Medical Professionals Health Program

A Resource Guide for Participants

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Maine Medical Association
Medical Professionals Health Program

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Office Hours

8:00 am - 5:00 pm, Monday through Friday
Or
by Appointment

Confidential Voicemail is available 24 hours a day 7 days a week. It is checked periodically over the weekend.

Participants experiencing an emergency or crisis should call 911 or visit their hospital emergency room.

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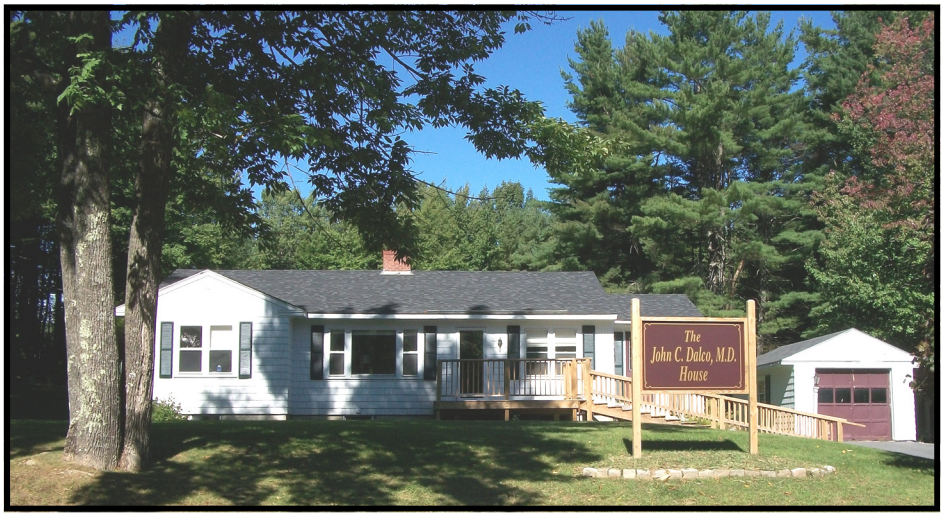
Medical Professionals Health Program

A medical professional is not immune from the illness and stresses of the general population - addictive disorders, psychiatric illness, infectious disease, family and relationship issues. The unpredictability and challenges of life, along with the practice of putting the needs of others ahead of one's own, isolation, family history of addiction, and stress, can lead to drug use and dependency.

The Medical Professionals Health Program (MPHP) is here to assist medical professionals. Our staff and committee members help participants find appropriate evaluation services and ensure proper diagnosis. Although the MPHP does not provide evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.

The MPHP and similar advocacy programs across the country believe (and experience shows) that addiction is an illness that can be successfully treated. Research on physician health programs indicates that physicians respond well to advocacy programs, like the MPHP, that require adequate treatment, and are vigilant about participation in an ongoing monitoring program.[1] The MPHP believes that other medical professionals in recovery can also benefit and strengthen their recovery with similar treatment and monitoring.



John C. Dalco House
Dedicated November 4, 2009

1. Early, Paul H. "Physician Health Programs and Addiction among Physicians" in Principles of Addiction Medicine, Fourth Edition. Philadelphia, PA: Lippincott Williams & Wilkins. 2009, pp. 531 - 547

What a Previous Participant has to say….

"Not so many years ago, I found myself trapped, frightened, and without hope. I was struggling with addiction to pain killers. I knew I needed help and was desperate to do anything I could to escape from the darkest place of my life. I admitted myself into a recovery center and I was told by those that cared and had wisdom in these matters that there was help and hope for me. I did whatever they told me to do. I wanted recovery more than anything I ever wanted in my life. I was told I needed to work together with the Professional Health Program as part of my after care.

