

# 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

## 2020 Annual Report *Improving Physicians' Lives*



Health Coaching Family Support System Mindfulness Confidentiality  
Communication Challenges Mental Health EMPOWERMENT  
Self-referral Medical Staff Client Services Personalized Assessment  
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. Call PHS and ask to speak with the Medical Director Steven A. Adelman, 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. 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 four 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, a summary of our work from June 1, 2019, to May 31, 2020. The COVID-19 pandemic has defined the final quarter of FY 20, creating challenges for the entire profession, as well as opportunities for PHS to deepen our mission to serve and support. As we started working remotely and providing virtual services in mid-March, we engaged with individual physicians, medical teams, and organizations to support everyone's collective efforts to save lives in this unprecedented, fast-moving health care crisis.

The stress on physicians, students, and medical organizations has been, and will continue to be, enormous. In response to the pandemic, PHS has streamlined many processes and gone virtual, improving access to services, with less travel and more e-communications. We continue to help large numbers of physicians on a daily basis. PHS is ready to help with the grief, trauma, burnout, substance misuse, and other behavioral health challenges resulting from a health care crisis of this magnitude.

PHS had a productive year, interacting with thousands of our physician and medical student colleagues in the Massachusetts medical community through individual consultations, referrals, assessments, support groups, monitoring, and educational and outreach activities. We strive to realize our mission of improving the health, well-being, and effectiveness of physicians and medical students while promoting patient safety. We are pleased with the ease of access for new PHS clients — virtual intakes have eliminated travel time and brought Western Massachusetts, Cape Cod, and Cape Ann much closer! We accommodate all new referrals and, where it's called for, we complete a thorough assessment process. PHS helps physicians in all stages of their careers, with recent increases in help to earlier career residents and fellows. 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, professional boundaries, and work-life balance by providing a range of tools. Many physicians who are struggling to manage COVID-19 stressors listened, on their own, to *MedPEP*, the Medical Professionals Empowerment Program. Some of those struggling with communication and conflict attended the *Managing Workplace Conflict* two-day course.

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

PHS is extremely grateful to our wonderful colleagues and committed stakeholders, who provide critically important support for 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 care to patients.

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

*My PHS story begins with a difficult patient management issue. I wound up prescribing an unusually high dose of an oral narcotic to a very large chronic pain patient. I had gotten involved with this character after multiple hospitalizations and many blown-up patient-doctor relationships. The patient stabilized on a really high dose, but eventually a bunch of federal agents burst into my office and insisted that I surrender my DEA license. I was feeling worn down and overwhelmed by everything, so I surrendered it without talking to anybody. I was extremely fearful of bad publicity. My health system put me on administrative leave, connected me with legal counsel, and referred me to PHS to help me sort things out and get back on track.*

*I stayed involved with PHS for a couple of years. I began to realize that my problem had something to do with how stressed and overwhelmed I was feeling in the changing world of office practice. My mood was down, I wasn't managing my time well, and my state of mind was such that I had trouble setting limits with one particularly vexing patient.*

*PHS referred me to an intensive course on prescribing controlled substances and recommended other resources on appropriate use of opioids. All of this was helpful, and I met many other physicians who had landed in the same boat. I started meeting regularly with a physician at PHS, and I made a commitment to obtaining regular mental health care. The combination of psychotherapy and antidepressants brightened me up during a very difficult time. The primary focus was on solving the issues at hand and moving forward.*

*I regularly attended a PHS support group with other distressed physicians. This was extremely useful. Realizing that I'm not alone — that other doctors have similar problems (some were even worse) — helped me to keep things in perspective. Although I was out of practice for a while, I watched others leg back in, and that gave me hope. I reapplied for my DEA license and successfully dealt with the medical board. Meanwhile, my practice colleagues were supportive, and because of my commitment to getting better they were eager to pitch in and help cover my practice while I was out and while some of my prescribing privileges were limited. What could have been a career-ending disaster for me ended well, thanks to my two years of support and monitoring by PHS. I got back to full medical office practice, and I've even taken on some administrative responsibilities in my health system. Without PHS, I'm not sure my story would have such a happy ending.*

# Professional Activities Year in Review — Fiscal Year 2020: June 1, 2019–May 31, 2020

“I have just completed all the requirements of a three-year contract with Physician Health Services. Inconvenient as it has been, the result has been the recognition of a problem I did not realize I had and the successful restoration of my mental health. For this, I will be eternally grateful to PHS.”

