



2019 Annual Report of the Physician Health Program

Our Mission:

To promote and support the physical and mental well-being of healthcare professionals thereby contributing to overall safe and competent patient care in Rhode Island

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ABOUT THE PHYSICIAN HEALTH PROGRAM

The Rhode Island Medical Society's Physician Health Program is a confidential resource for physicians, PAs, dentists, and podiatrists in Rhode Island who may benefit from help with addressing physical and/or behavioral health concerns that may be affecting their personal and professional quality of life. We offer the following services:

Clinical Services

- *Intake Assessment
- *Case Management & Monitoring
(including urine drug monitoring, standard five-year substance use disorder contracts; one to three-year behavioral health contracts; and advocacy if indicated)
- *Physician Recovery Support Groups (run independently by addiction specialists)

Community Resource & Referrals

Collaboration with the following entities:

- *Board of Medical Licensure & Discipline (BMLD)
- *Board of Examiners in Dentistry
- *Hospitals
- *Medical practices/colleagues
- *Residency and other training programs
- *Community at large (patient, family member, etc.)

Educational

- *Advisors to Brown University's Alpert Medical School Student Health Council
- *Speaker's Program (presentations to: medical and physician assistant students, residents, fellows, hospitals and hospital medical staffs)
- *Regional and national organization involvement (Federation of State Physician Health Programs)

~On Embracing a New Decade~

Dear Colleagues,

As I look back on 2019, I am struck by the fact that this year, we are entering our fifth decade of service to healthcare practitioners in Rhode Island. I am happy to report that we start this new decade with a renewed commitment to expanding our efforts to support the health and welfare of our constituents – the many physicians, physician assistants, dentists and podiatrists who strive to care for the citizens of our state.

The **Rhode Island Medical Society's Physician Health Program (RIPHP)** continues to rely on the generous support we receive on an annual basis from multiple organizations, institutions and individuals in the healthcare community who choose to support our program. We also rely on our steadfast volunteers who serve on a unique, interprofessional collaboration known as the Physician Health Committee. Together, we can offer the support, encouragement and hope that many practitioners are seeking in order to sustain their ability to safely care for patients, maintain their sense of well-being and, hopefully, their satisfaction with their chosen profession. Any physician, medical student, resident, fellow, PA, podiatrist or dentist is welcome to contact RIPHP for assistance.

The following report summarizes the activities and efforts of the Physician Health Program in 2019.

