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August 22, 2020

Kara Veitch, JD, MBA
Executive Director of the Personnel and Administration Department
Department of Regulatory Agencies
1560 Broadway, Suite 110
Denver, CO 80202

Dear Director Veitch:

I am gravely concerned about DORA's decision to award the Peer Health Assistance Program contract to Peer Assistance Services (PAS) instead of the Colorado Physician Health Program (CPHP). The statute, C.R.S. 12-240-131 specifies that the Colorado Medical Board "shall select one or more peer health assistance programs as designated providers" with specific criteria that must be met to treat physicians, physician assistants and anesthesiology assistants. I write this letter from three vantage points: as President of the Colorado Psychiatric Society; as a psychiatrist in private practice who treats a variety of adult patients, including physicians and medical trainees; and as a senior faculty member of the PROBE Program (Professional Problem Based Ethics).

Colorado Psychiatric Society's bylaws state that one of our objectives is to "promote the best interests of patients and those actually or potentially making use of mental health services." It is our strong opinion that it is in the best interest of the public for physicians to have confidential access to CPHP. For thirty-four years, CPHP has served our community with skill and compassion. They have a well-considered assessment process and a network of vetted mental health care providers to whom they refer. The physician community trusts CPHP, as evidenced by the fact that the majority of their clients are self-referred. In contrast, PAS is unproven in providing services to physicians, has no physicians on their leadership team, and lacks the robust network of community psychiatrists for referrals.

Colorado has been a frontrunner in allowing physicians to maintain confidentiality in their treatment through self-referral. Notably, the Federation of State Medical Boards' recommendation for confidential access to treatment is modeled after the system in Colorado. This system is now the national standard for agreements between physician health programs and Boards. It is inexplicable that Colorado is changing course and reverting to an archaic system that will drive down self-referrals. Removing confidentiality protection for physicians will result in fewer physicians seeking help before their problems have an impact on patient care. This may have harmful consequences for patient safety, health care workplace morale, and physician wellbeing.

CPS and DORA share an interest in patient safety. We want all practicing physicians to be competent, compassionate, and functioning at their best. In order for this to happen, physicians must attend to their own health and wellbeing. There is an abundance of literature linking physician burnout and quality of patient care, especially reduction in empathy and an increase in medical errors. If physicians feel safe self-referring for mental health care, they are more likely to remain effective clinicians. If they are afraid to ask for their own mental health care because it will be reported to the licensing board, they are much less likely to get help, increasing the risk of depression, disruptive behavior in the workplace, and/or compromised patient care. A policy that postpones help-seeking means physicians may not enter mental health treatment until after a complaint to DORA forces the issue. This is akin to deferring installation of a fire extinguisher until after a fire has occurred. We want to prevent the behaviors that lead to Board complaints, not merely respond to the complaints.

The provision that CPHP must report to the Board any noncompliance with the treatment plan provides accountability to the self-referral confidentiality protection. As a psychiatrist treating physician colleagues, I see how helpful it is to have CPHP oversight. If a physician-patient doesn't comply with my treatment plan, such as by cancelling appointments and failing to reschedule, I can ask CPHP to reach out to them. The physician-patient is aware that CPHP will disclose their treatment status to the Colorado Medical Board if noncompliance with treatment arises. In my experience, a call from CPHP is all it takes to bring the physician-patient back into alignment with the treatment plan. For physicians, maintaining confidentiality is a strong incentive to actively participate in treatment.

As an educator with PROBE (Professional Problem Based Ethics) since 2009, I have heard many health care providers' accounts about their experiences with both CPHP and PAS. To a person, the people who interact with CPHP are grateful for their involvement. The individuals who interact with PAS offer a mixed report. It seems that most of those who are referred to PAS because of a substance use disorder are appreciative of PAS services. Those who are referred to PAS for whom a substance use disorder is not the primary problem report frustration with misaligned treatment plans. One of the strengths of CPHP's model is that all of their clients are evaluated by a psychiatrist, the profession most highly trained in the assessment of biological, psychological and environmental determinants of problematic symptoms or behavior. Thus, each client receives an individualized treatment plan tailored specifically to their unique needs.

Physicians as a group are self-sacrificing, dedicated to helping others, and loathe to ask for help or show signs of weakness. Medical training amplifies all these characteristics. Most physicians are reluctant to seek help when they need it, even from another physician. I cannot imagine they will seek help from an agency bereft of physician leadership. Perhaps this seems arrogant to an outsider. It has less to do with arrogance and more to do with the incredible shame we experience when we ask for help, something we have been acculturated not to need.

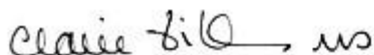
It is difficult to understand DORA's motivation to reduce the quality of peer assistance to physicians. Physicians are a valuable state resource. We contribute to the health and wellbeing of the population, as well as to the economy. It is imperative that physicians maintain access to the confidential and expert help we need to remain well so we can continue to serve the citizens of Colorado. It is hard to overstate how essential continuity of peer health services is, particularly in the middle of a pandemic.

The current pandemic, which is exerting enormous strain on physicians, is happening on top of a preexisting epidemic of demoralization and burnout. To remove our trusted source of peer support in the middle of this crisis invites tragedy. At least 300 physicians in the US die by suicide each year. Male physicians die by suicide at a rate 41% higher than the general population of men, whereas female physicians are 227% more likely to die by suicide than other women in the general population (10 Facts About Physician Suicide and Mental Health). As physicians cope with the extraordinary workload and trauma brought to us by the pandemic, I fear we will see these rates rise further.

The highly publicized death by suicide of Dr. Lorna Breen (NYT, July 11, 2020), an accomplished emergency room physician in New York, should drive home to all of us the importance of timely, confidential, and high-quality mental health care for physicians. In my clinical practice, I see the toll the pandemic is taking on trainees and seasoned physicians alike. This is an excruciatingly difficult time to be a doctor.

CPHP embodies excellence. On behalf of the members of the Colorado Psychiatric Society, I implore you to reverse this ill-considered decision and restore CPHP as the peer health provider.

Sincerely,



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