PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

2024 Annual Report

Improving Physicians' Lives

Contents

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 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

Glenn Pransky, MD

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 still experiencing the workplace consequences of the COVID-19 pandemic. These unprecedented challenges have resulted in historically high turnover rates, sustained and 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 our resources. Educational programs include seminars for physicians and those in training on the importance of early recognition and help for health problems. We have consistently succeeded in providing confidential and effective referral, treatment, and support. Over 80 percent of those who come to us for help are never identified to the state licensing board. These programs are especially important as we face an ongoing epidemic of physician distress.

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. We are working closely with our excellent executive team to establish a pathway to long-term financial sustainability and to continually evolve our services to meet the needs we face in twenty-first-century medicine.

Sincerely,
Glenn Pransky, MD, Chair and President

Message from Medical Director & Executive Director

Paul G. Simeone, PhD, MA

Mark Albanese, MD

This year's annual report gives us an opportunity to say "hello" to our PHS family and friends and to thank all who've supported us past and present. We are so grateful! We also want to take a moment to thank our PHS administrative and clinical staff, as it is a real pleasure to work with such a dedicated, compassionate, and professional team. PHS is a very special place, one we regard as a kind of public utility for the medical community, supporting physicians, medical students, and the health care systems they serve. We are all about the mission. That we enjoy such support both internally and in the community is a blessing indeed! Please reach out to us if you have any questions about PHS, want more information about who we are and what we're doing to improve services, or just want to share ideas and feedback. We would love to hear from you!

In gratitude and appreciation,
Mark & Paul

PHS Annual Dinner

On May 15, we celebrated our Annual Dinner, where we presented the Edward J. Khantzian Award to Linda Bresnahan, the Executive Director and CEO of the Federation of State Physician Health Programs (FSPHP). The Award is given annually to "a person who has made a significant impact on physician health." It is named for Dr. Ed Khantzian, a founder of PHS and our first Board of Directors Chair.

Prior to assuming her current role at FSPHP, Linda was Director of Program Operations at PHS. There is nobody in the country who has done more to further the cause of physician health! Congratulations, Linda!

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Volunteers and Collaborating Colleagues

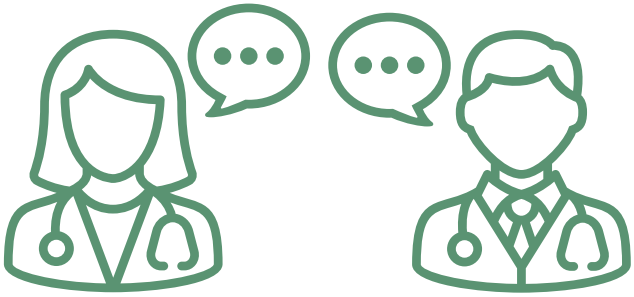
Clinical Advisory Committee (CAC): CAC members are appointed by the PHS board of directors to serve as volunteer peer-review consultants for a one-year term. The CAC shall provide advice and assistance on confidential and de-identified cases selected by the PHS medical director based on clinical or administrative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



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

40 medical specialties represented by participants

Substance Use Monitoring: One Physician's Experience of Recovery

Of the monitored clients, 29 percent are on substance use monitoring. An additional 36 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.

"Ring the bells that still can ring
Forget your perfect offering
There is a crack, a crack in everything
That's how the light gets in…"
— Leonard Cohen, *Anthem*

Even prior to my use of substances, moderation was not part of my vocabulary. I was taught to work hard to get what I wanted out of life. I never considered "accepting the things I could not change," because I thought I could change everything… with enough hard work. Sure, it could make life exhausting at times, but it worked for the first half of my life. It worked, as long as I had a steady supply of marijuana to take the edge off and remove any bit of emotional discomfort I was feeling at the time. I didn't realize that I had no ability to cope with life on life's terms because, for the most part, I was able to manipulate my life to achieve everything I wanted. I didn't need a higher power; I was the higher power.

This continued through college, medical school, residencies, fellowships, and into the start of my career. I didn't see the negative consequences, so I didn't see the problem with my behavior. I didn't appreciate the fact that I had no coping mechanisms or that manipulating the world around me to suit my needs and desires probably wasn't the best long-term approach.

Ultimately, the realities of life caught up with me. Marriage, children, mortgage payments, work — it all just became impossible for me to control. Marijuana alone was not working, so I reached for the only coping mechanisms I knew — more chemicals: drugs and alcohol. Within two years, I had lost 30 pounds and became a raving, lying lunatic, fighting with friends, family, and colleagues who frequently expressed concerns, but in my mind the problem was everyone and everything around me… I was not the problem.

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Until one day, the Chief of Surgery called me in to his office and said, "We value you; we care about you, but something is wrong, and we want to help. If it's substance abuse or some other mental health issue, we want to help you." There was no blame or anger. I felt safe. I felt a sense of relief, and the first thing I said was, "Thank you. Here's what you're going to find in my blood… Lets go."

That was the first of what would become a series of surrenders and the start of my recovery. PHS was my ally; they laid out the map and became my higher power. I just had to let go. I completed a 12-week residential rehabilitation program in Alabama and three years of monitoring. My recovery is no longer consequence driven; it's inspired by the positive changes that I have seen in my life.