Respectfully submitted,

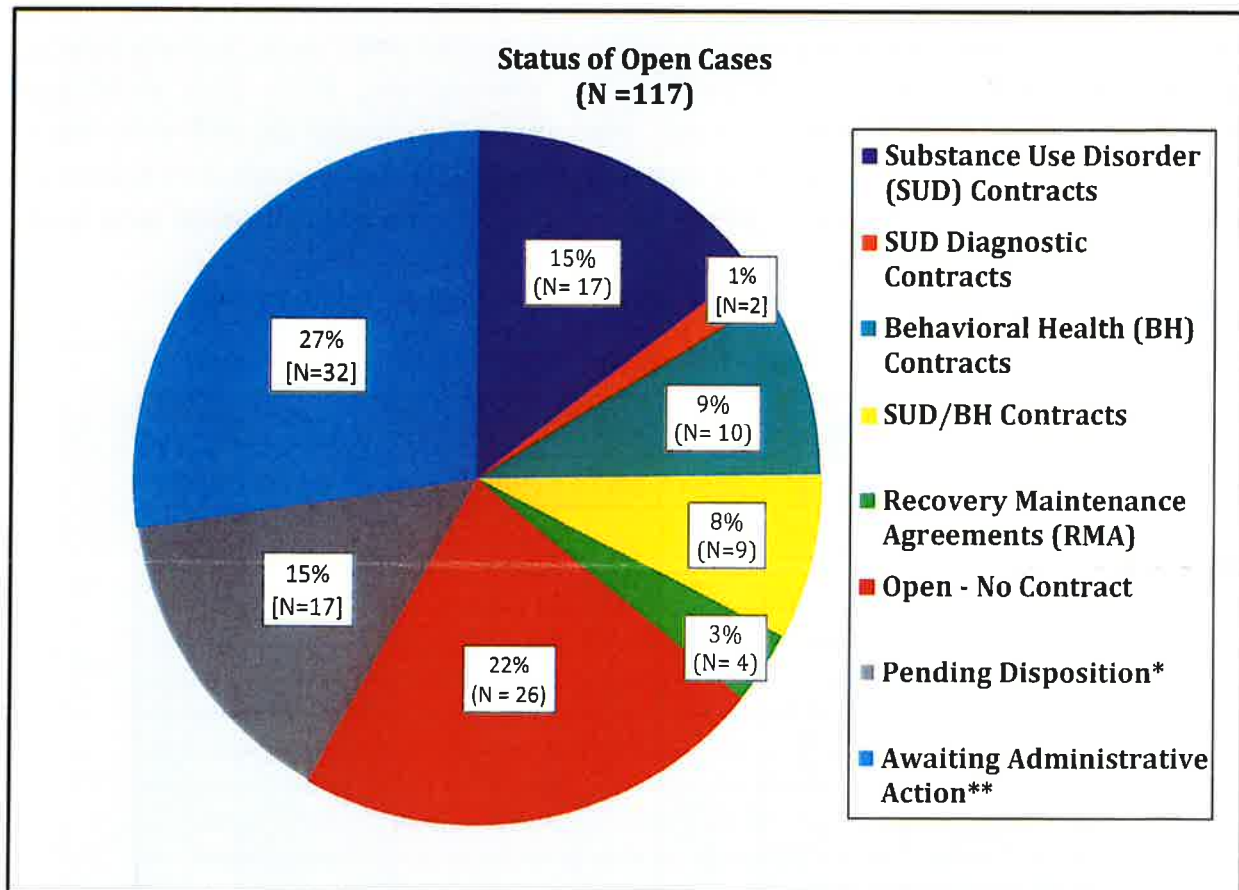
Kathleen Boyd, MSW, LICSW
Director, Physician Health Program
January 31, 2020

~ Year in Review ~

January 1, 2019 to December 31, 2019

CLINICAL ACTIVITIES

During the past year, the Rhode Island Medical Society's Physician Health Program (RIPHP) provided administrative and/or clinical oversight for 127 cases. This represents the 103 open cases from the previous year plus 24 cases processed in 2019. Of these 127 cases, 10 cases were closed in 2019, leaving us with 117 for the year-end total. As you will see in the chart below, there are a large number of cases in the "Awaiting Administrative Action" category (27%), so a more accurate reflection of the open and active cases as we start 2020 is 85 cases.



* Pending cases may be awaiting further evaluation, follow-up and/or outreach.

** Awaiting Administrative Action indicates cases that may need to be administratively closed due to lack of any further contact from the participant or significant activity since case was initiated.

