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.
• 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 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

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

• CPHP Responds to the Aurora Shooting Care Team(s): After the July 20, 2012 shooting at an Aurora Theater, CPHP became engaged in immediate response. CPHP outreached the affected hospitals and organizations within the community that were engaged in the tragedy. Doris C. Gundersen, MD, Medical Director provided educational debriefings to normalize reactions of the disaster and Sarah R. Early, PsyD, Executive Director offered CPHP as a resource for all those facilities involved. CPHP emphasized to the medical community that our program is both a debriefing resource, as well as individual referral resource for physicians and physician assistants.

• Annual CPHP Board of Directors Meeting: On November 20, 2012, the CPHP Board of Directors held its Annual Meeting to discuss the changing landscape of healthcare within the state. The meeting was held at the Colorado Hospital Association in Greenwood Village of which the space was graciously donated by Steven Summer, CHA Executive Director and CPHP Board member. Mr. Summer presented Shifting Sands: Changing Health Care Landscape regarding the dynamic environment of hospital/medical group replacement of smaller facilities within Colorado. CPHP appreciates its Board of Directors expertise and lively discussion on what lies ahead for the program, and the indispensable advice it provides.

• Spirit of Medicine Campaign: CPHP is deeply appreciative to all generous individual and organizational contributors that provided support through its annual Spirit of Medicine campaign. CPHP would especially like to recognize organizational donors that provided a gift of $5,000 and above:
  • Centura Health
  • Colorado Medical Society Foundation Trust
  • Community Hospital Medical Staff in Grand Junction
  • Colorado Permanente Medical Group (CPMG)
  • Exempla Healthcare
  • St. Mary’s Hospital and Medical Center in Grand Junction
  • The Children’s Hospital Medical Staff
  • The Medical Center of Aurora Medical Staff
  • Valley View Hospital Medical Staff in Glenwood Springs

• CPHP Financial Assistance Fund: CPHP extends our appreciation to COPIC for their consistent support of the Financial Assistance Fund. This support directly assists our physician clients in need of CPHP services who otherwise would not be able to afford such care.
CPHP Staff and Medical Directors’ CORNER

Those who do our good work....

• Southern Colorado Associate Medical Director Thank You: It is with great sorrow that CPHP said goodbye to Elizabeth Stuyt, MD, Southern Colorado Associate Medical Director, on September 30, 2012. Dr. Stuyt has served the Southern Colorado clientele since June of 2004, and has been a eminent presence not only in the work of our program, but in the research of physician health and has served as an advocate for healthy physician lifestyles globally. Scott Humphreys, MD, Associate Medical Director will assume the CPHP services of the Southern Colorado physician population. CPHP wishes Dr. Stuyt a happy and healthy next endeavor!

• Medical Director and Medical Director Emeritus Statewide Recognition: On March 15, 2013 at the Annual Colorado Psychiatric Society Meeting in Glendale, Colorado, both Doris C. Gundersen, MD, CPHP Medical Director and Michael H. Gendel, MD, CPHP Medical Director Emeritus were presented awards for achievement accomplishments within the profession. Dr. Gendel was awarded the Colorado Psychiatric Society Lifetime Achievement Award, and Dr. Gundersen was awarded the Outstanding Achievement Award that same evening. CPHP is so proud of the work that these two exceptional professionals present to our mission, and join them in celebrating their dedication to the field of Psychiatry.

• Addiction Specialist at CPHP: In March 2013, Scott Humphreys, MD, Associate Medical Director passed the certifying examination of the American Board of Addiction Medicine (ABAM). Dr. Humphreys pursued this additional specialization in addiction to contribute to CPHP’s collective expertise, and we thank him for this notable effort!

• Director of Public Affairs at CPHP: CPHP continues to be the vanguard among Physician Health Programs around the nation. To continue leading, CPHP successfully created a position of Director of Public Affairs to ensure that the vision, the public messaging, the direction, and the constituent communication continue to be a priority in guiding CPHP’s growth. We are thrilled to announce, Amanda Parry, MPA (former Executive Assistant for five years) has been promoted to fill this role. The Director of Public Affairs began work in May of 2013.

