Colorado Physician Health Program: Physicians Helping Physicians

Doris C. Gundersen MD
July 30, 2015
The Medical Board of California
Speaker Disclosure Statement

NOTHING TO DISCLOSE
Presentation Objectives

- CPHP’s mission statement
- CPHP’s program development
- Describe CPHP’s funding history
- Describe CPHP’s relationship with the Medical Board (CMB)
- Review CPHP’s executive and clinical structure
- Review CPHP services
- Review research activities and future endeavors
COLORADO PHYSICIAN HEALTH PROGRAM

Our Mission
The mission of Colorado Physician Health Program is to promote the health and well-being of physicians and physician assistants through evaluation, treatment referral, support, education and research.

Our Vision
The vision of the Colorado Physician Health Program is a healthy Colorado through the well-being of Colorado physicians and physician assistants.

Serving the Medical Community Since 1986

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Developed in collaboration with:
  - Denver County Medical Society
  - Colorado Medical Society

Inception: 1986

Peer assistance program created through statute - Medical Practice Act
  - License Surcharge Established 2005 – could not exceed $50/year
  - Contractual Agreement with the Colorado Medical Board (CMB)
  - Request for Proposal every 5 years
All funds collected by the CMB are custodial funds NOT subject to appropriations by the General Assembly.

The distribution of payments to the administering entity does not constitute state fiscal year spending for purposes of Section 20 of Article X of the state constitution.
CPHP Funding History

2005 to 2010

- Each applicant pays a surcharge not to exceed $50/yr
- Amount adjusted by CMB annually to reflect changes in US bureau of labor statistics, CPI, etc.
- Fee shall be used to support designated providers selected by the CMB to provide peer assistance (e.g. CPHP)
- Cost of living adjustments available

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Annual Number of New Referrals
Program History
1986 – 2010

* = CMB License Renewal Years

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# A Decade of Growth and Success

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<tbody>
<tr>
<td><strong>Average Active Case Load</strong></td>
<td>273</td>
<td>290</td>
<td>340</td>
<td>356</td>
<td>365</td>
<td>373</td>
<td>403</td>
<td>433</td>
<td>457</td>
<td>465</td>
<td>6%</td>
<td>70%</td>
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<tr>
<td><strong>Number of New Referrals</strong></td>
<td>168</td>
<td>163</td>
<td>232</td>
<td>190</td>
<td>223</td>
<td>215</td>
<td>290</td>
<td>240</td>
<td>276</td>
<td>318</td>
<td>8%</td>
<td>89%</td>
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<tr>
<td><strong>Education</strong></td>
<td>62</td>
<td>61</td>
<td>66</td>
<td>77</td>
<td>73</td>
<td>88</td>
<td>93</td>
<td>127</td>
<td>121</td>
<td>115</td>
<td>7%</td>
<td>85%</td>
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Colorado Physician Health Program

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Programmatic Funding Increases

<table>
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<tr>
<th>DATE</th>
<th>ACTUAL ALLOTMENTS</th>
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<tbody>
<tr>
<td>2000 to 2001</td>
<td>$696,528.00</td>
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<tr>
<td>2001 to 2002</td>
<td>$774,996.00</td>
</tr>
<tr>
<td>2002 to 2003</td>
<td>$840,000.00</td>
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<tr>
<td>2003 to 2004</td>
<td>$840,000.00</td>
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<td>2004 to 2005</td>
<td>$900,000.00</td>
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<td>2006 to 2007</td>
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<td>2008 to 2009</td>
<td>$1,200,000.00</td>
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<tr>
<td>2009 to 2010</td>
<td>$1,200,000.00</td>
</tr>
<tr>
<td>2010 to 2011</td>
<td>$1,200,000.00</td>
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CPHP Funding History

- Sunset process – MPA is open for revision by legislation
- Last sunset process was 2000
- 2010 sunset occurred with new CPHP leadership (MD and ED)

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CPHP Recommendations
MPA Sunset 2010:

- Preserve statute language to maintain a peer assistance program for Colorado

- Surcharge amount not to exceed $61/year
  - Surcharge may be adjusted annually by CMB

- Revise funding mechanism:
  - To accommodate for growth of program
  - To allow different surcharge for MD vs PA
  - Allow CMB to determine when surcharge changes are warranted
    - Remove it from MPA sunset process
    - Changes in US Bureau of Labor statistics and CPI
    - Overall utilization of the program and
    - Differences in program utilization by MDs vs PAs
MPA: 2010 Statute Revisions

