



Colorado Physician Health Program: How We Reduce Risk and Improve Patient Safety

COPIC Annual Conference
April 2026

Sarah Early, PsyD, Executive Director

Colorado
Physician Health Program

CPHP Because...Healthy Doctors Give Better Care

Session OBJECTIVES



Understand how physician wellbeing affects the practice of medicine



Identify the common warning signs of illness that should prompt a referral for evaluation



Be aware of the benefits, confidentiality, and scope of services a Physician Health Program provides



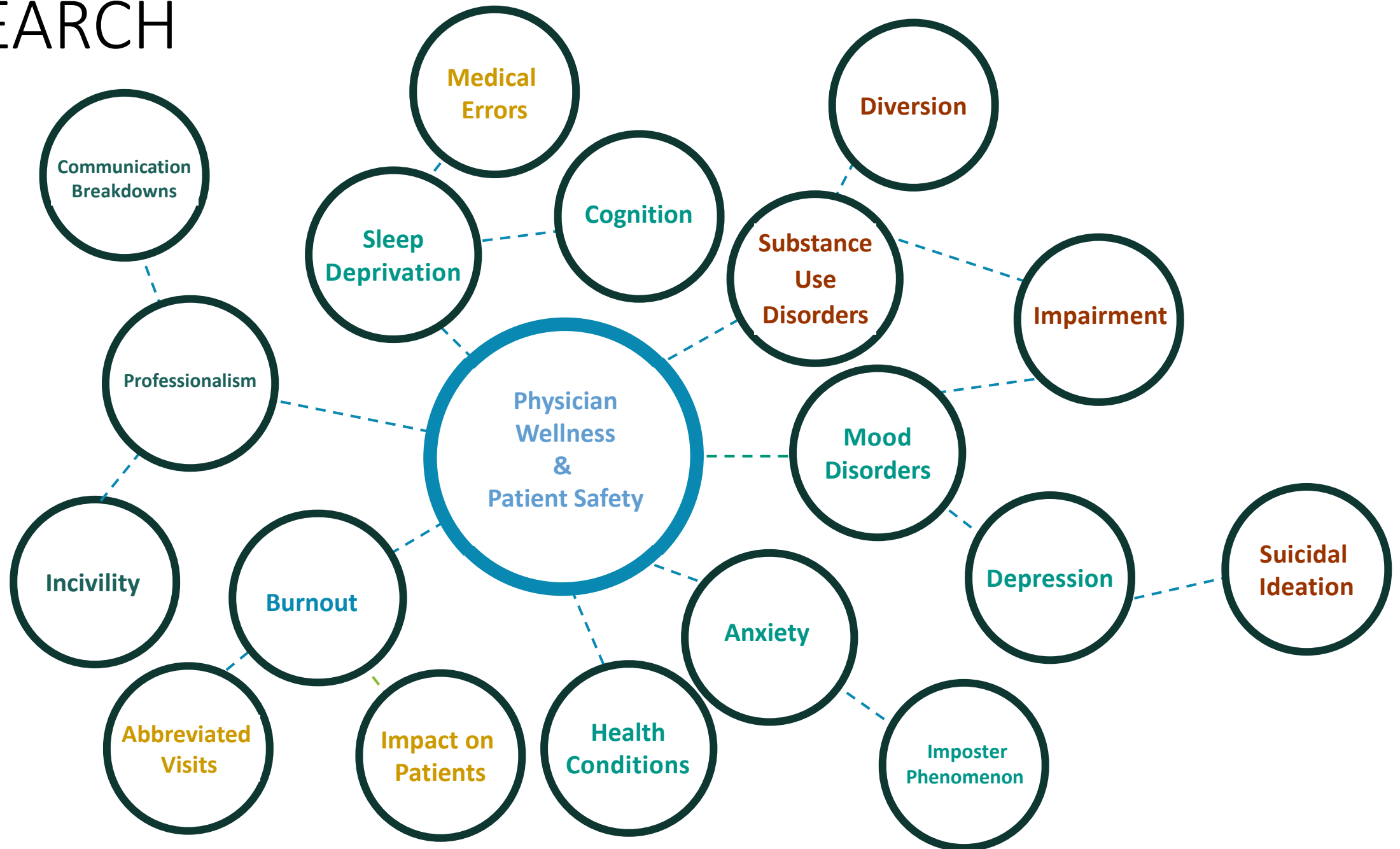
Learn key COPIC/CPHP research conclusions that demonstrate physicians involved with CPHP have a reduction in malpractice risk.



A photograph of a middle-aged woman with short, grey hair, smiling broadly. She is wearing a white lab coat over a light-colored collared shirt. She is holding a white clipboard with a pen in her hands. The background is a bright, out-of-focus hospital or clinic setting with large windows and other people in the distance.

