

**Health Professional Recovery Program**

**HPRP**

# Purpose

- State program designed to help licensed medical professionals get treatment for substance abuse or mental health disorders.
- Created to help licensed professionals keep their license while adhering to state laws and receiving treatment.
- Licensees can refer themselves or be referred by peers.
- Participation in HPRP is voluntary, however, refusal to participate could result in loss of licensure (HPRP, 2013).

# Eligible Professions

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

Under Section 333.16106a of the Public Health Code, it is illegal for a health professional to be impaired.

Impairment is defined as the inability or immediately impending inability of a health professional to practice his or her profession in a manner that conforms to the minimum standards of acceptable practice for the profession.

Impairment includes substance abuse, chemical dependence, and mental illness (LARA, 2013).



[www.michigan.gov/lara](http://www.michigan.gov/lara)

As a licensee under section 333.16222 of the Public Health Code, you are required to report any violation of the Public Health Code to the Department of Licensing and Regulatory Affairs.

Under Section 333.16223 of the Public Health Code, if you have reasonable cause to believe that another licensee may be impaired or has the potential to be impaired, you are required to report this to the Department of Licensing and Regulatory Affairs.

A report to the HPRP meets these legal requirements in instances of impairment due to substance abuse and/or mental illness (LARA, 2013).



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# Potential signs of impairment

- Emotional or behavioral changes
- Change in work habits
- Physical changes
- Substance Use / Addiction

[www.hprp.org](http://www.hprp.org)

# What should the doctor do?

A doctor in a small private practice thinks that one of his partners may be having a problem with alcohol. The partner frequently shows up late and sometimes, the doctor can smell alcohol on the partner's breath during the workday. The office manager has called several problems to the doctor's attention recently. The doctor doesn't feel that these are big problems, but his partner was always meticulous about writing records before. The partner was also recently divorced. The doctor doesn't know if there is a problem, but is concerned about his partner and their practice as well.

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# Answer

Some of the signs may be indicative of a problem – either substance abuse or mental health. Although these symptoms may be normal following a divorce, the important thing to remember is whether or not the level of care for patients is being compromised. In addition, as a licensee, you are required to report any violation of the Public Health Code to LARA. You are also required to file a report to LARA if you have reasonable cause to believe that another licensee may be impaired or has the potential to be impaired. For purposes of reporting impairment only, this report can be made to HPRP (LARA, 2013).

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# Referrals to the HPRP

**Non-regulatory referrals – confidential and voluntary:** Names of individuals participating in the HPRP may not be given to the public or the State as long as the individual meets program requirements. Participant information may not be obtained by subpoena or FOIA requests.

**Regulatory referrals – nonconfidential:** Regulatory referrals occur as a result of regulatory action being taken on an individual's license by their profession's Board or respective Disciplinary Subcommittee upon the determination of a violation of a Public Health Code (HPRP, 2013).

[www.hprp.org](http://www.hprp.org)

# Treatment

- ❖ Assessment is conducted by an evaluator.
- ❖ If assessment indicates that there is no problem, then your name will not be disclosed to LARA.
- ❖ If assessment indicates that there is a problem, an HPRP contractor will work with you to develop a treatment plan and Monitoring Agreement, which is put into writing. Non-compliance and/or refusal to sign the Monitoring Agreement could result in a report to LARA and possible disciplinary action.
- ❖ Successful completion of the Monitoring Agreement will result in termination from the program and no report made to LARA. Records of treatment will be kept for 6 – 8 years (HPRP, 2013; LARA, 2013).

[www.michigan.gov/lara](http://www.michigan.gov/lara)

# Program Costs

- Michigan Department of Community Health, Bureau of Health Professions: Administrative and monitoring work performed by HPRP staff.
- Participant (\$10,000 - \$30,000): Cost of treatment, drug tests, therapy sessions, visits with addictionists, or other physicians.
  - Treatment may be covered by your insurance. Some providers offer payment plans. Some participants borrow money (HPRP, 2013).

