



MPHP Workplace Monitor Q&A

The Participants and Medical Professionals Health Program (MPHP) very much appreciate the role and support of workplace monitors. This list of frequently asked questions will help explain the work of the MPHP and the workplace monitors role in supporting and monitoring participants.

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What is MPHP?

The Medical Professionals Health Program (MPHP) supports medical professionals of Maine by providing confidential compassionate assistance, monitoring and advocacy to participants diagnosed with substance use disorders and/or behavioral health issues. Although we do not provide comprehensive evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.

What services does MPHP provide?

The MPHP provides the following confidential services:

- Initial interview and screening
- Recovery monitoring and documentation
- Recommendations for evaluation and treatment
- Networking opportunities with colleagues in recovery
- Advocacy to those seeking re-licensure, credentialing, or working in some other capacity with the licensing board
- Speaking at grand rounds and conferences and to student groups

Every participant of MPHP is assigned a case manager who monitors the participant's abstinence and recovery. Although individual requirements vary by participant, case managers consider the following information when monitoring a participant's recovery:

- Daily check-ins if indicated
- Random toxicology screening if indicated
- Monthly self-assessment reports
- Monthly documentation of participation in 12-step recovery programs if indicated
- Periodic reports submitted by each member of the participant's recovery team

Although the makeup of the recovery team is individualized, team members often include a psychiatrist or addictionologist; a therapist; a workplace monitor; a primary health provider.

Peer reviewed research of over thirty years of experience across the country has demonstrated that this type of case management program has the best rate of success in assuring the stable recovery of the medical professionals who participate, and returning a valuable resource to the community.

What does it mean to be a "Workplace Monitor?" Why have I been asked to be a workplace monitor?

Participants of MPHP who are employed in their professional field are asked to provide the name of someone who will be their workplace monitor. A workplace monitor is a colleague who supports and documents the participant's recovery efforts at work.

The MPHP participant is able to choose who their monitor will be, as long as the potential monitor is willing. A workplace monitor does not have to be a supervisor. The monitor can be a co-worker who is going to be honest on reports and confident in their abilities to recognize/report any problems and assist with documenting the recovery of the participant

Documentation of recovery occurs with the submission of confidential reports to the MPHP about how things are going. These reports usually are submitted electronically, although paper versions are also available. The reports generally take less than five minutes to complete and post. The reports are part of the much larger picture of the participant's recovery. Generally the greatest benefit of the report is to serve as a reminder to the monitor of their role. Occasionally a monitor may have concerns. There is a place for comments on the form and also the monitor may request a call from the case manager.

How often should I see the participant? Am I supposed to have “sessions”?

It is expected that the workplace monitor actually works with the MPHP participant. The frequency of contact will vary, but we aim for at least once a week. There is no need for “sessions” - the monitor just has to be in contact with the participant in the work place.

What am I (as monitor) looking for?

Someone who is selected to be a monitor is seen as being positive, supportive, and encouraging. MPHP intends for the monitor to be someone with these traits, who is available to the participant as they practice recovery in the workplace. The relationship is expected to be confidential, with opportunities to discuss issues of concern to both.

It is expected that the participant will share with the workplace monitor signs of stress that in the past have led to behavioral problems and/or substance use or have been harbingers of relapse. Should the workplace monitor observe these signs, it is an opportunity to sit down with the participant and share your concerns. If you observe behavior that you believe suggests relapse or impending relapse, and you are having difficulty communicating with the participant, you should contact the MPHP.

How should reports be submitted?

The online format (www.affinityhealth.com) is the preferred method of reporting. A new monitor can contact the program manager, Cathy Stratton, to be set up in the system. Cathy can be reached at 207-623-9266 x3.

If a monitor cannot submit reports online, hard copies of the reports may be submitted instead. Reporting forms can be provided by the participant’s case manager at the monitor’s request.

How often are reports due? What should be in a report?

Reports are required either monthly or quarterly; the frequency is determined by the participant’s individual monitoring agreement. Reports are due on the 10th of the month following the reporting period. Quarterly reporting periods are January-March; April-June; July-September; October-December, regardless of when the participant was first seen.

