STATE OF MINNESOTA

Health Professionals Services Program

HPSP, 1380 Energy Lane Suite 202, St. Paul, MN 55108 – Phone: 651.643.2120 – Fax: 651.643.2163 - www.hpsp.state.mn.us

FISCAL YEAR 2017

MID-YEAR REPORT

REPORT SUBMITTED TO THE
HEALTH LICENSING BOARDS AND THE
HEALTH PROFESSIONALS SERVICES PROGRAM'S
PROGRAM AND ADVISORY COMMITTEES

BY MONICA FEIDER, MSW, LICSW, PROGRAM MANAGER
AND HPSP STAFF

FEBRUARY 2017

REPORT CONTENT

INTRODUCTION

The Health Professionals Services Program (HPSP) is pleased to provide our mid-year report to the Health Licensing Boards, the HPSP Program Committee and Advisory Committees, legislators and the citizens of Minnesota. The document providers readers with information about program participation and activities that took place in the first half of fiscal year 2017 (July 1, 2016 to December 31, 2016).

MISSION AND GOALS

MISSION

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

GOALS

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

PARTICIPANT FEEDBACK

Health practitioners are referred to HPSP for the monitoring of a variety of illnesses including substance, psychiatric conditions and other medical conditions. Some practitioners report great shame, fear and/or anxiety when reporting themselves, while others look forward to the accountability monitoring offers.

HPSP surveys health practitioners following completion and discharge from the program. Most survey responses describe the structure of monitoring and toxicology screening as motivating or an accountability factor that helped them follow through with treatment, engage in recovery, and maintain sobriety. Other comments were specific to case managers' professionalism. A sampling of comments are listed below:

- *This program helped me maintain my sobriety and form a new healthy lifestyle while allowing me to keep my nursing license. I am forever grateful for this opportunity.*
- *Even though it took some getting used to, the daily call-in kept me disciplined and responsible for my actions.*
- *My case manager always treated me with kindness and respect.*
- *Allow HPSP staff to utilize email* [Case managers do not communicate with participants via email for security and privacy reasons].
- *The program helped me a great deal. It was also great working with my case manager. She was knowledgeable, supportive and patient.*

In addition to the above, practitioners are increasingly asking for more online services. HPSP will focus on this in the coming years.

PROGRAM PARTICIPATION

DEFINITIONS OF REFERRAL SOURCES

HPSP's intake process is consistent, regardless of how practitioners are referred for monitoring. The program is responsible for evaluating the practitioner's eligibility for services and whether an illness is present that warrants monitoring. If it is determined that a practitioner has an illness that warrants monitoring, a Participation Agreement is developed and monitoring is initiated. Practitioners can be referred to HPSP in the following ways:

1. **Self-Referrals:** Practitioners contact the program directly.
2. **Third-Party Referrals:** The most common referrals from third parties are from employers and treatment providers. The identity of all third party reporters is confidential.
3. **Board Referrals:** Participating boards have three options for referring practitioners to HPSP:
    a. **Determine Eligibility** (Board Voluntary): The boards refer because there appears to be an illness to be monitored but a diagnosis is not known.
    b. **Follow-up to Diagnosis and Treatment** (Board Voluntary): The board has determined that the practitioner has an illness and refers the licensee to HPSP for monitoring of the illness.
    c. **Action** (Board Discipline): The board has determined that there is an illness to monitor and refers the practitioner to HPSP as part of a disciplinary action (i.e.: Stipulation and Order). The Board Order may also dictate specific monitoring requirements.

REFERRALS BY FIRST REFERRAL SOURCE AND BOARD

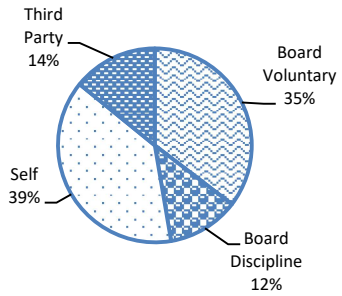
The table below compares the number of practitioners referred to HPSP in the first halves of fiscal years 2016 and 2017:

Referral Source	Nursing Home Admin.		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Department of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
Fiscal Year	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**
Board Voluntary	0	0	3	6	4	9	35	15	3	0	0	0	3	3	1	0	4	8
Board Discipline	0	0	0	0	0	0	1	2	0	1	0	0	1	0	0	1	1	1
Self	0	0	7	3	0	1	0	2	2	1	2	0	1	6	2	3	10	7
Third Party	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	1	5	3
Sum	0	0	10	10	5	10	37	19	5	2	2	0	5	9	3	5	20	19

Referral Source	Nursing		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Sum	
Fiscal Year	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**
Board Voluntary	19	29	0	0	1	0	2	6	0	0	0	1	3	3	0	0	78	80
Board Discipline	18	21	0	0	0	1	0	0	1	0	0	0	0	0	2	0	24	27
Self	49	52	0	0	3	4	0	2	0	1	0	1	4	4	1	0	81	87
Third Party	25	25	0	0	1	0	0	0	0	0	0	0	1	2	0	0	34	32
Sum	111	127	0	0	5	5	2	8	1	1	0	2	8	9	3	0	217	226

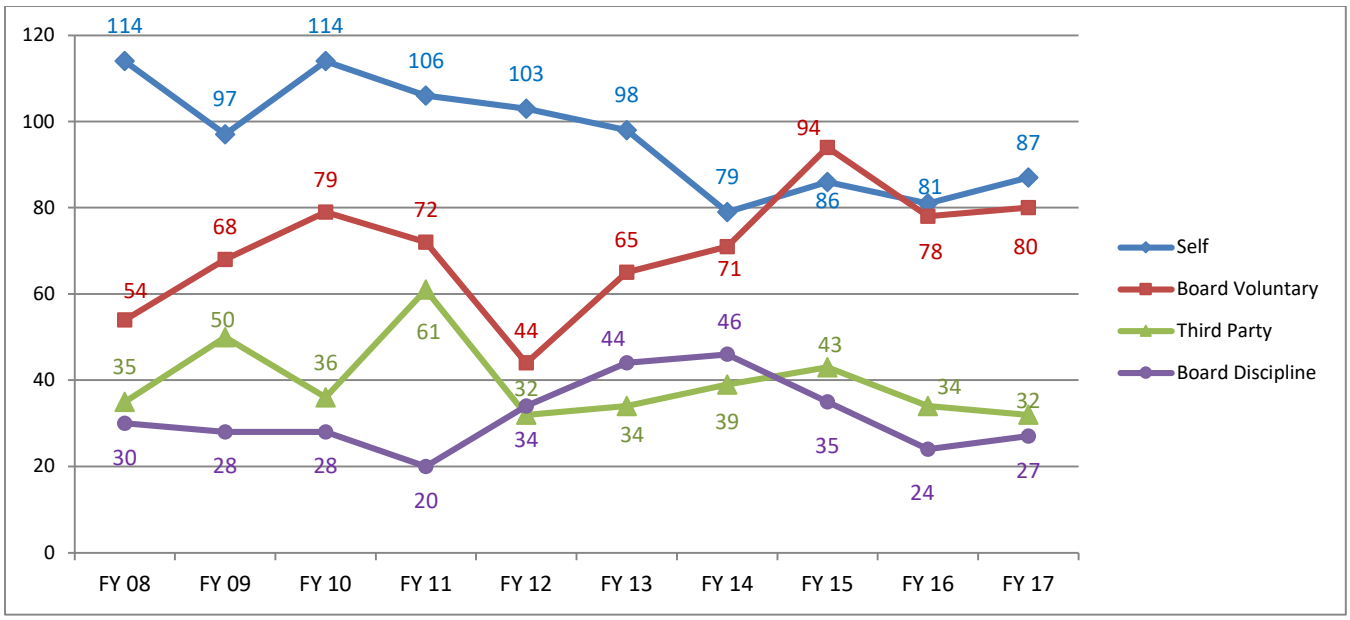
REFERRALS BY FIRST REFERRAL SOURCE

HPSP received a total of 226 referrals in the first half of fiscal year 2017. These referrals represent the number of cases opened during the first half of the fiscal year. The referrals represent practitioners new to HPSP or who returned to HPSP. The chart on the right shows the percent of referrals by First Referral Source, as explained under "Active Cases" on page 7.



