

# **Clinical Decision Support**

Clinical Decision Support refers to specific tools, aids, and protocols that are built into work flow to make it easier to do the right thing, i.e., evidence-based safe and appropriate opioid prescribing and pain management.

- a. Electronic Medical Record Alerts, Order Entry Questionnaires, Best Practice, Protocols, Menus
  - 1) Medication Safety Alerts Dose, Age, Quantity, Combinations, Frequent Refill
  - 2) Best Practice Alerts alternative treatment options, tapering protocol, consultation/referral
  - 3) Order Entry Questionnaires criteria to meet, approved specialty, etc.
  - 4) CURES
    - a. CURES Use Alerts
    - b. Link to CURES
  - 5) Treatment Agreements
  - 6) Coding Tools
  - 7) Urine Drug Testing
  - 8) Default Sig on Prescriptions (small quantity, no refills)
  - 9) DR.ADVICE tool for EMR supported email advice from specialists

## b. Protocols: with or without the EMR, protocols support safe prescribing.

- 1) CURES Check
- 2) Duration of therapy maps/template (3d, 5d, 7d, 30 d)
- 3) Default Rx Sigs
- 4) Alternative Treatment Protocols
- 5) Urine Drug Testing (UDT)
- 6) Treatment Agreement
- 7) Tapering Protocol
- 8) Consultation/Referral Protocol
- 9) Naloxone co-prescribing for high risk / high dose chronic opioid patients

### c. How to Deal with Difficult Patients (Advice, Consultation, Referral)

- 1) Advice Line Access (phone, email with or without EMR support)
- 2) Consultation/Referral Guidelines/Protocol
- 3) Organizational, Multi-specialty Controlled Substance/Opioid/Pain Management Review Team

#### d. After Visit Summary

- 1) Shared template AVS for Treatment Agreements, Patient Consent, Pain Management (Migraine, Low Back, Fibromyalgia, Chronic Pain, Opioids)
- 2) Use of standard Patient Information Tools, e.g., Choosing Wisely, CDC (see Patient Information/Education Section)

## e. Nursing Staff Roles and Tools

1) Staff education around safe prescribing and use

## f. Clinical Pharmacist/Pharmacy

1) Pharmacy Protocols (CURES check, quantity limits, early refill, frequent fliers, multiple prescribers, combination medications (e.g., opioid + BZP), high daily dose

# g. Utilization Management/Utilization Review

1) Can be conducted in real time or retrospectively using data that can identify prescribing improvement opportunities.