MESSAGE TO PARTICIPANTS

The Arkansas Medical Foundation works with healthcare professionals who are licensed by the Arkansas Medical Board, Arkansas State Board of Dental Examiners, and the Arkansas Optometry Board. We do this in order to assure the Boards and the public that you, the participant, are believed safe to practice.

Non-compliance with any area of your Monitoring Contract may indicate relapse behavior. It is our goal to identify relapse in its early stages and assist our participants in achieving a sustained recovery. In addition, we want to assure that all our participants are practicing their profession safely and competently. Our hope is for a successful outcome for each and every one of you.

Our goal in providing this information is to provide clear and distinct expectations to avoid confusion throughout the course of monitoring. All participants are held responsible to read, understand and follow the guidelines set forth in this manual. Enclosed is an agreement that we ask you to please sign and return to this office. If you have questions or concerns, please contact the office at any time.

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MISSION STATEMENT

The Arkansas Medical Foundation is in existence to provide for the identification and treatment recommendations of healthcare professionals who suffer from impairment, in order to promote the public health and safety and to insure the continued availability of skills of highly trained medical professionals for the benefit of the public. The activities of the Foundation shall be confined to the extension of medical knowledge, the advancement of medical science, the evaluation of the standard of medicine, all to the benefit of the public. The Physicians' Health Committee is formed pursuant to the Arkansas Medical Society peer review program for the detection, intervention, and monitoring of Impaired Physicians to identify and offer professional assistance to Arkansas Physicians whom are afflicted with mental/emotional illness or the disease of chemical dependency, such as alcoholism, drug abuse, or mental illness.

HISTORY

Arkansas Medical Foundation (AMF): The AMF was created in 1996 pursuant to Arkansas Code Annotated Section 17-80-201 Et seq. The AMF is a 501 c (3) corporation. The Foundation is governed by a Board of Directors which shall have the general management and control of the business affairs of the Foundation and shall exercise all powers that may be exercised by the Foundation under the applicable statutes and Articles of Incorporation and Bylaws. The Board may utilize the Physicians' Health Committee, which is to be designated by the Arkansas Medical Society. Part of the funding of the Foundation comes from a legislated assessment onto the annual licensing fee collected by the Arkansas State Medical Board.

Physicians' Health Committee (PHC): The Arkansas Medical Society Impaired Physicians' Committee was established in 1983. In 1987, the Committee was restructured to include only recovering physicians and its name was changed to the Arkansas Medical Society Physicians' Health Committee. The AMF was created to oversee the PHC. Pursuant to Arkansas Code Annotated 17-80-208 and 16-46-105, all information and referrals of suspected impairment received by the PHC are confidential, nonpublic, and carefully maintained. The PHC complies with federal and state regulations concerning security and release of protected information. The PHC members act as a peer review group for the Medical Director of the AMF/PHC.

FUNCTIONS OF THE PHYSICIANS' HEALTH COMMITTEE:

The Arkansas Medical Society's PHC is a peer review program which assists physicians in overcoming substance abuse-addiction, alcoholism, and organic brain, psychiatric and psychological problems that affect their personal and professional lives. We help identify, intervene, arrange for evaluation and treatment, assist in their reentry into the medical profession and advocate and monitor their recovery. The PHC is not a diagnostic or treatment program but only acts as a facilitator. Members of the PHC are themselves in recovery, are located in the each of the geographic areas of the state and are the facilitators of Caduceus/professional meetings held weekly in their respective areas.
The second function is to act as a peer review group for the Medical Director and his actions. This allows the Medical Director the legislated immunity as long as he acts in good faith on confirmed information and without malice.

CONFIDENTIALITY

Any client information and other nonpublic information acquired, created or used in good faith by the Committee and the Arkansas Medical Foundation Board shall remain confidential and shall not be subject to discovery or subpoena in a civil case. No person participating in good faith in the operations of the Committee or Board shall be required in a civil suit to disclose any information or opinions, recommendations, or evaluations acquired or developed solely in the course of participating in the Committee's or Board's activities. The only spokesperson for the Foundation is the Medical Director.

All information acquired, held, and transmitted in any fashion to any source by the Foundation and Committee will be held in compliance with federal and state regulations.

ADVOCACY

For those physicians under contract that are following the recommendations of the Medical Director and PHC, as well as complying with proper documentation and payment of appropriate fees, advocacy will be granted. The Medical Director/Program Director will appear and/or document to the requested authorities the full compliance with the physician's contract and screens. For those physicians that choose not to follow these requests, advocacy will be withdrawn and appropriate authorities will be notified. It is then up to these authorities to take the action they deem necessary to protect the public welfare.

PARTICIPANT MONITORING:

Participants are under either a Voluntary contract or a Board Ordered contract. If a voluntary participant has repeat non-compliance, this may be reported to their respective licensing board. We are required to notify licensing boards of any issues of non-compliance with respect to Board ordered participants.

PARTICIPANT RESPONSIBILITIES:

A: DRUG SCREENING SYSTEM:

- All participants that are required to enroll in a random drug screening program will contract with FirstLab. You will pay a collection fee at your assigned testing site and will be billed by FirstLab for each individual test. You are required to check in Monday through Friday via computer, telephone, or the FirstLab Recovery Tracker app. Missed call-ins or drug screens with evidence of tampering or dilute screens may be considered "positive" and thus is a contract violation.
• The protocol for dilute specimens is as follows:

  1\textsuperscript{st} - Notification and written warning
  2\textsuperscript{nd} - Notification, written warning and additional urine tests
  3\textsuperscript{rd} - Final written notice, PEth and or hair/nail test
  4\textsuperscript{th} - Referral to Nephrologist, weekly urine screens
  5\textsuperscript{th} - Inpatient evaluation if Nephrology report is insignificant

• Protocol for missed check in with FirstLab is as follows:

  1\textsuperscript{st} - Explanation required and warning issued
  2\textsuperscript{nd} - Explanation required and final warning issued
  3\textsuperscript{rd} - Meeting with Medical Director, increase in frequency of testing
  4\textsuperscript{th} - Licensing Board notification.

