

Evaluations of Health Care Professionals

A Guideline for California

From California Public Protection and Physician Health, Inc.

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INTRODUCTION

Statement of purpose

This document is intended to assist physician health committees and all those in medical staffs, medical groups and other settings who have responsibility for decisions related to a physician's health and well-being as they relate to the physician's ability to practice medicine safely. It contains information presented as a guide and does not replace the judgment of the clinician applied to individual circumstances.

Health care personnel constitute a special population vis-à-vis licensing and privileging issues related to personal health that may impact their ability to practice medicine safely. At stake are protection of the public and the public trust as well as the protection of the health and career of the physician.

Evaluations provide the information upon which decisions about health, appropriate treatment, monitoring requirements, licensing and privileging are based. Such evaluations should address all the issues at stake in a coordinated way to meet the needs of the various parties--the person being evaluated (the evaluatee), those guiding whatever treatment or other interventions are indicated, those responsible for licensing, credentialing and privileging, and perhaps others.

Those who request an evaluation (the requesting entity) should be able to provide a standard compendium of information and expectations to the evaluator or evaluating program in advance and a list with contact information for important collateral historians. Those who conduct evaluations should have specific qualifications. The report of the evaluation itself should contain standard and sufficient information to support the necessary decisions. This guideline describes these elements in detail. Everything described may not be needed for every evaluation. The information in this document is designed to assist in determining what is indicated for a particular situation.

The evidence on which this guideline is based

In accordance with a rating system for levels of evidence used by *American Family Physician*, the journal of the American Academy of Family Physicians, the statements or recommendations in this guideline are designated as Level C when ranking the evidence on which they are based; they are based on consensus of expert opinion.

During the preparation of this guideline by the California Society of Addiction Medicine Clinical Advisory Task Force on Physician Health, review and comments were requested from all interested parties, including nationally recognized experts in the evaluation of health care professionals. The final draft was prepared after every comment was considered and changes were made to the document to incorporate the comments adopted by the Task Force.

Periodic review and modification

These guidelines will be subject to periodic review and revision to incorporate new developments. If the document is revised, it will be circulated for comment again and published with a new date.

WHO REQUESTS AN EVALUATION?

The evaluations discussed in this guideline are ones used to support the decisions and actions of the committees and persons with the responsibility for patient safety and quality of care. The evaluations are used to determine diagnoses, assess severity, identify appropriate clinical interventions, assess patient safety, and/or determine what steps will protect public safety, personal health and career. Such an evaluation typically is requested by the physician health committee. Depending upon the circumstances, the requesting entity might be an individual such as the Chief of Staff, or another committee such as the Medical Executive Committee (MEC) that will be responsible for any practice restrictions or other remedial actions.

TYPES OF EVALUATION

The medical condition of the evaluatee, the purpose of the evaluation, and the intended use of the report will determine the type of evaluation.

Initial evaluations are most commonly health evaluations to determine if a diagnosis or condition exists, and, if so, to assess severity, recommend appropriate treatment and specify appropriate restrictions of practice. Evaluations are required when the committee has decided that the information from an evaluation is necessary to its determinations related to the evaluatee's ability to deliver safe patient care.

A subsequent evaluation to assess progress toward treatment goals, to determine compliance with treatment/monitoring requirements, and/or to assess readiness to resume patient care responsibilities will weigh different elements, include additional components and assess if return to work is appropriate. Recommendations from such an evaluation may include terms and conditions that should be imposed for return to practice.

A competency evaluation to measure the fund of knowledge and appropriateness of clinical skills, should questions arise, will include different measures. When a specific diagnosis is not present and fitness for duty requires measurement of different areas of cognition and function, neuropsychological evaluation is needed.

It is not unusual for situations to require some combination and overlap among these different purposes, or to require more than one evaluation.

WHAT DEPTH, BREADTH, INTENSITY IS NEEDED?

Evaluations of health care professionals range from more simple to more complex. Some are completed with one evaluator who has gathered and reviewed necessary information and has interviewed others for the purpose of confirming information with collateral sources and/or learning their concerns. Some are conducted over a period of three to five days (or spread out over a longer period), sometimes in an inpatient setting, with examinations, observations and information coming from three or more evaluators.

