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. This is achieved through education and prevention, as well as assessment, referral to treatment, and monitoring of those at risk.
30 Years of Caring for Physicians
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Introduction and Greetings

ABOUT PHYSICIAN HEALTH SERVICES, INC.

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 and medical students 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.

Organizational Structure

The PHS Board of Directors governs the charity to carry out its mission, oversees the PHS director/chief operating officer, and oversees the financial management of the organization (see page 14 for a complete listing of members). In addition, PHS benefits from the expertise of a Clinical Advisory Committee, which provides guidance to the PHS director on specific clinical matters. Committee members are nominated by the PHS director and approved for one-year terms by the PHS Board of Directors (see page 16). This peer-review committee meets five times each year to review de-identified case presentations.

The PHS Advisory Committee provides input into the organization’s non-clinical matters. Appointed by the director, its members represent PHS’s major funding organizations, and health care administrators and physicians who can offer knowledge on the impact physician health matters have on health care delivery.

Additionally, in order to address the need for scientific-based data on physicians with health concerns, in 2001 PHS formed a Research Committee. For a full description of the committee’s current projects, see page 17. The Research Committee meets on a monthly basis.

Finally, in 2004, PHS formed a Medical Student Advisory Committee to provide a forum for medical schools to effectively exchange information on issues of student health (see page 18). Comprised of representatives from the four medical schools in Massachusetts, the committee has become a springboard for assisting 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 future physicians through early outreach and education during medical school.

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.
How PHS Works

Physician Health Services, Inc. (PHS) is a confidential resource for physicians, residents, medical students, group practices, HMO networks, and hospitals with medical student or physician health concerns, including behavioral or mental health issues, substance use disorders, and/or physical illness. PHS provides a safe environment for physicians to talk to their peers about the stress and demands of modern medical practice. Our services and assessments are designed to identify health concerns that are impacting the affected individual’s life and provide recommendations and resources to assist that person.

Anyone is welcome and encouraged to contact PHS on his or her own behalf. PHS receives referrals from colleagues, family members, friends, hospitals, medical schools, and the Board of Registration in Medicine.

When an individual contacts PHS, the director and a designated associate director assess the situation and guide him or her through the proper channels. 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 resource and treatment options. PHS hosts a number of support group meetings for physicians and medical students in recovery, as well as those who are 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 tests (if indicated), and regular interaction with a monitor and chief of service who agree to help document the physician’s progress.

PHS services are confidential, and most are provided at no cost. Services include expert consultation and assessment designed to encourage medical students and physicians to obtain help for substance use, behavioral or mental health concerns, or physical illness. PHS and its practitioners are not direct treatment providers. However, PHS does provide 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

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
- Marital 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
- Stress following an unexpected outcome or medical error
- Personality disorders
- Co-morbid psychiatric disorders
- Concerns about loss of memory and age-related challenges
- Alcohol and substance use concerns
The practice of medicine has always required that those of us who embrace it be guided by the highest aspirations for competency, skill, and compassion. Our patients benefit when we live up to these aspirations, and so do we. At times, what we strive for in this respect can also be daunting. It can be the result of unrealistic and punishing expectations we place upon ourselves, making the challenge of patient care and practice a burdensome one. Our practice environments can compound the burden. This has always more or less been the case, but for the last several decades, these challenges have been greatly heightened by growing regulatory and economic constraints. At medical staff meetings, we more often concern ourselves with such constraints rather than the challenges of understanding and managing the care of our patients. Whether the pressures are from within, or they are the harsh and demanding pressures of our work environments, we find ourselves beleaguered, and unfortunately, stress and distress mounts. Most of us find ways to cope with, endure, and overcome these difficulties. Others of us succumb to a range of preeminently human emotional and behavioral troubles — troubles that often affect some of the most gifted and dedicated among us.

In this year of our 30th anniversary, PHS can be proud that we have consistently and continuously responded with effective intervention, support, and restoration for our colleagues who have experienced such problems. Each year I struggle to find a different way to say how proud I am about how PHS accomplishes its mission to assist physicians derailed by behavioral or emotional issues and help them resume their course as the dedicated professionals they intended to be. The mission is accomplished through the generosity of our Medical Society and the malpractice insurance carriers who have liberally continued to support our work. They include Baystate Health Systems, Berkshire Medical Center, Boston Medical Center, Cape Cod Health Care, Caritas Christi Health Care, Connecticut Medical Insurance Company, Lahey Clinic, Physicians Insurance Agency of Massachusetts (PIAM), ProMutual Group, Risk Management Foundation of the Harvard Medical Institutions (CRICO), Southcoast Health System, Tufts Medical Center, and UMass Memorial Health Care. PHS continues to benefit from the diligent efforts of an extraordinary staff of individuals including Director Luis Sanchez, MD; Associate Directors Judith Eaton, MD, Wayne Gavryck, MD, John Knight, MD, John Wolfe, MD, J. Wesley Boyd, MD; and Director Emeritus Michael Palmer, MD. Our director of operations, Linda
Bresnahan; our legal counsel, Debra Grossbaum; and our outreach and education manager, Jessica Vautour, make up an enviable staff that assures a smooth and effective administrative underpinning for PHS. Their efforts are supported by Deborah Brennan, secretary and medical transcriptionist; Mary Howard, monitoring services assistant; Sheila Cambell, client services assistant; and Shari Mahan, secretary.

Indeed, it is a wonderful accomplishment for PHS and a proud association for me that after 30 years of service, we can celebrate a successful, ongoing commitment to restoring and maintaining the health of our colleagues who turn to us for assistance.

– Edward J. Khantzian, MD, President and Chair of the Board of Directors, Physician Health Services

Dr. Khantzian is a graduate of Boston University. He received his medical degree from Albany Medical College in New York in 1963. He served residencies in psychiatry at the Massachusetts Mental Health Center and the Cambridge Hospital, and 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), a former vice chair of the APA Addiction Council, and a 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 Committee on Alcoholism and the Addictions. He is also a founding member and past president of the American Academy of Addiction Psychiatry.

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 emeritus 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 issues. 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).

"With this annual report, we celebrate our 30th anniversary. Our program is one that assists in transforming human difficulties of emotional and behavioral vulnerabilities into opportunities for restoration and growth. We do this through support, referral, and monitoring. Notwithstanding the distress associated with succumbing to the difficulties physicians experience, PHS most often succeeds in being an avenue of hope, comfort, and effective resolution for the physicians who turn to us for assistance."

– Edward J. Khantzian, MD
It has been a privilege serving as the director of PHS for the past 10 years. I am especially proud to have this opportunity to reflect on the accomplishments of the organization as we celebrate our 30th anniversary of providing assistance to physicians in Massachusetts. I recall when I was a young physician just starting out as a psychiatrist 30 years ago — how uninformed I was of the importance of physicians taking care of themselves. Back then, I would observe doctors who clearly needed help, but I was uncertain how to approach these doctors, or if I did approach them, what resources were available. As I began to treat physicians in my psychiatric practice, I became aware of PHS. As a member of the Clinical Advisory Committee at PHS, I furthered my understanding of PHS’s role in providing assessment, support, and monitoring for physicians in need. Now, as director of PHS, I know that we all have a responsibility to reach out and help one another, both for our profession and for our patients. I am very proud to be part of such a resource for physicians, and I encourage every health care professional in the state to learn about PHS and utilize it whenever they learn of a physician in need.

As the director of PHS, I am heartened by how much our service has grown in its ability to assess physicians with a wide range of issues. Over the years, we have developed a greater awareness of the health concerns that impact physicians, including substance use disorders, mental health disorders, behavioral health problems, stress, and physical illnesses. We speak now not only of impairments, but also of wellness and health, and risks to our wellness. In addition, we are learning that well-being is not tied to organic symptoms alone. Getting along with patients, colleagues, and staff is essential to success, both personally and professionally. Balancing one’s lifestyle is crucial to well being. Learning to deal with stress and resolving conflicts are areas in which physicians can develop expertise, and by doing so, physicians can improve their own health.