REFERRALS BY FIRST REFERRAL SOURCE – JULY 1, 2016 TO DECEMBER 31, 2016

The chart below shows the number of referrals by first referral source in the first half of the past ten fiscal years.



DEFINITIONS OF DISCHARGE CATEGORIES

1. **Completion**
   Program completion occurs when the practitioner satisfactorily completes the terms of the Participation Agreement and Monitoring Plan.
2. **Non-Compliance***
   Participant violates the conditions of his or her Participation Agreement; case manager closes case and files a report with practitioner's board. Sub-categories of this include:
   - Non-Compliance – Diversion
   - Non-Compliance – Monitoring
   - Non-Compliance – Positive Screen
   - Non-Compliance – Problem Screens
   - Non-Compliance – Treatment
3. **Voluntary Withdrawal***
   Participant chooses to withdraw from monitoring prior to completion of the Participation Agreement and Monitoring Plan; case manager closes case and files a report with the practitioner's board.
4. **Ineligible Monitored***
   During the course of monitoring, it is determined that practitioner is not eligible for program services as listed in statute; case manager files report with practitioner's board. Sub-categories of this include:
   - Ineligible Monitored – Illness too severe
   - Ineligible Monitored – License suspended/revoked
   - Ineligible Monitored – License inactive
   - Ineligible Monitored – License surrendered
   - Ineligible Monitored – Violation of practice act
5. **Ineligible Not Monitored***
   At time of intake, it is determined that practitioner is not eligible for program services as listed in statute; case manager files report with practitioner's board. Subcategories of this include:
   - Ineligible Not Monitored – Illness too severe
   - Ineligible Not Monitored – License suspended/revoked
   - Ineligible Not Monitored – License inactive
   - Ineligible Not Monitored – No active Minnesota license
   - Ineligible Not Monitored – Violation of practice act
   - Ineligible Not Monitored – Previously discharged to the board
6. **No Contact***
   Initial report received by third party or board; practitioner fails to contact HPSP; case manager closes case and files a report with practitioner's board.
7. **Non-Cooperation***
   Practitioner cooperates initially, may sign Enrollment Form and/or releases, but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with practitioner's board.
8. **Non-Jurisdictional**
   No diagnostic eligibility established; the case is closed.

**Discharge results in a report to the regulatory board and provision of the practitioner's file, including pre-monitoring and monitoring data.*

DISCHARGES BY DISCHARGE CATEGORY AND BOARD

The following table compares the number of practitioners discharged from HPSP in the first half of fiscal years 2016 and 2017 by Board.

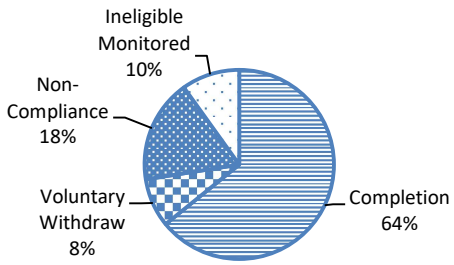
Discharge Category	Nursing Home Admin.		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Department of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
Fiscal Year	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**
Completion	0	0	0	2	1	1	2	2	0	0	0	2	3	2	0	1	13	8
Voluntary Withdraw*	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Non-Compliance*	0	0	2	7	1	2	2	1	0	0	0	0	1	0	0	0	0	0
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
Ineligible-Monitored*	0	0	1	2	0	0	1	0	0	0	0	0	0	0	0	0	2	4
Ineligible-Not Monitored*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3
No Contact*	0	0	0	0	0	0	2	2	0	0	0	0	0	1	0	0	2	2
Non-Cooperation*	0	0	2	1	0	0	1	3	0	1	0	0	0	1	1	0	0	1
Non-Jurisdictional	0	0	0	2	5	6	27	9	1	1	1	0	1	4	1	2	2	6
Sum	0	0	5	15	7	9	35	17	1	2	1	2	6	8	2	4	21	25

