CPHP’s Role in the Workplace:
Balancing Physician Wellness and Patient Safety

SARAH R. EARLY, PsyD, CPHP EXECUTIVE DIRECTOR
DORIS C. GUNDERSSEN, MD, CPHP MEDICAL DIRECTOR

CPHP has played a significant role in the workplace since our inception. Oftentimes a physician's health issue comes to light in a workplace setting and colleagues as well as leadership may have the opportunity to intervene—hopefully before the health issue affects patient safety.

CPHP’s mission is exemplified in the workplace setting. While we strive to assist physicians to maintain wellness through proper evaluation, treatment and at times monitoring, we also are constantly evaluating how a physician’s health matter may affect patient safety. Pursuant to the Colorado Medical Practice Act, it is the responsibility of all physicians to report a physician that they believe to be unable to practice medicine safely.

CPHP also must abide by the Medical Practice Act. CPHP must ensure a physician is not practicing medicine if he/she has an illness that would render him/her unsafe, or if a physician refuses to cease practice with an illness that may affect patient safety, then CPHP is under obligation, as are all Colorado physicians, to report this individual to the Colorado Medical Board.

Workplaces such as hospitals and practice groups may be uncertain if one of their medical staff is suffering from a health condition and if the facility is under obligation to report the individual. In fact, just having a health condition, even a serious one, does not necessarily mean a physician is impaired. Illness is not synonymous with impairment. During the course of assessing a health condition, CPHP is consistently considering the physician’s ability to safely practice. If a workplace has mandated an individual to be evaluated at CPHP, we also report to the workplace our continues on page 6

The CPHP Board of Directors

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CPHP Welcomes Two New Board Directors for 2011-12

CPHP is pleased to welcome to our Board Robert C. Leivers, DMin and Jane O’Shaughnessy, MSW
Most physicians experience a great deal of stress on a daily basis. This comes in many forms – pages, phone calls, bad outcomes, administrative hassles, dealing with insurance companies, malpractice threats, family problems, health problems... the list goes on and on. No one is immune and no one escapes from these hardships. And yet some people seem to be better able to roll with the punches. How does one become resilient and learn to manage stress?

We know a great deal about what causes stress and how the mind/body reacts to stress. Disorders linked to stress, including depression and anxiety, are widespread and the most commonly used medications in the United States are used to treat problems directly related to stress (including antidepressants, anxiolytics, and sleeping pills). Stress is thought to pose a more serious risk factor for mortality than tobacco.

Psychotherapy can be extremely helpful for people to process their beliefs and assumptions regarding their life stressors, but this takes time and requires developing a relationship with a therapist, something many physicians are reluctant to seek out on their own. Psychotropic medication can be helpful, but the benefits of medications often stop after treatment is discontinued and it is clear that antidepressants and anti-anxiety medications do not “cure” in the sense that antibiotics cure infection. Because anti-anxiety agents like benzodiazepines give immediate relief, even if temporarily, people taking these tend to not put effort into learning coping mechanisms for managing stress and anxiety. Then when used for longer than a few months, the medications can cause unintended side effects such as dependence, sleep disruption and cognitive problems which can ultimately result in a vicious cycle of more stress.

Traditional western medicine has become more aware of the power of non-traditional treatments that may be equally effective as medication. David Servan-Schreiber, MD, PhD, a psychiatrist, cognitive neuroscientist and NIH psychopharmacological researcher, or psychotherapy. Working with Tibetan refugees while with Doctors Without Borders, he observed traditional Tibetan medical practitioners using only acupuncture, traditional herbs and the instruction to meditate while treating chronic illnesses as effectively as western medicine practitioners with remarkably fewer side effects and significantly less cost. Dr. Servan-Schreiber rejoined the University of Pittsburgh Medical Center where he is the co-founder of their Center for Complementary Medicine. He returned to the institution where he has studied and written on the science behind several of these natural methods of treatments for depression, anxiety and stress including acupuncture, exercise, nutrition, eye movement desensitization and reprocessing (EMDR), synchronization of chronobiological rhythms with artificial dawn and heart rate coherence training. The latter is the focus of this article.

Heart rate coherence training is a biofeedback technique in which one can learn to manage stress and become resilient. It is based on heart rate variability and the relationship between the emotional brain in the head and the “brain” in the heart, a diffuse two-way communication that occurs via the autonomic nervous system. The two branches of the autonomic nervous system, sympathetic and parasympathetic, are in constant equilibrium and are continually in the process of speeding up and slowing down the heart. The interval between successive heartbeats is never identical, which results in heart rate variability. This is considered healthy and indicates the heart is responding to both the “accelerator” and the “brake” as needed. However, in states of stress, anxiety, depression or anger it has been discovered that the variability between consecutive heartbeats becomes irregular or “chaotic”. While in states of well-being, compassion or gratitude this variability becomes “coherent”—the heart rate alternates regularly between speeding up and slowing down, in a smooth sine wave pattern. This can be visualized on a computer screen utilizing software from various sources and a sensor to detect heart rate.3

The term “autonomic nervous system” has implied that this is beyond our conscious control; however, we are finding that we can learn to exert control over this system. The HeartMath Institute in Boulder Creek, California has done a great deal of research on ways of managing stress by achieving cardiac coherence.3 Coherence is not a state of relaxation in the conventional sense of the word but an inner calm that can be achieved both at rest or when working out with a heart rate of 140 bpm. The practice of heart coherence melds techniques found in yoga, mindfulness, meditation and relaxation and enables the brain to work faster and more accurately, when fully coherent with the heart.

