LETTERS—CONCISE RESEARCH REPORTS

Letter to the Editor Responding to "Paths Forward for Clinicians Amidst the Rise of Unregulated Clinical Decision Support Software: Our Perspective on NarxCare"

Dear Editor,
We read with interest the recently published commentary by Buonora et al., entitled: "Paths Forward for Clinicians Amidst the Rise of Unregulated Clinical Decision Support Software: Our Perspective on NarxCare."[1] We are concerned that the commentary inadequately reports the main outcomes from our study: *CTN0093 Validation of a Community Pharmacy-based Prescription Drug Monitoring Program Risk Screening Tool* (NIDA UG1DA013732, UG1DA049444).[2] The commentary correctly summarized limitations we reported related to false-positive/negative risk identified by the Bamboo narcotic score (NS) and the instrument's fair validity.[2] The commentary focuses on Bamboo's failure to fully disclose details of their proprietary algorithms; our paper included details on the NS components, scoring, and interpretation.[2] We wish to clarify that while the commentary indicates that "It is possible patients with unmanaged pain related to work status or disability now also experience challenges accessing care due to having an artificially elevated Narx Score," we only noted that false positives *could* reflect unmanaged pain and subsequent patient screening with high scores should occur. We did not suggest, however, patients were experiencing challenges due to an artificially elevated NS. Our work recommends that the NS could serve as an *introductory/universal* tool to eliminate the burden of manually screening thousands of patients with low-risk opioid use. This would allow targeted screening to confirm risky opioid use and severity, and then provide a clinical decision support tool for patient engagement.[2]

We are currently engaged in a NIDA funded trial, *(CTN0138): Adaptation and Implementation of a Community Pharmacy-Based Prescription Drug Monitoring Program Opioid Risk Assessment Tool.*[3] This study is integrating the CTN0093 identified cut-points into the Bamboo platform as an introductory/universal screener and is designing/implementing/testing a clinical decision support tool to guide pharmacists in triaging/engaging patients with opioid-related risk in a cluster-randomized trial within a large pharmacy chain. Bamboo is working in CTN0138 as a contractor, not a coinvestigator, to protect the integrity of the research process. And it's worth noting, none of the investigators for these trials has a conflict of interest with Bamboo.

We hope that that our current study will address some concerns noted in the commentary regarding the scientific foundation and transparency in the development of the Bamboo Health prescription drug monitoring platform.

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