I still remember the cold blustery day heading up Rt. 95 to Calais to meet with [my case manager] to discuss my after care. I was still struggling with shame at my recent history but [my case manager] offered me acceptance and assured me that if I follow my recovery treatment plan, I may be a productive member of my profession again. His trust in me and the program's continued support gave me the encouragement to do what I once thought impossible. The Medical Professional's Health Program walked on this path with me to a point where I now have gained far more in my life than I ever lost. Today I live a life of recovery that is based on gratitude for my many blessings but also for the lessons learned during my struggles with addiction. My wife and children have been blessed with the principles of recovery and today we embrace these principles openly. Because of recovery, I am privileged to lead a life more abundant than ever before and I fully believe that I am a better health care provider because of what I have learned. And for all those who took the risk to believe in me again, to extend the hand of trust to me again, I will forever be grateful."

Anonymous MPHP Graduate

MPHP Mission

The mission of the Medical Professionals Health Program is to safeguard and to promote the health and well-being of Maine's medical professionals by providing confidential assistance, monitoring and advocacy for medical professionals diagnosed with substance and/or mental health disorders that create the risk of adversely impacting their practice. Our ultimate goal is to return each medical professional to safe practice in their field, after achieving a sustainable and stable recovery.

MPHP Philosophy

The Medical Professionals Health Program believes that addiction is a bio-behavioral medical illness. We are committed to understanding the complexities, variations and course of substance use disorders. We are dedicated to best practice models which include compassion, respect and support for participants on their journeys to recovery.

About the MPHP

This comprehensive confidential advocacy program helps rehabilitate medical professionals who are ill as a result of alcohol and/or drug use, behavioral problems or dependency issues. The primary objective of the MPHP is to help medical professionals establish a recovery team, objectively document successful recovery and, should relapse occur, to detect relapse early.

The MPHP is an abstinence-based program that helps participants by developing and monitoring individualized substance use disorder recovery plans. The MPHP *may* serve as an alternative to a Board's complaint resolution process, provided the participant cooperates with the recommended recovery program and fully complies with the requirements of the Monitoring Agreement.

The MPHP has successfully provided assistance to medical professionals in recovery for over 25 years and has helped hundreds of medical professionals to receive the care they needed and return to safe practice. The MPHP believes that

- Substance use and behavioral health disorders are **illnesses** and, like other illnesses, the earlier the treatment, the better the chance of complete recovery. Implying that an illness is a choice or a character flaw discourages professionals from seeking the early treatment which is vital for recovery and public protection
- Medical professionals diagnosed with behavioral health or substance use illnesses who are receiving treatment and are in recovery can safely continue or resume the practice in their profession
- When professional intervention is required, **confidential**, accountable and compassionate responses are by far the most effective tool of ensuring public safety
- The term "impairment" that often accompanies legal and disciplinary action is a functional classification. Professionals diagnosed with substance use or behavioral health conditions may or may not demonstrate professional "impairment"
- Many recovering medical professionals are valuable and vital contributors to the health care system
- Relapse prevention is a part of ongoing recovery

Goals of the MPHP Monitoring Program

- Document continued abstinence from alcohol and other unauthorized substances with random urine, blood, hair analysis
- Ensure the participant has a comprehensive recovery program as needed (primary care provider, therapist, addictionologist, psychiatrist, work monitor, and other providers) in place;
- Collaborate with the treatment team to assure safe practice and return to work
- Provide advocacy to third parties, when authorized, regarding the participant's progress in recovery and compliance with the MPHP agreement
- Become part of the participant's recovery community

It is the MPHP's role to both monitor and advocate for public safety measures that are both compassionate and responsible.

Your Recovery Monitoring Team:

MPHP Case Manager and Staff

The MPHP staff is here to help support you in your recovery. Call or email your case manager to set up an appointment at any time - it is best to get the information in advance and avoid issues of compliance. See the staff directory for more information. The Case Manager is your primary contact for your recovery and participation. She or he will coordinate the initial evaluation and treatment; meet with you as necessary - at least annually; review monitoring reports; review toxicology screens; coordinate any necessary follow-up treatment; communicate with the Board as necessary. All contact and follow-up information is fully available to the MPHP team members (see staff).

