

Presenting a Clinical Tool to Increase Urine Drug Screening Compliance For Telehealth Opioid Treatment Visits

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Background & Objective

- **Urine Drug Screenings (UDS)** are an integral part of pain management and **risk stratification** prior to starting and during opioid therapy.
- With the onset of the **COVID-19 pandemic**, traditional means of monitoring drug compliance were shifted due to the implementation of **telehealth opioid treatment visits**.
- There is an increased need to equip providers with **comprehensive tools** to monitor patients receiving opioids and ensure **compliance and safety**.
- This QI project presents a patient-physician communication tool aimed at increasing UDS compliance for both virtual and in-person visits.

Methods

Study Design

- This was **retrospective single-center study** at a pain medicine outpatient clinic.
- Data in this study compared compliance rates prior to the implementation of the new agreement form (May-June 2022) and after its implementation (September-October 2022).
- Participants were all patients who are prescribed medications that are considered controlled substances by the DOJ.
- A UDS Consent form was implemented.

Clinical Tool

- This instrument serves as a reminder of their initial agreements regarding completing UDS upon request and communicates the value of UDS in clear terms.
- Participants are also asked to indicate all of their prescriptions and date and time of last medication dose.

Participants

- All participants were patients who are prescribed medications that are considered controlled substances by the DOJ.

Primary Outcome Measure

- We measured compliance rate (UDS completed compared to total UDS due) prior to and after tool implementation.

Results

Developed UDS Tool

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Urine Drug Screen Agreement

Name: _____ DOB (mm/dd/yyyy): _____

The goal of drug testing prior to and during opioid therapy is to support patient care and improve patient safety. Drug testing is part of risk stratification prior to starting opioid therapy and provides an objective measure of compliance with treatment thereafter. Studies show that using urine drug screens can prevent opioid medication misuse.

While coming in to provide urine drug screens can be an inconvenience, please remember that ALL patients on these medications are being asked to do this. This is the best and safest practice.

Your Commitment

I will treat health care providers with respect.

I understand that given my opioid prescription, I am subject to random urine drug screenings.

I will not change my urine in any way. This includes:

- Bringing in someone else's urine or non-urine product and attempting to switch.
- Taking substances or "blockers" that are intended to change my urine result.

I understand that failure to comply or inconsistencies with urine results will result in a change in the treatment of my pain, including, but not limited to, possible cessation or tapering of opioid medications.

I agree with the above.

My signature: _____ Date: _____

UDS Patient Questionnaire

I am prescribed the following pain medications (CIRCLE):

Lyrica / tramadol / Tylenol #3 or #4 with codeine

hydrocodone/baclofen/naproxen (Norco)

oxycodone/baclofen/naproxen (Percocet or Endocet)

Hydrocodone (Dilaudid)

Pentamyl patch

Methadone

Buprenorphine (Suboxone, Subutex, butrans)

Other: _____

I am prescribed the following for ADHD:

Methylphenidate/ Ritalin/ Concerta/ NONE Other: _____

I am prescribed the following for anxiety:

clonazepam/ Alavac/ lorazepam/ NONE Other: _____

My last dose of _____ was at: _____ h today/ yesterday/ other (CIRCLE)

Signature: _____ Date: _____

Arm	Date Range	Percent Compliant
Pre-Implementation	May-22	29.03%
Post-Implementation	Sep-22	76.32%

Figure 1. Pre and Post-Implementation Compliance Rates by Percentage

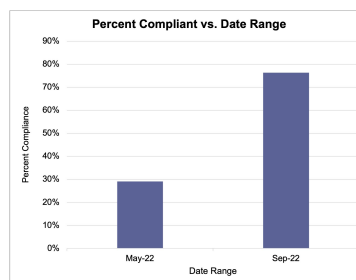


Figure 2. Bar Graph of Percent Compliance vs Date Range

UDS Compliance **significantly increased** after implementation of the patient-physician communication tool.

The **p-value** was found to be **less than 0.001%** using a chi-squared test.

Conclusions & Implications

Key Findings

- Before the implementation of our tool, about 29.03% of patients were compliant; following implementation, we found a **76.32%** compliance rate.
- This difference was found to be statistically significant ($p < 0.00001$).
- Our evidence shows that clearly communicated, written reminders **increased UDS compliance**.

Conclusions/Implications

- As physicians transition from telehealth to in-person visits, these **quality improvement measures** can be helpful tools for **bettering patient-physician communication** and providing **higher-quality care**.
- Development of such tools help to better clinic workflow and re-establish aims of care.
- Simple and easily implementable tools, such as this one presented, can have a significant impact.

Future Directions

- We will continue to implement and validate this UDS tool in clinic.
- We are working to develop similar quality improvement tools to improve patient-physician communication.

References

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