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

We are pleased to share with you the 2010 Annual Report of Physician Health Services, Inc. (PHS), a corporation of the Massachusetts Medical Society. PHS is a confidential resource for physicians and medical students who are at risk or need help addressing 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 among health care providers and administrators of the scope of the services we offer 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 12. Hearing from a physician who has truly benefited from our services will help illuminate the importance of your donation. A form for contributing to PHS through our Caring for Physician Health Campaign is included in this report.

PHS held its bi-annual educational conference, Caring for the Caregivers VII: Regaining Health and Happiness in Your Profession on Friday, October 2, 2009. The foundation for this year’s conference was research documenting that physicians’ personal health habits correspond with the quality of preventive care they offer patients. For a recap of the conference, please see page 39.

In addition, PHS offers a twice-yearly educational program, Managing Workplace Conflict: Improving Personal Effectiveness, that 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 (see page 42). 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 our 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, call (781) 434-7404, e-mail jvautour@mms.org, or visit our website, www.physicianhealth.org, for a speaking engagement form.

We are grateful for our many supporters, and we look forward to being of service to you the way we have numerous physicians and medical students across Massachusetts. Please share this report with any individuals and institutions you feel would be interested. Additional copies are available upon request.

Sincerely,

Edward J. Khantzian, MD  Luis T. Sanchez, MD
President                             Director

[Signatures]

Additional copies are available upon request.
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 16 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 deidentified case presentations.

The PHS Advisory Committee provides input regarding the organization’s non-clinical matters. Appointed by the director, its members represent PHS’s major funding organizations, 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, PHS formed the PHS Research Committee in 2001. For a description of the committee’s projects, see page 18. PHS is currently reviewing research resources. We are participating on the Federation of State Physician Health Programs Research Committee to stay abreast of national research project opportunities.

Finally, PHS established the Medical Student Advisory Committee in 2004 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 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 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 assessment 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 for 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 provides assistance 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
Physicians who turn to us for assistance have found the right address in PHS to attend to their issues, and to change, grow, and reaffirm their well-being as they attend to the well-being and care of others.”

As I approach the three-quarter century mark in my life, I periodically continue to ponder the nature of our work as physicians and what draws and attracts us to the profession of medicine. And then again, especially these days, I consider what detracts us. It goes without saying that in my capacity as president of PHS, I sometimes wonder about what brings us to this work and how this intersects with the requirements of caring for the sick and wounded. Patient care is now compounded by the external buffeting of administrative and reimbursement issues in such ways that some of the best of us succumb to behavioral and emotional difficulties that derail us from living our professional and personal lives well. Whatever the case, after working with PHS for nearly a third of a century, I remain convinced that the same vulnerabilities that require physicians to reach out to us for help are vulnerabilities that can stimulate change and growth. Carl Jung suggested that there were aspects of troublesome behaviors, including addictions that had in them a search for a better sense of self, a search for wholeness, a spiritual quest. Someone has quipped, in this respect, that the problem is that the person went to the wrong address. Through consultation, support, referral, monitoring, and advocacy, it would appear that the physicians who turn to us for assistance have found the right address in PHS to attend to their issues, and to change, grow, and reaffirm their well-being as they attend to the well-being and care of others.

The dedication of PHS to the physicians who turn to us for assistance continues to rest on the generosity of our Medical Society, the malpractice insurance carriers, and individual donations. We are grateful to Baystate Health Systems, Berkshire Health Systems, Boston Medical Center, Brigham and Women’s Hospital, Cape Cod Healthcare, Caritas Christi Health Care, Connecticut Medical Insurance Company, Lahey Clinic, Physician Insurance Agency of Massachusetts (PIAM), ProMutual Group, CRICO/Risk Management Foundation of the Harvard Medical Institutions, Southcoast Hospitals Group, Tufts Medical Center, and UMass Memorial Health Care Systems. Beyond the fiscal support of our donors, the mission of PHS is accomplished through the competent and effective hard work of our directors and staff, including our director, Dr. Luis Sanchez; associate directors, Drs. Wayne Gavryck, John Wolfe, Sara Bolton, Marianne Smith, and directors emeritus, Michael Palmer and Judy Eaton; our director of program operations, Linda Brennan; general counsel, Debra Grossbaum; outreach and education manager, Jessica Vautour; project assistant and medical transcriptionist, Deborah Brennan; monitoring services assistant, Mary Howard; client services assistant, Deborah Canale; and secretary, Shari Mahan.

– 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 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 Advance-ment of Psychiatry Committee on Alcoholism and the Addictions. He is also a founding member and past president of the American Academy of Addiction Psychiatry and was the recipient of their Founders Award in 2000. 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).
“I remain very thankful for the generosity of our major funders. Without their yearly assistance, PHS would be hard pressed to fulfill our mission to improve the health and well-being of physicians while promoting patient safety.”

A Message from the Director

As I enter my 12th year as director of Physician Health Services, I am very pleased about the work we are accomplishing, the increased awareness of our services throughout Massachusetts, and the plans we have for the future. We continue to receive significant referrals from many different sources, including hospitals, physician colleagues, medical practices, and the licensing board. We also continue to provide educational resources to the medical community through lectures, conference calls, and direct talks with health care administrators. In addition, PHS has been an active participant with the Federation of State Physician Health Programs.

Several changes in the associate director roles have taken place this year. Dr. Judy Eaton has begun her retirement and has reduced the amount of her PHS work. We hired Dr. Ruthann Rizzi, a psychiatrist from Worcester who will be involved with physician referrals in the Worcester area. More recently, another Worcester-area psychiatrist, Dr. Marianne Smith, began working with physicians in the greater Boston area. Dr. Sara Bolton, who joined PHS last summer, is evolving the role of the assessment director and ably assists me in initial assessments of physicians who are referred to us. Drs. John Wolfe and Wayne Gavryck continue in their associate director roles and are an integral part of the physician monitoring process.

The physicians referred to PHS continue to present with a wide range of health-related issues. In addition to substance use problems, this past year we assessed physicians with physical illness issues such as sleep disorders, stress, burnout, disabilities, and cognitive issues, including learning disabilities and attention disorders.

The referral of medical students to PHS continues to increase, in part, due to the activity of our Medical Student Committee, with physician representatives from all four Massachusetts medical schools. We continue to offer the twice-yearly Managing Workplace Conflict course, and referrals to the course have been steadily increasing.

Through this course, we have been able to assist physicians in identifying stress and triggers for interpersonal conflict. These physicians, their medical practices, and the hospitals in which they work have all benefited.

PHS Director of Program Operations Linda Bresnahan and I serve on the Executive Committee, the board of directors, and the Program Planning Committee of the Federation of State Physician Health Programs. Attorney Deb Grossbaum continues in her role as the chair of the federation’s Bylaws Committee. In addition, the federation has been actively involved with the American Medical Association (AMA) Office of Physician Health and Health Care Disparities.

