# **Improving Provider Decision-Making Tools**

**WORKSHOP** on Strategies for Promoting the Safe Use and

**Appropriate Prescribing of Prescription Opioids** 

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Health in the 21st Century

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Safe Prescribing Public Workshop, Washington, D.C.

## **Decision Making Tools**

### 1. CONTENT: Information being presented

- facilitate the practice of evidence-based medicine
- built on agnostic, standard data models
- static vs. dynamic
- amassment of expert knowledge
- processing and computations that a human cannot do quickly
- leads to unambiguous decision path

#### 2. REAL-TIME ACCESS:

- pluggable: easily integrate-able into existing workflows
- take no more than *n min*. of patient encounter (unscheduled visit)

#### 1. VALIDATION:

- "how am I doing": feedback loop
- outcome evaluation: leverage several disparate data sources
- adapt and retrain on new populations



### LANDSCAPE STUDY:

## Survey of Decision Making Tools for Opioid Prescribing

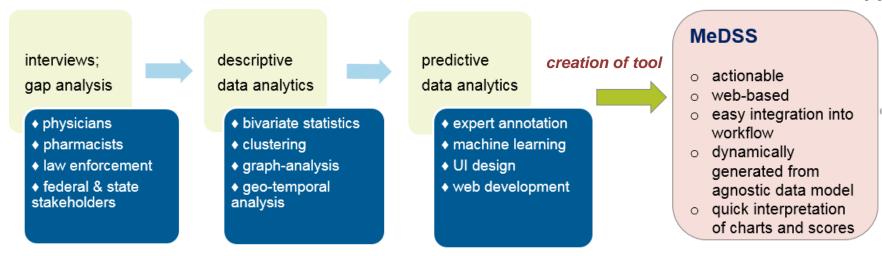
Two Studies conducted in 2013 & 2018

Participant Specialty  Primary Care	<ul> <li>92% prescribed opioid in past 90 days</li> <li>22% did not log into PDMP at all</li> <li>77% use an EHR system</li> <li>16% use a clinical decision making tool</li> <li>25% EHR integrated with state's PDMP</li> </ul>
<b>Decision Making: NOW</b>	Decision Making: WISH LIST
"traffic signal 'rules'	"single sign-on to (all) PDMPs"
"Ottawa ankle rule, PERC rule"	"automatic best practice advisory in popup"
"personal experience; clinical judgement"	"differential diagnosis and data supporting decision"
"CDC guidelines"	"dosing, med selection, MME calculations"
"UDS drug screen"	"EMR link to decision rule with auto-data fill in"
"Wisconsin PDMP"	"clear, concise decision-making trees and bullet points"

## **Creating a Decision-Making Tool: A Systematic Approach**

### MeDSS, Medication Decision Support Suite

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#### **2013 LANDSCAPE STUDY REPORT Key Findings (revised 2017)**

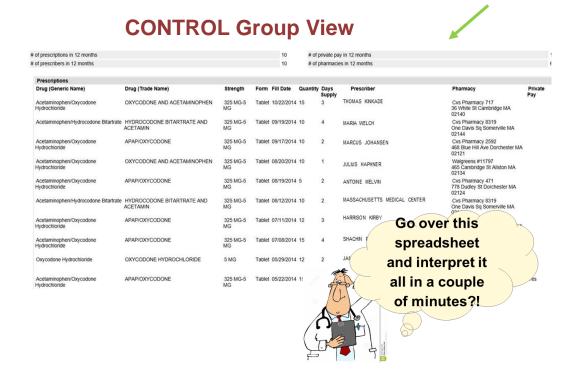
- methods obfuscated (algorithms in black-box): static rules and bivariate statistics on raw attributes used synonymously with predictive analytics
- not integrated into existing workflows: hard to use at point of care
- SME annotation/ historical outcomes not fed back into data for modeling
- lack of usability/interpretability and pilot of outcomes in clinical setting



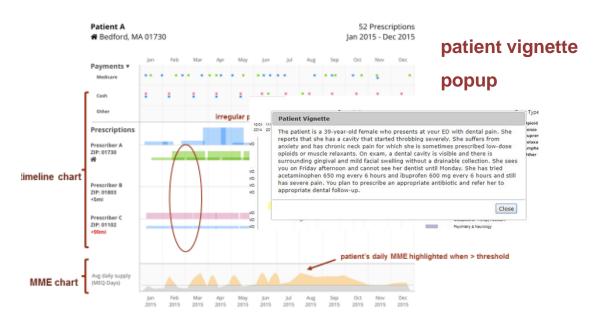
## **MeDSS for Decision Making...**

MeDSS provided dynamically- generated graphics on patient timeline, daily MME, other data modalities such as payment, all temporally aligned, and also patient risk assessment based on predictors from machine learning applied to very large longitudinal PDMP data.

