PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

2018 Annual Report

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.

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 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. PHS provides resources to those who seek our services, and is designed to provide assessments and, when appropriate, recovery monitoring for substance use disorders, behavioral health concerns, occupational problems, or mental or physical illness. Steven A. Adelman, MD, a board-certified psychiatrist with subspecialty expertise in addiction psychiatry and addiction medicine, has served as the director of PHS since March 2013. With the help of a professional staff located throughout Massachusetts, the PHS team assists physicians, medical students, hospitals, colleagues, and family members of physicians who may be at risk.

Dear Friends and Colleagues:

We are pleased to share with you this annual report summarizing our work from June 1, 2017, through May 31, 2018. We have had a busy year, with almost 170 physician and medical student clients referred or referring themselves. More than one-third of our new clients referred themselves. Most of those who come to PHS of their own accord are contending with professional stress and burnout. In addition to the new referrals, each year we serve **HUNDREDS** of additional individuals in our various monitoring programs and in a variety of PHS-sponsored support groups throughout the Commonwealth. Cumulatively, we have served more than 3,000 individuals, and our various outreach activities have touched thousands more.

Our professional staff includes five part-time physicians, two mental health counselors (monitoring associates), a part-time attorney, and a dedicated and extremely hard-working office staff. The medical team includes specialists in addiction medicine, addiction psychiatry, internal medicine, pathology, psychiatry, and medical leadership. We endeavor to accommodate all new referrals quickly, and to complete the time-intensive assessment process as expeditiously as possible. We recommend ongoing monitoring to physicians and students who are deemed to be in need of structured remediation and oversight. "A Personal Story of Recovery" (on page 5) and some of the other testimonials on page 6 in this annual report come from graduates of our monitoring programs.

Our clients have health challenges in one or more of the following domains: substance use; psychiatric conditions; problematic workplace behavior involving professionalism, anger management, social communication or organization; personal and/or professional stress and burnout; and, neurocognitive and/or medical problems that affect one's ability to practice. In the past year, we've seen more *process addiction* — physicians and students whose excessive use of technology and social media interferes with medical practice or medical education.

PHS continues to work toward developing resources to reach our many clients and their varied needs. This year PHS has created the *MedPEP* podcast series to address physician burnout. To learn more visit MedPEP.org.

Please note that any physician or medical student with a Massachusetts connection is welcome at PHS. We are a 501(c)3 charitable organization, and we greatly appreciate the support that we receive from institutions, organizations, and individuals in the health care community. This support enables us to welcome and serve such a wide range of participants. Our collaboration helps physicians and students learn to care for themselves and ensure their ability to care for their patients.

Sincerely,



— Mary Anna Sullivan, MD, President



— Steven A. Adelman, MD, Director

REASONS TO REFER OR SELF-REFER

PHS provides assistance with a wide variety of health conditions as well as personal and professional situations. Any one of the following issues may represent a reason to refer yourself or a colleague to PHS or to contact us for advice:

- Alcohol, drugs, and other controlled substances, as well as concerns about use and misuse
- Addictive/compulsive behaviors involving money or technology
- > Any psychiatric disorder
- > Attention, learning, and organizational issues
- Distressed, unprofessional, or disruptive behavior

- > Anger management
- Medical challenges with the potential to affect one's ability to practice medicine
- Concerns about memory loss and age-related challenges
- > Burnout and stress management
- ➤ Difficulties with work/life balance or self-care
- Difficulties practicing medicine in the changing environment

- Challenges with finances, retirement planning, or career change
- Stress related to malpractice, medical errors, and unexpected outcomes
- > Practice-related emotional trauma
- ➤ Professional boundary issues
- Relationship and family problems

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Year in Review

Fiscal Year 2018: June 1, 2017, to May 31, 2018

Yearly Activity

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

- More than 400 physicians and medical students have been helped directly in FY 18 through personalized assessments, consultative support services, and monitoring. The cumulative number of physicians and medical students who have been assisted since PHS was incorporated is now in excess of 3.000.
- ➤ 168 physicians and medical students were referred this year (see Figure 1).
- ➤ In addition to the hundreds of physicians, students, medical leaders, and medical school staff who consulted with PHS in 2018, our professional staff confers with a large number of individuals who call to discuss a variety of concerns over the course of the year. We hear from family members, colleagues, health professionals who treat physicians, practice and hospital administrators, attorneys, anonymous callers, and others, all of whom contact PHS for advice regarding administrative, clinical, and legal matters pertaining to physicians with health or behavioral concerns.

