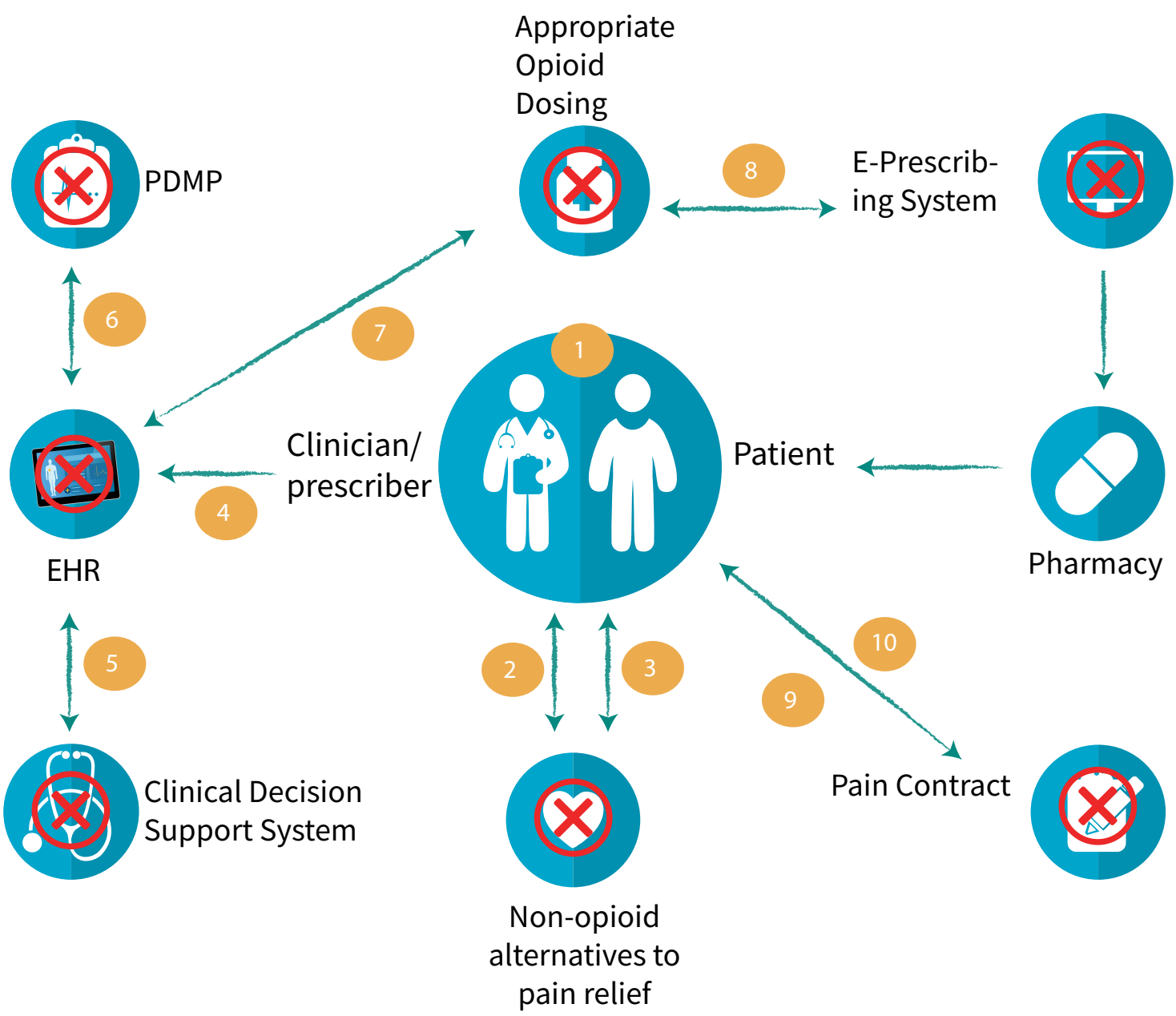
Optimal Prescribing To Prevent Opioid Abuse

NEHI Network for Excellence in Health Innovation

Worst Case: Data and Information Are Blocked or in Silos

All too often, multiple gaps exist in health information systems and data exchange that increase the likelihood of opioid misuse and abuse.



1. The patient consults the clinician/pre-scriber for pain issues.

2. The clinician does not consider non-opioid alternatives, perhaps because he/she is not aware of them or does not have assistance from any clinical decision support system.

3. The clinician disregards state and federal guidelines and does not counsel the patient on non-opioid alternatives and instead decides to prescribe an opioid drug.

4-5. The clinician does not consult the CDS system for any clinical decision support.

6. The clinician does not access the PDMP via the EHR, perhaps because the EHR system lacks direct access; or, the clinician does access the PDMP, but, in the five states and one territory where dispensers have from three to 14 days to report to the PDMP, the information it contains is not necessarily current.

Even if the clinician does access the PDMP, the fact that state PDMPs are not always sharing information with each other means the clinician doesn't always know if a patient has already been given a prescription for an opioid drug in another state.

7. The clinician does not consult any system to determine the appropriate opioid prescription dosing for the patient.

8. The clinician does not e-prescribe the Rx for the patient but instead writes a paper prescription that can be stolen or forged.

9. The clinician does not require the patient to sign a treatment agreement or pain contract, as is required or recommended in 35 states and the District of Columbia; OR

10. A pain agreement is signed, but none is recorded in the EHR so that it is part of the patient's record.

Bottom line: Multiple avenues for misuse or abuse are created, and the patient is at serious risk of developing opioid use disorder.