



FISCAL YEAR 2019 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 2019**

REPORT CONTENT

INTRODUCTION 1

MISSION AND GOALS..... 1

MISSION1

GOALS.....1

PROGRAM PARTICIPATION 1

DEFINITIONS OF REFERRAL SOURCES.....1

REFERRALS BY FIRST REFERRAL SOURCE AND BOARD2

REFERRALS BY FIRST REFERRAL SOURCE2

REFERRALS BY SECOND REFERRAL SOURCE3

DEFINITIONS OF DISCHARGE CATEGORIES.....4

DISCHARGES BY DISCHARGE CATEGORY AND BOARD5

DISCHARGES OF THOSE MONITORED6

ALL DISCHARGES6

UNSATISFACTORY DISCHARGE DETAIL.....6

DISCHARGES BY REFERRAL SOURCE7

ACTIVE CASES8

BUDGET 9

FUNDING9

EXPENSES9

UPDATES..... 10

STAFFING10

DATABASE UPDATES10

PARTICIPANT SURVEY.....10

COMMITTEE MEMBERS AND STAFF 11

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 Committee, legislators and the citizens of Minnesota. The document provides information about program participation and activities that took place in the first half of fiscal year 2019 (July 1, 2018 to December 31, 2018).

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 care 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 health care professionals are referred for monitoring. The program is responsible for evaluating the health care professional's eligibility for services and whether an illness is present that warrants monitoring. If it is determined that a health care professional has an illness that warrants monitoring, a Participation Agreement is developed and monitoring is initiated. Health care professionals can be referred to HPSP in the following ways:

- **Self-Referrals:** Health care professionals may 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 health care professionals to HPSP:
 - **Determine Eligibility (Board Voluntary):** The board refers 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 health care professional has an illness and refers the health care professional 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

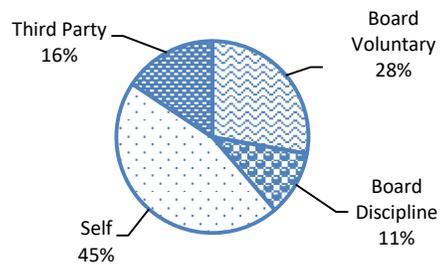
The table below compares the number of health care professionals referred to HPSP in the first halves of fiscal years 2018 and 2019:

Referral Source	Nursing Home Admin.		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Department of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19
Board Voluntary	1	1	5	8	5	3	11	9	0	0	0	0	9	0	0	0	4	12
Board Discipline	0	0	0	0	1	0	4	0	0	0	0	0	0	0	0	0	1	0
Self	0	0	3	7	0	1	3	0	2	1	0	0	2	3	1	1	18	13
Third Party	0	0	6	4	0	0	1	1	0	0	0	0	1	2	1	0	4	7
Sum	1	1	14	19	6	4	19	10	2	1	0	0	12	5	2	1	27	32

Referral Source	Nursing		Occupational Therapy		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine	
	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19
Board Voluntary	16	10	**	1	0	0	4	1	2	2	2	1	1	0	0	2	2	3
Board Discipline	15	18	**	0	0	0	1	1	0	0	0	0	0	1	2	1	0	0
Self	35	48	**	0	0	1	3	2	0	1	0	0	1	1	3	8	0	0
Third Party	20	12	**	0	0	0	1	1	0	0	0	0	2	1	4	2	0	0
Sum	86	88	**	1	0	1	9	5	2	3	2	1	4	3	9	13	2	3

Referral Source	Sum	
	18	19
Board Voluntary	62	53
Board Discipline	24	21
Self	71	87
Third Party	40	30
Sum	197	191

REFERRALS BY FIRST REFERRAL SOURCE



** The Board of Occupational Therapy was established in Fiscal Year 2018. Previous data about occupational therapists and occupational therapy assistants was captured by the Department of Health's participation.

REFERRALS BY SECOND REFERRAL SOURCE

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

Of the 191 referrals in the first half of fiscal year 2019:

- 1 person who was initially board referred without discipline, was later referred pursuant to discipline;
- 2 persons who initially self-referred, were later board referred without discipline;
- 1 person who initially self-referred, was 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, 2018 to December 31, 2018

In the first half of fiscal year 2019, 44 of the 191 (23%) health care professionals referred to HPSP had previously been referred and discharged. The following provides more detailed information:

- 16 of 53 (30%) persons board referred without discipline had previously been referred to HPSP
- 15 of 21 (71%) persons board referred with discipline had previously been referred to HPSP
- 10 of 87 (11%) persons who self-referred had previously been referred to HPSP
- 7 of 30 (23%) persons who were referred by a third party had previously been referred

Of the 10 health care professionals who self-referred to HPSP in the first half of fiscal year 2019 and who had previously been referred, eight had successfully completed monitoring. Of these, the shortest timeframe from completion to re-referral was 12 months and the longest was 45 months (>3.7 years), with an average of 30 months (2.5 years).

