Cerner today

- **29,000+ Associates**
- **5,900+ Hospitals**
- **More than 694,000 Physician Users** and **2,200,000 non-physician users**
- **14,300+ Physician Practices**
- **3,400+ Home Health Care & Long-Term Care Facilities**

- **440+ Patents Worldwide**
- **$7 Billion** Cumulative R&D Investment (EOY 2018)
- **$5.4 Billion** 2018 Revenue

- **727 Acute Clients**
- **1,424 Ambulatory Clients**
- **46 HIMSS**
- **467 HIMSS**

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PDMP Integration Success Measures

- Enables one-click access to PDMP report in the clinical workflow
- 132 health care provider organizations live:
  - PDMP accessed within Acute, Ambulatory, ED, LTC & Urgent Care venues
  - Live PDMP connections supported across 23 States
  - >37K unique prescribers accessed
- Generally available to all Cerner clients
- Standards supported – NCPDP, HL7, custom API

“More importantly, however, we feel confident that its (integrated PDMP) use will lead to favorable changes in prescribing patterns at our organization with the ultimate goal of reducing substance abuse in our community.” [1]

“While [critical prescription] information was previously available through the Washington State PMP website, accessing the information in this manner was a cumbersome, multi-step process that severely hindered provider workflow. Beyond individual provider workflow efficiencies, the ability to see the PDMP MPage® within the summary area of message center has eliminated extra work previously performed by Medical Assistants in our ambulatory areas.” [2]

“Physicians struggle with knowing for certain whether an individual truly needs pain medication versus those who are abusing drugs, but we need to do our part as emergency providers and then remove ourselves from the equation. Integrating PDMP data can help streamline the clinical workflow.” [3]
Current State Barriers

**User Experience**
- Most Cerner health systems span multiple states,
- Challenge to get consistent physician and pharmacist user experience

**Disparity**
- Not every state is supportive of EHR integration or PDMP data sharing
- No “standard” technology today to get PDMP data into workflow

**Privacy**
- Origins in law enforcement, not health care
- HIPAA compliancy – for purpose of patient treatment

**Economics**
- Additional cost associated with EHR integration
- Adoption/success measures are greatest in States that subsidize the cost
Cerner’s Recommendation - Nationwide Standards Based Approach

EHR Integration at Scale

Patient Centric
- Federated Query Approach

Patient Privacy
- For purpose of treatment
- Existing networks and frameworks realizing success and gaining traction
  - Surescripts Medication History
  - CommonWell and Carequality

Standardization
- Interstate data sharing across all states
- Define and/or require a standard, specification or format for exchange of PDMP data for getting data into EHR workflow

Solve Economic Burden
- Lower cost by reducing technical variance experienced between state PDMPs
Thank You