ORIENTATION HANDBOOK

VIRGINIA HEALTH PRACTITIONERS' MONITORING PROGRAM

701 EAST FRANKLIN STREET
SUITE 1407
RICHMOND, VA 23219

TEL: (866) 206-4747
FAX: (804) 828-5386

NOTE: The guidelines outlined in this handbook are subject to change in time. The current handbook can be found at http://www.dhp.virginia.gov/ under the Health Practitioners' Monitoring Program link.

Revised 9/12/19

TABLE OF CONTENTS

Message to Participants 1

HPMP Hours of Operation 2

HPMP Staff Responsibilities/Commitment 3

Virginia HPMP: Participant Guidelines and Procedures 4

HPMP Participant Responsibilities 5

Guidelines Regarding Use of Medications ..... 6 – 7

Toxicology Screening Program ..... 8 – 14

Rules Regarding Monitoring Forms ..... 15 – 17

Returning to Clinical Practice ..... 18 – 19

Appendices:

- Laws Establishing HPMP
- Pharmacotherapy
- Medication Safe to Use in Recovery from Chemical Dependence
- Electronic Reporting Forms: Screenshot Step-By-Step Guide
- HPMP Staff Directory

MESSAGE TO PARTICIPANTS

The Department of Health Professions (the licensing boards) has tasked the Health Practitioners' Monitoring Program (HPMP) with monitoring professionals in order to assure the boards and the public that you, the participant, are doing what is necessary to receive treatment and then follow whatever recommendations have been made to you, in order to return to the practice of your profession or to continue your practice.

With this in mind, as you embark upon your monitoring experience with the HPMP, please take a little time to consider that the program is here for you, the professional. Whether you may have a psychiatric disorder, physical disability or substance use disorder, it is our job to make sure that you have every opportunity to be successful in your recovery program.

The monitoring provided by HPMP is designed to assist you in achieving a successful outcome for recovery by holding you accountable to the requirements of your contract. While we realize that no one likes to be told what to do, we also realize that many of you have a disease which, left untreated, may be fatal. Your illness is not your fault; however, your recovery is your responsibility!

As outlined in the Orientation Handbook, HPMP will provide you with the tools necessary for your monitoring; will report on your progress during Board proceedings; and will encourage you in your recovery process.

This manual was prepared to give participants, treatment providers, work site monitors and others involved in the monitoring process an overview of HPMP guidelines and procedures. Our goal is to provide clear and distinct instructions to avoid confusion throughout the course of monitoring. All participants are responsible to read, understand and follow these guidelines in this manual; "I didn't know" will not be an excuse for non-compliance with program requirements if stated.

After completing the intake process, you will be assigned a case manager who will be overseeing your participation in the program. Your case manager will review a Recovery Monitoring Contract that has been developed to be individualized to meet your monitoring needs. This contract will change over the course of your participation depending on your circumstances and situation. Decisions regarding changes in your contract or program requirements are made as a team at HPMP with input from your treatment providers as well as others involved with your monitoring. Though HPMP recognizes and considers the input from the individuals involved with your monitoring, the right is reserved for the team to come to a decision that does not match with these individuals. All communication concerning the program and your participation will be with your case manager and case manager assistant.

Non-compliance with any area of the Recovery Monitoring Contract often indicates relapsive 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.

HPMP HOURS OF OPERATION

HPMP hours of operation are Monday through Friday, 8:30 am to 5:00 pm.

1. Voice messages left outside of the hours of Monday through Friday, 8:30 am to 5:00 pm, will not be considered valid attempts at communication with program staff.

2. If your case manager is out of the office and you have an emergent problem, there are personnel available to help you. Notify the receptionist of the urgency and someone will assist you.

3. HPMP is closed on the following days: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas. Participants do not have to call the test line or screen only on these days. **When in doubt, do the check in as usual.**

4. Meetings with case managers will be by appointment only.

5. In order to protect the privacy of our participants, only HPMP participants are able to enter the office. If you would like to have someone else involved in an individual meeting with your case manager, please notify the case manager prior to the meeting date and time. A signed release of information will be required.

HPMP STAFF RESPONSIBILITIES/COMMITMENT

The HPMP staff is responsible for:

- helping to ensure the safety of the citizens of Virginia by providing monitoring services to impaired healthcare practitioners and to assist the practitioners in the recovery process.

- providing each participant with information about the program including all expectations of monitoring, treatment recommendations, guidelines for practice and support with Board issues.

- providing each participant with an orientation which includes specific information about the relationship between HPMP and DHP, the screening process, expectations for submission of self-reports as well as reports from work site monitors and treatment providers.

- providing support for participants with Board related issues, including participant preparation for Informal Conferences and Formal Hearings, attending such proceedings when requested by DHP, providing the Board with relevant documents and testimony regarding compliance.

- providing clear information to all participants regarding return to practice including: worksite, access/non-access, hours of work and worksite monitor responsibilities.

- assisting participants with their recovery including informing participants when they are out of compliance with their contract, and to present recommendations which will assist the participant to make the changes necessary to be in compliance with their contract.

HPMP staff is committed to providing a respectful, safe and structured monitoring program in order to assist health care practitioners obtain and maintain successful recovery and continue or return to their profession with dignity.

VIRGINIA HEALTH PRACTITIONERS' MONITORING PROGRAM PARTICIPANT GUIDELINES AND PROCEDURES

The following is a list of compliance issues with the Virginia HPMP. Please take a minute to carefully review the procedures outlining the action that will follow each area of non-compliance.

- HPMP Participant Responsibilities
- Guidelines Regarding Use of Medications
- Toxicology Screening
- Reporting Forms
- Returning to Clinical Practice

HPMP PARTICIPANT RESPONSIBILITIES

Participants are responsible for the following:

- regular contact with his/her case manager, as specified in the Recovery Monitoring Contract (RMC). Failure to do so will be considered noncompliant behavior.

- providing copies of his/her contract to employer, work site monitor, therapist, treatment provider and any others specified by the RMC.

- notifying all treatment providers about the nature of the impairing illness for which he/she is being monitored.

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

- ensuring that all required HPMP reports are received by their deadlines (see Rules Regarding Monitoring Forms).

- providing HPMP with any address change and current telephone number for themselves or any individual identified in their RMC.

- knowing and understanding the RMC, including any approved changes in contract specifics such as treatment providers, work site monitors and work or practice restrictions. The participant needs to make sure their RMC is updated and signed.

- ensuring that all costs incurred to comply with the RMC, such as treatment or the toxicology screening program, are promptly paid.

- being forthright and honest in regards to preparing monthly reports, submitting required toxicology screens and reporting any relapse to their case manager promptly.

- practicing according to the Code of Virginia and keeping license current, meeting their profession's continuing medical education requirements and abiding by all regulations of their licensing Board.

Failure to maintain compliance with any of these responsibilities or any aspect of your RMC will be considered as noncompliance; therefore jeopardizing your participation in the program. Please be aware that all resulting actions of noncompliance detailed in this manual are subjective to the client having no previous noncompliance.

GUIDELINES REGARDING USE OF MEDICATIONS

All Participants:

- You must notify your case manager of all the medications you are currently taking, including prescription drugs, over-the-counter medications and dietary supplements.

- All prescription medications require a legitimate prescription. You must have a bona fide patient-provider relationship with the prescribing clinician. This means that you will obtain all prescriptions from the providers listed in your contract (except in an emergency).

- Any over-the-counter medications or supplements also require documentation of recommendation from your prescribing clinician. You will need to submit images of the medication or supplement, including of the ingredients, along with the documentation from your provider.

- If a new, non-addictive medication is prescribed, please call your case manager immediately and have a PRN Physician Report sent or faxed to your case manager within seven days. If prescribed a potentially-impairing medication, the PRN Physician Report must be sent or faxed within two days of the appointment.

- If your case manager requests medical records for your doctor visit, the actual medical record (not computerized discharge instructions or "doctor's note") must be provided to your case manager within two weeks of the request.

Participants with Substance Use Disorders or Undergoing Drug Testing:

- Using prescribed medications considered potentially impairing on a non-emergent basis without prior notification of your case manager may be considered relapsive.

- No one being monitored for a substance use disorder can work in a health profession while under the influence of a potentially impairing medication (i.e. benzodiazepines, opioids, stimulants, sedatives). If you are prescribed such substances for acute medical problems, you will be required to refrain from practice for ***at least two days*** following your last dose of medication or for a duration determined by HPMP.

- Participants who are taking potentially impairing medications for the treatment of chronic conditions will be assessed on a case by case basis before return to practice. This was adopted by the Monitoring Program Committee on February 29, 2003 and revised on October 21, 2011.

- You are responsible for anything you ingest, as well as not being present in any place where there are illicit substances, or associating with individuals who are abusing alcohol or other substances.

