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 and Colleagues:

We are pleased to share with you the 2012 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.

In reviewing this report and learning about the benefits of our services to medical students and physicians, it is our hope that you or your organization will consider a donation to support this important work. A form for contributing to PHS through our Caring for Physician Health Campaign is included in this report on page 11.

PHS not only helps students and physicians, but through our educational programs, we also increase knowledge of health and wellness practices for a large number of providers. One such program is PHS’s Caring for the Caregivers conference, which will be held in the fall of 2013. Another educational program, offered to physicians twice yearly, is a two-day course entitled Managing Workplace Conflict: Improving Personal Effectiveness, which 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 31).

We invite you to take advantage of these popular and successful programs. Visit our website, www.physicianhealth.org, for details on registering for these and other programs and services offered by PHS.

Additionally, we assist students and physicians by delivering presentations at medical schools and health care organizations upon request. We welcome the opportunity to deliver a presentation to your staff. To schedule a presentation, email jvautour@mms.org or visit our website, www.physicianhealth.org, for a speaking engagement form, which can also be found on page 33. To find out more about any of our services, call (781) 434-7404.

We are grateful for our many supporters, and we look forward to being of service to you the way we have for 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
  President

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

Physician Health Services, Inc. (PHS) is a nonprofit corporation that was founded by the Massachusetts Medical Society to address issues of physician health. PHS is 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 and oversees the PHS director/chief operating officer and the financial management of the organization (see page 14 for a complete listing of board members). In addition, PHS benefits from the expertise of a Clinical Advisory Committee (see page 15), 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. This peer-review committee meets five times each year to review deidentified case presentations.

The PHS Advisory Committee provides input regarding the organization’s nonclinical 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 past and current projects, see page 16. PHS also participates 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 17). 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 this 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 someone contacts PHS, the director and associate directors assess the situation and guide the individual through the appropriate 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 seek 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 the treatment plan. 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 in the workplace who agree to help document the physician's compliance.

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 regarding how to handle 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:

- Difficulty balancing work and family
- Difficulty dealing with stress or financial pressure
- Difficulties managing a practice or coping with a competitive work environment
- Difficulty dealing with administrative burdens
- Challenges with retirement planning or a career change
- Distressed or disruptive behavior
- Depression or anxiety
- Post-traumatic stress disorder
- Malpractice stress
- Stress following an unexpected outcome or medical error
- Coping with having witnessed and/or participated in an atrocity-producing situation
- Medically induced trauma
- Alcohol and substance use concerns
- Personality disorders
- Comorbid psychiatric disorders
- Mood disorders
- Concerns about loss of memory and age-related challenges
- Attention issues
- Learning disabilities
- Sleep disorders
- Eating disorders
- Medical problems
- Professional boundary issues
- Domestic violence
- Marital problems
- Compulsive gambling
A MESSAGE FROM THE PRESIDENT

Addictions and behavioral problems are notoriously associated with stigma and damaging press. This is especially so for physicians; we are held to a higher standard because we are entrusted with the well-being and emotional and behavioral problems of our patients. The harm to self and others and the shame and guilt that accompany such problems are all too well known and publicized, whether through insidious, mean gossip or blazoned stories in the media. A story told less often is the remarkable one of recovery.

Each one of our annual reports features a story of a recovered physician (see page 9). More often than not, one does not need to read between the lines to appreciate the torment and pain that leads physicians into troublesome behaviors and, as a consequence, the suffering that results. The road to recovery is often a slow and arduous one, but when pursued, it invariably produces possibilities for change and growth. The self-absorption involved in such difficulties is reversed, and genuine concern for and commitment to the well-being of others emerges and becomes apparent.

There is something special that happens that is extraordinarily hopeful and transformative when one faces and works out these issues. In my experience, individuals in recovery are some of the most mature, admirable, and altruistic individuals. It is a story that needs to be better publicized and celebrated. I believe PHS should be extremely proud to be part of and instrumental in many such stories involving the physicians who have turned to us for help. We accomplish our mission through the monitoring, referral, support, and advocacy services we provide, by maintaining a strong relationship with the Board of Registration in Medicine, and with frequent grand rounds and lectures at hospitals, group practices, and related agencies that turn to us for guidance.

I trust and hope we adequately convey in this annual report this hopeful recovery message, and that our readers will continue to offer their personal and financial support in maintaining and furthering our work to aid in the restoration and recovery process — our single most dedicated objective.

Of course we remain everlastingly grateful to our current funders, including the Massachusetts Medical Society, Baystate Health Systems, Berkshire Health Systems, Boston Medical Center, Brigham and Women’s Hospital, Cape Cod Healthcare, Connecticut Medical Insurance Company (CMIC), Coverys, CRICO, Lahey Clinic, Physicians Insurance Agency of Massachusetts (PIAM), Steward Health Care System, Tufts Medical Center, UMass Memorial Health Care, Inc., and the individuals and donors listed on page 23. Each year I am reminded that beyond financial support for PHS, we continue to depend on and benefit from the efforts of our committed and extraordinarily competent staff. Dr. Luis Sanchez and our associate directors — Philip Candilis, MD, Gary Chinman, MD, Judy Eaton, MD, Wayne Gavryck, MD, Michael Palmer, MD, Ruthann Rizzi, MD, and John Wolfe, MD — continue to offer the support and dedication that is such an essential aspect of the recovery process. Linda Bresnahan, our director of operations, legal counsel Debra Grossbaum, and our outreach and education manager, Jessica Vautour, continue to insure the smooth and effective administration of PHS, as do Deborah Brennan, project assistant and medical transcriptionist, Deborah Canale, client services assistant, Mary Howard, monitoring services assistant, and Shari Mahan, secretary.

— 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 Advancement of Psychiatry Committee on Alcoholism and the Addictions. He is also a founding member and past president of the American Academy of Addiction Psychiatry 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).
As I enter my 14th year as director of Physician Health Services, I am very pleased to provide this report as to the status of the program. Overall, the program is functioning extremely well as we move forward into next year. In particular, I am pleased at how well the staff of Physician Health Services and our associate directors work together to provide support and monitoring for the physicians we serve. Additionally, the involvement and commitment of volunteer monitors, health care facilities, therapists, and psychiatrists have also been very rewarding as we all work toward the goal of improving the functioning of physicians who have health-related issues. Referrals to PHS seem not only to be increasing, but also coming from a wider range of sources, which I believe reflects a better awareness within the medical community of the existence of PHS, the work we do, and the support we can provide. There also seems to be increased understanding that PHS is not only involved with addictive issues, but is also available to address mental health, behavioral health, stress, and wellness concerns.

I am so appreciative of the commitment of members of the Clinical Advisory Committee, the Medical Student Advisory Committee, and the Advisory Committee in supporting our work and providing us with valuable consultation and input. Our funders have remained steadfast throughout the years, and I am grateful for their interest in the work we do. It is gratifying to know that PHS is able to enhance the risk management aspects of medicine to which it is dedicated. I am also pleased with the relationship we have established with the Board of Registration in Medicine — namely its understanding of our mission and its support of our goals.

PHS has been a prominent presence on the national scene of physician health, where we are heavily involved with the leadership and functioning of the Federation of State Physician Health Programs (FSPHP). I serve as the immediate past president on the board of directors, and Linda Bresnahan continues to serve as secretary of the FSPHP. In addition, Linda continues to serve as a leader in the planning of the FSPHP annual meeting, which is a major event for the federation. Deb Grossbaum continues to serve as chair of the FSPHP Bylaws Committee and, in the past year, has assisted in developing important updates and changes in the organizational structure.

