



## 2022 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 in 2022 due to retirement after 30 years of service

## 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

Ongoing monitoring when indicated for substance use and psychiatric disorders, dual diagnosis, and other behavioral health concerns; advocacy on behalf of healthcare practitioners if warranted.

- \*Recovery Support Groups for healthcare practitioners

### 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 (patients, family members, 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)



## ~Navigating Change and the New Normal~

Dear Colleagues,

Some of you may know that I am a sailing enthusiast. This past year makes me think about a favorite quote in this regard: *"The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails"* (William Arthur Ward). In 2022, the venerable Rhode Island Medical Society (RIMS) welcomed for the first time in its 210 years, a female chief executive officer, Stacy Paterno. This followed the 37-year leadership of Newell Warde, PhD, who retired at the end of 2021. We also celebrated the retirement of Steven DeToy who headed up government affairs for three decades. We welcomed several new staff members which is refreshing, motivating, and energizing. This included a first for the Physician Health Program – the addition of a full-time clinical associate, Rita Towers, MSW, to work alongside me as we endeavor to preserve our program and our commitment to continuing the services we offer to physicians, physician assistants, dentists, and podiatrists who may need assistance due to health challenges.

So, we are adjusting our sails as we go along and try to find our way to a new normal within our organization and to respond to the ongoing challenges of a stressed health workforce. We are steered through the waters by the stalwart Physician Health Committee (PHC) with Herbert Rakatansky, MD, at the helm, providing guidance and wisdom along the way. The RIMS Foundation provides oversight of the Physician Health Program (PHP) through the dedicated volunteers of the Foundation's PHP Governance Committee, ably steered by Jerry Fingerut, MD. It is my continued privilege to work with the many dedicated committee members as I begin my tenth year as PHP director.

The following report summarizes the activities and efforts of the Physician Health Program in 2022.

Respectfully submitted,

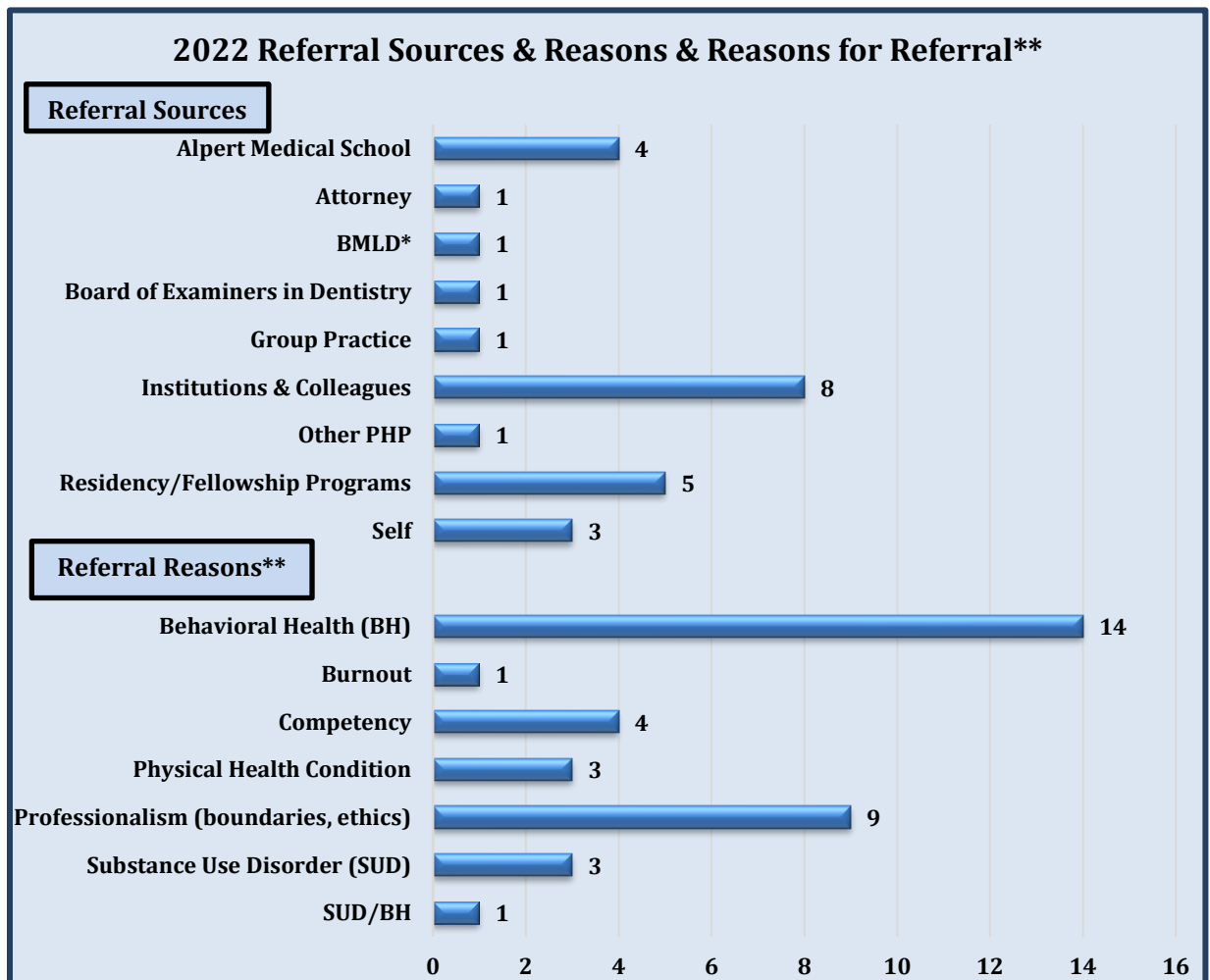
Kathleen Boyd, MSW, LICSW  
Director, Physician Health Program  
January 31, 2023

