2018 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

Physician Health Committee
Herbert Rakatansky, MD, Chair
Martin Kerzer, DO, Vice-Chair
David Stoll, MD, Vice-Chair
Nicholas A. Califano, MD
Seth Alan Clark, MD, MPH
Jason Conforti, DMD
Raymond Cord, PA-C
William Corwin, MD
Anne Cushing-Brescia, MD
Suzanne De La Monte, MD, MPH
Joseph England, MD
Maureen Harkavy, DO
Petro Karanasias, MD
Steve Karlin, MD
Margaret Klitzke, DO
Sarah Kramer, MD
Robert Lev, MD
Sheldon Lidofsky, MD
Laura McPeake, MD
Drew Nagle, MD
Michael Neary, DPM
David Pearson, MD
Aaron Way, DO

Program Office
Kathleen Boyd, MSW, LICSW
Director, Physician Health Program
401-443-2383
kboyd@rimed.org

Susan Silvia
Program Administrator & Compliance Coordinator
401-443-2389
ssilvia@rimed.org
Concerned Colleagues Caring for Each Other
~ 1978 – 2018 ~

At the November 6, 2018, meeting of the Physician Health Committee (PHC), Dr. Herbert Rakatansky was honored by the Rhode Island Medical Society (RIMS) for his years of continuous service to the PHC and presented with a plaque of appreciation by RIMS' current president, Peter Hollmann, MD. As part of this presentation, we reviewed the RIMS’ archives to extract a timeline of the evolution of the committee.

In 1976, the RIMS "Ad Hoc Committee on the Disabled Physician" made a recommendation to the RIMS Council that they form a "Physicians' Committee." Later, in February of 1978, this Ad Hoc Committee designed a "mechanism" which designated that the existing Peer Review Committee could undertake "helping disabled physicians." Eventually, after concerns about the existing mechanism were raised (and several physician suicides had occurred that year), RIMS established a standing committee known as the "Committee on the Impaired Physician." The first minutes we could find were from March of 1979 and named Herbert Rakatansky, MD, as the Chairperson. The PHC continued to evolve over the years: In 1985, we began serving dentists; in 1991, podiatrists; and in 1998, PAs were added. Each of these health care disciplines has a representative on the PHC. Dr. Rakatansky has presided over the PHC since its inception and has shared the company of a prestigious group of health care practitioners - by our count approximately 140 volunteer committee members. We honor him for his dedication and contributions as well as the many health care practitioners who have served on our committee over the past forty years.

