

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

2023 Annual Report

Improving Physicians' Lives



Contents

PHS Welcomes New Executive Director	3
PHS Annual Dinner	3
PHS Board of Directors	3
PHS Staff	4
Volunteers and Collaborating Colleagues	4
By the Numbers	5
Substance Use Monitoring: One Physician's Experience of Recovery	5
The Why, Who, What of Referrals	6
Behavioral Health Monitoring: One Physician's Journey Back to Health	7
Outreach and Educational Sample Offerings in FY 23	8
How to Approach a Colleague in Need	8
Occupational Health Monitoring Agreement: One Physician's Journey	9
2023 Financial Snapshot	9
Contributors	10

Physician Health Services 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.



PHS is a nonprofit 501(c)(3) corporation and subsidiary of the Massachusetts Medical Society. Participation is confidential, voluntary, and available at no cost to the participant.

[My] work in PHS had a silver lining, as I have been seeing how work-life balance improves home life, too.... Coming to PHS was an eye-opening sentinel event that made me realize your life can't just be taking care of patients. It cannot encapsulate your entire being."

From Our Chair of the PHS Board of Directors

Dear Friends,

Physician Health Services, Inc. (PHS) fulfills an essential role in supporting our medical community in the Commonwealth of Massachusetts, as it has for over three decades.

Health care professionals collectively are experiencing the workplace consequences of a prolonged pandemic. These unprecedented challenges have resulted in historically high turnover rates, sustained intense stress, and physician burnout.

Our mission to provide confidential, effective help to every physician and student who seeks it has never been more needed.

PHS has developed new virtual and in-person options that make it easier for referring organizations, medical leaders, and physicians to access resources. Educational programs offered through MMS include the Managing Workplace Conflict course and seminars for physicians and those in training on the importance of early recognition and help for health problems. These programs are especially important in the current phase of the COVID-19 pandemic.

Remarkably, all these vital services are funded by contributors like you. Thank you. On behalf of our board of directors and staff, please accept my gratitude for your generosity and your confidence. With your help, PHS guides physicians to health and recovery, and it saves careers. I am proud to recognize you as a partner in our mission.

The health care world is rapidly evolving in many ways. Regardless of these changes, PHS will be there, safeguarding and improving the health and well-being of Massachusetts physicians and students. We strive to ensure the safety of their patients and their ability to thrive in the practice of medicine.

Sincerely,
Glenn Pransky, MD, Chair and President



Glenn Pransky, MD

PHS Welcomes New Executive Director

In May, we bid farewell to Bara Litman-Pike, who retired from her position as executive director. Bara helped guide PHS through the very challenging COVID period. We wish her well on her well-deserved retirement. At the same time, we welcome our new executive director, Paul Simeone, PhD, MA. Before coming to PHS, he was the vice president and chief medical executive of Behavioral Health at Lee Health in Southwest Florida and clinical assistant professor in the Department of Behavioral Sciences and Social Medicine, Florida State University College of Medicine. Prior to this, he was associate director of Outpatient Psychiatry at the Cambridge Health Alliance.



Paul Simeone, PhD, MA



Mark Albanese, MD

Paul is a clinical psychologist who taught at Harvard Medical School and other institutions for 30 years. His clinical and academic interests include integrative models of evidence-based and evidence-informed psychotherapy, cultural aspects of psychopathology and normal functioning, and population health and wellness, especially in the health care provider community. Welcome, Paul!

PHS Annual Dinner

On April 27th, we celebrated our Annual Dinner for the first time since the pandemic in person. It was a lovely evening of food, friends, and fellowship. At the dinner, we presented the Edward J. Khantzian Award to a person who made a significant impact on physician health. The award is named for Dr. Ed Khantzian, a pioneer in both addiction psychiatry and physician health. He was the first chair of the PHS board of directors, serving in the role for more than two decades.

Quite fittingly, this year's recipient was Dr. John Fromson, the first director of PHS, who served in that role from 1992 to 1997. Currently, he is vice chair for community psychiatry in the Department of Psychiatry at Brigham and Women's Hospital. John is also president of the Massachusetts Psychiatric Society. He continues to be a strong voice of advocacy for physician health. Congratulations, John!

