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.
Dear Friends & Colleagues:

We are pleased to share with you the 2009 Annual Report from Physician Health Services, Inc. (PHS), a corporation of the Massachusetts Medical Society. PHS continues to be a confidential resource for physicians and medical students who are at risk or need help with health concerns, including those that arise from the stress and demands of modern practice. In sharing this report, it is our goal to spread awareness to all health care providers and administrators of the scope of our services available to support the personal and professional well-being of our colleagues.

A powerful story of hope from a past participant can be found on page 11. We hope that by hearing from a physician who has truly benefited from our services, you will recognize the importance of supporting your colleagues and our organization. Should you wish to contribute to PHS, a form for making donations via our Caring for Physician Health Campaign is included in this report.

As highlighted on page 29 of the Annual Report, PHS continues to offer an educational program entitled “Managing Workplace Conflict: Improving Personal Effectiveness.” This course is offered twice a year and includes a unique combination of didactic and participatory sessions to help physicians gain advanced skills and techniques for addressing interpersonal challenges in the medical workplace. We invite you to take advantage of this popular and successful program. Check our website for upcoming dates.

As always, we remain available to discuss PHS services and topics of physician health with you and your organization, and we welcome the opportunity to deliver a presentation to your staff. To schedule a presentation or find out more about any of the services PHS has to offer, contact us by phone at (781) 434-7404, by e-mail at jvautour@mms.org, or visit our website for a speaking engagement form at www.physicianhealth.org.

We are grateful for the many supporters of PHS and look forward to being of service to you and the physicians and medical students in Massachusetts. Please share this report with individuals and institutions you feel would be interested. Additional copies are available.

Sincerely,

Edward J. Khantzian, MD
President

Luis T. Sanchez, MD
Director

Physician Health Services, Inc., 860 Winter Street, Waltham, Massachusetts 02451
(781) 434-7404, (800) 322-2303, ext. 7404, www.physicianhealth.org
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ABOUT PHYSICIAN HEALTH SERVICES, INC.
Physician Health Services, Inc., (PHS) is a nonprofit corporation 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 12 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 13). 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 the Research Committee. For a full description of the committee’s current projects, see page 14. The Research Committee meets on a monthly basis.

Finally, in 2004, PHS formed the Medical Student Advisory Committee to provide a forum for medical schools to effectively exchange information on issues of student health (see page 15). Comprised of representatives from the four medical schools in Massachusetts, the committee has become a springboard for assisting medical students who have been or 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 will remain confidential and 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 assessments are designed to identify the health concerns impacting an 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
A Message from the President

This past year, we proudly celebrated the 30th anniversary of Physician Health Services. Presumably, we will enjoy another 30 years of successfully assisting physicians who have responded adversely to the stresses and strains of exercising their commitment to the practice of medicine. Unfortunately, some physicians succumb to the stress and distresses entailed in caring for others and suffer from emotional and behavioral difficulties. Most notably, these can take the form of lapses in their own self-care. The PHS director, in concert with the associate directors and staff, work with the physicians that come to our program to offer support, monitoring, and referral for treatment. The assistance we offer is respectful, consistent, and transforming. Self-confidence and self-respect, often shaken when physicians are derailed by their problems, are restored, and personal growth and change are stimulated. PHS can pride itself in helping physicians reestablish the assurance, dignity, and self-care necessary to effectively administer to the needs of their patients and community.

The mission of a program such as PHS rests on a foundation of support beyond the day-to-day operations provided by the directors and program staff. Our mission is accomplished through the generosity of our Medical Society, the malpractice insurance carriers, and the donations of individuals and organizations that so generously continue to support our work, including Baystate Health Systems, Berkshire Health Systems, Boston Medical Center, Cape Cod Health Care, Caritas Christi Health Care, Connecticut Medical Insurance Company, Lahey Clinic, Physician Insurance Agency of Massachusetts (PIAM), ProMutual Group, Risk Management Foundation of the Harvard Medical Institutions (CRICO/RMF), Southcoast Health System, Tufts Medical Center, and UMass Memorial Health Care Systems. The operation of PHS greatly benefits from the devoted and dedicated efforts of an extraordinary staff, which includes our director, Dr. Luis Sanchez, and associate directors, Drs. Judith Eaton, Wayne Gavryck, John Knight, John Wolle, J. Wesley Boyd, and Michael Palmer, director emeritus. Dr. Sara Bolton joins this team of physicians as this report is being prepared. Our director of operations, Linda Bresnahan, legal counsel, Debra Grossbaum, and outreach and education manager, Jessica Vautour, are essential to and extraordinarily important in assuring a smooth and effective administrative underpinning for PHS. Their efforts are supported by Deborah Brennan, secretary and medical transcriptionist, Mary Howard, monitoring services assistant, Deborah Canale, client services assistant, and Shari Mahan, secretary.

