

Supporting Michigan Health Professionals since 1994

**Health
Professional
Recovery
Program**

Michigan Health Professional Recovery Program



Protecting the Public...Saving Lives...Saving Careers


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Program History

- 1994: Health Professional Recovery Program (HPRP) is created under majority regulatory reform legislation
- Endorsed by Michigan's licensing boards, professional societies and associations
- Confidential (not subject to discovery, subpoena, FOIA)
- Includes both Non-Regulatory and Regulatory participants




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Program Oversight


- The program is operated by a private sector contractor to maintain participant confidentiality
- The contractor operates under the authority of the Health Professional Recovery Committee (HPRC)
- The Michigan Department of Community Health - Bureau of Health Professions provides administrative services to the HPRC as well as funding for the contract



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Role of HPRC

- The HPRC oversees the HPRP
 - Statewide committee
 - Comprised of members representing the health care professions regulated under the Public Health Code
 - Two Public members appointed by the Director of the Department of Community Health (DCH)
 - Authority to develop policies and procedures for the program contractor to follow
 - Oversees the performance of the contractor who operates the program

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Who is Eligible for HPRP?

- Acupuncturist
- Allopathic Physician (MD)
- Athletic Trainer
- Audiologist
- Chiropractor
- Dentist, Dental Hygienist and Dental Assistant
- Dietitian & Nutritionist
- Marriage & Family Therapist
- Nursing Home Administrator
- Occupational Therapist and Occupational Therapy Assistant
- Optometrist

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Who is Eligible for HPRP?

- Osteopathic Physician & Surgeon (DO)
- Physician's Assistant
- Podiatric Physician & Surgeon
- Professional Counselor
- Registered Nurse (RN), Licensed Practical Nurse (LPN)
- Pharmacist
- Physical Therapist
- Psychologist
- Respiratory Therapist
- Social Worker, Social Service Technician
- Veterinarian and Veterinary Technician

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Who is Appropriate for HPRP?

- Legal Definition of “Impaired” or “Impairment”
- 333.16106a: “Impaired” or “Impairment” means the inability or immediately impending inability of a health professional to practice his or her profession in a manner that conforms to the minimal standards of acceptable and prevailing practice for the health professional due to the health professional’s substance abuse, chemical dependency, or mental illness or the health professional’s use of drugs or alcohol that does not constitute substance abuse or chemical dependency.


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Referrals to the HPRP

- Referrals can come from many sources, including:
 - *Licensing Boards*
 - *Professional Associations*
 - *Employers/Employee Assistance Programs*
 - *Colleagues*
 - *Family/Friends/Associates*
 - *Patients*
 - *Self-Referrals*



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HPRP Statistics: to 11/30/09

- 877 currently active participants in the program which includes Intake and Monitoring.
- 5 professions most identified:
 - Nursing , M.D., D.O., D.D.S., R.Ph.
- Primary Diagnosis:
 - Opiate Dependence
 - Alcohol Dependence


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Reasons for Referral

- Emotional or Behavioral changes:
 - More withdrawn socially or professionally
 - More irritable, anxious, jealous, angry, depressed or moody
 - More defensive - becoming angry when someone mentions their use of drugs, drinking or emotional instability
 - Denying or expressing guilt or shame about personal use
 - Other mental health concerns that directly impact work performance




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Reasons for Referral

- Change in Work Habits:
 - Missing work or frequently tardy
 - Failing to keep scheduled appointments
 - Late submissions of reports or assignments
 - Asking others to cover for hours or errors
 - Unacceptable error rates
 - Volunteering for drug-oriented tasks




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Reasons for Referral

- Physical Changes:
 - A deterioration in personal hygiene
 - Changes in eating patterns or body weight
 - Changes in sleeping patterns
- Substance Abuse / Addiction
 - Documented diversion of controlled substances
 - Observed intoxicated behavior within the workplace
 - *Reports of positive drug screen*
 - *Behavior that indicates impairment or addiction*
 - *Documented convictions or legal issues related to alcohol and other drugs*



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Non-Regulatory Referral Process

- Information gathering
- Assessment by approved service provider.
 - *Qualifying Diagnosis: Enter into a Monitoring Agreement*
 - *No Qualifying Diagnosis: File Closed*
- Monitoring agreement drafted. Elements include:
 - *Approvals: employment, worksite, hours*
 - *Controlled Substances access*
 - *Worksite monitor*
 - *Drug screens*
 - *Group/individual therapy*
 - *Periodic reports*
 - *Duration*

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Non-Regulatory Process

- Confidential in nature
- Records expunged after 5 years for voluntary participants who have fulfilled monitoring agreement and have shown no indication of relapse

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Regulatory Referral Process

- Boards or disciplinary subcommittees require involvement as a condition of being allowed to continue or resume practicing their profession
- Monitoring Agreements typically contain the same elements as for non-regulatory participants
- Regulatory participation is subject to FOIA and Federal reporting requirements:
 - *National Practitioners Data Bank*
 - *Health Integrity Practitioners Data Bank*
 - *Non-Confidential*
 - *Permanent mark on the licensee's record*