Reports are fairly self-explanatory. There are check off boxes to record either a response of “satisfactory” or “unsatisfactory”. There are spaces to write comments and/or ask that the MPHP call.

When completing the reports, we ask that you consider your colleague’s work habits, thought processes, interpersonal relations, and safety to self and others. Your confidential report is very important, and will not be re-released to any outside parties.

Will the MPHP participant be able to see what I write in my report?

No, these reports are between the monitor and MPHP. It is meant to provide a piece of the puzzle that offers a view of the professional participant’s ability to practice safely. If a problem is noted, the case manager may discuss it with the participant, but in such a way that the monitor is not negatively affected.

One “negative” report is not considered detrimental, and further exploration into it by the case manager is often needed. This may include the need for the case manager to call the workplace monitor even if the need for a call was not checked off on the monitor report.

Will I have access to the MPHP participant’s drug testing results?

A workplace monitor does not have access to a participant’s drug test results. Only the MPHP, and in certain cases the professional licensing board, has access to the results. Results are only shared outside the program if there is a medical or legal requirement to do so. MPHP is required to report to the licensing board if there is a positive result regardless if the participant has an explanation or if the participant is a confidential participant.

Should I provide reports to my supervisor or Director of my department?

Reports should not be submitted to the department supervisor or director unless the participant requests that. A workplace monitor is a supportive person, one who is assisting MPHP in documenting the recovery of an individual suffering from substance use disorders. If these reports were provided automatically to Supervisors it could suggest a reason for concern or be seen as punitive, creating tension or problems in the workplace. For that reason, we ask that a workplace monitor do their best to treat the monitoring relationship as confidential.

What should I do if it is not time for a report to be submitted, yet I see something that makes me question the participant's ability to practice safely?

If it is something that will lead to patient/client danger, follow work place protocol first. Once all internal (workplace, legal, and professional board) obligations are taken care of, call the case manager at MPHP.

Any monitor should also know that the MPHP case manager is available when questions, comments, or concerns come up. There is no need to wait until a report is due. The general office phone is 623-9266.

What happens if the participant relapses?

As with all chronic diseases, relapse is considered a part of the disease process for substance use and behavioral health disorders and varies from person to person in terms of occurrence. One of the most important goals of MPHP is to identify early signs of relapse through very tight case management. We see any relapse as an opportunity for reinforcing proper treatment. If there is relapse, the professional gets the needed treatment and, if necessary, takes a leave of absence from work.

What happens if I report a concern or if I fail to recognize the early warning signs of relapse?

The workplace monitor is not a police officer and is not expected to be an expert in substance use or behavioral health disorders. A monitor cannot get into trouble for not recognizing early signs. However, if a monitor believes patient care is at risk, they must bring that to the attention of supervisors, to MPHP and to the relevant Board. Any monitor is always welcome to call MPHP if are uncertain about their role.

Recommended resources to better understand recovery.....

- 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/
- International Doctors in AA, <http://www.idaa.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/
- Coalition against Drug Abuse, www.drugabuse.gov
- [Maine Prevention Calendar](http://www.maine-prevention-calendar.org/), www.maine-prevention-calendar.org/
- [New England Institute for Addiction Studies \(NEIAS\)](http://neias.neias.org), <http://neias.neias.org>
- [Center for Substance Abuse Prevention \(CSAP\)](http://www.samhsa.gov/about/csap.aspx), <http://www.samhsa.gov/about/csap.aspx>
- [Center for Substance Abuse Treatment \(CSAT\)](http://www.samhsa.gov/about/csat.aspx), <http://www.samhsa.gov/about/csat.aspx>
- [National Clearinghouse for Alcohol and Drug Information \(NCADI\)](http://www.samhsa.gov), <http://www.samhsa.gov>
- [National Institute of Alcohol Abuse and Alcoholism \(NIAAA\)](http://www.niaaa.nih.gov), <http://www.niaaa.nih.gov>
- [National Institute on Drug Abuse \(NIDA\)](http://www.drugabuse.gov), <http://www.drugabuse.gov/>
- [National Institute of Mental Health \(NIMH\)](http://www.nimh.nih.gov/index.shtml), <http://www.nimh.nih.gov/index.shtml>