To begin, take two deep, slow breaths, focusing on the breath, breathing in, pausing and breathing out and pausing. This immediately stimulates the parasympathetic system, applying a physiological brake. Once your breathing stabilizes, draw the focus of your attention to the region of your heart and imagine you are breathing in and out through your heart. Finally, while breathing through your heart, bring your mind to a pleasant or happy memory, or focus on a positive emotion such as joy, gratitude or love. Practice this for five minutes and you will...
Commonly Held MYTHS About CPHP

**MYTH #1**
“CPHP is only for those with substance abuse problems.”

**REALITY**
CPHP helps medical professionals with a host of problems: family issues, work-related stress, burnout, physical conditions and emotional problems.

**MYTH #2**
“If you go to CPHP, the Colorado Medical Board will know.”

**REALITY**
CPHP does not disclose the identity of, or information about any current or former participant without a written release of information except in rare instances.

**MYTH #3**
“CPHP is only for physicians.”

**REALITY**
CPHP serves not only physicians, but also residents, medical students, physician assistants and physician assistant students.

**MYTH #4**
“CPHP provides treatment.”

**REALITY**
CPHP conducts diagnostic evaluations of a participant and makes recommendations for treatment or other interventions (such as education). In addition, CPHP provides support services for family members. Efforts are made to refer participants to community-based treatment and/or other resources in areas in which the physician/physician assistant resides so that he/she is able to continue practicing while receiving the necessary treatment.

**MYTH #5**
“CPHP takes only mandatory referrals from the Colorado Medical Board.”

**REALITY**
CPHP accepts referrals from a variety of sources within the medical community. This may include hospital committees, leadership in practice groups, hospitals or medical societies as well as self-referrals, and referrals by family members or practice partners. It should also be noted that the majority of cases are self-referrals.

**MYTH #6**
“Once you get involved with CPHP a significant time commitment is required.”

**REALITY**
CPHP’s diagnostic conclusions will extend so as to ensure that the client is connected in appropriate and adequate treatment. The treatment recommendations will ultimately dictate the time requirement. Once health is stabilized and ability to practice safely is confirmed, then continued involvement with CPHP may conclude.

**MYTH #7**
“CPHP is expensive—if you go there, it will cost you.”

**REALITY**
Because CPHP is funded for all Colorado licensed physicians and physician assistants, direct services are free. Residents, medical students and physician assistant students may also be eligible for free services through contracts between CPHP and various Colorado-based training programs. However, participants/their insurance are responsible for costs of any additional evaluations and treatment outside of CPHP.

**MYTH #8**
“CPHP is available only for Denver medical professionals.”

**REALITY**
CPHP serves Colorado as a whole and undertakes extensive education and outreach efforts by direct visit, consultation and presentation services to all four corners of the state of Colorado.
Extra, Extra! Passing the Director of Clinical Services Torch

CPHP’s long-time Director of Clinical Services, Cae Allison, LCSW passes the torch to one of her outstanding Clinicians, Lynne Klaus, LCSW.

For the past six months CPHP’s outstanding Director of Clinical Services, Cae Allison, LCSW has been transitioning her responsibilities to one of her equally superb Clinicians, Lynne Klaus, LCSW.

CPHP is grateful to Cae, always highly energized with quick wit and a friendly smile, for her 11+ years of service to the organization. We are going to miss her.

Cae recently felt compelled to send along a goodbye memo to CPHP Staff. We thought it was fitting to share some of Cae’s outgoing words:

As I say goodbye it is with the recognition that CPHP continues to benefit from sound leadership both clinically and administratively. Our Executive Director, our clinical team, our seasoned Associate Medical Directors, our wonderful Medical Director and Medical Director Emeritus, committed Board of Directors, and our enthusiastic and dedicated staff will continue to strengthen our capacity to serve physicians, the larger medical community and, of course ultimately, the patients of Colorado.

Lynne will be taking the helm for the clinical team and I know everyone will appreciate the passion, creative energy and perspective she will bring to her new role. The ongoing professional development in this role is without comparison.

Clinically, in the presence of such august company, I continue to feel in my heart of hearts that I have had little to offer in return - except good intentions, an eager willingness to learn, an indefatigable dedication to CPHP’s mission and – of course – the provision of chocolate to the chocolate basket!

The gifts received from clients is staggering—they demonstrated to me each day the meaning of bravery—clients who doggedly tackle mind-numbing systems and health system labyrinths while still trying to heroically care for patients, some soldiering on contending with debilitating illness of their own, trying to be better practitioners even in the face of loss, pain, and just plain perplexing human problems. On the other side of the referral stream: my appreciation increased each year working with folks who bravely tackle ill or errant physicians, get them to the sidelines for help, and by that effort save the health and sanity of the physician clients, as well as many patients who otherwise could have been in harm’s way.

My parting thoughts echo what I recognized when I first arrived at CPHP; that CPHP is an important entity and provides valuable social contribution. The medical community – and especially - the patients served by CPHP’s clients - are the beneficiaries of all the work that is done behind the scenes at CPHP.

In closing I ask you to keep supporting the sustainability of the entire team. Keep the humor. Continue to be passionate about the mission. And, by any and all means – keep the chocolate basket filled!

Cae

We Are Continuing To Go Green!