Our lectures at hospitals, medical practices, and other organizations continue to serve as a major form of education and outreach, and our willingness to participate in any educational opportunity that will increase the awareness of PHS and the work we do remains steadfast.

The PHS Board of Directors has been important in guiding our direction and supporting PHS operations. At this time, I am pleased to welcome our newest board member, Stephen Tosi, MD, CMO of the University of Massachusetts Medical Center, who will bring to the PHS board a wealth of knowledge and wisdom.

PHS continues to direct its educational focus toward physician health and wellness for all physicians and medical students in the Commonwealth. This is in addition to being available for those physicians who have been identified as having potential health issues for which our assessment and possible monitoring are indicated. An international conference on physician health with a focus on wellness, scheduled for October 2012 in Montreal, should be a rewarding experience for all who plan to attend.

PHS has recently revitalized its Research Committee to provide ongoing evidenced-based research on topics of physician health and wellness in order to ensure that PHS is providing quality care consistent with the latest developments in the field.

In closing, I again want to share my appreciation for the work of the PHS staff and of the PHS associate directors, who have done an outstanding job over the past year making themselves available to doctors in need and thus bettering the medical profession as a whole.

— 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 in 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 cornerstone upon 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 is centered on a partnership with those who support the services we provide. By donating to PHS, you can feel assured that your contribution is directly related to one or more of the following efforts:

- Confidential assessment, support, consultation, and monitoring for medical students, residents, and physicians in Massachusetts
- The development of resources for increasing referrals for substance abuse, mental health concerns, and physical illness and expanding behavioral health services
- Critical research needed to document outcomes of and successful strategies for physician health treatment
- Increasing educational offerings, including courses, newsletters, and lectures throughout the state
- Support groups for physicians and medical students
- Improving 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, Inc. PHS will accept unrestricted contributions toward the program's operations, including research, educational activities for physicians, support groups, and special projects. Many of the health care organizations listed on page 23 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 and priorities.

**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.
I grew up in a family that was both very intellectual and very drug permissive. Part of that was due to having a brother with leukemia who, at that time, was helped by cannabis during his chemotherapy. The take-home message for me was that drugs aren’t really bad, and they aren’t really illegal.

I started using cannabis regularly in junior high school. There weren’t any obvious negative consequences of doing this; my grades were good, I was in a band, and I was happy socially. I continued using through high school and got into a top small liberal arts college, where the academic standards were high and drugs were not only prevalent, but also seemed to be encouraged by the student body. I started supplementing my cannabis use with hallucinogens. Again, I experienced no obvious downside to my behavior.

After college, I worked for a nonprofit environmental organization in Washington, D.C. This was very fulfilling work, but again, using drugs was the norm, not the exception. It was part of a hip counter-culture that was inextricably linked to the work we were doing to clean up the earth. The partying occurred almost nightly, with hashish and cannabis, cocaine and ecstasy, as well as the Valium my psychiatrist was prescribing for my anxiety and insomnia, which I generously shared with my friends.

Upon acceptance to medical school, I had two deeply ingrained habits: studying hard, and using intoxicants when I was not studying. I looked down upon the straight, narrow-minded, boring nerds who didn’t get high. I was much cooler than them because I was still connected to this hip counterculture, which, in the absence of other people, came down to me smoking pot by myself. I also started experimenting with pills that I would pick up in the hospital on my third- and fourth-year rotations.

During residency, my access to prescription drugs vastly increased, because I could pilfer medications in the hospital from supply closets and patients, and by then I had the ability to prescribe them myself. It was the perfect storm: the inhuman demands of residency, which provided rationalization for any pleasurable behavior, mixed with an almost limitless supply of intoxicants. Drugs would be my reward for a 36-hour shift or a particularly challenging day of dealing with unreasonable patients. I deserved it, and, after all, I wasn’t really harming anyone, was I?

It got even worse when I graduated to private practice, because then I had a professionally stocked supply closet and my own panel of patients from whom I could pilfer medications. As a busy and successful physician, it was easy to rationalize the drugs. I didn’t drink alcohol, so I equated Percocet or Vicodin to the glass of wine other doctors had with dinner. I was such a high-functioning addict that no one at my job ever suspected anything, and I was able to stay clear-headed during work hours. It didn’t occur to me that returning to my office at night to chop up and snort Oxycontin was in a league of its own.

I was asking physician friends and colleagues for prescriptions for migraines, preying on their good intentions, their trust, and their professional courtesy. I was milking my psychiatrist for Klonopin. I got into the habit of sharing prescriptions with patients, writing them for more than they needed and then taking some for myself. I also started writing prescriptions for people (who didn’t know I was doing this) and then picking up and using the prescriptions myself. This pattern went on for about five years after residency.

One day I came to my office only to be greeted by the state police and the DEA. I was charged with three felony counts of prescription fraud. The charges stemmed from a prescription I had written for our nanny (who was no longer in the country), picked up, and taken myself. Suspecting I was masquerading as someone else, an astute pharmacist at CVS called me and asked me “my” birthday, which, of course, not being the nanny, I didn’t know.

Under the duress of criminal charges and pressure from the medical board, kicking and screaming, I signed a contract with PHS, and, as such, was still able to practice medicine. My PHS associate director said, “If you just stop using drugs, everything will work out fine.” But, I STILL continued to use, cheat, and try to outsmart the drug tests. Luckily for me, PHS was even smarter, and fairly quickly picked up on what I was doing, with me testing positive for several substances I had not been prescribed.

Now that I had flunked a sequence of tests, my medical license was suspended. My marriage was rapidly dissolving. I had criminal charges hanging over my head, and I was fired from my job. My certification in internal medicine was suspended. I had expensive legal fees. I was living with my parents. I was hardly seeing my kids. It’s fair to say that I had hit rock bottom.

I felt railroaded into rehab by PHS and by my attorney under the threat of not regaining my license, which I can now say was the best thing that happened to me, though at the time I was very upset about it. At the time I thought that PHS was some fascist, coercive organization created to torture innocent victims such as myself.

continued on page 10
It was during my 90 days in rehab that recovery took hold. But, after that 90 days were up, I still had to deal with a suspended license, an impending divorce, criminal charges, a lost job, lawyers' fees, terminated health insurance and HMO contracts, and an endless list of family, friends, and relatives who had in some way or another been affected by my years of deceit — not to mention my own guilt, shame, and feelings of failure.

PHS was the one bright spot and common thread through all of this. It is only through the PHS testing regimen, which is airtight, that I could prove my sobriety to the medical board, the different HMOs and insurance companies, and the American Board of Internal Medicine. The PHS testing regimen is the only thing that satisfied my well-intentioned but distrustful probation officer. Without PHS, I would probably still be on probation, because, with addiction, you are pretty much guilty until proven innocent. But, thanks to PHS, I was able to document my innocence — something most addicts can’t do.

PHS was also integral to my custody battles, as my ex-spouse tried to exploit my addiction to seek a draconian custody arrangement that would have been ruinous to my children. The judge trusted PHS and, upon receiving a compliance letter from them, was sufficiently reassured to allow me to obtain a fairly typical custody arrangement; as a result, my kids are flourishing.

I am currently back at work at a prestigious Boston hospital, helping low-income patients deal with their primary care needs. Convincing the medical board that you are safe to work again after an addictive illness can be like climbing Mount Everest, but again, thanks to PHS, after a hiatus of three-and-a-half years, I was able to return to work. PHS helped me regain my prescribing privileges from the DEA, and PHS helped me, one by one, remove the restrictions on my license.

