

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

Behavioral
Wellness Health Understanding
Anger Management **STRESS MANAGEMENT**
Health Professionals Substance Use Disorder Helping Yourself
Family Members Success Prevention Monitoring **REFERRALS**
Workplace Behavior Resources Medical Students Treatment Health Issues
Outreach Personal Story **CONFLICT** Well-being Advice Work-life Balance
Monitoring Sobriety **BURNOUT** Expertise Intervention Peer Support

2021 Annual Report

Improving Physicians' Lives



Health Coaching Family Support System Mindfulness Confidential
Communication Challenges Mental Health **EMPOWERMENT**
Self-referral Medical Staff Client Services Personalized Assessments
BURNOUT Recovery Clinical Competency **COMPASSION**
Colleagues Personal Reflection Physicians
Support Hope Support Services
Education

PHYSICIAN HEALTH SERVICES, INC.

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MISSION: Physician Health Services, Inc. (PHS), 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.

WELCOME: PHS welcomes all inquiries about our services. Any physician or medical student with a connection to Massachusetts is welcome at PHS. Contact with PHS is confidential, professional, and respectful. Participation is voluntary. Call PHS and ask to speak with Medical Director Mark Albanese, MD, or Executive Director Bara Litman-Pike, PsyD, to learn more about PHS.

WHO: PHS is a non-profit 501(c)(3) corporation founded by the Massachusetts Medical Society to improve physician health. Mark Albanese, MD, Medical Director, is a psychiatrist who is boarded in both Psychiatry and Addiction Psychiatry. Bara Litman-Pike, PsyD, is the Executive Director. Glenn Pransky, MD, is the President and Chair of the PHS Board of Directors. Mary Anna Sullivan, MD, has served as Interim Medical Director during part of FY 21. This leadership team is supported by our professional staff, which includes three part-time physicians, two mental health professionals, a part-time attorney, and our hard-working and dedicated administrative staff. We also value the important input of the physicians and leaders on our advisory committees: Clinical Advisory Committee; Graduate Medical Education Committee; Impact Committee; Leadership Council; Medical School Advisory Committee; along with the PHS Board of Directors.

2

Dear Friends and Colleagues:

We are happy to share this annual report with you, a summary of our work from June 2020 to May 2021. During this unprecedented time, everyone in health care is facing unanticipated challenges due to the COVID-19 pandemic. There continues to be significant physical and mental health sequelae for providers. We are seeing rising levels of stress, burnout, grief, trauma, substance misuse, and health consequences for providers with calls to action from national organizations to address these pressing issues as a national emergency. PHS has responded by seeking new opportunities to support and improve the well-being of physicians and students throughout Massachusetts.

Our staff worked tirelessly to ensure continued access to consultation, support, and referrals for physicians and students, and for medical leaders and organizations. Intakes and recurring meetings with participants, as well as support groups, were all virtual. Our goals were to strengthen communication and continuity, and to ensure ease of access and confidentiality, while reducing unnecessary burdens. Based on a recent client survey, the result was quite successful — over 80 percent preferred our virtual staff and support group meetings and felt that PHS staff was still available and responsive despite loss of in-person access. The decrease of travel time for intakes and meetings made a difference for physicians. Our virtual peer support meetings have achieved national recognition for the quality of peer support and welcoming of health care providers from across the United States.

PHS has engaged with hundreds of physicians, students, and medical leaders in the past year to educate them about well-being, the challenges of physician illness and potential impairment, and strategies for prevention. We have provided consultation and assistance for a wide variety of individual health, professionalism, and work-life balance issues which have impacted both work and home.

