

Colorado Physician Health Program: Physicians Helping Physicians



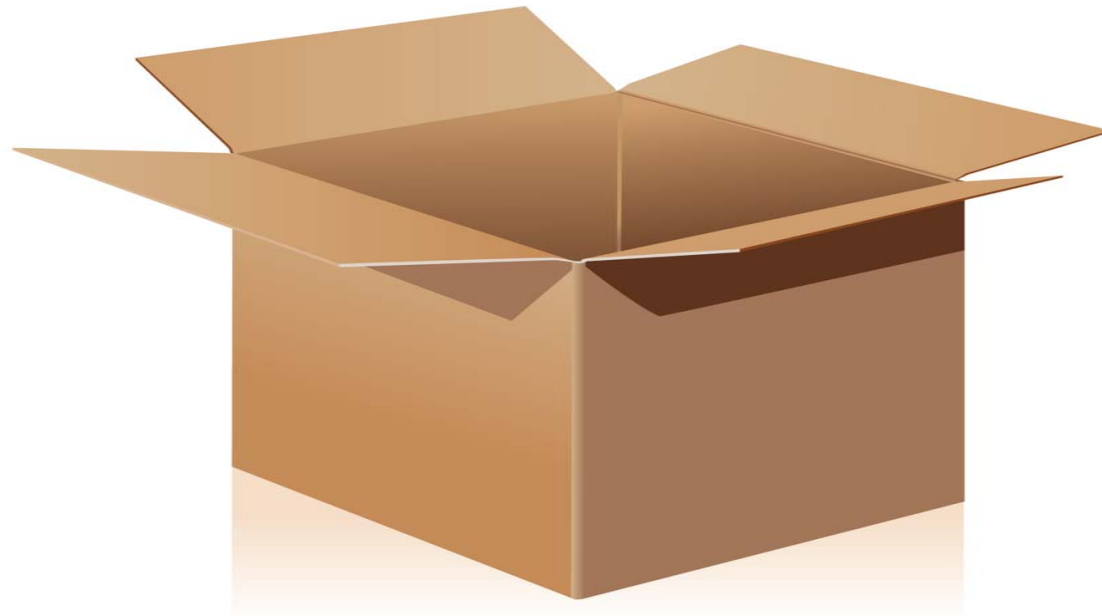
Doris C. Gundersen MD

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

CPHP History

Celebrating 29 years of Service

- ❖ 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



COPIC

Colorado Physicians Insurance Company

Importance of separate holding of funds with 3rd party (COPIC)