Early recovery is a very dark period. One's professional and personal lives are in shambles as he or she starts trying to deal with the consequences of years of drug abuse. The associate directors of PHS, some of whom have been through this themselves, were profoundly supportive and inspirational to me, giving me reason to hope and believe that if I just stopped doing drugs, everything would work out. It has.
THANK YOU FOR SUPPORTING PHS

I/Would like to support PHS and its mission.

Donor Name: ________________________________________________________________
Address: ____________________________ ____________________________
City/State/Zip: ____________________________________________________________
Telephone:____________________________  Email:  ___________________________

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
☐ 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

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.
PHS STRATEGIC GOALS

PHS conducts a retreat every two to three years to review the organization’s strategic priorities and determine future goals. A strategic retreat was held last year and attended by PHS’s key stakeholders, including representatives from the PHS Board of Directors, associate directors and staff, the Advisory Committee, the Clinical Advisory Committee, and the Medical Student Advisory Committee, along with a consultant who helped PHS develop a three-year plan of strategic priorities that met the Board of Directors’ approval. Past program participants shared their powerful stories of recovery and offered valuable commentary on the future direction of PHS. PHS priorities were reviewed and updated with the invaluable insight of the distinguished and experienced health care professionals dedicated to improving the health and lives of the physicians and students PHS serves. Following are the organization’s current priorities.

Financial Management
- Expand fundraising efforts to target all Massachusetts hospitals and the health plans
- Advocate for a strong relationship with the Board of Registration in Medicine
  - Advocate for greater confidentiality of participants’ medical records (Submission of treatment and medical records is sometimes required for licensure review.)
  - Continue to work with the BRM and MMS to support an exception to mandated reporting for behavioral health

Outreach
- Encourage greater involvement by advocating for more frequent grand round lectures at hospitals
- Increase lectures at group practices
- Expand the online content of the PHS website (www.physicianhealth.org) to include information for monitors
- Reactivate the research committee to study the impact of the behavioral health support group on attendees’ lives and examine indicators of relapse

Program Operations
- Expand monitoring and assessment services, including adding groups in the western part of the state and expanding options for evaluation and treatment of physicians

NATIONAL EFFORTS

The Federation of State Physician Health Programs (FSPHP) is a national organization with the purpose of facilitating the exchange of information and developing common goals and standards for physician health. PHS is an active member of the FSPHP.

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 on the FSPHP Board of Directors. She is currently serving a two-year term as secretary. She also serves on the Program Committee and the Publications Committee. 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, substance use disorders, fundraising, providing efficient and effective services, and making improvements in random drug testing and treatment.
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. Often 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.

PHS welcomes its newest board member, Dr. Stephen Tosi. Dr. Tosi is the chief medical officer and senior vice president of the UMass Memorial Healthcare System and also serves as vice chair of graduate medical education.
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
Daniel Peter Alford, MD, MPH, FACP, FASAM
Booker Bush, MD
Philip J. Candilis, MD
Gary Chinman 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. Kufinec, MD
Aaron M. Leavitt, MD
Bernard S. Levy, MD

Jane Liebschutz, MD, MPH
David Lovas, MD
Karsten Lunze, MD, MPH
John D. Matthews, MD
Malkah T. Notman, MD
Christine Pace, 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
Jacquelyn Starer, MD
Joanna Vaz MacLean, MD
Alexander Yale Walley, MD, MSc
John C. Wolfe, MD

THE CLINICAL ADVISORY COMMITTEE

FRONT ROW: DEBRA GROSSBAUM, RUTHANN RIZZI, MD, JACQUELYN STARER, MD, EDWARD KHANTZIAN, MD, JOANNA VAZ MACLEAN, MD, MICHAEL DREW, MD, AARON LEAVITT, MD
BACK ROW: LINDA BRESNAHAN, DEBORAH CANALE, JOHN RENNER, MD, WAYNE GAVRYCK, MD, GARY CHINMAN, MD, LUIS SANCHEZ, MD, PHILIP CANDILIS, MD, MARIANNE SMITH, MD, BERNARD LEVY, MD, JOHN MATTHEWS, MD, CHRISTINE PACE, MD, DANIEL ALFORD, MD, MICHAEL PALMER, MD
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. The most relevant studies in physician health in which PHS has been involved include the following:

- Outcomes of a Monitoring Program for Physicians with Mental and Behavioral Health Problems (2006)
- Five-Year Outcomes in a Cohort Study of Physicians Treated for Substance Use Disorders (2008)
- Participant and Monitor Satisfaction with a Physician Health Monitoring Program (2009)

For copies of these studies, please contact PHS.

The committee was inactive for a couple of years while other priorities took center stage. However, a new research committee was formed and met for the first time in June 2011. The committee includes Dr. Luis Sanchez, chair, and Drs. Philip Candilis, Gary Chinman, Judith Eaton, and Ruthann Rizzi. Linda Bresnahan and Mary Howard serve as staff liaisons to the committee. Currently, the committee is working on a study to examine the impact of the Physician Health Support Group facilitated by Diana Barnes Blood. The goal is to conduct a survey to gather feedback from attendees and share the results for the purposes of encouraging others to consider supporting their colleagues in a support group setting. Other areas of future interest include studying the results of PHS random drug screening and updating previously published PHS outcome studies. PHS also participates on 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, a standing committee appointed by the PHS Board of Directors in 2004, established an independent mission statement, goals, and objectives, and developed its own 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 and found that from the inception of PHS in 1978 to 2007, PHS assisted 40 medical students, averaging 1.5 per year. Since 2007, we have assisted 53 additional medical students, averaging 9 students per year. This significant increase in support to students is largely attributed to the effective outreach of the following committee members within their schools.

**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**

**AMY KUHLIK, MD**
DEAN FOR STUDENT AFFAIRS

**University of Massachusetts Medical School**

**JAMES BROADHURST, MD**
DIRECTOR, AIMS PROGRAM

**University of Massachusetts Medical School**

**RUTHANN RIZZI, MD**
DIRECTOR, STUDENT COUNSELING SERVICE AND ASSISTANT PROFESSOR OF PSYCHIATRY

**University of Massachusetts Medical School**

**MAI-LAN ROGOFF, MD**
ASSOCIATE DEAN FOR STUDENT AFFAIRS AND ASSOCIATE PROFESSOR OF PSYCHIATRY

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

— Laurie Raymond, MD
The Associate Directors & Assessment Director

Functioning as independent contractors, PHS associate directors provide outreach, intervention, treatment referrals, monitoring, and assessment for each physician, resident, and 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.

PHILIP CANDILIS, MD
SOUTHEAST REGION
Philip Candilis, MD, DFAPA, joined PHS in 2010. He serves in the roles of associate director and assessment director. Dr. Candilis, a psychiatrist who is board certified in general and forensic practice, is an associate professor of psychiatry at UMass Medical School. He completed residency training at Massachusetts General Hospital and the Fellowship in Medical Ethics at Harvard Medical School and is a product of the UMass Law and Psychiatry Fellowship. In addition to teaching, Dr. Candilis treats patients in the UMass system, conducts empirical research in clinical and research ethics, and consults on professionalism and ethical issues in medicine.

