual practices. Several thousand 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 125–150 physicians and medical students with monitoring contracts or agreements (see Figure 2). 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 lasts a minimum of three years 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, organizational 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.

<table>
<thead>
<tr>
<th>CASE DESCRIPTION</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problematic Workplace Behavior</td>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td>Substance Related</td>
<td>57</td>
<td>30</td>
</tr>
<tr>
<td>Mental Health</td>
<td>74</td>
<td>38</td>
</tr>
<tr>
<td>Clinical Competency</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Legal Problem</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Medical Problem</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

**PHS Revenue and Expenses**

**FIGURE 3A | Physician Health Services Revenue***

- MMS 31%
- COVERYS 13%
- CRICO 25%
- PIAM 2%
- OTHER 29%

**FIGURE 3B | Physician Health Services Expenses**

- CLIENT SERVICES 63%
- PROGRAM ADMINISTRATION 16%
- PHYSICIAN SELF-HELP PROGRAM 18%
- EDUCATION AND OUTREACH 3%

*Pre-audit
Contributors and Corporate Sponsors

Legacy

- Coverys
- CRICO
- Massachusetts Medical Society

Sustaining

- Atrius Health
- Baystate Health
- Baystate Health Medical Staff
- 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)
- Bristol North District Medical Society
- Cambridge Health Alliance
- Cape Cod Healthcare, Inc.
- Carney Hospital
- Carney Hospital Medical Staff
- Charles River District Medical Society
- Connecticut Medical Insurance Company (CMIC)
- Dana-Farber Cancer Institute
- Emerson Hospital
- Emerson Hospital Medical Staff
- Essex North District Medical Society
- Good Samaritan Medical Center
- Good Samaritan Medical Center Medical Staff
- Hallmark Health System, Inc.
- Harrington HealthCare System
- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
- Harvard Medical School
- Harvard Pilgrim Health Care, Inc.
- Heywood Hospital
- Heywood Hospital Medical Staff
- Holy Family Hospital
- Holy Family Hospital Medical Staff
- Lahey Health System
- Lawrence General Hospital Medical Staff
- Lowell General Hospital

- Massachusetts General Hospital, Edward P. Lawrence Center for Quality and Safety
- Mercy Medical Center (Trinity Health)
- MetroWest Medical Center Hospital Administration
- MetroWest Medical Center Medical Staff
- MetroWest Medical Center Accountable Care Organization
- Morton Hospital
- Morton Hospital Medical Staff
- Mount Auburn Hospital
- Mount Auburn Hospital Medical Staff
- Nashoba Valley Medical Center
- Nashoba Valley Medical Center Medical Staff
- New England Sinai Hospital
- New England Sinai Hospital Medical Staff
- Newton-Wellesley Hospital
- Norfolk District Medical Society
- North Shore Medical Center
- 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
- Saint Anne’s Hospital Medical Staff
- Saint Vincent Hospital
- Saint Vincent Hospital Medical Staff
- Southcoast Health
- St. Elizabeth’s Medical Center
- St. Elizabeth’s Medical Staff
- Steward Health Care System
- Sturdy Memorial Hospital
- Suffolk District Medical Society
- Tri-Country Medical Associates
- Tufts Medical Center
- Tufts University School of Medicine
- UMass Memorial Healthcare, Inc.
- UMass Memorial Medical Center
- UMass Memorial Medical Group
- University of Massachusetts Medical School

First Time

- Bristol North District Medical Society
- South Shore Hospital

These contributions and corporate sponsorships were received by PHS during fiscal year 2017 (June 1, 2016–May 31, 2017). PHS would also like to acknowledge and thank the many individuals who contribute to us throughout the year.
TESTIMONIALS ABOUT PHS

From Physician Leaders

“It was a great presentation this morning, as it answered many questions and clarified many issues regarding the program. It was positive for our leadership to connect a name with a face for PHS. As you know, we have had experience with the programs at PHS and have turned to PHS when the circumstances necessitate it. We view PHS as a valuable resource and a vital avenue for us when issues demand intervention.”

— Jeanette G. Clough, President and CEO, Mount Auburn Hospital

“I just wanted to take the time to thank all of you for the great Managing Workplace Conflict seminar last week. We tend not to thank others enough and you all deserve it. I now can understand why people behave as they do, so this will help me deal with these conflict situations.... I will recommend this seminar to all department chairs.”

— Michael Albert, MD, Medical Staff President, Baystate Health Center

“We are most grateful for PHS’s dedication, passion, and expertise.”

