STATE OF MINNESOTA

Health Professionals Services Program

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FISCAL YEAR 2018
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 2018

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 provides readers with information about program participation and activities that took place in the first half of fiscal year 2018 (July 1, 2017 to December 31, 2017).

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 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 or when pursuant to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

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:

- **Self-Referrals:** Practitioners contact the program directly.
- **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.
- **Board Referrals:** Participating boards have three options for referring practitioners to HPSP:
  - **Determine Eligibility** (Board Voluntary): The boards refer because there appears to be an illness to be monitored, but a diagnosis is not known.
  - **Follow-up to Diagnosis and Treatment** (Board Voluntary): The board has determined that the practitioner has an illness and refers the licensee to HPSP to determine whether the illness needs to be monitored.
  - **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 Action may also dictate specific monitoring requirements.

REFERRALS BY FIRST REFERRAL SOURCE AND BOARD

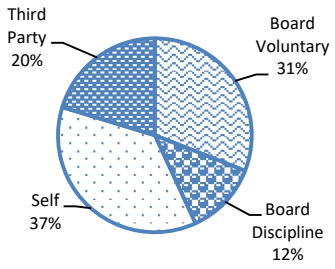
The table below compares the number of practitioners referred to HPSP in the first halves of fiscal years 2017 and 2018:

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	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**
Board Voluntary	0	1	6	5	9	5	15	11	0	0	0	0	3	9	0	0	8	4
Board Discipline	0	0	0	0	0	1	2	4	1	0	0	0	0	0	1	0	1	1
Self	0	0	3	3	1	0	2	3	1	2	0	0	6	2	3	1	7	18
Third Party	0	0	1	6	0	0	0	1	0	0	0	0	0	1	1	1	3	4
Sum	0	1	10	14	10	6	19	19	2	2	0	0	9	12	5	2	19	27

Referral Source	Nursing		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Sum	
Fiscal Year	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**
Board Voluntary	29	16	0	0	0	4	6	2	0	2	1	1	3	0	0	2	80	62
Board Discipline	21	15	0	0	1	1	0	0	0	0	0	0	0	2	0	0	27	24
Self	52	35	0	0	1	3	2	0	1	0	1	1	4	3	0	0	87	71
Third Party	25	20	0	0	0	1	0	0	0	0	0	2	2	4	0	0	32	40
Sum	127	86	0	0	2	9	8	2	1	2	2	4	9	9	0	2	226	197

REFERRALS BY FIRST REFERRAL SOURCE

HPSP received a total of 197 referrals in the first half of fiscal year 2018. 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 "Referrals by Second Referral Source" on page on page 3.



REFERRALS BY SECOND REFERRAL SOURCE

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 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*.

Of the 198 referrals in the first half of fiscal year 2018:

- 1 person who was initially board referred without discipline, was later referred pursuant to discipline;
- 4 persons who initially self-referred, were later board referred without discipline;
- 7 persons who initially self-referred, were later referred by a third party; and
- 1 person who was referred by a third party was later board referred pursuant to discipline.

RE-REFERRALS TO HPSP

July 1, 2017 to December 31, 2017

In the first half of fiscal year 2018, 76 of the 197 (39%) persons referred to HPSP had previously been referred and discharged. The following provides more detailed information:

- 29 of 61 (48%) persons board referred without discipline had previously been referred to HPSP
- 17 of 24 (71%) persons board referred with discipline had previously been referred to HPSP
- 21 of 71 (30%) persons who self-referred had previously been referred to HPSP
- 9 of 40 (23%) persons who were referred by a third party had previously been referred

Of the 21 persons who self-referred to HPSP in the first half of fiscal year 2018 and had previously been referred, 19 had successfully completed monitoring. Of these, the shortest timeframe from completion to re-referral was two months and the longest was 203 months (>16 years), with an average of 81 months (>6 years).

August 1, 1994 through December 31, 2017,

HPSP has received 8,750 referrals representing 6,495 health care practitioners; 26% had more than one referral episode. Of these, the shortest timeframe from discharge to re-referral was zero days, the longest was more than 22 years (268 months) and the average was just shy of four years (47 months).

The following shows the number of times persons have been referred to HPSP:

- 4,821 (74%) were referred once
- 1,211 (19%) were referred twice
- 317 (5%) were referred three times
- 99 (1%) were referred four times
- 22 (<1%) were referred five times
- 6 (<1%) were referred six times
- 2 (<1%) were referred seven times

DEFINITIONS OF DISCHARGE CATEGORIES

- **Completion**
  Program completion occurs when the practitioner satisfactorily completes the terms of the Participation Agreement.
- **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
- **Voluntary Withdrawal***
  Participant chooses to withdraw from monitoring prior to completion of the Participation Agreement ; case manager closes case and files a report with the practitioner's board.
- **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
- **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
- **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.
- **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.
- **Non-Jurisdictional**
  No diagnostic eligibility established; the case is closed.

