

Health Practitioners' Monitoring Program

2019

Annual

Report

Virginia Department of Health Professions

October 9, 2020

TABLE OF CONTENTS

l.	Program Overview	2
II.	The HPMP Process	2
III.	Program Participation	3
	A. Admissions	4
	By Board	4
	By License Type	5
	Diagnoses by Board	6
	B. Discharges	6
	By Board	7
	By License Type	8
IV	Five-Year Census	9

I. Program Overview

The Virginia Health Practitioners' Monitoring Program (HPMP) offers an alternative to disciplinary action for qualified healthcare practitioners with a substance use diagnosis, a mental health or physical diagnosis that may alter their ability to practice their profession safely. HPMP refers healthcare professionals for appropriate treatment and provides ongoing monitoring of treatment progress.

The goal is to assist and support each participant in the recovery process, including achieving and maintaining optimal physical, mental, and emotional health. The HPMP team has the expertise to help practitioners skillfully navigate the return to safe and productive clinical practice.

The Department of Health Professions (DHP) contracts with the Virginia Commonwealth University Health System, Department of Psychiatry, Division of Addiction Medicine to provide services including:

- Intake to determine program eligibility;
- Referrals to providers for clinical assessment and treatment;
- Monitoring of treatment progress and clinical practice; and
- Alcohol and drug toxicology screens when indicated.

Participation in what is most often a five-year program is voluntary. Disciplinary action may be avoided and, in the absence of criminal behavioral or Board action, public records may not be generated. For those participants with Board involvement, the HPMP team provides support including participant preparation for hearings, documentation of participation for the Board, and by testifying to monitoring compliance at Board hearings.

HPMP services are available to anyone who holds a current, active license, certification or registration by a health regulatory board in Virginia or a multi-state licensure privilege. An applicant for initial or reinstatement of licensure, certification, or registration is also eligible to participate for up to one year from the date of receipt of their application.

For over 22 years, the HPMP has provided comprehensive and effective monitoring services for clients with the goal of returning each participant to safe productive practice.

II. The HPMP Process

Healthcare professionals may enter the program voluntarily or be referred to the program. During January 1, 2019 – December 31, 2019, the licensing boards (39.68%), enforcement personnel (29.37%), treatment providers (11.9%), employers (11.9%), other monitoring programs (3.97%), and attorneys (3.17%) were responsible for the majority of referrals to HPMP.

After referral, the first point of contact is the HPMP Intake Coordinator. Through a telephone interview, the Intake Coordinator collects:

- Demographic information;
- Vocational information;
- Reason for referral;
- Current treatment providers and medications; and
- A brief history of treatment for physical, mental health, and/or substance use disorders.

An eligible practitioner then signs a participation contract and is assigned a case manager. Some participants find themselves in financial distress early in the recovery process. The HPMP helps them to locate treatment providers covered by insurance panels. The program also facilitates enrollment with the Commonwealth's expanded Medicaid services when appropriate.

The HPMP uses an Electronic Monitoring Record (EMR) system, RecoveryTREK. The EMR is a HIPAA-compliant platform which stores all monitoring documents, allows participants, treatment providers, and workplace monitors to submit reporting forms electronically, and provides a secure system for electronic communication (similar to email) and document transfer. 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, screening results(negative/positive), and toxicology testing costs.

Data for monthly, quarterly and annual reporting requirements are also now available through RecoveryTREK.

III. Program Participation

From January 1, 2019 – December 31, 2019 the HPMP received 245 program inquiries. Intake interviews were completed for 155 (63.27%). Of these, 29 (18.71%) individuals were ineligible for the program, expressed they did not wish to enter the program, or failed to return the enrollment packet.

Of those who completed an intake interview, 122 were admitted to the program, 33 decided not to enroll, 4 did not complete the intake process, and 4 were pending on December 31, 2019.

There were 432 active participants at the end of December 2018. During 2019, 126 participants entered HPMP and at the end of December 2019 there were 403 active participants. The number of total enrollees is decreasing yearly.

