

# 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

## 2019 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.

A Massachusetts Medical Society corporation

**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. Want to know more or make suggestions for additional services? Call PHS and ask to speak with Medical Director Steven A. Adelman, MD, or Executive Director Bara Litman-Pike, PsyD.

**WHO:** PHS is a non-profit 501(c)(3) corporation founded by the Massachusetts Medical Society to improve physician health. Steven A. Adelman, MD, Medical Director, is a psychiatrist who is boarded in both Psychiatry and Addiction Medicine. Bara Litman-Pike, PsyD, is the Executive Director. Mary Anna Sullivan, MD, is the President of the PHS Board of Directors. This leadership team is supported by our professional staff, which includes five 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.

Dear Friends and Colleagues:

We are pleased to provide the PHS annual report summarizing our work from June 1, 2018, to May 31, 2019. We have interacted with thousands of our physician and medical student colleagues in the MA medical community through individual consultations, referrals, assessments, support groups, monitoring, and with numerous educational and outreach activities. PHS strives to realize our mission of improving the health, well-being, and effectiveness of physicians and medical students while promoting patient safety. We are proud of the ease of access for first-time users of PHS. We accommodate all new referrals and, when it's called for, we complete a time-intensive assessment process quickly and thoroughly. In addition to assisting physicians and students by identifying and addressing significant health-related issues and making recommendations for next steps, we address burnout, substance misuse, understanding professional boundaries, and developing healthier lifestyles. We are extremely grateful to our invaluable colleagues and stakeholders, who help support the mission of PHS: the MMS, Coverys, CRICO, and our 80+ institutional and organizational partners. These deep, ongoing collaborations help physicians and students better care for themselves, enhancing their ability to provide excellent help to patients.

PHS continues to provide help to busy physicians who are struggling to manage workplace complexity and pressure through *MedPEP*, the *Medical Professionals Empowerment Program*. This podcast series provides skills to thrive in our current health care environment, to battle burnout, and to regain joy in medicine, while earning free risk management CMEs.

In the spring of 2019, Bara Litman-Pike, PsyD, started as the first PHS Executive Director, sharing leadership with the Medical Director, Steven A. Adelman, MD. Dr. Litman-Pike brings her clinical, leadership, and business background to PHS operations, outreach, and funding.

Sincerely,



Steven A. Adelman, MD,  
*Medical Director*



Bara Litman-Pike, PsyD,  
*Executive Director*



Mary Anna Sullivan, 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. Reasons to refer yourself or a colleague, or to contact PHS for advice include:

- Addictive behaviors involving money or technology
- Aging-related challenges
- Alcohol and substance misuse
- Anger
- Attention, learning, and organizational issues
- Emotional trauma
- Life challenges (financial, retirement, career)
- Medical/physical concerns that may impact one's ability to practice medicine
- Neurocognitive changes and memory loss
- Occupational stress and burnout
- Practicing medicine in our increasingly complex health care system
- 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](http://www.physicianhealth.org)

## Behavioral Health: A Personal Story of Recovery from Depression

*I came to PHS on my own. I was severely depressed and looking for a good psychiatrist who would take me on. The Medical Director, Dr. Adelman, met with me for two hours and he was kind and compassionate. He recommended psychiatrists with experience treating physicians, and I immediately started working with one. Unfortunately, the medications and psychotherapy didn't kick in fast enough and my depression was getting worse and worse. My psychiatrist and I decided on a course of ECT therapy, and she recommended that I return to PHS to obtain additional support. Because of how seriously ill I was, PHS recommended that I be monitored for two years going forward. The idea was for me, as a physician recovering from a serious mental illness, to have structure, support, and accountability as I was returning to my medical practice while attempting to get traction again at a very difficult juncture in my life. While being monitored, I continued my psychiatric treatment, attended a PHS support group at least once a month, and met on a monthly basis with a psychiatrist or counselor at PHS.*

*Initially, I was kind of upset and didn't understand why they were recommending two years of formal monitoring. I didn't have complaints from patients or the Board of Registration in Medicine, and I had voluntarily gone to PHS for help. The support group was run by a wonderful and talented leader, and I got to know a number of fellow physicians — some with similar issues and others with different issues; clearly, I wasn't alone. The people in the group were very kind to one another and never failed to provide helpful insight. There's no way I would have taken the time to get this kind of help without the structure of the monitoring program. The PHS professionals who met with me monthly were always very kind and helpful. They truly cared about my well-being, my practice, and my life.*