PHS Board of Directors

Officers

Glenn Pransky, MD, Chair, Sudbury, MA

John S. Hopkins, MD, MSPH, Secretary, Springfield, MA

Christine Albrittain, Treasurer, Waltham, MA

Mark Albanese, MD, Medical Director, Waltham, MA

Paul G. Simeone, PhD, MA, Executive Director, Waltham, MA

Directors

Patrick Aquino, MD, Burlington, MA

Ronald E. Burt, MD, Farmington, CT

Jennifer Childs-Roshak, MD, MBA, Boston, MA

Lois Dehls Cornell, Esq., Waltham, MA

Deborah DeMarco, MD, FACP, Worcester, MA

John S. Hopkins, MD, MSPH, Springfield, MA

Glenn Pransky, MD, Sudbury, MA

Stephen Tosi, MD, Worcester, MA

Amanda von Horn, MD, Boston, MA

PHS Staff

Mark Albanese, MD, Medical Director

Julia Boulay, Monitoring Services Coordinator

Deborah Canale, Office Manager

Ashley Capdeville, LMHC, Clinical Coordinator

Diana Diaz, Professional Services Coordinator

Dipal Dodhia, MBA, Project and Outreach Manger

Wayne Gavryck, MD, Associate Director

Debra Grossbaum, Esq., General Counsel

Michele Hagan, LICSW, LADC, Clinical Coordinator

Janet Osterman, MD, Associate Director

Paul G. Simeone, PhD, MA, Executive Director

Rich Stuver, LICSW, DCSW, Clinical Coordinator

Juliana Szakacs, MD, Associate Director

Volunteers and Collaborating Colleagues

Clinical Advisory Committee (CAC): CAC members are appointed by the PHS board of directors to serve as volunteer peer-review consultants for a one-year term. The CAC shall provide advice and assistance on confidential and de-identified cases selected by the PHS medical director based on clinical or administrative necessity.

Medical School Advisory Committee (MSAC): The MSAC provides a forum for the exchange of information among medical schools on issues of student health, wellness, and professionalism. The aim of this committee is to help develop effective strategies to educate and assist medical students who have, or who are at risk of having, problems with substance use, behavioral issues, or physical health concerns.

Graduate Medical Education Committee (GMEC): The GMEC provides a forum for designated institutional officers (DIOs) to enhance awareness of PHS services for training programs on issues of resident health, wellness, and professionalism. This committee's aim is to develop effective strategies to support and assist trainees who have, or who are at risk of having, problems with substance use, behavioral or physical health, and professionalism concerns.



PHS has been incredibly helpful. I have seen people whose careers were headed to extinction. I have seen people get help from PHS — they cleaned up and moved up in their careers. PHS is a godsend."

By the Numbers



335 physicians and medical students helped directly with intakes, assessments, consultations, and monitoring



Over
500
medical leaders, physicians, students, treatment providers assisted by PHS



40
medical specialties represented by participants

Substance Use Monitoring: One Physician's Experience of Recovery

Of the monitored clients, 25 percent are on substance use monitoring. An additional 40 percent have co-occurring concerns and are on substance use and behavioral health monitoring tracks. Monitoring saves participants lives and careers by providing support (including peer support), guardrails, and accountability.

"My Story was Supposed to be Lovely, with No Ugly Cracks"

How did I get here? I was a good child and did everything I was supposed to do. I did well in school and worked hard to become a doctor. Everyone was happy and proud. Later, I was a great mom and a good community member. I should not have been lying in a hospital bed wishing I could have a drink.

My story was supposed to be lovely, with no ugly cracks. Now there was a crack. But I knew I could get through this. I always did. I was smart. I would drink less — maybe two drinks a day — or four at most if it was a really tough day. Most days were tough. I deserved to drink. There were so many reasons I deserved to drink. And I wasn't hurting anybody. I got my work done, dinner was on the table, the house was clean, and the kids were cared for.

In truth, there was so much delusional thinking and bargaining with myself and others. Still, I could not stop drinking or I would suffocate. It felt impossible not to drink. I did try. I went to therapy and Alcohol Anonymous (AA). I got a sponsor and did service work. But secretly, I still drank. I thought I was smarter than most people and could get away with it. And I needed to drink; I had no choice. I did notice, however, that those who attended AA who were not drinking seemed happy.

