



# Colorado Physician Health Program

## COMMUNITY REPORT

*July 1, 2010 through June 30, 2011*

by

Sarah R. Early, PsyD, Executive Director

Doris C. Gundersen, MD, Medical Director

Colorado Physician Health Program



The mission of Colorado Physician Health Program is to assist physicians, residents, medical students, physician assistants and physician assistant students who may have health problems which if left untreated, could adversely affect their ability to practice medicine safely.



# Colorado Physician Health Program

## PROGRAM HIGHLIGHTS

July 1, 2010 through June 30, 2011

### Board of Directors 2011–2012

*Chair*

**James Borgstede, MD**

*Vice-Chair*

**George Dikeou, Esq**

*Secretary*

**Thomas Currigan, Jr**

*Treasurer*

**Doug Speedie, MD**

*Director-At-Large*

**John Genrich, MD**

*Director-At-Large*

**Larry A. Schafer, MD**

**Maureen J. Garrity, PhD**

**Caroline M. Gellrick, MD**

**Jim Keller, PA-C**

**Robert C. Leivers**

**Michael Michalek, MD**

**Jane O'Shaughnessy**

**Steven Summer**

**Lawrence Varner, DO**

### Patient Safety Advisory Committee

**Judy Ham**

Cerebral Palsy of Colorado

**Patty Skolnik**

Colorado Citizens for Accountability

**Ed Dauer, Esq**

Colorado Patient Safety Coalition

•**CPHP Board Director Officers:** CPHP welcomes two new Board Directors as of May of 2011:

•**Robert C. Leivers** Wing Chaplain at Schriever Air Force Base in Colorado Springs, Colorado

•**Jane O'Shaughnessy** Former Chief Executive Officer of Cornerstone Programs Corporation and now Chair of their Board of Directors

•**Availability of Services:** In addition to CPHP providing services to Colorado licensed physicians and physician assistants, contracts exist to provide services for residents, medical students and physician assistant students. CPHP is proud to assist medical professionals early in their career to promote personal good health and well-being. CPHP currently serves the following programs:

•Residency Programs

•University of Colorado at Denver

•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

•Physician Assistant Training Programs

•University of Colorado at Denver

•Red Rocks Community College Physician Assistant Program

•Medical Schools

•University of Colorado at Denver

•Rocky Vista University College of Osteopathic Medicine

•**JAHCO Standard Update Sent to All Colorado Hospitals:** On September 10, 2010, CPHP outreached all Colorado Hospitals and large practices updating them about the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards. Effective January 1, 2009, JCAHO required accredited organizations to comply with a new leadership standard (addressing behaviors that undermine a culture of safety and outlining suggested organizational actions) that addresses disruptive and inappropriate behavior in two of its elements of performance. The goal of JCAHO in addressing disruptive behavior is to reform health care settings to address the problem, promote a culture of safety, and improve the quality of patient care by improving the communication and collaboration of health care teams. CPHP notified all hospitals in the state of Colorado that we can assist in resolving behavioral problems.

•**Patient Advocacy Training:** On March 5, 2011, Sarah Early, PsyD attended the Rose Medical Center Patient Advocacy Training. CPHP was invited to attend the training by the CPHP Patient Safety Advisor Patty Skolnik. CPHP was very appreciative to be a part of the discussion of how patient safety can be improved by a variety of factors including physician wellness.

•**Spirit of Medicine Campaign:** CPHP, through its annual Spirit of Medicine Campaign, is grateful to all of the generous contributors and especially would like to recognize organizational donors who provided a gift of \$5,000 or more:

•Centura Health

•The Children's Hospital

•Colorado Medical Foundation Trust

•Exempla Healthcare

•St. Mary's Hospital and Medical Center in Grand Junction

•The Medical Center of Aurora

•Colorado Permanente Medical Group (CPMG) – We wish to offer special appreciation to CPMG as a long-time member of the LivingWell Giving Society

•Valley View Hospital in Glenwood Springs– We wish to express our appreciation to Valley View Hospital as they are an established member of the LivingWell Giving Society



