State of Minnesota

Health Professionals Services Program

April 2017

HPSP History

HPSP was created in 1994 through efforts of the Boards of Nursing, Pharmacy and Medical Practice and their professional associations.

HPSP provides monitoring services to health professionals with illnesses that may impact their ability to practice

Why?

- Allows illness and illness related behaviors to be monitored outside of a disciplinary process
- Concern that health professionals were not seeking help for their illnesses because of fear of board discipline

Mission and Goals

The mission of HPSP is to protect the public by providing monitoring services to health professionals whose illnesses may impact their ability to practice safely.

HPSP's goals are to promote early intervention, diagnosis and treatment for impaired health professionals and provide monitoring services as an alternative to board discipline.

Legislation

- 1994: Legislation created "to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals…or as a result of any mental, physical or psychological condition" (Minn.Stat.214.31)
- 2000: Legislation adopted requiring all health licensing boards and three programs administered by the Department of Health to participate in HPSP by July 1, 2001

Legislation (continued)

- 2006: Department of Health sought legislative change to make Occupation Therapy Practitioners, Audiologists, Speech-Language Pathologists, and Hearing Instrument Dispensers eligible for program services beginning July 1, 2006
- 2014: Additional reporting requirements for HPSP to report to licensing boards. Will discuss later.

Program Funding

- HPSP's budget is administered by the Board of Medical Practice
- HPSP is funded almost entirely (99%) by the health-licensing boards, whose income is generated through licensing fees. Each board pays an annual participation fee and a pro rata share of program expenses.
- Participants pay for, if not covered by medical insurance:
  - Assessments
  - Treatment
  - Screens

Functions of HPSP

Refer health professionals to providers to determine if they have an illness that warrants monitoring

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients
- Collaborate with medical consultants and community providers concerning treatment

Create and implement monitoring contracts

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice-related limitations or conditions

Monitor the continuing care and compliance

- Communicate monitoring procedures to treatment providers, supervisors, and other collaborative parties
- Review records and reports from treatment providers, supervisors, and other sources regarding licensee's functioning and compliance
- Coordinate toxicology screening process
- Intervene, as necessary, for non-compliance, inappropriate treatment, or symptom exacerbation

Program Staffing

- 1 Program Manager with reduced case load
- 5 Case Managers, average caseload size 115
- 1 Office Manager
- 1 Case Management Assistant

Unique Characteristics

- Primary focus is public protection
- Serves health professionals with substance, psychiatric, and other medical disorders
- Offers a single point of contact for all regulated health professionals, providers, and employers
- Supportive relationship with licensing boards and professional associations

Benefits

- Increases likelihood that licensees will maintain treatment compliance/recovery/stability
- Protects the public by monitoring and, when necessary, restricting the practice of impaired health professionals
- Provides health professionals with structured method to document appropriate illness management without board discipline
- Ensures health professionals are receiving the appropriate level of care

Participating Boards

- ✓ Nursing
- ✓ Medical Practice
- ✓ Dentistry
- ✓ Pharmacy
- ✓ Behavioral Health & Therapy
- ✓ Social Work
- ✓ Chiropractic
- ✓ Health Dept.
- ✓ Physical Therapy
- ✓ EMSRB
- ✓ Psychology
- ✓ Veterinary Medicine
- ✓ Podiatric Medicine
- ✓ Optometry
- ✓ Nursing Home Administrators
- ✓ Dietetics and Nutritionists
- ✓ Marriage & Family Therapy

Eligible Professions

- list is not all inclusive -

- LADC
- Chiropractors
- Dentists
- Dental Hygienists
- Dental Assistants
- Unlicensed Mental Health Practitioners
- Alternative & Complimentary Health Practitioners
- Dietitians
- Nutritionists
- Paramedics
- First Responders
- EMT's
- Marriage and Family Therapists
- Physicians (MD, DO and Residents)
- Physician Assistants
- Respiratory Care Practitioners
- Athletic Trainers
- LPN
- RN
- Nursing Home Administrators
- Optometrists
- Pharmacists
- Pharmacy Assistants
- Pharmacy Interns
- Physical Therapists
- Podiatrists
- Psychologists
- LSW
- LGSW
- LISW
- LICSW
- Veterinarians
- Occupational Therapist
- Hearing Instrument Dispensers
- Speech-Language Pathologist
- Audiologists

Examples of how HPSP protects the public

Employers report practitioners to HPSP for:

- Stealing narcotics
- Being intoxicated
- Being manic or psychotic
- Being unable to function due to brain injury

Health professionals call HPSP when they are:

- Terminated or put on leave due to symptoms of mania, psychosis, dementia, or other medical disorder
- Terminated for stealing medications
- In a treatment program for substance abuse
- Hospitalized for suicide attempt

HPSP intervenes immediately and may request refrain from practice and/or obtain assessments to determine level of care

