

# THE MONITOR

## The New Mexico Monitored Treatment Program Newsletter

Volume 6, Issue 1

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Fall 2006

### Annual Report Highlights

The New Mexico Monitored Treatment Program (MTP) utilizes the same fiscal year as the State of New Mexico, being July 1 to June 30. At the end of each fiscal year MTP compiles statistical information and compares that to previous years in the annual report. The information is divided into two sections, clinical data and fiscal data. The report is prepared for the MTP Board of Directors, the New Mexico Medical Board, and other contracted organizations.

**Year in Review:** During the past fiscal year, MTP made dramatic changes in services and philosophy. The program changed from a treatment venue to a monitoring venue, consistent with most of the other state physician health programs across the country. This change came about for several different reasons. The staff had, for some time, discussed issues of conflict between providing direct treatment and being responsible for reporting to licensing boards, and had decided to have the program evaluated by an outside agency. Yvonne Garber, of Garber and Associates, provided a comprehensive program evaluation, and in her report recommended a program change from providing treatment services to providing monitoring services. Also in the spring of 2005, the New Mexico Medical Board published a request for proposal (RFP) for contracting of physician health services for the next two fiscal years. In that RFP the services requested by the Medical Board were considerably different than what MTP had been providing in the past. As the proposal was written in response to the RFP, MTP incorporated the recommended changes by Yvonne Garber and what the Medical Board was asking for in the RFP, hence the program change. July 1, 2005 began the transition to the new program. This included new staff, new participant packets, new assessments, new file management, all at the same time as continuing the services to the participants already in the program. Additionally, new services were added including mental health, behavioral health and consulting services to health professional settings.

**Admissions:** There was an increase in the numbers of health professionals seen at MTP during the fiscal year. The increase was determined to be, in part, due to the expansion of services. The break out of admissions were: 57% physicians, 10% physician assistants, 5% medical students, 21% pharmacists, 2% Osteopathic Physicians and 5% other (other includes all not listed in the listed categories).

MTP admits health professionals in three main categories. Mandatory: those required by stipulation by a licensing board, Employer: those required by an employer or practice setting. Voluntary: Those who are not formally required, but either desire help or have informal pressure. The table below show the admissions in each category.

|          | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|----------|------|------|------|------|------|------|------|------|
| Man      | 7    | 12   | 4    | 3    | 12   | 7    | 10   | 9    |
| Vol      | 10   | 6    | 11   | 6    | 20   | 27   | 12   | 22   |
| Employer | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 8    |
| Total    | 17   | 18   | 15   | 9    | 32   | 35   | 22   | 39   |

**Discharges:** MTP participants are discharged by category. These categories include: successful completion, Voluntary withdraw, non-compliance, evaluation only and deceased. The table below shows the number of discharges per category.

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**President; Tim Grenemyer D.O.; President Elect Robert Lucero DDS; Secretary/Treasurer Randy Marshall  
Immediate Past President Ernest Dole, Pharm D.**

**Executive Director: Jon Thayer, MA, RN, CARN; Medical Director: Daniel A. Collins MD;  
Clinical Director Connie Merrell-McDonald LADAC, LPCC, LPAT  
Program/outreach Assistant Nancy Lewis; Office Assistant Robyn Kusiciel**

| Discharges | Succ Comp | VolWithdraw | Non Comp | Non Pay | Other | evalonly | deceased | Total |
|------------|-----------|-------------|----------|---------|-------|----------|----------|-------|
| 2000       | 5         | 6           | 0        | 0       | 1     | 0        | 0        | 12    |
| 2001       | 5         | 5           | 0        | 0       | 2     | 1        | 0        | 13    |
| 2002       | 8         | 2           | 0        | 0       | 2     | 12       | 1        | 25    |
| 2003       | 7         | 7           | 2        | 1       | 0     | 18       | 2        | 37    |
| 2004       | 7         | 0           | 1        | 0       | 2     | 6        | 1        | 17    |
| 2005       | 6         | 4           | 0        | 0       | 0     | 17       | 0        | 27    |

