STATE OF MINNESOTA

Health Professionals Services Program

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REPORT TO THE BOARD OF SOCIAL WORK

NOVEMBER 2013

MISSION AND GOALS

The mission of the Health Professionals Services Program (HPSP) is to enhance public safety in health care.

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

SERVICES

HPSP provides monitoring services by developing and implementing individualized Monitoring Plans. Monitoring Plans establish illness and practice related provisions that assist participants in documenting appropriate illness management. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

PARTICIPATING BOARDS

Behavioral Health & Therapy
Chiropractic Examiners
Dentistry
Department of Health
Dietetics and Nutritionists
Emergency Med. Services
Marriage and Family Therapy
Medical Practice
Nursing
Nursing Home Administrators
Office of Mental Health Practice
Optometry
Pharmacy
Physical Therapy
Podiatric Medicine
Psychology
Social Work
Veterinary Medicine

ADMINISTRATION

Program Committee (Minn. Stat. § 214.32, subd. 1)
The HPSP Program Committee consists of one member from each of the health licensing boards listed above. The Program Committee's function is to oversee the general operations of the program, make recommendations to the legislature regarding HPSP's budget and to designate one board to act as HPSP's Administering Board. The Program Committee also reviews program policies and ensures HPSP is acting in accordance with its statutory mandate.

Advisory Committee (Minn. Stat. § 214.32, Subd. 1 (c))
The HPSP Advisory Committee consists of members from various professional associations (i.e.: the Minnesota Medical Association, Nurses Association, Pharmacists Association, Dental Association and others). The primary goal of the Advisory Committee is to promote early intervention, diagnosis, treatment and monitoring for potentially impaired health professionals. The Advisory Committee serves as an important link between HPSP and their members. The Advisory Committee is designed to provide direction to the Program Committee and the program regarding program services. It also serves as an important link to members.

Administering Board (Minn. Stat. § 214.32, Subd. 1 (b))

HPSP is not an independent state agency. Therefore, its operating budget needs to be part of one of the health licensing boards. The Board of Dentistry currently acts as the Administering Board to HPSP.

