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 Friend and Colleagues:

We are pleased to share with you the 2013 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 may benefit from help addressing stress, burnout, work-life balance issues, and a variety of physical and behavioral health concerns that sometimes arise in today's hectic health care environment. These include substance use difficulties, cognitive issues, psychiatric problems, the stress of medicolegal situations, and interpersonal challenges at work or at home. 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. To date, we have already provided assistance to more than 2,200 physicians and medical students across the Commonwealth.

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 make a donation that supports this important work. A form for contributing to PHS through our Caring for Physician Health Campaign is included in this report on page 15.

In addition to assisting medical students and physicians, PHS also increases knowledge of physician health, wellness, and self-care practices for large numbers of care providers by providing educational programs. One such program is PHS's Caring for the Caregivers IX: “How Do We Reduce Physician Stress and Burnout?” educational conference, which will be held on October 3, 2013. Another educational program, offered to physicians twice yearly, is a two-day course titled 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 35). We invite you to take advantage of these popular and successful programs. Visit our website, 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, physicianhealth.org, for a speaking engagement form, which can also be found on page 37. To find out more about any of our services, call (781) 434-7404.

We rely on the donations of individuals and health care organizations to carry forth our mission. The services we provide to physicians are free of charge. In our effort to meet the growing demand for our work with individual physicians and with the entire health care community, it is our hope that every physician and every health care enterprise will support our mission by making an appropriate contribution. We have helped many physicians turn their lives and careers around, and our assistance has been deemed invaluable in a variety of practice settings.

We are grateful for the support we receive, and we look forward to being of service to you. Sometimes a single phone call is all it takes; in other situations, physicians continue with extensive support from PHS for more than a decade. Please share this report with any individuals and institutions who may be interested. Additional copies are available upon request.

Sincerely,

Edward J. Khantzian, MD
Steven A. Adelman, MD
John C. Wolfe, MD
1942–2013

John Wolfe was one of our most highly esteemed associate directors at PHS — and for good reason. He embodied and constantly delivered on the values and mission of PHS. He served the physicians who turned to us for help with dignity, compassion, and respect. In his quiet and unassuming manner, he relentlessly and patiently helped physicians who were feeling disquieted and derailed to feel at ease and offered support and encouragement to help get them back on track and on a pathway to recovery.

One of our most senior associate directors, Dr. Judith Eaton, expressed it best, “He brought to his job his very solid sobriety and serenity as well as knowledge of how real medicine was practiced in the community. He was kind and patient, sticking with some of the most troubled and reluctant clients. He sincerely cared about each and every one. Even during his three winter months in Puerto Rico he was available to PHS and to his clients by phone. He tirelessly co-chaired the first and third Wednesday support groups and showed the group how to handle life with dignity. He weathered staff storms and was usually the main voice of sanity and reason among us. I know I am not alone in stating that I loved John and I will miss him terribly.”

Dr. Eaton’s tribute is an accurate and fitting one. We are for the better as a program because of the ways John dedicated himself to PHS and the commitment to serve and restore the physicians who turn to PHS for assistance. I am confident that I speak for all of us in saying that the Medical Society and Physician Health Services greatly benefited by the time John spent with us. He will be very missed.

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

“It is a rare thing to know a man who is kind, wise, and dedicated to helping physicians in desperate need. John Wolfe was such a man. He has touched innumerable men and women in the healing professions. I am so sad that he is gone. He was a wonderful man.”

“Dr. Wolfe was my PHS associate director since I started coming five years ago. He was such a kind man — so genuine and humble, quietly compassionate. I wish I had known him better, more personally. I will miss him very much.”

“John Wolfe was instrumental in my early recovery. I first met Dr. Wolfe a few years ago when I turned to PHS in trouble. From the beginning, I knew he had something I wanted. From the beginning, he assured me that I have a disease for which there is no cure, but to which there is a solution. I believed him because he told me he was in recovery, too. I was impressed that he made time for me and other struggling physicians while remaining devoted to his patients and family. He calmly but confidently introduced me to the spiritual principles of recovery before I ever attended treatment or a 12-step meeting. I looked forward to driving up to meet him in Gloucester every month because I knew that we’d talk about our experiences with recovery. Dr. Wolfe practiced the principle of the program in all his affairs. He was like a second sponsor — no matter what my mood, he was always positive and upbeat. I will miss him.”
PHS welcomes its new director, Steven A. Adelman, MD, who joined PHS in March 2013.

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. Steven A. Adelman, MD, a board-certified psychiatrist with additional qualifications in addiction psychiatry, became the director of PHS in March 2013. With the help of physician associate directors located throughout Massachusetts, Dr. Adelman 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 organization to carry out its mission and oversees the PHS director/chief operating officer and the financial management of the organization (see page 18 for a complete listing of board members). In addition, PHS benefits from the expertise of a Clinical Advisory Committee (see page 21), 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 de-identified 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 24. PHS is represented on the Federation of State Physician Health Programs Research Committee to stay abreast of national research project opportunities.

Finally, PHS established its Medical Student Advisory Committee in 2004 to provide a forum for medical schools to effectively exchange information on issues of student health (see page 22). 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. The process is confidential and participation is voluntary. 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 at medical institutions
- 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 to contact us:

- Difficulty balancing work and family
- Difficulty managing stress, burnout, or financial pressure
- Difficulties managing a practice or coping with a competitive work environment
- Difficulty managing administrative burdens
- Challenges with retirement planning or a career change
- Distressed or disruptive behavior
- Anxiety, depression, and mood disorders
- Acute and/or post-traumatic stress
- Malpractice stress
- Stress following an unexpected outcome or medical error
- Medically induced trauma
- Alcohol and substance use concerns
- Interpersonal problems
- 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

REASONS TO CONTACT PHS:

- Grand rounds, lectures, and speeches at committee and specialty society meetings
WORDS ON BEHALF OF THE PHS ASSOCIATE DIRECTORS

Dr. Luis Sanchez was typically the first to see new clients, who often appeared amid confusion, shame, and fear — having little idea as to what was about to happen next. When the associate directors next saw the physicians they often already felt accepted and supported and maybe a little hopeful for the first time. This happened not because Luis is a psychiatrist, but because he is a sensitive, compassionate human being. The doctors felt heard without judgment and started to see a way forward.

