

Who Needs the Health Professionals Services Program?

The first time I spoke to my HPSP case manager, she said, “Listen Mary, after the first 12 months this will be easier.” By “this,” she meant being in HPSP. I didn’t believe her, and I told her so (and a few other things as well). But now after 12 months, I know I never would have survived as a sober person without the recovery structure of HPSP.

Mary’s feelings when she first enrolled in the Health Professionals Services Program (HPSP) are not unusual. Fortunately, her feelings about HPSP a year later are also not unusual. The accountability of HPSP reinforces sobriety, especially those first critical months when the brain is learning new pathways away from compulsive thinking and behavior toward health and wellbeing. Even though Mary’s addiction did not directly impact her practice, she learned from her treatment counselors that addiction is a chronic progressive illness if left untreated. She previously had a desire to be free of her addiction as evidenced by her three attempts at cutting down on her alcohol use and there were times when she was able to abstain from alcohol use for a couple of months. However, she learned that sincere intentions were not enough. Each time she returned to alcohol use, her drinking increased. Why? It wasn’t because Mary was morally weak or lacked willpower. Addiction specialists tell us that drugs and alcohol work on the brain’s reward pathways and the addicted brain is a “high-jacked brain” — a vicious, compulsive cycle.

By Monica Feider, MSW, LICSW

How HPSP Got Started

Legislation for HPSP was first proposed by five health licensing boards in 1993 with the support of their state professional associations. The boards determined they needed a more effective way to address practitioners with potentially impairing illnesses and reduce the possibility for patient harm. The program was created the following year to serve the boards of nursing, medical practice, dentistry, pharmacy, and podiatric medicine. The program was expanded in 2000 to cover all regulated health occupations. To date, HPSP has enrolled over 6,000 participants, including almost 900 physicians.

How Does HPSP Work?

Board action is often seen as punitive; therefore, licensed practitioners tend to hide the symptoms of their substance, psychiatric, or other medical condition that may cause impairment. Employers and co-workers are often reluctant to file a formal complaint when they suspect a colleague might be in trouble with an illness. HPSP offers an incentive for licensed practitioners to voluntarily get help without board involvement as long as they comply with monitoring requirements. Anyone who is worried about a health care provider’s ability to practice safely, including work supervisors and colleagues, or treatment providers such as a therapist or counselor can send a confidential report to HPSP. The identified practitioner is given an opportunity to confidentially enroll in the program and get appropriate care. The practitioner’s regulatory board will not be informed if they meet program eligibility requirements and cooperate. HPSP’s

reporting obligations are reviewed with the practitioner before identifying information is gathered.

HPSP is not a treatment program. Rather, HPSP protects the public and helps practitioners by assessing symptoms, developing monitoring contracts, coordinating and facilitating treatment, communicating with treatment providers and work sites, and providing ongoing monitoring.

What are the Benefits of HPSP?

Multiple studies have shown that health professionals who participate in a monitoring program like HPSP have better outcomes and can ultimately preserve their careers. Favorable five-year outcomes are seen in 75% of physicians in monitoring programs in contrast to 40%-60% relapse rates in the general population. Health care employers are able to retain a safe and competent workforce and rural communities can keep their hometown pharmacy, ambulance service, dental providers and other medical clinics in business.

Licensing boards are able to lower their legal costs by referring licensees to the program for voluntary monitoring. Board members and staff can use the expertise of HPSP to process complaints about drugs, alcohol, mental health, and other conditions.

How do Physicians Compare to Other Professions?

Decades of research consistently show health professionals meet diagnostic criteria for substance use disorders at the same rates as the general population. Research

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Addiction

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has also shown that physicians who practice emergency medicine, psychiatry and anesthesiology may be at a higher risk for developing substance use disorders.

In Minnesota, physicians tend to self-refer to HPSP and successfully complete monitoring at a higher rate than most other health professionals.

How to Get Help? How to Report?

If you are struggling with substances or mental health, we strongly encourage you to call us at (651) 642-0487. We'll explain more about how HPSP can help. If you are concerned about a colleague, you may also call, and we will ask you to complete a third party referral form, which can be found on our website. All third party referrals are confidential and subject to immunity if made in good faith. ♦

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Resources:

- **HPSP:** Call (651) 642-0487 to talk to a case manager. A brief informational video about HPSP can be found at: <http://mn.gov/boards/hpspl>.
- **Physicians Serving Physicians (PSP)** offers a range of services to physicians, including monthly support group meetings. For more information, call (952) 920-5582 or go to: <http://psp-mn.com/>.
- **The National Institute of Drug Abuse (NIDA)** has excellent information about the disease of addiction: <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>.
- **The Substance Abuse and Mental Health Services Administration (SAMHSA)** provides information about substance and psychiatric disorders as well as resources for treatment: <http://www.samhsa.gov/>.
- **Federation of State Physician Health Programs** has information on programs similar to HPSP throughout the United States: <http://www.fsphp.org/state-programs>.
- **The National Institute of Mental Health** provides information about psychiatric disorders, treatments and other interesting topics: <https://www.nimh.nih.gov/index.shtml>.

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