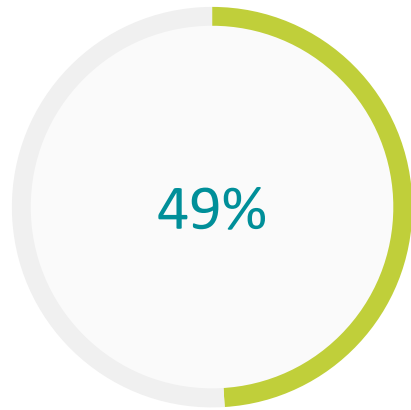
Physician Wellbeing Affects The Practice Of Medicine

RESEARCH



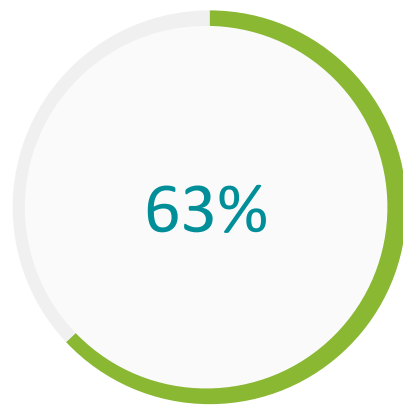
MEDSCAPE: PHYSICIAN BURNOUT AND DEPRESSION

MEDSCAPE REPORT 2024



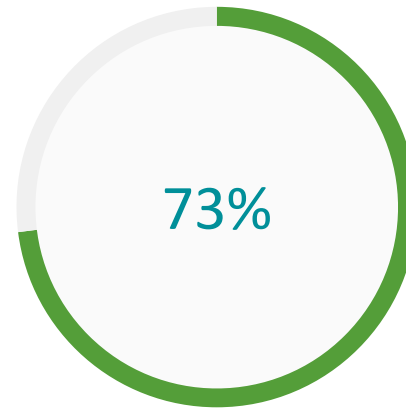
Burnout

Slightly down from 2023 data that indicated Burnout was at 53%.



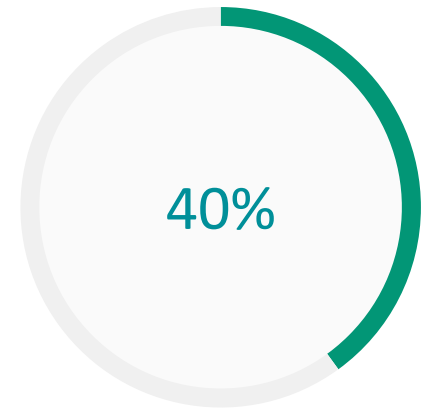
Colloquial Depression

Clinical Depression was self-reported at 27%.



Relationships

73% felt burnout was somewhat affecting their personal relationships.

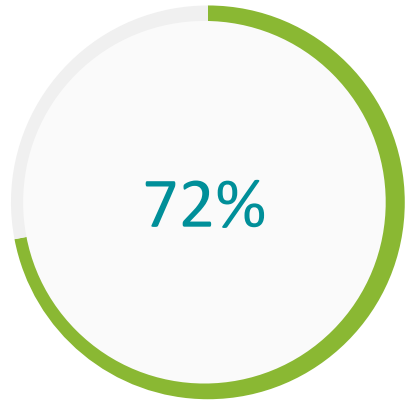


Negative Impacts

40% reported negative impacts on patient care, including exasperation.

MEDSCAPE: PHYSICIAN BURNOUT AND DEPRESSION

MEDSCAPE REPORT 2024



Contributing to Depression

Burnout was reported as the primary cause of physician depression.



Seeking Help

Only 26% had planned or were actively seeking help.

Unhealthy strategies:

- **33%** eat junk food
- **21%** binge-eat
- **24%** drink alcohol
- **2%** use cannabis products
- **2%** use nicotine

Healthy strategies:

- **52%** exercise
- **49%** talk to friends/family
- **41%** prioritize sleep
- **23%** meditate (or similar stress-reduction techniques)

OCCUPATIONAL HAZARDS IN MEDICINE

Physical & Health Strain

- Neglected personal health care
- Sleep disruption & chronic fatigue

Emotional & Cognitive Load

- Mood changes
- Burnout
- Reduced sense of meaning

Behavioral & Professional Impact

- Boundary challenges
- Behavioral shifts
- Addiction or maladaptive coping

Relational Strain

- Work–home imbalance
- Family stress





Warning Signs Of Illness

A CRITICAL DISTINCTION

Illness

A medical or mental health condition
Common and treatable
Early support protects function
Does not automatically equal impairment

VS

Impairment

Functional decline affecting safe clinical performance
A patient safety concern
Requires formal evaluation

NOTE: IQ does not protect from illness or impairment.