As the public face of PHS, Luis inspired confidence and trust. He was able to reach out to others by speaking at numerous hospitals and group practices, letting physicians across the state know that there was help available and that it worked. With his unique combination of humor and sincerity, he was able to touch others, and bring them in to a community of support and and healing. Dr. Sanchez ably served as president of the Federation of State Physician Health Programs. Also, under his leadership PHS initiated a very successful Behavioral Support Group and a twice-yearly Managing Workplace Conflict course, bringing a depth of resources to help make the practice of medicine more satisfying to all.

Dr. Sanchez leaves behind a highly regarded and successful physician health program where more than 75% of clients complete their monitoring contracts successfully. This is in addition to the many other doctors who find in PHS guidance and support, coaching resources, and, of course, collegiality. Luis, we thank you for being our leader and mentor and for making Massachusetts a better home for physicians.

— PHS Associate Directors
A TRIBUTE AND NOTE OF GRATITUDE FROM EDWARD KHANTZIAN, MD

As chair of the Board of Directors and president of PHS, and on behalf of MMS, I want to offer a tribute and note of gratitude to Dr. Luis Sanchez, the director of our program for the last decade and a half.

In recovery, the physicians we serve are among the most admirable, caring, and esteemed individuals with whom I have worked. The problem is that they sought solutions to their problems by going to the wrong address. Our challenge at PHS has been to help our colleagues find the right address and help them to restore and achieve their gifts and potential. Luis has paved the pathway to this address, and we thank him wholeheartedly for his many years of guidance.

One of the first individuals whom physicians encountered when they came to PHS was Luis. It was his task to ease and introduce them into PHS as a program that would respect and work with them to overcome and grow from their difficulties. It is a role that requires sensitivity and compassion, and in some cases, firmness. Luis consistently fulfilled his role in these respects and in the many other roles he exercised as our director. He faced complex and high-tension physician-related and organizational issues with ease and grace throughout his stewardship.

Luis demonstrated passion for prevention, self-care, and support groups for physicians within PHS and in his many outside speaking engagements with hospitals and physicians groups, where he was a strong advocate for these concerns. He greatly increased awareness within the medical community of the nature and scope of services offered to physicians. He can also take pride in the many accomplishments of the program, such as:

- Beyond the weekly support groups hosted at MMS for doctors with substance misuse, he initiated the very successful PHS Behavioral Support Group, which has been running for over 10 years, and has had more than 250 physicians participate during that time. Participants indicate a high degree of satisfaction and benefit in their personal and professional lives and from their interaction with each other.
- He played multiple educational roles within and outside the Society, not the least of which is the very successful Managing Workplace Conflict course.
- He expanded the scope of services and expertise of PHS from a program largely addressing substance use disorders and some mental health challenges to one broadly focused on physician health concerns in all its permutations.
- He has been a prominent leader at the national level, along with PHS Director of Program Operations Linda Bresnahan, in the Federation of State Physician Health Programs, and recently served as president of that organization and has served as its designated observer to the AMA.

And finally, I want to express what a privilege it has been for me to serve with Dr. Sanchez, who I count as one of my most esteemed and admired colleagues. I speak for PHS and MMS in extending tribute and gratitude to Dr. Sanchez for a job well done.

Edward J. Khantzian, MD
President and Chair of the Board of Directors
Physician Health Services
A MESSAGE FROM THE PRESIDENT

I write my annual statement this year at a time when PHS is in transition. Times of transition and change are times of risk and opportunity. With much confidence I focus on the latter.

Dr. Luis Sanchez has recently retired and his successor, Dr. Steven A. Adelman, has assumed the responsibility as our new director. During Dr. Sanchez’s stewardship we have grown and flourished as a program. Dr. Sanchez’s competency, dedication, and diligence have been pivotal in assuring that the physicians coming to PHS for assistance are met with dignity, understanding, and respect. And beyond that, he has been correspondingly successful in working with our equally competent staff to assure smooth administration and operation of PHS. On this solid foundation Dr. Adelman comes aboard with his own track record of success at Harvard Vanguard, where he distinguished himself in assuring the highest quality of clinical care and administration of a very large program. In the short time we have come to know him, we have been impressed with his own special brand of enthusiasm in embracing and committing himself to the work and mission of PHS.

Having underscored the nature of our mission and the qualities of our two exceptional directors who have embraced it, I want to review the nature of the problems that bring physicians to PHS needing assistance. Beyond the stigma and harsh judgments so often placed on individuals with addictive or behavioral disorders, to say nothing of physicians who are held to higher standards, individuals who experience these problems are struggling with issues that we all more or less struggle with, and physicians are no exception.

Individuals suffering with these problems are too often tragically misjudged as individuals seeking pleasure or as people who are destructive to themselves or others. Based on nearly five decades of experience in working with these problems I am convinced, almost without exception, that addictions and behavioral problems have to do principally with challenges and vulnerabilities in regulating emotions, self-esteem, relationships, and self-care. Susceptible individuals have substituted chemical solutions and troubling behaviors in response to their distress and suffering when they cannot cope with the pain associated with these issues. The stresses and challenges associated with the rapidly changing world of medical care greatly heighten these vulnerabilities. PHS remains steadfast in helping physicians to overcome and recover from these challenges and the sources of their distress. The worst fate in life is not to suffer, but to suffer alone. The PHS program succeeds in its mission because it effectively assures human connection through support, monitoring, referral for treatment, and fostering links for mutual help and well-being.

Each year that I prepare this report I struggle to find different and better ways to highlight how the principal successes of PHS rest on the shoulders of our funders, the associate directors, and the staff who administrate our program. To begin with, we have been the beneficiaries of and remain eternally grateful to the Massachusetts Medical Society for its generous and continuous fiscal and administrative support and consistent commitment to PHS. The following underwriters have also consistently made significant annual fiscal contributions to PHS, without which we could not prosper and survive: Baystate Health Systems, Berkshire Health Systems, Boston Medical Center, Brigham and Women’s Hospital, Brigham and Women’s Physicians Organization (BWPO), Cape Cod Healthcare, Connecticut Medical Insurance Company (CMIC), Covetys, CRICO, Lahey Clinic, Physicians Insurance Agency of Massachusetts (PIAM), Steward Health Care System, Tufts Medical Center and UMass Memorial Health Care, Inc.