The mean number of admissions per month was 10.33 (range 6-13).

The age of those admitted ranged from 23-69 years and most were female (65.87%).

A. Admissions

Of the 126 admissions for 2019, participants were healthcare professionals from 10 of the 13 Regulatory Boards.

Boards with participants admitted during 2019 are as shown below, with Board of Nursing having the highest percentage, followed by Board of Medicine:

Audiology/Speech Pathology = 1% Nursing = 65%

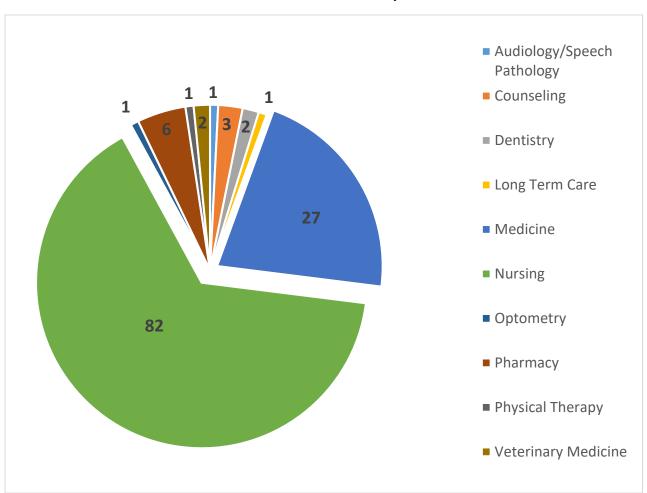
Counseling = 2% Optometry = 1%

Dentistry = 1% Pharmacy = 5 %

Long Term Care = 1% Physical Therapy = 1 %

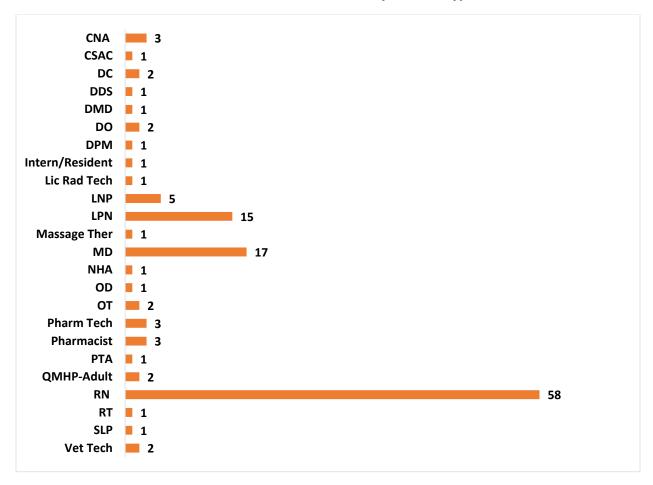
Medicine = 21% Veterinary Medicine = 2%

Total Number of Admissions by Board



Program participants admitted were from 24 out of the 115 licensee types DHP regulates.

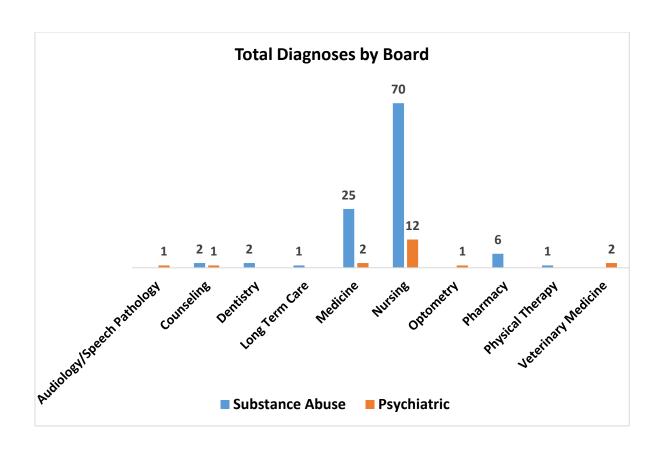




The two most frequent diagnoses from the 2019 admissions were substance abuse and psychiatric disorders.

