



2017 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

Brian Albano, DPM

Derek Andelloux, MD

Raymond Cord, PA-C

Anne Cushing-Brescia, MD

Jason Conforti, DMD

William Corwin, MD

Suzanna DeLaMonte, MD

Joseph England, MD

Alisha R. Goodrum, MD

Maureen Harkavy, DO

Petro Karanasias, MD

Steve Karlin, MD

Margaret Klitzke, DO

Robert Lev, MD

Sheldon Lidofsky, MD

Laura McPeake, MD

Drew Nagle, MD

David Pearson, MD

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

***We gratefully acknowledge the contributions of the following
Committee members who “retired” from the Committee in 2017:**

Robert Champagne, DMD (1985-2017);

Patricia Wold, MD (1988-2017);

Robert Harrison, MD (2002-2017)

The Physician Health Committee Celebrates 40 Years!

In 1978, The Rhode Island Medical Society (RIMS) established a standing committee known then as the Impaired Physician Committee following a series of suicides by three local physicians. At that time, a gastroenterologist by the name of Herbert Rakatansky, MD, stepped forward to serve as Chairperson of the Committee. This committee was comprised of a small group of dedicated physicians who volunteered their time and expertise to offer colleagues support and advocacy. In those early years, the Committee's work was supported by RIMS administrative and executive staff, including Newell Warde, PhD, the current Executive Director of RIMS. By 1980, all but 3 of 54 U.S. medical societies had authorized or implemented "impaired" physician programs.



In 1990, the first part-time director was hired by RIMS. William Moclair, RN, held the position for ten years and was involved in the establishment of the Federation of State Physician Health Programs (FSPHP) so that state programs could have an avenue for discussing and developing best practices, creating clinical guidelines and policies, and encourage ongoing research on physician health. Mr. Moclair served as the FSPHP Secretary from 1991-2000. Sadly, Mr. Moclair succumbed to cancer in the year 2000.

Later that year, Rosemary Maher, MSW, was hired as the director for 30 hours per week. Rosemary's clinical expertise and thorough knowledge of addiction contributed greatly to the continued success of the program. She served as director from 2000 through 2012 and was an active and beloved member of the FSPHP. She served as a Northeast Region representative on the FSPHP Board of Directors for two terms. She is currently an adjunct professor at Providence College in the Department of Social Work.



In January of 2014, the director position was approved for full time status with RIMS. In addition to the director, there is a 20 hour per week program administrator/compliance coordinator.

What started as a small committee now generally has a membership of over twenty volunteer medical professionals. The name of the committee has changed with the times to reflect an overall concern for the health and wellness of the healthcare practitioners we serve: physicians, dentists, podiatrists and physician assistants. The Physician Health Committee (PHC) meets monthly to review new and ongoing cases. The goal is to try to ascertain proper treatment for the participant based on their diagnosis, to provide advocacy for treatment and/or return to work issues, and ongoing monitoring if indicated. Maintaining an atmosphere of privacy and confidentiality is of the utmost importance to the Physician Health Program (RIPHP). Each referral to our program is asked to review and sign a copy of the confidentiality policy prior to any discussion of the reason for their referral to the Program. The program has now served approximately **670** healthcare professionals over the past 39 years.

The following report summarizes the activities and efforts of the Physician Health Program in 2017.

