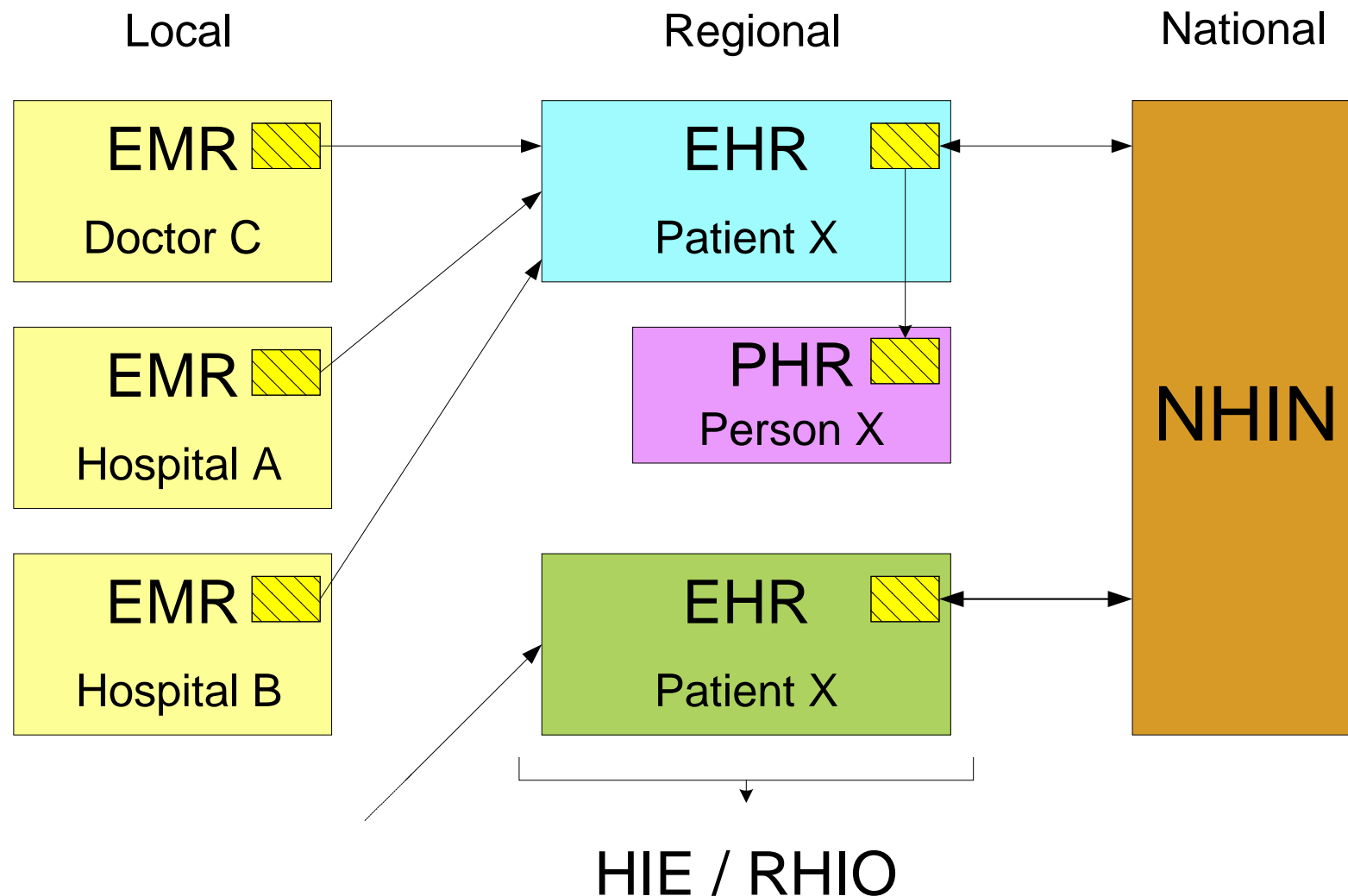**Robert Gore-Langton, PhD**
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Data and Statistics Center 2
The EMMES Corporation

EHR Role in a Nationwide Health Information Network

Local

Regional

National

EMR
Doctor C

EMR
Hospital A

EMR
Hospital B

EHR
Patient X

PHR
Person X

EHR
Patient X

NHIN

HIE / RHIO

Background to SUD EHR Development

- ❑ Federal "push" – universal EHR adoption by 2014
- ❑ ARRA 2009/HITECH Act - Meaningful Use for CMS reimbursement
- ❑ "Medical epidemic" – Rx opioid overdoses and ER visits, fatal medication errors, non-medical use of pain killers
- ❑ EHR could serve needs of Prescription Drug Monitoring programs (PDMPs) and improve care for co-occurring med/psych disorders
- ❑ Joint Commission new measures for tobacco and substance (alcohol and drug) use

NIDA CTN

- Given this background, how does NIDA CTN make progress in this area?
  - Develop common data elements for SUD
  - Develop a work plan for screening in primary care
  - Interface with a myriad of federal agencies and other stakeholders

NLM
NIH OBSSR
CDC, IHS, VA

AAAP
ASAM
CPDD
SBM
APA

NASADAD
AHRQ

62 CTPs
+ HCPs

ONDCP
CMS

SUD EHR

SAMHSA
HRSA

NIDA CTN

Key Workshops Held

- NIDA-sponsored 'Electronic Medical Records Workshop', September 24, 2010
- NIH/OBSSR- and SBM-sponsored workshop 'Identifying Core Behavioral and Psychosocial Data Elements for the Electronic Health Record', May 2-3, 2011
- Workshops/Symposia at annual meetings:
  - American Academy of Addiction Psychiatry
  - American Society of Addiction Medicine
  - American Psychological Association

Expert Key Recommendations

- Combine screening of tobacco, alcohol and substance use in primary care
- Use validated screening questions above all other considerations
- Develop longitudinal questions with a standardized timeframe
- Use standardized questions or instruments for additional assessments
- Incorporate clinical decisions and evidence-based brief interventions
- Consider ASAM dimensions and The Joint Commission (TJC) standards

Primary Care

- Primary Care
  - How brief?
- Different Primary Care Settings:
  - Single physician office
  - Single physician office with ancillary staff
  - Multi-physician office single specialty
  - Multi-physician office multi-specialty
- Different Solutions:
  - Simple screen and refer
  - Simple screen, assessment and refer
  - Simple screen, assessment and treat and/or refer

Accomplishments & Moving Forward

- ❑ Obtain consensus on valid screening and assessment tools ✓
- ❑ Recommendations for CMS Meaningful Use ✓

  (ONC Quality Measures Workgroup & HIT Policy Committee)

- ❑ Define Clinical Quality Measures (CQMs)
- ❑ Develop associated clinical decision support protocols (SBIRT) – in progress
- ❑ Provide/develop scientific evidence to support widespread adoption
- ❑ eMeasure specification (NQF Quality Data Model)
- ❑ NQF endorsement (9 steps)
- ❑ SUD screening in Health Risk Assessment for use in CMS Annual Wellness Visit