• Medical Director Appointment in the Federation of State Physician Health Programs: In April 2013, Doris C. Gundersen, MD, Medical Director of CPHP, was voted into the position of President-Elect of the Federation of State Physician Health Programs (FSPHP) for the 2013-2014 Board of Directors. CPHP is delighted to have such a national presence in the physician health field, and look forward to the expertise and direction that Dr. Gundersen will bring to the FSPHP organization.
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) and British Medical Association (BMA) International Conference on Physician Health in Montreal, Quebec Canada**: CPHP attended the International Conference on Physician Health hosted by AMA and BMA October 25-27, 2012 in Montreal, Quebec, Canada. Doris C. Gundersen, MD, Medical Director, Michael H. Gendel, MD, Medical Director Emeritus, Jay H. Shore, MD, Associate Medical Director and Elizabeth Brooks, PhD, Principal Researcher attended. CPHP members presented three different research projects;
  • Jay H. Shore, MD and Elizabeth Brooks, PhD presented *Reducing Access Barriers for Physician Health Program Participation: Improved Safety to Practice?*
  • Doris C. Gundersen, MD presented *Medical Marijuana: A Prescription for Trouble? Collaboration Between Physician Health Programs and Regulatory Bodies*
  • Michael H. Gendel, MD presented *The Self-Prescribing of Medical Care by Physicians: A Cultural Perspective* (an international panel presentation on self-treating physicians).

CPHP is proud to continue to be at the forefront of research in the field of physician health.

• **World Health Care Congress Conference**: On April 8-11, 2013, CPHP took part in the 10th Annual World Health Care Congress (WHCC) in National Harbor, MD. The WHCC covered topics including, but not limited to, health information technology, mergers and acquisitions in healthcare, hospital and hospital systems changes, and government programs/policies. CPHP felt that attendance at this conference benefited the program’s understanding of the environment of healthcare, the changes the healthcare industry is facing, and the potential challenges future practitioners might present to CPHP concerned with.

• **Federation of State Physician Health Programs (FSPHP) Annual Meeting**: Doris C. Gundersen, MD, Medical Director, Sarah R. Early, PsyD, Executive Director, Patty Skolnik, and Cae L. Allison, LCSW, attended the Federation of State Physician Health Programs Annual Meeting and Conference in Cambridge, Massachusetts on April 19-22, 2013. Dr. Gundersen presented on the subject of *The Legalization of Marijuana in Colorado*, and *The Aging Physician* in a joint session with the Federation of State Medical Boards’ Meeting. Dr. Early, Ms. Allison, CPHP’s Clinical Quality Consultant and Ms. Skolnik, Patient Safety Advisor to CPHP and Executive Director of Citizens for Patient Safety, presented on the synthesis of physician health, patient safety and public advocacy, entitled *Patient Safety and Continuous Quality Assurance*. This was the first presentation at a Federation meeting that engaged both the advocates for patient safety and the advocates for physicians’ health. All CPHP presentations at this year’s meeting were of timely subject matters and very well received.

• **Physician Health Research Efforts**: During the Fiscal Year 2012-2013, CPHP published one new article and started several research ventures.
  • **Physician health programmes and malpractice claims: reducing risk through monitoring**: This article examined the effect of CPHP monitoring on malpractice claims and medical board sanctions. Published in *Occupational Medicine* in April 2013.
  • **CPHP Program Evaluation Study**: Currently in process, this study is surveying current and former CPHP clients to understand their experiences with our program.
  • **Residency occurrences of health problems; a look at the University of Colorado at Denver (UCD) and CPHP intervention programs**: CPHP and UCD are planning to collaborate and examine Resident health issues. Specifically, examining the occurrences of health problems and the utilization of intervention programs such as the UCD mediation and CPHP to reduce the effects of these conditions.
CPHP received 298 New Referrals in the Fiscal Year 2012-2013. In Fiscal Year 2011-2012, CPHP received 324 referrals. This is an 8% decrease when compared to 2011-2012 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 2012-2013 was 484 participants. This represents a 5% decrease from the Fiscal Year 2011-2012 which had 510 active participants at any given time. CPHP continues to strive to provide efficient and effective services ensuring the case load is manageable by the clinical team.

Of the 298 New Referrals in the Fiscal Year 2012-2013, 65% were voluntary and 35% were mandatory.

48% of the New Referrals (N=144) that came to CPHP are able to utilize the Safe Haven Provision on medical licensure application/reapplication. In comparison, only 41% during Fiscal Year 2011-2012 were able to use this provision.

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

![Yearly Comparison of New Referrals to CPHP 1986-Present](image)

* = CMB License Renewal Years

### Licensure of New Referrals

Of the total New Referrals this year, 79% had an active Colorado License (n=236). The breakdown of licensure is as follows; Medical license 63%, Physician Assistant (PA) license 4%, Training License 11%, Applicant for Colorado Licensure 12%, Out of State 2% and Medical or PA Students 7%. The remaining 1% had Other types of Colorado licenses.
Sources of New Referrals

The highest single source of New Referrals for the Fiscal Year 2012-2013 was **Self** at 37%. The second highest source of New Referrals were **Proactive** at 14.5%. CPHP continues to be proud of the number of Self Referrals, demonstrating trust and confidence in CPHP.