Our Board of Directors has identified opportunities for enhancing PHS services, based on an evidence-based approach to identification, engagement, and support of physicians with career-disrupting or potentially impairing conditions. We are pleased to announce that Mark Albanese, MD, is the new PHS Medical Director, effective July 2021. We are grateful to Steven A. Adelman, MD, who served as PHS Medical Director for eight years. We are also grateful to Mary Anna Sullivan, MD, who stepped down from her role as Chair of the PHS Board of Directors in February 2021 and became our Interim Medical Director. Finally, PHS and the greater medical and patient community were saddened by the loss of Edward J. Khantzman, MD, previous chair of the Board of Directors, and seminal thinker and leader in the addictions field.

We appreciate the collaboration and input from those who participate in our PHS committees: the Clinical Advisory, Graduate Medical Education, Medical School Advisory, Impact, and Leadership Council.

PHS is extremely grateful to our wonderful colleagues and committed stakeholders, who provide critically important support for the mission of PHS: MMS, Coverys, CRICO, and our 80+ institutional and organizational partners. These deep, ongoing collaborations and donors help physicians and students better care for themselves, enhancing their ability to provide excellent care to patients.

Sincerely,



Mark Albanese, MD,
Medical Director



Bara Litman-Pike, PsyD,
Executive Director



Glenn Pransky, MD,
President

Reasons to Call, Refer, or Self-Refer

PHS provides assistance with a wide variety of health conditions, as well as personal and professional situations and post-pandemic wear and tear. Reasons to refer yourself or a colleague, or to contact PHS for advice include:

- Aging-related challenges
- Alcohol and substance misuse
- Anger
- Attention, learning, and organizational issues
- Burnout and stress
- Emotional trauma
- Life challenges (financial, retirement, career)
- Medical/physical concerns which may impact one's ability to practice medicine
- Neurocognitive changes and memory loss
- Practicing medicine in our increasingly complex health care system
- Problem behaviors involving money or technology
- Professional challenges
- Psychiatric and mental health concerns
- Relationship and family problems
- Unexpected outcomes, medical errors, or malpractice stress
- Work/life imbalance

(781) 434-7404
www.physicianhealth.org

Occupational Health: One Physician's Experience

I recall a lesson on professionalism delivered within my specialty seminar some years ago. A resident colleague had become chief of department and laboriously discussed how to act professionally in front of patients. It seemed so boring.

What he really should have said was, "The world is listening to every word spoken when interacting at work. Any listener may hear and turn your words into a potential negative if there is the slightest negative tone or word, hint of malice, or contradiction." I wasn't yet getting the message about the new expectation of how physicians are expected to communicate and lead in medical organizations. It took a while longer for me to hear that message.

Before I got it, however, I ran into some obstacles in my workplace. My communications with other health professionals were construed as negative. The organization heard about my negative remarks that interfered with my ability to provide quality patient care. I was given feedback about how I was to communicate. Now, in addition to providing excellent patient care, a physician has new roles. Our jobs have evolved (without me seeing nor hearing it). Now, a physician must have management expertise and have a role facilitating communication with the ancillary health care staff, in the pursuit of patient care.

This is the crux of occupational health and wellness for me. I developed a keen insight into interpersonal relationships at work, as well as enhanced personal skills to deal with the people employed at large institutions. I learned that the relationship between large hospitals and their physicians has evolved to enforce the rapport between medical and allied staff. If allied staff members create frustrations or do not meet the expectations of the medical team, the physician now acts as a helpmate and team leader, and must conduct patient care with elegance.

While engaged in the PHS OHM [Occupational Health Monitoring] Agreement, it was useful to learn skills including relaxation techniques and self-improvement modes while gaining a better understanding of how groups and individuals learn. A new professional goal now includes facilitating team building as the leader, in addition to delivering the best possible patient care. There is a tradeoff. Perfection is not achieved. . . but through improved communication, people can feel more valued and effective. A more joyful home and work environment are easily the outcomes of this training. Thank you.

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

Professional Activities Year in Review — Fiscal Year 2021: June 1, 2020–May 31, 2021

“PHS saved my life and my career.”