At the national level, I have been fortunate to have direct and ongoing involvement with the Federation of State Physician Health Programs (FSPHP) as the president of the organization. My association with this group has been personally gratifying, and it has also provided me with reassurance as to the high level of performance of state physician health programs throughout the country. As president of the FSPHP, I have been privileged to serve as the FSPHP official observer at the American Medical Association Annual and Interim Meetings, giving the federation a voice in highlighting physician health and wellness at a national level.

As you read through this annual report, you will learn about the many accomplishments and activities of PHS over the past year. However, I would like to personally highlight some individual achievements of professionals associated with PHS who have made
Physicians are just people who have the same problems and concerns as our patients do. To be good doctors, we need to be good patients. Medical schools provide us with the knowledge and skills to be good doctors, but during the process, we can lose sight of how to be good patients. We often need help becoming patients and reaching out for help. That’s where I find PHS to be very helpful and what makes my job so worthwhile.

– 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 serving as president of the Federation of State Physician Health Programs until May 2009.

“Physicians are just people who have the same problems and concerns as our patients do. To be good doctors, we need to be good patients. Medical schools provide us with the knowledge and skills to be good doctors, but during the process, we can lose sight of how to be good patients. We often need help becoming patients and reaching out for help. That’s where I find PHS to be very helpful and what makes my job so worthwhile.”

– Luis T. Sanchez, MD
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 26 of the 2008 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., for your participation in the Caring for Physician Health Campaign, and for your commitment to the health of our doctors.
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
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, CDAD, and professionals such as you for allowing me the opportunity to get back on track!

— Anonymous
Reasons to Give: A Personal Journey
One Physician’s Challenge to Overcome Addiction

Like so many other physicians, I have always been an overachiever. I devoted my life to patient care and the practice of medicine, and I have excelled throughout my career. Through unyielding perseverance, I became a surgeon specializing in the care of oncology patients. Upon completion of my training, I developed a successful and rewarding practice with wonderful and loyal patients and a large referral base. I practiced in a highly supportive hospital setting. My career had blossomed and everything was seemingly perfect.

When I first went into practice, I was what many would describe as a social drinker. I had the occasional glass of wine on the weekends while I was out to dinner. I am cautious by nature, and back then I seemed to know when enough was enough. Alcohol had not yet become problematic. In fact, I remember being at a conference and becoming quite concerned about a colleague who had become intoxicated. I could not have imagined ever being in that place; that could never happen to me.

However, in 2003, I began to encounter some difficulties in my personal life. My personal struggles translated into extreme difficulties with insomnia. I found myself almost desperate for a good night’s sleep — a problem so frequently encountered in our society. Early on, alcohol was a great source of comfort to me. Its seemingly medicinal effects initially were enticing. At long last, I could get a few hours of sleep. Ultimately, I was also prescribed several sleeping agents, and at first, the combination of the sleeping medications and alcohol helped me fall asleep and eased my anxiety and pain.

Eventually, I fell into a pattern where I craved more and more alcohol. I no longer consumed alcohol; it consumed me. I would awaken in the middle of the night, and in order to ease my pain, I would drink until I fell back to sleep. I began to call in sick to work — something my overachiever personality had never allowed me to do. As I fell more prey to the insidious power of alcohol, I would often stay in bed much of the weekend in order to avoid reality and responsibility.

My father, who is an astute physician, and my mother, who is a nurse, began to notice the changes in me. My father in particular struggled with what he saw. He attempted to get me to realize the trap I had fallen into and that alcohol was wreaking havoc on my life. My family was devastated. I had always been a solid citizen, and before their eyes, I had deteriorated. I risked everything I had worked so hard for — my career, my reputation, my self worth. I knew deep in my soul that I was in serious trouble, and I consumed more alcohol than ever in an attempt to ease my pain and fears.

I was fortunate that one of my associates, also the chair of my department at the time, recognized a great change in me. He attempted to get me to realize the trap I had fallen into and that alcohol was wreaking havoc on my life. My family was devastated. I had always been a solid citizen, and before their eyes, I had deteriorated. I risked everything I had worked so hard for — my career, my reputation, my self worth. I knew deep in my soul that I was in serious trouble, and I consumed more alcohol than ever in an attempt to ease my pain and fears.

I was fortunate that one of my associates, also the chair of my department at the time, recognized a great change in me. I had always been an extremely productive and reliable member of my department who worked long hours seemingly tirelessly. When I called in sick to work on multiple occasions, he confronted me, which I knew was difficult for him, as well. After I was confronted about my situation, I recall my chair asking me if I felt embarrassed. Actually, I felt a great sense of relief. The fear of the consequences of confronting my problem held me prisoner in my nightmare.
I was given the telephone number for Physician Health Services. Contacting PHS was not optional; I had to contact PHS or I risked losing my position at the hospital. One of the hardest steps I have ever taken in my entire life was walking through the front door of PHS and asking for help. The most important instrument for any surgeon is control, and I had to admit that I had lost control of every aspect of my life.

PHS provided me with an opportunity to face what I had become. It took me several weeks before I really absorbed the message. Initially, I entered the program believing that perhaps this was a temporary phase in my life and that someday I would be able to consume alcohol like a “normal” person. I quickly learned that belief was a myth.

For me, the advantage of having a contract with PHS was that it forced me to be accountable while the effects of the chemicals left my system. I began to understand my addiction. While being closely monitored, my thoughts became clearer and I had to learn new ways of coping. PHS provided me with a supportive and nurturing environment while allowing me to heal and recover. I never lost my license or was reported to the board, but I began to realize how dangerously close I had come to that becoming a reality.

One of the first lessons I learned was that alcoholism breaks down all barriers of society. Initially, I feared meetings because I could not envision myself in a room with other alcoholics. I could not bring myself to say the word alcoholic. Ultimately, though, the meetings contributed to my personal growth. I came to realize that we all face similar pains and challenges despite our varying backgrounds. I began to love and cherish my meetings and to crave the meetings the way I had previously craved alcohol. I loved the fact that I could sit in a meeting and bare my soul without fearing judgment.

My recovery is truly a miracle. At one point, my family and friends began to wonder if I would ever be able to overcome my problem with alcohol. Despite the fact that I am no longer being monitored, I choose to live my life successfully without alcohol or other chemicals. I know in my heart that I never would have been able to overcome this challenge without the assistance of PHS.

We, as physicians, must support each other in our daily challenges. We have an obligation and mission to spread the word that help is available. There is so much hope. Life can go on successfully after facing addiction. My one single regret as I reflect upon my struggle is that I didn't know about PHS earlier in my addiction. The program truly works. It is essential that we continue to embrace the men and women who believe in the merit of the program and keep it alive and thriving.

It is essential that we continue to embrace the men and women who believe in the merit of the program and keep it alive and thriving.

The monitoring program is not easy, but it works. Today, I am no longer being monitored. My practice is busier and more productive than ever. I still face the same stresses on a daily basis, but I cope in a much more positive manner. Going to meetings and exercising on a regular basis have become the guardians of my sobriety.
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, 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 PHS 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 assistance to PHS on the following matters:

- The development of educational and outreach programs
- Interfacing PHS with risk management programs
- Acting as a liaison to educational institutions
- The identification of new opportunities for PHS involvement
- Enhancing 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

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 of the Department of Psychiatry and the Division of Medical Specialties and Medical Director of Quality and Safety, Lahey Clinic

Paul Summergrad, MD
Frances Arkin Professor and Chair,
Department of Psychiatry, Tufts University School of Medicine; Psychiatrist-in-Chief, Tufts Medical Center

Michael Kneeland, MD
Vice President of Medical Affairs,
Caritas Christi Health Care Systems
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 nominated by the PHS director and approved by the PHS Board of Directors. Our dedicated committee members volunteer their time to assist PHS.

