

HEALTH PRACTITIONERS' MONITORING PROGRAM

PROGRAM PERFORMANCE REPORT

2017

PRESENTED TO

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DEPARTMENT OF HEALTH PROFESSIONS

BY THE

MONITORING PROGRAM COMMITTEE

The mission of the Health Practitioners Monitoring Program (HPMP) is to provide an alternative to disciplinary action for impaired practitioners by providing comprehensive and effective monitoring services toward the goal of each participant's return to safe, productive practice.

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OVERVIEW

The Virginia Health Practitioners' Monitoring Program (HPMP) completed 20 years of operation in December 2017, with 15 years (2003-2017) of operation with Virginia Commonwealth University Health System, Department of Psychiatry, Division of Addiction Psychiatry and is currently under the direction of Joel Steinberg, M.D., Interim Medical Director. The mission of Virginia HPMP is to provide an alternative to disciplinary action for impaired practitioners by providing comprehensive and effective monitoring services toward the goal of each participant's return to safe productive practice. Additional program goals are to raise public awareness regarding the recognition of impaired practitioners and available services; to increase identification of impairment and encourage treatment and recovery; to assist participants with obtaining comprehensive assessment; to develop recovery monitoring contracts that address the medical, psychiatric and substance abuse treatment needs of the participants; and to provide comprehensive, timely and effective monitoring services to participants.

RECOVERY TREK ELECTRONIC RECORD SYSTEM

Significant effort has been dedicated to the customization of an Electronic Monitoring Record (EMR) available via Virginia HPMP's Third-Party Administrator (TPA) for the toxicology screening program that was launched in September 2016. Briefly, the EMR is a HIPAA-compliant platform which stores all monitoring documents, allows participants and treatment providers the ability to submit reporting forms electronically, and provides a secure system for electronic communication (similar to email) and transfer of documents between HPMP staff and participants. The secure portal available to participants allows them access to all of the reports they have submitted as well as daily check-in history and dates, outcome (negative/positive), and costs of toxicology testing. Alerts for HPMP staff are generated in real-time, as monthly reports are submitted, and when toxicology results are uploaded. The above mentioned features along with the availability of numerous quality-assurance reports have increased the efficiency and quality of monitoring services provided. The EMR also provides the participant a map and list of collection sites they may utilize that are convenient to their home, treatment or place of employment. Collection sites are also established on an as-needed basis throughout the country to accommodate travel.

COST REDUCTION EFFORTS

To address the increase in the number of participants who have resigned due to reported financial issues in recent years, Virginia HPMP continues to expand treatment partnerships with programs and therapists who provide affordable and high-quality care. Virginia HPMP has also implemented an individualized toxicology screening program for each participant to minimize cost while maintaining quality monitoring standards. There are currently 27 urine, 14 hair, 14 nail and three blood toxicology panels available to select from when tailoring the toxicology testing for each participant.

RETURN TO SAFE PRODUCTIVE CLINICAL PRACTICE

Guidelines are in place to accomplish the mission of the HPMP to return participants to safe and productive practice. A participant required to refrain from practice upon admission to the monitoring program, shall adhere to the following steps in the process for first return to clinical practice: 1) approval to look for clinical practice and 2) clinical position approval. Criteria for approval to look for work includes documentation from treatment providers that the participant is engaged and compliant with treatment for illnesses diagnosed which require monitoring, that the illness is in remission, endorsement from treatment providers that participant is safe to return to clinical practice, negative toxicology testing for those with substance use disorders, no unknown/unauthorized prescriptions documented via the prescription monitoring report, and participant must be fully compliant with their Recovery Monitoring Contract. Practice restrictions (decided in collaboration with treatment providers) may include practice setting, hours, shift, controlled-substance access, authority to write prescriptions, multiple work sites, etc. In addition to practice restrictions (if applicable), there must be appropriate monitoring in the work place established through a worksite monitor, employer monitor and/or peer monitor. Monitors must have face-to-face contact with the participant in the workplace and be willing to report on the participant's workplace performance monthly. Monitors must also be familiar with warning signs of impairment (information provided to monitors by Virginia HPMP) and must agree to contact HPMP staff should any signs of impairment occur. Finally, participants must have a fully executed Recovery Monitoring Contract with place of clinical practice, monitor(s), and work restrictions specified prior to starting clinical practice.

2017 PROGRAM INQUIRIES

Virginia HPMP received 266 inquiries from January 1, 2017 – December 31, 2017. Intake interviews were completed for 172 (65%), 83 (31%) were closed (individuals wanted information only, were not eligible for the program, or did not wish to enter monitoring for a variety of reasons (delay entry until their board hearing, did not want to refrain from practice, etc.), and 11 (4%) remained open at the end of the year. Of the 172 who completed intake, 139 (81%) were admitted to the program, 24 (14%) decided not to enroll, and 9 (5%) were pending December 31, 2017.