THE IMPAIRMENT CONTINUUM



Stress

Burnout

Illness

Functional Decline

Impairment

Patient Risk

THE INSIGHT GAP

- **Impairment rarely feels dramatic.**
-It often develops gradually.
- **Insight declines as function declines.**
- **Medicine normalizes endurance.**
- **Impairment is often recognized by others first.**



RECOGNIZING THE DRIFT

Performance Changes

- Decline in job performance
- Increased minor errors or near misses
- Slower processing / reduced vigilance
- Absenteeism or lateness

Behavioral / Attitudinal Shifts

- Change in attitude or mood
- Irritability, cynicism, emotional blunting
- Withdrawal from colleagues
- Increased defensiveness to feedback
- Professional boundary issues

Relational Strain

- Troubled professional/interpersonal relationships
- Escalating conflict with staff or trainees
- Avoidance of team communication

Physical / External Indicators

- Physical symptoms or unmanaged illness
- Visible fatigue
- Decline in physician appearance
- “Other problem areas” others are noticing



QUALITY AND SAFETY IMPACT

Delayed intervention in providers with untreated medical or psychiatric conditions has measurable impact on patient care quality and safety



PATIENT–PHYSICIAN
RELATIONSHIP STRAIN¹



DECREASED EMPATHY
& LONGER RECOVERY
TIMES²



INCREASED MEDICAL
ERRORS³



LOWER PATIENT
SATISFACTION⁴



BEHAVIORAL
DISRUPTION IN
TEAMS⁵



INCREASED
MALPRACTICE RISK⁶

¹ Hall et al., 2019; Ratanawongsa et al., 2018

² Halbesleben & Rathert, 2008; Shanafelt et al., 2005

³ Shanafelt et al., 2010; West et al., 2006

⁴ Anagnostopoulos et al., 2012

⁵ Rosenstein & O'Daniel, 2008

⁶ Balch et al., 2011; Brooks et al., 2013

WHEN CONCERNS ARISE



Self

- Pause and *honestly* assess your functioning
- Reduce risk, adjust workload if needed
- Seek confidential consultation early
- Engage treatment/support proactively
- Take early signs seriously
- Don't ignore patterns hoping they will resolve
- Don't wait for external consequences

Colleague

- Observe changes in function, not diagnose
- Start with respectful conversation when appropriate
- Encourage voluntary support-seeking early
- Document specific behaviors if pattern persists
- Consult CPHP anonymously if unsure
- Don't ignore repeated patterns of concern
- Don't wait for a serious safety event before addressing

Reducing Risk





Malpractice Claims: Reducing Risk through Physician Health Program Participation

Brooks, E., Gendel, M.H., Gundersen, D. C., Early, S. R., Schirmacher, R., Lembitz, A., & Shore, J. H. (2013). Physician Health Programmes and Malpractice Claims: Reducing Risk through Monitoring. *Occupational Medicine*, 63(4): 274-280.


Physician Health and Patient Safety




Despite knowing that for certain illnesses (addictions, depression) that physicians have good clinical outcomes associated with their participation in a PHP, there is a lack of research data concerning whether PHP participation affects practice and especially safety to practice.

Introduction

COPIC has long been a strong supporter of CPHP, with financial contributions, referrals of doctors, and underwriting of physician education.



We understand that malpractice claims are not a direct (or inverse) measure of skill or safety, but felt that they are one window on this issue.



Determined to study via two strategies:

CPHP participant as their own control

Match with a reference group

Results



CPHP physician clients had significantly reduced malpractice claims after CPHP participation, when compared to their own malpractice claims prior to CPHP involvement.



CPHP physician clients who completed the program had 20% less malpractice risk than a matched cohort of physicians who had not been to CPHP. (This group was matched in terms of specialty and years in practice)



Conclusions

- Physicians who have untreated health problems have a correlation with more malpractice suits.
- Physicians who complete Colorado Physician Health Program involvement have reduced liability risk.
- **HEALTHY DOCTORS GIVE BETTER CARE!**

A female physician with long dark hair, wearing a white lab coat over a blue patterned shirt, is smiling and looking towards the camera. She is holding a tablet computer with both hands. A stethoscope is visible around her neck. The background is a bright, blurred hospital or clinic setting with other people in medical attire.

Physician Health Programs

A Uniquely Important Resource:

Characteristics of PHPs that set us apart from other resources available to healthcare professionals.