## ~ Year in Review ~

January 1, 2022 to December 31, 2022

### CLINICAL ACTIVITIES

During the past year, the Rhode Island Medical Society's Physician Health Program (RIPHP) received **25** referrals to the program. During the year, we were able to close 24 cases bringing the year-end active cases to **87**. The sources of our program referrals in 2022 and reasons for the referrals are shown in the chart below:



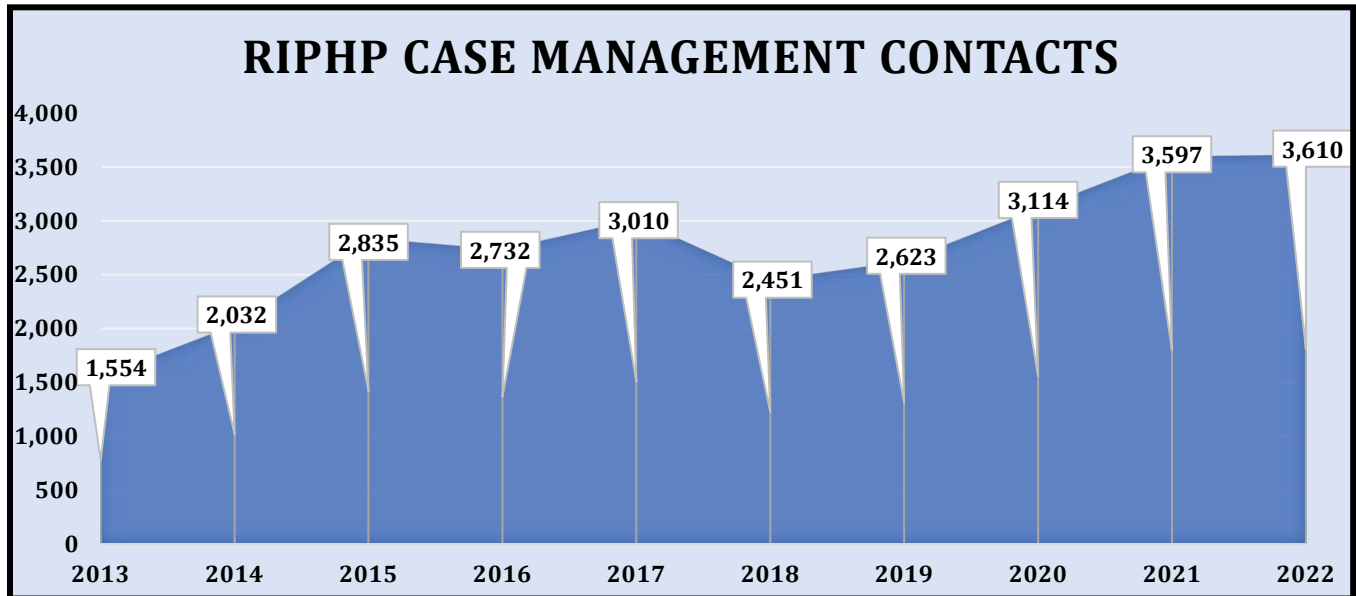
*\*Board of Medical Licensure & Discipline; \*\*Please note some cases were referred for more than one reason.*

