



2020 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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*Resigned from committee during 2020 due to relocation

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)

~ 2020: A Different Kind of Courage ~

Dear Colleagues,

How can one sum up a year like 2020? Like everyone else, the Rhode Island Medical Society's Physician Health Program (RIPHP) had to proceed with an abundance of caution as we weighed our role in protecting and supporting the health care workforce in the midst of multiple challenges. Like many physician health programs across the United States, we had to adjust some of our "standard operating procedures" in order to mitigate risk to our participants, many of whom are on the front lines in terms of patient care. While we assumed we were putting temporary measures in place to protect staff and participants, we find that we must continue with adjustments to in-person meetings, our ongoing support group, and the random drug testing for those who are enrolled in our monitoring program. As we begin 2021, we will be reassessing these temporary measures on a periodic basis based on the latest public health information.

I have had the privilege since 2013 of working with so many dedicated health care practitioners who everyday remind me of what compassion, commitment and courage looks like in caring for others. But there is a different kind of courage called for when as health care practitioners you are faced with the same uncertainties as your patients – how to keep yourself and your family safe and well during a time of extraordinary upheaval. Rest assured, RIPHP will continue our mission to support the health, safety and welfare of our participants as we go forward, so they are able to continue to provide so many essential services to patients in Rhode Island.

The following report summarizes the activities and efforts of the Physician Health Program in 2020.

