

## PREVENTING IMPAIRED PRACTICE . . .

Health care professionals are not immune to substance use and/or mental health disorders by virtue of their training or experience. These conditions can lead to impaired practice and the loss of health or life for the health care professional. Research shows that many otherwise, highly qualified health care professionals may develop these problems due to stress, long hours, a genetic predisposition, and/or a tendency to self-medicate. An inherent risk for some health care professionals is access to controlled substances.

Substance use disorders and mental health disorders are treatable conditions. Appropriate treatment, followed by structured aftercare and monitoring, allows most health care professionals to return to a health lifestyle and utilize their education and experience once again.

*"I never want to go back to where I was when I came into this program ... I am grateful to the HPRP because it gave me a chance to recover while still practicing my profession." -- RN*

*"My recovery is precious. The first six months of my recovery seemed like six years: the last 30 months like 30 days." -- MD*

*"Without your help and assistance ... guidance and support, I am certain that I would not be alive, let alone be a practicing pharmacist." -- RPh*

*"Life can be very difficult to deal with at times and with this program I have learned to cope ... I know where I have been and do not wish to be there again." -- DO*

## CONFIDENTIALITY . . .

Participation in the HPRP is confidential. This means if a licensee/registrant is referred to the program, has a qualifying diagnosis, and complies with the HPRP requirements, his or her name will not be disclosed to state regulatory authorities or the public. Provided there is no readmission, records of HPRP participants are destroyed five years after successful completion.

The names of those reporting suspected violations are also kept confidential unless testimony is needed at a later disciplinary hearing.

## POTENTIAL SIGNS OF IMPAIRMENT . . .

These are common signs of impairment due to substance use or mental health disorders. A health care professional who exhibits several of these common signs may be impaired:

### 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- More withdrawn socially or professionally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

### 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

### Physical Changes:

- A deterioration in personal hygiene
- Changes in eating patterns or body weight
- Changes in sleeping patterns

### Substance Use / 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

If you have additional questions or want to make a referral, contact the HPRP at:

**800-453-3784**  
[www.hprp.org](http://www.hprp.org)

H  
P  
R  
P



**Serving Michigan  
Health  
Professionals  
since 1994**

**800-453-3784**

[www.hprp.org](http://www.hprp.org)

Authorizing legislation: PA 80 of 1993, as amended; No. of Copies: 2,500 Total cost: \$442.62 Cost per copy: \$.18

HCS 3005 (rev. 1/15)

## WHAT IS THE HPRP?

The Michigan Health Professional Recovery Program (HPRP) was established by legislation in 1993. This program is designed to encourage health professionals to seek treatment for substance use and/or mental health disorders before their impairment harms a patient or damages their careers through disciplinary action.

The Michigan Department of Licensing and Regulatory Affairs (LARA) - Bureau of Professional Licensing (BPL) contracts with a private entity to act as a consultant to the Health Professional Recovery Committee (HPRC) with the administration of the program.

## ELIGIBLE PROFESSIONS . . .

The following licensed or registered health care professionals are eligible to participate in the confidential HPRP:

- Acupuncturist
- Allopathic Physician (MD)
- Athletic Trainer
- Audiologist
- Behavior Analyst
- Chiropractor
- Dentist, Dental Hygienist, Dental Therapist, and Dental Asst.
- Licensed Midwife
- Marriage & Family Therapist
- Massage Therapist
- Nursing Home Administrator
- Occupational Therapist and Occupational Therapy Assistant
- Optometrist
- Osteopathic Physician & Surgeon (DO)
- Pharmacist and Pharmacy Technician
- Physical Therapist and Physical Therapist Assistant
- Physician's Assistant
- Podiatric Physician & Surgeon
- Professional Counselor
- Psychologist
- Registered Nurse, Licensed Practical Nurse
- Respiratory Therapist
- Sanitarian
- Social Worker, Social Service Technician
- Speech and Language Pathologist
- Veterinarian and Veterinary Technician