In 2022, we had an increase in requests for our services by the medical school and residency programs. There were also more referrals related to professionalism and competency which often overlap with underlying health and/or mental health conditions, including substance use disorders.

Of the **25** referrals to RIPHP in 2022, **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:

<b>Disposition of 2022 Referrals</b>	<b>N = 25</b>	<b>%</b>
Monitoring Contracts: SUD	2	8.0
Monitoring Contracts: BH	6	24.0
Supportive Case Management: Periodic Review for support with no formal monitoring agreement	9	36.0
Assessment still in progress/pending	5	20.0
Did not follow up with referral to program and/or refused recommendations	3	12.0

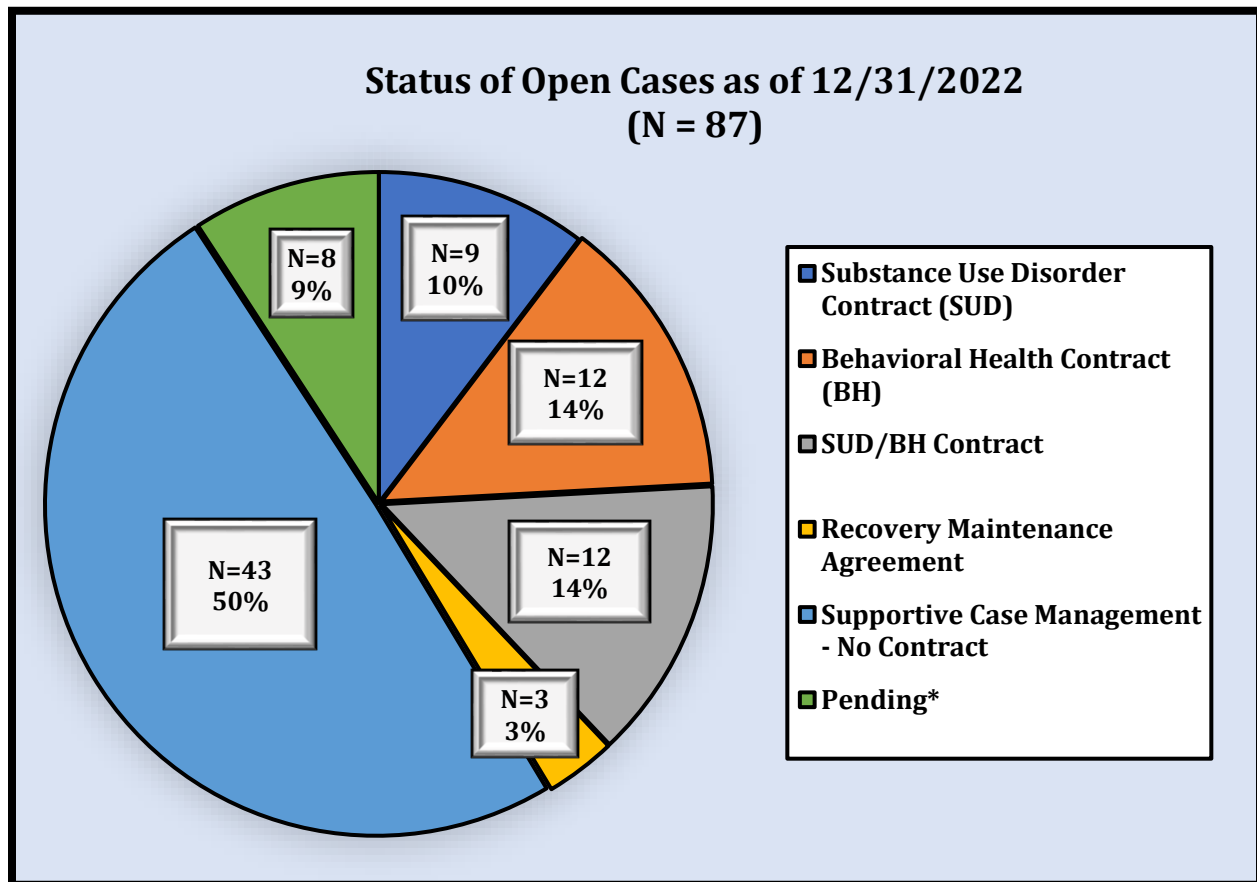
The following chart shows case management activities since 2013 when we began keeping track of this data. Case management for a single case can involve multiple collateral contacts, administrative tasks, such as advocacy and compliance letters, and daily monitoring of any toxicology results for each participant who is under a substance use disorder monitoring contract. Examples of case management activities include participant phone calls, texts/emails, and in-person meetings as well as collateral phone calls, emails, and correspondence on behalf of a participant.