I remain very thankful for the generosity of our major funders. Without their yearly assistance, PHS would be hard pressed to fulfill our mission to improve the health and well-being of physicians while promoting patient safety. This coming year, I will reach out to hospitals throughout the state to request a donation on behalf of their physicians and in support of the important work of PHS toward the health and wellness of physicians.

Finally, I want to thank the PHS staff, who remain enthusiastic about their work and essential to the success of our program.

I look forward to this next year as we continue to make ourselves available to all students, residents, and physicians in Massachusetts.

– Luis T. Sanchez, MD, Director of 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 a past president of the Federation of State Physician Health Programs.
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 assessments, 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 2010 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 AND ITS MISSION

I/WELL 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
A TRIBUTE TO DR. JUDITH EATON

PHS would like to invite you to join us as we express our continued appreciation and gratitude to Dr. Judith Eaton for over 20 years of heartfelt dedication and caring for her physician colleagues. Dr. Eaton joined the Committee on Physician Health in 1989. She served as a volunteer member on the committee until 1993 when she joined the newly formed Physician Health Services, Inc., as one of its first associate directors. She dutifully and compassionately filled this role over the next 18 years. Dr. Eaton has gracefully transitioned into retirement over this past year while continuing to generously offer her volunteer support and guidance to PHS. We are honored to have her continue in an Emeritus role at PHS alongside Emeritus Associate Director Dr. Michael Palmer.

PHS DIRECTOR RECEIVES AWARD

On January 30, Luis Sanchez, MD, director of Physician Health Services (PHS), received a 2010 Endowment Award for Leadership in the Advance of Mental Health. Dr. Sanchez was recognized by the Endowment for the Advancement of Psychotherapy and the Center for Psychoanalytic Studies at Massachusetts General Hospital for his major contributions to the mental health of Massachusetts citizens through the work of PHS. Congratulations to Dr. Sanchez and the entire PHS staff and leadership!
As I sit here writing this story, a counter on my computer desktop indicates that I have been sober 2,105 days, one day at a time. Time in sobriety has passed quickly. However, what amazes me about this time is that it is 25,000 times the duration I could go at the end of my drinking career without having the need or the craving to have alcohol.

I was struck sober, lying on my living room floor, unable to get up, bleeding from a gastric ulcer just before Labor Day weekend in 2004. That is where this amazing journey in sobriety began.

I am a grateful alcoholic. I am the third of four sons, each about two years apart. We grew up in a small town in Eastern Massachusetts where, on our mile-long street, we only had a few neighbors. Our house was on the bank of a river where we would fish and swim during the spring and summer and play in the abundant woods, riding bikes on trails and building secret forts with some older neighborhood kids. I always wanted to hang out with my two older brothers, as there were few kids my own age in the area. I always felt like an outsider. I remember at one of these forts, at the age of ten, finally feeling like I belonged because someone gave me a cigarette to smoke, or more accurately, choke on. But at least they treated me like one of the guys. As my older brothers went off to high school, I again felt isolated and alone.

It wasn’t until I was a high school freshman, when I played drums in the marching band with my next older brother, that I again began to feel the connection of associating with him and his friends. That fall, the afternoon before my first evening jazz band rehearsal, I distinctly remember my first drunk — on Orange Tango. I remember the taste going down — and coming up. What a great feeling of belonging I had had — something I had never felt before. Shortly this led to nearly daily drinking or smoking marijuana, which at times was easier to obtain. While I was still in high school and my older brothers were in college, I remember on several occasions going to visit them on a Friday, only to find myself awakening one or two days later in a dorm room, from what I now know as a blackout, unaware of what had happened in the interim.

Despite my increasingly frequent substance use, I excelled as a student. I prided myself on never missing a day of school. I attended all my classes and did my assignments and readings. I was blessed with an extremely good memory. I did not need to study very hard for tests to ace them. By my junior year, I was taking all honors classes and easily passing them, putting me near the top of my class. I had one influential mentor, my physiology teacher, who encouraged me to pursue an education in the sciences, perhaps medicine. My friends were all band members who partied like me. I never had any run-ins with the administration or faculty and did not think that I had any kind of problem. Off to college I went, at a major university in Washington, DC, with plans to study chemistry with a minor in psychology in a pre-med curriculum. None of my roommates, five in a dorm suite, drank or partied like I did. Within a week I was able to find another room with three sophomore roommates who were just like me. Within a short period of time, harassing the fourth roommate with obnoxious merriment, I was able to convince that non-partying roommate to swap rooms. I structured my class schedule so as to not interfere with my alcohol and drug use, incorporating a large break between morning and late afternoon classes in which I could get all my studying done. I again excelled in school, graduating with a 4.0 GPA and several individual honors. I had completed all except two course credits for my degree within three years and spent my final year engaged in analytical chemistry research for the last two credits. I was offered a scholarship opportunity to go on to PhD studies in chemistry, but chose to continue on to med school instead. Again, in med school, I sought out and found friends who partied just like me.

Meanwhile, I met a girl from back home with whom I began a relationship during the summer between my freshman and sophomore years. She was being raised in an old world male-dominated society. We would see each other for vacation breaks and long weekends. When we were first dating she would have to be back home by the time the street lights came on. We carried on this long-distance relationship for over five years before we were married during the summer before my third year of medical school. While we were dating, I kept the quantity of my alcohol and most of my substance use a secret from her. I led a
double life. In one life I was the good student and boyfriend turned fiancé, and in the other I was the unfaithful drunk pothead. When she would catch me getting high, she would be irate and I would promise to abstain, only to use as soon as I dropped her off at her parents’ house. When we were finally married, she gradually accepted my use of marijuana and alcohol as normal, even participating at times. Soon we found couples who had the same interest. There were many times after getting together with another couple that I drove home in a blackout.

Though we were married, I do not believe that we were ever really intimate. I was devoid of emotion. If we got into an argument, the resolution typically came after weeks of not speaking to each other. I do not remember ever experiencing feelings as I do today. I recollect, even as a preteen, prior to my drinking career, not being able to feel sorrow at my Grandmother’s funeral, forcing myself to cry just to fit in with the family. I was, as an adult, still unable to have or express feelings with my wife, leading to a very distant relationship lacking emotional intimacy.

I matched in an anesthesiology residency after completing medical school with strong evaluations from my clerkship rotations. I made a conscious decision upon my graduation to stop smoking marijuana because of the possibility of jeopardizing my medical license if I were to get caught. Alcohol easily and quickly replaced the marijuana as I began residency. Back then, on Fridays, we would have resident “Liver Rounds” with plenty of beer and wine and occasional finger food supplied by the drug reps. I would frequently leave work intoxicated and continue drinking through the weekend if I wasn’t working. I swore I would never drink and go to work. I knew that if I did, that would mean I had a problem.

