



MPHP Workplace Monitor/Peer 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 employment trainings, conferences and to student groups

Every participant of MPHP is assigned a clinical coordinator who monitors the participant's abstinence and recovery. Although individual requirements vary by participant, clinical coordinators 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 ASAM certified physician; a therapist; a workplace monitor or a peer monitor and a primary healthcare provider.

Peer reviewed research of over thirty years of experience across the country has demonstrated that this type of management programs has the best rate of success in assuring the stable recovery of the medical professionals who participate.

What does it mean to be a "Workplace Monitor" or a "Peer 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 professional monitor. A workplace monitor is a supervisor who supports and documents the participant's ability and 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 **must** have supervisory responsibility over the MPHP participant. A workplace monitor must interact with the participant in the work setting at least once per week.

In some cases, such as a solo practice or self-owned business, it is not possible for a worksite monitor to be assigned. This is when MPHP will request a peer monitor be identified. A peer monitor must be someone who works in the same profession as the MPHP participant and is willing to visit their place of employment for face to face interaction at least once a week.

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 clinical coordinator.

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

It is expected that the workplace monitor or the peer monitor have face to face contact with the MPHP participant at least once per week in the professional setting. 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?

It is expected that the participant will share with the workplace monitor or peer monitor any signs of stress that in the past have led to behavioral problems and/or substance use or have been harbingers of relapse. Should, during the course of interactions, the workplace/peer monitor observe any of these signs, it is an opportunity to sit down with the participant and share your concerns. The monitor should also observe for other signs of impairment (whether behavioral, mental, emotional, substance related, cognitive), those should be reported to the MPHP as soon as they are identified.

Absent any impending signs of possible trouble, the monitor only must report in written format to MPHP once a month or once a quarter, as specified in the MPHP monitoring agreement.

How should reports be submitted?

The online format is the preferred method of reporting. After you enroll with Affinity (our third- party data provider), you will receive an email notification each month or quarter (depending on reporting frequency) to remind you the reports are due. To enroll, please contact MPHP staff for the Affinity contact information.

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 clinical coordinator, 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 1st 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's ability to practice safely. If a problem is noted, the clinical coordinator 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 clinical coordinator is often needed. This may include the need for the clinical coordinator 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/peer 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.

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 clinical coordinator at MPHP.

An MPHP clinical coordinator 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?

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. 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/peer 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>