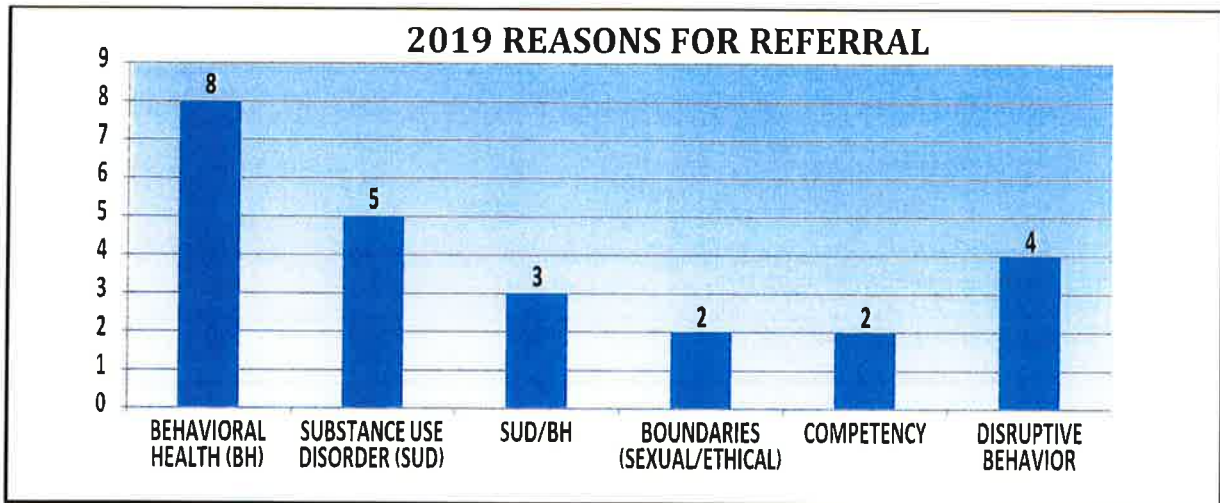
Of the **24** referrals to RIPHP in 2019, **4** represent referrals of cases that were re-opened, meaning the individuals had previous contact with our program. The breakdown of the status of these cases is shown below:

2019 Case Status/Recommendations	N=24	%
Monitoring Contracts: SUD	1	4.2
Monitoring Contracts: BH	3	12.5
Monitoring Contracts: SUD/BH	2	8.3
Diagnostic SUD Monitoring Contracts	2	8.3
Recovery Maintenance Agreement	1	4.2
Periodic Review with RIPHP for support with no monitoring contract	12	50.0
Assessment completed; need for follow up and/or monitoring contract not indicated	2	8.3
Assessment still in progress/pending	1	4.2

The following chart shows case management activities for the past seven years. Case management for a single case can involve multiple collateral contacts, administrative tasks, such as advocacy and compliance letters, and daily monitoring of any urine drug screen results for each participant who is under a substance use disorder monitoring contract. Examples of case management activities include participant phone calls, emails, and in-person meetings as well as collateral phone calls, emails, and correspondence on behalf of a participant.

2019 RIPHP CASE MANAGEMENT CONTACT LOG							
	2013	2014	2015	2016	2017	2018	2019
January	[Data not available]	92	221	206	257	259	222
February	138	123	220	256	233	182	200
March	112	173	244	281	269	214	162
April	137	130	241	202	238	235	195
May	112	141	236	212	218	230	236
June	149	168	255	233	285	201	228
July	149	219	244	253	249	213	294
August	101	201	240	248	330	186	241
September	166	191	210	193	260	186	214
October	165	212	306	237	286	205	216
November	136	164	213	186	205	190	196
December	139	218	205	225	180	150	219
Totals	1,554	2,032	2,835	2,732	3,010	2,451	2,623