Treatment Providers

The MPHP relies on the compassionate and insightful services provided by the many therapists, psychologists, psychiatrists, primary care physicians, treatment programs, workplace monitors and others who evaluate and treat program participants. Communication between treatment providers and the MPHP case manager is imperative. In addition to providing the required reports, it is important that you consult with your case manager about any changes to your recovery program. It is the participant's responsibility to assure that the reports are submitted in a timely way.

Primary Care Physician

Every participant is expected to meet with a primary care physician for general health care needs. Participants are asked to refrain from self-treating or treating family members or practice partners except in emergency situations. If a participant is affected by chronic pain, and controlled substances are considered necessary, the participant should be referred to a physician specializing in chronic pain for evaluation and treatment.

Therapist

A participant is likely to be expected to attend sessions with a therapist. The therapist works with the participant to develop strategies for maintaining a strong recovery program. The therapist will be asked to submit regular reports (either monthly or quarterly) that reflect on the participant's attendance at therapy and progress in treatment. Therapists help participants recognize threats to sobriety and detect early signs of potential relapse. Case managers may periodically speak directly by telephone with therapists.

Psychiatrist/Addictionologist

Every participant with mental health issues must have a mental health treatment provider. For the most part this will mean a psychiatrist and/or addictionologist. Those with substance use disorders should have an addiction medicine physician to provide clinical guidance with respect to their recovery program and safe use of substances that could compromise their recovery when indicated.

Worksite Monitor

Each participant who is actively working in their profession will name one or more individuals in the workplace (acceptable to the case manager) and familiarize them with their recovery program, Monitoring Agreement and the worksite monitor's reporting requirement. These workplace monitors will be reporting their observations of the participant's behavior in the workplace setting.

Recovery Support Groups - 12-Step Program

Each MPHP participant is required to regularly attend self-help group meetings, as specified in his/her agreement. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Smart Recovery, Women for Sobriety, and Caduceus are the group meetings which are currently MPHP-approved. There may be others that can fulfill this requirement. Consult your case manager if there is an alternative program you would like to participate in.

Attorney / Legal Counsel

Not every MPHP participant engages the services of an attorney. The MPHP does not require monitoring reports from legal counsel, but will require a signed release in order to communicate regarding participation in MPHP.

MPHP Committee

The MPHP Committee consists of approximately twenty medical professionals from across the state, reflecting the professional population in each discipline. The committee provides support to the program staff and helps with policy development and review as well as making recommendations for the management of specific cases when necessary.

Boards

The Boards share a mission of caring for medical professionals in recovery and ensuring that medical professionals are practicing safely. The MPHP works closely with participants to ensure that legal requirements resulting from disciplinary action are met.

Family and Friends

Relationships have a tremendous impact on participants' recovery. It is very important for people in recovery to feel as if they are supported and cared for.

Overview of the MPHP Process

Initial Contact

Participants are referred to the MPHP from a variety of sources. Most come at the suggestion of a relative, employer, employee, co-worker, friend or licensing board. Any concerned party can contact the MPHP by phone, in person or by email, and if appropriate, an appointment for an initial interview will be established. Very few participants contact the MPHP independent of an employment, legal or family request.

Initial Interview / Preliminary Assessment

The initial interview is an opportunity for the MPHP staff person to assess the immediate needs of the medical professional. This is sometimes done over the phone and can be done at the time of the initial contact. The case manager will ask a number of questions to find out the purpose of the call, the circumstances that precipitated the call, and evaluation and treatment already received.

Evaluation and Treatment Agreement

If the MPHP staff believe a complete evaluation is indicated, a formal agreement is signed with MPHP that outlines the recommendations and requirements that result from the initial interview. The agreement outlines the requirements for an evaluation and follow through with recommendations of the evaluation that may lead to formal entry into the MPHP.

Evaluation

In most cases, if there is documented evidence of drug and/or alcohol use, legal or professional issues that indicate the potential for illness, or a mandate from the professional Board, a comprehensive psychological assessment by a designated provider will be required. The comprehensive evaluation gives the MPHP the information necessary to determine the appropriate next steps - dismissal of case, or treatment and monitoring.