Luis T. Sanchez, MD, Chair
Mark J. Albanese, MD
Patricia E. Bailey-Sarnelli, MD
J. Wesley Boyd, MD, PhD
Booker Bush, MD
Peter Connolly, MD
John L. Doherty, MD
Michael A. Drew, MD
Judith Eaton, MD
John A. Fromson, MD
Wayne A. Gavryck, MD
Edward J. Khantzian, MD
John R. Knight, MD
Mary Kraft, MD
Dubravko M. Kuftinec, MD
Aaron M. Leavitt, MD
Bernard S. Levy, MD
David Lovas, MD
John D. Matthews, MD
Malkah T. Notman, MD
Michael S. Palmer, MD
Glenn S. Pransky, MD
John A. Renner Jr., MD
Thomas Stinson, MD
John C. Wolfe, MD

Back row (left to right): J. Wesley Boyd, MD, PhD, Luis Sanchez, MD, John Wolfe, MD, John Knight, MD, Mark Albanese, MD, John Doherty, MD, Glenn S. Pransky, MD, John Renner, MD, and Wayne Gavryck, MD. Front row: Linda Bresnahan, Debra Grossbaum, Esq., Malkah Notman, MD, Judith Eaton, MD, and Aaron Leavitt, MD.
The PHS Research Committee was established in 2001 as part of a strategic effort to initiate scientific-based study in the field of physician health. The first study, conducted to determine PHS participant satisfaction, was completed in 1999 and published in 2002.\(^1\) 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=.24). We concluded that participants’ reactions to the PHS program were influenced more by positive clinical outcomes than other factors.

The second study was an analysis of the outcomes of the PHS monitoring program. 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 rigorous criteria for relapse, we analyzed the outcomes of PHS participants who initiated their first contract between 1993 and May 2003. Our report was the first publication of results of physician monitoring for mental and behavioral health.\(^2\) 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.

During the past year, the committee conducted a repeat satisfaction survey of participants and added a similar survey of those who have served as chiefs of service, workplace monitors, psychiatrists, or therapists for our clients (see pages 30-35). 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. With additional funding, PHS’s goal is to study the relationship between treatment and successful outcomes and the correlation between prescriptions for psychoactive drugs and relapse.

In addition to his associate director responsibilities, Dr. John Knight serves as chair of the Research 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 the principal investigator of several grants from the National Institutes of Health to conduct 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.

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“The Medical Student Advisory Committee has been a welcoming forum in which to air thoughts and concerns regarding medical students’ mental health issues. The individual and institutional-level challenges being raised in the current climate of physician and student health issues are significant, and I especially value the regional and national perspectives within the committee. It has been an important support network for me.”

– Ruthann Rizzi, MD

MEDICAL STUDENT ADVISORY COMMITTEE

The 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 are at risk of having problems with substance use, behavioral health, mental or physical illness.

The Medical Student Advisory Committee is a standing committee of PHS, as determined by the PHS Board of Directors in 2004. The committee 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 subcommittee that is seeking funding to conduct research to help identify stressors and barriers for 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.

Medical School Representatives

Boston University School of Medicine
Verna B. Lacey, MSEd
Director, Student Support Services
Director and Liaison, Careers in Medicine

Boston University School of Medicine
Suzanne Sarfaty, MD
Assistant Dean for Academic Affairs

Harvard Medical School
Laurie Raymond, MD
Director, Office of Advising Resources

Harvard University Health Services
Peter J. Massicott, MD
Director, Medical Area Health Service

Tufts University School of Medicine
Janet S. Kerle
Associate Dean for Students

Tufts University School of Medicine
Deborah B. Quinn
Director, Student Advisory and Health Administration Office

University of Massachusetts Medical School
James Broadhurst, MD
Director, AIMS Program

University of Massachusetts Medical School
Ruthann Rizzi, MD
Director, Student Counseling Service
Assistant Professor of Psychiatry

University of Massachusetts Medical School
Mai-Lan Rogoff, MD
Associate Dean for Student Affairs
Associate Professor of Psychiatry

Back row (left to right): Debra Grossbaum, Esq., Janet Kerle, James Broadhurst, MD, Laurie Raymond, MD, Luis Sanchez, MD, Peter Massicott, MD, Ruthann Rizzi, MD, and Jessica Vautour. Front row: Debbie Quinn, Verna Lacey, MSEd, Mai-Lan Rogoff, MD, and Linda Bresnahan.
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 Southeast Region

J. Wesley Boyd, MD, PhD, joined Physician Health Services in 2004. Dr. Boyd completed his medical degree and a doctoral degree in religion and culture at the University of North Carolina at Chapel Hill, and then trained in the adult psychiatry residency program at Cambridge Hospital/Harvard Medical School. During his residency, he also completed a fellowship in medical ethics through Harvard Medical School. He has taught medical ethics and the humanities in various venues, including Smith College and Harvard Divinity School. In addition to his work with Physician Health Services, Dr. Boyd is on staff in psychiatry at Cambridge Health Alliance and on the faculty at Harvard Medical School in the Department of Psychiatry.

“Practicing medicine can take its toll on individual physicians in various ways. I feel honored to be part of an organization whose mission is to be of service to physicians.”

Judith Eaton, MD
Worcester Region

Judith Eaton, MD, has been an associate director for PHS since its inception. She retired from her private practice of psychiatry in Worcester this year. She has been in practice since 1981. 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 troubles 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/Western Massachusetts 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 he serves PHS in this capacity.

“PHS stands as a beacon of hope for all physicians who face physical or mental health issues. 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. In addition, 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.

“It is my privilege to work with students, residents, fellows, and faculty members from some of the most distinguished medical schools and hospitals in the world. Everyone is susceptible to mental health problems, including substance abuse, and PHS offers hope and support. No matter who you are, PHS will be there for you.”

Michael S. Palmer, MD
Associate Director Emeritus

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 previously served 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 he has been an associate director of PHS since its inception.

“Few things make me sadder than seeing doctors deprived of the right to get sick and recover from their illnesses just like everyone else, and seeing chemical addiction treated as a moral issue rather than a medical one. The pressure on sick doctors to leave the profession is becoming more intense. I feel blessed to be in a position to make an inroad, however small, into this state of affairs.”

John C. Wolfe, MD, FACP
North Shore Region

John C. Wolfe, MD, FACP, joined Physician Health Services as an associate director in 2004. Dr. Wolfe is a graduate of Cornell University Medical College. He completed an internship and residency in internal medicine and 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 a certified medical review officer. He currently gives a summer course in addiction medicine for counselors at Rutgers University.

“Medicine can be an extremely stressful profession, posing many hazards for physicians. It’s a privilege to be part of a program that helps doctors through many of the difficult situations they may encounter, including problems with their own health.”
THE STAFF

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 possible service and assistance to physicians. Physician Health Services is proud to introduce a professional, experienced, and dedicated staff.

Linda R. Bresnahan, MS
Director of Program Operations
Ms. Bresnahan is responsible for the daily operations of PHS. She establishes and manages all administrative, educational, and operational activities. She coordinates PHS’s governance 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’s degree in health care management from Lesley College and has worked in physician health for more than 16 years. Ms. Bresnahan also contributes nationally to the work of physician health, serving as a board of directors officer of the Federation of State Physician Health Programs.

Debra A. Grossbaum, Esq.
Senior Associate Counsel
Attorney 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. She 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 chairs the Bylaws Committee of the Federation of State Physician Health Programs, and she is a member of the American Bar Association, the Massachusetts Bar Association, and the American Society of Medical Association Counsel. Ms. Grossbaum is a graduate of Brown University and the Boston University School of Law.

Jessica L. Vautour, MM
Outreach and Education Manager
Ms. Vautour is responsible for the supervision of administrative staff and oversees 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 16 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.
Deborah J. Brennan
Secretary and Medical Transcriptionist
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 18 years.

Mary M. Howard
Monitoring Services Assistant
Ms. Howard coordinates all monitoring service activities and quality management, which 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.

Shari L. Mahan
Secretary
Ms. Mahan provides administrative support and assistance to PHS preparing correspondence and coordinating special mailings and events. She also provides administrative support and assistance to PHS regarding expense reports, payment requests, and travel coordination. Ms. Mahan also oversees laboratory billing and facilitates the PHS donation process.

Sheila J. Campbell
Client Services Assistant
Ms. Campbell monitors and maintains all client activity data including the intake data process, new contracts, monitor changes, and case transactions. She provides administrative assistance for all documentation related to clients, including coordinating requests for information from third parties, such as compliance documentation and consent forms.
The success of PHS stems from the partnership of the profession of medicine with the MMS and our group of outstanding contributors. PHS’s contributors recognize the risk management benefits of our services.

