

OPIOID MANAGEMENT

INSIGHTS FROM



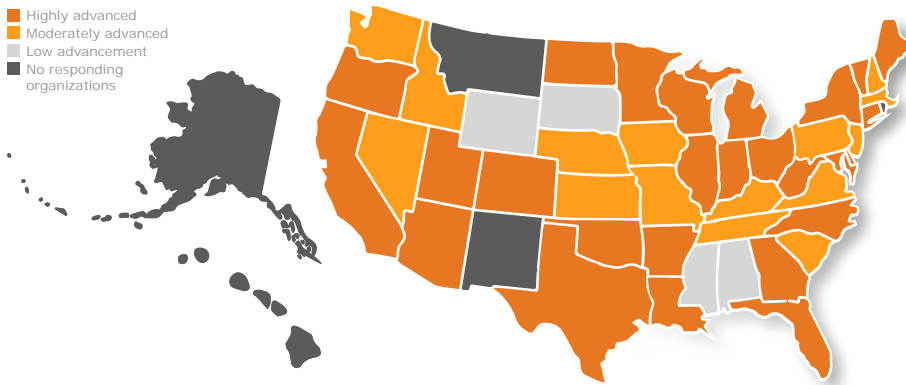
A Look at Strategies
Employed by the Nation's
Most Advanced Ambulatory
Healthcare Organizations

OPIOID MANAGEMENT— INSIGHTS FROM CHIME'S "HEALTHCARE'S MOST WIRED"

A Look at Strategies Employed by the Nation's Most Advanced Ambulatory Healthcare Organizations

Each year, acute and ambulatory care organizations from around the world take part in CHIME's "Healthcare's Most Wired" program, whose goal is to improve healthcare by encouraging the optimal use of information technology. These organizations are surveyed regarding their current adoption levels and strategies across many HIT areas. Based on the responses of 137 advanced ambulatory organizations in the US, this report delves into how organizations are using technology to battle opioid use disorder (OUD).

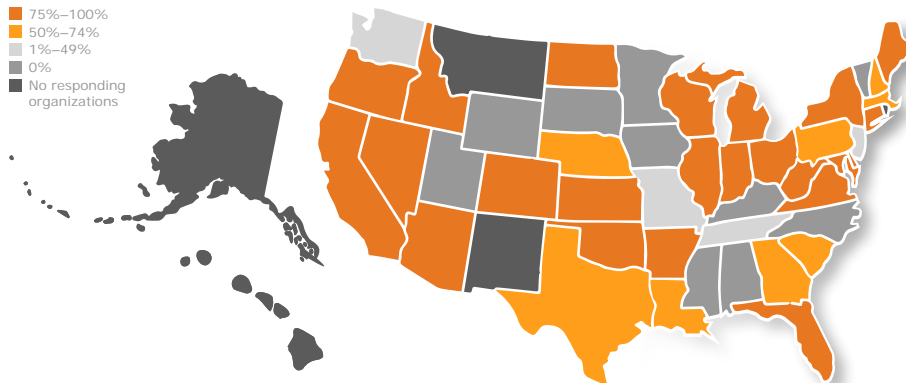
Status of Opioid Use Reduction Programs†



Note: Status is based on the number of surveyed organizations in each state that limit doses/pills per prescription, use non-narcotics in order sets, have their ePrescribing module connected to state/national PDMP database, leverage electronic physician and patient education programs, and use ePrescribing of controlled substances.

Healthcare organizations can deploy a variety of tools to combat OUD. Any single tool on its own is rarely sufficient, so most advanced organizations tackle the problem from multiple technology angles, and they report better outcomes as a result. While the Most Wired survey does not capture specific outcomes, it does ask organizations to share which tools they have deployed. The map above highlights the states in which organizations are using the widest variety of tools to combat OUD.

Percent of Organizations with ePrescribing Module Connected to State/Regional PDMP Database†



Integrating an EMR's ePrescribing module into a prescription drug monitoring program (PDMP) database is one of the most effective ways healthcare organizations can combat OUD. However, this capability remains elusive for many organizations, including some that took part in 2019's Most Wired survey.

