

# FISCAL YEAR 2022 MID-YEAR REPORT

*JULY 1, 2021 TO DECEMBER 31, 2021*

REPORT SUBMITTED TO THE  
HEALTH LICENSING BOARDS AND THE  
HEALTH PROFESSIONALS SERVICES PROGRAM'S  
PROGRAM AND ADVISORY COMMITTEES  
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## INTRODUCTION

The Health Professionals Services Program (HPSP) is a program of the Minnesota health licensing boards. HPSP was created in 1994 to protect the public by offering health professionals and others the opportunity to report themselves or other health professionals with potentially impairing illnesses to HPSP in lieu of licensing boards. HPSP serves as the alternative to discipline program for all Minnesota health licensing boards. HPSP also monitors health professionals with illnesses pursuant to board orders.

Most states have separate alternative to discipline programs for physicians and nurses. HPSP is one of a handful of programs nationally that offers services to all health licensing boards and, therefore, all regulated health professionals. This enables all regulated health professionals with potentially impairing illnesses to access services that promote early intervention, diagnosis, and treatment. Early intervention is essential for public safety. Monitoring is proven to enhance long-term illness management and recovery.

Having one program serving all regulated health professionals has additional benefits. HPSP staff are familiar with occupational health programs, treatment programs and providers throughout the state and vice versa. If a concern is identified, regardless of profession, there is one number to call. This simplifies reporting and expertise is centralized.

HPSP is pleased to provide this report to the Minnesota health licensing boards, the HPSP Program Committee and Advisory Committee, legislators and the citizens of Minnesota. This document provides information about program participation and activities that took place in the first half of fiscal year 2022 (July 1, 2021 to December 31, 2021).

## MISSION AND GOALS

### MISSION

HPSP protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

### GOALS

The goals of HPSP are to promote early intervention, diagnosis, and treatment for health care professionals with illnesses, and to provide monitoring services as an alternative to board discipline or pursuant to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

**A quote from a former HPSP participant:** *HPSP was very helpful and supportive.*

# PARTICIPATION

## REFERRALS

### Definitions of Referral Sources

HPSP's intake process is consistent, regardless of how health professionals are referred for monitoring. The program is responsible for evaluating the health professional's eligibility for services and whether the health professional has an illness that warrants monitoring. When it is determined that a health professional has an illness that warrants monitoring, a Participation Agreement is developed and monitoring is initiated. Health professionals can be referred to HPSP in the following ways:

1. **Self-Referrals:** Health professionals refer themselves directly to the program. Health professionals report themselves to HPSP at various points during an illness/recovery. Some call directly from a hospital or treatment center, while others call after they have been sent home from work for exhibiting illness-related symptoms.
2. **Third-Party Referrals:** Third-party referrals come from persons concerned about a health professional's ability to practice safely by reason of illness. The most common third-party referrals are from treatment providers and employers. The identity of all third-party reporters is confidential. Reports by third-parties are subject to immunity if the report is made in good faith.
3. **Board Referrals:** Participating boards have three options for referring health professionals to HPSP:
  - **Determine Eligibility** (Board Voluntary): The board refers because there appears to be an illness that warrants monitoring, but a diagnosis is not known.
  - **Follow-up to Diagnosis and Treatment** (Board Voluntary): The board has determined that the health professional has an illness and refers the health professional to HPSP for assessment of the need for monitoring of the illness.
  - **Discipline** (Board Discipline): The board has determined that there is an illness to monitor and refers the health professional to HPSP as part of a disciplinary action (i.e., Stipulation and Order). The Order may dictate monitoring requirements.

For the purposes of this report, the two voluntary board referral sources (*Determine Eligibility* and *Follow-Up to Diagnosis and Treatment*) are combined.

### First Referral Source

The term *first referral source* refers to the initial way practitioners are referred to HPSP. For example, a practitioner may self-report (first referral source) and while actively being monitored, HPSP may receive a report from their board, which is considered a *second referral source*. If the practitioner is discharged from HPSP and later referred back to HPSP by a board without discipline, the first referral source for their second admission to the program would be *determine eligibility or follow-up to diagnosis and treatment*.

## Mid-Year Referrals by First Referral Source and Board

In the first half of fiscal year 2022 (July 1, 2021 to December 31, 2021), 183 health professionals were referred to HPSP, compared to 231 in the same timeframe in fiscal year 2021, a 21% decrease in the number of referrals. The table below shows where some of the changes in referrals took place.