Discharge Category	Nursing		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Sum	
Fiscal Year	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**	**16**	**17**
Completion	47	55	0	0	0	5	0	0	0	0	2	2	2	3	1	1	71	84
Voluntary Withdraw*	6	8	0	0	0	1	0	1	0	0	1	0	2	0	0	0	10	11
Non-Compliance*	19	10	0	0	3	0	0	2	0	0	0	0	0	1	0	0	28	23
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Ineligible-Monitored*	13	6	0	0	0	0	0	0	0	0	0	0	2	1	0	0	19	13
Ineligible-Not Monitored*	0	1	0	0	1	0	0	0	0	0	0	0	1	1	0	1	2	7
No Contact*	7	7	0	0	0	1	0	0	0	0	0	0	0	1	0	0	11	14
Non-Cooperation*	12	17	0	0	2	0	0	2	0	0	0	1	0	0	0	0	18	27
Non-Jurisdictional	11	15	0	0	0	0	2	3	0	0	0	0	0	4	0	0	51	52
Sum	115	119	0	0	6	7	2	8	0	0	3	3	7	11	1	2	212	232

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

DISCHARGES OF THOSE MONITORED

The chart on the right represents the percent of practitioners who engaged in monitoring and were discharged in the first half of fiscal year 2017 by discharge category.



UNSATISFACTORY DISCHARGE DETAIL

The following table shows detailed information about practitioners who, in the first half of fiscal year 2017, engaged in monitoring and were discharged due to either non-compliance or a determination of being ineligible for continued participation:

Discharge Category	Number
Non-Compliance with Monitoring Plan*	11
Non-Compliance - Problem Screens	11
Non-Compliance - Positive Screen	1
Ineligible Monitored - License Suspended/Revoked/Inactive	11
Ineligible Monitored - Illness Too Severe	1
Ineligible Monitored - Violation of Practice Act	1
Voluntarily Withdrew from Monitoring	11
Total Number Monitored & Discharged Unsatisfactorily	47

*The discharge category of *Non-compliance with Monitoring Plan* includes persons who refuse to sign authorizations, are non-compliant with treatment or who have used substances of abuse. HPSP is developing a process to further breakdown these categories in our database and, therefore, in future reports.

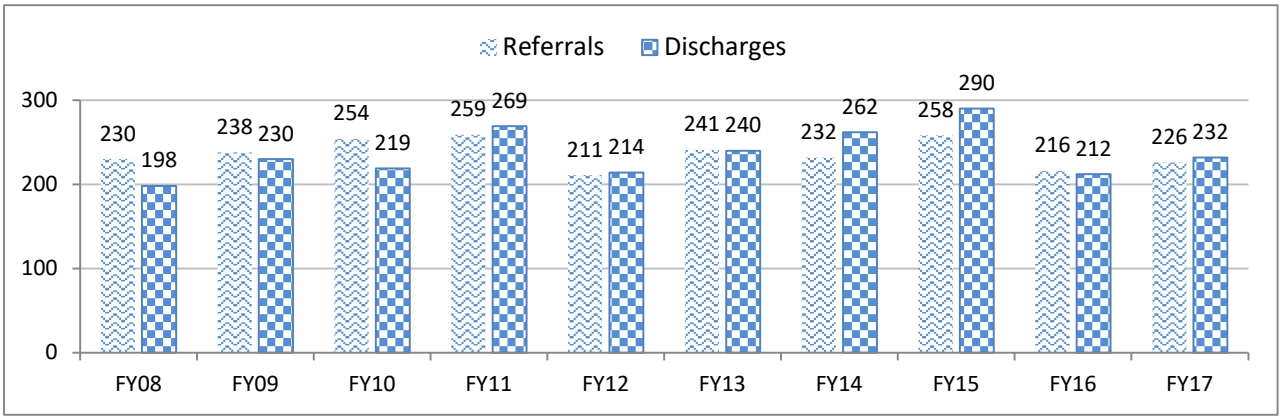
DISCHARGES BY REFERRAL SOURCE

The following table shows the number of practitioners discharged from HPSP in the first half of fiscal year 2017 by their first referral source and discharge category:

Discharge Category	Referral Source			
	Board Voluntary	Board Action	Self	Third Party
Completion	18	20	33	13
Voluntary Withdraw	2	2	5	2
Non-Compliance	13	0	7	3
Deceased	1	0	0	0
Ineligible-Monitored	1	5	6	1
Ineligible-Not Monitored	2	0	2	3
No Contact	9	2	0	3
Non-Cooperation	13	3	8	3
Non-Jurisdictional	32	2	13	5
Sum	91	34	74	33

REFERRAL AND DISCHARGE TRENDS

The chart below shows the number of referrals and discharges in the first half of each fiscal year since 2007. The number of referrals and discharges in the first half of fiscal year 2016 were considerably lower than those of the previous two fiscal years. By the end of fiscal year 2017, HPSP will have a better idea if this trend downward will continue.



