

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

2022 Annual Report

Improving Physicians' Lives



Contents

PHS Board of Directors and PHS Staff	3
Volunteers and Collaborating Colleagues	4
By the Numbers	6
Substance Use Monitoring:	
One Physician's Experience of Recovery	6
The Why, Who, What of Referrals	7
Behavioral Health Monitoring:	
One Physician's Journey Back to Health	8
Outreach and Educational Sample Offerings in FY 22	8
Occupational Health Monitoring Agreement:	
One Physician's Journey	9
2022 Financial Snapshot	9
Contributor Recognition	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 no cost for PHS services.

[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.

Healthcare 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 include the Managing Workplace Conflict course at the MMS 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 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 healthcare 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



Mark Albanese, MD, Medical Director; Bara Litman-Pike PsyD, Executive Director; Glenn Pransky, MD, Chair and President, Board of Directors

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Lucia Whalen, PHS Assistant

With thanks for your service in the past year: Mary Anna Sullivan, MD, Interim Medical Director; Rachel Kantor, PsyD, Clinical Coordinator; Wendy Cohen, MD, Evaluation Director; Deanna Biddy, Outreach and Funding Coordinator

Collaborating Colleagues (Volunteers)

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. Members for FY 22 included the following:

Lily Awad, MD

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Wendy Cohen, MD

Michele Hagan, LICSW, LADC

Wayne Gavryck, MD

Rachel Kantor, PsyD

Bara Litman-Pike, PsyD

Mary Anna Sullivan, MD

Juliana Szakacs, MD

Omotola T'Sarumi, MD

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 in order to develop effective strategies to educate and assist medical students who have or who are at risk of having problems with substance use, behavioral, or physical health concerns. Members for FY 22 include the following:

- ♦ **Boston University School of Medicine:** Angela Jackson, MD; Paige Curran, MA
- ♦ **Harvard Medical School:** Fidencio Saldana, MD; David Abramson, MD; Regina Mitchell, MD; Jennifer Potter, MD; Sheryl O'Brien, EdD
- ♦ **Tufts University School of Medicine:** Amy Kuhlik, MD; Sharon Snaggs Gendron
- ♦ **University of Massachusetts Medical School:** Anne Garrison, MD; Ruthann Rizzi, MD



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."

— David B. Hackney, MD, BIDMC

Graduate Medical Education Committee (GME): The GME 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 in order 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, or professionalism concerns. Members for FY 22 include the following:

Jalil Afnan, MD	Lahey Clinic
Aalok Agarwala, MD	Massachusetts Eye and Ear Infirmary
David A. Bader, MD	St. Vincent Hospital
Wendy Barr, MD, MPH	Greater Lawrence Family Health, Inc.
Andrew Budson, MD	Boston VA Healthcare System
John Co, MD, MPH	Massachusetts General Brigham
Sandra Dejong, MD	Cambridge Health Alliance
Deborah DeMarco, MD	UMass Medical Center
Pan-Yen Fan, MD	UMass Medical Center
Diane Giacalone	St. Elizabeth's Medical Center
Joseph Gravel, MD	Greater Lawrence Family Health, Inc.
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Carrie Tibbles, MD	Beth Israel Deaconess Medical Center
Alan Woolf, MD, MPH	Children's Hospital
Brett Young, MD	Beth Israel Deaconess Medical Center
Ross Zafonte, DO	Spaulding Rehabilitation Hospital

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

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

One Physician's Experience of Recovery: "If You Listen, You Will Hear the Support"

We were respected healthcare providers. We developed an addiction. There was nowhere to get help safely. Our lives imploded. Everything we had worked so hard to achieve was threatened: Medical license, career, marriage, personal integrity, and financial security. In the chaos of addiction and crisis, the letters "PHS" emerge. At the time they do not seem like much, but in the end, they are everything.