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

DISCHARGES BY DISCHARGE CATEGORY AND BOARD

The following table compares the number of practitioners discharged from HPSP in the first half of fiscal years 2017 and 2018 by Board.

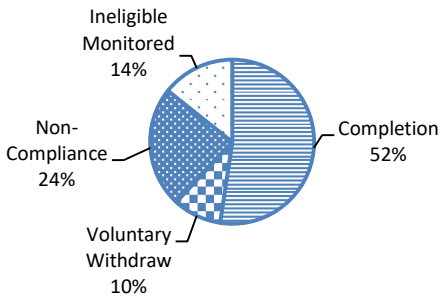
Discharge Category	Nursing Home Admin.		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Dept. of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
Fiscal Year	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**
Completion	0	0	2	2	1	0	2	7	0	1	2	0	2	1	1	1	8	13
Voluntary Withdraw*	0	0	1	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Non-Compliance*	0	0	7	2	2	0	1	1	0	0	0	0	0	0	0	0	0	0
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Ineligible-Monitored*	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	4	6
Ineligible-Not Monitored*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	1
No Contact*	0	0	0	2	0	0	2	2	0	0	0	0	1	5	0	0	2	0
Non-Cooperation*	0	0	1	6	0	1	3	3	1	0	0	0	1	2	0	0	1	0
Non-Jurisdictional	0	0	2	1	6	3	9	7	1	0	0	0	4	5	2	0	6	3
Sum	0	0	15	15	9	4	17	21	2	2	2	0	8	13	4	1	25	23

Discharge Category	Nursing		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Sum	
Fiscal Year	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**	**17**	**18**
Completion	55	42	0	0	5	1	0	1	0	0	2	1	3	3	1	4	84	77
Voluntary Withdraw*	8	10	0	0	1	0	1	0	0	0	0	1	0	0	0	0	11	14
Non-Compliance*	10	22	0	0	0	3	2	3	0	0	0	1	1	2	0	0	23	34
Deceased	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1
Ineligible-Monitored*	6	12	0	0	0	0	0	1	0	0	0	0	1	1	0	0	13	21
Ineligible-Not Monitored*	1	1	0	0	0	1	0	0	0	0	0	0	1	0	1	0	7	3
No Contact*	7	4	0	0	1	0	0	0	0	0	0	1	1	0	0	0	14	14
Non-Cooperation*	17	9	0	0	0	1	2	0	0	0	1	0	0	4	0	0	27	26
Non-Jurisdictional	15	11	0	0	0	3	3	4	0	2	0	1	4	0	0	0	52	40
Sum	119	111	0	0	7	10	8	9	0	2	3	5	11	10	2	4	232	230

**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 2018 by discharge category.



UNSATISFACTORY DISCHARGE DETAIL

The table below shows detailed information about practitioners who, in the first half of fiscal year 2018, engaged in monitoring and were discharged due to either non-compliance, choosing to voluntarily withdraw from monitoring, or a determination of being ineligible for continued participation:

Discharge Category	Number
Non-Compliance - Problem Screens	19
Non-Compliance with Participation Agreement*	6
Non-Compliance – Diversion	3
Non-Compliance - Positive Screen	3
Non-Compliance – Treatment	3
Ineligible Monitored - License Suspended/Revoked/Inactive	18
Ineligible Monitored - Illness Too Severe	3
Voluntarily Withdrew from Monitoring	14
Total Number Monitored & Discharged Unsatisfactorily	69

*The discharge category of *Non-compliance with Participation Agreement* includes persons who refuse to sign authorizations, worked without informing HPSP, used alcohol or other controlled substances, or other forms of non-compliance with the terms of their Participation Agreement.