# Colorado Physician Health Program

## INTERNATIONAL/NATIONAL CONFERENCES AND RESEARCH

July 1, 2010 through June 30, 2011

### Medical/Associate Directors

Medical Director

**Doris C. Gundersen, MD**

Medical Director Emeritus

**Michael H. Gendel, MD**

Associate Medical Directors

**Mary Ellen Caiati, MD**

**Scott H. Humphreys, MD**

**Jay H. Shore, MD**

**Elizabeth Stuyt, MD**

### Staff

Executive Director

**Sarah R. Early, Psy.D**

Director of Clinical Service

**Lynne Klaus, LCSW, CACIII**

Clinical Trainer

**Cae Allison, LCSW**

Finance Manager

**Denny Smith, CPA**

Receptionist

**Julie Fisher**

Clinicians

**Ashlee Ackelson, MSW, LSW**

**Leslie Hannon, PsyD**

**Cindy Hudson, MA, CACIII**

**Sally Moody, MSW, LCSW**

Compliance Coordinator

**Joyce Muniz**

Executive Assistant

**Amanda Parry**

Administrative Assistant

**Tracy Sue Walters**

Developmental Specialist

**Todd Weiss**

Research Assistant

**Elizabeth Brooks, PhD**

CPHP prioritizes physician health research and interaction among the national and international community of physician health practitioners to promote best treatment practices for physicians and enhance public protection. All research efforts and conferences attended out of state are compensated through CPHP fundraising efforts. No Peer Assistance Funds are utilized for these activities.

### •American Medical Association (AMA)-Canadian Medical Association (CMA)-British Medical Association (BMA) International Conference on Physician Health:

CPHP attended the International Conference on Physician Health hosted by the American Medical Association October 3-5, 2010 in Chicago, IL. Doris C. Gundersen, MD, Medical Director, Michael H. Gendel, MD Medical Director Emeritus and Sarah R. Early, PsyD, Executive Director represented CPHP during the conference. This conference highlighted new research throughout the world in the field of physician health. It is a privilege to network and learn from our esteemed colleagues.

### •Federation of State Physician Health Programs (FSPHP):

•**FSPHP Annual Meeting:** Doris C. Gundersen, MD, Medical Director and Sarah R. Early, PsyD, Executive Director, attended the Federation of State Physician Health Programs Annual Meeting and Conference in Seattle, Washington from April 26-29, 2011. Dr. Gundersen, presented on the Medical Practice Act Sunset process that occurred in Colorado recently and Dr. Early presented on Management of Physician Health Programs. **CPHP is pleased to network and gain information in the National Physician Health Program arena.**

### •Physician Health Research Efforts: During the Fiscal Year 2010-2011, two of CPHP's Research papers have been accepted for publication.

•**"Colorado Blueprint Study"** is a secondary analysis from a national Blueprint project which examined the effectiveness of the "system" of treatment and monitoring of United States physicians with substance use disorders at physician health programs. The original publication is, "How are Addicted Physicians Treated? A National Survey of Physician Health Programs" from the *Journal of Substance Abuse Treatment* (March 2009). For this project, CPHP compared Colorado physician outcomes to physicians in other states. This secondary study was accepted for publication by the *American Journal of Addictions*.

•**CPHP "Boundaries Study"** examines the range of physician boundary issues addressed by a physician health program. Violations were examined as a whole, by violation types (i.e., Non-Patient, Patient Non-Sexual, and Patient Sexual), and among sexually-based vs. non-sexual behaviors. This project was accepted by the *Journal of the American Academy of Psychiatry and the Law*. Congratulations to the CPHP research team!

CPHP has been working on various Physician Health Research projects throughout the year. We are very committed to research within this field and are so proud of the diligent effort of our research team.





# Colorado Physician Health Program

## NEW REFERRAL HIGHLIGHTS

July 1, 2010 through June 30, 2011

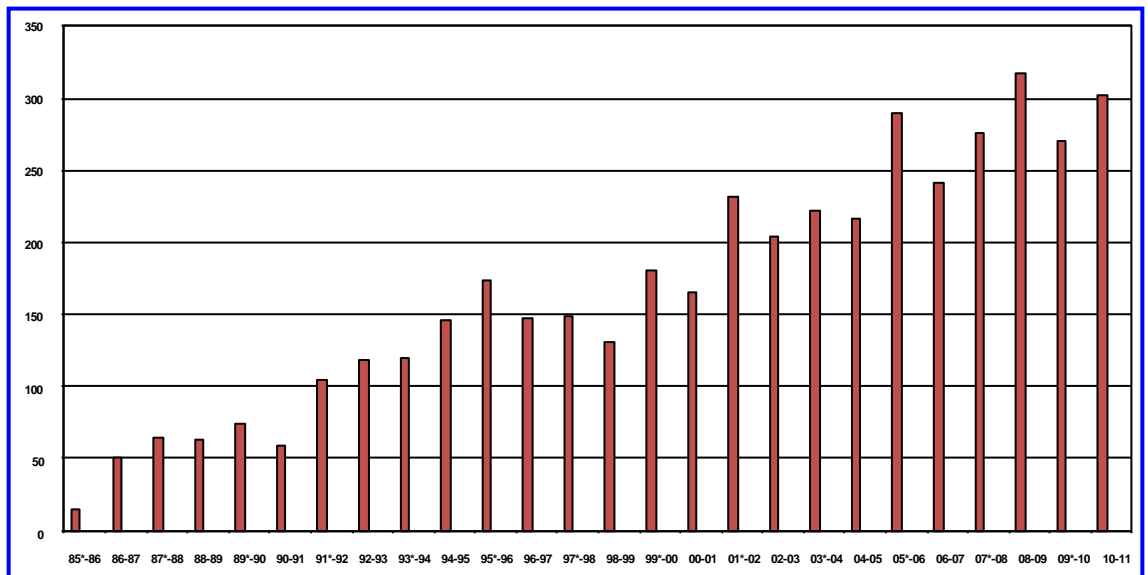
CPHP received **302** New Referrals in the Fiscal Year 2010-2011! In Fiscal Year 2009-2010, CPHP received **271** referrals. This is a **11%** increase when compared to 2009-2010 in New Referrals. All CPHP clients that attend an initial intake appointment complete a Treatment and Monitoring Agreement (TMA) and receive case management services.