Many of you in the medical community have indicated a desire to receive future editions of the CPHP newsletter in an electronic format. We are so pleased to be moving in this direction to save natural resources and reduce printing and mailing costs. If you would prefer to receive future editions of the CPHP Newsletter via e-mail, please forward your name, address and email to our Development Specialist, Todd Weiss, at tweiss@cphp.org.

Thank you!

CPHP Serves Colorado Training Programs

The following training programs have contracted with CPHP, entitling the residents, medical students and physician assistant students access to CPHP services at no additional cost:

- Colorado Health Foundation Transitional Year Fellowship at Presbyterian/St. Luke’s Medical Center.
- Denver Health Emergency Medicine Residency Program
- Fort Collins Family Medicine Residency Program
- Red Rocks Community College Physician Assistant Program
- Rocky Vista University College of Osteopathic Medicine
- Southern Colorado Family Medicine Residency Program
- St. Anthony Family Medicine Residency Program
- St. Mary’s Family Practice Residency Program
- St. Joseph Hospital Graduate Medical Education
- University of Colorado Denver Graduate Medical Education
- University of Colorado Denver Physician Assistant Program
- University of Colorado Denver School of Medicine

If your training program is interested in establishing a contract with CPHP, please contact Sarah R. Early, PsyD, Executive Director, at 303-860-0122, ext.232. Additional information about program services is available on our website, www.cphp.org.
CPHP Conferences

CPHP remains committed to reaching out and serving all four corners of Colorado's medical community by exhibiting at various medical conferences and meetings throughout the year. Attendees of the conferences and meetings recognize the organization as a valuable resource to the Colorado medical community.

CPHP Presentations

CPHP provides exceptional presentations to the medical community throughout Colorado regarding the services offered at CPHP and physician health related issues. Physicians and CPHP personnel who are experts in the field of physician health conduct these presentations. Below is a listing of presentation topics that CPHP provides. In addition, CPHP can tailor presentations to discuss the issues that are unique to any organization. Presentation topics include:

- CPHP Services and Physician Health
- Medical Marijuana
- Physician Stress/Physician Self Care
- Professional Boundaries
- The Disruptive Physician
- Substance Abuse and Addiction
- Women in Medicine
- Physicians in Relationships and Families
- Occupational Hazards of Physicians and Medical Students
- Physician Depression and Suicide

For additional information about CPHP presentation services or if you are interested in scheduling a presentation, please visit our website at www.cphp.org and click on presentation services. Then you may click on the Presentation Request Form icon.
recommendations regarding safety to practice, during the evaluation process as well as throughout any course of treatment and/or monitoring. In addition, CPHP will recommend any accommodations that may be considered for the workplace to maintain safety such as scope of practice parameters, supervision oversight, practice schedules, and on-call responsibilities.

CPHP strives to educate the workplace to recognize behavior that may suggest a potential health problem. The best scenario is when a referral is made early or at the first indication there may be a problem. Commonly, the last place a physician’s health problem will be evident is the workplace. If a problem is recognized early, referral to CPHP is important as the health matter has likely affected other areas of the physician’s life such as his family relationships or avocation activities. Workplaces and CPHP want to address health problems proactively and before there is impairment in the workplace.

In order to best exemplify how CPHP may address health problems, we will highlight three common issues that workplaces encounter: physical health problem, substance misuse and disruptive behavior.

A workplace refers a 60 year old physician who at times seems cognitively impaired and distracted. This physician is often asleep in the call room and it takes her longer to complete rounds than other staff. She is behind on paperwork. When approached she is short with others and appears irritable. This behavior has gotten worse over time yet it is intermittent. Several allied health professionals have made their concerns known and are nervous to work with her.

What does CPHP consider during the course of an evaluation?

Is this behavior due to substances, a physical issue such as early onset dementia or other physical problem? Her tissue testing is negative for substances of addiction and her mental status is normal. Discussion with the physician’s spouse reveals severe difficulty sleeping. Results of a full physical examination reveal untreated sleep apnea. CPHP recommends a medical leave of absence while the physician acclimates to CPAP treatment and recovers from chronic sleep deprivation. She is allowed to complete her backlog of paperwork while on leave. She returns to work within a month and the workplace reports improvement in tracking, efficiency and interpersonal interactions.

A hospital refers a 48 year old physician who was found passed out in his car with a syringe. This physician was admitted to the emergency room and transferred to ICU for detoxification.

What does CPHP consider during the course of an evaluation?

Was this a result of a substance abuse or a suicide attempt? How severe is the substance misuse? CPHP consults with the physician’s treating hospital staff, with the proper releases of information in place. It is learned that this physician has a toxicology screen positive for propofol. He admits to using various chemicals over the past ten years and wants help. He has several substance dependence diagnoses. CPHP facilitates a door-to-door transfer to a residential treatment facility that specializes in treating physicians. CPHP communicates with the workplace the planned course of treatment. Weekly conferences are held with the treatment facility to monitor his progress. When home on leave, CPHP meets with the physician and his family to follow up with our evaluation, ensure compliance with his treatment and to facilitate after-care treatment when he returns home. CPHP converses with the workplace to plan for return to work. Matters discussed with the workplace include: meeting with colleagues to facilitate understanding to ensure a successful return to work, workplace schedule such as timeframe and gradual return, and ongoing oversight and supervision. The incident also brings about changes in hospital policy regarding access to certain non-scheduled medications.

