

DRUG TESTING AT A DISTANCE

Protecting Your Practice During COVID-19



By Jayson A. Hymes, MD, MPH, FACP, FSAM

The COVID-19 pandemic has caused many additional burdens on the healthcare system in general but some very specific ones are seen within the addiction treatment and pain management communities. The pandemic has convinced many practitioners to adopt telemedicine to reduce risks to both patient and doctor caused by unnecessary face to face encounters.

One of the issues that has become extremely problematic is the difficulty in drug testing telemedicine patients who are either substance abusers or have been maintained on prescription opioids for chronic pain problems.

Although urine testing for toxic substances has been recommended across-the-board for treating physicians, the broadest adoption and utilization of the technique has been with the addiction treatment community followed by the Pain Management specialty. With the adoption and increasingly widespread utilization of telemedicine a substantial portion of patients followed chronically are being interviewed at a distance and difficulty with drug testing has become significantly problematic. As a result, patients who should be monitored on a regular basis, whether it be in the case of either low, moderate or high abuse potential, testing has become irregular or in some cases, even nonexistent at this point.

And now with an uptick in the number of reported cases of COVID-19, the problem has become increasingly severe and there does not appear to be any end in sight for this problem. The longer this exists, the greater the dangers to the health of our patients, as well as to ourselves in our practices from a regulatory standpoint.

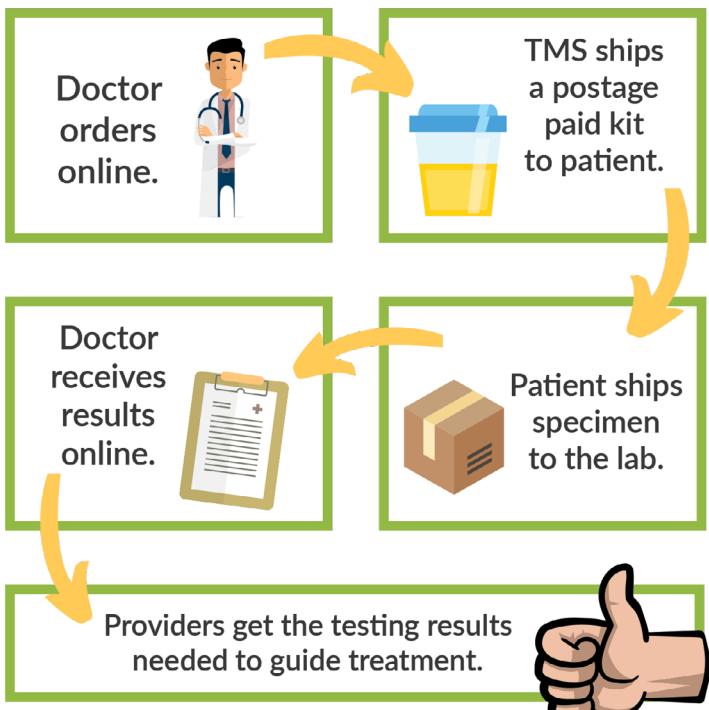
Several different laboratories have developed solutions to the problem and are utilizing similar but slightly different approaches. At their core, is the use of either mail or services such as FedEx or UPS to both deliver and collect specimens from the patients.

For the last four months our offices have utilized the so-called "Tele-TOX" system with strong results. This is a self-collection kit comprised of a small mailed package which includes instruction sheet, specimen cup, specimen bag and a pre-paid postage label addressed to the laboratory.

As a telemedicine consult is scheduled, the staff consults the EHR to determine if a specimen collection for a drug test is appropriate. Had the patient been scheduled for an office visit it would have been collected upon their arrival. With telemedicine however that would be impossible. During the telemedicine consult the patient is informed that a urine specimen will be needed from them for compliance monitoring, and is reminded that this is required by both office rules and federal guidelines. After the completion of the visit, our office notifies the laboratory and they mail out a Tele-TOX package. The patient then receives the package in the mail, fills specimen cup, places it in the return envelope with a pre-printed mailing label and drops it in the mail, to be delivered directly to the laboratory. From that point on, the process is no different than had the specimen been collected in our office and mailed off to the lab. After processing the results are returned via portal, email or fax back to the office.

We had some initial concerns about the possibility of specimen substitution or alteration but we recognized that as these patients were not just being monitored for substance-abuse but for appropriate adherence to the use of other prescribed (non-abusable) medications from our office, finding an appropriate substitute specimen with the correct combination of abusable and non-abusable drugs would be quite difficult. In instances where patients were being monitored for the use of abusable substances only, we have actually had the patient take certain over-the-counter medications, such as Advil, Aleve, Benadryl, or Claritin as "marker" medications. The absence of these in a return specimen would indicate possible substitution.

Another solution that we have utilized in patients who were being simply monitored for abusable substances without other prescribed medications, is to utilize saliva testing. Instead of a urine cup, a saliva specimen collection kit is mailed to the patient when the telemedicine consult is scheduled. As our telemedicine consults are done utilizing both audio and video connections, the patient can be observed opening and filling the numbered, sealed collection device and securing it in the pre-paid delivery package. Appropriate adherence to protocol is thus insured.



The specimens are then monitored by the laboratory as to the date they were mailed out and if there is no response from the patient (that is a specimen was not received back at the laboratory), the patient is contacted by either text, email or a telephone call, reminding them of the importance of returning the specimen. Finally, for the few patients who do not return the specimen despite having been contacted, they are informed that they have lost the privilege of having their consults by telemedicine, and their presence will be required in the office on their next visit.

We have since performed a retrospective review of our "Tele-TOX" program. Our experience has been that 75.4% of our patients promptly forward their specimen to the laboratory and the results of the tests are available to review prior to their next appointment. Those who don't respond promptly and have to be notified, subsequently returning their specimens equals 14.4%. Those who still have not returned the specimen and are informed that they will need to be seen in the office equals 10.2%.

Alarmingly a review of the returned specimens since the beginning of the pandemic has shown that 62.4% of these tests have had unexpected results. These are either negative for prescribed medications or positive for an un-prescribed substance. This is not inconsistent with previous studies, however it reinforces the need for vigilance under the current circumstances.

Our office has actually seen several side benefits of the use of this program. First of all, the staff spends less time collecting, packaging and shipping out the specimens, as this has been transferred to the laboratory. Next, is the lack of necessity for the staff to handle the urine cups directly.

In summary, we have found that our "Tele-TOX" program has proven to be a valuable and effective tool to continue drug testing in a time of difficulty actually interfacing with our patients. This would be especially important with the alarming rise in opiate abuse that we are seeing since the beginning of the pandemic.

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The author of numerous articles, papers, and book chapters, Dr. Hymes is, or has been, an advisor to the Medical Board of California, The California Narcotics Officers Association, the Office of National Drug Control Policy (Executive Office of the President), and the Los Angeles Field Division of the Drug Enforcement Administration, as well as a member of the Homeland Security Advisory Council of Los Angeles and Orange Counties.

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