The associate directors remain pivotal in meeting with, offering support, and coordinating the essential functions of monitoring and referring for treatment the physicians for whom we care. They are Philip Candilis, MD; Gary Chinman, MD; Wayne Gavrych, MD; and Ruthann Rizzi, MD. And beyond the leadership provided by Drs. Sanchez and Adelman, the program could not thrive without Linda Bresnahan, our director of operations; legal counsel Debra Grossbaum; and our outreach and education manager, Jessica Vautour, who exercise their roles to ensure a smooth and effective administration of PHS. In addition we benefit from the hard work and support provided by our administrative staff, including Deborah Brennan, Deborah Canale, Mary Howard, and Shari Mahan.

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

Dr. Khantzian is a graduate of Boston University. He received his medical degree from Albany Medical College in New York in 1963. He served residencies in psychiatry at the Massachusetts Mental Health Center and the Cambridge Hospital, and 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 Tufts 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).
A MESSAGE FROM THE DIRECTOR

I am deeply honored to be the new director of PHS, a superb mission-driven organization that plays an increasingly important role in supporting the health and well-being of more than 30,000 physicians here in Massachusetts. As our society moves closer to providing health care to all, the demands on physicians have never been greater. Greater numbers of patients are entering the system, and the supply of physicians is not keeping pace with the demand for services. At the same time, the cost pressures on the system are enormous, and we find ourselves put in the position of needing to do more with less. As occupational stress and burnout become almost endemic to the medical profession, nothing can be more important than the health and well-being of physicians and other members of the health care team.

It is a privilege to stand on the shoulders of a giant, my friend and colleague Luis Sanchez, MD, with whom I have collaborated since the 1990s. Across the Commonwealth, Luis has been the “go-to doc” for anything and everything related to physician health. Rank and file physicians, chief medical officers, health care administrators, and the professional staff of the Board of Registration in Medicine have come to rely on his professional wisdom, compassion, and generosity of spirit. While assisting physicians in a caring and forthright way, he has always been guided by doing what is best for the patients — the people of Massachusetts.

Dr. Sanchez has built a well-functioning and dedicated team at PHS. This team includes physician associate directors, professional staff, office staff, leaders of self-help meetings for physicians, and a committed group of volunteer committee members who help to enrich and refine the work PHS does with each and every physician with whom we interact. I am thrilled that Dr. Sanchez has agreed to continue his relationship with PHS by mentoring me, by serving on PHS committees, and by continuing to teach our successful and sought-after Managing Workplace Conflict course. We are indeed fortunate to be able to draw on the success and experience of our much beloved director emeritus.

I join PHS after a 20-year tour of duty at Harvard Vanguard Medical Associates, a large multisite, multispecialty group practice in eastern Massachusetts. As a practicing physician and executive at HVMA, I have had extensive first-hand experience practicing medicine in a large, coordinated health care system. We did our best to deliver appropriate evidence-based care, to maximize patient satisfaction, to create a work environment in which physicians’ jobs were doable, and to maintain financial solvency by keeping an eye on cost-effectiveness. It wasn’t easy. The practice of medicine in Massachusetts in 2013 can feel like an extreme sport. Physicians are juggling more balls than ever before: more patients, more visits, more emails, more forms, more phone calls, more evidence-based guidelines, more software interfaces and, unfortunately, more debt, as we segue from med school to residency to practice. All of this challenges our ability to balance our work lives and our personal lives, and to take good care of ourselves.

One of my goals at PHS is to accelerate our efforts to assist all physicians in the domains of self-care, work-life balance, peer support, and the management of the everyday stresses of medical practice. PHS will work closely with the Massachusetts Medical Society to reach out to all physicians in meaningful ways. At the same time, we need to redouble our efforts to manage the growing stream of traditional PHS referrals. We should always bear in mind that doctors who take excellent care of themselves are able to take excellent care of their patients. Please keep that in mind as we expand our efforts to stabilize PHS’s funding.

I view the work we do at PHS as a vital component of the sacred calling of the medical profession. I look forward to collaborating closely with all of the stakeholders in the health care system to fully realize our potential to help everyone — physicians, other members of the health care team, patients, and our loved ones, in order to optimize our collective health and well-being.

Steven A. Adelman, MD
Director of Physician Health Services
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
• Expanding the role of PHS into the domain of physician wellness, self-care, and peer support

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 26 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.
A recovery addiction story describes a full circle. Sectors of this circle include a time of normalcy followed by an unraveling, then a struggle and, hopefully, a repair. Associated with this harmony/disharmony is a swing from some social integration into isolation and then back; re-integration, with formation of entirely new relations and relationships. Key to completing the circle is engaging committed people who nurture experience, strength, and hope.

Mine is not an unusual physician-addiction story. Bright from a professional standpoint, but an emotional pup with naïve social adaptive skills, I was exposed to a high-demand, high-profile environment and eventually yielded to seeking relief from the stress through a chemical. I know now that vulnerability is steeped in bio-psycho-social makeup: mine has unique features. But physicians do exhibit stereotypy: we are trained relentlessly to believe we are self-reliant, resolute, and in control. The flaw is in confounding work and emotions. “But I always seem to know what to do at work…” Once a sense of emotional relief is obtained mechanically and the desire to repeat that feeling of relief is set into motion, there is imbalance.

My substance use details — opiates uncovered my vulnerability, and alcohol eventually dominated my life — are less important than the behavior, which is nearly predictable. Initially I went through a long phase of ignorance and denial about my growing problem until it spilled into my work domain. In treatment, I tended to memorize answers (ah, medical training) so as to move quickly out of acute phase care. I heard reports of people “getting it” (sobriety right away), but later learned those folks had suffered their addictions for years before their epiphany. And then the reality of that vulnerability — it isn’t gone when you stop using. Several relapses forced me to “consider some of the suggestions.” But still, lapses accumulated and then the losses — first not so noticeable (so I thought) — were eventually brutal and severe. I kept crawling out of holes and before long found myself in deeper ones. At the end the losses felt intolerable and fueled more relief-seeking behaviors. Finally, I lost my driver’s license, my medical license, and ended up in jail. My spirit was shattered.