PAST AND PRESENT PHC MEMBERS

HERBERT RAKATANSKY, MD
JOSEPH CARUOLO, MD
JOHN FARLEY, MD
BRUNO FRANEK, MD
EDMOND BILLINGS, MD
HUGO TAUSIG, MD
ROSWELL D. JOHNSON, MD
CHARLES CHARON, JR, MD
THOMAS FORSYTHE, MD
BRUCE RAYMOND, MD
LOUIS VITO, MD
GEORGE TAFT, MD
LECLAIR BISSELL, MD
WILLIAM LIPPMAN MAURII, MD
WILMA ROSEN, MD
ROBERT E. DEFOREST, MD
BARUH MOTOLA, MD
JOSEPH DONAHUE, MD
LOUIS HAFKEN, MD
STANLEY GALE, MD
CHARLES STAUNTON, MD
ROBERT DREW, MD
LOUIS SORRENTINO, MD
CHRISTIAN HERARD, MD
MONSERNOLTAN-HOSSEINI, MD
JUDITH EATON, MD
M. HOWARD TREIDMAN, MD
ANTHONY NAPOLI, MD
GEORGE CHARON, MD
RENEE GOLDA VOGEL, MD
GUOMDA SILVERDA, MD
PETER MATHEIL, JR, MD
JOHN FEMINO, MD
IRENA H. HORINK, MD
LOUIS A. FUCHS, MD
SANFORD SCHUTZ, MD
LUCIA FELLOWS, MD
ALAN WARTENBERG, MD
DENIS E. MOONAN, JR, MD
ROBERT CHAMPAGNE, DMD
MICHAEL GOLDSTEIN, MD
J. JEFFERY'S BANDOLA, MD
NICHOLAS CALIFANO, MD
JAMES MCELHANAN, MD
ROBERT SWIFT, MD
KENNETH J. MCCORMICK, DO
MCALMION MCGINNIS, DDS
WILLIAM SAMUELS, MD
MICHAEL HAYDEN, DO
PATRICIA WOLIO, MD
CHUCK WITZNER, DDS
MICHIEL ASHLEY, MD
MARY ARNOLD, MD
JOHN YASHAR, MD
GUS COLELLA, MD
DENNIS SIMATTO, DPM
PAUL ALEXANDER, MD
STEVE KARLIN, MD
PATRICIA RECUPERIO, MD
ROBERT WILLIAMS, MD
TERREY MATHIS, MD
MARTIN KERZER, DO
WILLIAM GRIFFITH, MD
MELVIN HERSHKOWITZ, MD
SCOTT HANSON, MD
MICHAEL BRABEC, MD
ANDREJ STANKIEWICZ, MD
JOHN HAYES, MD
ROBERT BOLAND, MD
MICHAEL KULPAS, MD
THOMAS LOGAN, MD
GREG FRAZER, DDS
ROBERT LEV, MD
CATHY LEE, PA
MEREDITH GROSS, MD
DIAN CULLON, PA
JAMI STAR, MD
VINCENT HO, MD
MARGARET KULTZE, DO
DANIEL SOUSA, MD
BRANDON KRUPP, MD
MARTIN PRICE, MD
MARRILO TAILEY, MD
STEPHEN MAGUIRE, DO
MUSTASH SATRI, MD
CHRISTOPHER ERSTLING, MD
ROBERT HARRISON, MD
CURT BECKWITH, MD
RAY CORD, PC
MICHIEL CONROY, MD
PEDRO TACTACAN, MD
CHARLENE TATE, MD
SUSAN ECKERT, MD
COREY VENTURLO, MD
ROBERT DOWBEN, MD
JOSEPH ENGLAND, MD
JONATHAN MOYSEN, MD
DAVID STOLL, MD
ALEX ETIENNE, MD
ERIC RADER, MD
BRIAN D. TSANG, MD
MICHAEL RYOCKIC, MD
PETRO KARANASIAS, MD
SHELTON LIDOSKY, MD
SUZANNE DE LA MONTE, MD, MPH
MICHAEL FURA, DMD
KATHLEEN DOYLE, MD
KATE ELDREDGE, MD
CALVIN OYER, MD
CHRISTOPHER MCGOWAN, MD
DAVID PEARSON, MD
ROBERT CRAUSMAN, MD, MPH
DANIEL AGHON, MD
ELIZABETH BRANFAN, MD
SOPHIA FIRCANS, MD
SARAH HARKNES, MD
MAUREEN HARKAWY, DO
MARK HEPKOSKI, MD
SCOTT WALKER, MD
MEGAN MCNAMARA, MD
ANNE CUSHING-BRESIA, MD
DREW NAGLE, MD
BEBBARA O'BRIEN, MD
KATHERINE SCOWNER, MD
ELIZABETH KO, MD
BRIAN ALBANO, DPM
ROBERT BARTO, DDS
DEREK ANDRELLOUX, MD
WILLIAM CORWIN, MD
PATRICIA NG, MD
CHRISTINA PASTORELLO, MD
JASON CONFORTI, DMD
LAURA MCPAKE, MD
ALISHA GOODRUM, MD
PAGE WIDICK, MD
SARAH KRAMER, MD
SETH CLARK, MD, MPH
MICHAEL NEARY, DPM
AARON WAY, DO