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

A Message from the Director

As I enter my eleventh year as the director of PHS, I remain committed to our mission and the work we do in assisting physicians and medical students in need of support with their health-related problems and concerns. PHS continues to be very involved in reaching out to the medical community and other stakeholders in ensuring that physicians are practicing with high standards of care because their underlying health problems are being appropriately diagnosed and treated. The 2009 PHS Annual Report reviews in detail what has been accomplished during this past year and outlines our plans for the coming year. I encourage you to review the report and to contact PHS with any questions you may have or to learn more about our organization.

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.

A Message from the President

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).
“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

As we complete another fiscal year, I am heartened that referrals to PHS remain strong. We continue to be available to assess physicians with substance use problems, mental health issues, medical concerns, behavioral interaction difficulties, and problems related to the stress of medical practice. In addition, we remain committed to assisting hospitals and medical practices by offering seminars and symposiums, which provide valuable education as to the role and availability of PHS in assisting those in need.

On January 1, 2009, the Joint Commission enacted two new standards which require surveyed hospitals to establish processes to deal with both disruptive behavior and workplace conflict. Guidelines to meet these standards include establishing a code of conduct as a step in lessening disruptive behavior. PHS can serve as another resource to assist with meeting these standards. Specifically, PHS accepts referrals to evaluate physicians who are having difficulties with professional interactions to determine whether their behaviors are being impacted by health challenges or life stressors. In addition, twice a year PHS offers a course in managing workplace conflict to assist physicians dealing with interpersonal challenges either personally or as an administrator. It is our sense that these resources have been very beneficial in improving behaviors through increased self-awareness and the opportunity for physicians to solidify their understanding of effective communication techniques.

I am pleased to announce that Sara M. Bolton, MD, is joining us in a newly created position as assessment director, serving in an independent contractor role similar to that of the five associate directors, but she will be available to assess all new physician and student referrals. The other associate directors will provide PHS with monitoring and support for those who enter monitoring contracts. Dr. Bolton’s presence will afford more efficiency in the referral and assessment process so that PHS can accommodate the increasing need for services and support.

On a national level, PHS continues to be actively involved in the Federation of State Physician Health Programs. This past May, I stepped down as president of this organization, having served in the role for the past 3.5 years. I value the experience I had as well as the opportunity to have become so well associated with the other state physician health programs in this country. We are all striving to provide confidential and effective support for physicians. I will remain on the Board of Directors as the immediate past president and on the Annual Meeting Planning Committee. Linda Bresnahan continues to have significant responsibilities as the Federation’s secretary, a member of the Board of Directors, chair of the Publication Committee, and on the Annual Meeting Planning Committee. Deb Grossbaum is the chair of the Bylaws Committee and serves on the Audit Committee.

This annual report message offers me the opportunity to express my gratitude and thanks to the PHS staff, associate directors, board of directors, Advisory Committee, Clinical Advisory Committee, and Medical Student Committee, along with MMS staff and departments, who are always available, eager to assist, and who truly understand the importance of the work we do.

And finally, I want to thank all of our major funders for their continued support of our work. As a nonprofit charitable organization, I am gratified by the increasing donations from individuals and organizations who are willing to offer their support. In these trying economic times with a difficult recession and major health care reforms imminent, physicians will predictably be increasingly stressed and in need of assistance with their own health and stress-related problems. With the support of our funders and other charitable donations, PHS continues to be available for assistance.