The job is gone, the career is in serious jeopardy, and the spouse is tentative. I am waiting for something because in rehab there is a lot of waiting. It will be months. The future is an unknown, in the hands of attorneys and medical boards. Neither seems to be very friendly. PHS reaches out to connect you to a "friend" at the rehab. The friend sits you down in his office and for the first time in weeks you are treated like a colleague and not a drunk. He says four words you will never forget: "I can help you." And the road to putting your life back together suddenly seems like a real possibility.

It's obviously not easy, with uncertainties, ups and downs. You sign a monitoring contract with PHS, surrendering a bit more autonomy: weekly meetings, therapists, psychiatrists, and the random urine drug screens. It's initially abrasive but over time, instead of chafing, it becomes a source of comfort. The weekly caduceus meetings are a forum for comradery to discuss issues that just aren't appropriate for your typical AA meeting. The therapists become another vital component of your support network. The negative test results are your protection. Trust in you is still limited, but the data do not lie.

It slowly comes together. It is many years and is ongoing. Recovery is a complete reengineering of who I am. I have learned through experience the meaning of patience, acceptance, humility, and painfully honest self-appraisal. Through it all, PHS is guiding me. They are the architect of my support system. They advocate for you. Without PHS, I am certain that many of our colleagues would have been lost from the profession. Although the contract has been fulfilled, I continue to attend the caduceus meetings. These days I am inclined to talk less and to listen more. Solutions continue to emerge from the mutual support.

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 the following:

- Alcohol and substance misuse
- Burnout and stress
- Poor communication
- Psychiatric and mental health concerns
- Attention and organizational issues
- Emotional trauma
- Practicing medicine in post-pandemic healthcare settings
- Medical/physical/neurocognitive concerns potentially impacting the practice of medicine

All consultations are free, confidential, and voluntary.

Who Referred to PHS?

Confidential consultations are provided to sort through possible paths and how to refer to PHS, if appropriate.

- Medical leadership/organization: 34%
- Self: 24%
- Training program: 12%
- Board of Registration in Medicine (BORIM): 9%
- Physician health programs in other states: 5%
- Health providers (PCP, psychiatrist, therapist): 5%
- Attorneys: 4%
- Medical school: 3%
- Other: 3%

What Was the Presenting Problem?

- Substance use: 31%
- Mental health (includes burnout and stress): 30%
- Problematic workplace behavior/communication: 30%
- Medical/neurocognitive: 4%
- Legal: 3%
- Clinical competency: 2%

What Are the Paths after Initial PHS Contact?

- Seventy percent of participants were provided in-the-moment 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 a monitoring contract or agreement. Monitoring provides structure, support, documentation, and accountability. The monitoring options include substance use, substance use plus behavioral health, behavioral health, occupational health, extended voluntary, and abstinence agreement.
- Thirty percent of monitored physicians successfully completed monitoring programs. This includes 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

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

One Physician's Journey Back to Health: "Finding the Path out of Five Months of Crazyness"

It started with a minor incident with a co-worker. 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.

Then things spiraled out of control. Everything was making me anxious. I felt as if I was 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 as 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 the 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.

Outreach and Educational Sample Offerings in FY 22

- Provided education to over 1,100 medical professionals at over 85 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 restarted, in person, after COVID hiatus
- *In the Time of COVID-19: Overcoming Occupational Stress and Burnout*
- *Physicians Helping Physicians*
- *Assessment and Treatment of Substance Use Disorders: Trends During Covid*
- *The What, How, and Why of PHS Monitoring Contracts*
- "For Physician Health, 'Reaching Out Is a Good Thing.... It All Comes Back to Connection and Community'" article in the March/April 2022 issue of *Vital Signs*, the MMS publication for members, featuring Mark Albanese, MD, PHS medical director; it includes the following excerpt:

How to Approach a Colleague in Need

PHS leaders emphasize the value in 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 Litman-Pike offer these 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 non-judgmentally and with empathy.
- You can start by saying, "I'm concerned enough about you as a friend to bring this up."
- Another way to begin is to say, "You don't seem yourself. We've all kept up a hard pace lately. I think it's important for you to do something for yourself."
- Suggest that they might benefit from talking to a therapist or someone outside of work, or say you've noticed he or she is replying to emails well into the evening or seems very focused on wine.
- Have a low threshold for suggesting that PHS can be a resource.

