

## **UPDATE on PRESCRIPTION DRUG ABUSE INITIATIVES and URINE DRUG SCREEN COVERAGE**

Over the past several years, there has been increasing concern about the nature and extent of prescription drug abuse in Vermont. To address these concerns, Vermont's Agency of Human Services (AHS) has implemented several initiatives, including those developed by the Vermont Department of Health (VDH) and the Department of Vermont Health Access (DVHA).

This document summarizes the approaches underway to address prescription drug abuse at both the community and medical provider levels. It also includes the VDH Division of Alcohol and Drug Abuse Program (VDH/ADAP) and DVHA guidelines for urine drug screen testing.

### **AHS Community Meetings**

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AHS Field Directors and community stakeholders began hosting meetings in March 2010 to identify ways communities can address the abuse of prescription drugs, including buprenorphine. Participating community stakeholders include local hospitals, prescribing physicians, mental health and substance abuse treatment providers, and the Departments of Public Safety and Corrections.

To learn more about these meetings, please contact your local AHS Field Services Director. A complete list of the AHS Field Services Directors and their contact information can be found on the AHS website at:

<http://humanservices.vermont.gov/departments/ahs-fs-folder/contact-information-for-field-directors-and-field-services-in-waterbury/ahs-field-services-contacts/>

### **Hospital Grand Rounds Series**

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The VDH/ADAP is sponsoring a Vermont Hospital Grand Rounds series on the following topics:

#### Universal Precautions for Addiction

Drug addiction is a disease for which anyone seeking medical treatment may be at risk. Awareness and screening are imperative.

#### Compassionate Clinical Approaches

Some of the most difficult patients to manage may be those struggling with both the disease of addiction and also with pain management challenges. A variety of motivational and joining skills will be presented.

### Urine Drug Screens

Urine drug screens are a useful clinical tool, yet there is little formal training in their use. The following three-pronged approach will be discussed: (a) the science of toxicology; (b) the patient's clinical presentation; and (c) urine testing costs.

Emphasis will be placed on these topics:

- The patient's clinical circumstances and the judgment of the ordering clinician and interdisciplinary team to provide evidence-based, clinically appropriate and cost effective test frequency and modalities.
- The importance of laboratory collaboration to clarify test results.

Please check with your local hospital's Medical Education Department for information on their Grand Rounds series.

### **Vermont Prescription Monitoring System**

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Legislation for the Vermont Prescription Monitoring System (VPMS) was enacted in 2006. Its purpose is to assist those prescribing controlled substances to make wise, informed clinical decisions in their prescribing practices.

For additional information regarding VPMS please visit:

<http://healthvermont.gov/adap/VPMS.aspx>

Or contact:

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### **Medicaid Coverage of Urine Drug Screens**

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While DVHA and VDH/ADAP do not recommend one urine testing modality or laboratory service over another, they do recommend these tests be used judiciously and tailored to the needs of individual patients.

SFY 2011 coverage changes:

- *Propoxyphene, LSD and PCP* were removed from the list of covered assays because "positive" urine screens were infrequent in Vermont. *Ethanol* also was removed due to its limited clinical relevance.
- The number of assays is now limited by Medicaid to a maximum of *nine (9) per test*.
- Legislation passed this year limits Medicaid's reimbursement to *eight (8) tests per calendar month for adults*.

## **Pharmacy Home**

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The Pharmacy Home program, administered by the DVHA Program Integrity (PI) unit, is for beneficiaries in the buprenorphine program. DVHA PI staff work with the beneficiary and their providers to identify a pharmacy home and/or provider home. To help ensure consistent and effective medication therapy, beneficiaries choose one convenient pharmacy where they obtain all medications prescribed by their primary care or specialist providers. Exceptions exist to allow more than one provider, when applicable.

## **Drug Utilization Edits**

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DVHA provides messages and edits through the Pharmacy point of sale system to inform pharmacists about beneficiaries who may be receiving controlled substances from multiple physicians or pharmacies simultaneously; this practice is often referred to as “doctor shopping.” Pharmacists are alerted when beneficiaries obtain controlled substances from multiple providers or pharmacies, enabling pharmacists to make informed decisions regarding the dispensing of the drug and provider outreach.

## **DVHA Care Coordination and Buprenorphine Management**

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In 2006, DVHA began providing care coordination and intensive case management services through its chronic care initiative to high risk Medicaid beneficiaries with complex medical and social needs. The DVHA care coordinators, who are registered nurse case managers and medical social workers, initially targeted beneficiaries diagnosed with at least one of eleven chronic health conditions. During 2009, DVHA collaborated with VDH/ADAP to begin offering care coordination services to Medicaid beneficiaries receiving buprenorphine treatment in five provider practices. The care coordinators support treating providers in following evidence-based clinical care guidelines, and support beneficiaries’ adherence to treatment plans. The goal is to provide an optimum environment for Medicaid beneficiaries to receive treatment for opiate addiction while also providing support to the medical offices caring for this population.

DVHA, VDH/ADAP, and University of Vermont (UVM) staff meet bimonthly to review the initiative and identify areas for improvement. In addition, meetings occur among VDH/ADAP, DVHA, and the participating practice sites to review program metrics and the expectations outlined in the buprenorphine provider agreements regarding evidence-based guidelines.