HERBERT RAKATANSKY, MD
CHAIRPERSON
PHYSICIAN HEALTH COMMITTEE 1979 - PRESENT
Like everyone else, health care practitioners can encounter health challenges at various times in their lives and careers. Currently, more and more light has been shed on increased burnout in the health professions. It is important that Rhode Island have a safe place for health care practitioners to bring concerns about their own health and wellness. One can be ill or even "burned out" but not necessarily be "impaired." Some practitioners come to us after there have been adverse professional incidents. The Rhode Island Medical Society's Physician Health Program (RIPHP) strives to help practitioners before these incidents occur. We try to assist them in returning to practice whenever possible and work in a collaborative fashion with the practitioner licensing entities to ensure that patient safety is preserved at all times. The majority of our participants come to us while they are still actively practicing medicine, but in need of support and resources in order to continue to do so effectively.

This small program with its big heart relies on the steady guidance of the PHC which meets monthly to review new and ongoing cases. Similarly, the program relies on the leadership and financial support of the Rhode Island Medical Society and its Foundation. Finally, we could not sustain this program without the ongoing generous support of a multitude of donors. We are grateful for your contributions and your commitment to the mission of the program.

The following report summarizes the activities and efforts of the Physician Health Program in 2018.

Respectfully submitted,

Kathleen Boyd, MSW, LICSW
Director, Physician Health Program
January 31, 2019

---

**ABOUT THE PHYSICIAN HEALTH PROGRAM**

The Rhode Island Medical Society’s Physician Health Program (RIPHP) 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)

---

**RIPHP DIRECTORS**

Kathleen Boyd, MSW - 2013 - Present
Rosemary Maher, MSW - 2000 - 2012
William Moclair, RN - 1990 - 2000
~ Year in Review ~
January 1, 2018 to December 31, 2018

CLINICAL ACTIVITIES

During the past year, the Rhode Island Medical Society’s Physician Health Program (RIPHP) provided administrative and/or clinical oversight for 118 cases. This represents the 98 open cases from the previous year plus 20 cases processed in 2018. The breakdown of the types of cases under our purview in 2018 is seen in the chart below:

![Typology of 2018 RIPHP Cases](chart)

*The behavioral health category includes boundary concerns, interpersonal and work conflicts, performance difficulties, issues of clinical competence, stress, and mental health concerns such as depression, anxiety, bipolar and adjustment disorders.

Of the 20 referrals to RIPHP in 2018, 3 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:

<table>
<thead>
<tr>
<th>2018 Case Status/Recommendations</th>
<th>N=20</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring Contracts: SUD</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Monitoring Contracts: BH</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Monitoring Contracts: SUD/BH</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Letter of Agreement* monitored by RIPHP (SUD, BH or SUD/BH)</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Periodic Review with RIPHP for support with no monitoring contract</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Assessment completed; need for follow up and/or monitoring contract not indicated</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Assessment still in progress/pending</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Refused to cooperate with intake process &amp;/or declined recommendations</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

*In some cases, we request participants sign a short-term “Letter of Agreement” as a commitment to follow up with recommendations that may not need an ongoing monitoring contract.
The following chart shows case management activities for the past six 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.