My life at home was deteriorating. My family was struggling. And then came the bottom. I got a note on my desk that read, "Call the Board of Medicine as soon as possible." This call would change everything.

I tried to fight my way out. But that didn't work. My medical license was ultimately suspended. There were moments when I wondered if I could find the happiness I saw in the others at AA, but mostly I just felt lost. But, for lack of other options, I did what I was told. I went to rehab (and tried to convince them I was fine, but that didn't work). I stayed for 90 days, during which I tried to become a little less broken.

Once home, I started a PHS contract. I needed monitors and providers. I breathalyzed three times a day and did tox

continued on next page

screens twice a month. I joined physician groups (and noticed that these folks seemed happy too). I went to old meetings and confessed my lies, and everyone accepted me! I practiced mindfulness and took up painting. I went to conferences and took my boards, and one day at a time, I amassed my sobriety. Soon, I was not just sober but actually in recovery. The relentless cravings were gone. I developed so much gratitude.

I got my license and my life back. The staff at PHS was so supportive. I got certified in addiction medicine, and now I have the honor of helping people like me. My family respects me again. The look of fear and pity in their eyes is gone. I have developed amazing friendships. Life is good.

At first, I was so resentful. But recovery has given me things I did not know I wanted. The contract I thought was so unfair became my lifeline. It wasn't just a paper I signed, but the village it provided that was so thoughtfully created to help me stand back on my own. I am forever grateful and now appreciate the cracks in my story that brought me to where I am today.

The Why, Who, What of Referrals

Why Call, Refer, or Self-Refer To PHS?

PHS provides assistance with health conditions as well as personal and professional challenges. Reasons to contact PHS include:

- + Alcohol and substance misuse
- + Burnout and stress
- + Poor communication
- + Psychiatric and mental health concerns
- + Executive functioning problems and organizational issues
- + Emotional trauma
- + Practicing medicine in postpandemic health care settings
- + Medical/physical/neurocognitive concerns potentially impacting the practice of medicine

All consultations are free, confidential, and voluntary.

Who Is Referred to PHS?

Confidential consultations are provided to identify possible paths and to answer questions on how to refer someone to PHS, if appropriate.

- + Self: 37%
- + Medical leadership/organization: 34%
- + Training program: 9%
- + Health providers (PCP, psychiatrist, therapist): 6%
- + Board of Registration in Medicine (BORIM): 5%
- + Attorneys: 4%
- + Physician health programs in other states: 2%
- + Medical school: 2%
- + Other: 1%

What Was the Presenting Problem?

- + Mental health (includes burnout and stress): 30%
- + Substance use: 25%
- + Problematic workplace behavior/communication: 24%
- + Medical/neurocognitive: 12%
- + Legal: 6%
- + Clinical competency: 3%

What Are the Paths after Initial Contact with PHS?

- + Seventy percent of participants were provided real-time assistance and resources. Confidential consultation helped assess the level of need, the presence of a health condition, and the impact in the workplace. Resources were provided.
- + Thirty percent of participants who completed an intake entered into a monitoring contract or agreement. Monitoring provides structure, support, documentation, and accountability. The monitoring options included substance use, combined substance use and behavioral health, behavioral health, occupational health, extended voluntary, and abstinence agreements.
- + Thirty percent of monitored physicians successfully completed their monitoring programs. This included physicians who started monitoring programs prior to this fiscal year.



I just wanted to thank you both for providing us with the excellent presentation today. This is truly a timely and important topic (Physician Wellness)... I know the residents very much enjoyed the talk, and I think it was importantly informative."

— Physician in the Residency Program, Beth Israel Lahey Hospital and Medical Center

Behavioral Health Monitoring: One Physician's Journey Back to Health

There are 11 percent of clients in behavioral health monitoring contracts, while an additional 45 percent have co-occurring substance use contract requirements. These contracts provide support, accountability, and peer support opportunities.

"Finding the Path out of Five Months of Crazyness"

It started with a minor incident with a coworker. But the concern about my behavior bubbled up to the top, and an investigation ensued. It took on a life of its own, and it was unlike anything I had ever been through. As my concern for my job and career mounted, I reached out to PHS for support. "What do physicians do in this situation?" PHS was supportive and provided useful resources, including a psychiatrist.