My first “surrender” was where I had experienced “the worst of the worst.” I had to sweep my side of the street and was fortunate to rebuild where there was family, a progressive medical center, a robust state medical society, and lots of AA. Those were tough years. My past seemed to overshadow any glimmer of light that represented the future. I was at such a loss that I could only manage “one day at a time.” My physician’s contract, meant to provide me with structure and supportive documentation, felt like the sword of Damocles — one mistake and all was lost. Only by living by “sobriety first” was I able to piece some of my puzzle back together, eventually regaining my medical license. Eventually the clouds lifted, I was granted a Massachusetts medical license, and my training began.

I did not rest on my laurels. I kept close to any and every resource offered to me and at my disposal. I took an active, integrative approach with all opportunities that were meant to help me. I completed my training, passed my boards, and I am now finishing a fellowship. I applied for a job, and to my great amazement, my path and my story were viewed not just favorably but enthusiastically at the hospital where I will begin work soon.

I do the work required to remain spiritually fit on a daily basis. I have achieved this degree of sobriety and made these professional advancements with the help of dedicated people who are willing to see addiction stories as prospective success stories and stay the course with those who are struggling. I am grateful to you.

— A physician in recovery
I/WE 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
physicianhealth.org.

RETURN THIS COMPLETED FORM TO:
Physician Health Services, Inc., 860 Winter Street, Waltham, MA 02451
PHS STRATEGIC GOALS

PHS conducts a retreat every two to three years to review the organization’s strategic priorities and determine future goals. The strategic retreats are attended by PHS’s key stakeholders, including representatives from the PHS Board of Directors, associate directors and staff, and the Advisory Committee. Past program participants often shared their powerful stories of recovery and offered valuable commentary on the future direction of PHS. PHS priorities are reviewed and updated with the invaluable insight of the distinguished and experienced health care professionals dedicated to improving the health and lives of the physicians and students PHS serves. Following are the organization’s current priorities.

Financial Stabilization
- Promote adequate growth in per physician funding from physicians, their employers, their malpractice carriers, health care facilities, and the MMS in order to sustain and grow PHS’s many efforts.

Outreach
- 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

Program Operations
- Encourage greater involvement by offering grand round lectures and in-service programs at all medical institutions, including hospitals, group practices, and medical schools
- Expand the online content of the PHS website (physicianhealth.org) to include information for monitors
- Continue the work of the research committee in studying the impact of the behavioral health support group on attendees’ lives and examining indicators of relapse

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.

Linda Bresnahan, PHS director of program operations, 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 Planning Committee and the Publications Committee. Debra Grossbaum serves as chair of the Bylaws Committee and is also a member of the Audit Committee.

Physician Health Services, Inc. (PHS) has entered into a new partnership with the FSPHP. This partnership provides PHS an opportunity to remain abreast of state physician health program initiatives nationwide, to further develop relationships with peers in the profession, and to be involved at a national level with developments in the field. PHS will be providing administrative assistance to the FSPHP, including membership services, conference planning, and other outreach services and programs. The reimbursement provided by FSPHP has the potential to diversify revenue for PHS as well.

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.

Edward J. Khantzian, MD, President and Chair
James D. Butterick, MD, Vice President and Vice Chair
Corinne Broderick, MS, Director
Booker Bush, MD, Director
Mary Kraft, MD, Director
Aaron M. Leavitt, MD, Director
Mary Anna Sullivan, MD, Director
Stephen Tosi, MD, Director
Steven A. Adelman, MD, Chief Operating Officer and Director
Michael Farrell, Treasurer
Debra A. Grossbaum, Esq., Clerk

PHS would like to thank Dr. Fromson for his service and dedication as a member of the Board of Directors for 15 years. We are grateful for his commitment to the services provided by PHS and devotion to the betterment of the health of the physicians in Massachusetts.
THE ASSOCIATE DIRECTORS

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, has been associate director of PHS since 2010 and served as assessment director from 2010 to 2013. 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.

Michael S. Palmer, MD, Associate Director Emeritus

Michael S. Palmer, MD, is board certified in internal medicine and has practiced both internal medicine and emergency medicine. He is a clinical instructor in medicine at Tufts University and served on the faculties of Harvard Medical School and the University of Cincinnati School of Medicine. He has been working in the area of physician health since 1982 and has been an associate director for PHS since its inception. He currently serves as an associate director emeritus while working as a full-time writer of bestselling suspense novels.

Judith Eaton, MD, Associate Director Emerita

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.
MEET PHYSICIAN HEALTH SERVICES

THE STAFF
Our staff expertly handles the diverse array of tasks required to keep the program developing and operating on a day-to-day basis while offering the best possible service and assistance to physicians. Physician Health Services is proud to introduce a professional, experienced, and dedicated staff.

LINDA R. BRESNAHAN
Director of Program Operations
Linda R. Bresnahan is responsible for the daily operations of PHS. She establishes and manages all administrative, educational, and operational activities. She coordinates PHS’s governance meetings and committee activities, and she oversees information technology and the procedures necessary to support physician case management. Ms. Bresnahan received her bachelor’s degree in economics with a concentration in management information systems from Boston College. She has an extensive background in health care as an administrative assistant, having served the organization’s leadership as a board of directors’ officer of the Federation of State Physician Health Programs, and she is a member of the American Bar Association, the Massachusetts Bar Association, and the American Society of Medical Association Counsel. Ms. Grossbaum is a graduate of Brown University and the Boston University School of Law.