August 1, 1994 through December 31, 2018

HPSP has received 9,187 referrals representing 6,785 health care professionals; 26.1% had more than one entry into the program. 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:

- 5,030 (74%) were referred once
- 1,287 (19%) were referred twice
- 331 (5%) were referred three times
- 105 (2%) were referred four times
- 24 (<1%) were referred five times
- 6 (<1%) were referred six times
- 2 (<1%) were referred seven times

DEFINITIONS OF DISCHARGE CATEGORIES

- **Completion:** Participant 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 health care professional's regulatory 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 health care professional's regulatory board.*
- **Ineligible Monitored*:**
 - During the course of monitoring, it is determined that health care professional is not eligible for program services as listed in statute; case manager files report with health care professional's regulatory 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 health care professional is not eligible for program services as listed in statute; case manager files report with health care professional's regulatory 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 regulatory board
- **No Contact*:**

Initial report received by third party or board; health care professional fails to contact HPSP; case manager closes case and files a report with health care professional's regulatory board.
- **Non-Cooperation*:**

Health care professional 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 health care professional's regulatory board.
- **Non-Jurisdictional:** No diagnostic eligibility established; the case is closed.

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

DISCHARGES BY DISCHARGE CATEGORY AND BOARD

The following table compares the number of health care professionals discharged from HPSP in the first half of fiscal years 2018 and 2019 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	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	
Completion	0	0	2	3	0	0	7	3	1	0	0	1	1	2	1	1	13	12
Voluntary Withdraw*	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	1	0	2
Non-Compliance*	0	0	2	1	0	0	1	0	0	0	0	0	1	0	0	0	0	
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible-Monitored*	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	6	4
Ineligible-Not Monitored*	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
No Contact*	0	0	2	2	0	0	2	3	0	0	0	0	5	1	0	0	0	0
Non-Cooperation*	0	0	6	2	1	0	3	1	0	0	0	0	2	2	0	0	0	2
Non-Jurisdictional	0	1	1	3	3	2	7	3	0	0	0	0	5	4	0	0	3	8
Sum	0	1	15	13	4	2	21	11	2	0	0	1	13	10	1	2	23	31

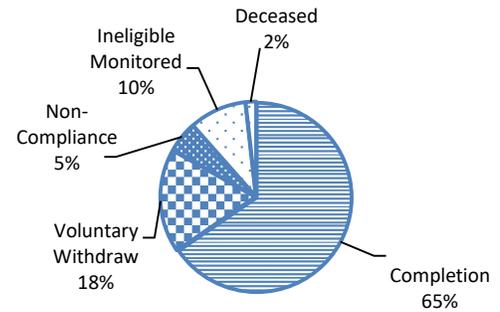
Discharge Category	Nursing		Occupational Therapy		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine	
	Fiscal Year	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	
Completion	42	40	**	3	0	0	1	3	1	1	0	0	1	2	3	2	4	1
Voluntary Withdraw*	10	14	**	0	0	0	0	0	0	0	1	1	0	0	0	2	0	0
Non-Compliance*	22	1	**	0	0	0	3	1	3	1	0	0	1	0	2	1	0	0
Deceased	0	2	**	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Ineligible-Monitored*	12	4	**	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
Ineligible-Not Monitored*	1	0	**	0	0	0	1	0	0	0	0	0	0	0	0	3	0	0
No Contact*	4	3	**	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0
Non-Cooperation*	9	5	**	0	0	0	1	1	0	0	0	0	0	0	4	0	0	0
Non-Jurisdictional	11	12	**	0	0	0	3	0	4	3	2	1	1	0	0	1	0	2
Sum	111	81	**	3	0	0	10	6	9	5	2	2	5	3	10	10	4	3

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

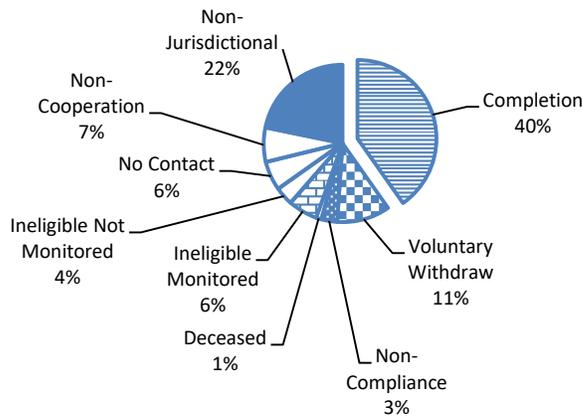
** The Board of Occupational Therapy was established in Fiscal Year 2018. Previous data about occupational therapists and occupational therapy assistants was captured by the Department of Health's participation.