Twenty-four cases 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 or case management support 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. The chart that follows summarizes these closures:

<b>Disposition of Cases Closed in 2022</b>	<b>N= 24</b>
Evaluation/Consultation only	6
Behavioral Health Monitoring Contract completed	2
Completed period of supportive case management; ongoing monitoring unnecessary	7
Case closed due to non-compliance with monitoring contract	2
Did not follow through with referral to RIPHP and/or refused recommendations and participation	7

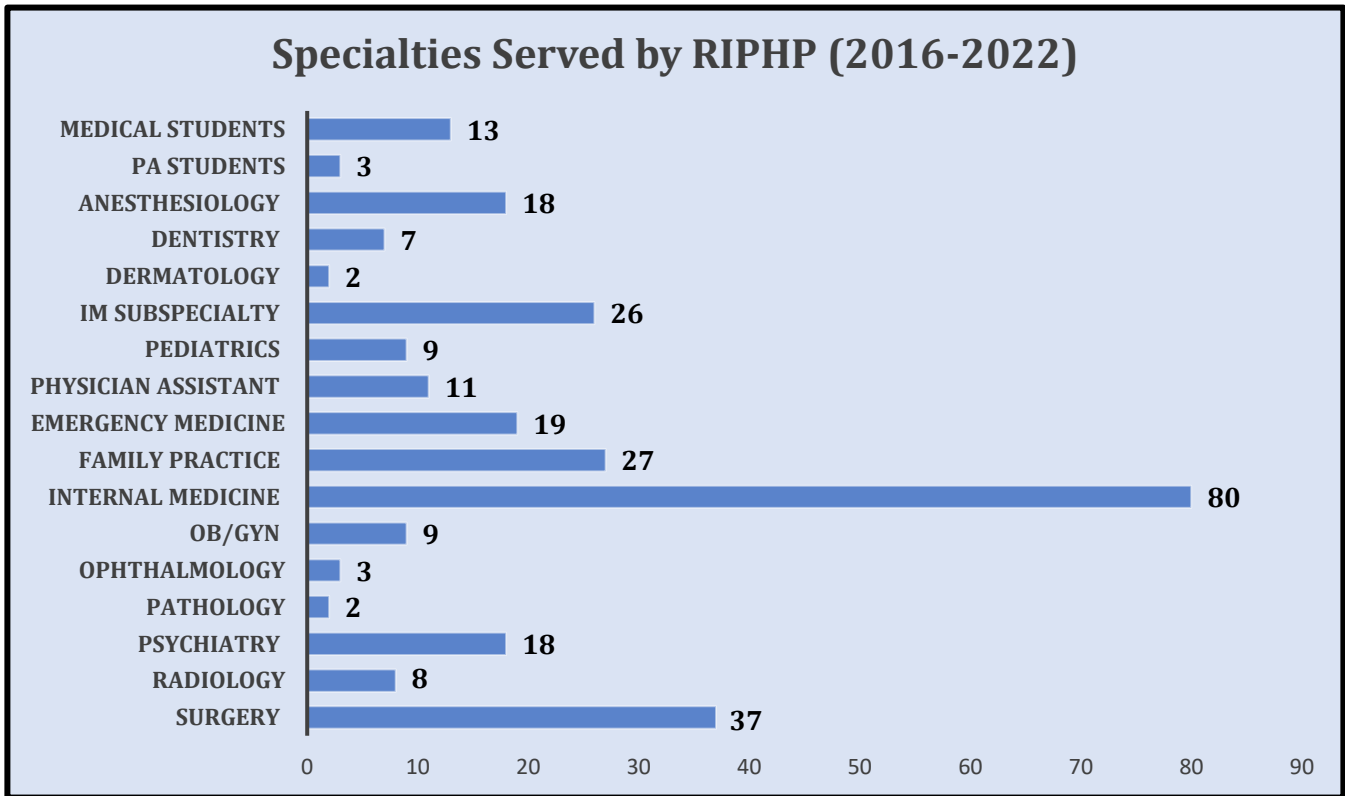
The chart below reflects the number of open cases as we begin 2023.