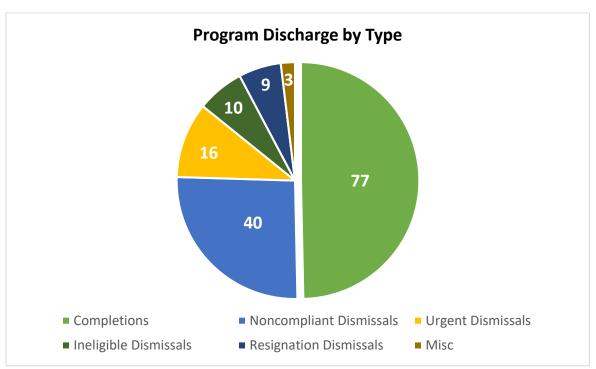
- 86.5% percent were monitored primarily for substance use disorders.
- 10.5% were monitored primarily for psychiatric disorders.

The most frequent drug of choice reported was alcohol at 40.35%, with opioids closely following at 30.7%.



B. Discharges

The HPMP discharged 155 participants during 2019; 50% of discharges were the result of successful completion of the program.



Participants discharged were healthcare professionals from 10 of the 13 Regulatory Boards.

Boards with participants discharged during 2019 are as shown below, with Board of Nursing having the highest percentage, followed by Board of Medicine:

Audiology/Speech Pathology = 1% Nursing = 62%

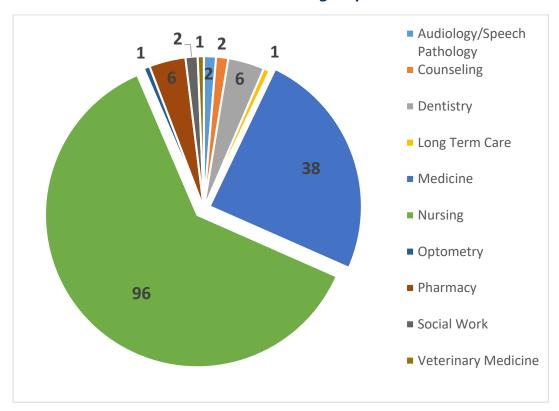
Counseling = 1% Optometry = 1%

Dentistry = 4% Pharmacy = 4 %

Long Term Care = 1% Social Work = 1 %

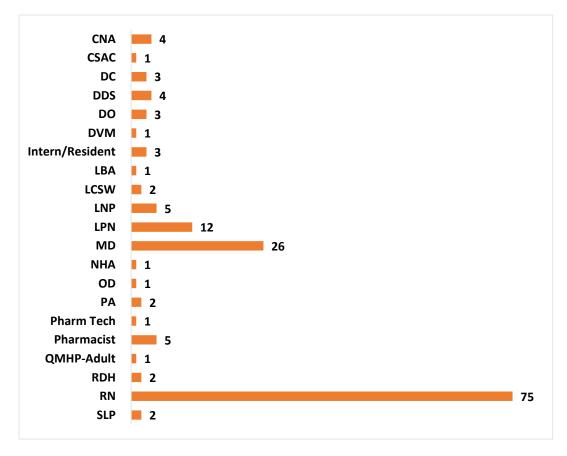
Medicine = 24% Veterinary Medicine = 1%

Total Number of Discharges by Board

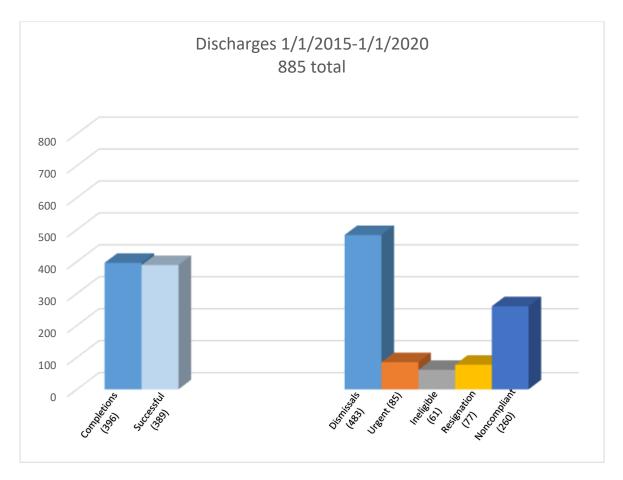


Program participants discharged were from 21 out of the 115 licensee types DHP regulates.