Initial Contact

Describe program
Provide Tennessen Warning
Determine statutory eligibility (statute 214.32, Subd.4)

- Terminated from this or any other state professional program for non-compliance
- Diverted controlled substances for other than self administration
- Currently under Board Disciplinary Order for Corrective Action Agreement
- Being monitored for HIV or HBV by Department of Health
- Have been accused of sexual misconduct
- Continued practice create a serious risk of harm to the public

Obtain brief social, substance, psychiatric and medical histories

2014 Legislation

- HPSP will report and may discharge to board

- If caused or cause identifiable patient harm
- If unlawfully substituted or substitute or adulterated or adulterate medications
- If wrote or writer a prescription or cause a prescription to be dispensed in the name of a person, other than the prescriber, or veterinary patient for the personal use of the prescriber
- If altered or alter a prescription without the knowledge of the prescriber for the purpose of obtaining a drug for personal use
- If unlawfully used or use controlled or mood-altering substance or used or use alcohol while providing patient care or during a period of time in which the regulated person may be contacted to provide patient care or is otherwise on duty

Develop Monitoring Plan

Monitoring plans are based upon individual illness and risk to public

Gather information from providers, hospitalizations, assessments, etc. and then develop monitoring plan

Illness Considerations

- Insight
- Symptoms
- Response to treatment
- Treatment compliance
- Illness history
- Diversion
- Lengths of sobriety or stability

Potential for Harm Considerations

- Specialty
- Practice setting
  - Clinic vs. Hospital, if diversion involved, no home care, no travel positions
- Access to drugs
- Patient interaction
- Level of supervision

General Requirements

- reports received quarterly, unless otherwise recommended

- Treatment provider s for each illness monitored
- Work site monitoring, if working in licensed profession or similar profession
- Participant reports

Individual Requirements

- Attendance at mutual support groups/sponsor
- Random urine toxicology screens, including arranging collection sites
- Practice restrictions- hours of work, on call, shift work, access to controlled substances
- Others specified by treatment provider
- Length of monitoring is dependent upon the licensee's illness management and potential of harm to patients- average monitoring is 3 years, if involves diversion and/or high risk profession, is up to 5 years

Diversion

Board	Number and Percent of Persons who Diverted by Board	Work Related: 47	Not-Work Related: 36	FY16 Percent of HPSP Participants
Nursing	34 (53%)	23	23	58%
Pharmacy	14 (22%)	12	6	5%
Medical Practice	10 (16%)	8	5	19%
Dentistry	2 (3%)	2	0	5%
Two Other Boards	4 (6%) four from two boards	2 from one board	2	5%

Methods of Diversion

- Falsifying prescriptions or changing previous prescriptions
- Calling in or writing prescriptions using fictitious or relative's name
- Taking from patients who bring in pills, instead of wasting the pills
- Documenting that medication was given to patient and taking for self use
- Presenting with illegitimate illnesses and receiving prescriptions from physician, i.e. "doctor shopping"- Board of Pharmacy database
- Taking samples

Pharmacists & Diversion

- Taking from stock bottles in the pharmacy
- Altering inventory levels in computer system
- Ordering a specific number and entering a different number when medications arrive
- Taking from pyxis in hospital when refilling
- Taking estimated count of drugs in pharmacy – poor documentation

Nurses & Diversion

- Drawing or taking more than patient needs and not wasting with witness
- Replacing liquid medications with saline
- Replacing pills with other medications
- Taking medications from pyxis with someone else's access number
- Taking medications from pyxis after someone has not exited properly
- Ordering medications and taking them when pharmacy delivers them
- Calling in prescription for self, family, or factitious person

Physicians

- Prescribe different medications to be able to "destroy" the old medication

Dentists

- Order medications and not inventory them

**Statute 152.126- Schedule 2 and 3 Controlled Substances Prescription Electronic Reporting System

Reporting to Board

(following HPSP guidelines developed in conjunction with licensing boards)

- Areas of non-compliance: toxicology screens, not seeing treatment providers, not attending support groups
- Relapse: first relapse, HPSP may not report if did not happen in the course of work
- Illness too severe: multiple relapses, exacerbation of symptoms
- Competency issues: blind review with licensing board

How does HPSP affect you as a professional?

Obligation to Report?