— Luis T. Sanchez, MD

Director of Physician Health Services
Giving Physicians & Medical Students 
Your Support: The PHS Caring for Physician Health Campaign

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

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

- Confidential support, consultation, and monitoring for medical students, residents, and physicians in Massachusetts
- The development of resources to increase referrals for substance abuse, mental health concerns, physical illness, and expanding behavioral health services
- Critical research necessary to document outcomes of and successful strategies for physician health treatment
- Increased educational offerings including courses, newsletters, and lectures throughout the state
- Support groups for physicians and medical students
- Improvements to the personal and professional lives of those we serve

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

WAYS YOU CAN SUPPORT PHS

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

General Donation
A gift of cash or a check is the simplest and most immediate way to give to Physician Health Services. PHS will accept unrestricted contributions toward the program’s operations, which include research, educational activities for physicians, support groups, and special projects. Many of the health care organizations listed on page 24 of the 2009 PHS Annual Report provided generous charitable contributions 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 & 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.)
☐ Visa  ☐ MasterCard  ☐ AMEX  ☐ Discover
☐ Credit Card No. ____________________________  Expiration Date: _____ / _____
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

Like so many of my colleagues, I am a hard-working and dedicated professional. I was a talented student and a popular athlete throughout high school. I received academic honors and was educated at an internationally respected college and medical school. I trained at top-flight medical centers and was rewarded for my efforts with a prestigious academic job. Few, if any, of my colleagues have any idea that I was also an addicted physician, or that, because of my addiction, I nearly lost everything I worked so hard to achieve.

From early childhood, I harbored a smoldering sense of inferiority — of being ill at ease in social situations — that I now recognize is common among many in recovery. Though the causes of these feelings may be diverse, they result for many in a search for some external source of solace and serenity in a turbulent, confusing, and stressful world.

For me, the “answer” came during late high school when I first tried marijuana. Though I had experimented with alcohol, I never really enjoyed drinking. Marijuana was a different story. When I was high, I experienced a pervasive sense of calm and clarity. I felt effusive, funny, outgoing, and at ease in a way I had never known before. For many years, I used marijuana sparingly — on vacation, with friends, or for special occasions.

But as the stresses of my life and medical training built, I began to use more often — and alone. During my residency and fellowship, marijuana became an increasingly frequent means of escape from the pressures of daily life. I began to use it nightly as a means of rewarding myself for success or appeasing my failures of the day. I increasingly isolated myself from my family and my friends. I saw marijuana as a vacation for one, something to shut out the rest of the world, even if only for a few moments.

My drug use changed from being an enjoyable distraction to a focal point of my daily routine. Friends fell away. My marriage deteriorated. Eventually, I left my wife and young children, in part so I could use marijuana “the way I wanted to.” After that, my deterioration was swift and relentless. My work suffered, as did my relationships with my children and family.

One aspect common to many stories of addiction is setting self-imposed limits on using to assure ourselves and others that we don't have a “problem.” I crossed my “no smoking in the car” boundary one summer night in 2005. I was driving down the highway after leaving work. There was a light rain falling, and I was smoking a joint. The car in front of me suddenly swerved into the barrier and spun around. While holding the burning marijuana cigarette in my hand, I was looking face-to-face at the woman behind the wheel of the spinning car. We both skidded to a stop, a few feet separating our cars. We were both visibly shaken but uninjured. As traffic buzzed past and we got back underway, I had a moment of clarity. I realized that, unless I stopped, I would lose everything I cared about in my life. My heart was pounding, and my ears were ringing. Tears rolled down my cheeks. Something seismic had shifted inside me. I realized I could not afford to sink any lower. I resolved to quit using then and there.

But it isn’t that simple. Few, if any, of us who struggle with addiction can get sober alone. During the next few months, I would “quit” every morning, sure that I would be able stay clean for the day. But every night, after some small success or disappointment, I would find a reason to call my dealer or scrape up what was left from the day before. I learned the meaning of desperation, as only the addicted know it. I could not bear to use nor could I bear to live without using. I needed to quit but was unable to do so on my own. I struggled to keep my public, successful, professional persona separate from my private, desperate, addicted self. These two sides constantly felt as if they were collapsing inward.

