

Medical Professionals Health Program

Participants Manual



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****The MPHP is not an emergency service. Participants experiencing an emergency or crisis should call 911 or visit the nearest emergency room.**

About the MPHP

The MPHP is program designed to helps medical health professionals by developing individualized monitoring plans and coordinating services. The MPHP maintains documentation of compliance and wellness for the purpose to provide advocacy to licensing boards, employers, and others as required or needed..

We have successfully provided assistance to medical health professionals for over 30 years. MPHP has countless numbers of medical health professionals to receive the care they needed and return to safe practice.



What Do We Do?

The Medical Professionals Health Program:

- Ensures each program participant has a comprehensive, individualized, program as needed (primary care provider, therapist, psychiatrist, work monitor, and other providers) are in place;
- Collaborates with the treatment team to assure safe practice and return to work
- Documents continued compliance with professional consent agreements and/or monitoring agreements.
- Provides advocacy to third parties (when authorized), regarding the participant's progress in recovery and compliance with the MPHP agreement

In all, MPHP's role is to provide clinical coordination, monitor, document, and advocacy promoting public safety in ways that are both compassionate and responsible.

An Individualized Comprehensive Team

MPHP Clinical Coordinator

Participants will be assigned a Clinical Coordinator upon first contact with the program. The Clinical Coordinator assigned is the primary contact. They will coordinate the evaluation and treatment as appropriate. They will arrange individual meetings, review monitoring reports, review toxicology reports, coordinate any necessary follow up treatment and communicate with treatment providers, employers, and the Licensing Board as necessary.

Clinical Treatment Providers

The MPHP relies on services provided by the many therapists, psychologists, psychiatrists, licensed providers, and others who evaluate and offer treatment to MPHP participants. Communication between treatment providers and the MPHP is imperative. Participants must sign a release for MPHP to communicate with each member of the treatment team to allow for continuous information sharing. Treatment providers also will be required to submit reports to the MPHP based upon the frequency set in the consent agreement, monitoring agreement, or both.

Medical Providers

Every participant is encouraged to meet with a primary care physician for general health care needs. 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.

The MPHP reserves the right to request program participants obtain a second opinion and/or have support by a specialist if warranted.

Worksite Monitor and Peer Monitor

In many cases, Participants who is actively working in their profession will have one or more individuals in the workplace to be a Worksite Monitor. The Worksite Monitor will have knowledge of the Participant's Monitoring Agreement and be familiar and agree with the monthly reporting requirements. Worksite Monitor must have supervisory responsibility over the program participant and be willing to report to the MPHP on an ongoing basis. The participant must sign a release of information for ongoing communication.

In the event a participant does not have a supervisor (i.e. solo practice or privately owned business, a peer monitor may be approved. A peer monitor must be an individual who works in the same profession as the MPHP participant. Peer monitors must be able and willing to visit the work site as required by the consent agreement and/or the monitoring agreement.

Self help activities

MPHP participants are required participate with self-help activities as specified in their consent agreement and or monitoring agreement. The Clinical Coordinator will review the appropriate meetings and activities that are MPHP-approved and meet their requirements. Program participants must report their attendance on an ongoing basis to these self-help activities.

Licensing Boards

The Licensing Boards share a mission of protecting public safety and ensuring that their licensees are safe to practice. Voluntary MPHP participants are not known by the board and, therefore, no interaction with the board occurs unless the participant requests it.

However, some participants are mandated to be in the program by a consent agreement or decision & order. In these cases, the MPHP works with the boards in some to make sure that legal requirements resulting from disciplinary action are met.

The MPHP also accompanies program participants to board meetings when needed and provides written statements of program compliance.

Voluntary and Mandated Participation

There are two primary statuses when working with the MPHP staff, Voluntary and Mandated participation. Voluntary participants connect with MPHP prior to their Licensing Board being involved. Mandated participation involves the Licensing Board issuing a Consent Agreement that makes working with the MPHP a legal requirement of their agreement.

Support Networks

Relationships have a tremendous impact on a participants' engagement and wellness. It is very important for people looking to make positive changes in their lives to feel as if they are supported and cared for the people closest to them.



The 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. Of course, any individual may contact the MPHP on their own accord as well.

Intake Assessment

The intake assessment is an opportunity for the MPHP staff to assess the immediate and ongoing needs of the medical professional. This process includes an in-person meeting and completion of paperwork to examine risk factors.

Following the assessment, MPHP staff may recommend the professional obtain an evaluation, enter straight into monitoring, or document that no additional treatment and support are necessary. In cases where the professional is referred by their licensing board, MPHP will provide the recommendation in writing directly to the board.

Evaluation

A comprehensive psychological assessment may be required in the preliminary stages of MPHP involvement. If this is recommended during the intake assessment, an “evaluation and treatment agreement” will be signed.

The comprehensive evaluation is completed by an independent– and MPHP approved- provider and gives MPHP the information necessary to determine the appropriate next steps.

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 them to find the appropriate support.

Once the formal treatment has been completed, the prospective participant will return to MPHP and discuss the appropriate next steps for his or her unique program.

The MPHP Monitoring Agreement

The MPHP will work with the professional to develop an ongoing monitoring agreement. This document outlines the recovery plan, reporting and ongoing treatment requirements, and establishes a plan for objectively monitoring and efforts.