- Please refer to the Safe Medication Table at the back of this handbook for more specific information on acceptable/unacceptable medication. **When in doubt about a medication, call your case manager or do not take the substance.**

The following behaviors are unsafe, prohibited, and could result in a positive toxicology screen:

- Using prescription or over-the-counter medications/supplements given to you by someone other than your prescribing professional
- Eating foods containing alcohol
- Using alcohol-containing mouthwash
- Using medication containing alcohol
- Using alcohol-containing hand sanitizer or other cleansers
- Kombucha tea
- CBD oil or CBD containing products
- Vape pens or other methods of vaping
- Eating foods containing poppy seeds
- Consuming any food, liquid or medication about which you are unsure of the contents
- Mixing your medications with someone else's
- Using medication containing ephedrine
- Using muscle relaxers (such as Soma or Flexeril)
- Taking sleeping medications such as Ambien, Sonata or benzodiazepines
- Using prescription diet pills or over-the-counter diet pills
- Taking Tramadol (Ultram)
- Taking cough medicine (pills and syrups) with narcotics, dextromethorphan or alcohol
- Taking medications considered unsafe for persons in recovery from a substance use disorder, whether scheduled or unscheduled (see Safe Medication Table)

TOXICOLOGY SCREENING PROGRAM

For those individuals who are monitored for substance abuse issues or have a history of misusing medications, substances or alcohol, the toxicology screening program is a critical aspect of their participation. With regard to substance use disorders, HPMP recognizes that random toxicology screening does not substitute for a strong recovery program, but negative screens are objective evidence of abstinence and disease remission which are necessary for a participant to return to practice safely and competently. From an HPMP perspective, body fluid analysis is performed to detect relapse early so that participants can be referred to the appropriate level of treatment. Most chronic diseases in medicine are followed with laboratory testing and substance use disorders are no different.

HPMP has selected a Third Party Administrator (TPA) to manage the random toxicology screening program. All positive tests are confirmed by gas chromatography/mass spectrometry (GC/MS) which makes the issue of false positives essentially nonexistent. A certified Medical Review Officer (MRO) oversees the testing program and reviews all non-negative results. We have required that all specimens be submitted utilizing a chain of custody procedure on the day of selection to ensure the security of the screening process.

Unfortunately, there are a few participants who attempt to subvert the screening process by adulterating or substituting their samples. This has an impact not just on the participation of that participant but on all the other participants involved in the screening program and on the credibility of the program itself. For this reason, we reserve the right to request that a participant undergo an observed urine screen, blood test, nail test or hair test when indicated. These alternative methods of testing are also part of the random selections.

The following will **not** be considered valid explanations for a positive test:

- Passive exposure to substances (e.g. marijuana, cocaine, etc.) regardless of circumstances
- Unknown ingestion of substances (e.g. alcohol, marijuana, etc.) brownies
- Medicinal marijuana, marinol, CBD oil or CBD containing products
- Unknown poppy seed ingestion
- Unknown skin exposure to substances (e.g. cocaine, heroin, etc.)
- Foreign medications
- Homeopathic medications or dietary supplements
- Food, medication, skin products, hand sanitizer, mouthwash, drinks (e.g. kombucha tea) containing alcohol
- Vape pens or other method of vaping containing unknown substances (e.g. alcohol, marijuana, cocaine, etc.)

The **only** acceptable explanation for a positive screen is a valid **recent** prescription by a physician or practitioner with whom you have a bona fide patient-practitioner relationship. All other explanations are considered a relapse.

1. Positive Toxicology Screen: Action taken for positive (with no valid or acceptable medical explanation), adulterated, or substituted samples
   - Participant must immediately refrain from practicing
   - Employer/worksite monitor will be notified that participant must refrain from practicing.
   - A non-compliance report will be generated for our oversight committee, the Monitoring Program Committee (MPC), and if a participant has a Board order or is under investigation, this report will be forwarded to the appropriate Board.
   - If participant has a Stay of Disciplinary Action, a request for the Stay to be vacated may be submitted.
   - Participant may be required to have an evaluation at the discretion of HPMP, following which HPMP will provide recommendations required for continued program participation.
   - Participant may be required to attend re-orientation at HPMP office.
   - Participant can expect an increase in the frequency of toxicology screens.
   - All urine screens may be required to be submitted under direct observation.
   - It may be necessary to extend the length of the RMC for a period of time determined by the HPMP.
   - The RMC will be revised to include new treatment recommendations, work restrictions or other necessary requirements.
   - Subversion by adulteration or substitution of the toxicology screen process is grounds for immediate dismissal from the program. In addition, HPMP may consider a participant who subverts the testing process ineligible for readmission to the program.
2. Positive Toxicology Screen: Action taken for positive toxicology screen with valid prescription but participant did not notify HPMP of prescription:
   - The participant must submit requested documentation related to the prescribed drug to HPMP within two days.
   - The participant must refrain from practicing while taking mood-altering and/or controlled substances (see Rules Regarding Use of Medications).
   - Participant's screen frequency may be increased.
   - Participant may be required to repeat orientation.
   - If medical records are not provided within the appropriate time frame, the screen will be handled as a positive screen with no valid or acceptable medical explanation.

3. Missed Check-ins (during a 6-month period, and no other noncompliance)

   - First missed check-in:

     - If participant contacts Case Manager, participant will receive a verbal warning and discussion about ways to improve compliance with daily check-in; however, if there was a screen scheduled, participant will receive Warning Letter.

     - If participant does not contact Case Manager, participant will receive a Warning Letter.

     - If screen was scheduled and missed, participant may have toxicology screen frequency increased and/or alternative test may be required.

   - Second missed check-in:

     - If participant contacts Case Manager, participant will receive a Warning Letter; however, if a screen was scheduled, participant will be placed on Warning Status.

     - If participant does not contact Case Manager, participant will be placed on Warning Status.

     - If screen was scheduled and missed, participant may have urine screen frequency increased and/or alternative tests may be required.

   - Third missed check-in:

     - It may be handled similar to a positive screen (see Toxicology Screening Program – 1. Positive Toxicology Screen).

4. Failure to Screen on Day Selected After Checking In

   - First occurrence and participant contacts Case Manager, participant will receive a Warning Letter and screen may be rescheduled and/or alternative test may be required.

   - First occurrence and participant does not contact Case Manager, participant will be placed on Warning Status, urine screen frequency may be increased, and/or alternative test may be required.

   - Second occurrence and participant contacts Case Manager, participant will be placed on Warning Status, urine screen frequency may be increased, and/or alternative test may be required.

- Second occurrence and participant does not contact Case Manager:
    - If participant is already on Warning Status, participant will be placed on Pre-dismissal Status, urine screen frequency may be increased, and/or alternative test may be required.
    - If not already on Warning Status, participant will be placed on Warning Status, urine screen frequency may be increased, and/or alternative test may be required.

- Third occurrence (whether participant calls the Case Manager or not) will be handled similar to a positive screen (see Toxicology Screening Program – 1. Positive Toxicology Screen).

5. Dilute/Abnormal Urines

- First urine specimen with creatinine level less than 20 mg/dL or greater than 300 mg/dL:
    - Participant will receive a special warning letter about dilute/abnormal screens.

- Second dilute/abnormal screen:
    - Participant will receive a letter about dilute/abnormal screens and may have frequency of toxicology screening increased, depending on how dilute/abnormal the specimen is.

- If dilute/abnormal screens persist:
    - Participant will be asked to provide a hair, nail and/or blood specimen for testing after each dilute screen.
    - A request may be made that participant see his or her primary care physician for medical evaluation of dilute urine.

- Participant may be dismissed from the program, due to inability to monitor, if unable to produce normally concentrated urine.

Dilute urines can be avoided by:

- Restricting fluid intake to 8-16 oz. for four hours prior to testing.

- Screening in the morning.

6. Chain-Of-Custody (COC) Forms and Laboratory Accounts

- You will need to keep your COC forms on hand so that you can submit the correct specimen scheduled for you on a day you are selected. You should have a minimum of three forms at all times.

- You will need to maintain an active credit/debit card on account to be charged after the screen has resulted.

- If you arrive at the test site and have forgotten to bring your COC form, temporary arrangements may be able to be made by contacting the TPA.

- Do not fill in any information on your COC form prior to submitting your specimen before a lab technician. Be sure that the correct panel selection is marked on the COC form and that you witness the technician completing all entries on the COC and entire process including sealing your specimen in plastic bag.

- You will need to keep your copy of each COC form as a receipt that you tested on the date selected. We suggest you keep these receipts for at least three months.

7. Split Specimens

A split specimen refers to the dividing of the urine sample into two different bottles that are labeled A and B. Both bottles are sent to the lab, and the urine in bottle A is tested. If a test is positive and you know you have not used a drug or alcohol, you can request bottle B be tested. A split specimen is not necessary and is the option of the participant. The rules concerning split specimens are as follows:

- Split specimens require a larger volume of urine than single specimens. Your collector will tell you how much is needed.
- The participant must request bottle B be run. This request must be made to your case manager and have the approval of the medical director.
- The request for bottle B to be run will not be approved if it is made over 72 hours after the participant has been notified of the initial (bottle A) results.
- The participant is responsible for payment of the cost of testing the second specimen.

8. Shy Bladder

Definition:

- Donor unable to produce 45 ml of urine within three hours with ingestion of up to 40 ounces of fluid.

Actions:

- HPMP staff will call collection site to see if three hours were allowed along with fluids.

- Participant must arrange to be seen by a physician acceptable to HPMP for evaluation.

- If an adequate medical explanation does not exist, then the test is handled as a failure to screen (see 4. Failure to Screen on Day Selected After Checking In).

9. Witnessed Screens

   If witnessed screens are ordered as part of your screening program the following procedures will be followed:

   - HPMP will notify the TPA that the participants' screens need to be witnessed.

   - The participant will contact the TPA and arrange witnessed screens.

   - The participant will screen at one site unless authorized to screen at an alternative site prior to screening. Both the TPA and HPMP must be contacted and approval from HPMP must be obtained prior to changing collection sites.

   - If it is not possible to obtain a witnessed screen (such as a same sex collector is not available) then the participant must contact the TPA the same day so they can confirm the situation with the collection site.

   - The participant must make sure that the lab technician marks section of the COC that the collection was "observed."

