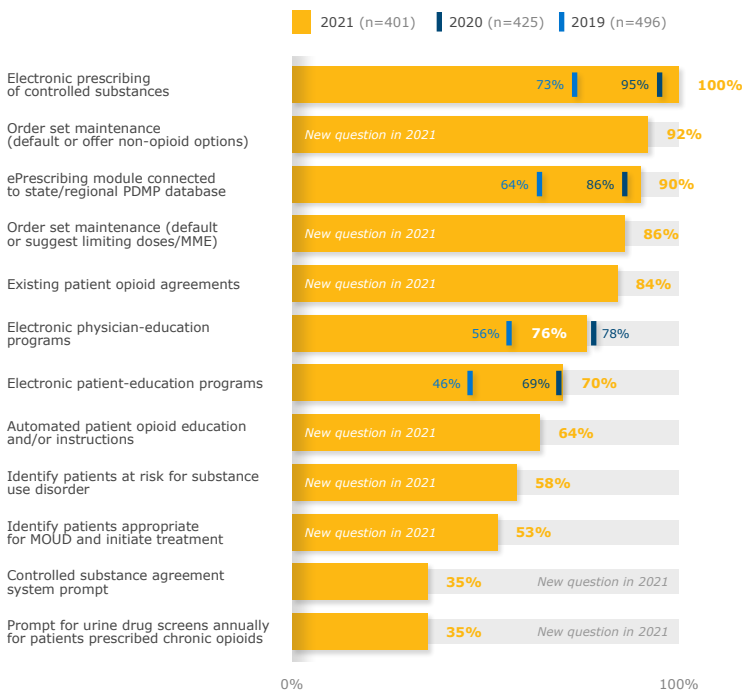


Opioid Management

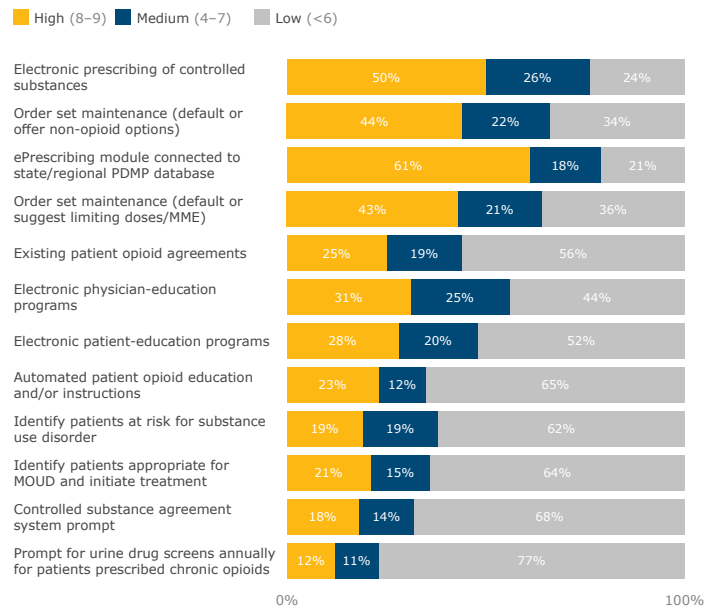
Expansion of Opioid-Use Reduction Technology and Mechanisms

Adoption of opioid-use reduction interventions increased by an average of 20 percentage points from 2019 to 2020, but that growth slowed significantly in 2021 (up about 3 percentage points). Still, organizations are reporting a greater number of interventions in use at their organization. One-third of organizations use 10 or more of the interventions in the Most Wired survey. There is a positive correlation between the number of interventions an organization uses and the average overall impact of those interventions on reducing opioid use. Order set maintenance (multiple types) and electronic prescribing—foundational elements of any opioid-use reduction program—are some of the most adopted interventions (86%–100%). LTPAC organizations report markedly less adoption across all opioid-use reduction interventions (15 percentage points lower on average), while adoption is quite similar across acute and ambulatory care.

Information Technology Support and Mechanisms in Use for Opioid-Use Reduction

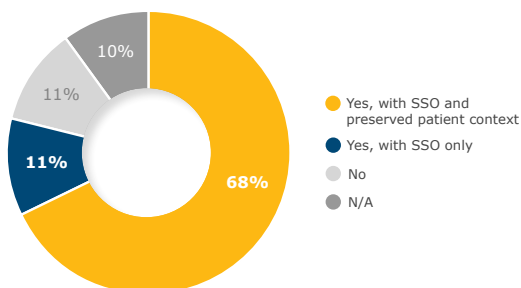


Impact on Opioid-Use Reduction (n=401)



The highest-impact intervention for opioid-use reduction is connecting the ePrescribing module with the state or regional prescription drug monitoring program (PDMP) database. Although almost all states have a statewide PDMP database, 21% of acute care organizations report clinicians can't access the PDMP directly from the EHR or that the connection doesn't apply to them (20% for ambulatory, 28% for LTPAC). Of the clinicians who have access from the EHR, 68% can connect through SSO while preserving patient context, and the remaining 11% connect through SSO only (patient context not preserved). With an EHR/PDMP connection, clinicians have easier access to more data, helping improve treatment plans.

Direct Clinician Access to PDMP through EHR (n=399)



Availability of EHR Functions in EHR-Connected PDMP

