STATE OF MINNESOTA

Health Professionals Services Program

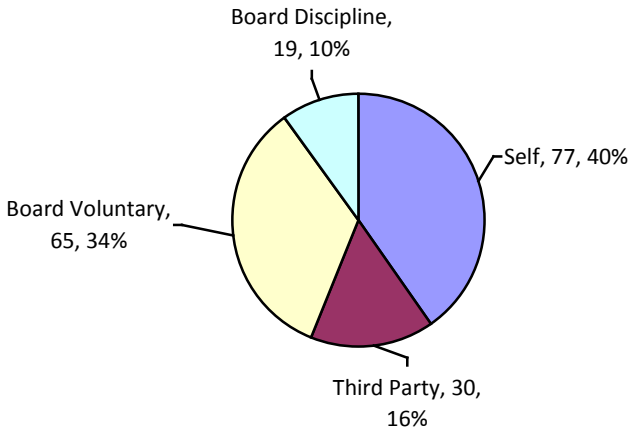
1380 Energy Lane, Suite 202, St. Paul, MN 55108 Phone: 651/643-2120 Fax: 651/643-2163 http://mn.gov/health-licensing-boards/hpsp/

November 2015

BOARD OF SOCIAL WORK INFORMATION

REFERRALS

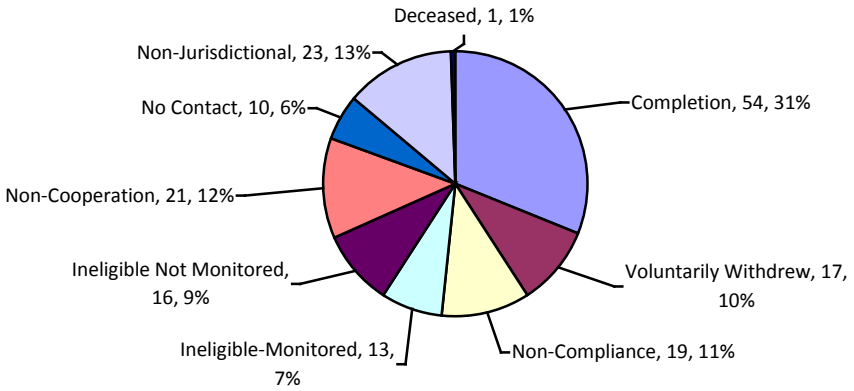
In fiscal year 2015, sixteen persons regulated by the Board of Social Work were referred to HPSP. Of these, six were board voluntary referrals, five self-referred, three were board disciplinary referrals and two were referred by a third party. The table below shows the referral sources for all persons regulated by the Board of Social Work referred to HPSP from the start of HPSP through June 30, 2015:



Fifty percent of social workers referred to HPSP from the start of the program through June 20, 2015 were referred without Board involvement.

DISCHARGES

In fiscal year 2015, fourteen persons regulated by the Board of Social Work were discharged from HPSP. Of these, three engaged in monitoring and eleven did not. Of the three that engaged in monitoring, two successfully completed the conditions of their Monitoring Plans. Of the eleven that did not engage in monitoring, six were discharged because no illness was identified to monitor (non-jurisdictional). The table below shows the discharge categories for all persons regulated by the Board of Marriage and Family Therapy who were discharged from HPSP from the start of the program through June 30, 2015:



Fifty-two percent of social workers that engaged in monitoring successfully completed the conditions of their Monitoring Plans.

GENERAL HPSP INFORMATION

MISSION AND GOALS

Mission: Minnesota's Health Professionals Program protects the public by providing monitoring services to regulated health professionals whose illnesses may impact their ability to practice safely. 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.

FUNCTIONS

1) 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

2) Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice related conditions based on licensee's potential for harm and illness:

Potential for harm considerations:

- Profession
- Specialty
- Access to drugs
- Level of patient interaction
- Level of supervision
- Other factors

Illness related considerations

- Insight
- Illness history and current status
- Response to treatment
- Diversion
- Length of sobriety or stability
- Other factors

3) 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

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

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 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
- Ensure licensees are getting appropriate 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 HPSP and other PHPs around the country that a process that allows referral to HPSP protects the public. 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.