- In CPHP’s favor:
  - Creation (continuance) of a peer assistance program
  - A Safe Haven Agreement
  - An unanticipated Surprise: Creation of “Confidential Agreements”
  - One disappointment:
    - SUDs excluded from confidential agreements
Changes to CPHP Funding as of 2011

Budget requests will now correspond directly to the license renewal cycle so that growth rate comparisons are more realistic.
Confidentiality

Ability to apply/reapply for a license in Colorado without disclosing personal health history

Most states require full disclosure

Recognition that punishing ill physicians does not make them well or protect the public

Recognizing early intervention protects the public and the physician
Relationship To The Colorado Medical Board (CMB)

- Contractual Agent of the CMB
  - CPHP is an independent 501(c)3
  - CPHP does not have immunity
- CMB Makes Referrals to CPHP
  - Applications for licensure
  - Renewal applications
  - Complaints
- CPHP Provides “Treatment Monitoring” for individuals with license stipulations
- Approximately 20% of CPHP cases are known to the CMB
- Approximately 80% of CPHP cases are “Safe Haven”
Medical Boards and Physician Health Programs

OVERLAPPING MISSIONS

- Advocacy
- Patient Safety
- Physician Health
COMMON GOALS

- Patient safety

- Healthy physicians promote healthy practices to their patients (Erica Franks MD)

- A large “healthy physician” population improves access for the public

- Physician health/rehabilitation
  - Preserve an important societal resource
  - Physician shortages pose risks too
TENSIONS ARE RELATED TO:

- Differing alliances
- Differing priorities
- Differing “perceptions”

**PHP:** Medical Boards are too punitive

**Medical Boards:** PHPs are hiding “bad” doctors
Differing Alliances

- Medical Board ↔ Attorneys General
- Physician ↔ Defense Attorney
- PHP ↔ Physician
- PHP ↔ Medical Board
- PHP ↔ Physician ↔ Medical Board
## Differing Priorities

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<tr>
<td>Disability (Legal)</td>
<td>VS</td>
<td>Disease (Clinical)</td>
</tr>
<tr>
<td>Patient safety based on legal case development</td>
<td>VS</td>
<td>Patient Safety through evaluation and treatment of illness</td>
</tr>
<tr>
<td>Public protection</td>
<td>VS</td>
<td>Public protection with return to practice based on recovery from illness</td>
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Impairment

Illness is not synonymous with impairment

Impairment can be dynamic:
A migraine headache

Impairment can be static and permanent:
Dementia
Medical Boards and PHPs: We Need Each Other

- PHP achieves early intervention

- Medical Board provides leverage
Medical Boards and PHPs
Fostering a Professional Relationship

- Frequent liaison meetings to address tensions
- Regularly scheduled task force meetings to solve problems
- PHP accessible to medical boards as they review cases
- PHP Executive Director/Medical Director meetings with Medical Board Director
CPHP’s Organizational Structure

- Board of Directors
- Executive Director & Medical Director
- Clinical Team:
  - 6 Associate Medical Directors – Independent Contractors
  - Director of Clinical Services
  4 Masters level Licensed Clinicians
  - Compliance Coordinator
  - Part-time Researcher
- Administrative Team:
  - Finance Manager
  - Public Affairs
  - Executive Assistant
  - Administrative Assistants

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Programs Served

• All Licensed Physicians in the State of Colorado
• All Licensed Physician Assistants in the State of Colorado
• Residency Programs
  • University of Colorado at Denver Graduate Medical Education
  • St. Joseph Hospital Residency Program
  • St. Anthony Family Medicine Residency Program
  • Southern Colorado Family Medicine Residency Program
  • St. Mary’s Family Practice Residency Program
  • Colorado Health Foundation Transitional Residency Program at Presbyterian/St. Luke’s Hospital
  • Denver Health Emergency Medicine Residency Program
  • Fort Collins Family Practice Residency Program
  • Northern Colorado Family Practice Residency Program in Greeley
  • Sky Ridge Family Medicine Residency Program
  • Parkview Family Medicine Residency Program

• Physician Assistant Training Programs
  • University of Colorado at Denver Child Health Association and Physician Assistant Program
  • Red Rocks Community College Physician Assistant Program
  • University of Colorado at Denver Anesthesiology Assistant Program

• Medical Schools
  • University of Colorado at Denver School of Medicine
  • Rocky Vista University

• Physicians in states lacking PHP Services
CPHP Referral Sources

Majority of physicians self refer to CPHP

Others may recommend CPHP as a resource
  Medical School
  Residency Programs
  Family members
  Colleagues
  Attorneys
  Hospital Administration
  Colorado Medical Board
  Malpractice Carriers
CPHP Services

- CPHP’s direct services are free to Colorado licensed physicians and physician assistants:

- Participants are responsible for costs of any additional evaluations and treatment if those services are necessary
  - Laboratory evaluation
  - Physical examination
  - Neuropsychological testing

- Peer Assistance Funds are not used for applicants, re-applicants or research activities.

