A Cultural Approach to Chronic Pain Management and SUD Treatment

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins

‘A ‘ohe hana nui ke alu ‘ ia
(No Task Is Too Big When Done Together By All)

Nathaniel Mullins, Senior Territory Sales Consultant, Precision Diagnostics
Kekupu Nourrie, LMHC, Cultural Educator, Mālama Recovery Services & Hoʻokūola Hale of WCCHC / IMUA Health Group
Travis Purdy, Founder / CEO, IMUA Health Group; Co-owner / President / CFO, CrossFit West Oʻahu
Makani Tabura, Lead Cultural Educator, Mālama Recovery Services & Hoʻokūola Hale of WCCHC / 3 Piko
Niki Wright, PsyD, CSAC, Director, Mālama Recovery Services & Hoʻokūola Hale of WCCHC; CBHO, Wahiawā Health

Mauli Ola:
Embracing Holistic Wellness

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins
Hoʻokūola Hale Pilot Project Goals
Initial funding period: 2017 - 2019

### Goals
- $$$ DECREASED ED VISITS
  - Less ED visits saves tons of money
- >MG REDUCED DOSAGE
  - For increased patient safety

#### Results
- **TOTAL PATIENTS SEEN**: 1,488
  - UNDuplicated
- **TOTAL SESSIONS**: 15,660
  - INCLUDES ALL PROVIDERS
  - Physician, Nurse Practitioners, Acupuncturist, Physical Therapist, Native Hawaiian/Traditional Healers, Psychologists.
Pilot Project Stats 2017 - 2019

During the pilot project period, Hookuola Hale also hired 15 staff during the grant funding period.

01. ED ACCESS
Patients who accessed ED services: 870

02. ED VISITS
Total number of ED visits: 3620

03. OPIOID DOSAGE
Total number of patients prescribed >50mg morphine equivalents: 225

Who did we help during the grant period?
The top 3 ethnicities/races were followed by Samoan, African American, Portuguese, Puerto Rican, Japanese, American Indian, Hispanic, Chinese. Last categories were “other” and “did not specify.”

01. NATIVE HAWAIIAN
The vast majority of our patients were of Native Hawaiian descent. 44%

02. CAUCASIAN
28%

03. FILIPINO
5%
Clinic offers integrated approach to pain management

By Tressa Shigeto

As communities across the nation grapple with an opioid epidemic, the Waimanalo Comprehensive Health Center has opened a new pain management clinic that uses an integrated approach to reduce reliance on narcotic medications. “We see our patients much better than they’ve been getting,” said Dr. Window Engel, the pain management program’s clinical director. “They’re suffering not only from the pain, but also the treatments.”

Haleiwa Hale opened its doors last October and within six months was treating 250 patients with chronic pain. The clinicians employ a variety of strategies—traditional Hawaiian healing and that and direct people to the things that really help them more,” Engel program director Dr. Niki Wright.

Wright noted some doctors across the nation and in our state are no longer willing to prescribe narcotic painkillers in light of the opioid crisis, however. Cutting off medication abruptly can lead to other complications. “They go through this terrible physical withdrawal so they end up buying it back.”

Culture activities may also be part of the treatment—Hawaiian practices like limuholo, lei making, and hula may be employed, as well as healing practices from other cultures. Director of of Hui Ola Village Dr. Kyle Chang developed the health center’s cultural village with the oversight of their Elder’s Council to offer Hawaiian cultural practices to inspire patients to become empowered in their healing and well-being.

The health center’s resident artist Soreiya Kumar will also have a role, incorporating meditations, arts and crafts.

ADD A MAIN POINT

Lorem ipsum dolor sit amet, consectetur adipiscing elit.

ADD A MAIN POINT

Lorem ipsum dolor sit amet, consectetur adipiscing elit.

OPIOIDS

opioids: new problem, new community approach

Drugs addiction is nothing new. But there’s something different about the latest epidemic.

