

# Streamlining the Process in Opioid Data Collection

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The opioid epidemic has become a major topic of conversation in healthcare in the United States—in part because the statistics are staggering. According to the US Department of Health and Human Services (HHS), 2.1 million people had an opioid use disorder and 42,249 people died from overdosing on opioids in 2016. This pattern of abuse accounted for \$504 billion in economic costs. The importance of addressing this epidemic is clearly without question. Part of our country's response to the crisis is within the grasp of health information management (HIM) professionals, the healthcare professionals best equipped to assist clinicians with the appropriate capture of information—which can help improve prescribing habits.

## Where the Information is Captured

Data regarding opioid use is captured in a patient's electronic health record (EHR) in a couple of ways. The e-prescribing function will capture this information through prescription orders. ICD-10 diagnosis codes indicate the prevalence of opioid prescriptions, and can thus capture rates of use and abuse. Using EHRs to capture this data is helpful for individual organizations. However, it may not assist in the national crisis since a lack of EHR interoperability prohibits the creation of a statewide or nationwide database of opioid prescribing habits. Therefore, several states have enacted their own legislation to require providers to check the state's prescription drug monitoring program (PDMP) before prescribing opioids.

The PDMP is a technological platform that tracks habits of both prescribers and patients. Every state currently has its own PDMP, except Missouri.<sup>1</sup> For example, in their efforts to combat the state's opioid epidemic, Florida's state legislators recently passed a bill that requires providers to check the state's PDMP database before prescribing opioids. This legislation also enforces limits on the number of days a provider can prescribe controlled substances for initial prescriptions. In addition, Michigan's state government signed a similar bill into law in 2017 that requires providers to check the state PDMP before prescribing opioids, and adds limits to the number of opioids that can be prescribed.<sup>2</sup> Other states are considering similar legislation, and the United States may see a nationwide PDMP in the future.

## Capturing Information Can Impact Workflow

The capture of this information can have an impact on providers' workflow. The more steps a provider has to take to ensure appropriate recording of the data, the greater the likelihood that workflow will be impacted and key steps will be missed or performed incorrectly. Requiring providers to check PDMPs before prescribing opioids is an additional step that further burdens workflow. The EHR should be user-friendly and should include clinical decision support to assist providers and reduce the number of steps.

Ideally, PDMPs should be integrated with health information exchanges (HIEs) and EHRs. However, a couple of barriers exist, such as the need to develop and test data systems and concerns regarding data security and patient confidentiality.<sup>3</sup>

## Streamlining the Process

Standardization of the data collection process is essential for reducing the impact on workflow. With the nationwide focus on the opioid epidemic there are many federal resources available to assist.

HHS has identified a five-point strategy for addressing the opioid epidemic:

- Improve access to treatment and recovery services
- Promote use of overdose-reversing drugs
- Strengthen our understanding of the epidemic through better public health surveillance
- Provide support for cutting edge research on pain and addiction

- Advance better practices for pain management<sup>4</sup>

Standardization can improve access to treatment and recovery services through better identification of individuals that have issues with opioid abuse. Additionally, a more streamlined process would advance better practices for pain management through the improvement of data collection capabilities.

## Making Information Meaningful to Clinicians

The question remains as to whether making data accessible to physicians through EHRs and PDMPs will change prescribing habits. In order to impact these behaviors, the data must be meaningful to clinicians. According to a study published in the *New England Journal of Medicine*, researchers found few differences before and after providers were given reports on their prescribing habits.<sup>5</sup> Clearly, more information does not necessarily yield greater results. Thus, to truly change the opioid prescribing habits of providers, standardizing the process and reducing the impact on workflow may prove essential.

Organizations can internally deal with the opioid crisis by implementing tools and practices to assist providers. Use of databases such as PDMPs can aid in improving prescriber habits. Implementing a standard process for opioid data collection can aid organizations by reducing the impact on workflow while still ensuring the proper information is captured. Together, all of these changes could potentially lead to better practices for addressing the opioid epidemic.

## Notes

1. Davis, Jessica. "Opioid Epidemic: Why Aren't Prescription Drug Monitoring Programs More Effective?" *Healthcare IT News*. April 30, 2018. [www.healthcareitnews.com/news/opioid-epidemic-why-arent-prescription-drug-monitoring-programs-more-effective](http://www.healthcareitnews.com/news/opioid-epidemic-why-arent-prescription-drug-monitoring-programs-more-effective).
2. Davis, Jessica. "Florida's Opioid Fight: Bill would require providers check PDMP before prescribing." *Healthcare IT News*. February 22, 2018. [www.healthcareitnews.com/news/floridas-opioid-fight-bill-would-require-providers-check-pdmp-prescribing](http://www.healthcareitnews.com/news/floridas-opioid-fight-bill-would-require-providers-check-pdmp-prescribing).
3. Clark, Thomas et al. "Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices." Pew Charitable Trusts. September 20, 2012. [www.pewtrusts.org/~media/assets/0001/pdmp\\_update\\_1312013.pdf](http://www.pewtrusts.org/~media/assets/0001/pdmp_update_1312013.pdf).
4. US Department of Health and Human Services. "Secretary Price Announces HHS Strategy for Fighting Opioid Crisis." April 19, 2017. [www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html](http://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html).
5. Barnett, Michael L. et al. "Coupling Policymaking with Evaluation—The Case of the Opioid Crisis." *New England Journal of Medicine* 377 (December 14, 2017): 2,306-2,309. [www.nejm.org/doi/full/10.1056/NEJMp1710014](http://www.nejm.org/doi/full/10.1056/NEJMp1710014).

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### Article citation:

Clack, Lesley and Aaron Schechter. "Streamlining the Process in Opioid Data Collection" *Journal of AHIMA* 89, no. 8 (September 2018): 52-53.