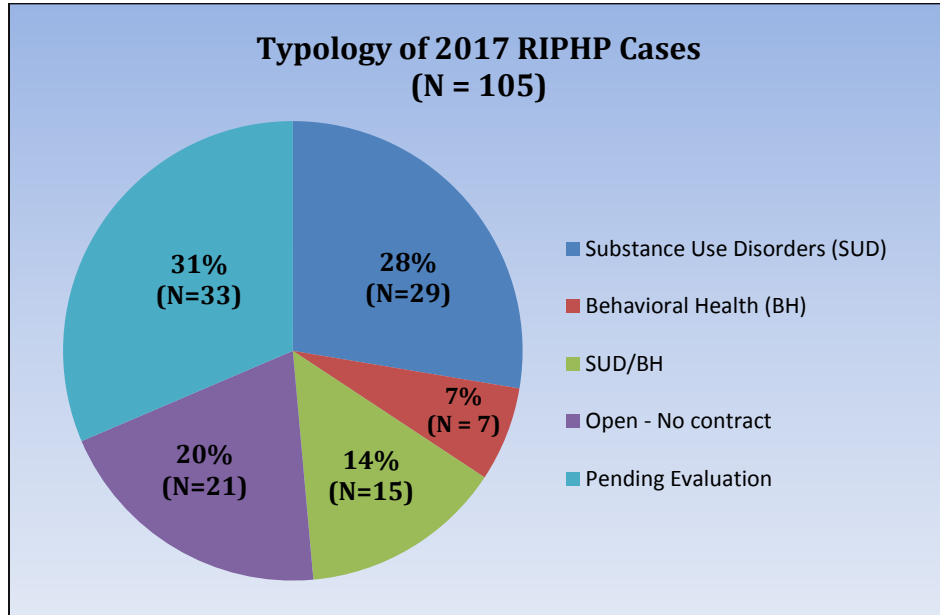
Respectfully submitted,

Kathleen Boyd, MSW
Director, Physician Health Program
January 31, 2018

~ Year in Review ~
January 1, 2017 to December 31, 2017

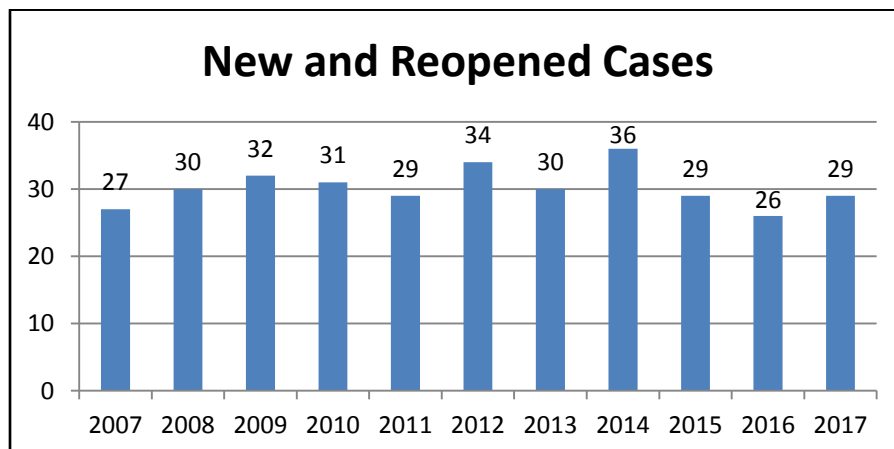
CLINICAL ACTIVITIES

During the past year, the Rhode Island Medical Society’s Physician Health Program (RIPHP) provided administrative and/or clinical oversight for **105** cases. The breakdown of the types of cases under our purview in 2017 is seen in the chart below:



**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.*

The number of cases opened or re-opened in 2017 was 29, which represents an increase from last year’s referral rate but is consistent when compared with our referral rate for the past 10 years.



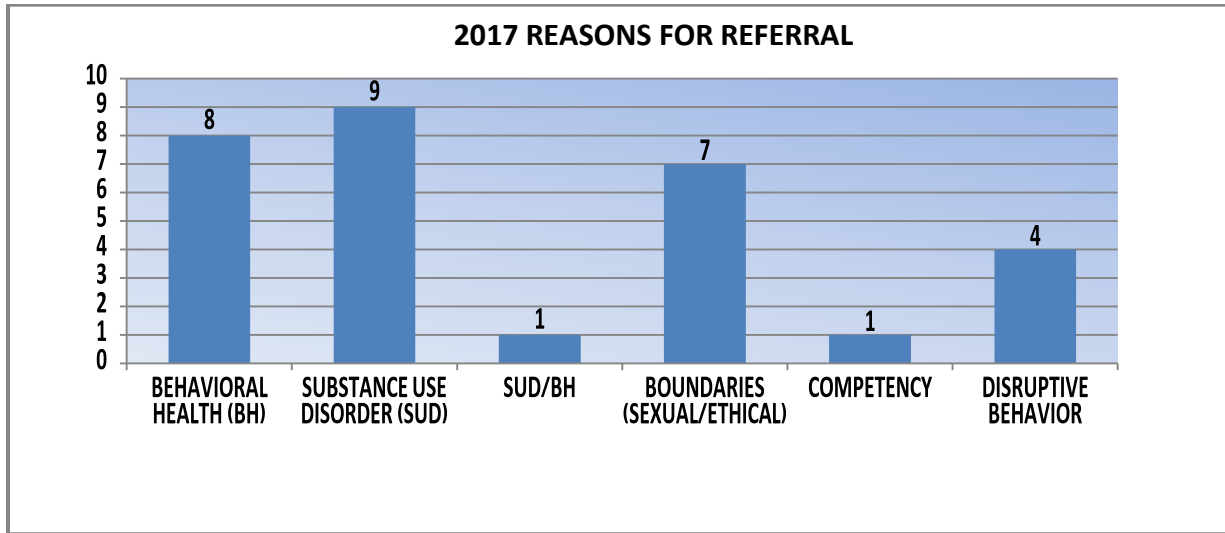
The following chart shows case management activities for the past five years. Case management for a single case can involve multiple collateral contacts, administrative tasks, such as advocacy and compliance letters, and daily monitoring of any urine drug screen results for each participant who is under 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.