FIGURE 1: REFERRALS TO PHS OVER THE PAST TEN FISCAL YEARS

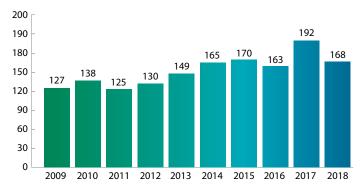
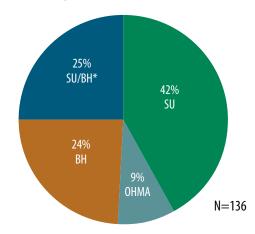


FIGURE 2: ACTIVE MONITORING CONTRACTS
Agreements as of 5/31/18



^{*}Among the 136 contracts and agreements a number involve co-occurring substance use and behavioral health disorders.

➤ 65 educational sessions and webinars were provided by PHS to physicians, medical leaders, hospitals, and individual practices. Several thousand physicians, medical students, and health care professionals attended physician health educational offerings this year. Our extensive online and print outreach activities reach tens of thousands of readers each year, including our MedPEP.org anti-burnout podcast.

MONITORING CONTRACTS AND AGREEMENTS

At any point in time, PHS is maintaining ongoing, structured oversight of approximately 125–150 physicians and medical students with monitoring contracts or agreements (see Figure 2). PHS recommends structured monitoring to approximately 30 percent of those referred each year. Most individuals who complete assessments without a recommendation of monitoring are referred to other resources for support and treatment. Structured monitoring helps individuals who might otherwise leave the profession stay on track.

- Substance Use (SU) Monitoring Contract This contract lasts a minimum of three years and is designed to guide and document abstinence from substances of abuse.
- Behavioral Health (BH) Monitoring Contract This contract addresses mental and behavioral health issues resulting from stress, emotional problems, and mental illness. The contract duration is a minimum of two years.
- Occupational Health Monitoring Agreement (OHMA) This agreement is designed to assist with interpersonal, communication, organizational, and other occupational health challenges that are a subject of concern at work. The agreement duration is a minimum of one year.
- ➤ **Abstinence Agreement** This one-year agreement is utilized for diagnostic purposes when a trial of monitored abstinence will help to determine the path forward.

PRESENTING PROBLEMS

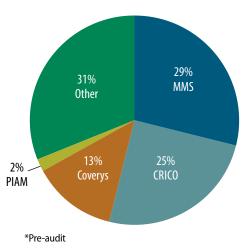
PHS addresses a broad range of physician health issues (listed by category in the table below). The Problematic Workplace Behavior category includes physicians who refer themselves or are referred by others because of professionalism, interpersonal, performance, work/life imbalance, and communication challenges that are sometimes amenable to professional coaching as a remediation strategy. Physicians who self-refer to PHS because of occupational stress and/or burnout are included in the mental health category.

PHS REFERRALS BY PRESENTING PROBLEM — FISCAL YEAR 2018		
CASE DESCRIPTION	N=168	%
Problematic Workplace Behavior	62	37
Substance Related	25	15
Mental Health	65	39
Clinical Competency	1	1
Legal Problem	9	5
Medical Problem	6	3

