Physician Health Services, Inc. is dedicated to improving the health, well being, and effectiveness of physicians and medical students in order to promote patient safety. We do this through education and prevention as well as assessment, referral to treatment, and monitoring of those at risk.
All is going well.
As time goes by,
I realize what a gift
PHS has been to
physicians such as me.
It’s so rare to get a second
chance to change one’s
attitude and concentrate
on what is really
important in life.
Thanks to PHS, support
groups, and professionals
such as you for allowing
me the opportunity to get
back on track!

— Anonymous
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Physician Health Services (PHS) is a nonprofit corporation that was founded by the Massachusetts Medical Society to address issues of physician health. PHS is designed to help identify, refer to treatment, guide, and monitor the recovery of physicians with substance use disorders, behavioral health concerns, or mental or physical illness. Luis T. Sanchez, MD, a board-certified psychiatrist with additional qualifications in addiction psychiatry, has been the director of PHS since 1998. With the help of physician associate directors located throughout Massachusetts, Dr. Sanchez assists physicians, medical students, hospitals, colleagues, and family members of physicians who may be at risk. Dr. Sanchez is also serving a two-year term as president of the Federation of State Physician Health Programs.

Structure
The PHS Board of Directors oversees the organization (see page 14 for a complete listing of members). In addition, PHS benefits from the expertise of a Clinical Advisory Committee, whose members are selected by the PHS director and nominated for one-year terms by the PHS Board of Directors (see page 16). This peer-review committee advises the PHS director on clinical matters. It meets five times each year to review de-identified case presentations.

In addition, the PHS Advisory Committee oversees non-clinical matters. Its members are appointed by the PHS director, and they represent the major funding organizations and other health care administrators and physicians who are knowledgeable about the impact physician health matters have on health care delivery.

In order to prioritize the need for scientific-based data on physicians with health concerns, PHS formed a Research Committee in 2001. It meets monthly, and its projects are described on page 17.

Finally, in 2004, PHS formed a Medical Student Advisory Committee (pictured on page 18) to provide a forum for the exchange of information among medical schools on issues of student health. This committee of the four medical schools in Massachusetts has become a springboard to assist medical students who have been or who may be at risk for having health-related problems. It is the goal of PHS to enhance the health practices of physicians through early prevention by enhancing outreach and education during the medical school years.
Referrals

Anyone is welcome to contact PHS with a referral, including a physician who seeks services for him or herself. Many referrals come from colleagues, family members, friends, hospitals, medical schools, and the Board of Registration in Medicine.

When an individual contacts PHS about a physician or about him or herself, the director or designated associate director assesses the situation and assists in guiding the physician. Participation with PHS is voluntary and confidential. PHS will strongly urge a physician who is ill to get help, and although PHS does not provide direct treatment, we will suggest specific treatment options. We respond to the concerns of families, colleagues, and hospitals by providing coordinated interventions and referrals to treatment. In addition, PHS hosts a number of support group meetings open to all physicians, medical students, and residents in recovery, as well as those seeking peer support.

When PHS determines that a physician has a substance use disorder, is at risk for impairment, or has a behavioral health concern that warrants monitoring, the physician is encouraged to enter into a PHS monitoring contract. The monitoring contract specifies a course of treatment and documents the physician’s compliance with that treatment plan and progress of recovery. The standard contract requires individual therapy, group support meetings, regular meetings with a designated PHS associate director, random urine drug screens (if indicated), and regular interaction with a monitor and chief of service who agree to help document the physician’s progress.

Confidentiality

Confidentiality is a cornerstone of Physician Health Services. PHS recognizes the importance of respecting the privacy of those who come forward to seek help and is committed to devoting its resources to protecting their privacy. It is critical to PHS for physicians to feel confident that the information they share in the context of PHS will remain confidential and will be protected to the full extent of the law.
A Message from the President

Resumption and maintenance of the personal and professional well being of physicians and students is our primary commitment. We succeed in this by providing support, referral to treatment, and monitoring at a time when health care professionals are challenged on many fronts. Such challenging times beg for resources that provide sanctuary and guidance, and PHS provides both to those who turn to us for assistance. We continue to offer education aimed at supporting and helping each other with our “Caring for the Caregivers” conference every other year, and our “Managing Workplace Conflict” course twice each year. This forum for resolving conflict has also become a useful vehicle to address the recurrent challenges our workplaces produce.

We can be proud that we are recognized throughout the country as an organization that serves physicians in need, and serves them well. This is evidenced by our past director, Dr. John Fromson, and, subsequently, by our current director, Dr. Luis Sanchez, being elected president of the Federation of the State Physician Health Programs. We have also published two scientific papers that document and report on our remarkable success rates with behavioral and substance use monitoring. These success rates provide hope for those in need and assurance to those that rely on our monitoring that PHS helps ensure the safe practice of medicine.

Of course, none of this would be possible without the dedication and commitment of our enlightened and generous Medical Society and the malpractice insurance carriers that support our mission, including ProMutual Group, the Risk Management Foundation of the Harvard Medical Institutions, Baystate Health Systems, Lahey Clinic, Tufts/New England Medical Center, Caritas Christi Health Care, Boston Medical Center, Cape Cod Healthcare, UMass Memorial Healthcare, Southcoast Health System, and the Physicians Insurance Agency of Massachusetts (PIAM). In addition, we are the beneficiaries of the support of a growing number of health care facilities, agencies, and individual contributors who are listed elsewhere in this report. Our mission immensely profits from the efforts of Director Dr. Luis Sanchez and Associate Directors Drs. Judith Eaton, Wayne Gavryck, John Knight, John Wolfe, J. Wesley Boyd, and Director Emeritus Dr. Michael Palmer. Linda Bresnahan, director of program operations; Debra Grossbaum, our legal counsel; and Jessica Vautour, outreach and education manager, comprise an extraordinarily competent and effective administrative team that makes us the successful organization that we are. Their efforts are supported by Deborah Brennan, secretary and medical transcriptionist; Mary Howard, monitoring services assistant; Elizabeth Santos, client services assistant; Karen Tyler, program assistant; and Kathy Jeffers, secretary. It continues to be my special privilege to serve this superb program as its president and chair of the Board of Directors.

– Edward J. Khantzian, MD

President and Chair of the Board of Directors, Physician Health Services

“From its inception, PHS has been dedicated to maintaining and restoring our health so we may meet our best aspirations in the care of patients and in the practice of medicine. At a time when many economic pressures and regulatory influences threaten to derail us from our best intentions, PHS remains a valuable resource for consultation, referral, and monitoring for medical students and physicians. Whether a student or physician has succumbed to or endured emotional or behavioral challenges, PHS is available to support and guide them through the difficulties they encounter.” – Edward J. Khantzian, MD
Dr. Khantzian is a graduate of Boston University and received his medical degree in 1963 from Albany Medical College in New York. He served residencies in psychiatry at the Massachusetts Mental Health Center and the Cambridge Hospital. He completed his psychoanalytic training at the Boston Psychoanalytic Society and Institute in 1973. He is a distinguished life fellow of the American Psychiatric Association (APA), former vice chair of the APA Addiction Council, and former chair of the Massachusetts Psychiatric Society Committee on Alcoholism and the Addictions. Dr. Khantzian was founding chair of the Group for the Advancement of Psychiatry (GAP) Committee on Alcoholism and the Addictions. He is also a founding member and past president of the American Academy of Addiction Psychiatry (AAAP).

Dr. Khantzian is a clinical professor of psychiatry at Harvard Medical School, a founding member of the Department of Psychiatry at the Cambridge Hospital, and associate chief of psychiatry at Tewksbury Hospital. He is a practicing psychiatrist and psychoanalyst, a participant in numerous clinical research studies on substance abuse, and a lecturer and writer on psychiatry, psychoanalysis, and substance abuse problems. In addition, he is a recipient of the PHS Distinguished Service Award (1998) and the Massachusetts Medical Society Award for Excellence in Medical Service (2002).
A Message from the Director

One of the goals of Physician Health Services is to ensure that medical students, residents, and the more than 30,000 physicians licensed in Massachusetts know about our services. For those physicians who are already involved with PHS, we also want to ensure that we provide the highest quality support, referral, and monitoring, when appropriate.

This past year, we continued to reach out to physicians concerning their health — regarding personal, family, medical, and professional concerns. The tables reflecting our activities on page 27 reflect the number of referrals to PHS during the past year.

We hope that with our help, physicians can continue to practice medicine with a high level of care or be able to successfully return to practice. By identifying stressors, problems, or any other life impediments, we strive to help physicians feel better about themselves, seek the help they need, and give optimal care to their patients.

This year, we saw further expansion of the variety of problems for which physicians are referred. PHS has always been known for its ability to assist physicians with substance use and other addictive problems. But in addition, we are also available for physicians with mental, behavioral, and other emotional problems that are distinct from substance use. We have also expanded our ability to assist physicians who are experiencing conflicts in the workplace. For those physicians, PHS provides support, referral to coaching, and assistance in learning to resolve conflicts by becoming more self-aware, developing negotiation skills, and understanding the issues that might affect their workplace performance.

To enhance awareness of our services among Massachusetts physicians, we continue to provide lectures, grand rounds, and other outreach activities in many medical practices and hospitals. We also offer our twice-annual “Managing Workplace Conflict” course, which has assisted physicians in developing better tools for resolving problems that arise at work. PHS continues to make monthly editorial contributions to Vital Signs, the Massachusetts Medical Society’s member newsletter. These “Physician Health Matters” columns review pertinent issues surrounding physician health. Our sixth bi-annual “Caring for the Caregivers” conference will take place this fall, featuring topics that will further educate physicians about health issues relevant to them.