*Now that I have graduated from the monitoring program, I see how much my health has improved. PHS provided great assistance to me in arriving to this point. I will always be grateful for the help I received at PHS.*

# Professional Activities Year In Review — Fiscal Year 2019: June 1, 2018–May 31, 2019

*“That physician who referred himself to PHS has done quite well as a result of your help. He is now thriving! I am glad that we have PHS as a resource. Thanks!”*

— Senior Medical Leader,  
Large Medical Group

## Annual Activity

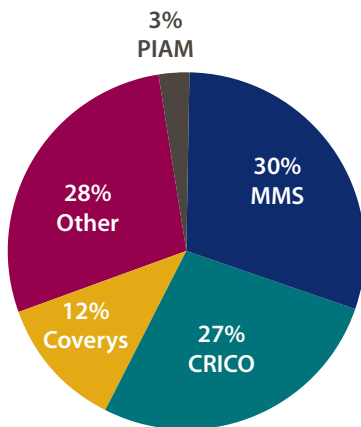
### REFERRALS TO PHS BY PRESENTING PROBLEM: FY 19

CASE DESCRIPTION	N = 149	PERCENT (%)
Problematic Workplace Behavior	48	32
Substance Related	22	15
Mental Health	57	38
Clinical Competency	13	9
Legal Problem	8	5
Medical Problem	1	<1

- ✦ 422 physicians and medical students helped directly with in-person assessments, consultations, and ongoing monitoring and care management.
- ✦ 400+ medical leaders, treatment providers, and others involved in referrals and ongoing care and workplace accountability engaged.
- ✦ 2,100+ physicians and medical students attended 96+ educational and outreach events related directly to PHS or to physician and medical student health, well-being, and effectiveness.
- ✦ 10,000+ *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.

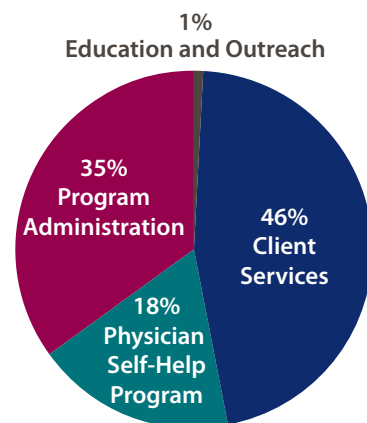
## Year in Review: Financial Overview

### PHYSICIAN HEALTH SERVICES REVENUE



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

### PHYSICIAN HEALTH SERVICES EXPENSES\*



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

\*FY19 expenses are calculated differently than previous FYs.

## Outreach and Educational Offerings

An important part of the PHS 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. Please contact us — (781) 434-7404 — 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. An honorarium is not required. However, please consider a contribution to PHS in lieu of an honorarium. Contributions to PHS are tax deductible to the extent provided by the law (Tax ID #: 22-3234975). Physician Health Services, Inc., and the Massachusetts Medical Society jointly offer a two-day CME course, occurring next April 2020:

- ♦ **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 includes Steven Adelman, MD; Melissa Brodrick, MEd; Diana Dill, EdD; Les Schwab, MD; and Jo Shapiro, MD, FACS.

### **Sample Educational Topics Presented in FY 19**

- ♦ Physician Health Services 101: Ounces of Prevention and Tons of Cure
- ♦ Maintaining Appropriate Professional Boundaries
- ♦ What the Burnout Epidemic Teaches Us About Self-Care, Work/Life Balance, and Engineering Health Care
- ♦ ‘Back Off, It’s Not My Fault!’ Helping Resistant Physicians Turn Things Around Before It’s Too Late: Panel including Steven Adelman, MD, Wendy Cohen, MD, Harvey Kowaloff, MD, and Debra Grossbaum, Esq.
- ♦ Monitored Coaching Interventions to Remediate Unprofessional Physician Behavior
- ♦ Solving for Physician Burnout: System Redesign and Organization Transformation: Video in conjunction with PPRC
- ♦ How Physician Health Programs Assist Physicians with Substance Use Disorders and other Mental Disorders

*“Thank you, PHS!  
The presentation was  
timely and well-received.  
I was glad to see the level  
of engagement among  
our leaders...”*

— Community Hospital  
CMO

*“Fantastic course! Best  
CME course I have ever  
had. Wonderful teaching.  
I wish I’d had this  
years ago.”*