## HOW THE PROGRAM WORKS . . .

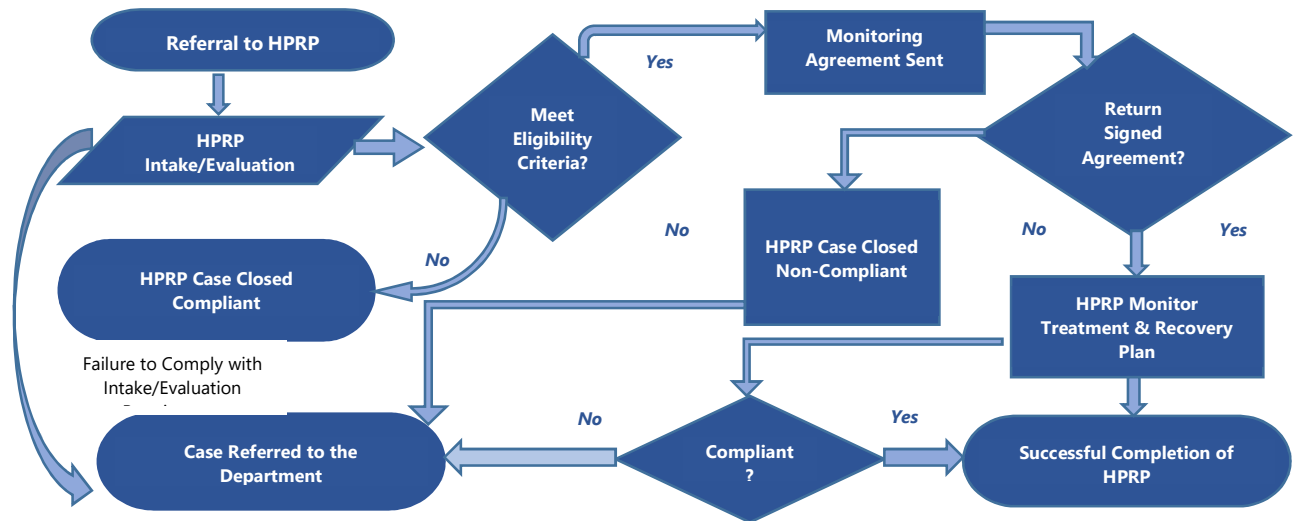
**REFERRAL** — Referrals to the HPRP may come in the form of a self-referral from the individual licensee or from colleagues, partners, hospital administrations, patients, family members, or the State. Any of the health licensing boards may also refer licensees/registrants to the HPRP for similar monitoring as part of a board order.

**EVALUATION** — After the initial intake with HPRP, the licensee is referred to a qualified evaluator. The purpose of this evaluation is to determine eligibility for the program, the nature of the problem and to help the HPRP contractor to design a monitoring agreement.

**TREATMENT** - If the evaluation indicates a substance use and/or mental health disorder that represent a possible impairment, the HPRP makes referrals for treatment services to an approved provider.

**MONITORING** - The HPRP will work with the licensee to develop a written monitoring agreement that defines the requirements of participation and will typically last one to three years. The monitoring agreement may include elements such as: treatment, limitations on practice, random drug screens, group/individual therapy; medical oversight, and monthly or quarterly reports. During the monitoring period, the HPRP will communicate with the licensee and their provider team in order to support the licensee's continued work in their professional setting.

**COMPLETION** - An HPRP participant will be released from the HPRP upon successful completion of the recovery monitoring agreement. All records are destroyed five years after the date of successful completion of the program. However, once a health professional is accepted into the program, he or she may be released for failure to comply with the agreement. Non-compliant participants are reported to the Bureau of Health Care Service as required by law, which could result in subsequent disciplinary actions.



For detailed information about the HPRP and how it works, go to [www.hprp.org](http://www.hprp.org)

**Costs of Participation** - The total cost of participation may vary depending upon an individual's diagnosis, severity of condition, insurance coverage, length of time in the HPRP, and compliance with HPRP requirements. An HPRP participant is responsible for the costs of evaluation, treatment, drug testing, and other services