Board	Behavioral Health and Therapy		Chiropractic Examiners		Dentistry	
Fiscal Year	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Board Voluntary	8	3	0	3	6	6
Board Discipline	1	0	0	0	0	2
Self	4	4	1	0	3	0
Third Party	2	4	1	0	2	0
Sum	15	11	2	3	11	8
Board	Department of Health		Dietetics and Nutrition		Emergency Medical Services	
Fiscal Year	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Board Voluntary	0	0	0	0	0	1
Board Discipline	0	0	0	0	1	0
Self	0	0	0	0	4	4
Third Party	0	0	0	0	1	1
Sum	0	0	0	0	6	6
Board	Executives of Long-Term Care Services & Supports		Marriage and Family Therapy		Medical Practice	
Fiscal Year	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Board Voluntary	0	20	0	0	12	15
Board Discipline	0	0	0	0	0	1
Self	0	3	3	0	12	19
Third Party	0	0	1	0	5	1
Sum	0	23	4	0	29	36
Board	Nursing		Occupational Therapy		Optometry	
Referral Source	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Board Voluntary	56	22	1	0	0	0
Board Discipline	28	13	0	0	0	0
Self	33	30	1	0	0	0
Third Party	18	13	0	0	0	0
Sum	135	78	2	0	0	0
Board	Pharmacy		Physical Therapy		Podiatric Medicine	
Referral Source	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Board Voluntary	2	1	6	1	0	0
Board Discipline	2	3	0	1	0	0
Self	1	2	0	0	0	0
Third Party	1	1	0	0	0	0
Sum	6	7	6	2	0	0

## Mid-Year Referrals by First Referral Source and Board - Continued

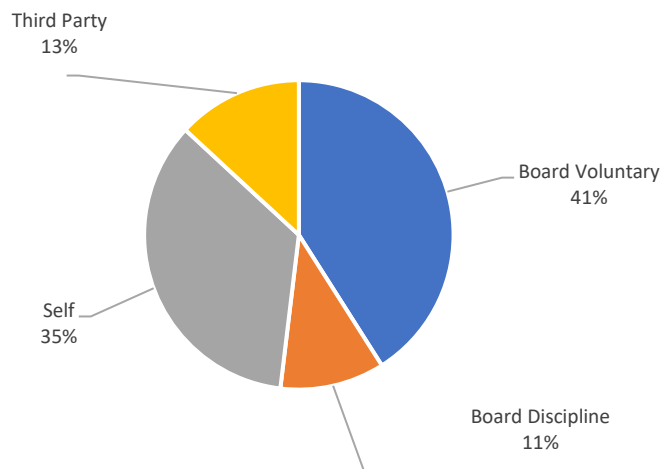
Board	Psychology		Social Work		Veterinary Medicine	
Referral Source	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Board Voluntary	1	0	1	1	1	2
Board Discipline	1	0	1	0	1	0
Self	2	0	2	2	0	0
Third Party	0	0	1	2	0	1
Sum	4	0	5	5	2	3

## Sum of Mid-Year Referrals by First Referral Source

Referral Source	FY2021	FY2022
Board Voluntary	94	75
Board Discipline	35	20
Self	66	64
Third Party	36	24
Sum	231	183

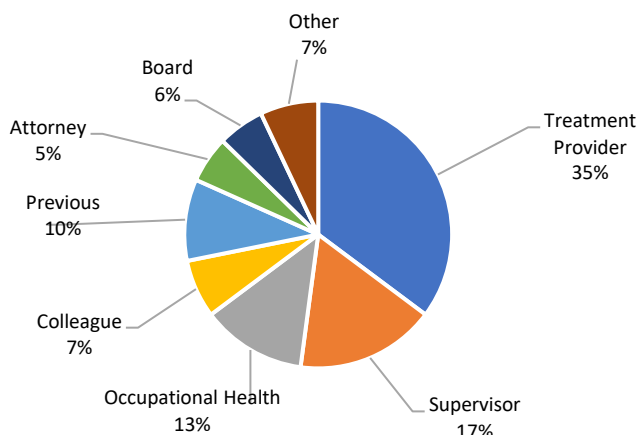
In the first half of fiscal year 2022, one health professional referred by a third party was not licensed in Minnesota and is included in the table at the left.

## Mid-Year Referrals by First Referral Source



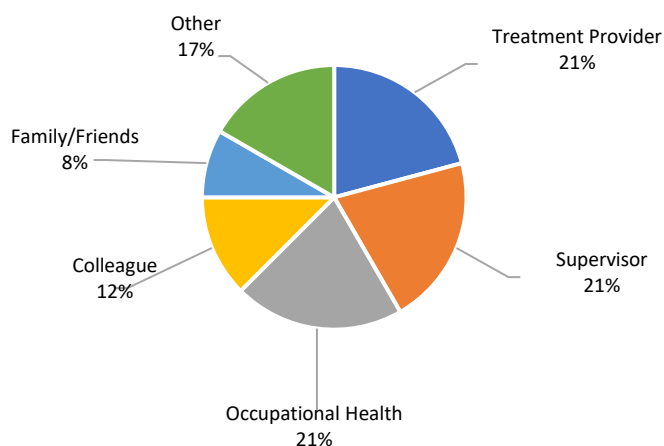
### Mid-Year Self-Referrals – How did health professionals learn about HPSP?

