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Medical Monitoring Programs for British Columbia Acceptable Standard of Care June 2013

Addictions are treatable and persons with these conditions may, with appropriate treatment, enter stable abstinent remission. Just as with other chronic medical and psychiatric disorders that respond to treatment, relapse to active disease remains a real risk even after a period of early remission. If highly responsible professionals are to be safely returned to work there must be an effective and reliable process in place to verify their ongoing stability at least for the first few years of abstinent remission while the risk of relapse is the greatest. Medical monitoring, an extension of the occupational addiction medicine fitness determination, is such a process.

Medical monitoring is practised by a specially trained clinical professional whose sole role is to oversee and document compliance with all components of each participant's customized relapse prevention agreement. Under the supervision of a medical consultant, the clinical monitor records and regularly reports to an oversight body the participant's adherence to the terms of the written relapse prevention agreement. In order to qualify for medical monitoring all participants must have undergone comprehensive diagnostic occupational addiction medicine evaluation¹ performed by an occupational addiction medicine or occupational addiction psychiatry physician with recognized expertise in these specialized areas of medicine. The evaluation establishes the diagnostic formulation, the initial treatment plan and a tentative relapse prevention plan. The elements of the finalized long-term relapse prevention plan that forms the basis for medical monitoring is entirely the responsibility of the evaluating addiction

¹ Railway Association of Canada, Medical Rules Handbook, **Essential Components of Assessment by Addiction Medicine Physician**
http://www.railcan.ca/assets/images/publications/rac_handbook_final_december_01_2011.pdf

medicine specialist. Any potential future amendments to the relapse prevention agreement should only be made based upon recommendations by the evaluating addiction medicine specialist.

Although enrolment and ongoing compliance in high quality medical monitoring results in improved rates of successful sustained remission for persons with substance use disorders², medical monitoring is not to be considered therapy and the monitor must not engage in therapeutic activities or counselling with the participant. Medical monitoring meets a need of a third party, 'the oversight body', such as an employer, insurer or regulatory body. Because of this the BCMA tariff committee has determined that medical monitoring, when it is a requirement of the employer, regulatory body or insurer, is a non-insured service and as such should not be billed to MSP as opposed to medical service performed specifically for the therapeutic benefit of the patient.

Potential Conflict of Interest

The clinical monitor cannot ethically have a therapeutic relationship with or provide therapy or counselling to the participant. In the event of non-compliance a conflict of interest will arise when the monitor reports the non-compliance, placing the therapeutic relationship in jeopardy.

Admission Criteria for Enrolment in Medical Monitoring

- Occupational addiction medicine/addiction psychiatry specialist comprehensive assessment report including all diagnoses, treatment recommendations and specific components of relapse prevention agreement
- Completion of initial intensive treatment program (inpatient or outpatient) for substance use disorder and comorbid disorders (medical/psychiatric/pain/other addictions) if present
- Current status of stable abstinent remission
- Willingness to agree to all components of relapse prevention agreement

Required Capabilities of a High-Quality Medical Monitoring Agency

- Addiction medicine expert supervision/ongoing consultation

² McLellan T, Skipper G, Campbell M, DuPont R Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States British Medical Journal. 2008; 337

- Formal enrolment and orientation process including signing all consents reviewing/explaining/initialing all components of relapse prevention agreement
- Rapid medical access to PharmaNet system through Excelleris or other electronic agency
- System infrastructure to generate truly random 7-day/week notification of testing/specimen collection
- Collection process that meets regulatory body standards including chain of custody processes etc.
- Collection and testing capability for urine, hair, oral fluids, blood
- Relationship with a certified testing laboratory with testing capability for substances not routinely tested e.g. ethyl glucuronide, ethyl sulfate, zopiclone, fentanyl, etc.
- Both immunoassay screening and spectrophotometric confirmatory testing capability
- Medical Review Officer processing of all non-negative results
- Capacity for up to weekly face to face/telephonic interviews with clinical monitor
- Capability to liaise promptly and collaboratively with treating medical/psychiatric specialists
- Working professional relationships with other specialized groups e.g. access to professional accountability group facilitators, professional assistance program directors
- Efficient reporting system for regular and urgent reporting to oversight body of compliance/non-compliance (including non-negative tests, missed clinical interviews, missed tests, non compliance with therapeutic components of RPA e.g. psychiatric specialist treatment adherence, mutual support group participation, professional accountability peer group program involvement, etc.)
- Program of quality improvement and continuing professional education for clinical monitors

Required Qualifications for Clinical Monitor

- Extensive practical knowledge and experience with persons at various stages and severity of addiction and recovery including those with comorbid conditions (chronic pain, medical illness, psychiatric disorders)
- Well developed interpersonal boundary setting skills

- Excellent communication and conflict resolution skills
- Professional credibility: ability to effectively liaise with other health professionals
- Knowledge of medical and pharmacological terminology
- Completed training in biological sample collection with knowledge of testing methodologies
- Extended period of medical supervision/internship working with addictions consultant or addictions clinical team

Duration of Medical Monitoring

Although substance dependence is recognized to be a chronic and progressive disorder that will usually respond to carefully selected treatment of the proper intensity, duration, modality and setting, its course, like most other chronic illnesses, is often punctuated by relapse³. It has been clearly documented that risk of relapse diminishes with duration of abstinent remission. Since high quality medical monitoring can be expensive, inconvenient and intrusive for the participant, a balance is required between workplace/public safety and the individual rights of the recovering participant. For this reason the duration of the relapse prevention agreement must be carefully chosen from a range of a minimum of two years to a maximum of the entire duration of the person's safety sensitive or highly responsible vocational exposure. One year monitoring programs may be put in place very occasionally in cases of extremely mild or early substance use disorder. Successful completion of a term of medical monitoring requires uninterrupted, fully compliant, stable, abstinent remission. In the event of relapse or significant non-compliance the participant must be re-evaluated by the evaluating occupational addiction medicine consultant in order to determine if changes in the treatment plan are required and to reset the duration of the RPA. Multiple episodes of relapse or destabilization will result in recommendations for progressively longer periods of medical monitoring. Since there is a large voluntary component to the process of adherence to treatment recommendations, the oversight body, insurer or employer will generally impose a progressively more serious set of consequences on the participant for episodes of voluntary non-compliance.

³ NIDA, Principles of Drug Addiction Treatment: A Research Based Guide (3rd Ed), 2012, http://www.drugabuse.gov/sites/default/files/podat_1.pdf

British Columbia Medical Monitors⁴

- Alliance Medical Monitoring⁵ - Burnaby
- HealthServ- Victoria
- HeartQuest (Cory Wint) – Port Moody
- Dr. Don Hedges – New Westminster
- Dr. Mandy Manak - Kamloops
- Brenda Smith RN, OHN - Vancouver
- Dr. Michael O'Malley – Prince George
- Pegasus (Sue Donaldson) - Victoria
- Dr. Paul Sobey – New Westminster

⁴ These persons/agencies meet most of the listed required standards. Other persons/agencies claiming to offer “monitoring” fail to meet the standard most often because drug testing rather than medical monitoring best describes the service, or because they provide counselling/treatment to their client-participants

⁵ Two of the principals in HealthQuest Occupational Health Corp., Dr. Ray Baker and Dr. Paul Farnan, hold equity in and perform the roles of Certified Medical Review Officers as well as providing addiction medicine consultation and clinical monitor supervision for Alliance Medical Monitoring