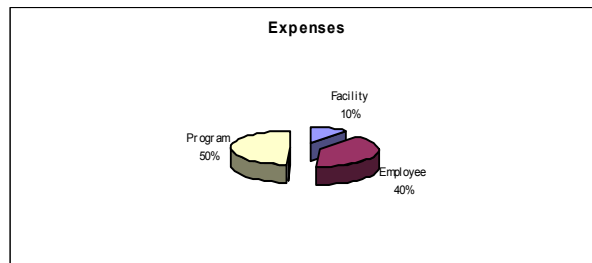
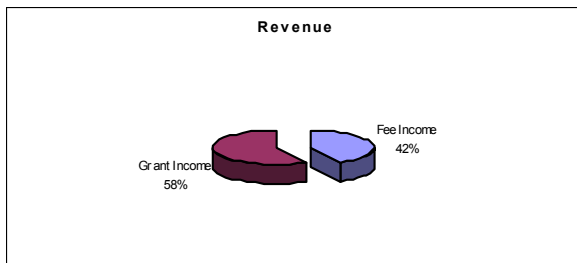
Relapse is a part of treatment. The below table compares the number of relapses for all MTP participants. Physician health/ monitoring programs tend to have fewer relapses, than the general population because of monitoring and random drug screen testing done through these types of programs.

| Relapses | 98-99 | 99-00 | 00-01 | 01-02 | 02-03 | 03-04 | 04-05 | 05-06 |
|----------|-------|-------|-------|-------|-------|-------|-------|-------|
|          | 7     | 14    | 9     | 7     | 10    | 7     | 4     | 4     |

MTP also provides a random drug screen coordination program for nurses who are referred by the New Mexico Board of Nursing and for nurses referred by the Nursing Diversion Program. This service utilizes the MTP random color coded drug screen system, but uses separate colors indicating the required frequency determined by the referral source. The participants utilize the MTP collection sites, the MTP drug screen panel, and the MTP random call system/web site. Drug screen results come to MTP and are sent to the respective referral source. MTP staff has no decision making authority regarding the drugs screen results or the frequency of the testing. Therefore, this service is different from what MTP provides other participants in the program. This service is not available to any other health professional. The table below shows the number of nurses by category that utilized this service during the past fiscal year.

| Nurses    | Admits | Discharges | Average Census |
|-----------|--------|------------|----------------|
| Diversion | 19     | 28         | 77             |
| BON       | 18     | 19         | 8              |

**Fiscal:** MTP's goal is to work within a balance budget each fiscal year. The budget is prepared by a finance committee of the MTP Board of Directors and approved the Executive Committee of the Board of Directors and then approved by the Board of Directors. The budget for fiscal year 2005-06 was difficult to develop due to the lack of available data, as the program was functioning differently than at any previous time. MTP ended the year with a deficit, but was able to remain solvent by utilizing some investment funds and keeping expenses as low as possible.



**Summary:** MTP functions on a staff of 3.25 FTE (full time equivalents), which is a very small staff for the amount of work done in the past fiscal year. Much of that work was program development and the establishment of provider services in various parts of the state. Population centers were created, per the contract with the Medical Board, and MTP staff traveled to the two most populated centers (Las Cruces and Roswell) each quarter. In review of the goals established at the end of the last fiscal year, MTP met all of those goals. Goals for the next fiscal year include: Working within a balance budget, increasing visibility throughout the state, activating more population centers, addition of staff, fund raising and increased outreach, increase in quality review. Even though it was a difficult year for MTP staff, participants, and the Board of Directors, due to the changes in the program, the end result is that the program admitted more people, traveled to designated population centers, consulted with more employment/practice settings and worked more closely with licensing agencies in providing a quality professionals health program.



**MTP RANDOMLINE 271-0800 or 1-800-431-0090  
or 341-8320 direct  
RANDOM DRUG SCREEN MESSAGE IS RECORDED BY 6 A.M.**

## Dilute Urine Drug Screens

By Dan Collins, MD Medical Director

**D**rug screen testing presents a number of problems for participants and one of those problems is hydration. Since we live in an arid climate, drinking a lot of fluids is important. However it can interfere with drug screen testing.

Dilute specimens, defined as a urine creatinine of less than 20 mg/dl and a specific gravity of less than 1.003. If the creatinine is less than 5mg/dl and the specific gravity is less than 1.001 or than 1.020, clearly the specimen is substituted.