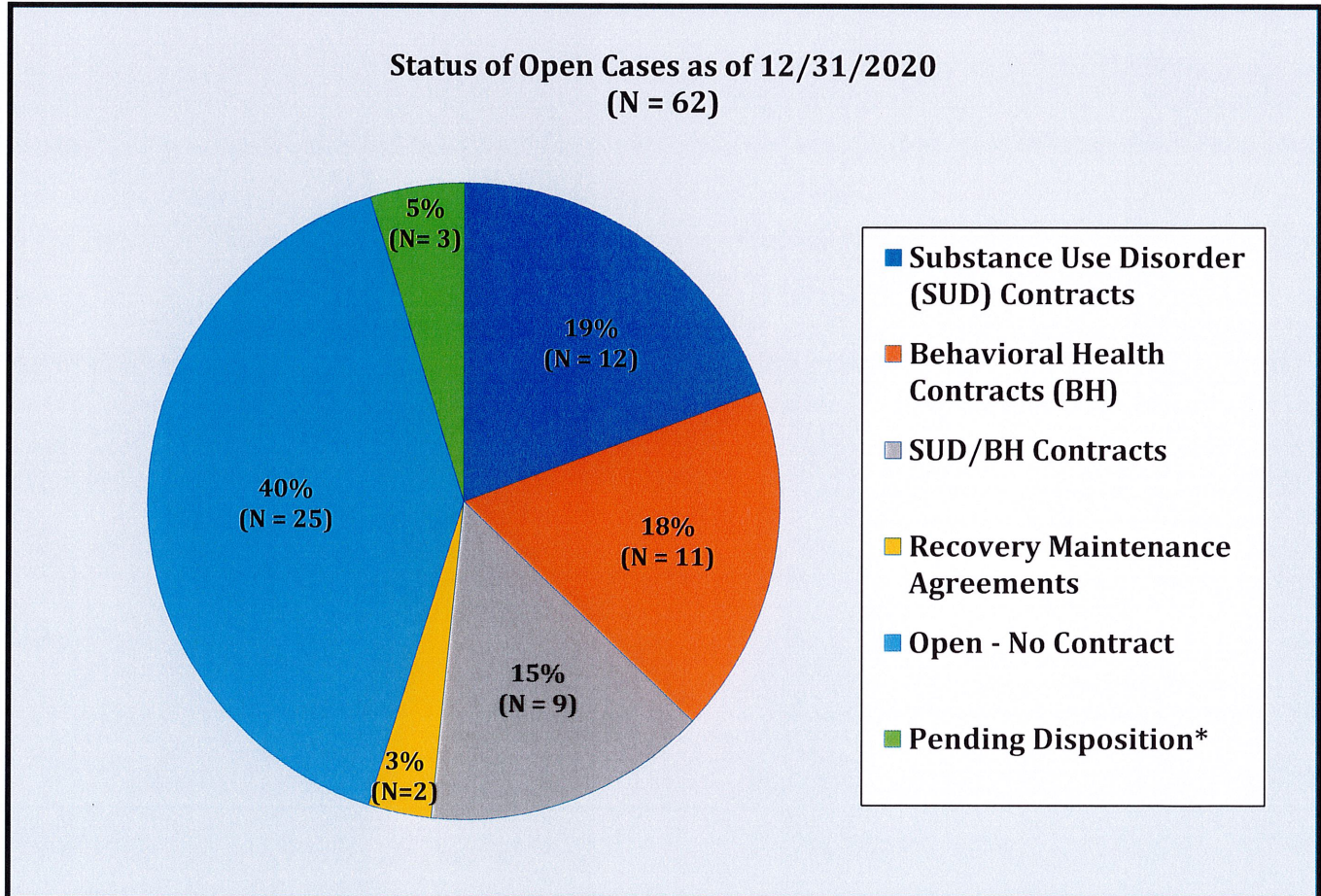
Respectfully submitted,

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

~ Year in Review ~
January 1, 2020 to December 31, 2020

CLINICAL ACTIVITIES

During the past year, the Rhode Island Medical Society's Physician Health Program (RIPHP) received 24 new referrals to the program. The large number of cases in the "Awaiting Administrative Action" category from last year (32) have now been carefully reviewed and closed thanks to the efforts of our new part-time clinical associate, Donna Stetson, LMHC. These were cases awaiting a disposition due to lack of any further contact from the participant, no response to our outreach efforts or because of no other significant activity since the case was initiated. We also closed an additional 21 cases in 2020. The chart below gives an up-to-date reflection of the open cases as we begin 2021.



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

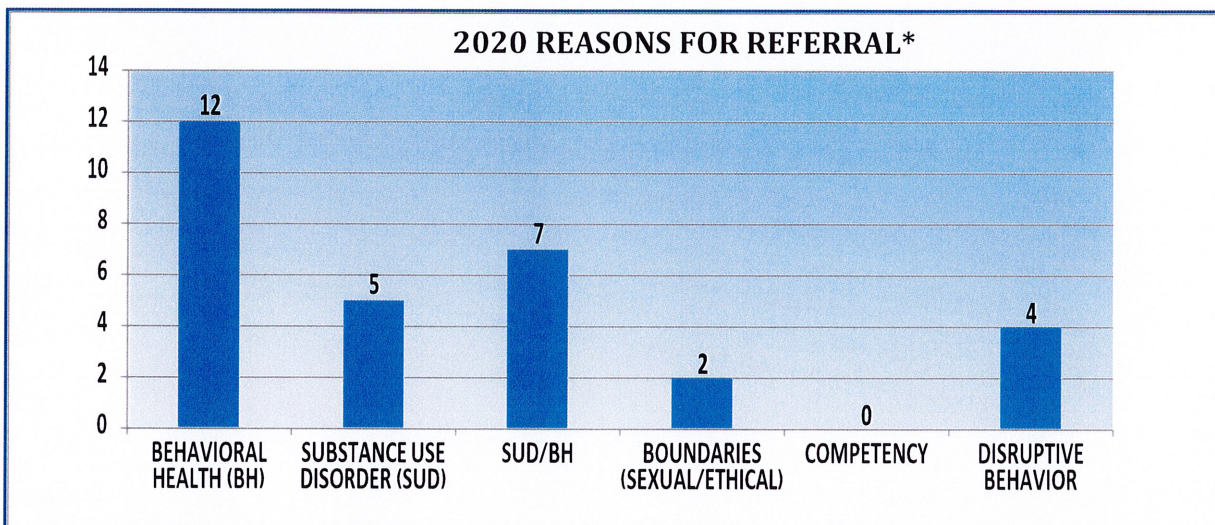
Of the **24** referrals to RIPHP in 2020, **3** represent referrals of cases that were re-opened, meaning the individuals had previous contact with our program. The breakdown of the status of these cases is shown below:

Disposition of 2020 Referrals	N=24	%
Monitoring Contracts: SUD	2	8.3
Monitoring Contracts: BH	3	12.5
Monitoring Contracts: SUD/BH	2	8.3
Periodic Review with RIPHP for support with no monitoring contract	10	41.7
Assessment completed; need for follow up and/or monitoring contract not indicated	1	4.2
Assessment still in progress/pending	2	8.3
Did not follow up with referral to program	4	16.7

The following chart shows case management activities for the past eight 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.