REFERRALS TO PHS BY PRESENTING PROBLEM: FY 21

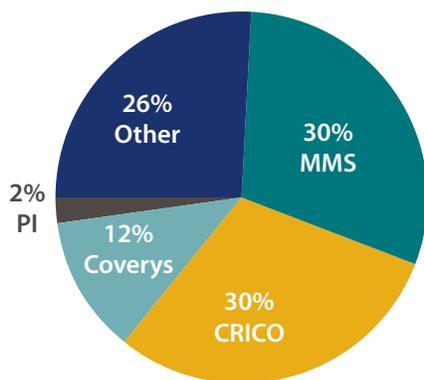
| CASE DESCRIPTION | N = 127 | PERCENT (%) |
|--------------------------------|---------|-------------|
| Mental Health | 45 | 35% |
| Problematic Workplace Behavior | 32 | 25% |
| Substance Related | 30 | 24% |
| Legal Problem | 8 | 6% |
| Medical Problem/Neurocognitive | 6 | 5% |
| Clinical Competency | 6 | 5% |

Annual Activity

- ♦ **295** physicians and medical students helped directly with virtual in-person assessments, consultations, and ongoing monitoring and care management.
- ♦ **500+** medical leaders, treatment providers, and others involved in referrals and ongoing care and workplace accountability engaged.
- ♦ **900+** physicians and medical students attended **80** educational and outreach events related directly to PHS or to physician and medical student health, well-being, and effectiveness.
- ♦ **7,000+ MedPEP** (*Medical Professionals Empowerment Program*) podcast listeners and website visitors; a free CME risk management series of **20** podcasts to address and reduce physician burnout.

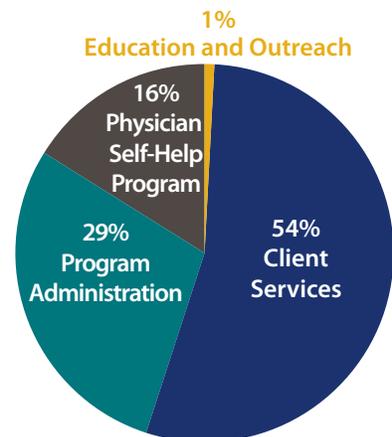
Year in Review: Financial Overview — FY 21

PHYSICIAN HEALTH SERVICES REVENUE



■ MMS ■ CRICO ■ Coverys ■ PI ■ Other
Pre-audit

PHYSICIAN HEALTH SERVICES EXPENSES



■ Client Services ■ Program Administration ■ Physician Self-Help Program ■ Education and Outreach
Pre-audit

Outreach and Educational Offerings

An important part of PHS's mission is education. We look for opportunities to outreach and provide programs relating to the prevention, early identification, and treatment of substance use and behavioral health disorders, along with burnout and professionalism challenges that impact physicians and students. Educational programs are geared to physicians, residents, medical students, medical leaders, health care administrators, and the public. PHS collaborates with you to develop a customized educational program for your organization. Presentations are eligible for CME credits and may be designed to meet criteria for risk management. Though an honorarium is not required, please consider a contribution to PHS (tax deductible to the extent provided by the law [tax ID #22-3234975]).

- ♦ *Managing Workplace Conflict: Improving Leadership and Personal Effectiveness:* A two-day program designed for physicians who strive to improve their leadership skills and personal effectiveness with relationships at work, and to enhance their skills for addressing difficulties that arise in the workplace environment, both as practitioners and leaders. Faculty will include Mark Albanese, MD; Melissa Brodrick, MEd; Diana Dill, EdD; Les Schwab, MD; and Jo Shapiro, MD, FACS. PHS and the MMS jointly offer this CME course. It will be offered in spring 2022.
- ♦ The PHS *MedPEP* series of podcasts (MedPEP.org) follows the journey of "Dr. Marie Curious," an anonymous primary care internist, who is accompanied by a professional coach as they explore resources to address the stresses of the profession. Check it out and apply for free risk management CMEs through the MMS!
- ♦ *Vital Signs* has provided another platform for PHS to reach busy physicians.