Discharge Category	Sum	
	18	19
Completion	77	74
Voluntary Withdraw*	14	20
Non-Compliance*	34	6
Deceased	1	2
Ineligible-Monitored*	21	11
Ineligible-Not Monitored*	3	7
No Contact*	14	11
Non-Cooperation*	26	13
Non-Jurisdictional	40	40
Sum	230	184

DISCHARGES OF THOSE MONITORED



ALL DISCHARGES



UNSATISFACTORY DISCHARGE DETAIL

The table below shows detailed information about health care professionals who, in the first half of fiscal year 2019, engaged in monitoring and were discharged due to non-compliance, voluntary withdrawal from monitoring, or because they became ineligible for continued participation.

Discharge Category	Number
Non-Compliance - Problem Screens	4
Non-Compliance – Positive Screens	2
Ineligible Monitored - License Suspended/Revoked/Inactive	11
Voluntarily Withdrew from Monitoring	20
Total Number Monitored & Discharged Unfavorably	37

DISCHARGES BY REFERRAL SOURCE

The following table shows the number of health care professionals discharged from HPSP in the first half of fiscal year 2019 by first referral source and discharge category.

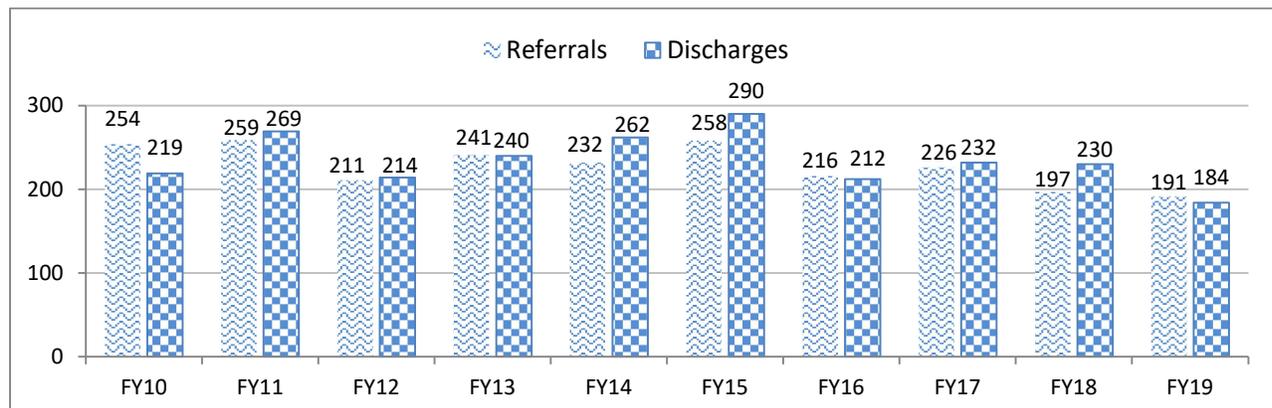
Discharge Category	Referral Source			
	Board Voluntary	Board Action	Self	Third Party
Completion	14	17	41	2
Voluntary Withdraw	2	1	13	4
Non-Compliance	4	0	2	0
Deceased	1	1	0	0
Ineligible-Monitored	4	2	3	2
Ineligible-Not Monitored	1	0	3	3
No Contact	5	0	0	6
Non-Cooperation	6	1	4	2
Non-Jurisdictional	21	0	12	7
Sum	58	22	78	26

Of those who engaged in monitoring:

- 81% of persons board referred with discipline completed monitoring
- 69% of persons who self-referred completed monitoring
- 56% of persons board referred without discipline completed monitoring
- 25% of persons referred by a third party completed monitoring

REFERRAL AND DISCHARGE TRENDS

The chart below shows the number of referrals and discharges in the first half of each fiscal year since 2010. The numbers of referrals and discharges were lower than in the past nine fiscal years.



ACTIVE CASES

A total of 574 health care professionals were active participants in HPSP as of January 4, 2019. 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.

Board	Number	Percent
Behavioral Health and Therapy	32	5.57%
Nursing Home Administrators	1	0.17%
Chiropractic Examiners	8	1.39%
Dentistry	23	4.01%
Department of Health	1	0.17%
Dietetics and Nutrition	1	0.17%
EMS	12	2.09%
Marriage and Family Therapy	2	0.35%
Medical Practice	104	18.12%
Nursing	319	55.57%
Occupational Therapy	3	0.52%
Optometry	1	0.17%
Pharmacy	16	2.79%
Physical Therapy	9	1.57%
Podiatric Medicine	0	0.00%
Psychology	8	1.39%
Social Work	30	5.23%
Veterinary Medicine	4	0.70%
Sum	574	-

BUDGET

HPSP is committed to providing cost-effective quality monitoring services that contribute to public safety in health care. HPSP appreciates the boards' recognition that adequate funding is essential to HPSP's success.