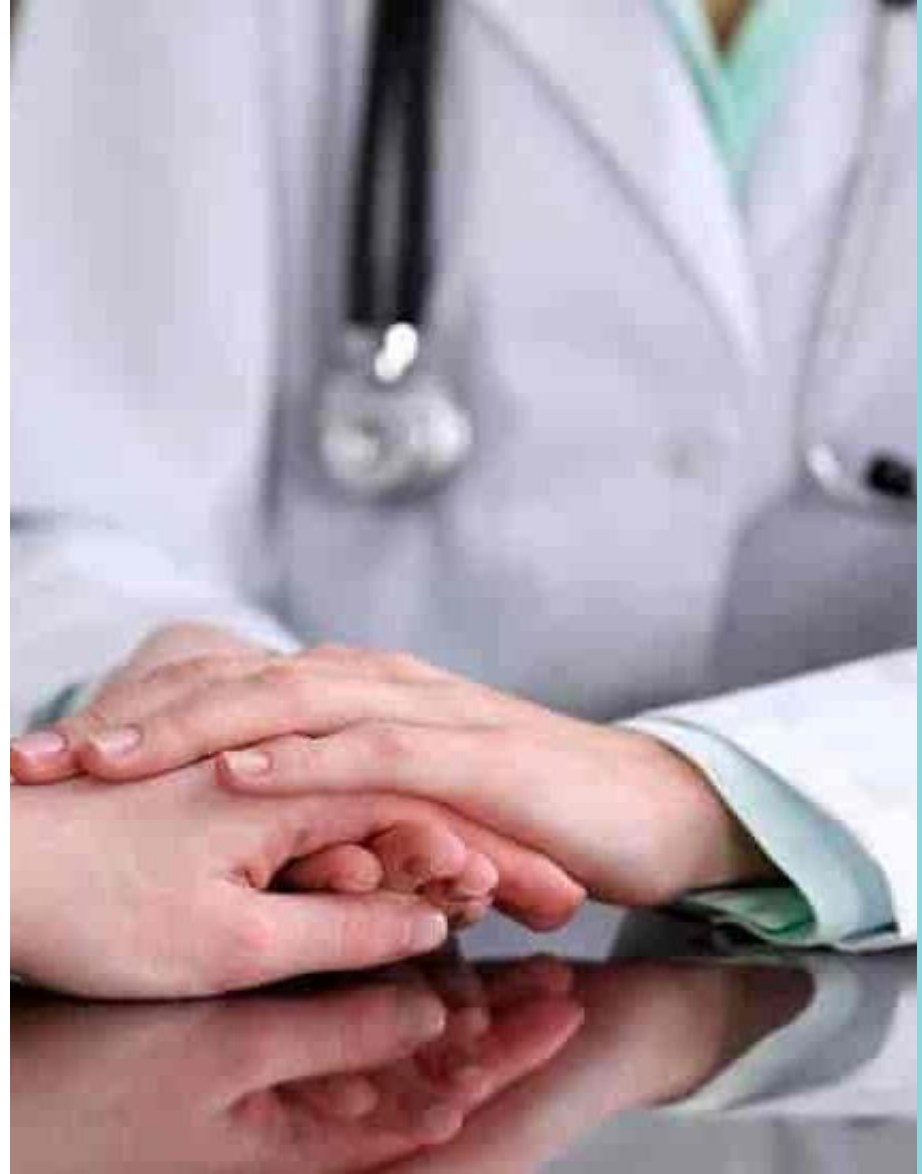
Legal Authority

Special Accountability

Trusted Verification

No Treatment Relationship

Clinical Care and Case Management





CONFIDENTIALITY ACKNOWLEDGEMENT

Confidentiality has defined legal limits.



Releases of Information



Imminent Danger

Disclosures as Required for Safety



Adverse Action

Patient Safety Related



Noncompliance

Patient Safety Related



Legal

Legal Reporting Requirements

PHP

Program Services

Client

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

Medical Community

- Partner on projects of need in the community
- Promote physician health awareness
- Educational presentations
- Develop meaningful research on physician health

Workplace & Referral

- Consultation on identifying physicians who need assistance and making effective referrals
- Evaluate back-to-work issues
- Assist with policy development