Sample Educational Topics Presented in FY 21

- ♦ *In the Time of COVID-19: Overcoming Occupational Stress and Burnout:* Steven A. Adelman, MD, for Coverys Risk Management Day
- ♦ *PHS Resources for Managing Today's Primary Care Practice Stresses:* Steven A. Adelman, MD; Bara Litman-Pike, PsyD
- ♦ *Practicing What We Preach; How to Be a Healthy Physician:* Wendy L. Cohen, MD
- ♦ *Virtual COVID-19 Related Support Group for Hospitalists:* Bara Litman-Pike, PsyD
- ♦ *In the Time of COVID-19: Overcoming Stress and Burnout:* Bara Litman-Pike, PsyD; Mary Anna Sullivan, MD (multiple presentations)
- ♦ *Addiction Psychiatry and Addiction Medicine Didactics:* Steven A. Adelman, MD
- ♦ *Physician Wellness (Even in a Pandemic):* Wendy L. Cohen, MD
- ♦ *How to Start Thriving in Our High Stress Medical Profession:* Steven A. Adelman, MD; Les Schwab, MD
- ♦ *PHS 101: Assessment, Triage, Support, and Monitoring Services for Massachusetts Physicians:* Steven A. Adelman, MD
- ♦ *The What, How, and Why of PHS Monitoring Contracts:* Debra A. Grossbaum, Esq.; Bara Litman-Pike, PsyD; Mary Anna Sullivan, MD
- ♦ "Take Steps to Improve Your Own Mental Health during Pandemic, Experts Advise": Article for *Vital Signs*, the MMS publication for members with contributions by Wendy L. Cohen, MD, and Bara Litman-Pike, PsyD

"Thank you for last night's presentation. Personally and professionally, I found your information valuable and applicable."

— Chair, Medical Staff Education Committee

“I have really come to know and value the wonderful services you provide for the physician community.”

— Chief Medical Officer

The Work of PHS

A physician can call PHS confidentially, as about one-third of our participants do — with concerns about burnout, with thoughts of leaving clinical medicine, or increased anxiety or drug-taking or drinking. Or, a medical leader, colleague, program director, dean, family member or attorney can call, confidentially, to consult about how to get help for a physician or medical student.

We meet with the physician or student, to assess whether there may be a health condition or professionalism issue that may be contributing to current concerns. This meeting helps inform what next steps would be indicated. If there appears to be an impact at work, we may also recommend a full assessment which provides more information. We meet with everyone who wants an intake (virtually, for now) and then we either provide resources, or we recommend further evaluation and possibly an ongoing monitoring agreement with PHS.

Here are some of the ways we assist.

- We refer to behavioral health professionals to treat behavioral health and substance use conditions and disorders. These include a wide range of concerns from burnout to lifestyle issues to addiction to major depression.
- If a physician needs a more comprehensive evaluation or longer-term treatment for a behavioral health or substance use disorder, we have relationships with specialized Health Professional Programs to which we refer.
- PHS provides confidential peer and facilitated support groups for physicians who would benefit from sharing, confidentially, with peers.
- Professional coaching is a powerful tool for physicians experiencing professionalism or communications issues which are affecting their work, and, possibly, patient care.
- Other kinds of evaluations may be suggested prior to formulating recommendations.
- PHS recommends ongoing monitoring to about one-third of our clients — those with serious challenges that may threaten careers and, possibly, patient safety. Monitoring is an evidence-based form of accountability and structured oversight as part of a long-term remediation program.
- PHS professionals provide customized educational presentations to different audiences. We are happy to work with you and your organization to address your specific needs.