JESSICA L. VAUTOUR
Outreach and Education Manager
Ms. Vautour is responsible for the supervision of administrative staff and oversees training for all administrative activities. She is responsible for managing and implementing all PHS outreach and educational programs. Ms. Vautour received her bachelor’s degree in accounting from Bentley College and her master’s degree in management from Cambridge College. She has an extensive background in health care management and has been with the Massachusetts Medical Society for more than 20 years. Additionally, Ms. Vautour has been a member of the Massachusetts Association of Medical Staff Services (MAMSS) for more than 14 years. She currently serves on the MAMSS Board of Directors as part of the organization’s leadership.

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.

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.
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.

- Steven A. Adelman, MD, Chair
- Mark J. Albanese, MD
- Daniel Peter Alford, MD, MPH, FACP, FASAM
- Sarah Bagley, MD
- 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. Kuftinec, 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
- Cara Poland, MD
- Glenn S. Pransky, MD
- John A. Renner Jr., MD
- Ruthann Rizzi, MD
- Zev D. Schuman-Olivier, MD
- Luis T. Sanchez, MD
- William Shea, MD
- Jacquelyn Starer, MD
- Joanna Vaz MacLean, MD
- Alexander Yale Walley, MD, MSc
THE ADVISORY COMMITTEE
The PHS Advisory Committee consists of representatives from our major funding organizations (listed on page 26). The committee meets approximately two to three times each year to provide additional perspectives and assistance to PHS on the following matters:

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

Evan Benjamin, Senior Vice President and Chief Quality Officer, Baystate Health, Inc.
David H. Bor, MD, Chief, Department of Medicine, Cambridge Health Alliance
Michael Farrell, Treasurer, PHS
Tara R. Gibson, CPCU, RPLU, Vice President, Risk Management, Coverys
John F. King, President, Physicians Insurance Agency of Massachusetts (PIAM) (Independent Insurance Subsidiary of the MMS)
Harvey Kowaloff, MD, MMM, Vice President of Medical Affairs, Saint Anne’s Hospital and Morton Hospital, A Steward Family Hospital
Dale M. Lodge, President, Winchester Physician Associates
Luke Sato, MD, Senior Vice President and Chief Medical Officer, CRICO
Edward Silberman, MD, Vice Chair for Adult Services, Department of Psychiatry, Tufts Medical Center and Tufts University School of Medicine

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 65 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

PHS would like to thank Dr. John O’Brien and Richard Brewer for their dedication to the Advisory Committee and wish them well in their retirement. PHS is also thankful to Robert Hanscom for his commitment to the PHS mission and many years of service on the Advisory Committee.
Medical Student Advisory Committee
Back Row: Amy Kuhlik, MD, Ruthann Rizzi, MD, Mai-Lan Rogoff, MD, Laurie Raymond, MD, Linda Bresnahan, Peter Massicott, MD, Debbie Grossbaum, Jessica Vautour
Front Row: John Polk, MD, Steve Adelman, MD, Luis Sanchez, MD

The Medical Student Advisory Committee of PHS has been helpful by creating a forum in which the representatives of the four regional medical schools work collaboratively to share experiences and challenges facing medical students. Through guided discussion, led by an expert in the field, this forum has allowed us to better understand the nature and the range of the problems with potential solutions. In addition, it has served as a tremendous resource for assessment, development of interventional plans, and prescribing follow-up for students with the most challenging problems.

— John Polk, MD
MEET PHYSICIAN HEALTH SERVICES

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. PHS also participates on the Federation of State Physician Health Programs Research Committee to stay abreast of national research project opportunities.

The committee includes Dr. Steven Adelman, chair, Dr. Luis Sanchez, past chair, and Drs. Philip Candilis, Gary Chinman, Judith Eaton, and Ruthann Rizzi. Linda Bresnahan and Mary Howard serve as staff liaisons to the committee. Other areas of future interest include studying the results of PHS random drug screening and updating previously published PHS outcome studies.

The Research Committee
Fred Arnstein, PhD, Linda Bresnahan, Judith Eaton, MD, Mary Howard, Steven Adelman, MD, Luis Sanchez, MD
PHYSICIAN HEALTH SUPPORT GROUP SURVEY

This past year, the committee worked on a survey to the physician health support group attendees. In addition to the committee members, Diana Barnes Blood, LICSW, and Fredrick Arnstein, PhD, assisted in the work of this project. PHS extends special acknowledgement to them for their work.

PHS has provided physician support groups for years to physicians and medical students who can benefit from such support. In addition to addiction support groups, PHS for the past 10 years has sponsored a Physician Health Support Group that addresses difficulties in practicing medicine. Given the success of this group, PHS conducted a survey of members and former members to more objectively determine how the group is regarded by the participants.

The survey questionnaire focused on the group process itself and also its effect on the outcomes of practicing medicine. In contrast to the addiction-based groups, this group is led by a facilitator who interviews prospective members and actively guides the group process. Questions were also asked regarding the role of the facilitator.

The survey results were overall positive and encouraging. A total of 72% of respondents felt quite positive about the group process and experience, while 86% rated the facilitator as helpful (see Figure 1).

Outcomes were measured in four areas: family and friends, wellness, professional relationships, and career. A full 67% experienced positive impacts in all or some of the areas, and 24% felt there was no discernible impact (see Table 1).

Many comments described the supportive nature of the group involving the strains and discouragements of practicing medicine, personal and family concerns, lawsuits, and licensing board disciplinary actions. There were many positive comments regarding the style and role of the facilitator.

In addition to the overall positive response of the group members, there were three important correlations.

- The positively viewed process of the group correlates with later positive outcomes in the four areas mentioned below (Table 1).
- The facilitator’s role had the most positive impact on positive outcomes.
- The more sessions attended (at least eight) led to more positive opinions as to the group experience and outcomes in personal and professional lives.

The results will continue to be reviewed to assist in ensuring that the support group is beneficial to physicians now and in the future.

"I’m starting to think that most physicians could benefit from these groups. Medicine is getting more stressful."