   - If the COC does not have "observed" and the TPA has not been called by the participant about the unavailability of a same-sex witness at the site, the test may be considered positive.

10. Going Out of Town/Vacations & Illness

    If you are going out of town, notify your case manager at least ***two weeks*** ahead of time. Your case manager will provide instructions regarding what you need to do.

    Toxicology testing may not be excused in the first two years of monitoring for any reason other than **documented** medical illness that would preclude the participant from screening (i.e. hospitalization or absolute bed rest). If you plan to travel you will need to make arrangements beforehand to test. If tests are missed due to anything except medical illness, the consequences outlined above in "Failure to Screen on Day Selected After Checking In" will be followed.

    At any time during your participation if you are unable to test you may not be approved to practice.

11. Hair/Nail Testing

- All hair/nail tests will be ordered with the approval of the Medical Director.
- When a hair/nail test is ordered for a participant, the case manager will notify the TPA regarding the type of testing.
- The participant will need to contact the TPA and arrange for payment and collection site appointment.
- The participant is expected to complete the hair/nail test the day of selection.
- Hair/nail testing after a positive urine result will not negate the confirmed positive urine result.

12. Blood Testing

- All blood tests will be ordered with the approval of the Medical Director.
- Blood testing may be requested when there are concerns about possible alcohol use.
- The participant will need to contact the TPA and arrange for payment and collection site appointment.
- The participant is expected to complete the blood test the day of selection.
- Blood testing after a positive urine result will not negate the confirmed positive urine result.

RULES REGARDING MONITORING FORMS

Monthly Reporting

All monthly reports are due in the HPMP office no later than the 10th of the month for the preceding month.

Quarterly Reporting

All quarterly reports are due in the HPMP office no later than the 10th of the month and in accordance with the quarterly schedule provided below:

For the Months of:	Reports must be received by Virginia HPMP no later than:
Dec / Jan / Feb	10th of March
Mar / Apr / May	10th of June
Jun / Jul / Aug	10 of September
Sep / Oct / Nov	10th of December

Bi-Monthly Reporting

Bi-monthly reports are due in the HPMP office no later than the 10th of the month and in accordance with the bi-monthly schedule provided below:

For the Months of:	Reports must be received by Virginia HPMP no later than:
Dec / Jan	10th of February
Feb/ Mar	10th of April
Apr / May	10th of June
Jun / Jul	10th of August
Aug / Sep	10th of October
Oct / Nov	10th of December

All reports may be mailed, faxed or completed electronically through the TPA (see screenshots in appendices). Participants should complete only the Participant Progress Report and Group Attendance form. Participants should **NOT** complete any part of the therapist, physician or work place monitors' reports. PRN Report forms from physicians are due within seven days of the visit or two days if a potentially addictive medication is prescribed.

Please note that we expect our participants to contact their case managers by phone with a frequency that is specified in the Recovery Monitoring Contract. It is the participant's responsibility to make sure that this contact occurs.

Participant Progress Reports

- If a Participant Progress Report is not submitted or submitted late, participant will be contacted by their Case Manager or Case Manager Assistant to remind them about reporting requirement.

- If two Participant Progress Reports are not submitted or submitted late, participant will receive a Warning letter.

- If lack of reporting or late reporting continues,

    - participant may be required to refrain from practice and employer will be notified

    - a non-compliance report may be sent to the MPC and if a participant has a Board order or is under investigation, the report will be forwarded to the appropriate Board, or a request to vacate a Stay of Disciplinary Action may be made

    - participant may be required to have an assessment

    - toxicology screening frequency may be increased

It is the responsibility of the participant to assure that all work site and treatment provider reports are submitted in a timely manner.

Provider (Therapy, Treatment Program, Psychiatrist, Physician) and Monitor (Work Site, Peer, Employer) Reports:

- The participant is responsible to ensure the timely submission of all forms from reporting individuals. Make sure that all providers/monitors have the proper forms. The participant should remind all of his/her providers/monitors each month before the 10th.

- If reports are not received, the participant will be contacted. If the report is not submitted after contact by HPMP, the provider/monitor will be contacted directly by the case manager.

- If more than three reports are late or no reports are received:

    - participant may be required to refrain from practice and employer will be notified

    - a non-compliance report will be sent to the MPC and if a participant has a Board order or is under investigation, the report will be forwarded to the appropriate Board, or a request to vacate a Stay of Disciplinary Action may be made

    - participant may be required to have an assessment

    - toxicology screening frequency may be increased

Forged or falsified participant progress reports, group attendance reports, work site monitoring/employer reports, peer monitoring reports, physician reports and therapy/treatment provider reports are grounds for urgent dismissal. In addition, HPMP may consider a participant who forges or falsifies report forms ineligible for readmission to the program.

RETURNING TO CLINICAL PRACTICE

One of the most serious violations to program rules is practicing without the approval of HPMP. Practice is considered working in a healthcare setting, whether paid or volunteer and whether requiring a license or not.

All participants must have HPMP approval and a signed Recovery Monitoring Contract with the new job specifications and all relevant releases of information returned to and received at HPMP before they can work in a healthcare setting.

Participants will not be considered for return to practice if:

- They have a Board order stating that they cannot practice.
- They are in residential treatment.
- They are non-compliant with the RMC.

Steps for requesting return to practice or job change:

- Before investigating employment opportunities, contact your case manager to:
    - Discuss eligibility for approval to begin looking for practice or general work in a healthcare setting. You must receive approval to look for clinical work PRIOR TO DOING SO (i.e. do not apply for practice without prior approval from HPMP staff).
    - Discuss practice limitations and restrictions.
    - Discuss a plan for notifying potential employers of your HPMP participation.
- Once you have been offered a position, you need to discuss the following with your case manager:
    - Possible work site monitors/employer representatives/peer monitors
    - Job description and particulars.

The Case Manager will present the case at the HPMP team staffing to determine position approval and work restrictions.

Staffing recommendations for returning to practice may include that a participant consider pharmacotherapy for his/her addiction (e.g. naltrexone, Vivitrol, Antabuse, etc.)(see Pharmacotherapy in Appendices). This recommendation is sometimes made when the participant has a history of relapsing addiction, if there is a history of opioid dependence or diversion, and the client is requesting return to a workplace where he/she may be exposed to opioids, or when a return to work request is made by the participant at an earlier stage of recovery than is usual for HPMP clients.

- Virginia HPMP **recommends** consideration of pharmacotherapy only; HPMP staff do **NOT** prescribe.

- Participant must obtain an evaluation and medical clearance for use of the medication through a knowledgeable physician who will also continue to monitor response to treatment and participant health.

- HPMP may require medication adherence to be witnessed. Those who are to witness medication administration will be specified in the contract, but cannot be friends or family members.

If approved to look for practice or a specific position is approved, participant **cannot begin work (including employment orientation)** until a signed Recovery Monitoring Contract, detailing practice restrictions, and releases are obtained by HPMP.

Practicing without permission AND a signed contract with HPMP is grounds for immediate HPMP dismissal.

APPENDICES

VIRGINIA HEALTH PRACTITIONERS' MONITORING PROGRAM

701 EAST FRANKLIN STREET
SUITE 1407
RICHMOND, VA 23219

TEL: (866) 206-4747
FAX: (804) 828-5386

Revised 9/12/19

LAWS ESTABLISHING HPMP

Code of Virginia
Chapter 25.1 of Title 54.1 – Health Practitioners' Monitoring Program

§ 54.1-2515. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Committee" means the Health Practitioners' Monitoring Program Committee as described in § 54.1-2517.

"Contract" means a written agreement between a practitioner and the Committee providing the terms and conditions of program participation or a written agreement entered into by the Director for the implementation of monitoring services.

"Disciplinary action" means any proceeding which may lead to a monetary penalty, probation, or to reprimand, restriction, revocation, suspension, denial or other order relating to the license, certificate, registration or multistate privilege of a health care practitioner issued by a health regulatory board.

"Impairment" means a physical or mental disability, including, but not limited to substance abuse, that substantially alters the ability of a practitioner to practice his profession with safety to his patients and the public.

"Practitioner" means any individual regulated by any health regulatory board listed in § 54.1-2503.

§ 54.1-2516. Program established; practitioner participation; disciplinary action stayed under certain conditions.

A. The Director of the Department of Health Professions shall maintain a health practitioners' monitoring program that provides an alternative to disciplinary action for impaired health practitioners. The Director shall promulgate such regulations as are necessary for the implementation of this program after consulting with the various health regulatory boards.

   The Director may, in consultation and coordination with the Health Practitioners' Monitoring Program Committee, enter into contracts as may be necessary for the implementation of monitoring services. Such services may include education, assessment, referral for intervention and treatment, and monitoring of impaired practitioners. If the Director enters into an agreement with another agency of the Commonwealth pursuant to this section, that agency shall be immune from liability resulting from the good faith exercise of its obligations under the agreement.

   When evaluating such contracts, the Director shall consider the utilization of programs, as appropriate, that have been established by professional organizations for peer assistance of impaired practitioners.

The Program's operating costs, including any contractual obligations for services, shall be funded by special dedicated revenues consistent with the provisions of §§ 54.1-113, 54.1-2400, and 54.1-2505. However, this section shall not prohibit the Committee from charging participants a reasonable portion of a fee related to the costs of participation in the Program. No participant shall be denied entry into the Program due to the inability to pay a portion of the costs related to participation.

Any monitoring program for individuals licensed or certified by the Board of Medicine, and any contract for the implementation of monitoring services with respect to any such individuals, shall be subject to the prior approval of that Board.