MAJOR CONTRIBUTORS

The following organizations provide PHS with essential financial support in recognition of the critical value of good health in the performance of physicians. The contributors featured here are committed to annual contributions to PHS at a minimum level of $35 per insured physician and contribute greater than $5,000. 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

Berkshire Health Systems, Inc.
Alex N. Sabo, MD
Chair, Department of Psychiatry and Behavioral Sciences

Boston Medical Center
Elaine Ullian
President and Chief Executive Officer

Caritas Christi Health Care
Ralph de la Torre, MD
President and Chief Executive Officer

CMIC — Connecticut Medical Insurance Company
Sultan Ahamed, MD, MBA
President and Chair

Lahey Clinic
David M. Barrett, MD
President and Chief Executive Officer

Physicians Insurance Agency of Massachusetts, the independent insurance subsidiary of the Massachusetts Medical Society
John F. King
President

ProMutual Group
Richard W. Brewer
President and Chief Executive Officer

Risk Management Foundation of the Harvard Medical Institutions (CRICO/RMF)
Luke Sato, MD
Chief Medical Officer and Vice President

Tufts Medical Center
Paul Summergrad, MD
Frances Arkin Professor and Chair of the Department of Psychiatry, Tufts University School of Medicine; Psychiatrist-in-Chief, Tufts Medical Center

UMass Memorial Health Care
John G. O’Brien
President and Chief Executive Officer
FISCAL YEAR 2008 — JUNE 1, 2007, TO MAY 31, 2008

Financial Sources
Tufts Medical Center 2%
Connecticut Medical Insurance Company (CMIC) 2%
PIAM 1%
Boston Medical Center 1%
Lahey Clinic 1%
Baystate Health Systems 1%
Berkshire Health Systems, Inc. 1%
UMass Memorial Health Care 1%
Caritas Christi Health Care 1%
Other Income 9%

Expenses
Meeting Expenses 3%
Research 1%
Contract Labor 2%
Overhead 4%

Pre-Audit
During the past year, PHS has improved physicians’ lives in the following ways:

- **257** physicians have been helped directly through personalized consultative support services and monitoring contracts.
- **130** new physicians were referred this year (see referrals in Figure 1). This includes 6 medical students.
- **134** health care professionals 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.
- **40** educational sessions were provided by PHS for physicians, hospitals, and individual practices. An estimated **5,900** physicians, medical students, and health care professionals were in attendance at these physician health education offerings this year.

**CASE ACTIVITY FOR FISCAL YEAR 2008 — JUNE 1, 2007, TO MAY 31, 2008**

In addition to the contributors listed on pages 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 event.

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

**THOSE WHO HAVE GIVEN PHYSICIANS SUPPORT FOR THEIR HEALTH**

Cape Cod Healthcare
Corinne Broderick
Donna Singer Consulting, LLC
Dr. and Mrs. Jim Butterick
Dr. George E. Ghareeb
Dr. and Mrs. Edward J. Khantzian
Drs. Stephen and Kathleen Hoye
Edith Jolin, MD, and Richard Pieters, MD
In Memory of G. Kenneth Eaton by Debbie and David Grossbaum
Jack and Sheila Evjy
Jerome S. Gans, MD
Jordan Hospital Medical-Dental Staff
Lawrence General Hospital
Massachusetts Eye and Ear Infirmary
Massachusetts Society of Otolaryngology — Head and Neck Surgery
Medical Staff Office, North Adams Regional Hospital
Milford Regional Medical Center
South Shore Hospital Medical Staff
Southcoast Health System, Inc.
Southcoast Hospitals Group
St. Luke’s Hospital Physician CME Program
Stephen Galizio
Stephen R. Phelan
Winchester Hospital Medical and Allied Health Professional Staff

Every effort has been made to ensure the accuracy of our donors’ names. We regret any errors or omissions. Please notify us with any questions or concerns.
CASE DESCRIPTIONS

PHS addresses a broad range of physician health issues (listed by category in Table 1). Behavioral health continues to be the largest group (n=51), followed by single-diagnosis mental health (n=26) and substance use disorders (n=38). Eight (8) physicians had co-occurring mental health and substance use disorders, and 3 physicians had physical disabilities.

**TABLE 1: PHS PHYSICIANS BY CASE DESCRIPTIONS — FISCAL YEAR 2008**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>n</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health**</td>
<td>51</td>
<td>39</td>
</tr>
<tr>
<td>Mental Health***‡</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Alcohol</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Drug</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Physical Illness</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Drug and Mental Health</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Drug and Alcohol</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Alcohol and Mental Health</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Drug, Alcohol, and Mental Health</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Gambling</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

N=130 physicians directly referred to PHS this year.
*Due to rounding, percentages do not add up to 100.
**Behavioral health includes personality problems, interpersonal conflicts, boundary issues, and stress.
***Mental health includes depression, anxiety, and bipolar disorder.

**TABLE 2: PHS PHYSICIANS BY CASE DESCRIPTIONS — FISCAL YEAR 2008**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>n</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>28</td>
<td>22</td>
</tr>
<tr>
<td>Surgery‡</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Family Practice</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>7</td>
<td>5.4</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>5</td>
<td>3.8</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>9</td>
<td>6.9</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td>Radiology</td>
<td>7</td>
<td>5.4</td>
</tr>
<tr>
<td>Other§</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Residents (All Specialties)</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Medical Students</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td></td>
</tr>
</tbody>
</table>

*Due to rounding, percentages do not add up to 100.
‡Surgery includes ophthalmology, general surgery, and urology subspecialties.
§Other includes occupational medicine, pathology, physical medicine, and public health.
Outreach activities, June 1, 2007, to May 31, 2008 — An estimated 5,900 physicians and medical students were in attendance at these physician health education offerings this year.

1. 2008 Linda E. Saltzman Symposium
2. Beth Israel Deaconess Medical Center — PGY1
3. Boston Medical Center
4. Boston University/Boston Medical Center Department of Psychiatry
5. Brigham and Women’s Hospital — PGY1
6. Cambridge Health Alliance
7. Cape Cod Symposium
8. Cape Cod Tufts Group
9. Falmouth Hospital
10. Franklin Medical Center
11. Harvard Medical School Liability Prevention for Physicians and Heath Care Professionals
12. Harvard Medical School — The Failing Resident
13. International Doctors Alcoholics Anonymous
14. Jordan Hospital
15. Lawrence General Hospital
16. Lemuel Shattuck Hospital
17. Massachusetts Association Medical Staff Services
18. Massachusetts Eye and Ear Infirmary
19. Massachusetts General Hospital Executive Credentials Committee
20. Mercy Medical Center
21. MetroWest Medical Center
22. MetroWest Medical Center — Leonard Morse Hospital
23. Massachusetts General Hospital Psychosomatics
24. Massachusetts Medical Society — Middlesex West District Medical Society Fall Meeting
25. Milford Regional Medical Center
26. Massachusetts Medical Society Committee on Violence Intervention and Prevention
27. Nashoba Valley Medical Center
28. Newton-Wellesley Hospital
29. North Adams Regional Hospital
30. Partners GME Program Director Workshop
31. Royal Society of Medicine, Cardiff, Whales
32. Saint Vincent Hospital
33. South Shore Hospital
34. St. Luke’s Hospital
35. Tufts Medical School First-Year Students
36. Tufts Medical School Second-Year Students
37. UMass Memorial Medical Center
38. UMass Medical School
39. UMass Medical School First-Year Class
40. Winchester Hospital
OUTREACH ACTIVITIES

PHS presentations provide information on physician health issues and the role of PHS, including a discussion on how to identify those at risk, factors that can impact patient care, ways to access help, and steps to improve the physician-patient relationship.

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 on page 39. More than 5,900 physicians and medical students were in attendance at PHS presentations across Massachusetts this past year.
What have been the most valued aspects of the PHS program?

Quotes from Monitors

“I’ve had great experiences with PHS — an absolutely necessary component of health care in Massachusetts.”

“Opportunity to help fellow physicians during their most difficult times”

Quotes from Clients

“By providing a fair and firm environment of support, it’s a safety net that truly has the best interest of the physician as its central goal.”

“It is very useful to know PHS as a resource to help physicians in need.”

“Availability. Colleague support. Nonjudgmental attitude. Not giving up on me.”