Thankfully, I learned about PHS from a friend, and I contacted Dr. Sanchez. I hoped after hearing my story he would say, “Marijuana is not something we worry about.” Or “Our program is for people who get in serious trouble.” The addict in me was still looking for a way out. He said, “You have a problem, and we can help.” I signed an agreement to receive treatment and be monitored. So began my journey of recovery.

PHS has been a part of my life ever since. It hasn’t always been easy. I was consumed by shame and a sense of loss in the early days. I had terrible dreams of using and of getting caught. But as time passed, I emerged from addiction into a new life. During 3 years of PHS monitoring, I became proud of passing my weekly drug tests. I attended PHS support meetings with my peers. I became involved with 12-step recovery programs in my community, where I learned to communicate with people from all walks of life with openness and honesty.

Today, I continue to participate in a program of recovery and try to be of service to others. I’m a loving and involved father, a devoted son, and a valued friend. I have a loving relationship with a wonderful woman who supports my recovery. I have a life and a career second to none. I have learned to be grateful for these many blessings. I have found some measure of serenity. My life is an unfolding miracle. PHS helped to make all of this possible. Thank you.
Mountian.io
The PHS Advisory Committee consists of representatives from our major funding organizations listed on page 20. 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. Breuer, President and Chief Executive Officer, ProMutual Group
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
Anne Huben-Kearney, RN, CPHQ, CPHRM, 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

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 PHS 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
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
Karsten D. Kuepkenbender, MD
Dubravko M. Kupfnece, MD
Aaron M. Leavitt, MD
Bernard S. Levy, MD
David Lovas, MD
John D. Matthews, MD
Dan McCullough, MD
Malkah T. Notman, MD
Michael S. Palmer, MD
Glenn S. Pransky, MD
John A. Renner Jr., MD
Zev D. Schuman-Olivier, MD
William Shea, MD
Jacquelyn Starer, MD
Thomas Stinson, MD
John C. Wolfe, MD
The PHS Research Committee was established in 2001 as part of a strategic effort to increase the scientific knowledge base in the field of physician health. The goal of our first study was to assess PHS participants’ satisfaction.1 We found that participants’ ratings of PHS services were high, and satisfaction was associated with lack of relapse (mean rank=47.6 versus 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’ satisfaction with the PHS program was influenced more by positive clinical outcome than other factors.

The goal of our second study was to assess the outcomes of the PHS monitoring program. Prior reports indicated varying rates of success for physician treatment and monitoring programs, and definitions of success and methods of assessing it varied widely. Applying vigorous criteria to define success, we analyzed the outcomes of PHS participants who initiated a first contract between 1993 and 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% versus 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, we completed a satisfaction survey of those who have served as chiefs of service, workplace monitors, psychiatrists, or therapists for our clients. We reported the results at the 2009 Annual Meeting of the Federation of State Physician Health Programs. 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. The goals of our next study will be to examine the association between dilute laboratory specimens and relapse and the association between prescriptions for psychoactive drugs and relapse.


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, or mental or physical illness.

The Medical Student Advisory Committee is a standing committee that was appointed 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**
John Polk, MD, Assistant Dean of Student 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

“There are many complex issues to consider when dealing with medical students’ academic performance, health, and personal situations — balancing individual confidentiality, providing optimal treatment and assistance during training, and realistically preparing them for licensing and residency. Having the opportunity in this committee to discuss these issues with colleagues from our four different medical schools in the context of Dr. Sanchez and his associates’ extensive experience with practicing physicians has been invaluable.”

— Laurie Raymond, MD
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.

Sara Bolton, MD, joined Physician Health Services as the assessment director in July 2009. Dr. Bolton completed her medical degree at Harvard Medical School. She trained at the McLean-Mount Auburn Combined Program in Psychiatry with a fellowship in neuropsychiatry at Harvard Medical School. She is currently a candidate of the Boston Psychoanalytic Society and Institute. She is board certified by the American Board of Psychiatry and Neurology and is an assistant clinical professor of psychiatry at Harvard Medical School and associate psychiatrist at McLean Hospital. She is also a consultant at The Levinson Institute and holds various leadership roles with the institute’s affiliations.

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. In addition to his work with PHS, Dr. Boyd is on staff in psychiatry at Cambridge Health Alliance and on the faculty at Harvard Medical School in the Department of Psychiatry.