In the first half of fiscal year 2022, 64 health professionals self-referred to HPSP. Of these, 37% learned about HPSP from a work-related source (a supervisor, occupational health program or a colleague). Another 35% learned about HPSP from a treatment provider. This demonstrates an understanding of the benefits of monitoring by employers and treatment providers.



### Mid-Year Third-Party Referrals – Where did they come from?

In the first half of fiscal year 2022, 24 health professionals were referred to HPSP by third parties. Of these, 54% were referred by a work-related source (a supervisor, occupational health program or a colleague). An additional 21% were referred by treatment providers.



#### A quote from a former HPSP participant:

*I don't know if I would have made it through the first year of sobriety without the accountability of HPSP. Three years seemed like an eternity in the beginning, but now that it is over, it feels like it went by so much faster. My case manager was so great to work with and she always made me feel like she was there to help. I'm excited to feel like I have my life back. Thank you for all your support.*

### Mid-Year Referrals – Additional Referral Sources

- Of health professionals who originally self-referred to HPSP:
  - 5 were later referred by a third party
  - 2 were later board referred voluntarily
  - 1 was later referred under a disciplinary order by their board
- Of health professionals whose first referral source was a board voluntary referral, one was later referred under a disciplinary order

### Mid-Year Referrals by Decade of Age

The table below shows that most health professionals who were referred to HPSP in the first half of fiscal year 2022, were between the ages of 30-49 (63%).

Referral Source	Decade of Age				
	20s	30s	40s	50s	60+
Board Voluntary	12	25	25	10	3
Board Discipline	1	8	7	3	1
Self	4	23	15	14	8
Third Party	2	6	5	5	4
Sum	19	62	52	32	16

*The above data represents all persons referred to HPSP in the first half of fiscal year 2022, except for 3 persons referred by third parties without dates of birth listed and who did not engage in monitoring (one was not licensed in Minnesota).*

### Mid-Year Referrals by Gender

More females than males were referred to HPSP in the first half of fiscal year 2022 (60% and 40% respectively). The data below shows differences in referral sources by gender.

Referral Source	Female # (% of females)	Male # (% of males)
Board Voluntary	39 (36%)	36 (49%)
Board Discipline	14 (13%)	6 (8%)
Self	34 (31%)	30 (41%)
Third Party	22 (20%)	2 (3%)
Sum	109	74

- *The above data represents all persons referred to HPSP in the first half of fiscal year 2022.*
- *HPSP's current database does not include genders other than female and male. This is being addressed in the development of HPSP's new database.*



## DISCHARGES

### Definitions of Discharge Categories

1. **Completion:**  
Participant satisfactorily completes the terms of the Participation Agreement.
2. **Non-Compliance\*:**  
Participant violates the conditions of the Participation Agreement; case manager closes case and files a report with health care professional's regulatory board. Sub-categories of this include:
  - Non-Compliance – Diversion
  - Non-Compliance – Monitoring
  - Non-Compliance – Positive Screen
  - Non-Compliance – Problem Screens
  - Non-Compliance – Treatment
3. **Voluntary Withdrawal\*:**  
Participant chooses to withdraw from the program prior to completion of the Participation Agreement; case manager closes case and files a report with the health care professional's regulatory board.
4. **Ineligible Monitored\*:**  
During the course of monitoring, if the program determines that the health care professional is not eligible for program services as specified in statute; case manager files report with health care professional's regulatory board. Sub-categories of this include:
  - Ineligible Monitored – Illness too severe
  - Ineligible Monitored – License suspended/surrendered/revoked
  - Ineligible Monitored – No active Minnesota license
  - Ineligible Monitored – Violation of practice act
5. **Ineligible Not Monitored\*:**  
At time of intake, if the program determines that the health care professional is not eligible for program services as specified in statute; case manager files report with health care professional's regulatory board. Subcategories of this include:
  - Ineligible Not Monitored – Illness too severe
  - Ineligible Not Monitored – License suspended/surrendered/revoked
  - Ineligible Not Monitored – No active Minnesota license
  - Ineligible Not Monitored – Violation of practice act
  - Ineligible Not Monitored – Previously discharged to the regulatory board
6. **No Contact\*:**  
Health care professional fails to contact HPSP following Initial report received by third-party or board; case manager closes case and files a report with health care professional's regulatory board.
7. **Non-Cooperation\*:**  
Health care professional cooperates initially, but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with health care professional's regulatory board.
8. **Non-Jurisdictional:**  
No diagnostic eligibility established; the case is closed.