A practice group refers a partner due to repeated reports of disruptive behavior at the hospitals at which the physician practices. Reports of behavior include demeaning comments to medical staff and verbal outbursts. Several hospitals have requested that this physician not be assigned to their facility.

What does CPHP consider during the course of an evaluation?

Does this behavior have direct safety risks to medical staff and indirect risks to patients? CPHP will first determine if a safety plan is necessary. What is the root of this disruptive behavior? Disruptive behavior may be affected by numerous things: untreated health conditions (such as migraines, substance abuse, chronic pain), an acute situation (such as divorce, practice partner disputes, sick children) or personality disorders or traits. CPHP will evaluate completely the individual’s health to determine if a health condition that may be treatable is contributing to the behavior. We will consider various treatment options depending on our evaluation, including physical care as well as brief therapy and coaching with treatment providers specialized in working with the unique issues that physicians face. In this case, we do not find any physical health problems or situational stressors contributing to the behavior. We recommend a course of coaching to improve interactional style and increase awareness of the effect that his behavior has on others including patients. CPHP advises the workplace on the most effective methods for consistent feedback regarding the physician’s performance and interactional style. Per workplace report, his behavior improves for approximately two years, and then he has another altercation with a colleague. CPHP has prepared the workplace for this possibility and they immediately re-refer him to CPHP. This time the physician is coping with a situational stressor of caring for his aging parents. He is referred back to his coach for therapy and to review his regression as well as to implement improvement strategies. The workplace termed this incident a “blip” and reported the physician was back on track quickly with a brief intervention.

CPHP and workplaces continue to partner to promote physician wellness and patient safety. While patient safety always trumps an individual physician’s ability to practice, CPHP strives to assist physicians while continuously considering the ability to safely practice medicine. By using CPHP to assist physicians, workplaces can create a healthier and safer medical staff.

1. Colorado Revised Statues (effective 7/1/2010), Title 12 (Professions and Occupations), Article 36 (Medical Practice), Section 118(3)(a).
Realizing how important it is to quantify physician health issues, CPHP is highly active in research initiatives. The CPHP Research Committee is comprised of CPHP Medical Directors, Board Directors and Staff and led by Principal Researcher, Elizabeth Brooks, PhD. This past year has witnessed the acceleration of several projects. We are pleased to announce that one of the studies has been accepted for publication. Congratulations to the CPHP authors: Dr. Brooks, Sarah R. Early, PsyD, Michael H. Gendel, MD, Doris C. Gundersen, MD, and Jay H. Shore, MD. For the upcoming publication Comparing Substance Use Monitoring and Treatment Variations among Physician Health Programs, accepted by *The American Journal on Addictions*.

We are so grateful to all of Colorado’s medical professionals and organizations that support CPHP’s annual *Spirit of Medicine* Campaign. Your renewed support of this year’s current 2010-11 campaign that concludes in October 2011 would be greatly appreciated. Your support of medical professionals saves careers, families and even lives. Thank you!

In an effort to provide medical professionals with additional physician health and wellness resources, we hope you will find the following to be helpful:

- **American Medical Association**
  
  [www.ama-assn.org/ama/home.page](http://www.ama-assn.org/ama/home.page)
  
  1-800-621-8335

- **Center for Personalized Education for Physicians**
  
  [www.cpepdoc.org](http://www.cpepdoc.org)
  
  303-577-3232

- **Colorado Academy of Physician Assistants**
  
  [www.coloradopas.org](http://www.coloradopas.org)
  
  303-770-6048

- **Colorado Hospital Association**
  
  [www.cha.com](http://www.cha.com)
  
  720-489-1630

- **Colorado Medical Society**
  
  [www.cms.org](http://www.cms.org)
  
  720-859-1001 • 800-654-5653

- **Colorado Rural Health Center**
  
  [www.coruralhealth.org](http://www.coruralhealth.org)
  
  303-832-7493 • 800-851-6782

- **Colorado Society of Osteopathic Medicine**
  
  [coloradodo.org](http://coloradodo.org)
  
  303-322-1752
Spirit of Medicine
Colorado Physician Health Program (CPHP) is proud to recognize the following individuals and organizations who contributed to our annual Spirit of Medicine Campaign during campaign year 2009-10. We are truly grateful for their generosity, which helps provide crucial support to CPHP as we strive to provide exceptional physician health care services and meet the ever-growing demand for our services throughout Colorado.

**LivingWell Giving Society**
CPHP extends special appreciation to the following members of the LivingWell Giving Society. This group of donors have pledged an annual contribution for five successive years, providing continuous funding for our work.

**$25,000**
Colorado Permanente Medical Group

**$5,000**
Anonymous Individual Donors

**$1,000**
Valley View Hospital Medical Staff

**Annual Donors**

**$1,000 and above**
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Dr. Sally Krauer and Mr. Greg With
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Drs. Charles Raye and Louise Schottstaedt
Dr. John and Mrs. Kathy Steinbaugh
Steven J. Thorson, MD
Russell C. Tolley, MD
Edward H. Wood, MD

**$500 — $999**
Anonymous (6)
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Dr. and Mrs. Sandy Arner
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Drs. John Gallagher and Ruth Naults
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Karen Zarfengo, MD

**$100 — $249**
Anonymous (52)

2009-2010 DONORS
Organization Donors

**$5,000 — and above**
- Centura Health
- Colorado Medical Foundation Trust
- Exempla Healthcare
- St. Mary's Hospital and Medical Center
- The Children's Hospital Medical Staff
- The Medical Center of Aurora
- Medical Staff
- Valley-Wide Health Systems, Inc.
- Vail Valley Medical Center Medical Staff
- University of Colorado Hospital
- St. Mary-Corwin Medical Center
- Sky Ridge Medical Center Medical Staff
- San Luis Valley Regional Medical Center
- Sky Ridge Medical Center Medical Staff
- St. Mary-Corwin Medical Center
- Medical Staff
- Swedish Medical Center MSO University of Colorado Hospital
- Vail Valley Medical Center Medical Staff
- Valley-Wide Health Systems, Inc.