1



Referral Call

2



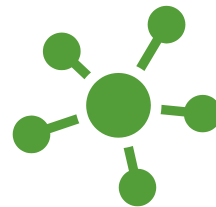
**Intake
Appointment**

3



Evaluation

4



Recommendations

5

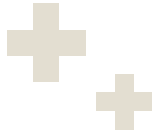
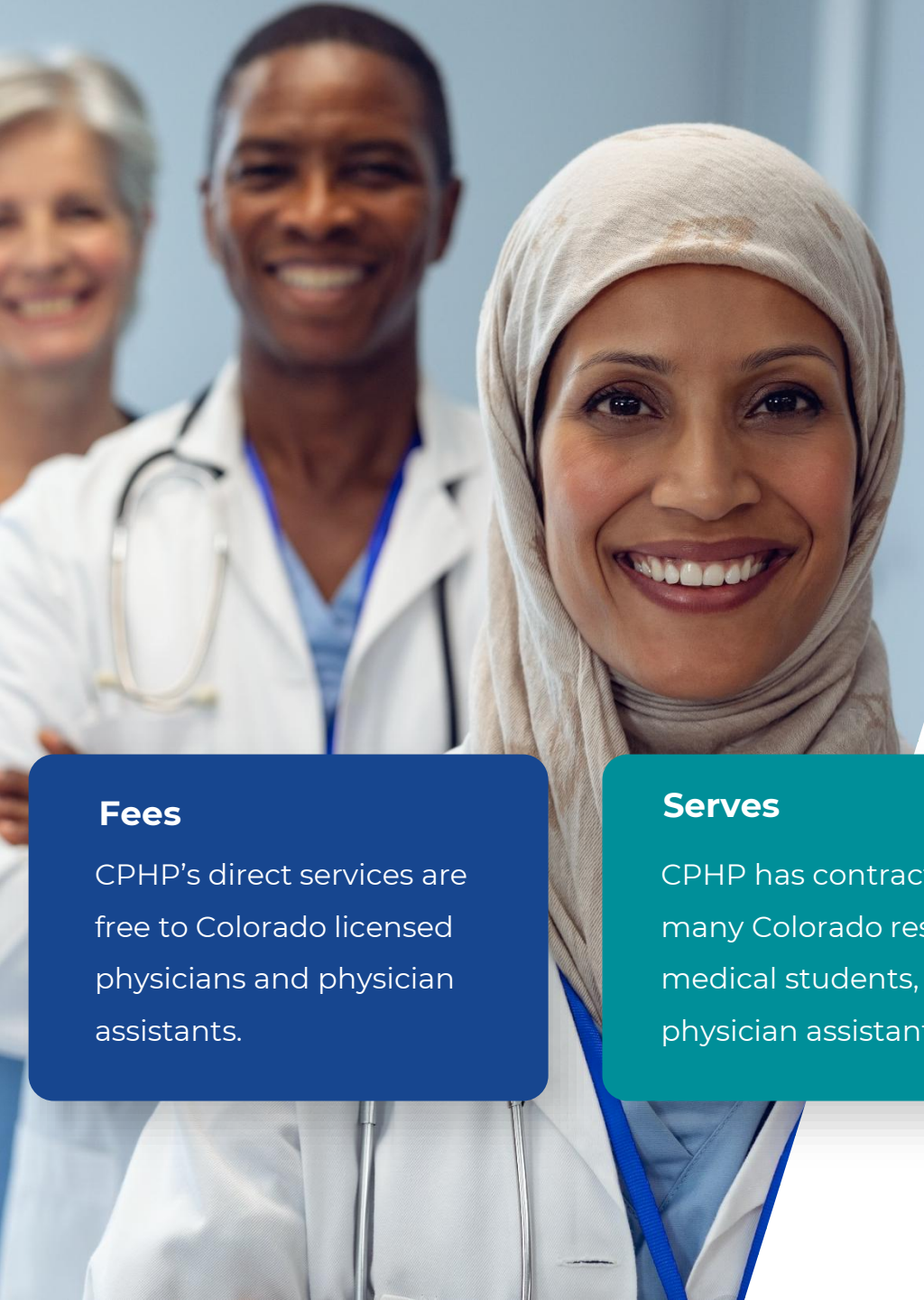


Communication

6



**Monitoring
and/or
Support**



CPHP

Program Services

Fees

CPHP's direct services are free to Colorado licensed physicians and physician assistants.

Serves

CPHP has contracts to serve many Colorado residents, medical students, and physician assistant students.

Referrals

Treatment Providers are specialized in working with healthcare providers.

Referral Costs

Participants are responsible for the costs of any additional evaluations and treatment if those services are necessary.