"Attending this group makes one realize the medical professionals neglect of important life issues."
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

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

Boston Medical Center
Kate Walsh President and Chief Executive Officer

Brigham and Women’s Physicians Organization (BWPO)
Allen L. Smith, MD, MS President

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

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

Coverys
Tara R. Gibson, CPCU, RPLU Vice President, Risk Management

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

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

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

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

Tufts Medical Center
Edward Silberman, MD Vice Chair for Adult Services, Dept. of Psychiatry, Tufts Medical Center and Tufts University School of Medicine

UMass Memorial Health Care, Inc.
Eric W. Dickson, MD, MHCM, FACEP, President and Chief Executive Officer; Professor of Emergency Medicine, UMass Medical School
MEDICAL SCHOOLS SUPPORT PHS’S PROGRAMS

PHS would like to thank the four Massachusetts medical schools for their contributions, which will assist PHS in its mission of reaching out to medical students in need. The support of our medical schools is of great significance. Not only will the funding further our efforts, but we also believe the schools’ involvement demonstrates the importance of prevention and wellness to medical students.

Boston University School of Medicine
Harvard Medical School, Program in Medical Education
Tufts University School of Medicine
University of Massachusetts Medical School

THOSE WHO HAVE GIVEN PHYSICIANS SUPPORT FOR THEIR HEALTH

In addition to the contributors listed on page 26, 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.

Gregory Acampora, MD
Steve Adelman, MD, and Debbie Levenson, in memory of John Wolfe, MD
Steve Adelman, MD, and Debbie Levenson, in honor of Luis Sanchez, MD
Anna Jaques Hospital
Bournewood Health Systems
Richard W. Brewer, in honor of Dr. Luis Sanchez
James B. Broadhurst, MD
Corinne Broderick
Drew and June Brodsky

Gerrilu and Svend Bruun, in honor of Dr. Sanchez’s retirement
Edgar Butnner
Hubert I. Caplan, MD, in honor of Dr. Luis T. Sanchez in recognition of his exemplary works for colleagues over his many years of service to MMS
Charles River District Medical Society
Doctors Concerned with Doctors
Beverly and Tristram C. Dammin, MD
Abhijit Desai, MD
Judith Eaton, MD
Jesse M. Ehrenfeld, MD, MPH
Dr. David Ehlmer
Jack and Sheila Evity
Steven Fischel, MD, PhD
Dr. and Mrs. John T. Frasca
Rohn S. Friedman
Terry F. Kriedman, MD
Wayne and Amanda Gavryck
Dr. and Mrs. George E. Ghareeb, in honor of Dr. Sanchez
Good Samaritan Medical Center
Debra and David Grossbaum, in memory of John Wolfe, MD
Debra and David Grossbaum, in honor of Luis Sanchez, MD
Rachel Haft, MD
Hampden District Medical Society in honor of Dr. Ruthann Ritzi
Gregg L. Hanson
Mr. and Mrs. T. Scott Hemphill, in memory of Dr. Kenneth D. Cashin
Jordan Hospital Organized Medical Staff
Taj Kattapuram
Kayden Enterprises
Sarah Kemble, MD, MPH

Dr. and Mrs. Edward J. Khantzian
Lawrence General Hospital
Charles F. Leonard, MD
Lemuel Shattuck Hospital — Addiction Symposium
Sujata R. Maddineni, MD
Marlborough Hospital Medical Staff
Friend of PHS, Alan Moss, MD
Mark W. Nickels, MD
Michael Palmer
Program in Medical Education
Harvard Medical School
Lee S. Perrin, MD and Karen Mann
Dr. and Mrs. James R. Ralph
Perveen Rathore, MD
Mark B. Rohrer, MD
Luis T. Sanchez, MD
Peter Scuccimarri, MD
Kenneth Shamir, MD
William D. Shea, MD
Mark and Jane Sherman
Lynda Young and Robert Sorrenti, in honor of Luis Sanchez, MD
Southcoast Health System, Inc.
J. Scott Steinmetz, MD
Robert Wespiser, MD
John Wolfe, MD
Wyncote Foundation

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.
YEAR IN REVIEW

FISCAL YEAR 2013: JUNE 1, 2012, TO MAY 31, 2013

Financial Sources*

<table>
<thead>
<tr>
<th>Source</th>
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<td>PHYSICIANS INSURANCE AGENCY OF MASSACHUSETTS</td>
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<td>TUFTS MEDICAL CENTER</td>
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<td>CONNECTICUT MEDICAL INSURANCE COMPANY (CMIC)</td>
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<td>BOSTON MEDICAL CENTER</td>
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<td>BAYSTATE HEALTH, INC.</td>
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<td>LAHEY CLINIC</td>
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<tr>
<td>BRIGHAM &amp; WOMEN'S HOSPITAL</td>
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<td>BERKSHIRE HEALTH SYSTEMS</td>
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<td>CAPE COD HEALTHCARE</td>
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Expenses*

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<tr>
<td>ALL OTHER</td>
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</table>

*Pre-audit

MONITORING CONTRACTS

PHS maintains ongoing oversight of approximately 110 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.
During the past year, PHS has improved physicians' lives in the following ways:

• 227 physicians have been helped directly through personalized consultative support services and monitoring contracts.
• 149 new physicians and medical students were referred this year (see Figure 1).
• 130 health care professionals consulted with PHS for resources. These services are provided to physicians, hospital administrators, attorneys, and anonymous individuals who contact PHS for advice regarding administrative, clinical, and legal matters pertaining to physicians with health or behavioral concerns.
• 43 educational sessions were provided by PHS to physicians, hospitals, and individual practices. An estimated 2,300 physicians, medical students, and health care professionals were in attendance at the physician health educational offerings this year.

PHS addresses a broad range of physician health issues (listed by category in Table 1). Behavioral health continues to be the largest group (N=52), followed by substance use disorders (N=45) and single-diagnosis mental health (N=31). 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.
PHS has been interested to see whether any particular specialties are significantly overrepresented or underrepresented in our client population. In 2007, we compared the self-reported medical specialties of PHS clients with all licensed physicians in Massachusetts for the years 2005–2007. We used a three-year time period in order to ensure a large enough sample of PHS clients for statistical comparisons.

Here we have repeated the analysis for the current three-year time period of 2011–2013. 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 2011–2013 data, we see four specialties where PHS clients that were significantly overrepresented (surgery and anesthesiology) or underrepresented (pediatrics and radiology).

