



DATE: March 29, 2021

TO: Governor Kate Brown and the 2021 Legislative Assembly

FROM: Health Profession Licensing Boards (Oregon Board of Dentistry, the Oregon Medical Board, the Oregon State Board of Nursing and the State Board of Pharmacy Board)

Executive Summary: ORS 676.190 (8) Independent Third-Party Health Professionals' Services Program (HPSP) Audit Results

Background and Purpose

In 2010, the Oregon State Legislature established the Health Professionals' Service Program (HPSP) to assist health providers with substance abuse and/or mental health disorders and to protect the public from licensees unable to practice safely due to one or both disorders.

In 2017, the Oregon Medical Board, Dental Board, Board of Nursing, and Board of Pharmacy ("the Boards") collectively executed a master service contract (MSA) with Integrated Behavioral Health Solutions, LLC (IBH), to provide the following services:

- Licensee monitoring, including licensee enrollment and case monitoring, workplace monitoring and reporting, and random toxicology testing.
- Outreach and training to licensees, third-party evaluators, consultants, treatment providers, and licensee supervisors.
- Quality assessment and performance improvement, including establishing formal policies and procedures, required minimum staffing levels, obtaining and reporting licensee and stakeholder input, and performance measurement.
- Periodic reporting on licensee enrollment, compliance, and other factors.

The Boards compensate IBH for these services; each Board pays a proportional share based on a formula accounting for total licensees and those licensees enrolled in the program.

The Boards contracted with Sjoberg Evashenk Consulting to conduct an audit as required by ORS 676.190 (8). The audit scope required a Performance Audit over the course of 6 months and concluded on January 15, 2021. The following is a summary of the audit's findings, recommendations, and results.

Key Audit Findings

- Amounts invoiced by IBH adhered to contract payment provisions. Monthly program fees were correctly calculated based on the number of licensees and enrollees of each Board, and each Board was billed their proportional share of the monthly program fee.
- IBH employed sound controls over licensee monitoring, including administering the appropriate number of toxicology tests, establishing a monitoring agreement with the licensee, ensuring routine communication between the monitor and licensee, and establishing protocols for agreement and workplace monitors.

- IBH could not demonstrate that it provided all required educational materials and outreach presentations to licensees, third-party evaluators, consultants, treatment providers, and licensee supervisors (workplace monitors), and stakeholders.
- IBH met most Quality Assessment and Performance Improvement Program requirements, but opportunities for improvement remain. This includes ensuring it adheres to contract provisions regarding the frequency of licensee surveys—which conflicted with informal agreements—and Agreement Monitoring staffing levels. Between July 2017 and June 2020, IBH did not meet staffing requirements 17 percent of the time.
- IBH met many, but not all, MSA reporting requirements. Monthly reports did not always include adequate information regarding licensees in compliance with monitoring agreements and geographical information. IBH did not regularly submit quarterly reports on outreach activities; bi-annual reports on licensee or stakeholder input were not always submitted timely; and IBH did not submit required annual financial reports. In some cases, this resulted from conflicts between existing contract requirements and informal agreements between IBH and the Boards.
- Opportunities exist to better clarify contract language and expectations, including ensuring the frequency of licensee survey reporting (along with exit interviews and stakeholder surveys) and reporting requirements to reflect actual practice and meet the needs of the Boards.

Key Recommendations

- Evaluate contract provisions, where IBH non-compliance was noted in this report, to ensure the provisions reflects the Boards’ expectations and desired practice, and monitor compliance accordingly.
- Ensure IBH provides all required educational materials and outreach efforts, including creation of a formal training manual for potential workplace monitors.
- Ensure IBH provides adequate FTE levels for each year’s pricing tier; consideration should be given to the inclusion of FTE levels in the required benchmark reporting and penalty structure.
- Ensure accuracy in reporting performance statistics; while only one reporting inaccuracy was identified, consistent methodologies for calculating success rates against performance benchmarks is essential for program monitoring.

Results

IBH met most contractual requirements, generally met required minimal success rate standards, and submitted to the Boards invoices and reports that were accurate and supported by substantiating documentation. However, this audit also revealed instances of minor miscalculations in reporting one (1) performance metric and several instances in which IBH did not meet certain contract provisions related to outreach and training, quality assurance program requirements, and reporting requirements.

The Boards have met to discuss the audit recommendations and findings. They are in the process of issuing an amendment to the contract with language to better align with the expectations of the program. All parties have agreed to restructure quarterly meetings to ensure requirements are being met.

Complete Audit

To obtain a complete copy of the 33-page Performance Audit of the Health Professionals’ Services Program, please contact Gretchen Kingham, Oregon Medical Board Executive Assistant, at Gretchen.Kingham@omb.oregon.gov.