Worksite Monitor Handbook

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HPRC approved 3/17/14

hprp.org

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INTRODUCTION

Welcome to the **Health Professional Recovery Program** (HPRP), a voluntary, confidential, non-disciplinary monitoring program to support and document licensed or registered healthcare professionals (licensees) addressing a substance use or mental health diagnosis. Many licensees have successfully addressed their substance use or mental health problem as a result of HPRP participation. Their success can be attributed, in large part, to the HPRP monitoring requirements, which are viewed as best-practice when working with healthcare professionals. Among those best practices – the contributions of the worksite monitor.

It is the philosophy of the HPRP that substance-use disorders and mental health disorders are treatable conditions. By providing health professionals an opportunity to enter into treatment and to seek recovery from their diseases early in the disease process, the HPRP can serve to minimize negative impacts on licensees/registrants, patients and their families and friends.

The HPRP offers a structured monitoring process to protect the public, while creating a safe environment for health professionals to recover from substance use or mental health disorders. Structured monitoring helps professionals to maintain control of their lives by establishing routines and expectations meant to minimize the risk of relapse.

Once non-disciplinary (non-regulatory) licensees or applicants are accepted into the HPRP, their participation and records are not subject to disclosure under discovery and subpoena or the Freedom of Information Act. All records of non-disciplinary participants are destroyed five years after the date of successful completion of the program unless you have a recurring agreement with the program. However, once a health professional is accepted into the program, if he/she is terminated for failure to comply with the HPRP agreement, their termination is reported to the Licensing and Regulatory Affairs department and could result in disciplinary actions.

If a licensee fails to satisfactorily complete the program on a voluntary basis or if they are subject to an investigation and sanctioned by the State of Michigan; a health professional may be required to participate in HPRP (regulatory). Their participation in the program may be subject to public disclosure under the Freedom of Information Act and may become part of their permanent record.

This handbook is designed to give the worksite monitor (WSM) a better understanding of how HPRP works and assist him/her in meeting their responsibilities in this role.

BACKGROUND

The Health Professional Recovery Program (HPRP) was established by legislation in 1993 in order to meet the needs of the health professions for a confidential, non-disciplinary approach to support recovery from substance use disorders or mental health disorders. The program is designed to encourage health professionals to seek a recovery program before their condition harms a patient or damages their careers. The program is supported by the licensing boards, as well as professional societies and associations throughout the state.

The program is available to health care professionals who are licensed or registered under Part 15 of the Public Health Code. The HPRP is financially supported by licensing fees and endorsed by the health care professional associations throughout Michigan and by the State's licensing boards.

The HPRP is administered by a private contractor under the direction of the Health Professional Recovery Committee (a multi-disciplinary committee) and the Bureau of Health Care Services in the Michigan Department of Licensing and Regulatory Affairs.

The **Health Professional Recovery Committee (HPRC)** is responsible for program policy and oversight. The HPRC consists of one member from each HPRP-eligible profession who are appointed by their respective licensing board and two public members who are appointed by the department director.

The HPRP is supported by our partners who include:

A **private sector contractor** administers the daily operations of the HPRP and helps to ensure confidentiality. Contractor services include: referral to assessment and treatment; development of the Monitoring agreement; compliance monitoring; work-site advocacy; approval of treatment and aftercare providers; and, educational programs to the health care community.

The **Bureau of Health Care Professions** within the **Michigan Licensing and Regulatory Affairs (LARA)** is the state regulatory agency for health care professionals. The Bureau provides funding for the HPRP and administrative support to the HPRC.

