Making Formal Referrals to Colorado Physician Health Program

Formal Referrals

Formal referrals are those in which an individual has been required to be evaluated at CPHP. These individuals have been required by their workplace, training program or the Colorado Board of Medical Examiners to be evaluated by CPHP.

When to Refer?
Please call CPHP if you have any questions about how any psychological or medical problem could have the potential to impact or has impacted a physician’s ability to practice medicine safely. If problematic areas have been addressed with a physician, formally or informally, and there has not been resolution, it may be necessary to make a formal referral to CPHP.

If you have a concern about an urgent issue please call and consult with a clinician at CPHP.

If these or other areas of concern indicate the need for a referral to CPHP, please clarify your policy and/or employment contracts, credentialing by-laws, etc., prior to calling CPHP (for CPHP does not provide legal advice). It might be helpful to seek advice from other departmental directors who have had experience in referring to and working with CPHP. As noted above, if you have a concern about an urgent issue, please call and consult with CPHP.

Possible Behavioral Indicators of a Health Problem
There can be several indicators of psychological/medical and/or personal issues that can present themselves in various ways in a physician’s life. A primary indicator of impairment is a change in attitude or behavior.

Please refer to the Behavioral Indicators of a Possible Health Problem in a Medical Professional which outlines some areas of potential concern. Any one of the items listed does not indicate a diagnosis of a medical or psychiatric disorder.

How to Make a Formal Referral
CPHP recommends the referring party call CPHP to express the nature of the concerns and to learn first-hand about our intake and assessment process. The referring party can call our main number (303-860-0122) and ask to speak with a member of our clinical staff. This allows the Clinicians to gather information prior to speaking with the referred physician in order to gain an understanding of the nature and severity of the referral.

THINGS TO KNOW ABOUT THE CPHP PROCESS

- Depending on case activity, there could be a 2-4 week wait for initial appointments. CPHP will speak with the referred physician to determine the level of clinical need and based on clinical urgency may be able to accommodate clinically urgent intakes.

- CPHP is not a walk-in clinic nor emergency clinic. If you think a physician is experiencing an emergency health situation, please refer him/her to the nearest Emergency Room.

- After the referred physician has called CPHP, CPHP will NOT be able to discuss the case with the referring party until the physician has signed a Release of Information form, which typically occurs on the day of their intake appointment. CPHP can always receive new information regarding the referral without a Release of Information.

- The best person to contact at CPHP about the physician’s case is the Clinician, as CPHP Associate/Medical Directors DO NOT have voice mail and work part-time at CPHP.
CPHP evaluations take place over time, typically 30 – 45 days but potentially up to 90 days (if an extended evaluation is warranted) and may involve multiple phone interviews with collateral sources, appointments with CPHP, and/or referrals for outside evaluation or testing. Please refer to the EVALUATIONS section of our website for more details on this process.

CPHP is aware of the timeline often associated with residents/workplaces, such as probation or contract renewal. We are committed to working with the physician and referral party to complete these evaluations in a timely manner. To the extent possible, CPHP can opine on a physician’s skill and safety to practice after the initial intake and while the evaluation is underway.

For Resident Physicians: It is the referred resident physicians’ responsibility to follow up with CPHP in a timely manner and keep CPHP apprised of any changes in their status. Lack of contact with CPHP or failure to assist CPHP in completing your evaluation could impact your position at your training program.

CPHP recommends that the referring party compose a letter to the physician who is formally referred to CPHP.

This letter should include the following:
- Specify the reason for referral to CPHP
- Provide the timeline that the physician has been given to make contact with CPHP
- Provide a timeline to schedule an appointment
- You may decide to mandate that the physician sign CPHP Release of Information forms to specific individuals in order to facilitate the evaluation
- You may choose to include administrative/workplace consequences for the physician should they choose not to comply with the CPHP evaluation and/or treatment and monitoring recommendations.

Please consult with a Clinician prior to sending any additional documentation you think would be helpful to our evaluation. Mandating a referral in writing is optimal.