The associate directors and staff at PHS are an extraordinarily professional group, exhibiting the utmost dedication to the PHS mission and goals. I am grateful that the five associate directors have invested their time and expertise in providing assessments, support, and monitoring of physicians in Massachusetts. The devotion of the administrative staff shows in their enthusiasm about the work we do. I also appreciate that Linda Bresnahan, our program director, and Debra Grossbaum, our legal counsel, continue to provide expert support and assistance to me and the program.

“...in order to accomplish PHS’s goals, we will need to develop programmatic and financial resources to allow PHS to be even more involved and successful in caring for those physicians in need.”

— Luis T. Sanchez, MD
The PHS Research Committee remains active. This year, the committee published a paper in the Journal of Psychiatric Practice documenting our success in monitoring both substance use and behavioral issues with PHS contracts. We are working on enhancing our database to further delineate the types of problems we encounter for eventual use in the development of outcome measures.

The Clinical Advisory Committee (CAC) remains very active in supporting PHS during discussions of complex physician matters. The CAC has been especially useful this year in assisting us in strategic planning and providing input about how to improve our services.

The Medical Student Advisory Committee is now well established and has been very useful in enhancing our relationships with each of the four medical schools in the Commonwealth. The committee encourages us to reach out to the schools even more than before, and provide assistance to medical students when indicated.

I am gratified that our major funders have all remained very involved with their financial and professional support. Additionally, individual donations have been steadily increasing, which again reflects widespread interest in our services. And each year, our annual dinner in the fall proves inspirational and heartwarming, as we hear our involved physicians convey messages of hope and well being.

At the national level, we remain very active in the leadership of the Federation of State Physician Health Programs. The annual meeting in San Francisco this past May emphasized numerous states’ interest in assisting physicians, supporting each other, and ensuring that, ultimately, patient care is optimal.

We also attended the International Conference on Physician Health in Ottawa this past November. It is heartening to interact with physicians from around the world who are also promoting physician health in their countries.

I continue to be enthusiastic about our role in supporting Massachusetts physicians and medical students, and I look forward to a coming year of further improvement in the services we provide.

– LUIS T. SANCHEZ, MD
Director, Physician Health Services

Dr. Sanchez is responsible for the clinical requirements of the program. He establishes and maintains all clinical systems necessary for effective outreach, intervention, and monitoring of physicians. He also maintains PHS’s important relationships with external agencies such as the Board of Registration in Medicine. Dr. Sanchez graduated from Harvard Medical School and completed his internship and residency in psychiatry at Cambridge Hospital. He became a member of the PHS Clinical Advisory Committee in 1994, and since 1998, he has served as PHS director. Dr. Sanchez has been recognized nationally as a leader within the field and is currently serving as president of the Federation of State Physician Health Programs until May 2009.
What PHS Does

Physician Health Services, Inc. (PHS) is a confidential resource for any physician, resident, medical student, group practice, HMO network, or hospital facing concerns about medical student or physician health, including behavioral health, mental health, substance use disorders, and/or physical illness. PHS provides a safe environment for physicians to talk to other physicians about the stress and demands of modern medical practice. Our services and assessments are designed to identify the health concerns impacting the life of a medical student or physician and the recommendations and resources to assist that person.

Our services and programs are designed to help medical students and physicians improve their personal and professional lives while also helping to assure the safe practice of medicine. PHS and its practitioners are not direct treatment providers.

PHS assists with a wide variety of personal and professional situations. Any one of the following issues may represent a reason to refer someone to PHS or contact us:

- Difficulties managing a practice or coping with a competitive work environment
- Financial pressures
- Dealing with administrative burdens
- Difficulty balancing work and family
- Marriage problems
- Compulsive gambling
- Domestic violence
- Challenges with retirement planning or a career change
- Distressed or disruptive behavior
- Professional boundary issues
- Depression or anxiety
- Post-traumatic stress disorders
- Malpractice stress
- Coping with having witnessed and/or participated in an atrocity-producing situation
- Medically induced trauma
- Personality disorders
- Co-morbid psychiatric disorders
- Concerns about loss of memory
- Alcohol and substance use concerns

PHS services are confidential, and most are provided at no cost.

Services include expert consultation and intervention designed to encourage medical students and physicians to obtain help for substance use, behavioral or mental health concerns, or physical illness. PHS also provides the following services:

- Referral to treatment and counseling
- Recovery monitoring and documentation
- Support groups for physicians, medical students, and their families
- Networking opportunities with colleagues experiencing similar issues
- Educational programs and presentations for hospitals, HMOs, and medical staff meetings
- Guidance to hospitals and health care organizations for handling matters of physician health
- Grand rounds, lectures, and speeches at committee and specialty society meetings
Giving Physicians and Medical Students
Your Support: The PHS Caring for Physician Health Campaign

The most effective form of support is peer-to-peer. This concept is the basis on which PHS was founded — “by physicians for physicians.” Philanthropic support plays a pivotal role in PHS’s stability and much-needed growth. Please consider supporting your colleagues by contributing to PHS. PHS preserves physicians’ health, which can result in medical license retention and improved health care for all.

The success of PHS and its ability to restore physicians’ health and well being centers on a partnership with those who support the services we provide to physicians. By donating to PHS, you can feel assured that your contribution is directly related to one or more of the following efforts:

• Confidential support, consultation, and monitoring for medical students, residents, and physicians in Massachusetts

• The development of resources to increase referrals for substance abuse, mental health concerns, physical illness, and expanding behavioral health services

• Critical research necessary to document outcomes of and successful strategies for physician health treatment

• Increased educational offerings including courses, newsletters, and lectures throughout the state

• Support groups for physicians and medical students

• Improvements to the personal and professional lives of those we serve

All donations will be recognized in the PHS Annual Report, with your permission. Share the benefits of physician health with your colleagues — invite them to donate.

WAYS YOU CAN SUPPORT PHS

In Honor or In Memoriam

Any contribution to PHS can be made in honor of or in memory of someone to whom you wish to pay tribute.

General Donation

A gift of cash or a check is the simplest and most immediate way to give to Physician Health Services. PHS will accept unrestricted contributions toward the program’s operations, which include research, educational activities for physicians, support groups, and special projects. Many of the health care organizations listed on page 24 of the 2007 PHS Annual Report provided generous charitable contributions to PHS in appreciation of PHS’s educational lectures given at the donors’ institutions.

Restricted Gifts

Contributions can be designated to a specific area of personal interest within the scope of PHS activities.

Endowed Donations

A contribution can be made to PHS as a gift toward future growth. The principal is preserved and the income supports the purposes of the fund, as specified by the donor.

Thank you for your kind expression of support to Physician Health Services, Inc., and for your participation in the Caring for Physician Health Campaign and your commitment to the health of our doctors.
Reasons to Give
A PERSONAL STORY OF ADDICTION

I am a Massachusetts physician who is specialty board certified by the Board of Family Practice. I have always treated my patients to the best of my ability, and fortunately, I have never provided less than optimal care to any patient at any time. However, shortly after establishing a solo general practice in 1986, I began using the drug Serax and developed a dependency on the medication. Over the next few years, my use increased until I was taking up to 2,000 milligrams of Serax each day.

Naturally, my judgment became impaired as a result of my use, and my practices reflected this. In 1988 and 1989, I was charged with filing false claims. At first, the charge was surprising to me, but eventually it allowed me to recognize the reality of my addiction.

In September of 1990, I voluntarily suspended my practice, and in October of 1990, I voluntarily sought treatment for my chemical dependence by entering an inpatient detoxification program.

In March of 1991, I pled guilty to the charges brought against me and began making many positive changes in my life. I accepted full responsibility for my actions, was placed on probation for a period of three years, and was allowed to make full restitution to the Commonwealth. I am thankful that I was sentenced to probation rather than to a jail term, and that the Court recognized that my chemical dependence had impaired my judgment and represented a serious aberration from my usual standard of behavior.

Immediately upon completion of treatment, I entered into a PHS monitoring contract and began taking advantage of the support resources the program provides. I attended peer support group meetings, had a therapist available to me, and was able to immerse myself in the recovery community. I voluntarily disclosed my chemical dependence and related conviction to the Massachusetts Board of Registration in Medicine (BRM) pursuant to the Board’s “Chemically Dependent Physician Policy.” The policy’s intent is to encourage physicians to voluntarily disclose chemical dependence so they will receive treatment and rehabilitation while practicing under monitoring arrangements designed to protect the public.

In December of 1992, the Massachusetts BRM revoked my license, but because of the substantial mitigating factors (that I accepted responsibility for my actions, voluntarily entered and successfully completed treatment, and was actively participating in a PHS monitoring contract), they granted me the right to petition for reinstatement of my license after only one year. In 1993, the BRM granted my petition for reinstatement subject to a probation agreement, and allowed me to return to practice as long as I was involved in substance use monitoring, individual psychotherapy, group counseling, and behavioral and clinical monitoring. I complied fully with the terms of the probation agreement, and in 1998, all restrictions were removed.

Despite the fact that I was no longer required to be in a monitoring program, I chose to remain under a voluntary monitoring contract with PHS until 2007, when I successfully completed all monitoring.

Now, I feel assured that I have acknowledged full responsibility for my chemical dependence and the offenses I committed when I was actively using. I have taken all the appropriate steps to obtain effective treatment and to rehabilitate myself. I voluntarily performed more than 1,000 hours of community service as a detoxification counselor so I can help others who face the same challenges I did. Most importantly, I have demonstrated that I am now a capable and trustworthy physician.

Even though more than 19 years have elapsed since my active use and improprieties, I continue to value my recovery every day as well as my ability to serve my community as a physician. To this day, I participate in daily 12-Step recovery programs. I have been fully reinstated and certified by the American Board of Family Medicine, and I have now also been certified by the Board of the American Society of Addiction Medicine. I am the medical director of the chemical dependency program at our local hospital, and I feel that — with the help of PHS, my treatment providers, and my colleagues — I have fully rebuilt my life.
Thank You for Supporting PHS and Its Mission

I/we would like to support PHS and its mission.