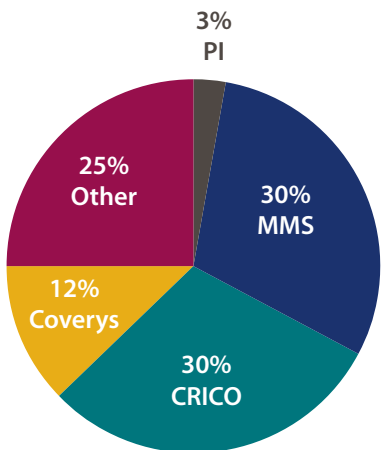
## Annual Activity

REFERRALS TO PHS BY PRESENTING PROBLEM: FY 20		
CASE DESCRIPTION	N = 164	PERCENT (%)
Substance Use	50	31%
Mental Health	49	30%
Problematic Workplace Behavior	43	26%
Clinical Competency	10	6%
Legal Problem	7	4%
Medical Problem	5	3%

- ✦ 406 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.
- ✦ 1,500+ physicians and medical students attended 91 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.

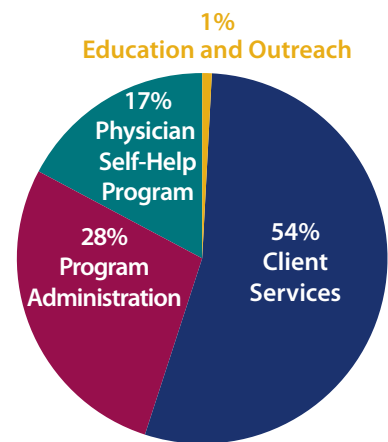
## Year in Review: Financial Overview — FY 20

### PHYSICIAN HEALTH SERVICES REVENUE



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

### PHYSICIAN HEALTH SERVICES EXPENSES



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



## Outreach and Educational Offerings

An important part of PHS's mission is to educate physicians, residents, medical students, medical leaders, health care administrators, and the public regarding the prevention, early identification, and treatment of substance use and behavioral health disorders, along with burnout and professionalism challenges that impact physicians. PHS will work 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. 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:

***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 A. Adelman, MD; Melissa Brodrick, MEd; Diana Dill, EdD; Les Schwab, MD; and Jo Shapiro, MD, FACS.

### ***Sample Educational Topics Presented in FY 20***

- *Physician Health Services 101: Ounces of Prevention and Tons of Cure:* Steven A. Adelman, MD
- *Maintaining Appropriate Professional Boundaries:* Steven A. Adelman MD
- *Physician Burnout:* Alain Chaoui, MD; Bara Litman-Pike, PsyD
- *Changing Lions into Lambs: How the PHS Structured Physician Coaching Program Fosters Turnarounds:* Webinar including Steven A. Adelman, MD; Bara Litman-Pike, PsyD; Sunil Eappen, MD; Catherine Lanteri, MD; and a successful program graduate
- *Practicing What We Preach: How to Be a Healthy Physician:* Wendy Cohen, MD
- *Doctors as Patients: The World of Physician Health:* Rachel Kantor, PsyD
- *How PHS Assists Physicians Impeded by Psychoactive Substances:* Steven A. Adelman, MD
- *Preventing and Recognizing Illness and Impairment in Clinicians:* Ashley Capdeville, LMHC; Bara Litman-Pike, PsyD

*"Thank you, Dr. Alain Chaoui, Past President of the MMS, for presenting an inspiring talk about physician burnout at Beth Israel Deaconess Plymouth on October 25, 2019."*

*"Thanks to all of the speakers — dynamic and effective — and each provided many applicable pearls."*

*"Excellent workshop."*

*"PHS's Managing Workplace Conflict course helped me to appreciate and focus on skills for managing stressful situations and conflict as well as to recognize the importance it plays in patient safety."*

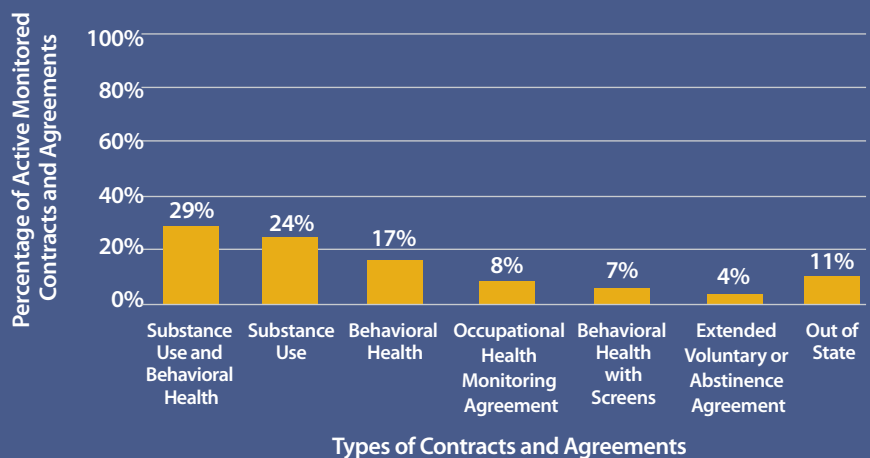
# Monitoring Contracts and Agreements

PHS provides structured monitoring to assist physicians and medical students who might otherwise leave the profession 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. 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 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 5/31/20**