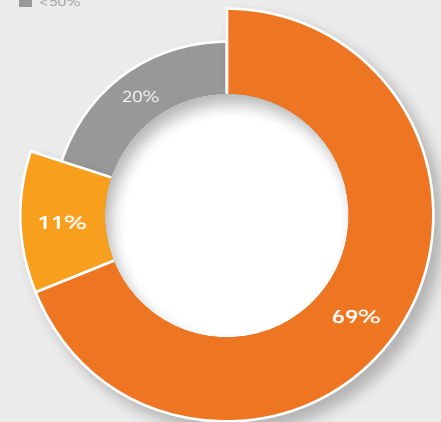
† Data Source: CHIME Healthcare's Most Wired™, 2019

Percent of Physicians Using ePrescribing for Controlled Substances—By Practice Type†

Owned Physician Practices (n=120)

% of Physicians Using ePrescribing of Controlled Substances:

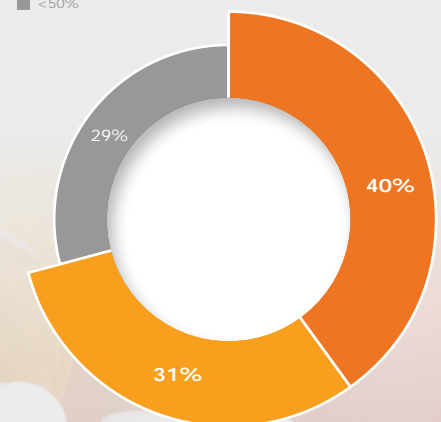
- >95%
- 50%–95%
- <50%



Independent, Affiliated, and/or Community Physician Practices (n=95)

% of Physicians Using ePrescribing of Controlled Substances:

- >95%
- 50%–95%
- <50%



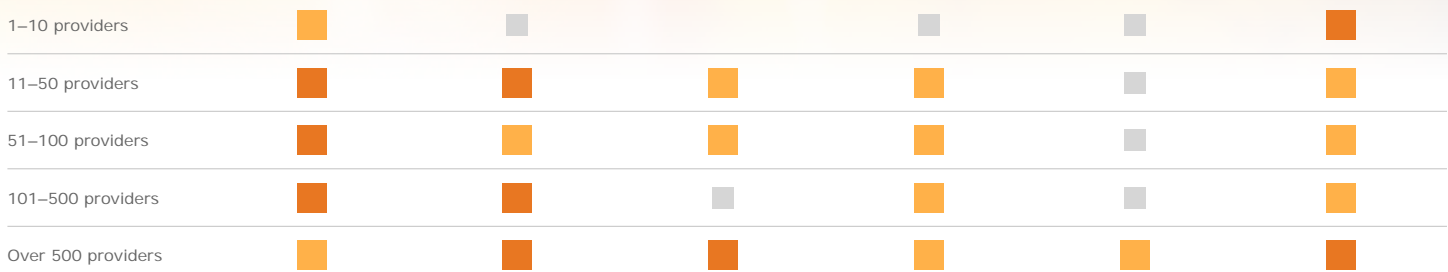
Information Technology Used to Support Opioid Use Reduction Programs—By Facility Size†



Dose limitations and ePrescribing of controlled substances are the most commonly adopted tools across outpatient facilities.