DISCHARGES BY REFERRAL SOURCE

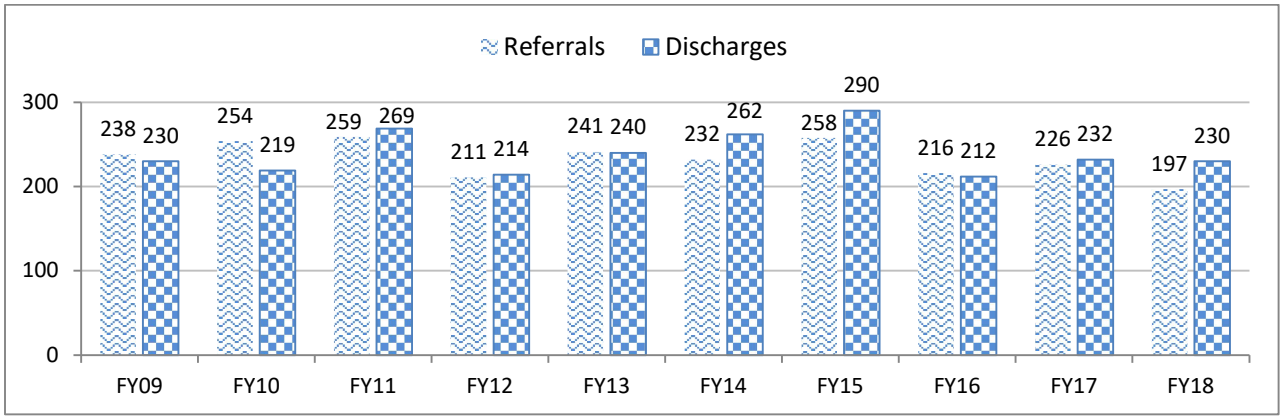
The following table shows the number of practitioners discharged from HPSP in the first half of fiscal year 2018 by first referral source and discharge category:

Discharge Category	Referral Source			
	Board Voluntary #33*	Board Action #20*	Self #67*	Third Party #27*
Completion	15 (45%)	13 (65%)	35 (52%)	14 (52%)
Voluntary Withdraw	2	0	8	4
Non-Compliance	14	3	10	7
Deceased	0	0	1	0
Ineligible-Monitored	2	4	13	2
Ineligible-Not Monitored	0	0	1	2
No Contact	6	3	0	5
Non-Cooperation	9	1	4	12
Non-Jurisdictional	24	0	7	9
Sum	72	24	79	55

Of the 230 discharges in the first half of fiscal year 2018, 147 (64%) represent persons who signed Participation Agreements and engaged in monitoring. The percentage listed after the "Completion" number represent the percent of persons who completed monitoring based on referral source.
*Represents the total number of persons who were referred by specified referral source.

REFERRAL AND DISCHARGE TRENDS

The chart below shows the number of referrals and discharges in the first half of each fiscal year since 2009. The number of referrals was lower than in the past nine fiscal years whereas the number of discharges has remained fairly consistent.



ACTIVE CASES

A total of 533 health professionals were active with HPSP on January 2, 2018. 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 2, 2018.

Board	Number	Percent
Behavioral Health and Therapy	21	3.93%
Nursing Home Administrators	1	0.18%
Chiropractic Examiners	7	1.31%
Dentistry	22	4.12%
Department of Health	6	1.12%
Dietetics and Nutrition	2	0.37%
EMS	17	3.18%
Marriage and Family Therapy	3	0.56%
Medical Practice	91	17.07%
Nursing	302	56.66%
Pharmacy	16	3.00%
Physical Therapy	9	1.68%
Podiatric Medicine	2	0.37%
Psychology	5	0.93%
Social Work	23	4.31%
Veterinary Medicine	3	0.56%
Sum	**530**	

UPDATES

STRATEGIC PLANNING

Background

In 2014, HPSP staff identified the need for comprehensive strategic planning for 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 seven strategic goals.

Summary

The following is a summary of each strategic goal:

1. Measure program effectiveness
   Surveys evaluating program effectiveness were implemented and provided valuable data about improving communication regarding toxicology screening. HPSP subsequently created an online video regarding the toxicology screening process for participants to review.
2. Best practices drive the program
   HPSP reviewed its processes in relation to those of the Federation of State Medical Boards and the National Council of State Boards of Nursing. HPSP's terms of monitoring meet those of both groups. HPSP will continue to review new science and national norms to ensure the program is operating consistent with best practices.
3. Develop governance that supports the program
   HPSP's governance structure was reviewed and it was determined that it is effective.
4. Strengthen Board and HPSP staff relationship and understanding of roles
   HPSP staff implemented strategies to improve relationships with board staff. Greater emphasis is being placed on quality of quarterly meetings with board staff. Additionally, both HPSP and staff from specific boards have met to address questions and provide clarity regarding processes.
5. Develop, strengthen and maintain efficient processes
   Since the strategic planning process began, nearly every template letter HPSP uses has been updated. Participation Agreements were improved and authorizations and participant forms were revised to include plain language. HPSP continues to explore methods to improve program processes and make the program more user-friendly.
6. Promote staff well-being and professional growth
   HPSP staff completed a survey about employee engagement and decided to read "Commitment to Co-Workers" before every team meeting. This has been an effective method of setting the tone for team meetings.
7. Enhance program outreach
   HPSP staff expanded outreach to more professional associations. Despite this, the program is seeing fewer referrals. Staff are committed to doing additional outreach to connect with professions showing the lowest program utilization rate.

