



ONC PDMP Patient Matching Symposium



Doug Reorda

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Cerner today



29,000+
ASSOCIATES

5,900+
hospitals

More than
694,000 PHYSICIAN
USERS
and 2,200,000 non-physician users



Physician
Practices
14,300+



Contracted at more than
27,500
PROVIDER
FACILITIES 
in **35+** COUNTRIES

440+  PATENTS
WORLDWIDE

3,400+ 
Home Health Care
& Long-Term Care Facilities

MORE THAN
\$7 Billion
 CUMULATIVE R&D INVESTMENT
EOY 2018

\$5.4 
BILLION 
2018 REVENUE



727 ACUTE CLIENTS **46**
1,424 AMBULATORY CLIENTS **467**

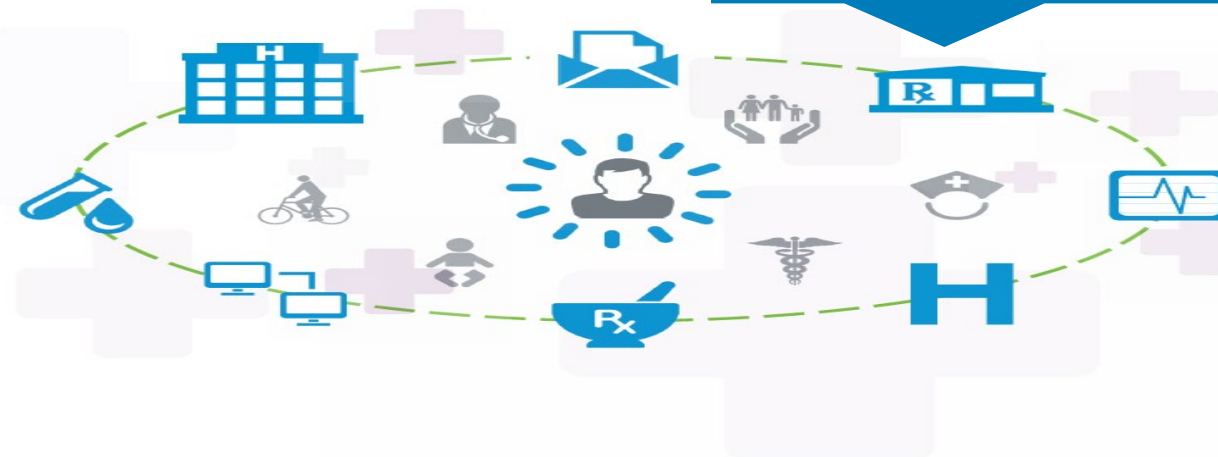


PDMP Integration Success Measures

- 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

*“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]*

*“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]*



*“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

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

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

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

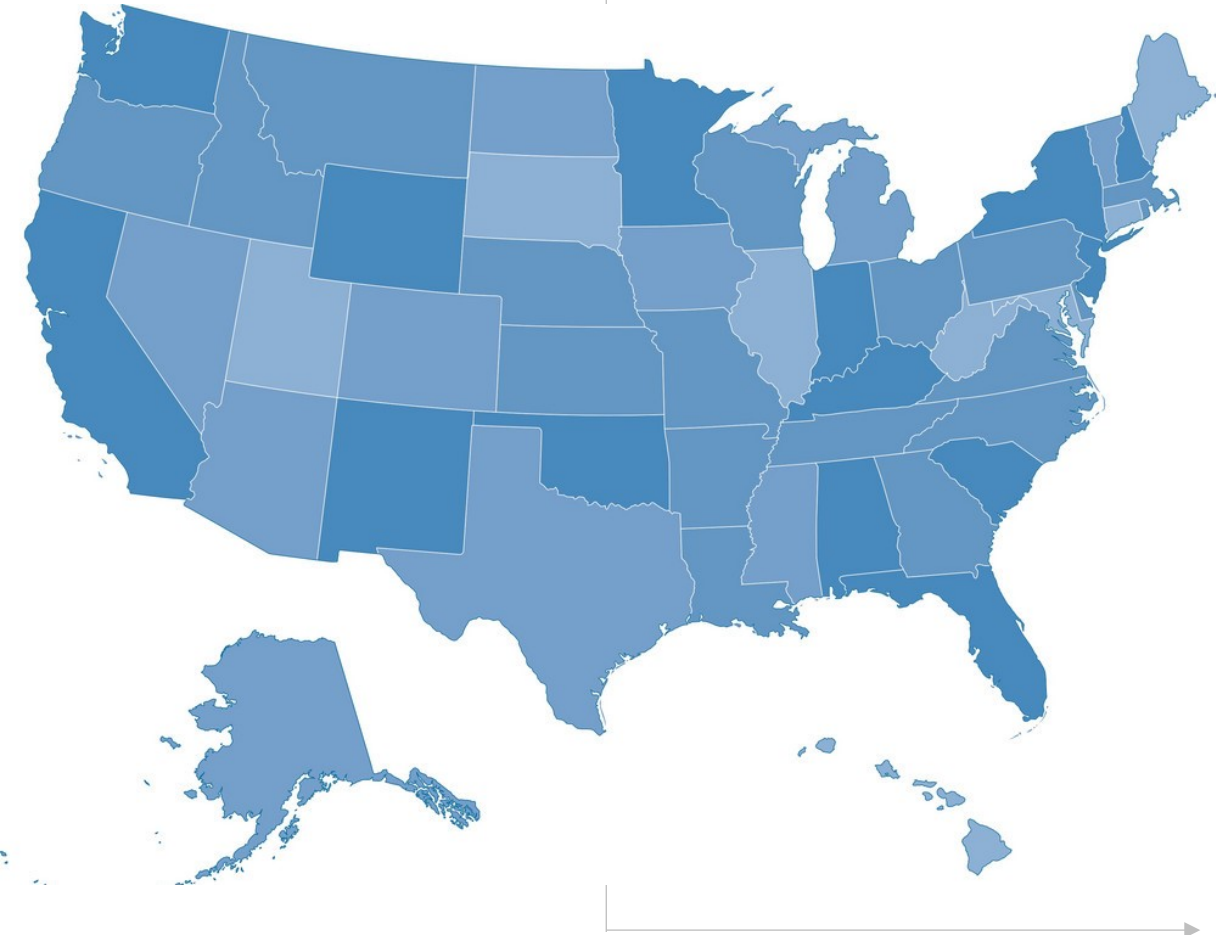
Privacy

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

