

## RI's Physician Health Program: Serving practitioners for more than four decades

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PROVIDENCE — In 1974, the American Medical Association (AMA) and the Federation of State Medical Boards (FSMB) launched plans for the development of therapeutic alternatives for physicians with addictive disorders who needed assistance.

Several years later, in 1978–1979, in response to three physician suicides in Rhode Island, the Rhode Island Medical Society (RIMS) established what is now known as its Physician Health Program (PHP), initiated and led by **HERBERT “DR. RAK” RAKATANSKY, MD**.

The program today serves as a vital resource for the state's physicians, dentists, podiatrists and physician assistants. It also mentors the Medical Student Health Council at the Warren Alpert Medical School.

In the following Q&As, PHP Committee Chair Dr. Rakatansky, and PHP Program Director **KATHLEEN BOYD, MSW, LICSW**, both of whom will be stepping down from their current positions after more than four decades and 10 years respectively, share their insights on the development and continuing evolution of the program.

### Q&A: Herbert “Dr. Rak” Rakatansky, MD

**Q. RIMJ:** You spearheaded the formation of what is now known as the Physician Health Program (PHP) at the Rhode Island Medical Society (RIMS). What was your impetus and inspiration to do this and was it one of the first in the country?

**A. Dr. Rak:** The initial impetus was the suicide of three Rhode Island psychiatrists, the Chief at Rhode Island Hospital (RIH), the Chief at Bradley Hospital, and a child psychiatrist in private practice. I knew two of them personally and wrote an article for RIMJ which got published. This caught the attention of **Dr. Joseph E. Caruolo**, then president of RIMS, who called me and asked if I would like to do something about this. I said yes. Subsequently the Chief of Pediatrics at Rhode Island Hospital committed suicide, reinforcing the need for a PHP. The enthusiastic support of then RIMS executive director **Newell Warde, PhD**, and more recently RIMS Executive Vice President **Stacy Paterno** have been absolutely essential. Rhode Island was an “early adopter” of the PHP model but not the first.

**Q. RIMJ:** What were the challenges in the early days you faced developing the PHP?

**A. Dr. Rak:** The same challenges we have today – money to run the program, education about these diseases, especially addiction, and initially, lack of effective treatment, plus the stigma. The treatment resources have improved – there are now a number of institutions specializing in treating physicians. The PHP does not treat anyone; it facilitates diagnosis, refers for treatment by experts, and monitors the response. Fitness to practice



Physician Health Program Director Kathleen Boyd, MSW, LICSW, and Herbert “Dr. Rak” Rakatansky, MD, shown at a recent RIMS event. [COURTESY OF RIMS]