[www.hprp.org](http://www.hprp.org)

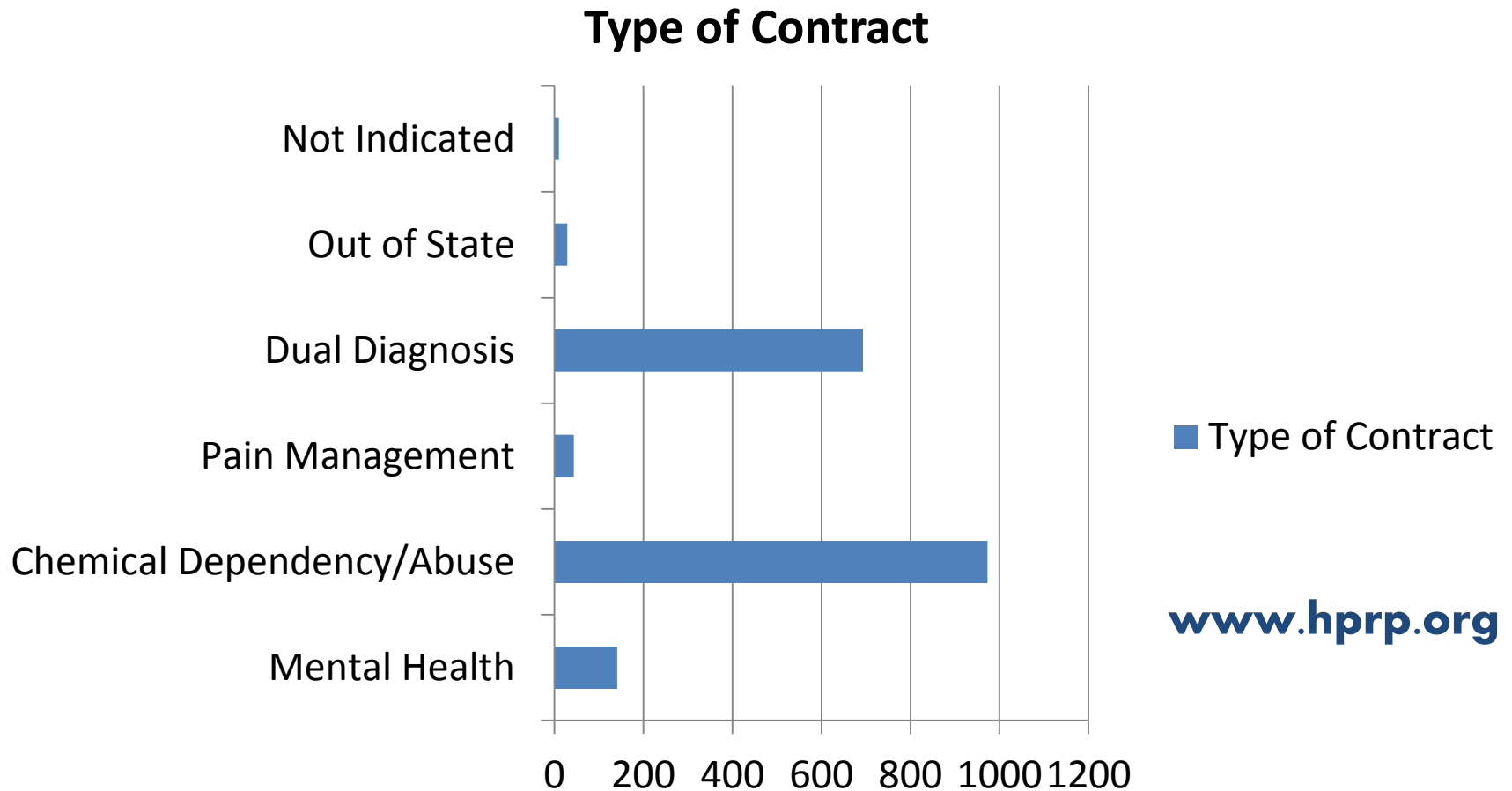
# Statistics

- From October 2010 – September 30, 2011, there were 1,890 licensed health professionals who had monitoring agreements with the HPRP.
- Registered Nurses were the highest number of participants (1,150).
- There were 27 social workers with monitoring agreements (HPRP, 2013).

[www.hprp.org](http://www.hprp.org)