RIPHP CASE MANAGEMENT CONTACT LOG 2013-2017					
	2013	2014	2015	2016	2017
January 1/17-1/31	Data not available	92	221	206	257
February	138	123	220	256	233
March	112	173	244	281	269
April	137	130	241	202	238
May	112	141	236	212	218
June	149	168	255	233	285
July	149	219	244	253	249
August	101	201	240	248	330
September	166	191	210	193	260
October	165	212	306	237	286
November	136	164	213	186	205
December	139	218	205	225	180
Totals	1,554	2,032	2,835	2,732	3,010

In 2017, there were 29 referrals to RIPHP. Of these 29 cases, 4 represent 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:

2017 Case Status/Recommendations	N=29	%
Monitoring Contracts: SUD	5	17.3
Monitoring Contracts: BH	4	13.8
Monitoring Contracts: SUD/BH	0	0
Periodic Review with PHP for support with no monitoring contract	11	37.9
Assessment completed; need for follow up and/or monitoring contract not indicated	1	3.4
Assessment still in progress/pending	5	17.3
Refused to cooperate with intake process &/or declined recommendations	3	10.3

The various reasons for referring to the RIPHP in 2017 can be seen in the chart below:

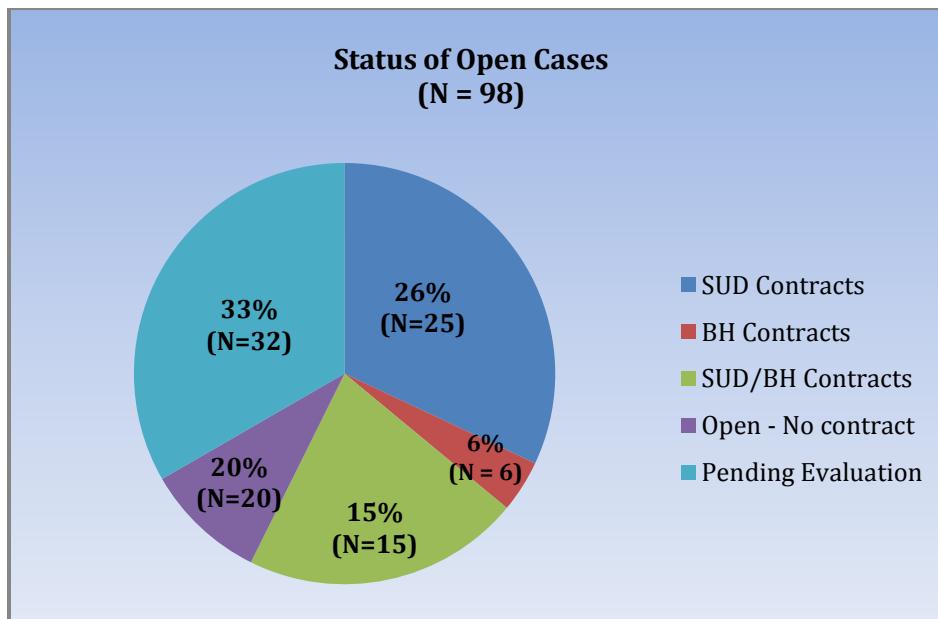


**Please note some cases were referred for more than one reason.*

Of the 105 open cases in 2017, 7 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 2017	N= 7
Intake/Evaluation process completed with no ongoing monitoring recommended	1
Contract completed (SUD)	3
Contract completed (BH)	1
Refused to cooperate with intake process and/or declined recommendations	1
Case closed due to non-compliance with monitoring contract	1