“Are we seeing a different demographic now because we see a lot of victims of addiction who are in their twenties and thirties?” asks Nicole Wright, PsyD, director of the Waimanalo Comprehensive Health Center (WHCC). Being the second generation of the ‘90s and the current epidemic of the ‘70s and ‘80s, she says, “It was like the kind of people who were on the fringes of society. Now it takes a lot of lab testing and an operation and coming out on the other side of this issue with a large eventrett...”

ADD A MAIN POINT

Lorem ipsum dolor sit amet, consectetur adipiscing elit.
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is expressed in the physical affect of drooping forward with sorrow as in the bereavement of a loved one.

‘AOA
is expressed in the wailing of distress to depict hurt and sadness as in the loss of something or someone dear to one’s heart.

‘EHA
is expressed as a form of sadness associated specifically with a relationship breakup. Hawaiians would say “the heart throbs with agony [love].”

‘INO’INO
is another form of depression, expressed as a state of being contaminated, damaged, or deeply troubled. This type of depression is most associated with one’s spirit or soul. This type of sadness is a result of one feeling disconnected to their God(s), culture, family, or to their church community.
LOMI LOMI

TO RUB, PRESS, SQUEEZE, CRUSH, MASH FINE, KNEAD, MASSAGE, RUB OUT; TO WORK IN AND OUT.

LAʻAU LAPAʻAU

ʻAWA is used to treat a wide variety of ailments. 6 different chemicals are found in the awa root. The components have differing physiological effects including relaxed mental and physical state, improved ability to think, and stabilization of feelings.

ʻOLENA is known for its anti-inflammatory properties. Often times mixed with other plants & made into a paste as a topical for swollen muscles, joints and injuries.

ʻULEI To treat ʻea and paʻaoʻo, the leaf buds and seeds ʻuku are eaten until the illnesses are gone. To treat open cuts or injuries, the ʻuku bark, leaves, and salt are pounded into a mass and applied to the cut (kali ʻeha).

HAʻUOI Leaves, stems, flowers poulticed for external application on cuts and bruises. Flowers are edible; leaves can be made into tea to ease anxiety and stress.
HIʻUWAI KAPUKAI PIKAI

Water purification ceremony. A traditional practice conducted at the beach, using the ocean to prepare a patient for the process of healing.

HOʻOMAIKAʻI
give thanks, what are you thankful for?

MIHI
forgive, repent. Forgive yourself first.

HOʻOULU
CONNECT TO THOSE AROUND YOU.

OLI

Oli is defined as a “song, a chant of any kind, poem, to sing or chant.” Oli is often tied to Moʻokuauhau, kaʻao, or moʻolelo. With influences of politics, society and religious aspects.

Oli was also utilized for health & wellness purposes. The frequencies and vibrations created within chanting is used to improve lokahi of self.
A Cross-Cultural Approach to Recovery

Ke Ala O Kekoa:
A Cross-Cultural Approach to Recovery
A Cultural Approach to Chronic Pain Management and SUD Treatment

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins

Mālama Recovery Services
An Intensive Outpatient Substance Use Disorder Treatment Facility located in Wai‘anae, Hawai‘i, on the island of O‘ahu.

PROGRAM EST. 1994
Established at WCCHC, a private, nonprofit, FQHC in operation since 1972 on the Leeward Coast of O‘ahu.

MISSION 96792
Original Mission: “To help the residents of the Wai‘anae Coast regardless of their ability to pay.”
Disproportionally high rates of cardiovascular disease, hypertension, diabetes, cancers, obstructive lung diseases, chronic kidney disease, and obesity.

Average per capita income is the lowest in the City and County of Honolulu ($30,700) and the State (at $29,500). 55.5% of the children in households are receiving assistance.

The infant mortality rate in Wai‘anae is the highest in the County (5.9%) and second highest in the State (5.6%).

**DRUG USE IN HAWAI‘I**

2018 - 2022: Number of Emergency Discharges Related to Substance Use

**67,879**

Number of Unintentional/Undetermined Overdose Deaths (2021)

248

**Number of Discharges**

- Alcohol
- Nicotine
- Stimulant (meth, etc.)
- Cannabis
- Other psychoactive...
- Opioid
- Cocaine
- Sedative, hypnotic, other
- Hallucinogen
- Inhalant

**State of Hawaii, 2022**
Admissions to Treatment

Crystal methamphetamine is still the primary drug of choice for the people of Hawai‘i.