Monitoring agreements could last from 6 months to 5 years, depending on a variety of factors determined during the intake assessment, evaluation and treatment.

Maintenance Agreement

Once a participant has successfully completed the Monitoring Agreement, the MPHP is able to offer an agreement for ongoing monitoring and advocacy. For some, this is a voluntary agreement that documents ongoing efforts in a relatively inobtrusive way. 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 Clinical Coordinator
- Annual participation fee is \$500 (subject to employment and ability to pay)

Withdrawal from MPHP Agreements (excluding Recovery Maintenance)

- **Temporary Leave**

If a participant can no longer comply with the MPHP Agreement for personal or financial reasons, then they must contact the MPHP to discuss a leave of absence. The terms of such a leave will be determined on a case by case basis. Depending on the case, a leave may have to be either approved by the licensing board or notification to them may have to be made.

- **Noncompliance**

Failure to comply with the provisions of any 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.

General Well-being

Participants in recovery will be encouraged to practice a healthy lifestyle consisting of, but not limited to regular sleep, exercise and good nutrition.



How Monitoring Works

Enrollment with Affinity

MPHP contracts with Affinity to generate random selections in addition to securely store toxicology results. Affinity guides participants through the enrollment process and helps locate collection sites.

- **Enroll:** To enroll, call Affinity at 1-877-267-4304 or go to www.spectrum360.com. You will need your unique 10-digit PIN. You will create a user name and password during activation.

Check Selections Daily (unless on Soberlink)

Participants call a toll-free number (1-877-267-4304) or log onto the Affinity website (www.spectrum360.com) every day, excluding weekends and some holidays, to determine if they are required to provide a sample. Check ins must be done between 12:30 am and 4 pm. MPHP allows up to 4 missed check ins per calendar year before additional random selections must be added following each additional missed, and potentially board reporting for noncompliance may be necessary.

Observed Holidays (no call-in required): New Year's Day (January 1), Memorial Day (last Monday in May), Independence Day (July 4), Labor Day (First Monday in September), Thanksgiving (Fourth Thursday in November), Christmas (December 25)

Provide Regular Samples

Participants in the monitoring program will be notified when they check in whether or not they are randomly selected to test on any given day. Testing may be done using urine, hair, nail, blood, or breath. These are outlined in the MPHP agreement.

Participants who are on Soberlink will be notified by text and email the day before they must submit a drug test.

Certain types of toxicology may have a collection/administrative fee not included in the amount quoted by Affinity.

Reporting

Monitoring agreements may include submission of any of the following:

- Self-report- due on the 1st day of the following month (so the report for April is due on May 1st).
- Meeting log- due on the 1st day of each month. In the first two years of a monitoring agreement, participants are required to collect signatures and submit verification. Verification may be made using the Mobile App and using the GPS signature, by obtaining signatures on a

sheet at each meeting, or by having a sponsor email the MPHP Clinical Coordinator each month verifying attendance.

- Reports from all treating providers and workplace monitor as identified in the monitoring agreement– due on the 1st day of the month

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 diagnosed disorder.

Participants must immediately report any relapse to the MPHP. The medical professional may be required to remove himself/herself immediately from practice, whether a clinical provider or non-patient care provider, if deemed necessary by the MPHP.

Over the Counter Medications

All prescriptions and over-the-counter medications must be approved by the MPHP. Many OTC medications, such as cough medicines that contain alcohol and certain antihistamines, and puts participants at risk of violating their monitoring agreement.

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 a physician and/or psychiatrist, the use of unsafe substances or medications is not allowed. Program participants must submit copies of prescriptions as soon as possible, but no later than 3 days after it is issued. Participants must also record their own prescription in the appropriate Affinity electronic file.

Life Coaching

Life coaching may be required in a monitoring agreement. MPHP maintains a list of approved and certified life coaches around the state of Maine.

Breach of Agreement

Positive test results, missed tests or other breach of an MPHP Agreement will be investigated and confirmed by the MPHP. It may then be reported to the appropriate Board and any other individual or institution named in the Monitoring Agreement as necessary by the MPHP team.

Modification of A 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 a participant is unable to pay the full monthly MPHP Participant fee, they can request a fee reduction or waiver. MPHP will provide the forms which need to be completed and returned.

It is the participants' responsibility to assure they are in good financial standing with the program. If a life change happens and the participant must come off of, or get approved for, reduction or waiver, they must notify MPHP immediately.

MPHP cannot successfully advocate for an individual who is out of a monitoring program– even if completed the program– unless and until any outstanding balance is paid in full.

MPHP Contact

MPHP is not a emergency or crisis service, therefore staff are not available at all times. The office is typically open Monday-Friday 8a-4p. Should a participant need to reach the MPHP around those times, they should leave a message or email. Participants should be prepared that they will not immediately receive a return call/email.

MPHP also has holidays, weekends, and personal time off. If the assigned Clinical Coordinator is out of the office, it will be reflected on their email and voicemail. Should something be of a more pressing nature, and the Clinical Coordinator is out of the office, participants may call the MPHP main line (207-623-9266). If the matter is not pressing, participants may leave a phone message, email, or text their assigned Clinical Coordinator.