“Concerned, caring, qualified associate directors”

John R. Knight, MD; Luis T. Sanchez, MD; Linda Bresnahan; Lori Sherritt, MPH; John A. Fromson, MD

INTRODUCTION

Physician health programs provide monitoring and advocacy for doctors recovering from substance use or behavioral health problems. Virtually every state in the United States has a physician health program. We previously published the results of a 1999 survey demonstrating that physician clients had high levels of satisfaction with the Massachusetts Physician Health Services (PHS) program. Little is known, however, about how other stakeholders, such as the physicians’ chiefs of service, workplace monitors, psychiatrists, and therapists, perceive the PHS program.

The goal of PHS is to provide outreach, support, and monitoring for physicians. PHS offers two types of monitoring contracts — one for substance use (SU) disorders and the other for mental and behavioral health (MBH) problems.

Each physician who is monitored for substance use or behavioral health is required to identify a chief of service, a workplace monitor who has weekly contact with the client, a psychiatrist, and a therapist. The requirement for a therapist is waived if the psychiatrist also provides therapy. These monitors complete quarterly reports for the life of the contract. Standard substance use contracts are for three years, and mental and behavioral health contracts are for two years. Clients who have an agreement with the Massachusetts Board of Registration in Medicine (BRM) are usually required to continue monitoring for five years.

The objectives of this study were to assess client satisfaction with the Massachusetts PHS program; to assess chief, workplace monitor, psychiatrist, and therapist satisfaction with the PHS program; and to identify correlates of satisfaction, such as client gender, involvement with the Massachusetts BRM, and other variables. Given the unique pressures faced by women physicians and the fact that they are outnumbered by men in the PHS program, we hypothesized that they would be less satisfied with the services than their male counterparts. We also hypothesized that clients who became involved with the BRM would be less satisfied than those who were not involved with the BRM.

METHODS

This was a prospective, observational study that consisted of a cross-sectional survey of Massachusetts physicians who were under contract with PHS between January 1, 1998, and March 31, 2006. Physicians who were already under contract in 1998 and those who signed new contracts between 1998 and 2006 were included. Physicians who completed contracts prior to 1998 were not included. We also surveyed the contracting physicians’ chiefs of service, workplace monitors, psychiatrists, and therapists, hereinafter referred to as “monitors.”
The survey instrument was an anonymous two-page questionnaire that consisted of 19 items. No identifying information was included in the survey. Most questions were identical to those that appeared in the 1999 survey, which allowed for making comparisons across years. Six demographic items were included in the survey, including gender, type of contract, length of contract, and who made the initial referral to PHS. Ten items were constructed to measure satisfaction with various aspects of the program using a 4-point Likert-type rating scale, where a response of 1 indicated the lowest degree of satisfaction and 4 the highest. Two items pertaining to satisfaction with women’s issues were completed by women only. The questionnaire also included five open-ended questions such as “How has PHS been most helpful to you?”

The survey included an item designed to determine whether the client’s contract was a first contract or a re-contract. This item was important, as it served as a proxy for relapse or non-compliance since physicians who have a positive urine drug test or are otherwise believed to be non-compliant are required to sign new contracts. The monitor survey included an item designed to determine the exact role the monitor played in the contract (i.e., whether the person was a chief of service, workplace monitor, psychiatrist, or therapist).

The questionnaire was designed to assess each client's level of satisfaction with PHS in the following areas: career, personal recovery, and family life; staff efficiency, courtesy, and professionalism; effectiveness of the monitoring contract and advocacy (as provided by compliance letters sent to BRM employers or hospital credentialing committees); provision of legal information; how relapses were handled; and sensitivity to women’s issues.

The survey was mailed in October 2007, and two repeat mailings were sent in November. All data were entered twice into Microsoft Excel 2003, and any discrepancies were reconciled by checking the original data source. Clean data were then imported into SPSS for Windows version 15.0 for analysis. No identifying information was included in the database. The study protocol was reviewed and approved by the Children’s Hospital Boston Committee on Clinical Investigations.

Data analysis included both quantitative and qualitative procedures. A total percent satisfaction score was calculated for each participant by summing Likert-type items and dividing by the highest possible total score. As the data were not normally distributed, non-parametric tests were used for comparisons and correlations. Logistic regression was used to identify variables associated with total satisfaction. A research assistant entered all text responses as string variables, and these responses were tabulated. An independent research consultant then coded the responses to identify recurring themes.

RESULTS

For the client survey, 126 of 262 questionnaires were returned and analyzed, yielding a response rate of 48.1%. The study sample was 82% male. The mean number of years in practice was 17.8, with a range of 0 to 40 years. Fifty-five percent (55%) of the respondents had SU monitoring contracts, and 43% had MBH contracts. The mean number of years under contract was 4, with a range of 1 to 11 years. Seventy percent (70%) of the contracts were first contracts, indicating that these particular clients had not tested positive for alcohol or drugs or otherwise been noncompliant while under contract.

“I believe the program is superb in allowing physicians to regain balance in their lives, recover from addiction, and return to their careers.”

How has PHS been most helpful to contracting physicians?

Quotes from Monitors

“PHS has allowed us to save several physicians’ careers.”

“Provides clear structure, professionalism; provides a reputable team with a proven track record that helps physicians take responsibility to recover”

“Safe haven with an emphasis on patient safety and career salvage”

Quotes from Clients

“I don’t feel alone with my problems.”

“Recovery would be nearly impossible without PHS.”

“Saved my career — probably saved my life”
For the monitor survey, 431 of 704 questionnaires were returned and analyzed, yielding a response rate of 61.2%. The study sample was 73% male. Fourteen percent (14%) of the monitors served as chief, 40% as workplace monitors, 8% as psychiatrists, 20% as therapists, and 16% served in more than one role. Thirty-five percent (35%) of the contracts were for SU, 39% were for MBH, and 25% were for both.

We asked clients to identify the type of individual or institution that referred them to PHS. Slide 1 presents a comparison of the 1999 and 2007 surveys. In 2007, a relatively smaller proportion of physicians reported self-referral or being referred by a friend or colleague, and a relatively larger proportion reported being referred by a hospital official or the BRM, suggesting increased administrative referrals over time. Few clients in either survey reported referral by a family member. The “other” category encompassed referral by an attorney, other state program, a psychiatrist or counselor, an employee health program, a medical school, an emergency department, a PHS associate director, or the state police.

Sixty-eight percent (68%) of clients in 1999 and 71% in 2007 reported involvement with the BRM at some time during their contracts (see Slide 2). These individuals may have been reported to the board by someone else at the time of initial referral, they may have disclosed their contract status during the process of license renewal, or they may have been reported by PHS due to a positive urine test or some other problem with contract compliance.

We also compared respondents’ type of involvement with the BRM as reported in the 1999 and 2007 surveys (see Slide 3). In 2007, relatively greater proportion of clients reported being suspended or receiving a confidential letter of agreement (which is not considered a disciplinary action in Massachusetts), a probation agreement, or a suspension with simultaneous stay.

Satisfaction was measured using Likert-type ratings on a scale from 1 to 4. Because they are subjective, mean scale ratings are most helpful when considered in relation to each other. We compared client satisfaction ratings from the 1999 and 2007 studies to determine PHS’s effect on career, personal recovery, family relationships, and for 2007 only — spirituality (see Slide 4). In general, all mean ratings were high and did not differ significantly between the two surveys. One item regarding the effect PHS has on family relationships was significantly higher in the 2007 survey.

We then compared the 2007 mean satisfaction ratings of clients with those of monitors. Monitors had a significantly higher mean rating for satisfaction with their perception of the PHS contract on client career (see Slide 5).
Finally, we compared 2007 monitor satisfaction by role (see Slide 6). Regarding PHS’s effect on client career, personal recovery, family relationships, and referrals to treatment, chiefs of service had significantly higher mean ratings than workplace monitors, whose ratings were higher than psychiatrists and therapists, in that order.

Mean satisfaction ratings for staff courtesy, timeliness, confidentiality, and professionalism were all high in both the 1999 and 2007 surveys (see Slide 7). Ratings for telephone courtesy were significantly higher in the 2007 survey.

Both clients and monitors reported similar high mean satisfaction with staff courtesy, timeliness, confidentiality and professionalism (see Slide 8).