The average active caseload throughout the four quarters of 2010-2011 was **470** participants. This represents a **5%** increase from the Fiscal Year 2009-2010 which had **446** active participants at any given time. CPHP continues to strive to provide efficient and effective services despite an increasing caseload.

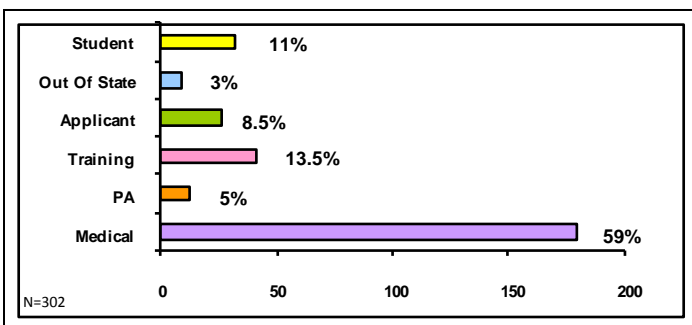
Of the **302** New Referrals in the Fiscal Year 2010-2011, **62%** were voluntary and **38%** were mandatory.

**48%** of the New Referrals (N=145) that came to CPHP were able to utilize the *Safe Haven Provision* on medical licensure application/reapplication.

### Yearly Comparison of New Referrals to CPHP 1986-Present



\* = CMB License Renewal Years



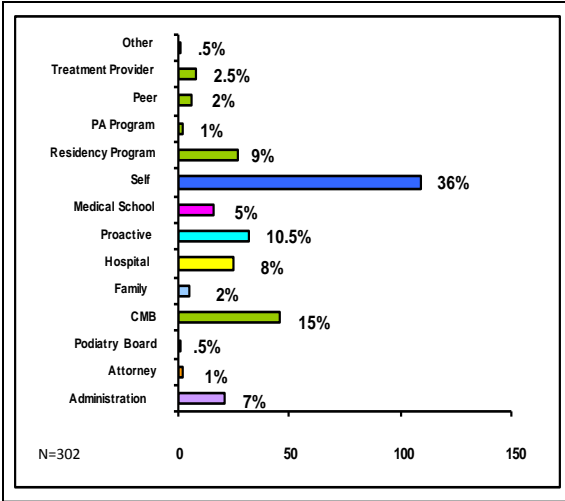
### Licensure of New Referrals

Of the total New Referrals this year, 77.5% had an active Colorado License. The breakdown of licensure is as follows; Medical License 59%, PA license 5%, Training License 13.5%, Applicant for Colorado Licensure 8.5%, Out of State 3% and Medical or PA Students 11%.

# Colorado Physician Health Program

## REFERRAL SPECIFICATIONS

July 1, 2010 through June 30, 2011



### Sources of New Referrals

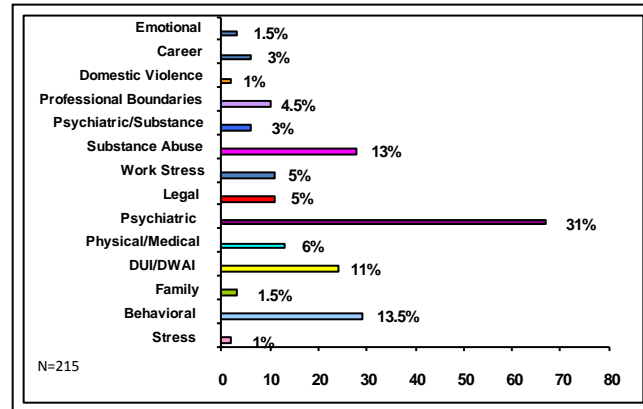
The highest single source of New Referrals for the Fiscal Year 2010-2011 was **Self** at **36%**. The second highest source of New Referrals was the **Colorado Medical Board (CMB)** at **15%**. CPHP continues to be proud of the number of Self Referrals, demonstrating trust and confidence in CPHP.

