



## MPHP - Therapist Q&A

The Participants and Medical Professionals Health Program (MPHP) very much appreciates the role and support of therapists. This list of frequently asked questions will help explain the work of the MPHP and the therapist's 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 work site 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 therapist for an MPHP participant?***

Participants at MPHP are often asked to identify a therapist that they will begin/continue working with while under contract at MPHP. The therapist is chosen in collaboration between the MPHP case manager and the program participant, from an approved list maintained by MPHP.

### ***How often should I see the participant?***

The frequency of visits is determined by the provider's clinical judgment, unless otherwise specified by the participant's licensing board. The initial determination should be primarily based on the provider's own evaluation of the participant's current status and past history, but should consider any previous evaluations, if available. Although it is expected that frequency of visits will decrease over time as the participant's status improves, it is recognized that there may be times that the participant will need to be seen more frequently, if there is relapse, worsening of symptoms, or new issues arise. We do ask that the provider communicate with the MPHP case manager when the frequency of visits changes.

### ***How should reports be submitted?***

The online format ([www.affinityhealth.com](http://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 monthly if a participant is seen at least once a month. If seen less often than once a month, reports are due quarterly. Reports are due on the 10<sup>th</sup> 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 client's attendance at scheduled sessions, compliance with treatment recommendations, safety to self, and safety to practice. 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 therapy 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 therapist does not have access to a participant's drug test results. The MPHP does not share any monitoring information; this includes toxicology, medical reports or monitor reports. MPHP may provide toxicology test results to select members of the treatment team only for very specific reasons on a case by case basis.

### ***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 applicable laws and guidelines 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 is the therapist's responsibility in the event of a relapse?***

A therapist does not bear the responsibility if the participant relapses. In fact, it may not first be identified during the course of therapy. The majority of research indicates that the professional's home life is that which will suffer first, and care should be paid to how things are in the home.

If there is a belief that patient care is at risk, it must be brought to the attention of MPHP and to the relevant Board. Therapists are always welcome to call MPHP if uncertain about their role or want to share information. In the event of a relapse, though, MPHP recommends to the participant that the frequency of therapy sessions increase; additionally, MPHP will initiate more frequent and detailed discussions with the therapist.