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
- Behavioral 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
- Generational challenges of young, mid-career, and senior physicians in the current health care climate.

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: 40%
- Medical leadership/organization: 30%
- Attorneys: 7%
- Training program: 6%
- Health providers (PCP, psychiatrist, therapist): 6%
- Board of Registration in Medicine (BORIM): 5%
- Medical school: 2%
- Physician health programs in other states: 1%
- Other: 1%

What Was the Presenting Problem?

- Mental health (includes burnout and stress): 28%
- Substance use: 28%
- Problematic workplace behavior/communication: 25%
- Medical/neurocognitive: 10%
- Legal: 5%
- Clinical competency: 3%

What Are the Paths after Initial Contact with PHS?

- Sixty-five 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.
- Forty 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 21 percent of clients in behavioral health monitoring contracts, while an additional 36 percent have co-occurring substance use contract requirements. These contracts provide support, accountability, and peer support opportunities.

"PHS is really there for YOU"

PHS and specifically, Dr. Mark Albanese and Ms. Ashley Capdeville, were more than bright lights in a tough time for me.

When I chose to take time off due to burnout and trauma (from many events over time personally and professionally), my job did not want to take me back unless I agreed to go under contract with PHS.

At first this terrified me because it felt punitive, and I had just spent five months working to overcome all that trauma.

However, what I did not understand at the time was that a contract with PHS was for MY benefit and support, not that of my employer as I was initially told.

Throughout my two-year contract with PHS, I was provided with extensive support and resources that empowered me to understand and accept this reality: that as a physician and a human being, we have support well beyond our institution through the PHS team. They are really there for YOU.

My PHS team and wonderful admin staff, Ms. Lucia Whalen, listened without judgment and provided all the necessary information, guidance, and support for me to succeed in navigating the murky waters of physician well-being. PHS not only wants you to succeed in this journey, but they also provide practical tools and resources to make it possible. PHS will also work and stand by you as a collaborative team if you are dedicated to doing the work. Truth be told, I did not always get this message from my employer. On the other hand, PHS allowed me to overcome the burdensome nature of my work environment and establish and maintain a healthy work-life balance despite the challenges. I am forever grateful. Lean in. You will not regret it.

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 24

- Provided education to over 1,000 medical professionals at over 25 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
- Physician Wellness Lecture
- Substance Use Disorders in Physicians
- PHS 101 & Physician Impairment
- Health Care Provider Well-Being and Role of PHS

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. Dr. Albanese offers this friendly reminder: "It's important to have that conversation. We owe it to each other as friends and colleagues. 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 share 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 and be ready to provide a brief introduction to the PHS mission and services.

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.

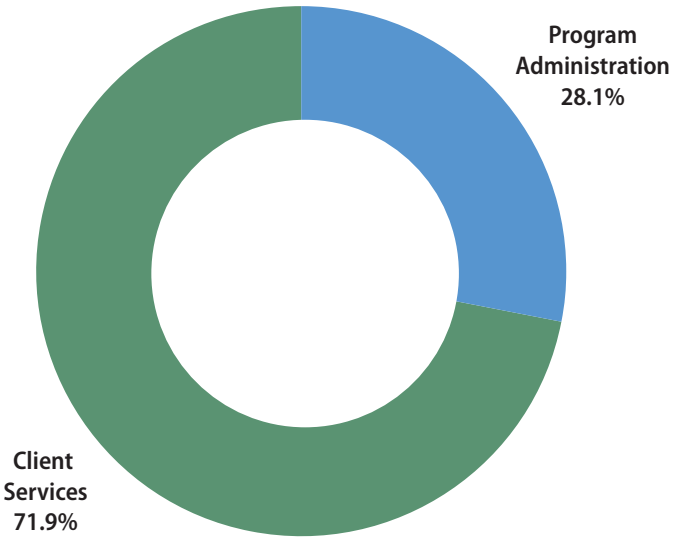
An additional and unexpected upside was being able to pass on my knowledge. I noticed a junior colleague struggling. I shared that I had been down that road and provided some strategies learned and practiced with coaching.

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

2024 Financial Snapshot

PHS Revenues *Donations, Grants, Corporate Sponsors*	$1,514,470
– PHS Expenses	$1,938,726
Total	**($424,256)**

PHS Expenses



PHS Revenues, Expenses Detail

Client Services	$1,174,427
+ Program Administration	$764,299
Total	**$1,938,726**

The PHS evaluation was a turning point."

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

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, 2023, through May 31, 2024.

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Special Gifts

- Linda Bresnahan, MS — in Memory of Edward J. Khantzian, MD
- 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
- Mary Anna Sullivan, MD — in honor of Bara Litman-Pike, PsyD

Honorarium

- Beth Israel Deaconess Hospital — Plymouth Medical Staff
- Harvard Medical (Boston Children's Hospital)

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 efforts to shepherd 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. If you are considering a gift in any amount or form, please contact us at (781) 434-7404. Your support makes it possible for PHS to help doctors navigate their pathway to wellness. Thank you.

Physician Health Services, Inc.
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A Massachusetts Medical Society corporation

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Please share this PHS FY 24 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.