2017 PARTICIPANT ADMISSIONS

There were 448 active participants at the end of December 2016. During 2017, 156 participants entered HPMP and at the end of December 2017 there were 445 active participants. The licensing boards (40%), enforcement personnel (23%), treatment providers (12%), and employers (6%) were responsible for the majority of referrals to HPMP during 2017. The mean number of admissions per month was 13 (range 10-17). Of the 2017 admissions, 66% were licensed by the Board of Nursing, 24% by the Board of Medicine, 3% by the Board of Pharmacy, 3% by the Board of Dentistry, and less than 2% each by the Boards of Optometry, Psychology, Physical Therapy, Social Work and Funeral Directors and Embalmers. Most of the 2017 admissions were female (67%) and ranged in age from 24-70 years. Eighty nine percent were monitored primarily for substance use disorders, 10% for psychiatric disorders and less than 1% for physical problems. The most frequent drug of choice reported was opioids (50%) or alcohol (37%). The number of intakes and monthly census by Board for the previous four years and

current reporting year are presented in Tables 1 and 2 (see Appendix I). Number, gender, and age of active participants on December 31, 2017 are presented in Table 3 below. Primary monitoring diagnosis and drug of choice for those monitored for substance use disorders are presented in Table 4 and Figure 1, respectively.

**Table 3: Gender & Age
Active Participants 12/31/17**

Board	Number	Percent Male	Mean Age (Range)
Medicine	112	66	45 (25-76)
Nursing	284	14	41 (22-70)
Pharmacy	16	62	39 (26-57)
Dentistry	15	60	47 (33-66)
Other*	18	33	42 (33-70)
Total	445	31	42 (22-75)

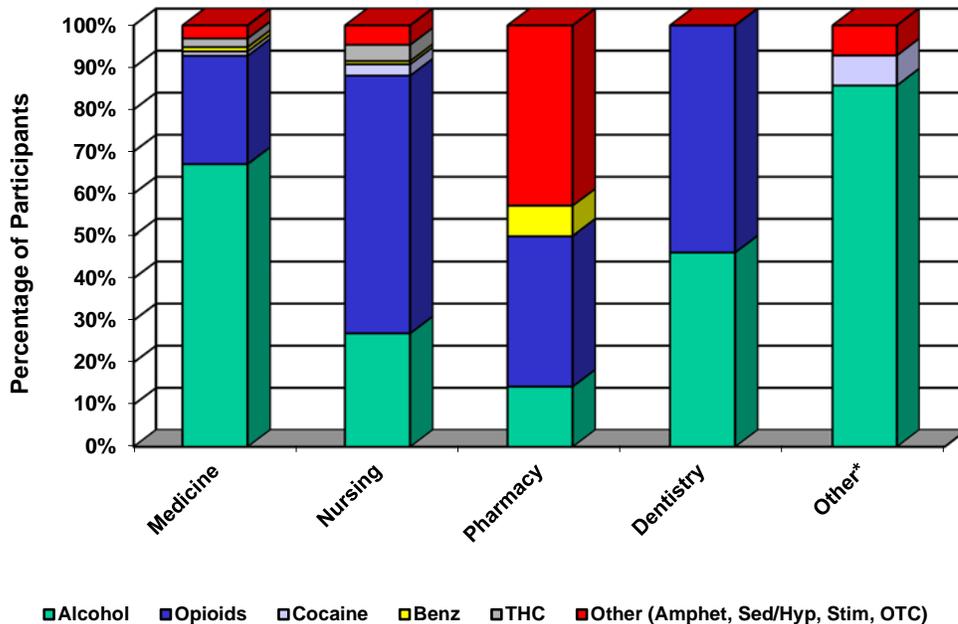
* Audiology/Speech Pathology, Counseling, Funeral Directors & Embalmers, Optometry, Physical Therapy, Psychology, Social Work, Veterinary Medicine

**Table 4: Primary Monitoring Diagnosis
Active Participants 12/31/17**

Board	CD # (%)	Psychiatric Only # (%)	Physical Only # (%)
Medicine	97 (87)	14 (12)	1 (1)
Nursing	260 (92)	24 (8)	-
Pharmacy	14 (88)	2 (12)	-
Dentistry	13 (87)	2 (13)	-
Other*	14 (78)	3 (17)	1 (5)
Total	398 (89)	45 (10)	2 (<1)

* Audiology/Speech Pathology, Counseling, Funeral Directors & Embalmers, Optometry, Physical Therapy, Psychology, Social Work, Veterinary Medicine