It is important to note that the evaluation process is a unique opportunity that should not be squandered. If inadequate evaluation is conducted and an important diagnosis is missed or wrong diagnosis is made, it is difficult to undo. It is therefore not desirable to take the approach "start with the most simple evaluation and proceed to a more complex evaluation." It is important to select the most appropriate evaluation from the start.

It is not always clear to the requesting entity what depth, breadth and complexity are required to meet the needs of the evaluatee and the situation. A screening evaluation may be required to make that determination.

If this is the case, the screening evaluator should be informed that he/she is not being asked to conduct the evaluation but rather to make recommendations regarding the type and depth of the evaluation that should be conducted.

Before the decision is made to require an evaluation, the requesting entity should determine, to the extent possible, what information is needed and what assessments should be included--addiction medicine, psychiatric, psychological, neuropsychiatric, neurological, neuropsychological, general and/or specialty medical examination.

Of course, as the evaluation proceeds, facts may emerge that call for further assessment. For example, further assessment may be indicated by information from collateral sources or from physical examination or laboratory tests. Further assessment would be indicated if there were any discrepancy between the information presented by the evaluatee and the information from other sources. If so, the additional elements should be added to the evaluation.

CHOOSING THE EVALUATOR

An evaluator should never be chosen by the evaluatee, even if he/she requests a particular evaluator; however, the evaluatee's request may be considered.

To avoid any actual or perceived conflict of interest, the evaluator should not be someone to whom the evaluatee has referred patients or with whom he/she has any other business or familial relationship. Membership on the same medical staff is not a disqualifying factor.

QUALIFICATIONS OF THOSE WHO CONDUCT EVALUATIONS

The requesting entity should look for these qualifications:

- At least three years' experience in practice in his/her respective specialty
- Previous experience assessing physicians is desirable
- Licensure: licensed health care professional with current unrestricted license with no disciplinary history within the previous five years.
- Specialty or subspecialty certification or equivalency
- For neuropsychological assessment, evidence of specialty training in cognitive and neurological disorders
- For evaluation of substance use disorders, demonstrated knowledge and understanding of addiction, treatment and recovery
- Demonstrated ability to provide reports on time, with sufficient and appropriate information to support peer review action
- No conflict of interest with evaluatee

EVALUATION BY ONE PERSON OR BY A MULTIDISCIPLINARY GROUP?

Evaluations may be conducted by one evaluator who does not involve others in the process, an evaluator who may involve other evaluators and incorporate their observations and conclusions in the report, or a multidisciplinary group or evaluation program where more than one discipline is involved.

In any case, the report should indicate who is responsible for the observations, conclusions and recommendations, and the information on which they are based. The report should indicate that it is the consensus of a group or that it is the recommendation of one evaluator who takes responsibility for the report.

In evaluations conducted by a group or a program, the evaluatee should be seen by more than one professional, each with one or more of the types of expertise indicated by the case.

Some recommend that more than one evaluator should be involved to guard against the potential for an evaluatee to fool the evaluator, to present a convincing but false or incomplete picture, and thus receive an evaluation report that misses important diagnoses or information. When more than one evaluator is responsible for reviewing the information, interviewing and observing, the chances of that are reduced.

Some addiction treatment programs specializing in treatment of health care professionals conduct evaluations as a service separate from treatment. There are advantages and possible disadvantages to obtaining evaluations for addiction in a center that conducts treatment. It may prove an advantage for the evaluatee to have some exposure to a milieu in which others are actively pursuing treatment and recovery. Such exposure and experience may be very helpful to decrease shame and guilt and increase the willingness to be honest. In such a setting, the evaluatee may become more accepting of the idea of entering treatment.

When there is clear advance understanding and definition of the distinction between evaluation and treatment, it is considered appropriate for an evaluation that has been conducted by a treatment program to include a recommendation for referral to a treatment program and for the suggested programs to include the one that conducted the evaluation.

Self-referral by an individual evaluator should be avoided; however there may be a circumstance in which resources are so limited that it must be considered. In such a situation, any conflict of interest could be counterbalanced by oversight of the referring entity.

HOW SHOULD THE PROSPECTIVE EVALUEE BE NOTIFIED OF THE EVALUATION REQUEST? AND WHAT HAPPENS IF HE/SHE RESPONDS BY REFUSING TO BE EVALUATED?