**$1,000 — $4,999**
- Aspen Valley Hospital
- Boulder Community Hospital
- Craig Hospital
- Exempla Good Samaritan Medical Center
- Medical Staff
- Exempla St. Joseph Hospital Medical Staff
- Longmont United Hospital Medical Staff
- Memorial Health System
- Northern Colorado Anesthesia
- Professional Consultants, LLP
- North Colorado Medical/Medical Staff Foundation
- North Suburban Medical Center
- Medical Staff
- Peak One Surgery Center
- Penrose-St. Francis Hospital and Medical Staff
- Physicians Defense Fund Trust
- Presbyterian/St. Luke's Medical Center
- Medical Staff
- Rocky Mountain Cancer Centers
- Northwest Division
- Rocky Mountain Urological Society Inc.
- Rose Medical Center
- Rose Medical Center Medical Staff
- San Luis Valley Regional Medical Center
- Sky Ridge Medical Center Medical Staff
- St. Mary-Corwin Medical Center
- St. Mary-Corwin Medical Center
- Medical Staff
- Swedish Medical Center MSO University of Colorado Hospital
- Vail Valley Medical Center Medical Staff
- Valley-Wide Health Systems, Inc.

**Up to $1,000**
- Arkansas Valley Regional Medical Center
- Arkansas Valley Regional Medical Center Medical Staff
- Avista Adventist Hospital
- Beacon Medical Services
- Beverly Hawpe & Associates
- Caplan and Earnest, LLC
- CarePoint, PC
- Colorado Health Care Specialists, PC
- Colorado Plains Medical Center
- Denver Health Medical Center
- Medical Staff
- Estes Park Medical Center Medical Staff
- Exempla Lutheran Medical Center
- Medical Staff
- Family Medicine at Clement Park
- Gunnison Valley Hospital
- Integral Psychiatry of Colorado, PC
- Denver/Crestone
- Internal Medicine Associates
- Kennedy, Childs & Fogg, P.C.
- Littleton Adventist Hospital
- Littleton Adventist Hospital Medical Staff
- Longmont United Hospital
- McKee Medical Center
- McKee Medical Center Medical Staff
- Memorial Health System Medical Staff
- Mercy Regional Medical Center of Durango
- Montrose Memorial Hospital
- Montrose Memorial Hospital Medical Staff
- National Jewish Health
- Neurological Rehabilitation
- Parker Adventist Hospital
- Parker Adventist Hospital Medical Staff
- Parkview Medical Center
- Platte Valley Medical Center
- Platte Valley Medical Center Medical Staff
- Porter Adventist Hospital Medical Staff
- Pueblo Country Medical Society
- Rocky Mountain Health Plans
- Spalding Rehabilitation Hospital
- St. Anthony Central Hospital
- Sterling Regional MedCenter
- Sterling Regional MedCenter Medical Staff
- St. Thomas More Hospital
- The Children's Hospital
- The Denver Institute for Psychoanalysis
- The Headache Clinic of Denver

**2009-10 CPHP Board Directors**

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  Associate Medical Director
- Sarah R. Easley, PsyD  
  Executive Director
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  Medical Director Emeritus
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  Associate Medical Director
- Todd R. Weiss  
  Development Specialist

2011 Recognition of COPIC

CPHP would like to offer deep appreciation to Copic Companies, as they have been such an ardent supporter and provider of services to our program since our inception in 1986. Copic’s unwavering support of CPHP has allowed us to help physician clients in a variety of ways.

Copic’s consistent generosity to the annual Financial Assistance Fund and Physician Health Research directly assists our physician clients in need of CPHP services and allows for expanded research within physician health and wellness. For their ongoing dedication and support of our program, CPHP expresses its sincere appreciation to Copic.

THANK YOU!

Did You Know?

CPHP direct client services are FREE to all Colorado medical licensed physicians and Colorado licensed physician assistants.

CPHP services are statewide.
Physicians in any setting experience stress and the rigors of their profession. But rural physicians often face a unique array of challenges. Thomas N. Told, DO, F.A.C.O.F.P, Assistant Dean of Clinical Education at Rocky Vista University in Parker, Colorado, is a highly respected rural physician who had a successful practice in Craig, Colorado for over thirty years. Dr. Told answers some questions and provides some unique insight into the challenges confronting rural doctors.

**Question:** What are some of the overall challenges that rural physicians face?

**Answer:** From what I have experienced and witnessed some rural health physicians struggle as is relates to finding quality time with their families and parenting if they have kids. This can be due to a lack of resources and therefore you may be the only physician on call and do not have a back up or you may have to travel to meet with patients. This can be a source of conflict within the family unit as the physician is forced to miss family events and children's activities. Feelings of guilt can arise, which can become a precursor for depressive symptoms. Marital problems, financial problems and resentment from family members can also develop. As a rural physician, by default you become a counselor to everyone seeking help, yet your own counseling resources are often non-existent. Without strong family support, stress can lead to burnout and possibly even self-medication.