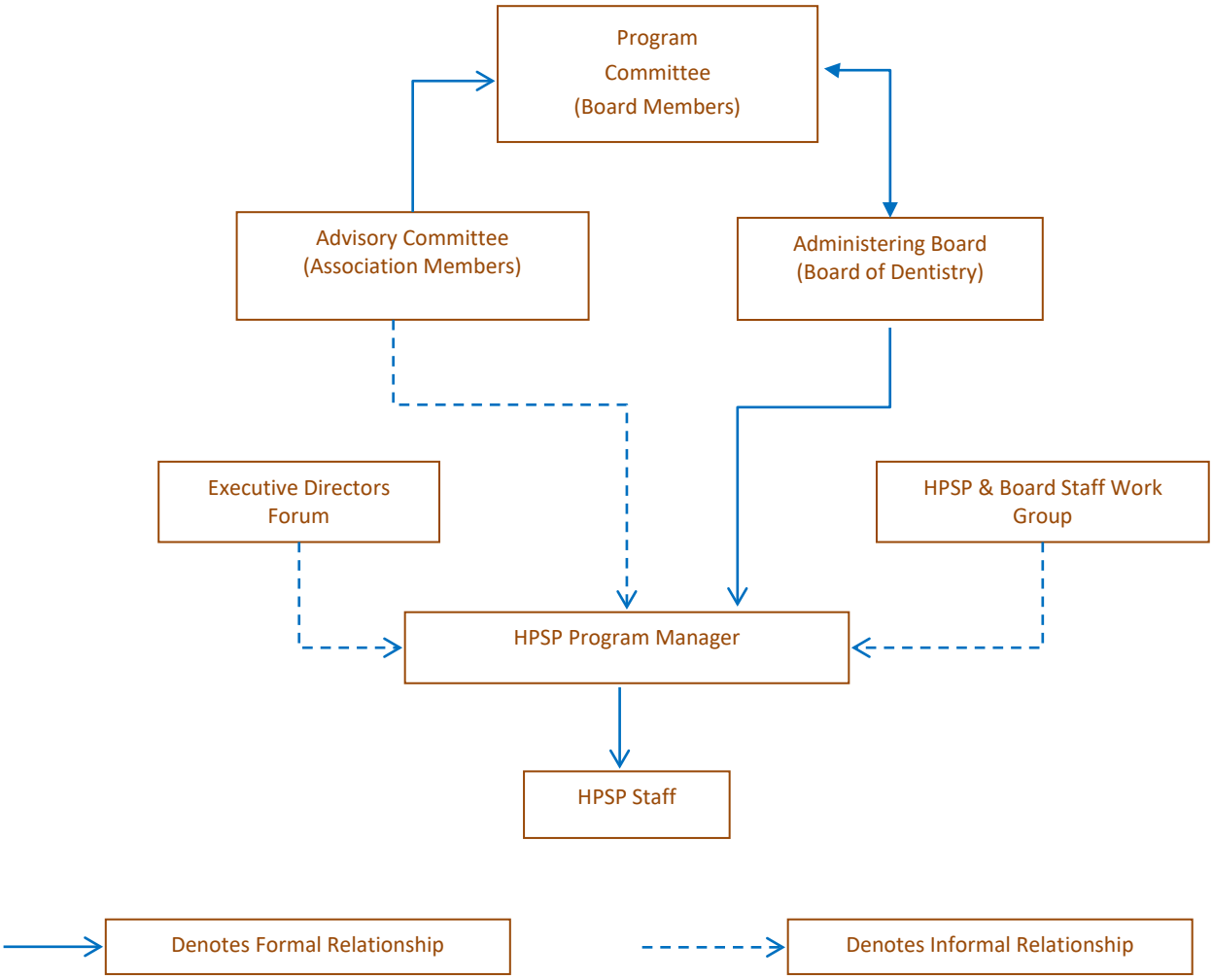
Executive Directors' Forum

The HPSP program manager attends a monthly meeting with the Executive Directors of the health licensing boards. This meeting enables HPSP to provide the executive directors with updates about the program and address any questions or concerns they might have.

HPSP – Board Staff Work Group

HPSP staff meets with board staff on a quarterly basis to review program processes. These meetings serve as a formal way for boards and the program to work collaboratively to develop monitoring guidelines and processes that are mutually agreeable.

ORGANIZATIONAL CHART



FUNDING

HPSP is funded almost entirely (98%) by the health-licensing boards, whose income is generated through licensing fees. Each board pays an annual participation fee of $1,000 and a pro rata share of program expenses based upon number of licensees enrolled. The average annual cost per HPSP participant is approximately $1,000, which is charged to the licensing board. There is no cost to the participant except for toxicology screens, if required.

UNIQUE CHARACTERISTICS

While health professional monitoring programs are found throughout the United States, HPSP is unique in the following ways:

- Offers a single point of contact for all regulated health professionals, providers, and employers
- Eliminates the duplication of services among boards
- Serves health professionals with substance, psychiatric, and other medical disorders

BENEFITS

- HPSP legislation enables health professionals to report their illness to HPSP in lieu of reporting to their licensing board
- HPSP legislation provides permission, confidentiality and immunity for others reporting impaired health professionals
- Protects the public by monitoring and/or restricting the practice of impaired health professionals
- Provides health professionals with a proactive and structured method to document appropriate illness management
- Ensures licensees are receiving the appropriate level of care

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 damage

Health professionals call HPSP when they are:

- Terminated or put on leave due to symptoms of mania, psychosis, dementia or other medical disorders
- Terminated for diverting drugs or showing up to work intoxicated
- Seeking treatment for a substance use disorder

How HPSP responds:

HPSP intervenes immediately. For example, HPSP may request that practitioners refrain from practice if their illness is active (i.e.: not sober, hasn't been assessed or treated). HPSP requests that practitioners obtain assessments (substance, psychiatric and/or medical) to determine the appropriate level of care needed and whether they are safe to return to practice. After the assessments are completed, HPSP implements monitoring contracts and reviews the practitioners' compliance with the monitoring contract.

It is the experience of physician health programs across the country that a process allowing confidential monitoring increases rates in which practitioners report their illness, therefore having a positive impact on public safety. HPSP is able to intervene immediately whereas a regulatory entity must build a case capable of withstanding court challenge. This later route can be time consuming, placing the public at risk, and is expensive.

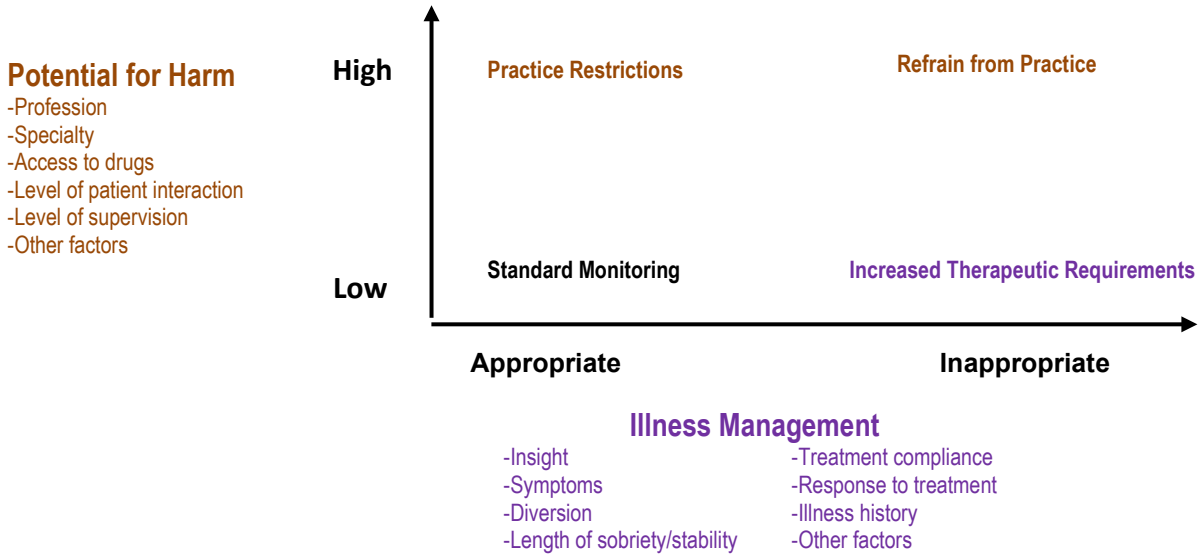
FUNCTIONS

Provide health professionals with services to determine if they have an illness that warrants monitoring:

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients
- Obtain substance, psychiatric, and medical histories along with social, and occupational data
- Determine practice limitations, if necessary
- Secure records consistent with state and federal data practice regulations
- 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 of health program participants:

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

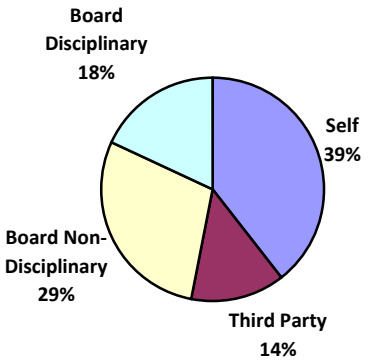
Act as a resource for licensees, licensing boards, health employers, practitioners, and medical communities

LEGISLATION

Minnesota Statutes, section 214.29 to 214.36

REFERRALS

From July 1, 2012 to June 30, 2013, HPSP opened 523 new cases. The chart below shows how they were referred.

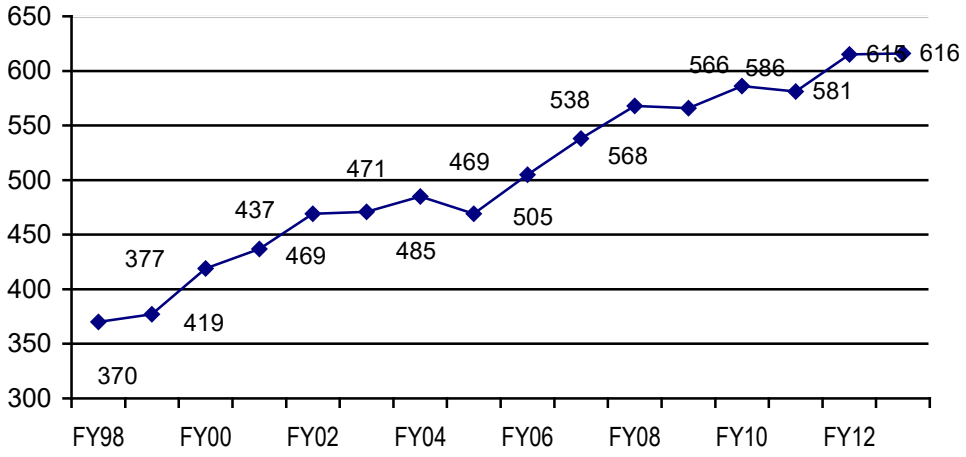


DISCHARGES

From July 1, 2012 to June 30, 2013, HPSP discharged 520 licensees. Of those that engaged in monitoring, 50% successfully completed the conditions of their monitoring contracts. Discharge rates vary considerably by profession.

OVERALL PARTICIPATION BY FISCAL YEAR

The graph below depicts HPSP's growth by fiscal year:



BOARD OF SOCIAL WORK PARTICIPATION

Referrals:

Over the past four fiscal years, HPSP received referrals for 43 persons regulated by the Board of Social Work. The majority (68%) enrolled without Board involvement. The table below shows the referral sources for persons regulated by the Board of Social Work over the past four fiscal years.

Referral Source	Referrals by Fiscal Year				Sum Fiscal Years 10 - 13
	FY10	FY11	FY12	FY13	
Board Non-Discipline	2	8	2	2	14 (32%)
Board Discipline	0	0	0	0	0
Self	9	2	4	6	21 (49%)
Third Party	0	4	2	2	8 (19%)
SUM	11	14	8	10	43

Discharges:

Over the past four fiscal years, HPSP discharged 41 persons regulated by the Board of Social Work. Of these, 61% engaged in monitoring.

Discharge Category	Discharges by Fiscal Year				Sum Fiscal Years 10 - 13
	FY10	FY11	FY12	FY13	25 monitored
Completion	6	2	4	3	15 (60%)
Voluntary Withdraw*	1	1	0	0	2 (8%)
Non-Compliance*	1	2	3	0	6 (24%)
Deceased	0	0	0	0	0
Ineligible Monitored*	0	1	0	1	2 (8%)
Ineligible Not Monitored*	1	2	0	1	4
No Contact*	1	1	0	0	2
Non Cooperation*	0	0	0	3	3
Non-Jurisdictional	2	3	2	0	7
SUM	12	12	9	8	41

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

Licensure Type:

The licensure category of the 13 social workers enrolled in HPSP on October 30, 2013 included:

- 9 LICSW
- 2 LSW
- 2 LGSW

Illnesses:

Of the social workers enrolled in HPSP on October 30, 2013, the majority had diagnoses of alcohol dependence and depression and/or anxiety.