Donor Name: _____________________________________________________________
Address: __________________________________________________________________
City/State/Zip: ________________________________ Telephone: ______________
E-mail: __________________________________________________________________

Enclosed is my/our gift in the amount of:

☐ $1,000  ☐ $500  ☐ $250  ☐ $100  ☐ $50  ☐ Other $ _______________________
☐ Check No. ________________ (Please make payable to Physician Health Services, Inc.)
☐ Credit Card No. ________________ Expiration Date: _______/_______
☐ Visa  ☐ MasterCard  ☐ AMEX  ☐ Discover
Signature: __________________________________________________________________

This gift is made:

☐ In memory of  ☐ In honor of  ☐ On the occasion of
________________________________________________________________________

Please notify:

Name: __________________________________________________________________
Address: __________________________________________________________________
City/State/Zip: ____________________________________________________________

Donor Recognition

☐ I authorize PHS to list my name as a contributor in the PHS Annual Report and PHS publications. This is how I would like my/our name(s) to appear in all donor recognition listings for which I/we may qualify: ____________________________________________
☐ I do not wish my/our name(s) to appear in donor listings.

Other Ways to Give

☐ I would like to include PHS in my estate planning. Please contact me.
☐ I would like to discuss other ways to give to PHS. Please contact me.

A written acknowledgment of your contribution will be provided to you.
Contributions to PHS are tax-deductible to the extent provided by law (tax identification number 22-3234975).

Please call us with any questions at (781) 434-7404. To learn more about PHS, visit www.physicianhealth.org.

Return this completed form to:

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

A PERSONAL STORY OF MENTAL ILLNESS

The onset of the disease was insidious, but even today, I still vividly remember the painful episode in my life. I completed high school, college, and medical school with great success. Everything seemed set, and I was about to start a residency program at a prestigious institution. It seemed as if my hard work had paid off and my dreams were realized. However, six weeks into my residency, I was in trouble. I was repeatedly unable to complete my work in a timely fashion. In fact, I did almost everything, including walking down the hall and going to the bathroom, at a very slow pace. In addition, I had trouble concentrating on even the simplest of tasks. Having always been blessed with an excellent memory, I noted with dismay that I was often unable to recall basic facts I had read. It was a frustrating time, since it had always been very important to me to do my work in a conscientious manner. Despite the demoralizing effect the ensuing negative feedback had on me, I resolved to overcome the hurdle. It was a very frustrating struggle, because no matter how hard I tried, I could not improve. I remained slow, inefficient, disorganized, and was almost always late — very late. It seemed as if my mind was paralyzed and I was condemned to play the role of the worst resident in the program. Slowly I began to wonder if I was contracting some sort of dementia.

Eventually I decided to schedule a medical workup to rule out any disease that could possibly be causing my symptoms. I desperately almost hoped that I would be vindicated by the diagnosis of some physical ailment. Instead, I was diagnosed with depression.

Curiously, the diagnosis did not come as much of a relief. My condition proved to be a very isolating experience, and the isolation only intensified the disease and its accompanying shame and loneliness. I knew that many people — even some in the health profession — regarded depression as a character flaw rather than a true illness. Depression would not exculpate me for my dismal performance as a resident in the same way, for example, a brain tumor would. Depression would not relieve me of the guilt about having failed at my job in the same way a diagnosis of hypothyroidism would. Most importantly, I could not talk to my peers about the pain of depression as I could if I suffered from migraine headaches or a bleeding stomach ulcer. However, the diagnosis did allow me to finally receive proper treatment with medication and psychotherapy. It was at this time that I found out about Physician Health Services (PHS) in Massachusetts.

My participation in the weekly meetings at PHS as well as my sessions with my counselor played a very important role in my road to recovery. For the first time in my life, I was surrounded by people who understood what it was like to go through life with depression. Though I am shy by nature, I was able to share my experiences with fellow physicians and find comfort and empathy instead of judgment. In turn, their inspiring stories gave me hope and strength, and I began forming friendships. The kind, helpful, and understanding individuals at PHS gave me the chance to see myself as a person with depression rather than a worthless resident, and allowed me to trade in the sentiment of shame for a sense of accomplishment and pride in battling the pain of depression.

The PHS contract was another valuable element of my professional rehabilitation, because it provided me with a structured program through which I could formally document my recovery under the guidance of my PHS associate director and designated monitors at work. The contract validated my illness, and I considered the successful completion of the contract a major milestone in my recovery. It was at about this time, two years after my initial diagnosis of depression, that I was diagnosed with colon cancer. While cancer provided me with another very unexpected hurdle in life, I also got the chance to experience, in juxtaposition, society's starkly different reactions to mental and physical disease. The same individuals who regarded my depression somewhat skeptically reacted with shock and ensuing full-hearted support in response to my cancer diagnosis, and I never had to explain to anyone that I was in pain. I finally had a reason to be sad. Interestingly enough, so far, my depression brought me far worse pain and suffering than the colon cancer has, yet, unlike the latter, the former leaves no visible scars on the body for others to see.

The wonderful people at PHS provided me with a lot of help and support, promoting my recovery at no cost to me. To the many health professionals who face illnesses that leave them impaired at work, organizations such as PHS represent one of the few avenues in our society through which they can achieve recovery and themselves promote the healing of others.
Meet PHS

THE BOARD OF DIRECTORS

PHS is proud to present the leadership of the organization to you. To guide the development of PHS and its strategic direction, members of the PHS Board of Directors are nominated by the board and elected by the PHS sole voting member, the MMS Board of Trustees. Nominations are based on a demonstrated record of involvement with physician health matters and a comprehensive understanding of and commitment to the mission of PHS. Typically, PHS board members serve on a PHS committee prior to being nominated to the board. Board members are selected based on a diversity of corporate and governance experience; medical specialty; expertise with physician health matters such as substance use, mental disorders, physical illness and behavioral health problems; and familiarity with the Massachusetts Board of Registration in Medicine statutes and regulations.
THE ADVISORY COMMITTEE

The Advisory Committee consists of representatives of our major funding organizations listed on page 24. The committee meets approximately two to three times each year to provide additional perspectives and assist PHS with the following matters:

- The development of education and outreach programs
- The interface of PHS with risk management programs
- Acting as a liaison to educational institutions
- The identification of new opportunities for PHS involvement
- Enhancement of community participation

DAVID H. BOR, MD
Chief of Medicine, Cambridge Health Alliance

RICHARD W. BREWER
President and Chief Executive Officer, ProMutual Group

BARBARA A. CHASE, MD
Medical Director for Quality and Care Management, Fallon Community Health Plan

LORING S. FLINT JR., MD
Senior Vice-President of Medical Affairs, Baystate Health Systems

ROBERT HANSCOM
Director of Loss Prevention, Risk Management Foundation of the Harvard Medical Institutions

MICHAEL KNEELAND, MD
Vice President of Medical Affairs, Caritas Christi Health Care Systems

MAUREEN MONDOR
Vice President of Risk Management, ProMutual Group

JOHN G. O’BRIEN
President and Chief Executive Officer, UMass Memorial Health Care

LUKE SATO, MD
Chief Medical Officer and Vice President, Risk Management Foundation of the Harvard Medical Institutions

MARY ANNA SULLIVAN, MD
Chair, Department of Psychiatry; Chair, Division of Medical Specialties; Medical Director of Quality and Safety; Lahey Clinic

PAUL SUMMERGRAD, MD
Frances Arkin Professor and Chair, Department of Psychiatry, Professor of Medicine, Tufts University School of Medicine; Psychiatrist-in-Chief, Tufts-New England Medical Center and the Floating Hospital for Children
THE CLINICAL ADVISORY COMMITTEE

This distinguished committee of volunteer experts on physician health provides assistance on specific case matters such as evaluation, referral for treatment, and monitoring of physicians based on anonymous case presentations. The members of the Clinical Advisory Committee include a broad representation of specialties. They serve as peer-review consultants to PHS for one-year terms, and are appointed by the PHS Board of Directors. Our dedicated committee members volunteer their time to assist PHS.

LUIS T. SANCHEZ, MD, CHAIR
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AARON M. LEAVITT, MD
BERNARD S. LEVY, MD
JOHN D. MATTHEWS, MD
MALKAH T. NOTMAN, MD
MICHAEL S. PALMER, MD
GLENN S. PRANSKY, MD
JOHN A. RENNER JR., MD
DEBORAH SUE REYNOLDS, MD
THOMAS STINSON, MD
JOHN C. WOLFE, MD

Back Row: Michael Drew, MD, John Doherty, MD
Front Row: Edward Khantzian, MD, Deborah Sue Reynolds, MD

Back Row: Glenn Pransky, MD, Luis Sanchez, MD, J. Wesley Boyd, MD, PhD, Wayne Gavryck, MD, John Wolfe, MD, Peter Connolly, MD, Michael Palmer, MD
Front Row: Debra Grossbaum, Esq., Edward Khantzian, MD, Mark Albanese, MD, Aaron Leavitt, MD, Linda Bresnahan
THE RESEARCH COMMITTEE

The PHS Research Committee was established in 2001 as part of our strategic effort to initiate scientific-based studies in the field of physician health. The first study consisted of a physician satisfaction study, which was completed and published in 2002. We found that participants’ ratings of PHS services were high, and satisfaction was associated with lack of relapse (mean rank=47.6 vs. 30.0, p=.005) but not with gender (p=.47), type of contract (p=.39), source of referral (p=.75-.05), or Board of Registration in Medicine involvement (p=.47). We concluded that participants’ reactions to the PHS program were influenced more by positive clinical outcomes than other factors.