Monitoring Clients Overview as of Close of FY 20	
Total Monitoring Clients as of Close of FY 20	137
New Monitoring Clients in FY 20	48
Client Graduates in FY 20	47
Incomplete Closures in FY 20	6

## Occupational Health: My Personal Story

*A couple of years ago my boss called me out for using threatening language and for behaving unprofessionally. I was shocked! Over the years a few people had complained that I'd been rude, but my annual reviews were generally 4–5 stars, so I didn't worry about the complainers. I figured it was an 80/20 thing and that you can't please everyone all the time. I went to PHS as part of a deal: I'd be promoted into a leadership position if I played along, otherwise... At first, the whole PHS thing seem like a hoop that I had to jump through.*

*Prior to this, I had attended workshops galore: Leadership for Physicians, Burnout 101, and Empathy Training. I still didn't recognize that I had a problem with the way I talked to nurses and, sometimes, to the families of my patients. A physician coach was a speaker at one of the workshops I'd attended a year earlier. She specializes in working with physicians to sort out the sources of unintended perceptions and eliminate them through peer review and feedback. I'd never imagined that I'd need that kind of help, but I sure did. PHS recommended a year-long structured coaching program, and I decided to work with the coach who spoke at the workshop — PHS was fine with that.*

*The coaching process was a complete awakening. She created a list of sanitized positive and negative statements about me from people I'd worked with for years, and 80 percent of the feedback was negative, really terrible. I was devastated. It was undeniable. I felt like a fraud and a failure. I'd never had that kind of specific, direct, personal feedback. I considered abandoning medicine completely. I'll never forget her face when I suggested that; it was the only time she looked at me as if I were crazy. We worked together to fix these problematic behaviors, not just make them less of a problem. She taught me to use specific tools to develop curiosity and empathy in stressful situations like being on call or running late, or getting through to someone who didn't agree with me. I learned to recognize when I was getting stressed and to control my caustic tongue. I learned how to talk myself down before lashing out at every possible adversary. Each small triumph generated more self-awareness. I also learned to apologize to nurses and to solicit feedback when others noticed me slipping.*

*The meetings with my coach gradually spaced out to monthly over the course of the year. I also had regular check-ins with my PHS Associate Director. This structure kept me accountable, and there was regular feedback from my medical group to PHS. My coach taught me to stay in sync with administration, staff, and patients, and I couldn't have achieved this without the PHS oversight, which helped me stay on course and opened my boss's eyes to the changes I was making.*

*I now consider myself a recovering a—hole. Since graduating from the PHS program, I've continued to practice self-reflection, anticipation of stressful situations, and leaning in to compassionate care for my patients and other staff. I have become a better listener. The referral to PHS helped me acquire tools that I never knew I needed, and it elevated my professional practice. I've been granted additional leadership opportunities and many of the skills I've acquired support my personal life as well.*

*COVID-19 has hit my field incredibly hard. Again, I'm grateful to now possess tools that help me tap into compassion, gratitude, and empathy without reacting with snarky retorts, sarcasm, and bullying. My PHS referral and the year-long coaching program are helping me and the rest of my team navigate our way through this uncertain and devastating new medical landscape.*

*“Thank you, PHS! I just had a very good conversation with the PHS Associate Director. My department and I greatly appreciate what your team is doing to help the resident we referred.”*

— Residency Program  
Director

*“I just wanted to thank you and Dr. Adelman for providing the support for our physician group. I heard the session was very well received and physicians found it to be beneficial.”*

— Medical Leader

## The Work of PHS

PHS speaks to hundreds of individuals annually and collaboratively consults and provides resources in the support of physician, resident, and medical student health, well-being, and effectiveness at work. Medical leaders, physician and non-physician colleagues, family members, attorneys, and distressed or concerned medical students and physicians call. PHS responds on an individualized basis. We always offer to meet with physicians and students — by phone, in person, or via a virtual meeting — as a critical first step toward understanding and addressing their questions and needs.