A template for a formal referral letter is attached. CPHP suggests that the referring party, and others in leadership positions, meet with the physician to review the content of this letter. Please send this letter to CPHP at fax 303-860-7426.

Working with CPHP Post Formal Referral
Expect the following during the course of the evaluation:

- Clinician will inform the referral source that the client attended the intake appointment.
- At intake, the referred is provided a check list of things to do as a part of the evaluation.
- CPHP will correspond during the course of the evaluation with the referring party and will inform them of the evaluation conclusions, including recommendations for treatment and/or monitoring.
- CPHP may recommend that the client complete additional testing or evaluation if there is a need for a more detailed assessment to help refine our clinical opinion. The physician will be financially responsible for additional assessments or treatment.
- It is the client’s responsibility to follow up with CPHP and keep us apprised of any changes in their status.

The Referral Party should be aware of the following:

- The best and primary contact for you at CPHP is the Clinician assigned to the client’s case.
- We will provide written report(s) to the referral party.
- We will request ongoing observations from the workplace about how the client is doing at work. This will help the client understand that they are perceived at work and will assist CPHP in our evaluation.
- We will correspond with the referring party regarding any non-compliance with the evaluation (for example: failing to attend appointments, sign necessary forms, urine drug screens, follow-up appointments, failed collateral contacts).
- CPHP may ask to speak with additional supervisors, collateral contacts, or workplace personnel, apart from those listed in the formal referral letter. (With the appropriate signed Release of Information form).
- CPHP is happy to assist in formulating a return to work plan when a physician has been out of work for a period of time.
## BEHAVIORAL INDICATORS OF A POSSIBLE HEALTH PROBLEM
### IN MEDICAL PROFESSIONALS

### Information to Consider:
- The information in this list is an example of behavioral indicators of possible health problems in medical professionals and does not serve as a diagnosis of any health condition.
- This list does not replace a health assessment by a qualified professional.
- A goal of CPHP is to help physicians before they become impaired. Most ill physicians do not show evidence of impairment at work. Impairment is typically a sign of late stage illness.
- Note: the most significant behavioral indicator of a health problem is a change in mood or attitude.

### Legal/Regulatory
- Medical licensing issues
- Involvement in malpractice suits
- Peer review of work
- Arrests for driving while intoxicated or other legal problems (i.e. domestic violence, public sexuality acting out)

### Family
- Withdrawal from family activities
- Children neglected, abused or in trouble
- Mood swings, arguments or violent outbursts
- Sexual problems; impotence, extramarital affairs
- Medicinal use of alcohol or drugs
- Family isolation
- Financial problems
- Spouse in therapy or taking psychoactive medication
- Geographical separation or divorce by spouse

### Physical
- Deterioration in personal hygiene
- Deterioration in clothing and dressing habits
- Inappropriate dress
- Numerous prescriptions and OTC drug use
- Frequent ER visits or hospitalizations
- Frequent visits to physicians
- Accidents
- Multiple somatic complaints
- Excessive tiredness or insomnia
- Memory problems, difficulty concentrating
- Emotional crisis

### Employment
- Frequent job changes or relocations
- Unusual medical history
- Indefinite, vague or inappropriate references
- Working in positions inappropriate for qualifications
- Resistance to preemployment physical or family interview

### Community
- Neglected social commitments
- Inappropriate behavior at social functions
- Arrests for driving while intoxicated or legal problems
- Unreliability or unpredictability in community activities
- Public intoxication or impairment

### Office
- Disruption in appointment schedule
- Hostile, suspicious or unreasonable behavior to staff or patients
- Withdrawn, “locked door syndrome”
- Excessive ordering of drug supplies
- Excessive prescribing practices
- Complaints from patients and staff
- Unexplained absences from the office
- Spasmodic work pace, or decreasing work load and tolerance
- Taking sexual advantage of patients or coworkers
- Procrastination or neglect of details
- Avoidance of fellow workers
- Errors in judgment
- Becoming a topic of “gossip”

### Hospital
- Making rounds late, or inappropriate or abnormal behavior during rounds
- Decreasing quality of performance
- Inappropriate orders
- Reports of behavioral changes
- Unavailability or inappropriate responses to telephone calls
- Heavy drinking at staff functions
- Often late, absent or ill
- Alcohol on the breath when on duty
- Intoxicated when on call, even at home
- Unreasonable sensitivity to normal criticism from peers
- No longer attending committee meetings and/or other functions
Template Referral Letter

Date

Dear Referred Individual’s NAME,

You have been referred to CPHP on [DATE] for [ISSUE].