Again, I excelled in my training program, becoming the chief resident in my final year. However, I had few friends, and none of the friends I had drank as I did. I began to drink at home, frequently wondering the next morning how there could be so many empty beer cans on the counter. During residency, we had the first of four children. My son, I thought, would solve our problems and bring us closer. After completing residency, I found a private practice opportunity that seemed like a good fit for me. My wife was pregnant with our second child. I started a pain practice as part of this small anesthesia group and became quite successful in the medical community. I still had few friends. I did become friendly with two non-physician coworkers, and we began getting together for martinis and cigars on a frequent basis. I no longer drank much beer, as it did not provide the needed effect without voluminous consumption.

My wife had a miscarriage about a year after the birth of our second child. I didn’t wish to have any more children. In my mind, we had had enough discussion about our family size, and I proceeded to go ahead with a vasectomy. Our marriage became further strained, as my wife apparently still wanted additional children. I underwent a reversal of the vasectomy, and soon thereafter, my wife was pregnant with our third healthy child. After six years, I was becoming dissatisfied with work because I didn’t feel I had adequate support from my group or the hospital. After a brief job search, certainly hindered by my alcohol consumption, I returned to the large academic practice where I trained.

Again, professionally I excelled, but socially, I was completely isolated. I left my two friends behind and made no new ones. My wife had just delivered our fourth child, and I was distant from my whole family. I rarely participated in the children’s activities. My wife, who I believe was also unhappy, frequently left the young children with me for me to supervise while she went shopping or got together with her neighborhood friends. That gave me the opportunity to easily drink at home without needing to hide. Soon, I drank daily in isolation, hiding the quantity of my drinking from my wife, secretly replenishing the supply in the liquor cabinet with bottles I hid elsewhere. I still didn’t think I had a problem with alcohol since I had never missed a day of work and continued to excel in my profession. I was unhappy and disinterested in our marriage, and my attention started to wander. I had a brief extramarital affair that lasted a couple of days while I was on vacation in 2003. It all happened while the children played together outside on the beach. My wife had made a last minute decision to stay home with one of the children, giving me the perfect opportunity to pursue intoxicated unfaithful bliss.

The following week I was called into my chairman’s office for a meeting with him and our corporate president. They asked me if I had a problem with alcohol, which I flat out denied. I told them that I sometimes would drink quite a lot on weekends, but that it was something I could control.
I truly believed that I could. They offered help if I needed it, but I wasn’t ready yet. The ensuing year I tried many times, unsuccessfully, to curb my drinking. With every unsuccessful attempt to abstain, which never lasted more than a day, I became more and more frustrated. I tried to limit the quantity to only one drink daily. That one drink then became a bottomless tall glass of cheap vodka on the rocks with perhaps a splash of tonic to start — leading to me wondering the following morning where the rest of the bottle disappeared to. I began hiding bottles in the garage and under the seat of my car so I always had access to alcohol. I would never use the same liquor store twice in the same week to avoid potential criticism by the sales clerk of the quantity I was consuming.

My relationship with my wife, both emotionally and physically, was absent. I was unable to participate in any kind of family activity, especially if it interfered with my drinking. My family would watch TV in one room and I would be in another drinking to oblivion. If I watched a movie with the family, it was unlikely I would remember any details of the movie the following morning. I began a friendship with another woman during this time. We talked about our discontent with our marriages, among other things. Soon we were flirting and going to lunch together. I was very fearful of beginning a romantic relationship. Intimacy was not in my repertoire.

By this time, I could not go for more than a couple of hours without feeling withdrawal symptoms including hot flashes, sweats, palpitations, and the shakes. I would awaken during the night in withdrawal needing to take some alcohol to be able to get back to sleep. I began to need to drink just to feel normal. I was sliding down a very slippery slope without a solution. I was unable to ask for help. I wanted to stop, but I couldn’t. Alcohol had, over many years, subtly become my higher power, fully taking over my life. Every morning I would awaken with fear of going to work. My tremors would be so bad that at times I could barely sign my name, never mind perform the necessary skills for my profession. My hands would sweat so much that I could barely don sterile gloves. I was fortunate at that time to primarily be supervising three highly skilled fellows training in our practice who could perform most of the physical tasks without any involvement on my part. I couldn’t wait for the workday to end so I could get to my car and have a good dose of alcohol from the bottle under the seat.

I began losing my appetite. I was unable to eat full meals. I began losing weight quickly. I couldn’t sleep without passing out into unconsciousness — which was now happening early in the evening — only to awaken in the same state of withdrawal again. One morning I began violently vomiting. I managed to crawl in the dark to huddle over the commode. I rationalized that the vomiting might be due to food poisoning. By the morning, I was severely dehydrated and could barely stand. I called in sick, the first time ever in my life. The second night, I began to have diarrhea with old, digested blood in it. The next morning I awoke with my heart racing, unable to get up off the floor, realizing that this was the end of the run. I clearly remember three distinct thoughts. My drinking needs to end. I need to be honest. I need to ask for help.

I managed to pull myself up onto the couch. I asked my wife to take me to the ER, knowing that I was having a GI bleed. In the ER I was asked about my drinking. “Social” was my response. I still wasn’t ready to be honest. Later I was discharged home with instructions to avoid alcohol or any other irritating substance. Miraculously, I was able to abstain from alcohol that entire weekend with only very mild withdrawal symptoms. Each successive day without alcohol seemed like a huge success. Nervously, I returned to work. Near the end of that workday, my chairman called to tell me that he had heard that I was in the emergency room the prior week. He asked if I needed help, and I responded yes. He arranged for me to see the hospital psychiatrist the following morning. During an hour-long interview in which I admitted I had a slight problem with alcohol, he briefly told me about Physician Health Services and gave me contact information for the associate director (AD) I should contact. I called the AD and made an appointment to see him later that day. I stopped by work later that morning and told each of my colleagues about my problem with alcohol and that I was going to get help. They were supportive. That afternoon, I met with the AD. He told me about PHS and what I would need to do if I wanted to participate in the program. He suggested that I might need to have an inpatient evaluation, and he instructed me to make an appointment with the director of the program. I was ready to do anything necessary to begin my recovery. One of the things I talked to the AD about was honesty and the need for rigorous honesty in order for me to succeed. I knew I could not live any more lies.
The following morning, after the kids were off to school, I told my wife that I was an alcoholic and that I was seeking help. Her response was that of surprise. She was angry — especially about the lies. She didn’t realize how much lying is an integral part of alcoholism. She then began to question me about any other lies I told in the past. I hesitated for a while, not wanting to hurt her any more. But her persistence made me remember my resolve of the previous day — rigorous honesty. So I told her everything.

I was still unsure what I wanted to do with my marriage. I knew I needed to focus on recovery and not make any other major decisions.