HPRP OVERVIEW

Confidentiality and the Health Information Portability and Accountability Act (HIPAA):

- All staff associated with HPRP (case managers, program director, and medical director) are bound by HIPAA confidentiality and privacy regulations
- All WSMs are asked to respect HIPAA guidelines including:
    - Confidentiality regarding the licensee's participation in HPRP
    - Confidentiality regarding the information provided in the monitoring agreement
    - Any discussion of the licensee's participation in the program must follow receipt of a signed release of information (ROI) from the licensee
    - WSMs will not communicate directly with the licensee's providers
    - WSMs will only communicate with the case manager regarding details about the licensee's participation in the program
- Phone, fax and mail communication is required when discussing licensee
- Email will be used only for administrative purposes

Examples of Problems that qualify people for HPRP:

- diversion of drugs at work
- showing up to work under the influence of drugs or alcohol
- behavioral issues due to a psychological or emotional conditions/issues
- a positive drug test at work (despite having a prescription)
- legal issues as a result of substance use or mental health problems

The Referral Process:

- Licensees are most often referred by:
    - self-referrals
    - their employer or prior employer
    - legal consultation (e.g. an attorney, judge, parole officer)
    - a colleague, friend or family member report made in good faith
    - licensing board

The Intake Process:

- HPRP participation is open to any Michigan health care professional who is actively licensed or registered under Part 15 of the Michigan Public Health Code
- All licensees, if they choose to enter the HPRP, must then complete the intake process which may include a referral for a psychological evaluation by a paneled psychiatrist, addictionist, pain specialist or licensed therapist, as the case warrants
- The licensee must have a qualifying substance use or mental health disorder as specified by the DSM V
- Participation in HPRP is normally voluntary but may be required in order for a licensee to keep their license and practice in their given field. It may also be required by an employer

The Monitoring Agreement (MA):

- Agreements are individualized based on the licensee's diagnosis (qualifying condition) and the licensee's discipline
- Agreements are a generally 1-3 years
- Requirements stated in the MA may include but are not limited to:
    - Individual therapy, group therapy, meetings with an addictionist, psychiatrist and/or pain specialist, attend AA meetings, obtain an AA sponsor, drug testing, obtain a worksite monitor, reporting by providers and licensee
- Restrictions stated in the MA may include but are not limited to:
    - No access to controlled substances, no midnight shifts, no more than 2 consecutive 12-hour shifts, limits on prescribing, no work in home health care
- Abstinence: HPRP is an abstinence based program (except in specified situations)
    - A participant must remain free of all mood-altering drugs, controlled drugs, or addictive substances, including alcohol, over-the-counter drugs, and prescription drugs.
- Access to controlled substances:
    - An HPRP participant may be prohibited from obtaining, possessing, prescribing, dispensing, and/or administering controlled substances or other mood-altering chemicals or having access to such substances in any way through professional practice.
    - Restrictions on access can vary and will be clearly stated in the licensee's MA
    - The participant may request the lifting of the restriction after the successful completion of the restriction period. Written approval by the HPRP is required before any or all restrictions are lifted. The written approval becomes a part of the participant's file.

Random Drug Screening:

- HPRP provides random drug screening/testing through FirstLab (www.firstlab.com)
    - As a condition of each participant's recovery treatment plan
    - Abnormal screen results (e.g. positive, adulterated, dilute, substituted urine) are reported to the HPRP. The consequences of abnormal screen results may include additional progressive requirements depending on the circumstances.

Dismissal from the Program

Compliant Case Closure:

- All licensees must complete and adhere to (comply with) all requirements set forth in their MA in order to complete and graduate from HPRP, ending their participation in the program
- When the licensee completes the program, his/her case is **closed compliant**

Non-compliant Case Closure:

- HPRP participants are entitled to the services and confidentiality of the HPRP as long as they follow established procedures and their Monitoring Agreement.

- An HPRP participant may be dismissed from the HPRP and reported to the Department of Licensing and Regulatory Affairs for any of the following:
    - Non-compliance with any aspect of the intake process or the Monitoring Agreement
    - Attempting to work or working in a health professional capacity when the licensee has agreed to refrain from or limit his or her practice as required by the Monitoring Agreement
    - Falsifying any information submitted to the HPRP

<u>NOTE</u>: Under Section 333.16170(3) of the Michigan Public Health Code, participation in the HPRP or an individual treating a participant under the HPRP requirements, who either individually or together intentionally or falsely represent that the participant has successfully completed the treatment plan, is guilty of a felony.