Treatment and Follow-up

If, as a result of the initial psychological evaluation, it is determined that the medical professional is in need of treatment, then the MPHP will work with the medical professional to find an appropriate treatment provider. Once the formal treatment has been completed, the prospective participant will return to discuss with the MPHP appropriate next steps in his or her recovery program.

Development of Monitoring Team

The MPHP case manager works closely with participants to develop a treatment team that will serve as ongoing support for recovery and help the MPHP monitor the recovery progress. If appropriate the medical professional will commit to a **Monitoring Agreement.**

The MPHP Monitoring Agreement

The MPHP case manager will outline the requirements of the Monitoring Agreement, explain the **screening and reporting requirements** and answer any questions about the program. This document outlines the recovery plan, reporting and ongoing treatment requirements, and establishes a plan for objectively monitoring and documenting recovery.

The program monitors participants' wellbeing through regular reports from treatment providers, workplace monitors, regular contact with participants, toxicology screens, and participant self-reports. The information your treatment team is being asked to report includes the following:

- Frequency of visits with provider/monitor.
- Knowledge of abstinence from alcohol and other mind-altering substances.
- Continued commitment to recovery.
- Issues that could compromise continued recovery.
- Changes in employment, diagnosis, medications, etc.
- Changes in treatment providers.
- Any additional information that relates to your treatment and recovery.

Completion of MPHP Monitoring Agreement

The Monitoring Agreement duration depends on the diagnosis, risk factors, and any board requirements (ie. a consent agreement or other condition of licensure). Agreements can vary from 6 months to 5 years. The participant's file will be reviewed prior to the completion date. All aspects of the participant's compliance, monitor reports and lab data will be reviewed. At program completion, participants are expected to be substance free. If the participant is in compliance with the terms of the Monitoring Agreement, they are able to discontinue monitoring or engage in a Recovery Maintenance Agreement.

Recovery Maintenance Agreement

Once a participant has successfully completed the Monitoring Agreement, the MPHP is able to offer an agreement for ongoing monitoring and advocacy. In most cases, this is a voluntary agreement that documents ongoing abstinence from drugs and alcohol through random toxicology screens. This agreement is strongly encouraged when participants anticipate an ongoing need for advocacy with employers, credentialing agencies, and/or malpractice insurers. Agreement requirements include:

- Toxicology Monitoring - participants are called on a random basis to provide a sample. (4-6 annually).
- Quarterly Self Reports.
- Annual meeting with MPHP Case Manager.
- Annual participation fee is $500 (subject to employment and ability to pay) (additional fee for advocacy services).

Withdrawal from MPHP Monitoring Agreement

- **Temporary Leave**
  If a participant can no longer comply with the MPHP Monitoring Agreement for personal or financial reasons, then they must contact the MPHP to discuss a leave of absence from the Monitoring Agreement. The terms of such a leave will be determined on a case by case basis.
- **Noncompliance**
  Failure to comply with the provisions of the Monitoring Agreement and MPHP Policy is considered a Breach of Agreement and cause for termination. The MPHP staff will offer the participant an opportunity to discuss the reasons for noncompliance and discuss the terms necessary for return to compliance. If this is unsuccessful, the participant will be terminated from the program. This will result in a report to the appropriate Board.
- **Relocation Outside Maine**
  An MPHP participant must notify the MPHP of intentions to relocate outside the state of Maine. MPHP will review the participant's relocation plans to determine whether the participant remains under contract with the MPHP or transfers to another similar program in another state for ongoing monitoring.

Communication with MPHP - Recovery Team Members

Communication with the Treatment Team is imperative. The MPHP 'Release of Information Form' gives the MPHP permission to talk with treatment providers and ensures that treatment providers and case managers have information necessary to document the recovery process. Releases are required for all employers, psychiatrists, primary care physicians, attorneys, and probation officers. Additional Release of Information forms may be required for advocacy purposes.

General Well-being Participants in recovery will be encouraged to practise a healthy lifestyle consisting of, but not limited to regular sleep, exercise and good nutrition.