The strategic planning undertaken in 2014 has been implemented and/or completed, with the exception of ongoing assessments of program effectiveness, efficiency, and outreach. HPSP is invested in continuing to review these areas and implement improvements as the program continues to mature.

BUDGET

HPSP's base budget for fiscal years 2018 and 2019 is $924,000 ($1,848,000 for the biennium). HPSP's appropriation for fiscal year 2018 is $955,000 and $964,000 in fiscal year 2019. The additional appropriations were specifically granted to make technological improvements.

HPSP experienced some salary savings in the first half of this fiscal year. Aside from salaries, rent is the next greatest cost to the program. Eleven percent of the budget is directed to 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.

In December 2017, the Department of Administration extended HPSP's lease agreement. The new rates are listed in the chart below:

Timeframe	Cost
FY 2018 (2/1/18 to 6/30/18)	$16,265.00
FY 2019 (7/1/18 to 6/30/19)	$39,961.20
FY 2020 (7/19 to 6/30/20)	$40,043.78
FY 2021 (7/1/20 to 6/30/21)	$40,779.38
FY 2022 (7/1/20 to 6/30/22)	$41,524.33
FY 2023 (7/1/22 to 1/31/23)	$24,480.33

The HPSP Program Manager, Monica Feider and the Executive Director of HPSP's Administering Board, Ruth Martinez, 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 encumbrances. ASU audits accounts payable, accounts receivable, payroll and timesheets.

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 accordance 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 consistently within 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	Ruth Dahl	1/1/18 to 12/31/18
Department of Health	Barbara Damchik-Dykes	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	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	Samuel Sands	1/1/18 to 12/31/18
Social Work	Laura McGrath	1/1/18 to 12/31/18
Veterinary Medicine	Jody Grote	1/1/18 to 12/31/18

ADMINISTERING BOARD

The Board of Medical Practice, under the leadership of Ruth Martinez, Executive Director, serves as the HPSP Administering Board.

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	Andrew Pfath	1/15/18 to 1/14/20
MN Academy of Physician Assist.	Tracy Keizer	1/15/18 to 1/14/20
MN Ambulance Assoc.	Megan Hartigan (Alt: Debbie Gillquist)	1/15/18 to 1/14/20
MN Assoc. of Marriage & Family Therapy	Eric Hansen	1/15/18 to 1/14/20
MN Assoc. of Social Workers	Lois Bosch	1/15/18 to 1/14/20
MN Chiropractic Assoc.	Vacant	1/15/18 to 1/14/20
MN Dental Assoc.	Stephen Gulbrandsen (Vice Chair)	1/15/18 to 1/14/20
MN Health Systems Pharmacists	S. Bruce Benson	1/15/18 to 1/14/20
MN LPNA/AFSCME	Lisa Weed	1/15/18 to 1/14/20
MN Medical Assoc.	Becca Branum	1/15/18 to 1/14/20
MN Nurse Peer Support Network	Linda Halcon	1/15/18 to 1/14/20
MN Nurses Assoc.	Jody Haggy	1/15/18 to 1/14/20
MN Occupational Therapy Assoc.	Karen Sames (Chair)	1/15/18 to 1/14/20
MN Organization of Registered Nurses	Joseph Twitchell (Alt: Tonjia Reed)	1/15/18 to 1/14/20
MN Pharmacists Assoc.	Jim Alexander	1/15/18 to 1/14/20
MN Psychological Assoc.	Lois Cochrane-Schlutter	1/15/18 to 1/14/20
MN Veterinary Assoc.	Marcia Brower	1/15/18 to 1/14/20
Physicians Serving Physicians	Jeff Morgan	1/15/18 to 1/14/20
Ad Hoc Member	Rose Nelson	1/15/18 to 1/14/20
Public Member	Vacant	

HPSP STAFF

Monica Feider	Program Manager
Tracy Erfourth	Case Manager
Marilyn Miller	Case Manager
Bettina Oppenheimer	Case Manager
Kurt Roberts	Case Manager
Kimberly Zillmer	Case Manager
Char Duke	Case Management Assistant
Alicia Gonzales	Student Worker

Questions about the content of this report should be directed to Monica Feider at 612-317-3060 or monica.feider@state.mn.us. HPSP staff, Ruth Martinez and Elizabeth Huntley from the Board of Medical Practice and Mark Chu from MN.IT were instrumental in the development of this report. Thank you.