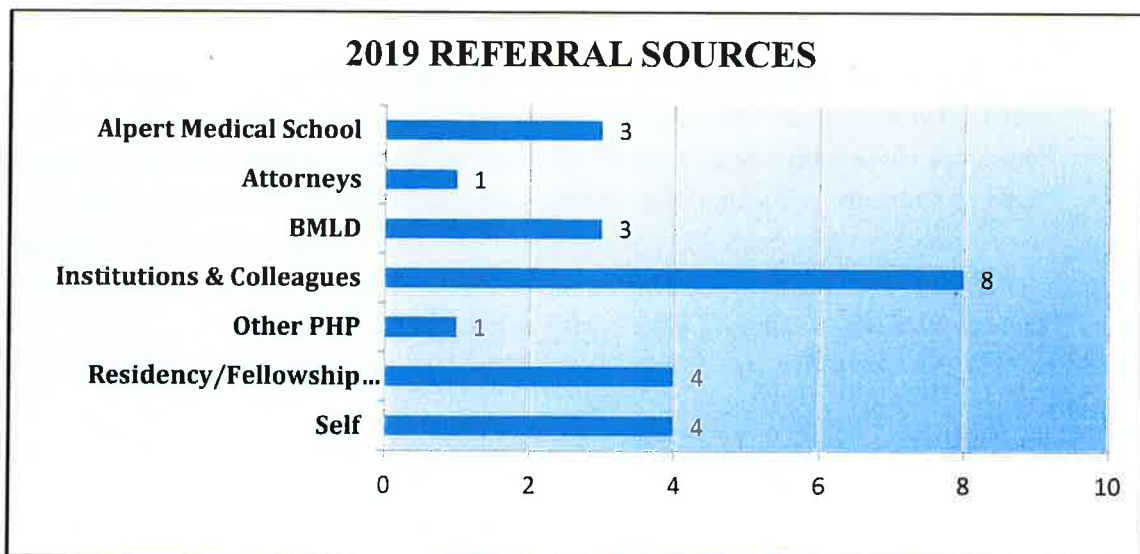
The various reasons for referring to the RIPHP in 2019 can be seen in the chart below:



Similar to last year, the largest number of referrals have to do with behavioral health issues. Also, often times the referrals related to disruptive behavior are related to behavioral health issues as well.

REFERRALS

Anyone can make a referral to the RIPHP. In 2019, the sources of our program referrals remained consistent with previous years with the exception of an uptick in self-referrals and in referrals from Brown University Alpert Medical School.



Of the 127 open cases in 2019, 10 were closed by the end of the year. Cases are closed when a participant completes his/her monitoring contract or after a disposition has been determined, following the evaluation phase, that does not require monitoring by the RIPHP. In some instances, cases are closed due to lack of cooperation or discontinued contact by participants who have not responded to outreach efforts.

Disposition of Cases Closed in 2019	N= 10
Contract completed (SUD)	3
Contract completed (BH)	2
Contract completed (SUD/BH)	2
Case closed due to completed RMA	3

The active cases at the end of the year (minus those awaiting administrative action) represent **69** physicians, **12** residents/fellows/medical students, **1** dentist and **3** physician assistants.

These healthcare professionals, like everyone else, carry with them their own histories of successes and challenges which impact their personal and professional lives. We have seen an increase in self-referrals this past year. We must continue to encourage healthcare professionals to seek help and support when they need it without fear of reprisal for doing so.



"I had been estranged from my mother since childhood after my parents went through a very messy divorce. Carrying the guilt of feeling like I had pushed her away all these years had severely affected my ability to trust and fully accept love in romantic relationships. Starting therapy with Dr. Erickson a little over two years ago has been life changing. In this short time, I have been able to reconnect with my mother and have the added benefit of objective advice on how to deal with my aging father with dementia."

-- Resident Physician

COMMUNITY RESOURCE

Every year at the Physician Health Program, we receive calls and emails inquiring about various concerns ranging from requests for information on treatment resources to finding guest speakers on health topics which affect health care practitioners. In 2019, the program received 35 requests for advice, consultations, and resource information. The types of requests received are indicated in the chart below:

2019 Requests for Consultation and/or Resource Information	N= 35
Concerns about colleagues and/or patients with substance use and/or behavioral health issues	12
Organizations/other healthcare professionals seeking treatment and/or other resource information	15
General Information about the RIPHP	4
Information on physician wellness and burnout	4

EDUCATIONAL ACTIVITIES

The Physician Health Program educates physicians, physician assistants, residents, fellows, medical and PA students, health care administrators, hospitals and the general public regarding addiction and other illnesses which can affect healthcare practitioners. In 2019, we provided presentations to intern, resident/fellows orientations, physician assistant classes at Bryant and Johnson and Wales Universities, Alpert Medical School students, Kent Hospital, and Rhode Island Hospital. We continue to serve as advisors to the Brown's Alpert Medical School's Student Health Council (SHC) which is modeled after the RIPHP. This group of medical students meets once per month from September to May to discuss referrals to its program and to plan and implement supportive wellness opportunities for medical students.