Even with the resources provided, things spiraled out of control. Everything was making me anxious. I felt as if I were going from one (imagined) crisis to the next, with no relief, no distance. A few months after my initial meeting at PHS, the investigation concluded: no reprimand — only a suggestion that I get psychological help. Though that was a relief, the downward spiral of dread didn't stop. I had a meltdown; something felt so wrong inside. With the help of my family, after an act of self-harm, I went to an ER and ended up psychiatrically hospitalized.

It wasn't easy being there, and I didn't just snap out of it, but the staff took good care of me. And it gave me some space. They mentioned a PHS contract. The PHS medical director called me directly and discussed the PHS behavioral health monitoring process. I completed my treatment at an outpatient partial hospitalization program. Five months after my initial visit with PHS, I went to Waltham, thinking more clearly and with less dread than when I had arrived many months prior. By signing the PHS monitoring contract, I connected with this lifeline back to my career.

I am grateful for the high quality of mental health care I received when I was in my prolonged spiral. My family stayed close throughout this ordeal. I am grateful for my colleagues who didn't give up on me, showing me empathy as they welcomed me back. I am deeply grateful and credit PHS with life- and career-saving interventions. My involvement with PHS was critical to salvaging my profession.



We thank PHS for all of the critically important work you do in support of physician well-being."

— CMO at Community Hospital

Outreach and Educational Sample Offerings in FY 23

- ✦ Provided education to over 1,800 medical professionals at over 50 events
- ✦ 5,000+ MedPEP (Medical Professionals Empowerment Program) podcast listeners; free risk management CMEs provided by MMS to address and reduce physician stress and burnout
- ✦ Managing Workplace Conflict course, improving Leadership and Personal Effectiveness
- ✦ *The Mental Health Crisis of Health Care Providers during the COVID-19 Pandemic*
- ✦ *The Marathon Stress of COVID*
- ✦ *How to Practice Self Care Even in Time of Crisis*
- ✦ *PHS Overview and Recognizing At-Risk Physician Behaviors*
- ✦ *Strategies for Psychological and Social Well-Being During or When Considering Retirement*
- ✦ *Physician Health Services (PHS): Why, What, Who, When, Where and How*
- ✦ *Future Health: Best Practices for Advancing Care*

How to Approach a Colleague in Need

PHS leaders emphasize the value of reaching out to colleagues who may be struggling, even in subtle ways. “It’s important to have that conversation. We owe it to each other as friends and colleagues,” Dr. Albanese says. “As doctors, we know that prognosis is better if you intervene early, whether it’s prostate cancer or diabetes or physician health.” As a starting point, Drs. Albanese and Simeone offer these thoughts and suggestions for initiating a conversation with a colleague:

- ✦ It’s alright to ask someone if he or she is doing OK. “Reaching out is a good thing, not a bad thing. It all comes back to connection and community.”
- ✦ Begin any conversation nonjudgmentally and with empathy.
- ✦ Ask permission and say something like, “I’m concerned about you as a friend, so I wanted to say that I notice that...”
- ✦ Another way to begin is to say, “You don’t seem yourself. We’ve all been stressed. We must help each other take care of ourselves. Can I help you in any way?”
- ✦ Based on their reply, you can suggest a range of things, including seeing their PCP, a therapist, or somebody else outside of work.
- ✦ Have a low threshold for suggesting that PHS may be a resource.



Occupational Health Monitoring Agreement (OHMA): One Physician's Journey

When concerns about professionalism, communication, and interpersonal interactions affect the physician, the team, the organization, and possibly patient care, PHS can provide the OHMA coaching track.

"From Explosions to Conversations"

I didn't agree with going to PHS, and I would not have volunteered for a year of coaching with the PHS Occupational Health Monitoring Agreement.

It had started with a disagreement with some colleagues. It hadn't occurred to me that my tone was too strong. I didn't realize that they felt threatened. I am a medical leader and an excellent and experienced surgeon with great empathy for my patients and their family members. This was just a hurdle I needed to get through, and I figured I would do my time and get my coaching hours in.

Then I was surprised. My coach was fabulous — thoughtful and wise. He was also a taskmaster who was quite direct. I had spent so much of my life looking outward (don't all doctors?), and now I was being forced to look inward. Somewhere along the way, I owned what I needed to get from coaching.

