



# ONC and CDC Advancing PDMP and EHR Integration Project

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The Office of the National Coordinator for  
Health Information Technology



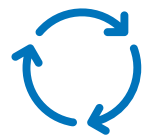
## Project Information – At a Glance



- **PROJECT TITLE:** Advancing PDMP and EHR Integration Project
- **FEDERAL AGENCIES:** Office of the National Coordinator for Health IT (ONC) and Centers for Disease Control and Prevention (CDC)
- **Goal:** Advance and scale vendor-agnostic, standards-based approaches to PDMP integration with health IT systems
- **PDMP-EHR INTEGRATION PARTNERS AND TECHNICAL DEMONSTRATION SITES:**
  - Partner with 6 health systems
- **CLINICAL DECISION SUPPORT (CDS) PROOFS OF CONCEPT (POC) Testing:**
  - Partner with 2 health care systems to implement standards-based CDS tools to facilitate the recommendations from the [CDC Guideline for Prescribing Opioids for Chronic Pain](#)

# Augmenting State Efforts to Enable Clinician Use of PDMP Data

**The project team is working with health care systems and providers to:**



Implement, Test, and Refine standards-based, non-proprietary approaches to enable effective PDMP integration into clinical workflow



Support the development of reproducible processes and resources

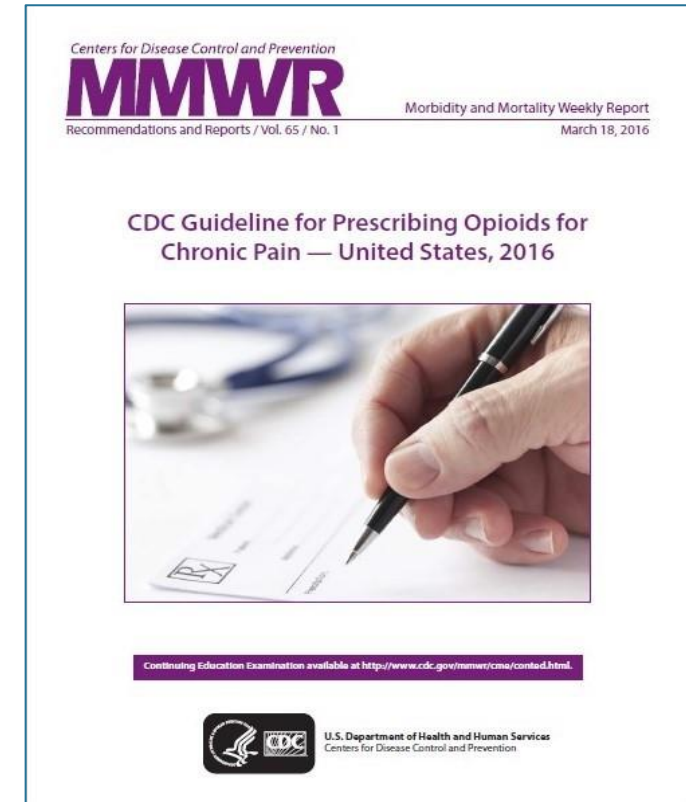


Compile vendor-agnostic lessons learned and best practices

# Clinical Decision Support Proof of Concept Tests

## The project team will work with two health care systems:

- Explore the feasibility of scaling the implementation of vendor-agnostic, non-proprietary CDS tools
- Health care systems, working with their states, will implement standards-based CDS tools to facilitate the recommendations from the [CDC Guideline for Prescribing Opioids for Chronic Pain](#)
- Builds upon previous and current CDC-ONC work to refine and develop electronic CDS tools



**GUIDELINE FOR  
PRESCRIBING  
OPIOIDS FOR  
CHRONIC PAIN**

[www.cdc.gov](http://www.cdc.gov)

## Scope of CDS Proof of Concept Tests

- Health care systems should implement and test CDS tools in standards-based formats to facilitate at least one of the 12 [CDC Guideline](#) recommendations, with preference for the following:
  - **Recommendation #9:** Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months
  - **Recommendation #4.** When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids
  - **Recommendation #5.** When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.
  - **Recommendation #11.** Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- Use of FHIR/CDS Hooks is preferred, but not required. There are CDS artifacts available for free use (see Additional Information slide).
- Health care systems are asked to share updates on progress, challenges, and lessons learned; share explanations of design decisions, include project team in test sessions; collect and share relevant metrics and clinician feedback; and collaborate with and share best practices with other project participants

# Project Outcomes

## CONDUCT EVALUATION

- Comparison of metrics before and after integration/CDS implementation
  - Number of PDMP queries
  - Clinician satisfaction with workflow and interface
  - Impacts to average MMEs

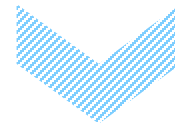
## ASSESS CHALLENGES

- Technical Challenges
- Workflow Challenges
- Design Considerations
- Organizational buy-in and training needs
- Implementation planning activities

## COLLECT SUCCESS STORIES

- Successful CDS Roll-outs/ Integration Go-Lives
- Enhancements & resolved bugs
- Impacts to prescribing habits
- Cost and time savings
- Scalable best practices

**COMPARE ACROSS ALL INTEGRATION DEMONSTRATIONS**



## PROJECT RESOURCES TO SUPPORT FUTURE INTEGRATIONS/CDS

PDMP Integration Toolkit with Checklists, Tips and Tricks, Test Guidance, MOU Considerations, and other guidance based on best practices and learnings



## Additional Information and Free CDS Resources

CDC Guideline for Prescribing Opioids for Chronic Pain:

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Existing opioid and pain management CDS artifacts can be found on the AHRQ CDS Connect Page:

<https://cds.ahrq.gov/cdsconnect/topic/opioids-and-pain-management>

HL7 CDS wiki/Opioid Prescribing Support Implementation Guide:

<http://build.fhir.org/ig/cqframework/opioid-cds/index.html>

Opioid Quality Improvement Measures (see Appendix B, page 32):

<https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf>

CDC Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain webpage:

<https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html>

QI measure training:

<https://www.cdc.gov/drugoverdose/training/implementing/>



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# Questions?

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