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Benefits of the HPRP

- Protect the public's health and safety while encouraging and supporting the health care professional's recovery
- Substance use and/or mental health disorders are treatable conditions
 - *Early identification and intervention lead to more positive outcomes*
 - *Careers will be saved*
 - *No licensing action if compliant, i.e., no loss of license*
 - *Able to work while addressing issues*
 - *Participant involvement and records are not subject to public disclosure*
 - *Fair consequences for unhealthy behaviors*



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Worksite Monitor Role

- **Advocate and Mentor**
 - ✓ Support Monitoring requirements re: hours, access to controlled substances, drug screening
 - ✓ Any indicators of relapse- **Patient Safety is paramount**
 - ✓ Recognize RTW issues (may need support and re-learning)
 - ✓ Recognize issues w/ colleagues
- **Quarterly Reporting**
 - ✓ Participant's responsible for ensuring timeliness
 - ✓ Should include work attendance and performance issues.
 - ✓ Mood swings and reliability

Notify HPRP, as soon as possible, of any concerns that may arise between reporting periods.*

* Reporting to the HPRP does not negate reporting requirements for Change in Staff Privileges.


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Commitment of the HPRP Participant

- Active participation in recovery is required
 - *Requires significant effort and dedication*
 - *Cost commitment*
 - *Time commitment*




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Costs Involved

- Total cost of participation may vary depending upon:
 - Participant's diagnosis
 - Severity of the participant's condition
 - Participant's insurance coverage
 - Length of time the participant is in the HPRP
 - Participant's compliance with HPRP requirements
- Licensee (or his/her insurer) is responsible for:
 - Evaluation
 - Treatment
 - Drug Testing
 - Other services such as group or individual therapy

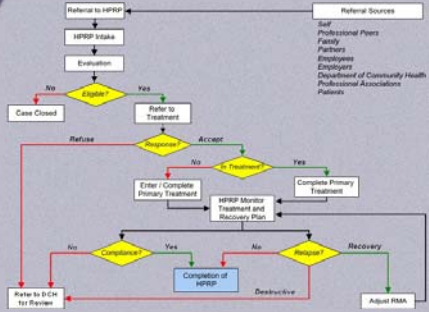


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HPRP Process Model



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Mandatory Reporting Requirements

Section 333.1622:

- A violation of general duty, consisting of negligence or failure to exercise due care including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully practice the health profession.
- Personal disqualifications, consisting of 1 or more of the following:
 - Incompetence.
 - Subject to sections 16165 to 16170a, substance abuse as defined in section 6107.
 - Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.
 - Declaration of mental incompetence by a court of competent jurisdiction.
 - Conviction of a misdemeanor that is reasonably related to or that adversely affects the licensee's ability to practice in a safe and competent manner. A certified copy of the court record is conclusive evidence of the conviction.
- (iv) Obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or a drug as defined in section 7105 without lawful authority; or selling, prescribing, giving away, or administering drugs for other than lawful diagnostic or therapeutic purposes.

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Mandatory Reporting Requirements (continued)

Section 333.16222: Requires licensed/registered health care professionals to make good faith reports of any suspected violations of the Code to the DCH, Bureau of Health Professions.

Exceptions:

- Licenseses involved in a bona fide provider-patient relationship.
- Information obtained during an ethics or peer review function whether for a professional association or in a health facility or agency.

Section 333.16222(3): Requires a licensee or registrant to notify the department of a criminal conviction or a sister-state sanction within 30 days after the date of the conviction or action.

Section 333.16223: Allows a report of suspected substance use or mental health disorders to be made to the HPRP in lieu of the DCH, Bureau of Health Professions.

Section 333.16223(3): Good Faith Reporting

Section 333.16236:

- Mental or Physical Examination
- Licensee/Registrant Consent/Waiver

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Mandatory Reporting Requirements (continued)

Section 333.16244: Immunity from Civil or Criminal Liability

Section 333.16247: Reinstatement Criteria

Section 333.20175: Requires reporting to DCH, Bureau of Health Professions if:

- Disciplinary action results in change of employment status.
- Disciplinary action is based on conduct that adversely affects clinical privileges for 15 days or more.
- Restriction or acceptance of the surrender of clinical privileges if:
 - the licensee or registrant is under investigation, or
 - there is an agreement in which the facility or agency agrees not to conduct an investigation into alleged professional incompetence or improper professional conduct.
- The health professional resigns or terminates a contract or whose contract is not renewed instead of the health facility taking disciplinary action against the health professional.

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Contacting the HPRP

If you have questions or wish to make a referral, please call the HPRP toll free at:

1 • 8 0 0 • 4 5 3 • 3 7 8 4

www.hprp.org

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www.michigan.gov/mdch

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