• A missed test is considered a positive test and will require more extensive testing the next day. A 2\textsuperscript{nd} missed test will result in a meeting with the Medical Director and more extensive testing. Voluntary participants may be referred to their licensing board; we are required to immediately notify your licensing board if you are being monitored by your respective board.

• Drug screens that are considered "positive" or clinically significant and thus a violation of your contract, include evidence of: ETOH or illicit drugs, prescription drugs for which there is no prior approval from the AMF Medical Director, and non-compliance with prescribed medications.

• Do not use mouthwash containing alcohol.

• To avoid dilute urine, do not consume more than 40 cc of fluid 2 hours prior to testing.

• If you cannot provide a specimen, you are required to stay at the collection site until you can. There is a 3-hour window for testing once you have arrived at your site. If you leave without providing a sample, you will be considered positive unless you have contacted the Foundation office and been cleared. We reserve the right to order additional testing in order to ensure there has not been an attempt made to avoid a positive screen.

• You are responsible to make sure your Chain of Custody form is filled out correctly. This includes: temperature, time collected, your signature, collector's signature, and test to be performed. You must also be sure the correct amount of urine has been submitted.

• Your specimen is to be directly observed or DOT regulations are to be followed. Please contact your test site prior to your arrival to ensure that an observer is available for you.

• Please contact your accountant and inquire regarding drug screening fees and their tax-deductible status.
B: OUT OF SYSTEM NOTIFICATION

• You must provide the AMF office personnel 5 days advance notice when you are going on vacation or need removed from the testing system. Please provide the dates, your location, and the reason for your request. This can be done by phone or e-mail. If you remove yourself from the system, please also notify the office. FirstLab does not remove your scheduled tests or your requirement to call in unless this office has also requested it.

C: MEETING ATTENDANCE:

• Meeting attendance is due by the 5th of each month regardless of what day of the week the 5th falls on. This can be e-mailed, standard mail, e-mailed, or delivered in person. Late reports may be reported to your licensing board and will result in increased required meeting attendance. Reports that are habitually late (3rd time after initial warning) or inaccurate will be reported to your licensing board. We are required to note any unexcused deficit on Board monitored participants. This may result in contract extension by your licensing board.

D: REPORTS:

• It is your responsibility to ensure that all required reports are received by their deadlines. Psychiatric, counselor reports are due by Jan 1st, April 1st, July 1st, and October 1st. You may request that your reports be sent monthly as well. Workplace monitoring and chaperone reports are due the 5th of each month. If you have difficulty obtaining these reports, please contact this office; we are happy to contact your providers in this case.

E: MEDICATION:

• The only medications that you are allowed to take without a prescription are Tylenol, Advil, Aleve, Motrin, or ASA. All other medications, including any OTC meds, require a prescription and approval of the AMF Medical Director. Approval must be obtained prior to taking any new medications. In the case of an emergency, please notify the AMF as soon as possible and provide documentation of emergency medical treatment.

• If you are prescribed an approved narcotic, you are to call the Foundation office when you take your last dose and surrender the leftover medication to the Foundation office or provide the Foundation office with documentation that it has been surrendered or destroyed. Any narcotic prescriptions require a notation that the prescribing practitioner is aware of your history and believes the benefit to you outweighs the risk.
• You are not to prescribe medications for yourself, family members, or friends. You are not to take samples unless the medication is prescribed for you and prior approval has been made by the AMF Medical Director.

• Substance use, ingestion, or possession: All participants are responsible for any medications, skin product or food that they take, use or ingest. They are also responsible for ensuring that their environment is free of any illicit substances.

F: PARTICIPANT AVAILABILITY/RESPONSIBILITIES:

• Provide the AMF office with reliable demographic information such as address, telephone numbers, and e-mail. You must be available at all times to receive communication from the Foundation or return phone calls in a timely manner. We require written notification to Foundation prior to any change.

• Provide a copy of your contract to employers, worksite monitors, chaperone, therapist, PCP, treatment provider and others as needed.

• Any change in entities such as PCP, psychiatrists, counselors, and workplace monitors must be made in writing and approved by the AMF Medical Director prior to change.

• Notify all treatment providers about the nature of the impairing illness for which you are being monitored.

• Ensuring that all costs incurred such as treatment, yearly fees, collection fees for all drug screen collections and drug screens themselves are paid promptly paid or arrangements for payment are made and paid as arranged. Arkansas Medical Foundation billing is done on a quarterly basis and all contract fees are due in full by December 31st of the calendar year. If your contract expires before that date, all dues are prorated and due in full by the contract completion date. If fees are outstanding, advocacy will not be offered, and your respective licensing board may be notified. Payment arrangements may be made by notifying the office and requesting a payment plan. Please consult with your accountant as most fees are considered a requirement to work and therefore a tax deduction.

• Periodic meetings may occur between the Medical Director and participants. If you wish to meet with the Medical Director at any time, please do not hesitate to contact the AMF office to arrange this. Typical meetings are held between 8:00 am and 9:00 am Monday through Thursday. Phone conferences are also available.

G: COMPLIANCE REPORTS:

• If you require compliance reports for your employer, insurance provider, DEA, other PHP programs, or licensing boards, it is your responsibility to request these. Initial requests need to come from the entity requiring proof of advocacy with a signed Release of Information. Please allow sufficient time for these documents to be processed.