



THE ROLE OF HEALTH INFORMATION AND TECHNOLOGY IN COMBATING THE OPIOID CRISIS

Integration of prescription drug monitoring programs (PDMPs) and electronic prescribing of controlled substances (EPCS) within the electronic health record (EHR) is critical to ensuring clinicians are able to easily access the data and tools they need at the point of care. Variation in the implementation and use of PDMPs and EPCS at the state level has created a barrier for the effective use of EHRs and other health information technology technology in the fight against the opioid epidemic.

In the absence of a federal, standards-based approach, states have created complex environments that are misaligned, confusing, and costly to healthcare providers and EHR developers.

Your action is needed: Support legislation that encourages ONC—in partnership with the CDC and SAMHSA—to provide best practices to states on a consistent, nationwide approach to implementation and integration of PDMPs and EPCS, including consistent reporting timelines, a minimum data set, and a standards-based approach to information exchange along with access to the national PDMP registry.

VARIATION = COMPLEXITY = COST



PROBLEM: EHR developers have to code **50 different flavors** of systems connectivity to respond to state-to-state variation = obstacle to interoperability between states and public health research opportunities



SLOWER
response to patients
visiting multiple clinicians



BARRIER TO
cross-state or national
data comparisons



INCREASES
cost to Health Systems
and/or States

✓ **SOLUTION:** Ask ONC to produce best practices recommendations to states.

PROVIDER CONFUSION



PROBLEM: Massive state-to-state variation in required and shareable data sets = major challenge to information exchange or use in public health



PHARMACY, PATIENT, DISPENSING RECORDS AND PRESCRIBER DATA

(i.e. Patient ID, Name, Gender, Rx Number, Days Supply, etc.)

Who is allowed to access the information and who must report the information?

0 STATES share the same requirements across all data categories

38 STATES use APPRISS as PDMP vendor

13 STATES *do not* have a PDMP query mandate

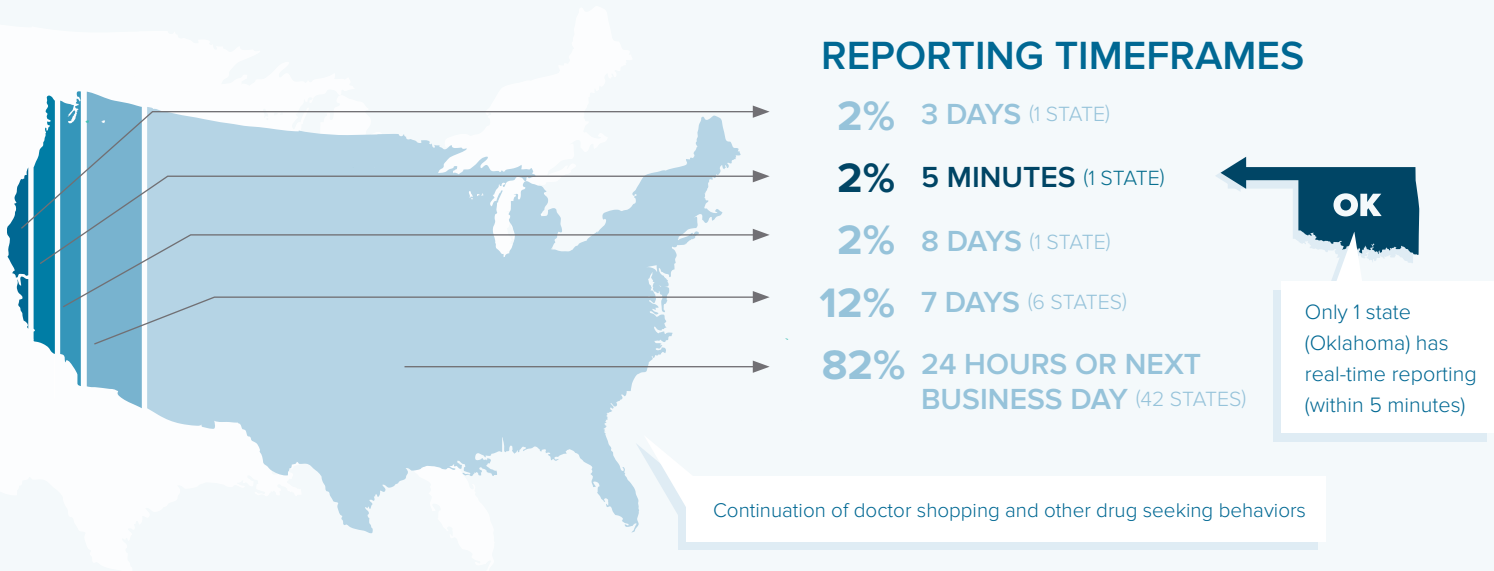
...but a single vendor does not solve complexity problem with various data sets, requirements, reporting timelines, etc.