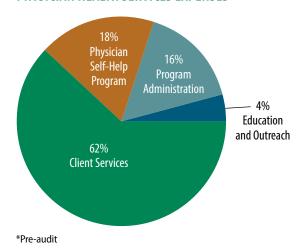
Year in Review

Continued

PHYSICIAN HEALTH SERVICES REVENUE*



PHYSICIAN HEALTH SERVICES EXPENSES*



Contributors and Corporate Sponsors

LEGACY CONTRIBUTORS

- · Coverys
- CRICO
- · Massachusetts Medical Society

SUSTAINING CONTRIBUTORS

- · Atrius Health
- · Baystate Health
- · Baystate Health Medical Staff
- · Berkshire Health Systems, Inc.
- Blue Cross Blue Shield of Massachusetts
- Boston Medical Center
- Boston University School of Medicine Student Affairs
- · Brigham and Women's Hospital
- Brigham and Women's Physicians Organization (BWPO)
- · Cambridge Health Alliance
- · Cape Cod Healthcare, Inc.
- · Cape Cod Hospital Medical Staff
- · Carney Hospital
- · Carney Hospital Medical Staff
- Connecticut Medical Insurance Company (CMIC)
- Dana-Farber Cancer Institute
- Emerson Hospital
- · Emerson Hospital Medical Staff
- · Good Samaritan Medical Center
- Good Samaritan Medical Center Medical Staff
- · Harrington Hospital
- Harrington Hospital Medical Staff
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- · Harvard Medical School
- · Harvard Pilgrim Health Care, Inc.
- · Heywood Hospital
- · Heywood Hospital Medical Staff
- · Holy Family Hospital
- · Holy Family Hospital Medical Staff
- · Lahey Health System
- · Lawrence General Hospital Medical Staff
- · Lowell General Hospital
- Massachusetts General Hospital
- · MelroseWakefield Healthcare
- · MetroWest Medical Center
- Milford Regional Physician Group, Inc.
- MMS District Medical Societies:
 - Bristol North District Medical Society
 - Charles River District Medical Society
 - Norfolk District Medical Society
 - Plymouth District Medical Society
 - Suffolk District Medical Society
- · Morton Hospital
- · Morton Hospital Medical Staff
- · Mount Auburn Hospital
- Mount Auburn Hospital Medical Staff
- Nashoba Valley Medical Center
- · Nashoba Valley Medical Center Medical Staff
- · New England Sinai Hospital
- · New England Sinai Hospital Medical Staff
- Newton-Wellesley Hospital
- · North Shore Medical Center
- Norwood Hospital
- · Norwood Hospital Medical Staff
- Physicians Insurance Agency of Massachusetts (PIAM) (Independent Insurance Subsidiary of the MMS)
- · Reliant Medical Group

- · Saint Anne's Hospital
- · Saint Anne's Hospital Medical Staff
- · Saint Vincent Hospital
- Saint Vincent Hospital Medical Staff
- · South Shore Hospital
- · Southcoast Health System, Inc.
- · St. Elizabeth's Medical Center
- · St. Elizabeth's Medical Center Medical Staff
- · Steward Health Care System
- Sturdy Memorial Hospital
- · Trinity Health
- Tufts Medical Center
- Tufts University School of Medicine
- UMass Memorial Health Care, Inc.
- UMass Memorial Medical Center
- UMass Memorial Medical Group
- University of Massachusetts Medical School

FIRST-TIME CONTRIBUTORS

- Baystate Medical Center; Healthcare Quality
- · Falmouth Hospital Medical Staff
- Massachusetts General Physicians Organization
- · Milford Regional Medical Center Medical Staff
- MMS District Medical Societies:
 - Barnstable District Medical Society
 - Bristol South District Medical Society
 - Essex South District Medical Society
 - Middlesex District Medical Society
- Pediatric Physicians' Organization at Children's (PPOC)

These contributions and corporate sponsorships were received by PHS during fiscal year 2018 (June 1, 2017–May 31, 2018). PHS would also like to acknowledge and thank the many individuals who contribute to us throughout the year.

The Work of PHS

Consultations, Referrals, Assessments, Monitoring, Outreach, Support, and Innovation

Each year hundreds of individuals contact PHS to discuss various concerns involving medical students, residents, and practicing physicians. They include medical leaders, physician and nonphysician colleagues, family members, attorneys, and distressed or concerned medical students and physicians themselves. Sometimes we provide advice and suggest resources over the phone. We always offer to meet with physicians and students in person as a critical first step toward more fully addressing their needs. More than a third of our clients refer themselves; the remainder are referred by a concerned third party. When individuals refer themselves, we direct them to specialized resources and physician-savvy professionals with a track record of helping doctors manage in the current environment.

Although self-referred clients are offered the possibility of continuing on with a more indepth assessment, most opt to look into suggested resources as a next step. On the other hand, when a medical leader or administrator refers a physician or student to PHS because of

significant health-related concerns, PHS always offers the referred individual a more in-depth assessment. Assessments involve the collection of additional data, which is done with the explicit, written permission of the client. This data may come from others at work, family members, and treatment providers. At least two PHS professionals meet with the client. Sometimes formal, in-depth evaluations or testing are recommended. The purpose of a PHS assessment is to form a detailed and accurate picture of the referred individual's health status in order to point the way to a successful and sustainable health improvement plan.

PHS recommends monitoring to about a third of the medical students and physicians who are referred because of serious challenges that threaten careers and patient safety. Monitoring is an evidence-based form of structured oversight of a long-term remediation program. PHS has monitoring programs for individuals who suffer from substance use disorders; serious mental health disorders, such as major depression and

bipolar disorder, or significant occupational health challenges in domains such as professionalism, anger management, organization, and communication.

PHS sponsors several peer support groups across the state for those with substance use challenges. PHS also sponsors a moderated Behavioral Health peer support group in Waltham to help address other challenges. PHS professionals are available to provide customized educational presentations to different audiences, and we are happy to work with you and your organization to address your specific needs (see Outreach and Educational Offerings section on page 5).

PHS is addressing the burnout crisis with our MedPEP podcast and website (MedPEP.org). MedPEP, through a series of podcasts, traces the journey of anonymous primary care internist, "Dr. Marie Curious," who is accompanied by a professional coach as they explore resources to address the many stresses of the profession. Check it out!