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

While we know that the total number of practitioners assisted over the life of this program is large, at this time we are following **61** physicians, **15** residents, **2** fellows, **7** medical students, **1** dentist and **1** PA student. Not all of them are actively practicing, but the majority of our participants are doing well and continue to see patients. Our interventions have resulted in a significant increase in medical resources available to the Rhode Island citizenry.

The following chart gives a breakdown of the various specialties that have accessed our services over the past six years.



## 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 2022, the program received 38 requests for advice, consultations, and resource information. The types of requests received are indicated in the chart below:

2022 Requests for Consultation and/or Resource Information	N= 38
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	21
General Information about the RIPHP	2
Information on physician wellness and burnout	1
Information regarding assistance resources for other health care professionals (i.e., APPs, nurses)	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 2022, we provided presentations to Lifespan, Kent Hospital, and Roger Williams Medical Center. In addition, we serve as guest lecturers for physician assistant classes at Bryant University and Johnson and Wales University.

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.

## AREAS OF FOCUS FOR 2023

- Complete a program review utilizing the Federation of State Physician Health Programs' (FSPHP) PEER™ Criteria & Metrics
- Participate in developing separate physician wellness resources for RIMS (i.e., Safe Harbor, LifeBridge, Interactive Mental Health Screening, Peer-to-Peer Support)
- Increase outreach efforts to all hospitals and residency programs in Rhode Island
- Director will present at the 2023 Annual Conference of the Federation of State Physician Health Programs



**What follows is one former participant's experience that he was gracious enough to share with us. We thank him for being willing to do so.**

When I was asked to write a narrative for the Annual Report of the RI Medical Society's Physician Health Program (RIPHP), I felt so fortunate to be able to give back in my own way that which was so unselfishly given to me. In several recovery centers and in the rooms of AA, I learned that one of the keys to maintaining my recovery was to remember the phrase "If you want to keep it, you have to give it away." I hope the following gives hope to someone out there.

## FINDING MY WAY OUT OF THE MAZE – DR. B'S STORY

I grew up and stayed in the Midwest for most of my life. My father was a WWII Air Force Vet who was strict beyond reason. My mom, older sister and I were frequently the object of physical and emotional abuse. There was no affection, encouragement, or room for even the slightest mistake. My mother, on the other hand, was loving, well educated, protective and the best I could ever wish for. Later, she would turn to alcohol as a way to cope with her pain and ended up dying an alcoholic death.