CPHP In-Depth Evaluations

All evaluations include a safety-to-practice assessment



Self Reports



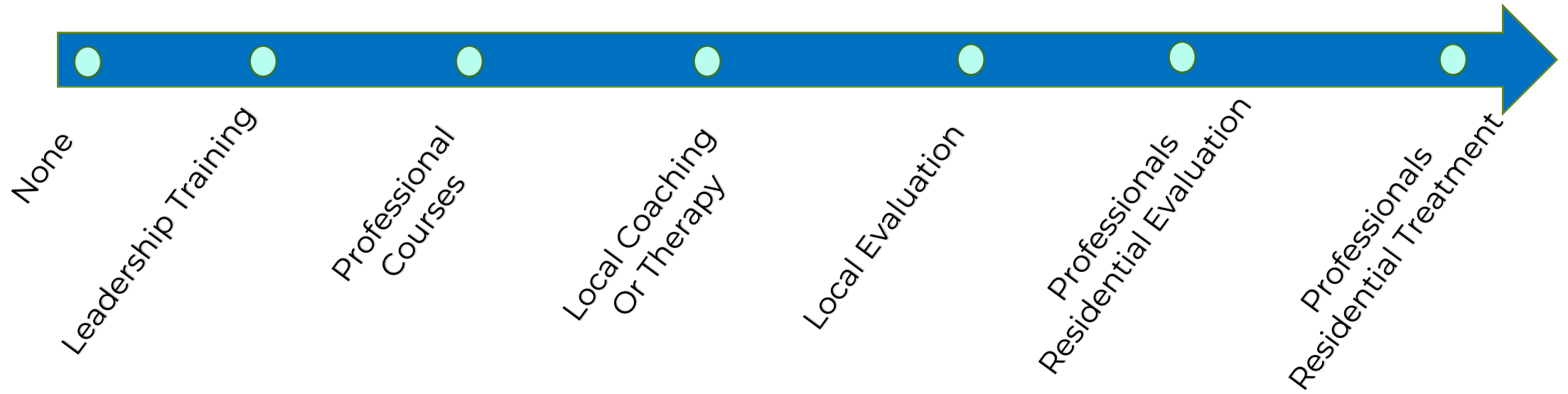
Collateral Interviews



Workplace Information

- ✓ Review of Presenting Problem
- ✓ Developmental history
- ✓ Medical history
- ✓ Psychiatric history
- ✓ Family history
- ✓ Education History
- ✓ Work History
- ✓ Social History
- ✓ Boundary history
- ✓ Behavioral history
- ✓ Sexual history (as needed)
- ✓ Spirituality
- ✓ Tissue Testing as clinically indicated
- ✓ Montreal Cognitive Assessment (MOCA) as clinically indicated

Interventions/Treatment Referrals





Case Dependent

Monitoring

- Client appointments
- Updates with referral party
- Treatment updates
- Tissue testing, as applicable
- On-going communication

Sustaining Change

CPHP uses Participation and Monitoring Agreements for all cases which are tailored to the individual. Monitoring is a critical piece of sustained change.

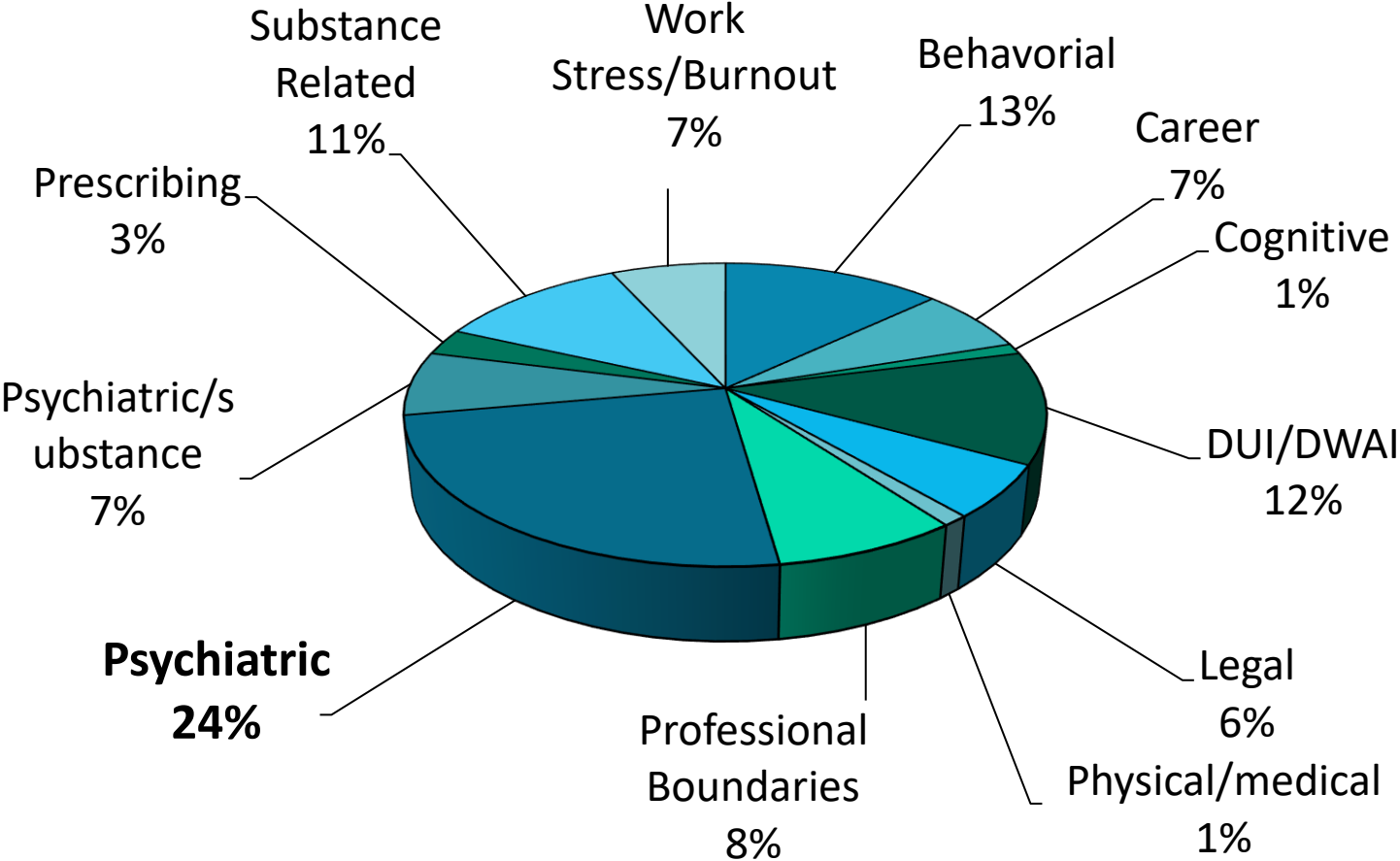
Mandatory vs. Voluntary

Referrals

- Mandatory referrals are required assessment requests from workplaces, training programs, and the Colorado Medical Board.
 - Oftentimes, there will be consequences for lack of follow-through or compliance
- Voluntary: Our most common referral type
 - Encourage early access so problems do not escalate into mandatory referrals!