— Scott L. Rauch, MD, President and Psychiatrist in Chief, Rose-Marie and Eijk van Otterloo Chair of Psychiatry, McLean Hospital, Harvard Medical School

“By all accounts, this PHS occupational health coaching intervention has been a tremendous success. I’m so grateful for your work. The physician we referred has been working in a very positive and open way. The behavior on the unit is so much more consistent than it has ever been. It’s a real testament to the power of coaching and mindfulness. Perhaps we can get this physician engaged at a broader organizational level over time to share the story about how mindfulness has helped improve daily practice life. It’s a great story.”

— Medical Leader of a Physician with Unprofessional Behavior

From Clients

“Thanks so much for your support, recommendations, and understanding.”

— A Resident with Psychiatric and Substance Use Challenges

“Truly, what PHS is doing for Massachusetts physicians should be shared throughout the country… Keep on doing the work you are doing for Massachusetts physicians and truly for all physicians.”

— MD, Dermatologist

“It is a miracle that PHS can help people like me. PHS is like an oasis in a desert. It is amazing that such help exists.”

— A Self-Referral Pediatrician

“I think PHS is doing a great job. No need to change!”

— Anonymous PHS Client
A PERSONAL STORY OF RECOVERY

Mostly, I was lying to myself.

I was quite successful through college, medical school, and residency in Boston. Accolades, recognition, and honors followed. I rarely drank. Maybe it began socially. Maybe the long hours, frequent nights on call without sleep demanded by my specialty contributed. In time, the practice I loved so much demanded more than I could give without compromising my ability to be the husband and father I wanted to be. I was calmer when I drank. I socialized more enjoyably. I could fall asleep without reworking the pains of life.

I could control my drinking; it wasn’t a problem. No family member or friend ever voiced concern. I never had an OUI; I never had a “blackout.” I was okay, or so I thought.

It was a busy evening on-call. With all active issues resolved, I drove the seven minutes home around midnight. All was quiet except my thoughts. I couldn’t sleep, but I knew how to treat that with a drink or two. From an alcohol-induced sleep, I was abruptly stirred by the phone ringing. It was 2:00 AM and two urgent patients needed to be seen. I hurried back to the hospital after brushing my teeth and nearly swallowing a mouthful of toothpaste. I couldn’t have alcohol on my breath. Later that morning, I learned that a patient complained about me smelling like alcohol. I was terrified. Would I lose my license? I thought to myself, “If you can successfully navigate through this, you’ll never drink again!”

I learned that if I cooperated with an assessment and plan through Physician Health Services (PHS), this episode might not be reported to the Board of Registration in Medicine. My best lies were unsuccessful at avoiding a three-day inpatient evaluation. I minimized my problem to the evaluators and never admitted that I was an alcoholic. I returned home with a discharge diagnosis of being “on the cusp of alcohol dependence.” To resume practice, PHS presented a support system including a three-year contract of abstinence from alcohol (verified by random drug and alcohol testing), support groups including one just for physicians, and a monthly meeting with a PHS associate director with expertise in addiction medicine, by training and by personal experience. Invaluable tools to guide me to success.

But no, thinking I was so smart, I did the minimum to comply, and endured the three years. I never admitted that I was an alcoholic. At the end of my monitoring contract I soon resumed “controlled” drinking — just wine with dinner, then a cocktail or two on weekends before and/or after the wine with dinner. Then I hid a bottle of vodka under a tarp in the garage. My visits to the garage became more and more frequent and secretive. This time I would hide it better. No one would know.

Six years after completing my first PHS contract, I again found myself in the PHS office “on the cusp” of losing my profession and livelihood. My lies no longer convinced anyone. After three days of intensive evaluation, I finally said to myself and others, “I am an alcoholic.” After three months of intensive inpatient rehab with other physicians, pilots, notable entertainers, attorneys, and judges, I could fully acknowledge my alcoholism: “I’m not an idiot, I’m not alone, but I need a program to seek a daily reprieve from my alcoholism, and I need to be honest.”

PHS again proposed a three-year contract of monitored sobriety, support groups, and an associate director to help navigate the good and bad days. Instead of tolerating the program, this time I embraced it. Miraculously, I had my career, my family, and my health. It felt right.

Eighteen months to the day after my last drink, I had a sudden massive upper GI bleed, a known complication of alcoholism. I rapidly lost consciousness. In the ER, in Trendelenburg, I heard the nurse say, “BP undetectable.” The ER doc, a colleague and dear friend, told me through the shadows that he was going to put me to sleep, as another doc started central lines. My family gathered as they were told I wouldn’t survive the next 12 hours. Ten days later, I was extubated. I learned that I had received 46 units of blood in the first 24 hours, and coded three times.