Once the requesting entity has determined that an evaluation is required, the requesting entity should notify the evaluatee in writing (the notice letter) that an evaluation is being requested, describe the nature and scope of the evaluation, and provide an authorization form (or forms) for the evaluatee to sign, authorizing disclosure and use of the evaluation information and report to/by the requesting entity and other designated individuals and bodies that will be involved in the decision-making process (a release).

The requesting entity must have determined in advance how it will respond if the prospective evaluatee does not agree to the evaluation and/or refuses to cooperate with all the steps required. What action will the requesting entity take? What sanctions will be put in place? The most common action is that the requesting entity reports the prospective evaluatee's name and the situation (i.e., the refusal) to the entity within the medical staff or medical group responsible for taking action or making a recommendation to restrict practice or enforce disciplinary action. The notice letter should describe the potential range of consequences that may result if the prospective evaluatee refuses to cooperate with the steps involved in the evaluation.

The notice letter should further state that the evaluatee authorizes the requesting entity to share with the evaluator whatever background information the requesting entity deems appropriate.

The notice letter should explain how the costs of the evaluation are to be allocated. (See below.)

The notice letter should state who will receive copies of the report. Generally, the evaluatee will receive a copy of the report, but the requesting entity may limit the scope or manner of disclosure of the report to the evaluatee if that is warranted by the circumstances. Fairness to the evaluatee requires that he/she be given a copy of the report unless exigent circumstances exist. In a situation where the evaluatee is not to receive a copy of the report, the notice letter should explain that limitation and the reasons for it.

The evaluatee should be required to sign and return a copy of the notice letter to the requesting entity, along with the release(s).

If, after receiving notice, the prospective evaluatee communicates refusal to be evaluated, or refuses to execute the necessary release(s) and/or other documentation, or refuses to pay costs allocated to him/her, the requesting entity should initiate the consequences described in the notice letter.

WHO PAYS FOR THE EVALUATION AND THE REPORT?

A determination of who pays the costs of the evaluation must be made in advance. There is no one recommended way to handle costs. Appropriate choices include payment being the responsibility of the evaluatee, the responsibility of the requesting entity, or a shared responsibility. As noted above, the notice letter to the evaluatee should state how the costs will be allocated.

WHO RECEIVES THE REPORT? WHO SEES COPIES? WHERE IS IT KEPT?

The requesting entity should require that the report, regardless of who paid for the evaluation, be made available to it. As noted above, the requesting entity should require the necessary release(s) from the evaluatee at the outset.

If the evaluator later communicates that he/she cannot provide a copy of the report, it should be assumed that the evaluatee rescinded the release. In such a situation, the requesting entity should proceed as though the evaluatee refused to cooperate initially: any sanctions described in the notice as possible consequences of refusing the request for an evaluation should be imposed unless and until a release is signed and the full report is available to the requesting entity.

As noted above, the evaluatee receives a copy of the report unless there is an important reason why he/she should not. Fairness to the evaluatee requires that he/she be given a copy of the report unless exigent circumstances exist. If such circumstances are present, the requesting entity may limit the scope or manner of disclosure of the report to the evaluatee and explain the limitations in the notice letter.

Note that it may be inappropriate for the evaluatee to review copies of reports that include sophisticated psychological and neuropsychological testing without expert assistance, as these reports can be easily misinterpreted.

The report is kept in the requesting entity's confidential files. The report constitutes a peer review record and should be handled accordingly.

INFORMATION TO BE PROVIDED IN ADVANCE TO THE EVALUATOR

The requesting entity should have the written consent of the evaluatee to communicate the following information, in advance, to the evaluator: the reason the evaluation is needed; information about all relevant medical treatment and/or permission for the evaluator to speak to the treating clinician; any disciplinary actions by the hospital, medical group or any Board; the records of any complaints; reports of drug or alcohol tests; previous evaluations made; other relevant records. If the requesting entity will provide medical information about the evaluatee to the evaluator, the notice should include forms for the evaluatee to authorize the treating practitioner(s) to disclose those records to the requesting entity and other decision-makers such as the MEC, and to the evaluator. The evaluator's report should refer to or cite the information provided.

