



NOAP Research Committee

Mission

To pursue and disseminate evidence-based research and best practices that will enhance the understanding and standing of healthcare professional monitoring/health programs.

- Promote an increased awareness of substance use disorder, and psychiatric illness in healthcare professionals
- Generate guidance and support external research projects
- Engage in at least two active projects annually

Committee Members

- John Furman PhD, MSN, COHNS
Washington Health Professional Services
- Maureen Farrell MSN, RN
New York Statewide Peer Assistance for Nurses
- Mike Harkreader MS, RN, CARN
Tennessee Professional Assistance Program
- Andrew Haviland BSN, RN
Recovery and Monitoring Program of New Jersey
- Abby Migliore MSN, MBA, RN
Alabama Voluntary Disciplinary Alternative Program
- Sheron Russell BSN, RN, CDN
Mississippi Nurse Voluntary Program

Accomplishments

- Started the committee!
- Developed a web page
- Developed a research archive
- Established relationships with TPAs
- Established communications with the NCSBN and FSPHP
- Submitted first project proposal – *“Recommendations for the use of standardized performance measures...”*
- Collected initial state program data – Mission, goals, performance measures

Website

<https://alternativeprograms.org/>

Project Considerations

- MAT Position Statement
- Relapse indicators
- Experience, so far, with oral fluid testing
- Program failure risk elements (i.e., co-occurring disorders, multiple treatment failures)
- Developing a common measure for program success/graduation
- Is there a correlation between quality of treatment and program success
- Developing a set of core program measures – Structural, process, efficiency, outcome...

Commonalities Across Programs

Mission	Goals	Measures
<ul style="list-style-type: none"> • Early identification, referral for evaluation and treatment • Recovery support • Health promotion • Return to practice • Patient/public safety • Earned advocacy • Stakeholder education 	<ul style="list-style-type: none"> • Facilitate rapid intervention • Rehabilitate in a therapeutic and non-public manner • Offer consultation and education resources • Provide effective case management services • To retain nurses in the nursing profession 	<ul style="list-style-type: none"> • Length of time to program enrollment • Number and types of participants • Elapse number/rates • Employment rates • Success rates • Caseload size • Outreach/education • Drug testing compliance

Starting Point

- Develop a core measure set
- Build upon and support existing program structures
- Existing literature → Knowledge gaps
- Consensus driven (incl. TPA input)
- Address the entire monitoring cascade (intake, treatment oversight, return to practice, maintenance)
- Comparability (i.e. use of common definitions)
- Outcome driven