- METHAMPHETAMINE: 34.2%
- MARIJUANA: 30.2%
- ALCOHOL: 18.9%
- THE REST: 16.7%

Admissions to Treatment

- METHAMPHETAMINE: 34.2%
- MARIJUANA: 30.2%
- ALCOHOL: 18.9%
- THE REST: 16.7%

Information from the State of Hawai‘i, Alcohol and Drug Abuse Division, 2016-2017

ADULTS WITH SMI WHO RECEIVED TREATMENT

This indicator shows the percentage of adults aged 18 years and older with SMI who received treatment in the last 12 months. Measurement period: 2015 - 2018

State: Hawaii

57.6%

Source: National Survey on Drug Use and Health
Measurement period: 2015-2018
Maintained by: Hawaii Department of Health
Last update: August 2021

Graph Selections
INDICATOR VALUES
Change over Time
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RECEIVED TREATMENT FOR ILLICIT DRUG USE

This indicator shows the percentage of persons aged 12 years and older with SMI who needed illicit drug treatment received it in the last 12 months. Measurement period: 2016 - 2017

State: Hawaii

13.5%

Source: National Survey on Drug Use and Health
Measurement period: 2016-2017
Maintained by: Hawaii Department of Health
Last update: August 2021

Graph Selections
INDICATOR VALUES
Change over Time

Local health plan AlohaCare now covers Native Hawaiian healing practices

Hawaii Public Radio | By Ku’uwehi Hiraishi
Published August 16, 2022 at 3:42 PM HST

This is the first case of insurance paying for cultural services in the State of Hawaii.
What our haumana have to say...

Haumana (hā'u-mā'-na), v.
To be a disciple of; to be an adherent or follower; to be a pupil.

“I was empty. Something was missing inside me. Until I figured out who I am and where I came from in culture class.”

“Makani and Kupu showed me there’s a different way to live my life.”

“Fear is not an effective motivator.”

“My kumu is someone I can talk to.”

MORE COMMENTS

“My kumu talked to my girl.”
“My kumu believes in me. He gave me hope.”
“Learning about my culture makes me feel better.”

Cultural Competence in Healthcare: Key Benefits

Enhanced Trust: Builds trust between healthcare providers and diverse patients, leading to better communication.

Health Equity: Reduces disparities and addresses social determinants, promoting equitable healthcare.

Effective Care: Tailors treatment to cultural preferences, improving adherence and outcomes.

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There are 29.5 Moon phases in the Hawaiian Moon calendar. Moving through each of these phases contributed to our daily lives in a myriad of ways, physical, mental, spiritual, and environmental. Our survival is linked to earth, sea and sky.
Hawaiians and other native cultures created designs to print on Kapa to identify themselves, organizations, ohana or halau that they are associated with.

Kapala designs were used as a way to identify who you are. It represents your honua, your world.
“By doing things Hawaiian you begin to understand how our Hawaiian ancestors worked and thought and you gain appreciation for our native traditions and indigenous practices.”

Imua Kakou:
It Takes a Village with Community Partnerships for Holistic Healing

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins
Makahiki

Festival dedicated to the god Lono.

Native Hawaiian people engaged in feasting, sports, games, and storytelling.

Time of unity and harmony while prohibiting war among leaders.

In modern times, the concept of Makahiki can be related to recovery from chronic pain, mental illness, and substance use disorders.

Emphasize the importance of rest, rejuvenation, and strengthening relationships as essential components of healing and well-being, both for individuals and organizations.
Objectives

A Problem in the Industry

Our Solution

Why People Think We Crazy

But first!

Activity +

Intro to Travis Purdy and Our Community Collaborators

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins
Collaborations

IMUA Health Group is proud to work on collaborations to help improve the mental health of our AANHPI communities.

A Problem in the Industry

Awesome Providers
Spend so much time in school.
Serve from the heart.
Take pride and care for their communities.