From HIMSS 2016 conference Presentation with Dr. Scott Weiner, BWH, Boston



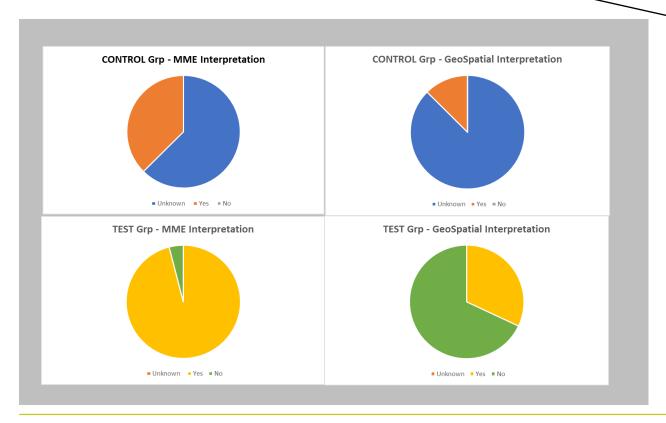
### **TEST Group Dashboard**

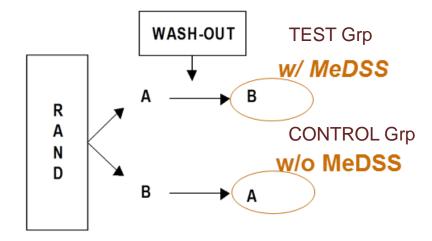




## MeDSS for Decision Making... Results from Pilot

We collaborated with 2 Major Hospitals in Boston and Baltimore: 100 participating physicians in a cross-over study \_\_\_\_

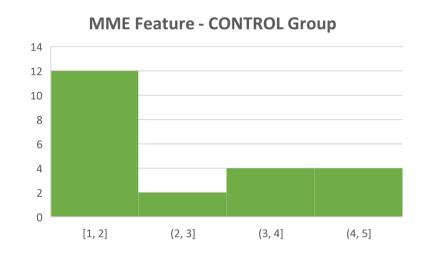


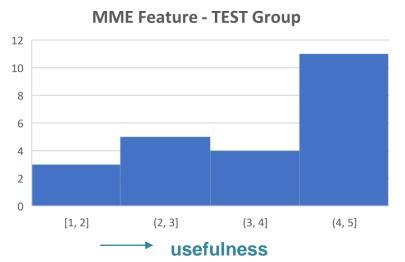


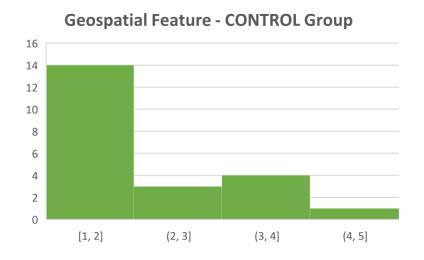
**STUDY**: prescribing behavior

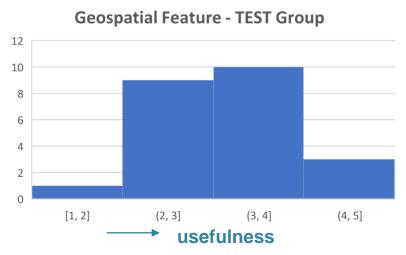
Note: Evaluation and publication of complete results coauthored with Dr. S. Weiner is expected in May, 2018

### MeDSS Pilot Phase I Results: USEFULNESS SURVEY











# **Challenges**

#### PRESCRIBER RESPONSE

- Do the tools reduce subjectivity?
- To what extent does prescribing behavior change when presented with information that involves complex computations and not just straight-up raw attributes?

#### CHALLENGES/BARRIERS

- Absence of standard PDMP data model model transformation layer
- Lack of EHR-PDMP integration
- Legacy systems make transition slower: staging is piecemeal
- Hard to create dashboards without record linkages across disparate data sources