*“I was surprised at  
how the content was so  
pertinent to my mental  
and professional health.”*

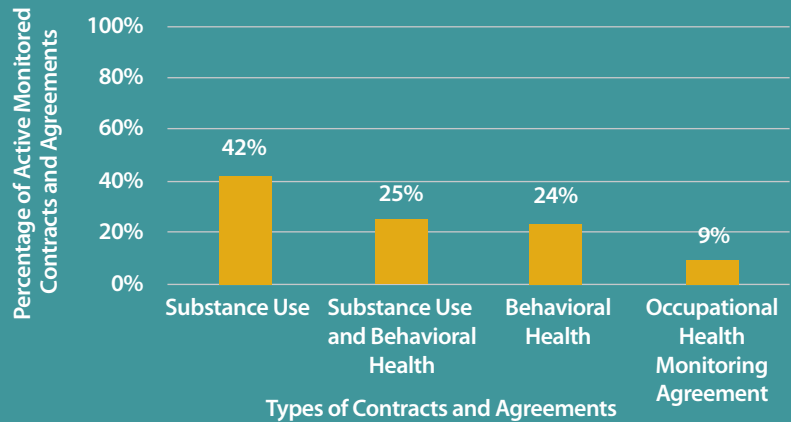
# Monitoring Contracts and Agreements

PHS provides structured monitoring to physicians and medical students who might otherwise leave the profession to stay on track. PHS maintains ongoing, structured oversight of approximately 125–150 physicians and medical students with monitoring contracts or agreements. 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.

- ✦ **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.

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 leaves this choice up to the client. 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.

## BREAKDOWN OF ACTIVE MONITORING CLIENTS ON 5/31/19



## MONITORING CLIENTS OVERVIEW AS OF CLOSE OF FY 19

New Monitoring Clients in FY 19	37
Monitoring Clients as of Close of FY 19	137
Client Graduates in FY 19	36
Incomplete Closure in FY 19	1

*“PHS’s expertise benefits our program and lightens our burden. Thank you for your help!”*

— Residency Program Director



## Occupational Health: My Personal Story

*I am an anesthesiologist at a large teaching hospital and have practiced for several decades. Over the years, I became familiar with PHS in the context of personally referring colleagues and residents for assistance at PHS due to suspected substance misuse.*

*A few years ago, my institution's chief medical officer (CMO) approached me about referring me to PHS. Admittedly, for much of my career, I've had the reputation of having a "big mouth." The CMO, along with my department chair, decided that I was a good candidate for the newly established PHS program for persons with problematic behaviors — so-called "occupational health" issues. I was not pleased with this turn of events, but I didn't have much choice. I bit the bullet and called PHS.*

*The program that PHS recommended involved choosing a coach and working with him to identify problems with, and to make improvements in, my interpersonal relationships with the people with whom I worked. PHS recommended multiple coach options. I started by interviewing three and was pleased to connect well with the third one: the coach I chose turned out to be perfect. He was a practicing PCP who also had experience in medical institution administration.*

*We met twice a month for the first six months, and then once a month for the remaining six months of my occupational health agreement. Our time together was usually spent role-playing. Sometimes he would design real-world scenarios intended to get me angry, and we would work on my reacting appropriately and in ways that would not get me in trouble. We also practiced improving my communication skills especially when speaking with superiors. I did not have a great track record getting my chairs or deans to grant my requests, and he thought I would have better luck in the future by revising my approach.*

*PHS also recommended that I attend the program entitled Managing Workplace Conflict: Improving Leadership and Personal Effectiveness, a two-day CME course that is periodically held at the headquarters of the Massachusetts Medical Society. After attending this program, I would recommend it for any physician, regardless of whether or not they are involved with PHS or have a history of conflict difficulties at their own place of work.*

*Prior to my year of coaching, the chief medical officer and my department chair had complained that I was near the top of the list of physicians who were generating complaints. Since I finished working with PHS and a coach in 2016, there haven't been any more complaints. I can't prove that there is a cause-and-effect relationship here, but I have to conclude that what I learned from working with my coach has made me a better colleague. Thus, although I did not have much choice in whether or not to participate in this coaching experience, I (and my superiors) are glad that I did so.*

*"I'm back at work this week! Thank you, PHS, for helping to make this possible! With deep gratitude."*

*—"Physician Interrupted,"  
a Former PHS Client*

*“PHS is providing a valuable service to physicians. The MedPEP podcast I listened to hit the nail on the head, in that informal peer support often tries to convince physicians a mistake was not made, instead of helping with acceptance of human fallibility. I would just like to be thriving in my practice.”*

— Out-of-State Physician  
(Attended PHS Lecture in  
Medical School in MA)

## The Work of PHS

Hundreds of individuals contact PHS annually to discuss, consult, refer, support, educate, and collaborate in the support of physician, resident, and medical student health and well-being. Medical leaders, physician and non-physician colleagues, family members, attorneys, and distressed or concerned medical students and physicians call. PHS responds on an individualized, case-by-case basis. 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 understanding and addressing their needs.