Percent of organizations reporting adoption

- 75%–100%
- 50%–74%
- 25%–49%
- 0%–24%



† Data Source: CHIME Healthcare's Most Wired™, 2019

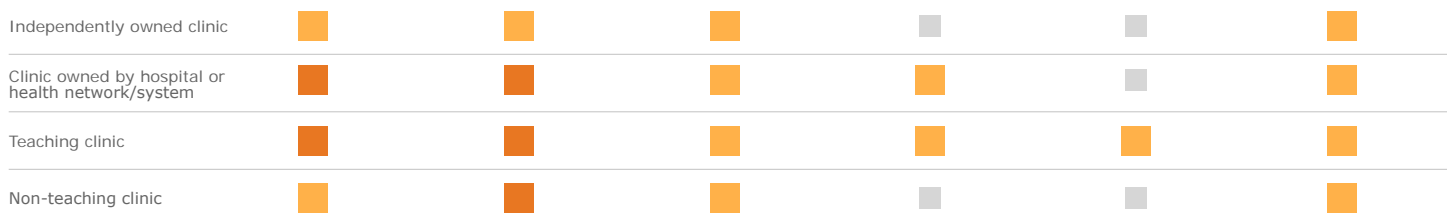
Information Technology Used to Support Opioid Use Reduction Programs—By Facility Type†



Teaching clinics lead in adoption of IT to reduce opioid use.

Percent of organizations reporting adoption

- 75%–100%
- 50%–74%
- 25%–49%
- 0%–24%

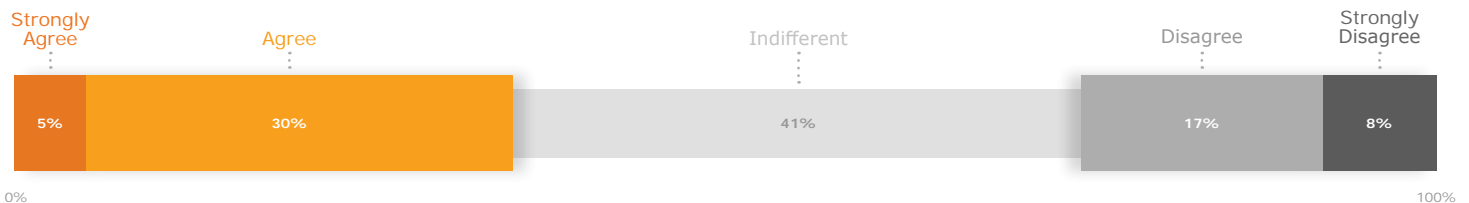


† Data Source: CHIME Healthcare's Most Wired™, 2019

Physician Agreement with the Statement "The EMR Enables Me to Identify and Prevent Opioid Misuse and Addiction"

A finding from  The Arch Collaborative
a KLAS initiative

(n=11,819)



KLAS[®]
REPORTS 2020

CHIME

This material is copyrighted. Any organization gaining unauthorized access to this report will be liable to compensate KLAS for the full retail price. Please see the KLAS DATA USE POLICY for information regarding use of this report. © 2020 KLAS Enterprises, LLC. All Rights Reserved.



REPORT INFORMATION

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined opinions of actual people from healthcare organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. KLAS findings are a unique compilation of candid opinions and are real measurements representing the feedback of interviewed individuals. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact participants' opinions and preclude an exact apples-to-apples vendor/product comparison or a finely tuned statistical analysis.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to the KLAS FAQs.

Copyright Infringement Warning

This report and its contents are copyright-protected works and are intended solely for your organization. Any other organization, consultant, investment company, or vendor enabling or obtaining unauthorized access to this report will be liable for all damages associated with copyright infringement, which may include the full price of the report and/or attorney fees. For information regarding your specific obligations, please refer to the KLAS Data Use Policy.

Note

The findings presented are not meant to be conclusive data for an entire client base. Performance scores may change significantly when additional healthcare organizations are interviewed, especially when the existing sample size is smaller, as in an emerging market with a small number of live clients.



Author

Alex McIntosh

alexander.mcintosh@KLASresearch.com



Designer

Jess Simpson

jessica.simpson@KLASresearch.com



Project Manager

Kelly Burch

kelly.burch@KLASresearch.com



Our Mission

Improving the world's healthcare through collaboration, insights, and transparency.

630 E. Technology Ave.
Orem, UT 84097
Ph: (800) 920-4109

For more information about KLAS,
please visit our website:

www.KLASresearch.com