B. Any health practitioner who has an impairment as defined in this chapter, may, on a voluntary basis, participate in the Program regardless of whether the impairment constitutes grounds for disciplinary action.
C. Disciplinary action shall be stayed upon entry of the practitioner in the Program under the following conditions:

1. No report of a possible violation of law or regulation has been made against the practitioner other than impairment or the diversion of controlled substances for personal use and such use does not constitute a danger to patients or clients.

2. The practitioner has entered the Program by written contract with the Committee.

3. Disciplinary action against the practitioner has not previously been stayed in accordance with this section.

4. The practitioner remains in compliance with the terms of his contract with the Committee.

5. The Committee has consulted with the designated representative of the relevant health regulatory board.

§ 54.1-2517. Health Practitioners' Monitoring Program Committee; certain meetings, decisions to be excepted from the Freedom of Information Act; confidentiality of records; immunity from liability.

A. The Health Practitioners' Monitoring Program Committee shall consist of seven persons who are licensed, certified, or registered practitioners appointed by the Director to advise and assist in the operation of the Program, at least one of whom shall be licensed to practice medicine or osteopathy in Virginia and who shall be engaged in active clinical practice, and at least one of whom shall be a registered nurse who shall be engaged in active practice. All members of the Committee shall be knowledgeable about impairment and rehabilitation, particularly as related to the monitoring of health care practitioners. The Health Practitioners' Monitoring Program Committee shall have the following powers and duties:

1. To determine, in accordance with the regulations, eligibility to enter into the Program;

2. To determine, in accordance with the regulations, those Program participants who are eligible for stayed disciplinary action;

3. To enter into written contracts with practitioners which may include, among other terms and conditions, withdrawal from practice or limitations on the scope of the practice for a period of time;

4. To report to the Director and the health regulatory boards as necessary on the status of applicants for and participants in the Program;

5. To report to the Director, at least annually, on the performance of the Program; and

6. To assist the Director in carrying out the provisions of this chapter.

B. Records of the Health Practitioners' Monitoring Program, to the extent such records identify individual practitioners in the program, shall be privileged and confidential, and shall not be disclosed consistent with the Virginia Freedom of Information Act (§ 2.2-3700 et seq.). Such records shall be used only in the exercise of the proper functions as set forth in this chapter and shall not be public records nor shall such records be subject to court order, except as provided in subdivision C 4 below, or be subject to discovery or introduction as evidence in any civil, criminal, or administrative proceedings except those conducted by a health regulatory board.

C. Notwithstanding the provisions of subsection B above and of subdivision 11 of § 2.2-3705.5, the Committee may disclose such records relative to an impaired practitioner only:

1. When disclosure of the information is essential to the monitoring needs of the impaired practitioner;

2. When release of the information has been authorized in writing by the impaired practitioner;

3. To a health regulatory board within the Department of Health Professions; or

4. When an order by a court of competent jurisdiction has been granted, upon a showing of good cause therefore, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate protections against unauthorized disclosures.

D. Pursuant to subdivision A 24 of § 2.2-3711, the proceedings of the Committee which in any way pertain or refer to a specific practitioner who may be, or who is actually, impaired and who may be or is, by reason of such impairment, subject to disciplinary action by the relevant board shall be excluded from the requirements of the Freedom of Information Act (§ 2.2-3700 et seq.) and may be closed. Such proceedings shall be privileged and confidential.

E. The members of the Committee shall be immune from liability resulting from the exercise of the powers and duties of the Committee as provided in § 8.01-581.13.

§ 54.1-2518. Investigation by Department or other authorized official; prosecution for violations of law.

This chapter shall not be construed to inhibit an investigation into the conduct of a practitioner by the Department of Health Professions or any other authorized agency, including, but not limited to, law-enforcement or health regulatory agencies, or to prohibit the prosecution of any practitioner for any violation of law.

PHARMACOTHERAPY

The Health Practitioners' Monitoring Program is a strong proponent of appropriate pharmacotherapy as an adjunct to psychosocial treatment for substance use disorders. For recovering health care professionals who are returning to the stresses of practice and possible narcotic access, such pharmacotherapy can serve as a valuable tool for relapse prevention. In highly motivated groups, such as recovering health practitioners who are willing to participate in direct observation administration, pharmacotherapy can be effective in helping to prevent relapse.

Naltrexone (Revia®)

- Opioid antagonist

- FDA approved treatment for: Opioid use disorders, alcohol dependence
  - For opiates: blocks euphoria
  - For alcohol: reduces craving, reduced consumption, but no alteration of alcohol responses

- Dosing: 50 mg daily; or 100 mg, 100 mg, 150 mg, Monday, Wednesday, Friday

- Side Effects: few and mild: GI, headache, dizziness, anxiety, sedation

- Treatment Duration
  - heroin addiction: minimum 3 months associated with higher rates of abstinence at one year
  - health practitioners: longer term treatment with ongoing evaluation by treatment team for duration of pharmacotherapy

- Determine baseline liver enzyme values; monitor every 3 months initially, if elevated, determine risk/benefit ratio of continued use

- Blocks narcotic pain relief
  - For acute pain control, use non-narcotic pain relievers
  - For elective surgery, stop naltrexone for 3 days prior to surgery

- For those who have completed medical withdrawal from opioids and/or have abstained from opioid use for at least 1 week (for methadone or long acting opioid formulations 3 weeks); there is <u>no need</u> to do a naloxone challenge test

Should not be used during pregnancy

Initiation of Naltrexone Treatment:

- Must have completed opiate detoxification
- May initiate in conjunction with opiate detoxification in some protocols
- Will produce opiate withdrawal in those physiologically dependent on opioids
- Physician assessment: Client must be medically cleared for use of naltrexone and must have ongoing medical oversight of naltrexone treatment by prescribing physician.
- Client should carry emergency card noting that naltrexone is being taken and that includes emergency contact number of prescribing physician.
- Naltrexone should be stopped one week prior to any medical procedures that might require use of opioid analgesia.

Advantages of Naltrexone:

- Rapid onset of action
- No mood disturbance
- No anhedonia
- No psychotropic effects

PHARMACOTHERAPY

The Health Practitioners' Monitoring Program is a strong proponent of appropriate pharmacotherapy as an adjunct to psychosocial treatment for substance use disorders. For recovering health care professionals who are returning to the stresses of practice and possible narcotic access, such pharmacotherapy can serve as a valuable tool for relapse prevention. In highly motivated groups, such as recovering health practitioners who are willing to participate in direct observation administration, pharmacotherapy can be effective in helping to prevent relapse.

Disulfiram (Antabuse®)

- Blocks metabolism of alcohol by inhibiting enzymes in the aldehyde dehydrogenase family, one of which acetaldehyde dehydrogenase, catalyzes the oxidation of acetaldehyde to acetic acid. Thus, if alcohol is ingested, acetaldehyde levels rise causing the Disulfiram-Alcohol reaction.

- Reaction: flushing, weakness, nausea/vomiting, tachycardia, hypotension, headache, dyspnea

- Acute emergent treatment: supportive (fluids, oxygen), large doses of intravenous Vitamin C (1 gram), ephedrine sulfate as needed

- Possible side effects: hepatoxicity, neuropathy, metallic taste, psychosis

- Contraindication: cardiac disease, hepatitis or impaired hepatic function, esophageal varices, pregnancy, breastfeeding, impulsivity, psychotic disorders

- Certain drugs have Disulfiram-like activity:
  - Metronidazole (Flagyl®)
  - Calcium carbimide (Temposil®)
  - Hypoglycemics (ex: glyburide, tolbutamide, chlorpropamide and other sulfonureas)
  - Antifungals: ketoconazole, griseofulvin and others
  - Antimalarial quinacrine

- Drug interactions:
  - Reduced clearance of diazepam (Valium®) and chlordiazepoxide (Librium®)
  - Reduced clearance of desipramine and imipramine
  - Reduced clearance of phenytoin and warfarin
  - Increased CNS side effects with isoniazid

- Foods and products containing alcohol must be avoided. (ex: mouthwash with alcohol, cold and cough preparations with alcohol, some flavoring extracts, wine vinegars); Do not use alcohol containing products on skin.

- Dosage: 250 mg/daily (≥65 years use 125 mg/daily)

- To avoid reaction, alcohol should not be consumed for at least 2 weeks from the time Disulfiram is last ingested. Renewed acetaldehyde dehydrogenase enzyme activity requires the synthesis of new enzyme.

- Liver function tests are recommended before treatment and every 3 months thereafter.

- In past years, it was thought advisable to have a patient undergo a supervised alcohol-Antabuse reaction. WE DO NOT RECOMMEND THAT THIS BE DONE. HPMP ***DOES NOT*** ENDORSE OR REQUIRE THIS PROCEDURE.

- Should not be used during pregnancy

Initiation of Disulfiram Treatment:

- Physician assessment: Client must be medically cleared for use of disulfiram (Antabuse®) and must have ongoing medical oversight of disulfiram (Antabuse®) treatment by the prescribing physician

- No medical/psychiatric contraindications

- Liver function tests are recommended before treatment and every 3 months thereafter

- Must have completed detoxification

- No recent alcohol use

- Treatment duration: determined in conjunction with treatment providers/physician

- Patients should carry Disulfiram Identification Card stating that he/she is taking Disulfiram and describing reaction

ELECONTRIC REPORTING FORMS:
SCREENSHOT STEP-BY-STEP GUIDE

Revised 9/12/19

Virginia Health Practitioner's Monitoring Program
Monthly Participant Report

Denotes a required field.

