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February 16, 2018

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Hatch and Ranking Member Wyden:

Cerner is pleased to respond to your February 2nd letter regarding the opioid epidemic. We applaud your efforts to collect feedback on this serious public health issue.

According to the National Institute on Drug Abuse, more than 115 Americans die every day because of an opioid overdose.¹ While no one, overarching strategy will end the epidemic, we believe Cerner can help combat the crisis by leveraging health information technology (health IT) solutions. As the world's largest publicly-traded health IT company, Cerner connects people and systems at more than 25,000 provider facilities worldwide. Technology has a significant role in addressing opioid abuse and we offer many workflows, solutions, and strategies that directly impact the epidemic. We see several opportunities for government support to implement policies that enable technology's role.

Prescription Drug Monitoring Program Improvements

Cerner believes improving the use and effectiveness of Prescription Drug Monitoring Programs (PDMPs) is a critical competent in curbing opioid abuse. Forty-nine states and some U.S. Territories have some form of a PDMP database used to track prescribing and dispensing of controlled substances. However, these programs are specific to each state with no federal standards. Without standards in place, it can be difficult to retrieve data in a timely manner or across state lines. While we are not suggesting an end to individual state programs, we recognize the need to harmonize standards to make the various programs more efficient.

Cerner recommends the Senate Finance Committee support federal standards for PDMPs.

PDMPs should also have the ability to integrate timely prescribing data directly in a provider's workflow. We believe the challenge of patient matching must be solved to allow for a full longitudinal view of a patient's record. Similarly, Surescripts, a national e-prescribing network, retrieves data from various sources on approximately 270 million individuals. Evidence of consent is required for the provider to be able to make a Medication History query, which is required for providers who e-prescribe under the Part D program.

¹ National Institute on Drug Abuse <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>



Further, we believe the clinical use of PDMP data is covered under the Treatment purpose under HIPAA, and should be used to increase functions between health IT vendors and across state lines.

Cerner recommends the Senate Finance Committee support efforts to ensure more accurate patient matching and sharing of patient data across state lines. Patient matching and privacy should not remain barriers to making data accessible.

Other Data Sharing Improvements

Better use of data collected about clinical care episodes, in relation to the opioid epidemic, is a growing trend. Much can be gleaned from reviewing Medicare and/or Medicaid stats related to emergency department opioid-related admissions. For example, clinical guidelines may dictate that a beneficiary not leave the emergency department with a prescription for more than a seven-day supply of opioids.

Cerner recommends, per the American College of Emergency Physicians guidelines, the Senate Finance Committee consider requirements around length of routine prescribing of outpatient opioids for beneficiaries admitted through the emergency department.²

Also, reviewing Medicare and Medicaid claims data to highlight beneficiaries who are postoperatively filling prescriptions for more than a 90-day supply of an opioid should be considered. If a beneficiary is filling a script for more than 90 days, for example, the prescribing entity may be inclined to consider referral to a pain specialist.

Cerner recommends the Senate Finance Committee review clinical care standards and scope of practice related to prescribing of opioids for long durations. For example, is a surgeon the appropriate prescribing entity after a beneficiary has used a 90-day prescription? The Committee may also consider appropriate reimbursement and training to increase utilization of pain specialists.

Payment Incentives

In general, behavioral health providers lack the health IT infrastructure to make an impact on the epidemic. The use of health IT is essential in improving care coordination across multiple providers. However, behavioral health professionals, including addiction treatment providers, are not eligible to receive federal incentive payments for the meaningful use of health IT. Many providers find it cost prohibitive to acquire new technologies.

Cerner recommends the Senate Finance Committee support the expansion and use of health IT among behavioral health providers. For example, S. 1732, the Improving Access to Behavioral Health Information Technology Act, would allow the Centers for Medicare and Medicaid Innovation to test models to provide incentives to behavioral health providers for adopting electronic health records technology to improve care coordination.

More of an emphasis should be placed on the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is a comprehensive and integrated approach to early identification of individuals with an OUD or SUD. Screening produces a risk score. If a high-risk score or potential for an OUD or SUD is the result, alternative treatment options should be considered. If the screening assessment finds an individual is struggling with an OUD or SUD, the provider

² "Clinical Policy: Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department"; *American College of Emergency Physicians*
https://www.acep.org/uploadedFiles/ACEP/Clinical_and_Practice_Management/SPIN_trial/Redirects_Control/Opioids%202012%20Clinical%20Policy%20Guideline.5.pdf



should be further incented to complete a brief intervention and referral to treatment. Appropriate resources and training for providers should be made available so they feel comfortable providing the brief intervention and referral for their patients.