GARY CHINMAN, MD
BOSTON-CENTRAL REGION
Gary Chinman, MD, has been an associate director of PHS since 2010. He is an assistant professor of psychiatry at Harvard Medical School. He graduated from Dartmouth Medical School and completed his psychiatry residency training at the Massachusetts Mental Health Center, after which he completed clinical fellowships at Harvard University Student Health Services and Harvard Community Health Plan. He has been affiliated with Brigham and Women’s Hospital for over 15 years, and he directs courses and teaches in the Harvard Longwood Psychiatry Residency Training Program. Dr. Chinman is board certified by the American Board of Psychiatry and Neurology and maintains an active private practice in general adult psychiatry.

WAYNE A. GAVRYCK, MD
SPRINGFIELD/WESTERN MASSACHUSETTS REGION
Wayne A. Gavryck, MD, has been an associate director for PHS since its inception. He graduated from Cornell University Medical College and completed his postgraduate training at Milton S. Hershey Medical Center. He is certified by the American Board of Internal Medicine and the American Society of Addiction Medicine. He currently practices internal medicine in Turners Falls. Dr. Gavryck is also a certified medical review officer, and he serves PHS in this capacity.

RUTHANN RIZZI, MD
WORCESTER REGION
Ruthann Rizzi, MD, has been an associate director for PHS since 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.

JOHN C. WOLFE, MD, FACP
NORTH SHORE REGION
John Wolfe, MD, has been an associate director for Physician Health Services since 2004. Dr. Wolfe is a graduate of Cornell University Medical College. He completed an internship and residency in internal medicine and a year-long 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 chief of medicine at Addison Gilbert Hospital, and served on the board of trustees of Partners Community Health, Inc. He currently teaches a summer course in addiction medicine for counselors at Rutgers University.
Judith Eaton, MD, has been an associate director for PHS since its inception. She graduated from the Medical College of Pennsylvania and completed her pediatric residency at Rhode Island Hospital and her psychiatry residency at Brown University and the University of Massachusetts Medical School. 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.

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 currently serves as an associate director emeritus while working as a full-time writer of bestselling suspense novels.

PHS would like to extend special recognition to Dr. Marianne Smith for her service to PHS. Dr. Smith worked with PHS as associate director serving Worcester region participants since 2010. She also served on the Research Committee and Clinical Advisory Committee.
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. Special acknowledgement is in order this year for Deborah Brennan, Linda Bresnahan, and Jessica Vautour, who all celebrated 20-year anniversaries working with PHS and/or the Massachusetts Medical Society.

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 and her master of science in health care management from Lesley College. She has worked in physician health for more than 20 years. Ms. Bresnahan also contributes nationally to the work of physician health, serving as a board of directors’ officer of the Federation of State Physician Health Programs.

DEBRA A. GROSSBAUM
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. VAUTOR
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 20 years. Additionally, Ms. Vautour has been a member of the Massachusetts Association of Medical Staff Services (MAMSS) for more than 13 years. She currently serves on the MAMSS Board of Directors as part of the organization's leadership.
DEBORAH J. BRENNAN
PROJECT ASSISTANT AND TRANSCRIPTIONIST
Ms. Brennan handles all of the 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, having served the Massachusetts Medical Society and PHS for more than 20 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 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.
Major Contributors

The following organizations provide PHS with essential financial support in recognition of the critical role good health plays in physician performance. The contributors featured here are committed to annual contributions to PHS at a minimum level of $30 per insured physician and/or contribute greater than $5,000 each year. Physician Health Services and the Massachusetts Medical Society gratefully acknowledge their consistent support of PHS in its quest to improve the health of physicians.

Baystate Health, Inc.
Evan M. Benjamin, MD, FACP, Senior Vice President and Chief Quality Officer

Boston Medical Center
Kate Walsh, President and Chief Executive Officer

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

CRICO
Luke Sato, MD, Senior Vice President and Chief Medical Officer

Physicians Insurance Agency of Massachusetts (Independent Insurance Subsidiary of the MMS)
John F. King, President

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

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

Brigham and Women’s Hospital
Stanley W. Ashley, MD, Chief Medical Officer and Senior Vice President for Medical Affairs; Frank Sawyer Professor of Surgery, Harvard Medical School

Coverys
Anne Huben-Kearney, RN, CPHQ, CPHRM, Vice President, Risk Management

Lahey Clinic
Howard Grant, JD, MD, President and Chief Executive Officer

Steward Health Care System
Ralph De La Torre, MD, President and Chief Executive Officer

UMass Memorial Health Care, Inc.
John G. O’Brien, President and Chief Executive Officer
Those Who Have Given Physicians Support for Their Health

In addition to the contributors listed on page 22, individuals and numerous health care organizations contributed to PHS this year. 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 event.

Fred Arnstein, PhD
Andrew Balder, MD
Beth Israel Deaconess Hospital — Needham
Richard W. Brewer
James B. Broadhurst, MD
Corinne Broderick
Gerrilu & Svend Bruun
Dr. & Mrs. James Butterick in honor of the entire PHS organization
Cape Cod Healthcare
Dr. Hubert Caplan in honor of Dr. Luis T. Sanchez
Charles River District Medical Society
Les Cohen, MD
Doctors Concerned with Doctors
Judith Eaton, MD
Emerson Hospital Medical Staff
Jack & Sheila Evjy
Dr. Marsha & Mrs. Lara Fearing
Steven Fischel, MD, PhD
Wayne Gavryck, MD
Dr. & Mrs. George E. Ghareeb in honor of Dr. Luis Sanchez
Debra & David Grossbaum
Rachel Haft, MD, PC
Douglas Howard, MD
In memory of George Hyams, MD
Rebecca L. Johnson, MD

Drs. Edith Jolin & Richard S. Pieters
Nasir A. Khan, MD
Dr. & Mrs. Edward J. Khantzian
Mary Kraft, MD
Lawrence General Hospital
In memory of Paul R. Levesque, MD
David Lotufo, MD, in honor of the help PHS has provided to physicians suffering from chemical dependence and other illnesses
Lowell General Hospital
Marworth Treatment Center
Massachusetts Neurological Association
Massachusetts Society of Otolaryngology
Milford Regional Medical Center
Dr. & Mrs. Leonard and Maxine Morse
Morton Hospital, a Steward Family Hospital
Mount Auburn Hospital Medical Staff
North Shore Medical Center
Michael Palmer, MD
Lee S. Perrin, MD, and Karen Mann
Katherine L. Phaneuf, MD
Dr. & Mrs. Walter J. Rok
Luis T. Sanchez, MD
Bill & Laura Shea
Mark and Jane Sherman
Dr. Geoffrey Sherwood
Donna Singer Consulting, L.L.C.
Blue Smolensky
Southcoast Hospitals Group, Inc.
University of Massachusetts, Department of Anesthesiology
Peter & Sheryl Vieira
Robert Wespiser, MD
Winchester Hospital
Lynda Young & Robert Sorrenti

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.
Fiscal Year 2012: June 1, 2011, to May 31, 2012

**Monitoring Contracts**

PHS maintains ongoing oversight of **130** physicians and medical students with monitoring contracts. This number represents a slight decrease from prior years. Of note is that PHS recommends a monitoring contract to approximately 25% of those referred each year. Therefore, a significant percentage of those who complete assessments are referred to alternative resources and strategies for remediation.