THE WORKSITE MONITOR ROLE AND RESPONSIBILITIES

There are four major components to being a Worksite Monitor (WSM):

1. Worksite confirmation with the case manager
2. Reporting concerns to HPRP
3. Submitting quarterly reports on behalf of licensees
4. Endorsement of completion of HPRP, graduation from the program

1. Worksite Confirmation with the Case Manager

It is required that the worksite confirmation occurs before the licensee can accept a position.

- The licensee must provide the proposed WSM a copy of his/her monitoring agreement (MA).
- The WSM must have the equivalent level of education/license or higher with a few exceptions,
- Once the licensee is offered a position of employment, the case manager will contact the WSM to do a short interview which includes:
    - details about the licensee's proposed position
    - the location of the worksite (if there is more than one location or unit, for example)
    - the shift, total hours of work per week
    - whether the licensee has access to controlled substances
- Approval of a position is based upon whether the position meets the requirements and stipulations outlined in the licensee's MA and requires the approval from the HPRP team and the licensees' providers
- The licensee's case manager will be available if there are any questions regarding the licensee's MA, any restrictions they may have or the program in general

2. Reporting Concerns to HPRP

HPRP is an abstinence based program

If there is a documented medical need for the use of any mood-altering substances, the health care professional and/or his or her primary care physician must consult with the HPRP staff before the participant takes any of these substances unless there is a medical emergency.

Please contact the Case Manager immediately if you have any concerns about a licensee's job performance and/or mental, emotional or physical state. Refer to the Quarterly Worksite Monitor Report for additional information.

The following include additional items that merit reporting:

- **Monitoring Agreement infractions**
    - Working more hours than allowed as delineated in monitoring agreement
    - Working an unapproved shift
    - Unapproved access to controlled substances

- **Changes to employment status**
    - Suspension, taken off work temporarily by employer for some reason
    - Termination
    - Additional worksites
    - Any change in employment status or clinical privileges
    - Need to change worksite monitor

3. Submitting Quarterly Reports on Behalf of Licensees

- In order to monitor licensees in the workplace and ensure they are safely practicing their profession, we ask WSMs to submit quarterly professional performance evaluation reports through hprp.org. **No paper reports will be accepted.** We ask that only the WSM submit quarterly reports (not the licensee or an administrative person) for reasons of accuracy and confidentiality

- **The process for submitting quarterly reports is as follows:**
    - The case manager will provide the WSM (usually via email):
        - a username (beginning with WM_____)
        - an initial password (HpRp2013)
        - a date to start submitting reports which is based on the licensee's start date in the HPRP program
        - The case manager's contact information
    - Go to hprp.org.
    - Enter the username and password provided
    - Follow the prompt to change your password
    - Write down your username and password so it will be easily accessible in the future
    - Call the case manager with any questions regarding submitting your quarterly reports
    - Enter report for prior quarter based on the dates provided by the case manager and licensee.
    - Licensee is responsible for ensuring all reports are submitted by the WSM on their behalf

4. Completion of HPRP: Graduation from the Program

- When the licensee has completed all program requirements and is ready to graduate from the program, and if the WSM feels they are ready, the WSM is asked to write a short letter of endorsement
- The WSM will be notified the licensee is no longer in HPRP and their case has been closed compliant