My first exposure to alcoholism came when I was about 14 years old. I remember the day well. The doorbell rang. I answered the door and there stood an older man – disheveled, dirty, and barely able to speak. He was my Uncle Bud. I had known him all my life and that day he was barely recognizable – the effect of heavy alcohol use. My parents welcomed him into our home and offered him comfort, nutrition, and a place to stay for the night if he was willing to go to the local rehab facility which he did. I was absolutely devastated to see what alcohol had reduced my uncle to. He had been a successful pharmacist and a man I admired. Little did I realize that some 50 years later, that would be me standing there, unrecognizable to my family. He had many relapses and eventually died alone in a small shack from this disease.

My first drink of alcohol came at age 19, the night before Christmas break of my freshman year in college. It wasn't a particularly pleasant experience and through the end of my college career there were only occasional weekend binges with friends. I studied most of the time and focused on getting into medical school. I went to medical school in Chicago and my drinking became more frequent as I would go out drinking almost every weekend and occasionally during the week, schedule permitting. I was beginning to really enjoy the feelings. I returned home to Ohio for an internship and went directly into General Practice for five years. I would have 2-3 drinks nightly and many more on the weekends. It was party time. I was single, had a house on a lake and many like-minded friends. I never even considered that I drank too much because all my friends did the same. Besides, I was a successful doctor.

In 1984, I sold my practice and started a residency in anesthesia followed by a pediatric anesthesia fellowship. During those three years I got married and my drinking decreased to Friday – Saturday night binges. I never drank on call and my sobriety was never questioned. After my training ended and I began practicing anesthesia, my nightly 2-3 drinks resumed along with continued weekend binges. It finally became apparent that I drank more than my friends, but I still saw no harm and I was again successful and was making a good living.

Over the next 20 or so years the heavy drinking continued, and it was starting to take a toll on me both emotionally and physically. I ruined many a vacation with constant drinking because “I worked hard and deserved it”. Throughout all this

no one ever questioned my sobriety at work. I suspect they did but nothing was ever said.

Things came to a head in 2010 when I had ten days off. My wife was away and my two daughters were in college. I drank for six straight days and nights, ate little and slept even less. One of my partners came by to say hi and immediately took me to the hospital where my Blood Alcohol Content was 0.4. I obviously needed help but, in my mind, I was ready to go back to work – incredible denial. The Chief Medical Officer told me I had to take time off and get evaluated. I was mad as hell but had no choice. I fortunately knew enough to self-report to the Ohio State Medical Board, and they directed me to a 28-day evaluation at a rehab facility. I was absolutely convinced I was not an alcoholic as my arrogance and disease had a firm hold. At the end of the 28 days, I saw my diagnosis: Alcohol Dependent. WOW!!! I was ecstatic – I did not see the printed words as I only saw the absence of the word “Alcoholism” and felt totally vindicated. My insane interpretation of this is incomprehensible to this day.

The Ohio Medical Board, through the Physician Health Program, mandated I sign a consent agreement if I wanted to continue practicing. I did not know why but agreed. I was told I could not drink, had to attend Alcoholics Anonymous (AA) meetings, and have randomized urine drug tests. Remarkably I did not drink for two years. I was not really in recovery either – I didn't change anything but my breath. I found a sponsor I could manipulate and convinced him I was not an alcoholic. I started working the 12 Steps of AA on Step 4 – I completely ignored the first three where I had to admit I was powerless over alcohol and had to ask for help. In recovery lingo I was a ‘dry drunk’ still governed by my character defects – lying, selfishness, arrogance and noncaring to the point of isolation from family and friends.

In June of 2012 the beginning of the end started – divorce. My wife had had enough and had the support of all dear to me. What did I do? I told my partners I was done and decided to drink and isolate until the divorce was over. I should add that a few years earlier I lost my younger brother to alcoholism and yet my denial was stronger than ever. I could stop drinking anytime I wanted to – or so I thought. I self-reported again and the Ohio State Medical Board ordered me back to rehab. I was arrogant and defiant enough to tell them it was a waste of time as I wasn't ready to stop drinking. That didn't end well. I was in and out of rehab several times and every time I was discharged, I was drunk by the time I got home. Miss Absolute Vodka had become my lover and my best friend. By Christmas I was drinking one-half gallon of vodka daily, ended up in the ICU and had reached my bottom.