Administering Entity

- 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



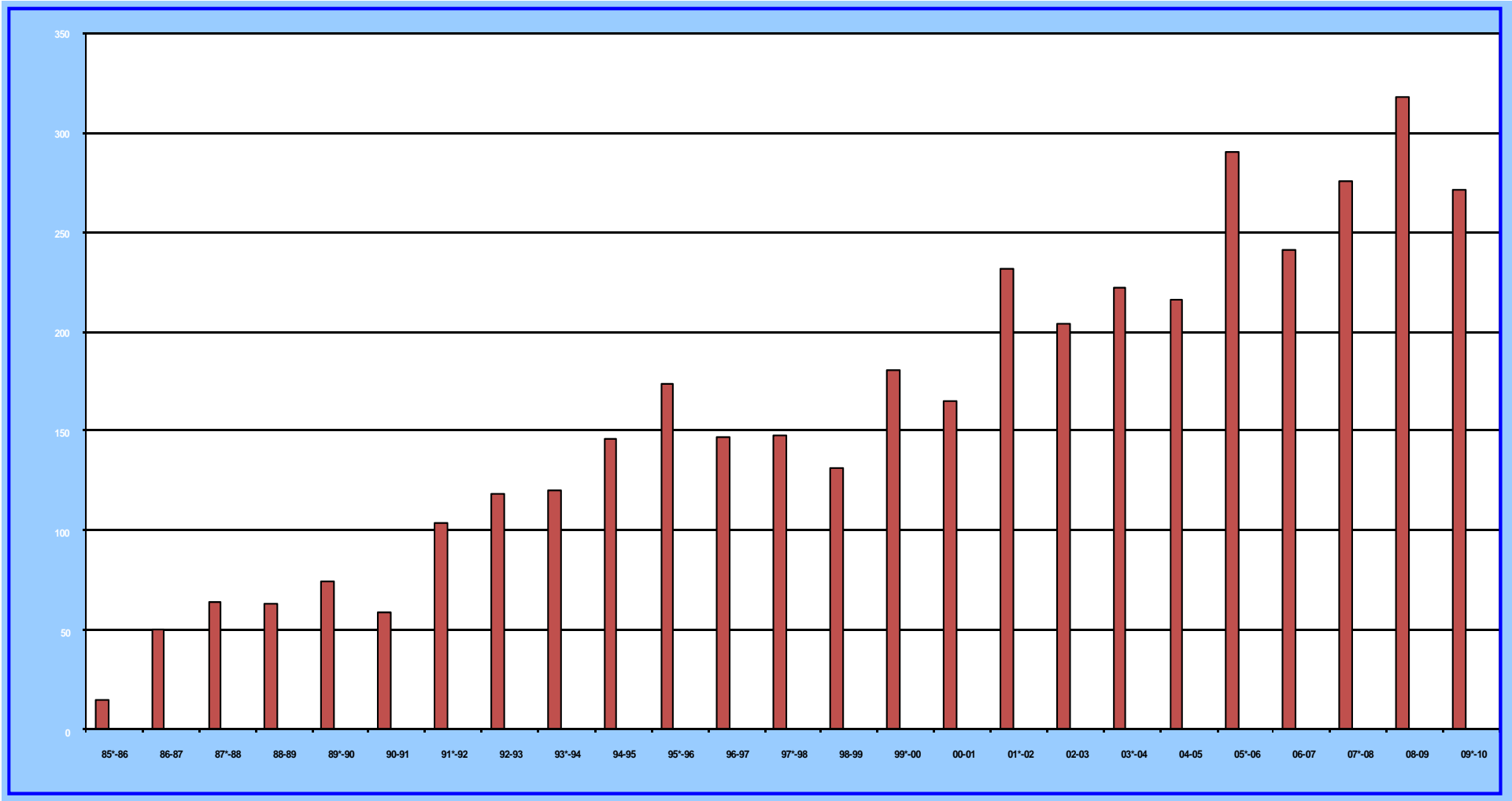
CPHP Funding History

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

© Colorado Physician Health Program 2015 All Rights Reserved
Please do not reproduce or use without written permission of CPHP

Annual Number of New Referrals Program History 1986 - 2010



*** = CMB License Renewal
Years**

© Colorado Physician Health Program 2015 All Rights Reserved
Please do not reproduce or use without written permission of CPHP

A Decade of Growth and Success

	History of Growth at CPHP											
	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	Average Annual Growth	Growth over ten years
AVERAGE ACTIVE CASELOAD	273	290	340	356	365	373	403	433	457	465	6%	70%
NUMBER OF NEW REFERRALS	168	163	232	190	223	215	290	240	276	318	8%	89%
EDUCATION	62	61	66	77	73	88	93	127	121	115	7%	85%

Colorado Physician Health Program

© Colorado Physician Health Program 2015 All Rights Reserved
Please do not reproduce or use without written permission of CPHP

Programmatic Funding Increases

DATE	ACTUAL ALLOTMENTS
2000 to 2001	\$696,528.00
2001 to 2002	\$774, 996.00
2002 to 2003	\$840,000.00
2003 to 2004	\$840,000.00
2004 to 2005	\$900,000.00
2005 to 2006	\$1,020,000.00
2006 to 2007	\$1,200,000.00
2007 to 2008	\$1,200,000.00
2008 to 2009	\$1,200,000.00
2009 to 2010	\$1,200,000.00
2010 to 2011	\$1,200,000.00

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)

