U.S. Senate Committee on Health, Education, Labor and Pensions
The Opioid Crisis: The Role of Technology and Data in Preventing and Treating Addiction
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Chairman Alexander, Ranking Member Murray, and Members of the Committee, I thank you for this opportunity to share recommendations regarding the proper role of policy in data and technology projects intended to help address the opioid crisis. My recommendations represent quality control principles necessary to ensure that the activities of such projects remain aligned with the goals of Congressional opioid abuse prevention strategies, including the Protecting Our Infants Act, the Comprehensive Addiction and Recovery Act, and the 21st Century Cures Act. Based on 24 years of drafting and helping implement drug and alcohol policies, including those for opioid abuse, I respectfully offer the following points of consideration.

Health care standards of quality and best practices which technology and data projects are to facilitate must remain clear and consistent. Technology and data solutions can significantly advance improved responses by health care professionals and public health officials to the opioid epidemic. The unrelenting misuse, abuse, addiction to and diversion of opioids and other potentially addictive substances place new demands on prescribers and dispensers. Training and beliefs of years past must be set aside. Professionals and officials must learn and use new approaches to manage pain, particularly chronic noncancer pain, and treat drug and alcohol addiction. More than ever before treatment decisions for each patient must represent a careful weighing of multiple factors to balance appropriate patient care with prevention of misuse, abuse, addiction to and diversion of medication. This transition in practice must be expeditious rather than gradual. Technology and data solutions can effect a more timely transition through (1) efficient delivery of new education and training, and (2) improved coordination and analysis of data relied upon for clinical treatment and public health decisions.

As the search for tools to address the opioid epidemic ramps up, so too do the competing claims that various technology and data solutions can do more, and do more faster. But the true value of a solution can only be realized in its use to achieve or improve upon new standards and best practices for clinical care and public health. Where the standards are uncertain or seemingly in conflict, the focus for a technology and data vendor can become doing more, and doing more faster than its competitors.

The use of technology and data solutions to enhance prescription drug monitoring programs (PDMPs) is informative. Over the past 18 months, numerous well-intended technology and data vendors promoted their solutions to PDMP Administrators (Administrators). The vendors described in detail how their solutions can improve the Administrators' ability to "catch" doctor shoppers and detect fraud. Detecting and preventing fraud is certainly one of the goals of PDMPs. However, states are transforming their programs into better health care information delivery tools. The vendors were silent regarding how their solutions can help accomplish PDMPs' health care goals. Policymakers, professionals, and officials must articulate consistently and repeatedly the standards which technology and data solutions are to facilitate.

Only by doing so will technology and data solutions remain effective as means to a new health care and public health practice and approach to addressing the opioid epidemic.

Legislative and regulatory changes necessary to optimize technology and data solutions must keep pace with the adoption of the solutions. Processes for refining and updating technology and data often proceed at a faster pace than amendments to statutes or even regulations. Technology and data solutions do not operate in a vacuum; they must comply with applicable policies that govern access, use, and disclosure of various types of data. When those policies fail to support the standards of quality and best practices for use of data that implementation of a solution is designed to achieve, the solution is unable to fully operationalize the standards and best practices.

A primary objective of federal and state PDMP enhancement initiatives is integrating PDMP data into health and pharmacy information technology (IT). Millions of public dollars are being spent on integration technology. This integration removes barriers to easy access of PDMP data and allows health care professionals to efficiently rely upon the data to inform patient care decisions. Access, use, and disclosure rules for PDMP data may differ from those for medication history traditionally maintained by health and pharmacy IT. The variances may be in one or more of the following categories: (1) authorized users of data, (2) methods of accessing data, (3) allowable purposes for accessing data, (4) storage and retention of data, (5) presentation of data to authorized users, (6) disclosure and use of data in health and pharmacy IT, and (7) tracking of requests for data. Failure to reconcile these governance rules prior to PDMP data integration can impede effective use of PDMP data in the clinical workflow. Simultaneously, health and pharmacy IT systems are at greater risk of violating idiosyncratic PDMP data usage provisions. Policymakers and regulators must proactively modify laws and rules to timely support rather than hinder technology and data enhancements needed to improve prescribing and dispensing of potentially abused substances.

New or expanded technology and data solutions to address the opioid epidemic must strive to break down data silos, not incentivize the creation of new silos. Prior federal efforts strove to encourage an interconnected web of health care providers and consolidation of patient information. Significant federal dollars intended to bring about the web and consolidation inadvertently incentivized the practice of data siloing. Health IT vendors were reluctant to share information for fear of losing customers to their competitors. Based on this fear, the vendors made the existence of data sharing costly and inconvenient. Congress responded by prohibiting and penalizing information blocking. The National Academy of Sciences (NAS) reviewed electronic systems developed from initiatives to computerize medical records (EMRs). NAS found that EMRs "offer potential improvements to health care delivery" through collection of and quicker access to key patient data.[i] Clinical notes, urine drug tests results, and signed opioid treatment agreements may now be included in EMRs.

However, EMRs still have data gaps. Often missing is information important to understanding a patient's comprehensive, and sometimes complex, relationships with potentially addictive substances. These gaps contribute to ongoing pressure for health care professionals and officials to use PDMPs, tools originally designed to assist investigations of violations of controlled substances laws. The data in PDMPs already exist throughout health care systems, but the data

are maintained in piecemeal fashion. A PDMP has value for health care professionals because it provides in a single location a more complete picture of a patient's prescription history than can often be found in any other single source. The consolidation of patient data has yet to be fully realized in the health care sector. As a result, state and federal agencies are spending millions of public dollars to transform PDMPs into optimal health care information delivery tools.

Policymakers must heed the lessons learned from the EMR development process. Federally funded technology and data projects to address the opioid epidemic must incorporate requirements to effect proper data sharing and prevent exclusionary data access primarily used to gain a competitive advantage and increase market dominance. Examples of such requirements can be found in the Prescription Drug Monitoring Act of 2017 as introduced, S. 778 (Act). Funding a single hub for sharing PDMP data, the Act retains states' ownership rights to determine disclosure parameters, and ensures cost efficient data access for patient care and public health surveillance activities.

With the urgent need to save lives and stop other devastating consequences of opioid abuse, hundreds of millions of taxpayer dollars are and will be expended to expeditiously respond to the need. As technology and data projects race forward to make quick progress, the projects risk losing focus unless proper guidance is in place. I urge Committee members to take a lead in adopting appropriate quality control measures and safeguards to ensure that the projects remain aligned with Congressional goals for effectively tackling opioid abuse.

[i] National Academy of Sciences, *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use*, p.306 (2017).