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A 7-point EHR checklist to address the opioid crisis:

One comprehensive EHR platform designed to address the full addictions continuum

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The opioid crisis is a complex societal problem with many contributing factors—including lack of access to addiction treatment, social stigma and an ever-changing availability of illicit drugs. Opioid Use Disorders (OUD) may feel overwhelming or unmanageable to human services providers, since so many strategies and tactics are needed to combat this crisis. However, with the right combination of technology and coordinated care, you can make a lasting impact. Here is a list of tangible actions organizations can take, leveraging healthcare information technology (HIT) to bring positive change to the community and beyond.

Why health IT matters

Now, more than ever, HIT must become a critical part of your arsenal to fight the opioid crisis. Although technology alone can't solve this challenge, it can provide tools to better manage your workforce and help improve access to care. It can warn of potential drug misuse and diversion, inform clinical decisions, protect individuals at risk, improve provider workflows and deliver tools to expand medication assisted treatment.

If your electronic health record (EHR) can't do these 7 things today, it's already a step behind. Use this checklist to ensure you're optimizing technology to impact the opioid crisis.

1 Interoperability

Interoperability must be the heart and soul of your strategy to fight the opioid crisis at all levels. Without access to complete and relevant data about an individual, it becomes difficult to spot, mitigate and manage current and future opioid abuse. Interoperable technology can deliver whole-person care for individuals with an Opioid Use Disorder (OUD), going beyond addiction to manage every aspect of healthcare and keep them in recovery. Truly interoperable technology allows you to go beyond just automating forms and exchanging data. You need a platform that can receive discrete data from multiple EHRs and seamlessly integrate it into your workflow, giving you a complete picture of everyone in your care.

The ability to share and integrate EHR data across the healthcare delivery continuum is just one function of EHR interoperability. Defined by the Office of the National Coordinator for Health Information Technology (ONC), interoperability refers to a distinct arm of HIT and includes three specific functions. First, it involves the secure exchange of electronic health information without special user effort. Second, it "allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law." Third, it prohibits specific information blocking, the act of "knowingly and unreasonably" interfering with the exchange and use of electronic health information.

One of the best examples of how technology is advancing interoperability is the Carequality interoperability framework. Each month, more than 14 million documents are exchanged by more than 1,250 hospitals, 35,000 clinics and 600,000 providers nationwide. This kind of access to data can significantly impact care outcomes.

Here is a real-life example. Let's say an individual presents in the emergency department (ED) with back pain. An integrated EHR platform automatically queries Carequality and a Prescription Drug Monitoring Program (PDMP) for this person's history and sees that they have a pattern of presenting at EDs with chronic pain. Now, the ED physician can determine if they want to order labs or a urinalysis—as well as consult the behavioral health team for a substance use assessment. The story does not end here, after a comprehensive behavioral assessment, clinical staff determine that the individual has a history of using illicit fentanyl and heroin—starting with prescription painkillers and transitioning to heroin and synthetic fentanyl due to its cheaper cost and easier accessibility. As a result, addiction has led to job loss, multiple overdoses and loss of stable housing. Interoperability tools allow the social worker to request housing support and link to a local social services organization for food, clothing and referral to a partnering primary care organization. Without this comprehensive, longitudinal view of the individual's previous visits and medications, the attending ED physician might have prescribed this person an opioid for pain, perpetuating the addiction cycle. When it comes to managing the opioid crisis, it is crucial to know a person's entire health history, including behavioral and physical health.

Unless all providers have equal access to technology that allows them to exchange and integrate healthcare information with other providers, we cannot achieve true integrated care or parity between behavioral and physical health. Sustained recovery from OUD can only be achieved when we have the tools to address the physical, mental and social needs of an individual.

2 Medication management

To help combat the opioid crisis, healthcare providers need up-to-date tools and technology that support appropriate ordering, dispensing and prescribing of medications approved by the FDA for medication assisted treatment (MAT). Your EHR should provide capabilities to support all levels of MAT including Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT). MAT is not just managing the medications of a person with OUD. It is an evidence-based approach that combines medication with behavioral therapies to deliver comprehensive care. Your EHR must have the capability to incorporate evidence-based approaches to care.