- Nursing Practice Act: Statue 148.171 – 148.285
- Permission to Report: Statue 214.33, Subd.1
- Self reporting: Statue 214.33, Subd.2
- Statute 152.126- Schedule 2 and 3 Controlled Substances Prescription Electronic Reporting System
- Reporting of patients who are health professionals
- Work site monitor for participant
- Treatment provider for participant

Reporting Obligations

- Review own practice act and practice act of individual in question
- Review Minn. Stat. 2143.32 to 214.36 (HPSP)
- Seek legal counsel if necessary

Participation by Board and Profession

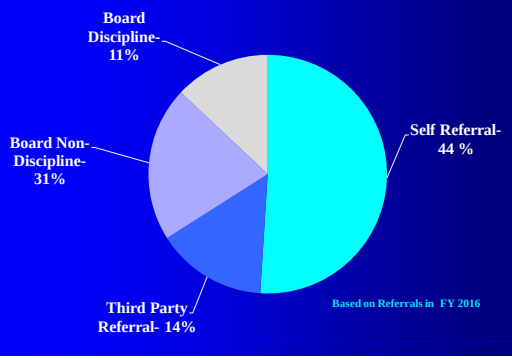
Nursing
•RN- 256
•LPN- 48
Medical Practice
•Physician- 85
•Resident- 1
•Physician Assistant- 5
•Respiratory Therapist- 6
Pharmacy
•Pharmacist- 19
•Intern- 1
•Technician-2

Dentistry
•Dentist- 10
•Hygienist- 6
•Assistant- 14
Behavioral Health and Therapy
•LADC- 17
EMSRB
•Paramedic- 7
•EMT- 3
•First Responder- 6

Social Work
•LICSW- 3
•LSW- 5
•LISW- 2
•LGSW-5
Chiropractic Examiners- 8
Physical Therapy
•Physical Therapist- 7
•P.T. Assistant- 4
Department of Health
•O.T, 6
Veterinary Medicine- 8
Marriage and Family Therapist- 2

Board	Number Licensed	Number Monitored	Ratio Monitored
Behavioral Health	4372	17	3.89 per 1,000
Chiropractic Examiners	3138	11	3.51 per 1,000
Dentistry	17,184	26	1.51 per 1,000
Dept. of Health	6864	4	0.58 per 1,000
Dietetics & Nutrition	1,735	3	1.73 per 1,000
Emergency Medical Services	30,818	18	0.58 per 1,000
Marriage and Family	2,331	2	0.86 per 1,000
Medical Practice	29,005	89	3.07 per 1,000
Nursing	120,848	295	2.44 per 1,000
Nursing Home Administers	1,084	2	1.85 per 1,000
Optometry	1,084	0	0 per 1,000
Pharmacy	18,000	25	1.39 per 1,000
Physical Therapy	6,563	13	1.98 per 1,000
Podiatric Medicine	256	0	0 per 1,000
Psychology	3,799	9	2.37 per 1,000
Social Work	13,889	17	1.22 per 1,000
Veterinary Medicine	3,330	5	1.50 per 1,000

Referral Sources



Based on Referrals in FY 2016

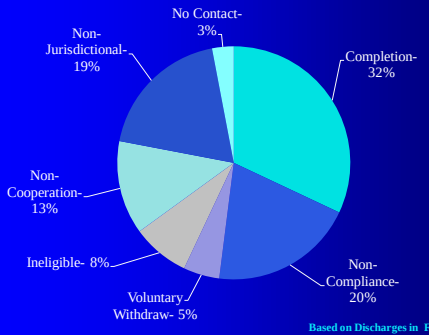
Re-Referrals

- 22% of board referrals were for persons that had previously been referred to HPSP

Referral Source	All Boards
Board Non-Discipline	8%
Board Discipline	9.6%
Self	3.2%
Third Party	1.6%

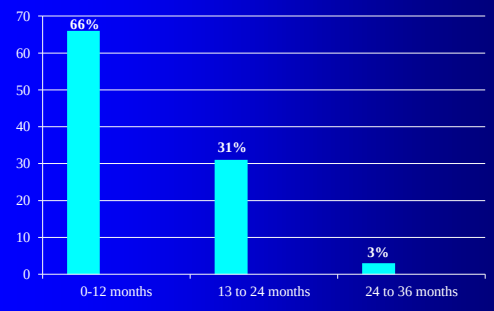
Based on Referrals in FY 2016

Discharges



Based on Discharges in FY 2016

Time Monitored Prior to Unsuccessful Discharge in FY 2016



HPSP Statistics

- 483 signed Participation Agreements

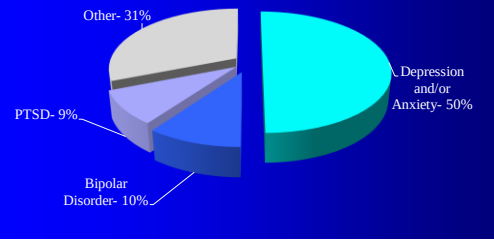
Illness Category 483 Participants	Number of Participants	% of Participants
Substance Use Disorders	397	82%
Psychiatric Disorders	342	71%
Medical Disorders	50	10%