Monitoring Contracts and Agreements

PHS provides structured monitoring to assist physicians and medical students whose career may have hit an obstacle to stay on track. Structured monitoring is recommended to approximately 30 percent of those referred each year. PHS maintains ongoing, structured oversight of approximately 130–150 physicians and medical students with monitoring contracts or agreements. All individuals are offered additional resources for support, treatment, or coaching after meeting with PHS staff.

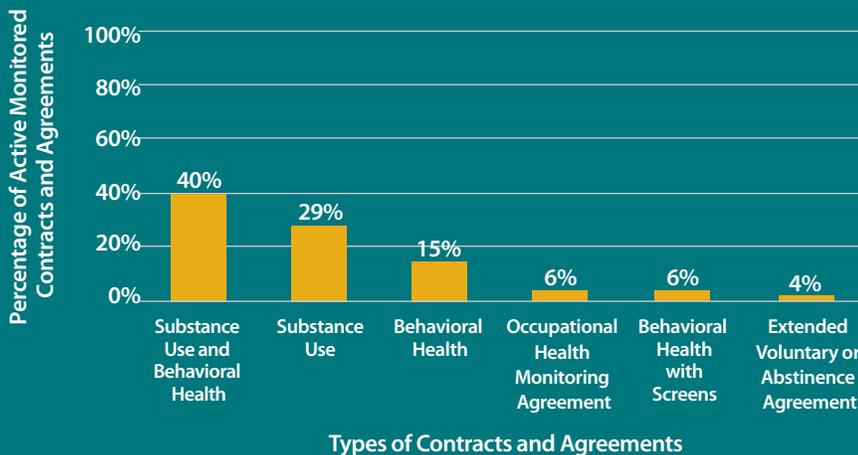
When PHS recommends monitoring, the decision to enroll is left to the client (physician or medical student, although the client’s decision to sign on may be influenced by input from work, school, or others. PHS is a voluntary program and our recommendations reflect a careful process aimed at optimizing the client’s health and professional well-being. Our thoughtful recommendations are informed by contracts and agreements with almost a thousand physicians and medical students in the past 30 years who have benefited from the structure and care PHS provides.

- **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 emotional problems and mental illness. The contract duration is a minimum of two years.
- **Occupational Health Monitoring (OHMA) Agreement** — This agreement is designed to assist with professionalism, interpersonal, communication, organizational, and other occupational health challenges that are a subject of concern at work. The agreement duration is usually one year.
- **Abstinence Agreement** — This agreement is utilized for diagnostic purposes when a trial of monitored abstinence will help to determine the path forward.

“My PHS involvement was a win-win.”

“To stop, take a deep breath, and talk... was very helpful. It helps me recognize that a career in medicine is a marathon, not a sprint.”

BREAKDOWN OF ACTIVE MONITORING CLIENTS ON 5/31/21



| Monitoring Clients Overview as of Close of FY 21 | |
|--|-----|
| Total Monitoring Clients as of Close of FY 21 | 126 |
| New Monitoring Clients in FY 21 | 29 |
| Client Graduates in FY 21 | 49 |
| Incomplete Closures in FY 21 | 9 |

“Coming to PHS was an eye-opening sentinel event that made me realize that life can’t just be taking care of patients.”

Behavioral Health: A Personal Story of Living and Working with Bipolar Disorder

I am so grateful to have moved to Massachusetts where there is an organization, Physician Health Services, here to support me. I was diagnosed with bipolar disorder in my early 40s at a time when I was under a great deal of stress as a physician. More and more patients were being referred to me for evaluation and management of chronic pain conditions. These patients were suffering a great deal, mainly from spinal pain related to motor vehicle accidents or work injuries. Many were reliant on opiate pain medication; some were addicted. A few patients threatened to kill me when I would not refill their pain medication without a clinic visit. A few patients killed themselves.