Total Number of Discharges by License Type



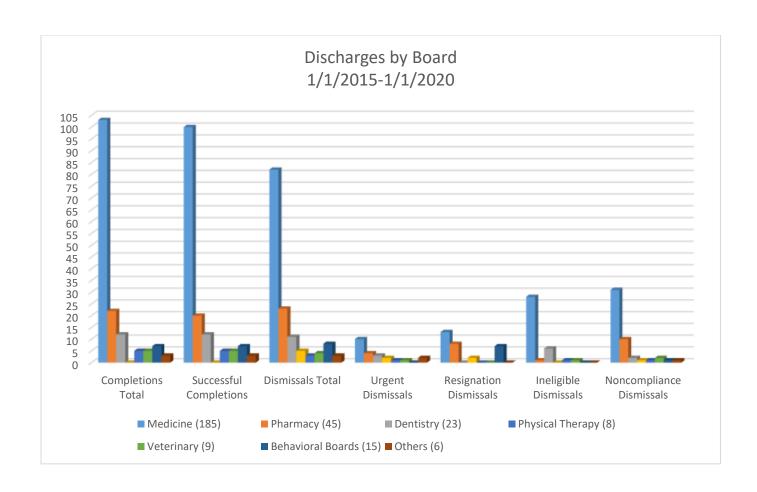
IV. Five-Year Census



44.75% of clients completed the program; 98.23% of these were the result of successful completion of the program.

54.58% of clients were dismissed from the program resulting from:

- 17.6% of those dismissed were urgent.
- 12.63% of those dismissed were ineligible.
- 15.94% of those dismissed were due to resignation.
- 53.83 % of those dismissed were noncompliance.

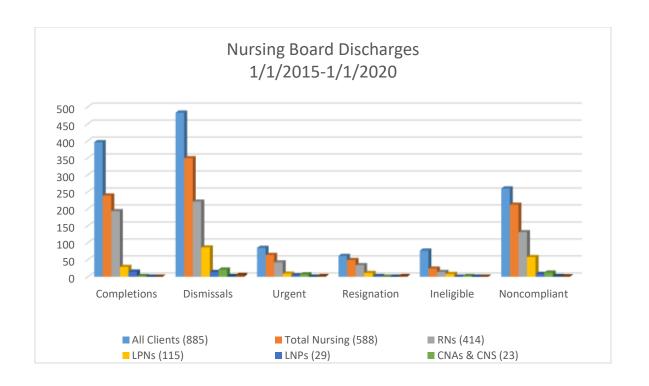


Of Total Discharge Completions:

Medicine accounts for 26.01% Dentistry accounts for 3.03% Veterinary accounts for 1.26% Other Boards account for 0.76% Pharmacy accounts for 5.56% Physical Therapy accounts for 1.26% Behavioral Health Boards account for 1.77% Nursing accounts for 60.35% (on another graph)

Of Total Discharge Dismissals:

Medicine accounts for 16.98% Dentistry accounts for 2.28% Veterinary accounts for 0.83% Other Boards account for 0.62% Pharmacy accounts for 4.76%
Physical Therapy accounts for 0.62%
Behavioral Health Boards account for 1.66%
Nursing accounts for 72.26% (on another graph)



Nursing completion discharges account for 60.35% of total discharges.

Nursing dismissal discharges account for 72.26% of total discharges.

