



Health Professionals' Services Program

Program Guidelines

Title: Third Party Evaluations – Evaluator Expectations

Pages: 3

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Guideline:

1 Uprise Health - Health Professionals' Services Program (HPSP) and licensing Boards participating
2 therein provide third party evaluators with general guidelines regarding completing evaluations for
3 licensees referred for evaluation. In addition, evaluations must meet the standards of the OAR 309-
4 032 ISSR LC FINAL VERSION, an abbreviated version of which is included at the end of this
5 document. Each evaluation must be tailored to the circumstances and needs of the referred
6 licensee and their workplace position and Board requirements. Below are basic guidelines which
7 outline the expectations of the referring board and HPSP for all types of evaluations.

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9 1. All licensees referred for an evaluation must be evaluated for mental health and
10 substance use disorders (SUD). The evaluation summary must indicate the results of
11 both evaluations. It is very important that licensees who appear to have a mental health
12 diagnosis are also evaluated for the possibility of a co-occurring substance use disorder.
13 Evaluators must make recommendations if additional screenings are needed to
14 complete the evaluation, e.g., psychological testing or neurological examination.
15 Evaluators may also recommend an in-patient evaluation if the licensee does not
16 provide adequate information regarding history or use or if the evaluator feels that an
17 outpatient evaluation is not adequate to make a diagnosis.
- 18 2. Evaluators need to assess licensees with the knowledge that they are healthcare
19 providers who work with the public. A thorough assessment with this in mind is
20 required to protect public safety and thereby prevent potentially serious consequences.
- 21 3. Evaluators must be sensitive to the job functions of the licensee being evaluated and
22 should specify any limitations on the licensee's ability to function in the workplace,
23 including but not limited to:
 - 24 a. Any limitation on hours of practice, per week, per day
 - 25 b. Limitations regarding night work
 - 26 c. Limitation on being on call
 - 27 d. Prohibition or limitation regarding access to medications
 - 28 e. Prohibition against unilateral access to controlled substances in the office
 - 29 f. Prohibition against unilateral access to nitrous oxide

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- 30 g. Relinquishment of DEA registration
- 31 h. Limitation on return to practice; e.g. some anesthesiologists are unable to return
- 32 to specialty
- 33 i. Limitation on practice setting; e.g. may not work independently
- 34 j. Mandating vacation or time off per year
- 35 k. Restriction on the number of patients seen per hour or per day
- 36 l. Notification to specific workplace colleagues that they are in the monitoring
- 37 program
- 38 4. If an SUD diagnosis is given, the evaluator must provide the specific level of care
- 39 recommended, using the American Society of Addiction Medication (ASAM) placement
- 40 criteria for substance use, or any other additional treatment recommendations, e.g.
- 41 self-help meetings, and frequency of meeting with treatment providers.
- 42 5. The evaluator must address whether the licensee may have access to narcotics and
- 43 controlled substances in the workplace. If the licensee may not have access, the
- 44 evaluator should address under what circumstances a re-evaluation of this practice
- 45 restriction should take place.
- 46 6. If the evaluator is recommending mood altering, potentially addicting and/or physically
- 47 impairing medications, the evaluator must address whether the licensee can work while
- 48 taking the medication and if so, any restrictions on practice.
- 49 7. The evaluator must obtain referral information as appropriate from the referring board
- 50 (unless the licensee is a self-referral), HPSP and the employer as well as collateral
- 51 information from additional sources as necessary to complete the evaluation.
- 52 8. If, due to the complexity of the case or the lack of information from the licensee, the
- 53 evaluator is unable to make a diagnosis and treatment recommendation, the evaluator
- 54 should consider referring the licensee for an inpatient evaluation.
- 55 9. Each licensing board has their own specific requirements regarding required program
- 56 components and structure that cannot be changed if the licensee is to be in compliance
- 57 with HPSP. As such:
- 58 a. Evaluators should not make a recommendation regarding **reducing** length of
- 59 time in the monitoring program, unless specifically requested to comment on
- 60 this. Recommendations to increase duration of monitoring may be appropriate
- 61 depending on the circumstances of the referral.
- 62 b. Evaluators should not make a recommendation regarding **reducing** frequency of
- 63 toxicology testing for those with an SUD, unless specifically asked to comment
- 64 on this. Recommendations to increase frequency or modify type of toxicology
- 65 testing may be appropriate depending on the circumstances of the referral. (*For*
- 66 *those with only a mental health diagnosis a recommendation regarding*
- 67 *toxicology testing is requested.*)
- 68 c. The Oregon Medical Board has specific requirements regarding participation in a
- 69 two year weekly non-therapeutic monitoring group for licensees with a



70 substance abuse disorder; evaluators should not make any recommendations
71 regarding the monitoring group unless they have determined that participation
72 in a monitoring group would be detrimental to the licensee due to the licensee's
73 mental health issues or unless specifically requested to do so.
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76 **From the OAR 309-032 ISSR LC FINAL VERSION**

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78 Each assessment must include:

- 79 1. Sufficient bio-psychosocial information and documentation to support the presence of a
80 DSM diagnosis that is the medically appropriate reason for services.
- 81 2. Screening for the presence of substance use, problem gambling, mental health conditions,
82 and chronic medical conditions.
- 83 3. Screening for the presence of symptoms related to psychological and physical
84 trauma.
- 85 4. Suicide potential must be assessed, and individual service records must contain follow-up
86 actions and referrals when an individual reports any symptoms indicating risk of suicide.
87

88 Competencies and qualifications for general program staff who may conduct assessments and
89 evaluations:

- 90 1. Providers must document that all program staff have demonstrated the ability to perform
91 essential job duties as specified in the applicable job description; and
- 92 2. Job descriptions must include competencies that are applicable to the type of service to be
93 provided and to the specific population for whom services will be delivered.
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