Lifelong Salesperson
Always worked on commission aka productivity based pay. Do more, make more.

They don’t teach you about business
Typically students receive little to no business training in graduate school.
Our Solution

IMUA Health Group is a multi-disciplinary clinic of behavioral health providers.

Team IMUA is comprised of psychologists, mental health counselors, clinical social workers, and marriage and family therapists. The majority of our providers are CSACs or have experience helping individuals with SUD.

OUR MISSION

Increase services in our community.
Huge need and not enough therapists

We help therapists open private practices.
More therapists = more services
Therapist at IMUA

- W-2 employee with auto-renewing 12-month contract
- Clinic environment
- Private practice flexibility and pay structure
- HIPAA-compliant tech
- Patient centered with a provider focus

Team IMUA

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins
IMUA Mentoring Model

12-month program of mentoring, consultation, coaching, guidance, and partnership through the 5 phases of opening a private practice.

<table>
<thead>
<tr>
<th>Building</th>
<th>Credentialing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Business entity,</td>
<td>• PECOS (Medicare),</td>
</tr>
<tr>
<td>EIN, and any State</td>
<td>HOKU (Medicaid),</td>
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<td>requirements</td>
<td>and CAQH</td>
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<tr>
<td>• Bank account and</td>
<td>• Many of the popular</td>
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<td>business credit card (optional)</td>
<td>payors in our area</td>
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<td>• Contact info</td>
<td>• IMUA will credential your business for you</td>
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<td>• PECOS (Medicare), HOKU (Medicaid), and CAQH</td>
<td>• EHR selection and setup</td>
<td>• Part of all phases</td>
</tr>
<tr>
<td>• Bank account and business credit card (optional)</td>
<td>• Many of the popular payors in our area</td>
<td>• Provide white label registration packet and forms</td>
<td>• A/R and A/P</td>
</tr>
<tr>
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<td>• IMUA will credential your business for you</td>
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<td>• New patient workflow</td>
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<td>• Tech consult</td>
<td>• Appointment workflow</td>
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<tbody>
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<td>• Part of all phases&lt;br&gt;• A/R and A/P&lt;br&gt;• New patient workflow&lt;br&gt;• Appointment workflow&lt;br&gt;• Marketing</td>
<td>• Fee schedule&lt;br&gt;• Billing workflow - insurance and patient&lt;br&gt;• Invoice and payment processor&lt;br&gt;• IMUA will bill with you for the first few</td>
</tr>
</tbody>
</table>

Why People Think We Crazy

March 2020: We literally saw our first patient the same week that Hawai‘i shut down due to COVID-19
Take Your PATIENTS With You!

The last step of the IMUA Mentoring Model is to transfer all of the patients on the therapist’s IMUA panel to their private practice.

- **Continuity** of care
- Fulfills **our mission** is to help therapists open private practices
- What we actually want to do is **help therapists** establish their businesses, credential their practices for them, consult with them on workflows, provide white label forms, assist with setting up their billing, bill a few sessions with them, and then transfer ALL their patients to their practices
- We want therapists to be able to **get paid immediately** after opening up to reduce the stress and anxiety of self-employment

**WHY?**

IMUA’s mission is to Move Health Forward.

- **High needs in the community**
  We could not possibly help all the people looking for services.
  Not to mention all the people who are suffering.
- **We believe in abundance**
  Business is an infinite game and to win is to keep playing. Let’s grow the field and make a positive impact.
- More therapists = more services
  That helps our communities!
Let’s Connect
CLINICAL PARTNERSHIP

Lab testing is an important part of your client's treatment.

• Consider the following:
  ❖ Test Menu and Methods Available
  ❖ Knowledge of Regional Cultures and Drug Trends
  ❖ Clinical Support
  ❖ Turnaround Time
  ❖ Payer Alignment
  ❖ Interoperability
Current Testing Standards

Methods Available | Customizability | Test Menu

Urine Drug Monitoring Methods

- NextGen Precision LC-MS/MS
- Industry Standard LC-MS/MS
- Immunoassay (IA) e.g. POC, Analyzem
- Patient Interview
- Nothing
We are adding Xylazine to our test menu in Q4 of 2023.

