

Douglas A. Ducey  
Governor



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Director

## ARIZONA DEPARTMENT OF ADMINISTRATION

STATE PROCUREMENT OFFICE

100 NORTH FIFTEENTH AVENUE • SUITE 201  
PHOENIX, ARIZONA 85007

(602) 542-5511

### REQUEST FOR INFORMATION

**TITLE:** Arizona Medical Board

**BY:** ADOA/SPO

**ATTENTION:** Interested Parties

**INQUIRIES:**

Kim Kwong, State Procurement Manager  
[kim.kwong@azdoa.gov](mailto:kim.kwong@azdoa.gov)  
(602) 542-9253

**SUBMIT RESPONSE TO:**

Via email to: [kim.kwong@azdoa.gov](mailto:kim.kwong@azdoa.gov)  
ADOA/SPO  
100 N. 15th Ave, Suite 201  
Phoenix, AZ 85007

**ISSUED:** April 27, 2017

**RESPONSES DUE:** June 1, 2017

#### GENERAL INFORMATION

In accordance with ARS § 41-2555, the Arizona Department of Administration (ADOA), State Procurement Office (SPO), hereby gives notice via this Request for Information (RFI), of our desire to receive responses, feedback, suggestions and comments regarding the items set forth herein. In accordance with R2-7-G301, responses to an RFI are not offers and cannot be accepted to form a binding contract. Responders are solely responsible for expenses associated with responding to the RFI. The State is under no obligation to the responders in so far as the next steps to this process are concerned.

#### INSTRUCTIONS

Any submitted materials considered by the respondent to be proprietary or confidential shall be clearly marked as such and provided as a separate section in your response. In response to such requests, the State will make reasonable efforts to maintain the confidentiality of these materials to the extent permissible by law. However, should the State be required to release these materials, the State will provide the respondent reasonable notice in advance of doing so in order to allow the respondent time to take any action to prevent these materials from being released.

Responses shall be in electronic copy. The electronic copy should be in a common format, e.g., .PDF, .DOC, .XLS, .PPT, .RTF, etc. The State may contact Respondents to clarify any portions of their submission. The State may request a presentation / demonstration in addition to the information delivered in the response.

American Board of Medical Specialties (ABMS) certified psychiatrists and/or AMBS certified addiction psychiatrists and all interested parties are invited to review the following RFI and respond. Any questions in this regard shall be directed to the Procurement Officer indicated on the front page of this document.

Responses to this RFI are due by 5:00 PM MST, June 1, 2017. Responses to this RFI shall be submitted electronically, in writing, by mail, or in person to the Procurement Officer at the address identified on the front page.

### **BACKGROUND**

In December, 2016, the Arizona Medical Board (AMB) formed a Physician Health Subcommittee to review and evaluate the AMB's current Physician Health Program. The Subcommittee determined it prudent to consider options to provide more choices for AMB's licensees in addressing health matters. For this reason, the AMB seeks to consider the expansion of qualified parties and organizations to perform health assessments to determine fitness to safely practice medicine to include AMBS certified psychiatrists and/or physicians engaged in the practice of addiction medicine.

The purpose of this RFI is to solicit feedback and recommendations from ABMS certified psychiatrists and/or physicians engaged in the practice of addiction medicine to perform assessments of AMB physician licensees to determine safety to practice and to make recommendations as to possible entry into the AMB's Monitored Aftercare Treatment Program.

This RFI is issued as a means of technical discovery and information gathering of interested parties along with their offerings. This RFI is being issued for planning purposes only and should not be construed as a solicitation nor should it be construed as an obligation on the part of the State to make any purchases. This RFI should not be construed as a means to pre-qualify vendors. The AMB or the State may utilize the results of this RFI in drafting a competitive solicitation (RFP) for the subject services/products/equipment Any future contract(s) that may be awarded must be the result of a competitive solicitation and shall comply with the Arizona Procurement Code.

### **GENERAL CONTRACT SCOPE OF WORK**

The AMB seeks to identify ABMS certified psychiatrists and/or physicians engaged in the practice of addiction medicine available to perform assessments of its physician licensees to determine safety to practice and to make recommendations as to possible entry into the AMB's Monitored Aftercare Treatment Programs.

Qualified parties must respond to the following questions and may provide any relevant information to the question asked.