**Question:** How can CPHP benefit medical professionals within the rural medical community?

**Answer:** For physicians and physician assistants (PAs) to know that CPHP exists for them as their own confidential resource is highly reassuring. Having the ability to meet with CPHP physicians and clinical professionals while not having to travel out of state to meet with someone is a real advantage. Overall, the ability to receive peer counsel is important to rural health professionals.

**Question:** What has been your experience when dealing with CPHP to help physicians or PAs?

**Answer:** I was one of the founding CPHP Board Directors back in the 1980s, so I know how beneficial CPHP can be to medical professionals. And, when I had my practice in Craig, I was highly impressed by CPHP’s response when some of my physician colleagues needed help. There were some serious psychiatric issues that needed to be addressed in a very timely manner. In a small practice, our medical staff was somewhat paralyzed during this individual’s personal struggles. CPHP’s quick response helping these medical professionals resolve their problems was quite beneficial to this physician and to our medical practice.

**Question:** What have you heard from others in the rural medical community, either the workplace or individuals regarding their experience with CPHP?

**Answer:** I have had other colleagues in rural Colorado on the medical staffs at hospitals that had both substance and destructive behavioral problems. CPHP was able to help them resolve their problems to restore their health so they could begin practicing safely once again. This was great for the individual medical professional as they became whole again and were able to practice safely. It was equally beneficial for the medical practice or hospital: they did not have to relieve someone of their duties and reinvest in finding a replacement practitioner.

This reminded me of two more situations that I also had to deal with. I had a resident who was rotating with me who needed assistance with mental health issues. Additionally, there was a PA who was dealing with some serious psychiatric problems. Both were able to get help from CPHP and could safely resume practicing again. According to them the CPHP services were life-saving and from our practice’s perspective their reintegration was vital in a number of ways.

**Question:** What kinds of new opportunities are there for rural medical professionals and how do you think CPHP can assist them?

**Answer:** The new affordable healthcare act will offer healthcare to all Americans. This will create a need for more health providers in all communities, including rural areas. I also believe the public will benefit from more quality health providers. With such growth CPHP will be called on to support these healthcare providers when they have problems. The demand for more healthcare providers should lead to higher quality practices and promote better relationships between healthcare providers.

**Question:** Tell us about the positive aspects of practicing in rural communities.

**Answer:** Practicing in rural communities is wonderful for many reasons. I always tell my medical students here at Rocky Vista University that practicing primary care medicine lives and thrives to its fullest in rural communities. Physicians can practice full-scope family medicine. I further convey to our medical students that while we are providing them with many sophisticated skills, they must know their limitations and be as resourceful as possible without pushing the limits of patient safety.

Furthermore, having resources like CPHP available to be called on early by healthcare providers is vital to their ability to practice medicine safely and ultimately leads to better healthcare for our citizens in rural and non-rural communities. I hope that CPHP will keep communicating this message during their outreach presentations and exhibits at various forums throughout Colorado.
Client Testimonial — In Their Own Words

My lifetime of depression suddenly had a partner. Severe arthritis was now part of my daily life and I was really suffering lot of pain physically and emotionally. While the prescribed medication helped numb the pain, it soon became part of my daily routine. I realized I had become addicted. All of my problems were now chronic … I was frozen in so many ways. I knew I could not let my colleagues know about this. I was suffering in silence. At the time I thought the silence was necessary … people would see my addiction as a weakness!

Finally… I knew I needed help. At the suggestion of my treating physician, I called CPHP. A recent transplant to Colorado, I knew nothing about CPHP or physician health programs.

My previous mindset was: never disclose my issues to anyone. I had heard from someone unfamiliar with your organization that CPHP was the place physicians had to “turn themselves into” when they were in trouble and assumed it was punitive… the theme from the COPS television show ran through my mind as I made the call.

Much to my relief, CPHP was nothing like I had heard.

When meeting the CPHP Clinical Team I was struck by how caring and concerned they were about me. They immediately eased my concerns about confidentiality. I worried that I was jeopardizing my career by asking for help. It was agonizing having to explain my severe medical problems and addiction to the pain medication. Much to my pleasant surprise, CPHP made me realize it was OK if you have an illness. I was able to comfortably relay all of my physical and emotional depressive episodes. The Associate Medical Director, Scott Humphreys, MD and Masters-Level Clinician I worked with, Lynne Klaus, LCSW were very nice and focused on helping me overcome my health problems.

CPHP recognized that I needed inpatient care and so I checked in to a treatment center. Both the treatment center and counselor that I worked with were outstanding. The center helped with a wide spectrum of issues, not just substance problems. Overcoming depression was vital for me. CPHP and the treatment center kept instilling in me that my condition was treatable. They both gave me hope! The CPHP team really cared about me and sent me to the proper place.

Nobody at my place of work knew, except for the Chair. I was really impressed that my confidentiality was maintained. People often talk about confidentiality, but you feel you can never know for sure. CPHP proved it was true.

The ongoing monitoring after returning from treatment was vigorous but necessary. I can now clearly see that you have to adjust when you have had a problem. Systems obviously had to be in place both for me and for the safety of the public. An aftercare program is always important so I totally understood this process.