LEGISLATION

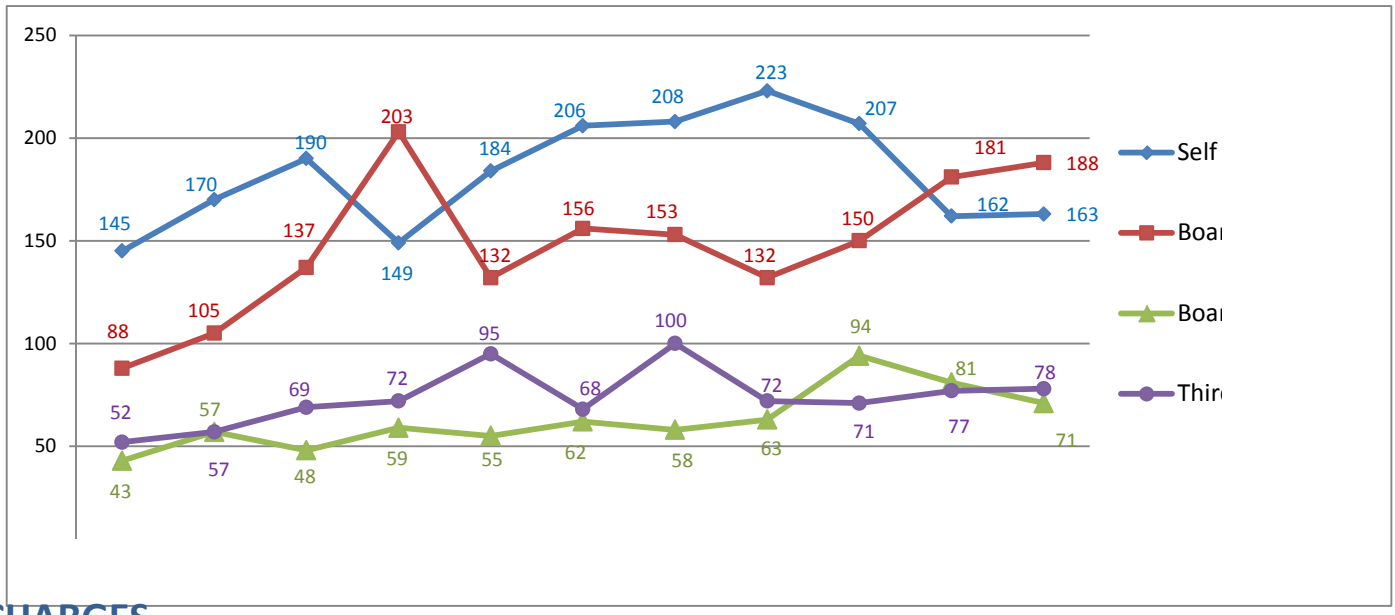
HPSP is governed by Minn. Stat. 214.29 to 214.36.

FUNDING

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 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.

REFERRALS

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2005 through fiscal year 2015. The data show a prominent decrease in the number of persons that self-referred to HPSP over the past four years. On the other hand, board voluntary referrals have seen a steady increase over the past three years, and for the second time have exceeded self-referrals. Board disciplinary referrals have decreased over the past two years. Third party referral remained relatively flat over the past two year.

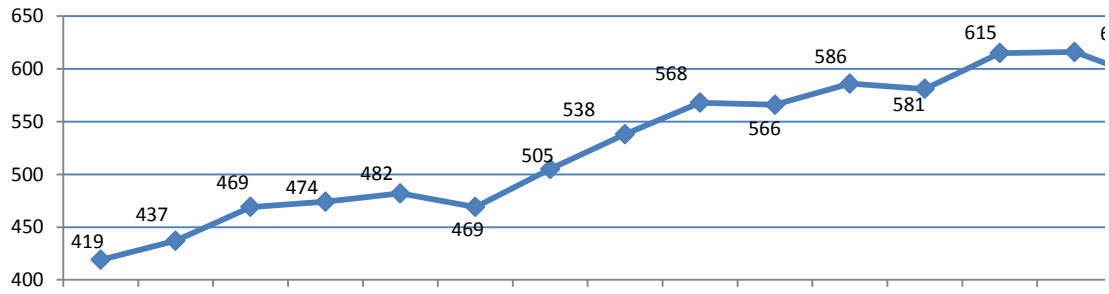


DISCHARGES

From July 1, 2014 to June 30, 2015, 558 licensees were discharged from HPSP. Of those that engaged in monitoring, 60% successfully completed the conditions of their monitoring contracts. Discharge rates vary considerably by profession. Persons in professions with higher incomes tend to complete the program at a higher rate than those with lower incomes.

OVERALL PARTICIPATION BY FISCAL YEAR

The graph below depicts the number of participants active with HPSP at the end of each fiscal year:



ILLNESSES MONITORED

HPSP monitors health care professionals diagnosed with substance, psychiatric and/or other medical disorders. On June 30, 2015, there were 483 health professionals enrolled in HPSP with signed Participation Agreements. The following data identify the illnesses for which they are being monitored.

Illness Category 523 Participants	Number of Participants	% of Participants
Substance Use Disorders	397	82%
Psychiatric Disorders	342	71%
Medical Disorders	50	10%

Prescription Drug Abuse and Diversion of Medications

HPSP Definition of Diversion

The HPSP working definition of diversion is *the inappropriate acquisition of controlled or other potentially abusable substances.* Note the term "diversion" is umbrella terminology in which stealing drugs from the work place is included. Methods of diversion vary greatly, as does the impact and potential impact on patients.