States continue to embrace electronic prescribing for controlled substances (EPCS) to help address the prescription opioid crisis but also as a tool to increase access to needed MAT services. EPCS enables healthcare providers to play a critical role in prescribing Buprenorphine/Naloxone (Suboxone) as well as decreasing opioid fraud and abuse. When fully deployed, EPCS allows providers to see individuals' medication histories at the point of care. This helps identify those who may be "doctor shopping" or exhibiting other behaviors associated with drug abuse, while safely extending access to MAT for OBOTs.

It's important to have an e-prescribing solution that adheres to the standards referenced in 21 CFR 1311, supporting the requirement for prescribers to exchange EPCS.

In addition, your EHR should integrate directly with Prescription Drug Monitoring Programs (PDMPs). This allows prescribers to evaluate the last two years of fill dates, controlled medications from other prescribers, and the morphine equivalent dose. With this information, they can identify trends and provide effective prescribing and psychosocial interventions. This medical decision support leads to more efficient workflows, notifications of new clinical summaries, less time requesting data (and more time providing care), and a complete view of the individual's health record.

With robust medication management tools, providers can enhance safety, increase access to MAT services, improve accuracy, reduce fraud and drug diversion, and decrease drug misuse and abuse. Ultimately, this leads to fewer individuals living with OUD and promotes better recovery for those in treatment.

3 Clinical decision support

With annual overdose deaths remaining at shockingly high levels, healthcare providers need tools and resources to help alert, prevent and detect opioid misuse, abuse and diversion.

The Office of the National Coordinator for Health Information Technology (ONC) has identified clinical decision support (CDS) as a core strategy for addressing the opioid crisis. ONC defines clinical decision support as "a process for enhancing health-related decisions and actions with pertinent, organized clinical knowledge and patient information to improve health and healthcare delivery."

CDS and clinical pathway tools must be more than just task reminders. They should be integrated into the EHR workflow, so they become part of the clinical process, helping providers make informed decisions with the right information at the right time. A good CDS solution should use data, evidence-based guidelines and best practices to offer recommendations, alerts, reminders and relevant information at the point of care.

For example, if an individual answers "yes" to suicidal ideation on a depression assessment, this triggers specific, required processes within your organization that must be completed. What if, once you completed those processes, your EHR reduced administrative burden by automatically provide outcome-based alerts until the risk factor was resolved?

Let's say an individual with a history of OUD presents in the ED after engaging in high-risk activity. They aren't seeking or being prescribed an opioid, but the EHR flags their behavior as a risk factor for relapse. CDS tools would immediately report this to their provider, who could proactively follow up with the consumer.

When a new medication is prescribed, CDS tools launch automated checks for interactions and allergies. Plus, as part of the dispensing activity, nurses are instantly presented with data from the most recent urinalysis to document any opioid abuse, streamlining the workflow process. All of this data updates in real time and seamlessly across the EHR, reducing duplicate data entry.

Finally, CDS tools assist providers in screening for SUD (substance use disorder) and OUD, assessing and monitoring risk factors, highlighting drug interactions and suggesting appropriate treatment options—all based on your organization's best practices as well as evidenced-based guidelines.

4 Predictive analytics

Predictive analytics are the hidden gem in EHRs that go beyond basic automation. Here's why: When providers can gain a comprehensive, longitudinal view of an individual's entire health journey, including their physical, behavioral and social determinants of health (SDoH) history—combined with actionable analytics—they can better spot factors that are often complex and indicative of opioid abuse and provide optimal treatment.

Actionable analytics can highlight potential risk factors and warning signs of opioid abuse. These findings enable targeted prevention for those at greater risk and provide predictive insights for the future. It's important to note that certain SDoH data within a person's EHR can signal a high susceptibility to opioid addiction. Understanding the person's environment is critical—for example, identifying geographic and demographic patterns that have been hit the hardest. In addition, data analytics should identify connections or hidden relationships among consumers, physical health providers, behavioral health organizations and pharmacies.