Meet Physicians Health Services

THE BOARD OF DIRECTORS



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Deborah Canale, PHS Office Manager



Dipal B. Dodhia, Client Services Coordinator



Mary M. Howard, **Monitoring Services** Coordinator



Shaquilla U. Terry, MPH, Client Services Coordinator



Lucia Whalen, PHS Assistant

A Personal Story of Recovery

I was a high-functioning alcoholic and a low-bottom drunk. I am now a grateful recovering physician, practicing medicine with skill, grace, and humility. I started my drinking slowly over my earlier years, medicating social anxiety. I was treating the insecurities of feeling like a country bumpkin at a top university. I used alcohol to soothe the challenges of early medical training, and then drank even more in the confused decade of my thirties when I was faced with stressful professional changes and physical injuries.

When I got married, things took a turn for the worse. With the twisted logic of a drunk, I believed my wife would be able to stop my drinking. That clearly didn't work.

My medical practice, however, remained unscathed. Ironically, while my personal life collapsed around me, I treated my patients well. Despite frequent hangovers, I had no incidents in the hospital and no professional missteps.

However, I eventually reached bottom with a series of significant consequences. While "celebrating" a birth, I overdrank and was arrested for drunk driving. I went to therapy, marriage counseling, and AA meetings, which led to episodic sobriety; however, this was unsustained and interspersed with booze. Eventually, my marriage ended. My children didn't want much to do with me. Isolation ensued, and my drinking escalated. All I had left were my patients and my dog. I was despondent and lonely and took a week off work to stay home and get drunk. Fortunately,

a neighbor saw me in my pajamas chasing my dog in the snow and called the police. I chose hospitalization over jail.

I had a harrowing experience of severe DTs in the ICU, an experience I never imagined for myself. Then my PHS guardian angel, Dr. John Wolfe (1942–2013), showed up during my hospital stay and laid out a course of action for my recovery. At first, I did not regard him as a savior, as I was all set to leave the hospital and return to practice. However, he recommended an extended stay in a health professionals rehab program. Because the stakes were so high, and because my own approach had so evidently failed, I took his path.

After a month of rehab and two months of intensive outpatient treatment, I signed a PHS monitoring contract. I was finally beginning to appreciate my powerlessness over alcohol. By taking ownership of my disease and accepting the presence of a "higher power" in my life (which I variously considered the fellowship of AA and/or PHS), I was making progress. I was still willful and arrogant, though, which needed to go before I'd be ready for long-term success. Although I thought I was ready to return to practice, nobody else did.

Eventually, meetings, sponsors, therapy, and PHS got me to a much better psychological place. I stopped scheming, waited patiently, and realized that I was not in control. I started listening to people other than myself, and I

stopped fighting. This was the real breakthrough in my recovery.

I resumed practice slowly, with PHS monitoring in place, confirming that I would stick with my meetings, and psychiatric support. Fortunately, despite my extended absence and illness, there were no repercussions at the hospital and I retained almost all my patients, who were remarkably accepting. I truly was grateful.

It has now been over seven years that I've maintained my sobriety. I've finished the PHS monitoring program. I continue attending PHS meetings with other physicians and I surround myself with other sober people. I'm in a wonderful, new, sober relationship. My practice is thriving, and I am enjoying medicine more than ever before.

I was very saddened by the untimely deaths of PHS giants Dr. John Wolfe and Dr. Michael Palmer. They remain powerful examples of recovery for me and of the help that physicians who care can offer one another. I remain grateful for PHS and its wonderful staff. Their work safeguards patients, and they are saviors for those physicians, like me, who find the strength to stop fighting, embrace their program, and embark on the path to recovery. I am proud to be one of many examples of their success, and I am very, very grateful.

For additional stories of success, visit our website at www.physicianhealth.org under Helping Yourself and Others.

OUTREACH AND EDUCATIONAL OFFERINGS

An important element of PHS's mission is to educate physicians, residents, medical students, medical leaders, health care administrators, and the public regarding the prevention, early identification, and treatment of burnout, substance use disorders, and other health challenges that affect physicians. We are happy to customize a presentation to meet your organization's needs. You will also

learn about the array of services that we provide. In addition, PHS and the Massachusetts Medical Society cosponsor a two-day CME course, *Managing Workplace Conflict: Improving Leadership and Personal Effectiveness* (next offered in November 2018 and spring 2019).

PHS presentations are eligible for CME credit and may be designed to meet criteria for risk management. Please contact us at (781) 434-7343 to learn more.

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.