56 out of the 302 New Referrals were "reactivated" thus, **18.5% of New Referrals were previously seen at CPHP.**

### Primary Presenting Problem of New Referrals

A Primary Presenting Problem area that best represents the participant is identified by the clinical team following the completion of the initial intake interview. In an effort to better understand the relevancy of this data, CPHP has removed cases that are "in process" or have not yet been assigned a primary presenting problem. Of the 302 New Referrals in the Fiscal Year 2010-2011, 87 were in process at the time of this report, thus 215 were assigned a primary presenting problem.

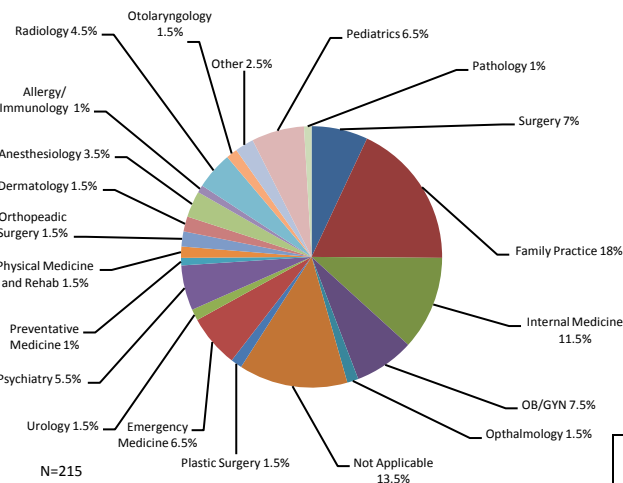
The majority of New Referrals presented with a **Psychiatric Problem (31%)**, followed by a **Behavioral (13.5%)**, and **Substance Abuse (13%)**.



### Specialty of New Referrals

In an effort to reflect the true representation of specialties served, CPHP is reporting on cases where specialty information has been collected at the time of intake. Of the 302 New Referrals in the Fiscal Year 2010-2011, 87 had not completed an initial intake session at the time of this report, thus for 215 New Referrals, specialty information had been collected.

For the Fiscal Year 2010-2011, there was a wide variety of specialties represented. The most frequently evaluated specialty was **Family Practice at 18%**.



N/A = PA, PA Student or Medical Student  
 Other =Cardiology, Nephrology, Neurology, Radiation Oncology, and Rheumatology



# Colorado Physician Health Program

## DEMOGRAPHICS, TREATMENT REFERRAL AND RELAPSES

July 1, 2010 through June 30, 2011

### Marital Status

- 52% Married
- 12.5% Divorced
- 2.5% Separated
- 2% Widowed
- 5% Cohabiting
- 26% Single (N=215)

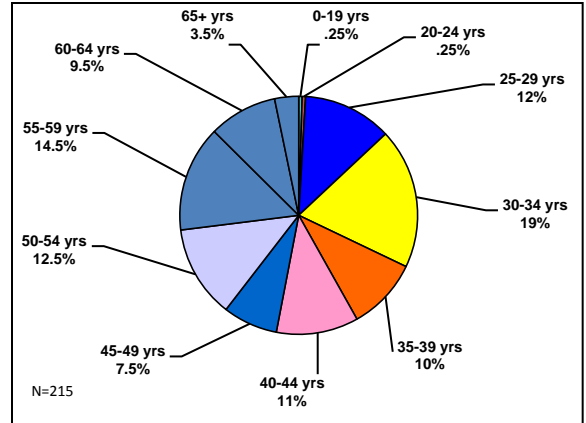
### Ethnicity of New Referrals

- 7% Asian
- 5% Hispanic
- 2% African American
- 1% Biracial
- .5% East Indian
- 84.5% Caucasian (N=215)

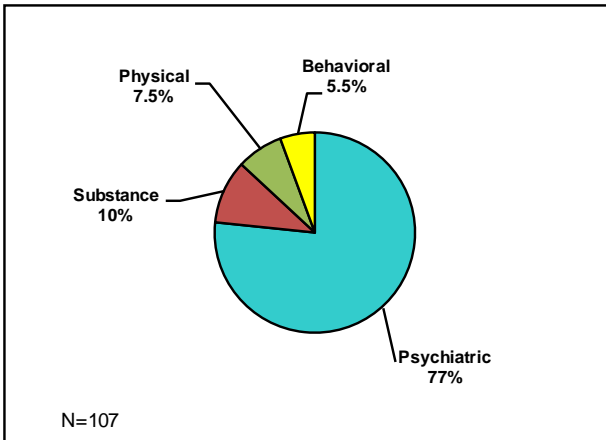
### Gender of New Referrals

36% Female  
64% Male (N=215)