ADDITIONAL ROLES AND RESPONSIBILITIES

The Licensee's Roles and Responsibilities

1. Follows all requirements set forth in their MA in order to maintain compliance with the program
2. During the interview process with a potential employer, the licensee must provide the employer with a copy of his/her MA
3. Upon offer of employment, an appropriate WSM is identified
4. Once the WSM is identified, the licensee submits proper documentation to HPRP, including a job description and contact information for the potential WSM in order for a worksite confirmation to be completed
5. When hired, the licensee is responsible for ensuring that WSM submits quarterly reports on a timely basis, on or before the required deadline (determined by the licensee's start date in the HPRP program) via the hprp.org website
6. If there is a change to the licensee's MA which requires an addendum, the licensee is responsible for providing a copy of the addendum to the WSM
7. The licensee is ultimately responsible for WSM quarterly report to be submitted in a timely fashion

The Case Manager's Roles and Responsibilities

1. Work with each licensee and their respective providers, the worksite monitor to ensure all requirements set forth in their individual MA are adhered to and fulfilled
2. Work with the state of Michigan Department of Licensing and Regulatory Affairs (LARA) in cases when licensees are board ordered referrals
3. Enforce all policies ascribed to licensees and delineated in the HPRP Policy Manual
4. Monitors all drug testing for each licensee when indicated
5. Monitors licensee's paperwork requirements which may include: AA meeting logs, quarterly sponsor reports, quarterly provider reports
6. Communicates with licensee regarding all aspects of fulfilling the requirements of their MA through the completion of the contract
7. Communicates with providers on behalf of licensees
8. Confirms proposed worksites by completing a worksite confirmation which includes: an interview with the proposed worksite monitor regarding proposed work hours, shift specifics, whether the licensee has access to controlled substances, job location(s) and the amount of direct contact the WSM will have with the licensee
9. Provides all required paperwork that is not provided via the hprp.org website for licensees, providers and worksite monitors

The Provider's Roles and Responsibilities

1. During the intake process, licensees are given referrals to specific HPRP paneled providers for their initial evaluation
2. Provide initial evaluations that are used to determine diagnoses and requirements of MA
3. Oversee the on-going care of licensees

4. Approve any changes to the licensee's monitoring agreements
5. Submit quarterly reports via the hprp.org website on behalf of their licensees
6. Make therapeutic recommendations on behalf of licensees
7. Abide by all HPRP policies and procedures

The HPRP Program's Roles and Responsibilities

1. Provides overall structure, policies and procedures for the HPRP program which includes the HPRP Policy and Procedure Manual
2. Provides a contracting entity that runs the program for the State of Michigan which employs case managers and a program director to oversee the HPRP program
3. Works with the Health Professional Recovery Committee (HPRC) to establish and review all policies and procedures for the HPRP
4. Provides case managers, a program director and a medical director to oversee a licensee's participation in the program
5. Creates a Monitoring Agreement (MA) that delineates program requirements for each individual licensee who enters the program. This is done during the intake process
6. Develops and maintains a professional network of paneled healthcare providers including psycho-therapists, addictionists, physicians who specialize in pain management, primary care providers and other healthcare professionals providing services to licensees
7. Provides a team consisting of case managers, the program director and the medical director that meets weekly to review any changes to individual licensees' MA. All decisions regarding changes to the MA are set forth in an addendum that is mailed to the licensee and signed by the licensee and the case manager
8. Upon successful completion of the Monitoring Agreement, licensees submit endorsement letters from all providers and their WSM and after approval by the HPRP team, licensees are then released from the program: the term used is "compliant case closure"
9. Reasons HPRP would ask a licensee to stop working
    a. A positive drug screen
    b. A serious breach of the monitoring agreement by a licensee
    c. Licensee is deemed not safe to practice due to a substance abuse or mental health issue
10. Removing a Licensee from work
    a. The workplace as well as HPRP can decide a licensee should be pulled from work
    b. If HPRP decides to remove a licensee from work, that decision is made by the HPRP team and the licensee's treatment providers
    c. Case managers will call the WSM directly to notify them that the licensee is considered not safe to practice and must stop working
11. Returning to work
    a. A Return-to-Work Assessment will be completed by one of the licensee's providers. The licensee is required to follow treatment recommendations or be dismissed from the HPRP program
    b. The case manager will call the WSM directly to notify them when the licensee is deemed safe to practice and can return to work