Name of Participant: James Bond-Test **Client #:** 9999 **CM:** Amy Stewart
Reporting Month: --None-- **Year:** 2019

Has your address or telephone number changed since the last report? --None--

Address: 2018 November test 1 **Phone:** (999) 999-8888
Richmond VA
12121

Date of Check-In with Case Manager for month: [3/27/2019]

Current Medical/Mental Conditions for which I am receiving treatment:
** denotes a required field to save/update a record, information is not required to be added if it does not apply.

Condition	New?	Medication Name	New?	
** alcohol abuse		Prescription Name		Delete
** Medical/Mental Condition		Prescription Name		

Add Condition

Select *"None"* for each of the provider types below if you do not have any visits to report this period or do not have a provider of that type.

PCP/Medical Specialist Visits:

Primary Care Provider Appointments: None

Primary Care Provider's Name: ** Provider Name
Dates attended: [3/27/2019]
Add Date

Other Provider: None

Other Provider's Name: ** Provider Name
Dates attended: [3/27/2019]
Add Date
Specialty: ** Other Provider Specialty

Therapy Attendance:

IOP / Day Treatment: None

Facilitator's Name: ** Facilitator Name
Number of appointments Scheduled:
Dates Attended: [3/27/2019]
Add Date
Reasons for missed sessions: Reason for missed dates

Group Therapy: None

Group Therapist's Name: ** Facilitator Name
Number of appointments scheduled:
Dates Attended: [3/27/2019]
Add Date
Reason for missed sessions: Reason for missed dates

Individual Therapy: None

Individual Treatment Therapist's Name: ** Therapist Name
Number of appointments scheduled:
Dates Attended: [3/27/2019]
Add Date
Reason for Missed sessions: Reason for missed dates

Psychiatric / Addiction Treatment: None

Psychiatrist's / Addiction Physician's Name: ** Psychiatrist Name
Number of appointments scheduled:
Dates attended: [3/27/2019]
Add Date
Reason for Missed Sessions: Reason for missed dates

Status of Legal Issues (if any):
Enter status of any legal issues.

Employment:
** denotes a required field to save/update a record, information is not required to be added if it does not apply.

Has this employer changed?	Employer	Address	Phone	Employment Period	Worksite Monitor	Employer Representative	Peer Monitor
Yes / No	RecoveryTrek	123 Main Street Norfolk VA 23504	(757) 555-0101	-	Paul2	Frank2	
Yes / No	test 1			-			
Yes / No	test 2			-			
**	Employer Name	Address City State Zip Code	Employer Phone	Start Date [3/27/2019] End Date [3/27/2019]	Monitor Name	Representative	Peer Monitor

Add Employer

Comments/Concerns:
Enter any other additional comments or concerns

(Please submit this form by the *10th* of the month.)
Thank you for your cooperation!

Participant Name: Your Name Here **Electronic Signature:** **Date:** Date [3/27/2019]

Cancel Save Save & Submit

Virginia Health Practitioner's Monitoring Program
Monthly 12-Step Group Attendance Report - Substance Use Disorder

| Denotes a required field.

** Field is required, but if the field does not apply please check N/A.

Name of Participant: James Bond-Test Client #:9999 CM: Amy Stewart

Reporting Month: | --None-- Year: | 2019 Sobriety Date: ** Sobriety Date [3/27/2019] N/A ☐

Twelve-Step Meetings (Group Type A): *(Examples: AA, NA, CA, SA, Al-Anon, CODA, etc.)*

Number of meetings required: |

Number of meetings attended: |

Do you have a sponsor? | --None--

Healthcare Professionals Meetings (Group Type B): *(Examples: Caduceus, IDAA, Nurse's Support Group, etc.)*

Required Treatment/Aftercare Groups Do Not Count Toward Required Healthcare Professionals Meetings

Number of meetings required: |

Number of meetings attended: |

Complete date, the meeting topic, and if you shared.

Group A

Week	Date	Topic Discussed	Did you share?
--None--	[3/27/2019]		--None--

Add Meeting

Group B

Week	Date	Location	Topic Discussed	Did you share?
--None--	[3/27/2019]			--None--

Add Meeting

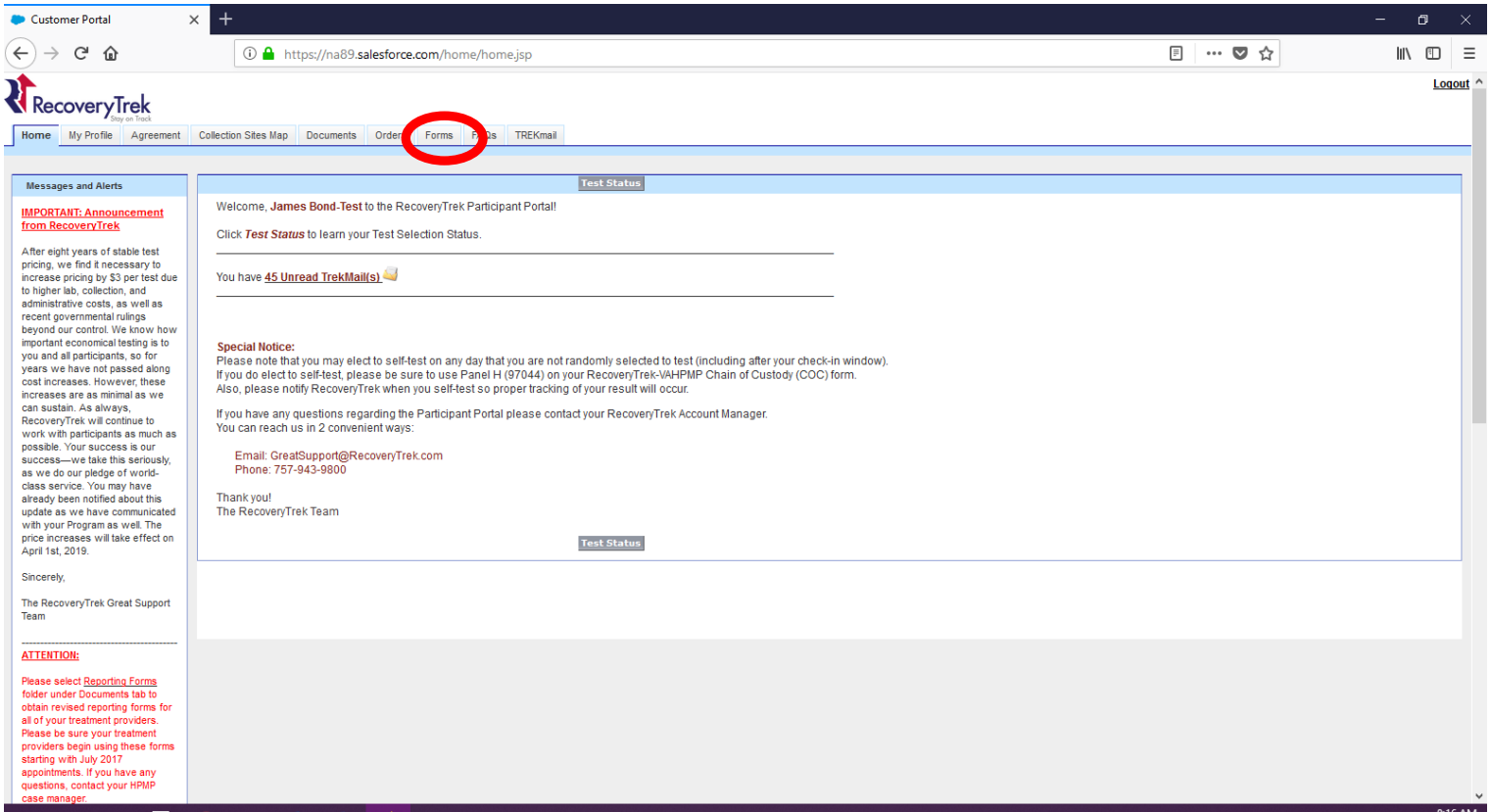
What have you gained from meeting attendance this month?

