

Health Practitioners' Monitoring Program

2020 ANNUAL REPORT



June 1, 2022

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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.

Since 1997, the HPMP has provided comprehensive and effective monitoring services to healthcare professionals 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, 2020 – December 31, 2020, the licensing boards (41.67%), enforcement personnel (26.85%), employers (8.33%), other monitoring programs

(8.33%), treatment providers (7.41%), self-referrals (3.7%), and attorneys (0.93%) 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 dedicated case manager. The case manager will provide a recovering monitoring contract with compliance requirements tailored to the specific needs of the participant during their recovery process.

While participation in the program is at no cost to the practitioner, treatment costs and toxicology costs are the responsibility of the participant. As some participants find themselves in financial distress early in the recovery process, HPMP refers individuals to work through their insurance plans, while vetting potential providers, and/or refer participants to enroll in Medicaid. The Third Party Administrator for toxicology screens can work with participants for payment plan options.

The HPMP uses RecoveryTREK, an Electronic Monitoring Record (EMR) system for confidential records management. 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.

III. PROGRAM PARTICIPATION

During the 2020 calendar year the Health Practitioners' Monitoring Program 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, 108 were enrolled into the program, 33 decided not to enroll, 4 did not complete the intake process, and 4 were pending on December 31, 2019.

Of the 108 enrolled, 29 participants re-entered the program for a second time. 18 of those resulted in program dismissal, and 11 successfully completed. At the end of 2020, 16 were still active in the program. The majority of re-entries was from the Board of Nursing.

In 2020, the mean number of admissions per month was nine. The age of those entered into the program ranged from 26-74 years and 33 males, 75 females entered in year 2020.

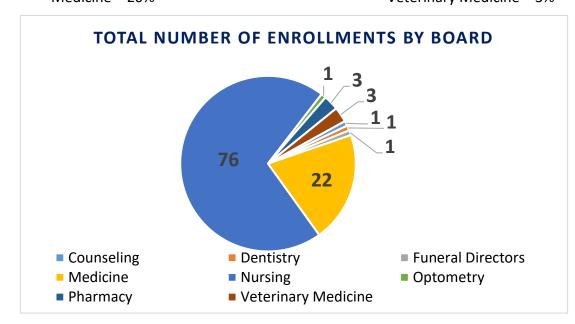
At the end of December 2020 there were 375 active participants. There were 403 active participants at the end of December 2019, the number of total enrollees is decreasing yearly.

A. <u>Enrollments</u>

Of the 108 enrollments for 2020, participants were healthcare professionals from 8 of the 13 Regulatory Boards.

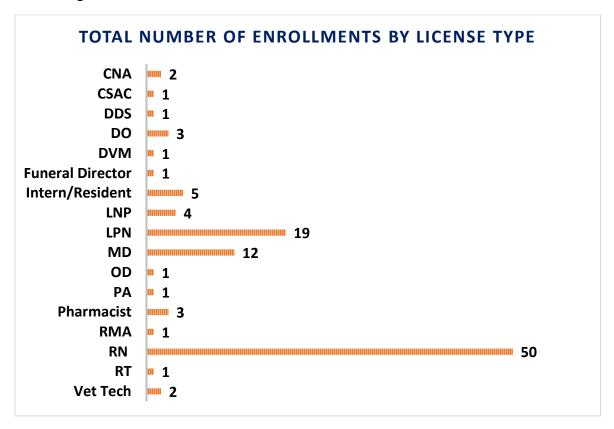
Boards with participants enrolled during 2020 are as shown below, with Board of Nursing having the highest percentage, followed by Board of Medicine:

Counseling = 1%	Nursing = 70%
Dentistry = 1%	Optometry = 1%
Funeral Directors & Embalmers = 1%	Pharmacy = 3%
Medicine = 20%	Veterinary Medicine = 3%



Out of the 76 Nursing enrollments, 69 participants were required enrollment by Board Order and 7 were voluntary participants. Out of the 22 Medicine enrollments, 11 participants were required by Board Order and 11 were voluntary participants.

Program participants enrolled were from 17 out of the 129 licensee types DHP regulates.