Experience and research shows there are obvious warning signs that place a person at risk of relapse. These warning signs include missed monitoring calls, missed submissions and tests, behavior issues at work, in one's personal life or at individual or group therapy. If providers, family members and/or worksite monitors report signs of concern, the treatment team may be able to intervene before actual relapse occurs.

Important Information to Share When submitting reports each month, the following life events should be shared with your MPHP case manager:

- **Relapse** – do not wait for the positive to show up in the toxicology reports.
- **Life changes** – marriage, illness, employment, divorce, buying or selling a home, etc.
- **Contact information changes** - home address, telephone or cell phone number or email address.
- **Medication** – Prescription and over-the-counter.
- **Vacation and Conference plans.**
- **Correspondence** - to or from the licensing boards (letters, reports, consent agreements, etc).
- **Legal activity** – charges, pleas and convictions/acquittals.

Toxicology Screening

Random drug testing is mandatory for all medical professionals with a diagnosis of substance use disorder that are under an agreement with the MPHP. The testing is usually a urine screen, but the MPHP may include hair, nail, or blood testing. Participants with a primary diagnosis of alcohol use disorder may also supplement their random screening with daily breathalyzer tests. All the toxicology screening methods are comprehensive state-of-the-art forensic tests that will help document abstinence from both prescription and over-the-counter medications.

Monitoring is done at participants' expense, but there may be some alternatives for those who cannot afford the cost of random testing. Consult your health insurance provider and case manager for options.

Procedure For Toxicology Screening

MPHP contracts with RecoveryTrek to generate random selections in addition to securely store toxicology results. RecoveryTrek will assist you through the enrollment process and help locate collection sites.

- **Enroll:** Activate your account with Danielle Murray at RecoveryTrek either by phone (**1-757-943-9800 ext. 6**) or through their website (www.recoverytrek.com). The MPHP program code is 1901. RecoveryTrek sends Chain of Custody Forms (COC) to the participant and will answer questions regarding the collection process and payment for services.
- **Check Selections Daily:** Participants calls a toll-free number (757)414-6039 or log onto the RecoveryTrek website (www.recoverytrek.com) every day, excluding weekends and holidays (see following page for dates), to determine if required to provide a sample.
- **Provide regular samples:** When selected, the participant reports to one of many available testing sites and provides the required specimen according to the TMP instructions. There may be a collection/administrative fee.

- **Results: RecoveryTrek** provides the MPHP with your monitoring history. This includes daily calls, test selections and toxicology results.

Observed Holidays (no call-in requited)

New Year's Day (January 1), Memorial Day (last Monday in May), Independence Day (July 4), Labor Day (First Monday in September), Thanksgiving (Forth Thursday in November), Christmas (December 25)

Missed or Late Calls to RecoveryTrek

RecoveryTrek will log your calls between the hours of 12:30 AM and 4:00 PM. If you miss checking in, contact your case manager immediately or on the next business day. Participants having difficulty remembering to call are encouraged to call at the same time each day and to set up alarms and reminders on their electronic devices. Calls are a documented part of each participants monitoring history, and a failure to call in will trigger an increase in the frequency of testing to mitigate potential relapse. (See MPHP Policy on Missed Calls.)

Missed Test

Missed tests are taken very seriously. Participants who miss a test will be required to explain their reason for missing the test, are subject to another random test, and may be considered non-compliant. (See MPHP Policy on Missed Tests.)

Accommodations to Random Selections

Discuss your vacation or work plan with your MPHP case manager at least two weeks prior to departure date for final approval. Your case manager may ask your treatment team for input on the appropriateness of travel or work plans. Once approved, a plan for completing your toxicology screens will be identified. Confirm with your case manager that the vacation has been approved.

Relapse

In order to provide appropriate monitoring, requests to travel outside the continental United States for extended periods of time may be denied while in a Monitoring Agreement.

Contact the MPHP and your treatment providers immediately if you have relapsed.

