



Ronald Reagan Medical Center

APPENDIX E

MONITORING AGREEMENT: SUBSTANCE USE, MEDICAL, OR MENTAL HEALTH CONCERNS

The Physician Health Committee (“PHC”) has developed a monitoring program for the Medical Staff of Ronald Reagan UCLA Medical Center. The program is supportive and designed to protect the safety and welfare of our patients, while aiding Members with medical (including chronic pain), psychiatric, behavioral, and/or substance-use related problems that impair Members’ ability to work and function at their best. The success of the program is dependent upon a commitment by the Member to participate in all aspects of the program, as well as the ability of the PHC to monitor the Member’s progress. This agreement will be adapted depending on whether it is a substance use, medical, or mental health concern.

These are the terms and conditions of the monitoring agreement between _____, M.D. (“Member”) and The Regents of the University of California, on behalf of UCLA Health.

Evaluation

If, after evaluation by the PHC, the PHC requires more information for a recommendation to be made, further evaluation will be conducted as follows:

1. The PHC will provide the Member with a list of several approved evaluators or evaluation programs.
2. The Member will inform the PHC of the evaluator that will be used and will sign a release for the PHC to share information with and receive information from the evaluator.
3. If the Member is sent for an evaluation and the evaluator determines that additional information is needed from third parties, such as the Member’s Service Chief, treatment providers, family members, or significant others, in order to make a recommendation, written permission shall first be obtained from the Member to speak with such third parties regarding the Member’s condition.
4. For an evaluation to be considered complete, the Member must agree to the evaluator carrying out all elements of an approved evaluation, including, but not limited to: psychological testing, cognitive testing, drug/alcohol testing, collection of collateral information, and medical, neuropsychiatric, and psychiatric examination.
5. The evaluator will send the PHC a report following the evaluation.
6. The Member may not request to do a second evaluation to supplant the original. The Member may have a second evaluation done by a different vetted program, which the PHC will consider in conjunction with the original evaluation.



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7. The PHC will use the evaluation report to form a recommendation regarding the Member's need for treatment, and recommendations regarding continuing to provide or return to patient care.
8. If the member refuses any of the above steps, the PHC shall inform the Member's Service Chief and the Chief of Staff.

Treating Provider

The Member is required to have a healthcare provider with demonstrated relevant expertise in the treatment of healthcare professionals suffering from substance use related problems, mental health, cognitive or behavioral problems, or chronic pain (the "Treating Provider"). The Treating Provider should have the ability to suitably treat the Member on an outpatient basis, but should also have the ability to provide or refer the Member to a suitable inpatient facility, as needed. The PHC needs to approve the selected Treating Provider. Monthly or more frequent visits with the Treatment Provider are required. In the event the Member fails to select a Treating Provider, or when the PHC does not approve the selected provider, the PHC may select the Treating Provider for the Member. In the event the Member changes Treating Provider, the PHC needs to approve the selected Treating Provider in advance. As recommended by the Treating Provider, or requested by the PHC, the Treating Provider shall be responsible for the following types of activities:

1. Obtaining appropriate laboratory tests, which may include periodic alcohol and toxicology screens;
2. Monitoring attendance at counseling sessions or support groups, such as a 12-step program, a healthcare professional support group, and/or licensed counseling sessions, as indicated;
3. Providing regular written progress reports to the PHC; and
4. Notifying the PHC if he/she believes patient safety may be adversely affected by the Member's continuing active medical practice or if the Member poses a physical threat to himself/herself or others.

Authorization to Release Medical Information

The Member shall complete the "Authorization to Release Medical Information" form authorizing the Treating Provider, the counselor/coach, the primary care physician and any drug testing service/agency to communicate regularly with the PHC and share information relating to the Member's participation and progress in treatment. This information shall include, but is not limited to Member's personal health information ("PHI") and impressions about the Member and the Member's progress. The Member will also complete an "Authorization to Release Medical Information" form authorizing the PHC to communicate with his/her Service Chief and the Chief of Staff. This information shall relate to the Member's compliance and progress in treatment.



Toxicology Testing

If recommended by the PHC, the Member shall enroll in a professional, vetted toxicology testing program that will provide random testing of breath or biological specimens, results of which will be sent to the Treating Provider and the Member. The selected toxicology testing program shall use an approved laboratory with an established chain of custody for samples. Screening will be for appropriate substances of abuse, prescribed and non-prescribed medications or narcotic antagonists. If necessary, duplicate samples and witnessed sample screening will also occur. If the Member has a positive test, it is the Member's responsibility to notify the PHC immediately. The Treating Provider will also immediately alert the PHC. In addition, the Member shall refrain from energy drinks, herbal supplements, mouthwash, poppy seeds or any other type of substance that may inadvertently cause false positives on drug screens.

Workplace Assignment

If at any time the Member's Treating Provider and/or the PHC determine that the Member is unable to safely practice medicine, or the degree of impairment may affect patient care activities, the Service Chief and Chief of Staff will be notified to ensure some or all of the Member's responsibilities will be immediately reassigned until the Treating Provider and the PHC feel that patient safety is no longer at risk. The Member shall agree to perform whatever work assignments are determined by his/her Service Chief to be appropriate.

Workplace Monitor

A Workplace Monitor shall be appointed by the Service Chief and/or the PHC to observe the Member on a regular basis to assess whether the Member may be impaired or unable to work safely. The Member will meet regularly with the Workplace Monitor in order to assess any ongoing or developing problems that might increase the likelihood for relapse, or might be a sign of continued substance abuse or impairment due to a mental, behavioral, or physical health condition(s). The Workplace Monitor shall immediately inform the PHC if he/she observes any unusual or concerning behavior. The Member may propose the name of an appropriate Workplace Monitor, subject to the approval of the PHC. In the event the Member fails to identify an approved Workplace Monitor, the PHC shall make the selection.