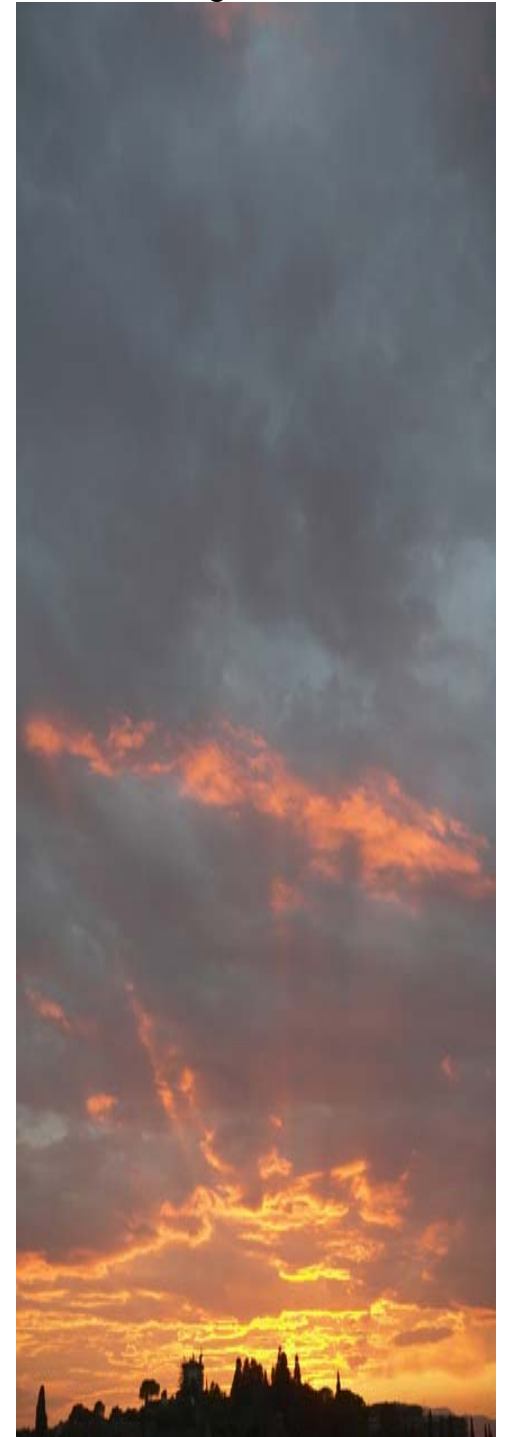
© Colorado Physician Health Program 2015 All Rights Reserved
Please do not reproduce or use without written permission of CPHP



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



Safe Haven

- ❑ Confidentiality
- ❑ Ability to apply/reapply for a license 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



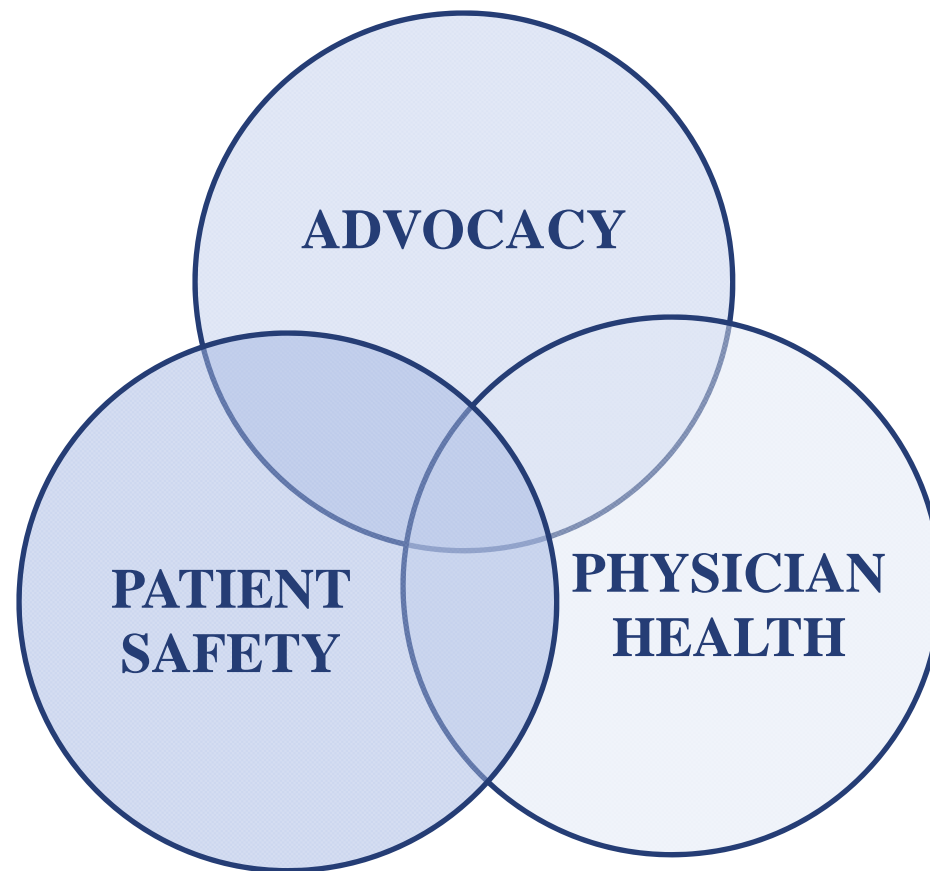
Relationship To The Colorado Medical Board (CMB)