Judith Eaton, MD, has been an associate director for PHS since its inception. She was in practice for 27 years. She retired from her private practice of psychiatry in Worcester in January 2008. She is certified by the American Board of Psychiatry and Neurology.
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.

John R. Knight, MD, is a fellow of the American Academy of Pediatrics and board certified in developmental-behavioral pediatrics. He is 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 has served as an associate director for PHS since its inception, and he is the program’s research consultant.

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. He is currently an associate director emeritus, having taken leave from his work with PHS while writing books.

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. He retired from his internal medicine practice in 2008.
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,** 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 of science degree in health care management with a specialization in substance abuse services 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 director’s officer of the Federation of State Physician Health Programs.

**Debra A. Grossbaum, Esq.,** 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, 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 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 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 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 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. Ms. Mahan received her bachelor's degree in psychology from Oklahoma State University.

Deborah M. Canale 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. Ms. Canale received her bachelor's degree in psychology from the University of Lowell.
Year in Review

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 $30 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
Alex N. Saro, MD, Chair and Program Director, Department of Psychiatry and Behavioral Sciences

Boston Medical Center
Elaine Ulmann, President and Chief Executive Officer

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

Connecticut Medical Insurance Company (CMIC)
Sultan Ahmed, 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/RMS)
Luke Sato, MD, Chief Medical Officer and Vice President

Tufts Medical Center
Paul Summerrad, MD, Frances Arron 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

The success of Physician Health Services stems from the partnership of the profession of medicine with the Massachusetts Medical Society and our group of outstanding contributors. PHS’s contributors recognize the risk management benefits of our services.
those who have given
Physicians support for
their health

In addition to the contributors listed on page 20, 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 in 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.

Alan P. Moss, MD
Andrew Balder, MD
Anna Jaques Hospital
Austen Riggs Center
Cooley Dickinson Hospital
Corinne Broderick

Department of Ophthalmology,
Massachusetts Eye and Ear
Donna Singer Consulting, LLC
Dr. & Mrs. Edward J. Khantzian
Dr. & Mrs. Walter J. Rok
Dr. Edith M. Jolin & Dr. Richard Pieters
Dr. Geoffrey Sherwood
Drew Brodsky, MD
Drs. Stephen & Kathleen Hoye
Greater Fall River CME Program
HealthAlliance Physicians
Jack and Sheila Evjy
James Broadhurst, MD, MHA
John Katzenberg, MD
Jordan Hospital Medical Staff
L. Corey Hanley, MD
Lee S. Perrin, MD & Karen Mann
Mary Anna Sullivan, MD
Massachusetts Association of
Medical Staff Services
Morton Hospital and Medical Center
Nashoba Valley Medical Center

North Shore Medical Center
P. Herbert Leiderman, MD
Quincy Medical Center Medical Staff
Richard W. Brewer
Sheldon Roth, MD
Southcoast Hospital Group
Winchester Hospital Medical
& Allied Healthcare Staff

In honor of Michael Palmer, MD
Anonymous
In honor of Dr. Jack Evjy
Drs. Joseph L. & Joanne Wilkinson Dorsey
In honor of Dr. Luis Sanchez
George E. Ghareeb, MD
In memory of Barbara Niemi
David & Debra Grossbaum
In memory of Barbara Niemi
Linda & John Bresnahan
In honor of Dr. Alex Sabo
Rebecca L. Johnson, MD
In honor of Bernard Levy, MD
W. Scott Liebert
In memory of Robert H. Downes

FISCAL YEAR 2009: JUNE 1, 2008, TO MAY 31, 2009

Financial Sources

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<tr>
<th>Source</th>
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<tr>
<td>Berkshire Health Systems</td>
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<td>Tufts Medical Center</td>
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<td>Connecticut Medical Insurance Company (CMIC)</td>
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<tr>
<td>Physicians Insurance Agency of Massachusetts</td>
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<td>Baystate Health Systems</td>
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<td>Cape Cod Health Care</td>
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<tr>
<td>Caritas Christi Health Care</td>
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Massachusetts Medical Society 37.8%
PROMUTUAL GROUP 18.2%
Pre-audit 7.9%
OTHER 7.9%

Expenses

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<td>Staff</td>
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<td>Associate Directors</td>
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<td>MEETING EXPENSES</td>
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<tr>
<td>RESEARCH</td>
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<tr>
<td>OVERHEAD</td>
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</tr>
<tr>
<td>ALL OTHER</td>
<td>6.9%</td>
</tr>
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</table>

Pre-audit
CASE ACTIVITY FOR FISCAL YEAR 2009: JUNE 1, 2008, TO MAY 31, 2009

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

* **247** physicians have been helped directly through personalized consultative support services and monitoring contracts.