Presenting Problems 2024-2025



• N=182

Our Research

Complex Factors Associated with Disruptive Medical Professional Behavior

Retrospective Analysis of the Colorado Physician Health Program Data

Lori A. Crane, Sarah R. Early, Amanda L. Kimmel, Joyce M. Davidson, Laura F. Martin, Michael H. Gendel, Doris C. Gundersen, Scott A. Humphreys, *The Joint Commission Journal on Quality and Patient Safety*, 2026, <https://doi.org/10.1016/j.jcjq.2026.04.002>.

n = 308

MD, DO, PA, AA, and trainees
between 2015–2022

- 33% had at least one psychiatric diagnosis
- 55% experienced situational stress that contributed to disruptive behavior
- 26% had symptoms of a personality disorder



Annual Data

Program Completions

- **214 Program Completions**

- **98% were successful completions**

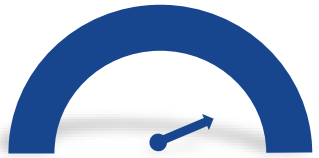
The other 2% were considered noncompliant with patient safety issues and were reported to the CMB.

- **64% completed their involvement in less than a year**



Annual Data

Exit Survey Data



86% were satisfied/extremely satisfied with CPHP



89% felt a greater ability to cope with life changes



72% felt less stressed or burned out at work



66% felt more equipped to empathize with patients

Upcoming Research:

*From the Participant's Perspective:
How Helpful are Physician Health Programs?*



DOC 2 DOC

WELLBEING CONSULTING

— BROUGHT TO YOU BY —



COLORADO
MEDICAL SOCIETY

Colorado
Physician Health Program

Doc2Doc

Program Specifics

24/7 Access

Call 720-810-9131. The line is answered by a Masters-Level Licensed Clinician (LCSW or LPC)