By this time I had been sober for three weeks and I had made plans to go for a five-day inpatient evaluation approved by the PHS director. I went to an addiction treatment facility with a program designed specifically for health care professionals. At the end of the extensive five-day evaluation, it was suggested that I stay for an extended period of time. I was told that if I did not follow the suggestions, it was likely that I would not be able to retain my license to practice medicine. My choices were limited. At the beginning of treatment, I was angry. I was in denial about the extent of my alcoholism — after all, I had been “sober” for more than three weeks prior to entering treatment — why couldn’t I just have outpatient treatment and continue to work? Here I was in an expensive treatment center insurance wouldn’t cover, and I was not earning an income, but rather accumulating expenses as a partner in our corporation. I couldn’t see how important it was for me to separate myself from outside stresses so I could focus on me. I was unwilling to really look at myself until one day, one of my group members who had been in treatment for nine weeks suggested that I read one of the stories in the back of “The Big Book” of Alcoholics Anonymous called “Acceptance was the Answer,” written by another physician, Paul O. I finally learned and internalized that until I could accept my alcoholism, I could not stay sober. I needed to concentrate not so much on what needed to be changed in the world as on what needed to be changed in me.

My entire view changed. I became willing to change. I became honest with myself. Over the next six weeks, with the help of my counselor and group members, I began to explore my character flaws and incorporate the principles of alcoholics anonymous into my life.

After seventy days, I was discharged and was soon able to return to work under a monitoring contract with PHS. I quickly joined AA and obtained a sponsor. I attended daily AA meetings for the first ninety days. Later, I cut back to three to four meetings a week as I returned to taking call at work. At the appropriate time, with the guidance of my sponsor, I was able to make amends to everyone I had harmed, including myself.

Initially, I had lots of fear about returning to work. I worried about what people would think, what kind of criticism I would receive. Much to my surprise, many people barely noticed my extended absence. Those who knew of my course were, for the most part, very supportive. I eased back into work with a lower level of responsibility, able to focus more on myself and my recovery program. Over time I was able to take on more work responsibilities. I have become a better and more compassionate physician than I ever was before.

I believe involvement with PHS was necessary for me to begin a successful recovery. Without the support of PHS, I certainly doubt I would have seized the opportunity to enter into an intensive inpatient treatment program. My delusion about the lack of severity of my alcoholism likely would have prevailed, as I hadn’t yet lost everything. Following discharge from treatment, the requisites of the PHS contract mandated a firm level of discipline in meeting attendance, responsibility to submit to random drug screening, workplace monitoring, as well as regular meetings with my associate director. These requirements set up the mechanics for a continued program of recovery following completion of the contract.

I am now a very grateful recovering alcoholic. My life is full of surprises all the time. I am grateful to have a program I can use to help me grow through life’s challenges. I no longer regret being an alcoholic since it is through my alcoholism that I have been able to grow and integrate a wonderful set of principles into my life.
THE BOARD OF DIRECTORS
To guide the development and strategic direction of Physician Health Services, 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 PHS mission. 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 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 represent a broad range 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
Sara M. Bolton, MD
J. Wesley Boyd, MD, PhD
Booker Bush, MD
John L. Doberty, MD
Michael A. Drew, MD
Judith Eaton, MD
John A. Fromson, MD
Wayne A. Gavryck, MD
Edward J. Khantzian, MD
Mary Kraft, MD
Karsten D. Kueppenbender, 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
Ruthann Rizzi, MD
Zev D. Schuman-Olivier, MD
William Shea, MD
Marianne L. Smith, MD
Jacquelyn Starer, MD
John C. Wolfe, MD

THE ADVISORY COMMITTEE

The PHS Advisory Committee consists of representatives from 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, Department of Medicine, Cambridge Health Alliance

Richard W. Brewer, President and Chief Executive Officer, ProMutual Group

Loring S. Flint Jr., MD, Senior Vice President of Medical Affairs, Baystate Health Systems

Robert Hanscom, Vice President, Loss Prevention and Patient Safety, CRICO/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, Loss Prevention and Patient Safety, CRICO/Risk Management Foundation of the Harvard Medical Institutions

Mary Anna Sullivan, MD, Chief Clinical Officer, Lahey North and Lexington; Chief Quality and Safety Officer and Chair of the Department of Psychiatry and Behavioral Medicine, 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 RESEARCH COMMITTEE

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. Over the years, the committee has conducted several studies assessing different aspects of the PHS program. Currently the committee is inactive while PHS reviews research resources.

More recent studies include Monitoring Physician Drug Problems: Attitudes of Participants and Outcomes of a Monitoring Program for Physicians with Mental and Behavioral Health Problems. For copies of these studies, please contact PHS. PHS is currently assessing resources for future research. In the interim, the Research Committee remains inactive. PHS participates in the Federation of State Physician Health Programs Research Committee to stay abreast of national research project opportunities.

THE 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, 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. PHS continues to explore funding alternatives to help support the growing need for medical student outreach, support, and monitoring.

PHS recently examined medical student referrals. From the inception of PHS in 1978 to 2007, PHS assisted 40 medical student referrals, averaging 1.5 per year. Since 2007, we have assisted 31 more medical students, averaging 8 per year. This significant increase in support to students is largely attributed to the effective outreach of these committee members within their schools.

“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
Medical School Representatives

Boston University School of Medicine
John Polk, MD,
Assistant Dean for 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 and Associate Professor of Psychiatry

Medical Student Advisory Committee
FRONT ROW: LAURIE RAYMOND, MD, MAI-LAN ROGOFF, MD, AND LINDA BRESNAHAN
BACK ROW: JOHN POLK, MD, RUTHANN RIZZI, MD, DEBORAH QUINN, JESSICA VAUTOUR, AND DEBRA GROSSBAUM
THE ASSOCIATE DIRECTORS & ASSESSMENT DIRECTOR

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

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

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.

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 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 has been an associate director for PHS since its inception. He is currently an associate director emeritus and continues to serve as an advisor to PHS while working as a full-time writer of bestselling suspense novels.

Ruthann Rizzi, MD
Worcester Region
Dr. Rizzi became an associate director for PHS in 2009 and has served on the PHS Medical Student Advisory Committee since its establishment in 2004. Dr. Rizzi graduated from the State University of New York Health Science Center at Syracuse. She completed a transitional internship at St. Joseph’s Hospital Health Center in Syracuse, New York, and trained in psychiatry at Tufts/ New England Medical Center and Boston University School of Medicine. Dr. Rizzi is certified by the American Board of Psychiatry and Neurology and is a Fellow of the American Psychiatric Association. She is an assistant professor of psychiatry and director of the Student Counseling Service at the University of Massachusetts Medical School. She is a staff psychiatrist at the UMass Memorial Medical Center and maintains a private practice in general adult psychiatry.