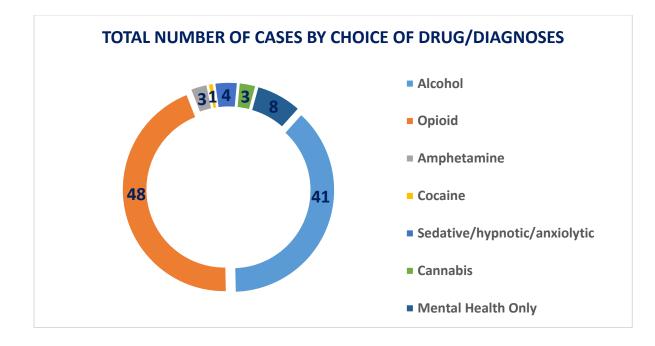


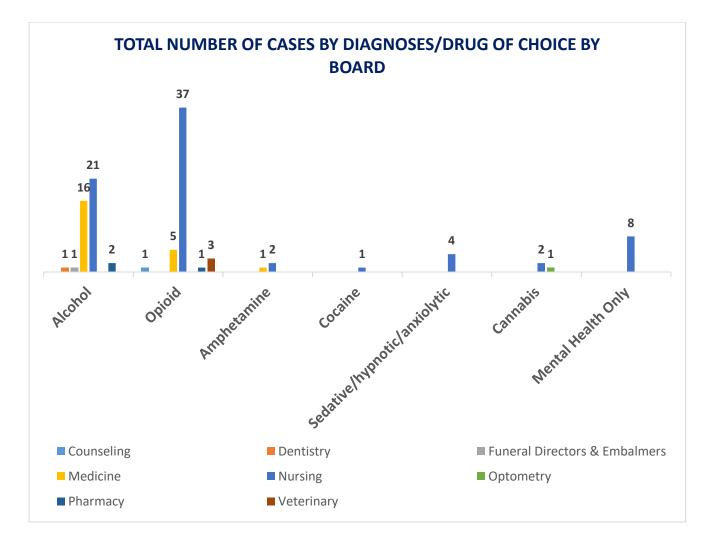
B. <u>Diagnoses/Drug of Choice</u>

The two most frequent diagnoses from the 2020 enrollments were substance abuse and mental health disorders.

- 93% were monitored primarily for substance use disorders.
- 7% were monitored primarily for mental health disorders.

The most frequent drug of choice reported was opioids at 44%, with alcohol closely following at 38%. 41 participants had secondary substance diagnoses, and 13 cases had multiple (beyond 2) substances.





Of all entries, across Boards:

- Mental health only (8) 6.78%
- Alcohol primary (41) 34.75%
- Opioids primary (48) 40.68%
- Amphetamine primary (3) 2.54%
- Cocaine primary (1) .85%
- Cannabis primary (3) 2.54%
- Sedative/hypnotic/anxiolytic (SHA) primary (4) 3.39%
- SHA secondary (7) 5.93%
- More than 2 substances (13) 11.02%

Board of Nursing entries: (76)

- Mental Health Dx only: (8) 10.53% of nursing entry; 7.41% of total entry
- Alcohol primary: (21) <u>27.63%</u>; 19.4%
- Opioids primary: (38) <u>50%;</u> 32.2%
- Amphetamine primary: (2) <u>2.63%;</u> 1.69%
- Cocaine primary: (1) <u>1.32%;</u> .85%
- Cannabis primary: (2) <u>2.63%;</u> 1.69%
- SHA primary: (4) <u>5.26%;</u> 3.39%
- More than 2 substances: (9) <u>11.84%;</u> 7.63%
- Of nurses who entered the program, 34.21% had at least two substances of abuse
- Of nurses who entered the program, 48.68% had primary opioid diagnosis and 27.63% had primary alcohol diagnosis, with RNs being largest licensure representation for both

Board of Medicine entries: (22)

- Mental Health Dx only: (0)
- Alcohol primary: (16) <u>72.73%;</u> 13.56%
- Opioids primary: (5) <u>22.73%;</u> 4.24%
- Amphetamine primary: (1) <u>4.55%;</u> .85%
- Cocaine primary: (0)
- Cannabis primary: (0)
- SHA primary: (0)
- More than 2 substances: (4) <u>18.18%;</u> 3.39%

Alcohol secondary: (2) <u>9.09%;</u> 1.69% Opioids secondary: (4) <u>18.18%;</u> 3.39% Amphetamine secondary: (1) <u>4.55%;</u> .85% Cocaine secondary: (1) <u>4.55%;</u> .85% Cannabis secondary: (0)