1. Are you interested in performing Physician Health Program assessments for the Board?
2. What factors would you consider in order to determine a physician's ability to safely practice medicine?
3. Please comment on your ability to provide an assessment report within 24 hours if necessary?
4. Are you comfortable using a template to complete the assessments? See Attached Proposed Template for the Performance of an Assessment.
5. Do you specialize in any particular area of medicine? If yes, please indicate your area of specialty and the length of time you have practiced within the specialty?
6. Please comment on any biases that may interfere with your ability to be objective?
7. Please comment on your willingness to state clearly whether you believe a physician or physician assistant is safe to practice?
8. Are you willing to testify at a formal hearing or informal hearing?
9. Please comment on your ability to complete reports in a timely manner (initial report on the same day as the assessment, final report within one to two weeks depending on the case)?

10. Do you know of any other physicians that may be qualified and willing to assist the Board in performing assessments? If yes, please provide the contact information of the provider.
11. Have you been in continuous practice for more than 5 years?
12. Please indicate all of the states where you currently hold a license along with any states where you were previously licensed.
13. Have you ever had any disciplinary actions taken against you by another regulatory jurisdiction or by the DEA or other government agency? If yes, please provide details of the disciplinary action taken against you.
14. Please indicate what you would charge to perform an assessment. Please be as specific as possible.
15. Please comment on your ability to gather collateral information such as police reports and witness statements?
16. If you have suggestions for the AMB to consider regarding performance of assessments of its physician licensees to determine safety to practice and/or recommendations as to the parameters for licensees possible entry into the AMB's Monitored Aftercare Treatments Programs, please comment here.

**INFORMATION REQUESTED**

The AMB is seeking information regarding current availability of ABMS certified psychiatrists and/or physicians engaged in the practice of addiction medicine to perform physician health assessments for the AMB. Any information submitted shall be the best value to the State and may be reasonably purchased by participating government entities. Any services shall abide by all applicable AMB and industry and governmental guidelines and regulations.

**ARIZONA MEDICAL BOARD**  
**PHYSICIAN HEALTH PROGRAM (“PHP”) ASSESSMENT**

Licensee Name:

Date of Health Assessment:

Date of Report:

Evaluator:

Waiver of Confidentiality

The licensee was informed that this assessment was being conducted at the request of the Arizona Medical Board. A physician-patient relationship is not established because of this assessment. This information obtained through this assessment will be reported to the Arizona Medical Board and would be used to make decisions about the licensee’s ability to practice medicine in the state of Arizona. The licensee expressed understanding and acceptance of these conditions.

1. REASON FOR ASSESSMENT
2. DOCUMENTS REVIEWED (Cite those applicable)
  - a. Interim order for PHP assessment (dated \_\_\_\_):
  - b. Referral letter/complaint:
  - c. Employer/Performance correspondence:
  - d. Collateral sources of information (family, peers, etc):
  - e. Incident-related Breathalyzer/Blood Alcohol Concentration results:
  - f. Comprehensive Hair Drug Test (arranged by AMB) - Date Collected:
  - g. Comprehensive Urine Drug Screen (arranged by AMB) – Date Collected:
  - h. Controlled substances prescription monitoring program (“CSPMP”) report:
  - i. Police Report(s):
  - j. Legal correspondence:
  - k. Additional documents:
3. DEMOGRAPHIC, EDUCATIONAL AND EMPLOYMENT INFORMATION
4. BOARD HISTORY FOR ALL MEDICAL LICENSES
5. DEA HISTORY
6. CIRCUMSTANCES RESULTING IN INTERIM ORDER
7. PAST MEDICAL HISTORY (INCLUDING PATTERNS OF SUBSTANCE USE)
8. SOCIAL HISTORY (INCLUDING LEGAL HISTORY)
9. FAMILY HISTORY
10. MEDICATIONS
11. ALLERGIES
12. MENTAL STATUS EXAM
13. SCREENING TESTS (Cite those applicable)
  - a. Michigan Alcohol Screening Test

- b. CAGE questionnaire
- c. MMSE
- d. Other

14. SUMMARY OF DATA OBTAINED FROM SECTION 2

15. IMPRESSION

16. APPLICABILITY OF DSM-V CRITERIA FOR SUBSTANCE USE DISORDERS

17. DISCUSSION AND RECOMMENDATIONS