As opioid crisis continues, providers must embrace ‘data utilization’

Efforts to solve the country’s opioid epidemic have picked up speed in recent months with new legislation, but the crisis is still far from slowing down. More than 800 people per week die from opioid-related overdoses, and recent figures from the Centers for Disease Control and Prevention note that that the total economic burden of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

Healthcare providers are uniquely positioned on the front lines of the opioid crisis, as CMS noted in its highly touted Opioid Roadmap, which outlines a three-pronged approach to addressing opioid addiction. Unsurprisingly, the agency's roadmap stresses prevention and treatment efforts. The agency also notes the importance of data utilization, or the use of data to target prevention and treatment efforts and to prevent fraud and abuse. Specifically, CMS recommends collecting and using data to provide insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment; share information across the continuum of care and monitor trends.

But proper “data utilization” is an achievement that is far easier said than done. It is a costly and cumbersome endeavor, especially for physician practices, and is contingent on interoperability between multiple healthcare organizations.

**Understanding challenges in data utilization**
There are very real challenges to ensuring data collection and information sharing are done well—especially when it comes to data and information sharing between behavioral health (BH) providers and primary care physicians.

Far fewer BH providers use EHRs than primary care physicians. And when all providers aren’t using EHRs, care coordination and true collaboration—whereupon care partners share data, and then leverage the data to target opioid prevention and treatment efforts—becomes more difficult. Without EHRs or other means to ensure information is secure, BH providers don’t tend to share information. And when they do share information, they use insecure electronic communications (e.g., basic email accounts), which are risky/potential HIPAA violations.

Compounding the challenge of data sharing are BH providers’ concerns regarding HIPAA and 42 CFR Part 2. Updated in 2017, this legislation balanced the need for information sharing with the privacy rights of people seeking treatment for substance use issues by placing greater restrictions on what providers can share, to whom, and when. Understandably, there’s concern among BH providers about how to embrace interoperability without violating both HIPAA and Part 2.

Unfortunately, it’s the patients who suffer in the long run. When BH providers and primary care physicians don’t share information easily, they can’t coordinate care easily, and patients suffer. Case in point: If a physician doesn’t know that a patient is a recovering opioid addict because a BH provider withholds that information, the physician may unintentionally prescribe an opioid for the patient’s “pain.”

**Finding solutions**

Given these care-coordination challenges, CMS’ Roadmap suggests that both BH providers and primary care physicians may need to refine their approaches and outlook in order to move forward. For example, proper education or training on how to interpret legislation, such as 42 CFR Part 2, may instill more confidence in providers who wish to work more closely with one another but feel intimidated with privacy legislation.

Also, BH providers should explore financial incentives tied to the implementation of new technologies that can help foster interoperability. An EHR that is built to share information easily and securely and is offered by a vendor with a reputation for real-time customer support, can facilitate better coordination and value-based care.

As the fight against opioid abuse continues to evolve, CMS’ Opioid Roadmap offers a valuable guide for all healthcare providers. And it’s far from the only government document that will tout the need for better “data utilization” among healthcare partners.

With the right tools, partnerships, and commitment to collaboration, embracing “data utilization” will feel far less overwhelming, and providers will be positioned to enact tangible, positive changes.
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