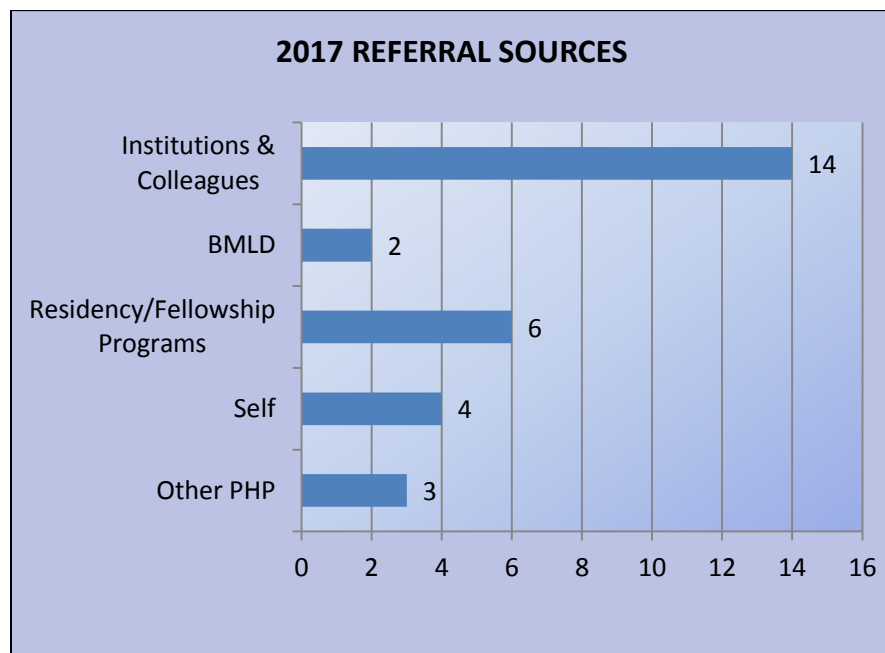
There were 98 open cases at the end of the year:



As of 12/31/17, there were **76 physicians, 14 residents/fellows/medical students, 4 dentists, and 4 physician assistants**, involved with the Physician Health Program.

COMMUNITY RESOURCE & REFERRALS

Anyone can make a referral to the RIPHP. In 2017, the sources of our program referrals remained consistent with previous years with the exception of a decrease in referrals from the Board of Medical Licensure and Discipline and an increase in referrals from residency and fellowship programs.



“Both you and the program at RIMS have been wonderfully supportive of me while doing a comprehensive job.....You made this very difficult time actually inspiring for me!! Very restorative of my faith in and desire to continue to contribute to health care ...to my best efforts!! Thank you so much.”

--Physician referred in 2017

In 2017, the program also received **31** requests for “advice,” consultations, and resource information. The types of requests received are indicated in the chart below:

2017 Requests for Consultation and/or Resource Information	N= 31
Concerns about colleagues and/or patients with substance use and/or behavioral health issues	8
Organizations/other healthcare professionals seeking treatment resources	13
General Information about the RIPHP	7
Information about obtaining a medical license in Rhode Island	3

EDUCATIONAL ACTIVITIES

The Physician Health Program educates physicians, residents, medical students, physician assistants, health care administrators, hospitals and the general public regarding addiction and other illnesses which can affect healthcare practitioners. In 2017, we provided presentations to intern and resident 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 University 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.

~Thanks & Gratitude to our 2017 Contributors~

Supported 100% by donations contributed to the RIMS Foundation (501c3)

Professional Associations

*American College of Surgeons, RI Chapter
 RI Academy of Physician Assistants
 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 PC
 University Emergency Medical Foundation
 University Medicine Foundation
 University Surgical Associates
 Hospital medical staff associations in RI*

Liability Insurers

The Coverys Companies

Health Insurers

*United Healthcare of New England
 Tufts Health Plan*

Hospitals/Health Care Systems

*Lifespan
 Care New England
 Every hospital administration in RI*

Other

*RI Medical Society Insurance Brokerage Corp.
 Many individual donors*

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