* **127** new physicians and medical students were referred this year (see referrals in Figure 1).

* **140** 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.

* **43** educational sessions were provided by PHS for physicians, hospitals, and individual practices. An estimated 3,200 physicians, medical students, and health care professionals were in attendance at the physician health education offerings this year.

Case Descriptions
During the past year, PHS provided services aimed at: improving physicians’ health; saving physician lives, families, and careers; assisting physicians with health issues to practice their profession with skill and safety; and educating physicians, other healthcare professionals, and healthcare organizations about physician health and recovery. During the past year, 30 physicians successfully completed monitoring contracts.

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 substance use disorders (n=38) and single-diagnosis mental health (n=26). Eight physicians had co-occurring mental health and substance use disorders, and 3 physicians had physical disabilities.

Figure 1: Physicians referred to PHS over the past six years

N= physicians referred to PHS.
Table 1: PHS Physician Referrals by Presenting Problem — Fiscal Year 2009

<table>
<thead>
<tr>
<th>Presenting Problem</th>
<th>N</th>
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<tbody>
<tr>
<td>Behavioral Health*</td>
<td>75</td>
<td>59</td>
</tr>
<tr>
<td>Mental Health**</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Alcohol</td>
<td>20</td>
<td>15.7</td>
</tr>
<tr>
<td>Drug</td>
<td>4</td>
<td>3.2</td>
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<tr>
<td>Physical Illness</td>
<td>5</td>
<td>3.9</td>
</tr>
<tr>
<td>Drug &amp; Mental Health</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>Alcohol &amp; Mental Health</td>
<td>4</td>
<td>1.6</td>
</tr>
<tr>
<td>Drug, Alcohol, &amp; Mental Health</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>Other***</td>
<td>9</td>
<td>7.1</td>
</tr>
</tbody>
</table>

N=127 physicians referred to PHS this year.

*Behavioral health includes personality problems, interpersonal conflicts, boundary issues, and stress.

**Mental health includes depression, anxiety, and bipolar disorder.

***Other includes clinical competency, career counseling, and financial issues.

---

Table 1: PHS Physician Referrals by Specialty and Level of Training — Fiscal Year 2009

<table>
<thead>
<tr>
<th>Specialty</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Internal Medicine</td>
<td>33</td>
<td>26</td>
</tr>
<tr>
<td>Surgery‡</td>
<td>20</td>
<td>15.7</td>
</tr>
<tr>
<td>Family Practice</td>
<td>8</td>
<td>6.3</td>
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<tr>
<td>Anesthesiology</td>
<td>9</td>
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<tr>
<td>Psychiatry</td>
<td>10</td>
<td>7.9</td>
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<tr>
<td>Pediatrics</td>
<td>13</td>
<td>10.2</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>6</td>
<td>4.7</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>6</td>
<td>4.7</td>
</tr>
<tr>
<td>Radiology</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Other§</td>
<td>3</td>
<td>2.4</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Level of Training</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Residents (All Specialties)</td>
<td>11</td>
<td>8.7</td>
</tr>
<tr>
<td>Medical Students</td>
<td>6</td>
<td>4.7</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td></td>
</tr>
</tbody>
</table>

‡Surgery includes ophthalmology, general surgery, and urology subspecialties.

§Other includes pathology and research.
OUTREACH ACTIVITIES:
JUNE 1, 2008, TO MAY 31, 2009

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.

An estimated 3,200 physicians and medical students were in attendance at these physician health education offerings this year.