New Referral specifics, including Primary Presenting Problems and Specialties are 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 specifics. Typically these cases delay or decline an intake. Of the 298 New Referrals in the Fiscal Year 2012-2013, 73 were in process at the time of this report, thus 225 were assigned a primary presenting problem and had their specialty and demographic information (next page) identified.

Primary Presenting Problem of New Referrals

The majority of New Referrals presented with a **Psychiatric Problem** (24%), followed by a **Behavioral Problem** (18%).

Specialty of New Referrals

For the Fiscal Year 2012-2013, there was a wide variety of specialties represented. The most frequently evaluated specialty was **Internal Medicine** at 23%.
Colorado Physician Health Program
DEMOGRAPHICS, TREATMENT REFERRAL AND RELAPSES
July 1, 2012 through June 30, 2013

Marital Status
- 56% Married
- 15% Divorced
- 3.5% Separated
- 1% Widowed
- 3.5% Cohabiting
- 21% Single (N=225)

Gender of New Referrals
- 38% Female
- 62% Male (N=225)

Ethnicity of New Referrals
- 6.5% Asian
- 3% Hispanic
- 2% African American
- .5% Multi-Racial
- 88% Caucasian (N=225)

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 225 New Referrals evaluated, 119 were assigned initial treatment recommendations at intake (53%). Individuals may be assigned more than one category of initial treatment.

Of these 119 with initial recommendations, 67% percent were provided a recommendation for psychiatric treatment. Ten percent were provided a recommendation for substance abuse/dependence treatment, 12% were provided a treatment recommendation for a physical health matter and 11% were recommended to behavioral treatment.

Forty-seven percent of all clients evaluated were not given a treatment recommendation (n=106) 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 2012-2013 there were an average of 104 clients being monitored via Urine Drug Screen (UDS) and/or other tissue screening.

Seven clients experienced substance use relapse within the 2012-2013 Fiscal Year.

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

CPHP identified two cases of diversion during Fiscal Year 2012-2013.
“Inactivation” refers to when a case is closed at CPHP. During the Fiscal Year 2012-2013 there were 308 cases inactivated. Of these 308 inactivations, 31 referrals were declined, 2 withdrew their CMB application, 9 declined evaluations, 12 completed consultation, 2 did not complete an evaluation, 4 relocated, and 3 unfortunately died, therefore, 245 completed their evaluation. Of the 245 evaluated, 237 (97%) 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 (62%) completed the necessary involvement with CPHP in one year or less. Also, last fiscal year 2011-2012, 62% of participants completed the necessary involvement of CPHP in one year or less.

### Counties Served

Of the 225 New Referrals evaluated for an initial evaluation, regional data was collected. During the Fiscal Year 2012-2013 New Referrals resided in 25 Colorado counties.

Counties that contain less than 10 physicians, based on a CMB listing of Colorado licensed physicians (obtained in October 2012) are grouped into one category (Other) to protect the confidentiality of clients residing in those counties. Counties in this category include: Baca, Bent, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Lake, Lincoln, Mineral, Park, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, Sedgwick, Washington, Yuma.
Colorado Physician Health Program

REACTIVATIONS AND REPORT REQUESTS
July 1, 2012 through June 30, 2013

Referrals versus Reactivations

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

Of the 298 New Referrals in Fiscal Year 2012-2013, 75 were Reactivations. This represents 25% of the total New Referrals.

Primary Presenting Problem of 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 75 Reactivations in Fiscal Year 2012-2013, 16 were in process at the time of this report, thus 59 were assigned a primary presenting problem.

The majority of Reactivations presented with a behavioral problems (27%), followed by a psychiatric problem (26%).

Sources of Reactivations

The highest single source of Reactivations for Fiscal Year 2012-2013 were Self at 44%. The second highest source of Reactivations was the CMB at 18%.

Of the Reactivations in Fiscal Year 2012-2013, 64% came back to CPHP voluntarily, and 36% were mandated. The number of voluntary referrals last Fiscal Year was 68%.

Report Requests

CPHP processed 1893 reports during the Fiscal Year 2012-2013. This shows an decrease of 3% in report requests when compared to the Fiscal Year 2011-2012 requests (n=1956).
Colorado Physician Health Program
COMMUNITY OUTREACH
July 1, 2012 through June 30, 2013

• Community Presentations: CPHP conducted numerous 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-three presentations were conducted this past year!