Positive test results, missed tests or other breach of MPHP Monitoring Agreement will be investigated and confirmed by the MPHP case manager then reported to the appropriate Board and any other individual or institution named in the Monitoring Agreement as deemed necessary by the case manager or the MPHP team. A test will be considered positive if:

- alcohol or an unauthorized substance of abuse is detected.
- there is repeated evidence of specimen dilution, adulteration, substitution or tampering (see invalid urine policy).

- When a urine screen is positive, even if the exposure is thought to be the result of incidental exposure, the positive result is reported to the Board.

Participants must immediately report any relapse to the MPHP. The medical professional is required to remove himself/herself immediately from practice, whether a clinical provider or non-patient care provider. The participant must meet with an MPHP staff person within 10 days of relapse to determine appropriate action – evaluation, treatment monitoring or report. Upon review of the relapse evaluation, MPHP will proceed with appropriate action. Relapses will be evaluated and managed on an individual basis. Participants may return to work only once "fitness for duty" has been determined by the Treatment Team.

Medication Use and Management

Abstinence

It is a requirement of the program that a participant, regardless of drug of choice, remain abstinent from alcohol and all other substances considered unsafe for the duration of the agreement - except when such substances are legitimately prescribed by a personal physician knowledgeable about the participant's substance use disorder.

The Monitoring Agreement requires that participants receive prescriptions only within the context of a clinician-patient relationship and that any **chronic pain management** will be managed by a pain specialist. If the medication is taken as part of a medical emergency, then you must notify the MPHP within three(3) days of initial dose or discharge, if hospitalized.

Over the Counter Medications

All prescriptions and over-the-counter medications must be approved by your case manager. Discuss your use of **over-the-counter (OTC)** medications, herbal substances and vitamins with your case manager. Many OTC medications, such as cough medicines that contain alcohol and certain antihistamines, can be a risk to your recovery and may result in positive drug screens. Because of this, use of all OTC medications needs to be pre-approved by your case manager, addictionologist and/or psychiatrist.

The following are usually considered acceptable medications for pain or allergic symptoms - aspirin, acetaminophen, non-steroidal anti-inflammatory drugs (Motrin, Nuprin, Advil, Naprosyn, Anaprox and others), antibiotics, some cough syrups, and some antihistamines (Allegra and Claritin).

Some over-the-counter medications (Ex.: sleeping pills, diet pills, Benadryl, Nyquil) may be unsafe as well as addictive and must be avoided.

Prescription Medication

Unless prescribed and approved by your addictionologist and/or psychiatrist, the use of unsafe substances or medications is not allowed as it could be detrimental to your recovery program. It is important that you confer with your addictionologist and/or psychiatrist and case manager regarding any medications before you take them, keeping the MPHP informed of any prescribed medications.

It is important to recognize this cross addiction characteristic and to avoid self-prescribing and self-medicating in order to avoid relapse. The Monitoring Agreement limits prescription practices and medication use. Each of your prescribers needs to be made aware of your illness and currently prescribed medications so that when possible, alternative medications can be prescribed.

- Notify the MPHP of medication use and changes.
- Notify MPHP of any changes in medications and dosages.
- Provide MPHP with a copy of the prescription or letter from prescribing physician.

This partial list of medications and preparations are generally considered unsafe for those recovering from substance use disorders: (see Talbott list of unsafe substances and medications).

- **Preparations that contain alcohol (ethanol)**, including most cough preparations and mouthwashes. If in doubt, read the label. Beware of foods prepared with alcoholic beverages; the alcohol may – but not always – evaporate during cooking;
- **Benzodiazepines and other tranquilizers,** including Valium, Librium, Librax, Limbitrol, Tranxene, Dalmane, Serax, Xanax, Klonopin, Halcion, Ativan, Versed, Miltown, Equanil, Equagesic, Soma and others;
- **Barbiturates and other sedatives,** including Phenobarbital, Nembutal, Seconal, Fiorinal, Esgic, Donnatal, Doriden, Placidyl, Chloral Hydrate, Ambien, Sonata and others;
- **Narcotics,** including Morphine, Demerol, Dilaudid, Dolophine (methadone), Percodan, Duragesic (fentanyl), Tylox, Synalgos-DC, Codeine (Tylenol #3), Talwin, Darvocet, Wygesic, Vicodin, Lortab, Lorcet, Nubain, Stadol, Ultram and others;
- **Amphetamines** and other stimulants, including Dexedrine, Benzedrine, Fastin, Ionamin, Tenuate, Ephedrine, Ritalin, Cylert, Adderall, Meridia and others;
- **Decongestants or weight-control preparations** that contain ephedrine, pseudoephedrine or phenylpropanolamine;
- Medications used for chronic conditions such as high blood pressure or Diabetes should be listed but do not need pre-approval.
- See also the Talbott list of unsafe substances and medications.

