

# MONITORED TREATMENT PROGRAM

New Mexico Monitored Treatment Program

dba

**NM Health Professional's Wellness  
Program**

# HISTORY OF HPWP

- Developed in 1986 to assist physicians with chemical dependence
- Provides Confidential Assessment, Referral to Treatment, Peer support group, monitoring Advocacy
- 2002 Contract with the New Mexico Board of Pharmacy

# REFERRAL TO HPWP

- **Voluntary**
- **Employer/practice setting**
- **Board (*mandatory*)**



# Physician Health Programs

AMA 1975

Help addicted health professionals get  
drug, alcohol and mental health  
treatment

# IMPAIRMENT

An inability to practice with reasonable skill and safety due to illness.

Not all physicians with SUDs are impaired.

# Drugs Misused

Alcohol

Opioids

Benzodiazepines

Cocaine

Amphetamines

Cannabis

# Risk Factors

Family History of SUD

Access to drugs with addictive  
potential

Parenteral opioids

# Addiction Comorbidity

Mood Disorders – Suicide

Pain

Post-Traumatic Stress

Disorder

# Physician Health Programs Services

- **Case Management for evaluation and treatment**
- **Monitored Treatment**
- **Advocacy**

# NM HPWP Advocacy

- Coaching – Behavioral or Leadership
- Fitness-for-Duty Evaluations
- Mediation Services
- Career Counseling

# NM HPWP PROCESS

- Evaluation
- Referral
- Monitoring
- Reporting

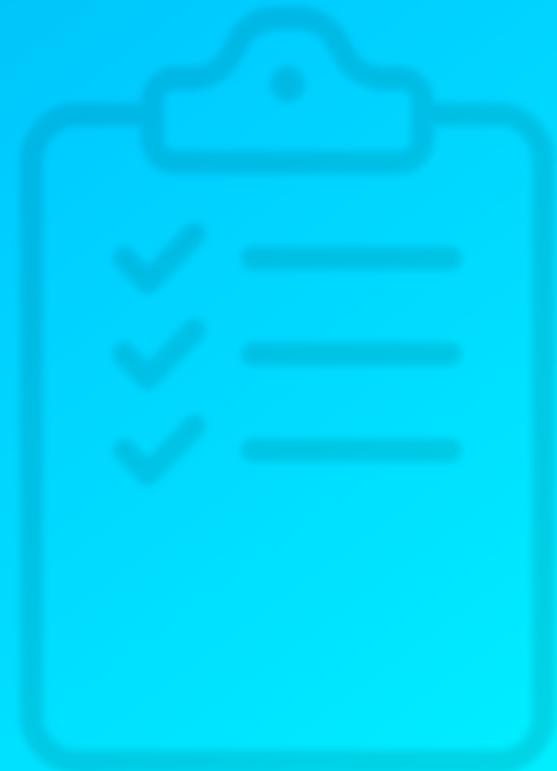
# EVALUATION

- **Comprehensive initial assessment**
- **Diagnosis**
- **Recommend treatment, enrollment, etc.**



# REFERRAL

- Inpatient Treatment
- Intensive Outpatient Treatment
- Therapy
- Counseling
- Peer Support
- 12 step recovery
- Alternatives to 12 step recovery
- Psychiatric care
- Other (therapeutic modalities, ie: Equine therapy)



# MONITORING

- Purpose of monitoring
- Components of monitoring
  - Random urine drug screens, hair tests, and blood tests
  - Treatment provider documentation
  - Worksite supervisor documentation
  - Required paperwork
  - Meetings with HPWP



# REPORTING

- **Purpose of reporting**
  - To provide monitoring compliance and treatment to requested sources
- **Components of reporting**
  - Drug screens and participation
- **Who do we report to**
  - Licensing boards, employers, anyone with participants permission



# SUMMARY / CONTACT

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