**FINANCIAL SOURCES***

- Physicians Insurance Agency of Massachusetts 3.3%
- Tufts Medical Center 2.1%
- Connecticut Medical Insurance Company (CMIC) 1.9%
- Boston Medical Center 1.3%
- Baystate Health, Inc. 1.1%
- Lahey Clinic 1.1%
- Brigham & Women’s Hospital 0.7%
- Steward Health Care System 0.7%
- UMass Memorial Health Care, Inc. 0.5%
- Berkshire Health Systems 0.4%
- Cape Cod Healthcare 0.2%
- Other Income 5.9%

**EXPENSES***

- Meeting Expenses 1.4%
- Programs 3.2%
- Overhead 4.6%
- All Other 5.0%

*Pre-audit

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YEAR IN REVIEW

13.1% (17) Substance Use with Behavioral Health
51.5% (67) Substance Use
35.4% (46) Behavioral Health
Case Activity, Fiscal Year 2012:  
June 1, 2011, to May 31, 2012

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

- **269** physicians have been helped directly through personalized consultative support services and monitoring contracts.
- **130** new physicians and medical students were referred this year (see Figure 1).
- **146** 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.
- **49** educational sessions were provided by PHS to physicians, hospitals, and individual practices. An estimated **2,900** physicians, medical students, and health care professionals were in attendance at the physician health educational 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, **20** 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=62), followed by substance use disorders (N=33) and single-diagnosis mental health (N=18). Physicians also presented with co-occurring mental health and substance use disorders and physical disabilities.

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

### Table 1: PHS Physician Referrals by Presenting Problem — Fiscal Year 2012

<table>
<thead>
<tr>
<th>CASE DESCRIPTION</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIORAL HEALTH*</td>
<td>62</td>
<td>47.6</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>22</td>
<td>16.9</td>
</tr>
<tr>
<td>MENTAL HEALTH†</td>
<td>18</td>
<td>13.8</td>
</tr>
<tr>
<td>DRUG</td>
<td>11</td>
<td>8.5</td>
</tr>
<tr>
<td>ALCOHOL &amp; MENTAL HEALTH</td>
<td>7</td>
<td>5.4</td>
</tr>
<tr>
<td>PHYSICAL ILLNESS</td>
<td>5</td>
<td>3.9</td>
</tr>
<tr>
<td>DRUG &amp; MENTAL HEALTH</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>OTHER‡</td>
<td>4</td>
<td>3.1</td>
</tr>
</tbody>
</table>

N=130 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.
PHS has been interested to determine whether any particular specialties are significantly over- or under-represented in our client population. In 2007, we compared the self-reported medical specialties of PHS clients with all licensed physicians in Massachusetts, over the period 2005–2007.

Now we have repeated the analysis for the current time period of 2010–2012. Table 3 shows both sets of data, side by side. The most important columns are ‘Significant Differences MA%–PHS%.” There is one column for each time period.

Looking only at the 2010–2012 data, we see four specialties where PHS clients that were significantly over- (internal medicine and pediatrics) or under-represented (surgery and anesthesiology).

However, the specialties that were similarly highlighted for the earlier period, 2005–2007, show no correspondence with those of the current period. Only two specialties appear in both lists, and each of these changed its direction of difference: from over- to under-represented (internal medicine) and from under- to over-represented (anesthesiology).

Our conclusion, based on this historical comparison, is that over- or under-representation is transient. It may be statistically significant for a given 3-year period, but is essentially unstable. However, we expect to repeat this comparison again in the future to determine if a trend emerges.

PHS continues to serve a spectrum of physician specialties, including residents and medical students, as shown in Table 2.

PHS expresses its appreciation to Fred Arnstein, PhD, for donating his time completing this specialty analysis.
### Table 4: Referral Sources — Fiscal Year 2012

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Administration</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>Self</td>
<td>22</td>
<td>16.9</td>
</tr>
<tr>
<td>Hospital Staff</td>
<td>19</td>
<td>14.6</td>
</tr>
<tr>
<td>Licensing Board</td>
<td>10</td>
<td>7.7</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>7.7</td>
</tr>
<tr>
<td>Medical School</td>
<td>8</td>
<td>6.1</td>
</tr>
<tr>
<td>Colleague</td>
<td>8</td>
<td>6.1</td>
</tr>
<tr>
<td>Attorney</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td>Residency Program</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>Therapist</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Other State PHP</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Hospital Physician Health</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Family Member</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td></td>
</tr>
</tbody>
</table>

PHS is pleased that accessibility and confidentiality protections result in a broad range of referral sources, with hospital administration, and self-referrals being the highest (see Table 4).

### Table 5: Referral Recommendations — Fiscal Year 2012

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
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Table 5 represents a snapshot of where the FY12 referrals were at the end of the fiscal year.
Outreach Activities: June 1, 2011, to May 31, 2012

PHS presentations provide information on physician health issues and the role of PHS, and include helpful information 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 33.

More than 2,900 physicians and medical students from the following institutions across Massachusetts were in attendance at PHS presentations this year.

Baystate Medical Center
Bedford VA Hospital
Beth Israel Deaconess Medical Center
Beth Israel Deaconess Medical Center, Needham
Boston Medical Center Addiction Medicine Residency
Boston University Employee Assistance Program
Boston University School of Medicine Cape Cod Symposium on Addictive Disorders
Department of Public Health — Section 35 Meeting
Emerson Hospital
Greater New Bedford Community Center
Harvard Medical School — Liability Prevention for Physicians & Health Care Professionals
Harvard Vanguard — Chiefs of Service
Harvard Longwood Psychiatry Residency Training Program
HealthAlliance
Kaiser Permanente Regional Professional Well Being Committee Meeting, Oakland, California
Lawrence General Hospital
Lowell General Hospital
Maine Medical Association — Board of Directors Meeting
Marlborough Hospital
Massachusetts Board of Registration in Medicine
Massachusetts Chapter of the American College of Physicians — Annual Scientific Meeting
Massachusetts Eye & Ear Infirmary
McLean Addiction Psychiatry Fellows
McLean Hospital
Metro West Medical Center
Metro West Medical Center — Peer Review Committee
Milford Regional Hospital
Milton Hospital
Massachusetts Medical Society District Leadership Council Meeting
Massachusetts Medical Society Medical Student Section
Morton Hospital & Medical Center
Mt. Auburn Hospital Medical Executive Committee
Newton-Wellesley Hospital
Saint Anne’s Hospital
Signature Healthcare — Brockton Hospital
Texas Medical Association — Physician Health & Rehabilitation Conference
Tufts Medical Center
Tufts Medical Center — Medical/Surgical Residents
Tufts Medical Center — Psychiatry Residents
Tufts University School of Medicine Union Hospital
University of Massachusetts Medical Center
Winchester Hospital
Articles, Presentations & 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 go well beyond support for substance use disorders. PHS 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 on page 33.)

PHS Educational DVD

The PHS educational DVD is available at no cost to hospitals, medical schools, and health care professionals. It can be viewed independently or as a complement to a PHS lecture given by a PHS physician. 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 email jvautour@mms.org.

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 remaining respectful of physician confidentiality.

www.physicianhealth.org

The Physician Health Services website, www.physicianhealth.org, can be accessed directly or via a link at the bottom of the Massachusetts Medical Society home page, 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
• Forms for Clients and Monitors
• 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 designed its website to support easy navigation and highlight primary topics. We invite you to visit our website and learn more about PHS.
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.”