In addition, the requesting entity should provide the following information in advance to the evaluator:

- A list of and general description of the evaluatee's current duties, roles and functions
- The circumstances leading to the request for the evaluation
 - a. Is/are there a particular behavior(s) identified in the concern?
 - b. Is/are there a particular drug or drugs identified in the concern?
- Prior circumstances/history/observed behavior/expressed concerns/ response to interventions
- Recent or current treatment
- How the report's information and recommendations will be used
- Who retains the evaluation report and whether the evaluatee has access to the report
- Any specifics that the requesting entity wants to have included or described in the report such as:
 - a. The diagnosis, if any
 - b. A discussion of the evaluatee's level of understanding and acceptance of the diagnosis, if there is one, and the evaluator's recommendations
 - c. An assessment of the evaluatee's readiness for change
- Specific questions or issues concerning which the requesting entity wants the evaluator to make recommendations (An example is whether there are any limitations on working hours or conditions recommended related to the diagnosis.)

As noted above, the evaluatee should have signed legally sufficient releases authorizing the evaluator and the requesting entity to disclose and exchange information without exceptions.

The information provided to the evaluator in advance should clearly state who is responsible for payment of the evaluator's fee(s) and any related tests. The evaluatee should have been informed, and should have agreed, prior to the consultation by signing and returning the notice letter.

Unless what is being requested is a screening evaluation, the evaluator should be asked to prepare final conclusions and recommendations that will provide the information necessary for the requesting entity and others involved in the decision-making process to make decisions and take action in a timely way.

The evaluators should be informed in advance that, if possible, they should obtain whatever testing is needed to render an opinion and that their opinion and recommendations should be final and complete. It is not optimal for the report of the evaluation to recommend further testing. It is preferable that the evaluators obtain and conduct whatever testing, interviews of others (collateral sources of information), or additional elements are necessary to render a complete and final opinion. For example, if a screening neuropsychiatric examination indicates some cognitive impairment and a full course of neuropsychiatric testing and/or neurological evaluation is therefore needed, it should be conducted. Any neurological testing should employ objective and empirically supported instruments, and the instruments used should be named in the report.

Examples of other elements that might be indicated are assessments of chronic pain, evaluation for sexual disorder, testing for Attention Deficit Disorder, specialized phobia evaluation, gambling assessment, eating disorder assessment.

If the evaluator involves other professionals to conduct parts of the evaluation, those chosen should have the same qualifications as are listed in the section above "Qualifications of those who conduct evaluations."

If such additional testing was not foreseen when the arrangements for the evaluation were made, it will result in higher costs than originally anticipated.

If an opinion cannot be reached after all procedures are conducted, the report should state that, with an explanation of what factors prevented the evaluator from reaching a final conclusion and recommendation.

INFORMED CONSENT AND THE EVALUATOR-EVALUEE RELATIONSHIP

As part of the information given to the evaluatee before obtaining his/her informed consent to the evaluation, the evaluator should clarify the nature of the relationship and how it differs from the traditional physician-patient relationship.

The evaluatee should be informed and should understand that the evaluation is separate from treatment. The relationship between evaluator and evaluatee is a limited doctor-patient relationship. The evaluatee should understand that the evaluator complies with the same principles and responsibilities of a doctor-patient relationship (objectivity, honesty, disclosure of perceived conflicts of interest, disclose findings, the obligation to do no harm, etc.), but will not, during the course of the evaluation, provide medical care/services for the evaluatee.

The evaluator should make certain that all parties involved are aware of who is the client (the requesting entity) and who is responsible for payment for the evaluation.

The evaluator should notify the evaluatee that the evaluator's assessment, opinions, and recommendations are derived from a neutral and independent perspective and not influenced or prejudiced by the requesting entity.

The evaluatee should be informed of the following elements:

- ❑ the evaluation is separate from treatment, but the results of the evaluation may be used for treatment purposes
- ❑ the purpose of the evaluation is to provide a diagnosis/opinion/assessment/recommendations regarding the evaluatee's condition
- ❑ the information from the evaluation, with the evaluatee's consent, will be reported to the requesting entity (identified in the informed consent document and releases)

CONTENTS OF THE EVALUATION REPORT

The report should note that the evaluator has considered each of these elements and has included those relevant to the situation and the request, in whatever detail is appropriate.