### Age of New Referrals



### Initial Treatment of New Referrals



An Initial Treatment Category is assigned by the clinical team following the completion of the initial intake interview. Of the 215 New Referrals evaluated, 107 were assigned initial treatment recommendations at intake (50%). Individuals may be assigned more than one category of initial treatment.

Of these 107 with initial recommendations, 77% percent were provided a recommendation for psychiatric treatment. Ten percent were provided a recommendation for substance abuse/dependence treatment, 7.5% were provided a treatment recommendation for a physical health matter and 5.5% were recommended to behavioral treatment.

Fifty percent of all clients evaluated were not given a treatment recommendation (n=108) as this was deemed unnecessary. Clients not given a treatment referral at the conclusion of the initial intake may have been referred for additional evaluation.

At any time during the Fiscal Year 2010-2011 there was an average of 123 clients being monitored via Urine Drug Screen (UDS) and/or other tissue screening.

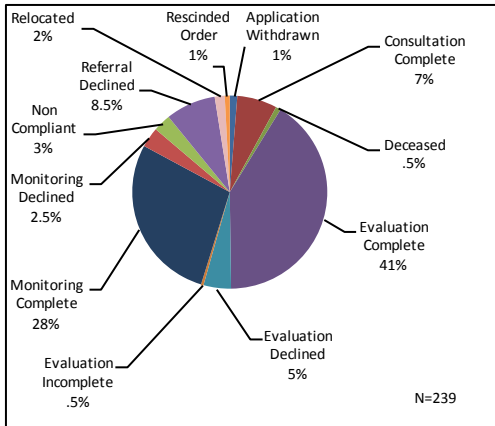
Nine clients experienced substance use relapse within the 2010-2011 Fiscal Year.

CPHP addresses any occurrence of relapse clinically and thoroughly assesses ability to safely practice medicine on an individual case basis.

CPHP identified one case of diversion during Fiscal Year 2010-2011.

# Colorado Physician Health Program INACTIVATIONS AND COUNTIES SERVED

July 1, 2010 through June 30, 2011

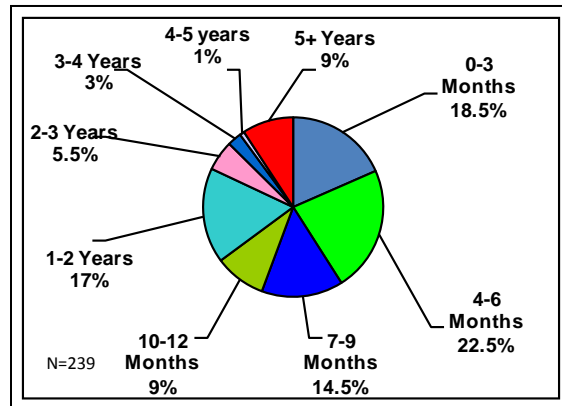


## Inactivations

“Inactivation” refers to when a case is closed at CPHP. During the Fiscal Year 2010-2011 there were 239 cases inactivated. Of these 239 inactivations, 20 referrals were declined, 1 did not complete an evaluations, 3 withdrew their CMB application, 11 declined evaluations, 16 completed consultation, 2 had their CMB order rescinded, 4 relocated, and 2 unfortunately died therefore, 180 completed their evaluation. Of the 180 evaluated, 165 (92%) were inactivated with an outcome considered to be successful and/or satisfactory.

## Length of Active Status

Length of Active Status at CPHP is depicted to the right. The majority of participants (65%) completed the necessary involvement with CPHP in one year or less. Last fiscal year 2009-2010, 63% of participants completed the necessary involvement of CPHP in one year or less.



Region	Number	Percent	Region	Number	Percent
Adams	8	3.5%	La Plata	3	1.5%
Alamosa	1	.5%	Larimer	9	4%
Arapahoe	31	14.5%	Mesa	4	2%
Boulder	15	7%	Morgan	2	1%
Broomfield	5	2.5%	Out of State	22	10%
Chaffee	2	1%	Pitkin	1	.5%
<b>Denver</b>	<b>59</b>	<b>27%</b>	Pueblo	3	1.5%
Douglas	12	5.5%	Routt	2	1%
Eagle	3	1.5%	San Miguel	1	.5%
El Paso	12	5.5%	Summit	2	1%
Jefferson	15	7%	Weld	3	1.5%
<b>Fiscal Year 2010-2011</b>			<b>N= 215</b>	<b>100%</b>	

## Counties Served

Of the 215 New Referrals evaluated, regional data was collected. During the Fiscal Year 2010-2011 New Referrals resided in 21 Colorado counties.