ARTICLES PUBLISHED JUNE 2011 TO MAY 2012

- **Supporting the Health of Medical Students**
  (Volume 16, Issue 6, Summer 2011)

- **Medical Professionalism: Then and Now**
  (Volume 16, Issue 7, September 2011)

- **Practicing Modern Professionalism**
  (Volume 16, Issue 8, October 2011)

- **For Physicians in Retirement, Flexibility Is Essential**
  (Volume 16, Issue 9, November 2011)

- **Medical Record Challenges — A Subtle Sign of Potentially Impairing Condition?** (Volume 17, Issue 1, December 2011/ January 2012)

- **Volunteer Monitors Support Fellow Physicians**
  (Volume 17, issue 2, February 2012)

- **Five Steps for Better Work-Life Integration for Physicians**
  (Volume 17, Issue 3, March 2012)

- **Getting Confidential, Supportive Help for a Colleague**
  (Volume 17, Issue 4, April 2012)

- **More on Making a PHS Referral: Mandated Reporting, Confidentiality, and the BRM** (Volume 17, Issue 5, May 2012)

16th 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.
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 that combines didactic presentations, roleplaying exercises, and focused feedback for physicians with the motivation to make changes in the way they interact with their colleagues and patients. Pre-, post-, and follow-up evaluations demonstrate improvement in the skills of the physicians who attend (an average increase of 2.78 to 5.04 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 and residents 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 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.

Next Course Offering — November 1 & 2, 2012

At the end of this two-day program, attendees share strategies they learned that they feel will be most valuable for practical application in the practice setting. Here are some strategies physicians shared:

“I learned the importance of talking to others for support prior to responding to a stressful situation — such as a colleague, spouse, or coworker. The peer support offered during this program was invaluable.”

“I will monitor myself for triggers and take a step back before responding abruptly.”

“I learned the importance of healthy habits such as taking a break, taking a lunch, exercise, and meditation.”

“I will be more aware of how I am feeling before I start the day.”

“Be mindful to show respect to others, especially before and during conflicts.”

“Remember that we are all in this together; there are common experiences and stressors.”

“Look for ways to pass along positive comments that you hear about other coworkers or other physicians… including results from satisfaction surveys.”

“Consider a reasonable solution; compromise based on cost/benefit.”

Following are some course comments from attendees:

“This was an extremely balanced and excellent conference — it reminded me of ways to communicate effectively and the pitfalls docs and medical staff can fall into. Thank you for an extremely helpful conference.”

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

“I feel I can achieve more without conflict.”

“This course should be mandatory for all physicians.”

“This is truly an excellent workshop. I felt a strong sense of community with the other physicians as we shared our travails. All of the instructors/facilitators contributed to allowing the group to work as it did.”

“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!”
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 Massachusetts 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 (originally LIP Health MS.06, now MS.11.01.01). This provision requires the medical staffs of all hospital organizations to implement a process to identify and manage the health of licensed, independent practitioners separate from 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 help them implement and maintain this requirement by providing presentations.

In addition, effective January 1, 2009, the Joint Commission instituted a leadership standard for accreditation programs (LD.03.01.01) that focuses on maintaining a culture of safety and quality by addressing 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.11.01.01). The Joint Commission issued an advisory on November 9, 2011, regarding the disruptive behavior standard. It clarified that the phrase “disruptive behavior” is intended to include “behavior or behaviors that undermine a culture of safety.” This clarification came about for a few reasons, including those that follow:

- The term “disruptive” was not viewed favorably by some in health care.
- “Disruptive” alone can be ambiguous to some audiences.
- Strong advocates for patient care improvements can be viewed as “disruptive.”
- The term can be used in settings temporarily unsettled by patient behavior.

The Joint Commission also has a 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 a 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, for individual circumstances, or to provide 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 33.
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: _______________________________ Email: _______________________________

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

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

Signature: _______________________________________________________________

FACULTY WILL BE SELECTED FROM THE FOLLOWING LIST BASED ON AVAILABILITY:

Linda R. Bresnahan, MS  Michael S. Palmer, MD
Philip J. Candilis, MD  Ruthann Rizzi, MD
Gary A. Chinman, MD  Luis T. Sanchez, MD
Wayne A. Gavryck, MD  John C. Wolfe, MD
Debra A. Grossbaum, Esq.
Physician Health Services, Inc., held its biannual Caring for the Caregivers conference in October 2011. The conference, which is designed to address strategies to improve the health and well-being of physicians, medical students, residents, and fellows, drew over 100 attendees and 15 exhibitors and featured 14 speakers and facilitators. Following is an overview of the topics and speakers who presented at the conference.

Luis Sanchez, MD, director of Physician Health Services, welcomed attendees with a presentation entitled “Physician Health: Where Are We Today.”

Dr. Lynda Young, president of the MMS at the time of the conference, opened the program with “Physician Wellness and the Massachusetts Practice Environment.” She provided an overview of the MMS Physician Workforce Study from September 2011, which revealed critical shortages in internal medicine, psychiatry, and urology and severe shortages in dermatology, family medicine, general surgery, neurosurgery, and orthopedics and provided a snapshot of physician satisfaction with the practice environment in Massachusetts. She offered attendees an overview of how health care reform could affect the physician workforce and provided a look at prospective health care delivery models for the future.

Julian Harris, MD, director of the Office of Medicaid, presented “Health Care Today,” providing an overview of the current process for the delivery of health care in Massachusetts, including how health care reform is impacting physicians.

Drs. John Fromson and James Butterick presented “Prevention and Reporting,” an overview of important considerations related to determining whether or not to report a colleague, including the ethical component of the Hippocratic Oath, “just and generous,” the AMA Principles of Medical Ethics, the legal considerations associated with the licensing bodies, Joint Commission requirements, the impact on patients, and the benefits to the provider when supportive remedial steps follow. Dr. Butterick, chief medical officer at Cape Cod Healthcare, provided attendees with strategies for preparing for the difficult conversation. Attendees were encouraged to consider scheduling a meeting in a private setting, carefully considering who to include based on the group or hospital hierarchy; reference guidance documents; include a mentor for the colleague if possible; and craft a follow-up plan.

Dr. Fromson, associate director of postgraduate medical education in the Department of Psychiatry at Massachusetts General Hospital, reviewed stressors unique to the medical profession and methods to overcome barriers for getting help. He discussed the need to shift the culture of blame to patient safety, modeling akin to the medical error confidential near-miss reporting, and regulatory reminders of the obligations and use of physician health programs that can guide physicians to help. Dr. Fromson reviewed findings of a survey revealing the underreporting of physicians for health-related issues. The findings support the need for improvements to the system, with external regulation (by professional societies, hospitals, licensing groups, and patient groups), confidentiality of reporting physicians, and confidential feedback about actions taken.

In conclusion, he commented that all health care professionals must understand the urgency of preventing impaired or incompetent colleagues from injuring patients and the need to help these physicians confront and resolve their problems. The system of reporting must facilitate rather than impede this process with confidential avenues, and finally, reliance on the current process results in patients being exposed to unacceptable levels of risk and in impaired and incompetent colleagues possibly not receiving the help they need.
Robert Hanscom, JD, senior vice president of loss prevention and patient safety at CRICO/Risk Management Foundation (RMF) of the Harvard Medical Institutions, shared causation factors that drive malpractice activity during a talk entitled “Support Following Adverse Events.” His goal was to guide attendees to turn these findings into learning and improvement initiatives. He explained the inherent risks to the medical profession, which are exacerbated following an unfortunate medical outcome, unanticipated medical outcome, or medical error. Support from family, friends, institutional risk managers, Physician Health Services, claims representatives, and defense counsel is critical during this emotional time for all those involved. He emphasized that there is no replacement for peer understanding and support in helping providers cope with the inherent risks of their profession. Finally, he shared examples of systems that provide such support and asked attendees to become catalysts for change and action to encourage the development of such systems in their own practice environments.