*\*Represents discharges that result in a report to the regulatory board.*

## Mid-Year Discharges by Discharge Category and Board

Board	Behavioral Health and Therapy		Chiropractic Examiners		Dentistry	
Fiscal Year	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Completion	5	3	0	1	3	4
Voluntarily Withdrew	0	1	1	0	0	2
Non-Compliance	3	1	0	0	2	2
Deceased	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	1	1
Ineligible – Not Monitored	0	1	0	0	0	0
No Contact	3	2	0	0	1	1
Non-Cooperation	3	1	0	0	0	2
Non-Jurisdictional	1	1	0	0	2	0
Sum	15	10	1	1	9	12

Board	Department of Health		Dietetics and Nutrition		Emergency Medical Services	
Fiscal Year	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Completion	0	0	0	0	1	2
Voluntarily Withdrew	0	0	0	0	0	1
Non-Compliance	0	0	0	0	0	0
Deceased	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	0	0
Ineligible – Not Monitored	0	0	0	0	0	0
No Contact	0	0	0	0	0	0
Non-Cooperation	0	0	0	0	1	0
Non-Jurisdictional	0	0	0	0	0	0
Sum	0	0	0	0	2	3

Board	Executives of Long-Term Care Services & Supports		Marriage and Family Therapy		Medical Practice	
Fiscal Year	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Completion	1	0	2	1	15	12
Voluntarily Withdrew	0	1	0	0	0	2
Non-Compliance	0	0	0	0	1	0
Deceased	0	0	0	0	0	1
Ineligible - Monitored	0	0	0	0	0	2
Ineligible – Not Monitored	0	0	0	0	0	0
No Contact	0	5	0	1	0	1
Non-Cooperation	0	0	0	0	2	1
Non-Jurisdictional	0	10	1	1	12	9
Sum	1	16	3	3	30	28

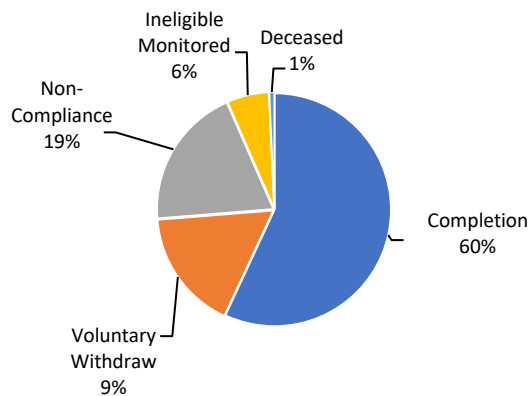
## Mid-Year Discharges by Discharge Category and Board – Continued

Board	Nursing		Occupational Therapy		Optometry	
Referral Source	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Completion	44	44	1	0	0	0
Voluntarily Withdrew	13	13	0	0	0	0
Non-Compliance	24	19	1	0	0	0
Deceased	0	0	0	0	0	0
Ineligible - Monitored	5	5	0	0	0	0
Ineligible – Not Monitored	3	2	0	0	0	0
No Contact	5	3	0	0	0	0
Non-Cooperation	10	10	0	0	0	0
Non-Jurisdictional	38	9	0	0	0	0
Sum	142	105	2	0	0	0
Board	Pharmacy		Physical Therapy		Podiatric Medicine	
Referral Source	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Completion	0	2	1	4	0	0
Voluntarily Withdrew	0	2	0	0	0	0
Non-Compliance	1	1	1	0	0	0
Deceased	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	0	0
Ineligible – Not Monitored	0	0	0	0	0	0
No Contact	0	0	0	1	0	0
Non-Cooperation	1	0	1	2	0	0
Non-Jurisdictional	1	0	1	0	0	0
Sum	3	5	4	7	0	0
Board	Psychology		Social Work		Veterinary Medicine	
Referral Source	FY2021	FY2022	FY2021	FY2022	FY2021	FY2022
Completion	1	1	7	4	0	0
Voluntarily Withdrew	0	0	1	1	0	0
Non-Compliance	0	1	2	1	0	2
Deceased	0	0	0	0	0	0
Ineligible - Monitored	0	0	2	0	0	0
Ineligible – Not Monitored	0	0	0	0	0	0
No Contact	0	0	0	1	0	0
Non-Cooperation	0	0	3	2	0	0
Non-Jurisdictional	0	0	1	0	0	1
Sum	1	2	16	9	0	3

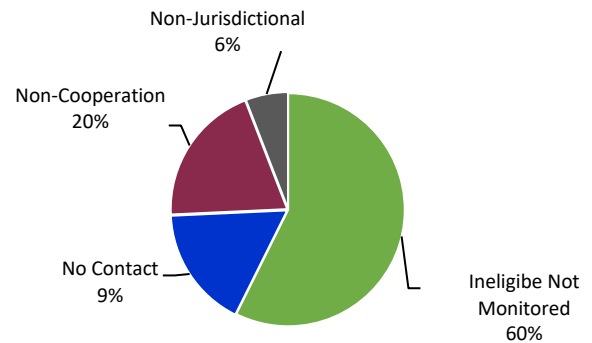
## Sum of Fiscal Year 2022 Mid-Year Discharges by Category