It was the beginning of the opiate epidemic. My colleague and I were not trained for this in residency. We feverishly attended conferences and became boarded in pain medicine. We drew up pain contracts with our patients. Our nurses counted pills and timed refills to the day. They taped faucets in the clinic bathroom to prevent our patients from tampering with their urine toxicology samples.

Our multidisciplinary group practice did not have much in the way of psychiatry or psychology support. A neuropsychologist joined our group, and she became a close friend. We would meet over dinner, and I gained more insight over time as to how these patients were suffering psychologically and how to manage them. Despite this, we were burning out. We were reprimanded for not seeing enough patients and were told that we were among the lowest producers in the group practice.

My colleague left the practice first. This left me in charge of all of her pain patients. I interviewed for, and was offered, other jobs, but I was afraid that I would fall into the same predicament. I had found a well-respected anesthesiologist willing to train me in interventional spine injections. I applied for a sabbatical and was invited to a weekend retreat for sabbatical finalists. There were inspirational leaders and career coaches. We were encouraged to dream big. I had a swelling of emotions, and I broke down crying in a small group. Two of the mentors were a nun and a cardiologist. I seemed to experience an epiphany in their presence. I sobbed as I felt God was watching over me. I returned home but continued to think big, journaled thoughts, and sang hymns. Things escalated. My thoughts became tangential. I was manic. I was admitted to the psych ward. Two of my pain patients were hospitalized on the ward with me. They respectfully pretended not to know me.

I did not get the sabbatical money. I sank into a depression. My doctor encouraged me to take a disability leave from my job. With therapy and time, I regained strength and confidence in myself and applied for a fellowship in a pediatric subspecialty. My fellowship was very gratifying and rewarding. I found a great job in Boston.

Nearly five years after my first manic episode, I had a second episode. A social worker at the hospital told me about PHS and suggested I look into it. At the intake, I met privately with [former PHS Director] Dr. Luis Sanchez and he really listened to me and understood me. I felt accepted. I was happy to find a support group for physicians with mental illness led by a kind and understanding social worker. For the first time, I was able to meet and form friendships with a number of practicing physicians with bipolar disorder and other mental health conditions. I received excellent guidance and support in my one-to-one meetings with my PHS Associate Director, Dr. Szakacs. With the support network at PHS, I no longer feel alone. And with time and healing, I have been able to share my story and begin to provide support to the new members in the PHS group. I credit the PHS staff in helping me to accept my diagnosis and realize that I am okay. Thank you, PHS!

Meet Physician Health Services

Board of Directors and Officers



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President and Chair



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Director



Bara Litman-Pike, PsyD,
PHS Executive Director



Lois Dehls Cornell,
Director



Debra A. Grossbaum, Esq.,
Clerk and PHS General
Counsel



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PHS Interim Medical Director



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Wayne A. Gavryck, MD,
Associate Director



Ashley M. Capdeville, LMHC,
Clinical Coordinator

PHS Administrative Staff



Deanna M. Bidy,
Outreach and
Funding Coordinator



Kelsey Donahue,
Monitoring Services
Coordinator

Open,
Client Services Coordinator



Deborah Canale,
PHS Office Manager



Lucia Whalen,
PHS Assistant

We would like to acknowledge the following former PHS staff members for their work with PHS this fiscal year: Steven Adelman, MD, PHS Medical Director, 2013–2021; Sravya Malempati, MPH, Client Services Coordinator; Dipal Dodhia, Monitoring Services Coordinator; Jennifer Mark, MD, Associate Director.

Thank you to Michael Farrell for your service as a PHS Treasurer.

“I am coping better than most. One day at a time.”

Substance Use: My Personal Story of Recovery

I crashed and burned just about 25 years ago. It had taken me almost 20 years to get there. I was prescribed narcotics for migraines, supplemented with meds containing caffeine and barbiturates, just after finishing college. I used the medications responsibly for the first few years and all through medical school. By the time I was an intern, I was addicted to narcotics, writing illegal prescriptions for myself in my own name and in others'. I knew my behavior was dangerous and irresponsible, but then I reasoned if you had my level of stress, you'd use too. I tried to stop hundreds of times over the years, but nothing seemed to work. Guilt, shame, and anger were my copilots.