During the past year, the committee’s activities focused on publication of a second study, an analysis of the outcomes of the PHS monitoring program. Most states have a monitoring program for physicians recovering from substance use disorders. Prior reports have indicated varying rates of success for physician treatment and/or monitoring programs, and definitions of success and methods of assessing it have varied widely. Applying vigorous criteria for relapse, we reported on the outcomes of PHS participants who initiated their first contract between 1993 and May 2003.

The objectives of this study were to determine the outcomes of the PHS program for substance use disorders and for mental/behavioral health. Our report was the first publication of results of physician monitoring for mental and behavioral health. (Knight JR, Sanchez LT, Sherritt L, Bresnahan L, Fromson JA. Outcomes of a monitoring program for physicians with mental and behavioral health problems. J Psychiatr Pract 2007;13:25-32). We found that of 58 physicians with mental and behavioral health (MBH) contracts, 43 (74%) completed successfully, 7 (12%) relapsed, and 8 (14%) did not complete for other reasons. Of 120 total physicians with substance use disorder (SUD) contracts, 90 (75%) completed successfully, 10 (8%) relapsed, and 20 (17%) did not complete for other reasons. Successful completion of SUD contracts was significantly associated with licensing board involvement (84% vs 66%, p =.04). Survival analysis indicated that time to relapse was significantly shorter for women compared to men on both types of contracts (Log Rank test for equality of survival distribution p=.001 for MBH and p=.001 for SUD). We concluded that physicians with MBH problems can be monitored in a similar fashion to physicians with SUDs, and with similarly positive outcomes.

However, greater attention should be given to services for women in physician health monitoring programs.

For the coming year, the committee is planning to repeat a satisfaction survey of participants, but to also add a similar survey of those who have served as monitors and therapists for our clients. The committee’s future goal is to advance PHS’s data-collection capabilities in order to better determine the correlates of optimal outcomes and possible predictors of relapse.

In the future, with additional funding availability, PHS’s goal is to study the following areas:

- The barriers that impact access to health care for medical students
- The impact of the “Physician Health Support Group” on the lives and careers of those who attend
- The indicators of relapse for physicians in a Physician Health Program monitoring program

In addition to his associate director responsibilities, Dr. John Knight serves as chair of the committee. He is also the director of the Center for Adolescent Substance Abuse Research at Children’s Hospital Boston and an associate professor of pediatrics at Harvard Medical School. Dr. Knight is principal investigator of several grants from the National Institutes of Health based on his innovative research into the early recognition and treatment of adolescent substance abuse. These awards include an Academic Career Award (K07) from the National Institute on Alcohol Abuse and Alcoholism, and three Independent Investigator Awards (R01) from the National Institute on Drug Abuse, including an International Supplement for Drug Abuse Research in the Czech Republic.
The Physician Health Services, Inc. (PHS) Medical Student Advisory Committee’s purpose is to provide a forum for the exchange of information among medical schools on issues of student health, wellness, and professionalism in order to develop effective strategies to educate and assist medical students who have or who are at risk of having problems with substance use, behavioral health, mental or physical illness.

The Medical Student Advisory Committee remains a standing committee of PHS after being voted such by the PHS Board of Directors in 2004. The committee has established its mission statement, goals and objectives, and developed medical student monitoring contracts for both substance use and behavioral health monitoring. Additionally, the committee formed a sub-committee that is seeking funding to conduct research to help identify stressors and barriers facing medical students who want to get help while attending medical school. PHS continues to explore funding alternatives to help support the growing need for medical student outreach, support, and monitoring.
“What I have found most valuable in our Medical Student Advisory Committee is learning from the PHS staff, as well as from other Massachusetts medical schools, ‘best practices’ in preparing medical students for licensing, professionalism, and self-care in their training and future careers. This has added a great deal to my own perspective on the developmental spectrum from medical students to practicing physicians.”

– Laurie Raymond, MD
THE ASSOCIATE DIRECTORS

Functioning as independent contractors, PHS associate directors provide outreach, intervention, treatment referrals, clinical monitoring, and assessment for any physician, resident, or medical student referred to PHS. The success of PHS is based on the program’s confidentiality protections and the personal collegial support provided by its associate directors, who guide physicians through treatment and recovery.

J. Wesley Boyd, MD, PhD
Boston and Southern Region

J. Wesley Boyd, MD, PhD, joined Physician Health Services in 2004. Dr. Boyd completed a residency in psychiatry with a special emphasis in addictions at Cambridge Hospital as well as a fellowship in medical ethics at Harvard Medical School, and is certified by the American Board of Psychiatry and Neurology. After residency, Dr. Boyd maintained a private practice in psychiatry in western Massachusetts, worked in addictions at the Beacons Clinic in Greenfield for two years, and taught religion at Smith College. In 2004, he returned to the Boston area, and he currently works at Cambridge Health Alliance where he teaches clinical psychiatry and medical ethics to medical students, residents, and fellows. He is on the faculty at Harvard Medical School.

“Medicine is a demanding profession whose culture is in flux. Navigating its demands can take a toll on physicians in various ways, and PHS is one valuable resource that can help. I feel honored to be a part of PHS.”

Judith Eaton, MD
Worcester Region

Judith Eaton, MD, has been an associate director for PHS since its inception. Since 1981, she has had an active private practice in general psychiatry. She is also on the psychiatry staff at UMass Memorial Medical Center in Worcester. She is certified by the American Board of Psychiatry and Neurology.

“I’ve worked for PHS for many years now, and it continues to amaze me how wonderful it feels to be able to work with doctors in various stages of trouble and see them emerge changed and on top of things. It continues to be a privilege to be a part of helping colleagues.”

Wayne A. Gavryck, MD
Springfield West Region

Wayne A. Gavryck, MD, is certified by the American Board of Internal Medicine and the American Society of Addiction Medicine. He currently practices internal medicine in Turners Falls. He has been an associate director for PHS since its inception. Dr. Gavryck is also a certified medical review officer and serves PHS in this capacity.

“PHS stands as a beacon of hope for all physicians who might face a physical or mental health issue. The foundation of the practice of medicine is changing dramatically, and all too frequently physicians pay the price. The stresses placed on physicians as a result of these changes can precipitate a multitude of disease states. The physicians and staff at PHS have the experience and resources to help many of these physicians. I am grateful for the privilege to reach out to my colleagues during these difficult times and offer compassion and hope.”
John R. Knight, MD, is a fellow of the American Board of Pediatrics and director of the Center for Adolescent Substance Abuse Research at Children’s Hospital Boston. He is an associate professor of pediatrics at Harvard Medical School. Dr. Knight has served as an associate director for PHS since its inception, and he is the program’s research consultant.

“My area is downtown Boston, where I serve hospital staff physicians, medical school faculty members, researchers, clinicians, students, residents, and fellows from the finest medical schools in the world. It doesn’t matter who you are, where you come from, what kind of work you do — we are all susceptible to depression, anxiety, substance misuse, and other mental health problems. PHS can make an enormous difference by providing supportive intervention and compassionate understanding during difficult times.”

Michael S. Palmer, MD, is board certified in internal medicine and has practiced both internal medicine and emergency medicine. He is a clinical instructor in medicine at Tufts University and has been on the faculties of Harvard Medical School and the University of Cincinnati School of Medicine. He has been working in the area of physician health since 1982 and has been an associate director of PHS since its inception.

“After two and a half decades of involvement with physician health, I still find it rewarding and refreshing. Often, those aspects of a physician (intelligence, independence, determination, self confidence, pride, fear of exposure) that keep him or her from seeking help in a timely fashion become the very things that help make steady, long-term recovery possible. There is nothing more impressive or effective than a physician who has undergone the metamorphosis that comes from facing a life-threatening illness and doing what is necessary to recover. I expect to maintain my connection with Physician Health Services as long as I can be of help to our clients and their families.”

John C. Wolfe, MD, FACP, joined Physician Health Services as an associate director in 2004. Dr. Wolfe is a graduate of the Cornell University Medical College. He completed an internship and residency in internal medicine as well as a yearlong fellowship in infectious disease at the New York Hospital Cornell Medical Center. After training, Dr. Wolfe served in the U.S. Army Medical Corps, was the chief of medicine at Addison Gilbert Hospital, and served on the Board of Trustees of Partners Community Health, Inc. He is also part of a private group practice. Dr. Wolfe is a certified medical review officer, and serves PHS in this capacity.

“Doctors may need help just as others do. It’s personally rewarding to be part of an organization that tries to provide just that.”
Our staff expertly handles the diverse array of tasks required to keep the program developing and operating on a day-to-day basis while offering the best service and assistance possible to physicians.

Physician Health Services is proud to introduce a very professional, experienced, and dedicated staff.

Ms. Bresnahan is responsible for the daily operations of PHS. She establishes and manages all administrative, educational, and operational activities. She coordinates the PHS governing meetings and committee activities, and she oversees information technology and the procedures necessary to support physician case management. Ms. Bresnahan received her bachelor’s degree in economics with a concentration in management information systems from Boston College. She received her master of science degree in health care management from Lesley College and has worked in physician health for more than 15 years. Ms. Bresnahan also contributes nationally to the work of physician health serving on the board of directors as an officer of the Federation of State Physician Health Programs.

Ms. Grossbaum oversees all legal aspects of PHS, including issues of confidentiality, interpretation of relevant regulations and statutes, and PHS contracts. She reviews all participant contracts, negotiates vendor agreements, and works closely with the Board of Registration in Medicine. Ms. Grossbaum also represents PHS with respect to corporate legal matters since PHS is a 501(c)(3) subsidiary corporation of the Massachusetts Medical Society. Ms. Grossbaum is a graduate of Brown University and the Boston University School of Law.

