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laboratory medicine.

## Topic: The Laboratory's Role in Drug Monitoring for Pain Management

Date: Wednesday, June 15, 2016

Q&A SESSION 1   Time: 9:30AM-9:40AM	
Name	Message
Sandy Hood	OhioHealth Laboratory Services
William Bennett	Is your requirement for "Opioid Training" a state or federal requirement?
Arpit Patel	During what years physician education survey was done?
Barbarajeon Magnani	Hi this is Bj Magnani. I'm happy to answer your questions.
Kelley Quigley	I am also interested in when the survey was completed, also are you able to provide a copy of the survey?
Barbarajeon Magnani	Hi William Opioid training is a state by state requirement
Barbarajeon Magnani	The CDC has issued 12 new recommendations for clinicians prescribing opioids for non-cancer pain. Full guideline can be found in the MMWR CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016 Recommendations and Reports / March 18, 2016 / 65(1);1–49
Barbarajeon Magnani	Part of the CDC guidelines however state
Barbarajeon Magnani	For chronic pain, the first choice of treatment should be non-pharmacologic or non-opioid. Opioids should be an option only if the expected pain and function benefits outweigh the potential risks
Barbarajeon Magnani	Hi Kelley, the survey questions are located in the resource center as part of this talk (supplemental slides). The survey was from 2007. However, we still find that many clinicians need help with interpretation.
Henning Proelss	How prevalent is the abuse of OxyContin among the various opioids prescribed for pain management?

Gregory Hobbs	Have you found that physicians may lean too heavily on the laboratory - even to the extent of expecting diagnosis or treatment recommendations?
Barbarajean Magnani	Henning, We have found that many of our opioid prescribed patients (oxycodone) are switching to heroin because it is cheaper and easier to get.
Barbarajean Magnani	Gregory, Our primary care physicians rely on the laboratory to help them manage their patients. We make sure that we state our limitations and the limitations of the drug results.
Zengliu Su	Dr. Mangnani. dr. Su and Dr. McIntire at Ameritox
Robert Bucu	Hi BJ. Very nice introduction, thank you for presenting. I am curious about your opinion on the usefulness of screening assays (that generate a yes/no output for each drug/substance) versus definitive/quantitative assays (that generate a rugged quantitative number for each drug/substance) considering the limitations you mentioned regarding the correlation of urine tests to compliance.
Zengliu Su	With the expanding drug abuse problem, how are the recent CMS reimbursement cuts aligned with taking action towards monitoring these patients?
Jennifer Brown	What advice do you have for the lab when medical providers want a urine drug screen to tell them if a patient is compliant?
Barbarajean Magnani	Robert, this is a good question and Dr. Kwong will delve into it further. The new CDC guidelines state that in most situations immunoassay can be used. However the use of confirmatory testing should be based on the need to detect specific opioids that cannot be identified on standard immunoassays.
Barbarajean Magnani	Jennifer, this is the key issue. We can only state that the drug has been used prior to UDT. We really can't say whether they are taking the drug 3 times a day or 4 times a day.
Kathleen Kalinowski	Do you find that patient compliance is improved with presumptive UDT results available at the time of the visit?
Barbarajean Magnani	The CDC guidelines further state that UDTs do not provide accurate information about how much or what dose of opioids or other drugs the person took.
Robert Bucu	Thanks. I'll look forward to Dr. Kwong's presentation.

Barbarajeane Magnani	Kathleen, we provide detailed consultations on many patients so that the clinician can discuss the results (frankly) with the patient at the time of their visit
Barbarajeane Magnani	We will talk about reimbursement in the last session