Referral Source	FY2021	FY2022
Completion	81	78
Voluntarily Withdrew	15	23
Non-Compliance	35	27
Deceased	0	1
Ineligible - Monitored	8	8
Ineligible – Not Monitored	7	4
No Contact	9	15
Non-Cooperation	21	18
Non-Jurisdictional	57	31
Sum	233	205

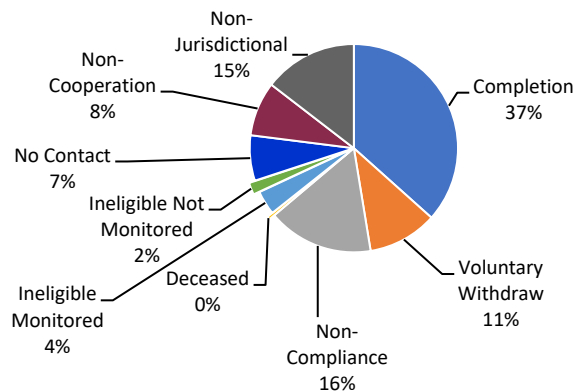
### Fiscal Year 2022 - Mid-Year Discharges for those Monitored



### Fiscal Year 2022 - Mid-Year Discharges of those Not Monitored



### ALL Mid-Year Discharges



### Mid-Year Unsatisfactory Discharge Details

The table below provides detailed information about health care professionals who, in the first half of fiscal year 2022, engaged in monitoring and were discharged due to non-compliance, voluntarily withdrawing or because they became ineligible for continued participation.

Discharge Category	Number
Non-Compliance – Positive Screens	14
Non-Compliance – Problem Screens	5
Non-Compliance – Participation Agreement	5
Non-Compliance – Treatment	3
Ineligible Monitored - License Suspended, Revoked or Inactive	6
Ineligible Monitored – Violation of Practice Act	1
Ineligible Monitored – Illness too Severe	1
Voluntarily Withdrew	23
Total Number Monitored & Discharged Unsatisfactorily	58

In the first half of fiscal year 2022, of the health professionals who engaged in monitoring and were discharged for non-compliance, 52% had a positive toxicology screen and either did not acknowledge continued use or were not willing to seek additional treatment for their illness.

### Mid-Year Discharges by First Referral Source

Discharge Category	First Referral Source			
	Board Voluntary	Board Action	Self	Third-Party
Completion	12	10	47	9
Voluntary Withdraw	8	4	8	3
Non-Compliance	3	10	9	5
Deceased	0	0	1	0
Ineligible-Monitored	1	3	2	2
<i>Subtotal (%) Monitored</i>	<i>24 (18%)</i>	<i>27 (20%)</i>	<i>67 (49%)</i>	<i>19 (14%)</i>
Ineligible-Not Monitored	1	0	0	3
No Contact	10	1	0	4
Non-Cooperation	10	1	4	3
Non-Jurisdictional	22	0	6	3
<i>Subtotal (%) Not Monitored</i>	<i>43 (64%)</i>	<i>2 (3%)</i>	<i>10 (15%)</i>	<i>13 (19%)</i>
Sum	67	29	77	32

In the first half of fiscal year 2022, 205 health professionals were discharged. Of these, 137 (61%) engaged in monitoring. Of those who self-referred and engaged in monitoring, 70% completed the terms of their participation agreements, compared to 50% of board voluntary referred, 47% of third-party referred and 37% of board action (disciplinary) referred.

A total of 31 health professionals were discharged as non-jurisdictional in the first half of fiscal year 2022. Of these, 22 (71%) were board voluntary referred.

## Mid-Year Discharges by Gender

In the first half of fiscal year 2022, 205 health professionals were discharged from HPSP; 73 more females than males were discharged from monitoring; 139 (68%) and 66 (32%) respectively. Males were discharged as non-jurisdictional at a higher rate than females; 26% and 10% respectively.

Discharge Category	Gender	
	Female # (% total) (% monitored)	Male # (% total) (% monitored)
Completion	53 (38%) (54%)	25 (38%) (64%)
Voluntary Withdraw	16 (12%) (16%)	7 (10%) (18%)
Non-Compliance	24 (17%) (24%)	3 (5%) (8%)
Deceased	0	1 (2%) (3%)
Ineligible-Monitored	5 (4%) (5%)	3 (5%) (8%)
<i>Subtotal Monitored (%)</i>	<i>98 (71%)</i>	<i>39 (58%)</i>
Ineligible-Not Monitored	4 (3%)	0 (0%)
No Contact	9 (6%)	6 (9%)
Non-Cooperation	14 (10%)	4 (6%)
Non-Jurisdictional	14 (10%)	17 (26%)
<i>Subtotal Not Monitored (%)</i>	<i>41 (29%)</i>	<i>28 (42%)</i>
Sum (%) Total	139 (68%)	66 (32%)