* 3rd Spanish Congress on Doctor's Health Programs (PAIME) — Barcelona
* AMA-BMA-CMA International Conference on Physician Health
* Anna Jaques Hospital
* Annual Dermatology Meeting
* Annual Mississippi Addictions Conference
* Baystate Medical Center
* Beth Israel Deaconess Medical Center — Anesthesiology Grand Rounds, Patient Care Assessment and Quality Committee, and PGY1s
* Boston University School of Medicine — First-Year Class
* Bournewood Hospital
* Brigham & Women's Hospital — Board of Trustees
* Brigham & Women's Hospital (Anesthesia Department and Residents)
* Charlton Memorial Hospital
* CMA Physicians and Dentists Confidential Line
* Cooley Dickinson Hospital
* Dana-Farber Cancer Institute
* Harvard Anesthesia Review Course
* Harvard Medical School — Introduction to Lifestyle Medicine
* Harvard Medical School — Liability Prevention for Physicians and Health Care Professionals: Strategies and Update, 2008
* Indian Medical Association of New England (IMANE)
* Jordan Hospital
* Lawyers Concerned for Lawyers, Inc.
* Lemuel Shattuck Hospital
* Leominster Hospital
* Marsh/Mercer/Kroll/Mercer Oliver Wyman
* Massachusetts Psychiatry Society — Risk Management
* MetroWest Medical Center (House Officer Lecture Series)
* Middlesex Central District Medical Society
* Modern Medicine on AM590 WROW
* Morton Hospital & Medical Center
* Nashoba Valley Medical Center
* National Organization of Bar Counsel Mid-Year Meeting
* Newton-Wellesley Hospital
* North Shore Medical Center — Union Hospital
* Quincy Medical Center
* Saint Anne's Hospital
* St. Luke's Hospital
* Tufts Medical Center — Psychiatry Residents
* Tufts University Family Medicine Residency Program (Malden)
* Tufts University School of Medicine — 2nd Year Students
* UMass Medical Center — Medical Students
* Winchester Hospital

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 33.

More than 3200 physicians and medical students were in attendance at PHS presentations across Massachusetts this past year.
Additional PHS Services

PHS EDUCATIONAL DVD
The PHS educational DVD is available at no cost to hospitals, medical schools, and health care professionals. It can be viewed independently or as a complement to a PHS lecture given by a physician associated with PHS. The DVD includes an overview of the mandated reporting statute and the exception to reporting as it pertains to substance use disorders.

For a copy of the DVD, 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 a link at the bottom of 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 special 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.
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 2008 to May 2009**

- Support 30 More Years of Caring for Massachusetts Physicians, Volume 13, Issue 6 (June/July 2008)
- The Role of the BRM’s Physician Health and Compliance Unit, Volume 13, Issue 8 (September 2008)
- Recognizing Stress Is the First Step in Easing It, Volume 13, Issue 9 (October 2008)
- PHS Associate Directors Author Chapter on Substance Use Disorders among Physicians, Volume 13, Issue 10 (November 2008)
- Survey Shows High Level of Satisfaction with Physician Health Services, Volume 14, Issue 1 (December 2008/January 2009)
- Guidelines for Pain Management in Physician-Patients, Volume 14, Issue 2 (February 2009)
- Malpractice Carriers See Benefits of Managing Physicians’ Health Risks, Volume 14, Issue 3 (March 2009)
- Physicians May Be Included in the Ranks of High-Functioning Alcoholics, Volume 14, Issue 4 (April 2009)
- Peer-to-Peer Conversations Can Raise Awareness of Disruptive Physician Behavior, Volume 14, Issue 5 (May 2009)
OUTREACH & EDUCATION

Articles, Presentations, and Consulting

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

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.11.01.01). This provision requires the medical staffs of all hospital organizations 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.

In addition, effective January 1, 2009, for all accreditation programs, the Joint Commission has a new leadership standard (LD.03.01.01) that addresses disruptive and inappropriate behaviors in two of its elements of performance. First, the hospital/organization must have a code of conduct that defines acceptable and disruptive and inappropriate behaviors (EP 4). Second, leaders must create and implement a process for managing disruptive and inappropriate behaviors (EP 5). Additionally, standards in the medical staff chapter have been organized to follow six core competencies to be addressed in the credentialing process, including interpersonal skills and professionalism (see the introduction to MS.4). PHS is available for consultation with medical staff and hospital leadership on policies in these areas, individual circumstances, or educational programs.