The specialty that shows the most significant increase is surgery. Anesthesiology continues to be the most over-represented specialty.

We did a comparable analysis for our previous (2012) Annual Report. Our conclusion then, as now, based on the historical comparison shown, is that over- or underrepresentation is transient, or at any rate has been when the two time periods are compared. However, the time period 2011–2013 compared with 2010–2012 show great similarly, so it may be that the earliest period (2005–2007) was simply different in some fundamental way, and that as we monitor over the coming years we will find less discontinuity.

### Table 3: Comparison of Physician Specialties for PHS versus All of Massachusetts for Two Periods — 2005–2007 and 2011–2013

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>FISCAL YEARS 2005 TO 2007</th>
<th>FISCAL YEARS 2011 TO 2013</th>
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<td></td>
<td>PHS%</td>
<td>MA%</td>
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<td>INTERNAL MEDICINE</td>
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<td>FAMILY PRACTICE</td>
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<td>4.3</td>
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<td>OB/GYN</td>
<td>6.5</td>
<td>3.3</td>
</tr>
<tr>
<td>EMERGENCY MEDICINE</td>
<td>4.0</td>
<td>5.5</td>
</tr>
<tr>
<td>RADIOLOGY</td>
<td>4.0</td>
<td>6.1</td>
</tr>
<tr>
<td>OTHER(^3,6)</td>
<td>8.3</td>
<td>12.7</td>
</tr>
</tbody>
</table>

---

3 Probability that the difference in proportions for PHS vs. MA can be explained by chance using Chi-square analysis. \(p = .02\) used as a cutoff because we made 21 comparisons, so that one comparison would appear significant by chance at the .05 level.

4 2005 data for Massachusetts residents were unavailable and are not included in the comparison.

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

6 Other includes occupational medicine, pathology, physical medicine, and public health.
Table 4: Referral Sources — Fiscal Year 2013

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td>33</td>
<td>22.2</td>
</tr>
<tr>
<td>HOSPITAL STAFF</td>
<td>27</td>
<td>18.1</td>
</tr>
<tr>
<td>HOSPITAL ADMINISTRATION</td>
<td>23</td>
<td>15.4</td>
</tr>
<tr>
<td>LICENSING BOARD</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>MEDICAL SCHOOL</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>COLLEAGUE</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>RESIDENCY PROGRAM</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>THERAPIST</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>OTHER</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>ATTORNEY</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>OTHER STATE PHP</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>HOSPITAL PHYSICIAN HEALTH</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>PRIMARY CARE PHYSICIAN</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>FAMILY MEMBER</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>149</td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Referral Recommendations — Fiscal Year 2013

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO CONTRACT OR OTHER SERVICES NEEDED</td>
<td>25</td>
<td>16.8</td>
</tr>
<tr>
<td>INTERNAL ASSESSMENT</td>
<td>20</td>
<td>13.4</td>
</tr>
<tr>
<td>PARTIAL ASSESSMENT</td>
<td>19</td>
<td>12.8</td>
</tr>
<tr>
<td>INFORMATION PROVIDED</td>
<td>15</td>
<td>10.1</td>
</tr>
<tr>
<td>CONTRACT OPEN</td>
<td>14</td>
<td>9.4</td>
</tr>
<tr>
<td>CONTRACT RECOMMENDED</td>
<td>14</td>
<td>9.4</td>
</tr>
<tr>
<td>EXTERNAL ASSESSMENT</td>
<td>13</td>
<td>8.7</td>
</tr>
<tr>
<td>CONTRACT RECOMMENDED — CLIENT DECLINED</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>REFERRAL PROCESS</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>FOLLOW-UP RECOMMENDATIONS</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>- COACHING</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>- COACHING/CONFLICT EDUCATION</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>- COACHING/CONFLICT EDUCATION/Therapy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>- THERAPY</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>- COACHING/Therapy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>INFORMATION CONSULTATION</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>149</td>
<td></td>
</tr>
</tbody>
</table>

PHS continues to serve a spectrum of physician specialties, including residents and medical students, as shown in Table 2. PHS is also 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 represents a snapshot of where the FY13 referrals were at the end of the fiscal year.

PHS has directly helped over 2,250 physicians since its inception over 35 years ago.

PHS expresses its appreciation to Fred Arnstein, PhD, for donating his time completing this specialty analysis.
YEAR IN REVIEW

OUTREACH ACTIVITIES:
JUNE 1, 2012, TO MAY 31, 2013

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 37.

More than 2,300 physicians and medical students from the following institutions across Massachusetts were in attendance at PHS presentations this year.

- 2012 AMA-CMA-BMA International Conference on Physician Health
- 6th Annual Lemuel Shattuck Hospital Addictions Symposium
- American Bar Association — Physician Legal Issues Conference
- Anna Jaques Hospital
- Baystate Medical Center — Physician Health Committee
- Beth Israel Deaconess Hospital—Milton
- Board of Registration in Medicine’s Board of Directors
- Boston Athletic Association — Impact of the Marathon Bombing on the Medical Profession
- Boston Medical Center — Board of Trustees
- Boston University — First-Year Medical Students
- Bournewood Hospital
- Braintree Rehabilitation Hospital
- Brockton Hospital
- Cape Cod Symposium on Addictive Disorders
- CEJA Panel @ AMA Annual Meeting
- Coalition on Physician Education in Substance Use Disorders (COPE)
- Good Samaritan Medical Center
- HealthAlliance — Leominster Hospital
- HMS Liability and Prevention for Physicians and Health Care Professionals
- Israel Trauma Coalition Workshop
- Jordan Hospital
- Lawrence General Hospital
- MA Chapter ACP — Young Physicians
- Massachusetts General Hospital — Department of Medicine Residents
- McLean Hospital — Social Work Department Meeting
- McLean Hospital Faculty
- MetroWest Medical Center
- MMS Committee on Women in Medicine
- Mount Auburn Hospital
- North Shore Medical Center — Union Hospital
- Partners Healthcare Addictions Psychiatry Fellowship — Didactic Seminar (Mclean Hospital)
- QuantiaMD — Online Module
- Tufts — First-Year Medical Students
- Tufts Medical Center — House Staff Orientation
- UMass Addiction Psychiatry Fellowship Seminar Series
- UMMC House Mentor Faculty
- When Bad Things Happen to Good Doctors — Cosponsored by MMS Hampden District Medical Society
ARTICLES, PRESENTATIONS, AND CONSULTING

One of the most important activities of Physician Health Services is educating physicians, residents, medical students, health care administrators, hospitals, HMOs, and the public regarding the prevention, early identification, and treatment of addiction and other illnesses that affect physicians. Areas emphasized include stress prevention, prescribing practices, communication skills, and time management. PHS also provides education regarding the types of services we offer, which 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 37.)