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, professionals with expertise working with physicians, and/or programs with a track record of helping doctors manage and thrive in their work environments. Self-referred individuals 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 behaviors that may be negatively impacting work or may be indicative of health-related concerns or problematic workplace behavior, PHS always offers a more in-depth assessment. Assessments involve an intake (virtual or in-person) and the collection of additional data from work, family, and treatment providers, with explicit written permission from the client. 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 personalized successful and sustainable improvement plan. Next steps vary.

PHS recommends ongoing 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 mood disorders; 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. As noted, all support groups are virtual as of March 2020, which has increased access for our busy physicians and medical students.
- ♦ PHS professionals provided approximately 50 customized educational presentations to different audiences in FY 20. We are happy to work with you and your organization to address your specific needs. PHS is increasing awareness of the effects of substance use, behavioral health, burnout, and professionalism issues on our physicians, students and medical organizations. COVID-19 has accelerated the burnout crisis in medicine, making our *MedPEP* podcast and website ([MedPEP.org](http://MedPEP.org)) even more relevant. *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 CMEs through the MMS!
- ♦ In response to the early stages of the COVID-19 pandemic, PHS offered twice-a-week drop-in confidential support groups for physicians in April 2020.



# Meet Physician Health Services

## Board of Directors and Officers



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Physician Evaluation Director



Jennifer Mark, MD,  
Central MA



Ashley M. Capdeville, LMHC,  
Clinical Coordinator



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



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



Rachel M. Kantor, PsyD,  
Clinical Coordinator

## PHS Administrative Staff



Deanna M. Biddy,  
Outreach and  
Funding Coordinator



Dipal B. Dodhia,  
Client Services Coordinator



Lucia Whalen,  
PHS Assistant



Deborah Canale,  
PHS Office Manager



Sravya Malempati, MPH,  
Client Services Coordinator

We would like to acknowledge the following former PHS staff members for their work with PHS this fiscal year: Harvey Kowaloff, MD, Retired, Central MA; and Shaquilla U. Terry, MPH, Client Services Coordinator.

Thank you to Thomas Sequist, MD, MPH, for your service as a Director on the PHS Board of Directors.

## Substance Use: My Personal Story of Recovery

*Nobody dreams of becoming an alcoholic. We often become addicted to our work, but that is applauded in our profession and we rationalize this as simply doing the right thing for our patients. Certainly, I did that. Becoming an alcoholic was not part of my life plan.*

*Many healers like me think that we're the best at dealing with disease and health problems. I was raised to be self-reliant, to understand problems, and to respond intelligently. I thought that if I understood why I drank — where that inner need for relief lived — then I could fix myself, solving the problem that is me. But the solution for addiction involves acceptance and asking for help — concepts quite foreign to strong and scientifically minded egos like mine.*

*And that is where PHS comes in.*

*We are both blessed and cursed by being physician addicts: cursed because the very character traits that are so valuable in our professional lives are, paradoxically, the major handicap in our recovery; blessed because PHS provides resources, guidance, support, advice, and structure for recovery. Most addicts and alcoholics do not have access to such a full-service program with so many kindred spirits. There is a we in wellness and an I in illness for a reason.*

*With the help of PHS, my sponsor, and others in the fellowship of recovering physicians, I was able to finally understand that I couldn't succeed on my own; I needed other people. It took time for me to fully grasp that in order to get better I needed to be open, honest, and willing to follow good, orderly directions from others. This has made all the difference. Today, I still practice my craft with as much intelligence, skill, and compassion as I can muster, but it is with more awareness, more understanding, and less invincibility.*

*Recovery is certainly an inside job, but PHS provides the outside support and structure we need to confront, address, heal, maintain, and monitor our sobriety. For that, I will be forever grateful.*

*“I would like to thank you for all your help over the past few years. You and your team really do very important work.”*

— Medical Leader

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.
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- 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 (Wellforce)
- MelroseWakefield Healthcare (Wellforce)
- MetroWest Medical Center
- MetroWest Medical Center Medical Staff
- Milford Regional Medical Center
- 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 Central District Medical Society
  - Middlesex District Medical Society
  - Middlesex West District Medical Society
  - Plymouth District Medical Society
  - Suffolk District Medical Society
  - Worcester North District Medical Society
- Morton Hospital\*
- Morton Hospital Medical Staff\*
- Mount Auburn Cambridge Independent Practice Association
- 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\*
- 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

## First-Time Contributor

- MedPro Group

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

*\*Part of the Steward Health Care System*

*“We appreciate how PHS moves heaven and earth to get physicians seen quickly... preserving patient care.”*

— Joseph Weinstein, MD,  
Chief Medical Officer,  
Steward Health Care

## Thank You for Supporting PHS and Its Mission

The success of PHS and our mission to restore physician's 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.

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.*