• Knowledge of Regional Cultures and Drug Trends

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins
Cultural Trends

Understanding Regional Cultures and their trends is important when designing your workflow and test groups.

Hawaii and states that have Native Communities and Cultures can require unique approaches to ensure their communities members are successful through treatment.

WCCHC and Precision brainstorming established the safest collection method in communities adhering to strict lockdowns.

We partnered for a home-to-home oral fluid collection protocol that enabled testing and compliance through the pandemic in communities where this was not possible before.

Regional Drug Trends

- The Opioid Epidemic does not treat all regions equally.
- It is not just an opioid epidemic and data from our testing can shed light on this.
- Knowing your regional trends and drugs of abuse and change how to test.
### Midwest Top 10 Positives

<table>
<thead>
<tr>
<th>Drug Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabapentin</td>
</tr>
<tr>
<td>Buprenorphine/Norbuprenorphine</td>
</tr>
<tr>
<td>Bupropion Metabolite</td>
</tr>
<tr>
<td>Methadone/EDDP</td>
</tr>
<tr>
<td>Trazodone Metabolite</td>
</tr>
<tr>
<td>THCA</td>
</tr>
<tr>
<td>Amphetamine</td>
</tr>
<tr>
<td>Hydrocodone/Norhydrocodone</td>
</tr>
<tr>
<td>Naloxone</td>
</tr>
<tr>
<td>Quetiapine/Norquetiapine</td>
</tr>
</tbody>
</table>

### Southwest Top 10 Positives

<table>
<thead>
<tr>
<th>Drug Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydromorphone</td>
</tr>
<tr>
<td>Hydrocodone/Norhydrocodone</td>
</tr>
<tr>
<td>Buprenorphine/Norbuprenorphine</td>
</tr>
<tr>
<td>Oxycodone/Noroxycodone</td>
</tr>
<tr>
<td>Oxymorphone</td>
</tr>
<tr>
<td>THCA</td>
</tr>
<tr>
<td>Gabapentin</td>
</tr>
<tr>
<td>Ethyl Glucuronide/Ethyl Sulfate (Alcohol metabolites)</td>
</tr>
<tr>
<td>Fentanyl/Norfentanyl</td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
</tr>
</tbody>
</table>
Hawaii Top 10 Positives

<table>
<thead>
<tr>
<th>Test Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Amphetamine</td>
</tr>
<tr>
<td>9-Hydroxyrisperidone</td>
</tr>
<tr>
<td>Buprenorphine/Norbuprenorphine</td>
</tr>
<tr>
<td>THCA</td>
</tr>
<tr>
<td>Ethyl Glucuronide/Ethyl Sulfate (Alcohol metabolites)</td>
</tr>
<tr>
<td>Hydromorphone</td>
</tr>
<tr>
<td>Hydrocodone/Norhydrocodone</td>
</tr>
<tr>
<td>Oxycodone/Noroxycodone</td>
</tr>
<tr>
<td>Bupropion Metabolite</td>
</tr>
</tbody>
</table>

Methamphetamine has been the most abused drug in Hawaii since the 1980's.

Originally, it was brought from Asian Markets and now much of it comes from laboratories in Mexico via California.

The Hawaii meth “micro-epidemic” started before to boom of opioids in the 1990's.

It is a cheap drug in comparison to opioids or cocaine and, in Hawaii communities with financial hardship, becoming generational.

Your laboratory should be aware of regional trends and communicate how they can partner with you to address these trends through their services. This can mean specific testing methods and education.
Clinical Support

- Does the laboratory provide the toxicology support you need in an effective and timely fashion?
- Does the laboratory offer educational sessions for you and your staff?
- Does the laboratory provide testimony for court?