c. In evaluating a participant's ability to safely practice, the treatment professional and HPRP clinical team must consider the participant's: stability in recovery, compliance with the Monitoring Agreement, ability to return to job environment and practice in a safe and competent manner, overall cognitive function and recommended restrictions or limitations on practice. The HPRP clinical monitoring team will review the records and recommendation and make a determination regarding the participant's return to professional practice.
d. Once the designated treatment professionals evaluate a participant and the decision is reviewed and endorsed by the HPRP clinical monitoring team, a formal authorization to return to practice with limitations or to practice without limitation shall be given.

GLOSSARY

Addendum
An additional document not included in the main part of the agreement (MA), usually compiled and executed after the main document, which contains additional terms, obligations or information

Assessment/Evaluation
Professional services wherein an HPRP approved evaluator performs a standard of care evaluation. The assessment results in a written summary of the clinical findings and recommendations.

Chemical Dependency/Substance Abuse (definition from Michigan Public Health Code)
"Chemical dependency means a group of cognitive, behavioral, and physiological symptoms that indicate that an individual has a substantial lack of or no control over the individual's use of 1 or more psychoactive substances." – MCL 333.16106a(a)

Clinical Monitoring Team
A team composed of the HPRP medical director, program director, and case managers. The clinical monitoring team reviews cases, makes clinical decisions and monitors compliance on cases as needed in conjunction with the participants' treatment service providers.

Controlled Substance (definition from Michigan Public Health Code)
"Controlled substance is a drug, substance, or immediate precursor included in schedules 1 to 5 of part 72." – MCL 333.7104(2)

Three basic criteria are considered in the classification of drugs: potential for abuse, currently accepted medical uses, and the likelihood of either physical or psychological dependence. The specific drug schedules are contained in the Public Health Code, Sections 333.7211 to 333.7227.

*For the purposes of the monitoring agreement and consistent with the expectation of abstinence, this definition also includes mood altering drugs that have a medically recognized abuse potential but are not currently listed in the Controlled Substance Act including Tramadol, Propofol and others.

Freedom of Information Act (language excerpted from the Michigan Freedom of Information Act)
"It is the public policy of this state that all persons, except those persons incarcerated in state or local correctional facilities are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and public employees, consistent with this act. The people shall be informed so that they may fully participate in the democratic process." – MCL 15.231(1) and (2)

Note: Under MCL 333.16170a(2), the identity of a person who participates in the HPRP is confidential and is not subject to disclosure under discovery or subpoena or the Freedom of Information Act unless the health professional fails to satisfactorily participate in and complete a treatment plan prescribed under the HPRP or violates section 16170(3) of the Public Health Code (which addresses false representation of completion of the HPRP).

Health Insurance Portability and Accountability Act (HIPAA)
The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to, in pertinent part, ensure the privacy and protection of health information. The act also contains provisions to protect the rights of consumers; reduce administrative costs through standardization; and improve the efficiency and effectiveness of the health care system.

Impairment (definition from the Michigan Public Health Code)
"Impaired or impairment means the inability or immediately impending inability of a health professional to practice his or her health profession in a manner that conforms to the minimum standards of acceptable and prevailing practice for that health profession 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." – MCL 333.16106a

Note: Please refer to separate definitions in this Glossary for "substance abuse," "chemical dependency," and "mental illness."

Intake
A phase of the HPRP during which the program obtains initial information from the health care professional/applicant in question, makes referrals for assessment and treatment services as appropriate, and works with the health care professional/applicant to enter into a Monitoring Agreement.

Monitoring Agreement (MA)
A written agreement, signed by the health care professional and the HPRP, in which the health care professional acknowledges his or her impairment and agrees to meet prescribed treatment, continuing care and monitoring requirements. A Monitoring Agreement is written at the intake phase of the HPRP and may be modified at any time during the health care professional's participation in the HPRP as the need arises.