Cerner recommends the Senate Finance Committee explore opportunities to place requirements around payment and reimbursement to increase the use and training of SBIRT in all clinical care settings, not just the outpatient setting.

Non-Pharmaceutical Therapies

The overprescribing of pain medications is considered a major contributor to the opioid epidemic. Overprescribing enables drug diversion and increases potential for addiction. Few post-surgical guidelines exist regarding the appropriateness of length of use of opioids. Recently, the Centers for Medicare and Medicaid Services (CMS) released a recommendation to implement “hard formulary levels” on Medicare Part D plans.³

Cerner recommends the Senate Finance Committee consider appropriate policies to place requirements around length of duration of prescriptions.

The Committee’s activities may also benefit from consideration of an appropriate use criteria (AUC). This modification would be similar to a provision included in the Protection Access to Medicare Act (PAMA), which requires physicians ordering certain imaging services to consult AUC to be reimbursed for advanced diagnostic services. An AUC program has the potential to decrease unnecessary prescribing.

The Enhanced Recovery After Surgery (ERAS) program is a perioperative program aimed at increasing the recovery process for surgical patients. A component of the program is multimodal pain management to decrease the use of opioids after surgery. For example, after a hip replacement, an effective pain management strategy may include a regional epidural, ice and NSAIDs. It would be compelling for the Medicare and Medicaid programs to study length of hospital stays for beneficiaries receiving opioids versus other postoperative analgesics.

Cerner recommends the Senate Finance Committee consider implementing an AUC program related to the prescribing of opioids. The Committee could also request a study of the ERAS program statistics and outcomes, related to use of non-opioid analgesics and length of hospital stay after a postoperative procedure.

State-Level Best Practices

Although a joint state and federally funded benefit, Medicaid is operated at the state level. Each state’s program is unique and designed to meet the needs of their beneficiaries. Medicaid programs can be a key tool in addressing the epidemic. Every consideration should be given to states that offer coverage of innovative OUD and SUD treatments. The epidemic disproportionately affects Medicaid beneficiaries. Another best practice is the required use of PDMP checks. For example, in Alabama, physicians are required to access or check the information in the PDMP prior to prescribing or dispensing.

Cerner recommends the Senate Finance Committee consider requiring PDMP checks prior to provider writing a prescription for opioids.

Documentation Improvements

³ “2019 Medicare Advantage and Part D Advance Notice Part II and Draft Call Letter” *Centers for Medicare and Medicaid Services* <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-02-01.html>



The use of pain management agreements allows for the documentation of understanding between a provider and patient around use of opioids in a care plan. The agreements are included directly in an EHR. Consideration should be given to requiring when providers must identify and review a patient's agreement. Because agreements can often be difficult to locate in a patient's record, vendors are working together to create standards to make them easier to find in a provider's workflow.

Although not a recommendation for the Senate Finance Committee, Cerner would like to call attention to efforts of the industry to make pain management agreements easier to locate in a provider's workflow.

Impact on Children and Families

To mitigate impacts of the opioid crisis on children and families, consideration should be given to block grant programs through HHS and SAMHSA. Funding should support community-based programs and programs that augment primary care with access to behavioral health providers. States should have flexibility to design and implement programs and services that best fit the needs of those impacted by the crisis.

Cerner recommends the Senate Finance Committee continue to fund block grant programs administered through HHS and SAMHSA to support state- and community-level programs.

Use of health IT is one of the most important tools in the fight against opioid substance abuse. From improved patient-level data organization and easier tracking procedures to identifying geographic areas with a prevalence of opioid abuse, Cerner solutions can help address the epidemic. When clinicians have the right data, they are better equipped to identify at-risk patients and anticipate the affects their prescription decisions may have. And when OUD and SUD patterns can be predicted across a population, experts are provided the insights to address the needs of that given population.

Again, Cerner applauds the efforts of the Committee to discuss and receive feedback on the opioid epidemic. We welcome the opportunity for further discussion with you and your staff. Please do not hesitate to contact us for any additional information or to answer questions.

Sincerely,

A handwritten signature in black ink that reads 'Meg Marshall'.

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