Counties that contain less than 10 physicians, based on a CMB listing of Colorado licensed physicians (obtained in September 2010) are grouped into one category (Other) to protect the confidentiality of clients residing in those counties. Counties in this category include: Archuleta, Baca, Cheyenne, Conejos, Crowley, Custer, Dolores, Hinsdale, Jackson, Kiowa, Mineral, Park, Phillips, Rio Blanco, Saguache, San Juan and Sedgwick.

# Colorado Physician Health Program

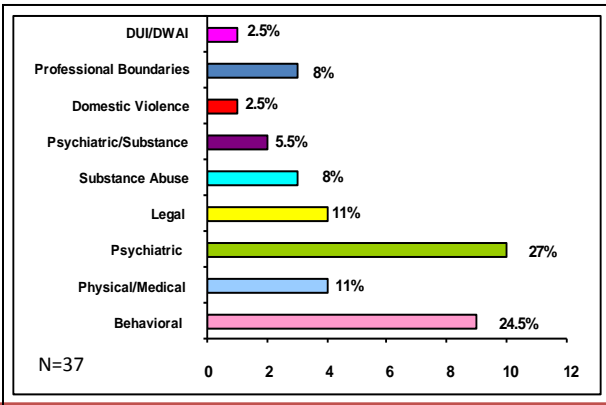
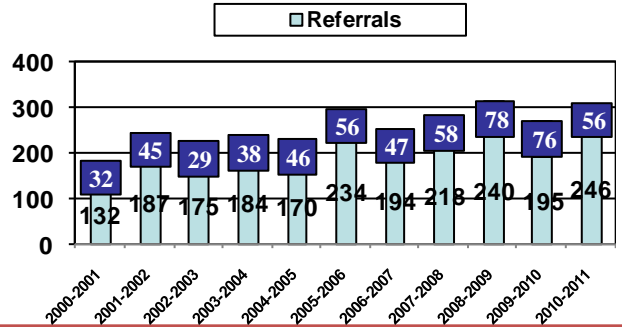
## REACTIVATIONS and REPORT REQUESTS

July 1, 2010 through June 30, 2011

### Referrals versus Reactivations

“Reactivation” refers to when a participant returns to CPHP after having been inactivated.

Of the 302 New Referrals in Fiscal Year 2010-2011, 56 were Reactivations. This represents **18.5%** of the total New Referrals. This is a 9.5% decrease when compared to Fiscal Year 2009-10.



### Primary Presenting Problem Reactivations

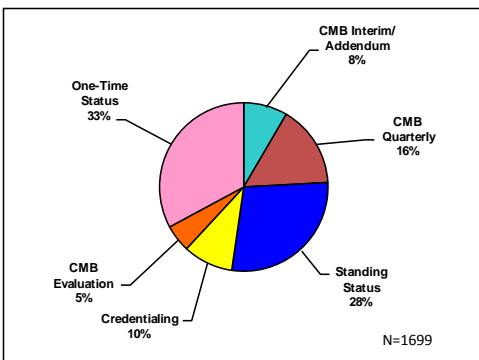
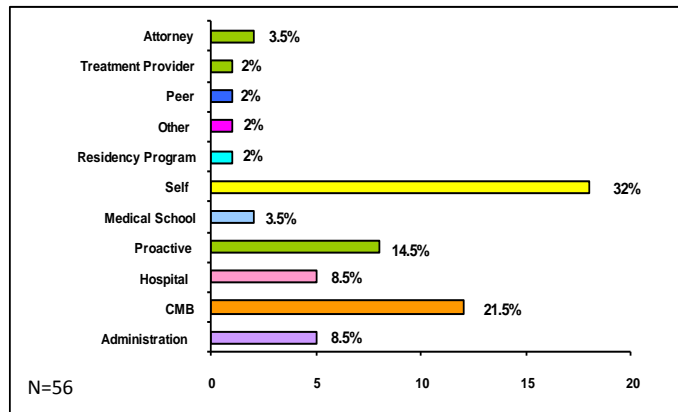
A Primary Presenting Problem area that best represents the participant is identified by the clinical team following the completion of the initial intake interview. In an effort to better understand the relevancy of this data, CPHP has removed cases that are “in process” or have not yet been assigned a primary presenting problem. Of the 56 Reactivations in Fiscal Year 2010-2011, 19 were in process at the time of this report, thus 37 were assigned a primary presenting problem.