Why would this happen after I was confronting my alcoholism? Is this going to happen again, but without such a miraculous outcome?

I can’t and don’t need to answer these questions. I know I woke up this beautiful morning. I know I have the support of PHS, the support of other alcoholics, some professionals, some without work or home, some with 40+ years of sobriety, some who have gone their first 24 hours without drinking.

When I was first reported, I resented those who filed the report, and I resented those in PHS who tried to help me. I lied to all of them to save myself. In fact, they have saved my life because mostly, I was lying to myself.

For additional stories of success, visit our website at www.physicianhealth.org under Helping Yourself and Others.
MEET PHYSICIAN HEALTH SERVICES

The Board of Directors

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

PHS Professional Staff

Wendy L. Cohen, MD, Physician Evaluation Director
Wayne A. Gavryck, MD, Associate Director, Western Mass. Region
Harvey Kowaloff, MD, Associate Director, Central Mass. Region
Jacqueline Starer, MD, Monitoring Director, Southeastern Region
Juliana Szakacs, MD, Associate Director, Boston Central Region
Ashley Capdeville, LMHC, Monitoring Associate, Waltham
Melissa Freeman, LMHC, Monitoring Associate, Metro Boston
Judith Eaton, MD, Associate Director Emerita

PHS Administrative Staff

Deanna M. Biddy, Outreach and Funding Coordinator
Deborah Canale, PHS Office Manager
Dipal Dodhia, Client Services Coordinator
Melissa Griffin, Client Services Coordinator
Mary M. Howard, Monitoring Services Coordinator
Lucia Whalen, PHS Assistant
THE WORK OF PHS
Consultations, Referrals, Assessments, Monitoring, Outreach, Support, and Innovation

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 toward more fully addressing their needs. In fiscal year 2017, 36 percent of our clients referred themselves; the remainder were referred by a concerned third party. When individuals refer themselves to PHS, we are able to direct them to specialized resources and physician-savvy professionals with an established track record of helping doctors manage and thrive in today’s pressurized health care environment. Historically, the overwhelming majority of self-referred clients have 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. 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 formal, in-depth 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 health status in order to point the way to a successful and sustainable improvement plan.

PHS offers a number of monitoring options 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, organizational skills, and social communication.

PHS sponsors a number of support groups across the state for any physician or student with substance use challenges. The Behavioral Health Peer Support Group in Waltham is a moderated group 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, and we are happy to work with you and your organization to address your specific needs (see Outreach and Educational Offerings section on page 11).

PHS is committed to addressing the occupational health concerns of the entire physician population by developing innovative, scalable, informational, and educational resources that can be efficiently and broadly distributed across the Massachusetts delivery system. Our current project, the Medical Professionals Empowerment Program (MedPEP), is a podcast series that will acquaint physicians and other health professionals with tools, techniques, and strategies aimed at developing and enhancing skills in self-management, self-efficacy, self-care, work-life balance, emotional intelligence, interpersonal aptitude, teamwork, conflict management, and change management.
THANK YOU FOR SUPPORTING PHS

The success of PHS and its ability to restore physicians’ health and well-being is centered on a partnership with those who support the services we provide.

PHS is a nonprofit 501(c)(3) charitable corporation able to receive outside funding. Donations are tax deductible to the extent provided by law (tax identification number 22-3234975) and can be made by anyone interested in helping contribute to the mission of PHS. Please consider a donation to support the health and careers of physicians.

Donations can be made payable to Physician Health Services, Inc. and sent to:

Physician Health Services, Inc.
860 Winter Street
Waltham, MA 02451

OR

Through our website www.physicianhealth.org

Thank you for your contribution supporting the health of physicians, residents, and medical students in the state.

OUTREACH AND EDUCATIONAL OFFERINGS

An important element of PHS’s mission is to educate physicians, residents, medical students, medical leaders, health care administrators, and the public regarding the prevention, early identification, and treatment of burnout, substance use disorders, and other health challenges that affect physicians. You’ll also learn about the array of services that we provide.

We are happy to customize a program to meet your organization’s needs. We regularly hold our highly-acclaimed two-day CME course on Managing Workplace Conflict (next offered in March 2018).

Please contact us at (781) 434-7343 in order to work with us to develop an educational program for your organization. Presentations are eligible for CME credit and may be designed to meet criteria for risk management.

An honorarium is not required. However, please consider a contribution to PHS in lieu of an honorarium. Our tax identification number is 22-3234975. Contributions to PHS are tax deductible to the extent provided by law. Your organization will be acknowledged in the PHS Annual Report and PHS publications.
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.