*The above data includes the genders of three health professionals who were third-party referred and did not contact the program in response to the report, one of which was not licensed in Minnesota.*

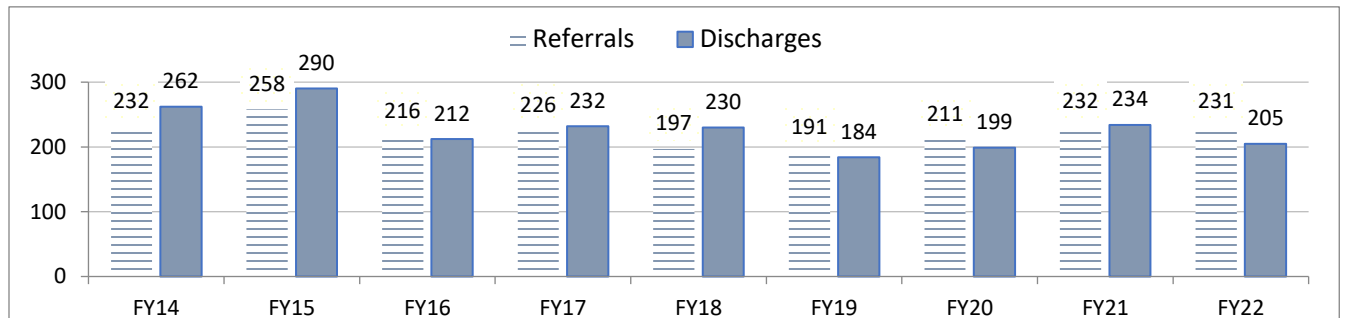
## Mid-Year Discharges by Age

Discharge Category	Age by Decade				
	20s	30s	40s	50s	60+
Completion	4	19	24	18	13
Voluntary Withdraw	2	4	8	6	3
Non-Compliance	3	5	13	3	3
Deceased	0	1	0	0	0
Ineligible-Monitored	0	2	2	2	2
Ineligible-Not Monitored	0	1	0	1	1
No Contact*	1	4	7	0	1
Non-Cooperation	1	9	5	4	2
Non-Jurisdictional	7	20	13	11	6
Sum	22	72	61	50	25

*Three health professionals are not represented in the above data, as they were referred by third parties and their dates of birth were not indicated (One was not licensed in Minnesota).*

## Mid-Year Referral and Discharge Trends

The chart below shows the number of referrals and discharges in the first half of each fiscal year since 2014.



## ACTIVE CASES

### Mid-Year Active Cases by Board and First Referral Source

On December 31, 2021, there were 555 health professionals actively engaged in HPSP, representing those in the enrollment phase of monitoring (43, 8%) as well as those who are actively participating in monitoring (512, 92%). The table shows how these health professionals were referred to HPSP by first referral source and board.

Board	Number	Percent of Caseload	Board Voluntary	Board Discipline	Self	Third Party
Behavioral Health and Therapy	28	5%	8	1	12	7
Execs. for Long Term Services & Supports	7	1%	7	0	0	0
Chiropractic Examiners	9	2%	5	0	2	2
Dentistry	21	4%	6	2	8	5
Department of Health	0	0%	0	0	0	0
Dietetics and Nutrition	0	0%	0	0	0	0
EMSRB	12	2%	2	0	9	1
Marriage and Family Therapy	4	1%	2	0	1	1
Medical Practice	117	21%	24	5	73	15
Nursing	288	52%	47	70	138	33
Occupational Therapy	4	1%	2	0	2	0
Optometry	0	0	0	0	0	0
Pharmacy	27	5%	3	10	11	3
Physical Therapy	5	1%	2	0	3	0
Podiatric Medicine	0	0	0	0	0	0
Psychology	10	2%	3	1	3	3
Social Work	15	3%	5	1	7	2
Veterinary Medicine	8	1%	3	0	4	1
<b>Sum (%)</b>	<b>555</b>	<b>-</b>	<b>119 (21%)</b>	<b>90 (16%)</b>	<b>273 (49%)</b>	<b>73 (13%)</b>

## Mid-Year Active Cases by Additional Referral Sources

Some health professionals are referred to HPSP in more than one way and at different points in time during the same enrollment period.

Of the 273 who initially self referred:

- 28 were later board referred voluntarily, without discipline
- 28 were later board referred with discipline
- 21 were later referred by third parties

Of the 73 who were initially referred by a third party:

- 8 were later board referred with discipline
- 4 were later referred by another third party
- 3 were later board referred voluntarily, without discipline

Of the 119 who were initially board referred voluntarily, five were later board referred with discipline and one was referred by a third party.

## Mid-Year Active Cases by Board, Gender and Age

The table below extrapolates on the table on the previous page by showing the number of health professionals active in HPSP by gender and decade of age. As noted, HPSP's current database is limited to two gender options.