The majority of Reactivations presented with a psychiatric problems (27%), followed by a behavioral problem (24.5%).

### Sources of Reactivations

The highest single source of Reactivations for Fiscal Year 2010-2011 were **Self** at **32%**. The second highest source of Reactivations was the **CMB** at **21.5%**. CPHP continues to be proud of the number of Self Referrals, demonstrating trust and confidence in CPHP.

Of the Reactivations in Fiscal Year 2010-2011, **57%** came back to CPHP voluntarily, and **43%** were mandated. The number of voluntary referrals last Fiscal Year was 63%.



### Report Requests

CPHP completed **1699** reports during the Fiscal Year 2010-2011. This shows an increase of **8%** completed reports when compared to the Fiscal Year 2009-2010 requests (n=1572).





# Colorado Physician Health Program

## COMMUNITY OUTREACH

July 1, 2010 through June 30, 2011

### CPHP SERVICES

#### Client Services:

- Assessment
- Treatment referral
- Monitoring and support
- Family support
- Documentation

#### Workplace and Referral Source Services:

- Consultation on identifying physicians who need assistance
- Consultation on making referrals
  - Workplace consultations
  - Educational presentations

#### Medical Community Services:

- Promote physician health awareness
  - Educational presentations
- Partnership with organizations to meet special needs
  - Develop meaningful research on physician health

#### Presentation Topics:

- Colorado Physician Health Program services
- Physician stress and stress management
  - Substance abuse, addiction
  - Professional boundaries
- Self-care and physician health issues
  - Disruptive physician management
  - Women in medicine
- Physicians in relationships and families
  - Physician depression and suicide
  - Occupational hazards of physicians
    - Medical Marijuana

•**Community Presentations:** CPHP conducted various presentations about CPHP and related physician health topics. Audiences included Medical and Professional Societies, Hospital Administration, Medical Staff Offices, Group Practices and Training Programs. **Thirty-nine** presentations were conducted this past year!

#### •CPHP Outreaches to Hospitals :

•**Western Colorado:** Sarah Early, PsyD, Executive Director traveled to the Western Slope in an effort to outreach hospital administration and medical staff. On September 29, 2010 Dr. Early visited Grand River Hospital, the Community Hospital of Grand Junction, and the Employee Assistance Program for the Community Hospital of Grand Junction. In addition, on September 30, 2010, Dr. Early met with St. Mary's Hospital Residency Program, along with leadership at St. Mary's Hospital and Valley View Hospital. This visit was successful in educating those hospitals and programs about the breadth and depth of CPHP services in order to make effective referrals to assist Colorado physicians.

•**Northern Colorado:** On January 19, 2011, Sarah Early, PsyD, Executive Director and Mary Ellen Caiati, MD, Associate Medical Director, visited facilities in northern Colorado. CPHP met with administration of McKee Medical Center, Poudre Valley Health Systems and Medical Center of the Rockies.

•**Southern Colorado:** On March 8, 2011, Sarah Early, PsyD, Executive Director and Elizabeth Stuyt, MD, Associate Medical Director, visited facilities in southern Colorado. CPHP met with administration of St. Mary Corwin Hospital, Southern Colorado Family Medicine Residency, and Parkview Medical Center. CPHP outreaches hospital facilities throughout the year to promote clarification of CPHP services.

•**CPHP and COPIC Continue Educational Collaboration:** CPHP and COPIC have again partnered to continue the eleventh series of educational presentations for Colorado physicians. Presentations are provided throughout Colorado on a variety of physician health topics.

•**CPHP Exhibits at Numerous Conferences throughout Colorado:** CPHP strives to educate the medical community about our resources and services. CPHP utilizes these conferences to cultivate relationships and to educate about CPHP services within the medical community.

- Colorado Academy of Physician Assistants Meeting and MidWinter Conference
- Colorado Association of Medical Staff Services Conference
- Colorado Hospital Association Annual Conference
- Colorado Medical Society Annual and Spring Conferences
- Colorado Rural Health Conference
- Colorado Patient Safety Coalition Conference
- Colorado Society of Anesthesiologists Conference
- Colorado Society of Osteopathic Medicine Summer Conference and MidWinter Conference

•**Treatment Provider Appreciation Luncheon:** CPHP utilizes treatment providers with an expertise in working with physicians. On October 15, 2010 CPHP hosted an appreciation luncheon for the treatment providers of the Colorado Springs area. Elizabeth Stuyt, MD, Associate Medical Director, and Sally Moody, LCSW and Cindy Hudson, MA, CACIII, CPHP Clinicians hosted this event to also share additional CPHP program information, answer questions and network with the medical community. CPHP appreciates the care these providers give to our clientele.