Testimonials

About PHS

FROM CLIENTS

"PHS does such important work. I felt very alone in the medical profession after returning from rehab, because no one talks about the issue of substance use disorders in this field, despite their prevalence. PHS assured me that I wasn't alone, and provided me with stability, strength, and hope when I needed it the most. I will forever be grateful and will continue to spread the word about the incredible work you do!"

— A Young Physician Who Transitioned from Medical School to Residency While Being Monitored by PHS

"The retraining and redirection that I have received... under PHS has been invaluable to me professionally and personally."

— A Mid-career Surgeon

"When my employer referred me to PHS, my job was in jeopardy. I was very uncertain about everything: what was in my future, if I even had a problem, if I would ever work as a physician again. Working with PHS completely changed my life. I went to rehab, came back with a new understanding of my disease, and I adopted a new program for living sober. I made it through my three years of monitoring and signed up for an additional year voluntarily. I'm now a successful, employed physician, heavily involved in AA and physician meetings, and extremely grateful to PHS."

— Anesthesiologist in Recovery

"Attending the PHS dinner gave me new perspective as to the awesome work you all do. I am reminded of the immeasurable positive impact you have all had during my time of crisis."

— A Surgeon in Recovery

"As a physician who now treats patients with substance use disorders, I have an entirely new appreciation for the benefits that a robust physician health program can provide to a recovering person. Outside of the profession of medicine, few individuals have access to comprehensive, longitudinal programs that support recovery. We physicians in Massachusetts are remarkably fortunate to have PHS to guide our return to healthy and productive lives. I am truly grateful for the support that PHS provided to my recovery and for a second chance at a career in medicine."

— Early Career Psychiatrist and PHS "Graduate"

"PHS saved both my career and my life. Fresh out of medical school, I moved to Massachusetts for my residency, and my alcoholism followed me and quickly worsened. At the recommendation of my psychiatrist, I approached PHS for evaluation and treatment. PHS introduced me to sobriety, helped me to want to be sober, and put mechanisms in place to help me achieve this goal. PHS not only protected me but my patients and colleagues as well. Having completed a 3-year monitoring agreement with PHS, I can say without a doubt that without such a program, I would not be practicing medicine today."

— Community Physician in Recovery

FROM PHYSICIAN LEADERS

"Thank you, PHS, for what you do every day for the clinicians across the Commonwealth. What you are doing is critically important. You are making a big difference!"

— Steve Strongwater, MD, Chief Executive Officer, Atrius Health

"It's wonderful and a privilege that PHS is available for our trainees and faculty."

— Mary Ahn, MD, Vice Chair for Academic Affairs and Career Development, Director, Child and Adolescent Psychiatry Training, UMass Medical School

"We have incredible gratitude to PHS for the work you do for us. The recent PHS Leadership Council meeting was great. I was especially intrigued to hear that recent burnout-related referrals are shifting more to the primary care doctors. I agree with the observation that more and more physicians are feeling the burden and stress of productivity demands, changing systems of care, and the demand for documentation."

— Gregory Young, MD, President and Chief Executive Officer, Pediatric Physicians' Organization at Children's (PPOC)

"Last night's PHS talk was very well-received. There is so much to be done to improve physician well-being in a 'toxic' work environment as you heard yesterday from the medical staff. I am hoping to continue the momentum of setting up a robust program here for continued physician support. We will look to your continued guidance. Thank you for all your help."

— President of the Medical Staff of a Community Hospital

"THANK YOU for a wonderful webinar on Coaching Physicians on Burnout. Wide, deep, succinct, and inspiring. You are making a major difference, strides forward, in describing the personal, professional, organization, and system issues, and implementing interventions. The engagement was high, given all of the auestions."

— Margaret Moore, MBA, Founder/CEO, Wellcoaches Corporation; Co-Director, Institute of Coaching

THANK YOU FOR SUPPORTING PHS

The success of PHS and its ability to restore physicians' health and well-being depends on our ongoing partnership with those who support the services we provide.

PHS is a nonprofit 501(c)(3) charitable corporation that depends on outside funding for about two-thirds of its annual budget. Donations are tax deductible to the extent provided by law (tax ID # 22-3234975) and can

be made by any individual or entity interested in contributing to the mission of PHS. Please consider a donation to support the health and careers of physicians.

> PHYSICIAN HEALTH SERVICES, INC.

> A Massachusetts Medical Society corporation

Donations are payable to Physician Health Services, Inc. and sent to:

Physician Health Services, Inc. 860 Winter Street Waltham, MA 02451

Or via our website: www.physicianhealth.org

Thank you for your contribution supporting the health of physicians, residents, and medical students in the Commonwealth.