

PREVENTING IMPAIRED PRACTICE ...

Health care professionals are not immune to substance use and/or mental health disorders by virtue of their training or experience. These conditions can lead to impaired practice and the loss of health or life for the health care professional. Research shows that many otherwise highly qualified health care professionals may develop these problems due to stress, long hours, a genetic predisposition, and/or a tendency to self-medicate. An inherent risk for some health care professionals is access to controlled substances.

The underlying philosophy of the program is to protect the public while encouraging licensees/registrants to go through a monitoring program, as they try to overcome their treatable diseases of substance use disorder and/or mental/emotional disorders.

The HPRP is a monitoring program that is based on two types of cases:

1. Non-regulatory Participant – Health care professionals who self-report to HPRP and whereby a monitoring agreement is established as the licensees/registrants seek assistance in addressing their substance use and/or mental/emotional disorders; and
2. Regulatory Participant – Health care professionals who are required to report to HPRP under the terms of a board order.

CONFIDENTIALITY ...

Participation in the HPRP on a non-regulatory basis is confidential. This means if a licensee/registrant is referred to the program, has a qualifying diagnosis, and complies with the HPRP requirements, his or her name will not be disclosed to state regulatory authorities or the public. Provided there is no readmission, records of HPRP participants are destroyed five years after successful completion.

The names of those reporting suspected violations are also kept confidential unless testimony is needed at a later disciplinary hearing.

POTENTIAL SIGNS OF IMPAIRMENT ...

The following are common signs of impairment due to substance use or mental health disorders. A health care

professional who exhibits several of these common signs may be impaired:

Emotional or Behavioral Changes:

- More withdrawn socially or professionally
- More irritable, anxious, jealous, angry, depressed or moody
- More defensive - becoming angry when someone mentions their use of drugs, drinking or emotional instability
- Denying or expressing guilt or shame about personal use
- Other mental health concerns that directly impact work performance

Change in Work Habits:

- Missing work or frequently tardy
- Failing to keep scheduled appointments
- Late submissions of reports or assignments
- Asking others to cover for hours or errors
- Unacceptable error rates
- Volunteering for drug-oriented tasks

Physical Changes:

- A deterioration in personal hygiene
- Changes in eating patterns or body weight
- Changes in sleeping patterns

Substance Use / Addiction

- Documented diversion of controlled substances
- Observed intoxicated behavior within the workplace
- Reports of positive drug screens
- Behavior that indicates impairment or addiction
- Documented convictions or legal issues related to alcohol and other drugs

If you have additional questions or want to make a referral, contact the HPRP at:

800-453-3784

www.hprp.org



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800-453-3784

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WHAT IS THE HPRP?

Michigan's Health Professional Recovery Program (HPRP) is a monitoring program for health care professionals who fall under Article 15 of the Michigan Public Health Code, where a licensee/registrant may participate in a monitoring agreement as a non-regulatory or as a regulatory participant.

The Health Professional Recovery Committee (HPRC) oversees the HPRP and is comprised of members from each eligible health care professional licensing board and members of the public. The HPRC is responsible for the development and modifications of policies and procedures, and works with the contractor and the Bureau of Professional Licensing (BPL) within the Michigan Department of Licensing and Regulatory Affairs.

ELIGIBLE PROFESSIONS ...

The following licensed or registered health care professionals are eligible to participate in the HPRP:

- Acupuncturist
- Allopathic Physician (MD)
- Athletic Trainer
- Audiologist
- Chiropractor
- Dentist, Dental Hygienist, Dental Assistant
- Marriage & Family Therapist
- Massage Therapist
- Nursing Home Administrator
- Occupational Therapist, Occupational Therapist Assistant
- Optometrist
- Osteopathic Physician & Surgeon (DO)
- Physician's Assistant
- Podiatric Physician & Surgeon
- Professional Counselor
- Registered Nurse, Licensed Practical Nurse
- Pharmacist, Pharmacy Technician
- Physical Therapist, Physical Therapist Assistant
- Psychologist
- Respiratory Therapist
- Sanitarian
- Social Worker, Social Service Technician
- Speech and Language Pathologist
- Veterinarian, Veterinary Technician