Occupational Health Monitoring Agreement (OHMA)

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.

One Physician's Journey: "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 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 learning. 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 and Juliana, for my coach, and for my department chair and colleagues for their support and humanity.



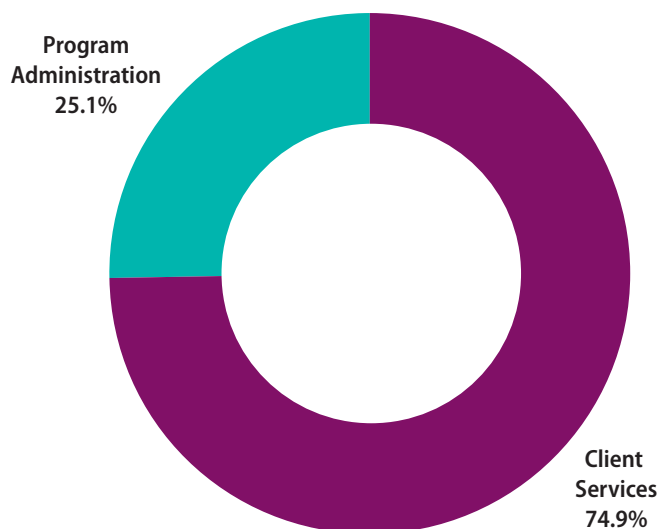
The PHS evaluation was a turning point.

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

2022 Financial Snapshot

PHS Revenues	\$1,839,547
<i>Donations, Grants, Corporate Sponsors</i>	
– PHS Expenses	\$2,021,124
Total	(\$181,577)

PHS Expenses



PHS Expense Detail

Client Services	\$1,513,185
+ Program Administration	\$507,939
Total	\$2,021,124

Contributors

Physician Health Services gratefully acknowledges the individuals, corporations, healthcare organizations, and professional groups for their partnership, confidence, and generous support. The following reflects contributions received from June 1, 2021, through May 31, 2022.

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- 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

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- Alexandra Bowers and James Liu, MD
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- Derek and Patricia Frederickson
- David Kattan, MD, and Ms. Laura Kattan
- Mark Nickels, MD
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- 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

In Memory of Edward J. Khantzian, MD

- Alexa Kimball, MD, and Mr. Ranch Kimball
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- Theresa Sciarappa
- Mary Anna Sullivan, MD
- Stephen Tosi, MD

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- E.J. Reines and Iris Reines — Steven Adelman, MD

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

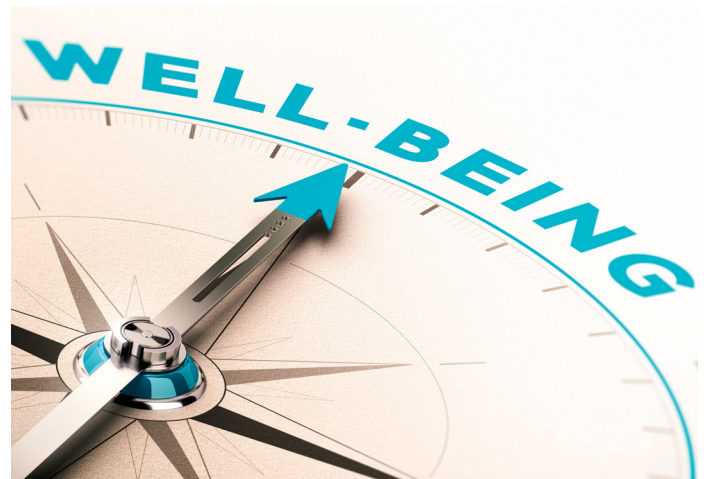
Your Support Matters

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 nor 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.



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

— CMO at Community Hospital

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

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www.physicianhealth.org

Please share this PHS FY 22 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.
