



## Could a national database help the opioid crisis?

- By Matt Leonard
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Lawmakers gathered with health care experts to determine what role data and technology can play in easing the opioid crisis that kills thousands of Americans every year. There was consensus in at least one area: More data is needed.

### MORE INFO

#### **W.Va. county building opioid data hub**

Although the bulk of the data will come out of the county's computer-aided dispatch system, the plan is include health and education information. [Read more.](#)

#### **In opioid epidemic, states intensify prescription drug monitoring**

At least 39 states are insisting that health professionals use prescription drug-monitoring programs to analyze each patient's prescription drug use before writing another prescription for highly addictive drugs. [Read more.](#)

#### **Data key to cracking opioid crisis, experts say**

With the opioid crisis ravaging communities across the country, social services, law enforcement and health officials are leveraging data to help curb the problem. [Read more.](#)

"Technology and data offer important opportunities to address the opioid crisis, prevent addiction, and avoid the tragedies so many families are facing," Sen. Patty Murray (D-Wash.) said in her opening statement at a Feb. 27 hearing of the Committee on Health, Education, Labor and Pensions on the opioid crisis.

Two witnesses argued for a centralized database of national opioid prescriptions, and Sanket Shah, a clinical assistant professor of health informatics at the University of Illinois at Chicago, said predictive analytics could help determine some of the root causes of the opioid crisis.

Shah pointed to one study that found that the duration of the opioid treatment was a better predictor of abuse and overdose than the opioid dosage. But researchers need more data to get the most benefit from predictive analytics and to ensure the accuracy of those predictions. The government can step in to fill this gap, he told lawmakers.

“The federal government has the means and infrastructure to create an integrated data environment, which we can source from at local and state levels,” Shah said. “Having access to such a vast data repository will enable the creation of robust predictive analytics that leverages multiple variables such as social determinants of health, family and medical history, and access to complete episodes of care.”

Such a database, when combined with machine learning, could help find patterns at both the provider and patient levels, he said.

The [Prescription Drug Monitoring Act of 2017](#) would be one way to get such a database started, he said. The bill would require states receiving federal funding under the Harold Rogers Prescription Drug Monitoring Program make their PDMP data available other states. The bill also describes a single interstate data sharing hub of de-identified data that could be used for statistical, research or educational purposes.

“There are components within that act that would help fund a sharing hub,” Shah told GCN after the hearing.

Sherry L. Green, CEO of Sherry L. Green & Associates and the co-founder of National Alliance for Model State Drug Laws, agreed there should a federally funded data repository.

“Then we can create the kind of uniformity and standards [for the data] that we’re looking to do,” Green said.

But the government should be careful about confusing research for treatment with surveillance for criminals, warned Westley Clark, the dean’s executive professor in the public health program at Santa Clara University. Placing such a database within the Department of Justice could give it the optics of being for surveillance rather than treatment, he said.

Sen. Lamar Alexander (R-Tenn.), who chairs the committee, said he didn’t think the government should be creating and managing such a database and suggested the private sector may be better suited to the task.

“The federal government lacks capacity, in many cases, to do things well,” Alexander said, pointing to Healthcare.gov as an example. “It was a disaster,” he said of the website.

Murray, the committee's ranking Democrat, pushed back against Alexander's characterization.

“Actually the data hub on Healthcare.gov was the part that actually worked,” she said. “The part that didn’t work, that failed, was the website’s ability to support high traffic and allow enrollees to browse through the options -- and that was actually a private contractor, CGI Federal.”

About the Author



Matt Leonard is a reporter/producer at GCN.

Before joining GCN, Leonard worked as a local reporter for The Smithfield Times in southeastern Virginia. In his time there he wrote about town council meetings, local crime and what to do if a beaver dam floods your back yard. Over the last few years, he has spent time at The Commonwealth Times, The Denver Post and WTVR-CBS 6. He is a graduate of Virginia Commonwealth University, where he received the faculty award for print and online journalism.

Leonard can be contacted at [mleonard@gcn.com](mailto:mleonard@gcn.com) or follow him on Twitter [@Matt\\_Lnrd](https://twitter.com/Matt_Lnrd).

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