

Another State Leveraging Big Data for Big Opioid Problem

A week ago, Missouri Governor Eric Greitens signed an [executive order](#) for the state to create a [prescription drug monitoring database](#). This measure comes after the state legislature failed to pass its own program back in May. Missouri comes in as the last state to implement such a program with the idea gaining popularity in the last year as both [law enforcement](#) and health care providers struggled to address the intensifying opioid epidemic.

Since the distribution of opioids in prescription form is restricted, states are turning to databases to monitor signs of overprescribing, which may indicate illicit distribution to addicts. At least, that's the basic idea, which CNSI's Chief Strategy Officer, Sharif Hussein, explains in this [MedCity article](#).

It seems like a slam dunk public health policy, right? Well, not exactly. Even an initiative that is undoubtedly good for public health is not without its challenges. The questions around what source(s) should supply the data, who has access to the data, and how systems will achieve interoperability have no easy answers.

For example, while the majority of state monitoring programs allow both physicians and pharmacists to access the data, the proposed Missouri system specifies that prescription and dispensation information received by the Missouri Department of Health and Senior Services will be confidential. However, doctors with access to such data have reduced the number of painkiller prescriptions from 81 to 71 per 100 people between 2012 and 2015, indicating the clear benefits of granting access to such information. As [Amy Tiemeir](#), St. Louis College of Pharmacy Director of Community Partnerships, points out:

“When medications are being used and there are negative consequences, there is a clear role for pharmacists to be involved based on their knowledge of the drugs, how they work and being able to provide insight into the appropriateness of therapy and potential therapies that might be less harmful.”

Regardless of who ends up seeing the data in Missouri, programs that leverage big data—if executed properly—have the potential to make a real impact and save lives. What else do you think we in the health IT space can do to facilitate such important progress?