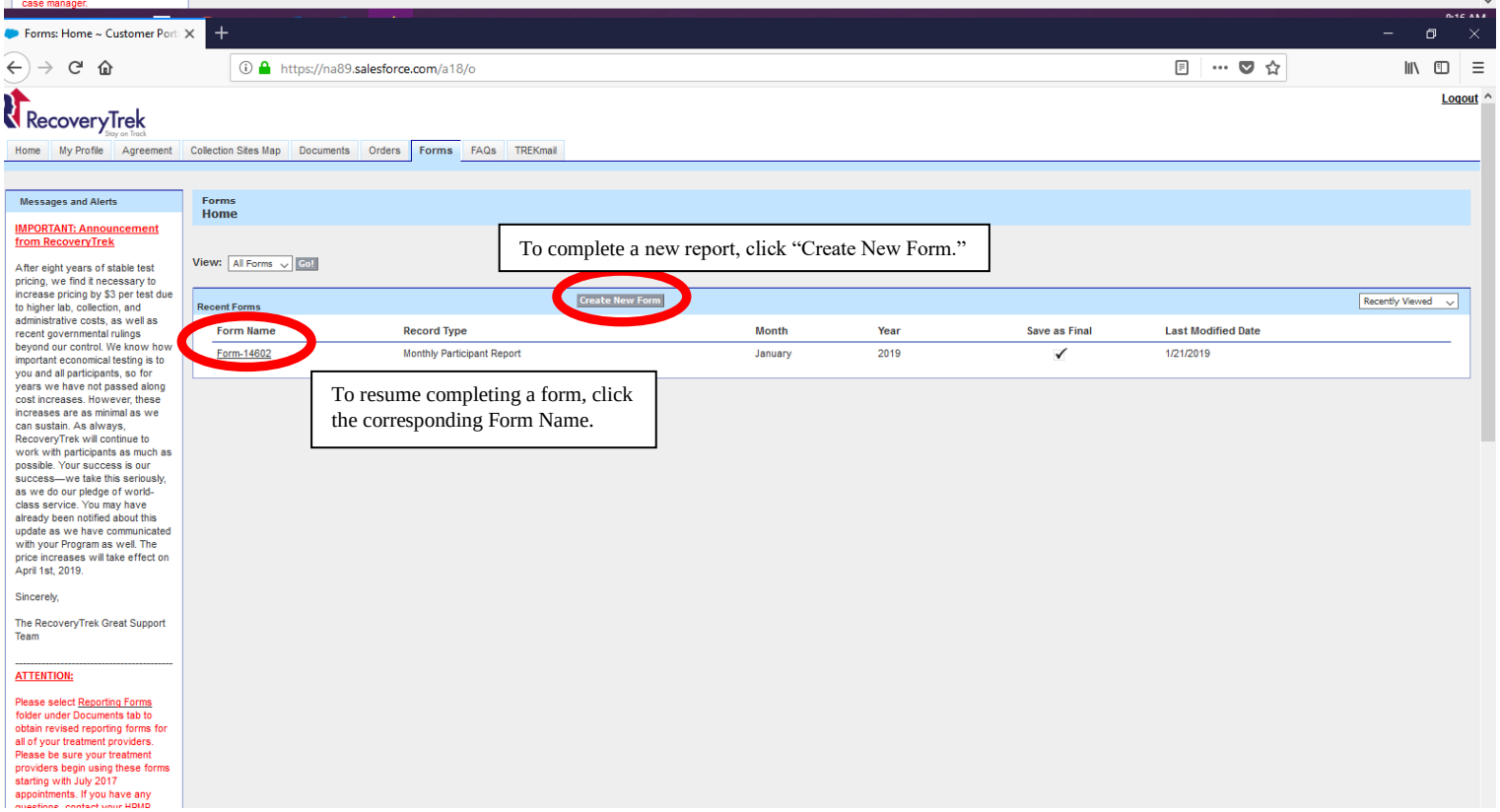
What step are you currently working on? ** Current Step ☐ N/A

(Please submit this form by the *10th* of the month.)
Thank you for your cooperation!

Participant Name: | Your Name Here Electronic Signature: | ☐ Date: | Date [3/27/2019]

Cancel Save Save & Submit


Customer Portal
https://na89.salesforce.com/home/home.jsp
Logout
RecoveryTrek
Home
My Profile
Agreement
Collection Sites Map
Documents
Orders
Forms
FAQs
TREKmail
Messages and Alerts
IMPORTANT: Announcement from RecoveryTrek
After eight years of stable test pricing, we find it necessary to increase pricing by $3 per test due to higher lab, collection, and administrative costs, as well as recent governmental rulings beyond our control. We know how important economical testing is to you and all participants, so for years we have not passed along cost increases. However, these increases are as minimal as we can sustain. As always, RecoveryTrek will continue to work with participants as much as possible. Your success is our success—we take this seriously, as we do our pledge of world-class service. You may have already been notified about this update as we have communicated with your Program as well. The price increases will take effect on April 1st, 2019.
Sincerely,
The RecoveryTrek Great Support Team
ATTENTION:
Please select Reporting Forms folder under Documents tab to obtain revised reporting forms for all of your treatment providers. Please be sure your treatment providers begin using these forms starting with July 2017 appointments. If you have any questions, contact your HPMP case manager.
Test Status
Welcome, James Bond-Test to the RecoveryTrek Participant Portal!
Click Test Status to learn your Test Selection Status.
You have 45 Unread TrekMail(s)
Special Notice:
Please note that you may elect to self-test on any day that you are not randomly selected to test (including after your check-in window).
If you do elect to self-test, please be sure to use Panel H (97044) on your RecoveryTrek-VAHPMP Chain of Custody (COC) form.
Also, please notify RecoveryTrek when you self-test so proper tracking of your result will occur.
If you have any questions regarding the Participant Portal please contact your RecoveryTrek Account Manager.
You can reach us in 2 convenient ways:
Email: GreatSupport@RecoveryTrek.com
Phone: 757-943-9800
Thank you!
The RecoveryTrek Team
Test Status


Forms: Home ~ Customer Port
https://na89.salesforce.com/a18/o
Logout
RecoveryTrek
Home
My Profile
Agreement
Collection Sites Map
Documents
Orders
Forms
FAQs
TREKmail
Messages and Alerts
IMPORTANT: Announcement from RecoveryTrek
After eight years of stable test pricing, we find it necessary to increase pricing by $3 per test due to higher lab, collection, and administrative costs, as well as recent governmental rulings beyond our control. We know how important economical testing is to you and all participants, so for years we have not passed along cost increases. However, these increases are as minimal as we can sustain. As always, RecoveryTrek will continue to work with participants as much as possible. Your success is our success—we take this seriously, as we do our pledge of world-class service. You may have already been notified about this update as we have communicated with your Program as well. The price increases will take effect on April 1st, 2019.
Sincerely,
The RecoveryTrek Great Support Team
ATTENTION:
Please select Reporting Forms folder under Documents tab to obtain revised reporting forms for all of your treatment providers. Please be sure your treatment providers begin using these forms starting with July 2017 appointments. If you have any
Forms
Home
To complete a new report, click "Create New Form."
View: All Forms Go!
Create New Form
Recent Forms
Recently Viewed
Form Name
Record Type
Month
Year
Save as Final
Last Modified Date
Form-14602
Monthly Participant Report
January
2019
✓
1/21/2019
To resume completing a form, click the corresponding Form Name.

New Form: Select Form Record

https://na89.salesforce.com/setup/ui/recordtypeselect.jsp?ent=01I50000000kLrG&retURL=%2Fa18%2Fo&save_new_url=%2Fa18%2Fe%3FretURL%3

RecoveryTrek

Logout

Home | My Profile | Agreement | Collection Sites Map | Documents | Orders | Forms | FAQs | TREKmail

Messages and Alerts

IMPORTANT: Announcement from RecoveryTrek

After eight years of stable test pricing, we find it necessary to increase pricing by $3 per test due to higher lab, collection, and administrative costs, as well as recent governmental rulings beyond our control. We know how important economical testing is to you and all participants, so for years we have not passed along cost increases. However, these increases are as minimal as we can sustain. As always, RecoveryTrek will continue to work with participants as much as possible. Your success is our success—we take this seriously, as we do our pledge of world-class service. You may have already been notified about this update as we have communicated with your Program as well. The price increases will take effect on April 1st, 2019.

Sincerely,

The RecoveryTrek Great Support Team

ATTENTION:

Please select Reporting Forms folder under Documents tab to obtain revised reporting forms for all of your treatment providers. Please be sure your treatment providers begin using these forms starting with July 2017 appointments. If you have any questions, contact your HPMP

New Form
Select Form Record Type

Select a record type for the new form.

Select Form Record Type

Record Type of new record: Monthly Participant Report

Continue | Cancel

Available Form Record Types

Record Type Name	Description
Meeting Attendance	
Monthly Participant Report	

For new report, click the drop down and select the form for which you wish to complete. Then click continue.

Customer Portal

https://c.na89.visual.force.com/apex/Form_New?RecordType=01250000000Ms6gAAC&retURL=%2F%2Fa18%2Fo

RecoveryTrek

Logout

Home | My Profile | Agreement | Collection Sites Map | Documents | Orders | Forms | FAQs | TREKmail

Messages and Alerts

IMPORTANT: Announcement from RecoveryTrek

After eight years of stable test pricing, we find it necessary to increase pricing by $3 per test due to higher lab, collection, and administrative costs, as well as recent governmental rulings beyond our control. We know how important economical testing is to you and all participants, so for years we have not passed along cost increases. However, these increases are as minimal as we can sustain. As always, RecoveryTrek will continue to work with participants as much as possible. Your success is our success—we take this seriously, as we do our pledge of world-class service. You may have already been notified about this update as we have communicated with your Program as well. The price increases will take effect on April 1st, 2019.

Sincerely,

The RecoveryTrek Great Support Team

ATTENTION:

Please select Reporting Forms folder under Documents tab to obtain revised reporting forms for all of your treatment providers. Please be sure your treatment providers begin using these forms starting with July 2017

This is the month for which you are reporting about. (e.g. between March 1st and 10th the reporting month is February)

g Program

Denotes a requir

Name of Participant: Client #: 9999 CM: Amy Stewart

Reporting Month: --None-- Year: 2019

Has your address or telephone number changed since the last report: --None--

Address: 2018 November test 1 Phone: (999) 999-8888
Richmond VA
12121

Date of Check-In with Case Manager for month: [3/25/2019]

This is the day during the reporting month you spoke with your case manager

Current Medical/Mental Conditions for which I am receiving treatment:

** denotes a required field to save/update a record, information is not required to be added if it does not apply.

Condition	New?	Medication Name	New?	
** alcohol abuse	☐	Prescription Name	☐	Delete
** Medical/Mental Condition	☐	Prescription Name	☐	

Add Condition

Select *"None"* for each of the provider types below if you do not have any visits to report this period or do not have a provider of that type.