Marianne L. Smith, MD
Worcester Region
Marianne Smith, MD, became an associate director for PHS in 2010. She graduated from the Medical College of Virginia and completed a psychiatry residency at the University of Massachusetts Medical Center. Dr. Smith is an assistant professor of psychiatry at the University of Massachusetts Medical School and has previously coordinated the substance abuse curriculum for psychiatry residents at UMass. Her career has focused on public sector psychiatry and campus mental health. She has worked in the Student Counseling Service at UMass Medical School. She is board certified by the American Board of Psychiatry and Neurology.

John C. Wolfe, MD, FACP
North Shore Region
John Wolfe, MD, 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.
SARA M. BOLTON, MD,
ASSESSMENT DIRECTOR —
ALL REGIONS

JUDITH EATON, MD,
ASSOCIATE DIRECTOR
EMERITUS

WAYNE A. CAVRYCK, MD,
SPRINGFIELD/WESTERN
MASSACHUSETTS REGION

MICHAEL S. PALMER, MD,
ASSOCIATE DIRECTOR
EMERITUS

RUTHANNE RIZZI, MD
WORCESTER REGION

MARIANNE L. SMITH, MD
WORCESTER REGION

JOHN C. WOLFE, MD, FACP,
NORTH SHORE REGION
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
Director of Program Operations
Linda R. 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 of science degree in health care management from Lesley College and has worked in physician health for more than 17 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
General Counsel
Ms. Grossbaum oversees all legal aspects of PHS, including issues of confidentiality, interpretation of relevant regulations and statutes, and PHS contracts. She reviews all participant contracts, negotiates vendor agreements, and works closely with the Board of Registration in Medicine. 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
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 17 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
Project Assistant 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 19 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 support and assistance regarding expense reports, payment requests, and travel coordination. In addition, Ms. Mahan 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
Client Services Assistant
Ms. 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 Massachusetts at Lowell.
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.

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

In addition to the contributors listed on page 24, individuals and numerous health care organizations have also contributed to PHS. PHS is enormously appreciative of the generosity of its donors. There are also many participants 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 the 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.

Abhi Desai
Adam & Amy Cerel,
in honor of Luis Sanchez, MD, and Wayne Gavryck, MD
Alan & Carol Wartenberg
Alan P. Moss, MD

Andrew Balder, MD
Athol Memorial Hospital
Boston Medical Center
Department of Psychiatry
Brigham and Women’s Hospital
Cape Cod Healthcare
Corinne Broderick
David T. Golden, MD
Debra & David Grossbaum
Doctors Concerned With Doctors
Donna Singer Consulting, LLC
Dr. & Mrs. Edward J. Khantzian
Dr. & Mrs. James Butterick,
in honor of the PHS staff
Drs. Edith Jolin & Richard Pieters
Drs. Stephen & Kathleen Hoye
Jerome S. Gans,
in memory of Anne Alonso
Jack and Sheila Evjy
James B. Broadhurst, MD
Jordan Hospital Medical-Dental Staff
Joseph L. Dorsey, MD
Judith Eaton, MD
Katherine L. Phaneuf, MD
L. L. Eldredge Jr., MD

Lawrence General Hospital/
Joint Continuing Medical
Education Committee
Lee S. Perrin, MD, &
Karen Mann
Mary Anna Sullivan, MD
New England Sinai Hospital
North Shore Medical Center
Peter & Seryl Vieira
Quincy Medical Center Medical Staff
Rachel Haft, MD, PC
Radius Specialty Hospital
Rebecca L. Johnson, MD,
in honor of Dr. Jennifer Michaels
Richard W. Brewer,
in honor of Maureen Mondor
Robert M. Goisman, MD
Saints Medical Center, Inc.,
Lowell, Massachusetts
Seymour M. Solomon, MD
South Shore Hospital
Southcoast Hospitals Group
Stephen R. Phelan
W. Scott Liebert
Winchester Hospital
Wing Memorial Hospital
CASE ACTIVITY FOR FISCAL YEAR 2010: JUNE 1, 2009, TO MAY 31, 2010

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

- **251** physicians have been helped directly through personalized consultative support services and monitoring contracts.
- **138** new physicians and medical students were referred this year (see Figure 1).
- **127** 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.
- **35** educational sessions were provided by PHS for physicians, hospitals, and individual practices. An estimated **2,200** 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 physicians’ lives, and careers; and educating physicians, other health care professionals, and health care organizations about physician health and recovery. During the past year, 28 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=55), followed by substance use disorders (N=48) and single-diagnosis mental health (N=23). Physicians also presented with co-occurring mental health and substance use disorders and physical disabilities.

The referrals for behavioral health include performance complaints such as difficulty completing medical charting and other similar issues. These assessments have resulted in some individuals being found to have attention disorders, learning issues, executive function issues, and physical illness such as sleep disorders. PHS recommendations following these assessments include therapy, specialized treatment, professional coaching, education courses, clinical remediation and/or monitoring.

![FIGURE 1: PHYSICIANS REFERRED TO PHS OVER THE PAST EIGHT FISCAL YEARS](image)

**TABLE 1: PHS PHYSICIAN REFERRALS BY PRESENTING PROBLEM — FISCAL YEAR 2010**

<table>
<thead>
<tr>
<th>CASE DESCRIPTION</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health*</td>
<td>55</td>
<td>39.8</td>
</tr>
<tr>
<td>Mental Health**</td>
<td>23</td>
<td>16.6</td>
</tr>
<tr>
<td>Alcohol</td>
<td>15</td>
<td>10.8</td>
</tr>
<tr>
<td>Drug</td>
<td>14</td>
<td>10.1</td>
</tr>
<tr>
<td>Alcohol &amp; Mental Health</td>
<td>10</td>
<td>7.2</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td>8</td>
<td>5.8</td>
</tr>
<tr>
<td>Physical Illness</td>
<td>5</td>
<td>3.6</td>
</tr>
<tr>
<td>Drug &amp; Mental Health</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>Other†</td>
<td>7</td>
<td>5.1</td>
</tr>
</tbody>
</table>

N=138 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 2: Physician Referrals by Specialty and Level of Training — Fiscal Year 2010

<table>
<thead>
<tr>
<th>Specialty</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>32</td>
<td>23.2</td>
</tr>
<tr>
<td>Surgery‡</td>
<td>21</td>
<td>15.2</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>10</td>
<td>7.2</td>
</tr>
<tr>
<td>Family Practice</td>
<td>8</td>
<td>5.8</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>8</td>
<td>5.8</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>5</td>
<td>3.6</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
<td>2.9</td>
</tr>
<tr>
<td>Radiology</td>
<td>4</td>
<td>2.9</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td>Other†</td>
<td>8</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>138</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Training</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents (All Specialties)</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Medical Students</td>
<td>13</td>
<td>9.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>138</td>
<td></td>
</tr>
</tbody>
</table>

‡Surgery includes ophthalmology, general surgery, and urology subspecialties.
†Other includes pathology, research, and unknown.