- CPHP has contracts to serve many Colorado residents, medical students and physician assistant students.
CPHP Program Services

Confidential and Free Health Assessments
Treatment Recommendations and Referrals
Support and Monitoring of Physicians’ Health
Documentation
Family Services
Interface with Workplace
  Accommodations
  Return to work recommendations
  Needed reports and documentation
  Critical Incident Debriefing
Physician Education
Research
Consultation
Team Consultation Model
CPHP

Six Psychiatrists with Varying Expertise and Ages

General Psychiatry
Forensic Psychiatry
Addiction Psychiatry
Psychoanalytic Psychiatry

Four Masters Level Clinicians

Executive Director

Executive Committee (Anonymous Consultation)
Team Consultation Model

Clinical Staff Meetings

Weekly full team meetings

- Review/discussion of new cases
- Review/discussion of difficult cases
- Determination of:
  - Diagnostic clarity
  - Additional Assessment Needs
  - Treatment Plan Development/Modification
  - Treatment Referrals
  - Risk assessments
CPHP Patient Safety Committee

- Ed Dauer, Esq
  Colorado Patient Safety Coalition
- Judy Ham, CEO
  Cerebral Palsey of Colorado
- Patty Skolnik, Director
  Colorado Citizens for Accountability
Quality Assurance Advisor

- special projects
- clinical audits
- training
- back up for clinicians
**Summary of CPHP Services**

1. Call is received
2. Intake appointment is scheduled
3. Referral Source is informed (with ROI)
4. Intake with Associate Medical Director and Clinician
5. Team Consultation For Treatment Plan
6. Treatment begins if indicated
7. Referral Source is informed (with ROI)
8. Monitoring and Support as indicated
9. Inactivation of case
The Occupational Hazards Facing Physicians

High Degree of Work Stress
Depression
Suicide
Addiction
Burnout
Poor Physical Health
Unhealthy interpersonal relationships
Professional Boundary Violations
Disruptive Behavior
Vicarious Trauma (?PTSD)
Phase of life issues (entry and exit)
Bad Outcomes
Malpractice Stress
The transition to employee: loss of autonomy
Social Media hiccups
Other CPHP Activities

Education/Presentations

CPHP Services Orientation
Physician stress and stress management
Substance abuse, addiction
Professional boundaries
Self-care and Wellness
Disruptive physician management
Women in medicine
Physicians in relationships and families
Physician depression and suicide
Occupational hazards of physicians
Medical Marijuana-Pros and Cons: What Doctors Need to Know
Aging Physicians
Consultation with the Attorney General’s Office
Physicians Using MMJ

The Colorado Physician Health Program Policy

Physicians suffering from a debilitating condition requiring “treatment” with marijuana will be considered unsafe to practice medicine with reasonable skill and safety.

This is due to significant cognitive impairment associated with the use of MJ

This is also due to the fact that it is virtually impossible to establish a stable dose/serum level due to variable concentrations of THC

No case law exists regarding this issue
Professionalism:

Practicing medicine is a privilege, not a right.
Research

• Comparing CPHP success rates of monitoring substance use disorders to other Physician Health Programs
• Tobacco use by physicians
• Physician professional boundary issues
• Physician prescribing personal medical care
• Gender differences among physicians seen at CPHP
• Understanding clients who reactivate with CPHP
• Physician suicide
• Aging Physicians and Cognitive Health
• Malpractice Risk
Physician Health Matters!
Why Spend the Time and Energy?

- Investing in physician health and well-being is the best investment in the longevity and quality of their career.
- May also be the best investment in the longevity of their patients and the quality of care that they receive!
- Erica Franks, MD research findings
Other Endeavors

Wellness Advisor to Medical Societies

Disincentives for Retirement

- Baby boomers face financial pressures and will want to continue to work past traditional retirement age.

- In some professions this will be supported due to shortages of physicians.
Future Endeavors

Aging Physicians
Contacting CPHP

CPHP may be reached at:
303-860-0122 or 800-927-0122

Office Hours:
8:30 a.m.- 4:30 p.m.
Monday – Friday

After Hours Clinical Emergencies:
Pager: 303-437-2138

Visit us online:  www.CPHP.org