2020 RIPHP CASE MANAGEMENT CONTACT LOG								
	2013	2014	2015	2016	2017	2018	2019	2020
January	[Data not available]	92	221	206	257	259	222	311
February	138	123	220	256	233	182	200	230
March	112	173	244	281	269	214	162	259
April	137	130	241	202	238	235	195	253
May	112	141	236	212	218	230	236	206
June	149	168	255	233	285	201	228	247
July	149	219	244	253	249	213	294	258
August	101	201	240	248	330	186	241	232
September	166	191	210	193	260	186	214	241
October	165	212	306	237	286	205	216	303
November	136	164	213	186	205	190	196	300
December	139	218	205	225	180	150	219	274
Totals	1,554	2,032	2,835	2,732	3,010	2,451	2,623	3,114

The various reasons for referring to the RIPHP in 2020 can be seen in the chart below:

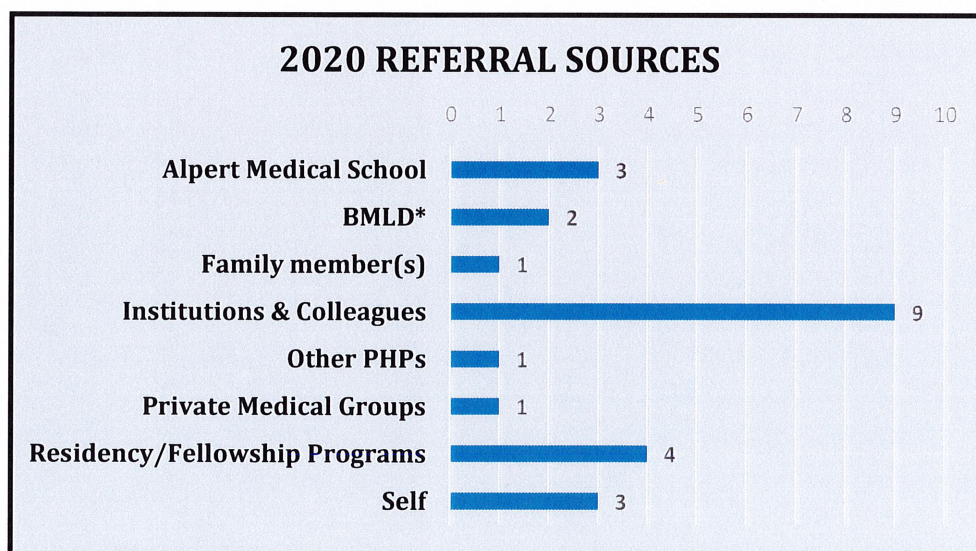


**Please note some cases were referred for more than one reason.*

We continue to see the largest number of referrals having to do with behavioral health issues. Referrals related to professionalism can overlap with psychiatric and substance use disorders which may be discovered during the assessment process.

REFERRALS

Anyone can make a referral to the RIPHP. In 2020, the sources of our program referrals remained consistent with recent years.



**Board of Medical Licensure & Discipline*

A total of 53 cases were closed by the end of 2020. 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 2020	N= 53
Contract completed (SUD)	5
Contract completed (BH)	2
Contract completed (SUD/BH)	1
Completed Recovery Maintenance Agreement	3
Transfer to another Physician Health Program	4
Intake/Evaluation process completed with no ongoing monitoring recommended	17
Case closed administratively (intake only with no response to follow up and/or declined services)	21

The active cases at the end of the year represent **47** physicians, **6** residents/fellows, **6** medical students, **2** physician assistants (PA), and **1** PA student. We do not currently have any dentists or podiatrists in the program.

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 2020, the program received 32 requests for advice, consultations, and resource information. The types of requests received are indicated in the chart below:


2020 Requests for Consultation and/or Resource Information	N= 32
Concerns about colleagues and/or patients with substance use and/or behavioral health issues	10
Organizations/other healthcare professionals seeking treatment and/or other resource information	17
General Information about the RIPHP	3
Information on physician wellness and burnout	2

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 2020, 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 to discuss referrals to its peer counseling program and to plan and implement supportive wellness opportunities for medical students.

In September, Donna Stetson was lead presenter for Project ECHO, a program supported by a 2020 Coronavirus Aid, Relief and Economic Security Act, to provide additional support to the Geriatrics workforce. The presentation, entitled, ***The COVID Marathon: Self-care Strategies that Go the Distance***, allowed the RIPHP to promote our services to this population as well as provide direct care health professionals with valuable information about dealing with the ongoing stress of the pandemic.