Then came that day, several years later, when all the lies and risky behaviors caught up with me. There were complaints about my erratic behavior at work by both patients and staff. My wife and I were not getting along. I was irritable, argumentative, obsessed with fixing everybody else's problems (unsolicited) while ignoring my own.

My supervisor took me aside on that particular day and insisted that I take a leave of absence and get a full medical evaluation for my behavior before I could return to work. Our marriage counselor (every problem was my wife's fault) pointed me toward Physician Health Services (PHS). PHS recommended that I enter an outpatient recovery program, that I start attending their recovery meetings, and that I sign a contract for three years of regular drug monitoring and counseling. Because I was frightened and desperate, I did all of those things. There is no doubt that it saved my life and my career.

No matter how we appear on the outside, people who are active in their addiction and drug use feel all alone. Our emotional isolation only feeds our anxiety and need to use. Doctors and dentists feel this acutely because we are supposed to be the ones with all the answers, not the problems. I was trembling when I opened the door to my first PHS Monday Night Colleagues in Recovery meeting. Once in the room, I was greeted by about 20 other professionals in recovery and Charlie M., the Chairman of the group, asked me why I came. After hearing me, he smiled and said, "It sounds like you belong here." Finally, I was no longer alone! The relief I felt at that moment is hard to describe.

Before getting into recovery, I hated my job, I dreaded waking up every morning, didn't particularly care if I lived or died, saw no future for me as a professional, a husband, or a father. Over time, by listening to the testimony of my colleagues in meetings and conducting myself by their example, I learned to recognize and control the malignant thinking that fueled my uncontrollable drug use. I learned to stop blaming external circumstances for my problems and started to take personal responsibility for addressing them. I learned to approach daily life and its challenges with love and compassion rather than anger. And I learned the therapeutic value (to me) of helping sick and suffering colleagues with alcoholism and addiction. PHS meetings are unique because they allow us to recognize and discuss profession-related triggers that could lead to relapse, but that would be inappropriate to bring up at other recovery meetings.

Today, through living the program as put forth by the 12 steps and our Colleagues in Recovery meetings, I feel I have a life second to none. My marriage didn't last, but my ex and I are very good friends these days. My son is a grown man with whom I have an enviable relationship. I'm still at the same job, the job I hated, which I now love. I can't wait to get up and go to work every morning. How many people can say that in today's world?

I now have the pleasure of smiling and saying to a newcomer, "It sounds like you belong here." With support from PHS, we routinely encounter vulnerable newcomers, many with personal and professional lives in total disarray, and help them to heal and discover a new way of life. It sounds a bit like magic, but it happens all the time. How lucky can anyone get?

Contributors and Corporate Sponsors

Legacy

- Coverys
- CRICO
- Massachusetts Medical Society
- Physicians Insurance (formerly Physicians Insurance Agency of Massachusetts [PIAM], an independent Insurance Subsidiary of the MMS)

Sustaining

- Atrius Health
- Baystate Health Insurance Company, Ltd.
- Baystate Health Medical Staff
- Baystate Medical Center; Healthcare Quality
- Berkshire Health Systems, Inc.
- Blue Cross Blue Shield of Massachusetts
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- Brigham and Women's Hospital
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- Milford Regional Medical Center
- Milford Regional Medical Center Medical Staff
- Milford Regional Physician Group, Inc.
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 - Bristol North District Medical Society
 - Bristol South District Medical Society
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 - Middlesex District Medical Society
 - Middlesex West District Medical Society
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- New England Sinai Hospital Medical Staff*
- Newton-Wellesley Hospital
- North Shore Medical Center
- Norwood Hospital*
- Norwood Hospital Medical Staff*
- Pediatric Physicians' Organization at Children's
- Reliant Medical Group
- Saint Anne's Hospital*
- Saint Anne's Hospital Medical Staff*
- Saint Vincent Hospital
- Saint Vincent Hospital Medical Staff
- South Shore Hospital
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- St. Elizabeth's Medical Center Medical Staff*
- Steward Health Care System — Titan RRG*
- Steward Medical Group*
- Sturdy Memorial Hospital
- Sturdy Memorial Hospital Medical Staff
- Tufts Medical Center (Wellforce)
- Tufts University School of Medicine
- UMass Memorial Health Care, Inc.
- UMass Memorial Medical Center
- UMass Memorial Medical Group
- University of Massachusetts Medical School
- Wellforce

