

# Abstract Submission Form 2019

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Salutation: \*

Dr.

First Name: \*

Ryan

Last Name: \*

Patchett-Marble

Clinic/Company: \*

Northern Ontario School of Medicine

Role: \*

Assistant Professor

Phone Number \*

Email Address: \*

Type: \*

Panel Session

Salutation: \*

Dr.

First Name: \*

Ryan

Last Name: \*

Patchett-Marble

Role: \*

Assistant Professor

How long have you been using an EMR? \*

8 years

Salutation:

First Name:

Last Name:

Role:

How long have you been using an EMR?

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**Salutation:**

**First Name:**

**Last Name:**

**Role:**

**How long have you been using an EMR?**

**Who is your target audience? \*** Intermediate EMR Users

**Abstract Title: \*** How the START-IT Tool uses EMR-integration and automated urine drug testing interpretation to bring best practices into clinical medicine for patients prescribed opioids

**Learning Objectives: \***

1. Demonstrate how EMR-integration can be used to overcome barriers between best practice recommendations and frontline clinical medicine
2. Explain the development of the START-IT Tool and HARMS Program as real-world examples of clinical practice innovations that leverage technology while minimizing resource utilization
3. Apply the START-IT Tool in any clinical setting to facilitate urine drug testing

**Abstract: \***

START-IT (Self-report Testing and Automated Reading Tool for Immunoassay Tests) is a novel clinical tool that utilizes technology to bring best practices for safer opioid prescribing into frontline clinical medicine. Urine drug testing (UDT) is recommended by numerous guidelines for patients prescribed opioids for chronic non-cancer pain (CNCP), however it is not commonly performed in clinical practice. Two barriers that have prevented the effective widespread uptake of UDT include concerns about human resource consumption (particularly physician time), as well as physician interpretation errors. The literature shows that physicians are not adept at interpreting UDT and can even make disastrous management decisions based on erroneous interpretations. The START-IT Tool is a program applied on a tablet PC to address these and other barriers to UDT.

In clinical use since early 2018, START-IT is applied at the bedside by a non-medical

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clinical employee. It collects all of the required information for a UDT including prescribed opioid and last dose, self-reported non-prescribed medications/drugs, and UDT immunoassay (“point-of-care”) testing results. START-IT then automatically interprets the test using best-evidence, and the report is uploaded into the EMR with the click of a button. START-IT gives explanations about limitations for that specific UDT result, including reasons for false positives and false negatives as applicable, and makes tailored recommendations about when to send the sample for further “confirmatory” testing. START-IT also facilitates tracking data digitally for quality improvement and research. All of this is done with no paper, no scanning, no delays, no errors in interpretation, and no time from the physician.

By making UDT more practical in frontline medicine, START-IT has complemented the award-winning HARMS Program (High-yield Approach to Risk Mitigation and Safety). The HARMS program – a clinic-wide system to support routine UDT for CNCP patients prescribed opioids – appears to be effective at identifying patients at risk from their opioids and changing management (including starting treatment for opioid addiction). START-IT has been a critical part of HARMS, and was a recipient itself of a national award for IT Innovation (Team Williams Award from the College of Family Physicians of Canada in 2018). Developed in the rural, northern Ontario community of Marathon, the innovations presented here were built in a resource-limited setting and therefore offer the capacity to be easily scaled to other clinical settings.

This presentation will discuss how START-IT improves the efficiency and accuracy of UDT, and serves as a microcosmic example for how EMR-integration can promote translation of knowledge and best practices into frontline clinical medicine.

How did you hear about the Call for Abstracts \*

Please Specify \* AFHTO email

Who referred you? \*