PCP/Medical Specialist Visits:

Primary Care Provider Appointments: ☐ None

Primary Care Provider's Name: ** Provider Name

Dates attended: [3/25/2019]

Add Date

Other Provider: ☐ None

Customer Portal

https://c.na89.visual.force.com/apex/Form_New?RecordType=01250000000Ms6gAAC&retURL=%2F%2Fa18%2Fo

Dates attended: [3/25/2019]

Add Date

Reason for Missed Sessions: Reason for missed dates

Status of Legal Issues (if any):

Enter status of any legal issues.

Employment:

** denotes a required field

You only need to report current employer once. If no change, please check "No"

Has this changed?					Worksite Monitor	Employer Representative	Peer Monitor
Yes / No	RecoveryTrek	123 Main Street Norfolk VA 23504	(757) 555-0101	-	Paul2	Frank2	
Yes / No	test 1			-			
Yes / No	test 2			-			

Employer Name | Address | City | State | Zip Code | Employer Phone | Start Date [3/25/2019] | End Date [3/25/2019] | Monitor Name | Representative | Peer Monitor

Add Employer

Comments/Concerns:

Enter any other additional comments or concerns

Once completed with report, click "Save & Submit"

Participant Name: Your Name Here

Electronic Signature

Date: Date [3/25/2019]

Cancel | Save | Save & Submit

Home | My Profile | Agreement | Collection Sites Map | Documents | Orders | Forms | FAQs | TREKmail

Customer Portal

https://c.na89.visual.force.com/apex/Form_New?RecordType=01250000000bnu3AAA&retURL=%2F%2Fa18%2Fo

RecoveryTrek

Logout

Home | My Profile | Agreement | Collection Sites Map | Documents | Orders | Forms | FAQs | TREKmail

Messages and Alerts

IMPORTANT: Announcement from RecoveryTrek

After eight years of stable test pricing, we find it necessary to increase pricing by $3 per test due to higher lab, collection, and administrative costs, as well as recent governmental rulings beyond our control. We know how important economical testing is to you and all participants, so for years we have not passed along cost increases. However, these increases are as minimal as we can sustain. As always, RecoveryTrek will continue to work with participants as much as possible. Your success is our success---we take this seriously, as we do our pledge of world-class service. You may have already been notified about this update as we have communicated with your Program as well. The price increases will take effect on April 1st, 2019.

Sincerely,

The RecoveryTrek Great Support Team

ATTENTION:

Please select Reporting Forms folder under Documents tab to obtain revised reporting forms for all of your treatment providers. Please be sure your treatment providers begin using these forms starting with July 2017

Virginia Health Practitioner's Monitoring Program

Monthly 12-Step Group Attendance Report - Substance Use Disorder

Denotes a re

** Field is requi

This is the month for which you are reporting about. (e.g. between March 1st and 10th the reporting month is February)

Name of Participant: James Bond Test Client #:9999 CM: Amy Stewart

Reporting Month: --None-- Year: 2019 Sobriety Date: Sobriety Date [3/25/2019] N/A

Twelve-Step Meetings (Group Type A): *(Examples: AA, NA, CA, SA, Al-Anon, CODA, etc.)*

Number of meetings required:

Number of meetings attended:

Do you have a sponsor? --None--

Healthcare Professionals Meetings (Group Type B): *(Examples: Caduceus, IDAA, Nurse's Support Group, etc.)*

Required Treatment/Aftercare Groups Do Not Count Toward Required Healthcare Professionals Meetings

Number of meetings required:

Number of meetings attended:

Complete date, the meeting topic, and if you shared.

Group A

Week	Date	Topic Discussed	Did you share?
--None--	[3/25/2019]		--None--

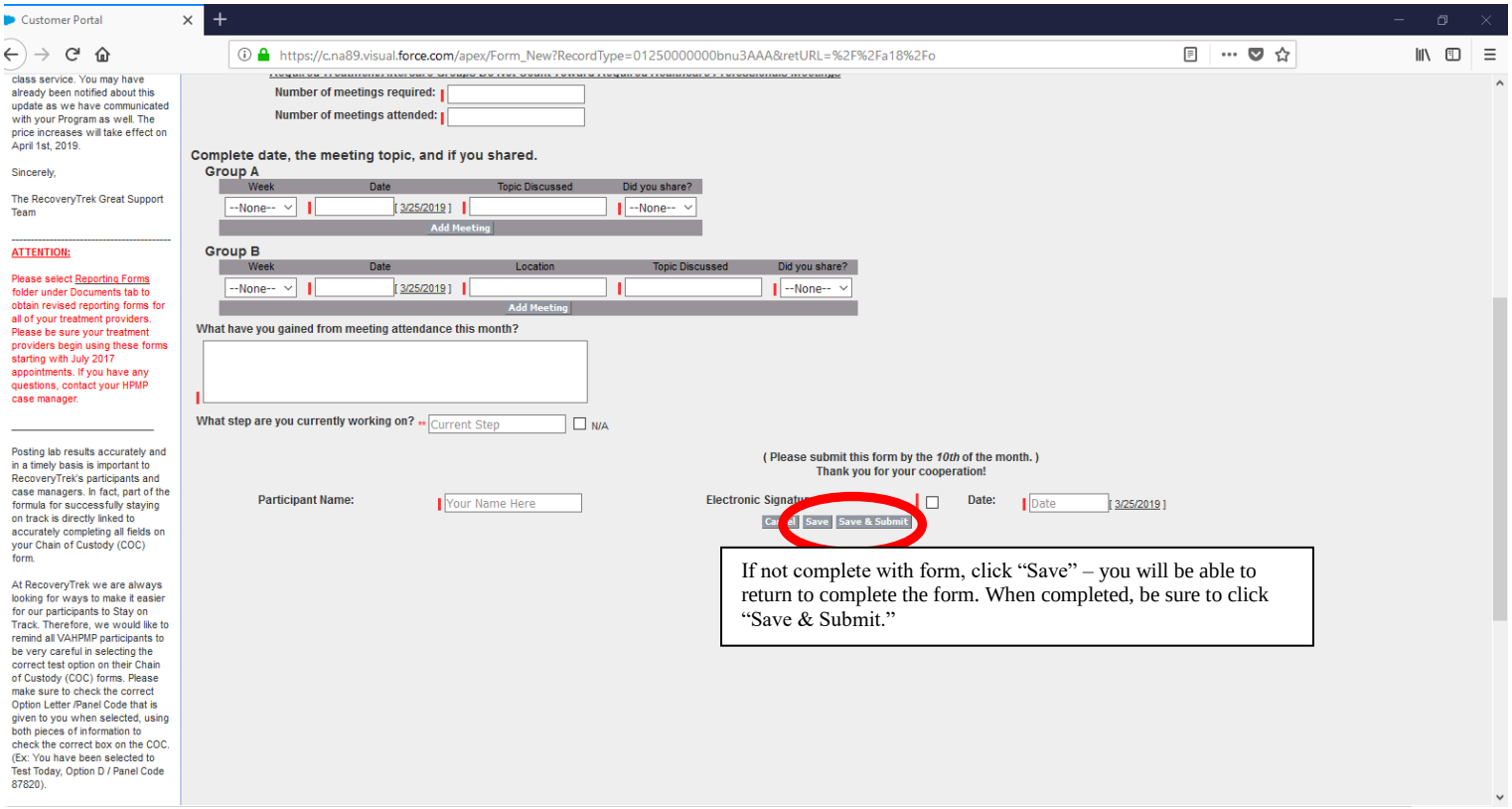
Add Meeting

Group B

Week	Date	Location	Topic Discussed	Did you share?
--None--	[3/25/2019]			--None--

Add Meeting

What have you gained from meeting attendance this month?



If not complete with form, click "Save" – you will be able to return to complete the form. When completed, be sure to click "Save & Submit."

MEDICATION SAFE TO USE IN RECOVERY FROM CHEMICAL DEPENDENCE

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Allergy / Decongestants (Systemic)	Brompheniramine	Dimetane®, Dimetapp®	Claritin® (Loratadine), Clarinex® (Desloratadine), Allegra® (Fexofenadine), Zyrtec® (Cetinzine)
	Chlorpheniramine	Chlor-Trimeton®, Efidac®, Teldrin®	
	Dexchlorpheniramine	Polaramine-RX®	
	Diphenhydramine	Benadryl®, Tylenol PM®, Benylin Cough®	
	Triprolidine	Actifed®	
	Cyproheptadine	Periactin-RX®	
	Phenylephrine	AH-chew D®, Entex LA®, Nalex-A®, Prolex-D®, Sinutuss DM®, Tussafed-EX®	
	Promethazine	Phenergan-RX®	
	Pseudoephedrine	Sudafed®, Novafed, Profen, Allegra D®, Claritin D®, Zyrtec D®	
Analgesics (pain relief)	Hydromorphone HCI	Dilaudid®	***OTC*** Advil®, Aleve®, Aspirin®, Bufferin®, Tylenol® ***RX*** Disalcid®, Salflex®, Dolobid®, Trilisate® ***NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** Anaprox®, Ansaid®, Arthrotec®, Bextra®, Cataflam®, Celebrex®, Clinoril®, Daypro®, Feldene®, Indocin®, Lodine®, Meclomen®, Mobic®, Motrin®, Nalfon®, Naprelan®, Naprosyn®, Orudis®, Oruvail®, Ponstel®, Relafen®, Tolectin®, Toradol®, Vioxx®, Voltaren®
	Levorphanol Tartrate	Levo-Dromoran®	
	Methadone HCI	Dolophine®	
	Meperidine HCI	Demerol®, Mepergan Fortis®	
	Morphine Sulfate	Avinza®, Duramorph®, MS Contin®, MSIR®, Roxanol®	
	Opium	Paregoric®	
	Alfentanil HC	Alfenta®	
	Fentanyl	Sublimaze®, Duragesic®	
	Oxymorphone HCI	Numorphan®	
	Propoxyphene	Wygesic®, Darvon®, Darvocet®	
	Sufentanil Citrate	Sufenta®	
	Carisoprodol	Soma, Soma Compound with Codeine	Lioresal®, Robaxin®, Skelaxin®

