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A 6-point EHR checklist to address the opioid crisis:

The comprehensive EHR platform
designed to address the full
addictions continuum

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It's on the news daily: The current opioid crisis has been called the worst drug crisis in American history, reaching every corner of society. As the nation's frontline defense against this crisis, it can feel overwhelming and unmanageable to human services providers. While many strategies and tactics should be deployed to combat this crisis, we put together 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 cannot stop the spread of the crisis, it can warn of potential drug misuse and diversion; inform clinical decisions; protect individuals at risk and improve provider workflows. In doing so, it can significantly reduce the impact of the opioid crisis in the community.

Here is a six-point EHR checklist. If your EHR can't do these 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 in the 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 situations. Truly interoperable technology allows you to go beyond just automating forms and basic sending and receiving of 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 an individual at your fingertips.

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 advances are enabling 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.

Here is a real-life example of how access to this data can impact a person's outcome. 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 he wants to order labs or a urinalysis, as well as consult the behavioral health team for a substance use assessment. Without this comprehensive, longitudinal view of an individual's previous visits and medications prescribed and filled, the attending physician may have prescribed this person an opioid for pain, perpetuating the addiction cycle. When it comes to managing the opioid crisis, it is vital to know a person's complete 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.

2 Medication management

To help combat the opioid crisis, healthcare providers need up-to-date tools and technology that support appropriate ordering and prescribing of opioids that utilizes a preventative and recovery approach to medication management. Electronic prescribing (e-prescribing) of controlled substances (EPCS) allows physicians to leverage technology to issue prescriptions to individuals in a secure manner necessary to prevent over-prescribing.

States are increasingly embracing EPCS to help address the prescription opioid crisis. EPCS enables healthcare providers to play a critical role in decreasing opioid fraud and abuse. When its full capabilities are used, EPCS allows providers to see individuals' medication histories at the point of care, which helps identify those who may be "doctor shopping" or exhibiting other behaviors associated with drug abuse.

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

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

Additionally, HIT can enhance recovery by providing tools supporting medication-assisted treatment (MAT). For organizations incorporating MAT, it's important they can e-prescribe controlled substances, order medications to be dispensed, monitor dispensing activities, track inventory and monitor clinical outcomes.

With robust medication management tools, providers can enhance safety, improve accuracy, reduce fraud and drug diversion, reduce drug misuse and abuse, which leads to reducing the number of individuals addicted to opioids and promotes recovery for those in treatment.

3 Clinical decision support

With more than 115 opioid overdose deaths every day in the U.S., healthcare providers need tools and resources to help prevent and detect opioid misuse, abuse and diversion.

The ONC highlights clinical decision support as a core component to assist providers in 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.”

To influence outcomes, clinical decision support tools must be more than just task reminders. They must be embedded into the workflow, so they automatically become part of the clinical decision support process.

For example, if you are completing a depression assessment and the consumer answers “yes” to suicidal ideation, your organization has specific required processes that must be completed. What if, once you completed those processes, your EHR reduced administrative burden by automatically providing outcome-based alerts until the risk factor is resolved.

In another scenario, consider the consumer who presents in the ED after engaging in a high-risk activity. Perhaps they are not seeking or being prescribed an opioid, but the EHR flags this activity as a risk factor for relapse. Their provider is alerted of this visit and can now proactively follow up with the consumer.

When a new medication is prescribed, real-time, automated medication interactions and allergies are checked. Additionally, as part of the dispensing activity, the nurse is immediately presented data of the most recent urinalysis, or lack thereof. These remind providers to document opioid-abuse information and streamlines the workflow process. This data should update in real time, seamlessly across the entire EHR, reducing duplicate data entry.

4 Predictive analytics

If interoperability is paramount for reducing the opioid crisis, predictive analytics is 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 history (socioeconomic determinants of health), coupled with actionable analytics, they can better spot factors that are often complex and indicative of opioid abuse, and provide the most effective treatment.