Methamphetamine D/L Isomer

- Methamphetamine
  - Dextro-methamphetamine (> 20% d isomer)
    - Didrex
    - Desoxyn
    - Illicit Methamphetamine
  - Levo-methamphetamine (> 80% l isomer)
    - Selegiline
    - OTC Nasal Inhaler (i.e. Vicks)
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METHAMPHETAMINE

Patient 1:

<table>
<thead>
<tr>
<th>Analyte Detected</th>
<th>Potential Brand Name Drugs</th>
<th>Amount Detected</th>
<th>Typical Detection Window</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHAMPHETAMINE</td>
<td>375 mg/tablet</td>
<td>55 ng/mL</td>
<td>1 to 4 days after last dose</td>
<td>Unexpected Positive. Test result indicates the patient is taking a non-prescribed medication.</td>
</tr>
</tbody>
</table>

Patient 2:

<table>
<thead>
<tr>
<th>Analyte Detected</th>
<th>Potential Brand Name Drugs</th>
<th>Amount Detected</th>
<th>Typical Detection Window</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMPHETAMINE</td>
<td>Adderal, Vyvase</td>
<td>66 ng/mL</td>
<td>1 to 4 days after last dose</td>
<td>Unexpected Positive. Test result indicates the patient is taking a non-prescribed medication.</td>
</tr>
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</table>

Fentanyl and Fentanyl Analogs

- Fentanyl is a powerful synthetic opioid more potent than morphine and heroin.
- Illicitly manufactured fentanyl is a major driver of opioid related overdose deaths across the country.
- Fentanyl and fentanyl analogs are mixed with heroin, cocaine or pressed into counterfeit prescription pills.
Fentanyl and Fentanyl Analogs

Pill Shaving

- Scraping, dipping, shaving prescribed medication directly into urine sample.
- High concentrations of parent drug with little to no metabolites.
Heroin Metabolism

![Heroin Metabolism Diagram](Image)

Heroin

<table>
<thead>
<tr>
<th>Medication Prescribed</th>
<th>PATIENT TEST RESULTS SUMMARY</th>
<th>Test Outcome: POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CONSISTENT RESULTS - REPORTED MEDICATION DETECTED</td>
<td>ORIGINAL REPORT</td>
</tr>
<tr>
<td>Reported Prescription</td>
<td>Anticipated Positives</td>
<td>Amount Detected</td>
</tr>
<tr>
<td>None Found</td>
<td>Anticipated Positives</td>
<td>Amount Detected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCONSISTENT RESULTS - REPORTED MEDICATION NOT DETECTED</th>
<th>Test Outcome: POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Prescription</td>
<td>Anticipated Positives</td>
</tr>
<tr>
<td>None Found</td>
<td>Anticipated Positives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCONSISTENT RESULTS - DETECTED DRUG/MEDICATION NOT REPORTED</th>
<th>Test Outcome: POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyte Detected</td>
<td>Potential Brand Name Drugs</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>Avinza, Kadian</td>
</tr>
<tr>
<td>HYDROCODONE</td>
<td>Loratab, Norco, Vocodin</td>
</tr>
<tr>
<td>NORTHYDROCODONE</td>
<td>Loratab, Norco, Vocodin</td>
</tr>
<tr>
<td>HYDROMORPHINE</td>
<td>Dilaudid, Exalgo</td>
</tr>
<tr>
<td>CODEINE</td>
<td>Codrix, Tylenol III, Tylenol IV</td>
</tr>
<tr>
<td>METHADONE</td>
<td>Dolophine, Methadone</td>
</tr>
<tr>
<td>EDDP</td>
<td>Dolophine, Methadone</td>
</tr>
<tr>
<td>HERON METABOLITE</td>
<td></td>
</tr>
</tbody>
</table>
Heroin – No Morphine

<table>
<thead>
<tr>
<th>Analyte Detected</th>
<th>Potential Brand Name Drugs</th>
<th>Amount Detected</th>
<th>Typical Detection Window</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXYCODONE</td>
<td>Oxycontin, Percocet, Roxicodone</td>
<td>70 ng/mL</td>
<td>1 to 4 days after last dose</td>
<td>Unexpected Positive: Test result indicates the patient is taking a non-prescribed medication.</td>
</tr>
<tr>
<td>HERIN METABOLITE</td>
<td></td>
<td>40 ng/mL</td>
<td>1 day after last dose</td>
<td>Unexpected Positive: Test result indicates the patient is taking a non-prescribed medication.</td>
</tr>
</tbody>
</table>