If you are a behavioral health provider, child and family services organization, or local, state and federal criminal justice system, you need to ask: Can my EHR provide the actionable analytics I need to identify potential addiction at the point of care, monitor and flag problematic prescribing efforts, and offer support for care management efforts?

Connecting people with effective treatment—then tracking and monitoring them—is key to reducing recidivism in our prisons and decreasing addiction in our communities.

5 Telehealth

Now more than ever, telehealth offers access to treatment. It eliminates barriers due to something so basic as geography. Telehealth provides appointment flexibility, expands access to MAT, and like virtual appointments, can be either on-demand or scheduled. Revisions to 42 CFR Part 8, have elevated the importance of telehealth services as part of the evidenced-based Medication Assisted Treatment (MAT).

To impact the opioid crisis, we must eliminate barriers to quality care. With telehealth, individuals can take advantage of treatment immediately, as opposed to waiting weeks for treatment. In other words, telehealth can propel individuals to a faster recovery, instead of a costly hospital stay or ED visit or not receiving treatment services at all.

The cost of treating an opioid overdose victim in intensive care jumped 58 percent between 2009 and 2015, with an average cost of $92,400 per patient. By using telehealth capabilities, providers can go directly to members of the community who cannot access adequate healthcare resources on their own, potentially avoiding catastrophic and costly outcomes caused by delay in care.

Individuals impacted by an addiction, whether they are addicted to opioids or a member of their family is, are subject to a life of uncertainty. Housing instability, lack of childcare and irregular employment schedules all contribute to missed appointments and decreased consistency. Engaging consumers and families leads to greater satisfaction and wellbeing for everyone touched by addiction.

But here's one important thing to know: Providing care remotely via live telehealth visits is just the first piece in the puzzle to expanding access and impacting the opioid crisis. The second, and bigger piece, is integrating telehealth within your EHR.

Scheduling an appointment, assigning a telehealth service code and initiating a session in the EHR enables organizations to continue clinical documentation and seamless billing without disrupting their existing workflow. Ultimately, organizations can save on overall costs because providers don't have to spend as much time logging in and out of disparate solutions and reconciling different processes.

Can you utilize a comprehensive network of providers to bring live healthcare visits to more people— directly from your EHR? If so, you can not only improve health outcomes, but also lower costs by empowering providers to deliver care in the lowest acuity setting possible.

6 Consumer engagement: the portal and beyond

Sixty percent of individuals suffering from addiction experience a relapse which is no different than many physical health conditions. However, to reduce relapse rates and achieve longer sustained recovery requires constant effort. It also takes self-awareness, ongoing reinforcement from a support network and access to appropriate resources. That's why a consumer and alumni portal is such an important tool.

Ideally, the consumer and alumni portal should offer personalized digital and mobile resources. These on-demand, self-help tools should incorporate evidenced-based psychotherapies, such as cognitive behavioral therapy and mindfulness. Consumers can interact with educational resources focused on OUD, along with customizable tools that help them to live meaningful lives. Engagement solutions should allow consumers the ability to launch telehealth sessions, securely message with their care team and complete assessments—keeping them engaged in treatment and continued recovery.

When a consumer portal is integrated within the EHR, providers can see if the client is engaged, provide virtual visits and see how the individual is doing when they're outside the organization. This helps providers evaluate a person's recovery, ask the right questions and provide the most effective treatment. Benefits include reduced relapse, increased engagement, extended care, improved outcomes and lower cost of care delivery.

7 Workforce management and augmented intelligence

If we want to expand access to addiction treatment, the traditional EHR must be architected to offer solutions that go beyond its core features. To begin with, it needs to support a diverse workforce, improving operational efficiency and enhancing productivity. This kind of workforce technology can assist with tasks like documentation to meet the growing demand for addiction treatment services. It can also be used as an on-boarding tool as you recruit.

Organizations are increasingly delivering more SUD care to the client's location, in order to increase access. Often, this means using mobile vans to deliver MAT services. Fully mobile technology allows your team to deliver treatment on the go, using smartphones, tablets or other devices. By "taking care to the client," organizations can optimize workforce operation, maximize resources, increase access to care, improve engagement and attain greater agility.