# Type of Contract

October 1, 2010 – September 30, 2011



# Primary Drugs of Choice

October 1, 2010 – September 30, 2011

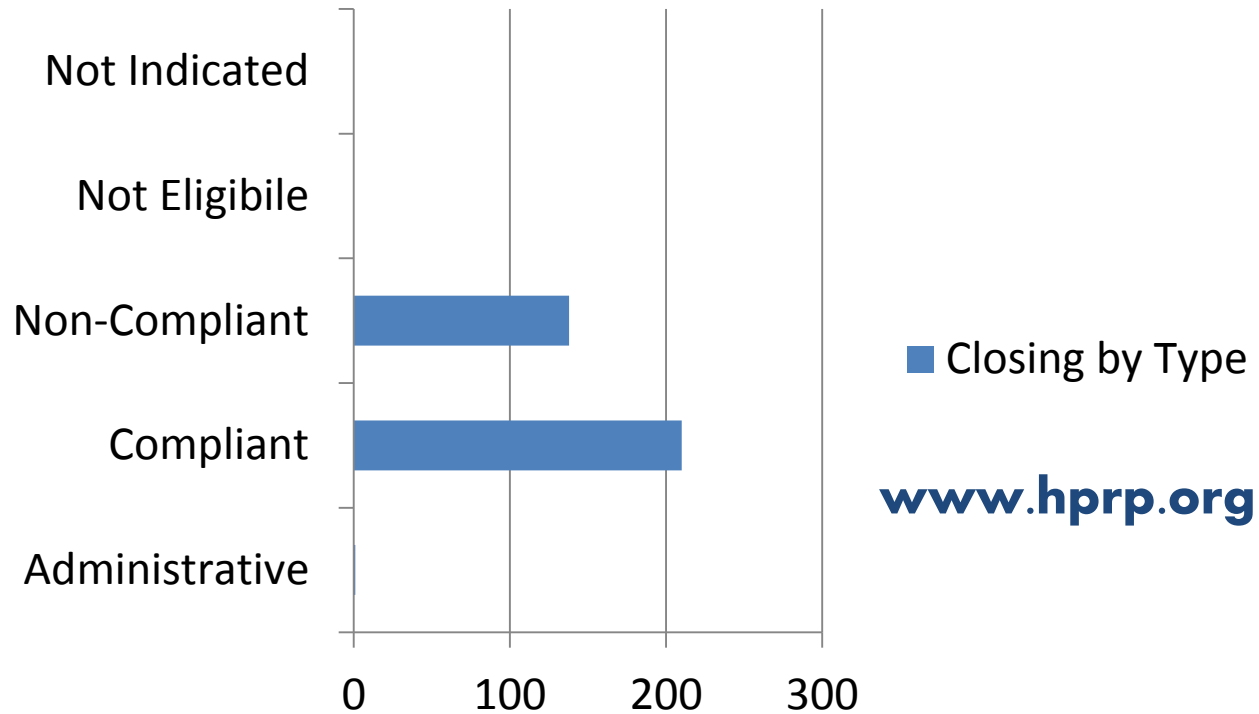
- **Alcohol, 1,312**
- **Narcotics, 342** (Vicodin, 91; Dilaudid, 57; Morphine, 37)
- **Depressants, 81** (Xanax, 29; Ativan, 15; Klonopin, 12; Valium, 12)
- **Not Indicated, 69**
- **Stimulants, 47** (Cocaine, 31; Adderall, 13)
- **Cannabinoids, 22** (Marijuana, 16; THC, 6)
- **Muscle Relaxers, 10**
- **Hypnotics, 7** (Ambien, 5; Lunesta, 2)

[www.hprp.org](http://www.hprp.org)

# Discharges

October 1, 2010 – September 30, 2011

Closing by Type



# Questions



# References

**Department of Licensing and Regulatory Affairs.** Health Professional Recovery Program Brochure.

[http://www.michigan.gov/lara/0,4601,7-154-35299\\_63294\\_27648-43127--,00.html](http://www.michigan.gov/lara/0,4601,7-154-35299_63294_27648-43127--,00.html)

**Department of Licensing and Regulatory Affairs.** Frequently Asked Questions.

[http://www.michigan.gov/lara/0,4601,7-154-35299\\_63294\\_27648-43222--,00.html](http://www.michigan.gov/lara/0,4601,7-154-35299_63294_27648-43222--,00.html)

**Health Professional Recovery Program.** Health Professional Recovery Program Participant Handbook.

[www.hprp.org](http://www.hprp.org)

**Health Professional Recovery Program.** Health Professional Recovery Program, Serving Michigan Health Professionals since 1994 (brochure). [www.hprp.org](http://www.hprp.org)

**Michigan Department of Community Health Professions.** Health Professional Recovery Program Annual Statistical Report for the Time Period October 1, 2010 through September 30, 2011.

[http://www.michigan.gov/documents/mdch/mdch\\_HPRP\\_Annual\\_Report\\_4\\_04thru9\\_05\\_175520\\_7.pdf](http://www.michigan.gov/documents/mdch/mdch_HPRP_Annual_Report_4_04thru9_05_175520_7.pdf)