• CPHP Outreaches to Rural Hospitals:
  • North Western Colorado Hospital Outreach: From September 25-28, 2012, Sarah R. Early, PsyD, Executive Director visited many facilities throughout North Western Colorado. She met with the administration at Grand River Hospital, Rangely District Hospital, Pioneers Medical Center, The Memorial Hospital (Craig), Yampa Valley Medical Center and Middle Park Medical Center.
  • Southwestern Colorado Hospital Outreach: On June 3rd and 4th, 2013, Sarah R. Early, PsyD, Executive Director, visited facilities in Southeastern Colorado. Dr. Early met with the administration at Spanish Peaks Medical Center in Walsenburg, Mount San Rafael Hospital in Trinidad, Arkansas Valley Regional Medical Center in La Junta, Prowers Medical Center in Lamar, Southeast Colorado Hospital District in Springfield, Weisbrod County Memorial Hospital in Eads, and Kit Carson Memorial Hospital in Burlington.

• 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.
  • University of Colorado at Denver Graduate Medical Education Annual Orientation on July 2 in Aurora, CO
  • Colorado Society of Osteopathic Medicine Conference August 10-12 in Breckenridge, CO
  • Colorado Medical Society Annual Meeting September 7-9 in Keystone, CO
  • Colorado Association of Medical Staff Services Conference September 28 in Steamboat Springs, CO
  • Colorado Nonprofit Association Annual Conference October 15-16 in Westminster, CO
  • Colorado Association of Physician Assistants Midwinter Conference February 7-10 in Copper Mountain, CO
  • Colorado Society of Osteopathic Medicine Midwinter Conference February 20-22 in Copper Mountain, CO
  • Colorado Academy of Family Physicians Annual Conference April 19 in Aurora, CO
  • Colorado Anesthesiologists Annual Conference April 20-21 in Colorado Springs, CO
  • Colorado Chapter of the American Association of Pediatrics Conference April 27 in Golden, CO
  • Colorado Medical Society Spring Conference May 3-5 in Vail, CO
  • Colorado Hospital Association Rural Hospital Conference May 8-10 in Colorado Springs, CO
  • Colorado Association of Medical Staff Services Conference May 17 in Lakewood, CO
  • University of Colorado at Denver Graduate Medical Education Annual Orientation on June 19 in Aurora, CO

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Monday – Friday
8:30 a.m. – 4:30 p.m.

Special Thank You
To Colorado Physicians Insurance Company (COPIC)

CPHP and COPIC have been partnering since 1999 to provide educational presentations throughout Colorado on many different topics. The number of presentations conducted by CPHP each year has continued to increase. CPHP is certain this increase is fitting of the ever-changing medical environment within our state. Thank you to COPIC for continuing the educational opportunities for so many physicians!
Colorado Physician Health Program

COMMUNITY OUTREACH Continued…

July 1, 2012 through June 30, 2013

Audiences
Aspen Valley Hospital
Association of American Medical Colleges
Castle Rock Adventist Health Administration
Center for Drug Addiction and Rehabilitation (CeDAR)
Center for Personalized Education for Physicians (CPEP)
The Children’s Hospital
Colorado Medical Board
Colorado Medical Society
Colorado Hospital Association
Colorado Permanente Medical Group
COPIC
Colorado Society of Anesthesiologists
Colorado Society of Osteopathic Medicine
Community Hospital Grand Junction
Delta Community Hospital
Denver Medical Society
East County Memorial Hospital
Exempla Good Samaritan Medical Center
Exempla Lutheran Hospital
Heart of the Rockies Medical Center
Littleton Adventist Hospital
Medical Center of Aurora
Melissa Memorial Hospital
Mercy Medical Center in Durango
Mercy Regional Medical Center
Montrose Memorial Hospital
National Jewish Hospital
Northern Colorado Family Medicine Residency
Parker Adventist Hospital
Parkview Medical Center
Peer Assistance Services Administration
Penrose St. Francis Hospital
Poudre Valley Hospital
Porter Adventist Hospital
Presbyterian/St. Luke’s Medical Center
Red Rocks Community College PA Program
Rocky Mountain College Health Association
Rocky Vista University School of Osteopathic Medicine

Sedgwick County Memorial Hospital
St. Anthony Summit Medical Center
St. Joseph’s Family Medicine Residency Program
St. Mary’s Hospital Grand Junction
St. Thomas More Hospital
Sterling Regional Medical Center
Swedish Medical Center
UCD Anesthesiology Department
UCD Cardiology Department
UCD First Year Residents
UCD Graduate Medical Education Administration
UCD School of Medicine
Vail Valley Hospital
Valle View Hospital

Revenue Sources
The majority of revenue that was generated at CPHP during Fiscal Year 2012-13 was from the Peer Assistance Contract (73%). The next largest source of revenue was from Donations (12%) which were contributions to the CPHP annual Spirit of Medicine fundraising campaign.