Non-Disciplinary Program
A program designed to encourage and support health care professionals with the treatable diseases of substance use disorders or mental/emotional disorders. In Michigan, this is the confidential Health Professional Recovery Program (HPRP) through which an impaired health care professional may seek help in his or her disease process and recovery before the impairment may harm another.

Non-regulatory
If licensees have this status, HPRP does not impose punitive actions to licensee monitoring with regard to their state license

Paneled provider
Individual healthcare providers who are credentialed and approved by the HPRP and are assigned to monitor and provide services to licensees

Quarterly report
Generated by providers, worksite monitors and self-help (AA) sponsors submitted to HPRP as quarterly assessments of licensee performance

Regulatory
Licensees with this status are mandated and monitored by the State of Michigan Licensing and Regulatory Affairs Department along with HPRP.

Relapse
Any break or lapse in abstinence, regardless of duration or amount of substance used, or a recurrence of clinically significant symptoms and/or instability with potential for current or impending impairment.

Release of Confidential (or Privileged) Information
Under federal and/or state legislation, treatment and monitoring records may be disclosed only with the consent of the individual concerned and only to the extent and only for the purposes disclosed in the written release. This term (sometimes shortened to "release") is used to refer to the document containing the written approval of the health care professional in the HPRP.

Return-to-Work Approval
An agreement between the HPRP and the health care professional, which specifies the terms and conditions for return to or continuation of work.

Health Professional Recovery Program

Supporting Michigan Health Professionals since 1994

March 24, 2014

Worksite Monitor Name
Facility Name
Address
City, State Zip

Dear Salutation:

The Health Professional Recovery Program (HPRP) monitors Michigan Health Care Professionals who have substance use disorders and/or mental health issues. A pamphlet with information about the purpose and role of HPRP is enclosed.

To facilitate our monitoring functions, HPRP receives information from a number of sources (e.g. therapists, physicians, worksite monitors, urine drug screens). This information is used to evaluate how an individual is doing with his/her compliance in a monitoring agreement. This information allows HPRP to permit the licensee to continue working. We have a two-way release that will be signed by the licensee so information can be readily shared with you whenever necessary.

You have been identified as the worksite monitor for **Licensee Name**. Please review the Worksite Monitor Handbook available at www.hprp.org, which details your role and responsibilities. Information which must be reported to HPRP includes work attendance, excused or unexcused absences, tardiness, work performance, mood swings and reliability. An online submission of a **Quarterly Worksite Report** regarding the above concerns and other pertinent information is due every three (3) months.

To register on the HPRP website and complete your quarterly reports, please go to www.hprp.org and perform the following:

- Select the option that indicates you are a Worksite Monitor
- Enter your user name, which is **WMXXXXX**
- Enter your initial password which is **HpRp2013**
- Change your password and save it for future use
  Do not give your new password to anyone

HPRP should be notified as soon as possible regarding any concerns which arise between quarterly reporting periods. Unless problems arise, HPRP will not be routinely contacting you.

The Worksite Monitor is an integral part of a licensee's recovery program. If you have any questions, please call **Care Manager Name** at **800-453-3784**.

Sincerely,

Your Name
Intake Manager
Enclosure

Worksite Monitor Letter revised 10/8/13

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 normal life 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

HPRP

Health Professional Recovery Program

Serving Michigan Health Professionals since 1994

800-453-3784

www.hprp.org

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BHP HPRP (rev. 07/11)

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 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 Licensing and Regulatory Affairs (LARA) - Bureau of Health Professions (BHP) provides administrative services to the HPRC as well as funding for the contract.