Ms. Vautour is responsible for the supervision of administrative staff and oversees the training for all administrative activities. She is responsible for managing and implementing all PHS outreach and educational programs. Ms. Vautour received her bachelor’s degree in accounting from Bentley College and her master’s degree in management from Cambridge College. She has an extensive background in health care management and has been with the Massachusetts Medical Society for more than 15 years. Additionally, Ms. Vautour has been a member of the Massachusetts Association of Medical Staff Services (MAMSS) for more than 11 years. She is currently serving on the MAMSS Board of Directors as part of the organization’s leadership.
Ms. Brennan handles all of the medical transcription for PHS. She also assists with other projects and special events and provides administrative support and assistance to PHS on a part-time basis. Ms. Brennan has an extensive background in health care as an administrative assistant with the Massachusetts Medical Society and PHS for more than 17 years.

Ms. Tyler provides administrative support and assistance to PHS in the areas of expense reports, payment requests, travel coordination, and special mailings and events. She oversees laboratory billing and facilitates the PHS donation process. Ms. Tyler has a bachelor’s degree in sociology/anthropology with a minor in psychology from Framingham State College and also served in the United States Army.

Ms. Jeffers provides part-time administrative support and assistance to PHS preparing correspondence, copying, collating, filing, and coordinating other special mailings and events. Ms. Jeffers has an extensive background in health care as an administrative assistant and has worked for both the Massachusetts Medical Society and PHS for several years.

Ms. Santos monitors and maintains all client activity data including the intake data process, new contracts, monitor changes, and all case transactions. Additionally, she is responsible for data collation and analysis for all PHS client activity and coordinates requests for information from third parties, including compliance documentation and consent forms. Ms. Santos has a bachelor’s degree in psychology from the University of Massachusetts at Amherst.

Ms. Howard coordinates all monitoring service activities and total quality management. This consists of primary support for the random drug testing program, placing random test calls, reviewing lab results, and tracking and maintaining reports of positive results and prescribed medications. She also coordinates the quarterly report process for monitors of PHS participants under contract, and for the Board of Registration in Medicine. Ms. Howard received her bachelor’s degree in biology from Brown University. She has a background in bookkeeping and data administration as well as health care and research.
Year in Review

MAJOR CONTRIBUTORS

These organizations provide PHS with essential financial support in recognition of the critical value of good health in the performance of physicians. Physician Health Services and the Massachusetts Medical Society gratefully acknowledge their consistent support in improving the health of physicians.

Baystate Health Systems
LORING S. FLINT, MD
Senior Vice President of Medical Affairs

Boston Medical Center
ELAINE ULLIAN
President and Chief Executive Officer

Caritas Christi Health Care
JOHN B. CHESSARE, MD, MPH
Interim President and Chief Executive Officer

Lahey Clinic
DAVID M. BARRETT, MD
President and Chief Executive Officer

Physicians Insurance Agency of Massachusetts (PIAM), a subsidiary of the Massachusetts Medical Society
JOHN F. KING
President

ProMutual Group
MAUREEN MONDOR
Vice President of Risk Management

Risk Management Foundation of the Harvard Medical Institutions (CRICO)
LUKE SATO, MD
Chief Medical Officer and Vice President

Tufts/New England Medical Center
PAUL SUMMERGRAD, MD
Frances Arkin Professor and Chair of the Department of Psychiatry
Tufts University School of Medicine Psychiatrist-in-Chief, Tufts-New England Medical Center

UMass Memorial Health Care
JOHN G. O’BRIEN
President and Chief Executive Officer

The success of PHS stems from the partnership of the profession of medicine with the MMS and our group of outstanding contributors. The contributors to PHS recognize the risk management benefits of the services.
THOSE WHO HAVE GIVEN PHYSICIANS SUPPORT FOR THEIR HEALTH

In addition to the contributors listed on page 24, individuals and numerous health care organizations have also contributed to PHS. PHS is enormously appreciative of the generosity of its donors. There are also many participants of the PHS program who contribute each year to the Annual Dinner Fund, which supports physicians, residents, and medical students who would otherwise be unable to attend this special dinner event.

ARBOUR-FULLER HOSPITAL  
DR. ANDREW BALDER  
BOURNEOUD HEALTHSYSTEMS  
DRS. WES & THEONIA BOYD  
RICHARD W. BREWER  
DR. JAMES BROADHURST  
CORINNE BRODERICK  
DR. RONALD E. BURT  
CENTRAL MASSACHUSETTS CARDIOVASCULAR PHYSICIANS, INC.  
DR. LESLIE COHEN  
DR. & MRS. DANIEL F. DEDRICK  
DR. JUDY EATON  
JACK & SHEILA EVJY  
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DR. GEORGE E. GHAREEB  
DEBBIE & DAVID GROSSBAUM  
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TERRENCE J. HARRIST  
JORDAN HOSPITAL MEDICAL-DENTAL STAFF  
DR. & MRS. EDWARD J. KHANTZIAN  
JOHN & LORA KNIGHT  
DR. CHARLES F. LEONARD  
LOWELL GENERAL HOSPITAL  
MASSACHUSETTS SECTION OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS  
IN HONOR OF WAYNE PASENEN, MD, GIVEN BY JOSEPH S. MCMANUS  
MEDICAL STAFF AT CARITAS GOOD SAMARITAN MEDICAL CENTER  
 MILFORD REGIONAL MEDICAL CENTER  
NEWTON-WELLESLEY HOSPITAL  
NORTH ADAMS REGIONAL HOSPITAL  
NORTHEAST HOSPITAL CORPORATION  
NORTHSHORE MEDICAL CENTER (NSMC), MEDICAL EDUCATION  
NSMC CONTINUING MEDICAL EDUCATION FUND  

DR. MICHAEL PALMER  
DR. WAYNE PASANEN  
DR. KENNETH PEELE  
DR. KATE PHANEUF  
DR. ERIK PURINS  
DR. & MRS. KEITH RAE  
SAINT VINCENT HOSPITAL  
DR. LUIS T. SANCHEZ  
SOUTHCOAST HOSPITAL GROUP  
SOUTHCOAST HOSPITAL GROUP — CHARLTON SITE  
DR. MARY ANNA SULLIVAN  
TOBEY HOSPITAL CONTINUING MEDICAL EDUCATION  
CAROL & ALAN WARTENBERG

Every effort has been made to ensure the accuracy of our donors’ names. We regret any errors or omissions, and we invite you to notify us with any questions or concerns.

FISCAL YEAR 2007

Financial Sources

Tufts/New England Medical Center: 2%  
Boston Medical Center: 1%  
PIAM: 1%  
Lahey Clinic: 1%  
Baystate Health Systems: 1%  
UMass Memorial Medical Center: 1%  
Caritas Christi Health Care: 1%  
Other: 9%  
Total: 100%

Expenses

Overhead: 5%  
Research: 1%  
Meeting Expenses: 3%  
Total: 100%  
Pre-audit

Staff: 61%  
Associate Directors: 19%  
Other: 11%
During the past year, PHS has improved physicians’ lives in the following ways:

- **244** physicians have been helped directly through personalized consultative support services and monitoring contracts.
- **146** new physicians were referred this year resulting in a steady increase in referrals since 2001 (Figure 1). (This includes six medical students.)
- **96** health care professionals have consulted with PHS for resources. These services are provided to physicians, hospital administrators, attorneys, and anonymous individuals who contact PHS for advice regarding administrative, clinical, and legal matters pertaining to physicians with health or behavioral concerns.
- **44** educational sessions were provided by PHS to physicians, hospitals, and individual practices. An estimated **2,680** physicians, medical students, and health care professionals were in attendance at these physician health education offerings this year.

This past year, an impressive number of referrals were self-referred and a large number of PHS referrals came from hospital administration (Table 1).

### Figure 1: Physicians Referred to PHS Over the Past Six Fiscal Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>79</td>
</tr>
<tr>
<td>2003</td>
<td>95</td>
</tr>
<tr>
<td>2004</td>
<td>128</td>
</tr>
<tr>
<td>2005</td>
<td>135</td>
</tr>
<tr>
<td>2006</td>
<td>135</td>
</tr>
<tr>
<td>2007</td>
<td>146</td>
</tr>
</tbody>
</table>

*N= physicians directly referred to PHS.*

<table>
<thead>
<tr>
<th>Table 1: Referral Sources — Fiscal Year 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self</strong></td>
</tr>
<tr>
<td><strong>Hospital Administration</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td><strong>Licensing Board</strong></td>
</tr>
<tr>
<td><strong>Attorney</strong></td>
</tr>
<tr>
<td><strong>Colleague</strong></td>
</tr>
<tr>
<td><strong>Hospital Staff</strong></td>
</tr>
<tr>
<td><strong>Therapist</strong></td>
</tr>
<tr>
<td><strong>Other State PHP</strong></td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
</tr>
<tr>
<td><strong>Medical School Dean</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
Case Descriptions

PHS addresses a broad range of physician health issues (listed by category in Table 3). Behavioral health continues to be the largest group (n=62), followed by single-diagnosis mental health (n=27) and substance use disorders (n=31). Fifteen (15) physicians had co-occurring mental health and substance use disorders, and eight (8) physicians had physical disabilities.
We compared the self-reported medical specialties of the group of physicians who presented to PHS over the past three years (2005 to 2007) with all licensed physicians in Massachusetts. Table 4 shows a side-by-side comparison of the proportion (as a percentage) of PHS versus Massachusetts specialties. We found that two specialty groups were underrepresented in the PHS group: internal medicine (PHS 28.5% vs. MA 33.6%, \( p=0.002 \)) and “other” (4.0 vs. 6.1%, \( p=0.03 \)). Four specialties were overrepresented in the PHS group: surgery (15.2% vs. 11.3%, \( p=0.02 \)), anesthesiology (6.7% vs. 3.9%, \( p=0.003 \)), obstetrics/gynecology (6.5% vs. 3.3%, \( p=0.0002 \)) and emergency medicine (5.3% vs. 3.2%, \( p=0.03 \)). The remaining specialty differences were not statistically significant. Statistical comparisons were done using Fisher’s exact test for difference of proportions. Comparisons were made using three-year averages to reduce spurious differences. PHS medical students (n=6) were excluded from the analysis. All comparison results should be viewed cautiously because of small PHS cell sizes.