### 2018 RIPHP Case Management Contact Log

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>[Data not available]</td>
<td>92</td>
<td>221</td>
<td>206</td>
<td>257</td>
<td>259</td>
</tr>
<tr>
<td>February</td>
<td>138</td>
<td>123</td>
<td>220</td>
<td>256</td>
<td>233</td>
<td>182</td>
</tr>
<tr>
<td>March</td>
<td>112</td>
<td>173</td>
<td>244</td>
<td>281</td>
<td>269</td>
<td>214</td>
</tr>
<tr>
<td>April</td>
<td>137</td>
<td>130</td>
<td>241</td>
<td>202</td>
<td>238</td>
<td>235</td>
</tr>
<tr>
<td>May</td>
<td>112</td>
<td>141</td>
<td>236</td>
<td>212</td>
<td>218</td>
<td>230</td>
</tr>
<tr>
<td>June</td>
<td>149</td>
<td>168</td>
<td>255</td>
<td>233</td>
<td>285</td>
<td>201</td>
</tr>
<tr>
<td>July</td>
<td>149</td>
<td>219</td>
<td>244</td>
<td>253</td>
<td>249</td>
<td>213</td>
</tr>
<tr>
<td>August</td>
<td>101</td>
<td>201</td>
<td>240</td>
<td>248</td>
<td>330</td>
<td>186</td>
</tr>
<tr>
<td>September</td>
<td>166</td>
<td>191</td>
<td>210</td>
<td>193</td>
<td>260</td>
<td>186</td>
</tr>
<tr>
<td>October</td>
<td>165</td>
<td>212</td>
<td>306</td>
<td>237</td>
<td>286</td>
<td>205</td>
</tr>
<tr>
<td>November</td>
<td>136</td>
<td>164</td>
<td>213</td>
<td>186</td>
<td>205</td>
<td>190</td>
</tr>
<tr>
<td>December</td>
<td>139</td>
<td>218</td>
<td>205</td>
<td>225</td>
<td>180</td>
<td>150</td>
</tr>
<tr>
<td>Totals</td>
<td>1,554</td>
<td>2,032</td>
<td>2,835</td>
<td>2,732</td>
<td>3,010</td>
<td>2,451</td>
</tr>
</tbody>
</table>

The various reasons for referring to the RIPHP in 2018 can be seen in the chart below:

### 2018 Reasons for Referral

- Behavioral Health (BH): 15
- Substance Use Disorder (SUD): 4
- SUD/BH: 1
- Boundaries (Sexual/Ethical): 3
- Competency: 4
- Disruptive Behavior: 2

*Please note some cases were referred for more than one reason.*

It is interesting to note the dramatic increase in behavioral health referrals given the data that is reported about increased stress and burnout amongst healthcare practitioners.
Of the 118 open cases in 2018, 15 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.

<table>
<thead>
<tr>
<th>Disposition of Cases Closed in 2018</th>
<th>N= 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake/Evaluation process completed with no ongoing monitoring recommended</td>
<td>1</td>
</tr>
<tr>
<td>Contract completed (SUD)</td>
<td>8</td>
</tr>
<tr>
<td>Contract completed (BH)</td>
<td>1</td>
</tr>
<tr>
<td>Contract completed (SUD/BH)</td>
<td>2</td>
</tr>
<tr>
<td>Contract transferred to another PHP due to relocation of participant</td>
<td>1</td>
</tr>
<tr>
<td>Case closed due to non-compliance with monitoring contract</td>
<td>1</td>
</tr>
<tr>
<td>Case closed due to death of participant</td>
<td>1</td>
</tr>
</tbody>
</table>

"When I first started the program, my anxiety level was a ten out of ten. The second week, I realized that everyone was here for the same reason. As time went on, we became a family and as the years went by, the family got stronger. I could never have succeeded without the meetings and the support of the program. Six years later, the cravings are nil and the memories are still strong. And I know I can still access that support via phone calls or get-togethers when needed."

--Physician completing monitoring contract in 2018

There were **103** open cases at the end of the year:

---

The numbers above reflect **84 physicians, 14 residents/fellows/medical students, 2 dentists, and 3 physician assistants**, with open status cases at RIPHP.
Anyone can make a referral to the RIPHP. In 2018, the sources of our program referrals remained consistent with the previous year.

### 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 healthcare practitioners. In 2018, the program received 32 requests for advice, consultations, and resource information. The types of requests received are indicated in the chart below:

<table>
<thead>
<tr>
<th>Request Type</th>
<th>N= 32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about colleagues and/or patients with substance use and/or behavioral health issues</td>
<td>6</td>
</tr>
<tr>
<td>Organizations/other healthcare professionals seeking treatment and/or other resource information</td>
<td>16</td>
</tr>
<tr>
<td>General Information about the RIPHP</td>
<td>7</td>
</tr>
<tr>
<td>Information on physician wellness and burnout</td>
<td>3</td>
</tr>
</tbody>
</table>

### 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 2018, 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.
In 2018, RIPHP implemented a **Recovery Maintenance Agreement** for those participants who have successfully completed their five year substance use disorder monitoring contract and wish to continue voluntarily under monitoring. There are 5 participants participating in this agreement thus far.

