

## HIT Think How EHRs can help in the battle against the opioid crisis

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There are distressing similarities between what the United States faced with HIV/AIDS in the 1980s and the current opioid epidemic. Most people have a personal story related to the harm that can be associated with opioids, and the numbers of opioid deaths and people suffering from substance use disorder has reached staggering proportions.

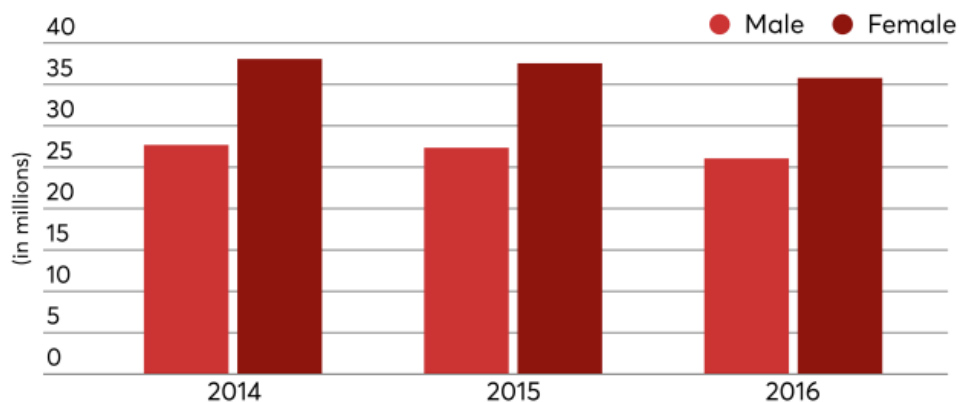
Many smart and influential people are working hard to address the issues from multiple fronts, lift the stigma and put improvements in place, such as the following:

- The U.S. omnibus spending bill, passed in March, includes \$4 billion to address the opioid crisis.
- All the key federal agencies under Health and Human Services (CDC, NIH, FDA, SAMSHA) are mobilized.
- Both the Senate and House are actively working on numerous bills that will direct actions related to preventing and treating opioid addiction.

Those who toil in EHR development and implementation know that digital systems have profound capacity to enable solutions. An EHR offers a powerful set of tools that can operationalize interventions in a multitude of stakeholder workflows and EHR interaction experiences. These systems can integrate best practices and decision support based on recommended guidelines, such as those that were published by the CDC in March 2016 for managing chronic pain.

### Opioids use still rampant in U.S.

The number of patients with at least one opioid prescription (in millions)



Source: CDC; QuintilesIMS

force was launched this January with a meeting in Washington. A personal story from one of the CHIME leaders helped drive the mission of this group and is making the initiative just that much more meaningful.

One of the pre-requisites for the CHIME opioid task force meeting was to read "Dreamland—The True Tale of America's Opiate Epidemic" by Sam Quinones. The book is a moving narrative of the history of opioids and factors (particularly acute in the United States) that led to the opioid crisis. Reading the book offers an appreciation of the complex and intertwined events that have resulted in the destruction of so many lives.

The CHIME opioid task force is broken down into subcommittees that are focusing on several key areas. The subcommittee on which I work centers on the ability to determine vendor readiness, technology options, data sharing and common alerts in healthcare technology. The group comprises clinical and non-clinical individuals who all serve in a senior capacity for healthcare consulting firms, healthcare IT security, hospitals, behavioral health organizations and EHR companies, and it focuses on clinical workflow and how solutions can be integrated into EHRs that will support best practices.

Group members also are committing to leveraging their roles and talents to make a difference. To date, a lot has been accomplished in terms of workflow analysis and optimization, as well as review and input on pending legislation that would remove obstacles or improve the ability to leverage best practices within the EHR. For example, MEDITECH is driving best practices for enterprise health records around reducing unnecessary opioid prescriptions, pain management protocols, access to prescription drug monitoring program databases, and it's integrating the electronic prescribing of controlled substances into workflow, as well as the links to the PDMP.

Quite a bit of work has already been done with regard to interoperability, and prescription drug monitoring systems per state, which is a terrific start, but there is definitely more that needs to be accomplished.

One of the keys to tackling this epidemic is to examine a patient's risk. There are committee hearings that are happening at the federal level that are tied to national goals regarding making interoperability easier so that providers can get access to the patient's history, as well as the prescribers history of prescribing controlled substances more seamlessly in their workflow. If a clinician looks at prescribing opioids for acute pain, prescribing them for surgical patients and then prescribing them for chronic pain management, the problem comes when they do this without taking into consideration all the other issues having to do with managing substance use disorders.

The opioid epidemic won't be won overnight, but through these task forces, legislation and strategic partnerships, the industry is slowly making progress on closing the chapter on this dreadful crisis.



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