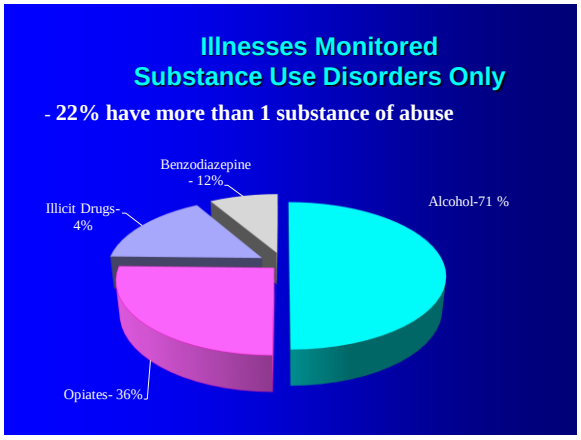
Comorbid Disorders	Number of Participants	% of Participants
Substance and Psychiatric	265	55%
Substance and Medical	33	7%
Psychiatric and Medical	37	8%
Substance, Psychiatric & Medical	29	6%

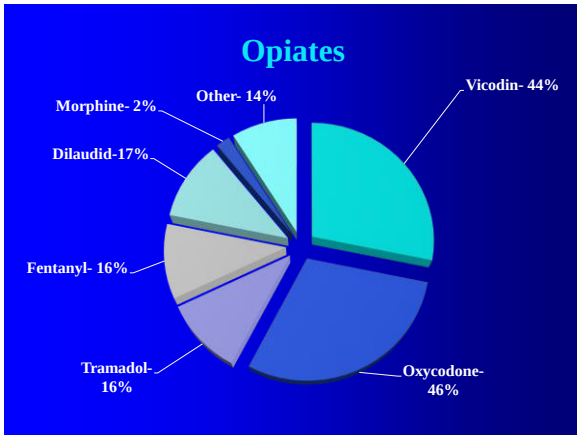
Illnesses Monitored

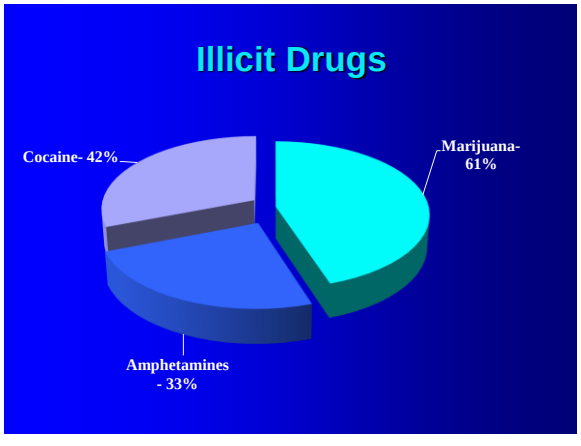
- Psychiatric Diagnosis Only

- **27% have more than 1 psychiatric diagnosis**




Illnesses Monitored
Substance Use Disorders Only
- 22% have more than 1 substance of abuse
Benzodiazepine - 12%
Alcohol-71 %
Illicit Drugs- 4%
Opiates- 36%


Opiates
Vicodin- 44%
Other- 14%
Morphine- 2%
Dilaudid-17%
Fentanyl- 16%
Tramadol- 16%
Oxycodone- 46%


Illicit Drugs
Cocaine- 42%
Marijuana- 61%
Amphetamines - 33%

Other Abused Substances

- Ambien
- Soma
- Ketamine
- Propofol
- Nitrous Oxide
- Phentermine
- Flexeril
- Ephedrine
- Cough Syrups

Substance Use and Psychiatric Disorders

-41% of participants have both substance and psychiatric diagnoses
- Some have more than one substance or psychiatric diagnosis

- **Depression = 80%**
- **Bipolar = 9%**
- **Anxiety = 26%**
- **Alcohol = 58%**
- **Opiates = 42%**

Psychiatric and Medical Diagnoses

- 2% of participants

- Depression = 100%
- Chronic Pain = 50%
- Other medical include fibromyalgia, traumatic brain injury, and seizure disorder

Psychiatric, Substance, and Medical Disorders

- **3% total**
- Depression = 71%
- Chemical Dependency = 71% opiates
- Medical = 71% chronic pain, 14% Traumatic Brain Injury

Health Professionals' Drugs of Choice

- Alcohol is most prevalent, followed by prescription medications
- Prescription medication abuse is higher than in general population because of access to the medications

Signs of Potential Impairment

- Frequent use of sick days
- Poor punctuality
- Smelling of alcohol at work
- Isolation from staff functions
- Administering/prescribing pain medications when others have not
- Missing medications
- Decrease in quality of performance, i.e. charting

Signs of Potential Impairment

- Excessive sweating
- Weight loss or gain
- Shakiness
- Dilated pupils
- Slurred speech
- Frequent mood swings
- Changes in personal grooming habits
- Memory lapses or generalized forgetfulness

Questions?