Dr. Stancel M. Riley Jr., executive director of the Massachusetts Board of Registration in Medicine, provided attendees with an overview of the organization of the agency. He discussed the licensing board’s confidentiality protection for peer reports to the board, which are sheltered from liability as long as the report is made in good faith and not for a malicious reason. He reviewed the board’s mandate to ensure patient safety and the goal to keep as many physicians in practice as possible while maintaining public trust. He covered the board’s compliant process, reporting requirements, and the criteria necessary to meet exemption to the reporting requirement (MGL 112 § 5(f)). This important exemption exists for alcohol and drugs only, when there is no allegation of patient harm, when the physician is in compliance with Physician Health Services, when there is no other violation of the law or regulations, and when confirmation of compliance is made within 30 days of report (243 CMR 2.07 (23) (b)). The board’s Physician Health and Compliance Division (PHS) contracts were also reviewed.

The conference included three interactive breakout sessions. Diana Barnes Blood, MSW, LICSW, and Donna Singer, MS, PCC, facilitated “Balancing Family Life and Medical Practice,” which offered attendees an opportunity to share their experiences of success integrating family responsibilities with professional medical practice. Diana Barnes Blood has private practices in Lincoln and Brookline. Donna Singer, principal of Donna Singer Consulting, LLC, is an executive coach and consultant to physicians and other health care professionals. This breakout session covered time management tips, strategies for coping with parenting challenges, spouse/partner interactions, extended family obligations, and retirement lifestyle.
Richard Iseke, MD, and Luis Sanchez, MD, invited leaders in health care to join together in a “Leadership Briefing on Physician Health,” which offered a unique setting for peers to have a candid discussion regarding their approaches. Dr. Iseke has been vice president for medical affairs and chief medical officer at Winchester Hospital since February 2007. Dr. Luis Sanchez is director of Physician Health Services. Together with attendees, they discussed approaches to assist colleagues with potentially impairing conditions, including sample policies and reporting and diversion requirements.

Drs. Philip Candilis, Ruthann Rizzi, and Brian Szetela facilitated a session entitled “Educating Volunteer Monitors” and encouraged physicians to consider being a monitor for physicians involved with PHS. Philip Candilis, MD, is an associate professor of psychiatry at UMass Medical School and an associate director at PHS. Ruthann Rizzi, MD, is also a PHS associate director and director of the student counseling service at the University of Massachusetts Medical School. Brian Szetela is chair of the Clinicians’ Health and Well-being Committee and an attending psychiatrist for the Psychosomatic Medicine Service at UMass Memorial Medical Center. The role of the monitor was covered. PHS monitors are asked to meet face to face with the monitored physician weekly as the eyes, ears, and point person at the workplace for the PHS monitoring team. A monitor is asked to be present at the physician’s worksite, observe the physician’s demeanor, appearance, interactions with patients and coworkers, and be available to the physician if a problem arises. It was suggested that supporting a peer in this way can be a wonderful way to give back to the profession.

Dr. Charles Hatem, Harold Amos professor of medicine at Harvard Medical School and the director of medical education and an internist at Mount Auburn Hospital, concluded the day with inspirational strategies for improving clinician wellness. He shared elements of success for attendees, emphasizing self-care as the key. He offered approaches for self-care practices aimed at family and professional responsibilities, cultivating personal interests, exercise, regular health care, and seeking help for personal physical or psychological illness. The underlying message was that physician wellness has positive impact on the performance of a health care system.

Following are some comments from course attendees:

“Excellent and insightful speakers”

“The afternoon breakout session I attended reinforced disclosure of and respect for philosophical and approach differences, discussion of values and medical leadership objectives, active search for problem definition and solutions, and provided an intellectually stimulating, collegial, and actively participative give and take. I believe there’s untapped value to having smaller groups like this meet regularly to discuss an action plan around specific areas, led by a skilled facilitator.”

“Recommended that the entire leadership team and department chairs attend next year”

“It will sensitize me to types of behaviors and problems that may require a ‘difficult discussion’ or potentially might require reporting. It reacquainted me with the barriers to colleagues getting help and how these may be dealt with to help a physician colleague.”

“More insight into me as an individual and physician understanding the external environment better will help me navigate and accept and adjust life and practice.”
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. Contact PHS at (781) 434-7404 for more information about 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 sponsored by PHS 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 sponsored by PHS is designed to respond to the needs of physicians, residents, and medical students experiencing the rigors of medicine who might 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 Thursdays from 8:00 to 9:30 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 support 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 the above 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
The Power of Peer Support

“My name is Darleen. I’m an internist and I have no idea why I am here. I’m doing just fine and I have nothing to report to the group.”

That is how I signed in at my first PHS group meeting. Seven years and 150 meetings later (2 meetings per month — every month, unless I was on vacation), and I now know exactly why I was there and that I felt anything but fine. On that Wednesday night, I walked into a room full of other doctors sitting around a table quietly welcoming me as a new member. I was empowered, or so I thought, with a dose of arrogance and conviction that my being there was a big mistake. Don’t people know who I am? I’m a doctor! I have all the answers, and I do not need anyone’s help. I give help. Little did I know, the only thing I did have was a total and profound lack of insight into my situation. I told my story my way and gave all the reasons why I did not belong there. It was all a big misunderstanding. I did my best to explain the reasons why I was sent to PHS, a place I had never heard of before in my life. I rounded up all the usual suspects (my boss, other doctors, nurses, administrators, HR, patients and their families) and fired at them as best I could. While I was pointing my finger at them I did not see the other three fingers on my hand pointing right back at me.

A few meetings later, I found myself all alone on the battlefield without anybody left to fire at but myself. At that moment I knew it was all me, my problem and the solution all wrapped up in one. That was the moment I fell apart and began to heal while the group stood by to catch me and give me support. I was on my way. Later on, I was on standby, waiting to catch and offer support to other fallen heroes. That’s what we do here.

We are all in it together — including our leader and friend Diana Barnes Blood, who facilitates the group — doctors of all ages (medical students to retired veterans) and different specialties, backgrounds, ethnicities, and faiths, men and women alike from all over the world. The only thing we have in common is the language we speak, and I do not mean English. That is our own doctors’ language understood by us doctors only. We do not have to translate much; we understand it, we know it, and we feel it in our bones. That is the healing power of the group. That is our secret weapon.

Problems at work or our personal difficulties that brought us to the group are as diverse and colorful as we are. We are all smart, educated, hardworking, and dedicated people who want to make something of our lives so we can make a difference in others’ lives. We know how to help and we get high on it, so working long hours doesn’t really matter. We know everything there is to know about rough human life and death. We are there when life starts and when it ends and everywhere in between. We are there when people need us and even when they don’t. We are the caretakers and the decision makers. We give the orders and people follow them, so when we get in trouble, nobody knows what to do with us; there is nobody to give the orders. We don’t know when we are in trouble, and the people around us become confused. They would like to help, but they don’t know where to start. How do you help a professional helper who wrote the book about it? How do you tell somebody what to do when that is his or her job? And even if help is offered, we don’t know how to take it — we are the givers, not the takers. But there is help right around the corner: PHS, our very own place to crash and find out who we really are. It simply takes one to know one to help one, and that is our group. There is no script, no agenda, no misunderstanding, just a genuine human exchange of ideas. There are other doctors to help you, all of them, the whole consortium at your disposal. Most people would give their right arm to have those kind of experts at their disposal, and all for free.