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
- Chiropractor
- Dentist, Dental Hygienist and Dental Assistant
- Dietitian/ Nutritionist
- Marriage & Family Therapist
- Massage Therapist
- Nursing Home Administrator
- Occupational Therapist and Occupational Therapy Assistant
- Optometrist
- Osteopathic Physician & Surgeon (DO)
- Physician's Assistant
- Podiatric Physician & Surgeon
- Professional Counselor
- Registered Nurse, Licensed Practical Nurse
- Pharmacist
- Physical Therapist and Physical Therapy Assistant
- Psychologist
- Respiratory Therapist
- Social Worker, Social Service Technician
- Speech and Language Pathologist
- Veterinarian and Veterinary Technician

For detailed information about the HPRP and how it works, go to www.hprp.org

HOW THE PROGRAM WORKS

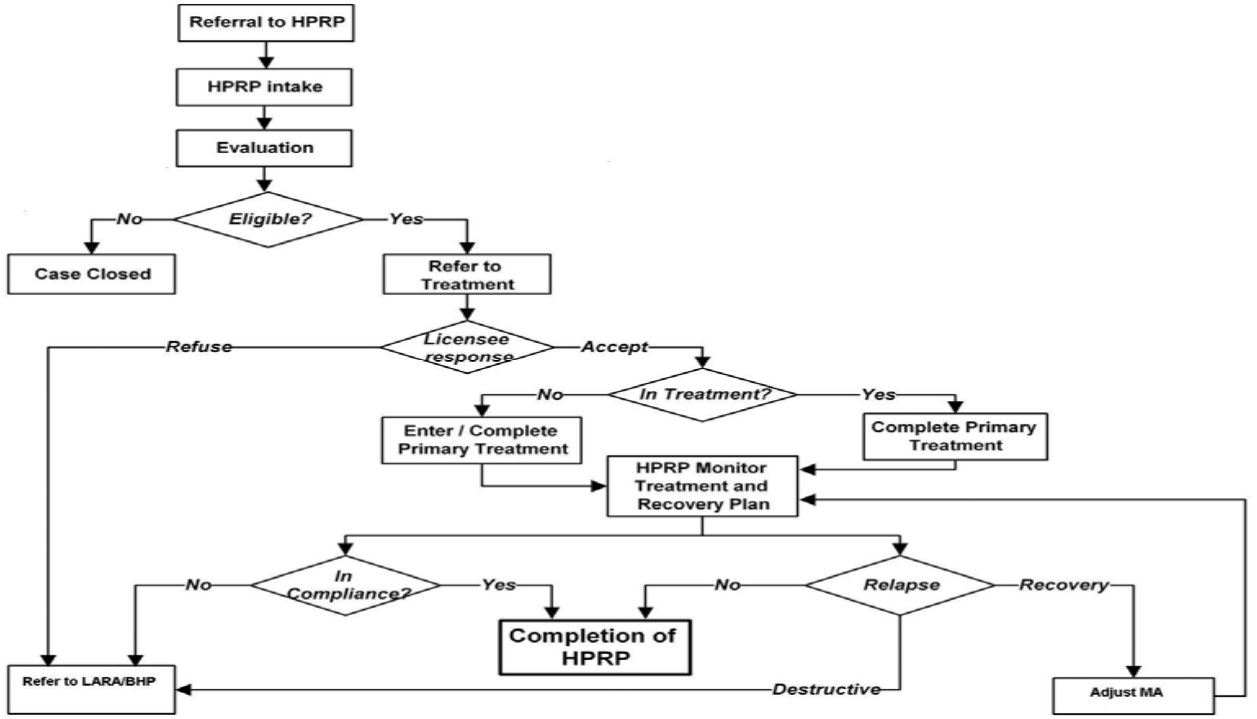
REFERRAL – Referrals to the HPRP may come in the form of a self-referral from the individual licensee or from colleagues, partners, hospital administrations, patients, family members, or the State. Any of the health licensing boards may also refer licensees/registrants to the HPRP for similar monitoring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

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 Professions as required by law, which could result in subsequent disciplinary actions.