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. An educational DVD about PHS, brochures, and other supportive materials are also available.

The speaking engagement request form can be found on page 33.
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 guidelines 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 Brookline.

* 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 7:30 to 8:30 p.m. in Worcester.

* Health Care Professionals Recovery Group — This weekly meeting is a self-help format group open to any licensed health care professional. The group meets every Tuesday from 7:00 to 8:00 p.m. in Pittsfield.

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 Physician Health Services 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
MANAGING WORKPLACE CONFLICT: IMPROVING PERSONAL EFFECTIVENESS

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

Recognizing that disruptive behaviors can impact and interfere with a physician’s ability to practice medicine effectively, PHS designed the Managing Workplace Conflict 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 they interact with their colleagues and patients. Pre-, post-, and follow-up evaluations demonstrate improvements in the skills of the physicians who attend (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.

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.

Course Instructors
Ronald Schouten, MD, JD, is 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. He is the founder and president of KeyPeople Resources, Inc., an organizational and behavioral health consulting firm.

Charles W. Swearingen, MD, is a consultant in psychiatry at Massachusetts General Hospital and is the founder and principal of Pierian Consulting.

Luis T. Sanchez, MD, is 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, has private practices in Lincoln and Brookline, working with individuals and couples in psychotherapy. She currently facilitates a three-times-monthly support group designed to provide physicians with strategies to enhance coping skills.

Continuing Medical Education Program

Following are some comments from course attendees:

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

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

“The peer interaction was very useful.”

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

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

“The content increased my self-awareness in stressful situations.”

“I now have better tools for management of conflict.”

“I feel I can achieve more without conflict.”
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. Diversions are 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 be extended in the future to other health conditions including mental health issues.

At times, the BRM itself enters into disciplinary or nondisciplinary agreements with physicians who face health challenges such as substance use disorders, 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.

IMPORTANT EXCEPTION TO MANDATORY REPORTING TO THE BOARD OF REGISTRATION IN MEDICINE

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 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 of 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. Past program participants shared their powerful stories of recovery and offered valuable commentary on the future direction of PHS. PHS priorities are 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:

Assessment & Monitoring Services
To enhance assessment processes, improve treatment options, increase service offerings for behavioral health clients, and maintain credibility of the monitoring services program

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

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.

Financial Management
To ensure financial results meet or exceed the approved budget plan

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 2009 annual meeting of the FSPHP, Dr. Luis Sanchez completed an extended 3.5-year term as president of the FSPHP Board of Directors. He will continue to serve in a leadership role as Past President for the next 2 years. He also has served 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 and is also a member of the Audit Committee.

As referrals to physician health programs increase, the programs are challenged to 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.
PHS Speaking Engagement Request Form

Date of Request: ____________________________________________________________

Name of Organization: ______________________________________________________

Requested Date for Presentation: ______________________________________________

Second Choice: _____________________Third Choice: ___________________________

Times: ____________________________________________________________________

THE LENGTH OF A PHS LECTURE CAN BE ADAPTED TO MEET YOUR NEEDS.

Location of Presentation: ____________________________________________________

Address: __________________________________________________________________

Name of Meeting Room: _____________________________________________________

CME Contact Person: ____________________________ Phone: ____________________

Fax: _______________________________ E-mail: ________________________________

Audience (Primary Specialty in Attendance): ____________________________________

Number of Attendees Expected: _______________________________________________

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

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

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

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

☐ American Express ☐ MasterCard  ☐ Visa  ☐ Discover Card

☐ Credit Card No._____________________________ Expiration Date: _____ /_____

Signature: _________________________________________________________________

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

J. Wesley Boyd, MD, PhD  John R. Knight, MD
Linda R. Bresnahan, MS  Michael Palmer, MD
Judith Eaton, MD  Luis T. Sanchez, MD
Wayne A. Gavryck, MD  John C. Wolfe, MD
Debra A. Grossbaum, Esq.
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- Baystate Health Systems
- Berkshire Health Systems
- Boston Medical Center
- Caritas Christi Health Care
- Connecticut Medical Insurance Company (CMIC)
- 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

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