In 1999, when asked to rate their satisfaction with the effectiveness of the monitoring contract, clients gave the highest ratings to recovery documentation for third parties such as the BRM, employers, and hospitals (see Slide 9). The results were similar in 2007, except clients gave significantly higher ratings to PHS’s facilitation of client involvement in support groups.

In 2007, when compared to clients, monitors reported significantly higher satisfaction with PHS’s monitoring of general health and sobriety or mental health (see Slide 10).

Using data from both the 1999 and 2007 surveys, we compared client satisfaction in those cases where relapse occurred. Ratings were similarly high regarding initial discussion of relapse, assistance finding treatment, and associate director and staff sensitivity. In 2007, monitors and clients did not differ significantly in their satisfaction with how relapses were handled (see Slide 11).

In 1999, 55% of clients reported requesting a compliance letter from PHS, compared to 65% in 2007. Client satisfaction with compliance letters was high for both surveys, but trended higher in 2007 (mean rating 1999=3.40, 2007=3.70, p=.07). In 2007, a much lower percentage of monitors (37%) reported requesting a compliance letter when compared to clients (65%), but satisfaction was quite high for both groups (see Slide 12).

Similar proportions of clients reported requesting legal information from the PHS attorney in 1999 and 2007 — 44% and 43%, respectively. The mean satisfaction rating for legal information trended slightly higher in 2007 (mean rating 1999=3.03, 2007=3.39, p=.09). In 2007, when compared to clients, a much lower proportion of monitors (10.2%) reported asking for legal information, but those who requested it were quite satisfied with the result (see Slide 13).
Clients were asked if they had given feedback to PHS. In 1999, 66% reported giving feedback, but this decreased to 56% in 2007. Satisfaction ratings were high in both survey years (mean rating 1999=3.30, 2007=3.32, p=NS). In 2007, a similar proportion of clients and monitors reported giving feedback to PHS, and the satisfaction rating was significantly higher for monitors when compared to clients (see Slide 14).

Client total satisfaction with PHS was high, with a median rating of 89% of the total possible score. The wide range in scores, from 0% to 100%, offers some assurance that respondents felt free to express their true opinions in this anonymous survey. A regression analysis found that the total satisfaction score was significantly associated with gender, males reporting higher satisfaction than females, and with the type of contract, those with SU contracts reporting higher satisfaction than those with MBH contracts (p<.01). Total satisfaction was not significantly associated with first contract, which is a marker for relapse; with years in practice; or with whether or not the physician was involved with the BRM.

Monitor total satisfaction with PHS was also high, with a median rating of 89% of the total possible score. Total satisfaction was significantly associated with gender (M>F, p<.01) and type of contract (SU/MBH>SU.MBH, p<.001), but it was not associated with the monitor’s specific role.

In 1999, 14 women responded to an item regarding satisfaction with PHS sensitivity to women’s issues (see Slide 15). Of the 14 women respondents, 2 reported that they were very satisfied with the program’s sensitivity to women’s issues, 8 said they were satisfied, and only 2 reported that they were dissatisfied. In 2007, 26 women responded to the same item. Of these, 6 were very satisfied, 6 were satisfied, 3 were dissatisfied, and 5 were very dissatisfied.

In 2007, more than 75% of the clients and monitors surveyed reported that they would recommend the PHS program to a colleague in need (see Slide 16).

We qualitatively analyzed responses to open-ended items. In response to the question “What PHS service suggestions would you make to support women physicians?” we analyzed 28 monitor and 11 client responses. The major themes were: a nonspecific expression of need for women’s services; support groups and related issues; an expression of need for more female staff; job-related ideas; shame; and unfairness of the board and licensing.

In response to the item “Would you recommend PHS to a colleague? Please explain,” we analyzed 78 monitor and 36 client responses. The most frequently identified themes involved positive non-specific comments, praise for individuals and staff, structure and support, issues with the licensing board; and positive comments that also mentioned difficulties. Thirteen (13) monitors and 5 clients made negative or dubious comments.
In response to the item “How has PHS been most helpful to contracting physicians (you)?” we analyzed 184 monitor and 97 client responses. The most frequently identified themes were: monitoring, follow-up, support, motivation, and consistency; maintaining/returning to professional career; facilitated recovery; confidentiality and professionalism; boundaries, limits, and serious approach; intermediary with the board of registration; and groups. Four (4) monitors and 7 clients made negative comments.

In response to the item “How can PHS be improved?” we analyzed 128 monitor and 88 client responses. The most frequently identified themes were: new or improved services; education and outreach; communication and access; relationship with board; responsiveness and clarity; less regulation and requirements (more flexibility); shaming, respect, confidentiality, and conflicts of interest; increased regulation and requirements; help with career concerns; and monitor education. Thirty-two (32) monitors and 7 clients either had no suggestions or said PHS was already doing a good job.

In response to the item “What have been the most valued aspects of the PHS program?” we analyzed 148 monitor responses, and found the most frequently endorsed themes were: availability of staff, colleagues, or other resources; confidentiality and professionalism; structured approach, monitoring, and accountability; helping the client recover; emotional support; and maintaining/returning to professional career. One monitor made a negative comment.

In response to the same item, we analyzed 85 client responses. The most frequently endorsed themes were: support groups and peers; support in AA; support of both peers and staff; support by staff; confidentiality and professionalism; structured approach, monitoring, and accountability; helping clients recover; emotional support; and maintaining/returning to professional career. Five (5) clients made negative comments.

CONCLUSION

Both clients and monitors are highly satisfied with the PHS program. However, PHS should further review the unique needs of women physicians.

ACKNOWLEDGEMENTS

We would like to acknowledge our research assistants, Mary Howard, Deborah Brennan, Jessica Vautour, and Kathleen Jeffers; our qualitative analysis consultant, Fred Arnstein, PhD; and the agencies who generously provide funding for PHS research: Massachusetts Medical Society, Risk Management Foundation of the Harvard Medical Institutions (CRICO), ProMutual Group, Tufts Medical Center, Connecticut Medical Insurance Company (CMIC), Boston Medical Center, Physicians Insurance Agency of Massachusetts (PIAM), Lahey Clinic, Baystate Health Systems, UMass Memorial Health Care, Caritas Christi Health Care, Berkshire Health Systems, Inc., and others.
Additional PHS Services

PHS VIDEO

The PHS 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 substance use disorders.

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

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 user-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
- The Joint Commission Requirement
- Relationship to the Medical Board
- How to Make a Donation

The website has helped enhance outreach, education, and fundraising opportunities for PHS. It is our goal to make our services known to every physician and health care organization in the state. PHS has carefully selected menu options displayed across the top of the homepage 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.

Facing the Loss of a Physician

PHS experiences great sadness when a physician 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 physician’s family and colleagues. We recognize the tremendous grief a family faces and share each loss with the medical community. It is important for PHS to ensure that outreach is supportive, comprehensive, and helpful, while also remaining respectful of physician confidentiality.
VITAL SIGNS

Physician Health Services features a monthly column in the Medical Society’s member newsletter, Vital Signs. The 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 “News and Publications.” For a complete listing of articles on related topics, search for “physician health” within the Vital Signs section.

June 2007 to May 2008

- Boston to Host Annual Meeting of International Doctors in Alcoholics Anonymous
  Volume 12, Issue 6, June/July 2007

- Resident Health and Well-Being: A Big Concern
  Volume 12, Issue 7, August 2007

- Choose Your PCP Wisely
  Volume 12, Issue 8, September 2007

- Wellness Is a Special Concern for Women Physicians
  Volume 12, Issue 10, November 2007

- CMIC Joins Ranks of Major PHS Supporters
  Volume 13, Issue 1, December 2007/January 2008

- Gambling: Recreation or Compulsion?
  Volume 13, Issue 2, February 2008

- Helping Ourselves, Colleagues, and Patients Is All Interconnected
  Volume 13, Issue 3, March 2008

- Preparing Yourself and Your Practice for Retirement: It’s Never Too Early
  Volume 13, Issue 4, April 2008

- 30 Years of Caring for Physicians
  Volume 13, Issue 5, May 2008

SUBSTANCE USE DISORDERS AMONG PHYSICIANS

Associate Directors J. Wesley Boyd and John R. Knight authored a chapter entitled “Substance Use Disorders Among Physicians” for the Textbook of Substance Abuse Treatment, 4th edition, edited by Marc Galanter and Herbert Kleber, and published by the American Psychiatric Association. The textbook contains chapters written by leaders in the field across a wide range of areas, including biological and psychological treatments and how they apply to specific populations. The textbook is considered by many to be the preeminent text in its field.