2019 PROGRAM HIGHLIGHTS

- RIPHP implemented a formal, **diagnostic monitoring contract** for situations in which a participant has been evaluated for a possible substance use disorder and does not meet full criteria for a disorder but has several risk factors identified by the evaluator. In this situation, a period of abstinence is often recommended by the evaluator. This is usually indicated when a significant incident has occurred involving a controlled or mood-altering substance.
- During 2019, the Rhode Island Medical Society (RIMS) Foundation's **Physician Health Program Governance Committee** (PHPGC) began its oversight of RIPHP with an eye toward achieving sustainable funding for the program over time. We are grateful for the contributions of the PHPGC members: **Jerry Fingerhut, MD, Chairman; Mark Gim, MA; Jane Hayward, MSW; Peter Hollmann, MD; Peter Karczmar, MD; Marie Langlois, MBA; John Murphy, MD; Herbert Rakatansky, MD; and Newell Warde, PhD (ex officio)**. PHPGC applied for a grant through the Rhode Island Foundation which was awarded to the RIMS Foundation in December. It will be used to help develop a strategic fundraising plan and to hire a part-time clinical assistant for the program.

2019 PROGRAM HIGHLIGHTS (continued)

- The RIPHP director is participating on the Federation of State Physician Health Program's (FSPHP) committee that is developing a formal "**Performance Enhancement and Effectiveness Review (PEER) Program**" that will enable physician health programs to voluntarily agree to a program evaluation to identify areas of alignment with current best practices among physician health programs and/or areas to improve the program's effectiveness in maintaining these standards.
- The RIPHP director has been appointed to the Executive Board of FSPHP to serve the remainder of the 2018-2020 term due to a vacancy for one of the two northeastern region director positions on the board. The director's name has also been placed on the ballot to serve in the same position for the upcoming term (2020-2022). This will be voted on at the 2020 Annual FSPHP meeting in April.
- Three Alpert Medical School Student Health Council members have submitted a presentation proposal to the International Conference on Physician Health entitled, ***Holding Space for One Another: Advocating for Trainee Mental Health and Well-being Through a Peer-led Student Health Council***. If accepted, they will present at the conference in London in September 2020. RIPHP serves in an advisory capacity for the Council and alerted them to this unique opportunity.
- We are pleased to announce that three program participants have established an independent Caduceus meeting as another resource for physicians in recovery. Caduceus meetings are recovery support programs for healthcare practitioners. We fully support their efforts and encourage everyone to spread the word.

WEEKLY CADUCEUS GROUP

A **Caduceus meeting** is a confidential peer support group of doctoral level healthcare professionals who are in recovery. The meetings are not affiliated with any institution or organization and attendance is free.

Mondays 7-8 pm

Alumni Hall, Common Room
Brown University
194 Meeting Street
Providence, RI

For more information, email caduceusri@gmail.com or call (401) 585-2793

- One of the best highlights of our program is getting to witness the perseverance and resilience that healthcare practitioners can summon in the face of life altering health issues. What follows is one such story of a remarkable physician's recovery and road back to medicine. We appreciate her willingness to share her personal story.

A PERSONAL STORY OF ADDICTION & RECOVERY

When I was 10 years old, my 4th grade teacher asked me what I wanted to be when I grew up. I can clearly remember quickly and confidently responding to her, "I want to be a doctor for kids!" Somehow, I just always knew that I was going to be a pediatrician. What I certainly didn't say that day was that I wanted to grow up to be someone who suffered with mental illness and alcoholism. However, over the many, many years that followed, I became both. My experience going through medical school and residency and working for 15 years as a pediatrician was a piece of cake compared to my journey through the diagnosis and treatment of mental illness and my descent into alcoholism followed by the process of acceptance and treatment leading to the gift of recovery.