Limited Confidentiality

The MPHP keeps all documents and participant information in strict confidence and follows the requirements for document release and storage as outlined in HIPAA. There are some limits to what the MPHP can keep in confidence and comply with our legal obligation to ensure public safety. The MPHP is required under the Protocol with the Boards to report any participant who:

- has voluntarily withdrawn from or breached the terms of the MPHP Agreement.
- has relapsed or returned to usage of alcohol or any psychoactive drug.
- has injured a patient.
- in the opinion of the Clinical Team, is in imminent danger of injuring a patient.
- leaves the state to practice in another state.

The MPHP may also have a legal and/or ethical responsibility to report to the appropriate agency any participant who is known or suspected to have committed child abuse or sexual abuse of a patient.

It needs to be stated, however, that abstinence from drugs and adherence to MPHP monitoring and reporting is the only way to maintain confidential participation. When there is a breach of the terms of the MPHP Agreement, the referral source (or the MPHP if the participant is self-referred) may be obligated to report participation and breach to the appropriate professional licensing board.

Advocacy

The MPHP is always mindful of the confidentiality of each participant. The sharing of any information regarding a participant's status in the program is limited by confidentiality policies. With the proper signed releases, the MPHP will forward statements of compliance and/or monitoring results to boards, employers, treatment providers, credentialing agencies or monitoring programs in other states.

MPHP Participant Responsibilities

It is each participant's responsibility to know and follow the terms of the Monitoring Agreement. Your case manager will gladly work with you and explain the requirements. Participants must ensure that all reports are submitted when due, <u>including</u> reports prepared by others.

- **Monthly reports are due by the 1st of the following month**. For example, reports for January are due no later than February 1st.

- **Quarterly reports are due by the 1st of the month following the end of the quarter**. For example, reports for the January/February/March quarter are due by April 1.

- As identified in your monitoring agreement, reports may include:
  - Self-reports
  - Self-help group attendance log
  - Worksite monitor
  - Addictionist and/or psychiatrist
  - Therapist
  - Primary Care Providers

<u>Board Actions</u>: It is very important that all participants keep MPHP up to date on all Board communications and actions. These include notices of hearings, informal conferences, a consent agreement or the need to apply for license renewal. If a participant is interested in modifying the terms of a board agreement or terminating an agreement, notify the MPHP prior to taking any action.

Modifying the Monitoring Agreement

All requests for agreement change(s) must be made in writing to the MPHP staff. Agreement changes will only be considered after the participant has demonstrated compliance with all agreement provisions and documentation requirements prior to the request. The participant may be required to provide supporting recommendations from therapists, employers, etc. The MPHP will not consider any changes that conflict with board requirements.

MPHP Participation Fee

The MPHP monthly fee for participation is $100 ($50 for some medical professionals). For participants in Recovery Maintenance Agreements, the fee is $500 ($250) annually. Out of state participants will pay $400 annually for advocacy services.

If you are unable to pay the monthly MPHP Participant fee, you can request in writing to have the fee reduced or waived. Your MPHP case manager will provide you with a form that you can complete and return.