Within the Nursing Board:

Completions (w % of completions successful)

RNs 80.75% (99.48%)

LPNs 12.13% (96.55%)

LNPs 6.28% (100%)

CNAs & CNS (.84% (100%)

RMAs 0% (0%)

Massage Therapy (MT) 0% (0%)

Dismissals total:

RNs 63.32%;

LPNs 24.64%;

LNPs 4.01%;

CNAs & CNS 6.02%;

RMAs .57%;

MT 1.43%

Of dismissal totals per license:

RNs: urgent 19%; resignation 15.38%; ineligible 6.33%; noncompliance 59.28%

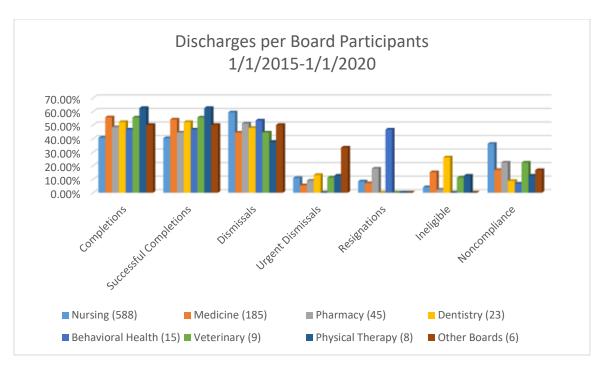
LPNs: urgent 10.47%; resignation 12.79%; ineligible 9.30%; noncompliance 67.44%

LNPs: urgent 28.57%; resignation 14.29%; ineligible 0%; noncompliance 57.14%

CNAs/CNS: urgent 33.33%; resignation 0%; ineligible 9.52%; noncompliance 57.14%

RMAs: urgent 0%; resignation 0%; ineligible 0%; noncompliance 100%

MTs: urgent 40%; resignation 40%; ineligible 0%; noncompliance 20%



Of Board of Nursing participants

- 40.65% go on to complete; with 40.31% of those being successful completions
- 59.35% are dismissed; with 10.88% urgently, 8.33% resign, 4.08% become ineligible
- 36.05% of the dismissals are due to 'simple' noncompliance

Of Board of Medicine participants

- 55.68% go on to complete; with 54.05% of those being successful completions
- 44.32% are dismissed; with 5.41% urgently, 7.03% resign, 15.14% become ineligible
- 16.76% of the dismissals are due 'simple' noncompliance

Of Board of Pharmacy participants

- 48.89% go on to complete; with 44.44% of those being successful completions
- 51.11% are dismissed; with 8.89% urgently, 17.78% resign, 2.22% become ineligible
- 22.22% of the dismissals are due to 'simple' noncompliance

Of Board of Dentistry participants

- 52.71% go on to complete; all of which are successful completions
- 47.83% are dismissed with 13.04% urgently, 0% resign, 26.09% become ineligible
- 8.70% of the dismissals are due to 'simple' noncompliance

Of the Behavioral Health Boards (Counseling, Social Work, and Psychology)

- 46.67% go on to complete; all of which are successful completions
- 53.33% are dismissed; with 0% urgently, 46.67% resign, 0% become ineligible
- 6.67% of the dismissals are due to 'simple' noncompliance

Of Board of Veterinary Medicine

- 55.56% go on to complete; all of which are successful completions
- 44.44% are dismissed; with 11.11% urgently, 0% resign, 11.11% become ineligible
- 22.22% of the dismissals are due to 'simple' noncompliance

Of Board of Physical Therapy

- 62.50% go on to complete; all of which are successful completions
- 37.50% are dismissed; with 12.50% urgently, 0% resign, 12.50% become ineligible
- 12.50% of the dismissals are due to 'simple' noncompliance

Of Other Boards (Audiology & Speech Language Pathology-3, Funeral Directors & Embalmers-1, Health Professions-0, Long-Term Care Administrators-2, & Optometry-0)

- 50% go on to complete; all of which are successful completions
- 50% are dismissed; with 33.33% urgently, 0% resign, 0% become ineligible
- 16.67% of the dismissals are due to 'simple' noncompliance