### Table 3: Referral Sources — Fiscal Year 2010

<table>
<thead>
<tr>
<th>Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>32</td>
</tr>
<tr>
<td>Hospital Administration</td>
<td>26</td>
</tr>
<tr>
<td>Colleague</td>
<td>10</td>
</tr>
<tr>
<td>Hospital Staff</td>
<td>15</td>
</tr>
<tr>
<td>Therapist</td>
<td>9</td>
</tr>
<tr>
<td>Licensing Board</td>
<td>7</td>
</tr>
<tr>
<td>Attorney</td>
<td>7</td>
</tr>
<tr>
<td>Medical School</td>
<td>6</td>
</tr>
<tr>
<td>Residency Program</td>
<td>6</td>
</tr>
<tr>
<td>Spouse</td>
<td>5</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>6</td>
</tr>
<tr>
<td>Hospital Physician Health Committee</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Family member</td>
<td>2</td>
</tr>
<tr>
<td>Other State PHP</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>138</td>
</tr>
</tbody>
</table>

PHS continues to serve a spectrum of physician specialties, including residents and medical students, as shown in Table 2. PHS is pleased that accessibility and confidentiality protections result in a broad range of referral sources, with self referrals being the highest (see Table 3).

### Monitoring Contracts

In addition to the new referrals each year, PHS has ongoing involvement with 140 physicians and medical students who have monitoring contracts. This number represents a slight decrease from prior years due to a slight decrease in the number of new contracts and a small increase in successful completions this past year. Of note is that PHS recommends a monitoring contract to approximately 25% of those referred each year. Therefore, a significant percentage of our “assessments” are recommended alternative resources and strategies for remediation.
OUTREACH ACTIVITIES: JUNE 1, 2009, TO MAY 31, 2010

PHS presentations provide information on physician health issues and the role of PHS and include a discussion about 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 35.

More than 2,200 physicians and medical students were in attendance at PHS presentations across Massachusetts this year.

Athol Memorial Hospital
Baystate Medical Center — Physician Health Committee
Beth Israel Deaconess Medical Center — PGY1
Boston Medical Center
Boston Medical Center — Department of Psychiatry
Boston University Medical Center
Cape Cod Symposium on Addictive Disorders
Franklin Medical Center
Greater Lawrence Family Health Center & Tufts Family Medicine
Harvard Medical School — Liability Prevention for Physicians and Health Care Professionals: Strategies and Update, 2009
Jordan Hospital, Inc.
Lawrence General Hospital
Massachusetts General Hospital
Massachusetts Mental Health Center
Mercy Medical Center
Merrimack Valley Hospital
MetroWest Medical Center
MetroWest Medical Center — House Officer Lecture Series
Milford Regional Hospital
Milton Hospital
Medically Induced Trauma Support Services (MITSS)
Massachusetts Medical Society Medical Student Section
New England Sinai Hospital
Quincy Medical Center
Radius Specialty Hospital
Saints Medical Center
Saints Medical Center Emergency Department
South Shore Hospital
Tufts Medical School
Tufts University Family Medicine Residents at Cambridge Health Alliance
UMass Medical School
UMass Medical School Addiction Psychiatry Seminar
Union Hospital
Winchester Hospital
Wing Memorial Hospital
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, providing documentation of compliance for physicians being monitored, and 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 or other violation of law, the physician agrees to participate in PHS, and the reporter receives confirmation from PHS within 30 days 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 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 non-disciplinary 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 review of several internal processes in place to guide the efficiency and completeness of certain aspects of the PHS monitoring program. The processes reviewed are outlined below.

Monthly Meeting Requirement

PHS examined the monitoring requirement of monthly face-to-face meetings with clients. We were able to examine documentation and report a 90.3% compliance rate with these meetings (362 expected monthly meetings, 327 took place). Of the 35 meetings that were missed, 11 had corresponding documentation describing scheduling difficulties. PHS will look to ensure 100% documentation for all missed meetings explaining the circumstances.
Physical Examinations

PHS requires every physician with a monitoring contract to select a primary care physician. The participant undergoes a physical examination, and PHS makes the primary care physician aware of the problem and enlists his or her assistance in providing treatment. PHS reviewed compliance of the physicians enrolled in the program over the past year. It was determined that this requirement was fulfilled 74% (26) of the time. A total of 5.7% (2) were not required to complete the requirement, and 17.1% (7) are pending or noncompliant with the requirement at this time and were referred to their associate directors for review. Delays in meeting this requirement within the 60-day timeframe are common as a result of difficulty getting available appointments with primary care physicians.

Quarterly Reports

For each physician monitored under a PHS contract, both the physician and his or her monitors are mailed a quarterly report form for feedback. This includes a self report from the client detailing therapy, support group, and associate director meeting attendance. Monitors include a workplace or colleague monitor at each workplace, a chief of service (if applicable), and a therapist and/or psychiatrist. Additional monitors may be indicated for individual circumstances. These forms are mailed to monitors each quarter and are due within 20 to 30 days. Clients and the respective monitors who do not respond are sent reminder notices. All reports are received, reviewed, and entered into a tracking database system. PHS reviewed data for the fourth quarter of 2009. A total of 597 reports were sent out for feedback. Of these, 541 or 90.6% were received following reminder notices. A total of 572 or 95.8% were received following associate director intervention. Ultimately, 583 or 97.7% were received, resulting in 2 reports to the licensing board for missing monitoring information.

Positive Test Reporting

PHS monitoring contracts for substance use require that all positive tests be reported to the Board of Registration in Medicine (BRM) and others, including the workplace. The physician understands this requirement, and PHS provides additional assessment information regarding the circumstances of the test results. It is our goal to be efficient with the review of test results at PHS, including review by a medical review officer in order to assess and report all positive tests in a timely manner. PHS examined the timeframe from the time when the results are received by PHS for review until the time of the verbal report to the BRM. From July 1, 2010, to December 31, 2010, there were 10 confirmed positive tests that resulted in a report to the BRM. Of these 10 results, PHS determined a 1.89-day timeframe from result received to report to the BRM and others.

SEEKING VOLUNTEER MONITORS TO SUPPORT PHYSICIANS IN NEED

The assistance and support that volunteer monitors provide to their colleagues is an essential element of each PHS contract and contributes to the recovery of the contracted physician. Workplace monitors, test monitors, hospital chiefs of service, and therapists are asked to participate in physician monitoring and to 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 the role they play in the contracting physician’s recovery.

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.

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.
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 retreats, 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 AND 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.

Dr. Luis Sanchez completed an extended three-and-a-half-year term as president of the FSPHP Board of Directors and continues to serve in a leadership role as past president. He also serves on 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 making improvements in random drug testing, treatment, and spirituality.
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.

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
- Joint Commission Requirements
- Relationship to the Licensing 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 information 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 every 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” in the Vital Signs section.