Index of Forms and Policies

Monthly Reports (due on the 1st day of the following month):

- Monthly Self Report
- 12-step meeting Attendance Log
- Worksite Monitor (may be required less frequently)
- Therapist (may be required less frequently)
- Addictionologist and/or Psychiatrist (may be required less frequently)

Quarterly Reports (due on the 1st day following the end of the quarter):

- Worksite Monitor (may be required more frequently)
- Therapist (may be required more frequently)
- Addictionologist and/or Psychiatrist (may be required more frequently)

Annual Forms

- Demographic information on treatment providers, monitors and employer
- Primary Care Physician

Periodic (every 30 months or when there is a change in providers)

- Releases for treatment providers, monitors, attorney and employer

MPHP Policies (Available upon request)

- Recovery Maintenance Policy
- Missed Test Policy
- Invalid Sample Policy
- Leave Policy
- Medication Use Policy
- Reporting Requirements Policy
- MPHP Fee Policy
- Records Release

The MPHP Staff

Heidi LaMonica, Program Compliance Associate (ext 1, hlamonica@mainemed.com)

Ms. LaMonica joined the MPHP team in 2012. She has a strong background with program audits and regulation in the medical field, and brings with her strong skills in computers and administration. She is a great asset to the program in helping to strengthen the reporting compliance process.

Lani Graham, MD, MPH, Medical Director (ext.2, lgraham@mainemed.com)

Dr. Graham received her MD from the Medical College of Pennsylvania, and her MPH from Tulane School of Public Health & Tropical Medicine. She did a Residency in Family Practice. For the past decade she has worked as a consultant providing both policy direction and direct clinical services to outpatient service sites around the state. In policy work Dr. Graham has been a strong advocate for the integration of behavioral and physical medicine. Dr. Graham is the former Director of the Maine Center For Disease Control and Prevention.

Andrew MacLean, Esq., Legal Counsel (207-480-4187, amaclean@mainemed.com)

Mr. MacLean is a 1984 graduate of Duke University and received his law degree from the University of Maine School of Law in 1991. In 1997, he completed the Executive Program in Health Policy and Management at the Edmund S. Muskie School of Public Service at the University of Southern Maine. Mr. MacLean is the Deputy EVP and General Counsel for the Maine Medical Association. He is the organization's principal lobbyist before the Maine Legislature and Executive agencies.

Cathryn Stratton, Systems Manager (ext 3, cstratton@mainemed.com)

Ms. Stratton received her bachelor's degree from Bates College in Biology where she also had a concentration in Sociology. She manages the operational activities of the program and committee. She also oversees the information technology and procedures and policies necessary to support case management.

Amy Tardy, PhD., Case Manager (ext. 4, atardy@mainemed.com)

Dr. Tardy began working for the MPHP in 2011 and brings with her significant experience in clinical and case management departments, providing support to individuals with co-occurring disorders. She has had experience with both case management and leadership of these programs. During her career, she has served as a diagnosing clinician, as a company trainer, a college-level instructor, and as a social worker in the criminal justice system.

Heidi Wright, LSW, Case Manager (ext 5, hwright@mainemed.com)

Ms. Wright received her degree in Rehabilitation from University at Farmington here in Maine. She later obtained her LSW. She has been working in the mental health field for over 10 years. She has experience in working with children, and adults with co-occurring disorders. Prior to MPHP, she was employed by a psychiatric practice, working directly with clients who had substance use disorders and behavioral problems on a daily basis.

Helpful Links

Helpful Links:

- Al-Anon and Alateen www.al-anon.alateen.org/
- Alcoholics Anonymous www.aa.org/
- American Medical Association www.ama-assn.org/
- American Society of Addiction Medicine www.asam.org/
- American Medical Women's Association www.amwa-doc.org/
- Federation of State Medical Boards www.fsmb.org/
- Federation of State Physician Health Programs www.fsphp.org/
- Maine Medical Association www.mainemed.com/health/index.php
- Meaning in Medicine Groups www.meaninginmedicine.org/
- Maine Office of Substance Abuse (OSA) www.maine.gov/bds/osa/data/pmp/
- National Institute of Alcohol Abuse and Alcoholism www.niaaa.nih.gov/
- National Institute on Drug Abuse www.nida.nih.gov/

Contact Information:

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