Prescription Drug Abuse and Diversion

On July 31, 2015, of the 483 participants with signed Participation Agreements, 117 (24%) were addicted to at least one prescription medication, most commonly opiates. Of these, 64 (55%) engaged in diversion, representing 13% of HPSP participants with signed Participation Agreements. HPSP tracks both work-related and non-work-relate diversion. Additionally, it is not uncommon for people to divert in more than one way. The table below shows differences in diversion by profession. It clearly shows that access to controlled substances is a risk factor for abusing them. Pharmacists, who made up only 5% of HPSP participants when the data was collected, represented 22% of diversion cases.

Board	Number and Percent of Persons who Diverted by Board	Work Related: 47	Not-Work Related: 36	FY15 Average 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%)	2**	2	5%

*Represents four participants from two boards
**Represents two participants from one board

Monitoring Conditions

Our standard monitoring conditions for work-related diversion include a minimum of twelve months of no access to, handling of, or responsibility for, controlled and mood altering substances at work. In some professions and work situations, access to drugs must be supervised after the restriction is lifted. The length of monitoring is also extended. HPSP communicates with all participant work site monitors (supervisors). In cases of diversion, communication is essential to ensuring patient safety.

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 Physical Therapy currently acts as the Administering Board to HPSP.

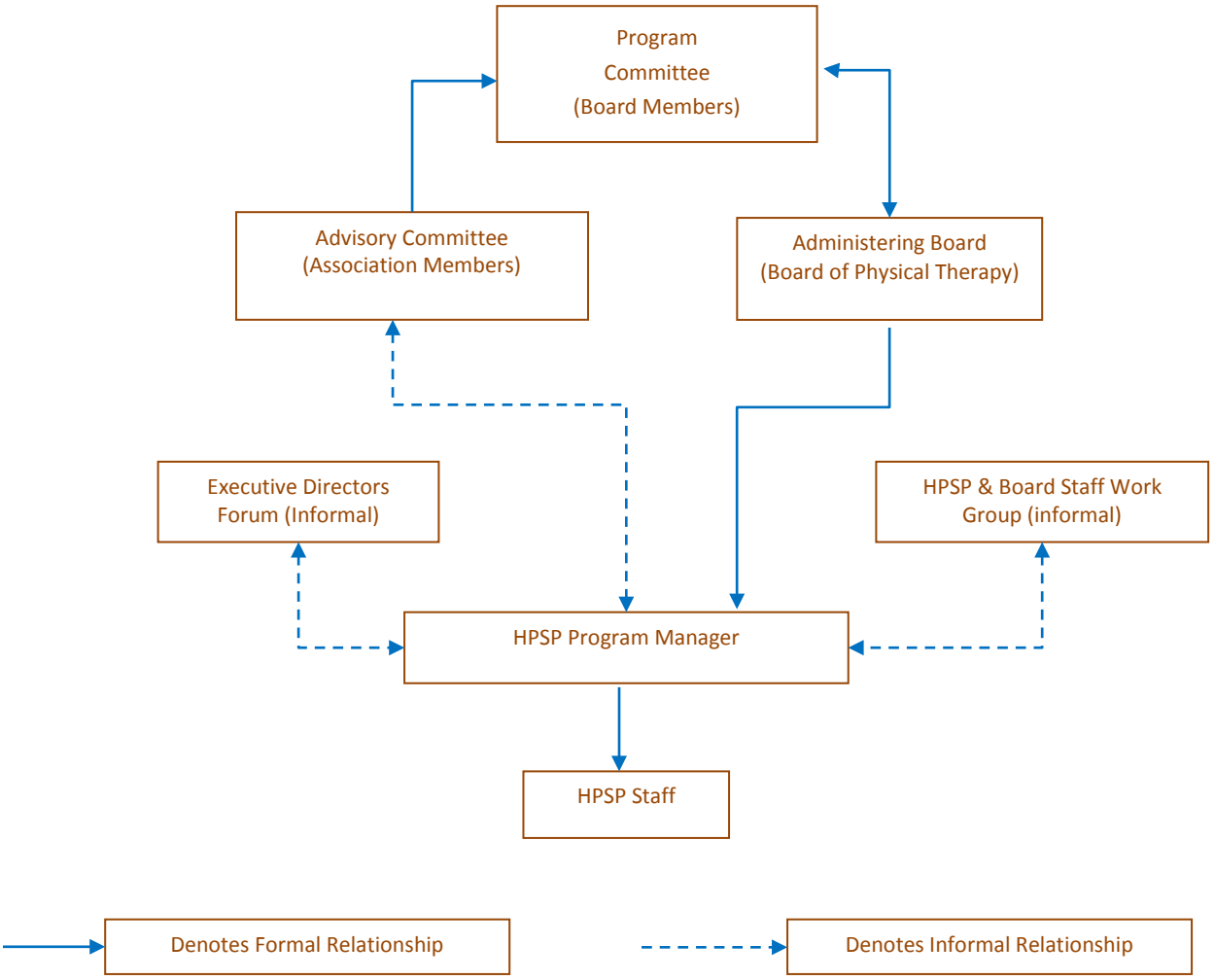
Executive Directors' Forum

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



HPSP INTAKE AND MONTIORING OUTLINE