### Address:

899 Logan St., Suite 410  
 Denver, CO 80203  
 Phone: 303-860-0122  
 Fax: 303-860-7426

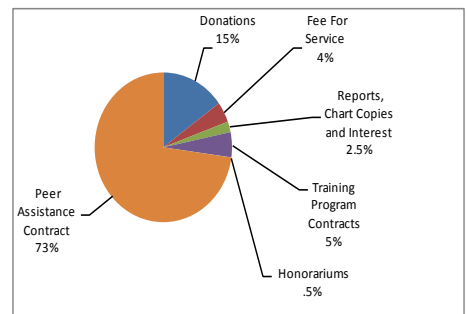
[www.cphp.org](http://www.cphp.org)

### Office Hours:

Monday – Friday  
 8:30 a.m. – 4:30 p.m.

### Revenue Sources

The majority of revenue that was generated at CPHP during Fiscal Year 2010-11 was from the Peer Assistance Contract (72%). The next largest source of revenue was from Donations (15%) which were contributions to the CPHP annual *Spirit of Medicine* fundraising campaign.





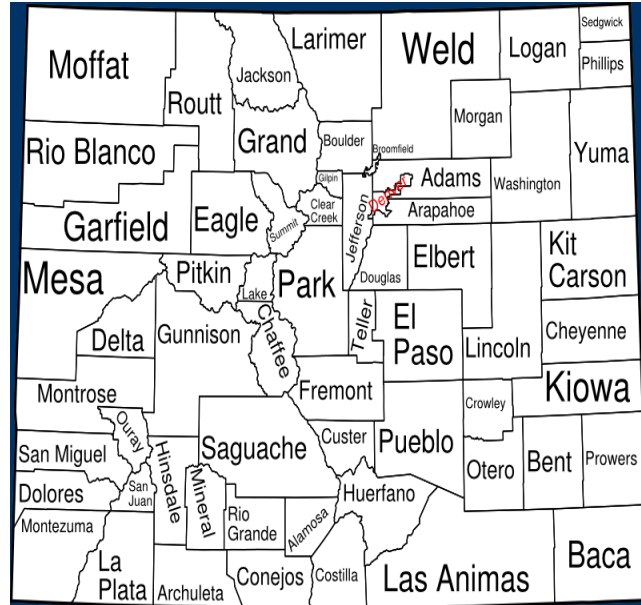
# Colorado Physician Health Program

## COMMUNITY OUTREACH Continued...

July 1, 2010 through June 30, 2011

### Audiences

- Aurora Medical Center
- Avista Valley Regional Medical Center
- Boulder Community Hospital
- Colorado Academy of Physician Assistants
- Colorado Health Foundation Transitional Year Fellowship
- Colorado Hospital Association
- Colorado Medical Board
- Colorado Medical Society
- Colorado Permanente Medical Group
- Colorado Personalized Education for Physicians
- Colorado Rural Health Center
- Colorado Society of Anesthesiologists
- Colorado Society of Osteopathic Medicine
- Community Hospital of Grand Junction
- Community Hospital of Grand Junction EAP
- COPIC Companies
- Denver Health Hospital
- El Paso County Medical Society
- Exempla Good Samaritan Hospital
- Kaiser Permanente Home Based Palliative Care
- Kit Carson County Memorial Hospital
- Longmont United Hospital
- Lutheran Medical Center
- McKee Medical Center
- Medical Center of Aurora
- Medical Center of the Rockies
- Memorial Health System of Colorado Springs
- Memorial Hospital of Colorado Springs
- Mesa County Medical Society
- Parkview Medical Center
- Penrose St. Francis Hospital
- Porter Hospital
- Poudre Valley Health System
- Presbyterian/St. Luke's Hospital



- Rocky Vista University College of Osteopathic Medicine
- Rose Medical Center
- Sapphire Pediatrics Group
- SkyRidge Medical Center
- Southern Colorado Family Medicine Residency
- St. Joseph's Hospital
- St. Mary Corwin Medical Center
- St. Mary's Hospital
- St. Mary's Hospital Residency
- St. Vincent General Hospital
- Swedish Medical Center
- UC Denver Child Health Associate/PA Program
- UC Denver Hospital
- UC Denver Psychiatric Residents
- UC Denver Residents
- UC Denver School of Medicine Rural Track
- UC Denver School of Medicine
- UCD Anesthesiology Department
- UCD Graduate Medical Education
- Valley View Hospital