The Board suspended my license for three years and sent me to Talbott Recovery Center in Atlanta for six months. What I learned and experienced there was lifesaving and a miracle. AA taught me that acceptance is the answer and that happened on day one. Over the next few months, I changed everything but my hair color, worked

the 12 Steps of AA starting with Step 1 and began to rid myself of resentment. When I re-entered society, I had no idea what the future held. I could not practice medicine, had lost all of my life savings and had nowhere to go. My only income was some disability payments that I split with my ex-wife. For once I was finally doing something good for her and that felt good. I worked as a cashier at a Super K Mart in Ohio then moved to Phoenix as it would be warmer there if I were to become homeless. I found a \$700/month apartment in a drug and bug infested area and slept on a blow-up raft for nineteen months. I worked as a waiter in a Mexican restaurant for about a month – what a disaster! The cooks all spoke Spanish and I could not tell a burrito from a tamale. Finally, the manager came up to me and said “I'm sorry, we have to let you go. You just aren't very smart, are you?” I smiled and said, “No Ma'am, I guess not” and left.

What amazed me was that, in spite of my situation, I found myself to be happier than I had been in decades. God was in my life; I was sober, and I was able to fall asleep every night instead of ‘passing out’ and was waking up every morning instead of ‘coming to’ in withdrawal. I went to massage school, became certified and taught at the school for about a year. I met a woman from Newport, Rhode Island at a convention who was looking for an instructor. I moved to Rhode Island in August of 2015 and began teaching, met Dr. John Femino, and enrolled in the RIPHP. Dr. Femino, Dr. DeGood and RIPHP were so supportive and encouraging to me. They championed my cause for active licensure. Their philosophy was that returning to practice once stable was a better treatment option. I had to re-take part one of the boards and by September of 2016, I was practicing medicine as an urgent care physician and loving it. Then in March of 2017 I met a gentleman who was opening a Suboxone Center in Providence. The rest is history as I am now president of his company and his chief medical officer. We have expanded to fifteen sites in Massachusetts and Rhode Island and hope to have around twenty (including in Connecticut) by years' end. Finally, one of the most important pieces of my ongoing recovery is having a wonderful, supportive, and loving relationship in my life now.

May God bless all of you and please don't give up - don't ever give up as a provider or patient. An addiction doctor in 2012 reviewed my history, cursed, and told me I was a complete waste of a medical degree and walked out. I agreed with him, but God had other plans for me. If you or anyone you know needs help, please reach out. Many of us have been there before – we can help you out of the maze.

—Dr. B



**~Thanks & Gratitude to our 2022 Contributors~**  
**Supported 100% by donations contributed to the RIMS Foundation (501c3)**

**Professional Associations**

RI Academy of Family Physicians  
RI Academy of Physician Assistants  
RI Chapter, American College of Emergency Physicians  
RI Chapter, American College of Surgeons  
RI Dental Association  
RI Podiatric Medical Association  
RI Psychiatric Society  
RI Society of Addiction Medicine  
RI Society of Anesthesiologists  
RI Society of Eye Physicians & Surgeons

**Other Physician Groups**

Brown Emergency Medicine  
Brown Medicine  
Coastal Medical Group  
University Orthopedics

**Medical Staff Associations**

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



**Hospitals/Health Care Systems**

**Care New England Health Systems**

Butler Hospital  
Kent Hospital  
Women & Infants Hospital

**Charter Care Health Partners**

Roger Williams Medical Center  
St. Joseph Medical Center

**Landmark Medical Center**

**Lifespan Health Systems**

Bradley Hospital  
Miriam Hospital  
Newport Hospital  
Rhode Island Hospital  
Hasbro Children's Hospital

**Westerly Hospital**

**Health Insurers**

Blue Cross Blue Shield of Rhode Island  
Neighborhood Health Plan of Rhode Island  
United Healthcare of New England

**Liability Insurers**

Coverys Community HealthCare Foundation  
Lifespan Risk Services, Inc.

**Other**

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Johnson & Wales University  
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Dominick Tammaro, MD & Cay Tammaro, MD  
Meena Theva, MD

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