2020 PROGRAM HIGHLIGHTS

- On July 27, 2020, **Donna Stetson, LMHC**, joined the staff of RIPHP. Ms. Stetson brings a wealth of education and experience to this new position, which the Society was able to create under a grant from the Rhode Island Foundation. She is a seasoned Employee Assistance Professional with extensive clinical experience with healthcare organizations and in Human Resources management and consulting. 
- RIPHP expanded the testing site locations for participants by adding some of the Lifespan Lab locations for testing. This increases the convenience, safety and flexibility to our participants by offering options other than urgent care settings. We are grateful to Lifespan for partnering with us in this endeavor.
- The RIPHP director was elected to the Board of Directors of the Federation of Physician Health Programs (FSPHP) in April of 2020 for a two-year term as one of the two northeastern region directors on the board.
- The RIPHP director continues participation on the FSPHP committee that is developing a formal **"Performance Enhancement and Effectiveness Review (PEER) Program"** that will enable physician health programs to voluntarily undergo a program evaluation to identify areas of alignment with current best practices and/or areas to improve the program's effectiveness in maintaining these standards.
- The RIPHP program director co-facilitated the annual FSPHP Regional Conference on November 20th which was held virtually for 4 hours with over 50 participants. The conference's focus this year was on *"PHP Best Practices and Lessons Learned in the New Virtual World."*
- Program responses to COVID-19 pandemic included moving all in-person meetings, including initial intake appointments, review meetings, the weekly Health Care Practitioners' Recovery Support group, and monthly Physician Health Committee meetings to a virtual format until further notice. Program staff have been allowed to work from home as needed. RIPHP continues to post resources in the electronic, biweekly RIMS Notes distributed to RIMS members.

A frontline provider credits the Physician Health Program for teaching him that good self-care is a key to surviving the pandemic

I am a frontline provider at a busy hospital at the epicenter of the COVID pandemic in Rhode Island.

Most days, I get home from work completely overwhelmed and exhausted. I collapse on the floor and can barely summon the energy to speak. When I do it is often unintelligible. My family looks at me in horror. My back aches from long shifts spent hunched over critically ill COVID patients. My face is raw and sore and chafed. There were many shifts when I had to wear inadequate PPE and there was the constant awareness of putting my own health and that of my family in jeopardy. Many patients are on ventilators and have a grim prognosis. For those that are lucky to be awake, there is never quite enough time for compassion or connection. There are always more patients to see, the hospital quite literally overflowing with patients. The final indignity is that we were forced to take a pay cut which was even more demoralizing.

But throughout this pandemic, even in the worst of times, I have always felt that I will be okay and that I can get through this with grace. A number years ago, I experienced a devastating personal and mental health crisis and was introduced to the Physician Health Program. Through their guidance and support, I was able to get the necessary treatment and therapy to get my life and career back on track. The enduring lesson from that experience is that I cannot rely on willpower and self-reliance alone to overcome anxiety, substance abuse or PTSD. That was an extremely difficult and uncomfortable lesson to learn because willpower and self-reliance are the very traits which helped me

excel at every level of my education and medical career. It took time, but I ultimately learned to embrace vulnerability and fallibility not as a weakness but as a sign of my humanity. As I moved forward with my life, it was with a commitment to always put personal health, wellness and family first over career and ambition.

As we start the new year and the pandemic rages unabated, I made the difficult decision to cut back on my work hours. This had paid immediate dividends on my overall mood and energy level. I reconnected with a therapist I used to see which has been incredibly helpful. Also important has been making sure to get plenty of sleep. I used to take pride in being able to get by on only 4 to 6 hours of sleep but now I aim for at least 8 hours each night. I eat a healthy diet and get regular exercise. I meditate and practice yoga daily. I am reading more and watching more TV. As I write this, I have an awareness that these may come across as indulgences in the midst of a national and global health crisis. But I assure you that these are not indulgences, these are critical things that I need to do to be at my best as a provider and serve the public.

When I wake up in the morning to get ready for another difficult day at work, I feel well-rested. My head is clear and my heart is open. I listen to inspirational music as I drive in to work and I feel incredible gratitude – gratitude for my own health and also for the privilege to be able to help others in this time of need.

***~Thanks & Gratitude to our 2020 Contributors~
Supported 100% by donations contributed to the RIMS Foundation (501c3)***

Professional Associations

*RI Dental Association
RI Podiatric Medical Association*

Other Physician Groups

*Brown Emergency Medicine
Brown Medicine
Coastal Medical Group
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
Women & Infants Hospital Medical Staff*

Lifespan Health Systems

*Bradley Hospital
Miriam Hospital
Newport Hospital
Rhode Island Hospital*

Other

*Bryant University
Johnson & Wales University
HUB International*

Care New England Health Systems

*Butler Hospital
Kent Hospital
Women & Infants Hospital*

Charter Care Health Partners

*Roger Williams Hospital
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Herbert Rakatansky, MD, & Barbara Sokoloff*



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