For detailed information about the HPRP and how it works, go to www.hprp.org

HOW THE PROGRAM WORKS

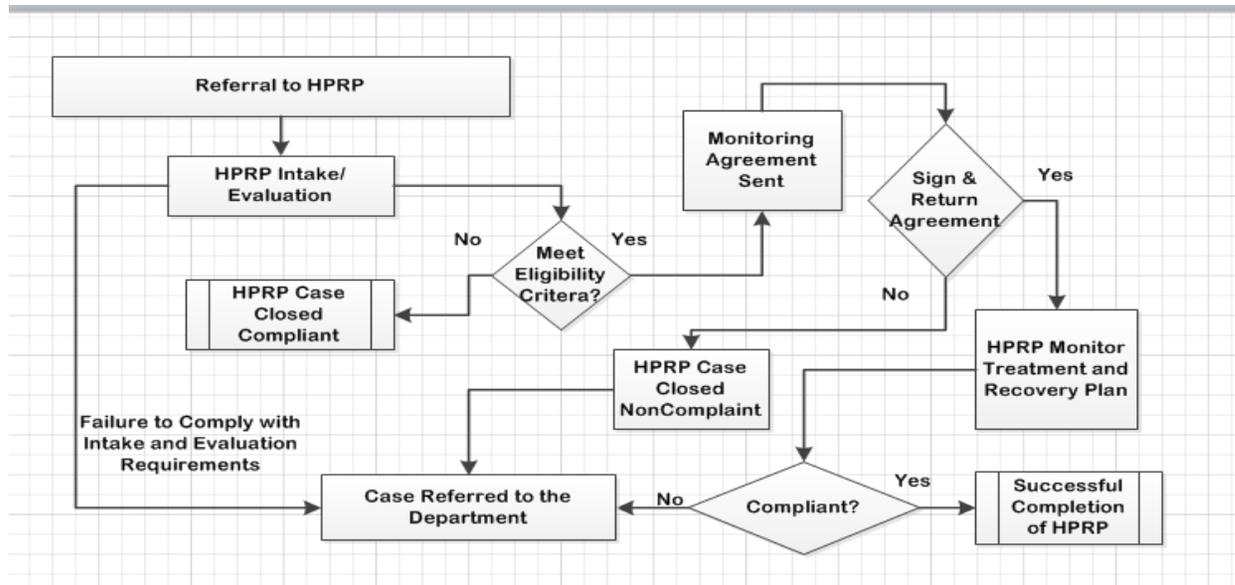
REFERRAL – Referrals to the HPRP may come in the form of a self-referral from the individual licensee/registrant or from colleagues, partners, hospital administrations, patients, family members, or the State. Any of the health licensing boards may also refer licensees/registrants to the HPRP for similar monitoring as part of a board order.

EVALUATION – After the initial intake with HPRP, the licensee/registrant is referred to a qualified evaluator. The purpose of this evaluation is to determine eligibility for the program, the nature of the problem, and to help the HPRP contractor to design a monitoring agreement.

TREATMENT - If the evaluation indicates a substance use and/or mental health disorder that represents a possible impairment, the HPRP makes referrals for treatment services to an approved provider.

MONITORING - The HPRP will work with the licensee/registrant to develop a written monitoring agreement that defines the requirements of participation and will typically last one to three years. The monitoring agreement may include elements such as: treatment; limitations on practice; random drug screens; group/individual therapy; medical oversight; and monthly or quarterly reports. During the monitoring period, the HPRP will communicate with the licensee/registrant and their provider team in order to support the participant's continued work in their professional setting.

COMPLETION - An HPRP participant will be released from the program upon successful completion of the monitoring agreement. All records are destroyed five years after the date of successful completion of the program. However, once a health care professional is accepted into the program, he or she may be released for failure to comply with the monitoring agreement. Non-compliant participants are reported to the BPL as required by law, which could result in subsequent disciplinary actions.



Costs of Participation - An HPRP participant is responsible for the costs of evaluation, treatment, drug testing, and other services. The total cost of participation varies depending upon an individual's diagnosis, severity of condition, insurance coverage, length of time in the HPRP, and compliance with HPRP requirements.