To other physicians who are fearful or uncertain about making the call to CPHP: I would say go ahead. Do it sooner rather than later. You don’t want to put patient safety at risk. CPHP will help you understand. If you need to take time off or go to a treatment center that should not be a problem. It is our right and responsibility to take time off if we need it. Physician illnesses are valid and there is no penalty.

My final thoughts:

First I had one and then two medical illnesses and each have stigma associated with them. I delayed for help because of that stigma. Like any illness, the earlier you treat it the better. CPHP helped me with my illnesses in a non-stigmatizing way.

I feel very passionate about this. Stigma causes people to suffer by delaying asking for help. I also want to challenge the stereotype that people with substance abuse problems are obnoxious and disruptive and that people with depression are lazy and weak. Nothing could be further from the truth in both instances.

And…

There is hope, there is help — don’t suffer in silence! CPHP really does care! If I could speak with anyone with major depression I would say it is OK. And I would let them know that CPHP is ready to help you as a physician and work with your family. In fact, my family was able to come and meet with the CPHP Clinical Team, too. That was very comforting. My family then recognized that CPHP is a physician peer assistance program and that others really cared about me.

CPHP is a wonderful place for physicians battling with multiple problems to seek help. It is great to know that when physicians have problems, there is a place to go. CPHP maintained my confidentiality as I followed their advice. My career is not over. Thank you!

continued from page 2

achieve cardiac coherence. The more you practice, the easier it becomes to induce coherence, which can then facilitate your ability to deal with any situation. Research on this technique has demonstrated it can aid in the ability to control symptoms of anxiety and depression, lower blood pressure, increase the hormone DHEA and stimulate the immune system. You do not need the software program to do this but it is a powerful tool to be able to see how the heart instantly reacts to one’s emotional state.

3. www.heartmath.org
Just recently CPHP proved an extremely valuable resource when we had to address possible physician impairment at our hospital. Our Credentials and Medical Executive Committees rely heavily upon CPHP to evaluate our practitioners, help them rehabilitate, and get them back into practice safely. For patient safety, they also utilize CPHP to ensure that the practitioner continues to comply with any ongoing treatment requirements. In addition, we have found CPHP to be valuable for education related to physician health matters. CPHP representatives have presented at our medical staff leadership orientation retreats as well as at our general medical staff CME presentations on various topics.

In reference to the facilitation of referrals and how it is handled at our hospital, I must say it depends upon a couple of things. First, it depends on the issue and when it was reported. If a concern is reported, the referral is facilitated by the Medical Executive Committee. If it is a follow-up report for a known issue, it is facilitated by the Credentials Committee. Second, it depends upon the status of the practitioner. If employed, it is a coordinated effort between Human Resources and the Credentials/Medical Executive Committees. If not employed, it would be solely addressed by the Credentials and Medical Executive Committees.

Our philosophy promoting physician health within our hospital is that patient safety is everyone’s responsibility. Not only can an overlooked practitioner health issue lead to patient harm, but in the long run, it is costly to the organization: attorney/court fees if a legal suit is filed, lost productivity/wages for practitioners and staff involved in addressing problems that result from an unchecked practitioner health problem, etc. It can also be detrimental to that practitioner’s practice. Furthermore, we value our practitioners and want to keep them here. If we address a health problem and help them with the healing and rehabilitation process, we can salvage a valued service for the patients we serve.

In relation to physicians self-referring, our hospital’s Medical Staff Practitioner Health Policy encourages this. During New Practitioner Orientation, we review the policy to ensure they are aware.

CPHP has been able to help us with a variety of physician health related issues including disruptive workplace behavior. In fact, we had a physician whose behavior was bizarre – completely unlike this person’s personality. Not only did it cause concern for possible patient safety and the physician’s personal safety, but it resulted in a number of patient and employee complaints. After we gathered all of the information, the physician was confronted. The physician self-reported to CPHP and we required a signed release so that we could get the appropriate follow-up information. It was discovered that this physician suffered from a mood disorder and once addressed, the physician returned to practice and was able to continue providing excellent patient care. This was a true success story for the physician as well as the patients and the organization.

I must say that in a majority of cases CPHP referrals result in true successes where the practitioner remains on staff at our facility and returns to a thriving practice. There have been very few instances where the practitioner was unable to continue practicing.

It has been wonderful to have CPHP provide presentations to our hospital and they absolutely helped meet our goals. In the recent past, we have had thorough, thought-provoking presentations for our medical staff leadership orientation programs. These presentations helped prepare our physician leaders for their roles. Addressing these issues is difficult and uncomfortable for anyone, but particularly for physicians who must address such problems with their own peers. CPHP provides them with a trusted referral source to help assure a good outcome.

When communicating with CPHP during the referral, evaluation and monitoring process it is important to provide all of the pertinent information and details. Once you become familiar with the steps, it is quite easy, but it is very important to understand what is necessary so that you may obtain the desired follow-up reports.

Once received, the follow-up information is invaluable for making privileging decisions. The Credentials and Medical Executive Committees rely heavily upon the language in these reports to make important decisions. CPHP is a good partner!

Dana Crowell, CPMSM
CAMSS President Elect 2011-2012
Director, Medical Staff Services
Longmont United Hospital
Congratulations to the medical organizations below that received an annual Spirit of Medicine/LivingWell Giving Society Award. These donors generously supported this past year’s campaign with a gift of $5,000 or more. CPHP is very grateful to them for their generosity and support.

