A Universal, Clinically Driven, Actionable Data Approach
to Curbing the Misuse of Pain Medicines

Care Management Technologies (CMT) is a 21st century behavioral health data analytics company. CMT uses evidence-based data analytics, trend identification, predictive analyses and care tracking to support and enrich patient/provider monitoring functions that improve health care outcomes, reduce dependencies on such medicines as opioids, lower costs and lessen the utilization of unnecessary intensive services. CMT’s clinically robust data analytics platform, ProAct, has specific actionable information for addressing and improving the application and appropriate use of opioid medicines and is universally accessible to the entire care team.

**Clinically Robust and Actionable Data**

CMT’s approach is clinically actionable by design. CMT’s company mission is to improve the life and care of persons by using data and evidence-based research. CMT offers 50+ clinical algorithms through its web-based portal, ProAct, addressing issues across the age spectrum—child, adolescent, adult and elderly. The algorithms are continuously vetted, maintained, and validated by a national clinical expert group, including pain specialists, neurologists and psychiatrists. Each clinical algorithm is associated with a Clinical Consideration™ the format of which is educational, actionable (providing alternatives for consideration), collegial, and reference based. The clinical considerations are medically sophisticated relying on the medical literature, guidelines, and CMT’s expert consultation. They offer information that is patient specific and directly associated with the nuances of patient care often difficult for the prescriber, such as appropriate dose and duration of treatment, recommended follow-up care, screening for appropriate candidates, teasing out appropriate need from potential for misuse, and offering alternatives to the use of pain medicines when diagnoses are unsupported. In keeping with the recent CDC report, the goal of CMT’s approach is to assist the prescriber, and the care team, in thinking about and reassessing the intended use of the pain medicine and to consider alternatives at the point of care.

**Universal Approach with Prescriber-Patient Specific Focus**

CMT is aware that most opioid misuse and dependency is driven by clinical misapplication which is unintentional and cuts across geography, age and class. Overuse, misuse and inappropriate use frequently begin with a first script, recently validated in an online JAMA article published in March, 2014. Jones, et.al. (JAMA, March 2014) indicate that the persons of highest risk for dependency or misuse are more likely to receive medicines from a prescription, not on the street. This article underscores the need for a universal approach, addressing the application of pain medicines at the point of care, extending beyond fraud and diversion monitoring, such as the PDMPs, and also beyond general education approaches, such as the pharmaceutical industry REMs strategies. CMT’s universal approach fills a void in these current tactical interventions by offering medically sophisticated, clinically sound information specific to the patient, and accessible within a web-based, HIPAA secure portal for the
entire care team, in an effort to improve care coordination and care approaches, starting with the primary point of access—the prescriber.

CMT offers an opioid decision support data analytics platform in several states, across multiple payers, and in Canada. **Consistent evidence demonstrates that increasing the prescriber’s knowledge base of appropriate alternatives to opioid use, in patient specific circumstances, results in lowering the total costs of opioid spend, reduces the average number of scripts by prescribers, and reduces overuse of emergency room and hospital care for opioid users seekers.** The key to the approach is patient specificity and access to information for the care team providers, which allows for the application of knowledge and education to be applied at a patient specific and population health level.

![Trends in Clinical Outcomes](image_url)

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