

# **NACB Laboratory Medicine Practice Guidelines**

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# The National Academy of Clinical Biochemistry



- 501(c) corporation formed in 1976.
- 419 Fellows, 36 Associates, 96 Emeritus
- Requirements for Fellow include doctoral degree and board certification (or equivalent)

# The National Academy of Clinical Biochemistry



- **Vision:** To be the leading scholarly organization advancing the science and practice of clinical laboratory medicine.
- **Mission:** To advance clinical practice and research, to promote education and professional development in clinical laboratory medicine, and to serve as the Academy of AACCC.

# Laboratory Medicine Practice Guidelines

Year	Subject	Status
1994	Nutritional Status	Out of print
1998	Evaluation and Management of Newborns	Out of Print
1999	Therapeutic drug Monitoring	Out of Print
1999	Cardiac Markers	Archived
2000	Hepatic Injury	Archived
2002	Thyroid Disease	Archived
2002	Diabetes Mellitus	Archived
2003	Tumor Markers in the Clinic	Published
2005	Emergency Toxicology	Published
2005	Tumor Markers	Draft
2006	Maternal-Fetal Risk Assessment	Published
2006	Emerging Cardiovascular Risk Factors	Published

# Laboratory Medicine Practice Guidelines

Year	Subject	Status
2007	Pharmacogenetics	Draft
2007	Expanded Newborn Screening	Draft
2007	Diabetes Update	Draft
2007	Point of Care Testing	Published
2007	Biomarkers of Acute Coronary Syndrome	Published
2008	Drug Testing in Pain Management	Proposed

# National Guideline Clearinghouse



- Initiative of AHRQ
- Guidelines expire after 5 years
- Currently lists 20 NACB LMPGs

# Agency for Healthcare Research and Quality



- **Mission:** To support research designed to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.
- **Main functions:** AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

# AHRQ Proposal Questions

- In patients treated with opioid analgesics for chronic pain, is urine drug testing an effective approach to identifying patients who misuse or divert prescribed opioids for illicit sale, and does the testing program thereby reduce the incidence of these unwanted behaviors?



# AHRQ Proposal Questions

- Do patients on opioid therapy who are monitored by urine drug testing have better clinical outcomes (adequate control of pain; minimization of the time opioid therapy is needed; easier time weaning from therapy) compared to patients who are not tested?

# AHRQ Proposal Questions

- Does urine drug testing have a significant (positive or negative) effect on the physician-patient relationship that impacts the effectiveness of opioid therapy, either by enhancing trust between physician and patient, or by creating suspicions that may reduce the number of therapeutic options available to the patient?

# AHRQ Proposal Questions

- Do physicians who order urine drug screens on their opioid therapy patients choose the appropriate test(s) and interpret the results correctly, or are mistakes made in the interpretation of drug test results, causing patients to be wrongly accused of non-compliance with prescribed opioid regimens?

# AHRQ Proposal Questions

- Is laboratory support for pain management clinics sufficient to provide accurate advice to clinicians who are testing patients on opioid therapy for compliance, and are errors reduced when toxicology consultation services are available?

# Thank You!

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