### Table 4: Comparison of Physician Specialties for PHS vs. All of Massachusetts — Fiscal Years 2005 to 2007

<table>
<thead>
<tr>
<th>Specialty</th>
<th>PHS%</th>
<th>MA%</th>
<th>PHS vs. MA ( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine( ^a )</td>
<td>28.5%</td>
<td>33.6%</td>
<td>( p=0.002 )</td>
</tr>
<tr>
<td>Surgery( ^b\† )</td>
<td>15.2%</td>
<td>11.3%</td>
<td>( p=0.02 )</td>
</tr>
<tr>
<td>Family Practice</td>
<td>6.1%</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Anesthesiology( ^b )</td>
<td>6.7%</td>
<td>3.9%</td>
<td>( p=0.003 )</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>7.7%</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>7.5%</td>
<td>8.2%</td>
<td></td>
</tr>
<tr>
<td>OB/GYN( ^b )</td>
<td>6.5%</td>
<td>3.3%</td>
<td>( p=0.0002 )</td>
</tr>
<tr>
<td>Emergency Medicine( ^b )</td>
<td>5.3%</td>
<td>3.2%</td>
<td>( p=0.01 )</td>
</tr>
<tr>
<td>Radiology</td>
<td>4.0%</td>
<td>5.5%</td>
<td></td>
</tr>
<tr>
<td>Other( ^§ )</td>
<td>4.0%</td>
<td>6.1%</td>
<td>( p=0.03 )</td>
</tr>
<tr>
<td>Residents (All Specialties)( ^d )</td>
<td>8.3%</td>
<td>12.7%</td>
<td></td>
</tr>
</tbody>
</table>

\( ^a \) PHS specialty proportion is significantly less than MA (past 3 years).
\( ^b \) PHS specialty proportion is significantly greater than MA (past 3 years).
\( ^c \) Probability that the difference in specialty proportions for PHS vs. MA can be explained by mere chance using Fisher’s exact test.
\( ^d \) 2005 data for Massachusetts residents were unavailable and are not included in the comparison.
\( ^\† \) Surgery includes ophthalmology, general surgery, and urology subspecialties.
\( ^\§ \) Other includes occupational medicine, pathology, physical medicine, and public health.
OUTREACH AND EDUCATION

Articles, Presentations, and Consulting

One of the most important activities of PHS is the education of physicians, residents, medical students, health care administrators, hospitals, HMOs, and the public regarding the prevention, early identification, and treatment of addiction and other illnesses affecting physicians. Areas emphasized include stress prevention, prescribing practices, communication skills, and time management. PHS also provides education regarding the types of services we offer, which are not limited to alcoholism or substance use disorders. Our services include assistance with physical, emotional, and behavioral problems as well.

Articles regarding issues of physician well being have become a regular feature in Vital Signs, the monthly member publication of the Massachusetts Medical Society. These articles appear on the Massachusetts Medical Society website at www.massmed.org. PHS regularly exhibits its materials at conferences and professional meetings, where we are able to personally meet physicians and present the various ways in which the program can be of service to them.

PHS is Available to Your Hospital or Medical Practice

PHS is available to provide tailored educational programs appropriate for hospital grand rounds, group medical practices, health care organizations, and specialty society meetings. Our goal is to reach every health care organization and medical school on an annual basis. Presentations are eligible for CME credit and meet the criteria for risk management study. Please contact us to coordinate an educational program at your organization.

As of January 1, 2001, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) adopted a physician health requirement (Physician Health MS.2.6). In 2004, JCAHO further expanded this requirement to all health care professionals (LIP Health MS.4.80). This provision requires all hospital organizations’ medical staff to implement a process to identify and manage the health of licensed independent practitioners, which is separate from the medical staff disciplinary functions. One element of the JCAHO requirement is annual education on matters of physician health. PHS has been consulting with medical staff, medical executive committees, and hospitals throughout the state to assist them in implementing this requirement by providing presentations.

Presentations provide up-to-date information on physician health issues and the role of PHS, including a discussion on how to identify those at risk, factors that can impair patient care, ways to access help, and steps to improve the physician-patient relationship. A video about PHS, brochures, and other supportive materials are also available.

The speaking engagement request form can be found on page 36.

PHS Outreach Activities

If we haven’t been to your hospital or health care organization, please contact us at (781) 434-7404 or complete the speaking engagement request form.

More than 2,870 physicians and medical students were in attendance at physician health presentations across Massachusetts.
1. Arbour-Fuller Hospital
2. ASAM — Connecticut
3. Beth Israel Deaconess Medical Center
4. Beverly Hospital/Northeast Hospital
5. BIDMC — Medical Executive Committee
6. BIDMC — PGY1
7. BMC Disruptive Behavior Working Group
8. Board of Registration in Medicine
10. Bournewood Hospital
11. BU School of Medicine — Orientation
12. Cambridge Health Alliance
13. Cambridge Hospital — Child Psychiatry Fellowship
14. Cambridge Hospital — Summer Intensive Seminar of Psychology Interns & PGY 2 Adult Psychiatry Residents
15. Cape Cod Hospital
16. Cape Cod Symposium on Addictive Disorders
17. Caritas Good Samaritan Medical Center
18. Caritas Holy Family Hospital
19. Charlton Memorial Hospital
20. Healthsouth Braintree
21. Mercy Medical Center
22. Mercy Medical Center (Hospital Chiefs)
23. Mercy Medical Center (Physician Health Advisory Committee)
24. Metrowest Medical Center
25. Milford Regional Medical Center
26. Mount Auburn Hospital
27. NEAAHP, NEGSA, NEOSR — Joint Conference
28. New England Baptist Hospital
29. Newton-Wellesley Hospital
30. Northampton VA Medical Center
31. North Adams Regional Hospital
32. Patient Doctor III — Harvard Medical School
33. St. Luke’s Hospital
34. St. Vincent Hospital
35. Tobey Hospital
36. Tufts — First-Year Medical Students
37. Tufts Medical School — Second-Year Students
38. Tufts-NEMC (Psychiatry Residents & Fellows)
39. Union Hospital
ADDITIONAL PHS SERVICES

PHS Video
This video is available at no cost to hospitals, medical schools, and health care professionals. It can be viewed independently or complement a PHS lecture given by a physician associated with PHS. Included in the video is an overview of the mandated reporting statute and the exception to reporting as it pertains to matters involving drugs and/or alcohol.

For a copy of the video, please call (781) 434-7404 or e-mail jvautour@mms.org.

11th Annual Participants’ Dinner
PHS organizes a special event each fall for PHS participants. The dinner provides an opportunity to update participants on program activities, introduce the associate directors and staff of PHS, and share experiences of strength and hope. Physicians who have successfully completed the PHS program in the past or who are presently involved in the program are invited to attend.

www.physicianhealth.org
The Physician Health Services website, www.physicianhealth.org, can be accessed directly or via the “Member Benefits and Services” button on the Massachusetts Medical Society homepage, www.massmed.org. The PHS site features integrated search capabilities and friendly accessibility. The site’s primary audiences are physicians, their families, and health care organizations.

The key areas of the website are as follows:
- About PHS
- How to Make a Referral
- Helping Yourself or a Colleague (This section includes personal stories from physicians who have participated in the program.)
- Education and Resources
- JCAHO Requirement
- Relationship to the Medical Board
- How to Make a Donation

The website has helped to enhance outreach, education, and fundraising opportunities for PHS. It is the goal of PHS to make its services known to every physician and health care organization in the state. PHS has carefully selected menu options displayed across the top and down the left-hand side to support easy navigation and highlight primary informational topics. We invite you to view our website and learn more about PHS.
Vital Signs

Physician Health Services features a monthly column in the Massachusetts Medical Society’s member newsletter, Vital Signs. This column is dedicated to timely topics of interest related to physician health and wellness. You can contact PHS for a copy of any of the articles, or visit www.massmed.org and click on the “News and Publications” button. For a complete list of articles on related topics, search for “physician health” within the Vital Signs section.

June 2006 to May 2007

- How to Handle Fitness-for-Practice Evaluations Volume 11, Issue 7 — Aug. 2006
- Medical Students Urged to Seek Support Early Volume 11, Issue 8 — Sept. 2006
- School-Specific Health Services for Medical Students Volume 11, Issue 9 — Oct. 2006
- Maintaining a Drug-Free Workplace Volume 12, Issue 2 — Feb. 2007
- Study Shows Success in Rehabilitating Physicians with Mental and Behavioral Health Problems Volume 12, Issue 3 — March 2007
- Every Physician Should Have a PCP Volume 12, Issue 5 — May 2007
~ Facing the Loss of a Physician ~

PHS experiences great sadness when a physician with whom we are involved is lost as a result of an illness or unexpected death.

During times such as these, PHS makes an effort to provide support to the family and colleagues of these physicians. We recognize the tremendous grief the family faces and share the loss with the medical community.

It is important for PHS to ensure that outreach is supportive, comprehensive, and helpful, while also respectful of physician confidentiality.
PHS Speaking Engagement Request Form

Date of Request: ______________________________________________________

Name of Organization: __________________________________________________

Requested Date for Presentation: _________________________________________

Second Choice: ___________________ Third Choice: _________________________

Times: _________________________________________________________________

The length of a PHS lecture can be adapted to meet your needs.

Location of Presentation: ______________________________________________

Address: ______________________________________________________________

Name of Meeting Room: _________________________________________________

CME Contact Person: ____________________________ Phone: _________________ 

Fax: _______________________________ E-mail: ______________________________

Audience (Primary Specialty in Attendance): _______________________________

Number of Attendees Expected: ___________________________________________

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.

☐ In lieu of an honorarium, I would like to contribute to Physician Health Services.