June 2009 to May 2010

• “Mindful Intervention Can Help Colleagues Who Show Signs of Cognitive Change” (Volume 14, Issue 6, Summer 2009)
• “Early Assessment of Possibly Compromised Cognition Is Essential” (Volume 14, Issue 7, September 2009)
• “Awareness and Positive Action Are Keys to Anger Management” (Volume 14, Issue 8, October 2009)
• “Dealing with Difficult Patients” (Volume 14, Issue 9, November 2009)
• “A Physician’s Recovery from Marijuana Addiction” (Volume 15, Issue 1, December 2009/January 2010)
• “Despite Decriminalization, Marijuana Is Still Medically Problematic” (Volume 15, Issue 2, February 2010)
• “PHS to Work with Brand New Board Member, Melissa Hankins, MD” (Volume 15, Issue 3, March 2010)
• “Physicians Supporting Physicians” (Volume 15, Issue 4, April 2010)
• “Supporting Physicians with Learning and Related Disorders” (Volume 15, Issue 5, May 2010)

OUTREACH AND EDUCATION

Articles, Presentations, and Consulting

One of the most important activities of Physician Health Services 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. (See the speaking engagement request form at right.)
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:

Sara M. Bolton, MD                    Ruthann Rizzi, MD
Linda R. Bresnahan, MS               Luis T. Sanchez, MD
Wayne A. Gavryck, MD                 Marianne L. Smith, MD
Debra A. Grossbaum, Esq.            John C. Wolfe, MD
Michael S. Palmer, MD
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.

The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 17,000 health care organizations and programs in the United States, adopted a physician health requirement (Physician Health MS.2.6) effective January 1, 2001. In 2004, the Joint Commission further expanded the requirement to all health care professionals (LIP Health MS.06). 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, the Joint Commission has a leadership standard for accreditation programs (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.06). The Joint Commission also added leadership standard LD.02.04.01 to address how a hospital should manage conflict between leadership groups to protect the quality and safety of care. The standard states that the hospital should engage an individual with conflict management skills to implement and carry out the conflict management process. The process should include (1) meeting with the involved parties as early as possible to identify the conflict, (2) gathering information regarding the conflict, (3) working with the parties to manage and, when possible, resolve the conflict, and (4) protecting the safety and quality of care. 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 and include 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 35.

14TH ANNUAL PARTICIPANTS' DINNER

PHS organizes a special dinner event each fall for participants. The dinner provides us with the opportunity to update participants on program activities, introduce the associate directors and staff, and share experiences of strength and hope. Physicians who have successfully completed the PHS program in the past or who are presently involved in the program are invited to attend.
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 Greater Boston, 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 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
CONTINUING MEDICAL EDUCATION PROGRAMS

CARING FOR THE CAREGIVERS VII:
REGAINING HEALTH AND HAPPINESS IN YOUR PROFESSION

In October 2009, PHS held its seventh Caring for the Caregivers event, a conference series focused on the health and wellness of physicians, residents, and medical students. This bi-annual conference drew more than 100 attendees and 15 exhibitors and featured 13 speakers and facilitators.

The foundation for this year’s conference was research documenting that physicians’ personal health habits correspond with the quality of preventive care they offer patients. The conference consisted of didactic, plenary sessions coupled with interactive breakout sessions designed to stimulate attendees to formulate or implement new strategies for their personal and professional well-being.

Speakers at the conference included:

**Lynda Young, MD**, is president-elect of the Massachusetts Medical Society. She is a pediatrician with Chandler Pediatrics in Worcester and chief of the Division of Community Pediatrics at the University of Massachusetts Memorial Children’s Medical Center.

**Luis T. Sanchez, MD**, is director of Physician Health Services. He is board certified by the American Board of Psychiatry and Neurology with added qualifications in addiction psychiatry.

**Jo Shapiro, MD**, is chief of otolaryngology (head and neck surgery) at Brigham and Women’s Hospital in Boston. She is board certified in otolaryngology, surgical clerkship director for otolaryngology, founding scholar of the academy, and co-chair of the Pedagogy Working Group for the medical education reform effort at Harvard Medical School. She is a member of the Medical Education Reform Steering Committee and associate director of graduate medical education at Partners Healthcare.

**Gregory Fricchione, MD**, is associate chief of psychiatry and director of the Division of Psychiatry and Medicine at Massachusetts General Hospital (MGH). He is director of the Benson-Henry Institute for Mind Body Medicine at MGH and an active researcher. He has published more than 100 journal articles and is coauthor of the *MGH Handbook on General Hospital Psychiatry* (2004), *Catatonia: From Psychopathology to Neurobiology* (2004), and *The Heart-Mind Connection* (2006). He is board certified in psychiatry and has additional qualifications in geriatric psychiatry and psychosomatic medicine.

**Ronald Schouten, MD, JD**, is director of the law and psychiatry service at Massachusetts General Hospital. He is also an associate professor of psychiatry at Harvard Medical School.

**Donna Singer** is the owner of Donna Singer Consulting, LLC. She is an executive coach and developer of customized seminars, workshops, and measurement tools designed to improve job performance. She is a member of the Strategic Executive Coaching Alliance (SECA) and a Success Unlimited Network® (SUN) certified coach. She is also a certified coach with the International Coaching Federation, Retirement Options, and 2 Young 2 Retire. She has other professional association affiliations designed for network and facilitator professionals.

**Donald Meyer, MD**, is an assistant clinical professor at Harvard Medical School. He is also the associate director of forensic psychiatry at Beth Israel Deaconess Medical Center and former co-chair of the ethics committee of the Massachusetts Psychiatric Society.

**Andrew Goldstein, LICSW**, has a bachelor’s degree in psychology and a master’s degree in social work from Boston University. He is an addictionologist and clinical coordinator/clinical director of the addictions/dual diagnosis inpatient and partial hospitalization treatment programs. He has been a student of kung fu and t’ai chi at the Academy for Chinese Martial Arts since 1982 and is a student of Calvin Chin’s Academy of Chinese Martial Arts.
Helen Delichatsios, MD, SM, is a clinician educator at Massachusetts General Hospital. She is an assistant professor of medicine and director of nutrition education at Harvard Medical School. She is also a member of the editorial board of *Harvard Women’s Health Watch* monthly newsletter. As a primary care practitioner, she has developed teaching tools for patients, students, and physicians on nutrition-related topics. She has also researched effective nutrition and obesity counseling methods in her primary care office.

Michael 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 is currently an associate director emeritus of Physician Health Services, Inc.

Edward M. Phillips, MD, is an assistant professor of physical medicine and rehabilitation at Harvard Medical School. He is director of outpatient medical services at Spaulding Rehabilitation Hospital Network and an assistant psychiatrist in the Department of Physical Medicine and Rehabilitation at Massachusetts General Hospital. He is also a consultant at Brigham and Women’s Hospital and has consulted on the physical complaints of psychiatric patients at McLean Hospital in Belmont, Massachusetts, for the past 12 years.