Board	Number	Female	Male	20's	30's	40's	50's	60+
Behavioral Health and Therapy	28	14	14	3	5	10	8	2
Execs. for Long Term Services & Supports	7	5	2	2	3	2	0	0
Chiropractic Examiners	9	1	8	1	4	2	2	0
Dentistry	21	13	8	2	5	8	5	1
Department of Health	0	0	0	0	0	0	0	0
Dietetics and Nutrition	0	0	0	0	0	0	0	0
EMSRB	12	2	10	2	7	2	1	0
Marriage and Family Therapy	4	3	1	0	1	2	1	0
Medical Practice	117	35	82	2	30	29	37	19
Nursing	288	234	54	16	89	94	65	24
Occupational Therapy	4	4	0	0	1	2	1	0
Optometry	0	0	0	0	0	0	0	0
Pharmacy	27	14	13	2	6	13	5	1
Physical Therapy	5	2	3	0	3	2	0	0
Podiatric Medicine	0	0	0	0	0	0	0	0
Psychology	10	7	3	0	3	2	3	2
Social Work	15	12	3	1	2	4	6	2
Veterinary Medicine	8	4	4	0	3	3	2	0
<b>Sum (%)</b>	<b>555</b>	350 (63%)	205 (37%)	31 (6%)	162 (29%)	175 (32%)	136 (25%)	51 (9%)



## BUDGET

As a program of the Minnesota health licensing boards, HPSP is committed to providing cost-effective quality monitoring services that meet its mission and goals. HPSP values the boards' recognition that adequate funding is essential to HPSP's success.

### FUNDING

The health licensing boards and the Department of Health fund HPSP. Each board pays an annual \$1,000 fee and a pro-rata share of program expenses based on the number of the board's participants in the program at the end of each month. No additional fees are collected by HPSP from health care professionals for program participation. Health professionals are responsible for costs associated with evaluations, treatment and toxicology screens (if warranted).

HPSP's budget is appropriated to the administering board. HPSP's appropriation for fiscal year 2022 is \$1,002,000.

### EXPENSES

Like the health licensing boards, the majority of HPSP's expenses are directed toward salaries and benefits (72%). The next largest expense is rent, followed by consultative and technological services.

In December 2017, the Department of Administration extended HPSP's lease agreement through January 21, 2023. HPSP will work with the Department of Administration to address additional lease extensions during the summer of 2022.

Timeframe	Cost
1/1/2021 to 1/31/2022	\$37,848.48
2/1/2022 to 1/31/2023	\$38,606.28

# UPDATES

## COVID-19

Covid-19 significantly impacts health professionals. Over the past two years, HPSP has seen Covid-19 lead to exacerbations of mental health symptoms and substance use among health professionals. It is not uncommon for health professionals to state that Covid-19 caused increases in stress, depression, and anxiety. Health professionals also associate Covid 19 to exacerbations of their substance use. The long-term impact on health professionals is yet to be fully realized.

HPSP adjusted monitoring processes to address health professionals placed on quarantine, as well as changes in resources and services due to Covid-19. HPSP will continue to modify monitoring as necessary to accommodate the impact of Covid-19.

## DATABASE UPDATES

HPSP continues to work collaboratively with MN.IT staff and a contractor to develop an interactive portal and a new database that will improve program efficiency in multiple areas. Submitting reports and documentation to HPSP will be easier for health professionals, their treatment providers, employers, and other parties. HPSP's data management system will be more efficient. Improvements in HPSP's ability to gather and study data will also improve.

## DIVERSITY, EQUITY, AND INCLUSION

HPSP staff engage in diversity, equity, and inclusion activities on an annual basis as part of the State of Minnesota's Enterprise Learning Management. HPSP staff seek additional trainings and learning opportunities that address racism and other forms of inequality and share what they have learned with their peers. HPSP is committed to being anti-racist while maintaining a work environment that is free from judgement and promotes inclusivity.

## OUTREACH

Covid-19 continues to limit HPSP outreach opportunities. In the second half of fiscal year 2022, HPSP staff will reach out to associations and other groups to identify new ways to provide outreach if the pandemic continues. In addition, HPSP requests submission to board and association newsletters.

# COMMITTEE MEMBERS AND STAFF

## PROGRAM COMMITTEE

The Program Committee consists of one member from each participating board. By law, the Program Committee provides HPSP with guidance to ensure that the direction of HPSP is in accordance with its statutory authority. In 1997 the Program Committee established the following five goals to meet this responsibility:

1. The public is protected;
2. Individual clients are treated with respect;
3. The program is well-managed;
4. The program is financially secure; and
5. The program is operating consistently within its statutory authority.