More than one-third of our clients refer themselves, often due to “burnout,” while the rest are referred by a third party. In all cases, we direct them to specialized resources and physician-savvy professionals and/or programs with a track record of helping doctors manage and thrive in their work environments. Most individuals who are self-referred follow up on the resources on their own as a next step.

When a medical leader or administrator refers a physician or student to PHS because of significant health-related concerns or problematic workplace behavior, PHS always offers a more in-depth assessment. Assessments involve an in-person intake and the collection of additional data from work, family, and treatment providers, with explicit written permission from the client. Next steps vary. The purpose of this thorough assessment is to form a detailed and accurate picture of the referred individual’s health in order to point the way to a successful and sustainable improvement plan.

PHS recommends monitoring to about a third of the referred physicians and medical students — those with serious challenges that may 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 including 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 moderated Behavioral Health peer support groups in Waltham and in Boston to help address other challenges.
- PHS professionals provided approximately 100 customized educational presentations to different audiences in FY 19. We are happy to work with you and your organization to address your specific needs.
- PHS is addressing the burnout crisis in medicine with our *MedPEP* podcast and website ([MedPEP.org](http://MedPEP.org)). *MedPEP*, through a series of podcasts, 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 CME through the MMS!





# Meet Physician Health Services

## Board of Directors and Officers



Mary Anna Sullivan, MD,  
President and Chair



Jennifer Childs-Roshak, MD,  
Director



Mary Kraft, MD, Director



Lois Dehls Cornell,  
Director



Michael Farrell, Treasurer



Bara Litman-Pike, PsyD,  
PHS Executive Director



Steven A. Adelman, MD,  
PHS Medical Director



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



Glenn Pransky, MD,  
Director



Booker Bush, MD,  
Director



Alexa B. Kimball, MD,  
Director



Thomas D. Sequist, MD, Director



Stephen Tosi, MD,  
Director

## PHS Professional Staff



Wendy L. Cohen, MD,  
Physician Evaluation Director



Harvey Kowaloff, MD,  
Central MA



Ashley M. Capdeville, LMHC,  
Monitoring Associate,  
Southeastern MA  
and Waltham



Wayne A. Gavryck, MD,  
Springfield/Western MA  
and Waltham



Juliana Szakacs, MD, Boston  
Central, Southeastern MA  
and Waltham



Rachel M. Kantor, PsyD,  
Monitoring Associate,  
Metro Boston and Waltham

## PHS Administrative Staff



Deanna M. Bidy,  
Outreach and  
Funding Coordinator



Dipal B. Dodhia,  
Client Services Coordinator



Lucia Whalen,  
PHS Assistant



Deborah Canale,  
PHS Office Manager



Shaquilla U. Terry, MPH,  
Client Services Coordinator

*“We are so grateful to have PHS as a resource as we work with young adults with substance use disorders who are pursuing careers in medicine.”*

— Amy Yule, MD,  
Medical Director,  
Addiction Recovery  
Management Service,  
Massachusetts  
General Hospital

## **Substance Use with Behavioral Health: My Personal Story of Recovery**

*I was introduced to PHS as a first-year medical student. I attended a talk given by one of PHS’s associate directors, Dr. Michael Palmer. He told us his personal story of addiction and talked about the services that PHS provides. Although I enjoyed his talk very much, I had no idea just how relevant it would become for me in a few short years. I gave birth to two babies during my first two years of medical school and I was overwhelmed by the combination of motherhood and studying medicine. My drinking progressed from occasionally on weekends or out at dinner, to every single evening. During my last year of medical school, I suffered from kidney stones and was “generously” prescribed 90 painkillers. I found that although they helped my physical pain, they were even more effective for reducing stress and enhancing my mood. I felt a sense of calm whenever I took them and soon began taking them in the evening along with my glass of wine. My use of opioids increased as I entered my first year of residency and I soon began writing prescriptions for myself or for my husband (and then picking them up so he would not know). Shortly after this, a pharmacist called to report my use and my program director referred me to PHS.*

