

Item for Discussion: Expansion TPAPN to a 3-Yr Minimum Program

Agenda Item 7.1.2.
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Introduction

The Texas Peer Assistance Program for Nurses (TPAPN) offers as an item for discussion by the Texas Board of Nursing's Board of Directors, the possibility of expanding the length of required participation in TPAPN from a minimum 2-year program typically, to a minimum of 3-year program for most nurses, excluding those with psychiatric diagnoses only.

Overview of Proposal

- Expand the length of required participation to a minimum of three years (from the current minimum of two years) for nurses with substance use disorders, including those dually diagnosed, i.e., co-occurring psychiatric diagnosis.
- Expand the length of required participation to a minimum of five years for advance practice nurses (APNs) with substance use disorders who have prescriptive privileges and/or certified nurse anesthetists. Currently all APNs participate for three years.
- Nurses restarting or returning to the program would participate for five years, whether or not they had successfully completed their previous participation in TPAPN. The minimum length for these nurses could be reduced to no less than three years given satisfactory compliance.
- Nurses with psychiatric diagnoses only who would demonstrate satisfactory recovery and adherence to TPAPN requirements including safe practice would participate for two years as is currently required.

Rationale for Increasing the Length of Participation

- Substance or chemical dependency is a disease state caused by brain chemistry imbalance in the area of the brain known as the "pleasure pathway." Substance use disorders cover a disease spectrum, from abuse, i.e., the overuse of drugs and alcohol that includes poor judgment, self-medication and overcelebration and other situations where drug use can be harmful or illegal, to dependency, wherein there is a compulsive, pathological, impaired control over drug use, leading to an inability to stop using drugs in spite of adverse consequences. Chemical dependency is a life-long medical disorder not simply a lack of willpower. (Erickson, 2007).
- Evidence-based practice strongly suggests that a minimum of three years of monitoring is better than two years. Texas is one of only two alternative programs nationally, that require less than three years participation as standard of – based on 38 of 40 extant programs that responded to a 2009 survey (unpublished) by the National Council of State Boards of Nursing.
- Providing longer monitoring can improve the likelihood of even longer good recovery and thus continued safe practice. Research identified that one's ability to sustain total abstinence during the first year after treatment was a significant predictor for being abstinent at 3 years and that 3-years of abstinence was a critical predictor for abstinence at 10 years (Maisto, S. A., Clifford, P., Longabaugh, R. & Beattie M., 2003).

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- Monitoring nurses for a longer period of time will help provide them with a step-down of monitoring requirements that can provide greater opportunities for participants to integrate the principles of recovery into their daily lives including their practice.
- Other determinants to decreasing the risk of relapse include:
 - Receipt of treatment combined with long-term monitoring as achieved by alternative to discipline programs for nurses and physicians (McLellan, Skipper, Campbell & DuPont, 2008);
 - Regular attendance at support group meetings, e.g., Alcoholics Anonymous, and close contact with a case manager or monitor of an alternative program (Long, Cassidy, Sucher, Stroehrer, 2006); and obtaining support early on in one's participation in an alternative program (Tipton, 2005).
- In a study by McLellan, et al, 2008, over three-fourths of MDs with substance use disorders monitored by physician health programs for 5 years had favorable outcomes, i.e., were licensed/practicing medicine.

Implementation/Participation Requirements

TPAPN proposes that under the additional time-frame nurses will have fewer requirements and restrictions placed upon them in years three through five unless it is determined that there is noncompliance issues or concerns.

- In the expanded years, random drug testing will form the mainstay of monitoring.
- Nursing practice contracts will remain in effect but with few if any practice restrictions placed upon nurses.
- All conditions of the program will apply except for the following:
 - ▶ Participants will not have to document their self-help meeting attendance, e.g., AA or NA meetings or therapy sessions.
 - ▶ Participants will only have fewer self-reports to turn-in with the last one detailing how they will maintain their recovery post-TPAPN participation.
 - ▶ Return to work agreements would remain in place but with few if any restrictions on practice.

Cost

Increasing the length of the program will possibly increase total caseload by approximately 200 to 225 participants annually given the recent average of 175 graduates at two years plus other nurses who may participate in years four and five. TPAPN forecasts that the addition of this caseload would require at least one professional FTE (case manager) and one support staff FTE (case manager assistant). TPAPN is appreciative of the fact that while program expansion may have its merits, fiscal and other operational concerns may reduce its overall feasibility.

References

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