David K. Uroin, MD, is an associate professor of neurology and director of the Division of Service Learning at Harvard Medical School. He is also director of the learning disabilities/behavioral neurology program at Children’s Hospital Boston. He is board certified in neurology.

John B. Herman, MD, is associate chief of the Department of Psychiatry at Massachusetts General Hospital and chair of the Massachusetts Board of Registration in Medicine.

Dr. Lynda Young, president-elect of the Massachusetts Medical Society, opened the day’s events by speaking on the Massachusetts practice environment.

**Paying Attention to Your Colleagues — Engaging in Difficult Conversations**

Dr. Jo Shapiro shared strategies for developing an awareness of those around us and for improving communications not only in patient/physician relationships, but also in relationships with colleagues. Strategies to communicate effectively with colleagues included:

- Setting clear and consistent expectations
- Establishing mutual trust
- Making constructive feedback expected and routine
- Separating feedback on behaviors and actions from accusations about character
- Keeping feedback observation-based
- Getting a handle on your own emotions

**Neurobiology of Wellness**

Speaker Dr. Gregory Fricchione provided an update on the neurobiological basis of stress, focusing on concepts of allostasis and allostatic loading. He reviewed mind/body unity, what we know about metabolic resilience, and provided resources for how to support and strengthen our own resiliency so we have sufficient resources available to attend to the needs of others.

**Therapist Briefing**

Drs. Ron Schouten, Donald Meyer, and John Herman served on a panel for discussion with therapists and treatment providers who treat physician-patients to consider the challenges and special circumstances that arise when the patient is a physician. The discussion allowed for an exchange of ideas and best practice suggestions for balancing patient confidentiality, protection of the public, mandated reporting laws, and ethical considerations.
Introduction to T’ai Chi
Andrew Goldstein shared how the meditative and exercise properties that t’ai chi offers can help increase the ability to be more physically and mentally adept. This skill can help in all aspects of work and home life, helping to relieve the effects of stress on the mind and body and achieve better overall health.

Healthy Meals in Minutes: Tips for Physicians and Their Patients
Dr. Helen Delichatsios focused on the importance of physicians taking the time to eat well and refuel with good self-nutrition, not only for their own personal health, but also as an example and resource for their patients. Dr. Delichatsios demonstrated techniques to share with patients on preparing easy, healthy, and satisfying meals, helping physicians realize the benefit for themselves and their patients of the renewed energy and emotional intelligence that results from a balanced diet. Take-aways from this session included:

- The importance of screening patients for obesity and offering counseling or behavioral interventions
- Dietary assessment tools to review and evaluate dietary habits
- Specific tips for improving dietary balance and portions
- Methods for combating barriers to effective self-nutrition

Spirituality and Physician Addiction: Theories of Substance Use Disorders
Through a story of personal recovery, Dr. Michael Palmer shared strategies supporting the need to develop one’s spiritual self at the same time as the scientific self, including theories of alcoholism and outcomes related to physicians with substance use disorders.

Guide to Exercise for Clinicians
Dr. Edward Phillips educated attendees on developing the most effective exercise plans for themselves and their patients. His focus was on the facility with which we can all make some element of positive change in our exercise habits, and how even small changes can effectuate significant health gains. Some recommendations included:

- With a goal of 30 minutes of moderate-intensity physical activity 3 days a week, or 20 minutes of vigorous-intensity exercise 3 days a week, begin by making small efforts that can lead toward this goal.

Examples include parking at a distance from your destination to add 5 extra minutes of physical activity traveling to and from the car, taking the stairs instead of an elevator or escalator when the option is available, and participating in common resistance exercises when seated at a desk or during daily activities.

- Participate in stretching regularly to avoid injury while increasing physical exercise.
- Focus on a “prescription” for exercise, both for yourself and for your patients.

Managing Conflicts in the Workplace
Dr. Luis Sanchez and Donna Singer addressed the new Joint Commission standards related to disruptive behavior and conflict management. They identified some of the factors that contribute to increasing workplace conflicts for physicians, such as liability pressures, changes in work responsibilities, cultural shifts, and diminishing control over professional practices and reimbursement structures. Strategies were presented for addressing stressful situations and workplace challenges by learning how to manage oneself in a conflict situation, learning how to understand and appreciate others’ concerns, and then considering the options for resolution of the conflict either through competing, collaborating, compromising, avoiding, or accommodating, recognizing when it may be best to utilize each of these approaches.

Compassion as a Subversion Activity
Dr. Urion worked with attendees on the various ways of understanding and kindling compassion in daily life, including radical compassion for patients as a way of undermining many of the forces that seem to conspire against meaningful and satisfying connections.

Comments from course attendees:
“Program was uniformly excellent!”
“This was the best conference I have been to at the MMS. Excellent subject and speakers.”
“Excellent balanced presentations.”
“This was the best Caring for Caregivers ever. It directly addressed how to make physicians healthier. It should be required for all physicians.”
“I liked the variety of topics that came at the issue of caretaking from a variety of viewpoints. I thought it was a very good conference.”
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 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 to combat difficulties in the workplace.

COURSE INSTRUCTORS

Ronald Schouten, MD, JD, is the director of the Law and Psychiatry Service and 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 psychiatrist and management consultant and 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 additional 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 support group three times a month designed to provide physicians with strategies to enhance coping skills.

ADVISORY COMMITTEE

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

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Jessica L. Vautour, MM, Outreach and Education Manager, Physician Health Services, Inc.

NEXT COURSE OFFERING — NOVEMBER 18 & 19, 2010

Following are some comments from course attendees:

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

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

“I feel I can achieve more without conflict.”

“The whole program was informative and highly interactive.”

“This course provided me with the opportunity to reflect on how I could improve my relationships with my coworkers and my patients, and I was able to focus on new strategies to resolve conflicts.”

“The first time I took this course, it was just the opening to a whole new world for me. Learning to begin to see that intent didn’t equal impact and how to change my impact. Two years later, the course impacted me on a deeper level and I was able to listen more closely and learn about different people’s personalities and perceptions on a deeper level. And hearing the lectures the second time around had an even greater effect. I had many epiphanies (“ah ha moments”) during these past two days, and it is still valid and appropriate to my practice... for conflict will always exist... it’s how we interact and address the conflict that really matters! Thanks!”
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- CRICO/Risk Management Foundation of the Harvard Medical Institutions
- Lahey Clinic
- Physicians Insurance Agency of Massachusetts (PIAM)
- ProMutual Group
- Tufts Medical Center
- UMass Memorial Health Care, Inc.

PHS IS AVAILABLE TO ASSIST ANY MASSACHUSETTS MEDICAL STUDENT, RESIDENT, OR PHYSICIAN.

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