Drs. Boyd and Knight’s chapter on substance use disorders among physicians covers topics such as epidemiology, signs of concern, intervention, state physician health programs, treatment, monitoring, prognosis, and strategies for prevention. In addition, the chapter includes discussion of the legal and ethical considerations that arise when dealing with substance use disorders among physicians.

The chapter concludes with several key points, including the contention that the term “impaired physician” is demeaning to physicians suffering from substance use disorders, archaic, and ought to be replaced with language that describes the nature or source of the problem without simultaneously assuming that the physician is either impaired or unable to safely practice medicine. They also note that although physicians are vulnerable to substance abuse and dependence at rates comparable to non-physicians, the success rate for physicians who undergo substance abuse treatment is quite high, with most programs reporting positive outcomes in the 75 to 85% range.
Articles regarding issues of physician well-being are a regular feature in *Vital Signs*, the monthly member publication of the Massachusetts Medical Society. These articles also appear on the Massachusetts Medical Society website at www.massmed.org. PHS regularly exhibits materials at conferences and professional meetings, where we are able to personally meet with 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 adopted a physician health requirement (Physician Health MS.2.6). In 2004, the Joint Commission further expanded the 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 separate from the medical staff disciplinary functions. One element of the Joint Commission requirement is annual education on matters of physician health. PHS consults with medical staff, medical executive committees, and hospitals throughout the state to assist them in implementing and maintaining 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 39.
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: ______________________________________________

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.

☐ 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

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.
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. As always, contact and involvement with PHS is confidential.

PHS SUPPORT GROUP LIST

- **Monday and Thursday Support Group.** This facilitated group follows AA guide lines and is held on Mondays and Thursdays at 7:00 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 7:00 to 8:30 p.m. in Waltham.

- **Physician Health Support Group (Second and Fourth Wednesday and Fourth Monday).** This three-times-per-month behavioral health support group meeting is designed to respond to the 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 effectively deal with patients, employers, hospitals, coworkers, 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 7:00 to 8:00 p.m. in Greenfield.

- **Tuesday Evening Support Group.** This group meets from 7:00 to 8:00 p.m. in Falmouth.

- **Faith-Based Support Group.** This weekly men’s group, affiliated with the Vineyard Christian Fellowship of Cambridge, provides support to professionals and others within a faith-based context. The group meets on Mondays from 8:00 to 10:00 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. It meets every other Monday from 7:00 to 8:00 p.m. in Worcester.

*In addition to PHS support groups, 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.*

“The PHS peer support group meets three times a month with 10 to 15 people present each time. It is a joy for me to see them change. Calling themselves different people now, they often describe becoming wiser, more careful, each a more educated and better doctor with a much better perspective. They say they feel good that they can bring their worst nightmares here, public and private. One of their goals is to teach other beginning doctors what they have learned.”

– Diana Barnes Blood, Support Group Facilitator
In November 2007, PHS held its sixth Caring for the Caregivers event, a conference series focused on the health and well-being of physicians, medical students, residents, and fellows. This every-other-year conference drew more than 100 participants and 14 exhibitors, and it featured 15 speakers and facilitators.

The foundation for this year’s conference was research demonstrating that physicians’ personal health habits correspond with the preventive care they offer their patients. A 2004 review of research in the *Journal of the American Medical Association* by Erica Frank, MD, MPH, of Emory University School of Medicine found that patients are more likely to be motivated to live healthy lifestyles when they see and hear their physicians doing so themselves. Dr. Frank pointed to research suggesting that physicians who exercised more, wore seatbelts, and did not smoke were more apt to encourage their patients to do the same. Similar associations were seen with practices such as eating habits, breast examinations, and sunscreen use.

During the November conference, plenary and interactive breakout sessions presented attendees with options and resources to define a better work–life balance for themselves and create improvement plans for their practice environment. One attendee summarized the take-home message as follows: “I must care for myself in order to continue caring for others.”

**Workplace Issues — How Are Physicians Coping?**

Speakers Tosi and Kaufman addressed the stressors of medical practice and how those stressors lead to anger and disruptive behavior. Coping strategies were also discussed:

- Getting exercise
- Cutting office hours
- Taking all vacation time needed
- Never taking out anger on employees or coworkers
- Aggressively regulating office and surgical schedules
- Never canceling or postponing personal medical attention or procedures

**Managing and Balancing Your Family and Medical Career as a Single Parent**

Facilitators Apfel and Kraft identified resources and worked with attendees to develop strategies to assist single-parent physicians in balancing their personal and professional lives. Some single-parent physicians feel a loss of control and cannot seem to find enough time to get it all done. Strategies recommended were as follows:

- Remember to make reasonable expectations of yourself.
- Take care of yourself.
- Take time off, as it’s easier to be away when scheduled than unexpectedly.

**Preparing Yourself and Your Practice for Retirement, Disability, or Leave of Absence**

Couples, Dr. and Mrs. Evjy and Dr. and Mrs. Van Houten, shared their stories of retirement and how they transitioned from being full-time physicians.

It is never too early to think about your optimal transition plan. This plan should include the following considerations:

- Insurance — enough to cover yourself and your family in the event of a sudden illness or disability
• Savings and retirement funds — enough to retire at a specific age, such as the mandatory retirement age at your health care facility
• Succession — a plan for your patients and for leadership transition in your practice
• Records — Making sure someone knows how to access your health care proxy, power of attorney forms, patient records, financial records, and tax documents

“Learning to grieve the losses that come with life and to embrace opportunities with the time and resources we have left is the very essence of creating a fulfilling life,” concluded Dr. Evjy.

Recognizing the Signs of Stress and Emotional Disorders in Yourself or in a Colleague

Facilitators Nadelson and Notman worked with attendees on understanding the benefits of acknowledging their own stress or other emotional disorders as well as how to identify them in others and what to do. Early detection, enhancement of mentoring, making known the availability of resources, and caring for yourself were all discussed.

Difficult Conversations with Peers, Colleagues, and Patients

Facilitators Lown and Summergrad discussed effective communication methods in difficult situations and improved ways to interact, emphasizing the SPIKE method: setting, perception (what is perception), illicit information to speaker, knowledge, and eliciting information are the keys to better outcomes

Responding to Physician Health Concerns

The Massachusetts Board of Registration in Medicine’s representatives, Dr. Herman and Attorney Harvey, provided an overview of the licensing board’s Physician Health and Compliance Unit and responded to questions regarding the licensing board’s practices when a licensee discloses or is reported to the board as a result of an illness that may have the potential to impact his or her practice.

Speakers at the conference included:

Robert J. Apfel, MD, MPH
Clinical Associate Professor of Psychiatry, Harvard Medical School, Longwood Psychiatry Residency Program; Private Practice, Psychiatry and Psychoanalysis, Boston

Jack T. Evjy, MD
Member and Officer, Board of Directors, Commonwealth Hematology Oncology; Past President, Massachusetts Medical Society

Sheila Evjy, RN, MSN
Former Vice-President, Patient Services, and Former Board Member, Elliot Health System; Vice-Chair, Board of Directors, Hillcrest Retirement Community

Robert Harvey, Esq.
Physician Health and Compliance Manager, Massachusetts Board of Registration in Medicine

John B. Herman, MD
Director of Clinical Services, Department of Psychiatry, Massachusetts General Hospital; Member, Massachusetts Board of Registration in Medicine

Mary Kraft, MD, MPA
Assistant Professor of Anesthesia, Harvard Medical School; Associate Anesthetist, Massachusetts General Hospital

Jeffrey L. Kaufman, MD, FACS
Vascular Surgery Specialist, Vascular Services of Western New England; Vascular Surgeon, Baystate Medical Center; Associate Professor of Surgery, Tufts University School of Medicine

Beth A. Lown, MD
Associate Director of Fellowships in Medical Education, Harvard Medical School; Director of Faculty Development, Mount Auburn Hospital; Past President, American Academy on Communication in Healthcare

Carol C. Nadelson, MD
Director, Office for Women’s Careers at Brigham and Women’s Hospital; Clinical Professor, Harvard Medical School

Malkah T. Notman, MD
Clinical Professor of Psychiatry and Director of Faculty Development, Harvard Medical School at Cambridge Hospital; Member, Physician Health Services Clinical Advisory Committee; Training and Supervising Psychoanalyst, Boston Psychoanalytic Society and Institute

Luis T. Sanchez, MD
Director, Physician Health Services, Inc.