PHS is the only place where we can speak the same language and help each other. We listen carefully, gather information, analyze it in our well-known problem-solving manner; we give support, we offer suggestions, we even offer resolution. We do not accuse, we do not judge, we do not patronize, minimize, or ignore the problem. We support and give back our tough love and the newcomer feels and understands that love.

The strength of the group becomes apparent when we are able to redirect the focus of the problem from others to ourselves. We learn from each other how to recognize and accept our part in the problem. The group lets the new doctor point fingers at others at the initial meetings, but then he or she slowly becomes aware of the other three fingers pointing back at him or her. We let the person stand there for a while and we know how extremely painful that moment is. We feel the anger and anguish simmering inside; we have all been there. We are waiting for that big transformation, for that insight to come, for that magical moment when we realize that we are the problem and the solution, nothing more nothing less. We become empowered with this new self-awareness. We now have the diagnosis; we solved the problem, and now it is time to start treatment and self-healing. Now we are back in the driver’s seat, as that is what we do best, but this time we are our own patient. We are going to treat ourselves as any other patient, with care and respect, requesting full compliance. At that moment, life becomes easier, and we feel much better — even happy — even though our reality did not change much (e.g., license still suspended, no job, BRM postponed hearing again, spouse left). That is the power of the group, and I am glad to be a part of it.

Many physicians do not know how little it takes to get into trouble at work and how much you can lose in an instant. They also do not know that help is available even when the problem is just in its initial stages, when a disaster might be prevented. I would like to give my personal advice to all my colleagues. If during your practice people become uneasy around you and try to tell you in so many words that something is not right, trust them and start looking for help before you are told to get help (and you will be told). It is going to feel like a grieving process; you’ll go through all the stages. You will grieve your fallen image, the loss of perceived power you really never had, the loss of your license and your job, and your crushed ego. You will have to admit you are like everybody else, and that’s going to be very hard.

My name is Darleen, and I am an internist. I’m here for anger management and I’m doing great. I just want to say how glad I am to have been here for the past seven years and how much happier I am — what a better person and a doctor I have become. Thank you, everybody.
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 is not only dependent on the physicians who willingly participate, but also on the countless 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 and medical students in the program 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 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 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 support group meetings, and regular contact with a therapist, work monitor, and chief of service.

**EXTENDED VOLUNTARY MONITORING CONTRACTS**

These contracts are available to participants who have successfully completed a substance use or behavioral health monitoring contract and choose to participate in extended monitoring. The contract includes regular but less frequent contact with an associate director and therapist and ongoing participation in random drug testing when indicated.

**MEDICAL STUDENT CONTRACTS**

With the help of the Medical Student Advisory Committee, PHS created contracts designed to meet the specific needs of medical student participants. The Medical Student Substance Use Monitoring Contract and the Medical Student Behavioral Health Monitoring Contract largely mirror the corresponding physician contracts, but identify at least two monitors within the academic environment best suited to oversee and guide the medical students' compliance with the PHS monitoring program. Like the physician contracts, student monitoring includes monthly meetings with an associate director, regular attendance at support groups, regular contact with a therapist, and random drug testing for substance use monitoring. In the event of any noncompliance, the dean of the medical school rather than the Board of Registration in Medicine becomes involved to help address the identified concerns.

**Quality Improvement**

PHS recognizes its accountability to physicians and the community and strives to assure continuous assessment of and improvement in the quality of the program. Quality improvement 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 improvement 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

**MONTHLY MEETING REQUIREMENT**

PHS examined the monitoring requirement of monthly face-to-face meetings with clients, and the documentation shows 98.3% compliance (337 expected monthly meetings, 328 took place). Of the 8 meetings that were missed, 6 had corresponding documentation describing scheduling difficulties, noting that the client did not show, and 2 meetings did not take place and there was no documentation to explain. PHS will look to ensure 100 percent documentation explaining the circumstances for all missed meetings.
**PHYSICAL EXAMINATIONS**

PHS requires each physician with a monitoring contract to select a primary care physician. The participant undergoes a physical examination, makes the primary care physician aware of the circumstances, and enlists his or her assistance in providing treatment. PHS reviewed compliance with meeting this requirement of the 41 physicians enrolled in the monitoring program over the past year. It was determined that the requirement was fulfilled 85% of the time (34 physicians); 15% (6) were noncompliant with the requirement and referred to their associate directors for review. Of these 6, 3 physicians ended their monitoring with PHS, and 3 were still being pursued at the time of this report. This finding will be reviewed further with PHS associate directors and more attention will be given to the physicians who are pending with this requirement going forward. This finding does reveal an improvement from last year of 5%. Delays in meeting this requirement within the 60-day timeframe are common as a result of difficulty getting an appointment with a primary care physician.

**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, 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 2011. A total of 600 reports were sent out for feedback. Of these, 538, or 89.7%, were received following reminder notices. A total of 579, or 96.5%, were received following associate director intervention. Ultimately, 583, or 97%, were received, resulting in just two reports to the licensing board for missing monitoring information and one report to a dean regarding a medical student. Eleven (11) were determined uncollectable, and 2 remain missing.

**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 other parties, 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 at PHS in our review of test results, which includes assessment by a medical review officer so positive tests are reported in a timely manner. PHS examined the timeframe between when the results are received by PHS for review until a verbal report is made to the BRM. From July to December 2011, there were 12 confirmed positive test results that resulted in a report to the BRM. Of these 12 results, PHS determined a 9.92-day timeframe from the time the result was received to the time a report was made to the BRM and other relevant parties. This was longer than last year (3.73 days) for two reasons. Etg and Peth testing results are analyzed more extensively prior to making a report to the licensing board, with one of these results taking 74 days to assess and report, during which time there was no evidence of relapse or impairment. The report to the BRM timeframe excluding this one outlier is more comparable to last year at 4.4 days from the time the result was received to the time a report was made to the BRM.

**Seeking Volunteer Monitors to Support Physicians in Need**

The assistance and support 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, and hospital chiefs of service are asked to participate in physician monitoring and provide ongoing support to their fellow physicians and information to the program. PHS dedicates resources to ensure monitors are provided with information that outlines the important details 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 the physicians who have supported their colleagues by serving as volunteer monitors. Please encourage your colleagues to assist PHS in this capacity.
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 regularly interacts with the BRM Physician Health and Compliance (PHC) unit, the division responsible for health-related matters. PHS meets with the PHC unit each month to provide continuity for physicians under monitoring agreements with both PHS and the BRM and enhance communication regarding areas of mutual concern, including physician support services, remediation, and protection of the public. PHS also meets periodically with 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 a habitual user of drugs or alcohol, is practicing medicine while impaired by drugs or alcohol, or is impaired in the ability to practice as a result of a mental health concern.

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. Diver- sion is possible only in the case of drug/alcohol matters, when there is no allegation of patient harm, no other violation of the law, the physician agrees to participate in PHS, and the reporter receives confirmation from PHS that the physician is in compliance with our program. By serving as an approved diversionary program, PHS is able to provide confidential support services and assistance to a wider range of physicians who face drug and alcohol problems. Currently diversion is approved only for drug and alcohol issues, however, PHS is hopeful that in the future the exception will be extended to other health conditions, including mental health issues.

At times, the BRM itself enters into disciplinary or nondisciplinary agreements with physicians who face health challenges such as substance use disorders, mental illness, behavioral health concerns, or physical health concerns that require support and monitoring. In these circumstances, the BRM often 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)].
PHS is available to assist any Massachusetts Medical student, resident, or physician.
2012 Annual Report

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