☐ $1,000  ☐ $500  ☐ Other: $ _________________________________

☐ Enclosed is my check payable to Physician Health Services, Inc.

☐ Credit Card No. ____________________________ Exp. Date _____/_____

 ☐ American Express  ☐ MasterCard  ☐ Visa  ☐ Discover Card

Signature ______________________________________________________________

Faculty will be selected from the following list based on availability:

LINDA R. BRESNAHAN, MS  J. WESLEY BOYD, MD, PHD
JUDITH EATON, MD  WAYNE A. GAVRYCK, MD
DEBRA A. GROSSBAUM, ESQ.  JOHN R. KNIGHT, MD
MICHAEL PALMER, MD  LUIS T. SANCHEZ, MD
JOHN C. WOLFE, MD

Complete and mail this form to the following address:

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

You may also fax this form to (781) 893-5321.

Once PHS receives the request form, we will contact you directly to begin program 
arrangements.

If you have questions or need assistance, please call us at (781) 434-7404 or (800) 
322-2303, ext. 7404.

PHS will provide a video for each sponsoring organization, an outline, and brochures.

CME Credit: Each accredited organization can offer CME credit for this program.
Support Groups

For physicians, medical students, and residents seeking support from other physicians in recovery, PHS coordinates several weekly confidential physician support group meetings throughout the state. Please contact PHS at (781) 434-7404 for more information regarding the times and locations of these meetings. Some groups require meeting with a facilitator before attending the first meeting, and as always, contact and involvement with PHS is confidential.

PHS Support Group List

- **Monday and Thursday Support Group.** This is a facilitated group that follows AA guidelines, and is held on Mondays and Thursdays at 7 p.m. in Waltham.

- **First and Third Wednesday Support Group.** This group is open to spouses and significant others in addition to the affected physician. It is sponsored by PHS, and meets on the first and third Wednesday of each month from 7 to 8:30 p.m. in Waltham.

- **Physician Health Support Group (Second and Fourth Wednesday & Fourth Monday).** This is a three-times-per-month behavioral health support group meeting designed to respond to the expressed needs of physicians, residents, and medical students who are experiencing the rigors of medicine and who could benefit from collegial support. The focus is on strengthening the ability to deal effectively with patients, employers, hospitals, co-workers, colleagues, peers, family members, and significant others. The group meets on the second and fourth Wednesday and fourth Monday of each month from 6:30 to 7:45 p.m. in Waltham.

- **Greenfield Group.** This group meets on Wednesdays from 7 to 8 p.m. in Greenfield.

- **Tuesday Evening Support Group.** This group meets from 7 to 8 p.m. in Falmouth.

- **Faith-Based Support Group.** This group is a weekly men’s group affiliated with the Vineyard Christian Fellowship of Cambridge, and provides support to professionals and others within a faith-based context. The group meets on Mondays from 8 to 10 p.m. in Cambridge.

- **Worcester Monday Doctors’ 12-Step Group.** This group is open to any doctoral level health care professional with substance use concerns and meets every other Monday from 7:30 to 8:30 p.m. in Worcester.

In addition to the PHS Support Group List, a list of AA meetings is available from AA Central Service: 368 Congress Street, Boston, (617) 426-9444. PHS can provide information on a number of other professional peer-support groups as well.

“At each meeting these skilled, gifted people support each other’s growth and are learning to become stronger and more resilient.”

– Diana Barnes Blood, Support Group Facilitator
Continuing Medical Education Program

MANAGING WORKPLACE CONFLICT: IMPROVING PERSONAL EFFECTIVENESS

Jointly sponsored by the Massachusetts Medical Society and Physician Health Services, Inc.

Recognizing that disruptive behaviors can impact and interfere with a physician’s ability to practice medicine effectively, PHS designed the Managing Workplace Conflict course to help attendees assess difficult relationships and stressful situations, and consider ways to respond differently to minimize conflict.

PHS continues to offer this interactive program that combines didactic presentations, role-playing exercises, and focused feedback for physicians with motivation to make changes in the way physicians interact with their colleagues and with their patients. The course is offered every six months, with upcoming sessions December 13 and 14, 2007, and again in June 2008. The fourth offering of the course was held in December 2006 with a total of 25 attendees, and the response from participants was extremely positive. Pre-, post-, and follow-up evaluations demonstrated improvements in the skills of the physicians who attended (an average increase of 1.9 to 5.2 on a scale of 1 to 6). Both hospitals and physicians welcome this tangible resource to assist physicians with interpersonal communication, conflict resolution, and stress management. PHS is proud to have developed such a successful program.

The course is available to all physicians, residents, and medical students interested in learning methods to improve relationships at work and interpersonal skills based on difficulties in the workplace.

Advisory Committee

LINDA R. BRESNAHAN, MS,
Director of Program Operations, Physician Health Services, Inc.

CAROLINE CARREGAL,
Director, Continuing Education and Certification, Massachusetts Medical Society

MICHÉLE G. KAYDEN, PHD,
Organizational Psychologist, Executive Behavioral Coach, and Principal, Kayden Enterprises

KENNETH KRAFT, PHD,
Clinical and Organizational Psychologist

JOSEPH PEREIRA, LICSW, CAS,
Clinical Social Worker, Outlook Associates of New England

JULIA M. READE, MD,
Director, Harvard Forensic Psychiatry Fellowship and Clinical Associate in Psychiatry, Massachusetts General Hospital

JESSICA L. VAUTOUR, MM,
Outreach and Education Manager, Physician Health Services, Inc.

“"It opened my eyes in how to handle an issue.”

“The whole session was enlightening as well as inspiring.”

“Directed me to appropriate ‘next steps’.”

“Peer interaction was very useful.”

“Helping me recognize sources of stress and signs of burn-out; supportive help is available.”

Next Sessions: December 13 & 14, 2007, and June 2008
Course Instructors

RONALD SCHOUTEN, MD, JD, director of law and psychiatry services at Massachusetts General Hospital, received his medical degree from the University of Illinois College of Medicine and his juris doctor degree from the Boston University School of Law. Dr. Schouten completed his internship at the Lutheran General Hospital, his residency in psychiatry at Massachusetts General Hospital, and was the chief resident in legal psychiatry at the Massachusetts Mental Health Center. He is currently a psychiatrist at Massachusetts General Hospital, a clinical affiliate in psychiatry at the McLean Hospital, and an associate professor of psychiatry at Harvard Medical School. Dr. Schouten is certified by the American Board of Psychiatry and Neurology with an added qualification in forensic psychiatry.

CHARLES W. SWEARINGEN, MD, a psychiatrist and management consultant, received his medical degree from Yale University School of Medicine. He completed a rotating internship at Roosevelt Hospital and a psychiatric residency program at the Albert Einstein College of Medicine. He also completed research fellowships at the UCLA School of Medicine and Harvard Medical School as well as psychoanalytic training at the Boston Psychoanalytic Institute. He is currently a consultant in psychiatry at Massachusetts General Hospital and the founder and principal of Pierian Consulting. Dr. Swearingen is certified by the American Board of Psychiatry and Neurology.

LUIS T. SANCHEZ, MD, received his medical degree from Harvard Medical School. He completed a general medical internship and psychiatric residency at the Cambridge Hospital. Former positions include medical director of the special treatment team for addictions, Cambridge-Somerville Unit at Westboro State Hospital; chief of psychiatry at Central Hospital; associate medical director at Pembroke Hospital; medical director of the Addictions Treatment Program at Waltham Weston Hospital; director of the Division of Addictions at Cambridge Hospital; and medical director of the Addictions and Dual Diagnosis Unit at the Arbour Hospital. He is currently the director of Physician Health Services, a corporation of the Massachusetts Medical Society. Dr. Sanchez is certified by the American Board of Psychiatry and Neurology and has added qualifications in addiction psychiatry.

DIANA BARNES BLOOD, MSW, LICSW, received her master’s degree in social work from Simmons College of Social Work. Ms. Blood has private practices in Lincoln and Brookline working with individuals and couples in psychotherapy. She has 30 years of experience in individual and group therapy and 15 years leading groups of professionals. Her professional experience includes interpersonal family problems, coping with loss and personal trauma, and overcoming addictions. She is a member of the National Association of Social Workers Ethics Commission in Massachusetts and a member of the Social Work Assistance Network Commission. She currently facilitates a twice-monthly support group designed to provide physicians with strategies to enhance coping skills.

“\textbf{I believe I will be more effective in communicating with other physicians.}”

“A\textbf{ great course that I will recommend to my colleagues. Thank you.”}
Board of Registration in Medicine

PHS is independent of the Board of Registration in Medicine (BRM), the state agency responsible for the licensure and discipline of physicians in Massachusetts. However, PHS serves as an important resource for physicians dealing with licensure issues as a result of health impairment or other health concerns. PHS helps facilitate physicians’ interactions with the BRM by educating physicians about licensure procedures, providing documentation of compliance for physicians being monitored, and by offering resources for outside legal representation to assist with board actions.

PHS interacts regularly with the BRM’s Physician Health and Compliance (PHC) unit, the division of the BRM responsible for health-related matters. PHS meets monthly with the BRM’s PHC unit to provide continuity for physicians who are under monitoring agreements with the BRM and to enhance communication regarding areas of mutual concern, including physician support services, remediation, and protection of the public. PHS also meets separately with designated BRM members and staff to address policy and programmatic issues that are likely to impact physicians who are facing health problems.