Work didn't stop during that year of coaching. I began to have more conversations and fewer explosions. I became more sensitive to other people's stressors. I forged better relationships and "leaned in" more. My new chair became a kind of mentor — we had frequent, open, and real conversations.

An additional and unexpected upside was being able to pass on my knowledge. I noticed a junior colleague struggling. I shared that I had been down that road and provided some strategies learned and practiced with coaching.

I am grateful for PHS, for Juliana, for my coach, and for my department chair and colleagues for all of their support and humanity.

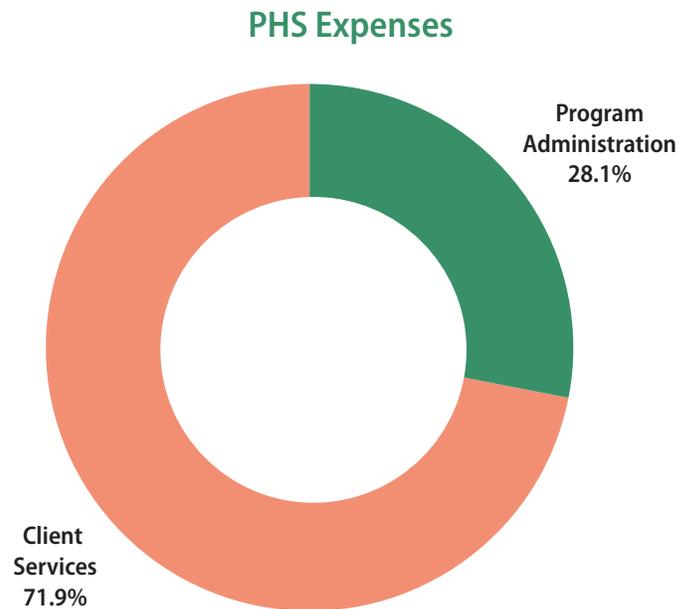


The PHS evaluation was a turning point."

— Wendy Barr, MD, DIO, Greater Lawrence Family Health Center

2023 Financial Snapshot

PHS Revenues <i>Donations, Grants, Corporate Sponsors</i>	\$1,736,082
– PHS Expenses	\$1,963,891
Total	(\$227,809)



PHS Expense Detail

Client Services	\$1,413,018
+ Program Administration	\$550,873
Total	\$1,963,891

Contributor Recognition

Physician Health Services gratefully acknowledges the individuals, corporations, health care organizations, and professional groups for their partnership, confidence, and generous support. The following reflects contributions received from June 1, 2022, through May 31, 2023.

Patrons

- ✦ Coverys
- ✦ CRICO
- ✦ Massachusetts Medical Society

Leaders

- ✦ Atrius Health
- ✦ Baystate Health Insurance Company, Ltd.
- ✦ Baystate Health Medical Staff
- ✦ Berkshire Health Systems, Inc.
- ✦ Boston Medical Center
- ✦ Brigham and Women's Physicians Organization
- ✦ Cambridge Health Alliance
- ✦ Cape Cod Healthcare, Inc.
- ✦ Dana-Farber Cancer Institute
- ✦ Emerson Hospital
- ✦ Emerson Hospital Medical Staff
- ✦ Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
- ✦ Harvard Pilgrim Health Care, Inc.
- ✦ Heywood Hospital
- ✦ Heywood Hospital Medical Staff
- ✦ Lahey Hospital and Medical Center
- ✦ Lawrence General Hospital Medical Staff
- ✦ MedPro Group
- ✦ Milford Regional Medical Center
- ✦ Milford Regional Medical Center Medical Staff
- ✦ Mount Auburn Cambridge Independent Practice Association
- ✦ Mount Auburn Hospital Medical Staff
- ✦ Newton-Wellesley Hospital
- ✦ North Shore Medical Center
- ✦ Pediatric Physicians' Organization at Boston Children's
- ✦ Physicians Insurance (formerly Physicians Insurance Agency of Massachusetts [PIAM], an independent insurance subsidiary of the MMS)