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Analgesics (pain relief) *CONTINUED*	Levomethadyl	ORLAAM®	
	Buprenorphine HCI	Buprenex®, Suboxone®, Subutex®	Imitrex® (migraines), Zomig® (migraines)
	Codeine	Empirin #3,4®, Fiorcet with Codeine®, Fiorinal with Codeine®	
	Hydrocodone Bitartrate	Anexsia®, Bancap®, Hycodan®, Hydrocet®, Lorcet®, Lorcet-HD®, Lortab®, Maxidone®, Norco®, Vicodin®, Vicoprofen®, Zydone®	
	Methotrimeprazine	Levoprome®	
	Nalbuphine HCI	Nubain®	
	Pentazocine	Talwin NX®, Talacen®	
	Tramadol HCI	Ultram®, Ultracet®	
	Analgesics with Barbiturates	Esgic®, Fioricet®, Triad®, Phrenilin®, Axocet®, Bucet®, Fiorinal®, Axotal	
	Butorphanol Tartrate	Stadol®	
	Caffeine	Vanquish®, Excedrin®, Goody's Powder®, Midol®, BC Powder®, Cope®	
	Dihydrocodeine Bitartrate	DHC Plus® Caps, Panlor SS®, Synalgos-DC® Caps	
	Oxycodone HCI	OxyContin®, Oxyir®, Percodan®, Percocet®, Roxicet®, Tylox®	
Asthma	Ephedrine	Primatene® Tablets	***RX*** Advair®, Alupent®, Brethine®, Combivent®, Duoneb®, Maxair®, Proventil, Pulimart®, Qvar®, Vanceril®, Volmax®
	Epinephrine	Primatene® Mist	
Cough / Cold (Preparation)	Codeine	Ambenyl®, Brontex®, Novahistine DH®, Nucofed®, Phenergan with Codeine, Robitussin AC®	***OTC*** Organidin NR® Tablet, Mucinex®, Breonesin® Capsule, Halls® Lozenges, N'ice® Logenzes, Sucrets® Lozenges, Vicks® Cough Drops, Vicks® Throat Discs ***RX*** Organidin NR®, Duratuss G®, Fenesin® Tablets, Humibid LA®, Tessalon Perles®
	Dextromethorphan	Benylin®, Delsym®, Dimetapp Cough®, Comtrex®, Contact®, Duratuss® Plain or DM, NyQuil®, Novihistine DMX®, Novafed®, Profen®, Robitussin DM®, Vicks Formula 44D®	
	Hydrocodone Compound	Hycodan® Tabs and Syrup, Hycomine®	

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Cough / Cold (Preparation) *CONTINUED*	Hydrocodone Syrup (Multiple generics and trade names)	Anaplex HD®, Bitartrate/Guaifenesin Syrup, Duratuss HD®, Hycotuss® Expectorant, Hydrocodone, Protuss/Protuss D, Vicodan Tuss® Expectorant, Others	
	Alcohol	Vicks NyQuil Cough® Syrup, Vicks Formula 44®, Terpin Hydrate Elixir, Organidin Elixir, Novahistine Elixir *Check with your pharmacist about the alcohol content of cough and cold elixirs	
Diarrhea / Gastrointestinal	Alcohol	Imodium AD Liquid®, Paregoric®, Pepto Diarrhea Control®, Donnatal® Elixir	Diasorb®, Donnagel® Tabs, Kaopectate®, Kaopetolin®, Kaodene®, Lactinex®, Imodium® AD Capsules and Tablets, Pepto-Bismol®, Rheaban®, Bentyl® Tablets
	Diphenozylate HCI, Atropine Sulfate	Lomotil®, Logen®, Lonox®	
	Tincture of Opium	Donnagel Liquid®	
Mouthwash / Mouthcare / Dental Hygiene	Alcohol	Advanced Formula N'ice® Throat Spray, Cepacol®, Cheracol Sore Throat Spray®, Listerine®, Listermint®, Peridex®, Perioguard®, Plax®, Scope, Sucrets® Spray, Anbesol®, Double Action Kit, Dalidyne, Dewitt Coldsore	Cepastat®, Chloraseptic, Gly-Oxide®, Halls® Lozenges, Mycinette®, N'ice® Logenzes, Orajel®, Sucrets® Lozenges, Plax®, Scope, Vicks® Cough Drops, Vicks® Throat Discs
Nasal Decongestant Sprays	Ephedrine	Pretz-D®	***OTC*** Ayr Saline®, Humist®, Ocean®, NaSal®, Salinex® ***RX*** Aerobid®, Astelin®, Atrovert®, Azmacort®, Beconase®, Flonase®, Nasacort®, Nasalcrom®, Nasalide®, Nasarel®, Nasonex®, Rhinocort®, Vancanase®
	Epinephrine HCI	Adrenalin Chloride Solution	
	L-Desoxyephedrine	Vicks® Inhaler	
	Naphazoline HCI	Privine®	
	Oxymetazdine HCI	Afrin®, Allerest®, Dristan®, Duration®, 4-Way®, Sinarest	
	Phenylephrine HCI	Neo-Synephrine®, Sinex®, Alconefin®, Nostril®	
	Propylhexedrine	Benzedrex®	
	Tetrahydrozoline HCI	Tyzine®	
	Xylometazoline HCI	Otrivin®	
Nausea (Antiemetic / Antivertigo Agents)	Cyclizine	Marezine®	***OTC*** Emetrol®, Emecheck®, Pepto-Bismol®, Nausetrol®
	Chlorpromazine Buclizine HCI	Bucladen®	
	Dimenhydrinate	Dramamine®, Triptone®, Vertab®	

MEDICATION CLASSIFICATION	MOOD-ALTERING INGREDIENT TO AVOID	SPECIFIC MEDICATIONS TO AVOID	SAFE MEDICATION LIST
Nausea (Antiemetic / Antivertigo Agents) *CONTINUED*	Diphenhydramine	Benadryl®	***RX*** Anzemet®, Compazine®, Kytril®, Metoclopramide: Rreglan®, Maxolon®, Octamide®, Norzine®, Thorazine®, Tigen®, Torecan®, Trilafon®, Zofran®
	Diphenidol	Vontrol®	
	Dronabinol	Marinol®	
	Meclizine	Antivert®, Bonine®, Dramamine®, Vergon®	
	Promethazine	Phenergan® Tablets	
	Scopolamine Transdermal	Transderm-Scop®	
Personal Products / Handwashes	Alcohol	Lysol® Hand Gel and Disinfectant Spray, Avon Perfumes, Colognes, Lotions, Body Sprays, Bath and Body Antibacterial Hand Gel, Deep Woods OFF!®, Kim Care® Instant Hand Sanitizer, OFF! ® Skintastic, Purell® Hand Sanitizer, Soft Soap® Hand Sanitizer *Check labels for products containing **ethanol**. Products with isopropyl alcohol without ethanol are safe	Soap/Water, Antimicrobial Soaps, Betadine
Sleep Aids / Sedatives	Benzodiazepines	Ativan® (Lorazepam), Xanax® (Alprazolam), Klonopin® (Clonazepam), Valium® (Diazepam), Halcion® (Triazolam), Dalmane® (Flurazepam), and others	
	Benzodiazepine-like Sleeping Pills	Ambien® (Zolpidem), Lunesta® (Eszopiclone), Sonata® (Zaleplon)	
	Barbiturates	Fioricet® (Butalbital), Fiorinal® (Butalbital)	
	Antihistamines ***OTC***	Benadryl® (Diphenhydramine), Vistaril® (Hydroxyzine)	Claritin® (Loratadine), Allegra® (Fexofenadine) ***These are safer antihistamines for allergy symptoms because they are not sedating ("non-drowsy"). In general, sedating drugs are not safe for persons in recovery.***

Disclaimer: This guide is intended to serve as a resource for the recovering chemically dependent patient and the medical professional prescribing treatment. It is not meant to be used exclusively or as the sole means for providing advice regarding medications. Indeed, this guide would be best utilized in conjunction with other current reference materials. Decisions about particular prescription medication(s) should be tailored to the needs of the individual patients under the direction of a health professional. This monograph is not intended to be exhaustive, nor an endorsement of any particular brand name medications. It is intended to provide relevant pharmacological information to the recovering patient and the healthcare providers treating those in recovery.

HPMP STAFF DIRECTORY

Chief Executive Officer
Joel Silverman, MD

Medical Review Officer & Interim Medical Director
Joel L. Steinberg, MD

Program Administrative Director
Amy Stewart, LCSW

Intake Coordinator	**Case Manager Assistant**
Christopher Bowers, CSAC, NCAAC	Samantha Wilkes

Case Managers	**Case Manager Assistants**
TBD	Delores Baker
Rebecca Britt, MSW	Dylan Chaplin
Kathy Ward, MS, CSAC	Dylan Chaplin
Gretchen Miller, BS, QMHP	Neetu Sharma
Bridget Turpin, CRC	Neetu Sharma
Edward Berry, CSAC, LPC	Delores Baker

Personnel/Finance
Terry Good

Program Evaluation
Christine Paine

Receptionist
Caroline Morton