Dr. Melissa Bean: Urine Drug Testing, Part 2: Turning Information into Action

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By Dr. Melissa Bean, Medical Director, Coventry Workers' Comp Services

Would you expect a team to score if the quarterback got the play from the coach and didn't call it in the huddle? In football, sharing information and coordinating response among the players is vital to achieving the team's goals. In workers' comp, the same is true when it comes to using urine drug testing (UDT) for injured workers who are taking opioid pain medications. Previously in this space, we talked about choosing the right "play"— appropriate candidates, patient-specific test panels and risk-based testing schedules. Now we'll take a look at winning strategies regarding test results, including best practices for outreach and clinical interventions.

The use of opioids to manage pain is widespread. Between 2000 and 2009, the number of opioid prescriptions per 100 persons increased by more than 35 percent.[1] According to the Centers for Disease Control and Prevention, in 2012 U.S. healthcare providers wrote 259 million prescriptions for opioid analgesics.[2] UDT could help improve outcomes in cases that involve opioids by providing a tool that can help determine compliance with the medication treatment regimen and identify potential dangerous therapeutic duplication of medications or use of illicit drugs or non-prescribed narcotics. But testing is just a start. The challenge is getting the results in the right hands at the right time and taking appropriate action.

The case for teamwork

Traditionally, the physician orders drug testing at his or her discretion. The adjuster may not learn of the testing until the claim has gone through bill review. Test results can be difficult to understand and they don't always prompt action. The functional benefit of the pain medication for the patient is not always clearly documented. When patients complain of increased pain, physicians often simply increase the dose or add new medications, but do not stop medications that fail to work. Injured workers with a history of substance abuse may already be obtaining opioids through a group health medical plan or elsewhere.

In an integrated solution that targets appropriate patients for testing, the pharmacy benefits manager (PBM) serves as the quarterback, ensuring that the rest of the team has the information and resources it needs. For example, the pharmacist can coordinate testing with the lab and the physician, giving the physician the patient's complete picture of all medications when requesting UDT. In addition to providing test panel expertise, the lab can educate the physician on urine drug test procedures for collection, ordering and specimen handling and ensure that they have the necessary testing supplies. Should questions arise regarding test results, the

PBM's clinical pharmacist or the lab partner's toxicologist can provide the treating physician with answers.

Calling the play: Communicating UDT results

In order to make sure the team is aware of the next play, the quarterback must deliver the information to everyone who has a role in the execution. The physician, adjuster and case manager all receive information about the patient's test results. This information should be easy for all parties involved to digest. The communication should also include proposed future testing frequency, depending on the patient's risk level, and any recommendations for adjuster action.

Hopefully, the results are consistent with expectations—i.e., the patient is complying with the drug regimen. When results are inconsistent, the clinical pharmacist can initiate a discussion with the physician to review the patient's test results, the overall picture of the patient's medication profile and any identified risk factors, along with current medical guidelines and recommendations for future monitoring. If test results show illicit drugs, the pharmacist can confirm whether the treating physician has a pain agreement in place with the patient. This discussion should result in an action plan. The plan may include further patient education and monitoring, implementation of a pain agreement if one is not already in place, stopping the pain medication or discharging the patient from the practice.

If the physician agrees to put a plan in place with the patient, the PBM should make the appropriate edits to the point-of-sale (POS) system. The pharmacist can also communicate with the adjuster or case manager, sharing notes from the physician communications as well as any action plan that has been identified. In cases of non-compliance, the pharmacist would recommend monitoring the patient's prescriptions for a period of time.

Flexibility with patient interventions

If test results indicate that the patient is not complying with the medication regimen, an integrated monitoring program supports a variety of virtually seamless interventions to ensure that the patient is receiving optimum medical treatment. If the patient is taking prescription medications in addition to the ones the physician has prescribed, the pharmacist can recommend referral to case management. The case manager can coordinate future testing with the patient and the physician, reporting results and recommendations to the adjuster.

Other clinical interventions might include implementing utilization review to screen for duplicate medications, having an Independent Medical Examiner review the treatment plan or initiating a drug utilization assessment, followed by a direct peer-to-peer conversation between the treating physician and the medical director or physician reviewer. Clinical intervention with the treating physician may include discussion of best practices for pain management, state and national guideline recommendations, review of patient risk factors and Morphine Equivalent Dose (MED), and suggestions for reduced pill counts and improved dosing schedules. The intervention is also an opportunity to educate the physician on the importance of querying state pharmacy prescription monitoring programs, documenting the functional response to each medication, using generics when possible and reviewing the appropriateness of treatment plans and work-relatedness. Knowledge of the patient's medical diagnoses, history, risk factors and jurisdiction guide the choice of intervention best suited for each specific patient. Following the intervention with the physician, the adjuster or case manager should share the outcomes with the PBM, to record any changes to the treatment plan, such as a weaning schedule and discontinuation or change in medication, apply edits at the point of sale to close the loop and continue to monitor the patient's prescription fill behavior.

Achieving drug monitoring goals

The workers' compensation industry is challenged with ensuring that patients receive safe, effective pain management. UDT can help attain that, but it needs to be done cost-effectively

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May 2013
April 2013
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February 2013
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and with proper follow-through. An integrated, risk-based approach is the solution. It can be used to identify the appropriate candidates based on medical and medication risk factors. Targeted testing panels avoid over-testing and reduce cost. Risk-based testing schedules increase patient safety and can also help reduce cost. Clearly communicating results and implications to physicians, case managers and adjusters can result in specific recommendations for action, and clinical management can easily be incorporated whenever necessary to make sure that the patient also understands the results and is getting the appropriate level of treatment. This pro-active team approach can give UDT real value.

About Dr. Melissa Bean

Melissa Bean, DO, MBA, MPH, FACOEM has been Medical Director at Coventry Workers' Comp Services since 1997. She is board certified and residency trained in occupation medicine, with experience in corporate medicine, insurance and managed care. She plays a key role in developing clinical best practices for managing complex workers' comp claims and oversees the physician review impact within Coventry's Utilization Review and Case Management programs.

About Coventry Workers' Comp Services

Coventry Workers' Comp Services offers workers' compensation cost and care management solutions for employers, insurance carriers and third-party administrators. With roots in both clinical and network services, Coventry leverages more than 30 years of industry experience, knowledge and data analytics. The company offers an integrated suite of solutions, powered by technology to enhance network development, clinical integration and operational efficiencies at the client desktop, with a focus on total claims cost.

Notes

[1]Kenan, K, Mack K, Paulzzi L. Trends in prescriptions for oxycodone and other commonly used opioids in the United States, 2000–2010. *Open Medicine 2012*; 6(2)e. Available online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659213/. Accessed Nov. 4, 2014.

[2]Center for Disease Control and Prevention. Opioid Painkiller Prescribing. *CDC Vital Signs*. July 2014. Available online at http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html. Accessed Nov. 4, 2014.

[3]Meier, Barry. Profiting From Pain. *New York Times*, June 22, 2013.

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September 2011
August 2011
July 2011
June 2011
May 2011
April 2011
March 2011
February 2011
January 2011
December 2010
November 2010
October 2010
September 2010
August 2010
July 2010

RETURN TO TOP OF PAGE