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.*

Health Professional Recovery Program
P.O. Box 842
Troy, Michigan 48099-0842
(800) 453-3784
Fax: (248) 519-0373
www.hprp.org

HPRP Quarterly Worksite Report

Instructions: Complete this form and submit to HPRP by the 10th day of the month following the month you are reporting.

This form reflects your input as the worksite monitor. Please respond by selecting the appropriate response regarding **CONCERNS** in any of the following areas. Confidentiality laws protect the information in this form; however, this form becomes a part of the Licensee's record, which may be forwarded to the Department of Community Health if the case is closed for non-compliance. Thank you for your cooperation!

LICENSEE IDENTIFICATION

Licensee ID:

Licensee Name:

WORKSITE MONITOR IDENTIFICATION

Monitors ID:

Monitors Name:

Name of Workplace:

Quarterly End Date:

IRRITABILITY

Has the licensee shown signs of IRRITABILITY?

Select...

- ☐ *Mood Swings*
- ☐ *Negative Attitude*
- ☐ *Arguementative*
- ☐ *Inappropriate Anger*
- ☐ *Overreaction to criticism*
- ☐ *Altercations with staff*
- ☐ *Altercations with patients*
- ☐ *Altercations with peers*
- ☐ *Other disruptive behavior*

Signs of irritability - Other

IRRESPONSIBILITY

Has the licensee shown signs of IRRESPONSIBILITY?

Select...

- ☐ *Shifts work load*
- ☐ *Manipulates schedule*
- ☐ *"Hurry-Up / Catach-Up"*
- ☐ *Hasty Rounds*
- ☐ *Short cuts*

Signs of irresponsibility - Other

INACCESSIBILITY

Has the licensee shown signs of INACCESSIBILITY?

Select...

- ☐ *Frequent tardiness*
- ☐ *Frequent absence*
- ☐ *"MIA" - Missing In Action*
- ☐ *Frequent trips offsite*
- ☐ *Prolonged lunch breaks*
- ☐ *Unavailable when on-call*
- ☐ *Unavailable for discussions*
- ☐ *Frequent pager failure*
- ☐ *frequent illness*

Signs of inaccessibility - Other

ISOLATION

Has the licensee shown signs of ISOLATION?

Select...

- [ ] *Odd hours for rounds*
- [ ] *Volunteers for midnight shift*
- [ ] *Absent from lounge*
- [ ] *Eats alone*
- [ ] *Avoids departmental meetings*
- [ ] *Avoids CME events*
- [ ] *Avoids medical social events*

Signs of isolation - Other

APPEARANCE

Have you any concerns about the licensee's APPEARANCE?

Select...

- [ ] *Raspy Voice*
- [ ] *Gargling in bathroom*
- [ ] *Slurred speech on phone*
- [ ] *Incoherent speech on phone*
- [ ] *Black outs*
- [ ] *Red eyes*
- [ ] *Black & blue eyes or bruised eyes*
- [ ] *Yellow eyes*
- [ ] *Puffy eyes*

Concerns about appearance - Other

CONCERNING CIRCUMSTANCES

Have you been made aware of any personal or professional CIRCUMSTANCES that may indicate struggle with sobriety and/or overall mental health?

Select...

- [ ] *Staff complaints*
- [ ] *Patient complaints*
- [ ] *Peer complaints*
- [ ] *Fatalistic comments*
- [ ] *Marital difficulties*
- [ ] *Financial difficulties*
- [ ] *"Party" reputation*
- [ ] *DUI-DWI*

Concerns about circumstances - Other

CONTACT WITH LICENSEE

How often have you had personal contact in the last three (3) months?

Personal contact description…

Select...

REQUEST FOR CONTACT WITH HPRP CASE MANAGER

Would you like an HPRP representative to contact you?

Select...

Email / Phone Number

ADDITIONAL COMMENTS

- [ ] I certify that I have read this form and understand its contents. I also certify that all the information provided is accurate and truthful to the best of my knowledge.

If you have any issues completing or submitting this form, please contact **HPRP** @ 800-453-3784 for further assistance.