ACTIVE CASES

A total of 535 health professionals were active with HPSP on January 4, 2017. The term *active* refers to persons in the intake process as well as those being monitored. The table below provides the number and percent of active cases by Board on January 4, 2017.

Board	Number	Percent
Behavioral Health and Therapy	19	3.42%
Nursing Home Administrators	0	0.00%
Chiropractic Examiners	8	1.44%
Dentistry	33	5.95%
Department of Health	7	1.26%
Dietetics and Nutrition	2	0.36%
EMS	13	2.34%
Marriage and Family Therapy	3	0.54%
Medical Practice	87	15.68%
Nursing	313	56.40%
Pharmacy	24	4.32%
Physical Therapy	13	2.34%
Podiatric Medicine	2	0.36%
Psychology	6	1.08%
Social Work	20	3.60%
Veterinary Medicine	5	0.90%
Sum	**555**	

First Referral Sources for Active Cases

It is not uncommon for health professionals to be referred to HPSP by more than one source. *The first referral source* refers to how HPSP initially learned about the practitioner during this enrollment. This should not be confused with practitioners who were referred and discharged and later referred again (these are two separate cases for the same practitioner). For example, we often see self-referrals followed almost immediately by third party referrals or vice versa. Whichever referral came first is considered the *first referral source*.

The first referral sources for the 555 active HPSP cases on January 1, 2017 were as follows:

- Self: 289 (52%)
- Board voluntary: 121 (22%)
- Board discipline: 88 (16%)
- Third party: 57 (10%)

UPDATES

STRATEGIC PLANNING

Background

In 2014, HPSP staff identified the need for comprehensive strategic planning and the program. HPSP contracted with Management, Analysis and Development (MAD), which is part of the Department of Management and Budget, to facilitate the initial phases of the process. MAD conducted situational analyses of the Program Committee, Advisory Committee, Executive Directors, HPSP staff, and the HPSP Program Manager. A Strategic Planning team was established consisting of four health licensing board executive directors and HPSP staff. A three to five year vision was created for the program along with one to two year strategies. HPSP staff was then assigned to lead the following strategic goals:

1. Measure program effectiveness, led by Mary Olympia
2. Best practices drive the program, led by Monica Feider
3. Develop governance that supports the program, led by Monica Feider
4. Strengthen Board and HPSP staff relationship and understanding of roles, led by Tracy Erfourth
5. Develop, strengthen and maintain efficient processes, led by Marilyn Miller
6. Promote staff well-being and professional growth, led by Kurt Roberts
7. Enhance program outreach, led by Kimberly Zillmer

HPSP staff developed Strategic Plan Work Groups consisting of HPSP staff, board executive directors and staff as well as members of the Program and Advisory Committees. Action plans were developed to create concrete plans to address each strategy. MAD facilitated the initial sessions of the work groups.

Status

Work on all of the above noted strategic goals is underway or have been completed. Some of the strategies are time-limited - while others are ongoing. A full report on the work done to address the strategic goals can be found in the *Strategies and Priorities Update 5* document, which will be provided to the Program Committee and the Executive Directors of the health licensing boards. It is also available upon request.

BUDGET

HPSP's operating budget for fiscal year 2017 is $864,000. HPSP carried over $39,081.61 from fiscal year 2016 to 2017.

Roughly 85% of HPSP's budget is directed toward staffing (salaries and benefits). The next greatest cost is rent, which makes up roughly 4% of HPSP's budget. The remaining 11% pays for all other program operations, including but not limited to phone, email, computing services, copy machine rental, printing, attorney general fees, medical consultation costs, supplies and equipment.