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.

PHYSICIANHEALTH.ORG

The Physician Health Services website, 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
- Referrals
- Helping Yourself or Others (This special section includes personal stories from physicians who have participated in the program.)
- Education and Resources
- Relationship to Licensing Board
- Joint Commission
- What It Means to Be a Monitor
- How to Make a Donation to PHS
- Funding

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.

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.
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 2012 TO MAY 2013
• When You Think a Colleague Needs Support
  (Volume 17, Issue 6, Summer 2012)
• Doctor: Care for Thyself
  (Volume 17, Issue 7, September 2012)
• Teaching Empathy Can Improve Patient Satisfaction
  (Volume 17, Issue 8, October 2012)
• The Ethics of Reporting Our Colleagues
  (Volume 17, Issue 9, November 2012)
• Helping Medical Students Reduce Isolation
  (Volume 18, Issue 1, December 2012/January 2013)
• The Power of Peer Support: A PHS Client Tells Her Story
  (Volume 18, Issue 2, February 2013)
• New PHS Director Plans to Bring Prevention Focus
  (Volume 18, Issue 3, March 2013)
• Physician Health Services Partners with the Federation of State Physician Health Programs
  (Volume 18, Issue 4, April 2013)
• Strength-Based Coaching: A Path to Increased Life and Career Fulfillment
  (Volume 18, Issue 5, May 2013)

17th 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.

17th Annual Participants’ Dinner
Front Row: Debra Grossbaum, Gary Chinman, MD, Linda Bresnahan, Michael Palmer, MD, Jessica Vautour
Back Row: Judy Eaton, MD, Wayne Gavryck, MD, John Wolfe, MD, Mary Howard, MD, Ruthann Rizzi, MD, Shari Mahan, Philip Candilis, MD, Luis Sanchez, MD, Deborah Brennan, Deborah Canale
MANAGING WORKPLACE CONFLICT: “IMPROVING PERSONAL EFFECTIVENESS”

An educational program 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 2.66 to 5.24 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 director emeritus 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 — October 17–18, 2013

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.”

“Think of the impact and intent of an intense conversation and choose words carefully.”

“Put myself in the other person’s shoes.”

“Take a deep breath before responding to a stressful situation.”

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!”
OUTREACH AND EDUCATION

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, such as:

- 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 37.

Dr. Adelman has contributed to the Massachusetts Medical Society’s Each Patient Counts Weblog. Please visit this blog on hot topics related to physician health and wellness.

http://blog.massmed.org/index.php/2013/05/physicians-take-notice-suicide-rates-are-increasing-dramatically

Opinions expressed here are his own, and do not necessarily reflect those of the Massachusetts Medical Society or Physician Health Services.
SPEAKING ENGAGEMENT REQUEST FORM

Date of Request: ________________________________________________________

Name of Organization: ___________________________________________________

Requested Date for Presentation: ___________________________________________

Second Choice: ____________________ Third Choice: ________________________

Times: __________________________________________________________________

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

Location of Presentation: _________________________________________________

Address: _______________________________________________________________

Name of Meeting Room: ___________________________________________________

CME Contact Person: ____________________________ Phone: __________________

Fax: _______________________________ 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:

Steven A. Adelman, MD    Wayne A. Gavryck, MD
Linda R. Bresnahan, MS    Debra A. Grossbaum, Esq.
Philip J. Candilis, MD    Michael S. Palmer, MD
Gary A. Chinman, MD       Ruthann Rizzi, MD
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 and secular peer-support groups as well.

“The Physician Health Services support group is where members bring their successes, fears, concerns, and occurrences unique to life as a physician. They encourage each other to stand fast, to grow and learn from whatever happens in the hospital, their practice, or elsewhere. They help each other tolerate trouble and move on. It is a privilege to be their facilitator.”

— Diana Barnes Blood,
Support Group Facilitator
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 a support group meeting, and regular contact with a therapist, work monitor, and chief of service.

Extended Voluntary Monitoring Contracts

These contracts are available to 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 student’s 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.

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.
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 95.5% compliance (269-expected monthly meetings, 256 took place). Of the 13 meetings that were missed, 8 had corresponding documentation describing scheduling difficulties, and 5 meetings did not take place and there was no documentation to explain. PHS will look to ensure 100% 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 33 physicians enrolled in the monitoring program over the past year. It was determined that the requirement was fulfilled 94% of the time. Two physicians were noncompliant with the requirement and closed their contract prior to completion review. This finding does reveal an improvement from last year.

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 2012. A total of 488 reports were sent out for feedback. Of these, 435 or 89%, were received following reminder notices. A total of 91%, 445 were received following associate director intervention. Ultimately 481, 99%, were received, resulting in just two reports to the licensing board for missing monitoring information. Four were determined uncollectable, and 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 2012, there were 12 confirmed positive test results that were reported to the BRM. Of these results, PHS determined an average 1-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 much improved from last year.
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. Diversion 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 within 30 days that the physician is compliant with our program [243 CMR 2.07 (23)].

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.

PHS and the Massachusetts Medical Society extend special thanks to the organizations that have served as the primary funders of PHS. Their financial support makes growth and outreach efforts possible. The level of funding from the following organizations has been essential to the stability and success of PHS:

- Baystate Health, Inc.
- Berkshire Health Systems
- Boston Medical Center
- Brigham and Women’s Hospital
- Brigham and Women’s Physicians Organization (BWPO)
- 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.