1.	The names of all evaluators who contributed to the evaluation
2.	All sources of information the evaluator(s) used
3.	How many times each evaluator met with the evaluatee; and the dates, location(s) and setting(s) of those meetings
4.	How much time each evaluator spent in face-to-face interviews with the evaluatee
5.	All family members, significant others, clinicians currently providing services to the evaluatee, or others with whom interviews were conducted (with dates for those interviews) for the purpose of confirming the information with collateral sources and/or learning the concerns of family members These contacts may require separate releases. Note that an evaluation conducted without information from the collateral sources appropriate to the situation is considered incomplete.
6.	Dates, location(s) and setting(s) of all sessions
7.	The evaluator's opinion on whether there are discrepancies between the information provided by the requesting entity and the information provided by the evaluatee
8.	The evaluatee's general medical history, including, but not limited to: i) complete history of present illness (if any) ii) family history iii) a review of all medications iv) detailed drug/alcohol use history v) detailed history of pain (acute and chronic)
9.	Results of drug/alcohol tests if they were performed as part of the evaluation
10.	Findings from a focused physical examination, if indicated
11.	List of, and results of psychological, psychometric tests utilized
12.	Psychosocial history, including developmental history, trauma history, and Adverse Childhood Experiences (ACE)
13.	Employment history, including history of any problems/disciplinary actions.
14.	Relationship history, including duration and quality of relationships, marriage/divorce, children, etc.
15.	Financial history including present state of affairs, any history of bankruptcy, etc.
16.	Current living situation (e.g., living alone, roommate, cohabitating, etc.)
17.	Legal history: DUI, domestic violence, restraining orders, bankruptcy, etc.
18.	Basic mental status exam—a cognitive screening tool used to rule out neurocognitive problems
19.	History of counseling, therapy, marital/couples counseling

20.	<p>General psychiatric history (e.g., is the evaluatee under psychiatric care? Taking medications? Ever hospitalized?)</p> <p>Family psychiatric history</p> <p>(Note: Unless there is a request for, or an indicated need for, a complete psychiatric evaluation, a general psychiatric history performed by a non-psychiatrist is sufficient. If a complete psychiatric evaluation is indicated, it should be made by a qualified psychiatrist.)</p>
21.	Diagnosis (which may include 5 axis DSM terminology) or conclusions with the specific information, including the instruments used to support that diagnosis or conclusions
22.	Assessment of the evaluatee's insight into his/her problems; does the evaluatee accept the diagnosis?
23.	Assessment of the evaluatee's personal safety as well as the safety of those around him/her: the risk of self harm or harm to others
24.	Assessment of the evaluatee's readiness for change, or amenability to treatment
25.	Description of the evaluator's sense of what will be relapse risk factors for the evaluatee
26.	Description of the evaluator's sense of what will be positive support factors or systems for the evaluatee
27.	Recommendations, with notes indicating the findings that support them
28.	<p>Is treatment indicated?</p> <p>If treatment is indicated, include</p> <ul style="list-style-type: none"> • What are the treatment goals? • What kind(s) of treatment are indicated? <ul style="list-style-type: none"> Treatment for alcoholism/dependence Medication Psychotherapy/counseling Behavioral counseling Other • For each kind of treatment, what level of intensity is indicated at this time, with reference to ASAM Patient Placement Criteria if the recommended treatment is for substance use disorders • What measures and criteria will indicate whether the evaluatee is making progress toward the goals of treatment?
29.	Response to each question posed by the requesting entity
30.	Is continuing monitoring or further assessment or evaluation indicated to address the initiating concern? If so, specify what monitoring elements and give a recommended schedule.
31.	What monitoring elements are needed to gather the information that will indicate if the evaluatee is making progress toward the goals of treatment or other intervention to address the initiating concern?
32.	What monitoring elements are needed to determine if the evaluatee is safe to return to or continue work?
33.	Are other steps indicated? If yes, specify.

RESTATEMENT OF PURPOSE

All of the steps associated with an evaluation of a health care professional have the potential to contribute positively to the therapeutic outcome. This document has been prepared as a reference and guide to assist all parties in the process. It does not replace the judgment of the clinician applied to individual circumstances.

REFERENCES

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