Paul Summergrad, MD
Frances Arkin Professor and Chair, Department of Psychiatry, Tufts University School of Medicine; Psychiatrist-in-Chief, Tufts Medical Center

Stephen E. Tosi, MD, FACS
Senior Vice President and Chief Medical Officer, UMass Memorial Medical Center

Francis X. Van Houten, MD
Radiologist (Previously Affiliated with UMass Memorial Medical Center); Past President, Massachusetts Medical Society

Marjorie C. Van Houten, MSW
Former Director, Sudbury Senior Center; Board of Trustees, National Multiple Sclerosis Society, Central New England Chapter
Recognizing that disruptive behaviors can impact and interfere with a physician’s ability to practice medicine effectively, PHS designed the Managing Workplace Conflict program to help attendees assess difficult relationships and stressful situations and consider ways to respond differently to minimize conflict.

Twice each year PHS offers this interactive program, which 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 their patients. Upcoming sessions are planned for November 5 and 6, 2008, and spring 2009. The seventh offering of the course was held in May 2008 with a total of 20 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 2.5 to 4.6 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.

This is what course attendees had to say:

“I feel like I have learned to think more positively.”

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

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

“It directed me to appropriate ‘next steps.’”

“The peer interaction was very useful.”

“Helping me recognize sources of stress and signs of burn-out; support/help available”

“I believe I will be more effective in communicating with other physicians.”

“A great course that I will recommend to my colleagues. Thank you.”

Advisory Committee

Linda R. Bresnahan, MS
Director of Program Operations, Physician Health Services, Inc.

Caroline Carregal
Director, Continuing Education and Certification, Massachusetts Medical Society

Michele 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.
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 Lutheran General Hospital and his residency in psychiatry at Massachusetts General Hospital, and he 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. He is the founder and president of KeyPeople Resources, Inc., an organizational and behavioral health consulting firm.

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 he is 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 both a general medical internship and a psychiatric residency at Cambridge Hospital. Former positions include medical director of the special treatment team for addictions in the 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 Arbour Hospital. He is currently the director of Physician Health Services. 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.
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 licensing issues as a result of health impairment or other health concerns. PHS helps facilitate physicians’ interactions with the BRM by educating physicians about licensing procedures, by providing documentation of compliance for physicians being monitored, and by offering resources for outside services and 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 PHC unit to provide continuity for physicians who are under monitoring agreements with both PHS and 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 likely to impact physicians 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 that a physician is practicing medicine while impaired by 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 and 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 who face 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 has offered responses to requests for public comment to advocate for physicians facing health conditions that can impact licensure. Please visit the BRM website, www.massmedboard.org, for updates on the current proposed regulations 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 or other violation 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 and Behavioral Health Monitoring Contracts help guide physicians and medical students in recovery. They 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.

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 the behavioral health monitoring contract to address physicians’ mental and behavioral health issues resulting from stress, emotional problems, and mental illness. 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 Contracts

These contracts are available to physicians who have successfully completed a substance use or 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.

QUALITY MANAGEMENT

PHS recognizes its accountability to physicians and the community and strives to assure continuous assessment and improvement of the quality of the program. Quality management is part of an ongoing process for evaluating and improving the quality of the support and monitoring activities of the program.

The purpose of PHS’s quality management is as follows:

- To identify and monitor critical aspects of the support and monitoring services
- To focus attention on administrative and clinical processes that affect outcomes
- To resolve identified problems, improve services, and evaluate the effectiveness of the services

Each year, PHS identifies specific projects that assess the quality or outcome of an aspect of the PHS program. This past year, PHS focused on a participant and monitor satisfaction survey. In addition, there are numerous annual internal processes in place to guide the efficiency and completeness of all of the aspects of the PHS monitoring program.

SEEKING VOLUNTEER MONITORS TO SUPPORT PHYSICIANS IN NEED

An essential element of each PHS contract 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 monitors are provided with information that details 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 to 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. Please encourage 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 to review the organization’s strategic priorities and determine future goals. The most recent retreat, which took place in the fall 2007, included representation from the PHS Board of Directors, associate directors and staff, the Advisory Committee, the Clinical Advisory Committee, and the Medical Student Advisory Committee. A past program participant shared a powerful story of recovery and offered valuable commentary on the future direction of PHS. PHS priorities were reviewed and updated with the invaluable insight of the distinguished and experienced health care professionals who are dedicated to improving the health and lives of the physicians and students PHS serves. Following are the organization’s current priorities.

GOAL 1: ASSESSMENT AND MONITORING SERVICES

To 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 case activity at each PHS board meeting
- Develop quality improvement criteria and report on criteria and outcomes
- Develop a survey on client/participant feedback and present a report on the results

**Actions**

- Design a new database application to improve case management and research capabilities
- Design an educational briefing for therapists and evaluators working with PHS to address unique treatment methods with physician-patients, reporting obligations, and conflicting laws
- Identify expert physician health resources
- Offer educational options for clients, such as the “Managing Workplace Conflict: Improving Personal Effectiveness” course held twice yearly and the PHS “Caring for the Caregivers” program held every other year
- Develop assessment and monitoring criteria and policy

GOAL 2: STRATEGIC PLANNING

To provide strategic plans and direction for PHS to include increased visibility and awareness of the value of PHS.

**Measurements**

- Report to the PHS board annually, including a summary of speaking engagements
- Deliver a written annual report to the PHS sole voting member and distribute to all PHS audiences throughout the year
- Evaluate viability, need, and resources to address online programming
- Prioritize strategic goals identified at the retreat and identify resources and a timeline for board review

**Actions**

- Conduct a PHS strategic retreat every three to five years
- Conduct an annual full-day board of directors meeting to examine priorities
- Contribute to national physician health efforts with the Federation of State Physician Health
- Provide outreach to the medical schools and health care organizations throughout the state
- Conduct research via the PHS Research Committee
- Publish monthly physician health columns in the MMS member newsletter, Vital Signs
- Maintain the physician health website (www.physicianhealth.org)
- Interact with credentialing organizations
- Interact with the Board of Registration in Medicine
GOAL 3: PROGRAM OPERATIONS

To continue to enhance a positive working environment for staff — one built on respect and trust — in support of our physician participants. It is also PHS’s aim to oversee the casework of associate directors.

Measurements

- Report annually on all activities to the PHS board and sole voting member, the Massachusetts Medical Society’s Board of Trustees, and widely distribute the PHS Annual Report
- Review the current operational structure and transition to new model, if appropriate.

Actions

- Continuous feedback and communication is ongoing
- Develop a new model with the Committee on Service Models
- 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
- Performance goals and evaluations
- Monthly associate director meetings

GOAL 4: FINANCIAL MANAGEMENT

To ensure financial results meet or exceed the approved budget plan.

Measurements

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

Actions

- Twice yearly, meet with the 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
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 is 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. She is currently serving a two-year term as secretary. She also serves on the Program Committee, the Publications Committee, and the Task Force on Research. Debra Grossbaum serves as 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, and improvements in random drug testing, treatment, and spirituality.
It is essential that we continue to embrace the men and women who believe in the merit of the program and keep it alive and thriving.
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
- Berkshire Health Systems, Inc.
- Boston Medical Center
- Caritas Christi Health Care
- Connecticut Medical Insurance Company
- Lahey Clinic
- Physicians Insurance Agency of Massachusetts (PIAM)
- ProMutual Group
- Risk Management Foundation of the Harvard Medical Institutions (CRICO/RMF)
- Tufts Medical Center
- UMass Memorial Health Care Systems

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