The RIPHP director will be participating on the Federation of State Physician Health Program’s (FSPHP) newly formed committee to develop a **Performance Enhancement and Effectiveness Review (PEER) Program** that will empower physician health programs to use the updated version of the FSPHP Guidelines as a practical tool for identifying opportunities to optimize performance and effectiveness in alignment with best practices among physician health programs, both nationally and globally. RIPHP will offer input about considerations for operationalizing this program in smaller physician health programs. Once developed, the PEER program will enable physician health programs to voluntarily undergo an independent review of their program in order to assure that the program is meeting criteria for currently established best practices.

During 2018, we implemented one of the key recommendations that resulted from the strategic planning sessions held in 2017. In late 2016, we received a generous grant from the Rhode Island Foundation in order to undertake an exploration into ways to develop an effective organizational structure that would serve to support and sustain the Physician Health Program. Since funding for the program is obtained solely through contributions made to the Rhode Island Medical Society’s Foundation, a 501c3, it was recommended that a separate committee of the RIMS Foundation be established to serve in an advisory and oversight capacity. The first meeting of the newly named, RIMS Foundation **Physician Health Program Governance Committee**, was held on June 14, 2018. The Committee is comprised of the following members:

**Jerry Fingerut, MD, Chair**  
**Mark Gim, MA**  
**Jane Hayward, MSW**  
**Peter Hollmann, MD**  
**Peter Karczmar, MD**  
**Marie Langlois, MBA**  
**John Murphy, MD**  
**Herbert Rakatansky, MD**  
**Newell Warde, PhD *(ex officio)***  
**Kathleen Boyd, MSW *(ex officio)***

The Governance Committee has identified key goals for fundraising strategies and program enhancements. We are grateful for the opportunity to work with these talented individuals who have been gracious enough to give of their time to serve on this committee on behalf of the Physician Health Program.
Many of you may know that Dr. Rakatansky is a fan of writing letters to editors. He did so in June of 1978 to the editor of the Rhode Island Medical Journal, referring to an editorial by Peter Reilly, MD, on the subject of suicide in April of 1978. In May of 1978, Dr. Reilly suffered a tragic death at the age of 51. It seems fitting on this occasion to include a copy of Dr. Rakatansky’s response letter entitled, “Vulnerability of Physicians”, as it still stands true in 2019.

Editor’s Mailbox

Vulnerability of Physicians

To the Editor:

The poignant editorial by Doctor Peter Reilly in a recent issue of the Rhode Island Medical Journal (61:171, April 1978) pointed out in a way too tragic to comprehend that physicians are as human as their patients and have similar feelings. In their professional capacity physicians are expected to disassociate themselves from and to an extent ignore their own feelings in order to make objective clinical judgments. Feelings, however, may not be ignored. They initiate and perpetuate emotional and physical states which produce the joy and satisfaction which make life worthwhile. They also produce the sadness and dissatisfaction which make life seem not worthwhile. Physicians have several impediments to expressing and dealing with feelings. By virtue of their authority position and the responsibility of the decisions made almost on a daily basis, normal feelings of doubt, inadequacy, anxiety, and anger may be self-interpreted as a sign of weakness.

The expression of feelings may be self-interpreted by physicians as demonstrating a lack of proficiency. Also, certain problems may afflict this group more than others. The use and abuse of medications, particularly psychoactive and narcotic medications, fall into this category. With easy access to medications physicians and members of physicians’ families may rely on medications to allay the stresses of life and their feelings. Certain illnesses such as depression and alcoholism constitute another category of disease in which the physician may be peculiarly excluded from competent medical help. Organic illnesses such as myocardial infarctions and even malignancy are respectable, whereas behavioral abnormalities such as depression and alcoholism are interpreted as signs of weakness.