Alcohol secondary: (10) 13.16%; 9.26%

Amphetamine secondary: (3) 3.95%; 2.54%

Opioids secondary: (2) 2.63%; 1.69%

Cocaine secondary: (1) 1.32%; .85%

Cannabis secondary: (6) 5.08%

SHA secondary: (4) <u>5.26%;</u> 3.39%

- SHA secondary: (3) <u>13.64%;</u> 2.54%
- Of medicine board participants who entered the program, 50% had at least two substances of abuse
- Of medicine board participants who entered the program, 22.73% had primary opioid diagnosis and 72.73% had primary alcohol diagnosis, with MDs being largest licensure representation for alcohol

Alcohol secondary (12) 10.17% Opioids secondary (8) 6.78% Amphetamine secondary (3) 2.54% cocaine secondary (3) 2.54% cannabis secondary (8) 6.78%

Board of Pharmacy entries: (3)

- Mental Health Dx only: (0)
- Alcohol primary: (2) <u>66.67%;</u> 1.69%
- Opioids primary: (1) <u>33.33%;</u> .85%
- Amphetamine primary: (0)
- Cocaine primary: (0)
- Cannabis primary: (0)
- SHA primary: (0)
- More than 2 substances: (0)

Alcohol secondary: (0) Opioids secondary: (2) <u>66.67%;</u> 1.69% Amphetamine secondary: (0) Cocaine secondary: (0) Cannabis secondary: (0) SHA secondary: (0)

- There were only 3 entries and all were RPh. 2 entered for alcohol diagnosis and 1 for opioid diagnosis
- Both alcohol diagnosis participants also had an opioid diagnosis secondary

Board of Dentistry entries: (1)

- Mental Health Dx only: (0)
- Alcohol primary: (1) <u>100%;</u> .85%
- No secondary or other, multiple substances
- The only entry for dentistry was related to alcohol diagnosis

Board of Veterinary Medicine entries: (3)

- Mental Health Dx only: (0)
- Opioids primary: (3) <u>100%;</u> 2.54%
- No secondary or other, multiple substances
- All 3 entries for veterinary medicine were for opioids use diagnosis

Other Boards (Counseling, Social Work, Psychology, Physical Therapy, Audiology & Speech Language Pathology, Funeral Directors & Embalmers, Health Professions, Long-Term Care Administrators, & Optometry): (3)

Mental Health Dx only: (0)	
 Alcohol primary: (1) <u>33.33%;</u> .85% 	Alcohol secondary: (0)
• Opioids primary: (1) <u>33.33%;</u> .85%	Opioids secondary: (0)
Amphetamine primary: (0)	Amphetamine secondary: (0)
Cocaine primary: (0)	Cocaine secondary: (1) <u>33.33%;</u> .85%
• Cannabis primary: (1) <u>33.33%;</u> .85%	Cannabis secondary: (1) <u>33.33%;</u> .85%

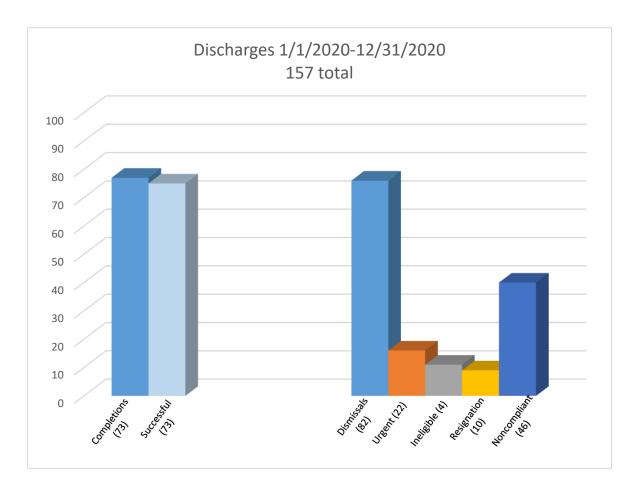
C. <u>Stays Granted</u>

In 2020, there were 15 total Stay of Disciplinary Actions granted across all Boards.