- 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



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:

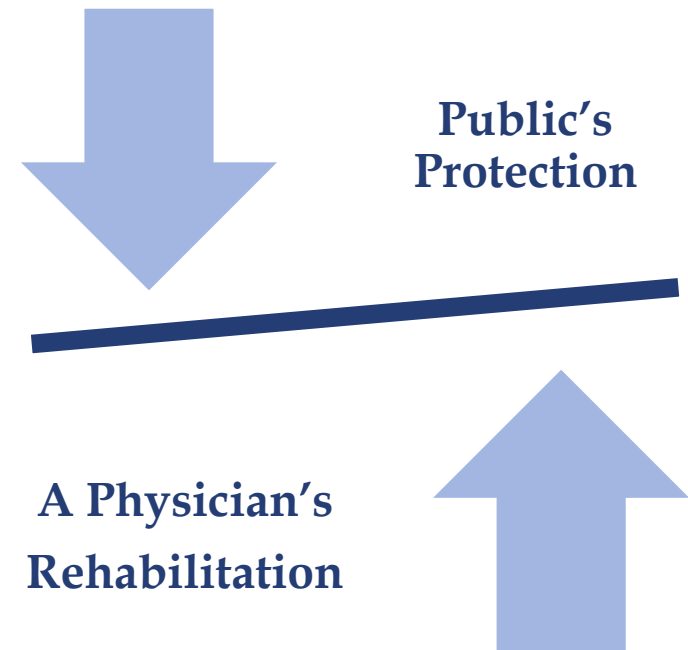
□ Differing alliances

□ 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 ↔
- ▣ PHP ↔ Medical Board
- ▣ PHP ↔ Physician ↔ Medical Board
Physician

Differing Priorities

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

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



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



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.



CPHP Research

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?

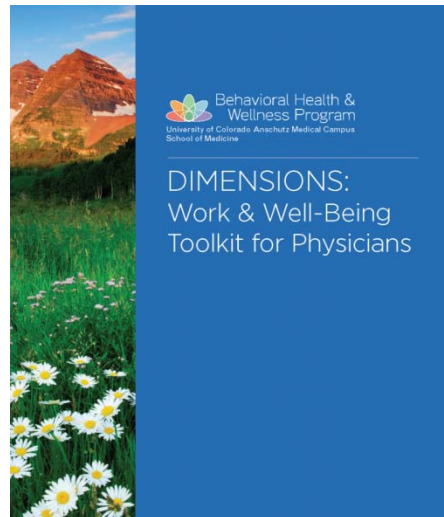
- ▣ Investing in physician health and well-being is the best investment in the longevity and quality of their career.
- ▣ May also be the best investment in the longevity of their patients and the quality of care that they receive!
- ▣ Erica Franks, MD research findings



Other Endeavors

Wellness Advisor to Medical Societies

<http://www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians.pdf>



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