We will expect you to sign releases at CPHP so that the Clinician and evaluating psychiatrist can obtain information from and provide information to the following individuals.

(Note to Referral Party: List any individuals you would like for CPHP to speak with concerning this employee: Suggestions listed)
- HUMAN RESOURCES
- CREDENTIALING
- MEDICAL EXECUTIVE COMMITTEE
- CHIEF OF STAFF
- SUPERVISNG PHYSICIAN’S NAME
- OTHER NAME/S

We expect that you will contact CPHP no later than [DATE] to make an appointment. Once you make an appointment at CPHP, please immediately notify your supervisor, [SUPERVISOR’S NAME] of the date of your appointment. You will receive an appointment letter from CPHP that will document when your appointment has been scheduled; this can be used as appointment confirmation. CPHP will not be able to confirm an appointment directly to us until a Release of Information is signed on the date of your appointment.

CPHP will communicate with [REFERRED INDIVIDUAL] once the evaluation has begun and may request or provide other information regarding your status and assessment.

If you would like more information regarding CPHP see their web site at www.cphp.org.

Sincerely,

REFERRING PARTY

cc: CPHP
FAQ's for Formal Workplace Referrals

1. Can CPHP take anonymous referrals?
CPHP accepts anonymous calls but CPHP lacks the ability to mandate someone to CPHP. Despite this fact, CPHP will gladly assist you in exploring your options. (For more details on anonymous referrals, please see our website at www.cphp.org)

2. Who do I talk with about a potential referral or about a physician who has been formally referred to CPHP?
The best and primary contact for you is the CPHP Clinician. The Clinician can answer referral questions and discuss the evaluation status of a client. The Clinician will not be able to discuss a client’s case with you unless that client has signed a Release of Information form to allow this communication.

3. How long does a CPHP evaluation take?
Typically, CPHP evaluations take place over time, typically 30-45 days but potentially 90 days (if an extended evaluation is warranted). CPHP is aware and understanding of the timeline often associated with residents/workplaces, such as probation or contact renewal. We are committed to working with the physician and referral party to complete these evaluations in a timely manner.

4. What is the cost?
CPHP is a nonprofit independent organization. CPHP’s direct services are free to Colorado licensed physicians and physician assistants. Residents, medical students and physician assistant students may also be eligible for free services through contracts between CPHP and various Colorado based training programs. Participants are responsible for costs of any additional evaluations and treatment.

5. When should the referring party be in contact with CPHP?
After a physician has been formally referred to CPHP by the workplace, it is vital to our evaluation for CPHP to be made aware of any new concerns or situations that may arise in the workplace. Please do not hesitate to call CPHP and speak with the CPHP Clinician assigned to the referred physician’s case if you have any questions, concerns, or new information, as this will be needed in order for CPHP to effectively evaluate the physician.

6. What correspondence could CPHP have with the referring party?
With a signed CPHP consent form from the clients, CPHP can correspond in writing or verbally with the referral source throughout the evaluation process. Apart from this correspondence, CPHP can also provide letters for credentialing, upon request.

7. How do I verify a client's participation with CPHP?
Due to CPHP's confidentiality policy, CPHP will not release information about clients without written consent from the CPHP participant. If you would like to verify a client's involvement with CPHP, please contact the CPHP client and request they complete a CPHP's Release of Information Form.

8. How do I obtain a credentialing and status report on a CPHP client?
CPHP will provide a credentialing and status report to agencies with the proper release of information and receipt of associated fees. Please call CPHP and ask to speak with a Clinician or view our website for more information on how to request a report.

For more details on CPHP’s Formal Workplace Referral Process, please see our website at www.cphp.org.