Dilute specimens create a questionable scenario for the participant. *(Nurses utilizing the drug screen coordination program have dilute results reviewed by the organization that referred them to MTP. MTP has no authority in decision making for any result received from nurses)* MTP watches drug screens closely and reviews all dilute specimens. The policy is that participants are allowed only one dilute in a year of testing, depending on the level of the dilute. If a second dilute shows up, clients are asked to meet with the clinical team to assess the reason for the dilute tests. Also dilute screens are reported to respective licensing boards for board mandated participants, and employers for employer mandated participants.

To avoid dilute specimens we recommend the following:

- Call the random line early in the day, the random message is online by 6 am.
- Drink only enough fluids on collection days to satisfy thirst.
- If you have a medical condition (diabetes insipidus, prostate disease, shy personality, or psychogenic polydipsia), you will need to provide MTP with documentation of the diagnosis and treatment.

Be aware that the seriousness of a single dilute specimen in context with other monitoring, such as missed groups, missed drug screens, back to back dilute urine, non-compliance or other issues that might raise concern will result in a special meeting with MTP's clinical team to provide documentation of intervention and need for review of the rehabilitation plan.

### ANNOUNCEMENTS & REMINDERS

- The random message is online by 6 am  
Always call the MTP office prior to coming by for reasons other than group meetings or appointments.
- All participants need to call MTP with out of town dates prior to going out of town.
- All payments to MTP are due on the 15th of the month unless prior arrangements have been made. A late fee is applied if payment is not received by the 25th of the month. Credit card payments are welcome.
- Be sure your **MTP number is on your drug screen requisition or it might not get processed.**

### CREDIT CARD PAYMENTS

When making a credit card payment be sure to include the CWS # which is a 3 or 4 digit number on the back of the card.

### MTP PROVIDES EDUCATION

MTP staff is available to provide health care organizations with lectures, presentations and training sessions relating to health professionals & substance abuse. Brochures and information packets are available. Contact MTP @ (505) 271-0800 or by e-mail @ MTP@swcp.com

### NETWATCH

- There are many places on the internet and world wide web where information about chemical dependency, recovery, mental health, health and medicine can be found. Some may be of interest while some others may not. Information will be updated as it is made available to us. If you have any website information, please pass it on to us. [mtp@monitoredtreatment.com](mailto:mtp@monitoredtreatment.com)  
**Updated 9/14/06**
- **MTP:** [www.monitoredtreatment.com](http://www.monitoredtreatment.com)
- **NM Medical Society:** [www.nmms.org/nmms](http://www.nmms.org/nmms)
- **State physician health programs:** [www.fsphp.org](http://www.fsphp.org)
- **NM Board of Nursing:** [www.bon.state.nm.us](http://www.bon.state.nm.us)
- **NM Medical Board:** [www.nmmb.state.nm.us](http://www.nmmb.state.nm.us)
- **Gamblers anonymous:** [www.gamblersanonymous.org](http://www.gamblersanonymous.org)
- **NIDA-What's new:** [www.nida.nih.gov/whatsnew.html](http://www.nida.nih.gov/whatsnew.html)
- **International Nurses Society on Addictions**  
<http://www.intnsa.org>
- **American Association of Nurse Anesthetists Peer Assistants Page** [www.aana.com/resources](http://www.aana.com/resources)
- **On line physician's support group** by Jeffrey Roth  
[www.workingsobriety.com](http://www.workingsobriety.com)
- **Joint Commission** [www.jcaho.org](http://www.jcaho.org)
- **Office of Diversion Control**  
[www.deadiversion.usdoj.gov/pubs/brochures/drug\\_hc.htm](http://www.deadiversion.usdoj.gov/pubs/brochures/drug_hc.htm)

*MTP is not responsible for information on the websites listed here. It is just providing the site address for you.*



For Information Call (505) 271-0800

MONITORING

CONSULTATION

EDUCATION

EVALUATIONS

CONTINUING CARE TREATMENT

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MTP PROVIDES THE FOLLOWING SERVICES FOR HEALTH PROFESSIONALS:

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**MTP**  
11930 Menaul Blvd, NE, Suite 102  
Albuquerque, NM 87112

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- **Dilute drug screens**
- **Net watch**