Augmented intelligence—which is a human-centered artificial intelligence (AI) intended to add to the strengths of a workforce—enables organizations to expand access to care by reducing the burden of clinical documentation, allowing more time for addiction treatment services. In addition, AI enables faster onboarding, staff retention and recruitment, and better adherence to evidenced-based practices. Remember that augmented intelligence should not be viewed as a tool to replace addiction specialists, but rather to augment care. Reducing clinical documentation time allows an organization to deliver more care with their current staffing complement. Industry ROI indicates that AI will save approximately 5.2 hours per week per staff member.

In conclusion

Technology is a critical component impacting the opioid crisis, and it can have a tremendous effect on outcomes. When providers across the healthcare spectrum have a complete picture of an individual's health journey—including substance use, physical and behavioral health, medications and SDoH, you can make whole- person care a reality and truly begin to move the needle on the opioid crisis.

Treating the opioid crisis requires diligence and collaboration across the entire healthcare ecosystem. This 7-point checklist will help you take the first steps toward improving outcomes, by having a comprehensive EHR platform.

How does your healthcare IT stack up? Do you have a comprehensive platform designed to address the full addictions continuum?

7-point EHR checklist to address the opioid crisis:

INTEROPERABILITY

- ☐ Exchange and incorporate data within current workflows
- ☐ Allow clinician access to all data from the point of care
- ☐ Manage incoming and outgoing referrals
- ☐ Connect to the Carequality network

MEDICATION MANAGEMENT

- ☐ Order and dispense all three FDA approved MAT medications
- ☐ Create order sets/protocols for both MAT and Detox
- ☐ E-Prescribe Buprenorphine and Vivitrol in addition to controlled substances
- ☐ Utilize a PDMP as part of the clinical workflow
- ☐ Track inventory adhering to DEA audit standards

CLINICAL DECISION SUPPORT

- ☐ Enable multi-disciplinary care planning, supporting whole-person care
- ☐ Identify gaps in care, providing real-time notifications within the workflow
- ☐ Provide outcome-based insights in addition to required clinical process

PREDICTIVE ANALYTICS

- ☐ Identify potential risk factors and warning signs of opioid abuse
- ☐ View targeted prevention for those at greater risk
- ☐ Provide predictive insights for the future
- ☐ Identify connections and relationships among consumer, physical health providers, behavioral health organizations and pharmacies

TELEHEALTH

- ☐ Schedule appointments and initiate live or on-demand sessions within the EHR
- ☐ Integrate clinical documentation without disrupting the existing workflow
- ☐ Built-in telehealth services codes provide seamless billing

CONSUMER ENGAGEMENT: THE PORTAL AND BEYOND

- ☐ Dedicated portal for secure messaging and bidirectional information between consumer and provider
- ☐ Personalized, digital and mobile resources to improve overall wellbeing
- ☐ Provide 24/7 access to evidence-based psychotherapies, such as cognitive behavioral therapy and mindfulness

WORKFORCE MANAGEMENT AND AUGMENTED INTELLIGENCE

- ☐ Achieve consistent clinical documentation while cutting down on documentation time
- ☐ Boost job satisfaction and retention by alleviating administrative burden on staff
- ☐ Increase patient engagement and support sustained recovery through mobile solutions
- ☐ Enhance the ability to see more clients, expand access to care and boost revenue

About Netsmart

Netsmart is an industry-leading healthcare technology organization empowering providers to deliver value-based care to the individuals and communities they serve. The Netsmart CareFabric® platform serves as a unified, connected framework of solutions and services for human services, post-acute, payer and public sector communities. Together with our clients and Marketplace vendors, we develop and deliver innovative technology, including electronic health records (EHRs), interoperability, analytics, augmented intelligence (AI), population health management and telehealth solutions and services that assist organizations in transforming the care they deliver. The result has helped make a positive impact on the lives of more than 143 million individuals.

For more than 55 years, Netsmart has helped provider organizations in their efforts to improve the health and wellbeing of the communities we collectively serve. To learn more, visit ntst.com and connect with us on LinkedIn, Facebook or X.

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