Board	Member Name	Term
Behavioral Health and Therapy	Rebecca Lund	1/15/2022 to 1/14/2023
Chiropractic Examiners	Nestor Riano (alt: Kimberly Hill)	1/15/2022 to 1/14/2023
Dentistry	Ruth Dahl (alt: Bridgett Anderson)	1/15/2022 to 1/14/2023
Department of Health	Debbie Thao	1/15/2022 to 1/14/2023
Dietetics and Nutritionists	Sue Estes	1/15/2022 to 1/14/2023
Emergency Medical Services	Amber Lage	1/15/2022 to 1/14/2023
Marriage and Family Therapy	Jennifer Mohlenhoff	1/15/2022 to 1/14/2023
Medical Practice	Shaunequa B. James	1/15/2022 to 1/14/2023
Nursing	Sarah Simons	1/15/2022 to 1/14/2023
Execs. for Long Term Services & Supports	Randy Snyder	1/15/2022 to 1/14/2023
Occupational Therapy	Jessica Engman	1/15/2022 to 1/14/2023
Optometry	Britt Heglund	1/15/2022 to 1/14/2023
Pharmacy	James Bialke	1/15/2022 to 1/14/2023
Physical Therapy	Kathy Polhamus, Chair	1/15/2022 to 1/14/2023
Podiatric Medicine	Judith Swanholm	1/15/2022 to 1/14/2023
Psychology	Jack Rusinoff (alt: Samuel Sands)	1/15/2022 to 1/14/2023
Social Work	Kate Goodman	1/15/2022 to 1/14/2023
Veterinary Medicine	Jody Grote	1/15/2022 to 1/14/2023

## ADMINISTERING BOARD

The Board of Medical Practice, under the leadership of Executive Director Ruth Martinez, serves as the Administering Board for HPSP.

## ADVISORY COMMITTEE

The Advisory Committee consists of one person appointed by various health-related professional associations and two public members appointed by the Governor. The Advisory Committee established the following goals:

1. Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health care professionals;
2. Provide expertise to HPSP staff and Program Committee; and
3. Act as a liaison with membership.

Association	Member Name	Term
MN Academy of Nutrition and Dietetics	Andrew Pfaff	1/15/2022 to 1/14/2024
MN Academy of Physician Assist.	Tracy Keizer	1/15/2022 to 1/14/2024
MN Acupuncture Assoc.	Christine Gendreau	1/15/2022 to 1/14/2024
MN Assoc. of Neuropathic Physicians	Crystalin Montgomery	1/15/2022 to 1/14/2024
MN Chiropractic Assoc.	Lisa Hellerud	1/15/2022 to 1/14/2024
MN Dental Assoc.	Stephen Gulbrandsen (Vice Chair)	1/15/2022 to 1/14/2024
MN Health Systems Pharmacists	S. Bruce Benson	1/15/2022 to 1/14/2024
MN Medical Assoc.	Stephanie Lindgren	1/15/2022 to 1/14/2024
National Assoc. of Social Work, MN Chapter	Michael Arieta	1/15/2022 to 1/14/2024
MN Nurse Peer Support Network	Deborah Matthias Anderson	1/15/2022 to 1/14/2024
MN Nurses Assoc.	Mary Kay Borgstrom	1/15/2022 to 1/14/2024
MN Occupational Therapy Assoc.	Karen Sames (Chair)	1/15/2022 to 1/14/2024
MN Optometric Assoc.	Georgiann Jensen Bohn	1/15/2022 to 1/14/2024
MN Organization of Leaders in Nursing	Lucy Furlog	1/15/2022 to 1/14/2024
MN Organization of Registered Nurses	Niki Gjere	1/15/2022 to 1/14/2024
MN Pharmacists Assoc.	Sue Anderson	1/15/2022 to 1/14/2024
MN Podiatric Medicine Assoc.	Kari Prescott	1/15/2022 to 1/14/2024
MN Psychological Assoc.	Lois Cochrane-Schlutter	1/15/2022 to 1/14/2024
MN Veterinary Medicine Assoc.	Marcia Brower	1/15/2022 to 1/14/2024
Physicians Serving Physicians	Jeff Morgan	1/15/2022 to 1/14/2024
Public Member	Hafsa Mohamed	1/15/2022 to 1/14/2024

## HPSP STAFF

Laura Carlisle	Case Manager
Eldaa Delgado	Case Management Assistant
Tracy Erfourth	Case Manager
Monica Feider	Program Manager

Marilyn Miller	Case Manager
Patricia Rogers	Office and Records Administrator
Lisa Solberg	Case Manager
Kimberly Zillmer	Case Manager

**Gratitude for contributions to this report are extended to Mark Chu from MNIT, Ruth Martinez, Executive Director of the Board of Medical Practice and HPSP staff.**

***Inquiries about the content of this report can be directed to Monica Feider at [monica.feider@state.mn.us](mailto:monica.feider@state.mn.us) or 612-317-3060.***