Medicine Board:	MD – 3
	DPM – 1
Nursing Board:	LPN – 1
	RN – 9
Veterinary Board:	DVM – 1

D. <u>Discharges</u>

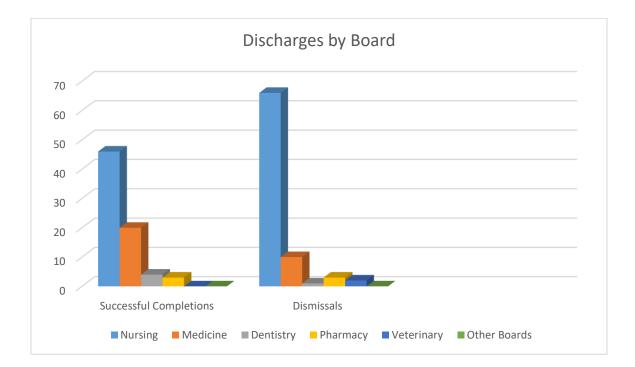
The HPMP discharged 157 participants during 2020; 46.5% of discharges were the result of successful completion of the program.



52.23% of participants were dismissed:

Urgent Dismissals	Ineligible	Resignation	Basic/Continued Noncompliance
26.83%	4.88%	12.20%	56.10%

Not pictured in graph, 2 participants were closed (not completed or dismissed). One due to resignation while compliant and no Board involvement; one due to having passed away.

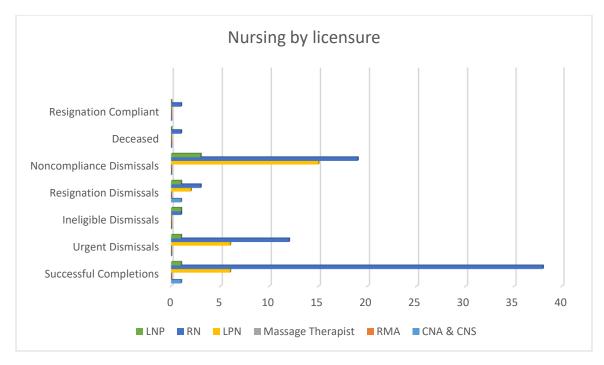


Of Total Discharge Completions:

Dentistry	Medicine	Nursing	Pharmacy
5.48%	27.4%	63.01%	4.11%

Of Total Discharge Dismissals:

Dentistry	Medicine	Nursing	Pharmacy	Veterinary	Other
					Boards
1.22%	10.98%	80.45%	3.66%	1.22%	1.22%



Nursing completion discharges account for 29.3% of total discharges (41.07% of Nursing discharges were successful completions).

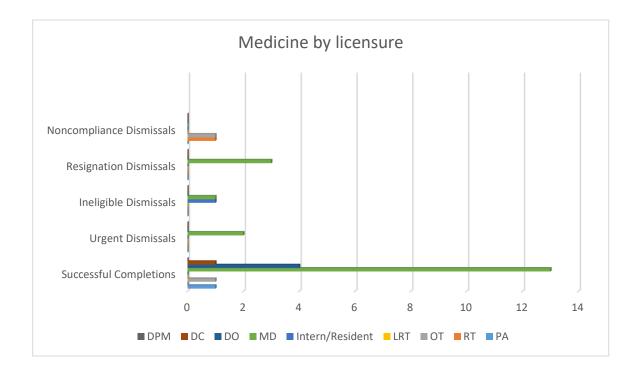
Nursing dismissal discharges account for 42.04% of total discharges (58.93% of Nursing discharges were dismissals).

Within the Nursing Board:

Completions:

CNA & CNS	LNP	LPN	RN
(1) 2.17%	(1) 2.17%	(6) 13.04%	(38) 82.61%

License Type	URGENT	INELIGIBLE	RESIGNATION	NONCOMPLIANCE
CNAs/CNS	0.0%	0.0%	(1) 14.29%	0.0%
LNPs	1) 5.26%	(1) 50%	(1) 14.29%	(3) 7.89%
LPNs	(6) 31.58%	0.0%;	(2) 28.57%	(15) 39.47%
RNs	(12) 63.16%	(1) 50;	(3) 42.86%	noncompliance (19) 50%
	deceased (1) 100%;	resignation compliant (1) 100		



Medicine completion discharges account for 12.74% of total discharges (66.67% of Medicine discharges were successful completions).