The HPSP Program Manager, Monica Feider and Executive Director Ruth Martinez of HPSP's Administering Board, meet on a regular basis with the health licensing boards' chief financial officer to review HPSP's spending and budgetary needs. Additionally, the Administrative Services Unit (ASU) sends monthly reports to HPSP for reconciliation of bills paid and the current encumbrance. ASU audits accounts payable, accounts receivable, payroll and timesheets.

Fiscal Years 2018 to 2019 Budget Proposals

Proposal	FY2018	FY2019
Base Budget Increase: HPSP does not have sufficient funds available to absorb increasing costs of salaries, benefits, attorney general fees, rent and other operational costs without reducing staff. HPSP cannot adequately perform its role in public protection with less staff.	$29,000	$38,000
Database Intake Template and Improvements: Case managers perform intake intakes for health professionals referred to the program who may have potentially impairing illnesses. Intakes include social, vocational, substance, psychiatric and medical histories. The data is first hand written by case managers and then entered into the electronic database. This budget proposal will enable case managers to perform intakes and enter the data in real time, thereby eliminating the need of writing and transferring the written data into the database. In addition, this proposal will improve the consistency in which data is gathered, the program's ability to query data, and provide more meaningful reports.	$25,000	
Automatic Toxicology Screen Result Entry into Database: HPSP receives roughly 13,000 faxed toxicology screen results each year. Each result is manually entered into the database before being filed in practitioner files. Enabling the laboratory to directly input toxicology screen results into the database would save significant staff time, printing and paper expenses and most importantly, eliminate data entry errors.	$25,000	
Create Case Management Portal: HPSP receives over 8,000 reports regarding participants annually (i.e. reports from work supervisors, treatment providers). Roughly half are faxed and the other half are mailed. HPSP staff enters the receipt of the data in the database and provides it to case managers for review. This creates a delay in case managers reviewing information. Establishing a portal for participants, their treatment providers and work supervisors to electronically enter reports will enable case managers to review data in real time. It will decrease the use of paper and eliminate staff time needed for entering and filing the data. It will also enhance monitoring by providing an additional means for case managers to communicate with participants, treatment providers and work supervisors.		$50,000
Increasing MN.IT Costs: Costs related to data storage, computing services, and other interface technology services and maintenance are increasing at a rate that HPSP cannot absorb.	$6,060	$6,060
Move Administering Board: HPSP is working to move its budget from the Board of Physical Therapy to the Board of Medical Practice.	$0	$0

QUALITY IMPROVEMENT

As part of its Strategic Planning process, HPSP has been focusing on a variety of quality improvement initiatives. Several letters have been revised to be shorter and easier for the reader to understand. Program forms are also being revised.

Program participants working in their licensed field are required to have a work site monitor, who must complete work site monitor forms commenting about the practitioner's professional performance each quarter. HPSP provided sample work site monitor forms that are used by other state monitoring programs to the Advisory Committee for review. As practitioners across many health care settings, Advisory Committee members provided feedback about the sample forms and made recommendations to HPSP that have been incorporated into the work site monitor form.

RECOGNITION

Mary Olympia will be retiring from HPSP and to embark on a new journey. We are grateful for everything Mary has contributed over the past 16 years and her 26 years with the State of Minnesota. Mary worked at the Board of Social Work prior to starting employment with HPSP in June 2001. Her knowledge about the regulation of health care professionals helped all of us at HPSP better understand board responsibilities and the regulatory process. In addition to providing quality case management services, Mary has been instrumental in the development of program processes, forms, letters and other materials.

COMMITTEE MEMBERS AND STAFF

PROGRAM COMMITTEE MEMBERS

The Program Committee consists of one member from each participating board. By law, the Program Committee provides HPSP with guidance to ensure that the direction of HPSP is in accord with its statutory authority. In 1997 the Program Committee established the following five goals to meet this responsibility:

1. The public is protected;
2. Individual clients are treated with respect;
3. The program is well-managed;
4. The program is financially secure; and
5. The program is operating consistent with its statutory authority.

