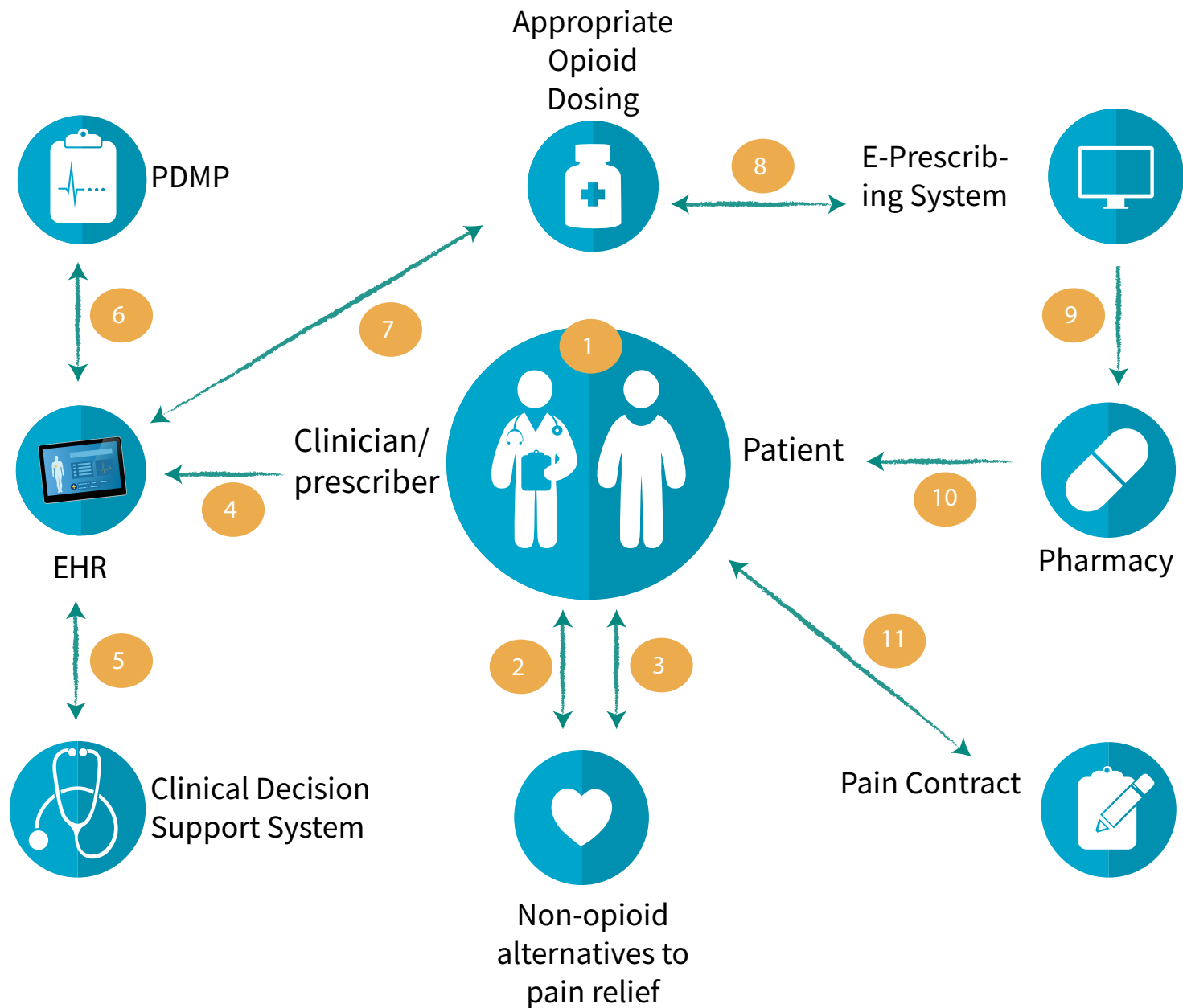


Optimal Prescribing To Prevent Opioid Abuse

Best Case: Ready Exchanges Of Data and Information

In ideal circumstances, multiple capabilities, tools, and practices in health information exchange can support opioid prescribing that minimizes the likelihood of abuse and misuse.



1. The patient consults the clinician/prescriber for pain issues.

2. The clinician considers non-opioid alternatives, perhaps with the aid of the clinical decision support system.

3. The clinician counsels the patient on non-opioid alternatives.

4. If the pain is serious enough to merit an Rx for an opioid drug, the clinician consults...

5. ...the clinical decision support system (CDS) via the EHR and then...

6. ...accesses the state PDMP (prescription drug monitoring program) via the EHR. If the PDMP turns up no evidence that the patient is a misuser/abuser and/or is doctor shopping, then the clinician...

7. ...consults the CDS system about appropriate opioid dosing; then...

8. The clinician e-prescribes the opioid

drug through a secure e-prescribing system connected to the EHR.

9. The e-prescribing information goes to the pharmacy.

10. The drug is dispensed for the patient. The dispenser immediately reports that the drug has been dispensed to the state PDMP, which can share the information with all other state PDMPs.

11. The clinician initiates a pain contract with patient, who signs it. The pain contract is recorded in the EHR.