Rhode Island is a small state. The physicians are a reasonably cohesive group in which professional and social relationships abound. There is only one major private mental health facility in the state. How can a physician who is depressed, who is drug dependent, who is alcoholic, or who has such severe anxiety as to interfere with his ability to practice or enjoy life consult a colleague with whom he may practice and socialize? Certainly outpatient psychotherapy on an individual basis is available, but many of the serious problems mentioned above require team effort and often hospitalization. Where can the troubled physician turn to ask for help easily available to the poorest welfare patient or the richest private patient?

In Rhode Island it is a difficult problem. Perhaps an organized program in cooperation with the Massachusetts Medical Society or with other agencies in Boston could provide consultation with appropriate specialists. An initial consultation with a specialist in an appropriate field and with whom there is no possibility of professional or social contact might open the door for help. Certainly, these referrals are available now, but only to those who know where to go and whom to ask. A more formal system might insure that the troubled physician in Rhode Island could obtain professional help without fear, be it real or imagined, of the loss of respect of his colleagues.

Doctor Reilly’s tragedy is the tip of an iceberg. We should undertake all reasonable steps to prevent the loss of life, happiness, and productivity to which physicians may be subject as a result of their reluctance to seek help through the usual channels of entry to the medical care system.

Herbert Rakatansky, MD

Rhode Island Medical Journal (61:258-259, June 1978)
~Thanks & Gratitude to our 2018 Contributors~
Supported 100% by donations contributed to the RIMS Foundation (501c3)

**Professional Associations**
- American College of Surgeons, RI Chapter
- RI Dental Association
- RI Podiatric Medical Association
- RI Psychiatric Society
- RI Society of Osteopathic Physicians & Surgeons
- RI Orthopaedic Society
- RI Society of Anesthesiologists

**Other Physician Groups**
- Coastal Medical Group
- RI Primary Care Physicians Corporation
- Brown Emergency Medicine
- Brown Medicine
- University Surgical Associates
- University Orthopedics

**Medical Staff Associations**
- Bradley Hospital Medical Staff
- Kent Hospital Medical Staff
- Landmark Medical Center Medical Staff
- Newport Hospital Medical Staff
- Rhode Island Hospital Staff
- Roger Williams Medical Staff
- South County Hospital Medical Staff
- St. Joseph Medical Staff
- The Miriam Hospital Medical Staff
- Westerly Hospital Medical Staff

**Lifespan Health Systems**
- Rhode Island Hospital
- Miriam Hospital
- Newport Hospital
- Bradley Hospital
- Lifespan Risk Services, Inc.

**Other**
- RIMS Insurance Brokerage Corporation
- Bryant University
- Johnson & Wales University

**Care New England Health Systems**
- Butler Hospital
- Women & Infants Hospital
- Kent Hospital

**Charter Care Health Partners**
- Roger Williams Hospital
- St. Joseph Health Services

**Liability Insurers**
- The Coverys Companies
- MMJUA of RI

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

**Hospitals/Health Care Systems**
- Landmark Medical Center
- South County Hospital

**Individual Donors**
- Alice Bonitati, MD & Michael J. Bonitati, MD
- John J. Cronan, MD
- James P. Crowley, MD
- Walter S. Curtice, MD
- Anne Cushing-Brescia, MD
- Yul Ejnes, MD
- C. M. Erstling, MD
- James F. Griffin, DO
- Arnold Herman, MD
- James K. Herstoff, MD
- Peter A. Hollmann, MD
- Martin Kerzer, DO
- James Murdoco, MD
- Frank Pensa, MD
- John J. Przygoda, MD
- Herbert Rakatansky, MD
- Betty Vohr, MD
- Barry W. Wall, MD

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