Physician Health Committee Coordinator

The PHC Coordinator, or PHC Manager, will act as a case manager. The Member is required to check-in with the Coordinator at regular intervals, as determined by the PHC. The Coordinator will speak regularly with the Member's provider(s) and worksite monitor. If the Member was referred to the PHC by his/her Service Chief and/or the Chief of Staff, the Coordinator will provide broad feedback to the Referrer(s). In the event that the Member cannot be contacted when there is a concern about the Member's safety and wellbeing, the Coordinator will notify the emergency contact.



Ronald Reagan Medical Center Counselor or Coach

The PHC may recommend that the Member attend sessions with a counselor or coach, at a frequency identified by the PHC, who has relevant experience in working with physicians who have addiction, dependence, or significant mental, behavioral health, or pain issues. Changes in the frequency of sessions, or termination of the sessions, are subject to the approval of the PHC. If the Treating Provider is a counselor, he/she may conduct the sessions. If the counselor is not the Treating Provider, he/she shall inform the Treating Provider and the PHC if an issue arises that may affect patient safety.

Primary Care Provider and Self-prescribing

The Member shall have a personal primary care provider. The Member shall not self-prescribe any medications. The Member shall continue care and receive any prescriptions for medications only from the doctors involved in their direct care. The Treating Provider will obtain the necessary release of information to contact the Member's primary care provider periodically to monitor the Member's well-being.

External Work in Medical Capacity

If the Member is practicing at a health care facility outside of the UCLA Health System, the Member agrees to notify the Physician Health Committee (or equivalent) at the other facility that the Member is under monitoring by the PHC. The Member will authorize the PHC to respond to questions from the other facility, upon inquiry from the facility, and provide information about the Member's participation in the UCLA Health PHC.

Travel

If the Member has travel that will impact the schedule of tests, treatment or monitoring, the Member will discuss these plans with the PHC. The PHC may recommend that travel is restricted to ensure proper monitoring.

Relapse Management

The response to a relapse may vary depending upon the Member's condition, history, and the circumstances surrounding the relapse. The policy towards relapse may vary by department; for example, Anesthesiology has a zero tolerance policy. In the event of substance use relapse, reporting and termination actions will be determined by the department.

If the Member's problems concern substance use disorder, the following information applies. The levels of relapse behavior include:

Level 1: Behavior that might indicate a relapse without substance use

Level 2: Relapse with substance use that is not in the context of patient care



Level 3: Relapse with substance use in the context of active medical practice

In event of a Level 1 relapse, the PHC shall notify Member's Service Chief and the Chief of Staff. In the event of a Level 2 or 3 relapse, the Member shall immediately stop active patient contact and immediately notify the PHC, who shall notify the Member's Service Chief, the Chief of Staff and the Governing Body. The relapse shall be reviewed by the PHC to determine what action should be taken, including possible referral to the appropriate administrative bodies within UCLA Health. The Chief of Staff, or designee, shall determine the appropriate notification to the Medical Board of California.

Effect of Non-Compliance

In the event the Member fails to comply with any requirement of this Agreement, or terminates his/her participation in the program against medical advice or refuses recommended treatment, the PHC shall report it to the Member's Service Chief and the Chief of Staff. The Chief of Staff will refer the matter to the Medical Staff Executive Committee. The Member may be subject to disciplinary action as outlined in medical staff bylaws, Section 7.

Duration of Monitoring Agreement

The Member's participating in the program begins ____/____/____ and shall end ____/____/____, assuming satisfactory progress and absence of relapse. The PHC shall review this Monitoring Agreement every year. The PHC also has the right to make modifications, as needed.

Cost of Monitoring

All costs of the Member's participation in the program, including but not limited to costs for the Treating Provider, toxicology screens, and counselor/coach, shall be the responsibility of the Member.

Confidentiality

A Member's personal health and other information obtained by the PHC under the terms of the Monitoring Agreement (collectively referred to as "Confidential Information"), will be protected from disclosure except as may be required by law or as set forth in the Monitoring Agreement. Such release of minimally necessary Confidential Information may be at the discretion of the PHC, or upon the request of the Governing Body.

In addition, the PHC shall release the minimally necessary amount of Confidential Information to the Chief of Staff, and to the Member's Chair or Service Chief, as may be appropriate for health care operations and work place purposes, including but not limited to the Member's status in the program and specifics concerning the Member's ability to work safely in a patient care environment.



Health

**Medical and Professional
Staff Affairs**

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The PHC shall release only the minimally necessary amount of Confidential Information to the Governing Body as may be necessary for appropriate leadership oversight of quality of care and patient safety in the patient environment. Confidential Information obtained by the PHC in connection with a Monitoring Agreement shall be maintained separate from the Member's employment and credentials files and from the UCLA electronic medical record.

Physician Health Committee Chair Rights

At all times, the Chair of the PHC, or designee (an alternate PHC member), shall have the right to act on behalf of the PHC on any matter until a time in which the PHC has had an opportunity to vote on that matter.

By signing below, you have read and understand the above information and agree to comply with its terms.



Health

**Medical and Professional
Staff Affairs**

**Ronald Reagan Medical Center
MEMBER:**

Signature: _____ Date: _____

Print Name: _____

TREATING PROVIDER:

Print Name: _____

WORKPLACE MONITOR:

Print Name: _____

COMMITTEE CHAIR:

Signature: _____ Date: _____

Print Name: _____

SERVICE CHIEF:

Signature: _____ Date: _____

Print Name: _____

CHIEF OF STAFF:

Signature: _____ Date: _____

Print Name: _____