I was the oldest of four children raised by a bipolar, alcoholic father and a passive, overwhelmed mother. I vividly recall standing in the kitchen one day when I was fourteen years old decisively acknowledging to myself that, if I wanted to get anywhere in life, I would have to work hard and do it myself. That was fine with me. This approach to living my life served me well as I succeeded in high school, college, medical school and residency. I established a fulfilling career, got married and had four wonderful kids. I had a beautiful home, friends and family all around me and enjoyed a very full life. I really thought that I had "made it." Little did I know that life had more in store for me.

When I was 34 years old, my father died at age 61 as a direct result of his mental illness and alcoholism. Over the next four months, I lost a significant amount of weight, became withdrawn and lethargic and ultimately couldn't get out of bed. I had no idea what was happening to me. When I finally sought help, I was diagnosed with Major Depressive Disorder. I took a sudden month-long leave of absence, saw a psychiatrist and was started on medications. I worked with a therapist and learned to let go of my "I have to do it all myself" approach to life. I made changes, I got better, and I learned a lot about myself. I believed that having a mental illness was my cross to bear in life and I felt that it made me a better person and a better physician. I started to share my experience with others and felt like I was doing my part in chipping away at the stigma of mental illness.

When I was 38, my relationship with alcohol changed. I began to experience consequences that, in retrospect, were clear evidence that I had crossed that "invisible line" into active alcoholism. My disease progressed quickly and, after an intervention by my family and friends, I entered treatment. I spent a month living with people from all over the country and from many parts of the world. I was able to see

that addiction does not discriminate against race, religion, sexual orientation, education, age or socioeconomic class. It is an "equal opportunity" disease. The people I met in treatment were not at all like my father who lost his job, his family and his dignity, who spent months in locked psychiatric facilities and jails and eventually became homeless. No, the people I was with didn't look like alcoholics to me. Most of them had homes, jobs and families and looked like just "regular" people. They could've been any of us, even me. It was there that I started to think that maybe, just maybe, I, too, was an alcoholic.

I experienced firsthand the progressive nature of the disease. The longer my alcoholism was left untreated, the more consequences I accrued and the more damage I caused to the people around me, most of all to my family. I found that when it comes to addiction, stigma in our society is definitely alive and well. A shroud of silence descended upon me and upon my family. I felt as though I was living a double life; working as a successful physician in the community and serving on committees and boards while struggling with the biggest challenge of my life, my own alcoholism.

I was still up against one of the biggest barriers: denial. I would ask myself, "How could I be that bad if I was working as a successful physician and had a beautiful family and home?" I was being lulled into believing some of the misunderstandings about addiction that are so prevalent in our society and I relapsed. However, I knew that if I didn't accept my alcoholism, I would end up with one of three possible outcomes AA describes for an untreated alcoholic: jails, institutions or death, just like my father. I finally surrendered and felt the peace and serenity that comes with complete acceptance. I was broken down and began what will be a lifelong process of being built back up. I now fully accept, without a shadow of doubt, that I am an alcoholic and thankfully, I know what to do about it.

Before I became part of Alcoholics Anonymous. I thought that AA was made up of a group of old men in a church basement smoking cigarettes and clutching Styrofoam cups of instant coffee. It's not. AA is a place of warmth and acceptance where everyone is treated equally and the "primary purpose is to stay sober and help other alcoholics achieve sobriety." I am proud that I am in recovery and know absolutely that this is where I belong. I have been able to give myself the gift of time to put myself and my recovery first. My husband and I worked hard on our marriage and we just celebrated our 27th wedding anniversary. I am enjoying wonderful relationships with my four beautiful children who are now 25, 22, 20 and 16. I attend an AA meeting almost every day and work closely with my sponsor. I spend time

with my friends in AA who are some of the most wonderful people I have ever met. They are neurosurgeons, lawyers, CEO's, professors, artists, stay at home moms, janitors, laborers and students. Some are teens and some are in their 80's, but in AA we are all the same.