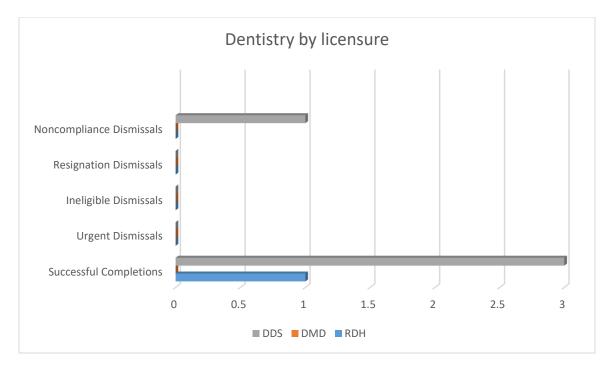
Medicine dismissal discharges account for 6.37% of total discharges (33.33% of Medicine discharges were dismissals).

Within the Medicine Board:

Completions:

DC	DO	MD	ОТ	PA
(1) 5%	(4) 20%	(13) 65%	(1) 5%	(1) 5%

License Type	URGENT	INELIGIBLE	RESIGNATION	NONCOMPLIANCE
I/R	0.0%	(1) 50%	0.0%	0.0%
MD	(2) 100%	(1) 50%	3) 100%	0.0%
ОТ	0.0%	0.0%	0.0%	(1) 50%
RT	0.0%	0.0%	0.0%	(1) 50%



Dentistry completion discharges account for 2.55% of total discharges (80% of Dentistry discharges were successful completions).

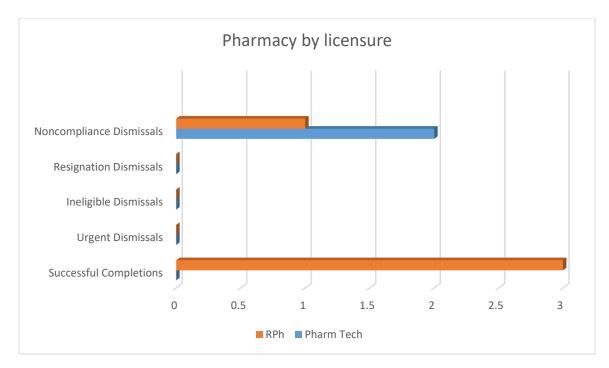
Dentistry dismissal discharges account for .64% of total discharges (20% of Dentistry discharges were dismissals).

Within the Dentistry Board:

Completions:

DDS	RDH
(3) 75%	(1) 25%

License Type	URGENT	INELIGIBLE	RESIGNATION	NONCOMPLIANCE
DDS	0.0%	0.0%	0.0%	(1) 100%



Pharmacy completion discharges account for 1.97% of total discharges (50% of Pharmacy discharges were successful completions).

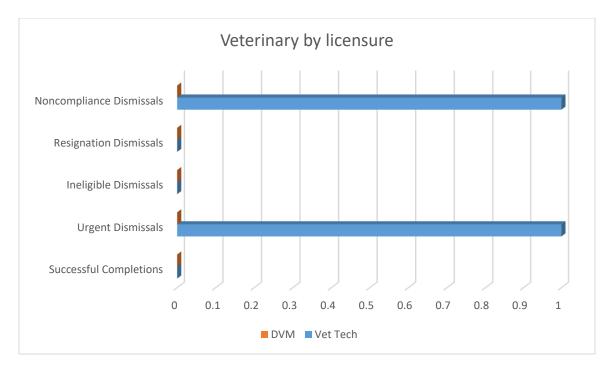
Pharmacy dismissal discharges account for 1.97% of total discharges (50% of Pharmacy discharges were dismissals).

Within the Pharmacy Board:

Completions:

	RPh
(3)	100%

License Type	URGENT	INELIGIBLE	RESIGNATION	NONCOMPLIANCE
PharmTech	0.0%	0.0%	0.0%	(2) 66.67%
RPh:	0.0%	0.0%	0.0%	(1) 33.33%



Veterinary Medicine completion discharges account for 0.0% of total discharges (0.0% of Veterinary Medicine discharges were successful completions).

Veterinary Medicine dismissal discharges account for 1.27% of total discharges (100% of Veterinary Medicine discharges were dismissals).

Within the Veterinary Medicine Board:

Completions:

0%

Dismissals:

License Type	URGENT	INELIGIBLE	RESIGNATION	NONCOMPLIANCE
VetTech	(1) 100%	0.0%	0.0%	(1) 100%

Optometry (OD) – only had 1 dismissal noncompliant