✓ **SOLUTION:** Establish a common minimum data set based on clinical relevance.

TIMELINESS AND RESPONSIVITY



PROBLEM: Inconsistent reporting timelines to PDMP systems = clinical decision workflow is hampered without real-time data

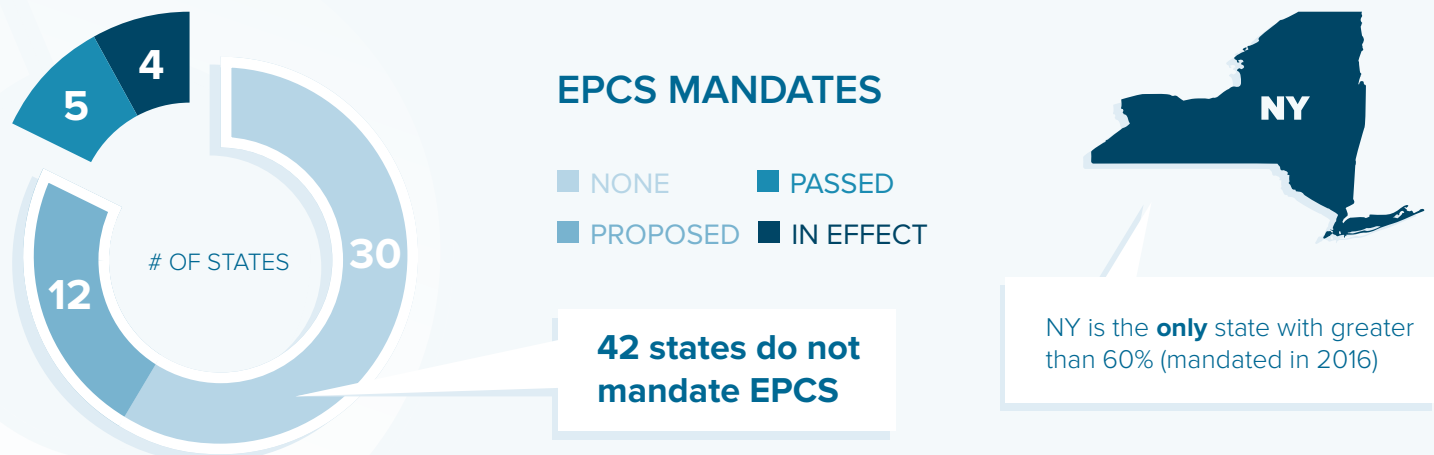


SOLUTION: Establish a consistent reporting timeline across the country to equip providers with real-time information at the point of prescription

ePRESCRIBING OF CONTROLLED SUBSTANCES (EPCS)



PROBLEM: Lack of EPCS mandates = low realization of EPCS benefits, including improved security, accuracy, workflows, and reduced prescription tampering



SOLUTION: Mandate that all states utilize EPCS consistent with clinically established best practices.

To learn more about EHRA's Opioid Task Force and its work, please contact Sarah Willis-Garcia at swillis@himss.org.

www.ehra.org