- ✦ Reliant Medical Group
- ✦ South Shore Hospital
- ✦ Southcoast Health System, Inc.
- ✦ St. Vincent Hospital Medical Staff
- ✦ Steward Health Care
 - Good Samaritan Medical Center
 - Good Samaritan Medical Center Medical Staff
 - Holy Family Hospital
 - Holy Family Hospital Medical Staff
 - Morton Hospital Medical Staff
 - Nashoba Valley Center
 - Nashoba Valley Medical Center Medical Staff
 - Saint Anne's Hospital
 - St. Elizabeth's Medical Center
- ✦ Sturdy Memorial Hospital
- ✦ Sturdy Memorial Hospital Medical Staff
- ✦ Tufts Medicine (formerly Wellforce) — Lowell General Hospital, Melrose Wakefield Hospital, Tufts Medical Center, and Physician Network
 - UMass Memorial Health
 - UMass Memorial Health Care, Inc.
 - UMass Memorial Medical Center
 - UMass Memorial Medical Group
 - Harrington Hospital
 - Harrington Hospital Medical Staff

First-Time Medical Center, Hospital, and Medical Staff Donors

- ✦ Holyoke Medical Center Medical Staff
- ✦ New England Baptist Hospital
- ✦ New England Baptist Hospital Medical Staff

Medical Schools

- ✦ Boston University School of Medicine
- ✦ Harvard Medical School
- ✦ Tufts University School of Medicine
- ✦ University of Massachusetts Medical School

MMS District Medical Societies

- Bristol North District Medical Society
- Charles River District Medical Society
- Essex South District Medical Society
- Middlesex Central District Medical Society
- Middlesex District Medical Society
- Middlesex West District Medical Society
- Norfolk South District Medical Society
- Plymouth District Medical Society

Individuals

- Carole Allen, MD, MBA
- Patrick Aquino, MD
- Alexandra Bowers and James Liu, MD
- Ronald E. Burt, MD, and Elizabeth Burt
- Deborah Demarco, MD
- Jack Evjy, MD, and Ms. Sheila Evjy
- Derek and Patricia Frederickson
- John S. Hopkins, MD, MSPH
- David Kattan, MD, and Ms. Laura Kattan
- Mark Nickels, MD
- Dustin Patil, MD
- Lee Perrin, MD
- Glenn Pransky, MD
- Juliana Szakacs, MD
- Stephen Tosi, MD
- Dr. and Mrs. Walter J. Rok

Special Gifts

- Andrew Hyams, Esq. — in memory of George Hyams, MD
- Daniel Palmer and Palmer Family — a donation to the lecture series named in memory of Michael Palmer, MD
- Kenath Shamir, MD — in memory of Laura B. Fixman, MD

In Memory of Edward J. Khantzian, MD

- Judith L. Fichtenbaum
- Alexa Kimball, MD, and Mr. Ranch Kimball
- Bradley C. McCurtain
- Theresa Sciarappa
- Mary Anna Sullivan, MD
- Stephen Tosi, MD

In Honor

- Andrew Hyams, Esq. — Bernie Levy, MD
- E.J. Reines and Iris Reines — Steven Adelman, MD
- Luis Sanchez, MD — Michael Palmer, MD, and John Wolfe, MD
- Juliana Szakacs, MD — Bara Litman-Pike, PsyD

Honorarium

- Beth Israel Deaconess Hospital — Needham
- Beth Israel Deaconess Hospital — Plymouth Medical Staff
- MetroWest Emergency Physicians, Inc.
- Neighborhood Health Plan of Rhode Island

Your Support Matters

As a donor to Physician Health Services, Inc., you are instrumental to our mission. Thank you.

We rely on the goodwill and generosity of donors like you who believe in our work and who value our efforts to assist and guide physicians and students back to health so they can thrive in their careers. Unlike many other physician health organizations, PHS does not require service fees or receive government funding or licensing fees.

PHS is a nonprofit 501(c)(3), and we welcome your charitable contribution. Please visit our website at

www.physicianhealth.org to make your gift or use the envelope provided. If you are considering a gift of securities, please contact us at (781) 434-7404.

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

Your support makes it possible for PHS to help doctors navigate their pathway to wellness. Thank you.

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

860 Winter Street, Waltham, MA 02451-1414

(781) 434-7404 • Fax (781) 893-5321

www.physicianhealth.org

Please share this PHS FY 23 Annual Report with a colleague.

To Refer a Colleague or Yourself

Call PHS confidentially at (781) 434-7404.

Speak with a mental health professional who will explain the PHS role, confidentiality, the independence from BORIM, and next steps.