*When I was first referred to PHS I did not understand addiction. I tried to comply with the recommendations to see a therapist and attend self-help meetings, but it all seemed like overkill. Why couldn’t I drink alcohol? After all, my problem was with painkillers. Then things slowly went downhill. I took up drinking again at a family wedding, kept going, and secured a prescription for sleeping pills. Soon, I was using benzos during the day to fight off alcohol withdrawal. Before long I was drinking around the clock. After realizing that I was destroying myself I abruptly stopped everything and suffered a grand mal seizure.*

*I had no idea that my drinking and drug use was “that bad.” I again reached out to my residency program director and to PHS, and after completing detox, I went to rehab where I really learned about the disease of addiction. I started attending AA meetings. When I returned to Boston, I began a new relationship with PHS...as a sober doctor. This time I utilized their resources and began making relationships and asking for help when I needed it. My associate director, Dr. Wayne Gavryck, was a trusted mentor and guide during my time with PHS. I was involved with PHS for the remainder of my residency and then into my early years as a faculty member. I learned how to be a better doctor and how to take care of my addiction while taking care of others. I became grateful for PHS and for Dr. Gavryck’s support over the years. I became board-certified in Addiction Medicine, which has become my life’s work. I am grateful for my sobriety and although I have completed my formal PHS monitoring, I remain forever a student in AA.*

For additional stories of success, visit our website at [www.physicianhealth.org](http://www.physicianhealth.org) under Helping Yourself and Others.

# 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
- Boston Medical Center
- Boston University School of Medicine — Office of Student Affairs
- Brigham and Women's Hospital
- Brigham and Women's Physicians Organization
- 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
- Falmouth Hospital Medical Staff
- Good Samaritan Medical Center
- Good Samaritan Medical Center Medical Staff
- Harrington Hospital
- Harrington Hospital Medical Staff
- Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
- Harvard Medical School
- Harvard Pilgrim Health Care, Inc.
- Heywood Hospital
- Heywood Hospital Medical Staff
- Holy Family Hospital
- Holy Family Hospital Medical Staff
- Lahey Hospital & Medical Center
- Lawrence General Hospital Medical Staff
- Lowell General Hospital
- Massachusetts General Hospital
- Massachusetts General Physicians Organization
- MelroseWakefield Healthcare
- MetroWest Medical Center Medical Staff
- Milford Regional Medical Center Medical Staff
- Milford Regional Physician Group, Inc.
- MMS — District Medical Societies:
  - Barnstable District Medical Society
  - Bristol North District Medical Society
  - Bristol South District Medical Society
  - Charles River District Medical Society
  - Essex South District Medical Society
  - Middlesex 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
- 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
- Southcoast Health System, Inc.
- St. Elizabeth's Medical Center
- St. Elizabeth's Medical Center Medical Staff
- Steward Health Care System — Titan RRG
- Sturdy Memorial Hospital
- Tufts Medical Center
- Tufts University School of Medicine
- UMass Memorial Health Care Captive (CPAC)
- UMass Memorial Medical Center
- UMass Memorial Medical Group
- University of Massachusetts Medical School

## *First-Time Contributors*

- Milford Regional Medical Center
- Mount Auburn Cambridge Independent Practice Association
- Sturdy Memorial Hospital Medical Staff

*PHS would like to acknowledge and thank the many individuals who contribute to us throughout the year.*

*“You guys do amazing work. Maybe later in my career I can join you... You changed my life for the better..”*

— A Grateful  
Former PHS Client

*“Thanks, PHS, for all you do for us.”*

— Deborah DeMarco, MD,  
Associate Dean, Graduate  
Medical Education,  
Professor of Medicine,  
UMass Medical School

## Thank You for Supporting PHS and Its Mission

The success of PHS and its ability to restore health and well-being depends on a partnership with those who support the services we provide. Physician health is integral to patient health and safety. 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.

Ways you can support PHS:

- General Donation
- In Honor Of or In Memoriam
- Restricted Gifts
- Endowed Donations
- Charitable Gift Fund

Donations are payable to Physician Health Services, Inc. Please send to:

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

Or via our website: [www.physicianhealth.org](http://www.physicianhealth.org).

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