My alcoholism affected every aspect of my life including work. I lost my medical license and was out of medicine for many years. This was extremely difficult for me. I did some consulting and spent time working in a retail store and in a coffee shop. (I can make a great latte!) I started school towards becoming an addiction counselor. Although I didn't define myself by being a physician, I missed it so much and became determined to get back to medicine. I met with the Rhode Island Physician Health Program (RIPHP) and there I got hope that I would one day be able to practice medicine again. With the support of the RIPHP, I met with the Rhode Island Board of Medicine and was granted a full medical license. I signed a monitoring contract with RIPHP which requires that I work with a therapist and a psychiatrist and provide weekly urine screens. I attend a weekly meeting for physicians in recovery and the room is always full.

I started working in an outpatient addiction clinic shortly after getting my license. On the first day of work, someone said "hi doc" and it took me a few minutes to realize that they were talking to me! It has been such a privilege to be able to work directly with people who are suffering from the disease of addiction. It feels so good to be working as a physician again. I joined the Rhode Island Society for Addiction Medicine and have been able to connect with other physicians who are committed to working with people with Substance Use Disorders. I have had the opportunity to spend some time teaching medical student and residents and have had students in the office to shadow me.

I hope to be able to make a small difference in the fight against the devastating disease of addiction and to do my part in decreasing the stigma that is part of having a mental illness or a substance use disorder. Casseroles are given to families suffering with cancer but not to families suffering with addiction. People with cancer are embraced while people with addiction are shunned. There is no stigma with cancer yet there is no addiction without stigma. I am excited to embark on the second half of my career and I look forward to being part of the solution to a problem that is not going away by itself and, maybe, someday the casseroles will come, too.

Casseroles are given to families suffering with cancer but not to families suffering with addiction. People with cancer are embraced while people with addiction are shunned. There is no stigma with cancer yet there is no addiction without stigma.

~Thanks & Gratitude to our 2019 Contributors~
Supported 100% by donations contributed to the RIMS Foundation (501c3)

Professional Associations

American College of Surgeons, RI Chapter
RI Dental Association
RI Orthopaedic Society
RI Podiatric Medical Association
RI Society of Anesthesiologists
RI Society of Osteopathic Physicians & Surgeons

Other Physician Groups

Brown Emergency Medicine
Brown Medicine
Coastal Medical Group
Rhode Island Medical Imaging
RI Primary Care Physicians Corporation
University Orthopedics

Medical Staff Associations

Bradley Hospital Medical Staff
Butler Hospital Medical Staff
Kent Hospital Medical Staff
Landmark Medical Center Medical Staff
Miriam Hospital Medical Staff
Newport Hospital Medical Staff
Rhode Island Hospital Staff
Roger Williams Medical Staff
South County Hospital Medical Staff
St. Joseph Medical Center Staff
Westerly Hospital Medical Staff
Women & Infants Hospital Medical Staff

Lifespan Health Systems

Bradley Hospital
Miriam Hospital
Newport Hospital
Rhode Island Hospital
(Lifespan Risk Services, Inc.)

Other

Bryant University
Johnson & Wales University
Rhode Island Foundation (grant)
RIMS Insurance Brokerage Corporation
Warren Alpert Medical School

Care New England Health Systems

Butler Hospital
Kent Hospital
Women & Infants Hospital

Charter Care Health Partners

Roger Williams Hospital
St. Joseph Medical Center

Liability Insurers

The Coverys Companies
MMJUA of RI

Health Insurers

Blue Cross Blue Shield of RI
Tufts Health Plan
United Healthcare of New England

Hospitals/Health Care Systems

Landmark Medical Center
South County Hospital

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**RIPHP also extends our thanks to the many dedicated treatment professionals
who work with our program participants every year**