First-Time Contributor

- Norfolk South District Medical Society (an MMS District Medical Society)

PHS would like to acknowledge and thank the many individuals and families who contributed in honor of Edward J. Khantzian, along with those who contribute to us throughout the year.

*Part of the Steward Health Care System

Reflections on Eight Months at PHS — Why Would a Physician Seek Support and Help from PHS?

When I agreed to serve as Interim Medical Director of PHS, starting February 1, 2021, I thought I knew a lot about physician health and physician health services, having been a member and then chair of the PHS Board of Directors for many years. No... my education was just beginning. This has been a busy, stimulating, intense, and exhausting few months, a parallel experience to that reported by our PHS participants in their work and personal lives. Over the past two years, and more intensively since the beginning of 2021, increasing numbers of physicians are self-referring to PHS, rather than being referred by an outside person or organization. Currently, one-third of PHS referrals are physicians who are struggling with being at the end of their rope with health care and COVID, with parenting during the pandemic, with stress, EMRs, health care organizations in crisis, computer work “pajama time” interfering with family relationships and friendships, not seeing a future in clinical medicine, or possibly considering early retirement. Burnout and stress are not diagnoses, but they have become a pathway to PHS.

We are seeing physicians starting to fall apart from the exhaustion of just surviving during the pandemic. At the extreme, a superb physician like NY ER physician Lorna Breen, MD, who died by suicide in April 2020, didn't see a way out. Coping strategies that have gotten us through medical school, residency, fellowships, and becoming an attending aren't working. How do physicians face the stigma of asking for help

for themselves? Where do physicians turn when they are at the end of their rope?

These physicians are calling PHS and learning that it is a safe, confidential, and helpful resource. PHS professionals help callers sort through what is going on and get them referrals to appropriate services. There is room for physicians with potentially career-impacting health conditions. There is also room for physicians and students who need to talk, once or twice, to someone who understands their experiences of being a physician trying to survive and thrive. Healthy physicians equal healthy patients.

We at PHS are extremely grateful to the MMS, the malpractice insurers, and all of the medical organizations, medical staffs, and individuals in Massachusetts who generously support our mission-critical work of physician health for healthy physicians. The effects of COVID on well-being are just now being acknowledged and seen. PHS is expecting to respond to increasing needs for our services over the coming months as we all begin to recover from what we've lived with over the past year and a half. We commit to all of you to do everything in our power to support our physicians and students, which supports the health and well-being of all of us in the Commonwealth. We thank you for your continued support!

Mary Anna Sullivan, MD
Interim Medical Director

“I can't thank you enough for all of your support these past years. You've listened to me and helped me a lot.”

Thank You for Supporting PHS and Its Mission

The success of PHS and our mission to restore physicians' health and well-being is centered on a collaboration with those who support the services we provide. Physician health is integral to patient health and well-being. Please consider supporting your colleagues by contributing to PHS.

PHS is a nonprofit 501(c)(3) charitable corporation able to receive outside funding for about two-thirds of its annual budget. Donations are tax deductible to the extent provided by the law (tax ID #22-3234975) and can be made by any individual or organization interested in contributing to the mission of PHS.

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

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