FUNDING

The health licensing boards and the Department of Health fund HPSP. Each board pays an annual \$1,000 fee and a pro-rata share of program expenses to HPSP's administering board based on the number of the board's participants in the program at the end of each month. No additional fees are collected by HPSP for program participation from health care professionals. Health care professionals are responsible for costs associated with evaluations, treatment and toxicology screens (if warranted).

HPSP sought additional funding in the 2018-2019 biennium for database enhancements and to address inflation in salaries, benefits, rent and other expenses. Both funding requests were granted.

HPSP's base budget for the fiscal years 2018-2019 biennium is \$1,848,000. 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.

EXPENSES

Similar to the health licensing boards, the majority of HPSP's expenses are directed toward salaries and benefits (77%). The next largest expense is rent. HPSP is spending within its appropriation. Unspent appropriations for fiscal year 2018 were carried forward to fiscal year 2019 and are directed primarily toward database enhancements.

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

Timeframe	Cost
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

UPDATES

STAFFING

In January 2019, HPSP filled the Office and Records Administrator position. The position is responsible for office management duties and overseeing HPSP's records management. The position, along with the Case Management Assistant position, provides administrative support for case managers.

DATABASE UPDATES

HPSP is working on being less paper reliant. This is reflected in one of HPSP's database projects. HPSP has been working with MN.IT and a contractor to have toxicology screen results automatically entered from the laboratory into HPSP's database. The final testing phase has begun. Errors are identified in real time and communicated to MN.IT to be addressed.

HPSP is also working with MN.IT and a contractor to develop a process for participants, treatment providers and employers to directly upload reports to HPSP's database, rather than mailing or faxing them. Participants and reporting parties have requested this. HPSP met with the development team in November 2018 to identify the requirements and security measures necessary for the project. The development work is in progress.

PARTICIPANT SURVEY

The Advisory Committee worked with HPSP staff to develop a survey to gage participant perceptions of HPSP and understanding of the terms of their Participation Agreements. HPSP will start implementing the phone survey on a trial basis in January 2019. After initial implementation, the survey data will be reviewed to determine whether adjustments to the survey are necessary or would be beneficial to enhance monitoring processes. Participants will be notified that they are not required to participate in the survey and if they do participate, their responses will not impact their monitoring. All responses will be provided to the program manager in aggregate form to review.

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	Jae Hyun Shim	1/1/19 to 12/31/19
Chiropractic Examiners	Nestor Riano	1/1/19 to 12/31/19
Dentistry	Ruth Dahl	1/1/19 to 12/31/19
Department of Health	Barbara Damchik-Dykes	1/1/19 to 12/31/19
Dietetics and Nutritionists	Margaret Schreiner	1/1/19 to 12/31/19
Emergency Medical Services	Matthew Simpson	1/1/19 to 12/31/19
Marriage and Family Therapy	Jennifer Mohlenhoff	1/1/19 to 12/31/19
Medical Practice	Allen Rasmussen, Chair	1/1/19 to 12/31/19
Nursing	Laurie Warner (Alt. Michelle Harker)	1/1/19 to 12/31/19
Nursing Home Administrators	Randy Snyder	1/1/19 to 12/31/19
Optometry	Randy Snyder	1/1/19 to 12/31/19
Pharmacy	James Bialke	1/1/19 to 12/31/19
Physical Therapy	Kathy Polhamus, Vice Chair	1/1/19 to 12/31/19
Podiatric Medicine	Margaret Schreiner	1/1/19 to 12/31/19
Psychology	Samuel Sands	1/1/19 to 12/31/19
Social Work	Laura McGrath	1/1/19 to 12/31/19
Veterinary Medicine	Jody Grote	1/1/19 to 12/31/19

ADMINISTERING BOARD

The Board of Medical Practice, under the leadership of Executive Director Ruth Martinez, serves as the Administering Board for 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 care 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 Pfaff	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 Podiatric Medicine Assoc.	Kari Prescott	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

Char Duke	Case Management Assistant
Tracy Erfourth	Case Manager
Monica Feider	Program Manager
Alicia Gonzales	Office and Records Administrator

Marilyn Miller	Case Manager
Bettina Oppenheimer	Case Manager
Kurt Roberts	Case Manager
Kimberly Zillmer	Case Manager

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, Board of Medical Practice staff and Mark Chu from MN.IT were instrumental in the development of this report. Thank you.