Controlled Substance App May Erase PDMP "Blind Spot" for Opioid Prescribers

With the exception of Missouri, some type of prescription drug monitoring program (PDMP) has been implemented in every state in the country as a way to use technology to curb the nation's opioid crisis. Still, PDMPs are only as reliable as the technological infrastructure supporting them and the practitioners that commit to using them. Also, because of the considerable differences in PDMP policies from one state to the next, the jury is still out as to whether the platform can ameliorate the ongoing tragedy: according to the Centers for Disease Control and Prevention (CDC), 91 people die from an opioid overdose every day in the United States.

The Lone Star State, however, has begun piloting a new technology that might make PDMPs more effective.

At the start of 2018, the Texas Hospital Association (THA) announced it would use Smart Ribbon analytics technology to give doctors clinical and financial data that they wouldn't necessarily get from standard EHRs (electronic health records) alone. Created by THA's Center for Technology Innovation and healthcare IT vendor IllumiCare, the Smart Ribbon platform provides physicians with information about the cost and necessity of medical tests they are considering. Baylor Scott & White Health was first in line to implement Smart Ribbon technology.

Smart Ribbon's healthcare benefit has expanded beyond the aforementioned aims as of late last month when a new Controlled Substance app for the platform was announced. The app consolidates prescription tracking data for opioids and other controlled substances, and it applies to both inpatient and outpatient activity.

Hospitals asked to be "more proactive" in fighting the opioid epidemic

Smart Ribbon's app allows practitioners to view patients' prescription history according to PDMP data, but it goes a step further and monitors opioid use within the facility and sends alert messages when peak dosing thresholds are approached. The technology is currently available to THA member hospitals.

"While important, accessing only the PDMP gives an incomplete picture of exposure," said GT LaBorde, CEO of IllumiCare, in a statement. "Tackling the opioid crisis requires hospitals to be more proactive in limiting the inpatient exposure that contributes to a person's chronic use."

And Cynthia Reilly, director of Pew Charitable Trusts Substance Use Prevention and Treatment Initiative, had this to say to Healthcare IT News: "In an ideal world we would want the information from a PDMP right in a prescriber workflow."

Hospital dosage may predict long-term use

The opioid crisis is partly so widespread and so difficult to eradicate because the vast majority of surgical patients are first exposed to opioids in the hospital, when they obviously need serious pain relief. (And more than fifty percent of non-surgical patients are first prescribed opioids in a hospital setting as well.)

IllumiCare has pointed to data that uses the amount of opioid prescribed in the hospital to predict use of opioids post-hospitalization. Yet typically doctors aren't able to view that data since what they see on tracking systems coincides with outpatient information as gathered by PDMPs … and that may not tell the whole story.

IllumiCare calls that potential gap in information a "blind spot," and company officials say that Smart Ribbon's

Controlled Substance app will resolve that issue by presenting data from various sources to fully inform treating physicians. Texas Hospital Association CEO Ted Shaw told Healthcare IT News that the Controlled Substance app was developed with education on opioid risk management and public policy priorities in mind.

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