

# Breakout Group 1: Guidelines for the use of (Urine) Drug Monitoring in Pain Management

Group Leaders:

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- Drug vs Urine monitoring as base terminology. Options:
  - Drug testing
  - Medication monitoring

# Overview

1. Philosophy of drug testing
2. Purpose of Drug Testing
3. Testing Strategy/Protocol
4. Test Interpretation
5. Technology
6. Laboratory Standards
7. Use of Drug Tests in Clinical Practice

# Intro

- Purpose of document?
  - Audience: PCP vs pain docs vs other
    - Should be applicable to all
    - Some points may be more applicable in some settings than others (ER vs office vs hospital)
  - Frame UDS as a universally applicable tool

# Parking lot

- Adherence vs forensic testing will be addressed

# #1 Philosophy of drug testing

- Patient Centered
- Enhance patient-HCP relationship/Clinical tool for positive therapeutic outcome/ Comprehensive patient management
  - Analogous to HbA1c in monitoring diabetes or BP in monitoring HTN
  - Emphasize as diagnostic
  - Bio-psychosocial disease management
  - Multidimensional problems require multidimensional solutions--Identification of co-occurring conditions (substance use disorder)
  - Risk management for patient and clinician
  - Risk of missing co-morbid disease

# Philosophy (continued)

Avoid harm to patient or clinician: Consider

- Implications of records of testing on patients economic status
- Impact on insurance
- Continuation of therapeutic relationship regardless of results (with or without new strategies)
- Implications of inaccurate testing or interpretation
- Implications of mixing samples from other patients

# Philosophy (continued)

- Non standard, fluid (don't pour cement)  
Must evolve and be fluid



# #2 Purpose of Drug Testing

- Support adherence to treatment plan (Confirm use of prescribed substance)
- Facilitate and maintain positive change in patient behavior and health
- Improve therapeutic relationship by introducing an objective measure
- Enhance safety
  - Identify potential drug-drug interactions
  - Reduce toxicity
  - Progressive of unidentified substance disorder
- Patient advocacy

## #2 Purpose of Drug Testing (continued)

- Identify substance misuse
- Suspicion of diversion
- Deter drug misuse
- Reduce physician liability

# #3 Testing Strategy/Protocol

Who to test? --What to test ---Choice of fluid/tissue---Frequency of testing

- Strategy of testing is driven by the questions you are asking
  - Legal/regulatory status of testing may change as specimen moves from doc office to lab
  - Clinical vs forensic testing
    - chain of custody (controversial—important and needs to be sorted out) ATD
    - Document what you are doing
  - Choice of specimen(Need to include examples)
- Each practitioner/facility needs to establish its own policies, procedures and protocols and follow these; Tailor to the specific practice

# Strategy/Protocol (continued)

- Who to test
  - Discuss testing with all patients
  - Base decision based on assessment of risk

# Strategy/Protocol (continued)

- What to test?
  - Urine is standard
    - Often best biological specimen
      - Provides appropriate temporal window on use
      - Well studied and understood
    - Economical
  - Others may have utility in different contexts
    - Examples:
      - Hair for longitudinal monitoring
      - Oral fluids in some situations
    - Less well characterized

# Strategy/Protocol (continued)

- What to measure?
  - DRUG
    - Standard recommended basic panel
      - (Howard to create table/list of drugs, be specific)
    - Customized panel eg, regionalism
    - Comprehensive
      - Identify the prescribed substance
      - Look for substance not prescribed.

# Strategy/Protocol (continued)

- What to measure
  - DRUG and/or metabolites
    - Standard Recommended basic panel
    - Customized
    - Comprehensive
- How to test: Forensic testing---chain of custody (controversial—important and needs to be sorted out)  
ATD
- Document what you are doing

# Testing Strategy/Protocol

- Frequency of testing
  - Based on initial risk assessment
  - Based on evolving behaviors and observations



# #4 Test Interpretation

- Basic Concepts
  - False negative/positive
  - True negative/positive
  - Metabolites
  - Concentration
  - Normalization
  - Sensitivity and specificity
  - Threshold, limits of detection

# Test Interpretation (continued)

- What is the question? Why was test ordered?
  - Does the test answer the question?
- Need for training/education
- Consult with laboratory regarding ANY unexpected results (science and technology are constantly changing)
  - Clinicians must be able to frame questions properly)
  - Drug metabolism is a complex and variable phenomena that require dynamic interpretation
- Consult resources as needed: lab, toxicologist, web-based resources etc
- Drug testing is a tiered strategy with appropriate consultation at each tier

# Test Interpretation (continued)

- For the document: Table(s) of drug metabolism
  - Opioids
    - Should be crisp and clear, explanatory
    - Relative proportions helpful
    - Metabolite information
    - Detection times
    - Concentrations
  - Benzodiazepines? (complex)
    - Could make general statement regarding limitations of identification and interpretation of specific agent
  - (Some clinicians will not prescribe if can't monitor: but the absence of a drug can be an asset

# #5 Technology

- Point of care testing (may have limited reliability)
  - Valuable to identify misuse of illicit substances
  - Valuable when possible to confirm presence of prescribed substance
  - Proper interpretation critical
  - Strength and limitations of screening
  - Variable reliability: some immunoassay tests reliable (cocaine), others not or ambiguous (opiates)
  - NACD has guidelines for office based clinical testing
    - (concern re: clinical vs forensic perspective).
- Laboratory testing (Specific drug identification)
  - Confirmatory vs specific drug identification (
  - Laboratory testing (CLIA) Clinical Lab Info Act (diagnostic tests)
  - Adaptation of technology for clinical questions (substrates, thresholds, expanded panel)

# Technology (continued)

# #5 Technology

- Some prefer to avoid terms screening or confirmation
- Preferred terms:
  - Identification of specific drug (confirmation)
- Sites of testing (determine
  - Point of care testing
  - Laboratory testing
- Goals of testing
  - Screening and/or confirmation
  - Variable level of specificity

# #6 Knowing Your Laboratory

- Existing/evolving national standards
- Individual labs vary in capability, protocols
- Develop a working relationship with laboratory.
- Key issues:
  - Certification (CLIA) – (CMS will not pay if not)
  - Identify point person to contact with questions (pharmacologist, toxicologist etc)

# #7 Use of Drug Tests in Clinical Practice

- Use findings as therapeutic opportunity
  - Discuss in a positive, supportive fashion to enhance readiness to change/ motivational enhancement therapy (MET) opportunities
  - Use results to strengthen physician-patient relationship and support positive behavior change
  - Address patient resistance/denial
- Document well
  - Interpretation and implications
  - Plans to address
- Tiered strategy based on goals and findings