DIVERSIONARY STATUS

PHS serves as a BRM-approved “diversionary” program. Massachusetts law requires certain health care professionals to report to the BRM when they become aware that a physician has violated BRM rules or regulations. This includes reporting when there is a reasonable basis to believe a physician is practicing medicine while impaired by drugs or alcohol, or is a habitual user of drugs or alcohol. However, under specific circumstances, a report can be “diverted” from the BRM, and instead, a referral can be made to PHS, allowing the physician to obtain remedial services. Diversion is possible when there is no allegation of patient harm, no other violation of the law, the physician agrees to participate in PHS, and the reporter receives timely confirmation from PHS that the physician is in compliance with our program. By serving as an approved diversionary program, PHS is able to provide confidential support services and assistance to a wider range of physicians facing drug and alcohol problems. Currently diversion is approved only for drug and alcohol issues. However, PHS is hopeful that the exception will soon extend to other health conditions including mental health issues.

At times, the BRM itself enters into disciplinary or non-disciplinary agreements with physicians who face health challenges such as chemical addiction, mental illness, behavioral health concerns, or physical health concerns that require support and monitoring. In these circumstances, the BRM asks PHS to provide monitoring. PHS then provides the BRM with confirmation that the physician is compliant with a treatment plan while simultaneously providing the physician with professional and personal support.

PROPOSED REGULATIONS

Over the course of the past year, the BRM has published several versions of proposed regulations intended to govern physician licensure and conduct in Massachusetts. PHS is actively following the process and offering responses to requests for public comment to advocate for physicians facing health conditions that can impact their licensure. Please visit the BRM’s website, www.massmedboard.org, for updates on the current proposed regulations, dates for public comment, and access to all public testimony provided to date, including the comments offered by PHS.

Important Exception to Mandatory Reporting to the BRM

Diversion to PHS is possible when all of the following criteria apply:

- The circumstances involve a drug or alcohol problem.
- There is no allegation of patient harm (notation of law).
- The physician agrees to participate in PHS.
- The reporter receives confirmation from PHS within 30 days that the physician is compliant with the program [243 CMR 2.07 (23)].
Monitoring Program

MONITORING CONTRACTS AVAILABLE TO PHYSICIANS
Our Substance Use Monitoring Contract and Behavioral Health Monitoring Contract help guide physicians and medical students in recovery and serve as tools for documenting the recovery process and helping physicians return to the practice of medicine. The success of our program has not only been dependent on the physicians who willingly participate, but also on the countless number of physician volunteers who are instrumental in making our peer-support network and monitoring contracts successful.

PHS drug test collection procedures are based on validated National Institute on Drug Abuse (NIDA) standards. Collections are primarily performed at Quest Diagnostics Laboratory Collection Centers. In regions where such centers are limited, PHS seeks the assistance of volunteer physician test monitors. All test monitors, including Quest Diagnostics Laboratories Collection Centers, are provided with procedural guidelines for collections and are trained to follow them. Numerical identification badges are issued to physicians in order to ensure proper identification while maintaining confidentiality. PHS performs unannounced inspections of all approved testing sites to examine compliance with the NIDA collection procedures. The results of these inspections are reviewed with laboratory management, resulting in quality improvements that maintain the reliability and validity of the random testing program.

SUBSTANCE USE MONITORING CONTRACT
This contract is a minimum of three years in length and is designed to guide and document a physician’s abstinence from substances of abuse. Components of the contract include, but are not limited to, face-to-face monthly meetings with an associate director, attendance at support group meetings, participation in random drug testing, and regular contact with a therapist, work monitor, and chief of service.

BEHAVIORAL HEALTH MONITORING CONTRACT
PHS developed a behavioral health monitoring contract to address physicians’ mental and behavioral health issues resulting from stress, emotional problems, and mental illnesses. The contract duration is a minimum of two years and includes, but is not limited to, monthly meetings with an associate director, regular attendance at a support group meeting, and regular contact with a therapist, work monitor, and chief of service.

EXTENDED VOLUNTARY MONITORING CONTRACT
This contract is available to physicians who have successfully completed a substance use monitoring contract or a behavioral health monitoring contract and choose to participate in extended monitoring. The contract includes contact with an associate director, therapist, and work monitor, as well as participation in random testing when indicated.

TOTAL QUALITY MANAGEMENT PROGRAM
PHS recognizes its accountability to physicians and the community and strives to assure continuous assessment and improvement of the quality of the program. The Total Quality Management Program (TQM) is part of an ongoing process for evaluating and improving the quality of the support and monitoring activities of the program.

The purpose of the TQM Program is as follows:
- To identify and monitor critical aspects of the support and monitoring service
- To focus attention on administrative and clinical processes that affect outcomes
- To resolve identified problems, improve services, and evaluate the effectiveness of the services

SEEKING VOLUNTEER MONITORS TO SUPPORT PHYSICIANS IN NEED
An essential element of the PHS contracts that contributes to the recovery of physicians is the assistance and support volunteer monitors provide to their colleagues. Workplace monitors, test monitors, hospital chiefs of service, and therapists are asked to participate in physician monitoring and provide ongoing support to their fellow physicians and information to the program. PHS dedicates resources to ensure these individuals are provided with information detailing the importance of their role to the contracting physician’s recovery.

The monitoring program is designed to support the recovery process for physicians and medical students and help assure the safe practice of medicine.

PHS would like to extend special thanks to those physicians who have supported their colleagues by serving as volunteer monitors, and requests your assistance in encouraging your colleagues to assist PHS in this capacity.

To Volunteer
If you are interested in assisting PHS by serving as a monitor to a colleague in your hospital or practice, please call PHS at (781) 434-7404.
PHS Strategic Goals

PHS conducts a retreat every two to three years. The retreat includes the PHS Board of Directors, MMS leadership, and representation from each of the PHS committees, including the funders and the PHS associate directors and staff. Another retreat is scheduled for the fall 2007. Current priorities are as follows:

**GOAL 1: ASSESSMENT AND MONITORING SERVICES**
Enhance PHS assessment and monitoring services, improve treatment options, increase service offerings for behavioral health clients, and maintain the highest level of the monitoring services program

**Measurements**
- Prepare a report for the PHS Board annually on overall activities including changes and enhancement of services
- Report on annual case activity
- Develop quality improvement criteria
- Develop a survey on client/participant feedback

**Projects**
- Develop expert physician health resources
- Implement and improve monitoring practices and contracts
- Develop educational options for clients, such as the course “Managing Workplace Conflict: Improving Personal Effectiveness” and the PHS “Caring for the Caregivers” program held every other year
- Develop assessment and monitoring criteria and policy

**GOAL 2: STRATEGIC PLANNING**
Provide strategic plans and direction for PHS to include increased visibility and awareness of the value of PHS

**Measurements**
- Report to the PHS Board and sole voting member and the MMS Board of Trustees annually on all activities, and widely distribute the PHS Annual Report

**Projects**
- Conduct a PHS strategic retreat every three to five years
- Annual full-day Board of Directors meeting organized to examine priorities
- Contribute to national physician health efforts with the Federation of State Physician Health Programs
- Outreach to the medical schools and health care organizations throughout the state
- Research with the PHS Research Committee
- Monthly physician health columns in the MMS member newsletter, Vital Signs
- Maintenance of the physician health website (www.physicianhealth.org)
- Interact with credentialing organizations
- Interact with the Board of Registration in Medicine
GOAL 3: PROGRAM OPERATIONS

Continue to enhance a positive working environment for staff and associate directors that is built on respect and trust in support of our physician participants.

Measurements

- Review operational structure to determine if any changes to the model are indicated in order to most efficiently prepare PHS to address increasing service needs.

Projects

- Continuous feedback and communication
- Monthly full staff meetings and monthly administrative staff meetings
- Cross-training
- Annual employee retreat
- Maintenance of administrative procedures
- Develop a new PHS client database for administrative, clinical, and research purposes

GOAL 4: FINANCIAL MANAGEMENT

Ensure financial results meet or exceed approved budget plan.

Measurements

- Achieve or exceed budget plan
- Provide annual review of financial status to PHS Board and sole voting member
- Develop fundraising strategies

Projects

- Twice yearly, meet with PHS Advisory Committee to report on activities and gather feedback from funding sources
- Continue the PHS Caring for Physician Health Campaign to all health care organizations and individual donors
- Expand funding outreach to all Massachusetts hospitals
- Expand funding outreach to all insurance carriers (captives) and medical schools
- Review financial reports monthly
- Consider utilization of fundraising developer
National Efforts

The Federation of State Physician Health Programs (FSPHP) is a national organization whose purpose is to facilitate the exchange of information and development of common goals and standards for physician health. PHS continues to be an active member of the federation.

At the 2006 annual meeting of the FSPHP, Dr. Luis Sanchez was nominated and elected president of the FSPHP Board of Directors. He also serves as chair of the FSPHP Annual Meeting Program Committee.

Linda Bresnahan serves as an officer of the FSPHP Board of Directors, serving as secretary for a two-year term. She also serves on the Program Committee, the Publications Committee, and the Task Force on Research. Debra Grossbaum recently assumed the role of chair of the Bylaws Committee.

As referrals to physician health programs increase, the programs are challenged to also provide increased services. At the FSPHP conferences, speakers respond to this need by sharing strategies for development and growth in the areas of behavioral health, fundraising, providing efficient and effective services, improvements in random drug testing, treatment, and spirituality.
PHS and the Massachusetts Medical Society extend special thanks to those organizations that have served as the primary funders of PHS. The level funding from these organizations has been essential to the stability and success of PHS. This financial support will make growth and outreach efforts possible:

- Baystate Health Systems
- Boston Medical Center
- Caritas Christi Health Care
- Lahey Clinic
- Physicians Insurance Agency of Massachusetts (PIAM)
- ProMutual Group
- Risk Management Foundation of the Harvard Medical Institutions (CRICO)
- Tufts/New England Medical Center
- UMass Memorial Health Care Systems

Photography provided by George P. Santos, MD, secretary-treasurer of the Massachusetts Medical Society (MMS) from 1997 to 2002 and by Mary Howard of Physician Health Services, as well as other sources. Layout design by Lisa Salvo, senior graphic designer for the MMS.

PHS is available to assist any Massachusetts medical student, resident, or physician.