**Figure 1: Drug of Choice
Active Participants 12/31/17**

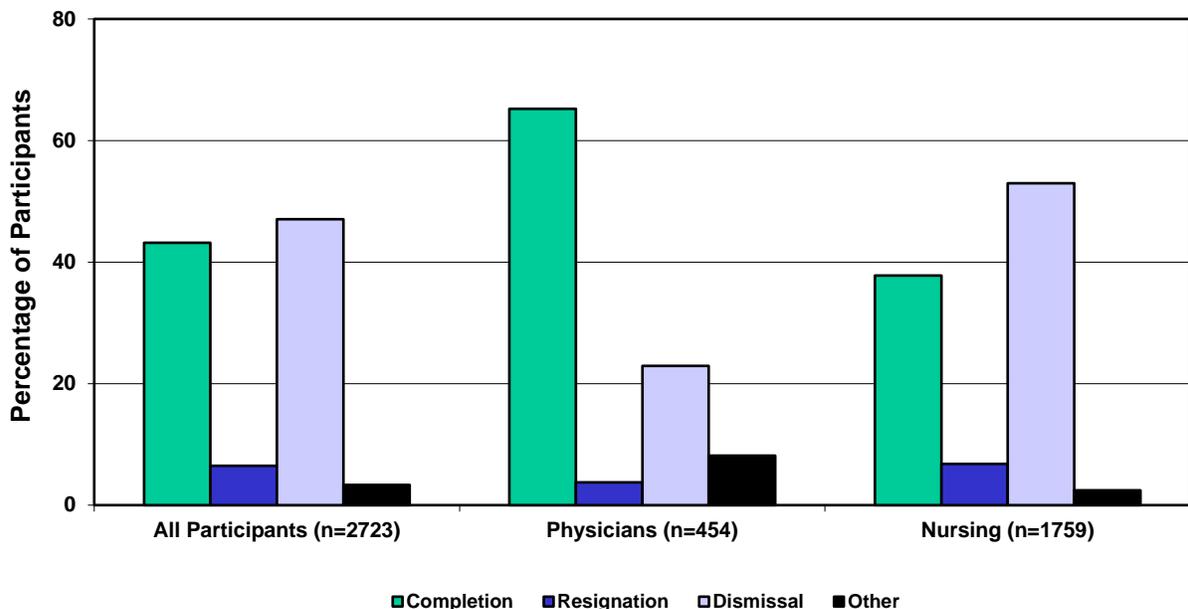


* Audiology/Speech Pathology, Counseling, Funeral Directors & Embalmers, Optometry, Physical Therapy, Psychology, Social Work, Veterinary Medicine

MONITORING OUTCOME

Monitoring outcome for participants active in the HPMP 2003 through 2012 are presented in Figure 2 below for all participants. As monitoring contract length is typically five years, participants admitted after 2012 are not included as they have yet to be in the HPMP program for five years and have the opportunity to successfully complete the program. Monitoring outcome is also presented below for physicians (MD, DC, DO, DPM, Intern/Resident) and nurses (LNP, RN, LPN). Monitoring outcomes are defined as follows: completion = successfully completing terms of monitoring contract; resignation = resignation in full compliance with monitoring contract; dismissal = discharged for noncompliance, urgently dismissed for noncompliance, or noncompliant at time of resignation; other = discharged as having reached maximum benefit of monitoring, discharged as ineligible in full compliance with monitoring contract (i.e. license suspended or participant elected not to renew license), or participant died while in the monitoring program. As can be seen in the figure below, approximately 43% successfully completed, 6% resigned, and 47% were dismissed from the program. The rate of dismissal from the program for noncompliance was 23% and 53% for physicians and nurses, respectively.

Figure 2: Monitoring Outcome



VIRGINIA HPMP STAFF

Joel Steinberg, M.D. – Interim Medical Director & Medical Review Officer
Janet S. Knisely, Ph.D. – Administrative Director
Terry Good, C.R.A. – Personnel/Finance Director

Case Managers

Case Manager Assistants

Christopher Bowers (Intake).....	Neetu Wagley
Amy Stewart (Case Manager Coordinator).....	Adrienne Hayes
Dawn France.....	Delores Baker
Rebecca Britt.....	Delores Baker
Kathy Ward.....	Samantha Wilkes
Kimberli Myrick.....	Neetu Wagley

Christine Paine – Database Manager, Administrative Director Assistant
Caroline Morton – Receptionist, Program Assistant

Administrative Oversight

Joel Silverman, M.D. - Chief Executive Officer

MONITORING PROGRAM COMMITTEE MEMBERS

Committee Chair – Bruce Overton, DDS
Committee Vice Chair – Charles Williams, M.D.
Committee Members:

John Beckner, RPh
David Boehm, LCSW
Randy Ferrance, MD, FAAP, SFHM
James Meyer, Citizen Member

APPENDIX I

TABLE 1: NUMBER OF INTAKES BY BOARD 2013-2017

TABLE 2: MONTHLY CENSUS BY BOARD 2013-2017