**Centura Health Receiving the Spirit of Medicine Award**

(L-R) Jeffrey Oram-Smith, MD, CMO – Penrose Hospital, Pat Sassowsitz, MD, CMO – St. Anthony North, Sarah R. Early, PsyD, CPHP Executive Director, George Dobrev, Esq., CPHP Board Director – Presenting Spirit of Medicine award, Stephen T. Brown III, MD, CME-Centura, CMO-St. Mary-Corwin – Receiving Spirit of Medicine award, Dianne McCallister, MD, CMO – Porter Adventist Hospital, Lawrence Wood, MD, CMO – Littleton Adventist Hospital, Louise Schottstaed, MD, CMO South State, Jodi Chambers, MD, CMO – St. Anthony Central (back row), Victoria King, MD, CMO – St. Thomas More, David Watson, MD, CMO – Physician Enterprises, David Ehrenberger, MD, CMO – Avista Adventist Hospital and Todd Mydler, MD, CMO – Parker Adventist Hospital.

**Exempla Healthcare Receiving the Spirit of Medicine Award**

(L-R) Sarah R. Early, PsyD, CPHP Executive Director, Robert Ladenburger, President and CEO Exempla Healthcare and Michael Michalek, MD, CPHP Board Director.
Goodbye to Our Friend and CPHP Board Director Bruce H. Wilson, MD

December 11, 1947 – August 9, 2010

TODD WEISS, CPHP DEVELOPMENT SPECIALIST

"Hummingbird, don't fly away, fly away." Lyrics from a classic Seals & Croft's song.

Just like birds through the air, songs fly in and out of our minds during both happy and challenging times. Upon the passing of our friend and former CPHP Chair of the Board of Directors, Dr. Bruce Wilson, this past August this song came to mind. The lyrics are ironically both happy and sad, very fitting for most people's feelings upon hearing the news about Dr. Wilson… so happy to have known him, yet so sad to see him depart.

After completing medical school at the University of Colorado, Dr. Wilson moved to the Four Corners region of Colorado and began practicing medicine in Durango. Described as an “exceptional internist,” Dr. Wilson soon became well respected in the Colorado medical community, serving on the Colorado Medical Board while in Durango.

During the mid-eighties Dr. Wilson moved to Grand Junction and became the Medical Director of Rocky Mountain Health Plans (RMHP). Upon arriving at RMHP, Dr. Wilson seemed to have a profound impact on so many colleagues and made new friends, including his future wife, Sue Timm.

In the year 2000 CPHP had the good fortune of welcoming Dr. Wilson on to its Board of Directors. Current CPHP Medical Director, Doris C. Gundersen, MD said, “Upon meeting Dr. Wilson during an Annual Meeting I was taken aback by his kindness and sense of humor. I also remember how fully dedicated he was to assisting physicians with health problems. Furthermore, his non-judgmental, objective approach in advising our clinical team on how to manage complicated physician issues was amazing.”

CPHP Medical Director Emeritus, Michael H. Gendel, MD expressed his feelings for Dr. Wilson: “Bruce was always quietly supportive to CPHP and to me in my role as Medical Director. He had a way of communicating with great subtlety but great clarity, too. His kindness was equal to his ability to lead efficiently. As Board Chair he could move discussion forward to conclusions without injuring anyone in the process. He was quick to reach a decision, but never without listening carefully to all who played a role in discussion. His opinions were always balanced, even if his conclusions were pointed. He had a knack for leadership and was trusted by all. He contributed greatly to CPHP and I continue to feel his loss.”

A colleague of Dr. Wilson’s, Doug K. Speedie, MD, who later became Medical Director at RMHP and who recently succeeded him as a CPHP Board Director, offered the following, “Bruce invariably said to those around him that the most guiding principle to follow was to always do the right thing no matter what the cost.”

Dr. Wilson believed deeply in CPHP’s mission and was instrumental in helping to further develop our ever-important fundraising efforts. He provided his tireless leadership and advice to our fundraising, education and outreach, and 20th Year Anniversary committees. Dr. Wilson enjoyed “doing anything for our cause.”

Especially memorable was his attendance at a Colorado Rural Health Conference in Delta in July 2007. He was excited to convene close to his residence in Grand Junction and help CPHP conduct essential outreach such as distributing literature about CPHP services and answering questions about the struggles physicians deal with in rural Colorado. He was equally eager to be meeting with his friend and former colleague Steve ErkenBrack, Esq., then Vice President of Legal Affairs and currently President and CEO of RMHP. Mr. ErkenBrack was the keynote speaker at the conference. Finally, Dr. Wilson was also quite exuberant to take his new Toyota Prius for a spin to Delta where he got about 100 miles per gallon!

Most of all, the one overarching message that consistently gravitates to the surface is that Dr. Wilson really cared about people. He was passionate about helping people—particularly children—and was on the Board of Directors and the Chair for many such important causes such as the Western Slope Center for Children. “He touched the lives of so many people and was special,” whispered his wife.

Dr. Wilson has flown away, but those of us that were lucky enough to have known and worked with him will never forget him. So long, hummingbird.

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The CPHP Board of Directors and Staff would like to offer their appreciation to James P. Borgstede, MD for his service on the Board of Directors and in recognition of his chairmanship of the 2011-12 CPHP Board of Directors.
CPHP Board of Directors, Medical Directors and Staff

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