Board	Member Name	Term
Behavioral Health and Therapy	Yvonne Hundshamer	1/1/18 to 12/31/18
Chiropractic Examiners	Nestor Riano	1/1/18 to 12/31/18
Dentistry	Bridgett Anderson	1/1/18 to 12/31/18
Department of Health	Catherine Lloyd	1/1/18 to 12/31/18
Dietetics and Nutritionists	Margaret Schreiner	1/1/18 to 12/31/18
Emergency Medical Services	Matthew Simpson	1/1/18 to 12/31/18
Marriage and Family Therapy	Jennifer Mohlenhoff	1/1/18 to 12/31/18
Medical Practice	Allen Rasmussen, Chair	1/1/18 to 12/31/18
Nursing	Christine Norton (Alt: Steven Strand)	1/1/18 to 12/31/18
Nursing Home Administrators	Randy Snyder	1/1/18 to 12/31/18
Optometry	Randy Snyder	1/1/18 to 12/31/18
Pharmacy	Joseph Stanek (Alt: James Bialke)	1/1/18 to 12/31/18
Physical Therapy	Kathy Polhamus, Vice Chair	1/1/18 to 12/31/18
Podiatric Medicine	Margaret Schreiner	1/1/18 to 12/31/18
Psychology	Angelina Barnes	1/1/18 to 12/31/18
Social Work	Rosemary Kassekert	1/1/18 to 12/31/18
Veterinary Medicine	Julia Wilson	1/1/18 to 12/31/18

ADMINISTERING BOARD

The HPSP Administering Board changed from the Board of Physical Therapy to the Board of Medical Practice under the leadership of Ruth Martinez, Executive Director in Fiscal Year 2017. HPSP appreciates the Board of Medical Practice's willingness to its expertise with HPSP.

ADVISORY COMMITTEE MEMBERS

The Advisory Committee consists of one person appointed by various health-related professional associations and two public members appointed by the Governor. The Advisory Committee established the following goals:

1. Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health professionals;
2. Provide expertise to HPSP staff and Program Committee; and
3. Act as a liaison with membership.

Association	Member Name	Term
MN Academy of Nutrition and Dietetics	Sheryl Lundquist	1/15/16 to 1/14/18
MN Academy of Physician Assist.	Tracy Keizer	1/15/16 to 1/14/18
MN Ambulance Assoc.	Megan Hartigan (Alt: Debbie Gillquist)	1/15/16 to 1/14/18
MN Assoc. of Marriage &Fam. Therapy	Eric Hansen	1/15/16 to 1/14/18
MN Assoc. of Social Workers	Lois Bosch	1/15/16 to 1/14/18
MN Chiropractic Assoc.	Richard Hueffmeier	1/15/16 to 1/14/18
MN Dental Assoc.	Stephen Gulbrandsen (Chair)	1/15/16 to 1/14/18
MN Health Systems Pharmacists	S. Bruce Benson	1/15/16 to 1/14/18
MN LPNA/AFSCME	Lisa Weed	1/15/16 to 1/14/18
MN Medical Assoc.	Teresa Knoedler	1/15/16 to 1/14/18
MN Nurse Peer Support Network	Marie Manthey	1/15/16 to 1/14/18
MN Nurses Assoc.	Jody Haggy (Mathew Keller alt)	1/15/16 to 1/14/18
MN Occupational Therapy Assoc.	Karen Sames (Vice-Chair)	1/15/16 to 1/14/18
MN Org. of Registered Nurses	Joseph Twitchell (Alt: Tonjia Reed)	1/15/16 to 1/14/18
MN Pharmacists Assoc.	Jim Alexander	1/15/16 to 1/14/18
MN Psychological Assoc.	Lois Cochrane-Schlutter	1/15/16 to 1/14/18
MN Veterinary Assoc.	Marcia Brower	1/15/16 to 1/14/18
Physicians Serving Physicians	Jeff Morgan	1/15/16 to 1/14/18
Public Member	Sadiq Abdirahman	1/15/16 to 1/14/18
Ad Hoc Member	Rose Nelson	1/15/16 to 1/14/18

HPSP STAFF

Monica Feider	Program Manager
Tracy Erfourth	Case Manager
Marilyn Miller	Case Manager
Mary Olympia	Case Manager
Kurt Roberts	Case Manager
Kimberly Zillmer	Case Manager
Daisy Chavez	Case Management Assistant
Sheryl Jones	Office Manager

Questions about the content of this report should be directed to Monica Feider at 612-317-3060.