Actionable analytics better informs providers of 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 social determinants of health data within a person’s EHR can quickly signal to providers that an individual may be more susceptible to opioid addiction than others. Understanding where the consumer lives, works and plays are

critical. For example, identifying geographic and demographic patterns, showing areas hit the hardest. In addition to patterns, the data should identify connections or hidden relationships among consumers, physical health providers, behavioral health organizations and pharmacies.

Behavioral health providers, child and family services organizations, and local, state and federal criminal justice system officials all need to be asking: Can my EHR system 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 and 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 that might otherwise not be available due to something so basic as geography. Telehealth provides greater appointment flexibility, expanded access to MAT, and an opportunity for an open-access model like virtual appointments, which can be either on-demand or scheduled.

To impact the opioid crisis, we need to eliminate barriers to accessing quality care. With telehealth, individuals can immediately access healthcare resources, versus waiting weeks for treatment. In other words, telehealth can be the difference between reaching recovery and 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 subjected to a life of uncertainty. The transient nature of housing, family and child care or the lack thereof, and ever-changing job schedules all contribute to missed appointments, limiting the ability to consistently access healthcare. Promoting and sustaining consumer and family engagement results in overall improved 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 ensuring the EHR has telehealth within the existing EHR workflows.

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 cut back on overall costs because providers don't have to spend as much time logging in and out of disparate solutions and reconciling different workflows.

Can you utilize a comprehensive network of providers to bring live healthcare visits to more people, and can that happen directly from the EHR? By doing 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 & alumni engagement

Sixty percent of individuals suffering from addiction experience a relapse. Recovery requires constant effort, self-awareness, ongoing reinforcement from a support network and access to the appropriate resources. That's why it's critical that individuals have access to a consumer and alumni portal.

The HIMSS 2016 Strategies for Engagement survey found consumer portals with access to education and resources were the most requested solutions along with telehealth.

Ideally, the consumer and alumni portal should offer personalized digital and mobile resources. These on-demand, self-help tools should incorporate evidence-based psychotherapies, such as cognitive behavioral therapy and mindfulness. Consumers must interact with educational resources focused on the use of opioids and customizable tools to engage consumers in strategies 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 are outside of the organization, which helps them evaluate a person's recovery, ask the right questions and provide the most effective treatment. Doing so reduces relapse, increases engagement, extends care, improves outcomes and reduces the cost of care delivery.

In conclusion

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

While the opioid crisis requires diligence and collaboration across the entire healthcare ecosystem, this 6-point checklist will help you take the first steps towards having a comprehensive EHR platform.

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

6-point EHR checklist to address the opioid crisis:

1
2
3
4
5
6

INTEROPERABILITY

- Exchanges and incorporates data within current workflows
- Allows clinicians to access all data from the point of care
- Manages incoming and outgoing referrals
- Connects to the Carequality network

MEDICATION MANAGEMENT

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

CLINICAL DECISION SUPPORT

- Enables multi-disciplinary care planning, supporting whole-person care
- Identifies gaps in care, providing notifications real-time within the workflow
- Provides outcomes-based insights on top of 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

- Ability to schedule appointments and initiate live or on-demand sessions within the EHR
- Integrates clinical documentation without disrupting the existing workflow
- Built-in telehealth services codes provide seamless billing

CONSUMER AND ALUMNI ENGAGEMENT

- Access to a portal that allows secure messaging and bidirectional information between the consumer and provider
- Provides personalized, digital and mobile resources to improve overall wellbeing
- Provides 24/7 access to evidence-based psychotherapies, such as cognitive behavioral therapy and mindfulness

About Netsmart

Netsmart innovates electronic health records (EHRs), solutions and services that are powerful, intuitive and easy-to-use. Our platform provides accurate, up-to-date information which is easily accessible to care team members in behavioral health, care at home, senior living and social services. We make the complex simple and personalized so our clients can concentrate on what they do best: provide services and treatment that support whole-person care.

By leveraging the powerful Netsmart network, care providers can seamlessly and securely integrate information across communities, collaborate on the most effective treatments and improve outcomes for those in their care. Our streamlined systems and personalized workflows put relevant information at the fingertips of users when and where they need it.

For nearly 50 years, Netsmart has been committed to providing a common platform to integrate care. SIMPLE. PERSONAL. POWERFUL.



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