Confidential

CPHP Confidentiality policy and protocols are explained



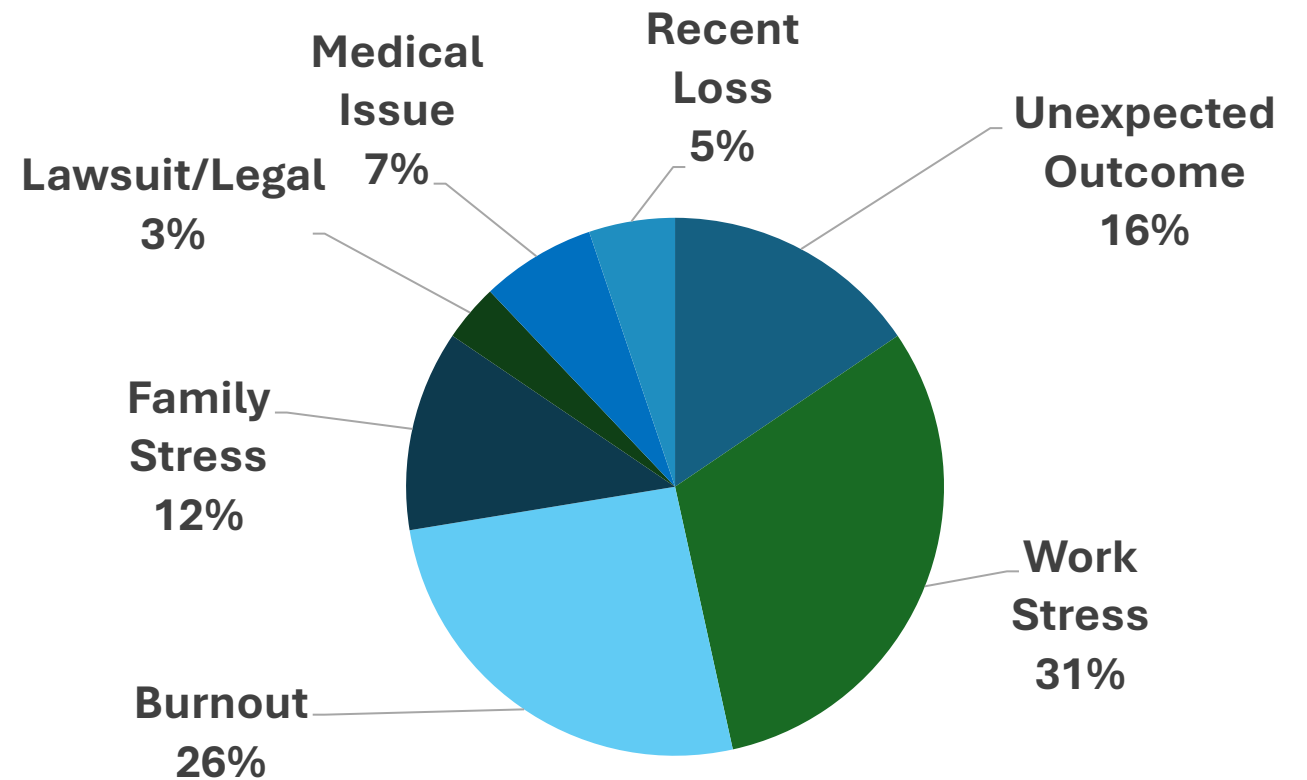
Expert Clinicians

Clinicians assess if Doc2Doc Wellbeing Consulting is the best fit based on the callers' presentation, and the clinical needs of the caller, including life-threatening situations.



≈ Three Years of Consulting

58 D2D Clients Total
148 Total Consultations



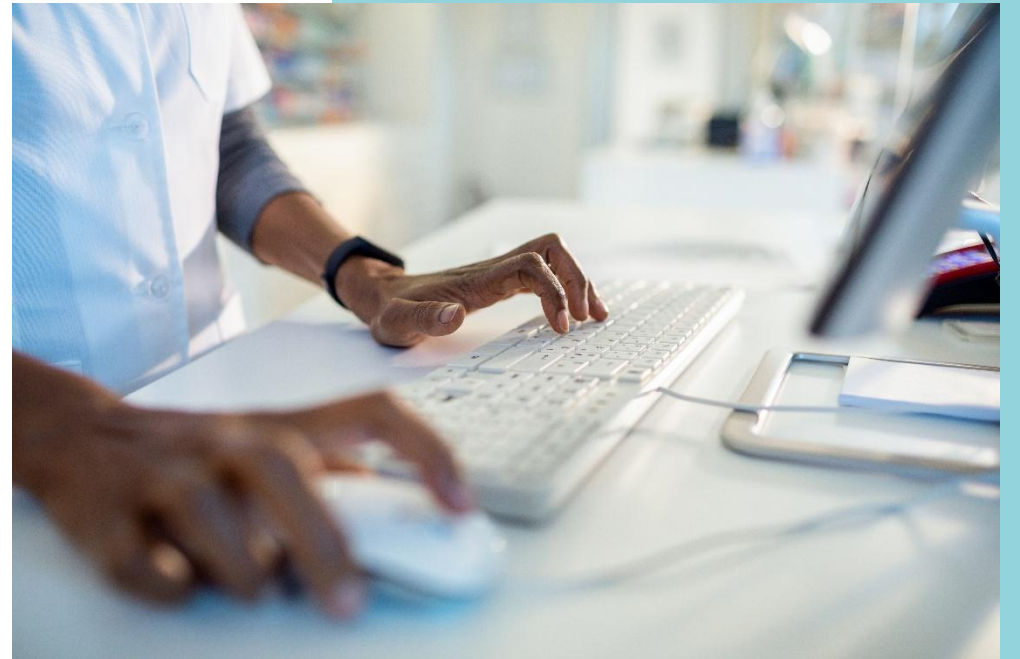
Organizational Strategies



“Burnout is typically driven by work-system factors (workload, inefficiency, low autonomy, moral distress, lack of support), so organization-directed changes should be expected to outperform purely individual resilience training when they materially change daily work.”

Reduce Administrative Burden

- Burnout is driven more by admin work than patient care
- Streamline EHR + documentation workflows
- Use team-based care (scribes/support staff)
- Protect time for clinical work
- Impact
 - ↓ Burnout
 - ↑ Efficiency & retention



Leadership Drives Wellbeing

- Leader behavior directly impacts burnout
- Train leaders in wellbeing + engagement
- Prioritize regular, meaningful check-ins
- Build culture—not just programs
- Impact
 - ↑ Engagement
 - ↓ Burnout



Remove Stigma in Credentialing

- Fear of licensure consequences limits help-seeking
- Focus applications on current impairment—not history
- Eliminate intrusive mental health questions
- Align policies with best practices
- Impact
 - ↑ Early help-seeking
 - ↑ Patient safety







RECAP

- Occupational strain in medicine is real and predictable.
- Early engagement is protective, for providers and patients..
- Seeking support early is not a liability, it's a professional responsibility
- **Organizations have a responsibility to intervene and provide system solutions.**
- The culture of medicine is yours to create!
- CPHP is a confidential resource when you need it!



Questions?

Thank you

Colorado
Physician Health Program

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