Benzoylcegonine Metabolite

- Benzoylcegonine found to be lipophilic in recent clinical studies linked to chronic use.
- Precision NextGen cut off 20ng/mL.
Cocaine Metabolite - Benzoylcegonine

PATIENT TEST RESULTS SUMMARY

<table>
<thead>
<tr>
<th>Medication Prescribed</th>
<th>Norco</th>
</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Reported Prescription</td>
<td>Anticipated Positives</td>
</tr>
<tr>
<td>NORCO</td>
<td>HYDROCODONE</td>
</tr>
<tr>
<td></td>
<td>HYDROMORPHONE</td>
</tr>
<tr>
<td></td>
<td>NORHYDROCODONE</td>
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<tr>
<td>Analyte Detected</td>
<td>Potential Brand Name Drugs</td>
</tr>
<tr>
<td>COCAINE METABOLITE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Turn Around Time

Are you receiving your results in time to make critical decisions and have the conversations necessary for progress or intervention?

What can affect turnaround time?

How do you set yourself up for success?
Payor Alignment

What does payor alignment look like for toxicology laboratories?

- Understanding the CMS Toxicology LCD and its guidelines.
- Knowing your state Medicaid and MCO(s) drug testing policies.
- Educating organizations on the different policies for payors they accept.
- Focusing on medical necessity and proper documentation to ensure there is no over utilization or improper billing.
- Toxicology laboratories are federally regulated.

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins
Examples of Drug Testing Policies

4.3 Definitive UDT is considered medically necessary and therefore covered under the following situations:

a. When performed as a reflex test by a CLIA certified lab after a positive presumptive test in the following situations:
   1. To verify a presumptive positive UDT (in-lab or POC) using definitive UDT (GCMS or LCMS/MS) before reporting presumptive finding to the OP and without an additional order from clinician; or
   2. Specific situations for which definitive testing is required for clinical decision making and would significantly change a treatment plan; or
   3. To identify non-prescribed medication or illicit substance use for ongoing safe prescribing of controlled substances; or

b. When presumptive drug tests are not available for the drug(s) for which there is a suspicion of abuse or misuse, and the following criteria are met:
   1. Diagnosis, history, and physical exam and/or behavior of the individual being tested support the need for the specific drug testing being requested; and
   2. Results of testing will impact treatment planning; and
   3. Testing is performed in a CLIA certified lab
Urine drug testing 30+ services/patient per 365 days is not medically necessary, except in the following situations where laboratory testing will not count towards the 30 tests per year limit:

- 1. Emergency rooms
- 2. Urgent care
- 3. Inpatient services

Colorado Medicaid

Drug Testing Unit Limitations and Documentation Requirements:

- Current Procedural Terminology (CPT) codes 80305, 80306 and 80307 have a unit limit of four per month per client for each code. This unit limit applies to all provider types.

- As of January 2020, substance-specific confirmatory tests no longer require a positive or inconclusive presumptive test or necessity documentation attached to the claim to be considered for reimbursement.

- As of August 1, 2021, HCPCS G0480-G0483 should be used when billing for substance-specific confirmatory tests. CPT codes 80320-80377 were closed as of July 31, 2021.
Common Insurances and the Frequency Limitations

- BCBS Colorado
- Aetna
- Cigna
- United Healthcare
- Kaiser
- Humana

Interoperability

Secure digital transfer of orders and results to your EHR is ideal for accurate order entry and proper billing.

Leveraging technology to lessen the administrative burden on you and your staff the compliant way.

Provide protocol management tools.
A Cultural Approach to Chronic Pain Management and SUD Treatment

Wahi Pana:
Rediscovering Your Sense of Place

Mahalo

Presented by: Nicole S. Wright, PsyD, CSAC; Makani Tabura; Travis Purdy; Kekupu Nourrie, LMHC; Nathaniel Mullins