<https://rimedicalsociety.org/physician-health-program/>

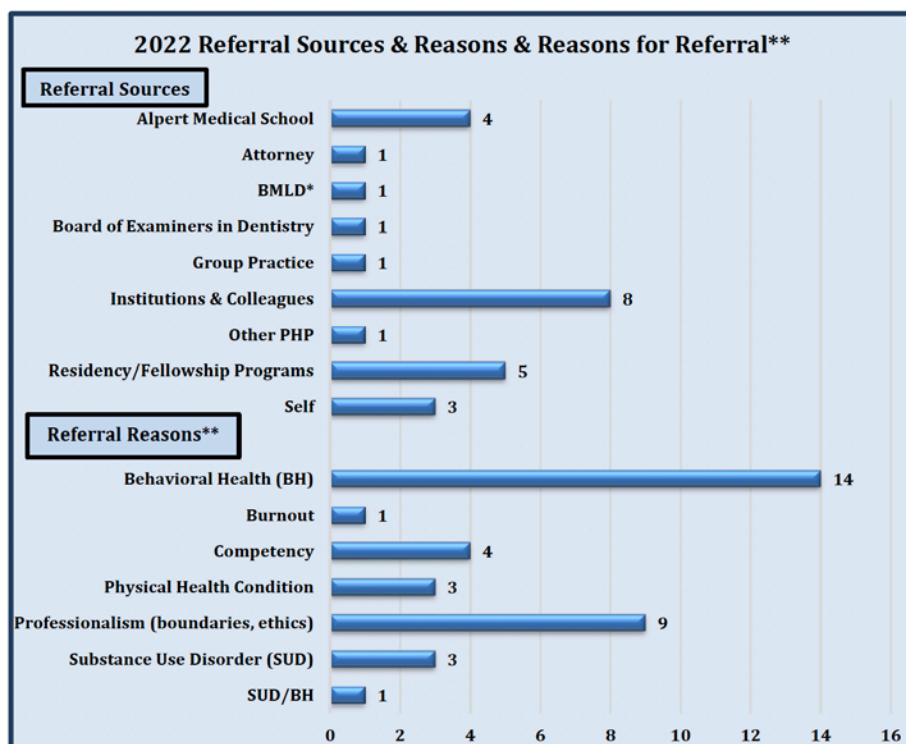
### Overview: Physician Health Program

**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.

**Confidential resource:** The 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.

**Referrals:** Anyone can make a referral, including physicians or other healthcare practitioners who refer themselves. If you are concerned about yourself or a colleague, call the RIPHP office at **401-443-2383**, and ask to speak with the program director. In an emergency, the outgoing voice message will provide you with a contact number for a member of the Physician Health Committee.

**Initial, follow-up procedures:** The RIPHP program director and a member of the Physician Health Committee will meet with the healthcare practitioner for an initial intake appointment. At that time, RIPHP may recommend a formal, independent evaluation. RIPHP will be available to guide this process and will review the findings with the healthcare practitioner. Once this has occurred and if the practitioner has signed a written consent to communicate directly with the referral source, we will provide a summary of the recommendations on behalf of the practitioner. This may include further evaluation, treatment, and/or an ongoing monitoring agreement with the RIPHP.



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

is determined by experts, not the PHP. In the event that a doctor ignores the advice of the diagnostic/treating expert(s), the PHP promptly informs the RI Board of Medical Licensure, a powerful motive for recovery.

**Q. RIMJ:** What do you see as the top evolutionary advances the program has undergone in its more than four decades of existence?

**A. Dr. Rak:** Almost nationwide acceptance that using patient safety as our fundamental ethical/moral/legal goal combined with confidentiality as long as the doctor/provider is successfully following the treatment plan is the key.

**Q. RIMJ:** How did you carve out the time as a practicing gastroenterologist and forming a practice to engage in foundational work such as the PHP and later on, in helping to found the RI Free Clinic, and in your other myriad volunteer activities as a native son and alum, embedded in the Miriam, Brown and greater RI communities?

**A. Dr. Rak:** I am a morning person so our meetings of the Physician Health Committee (PHC) have always been in the early a.m. Plus, I was in my own practice – it was before corporate medicine controlled us. Plus, I don't play golf. Hiring a full-time staff was and is essential for a successful PHP program. We have had three PHP directors (all have been non-physician clinicians) in that position. Over the years their role has grown and the program would not exist without them. The PHP maintains a close working relationship with the state licensing board.

We now have an infrastructure with our financing under the guidance of the RIMS Foundation and the clinical guidance under RIMS. The Chair of the PHC is appointed by the president of RIMS and the Chair appoints members of the PHC, who serve indefinite terms. A governance committee (including non-physician community representatives) is responsible for financing the program. They are not involved in any way with the details of the cases. This approach has resulted in a substantial grant and planning grant from the Rhode Island Foundation.

**Q. RIMJ:** What advice can you impart to medical students, residents and fellows just beginning their careers in terms of maintaining their health and addressing issues when/if they arise?

**A. Dr. Rak:**

1. If you choose to drink alcohol, be sure that the effects are completely worn off (min. 8–12 or more hours) before seeing patients. Additionally, do not drive after drinking. This may result in legal consequences that are reported directly to the medical licensure board.

2. Do NOT use any marijuana (even though legal) at ANY time. There is no measure of, or correlation with, blood or tissue levels and marijuana-induced impairment.

3. Do NOT use any illegal and/or self-prescribed mind-altering drugs at ANY time. If you are having issues with this, call the PHP immediately for confidential help.

4. Be sure that you have a personal primary care doctor so that you have access to the same level of care, including indicated medications, as your patients. "A doctor who cares for him(her)self has a fool for a patient." (Wm. Osler)

**Q. RIMJ:** Favorite quote or words to live by?

**A. Dr. Rak:** We all took an oath to ALWAYS make decisions in the patients' best interest. The PHP helps us fulfill that oath.

**Q&A: Kathleen Boyd, MSW, LICSW**

**Q. RIMJ:** What do you see as the most significant accomplishments of the PHP over the past 10 years during your tenure as program director?

**A. K. Boyd:** I like to think that we have established good working relationships with the licensing boards, hospitals and other entities who refer healthcare practitioners to us for assistance. Part of our task as I see it, is to provide physicians with a safe and confidential space to seek support around any health or professional issues they may be encountering that are affecting their quality of life. It is so

important to get the message out that one can be suffering from an illness and not necessarily be “impaired”. And if the illness is interfering with ability to provide safe care to patients, we can help find the care that the physician needs in order to return to practice.

I think our presence and involvement with presentations on burnout and dealing with the pandemic has been a significant accomplishment.

**Q. RIMJ:** In terms of who the program serves, when you look at the annual reports, has the most frequently used cohort, for example, medical students, or general medicine practitioners, changed during that time period and how does it align with the national metrics?

**A. K. Boyd:** The thing about comparing to other programs is that some programs serve different populations so you can be comparing apples and oranges. I can say that we have been seeing more residents and medical students in recent years. I think that those coming up in medicine are interested in their well-being as well as that of their patients. We need to have it be OK to seek help when needed without fearing repercussions and this is a huge part of the national conversation, especially since the pandemic and with the statistics on rates of suicide among healthcare practitioners.

**Q. RIMJ:** Very few self-referrals. Does that surprise you?

**A. K. Boyd:** We have seen a slight increase in self-referrals and we are trying to increase our outreach efforts so that

the healthcare community knows that they can call us as a resource – that you don’t have to wait to be referred by someone else. We need to do a better job with getting the word out. I often say, “No one knows about the PHP until they need it.” But, we are here in the background and have been for 45 years!

**Q. RIMJ:** In the 10 years since you have been program director, the program has grown and been restructured. What drove those changes?

**A. K. Boyd:** I don’t know if I would say that it was restructured as we operate much in the same manner with a very dedicated Physician Health Committee with healthcare practitioners volunteering their time who work in conjunction with program staff. However, I would say that when I began in January of 2013, I made recommendations about how we needed to create more efficient systems for managing the cases as there was a backlog at the time of cases awaiting closure, for example. As I recall, there were over 150 cases open at the time I started. We updated the charts to have a consistent format and utilized Excel spreadsheets for tracking. In early 2014, we were able to move to an electronic case management system which we still use today.

I was able to utilize existing administrative supports to assist me in reorganizing the records as our documentation process is important in order for us to advocate for physicians and the cohort we serve. There were always policies in place but no formal PHP Operations

Manual which contained all of the policies and guidelines in one place, so that was created.

I also established a “Participant Information Guide” which detailed all of the requirements when one is entering into a monitoring agreement with our program. I advocated that the director position be made full-time at the end of my first year since it was clear that it required a full-time staff position to manage the program.

**Q. RIMJ:** Can you briefly inform the readership about the national program and RI’s alignment with it?

**A. K. Boyd:** The national program is the Federation of State Physician Health Programs (FSPHP). There are currently 48 state members so almost every state belongs to this organization. I am proud to say that the former and first RIPHP director, **Bill Moclair**, was one of the founding members of this organization in 1990 and he served as the first treasurer. Readers can find more information on the FSPHP website: [www.fsphp.org](http://www.fsphp.org). The second director, **Rosemary Maher**, served on the Board of Directors as have I. I am currently the Vice-Chair of the FSPHP Performance Enhancement and Effectiveness Review Committee, which has established a comprehensive program for physician health programs to undergo an assessment process to review their alignment with current best practices. ❖