Opioid Overprescribing Report

For FY 2016

(Pursuant to Section 517 of Public Act 268 of 2016)

March 1, 2017

Prepared by

Kimberly Gaedeke, Director

Bureau of Professional Licensing

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

Table of Contents

Executive Summary:

The *Opioid Overprescribing Report for FY 2016* contains the reporting requirements pursuant to Public Act 268 of 2016's Section 517.

Section 517 of Public Act 268 of 2016 requires the following:

> *Sec. 517. (1) Not later than March 1, the department shall submit a report to the house and senate appropriations committees that includes the following:*
>
> *(a) Items listed in section 519(3).*
>
> > *Sec. 519(3) The department shall identify and report by November 30 of the subsequent fiscal year to the house and senate appropriations committees specific outcomes and performance metrics for this initiative, including, but not limited to, the following:*
> >
> > *(a) Prescribers registered to the Michigan automated prescription system.*
> >
> > *(b) Dispensers registered to the Michigan automated prescription system.*
> >
> > *(c) Use of the Michigan automated prescription system by prescribers.*
> >
> > *(d) Use of the Michigan automated prescription system by dispensers.*
> >
> > *(e) Number of cases related to overprescribing, overdispensing, and drug diversion where the department took administrative action as a result of information and data generated from the Michigan automated prescription system.*
> >
> > *(f) The number of integrations from the electronic health record systems used by prescribers and dispensers with the Michigan automated prescription system.*
> >
> > *(g) Recommendations including, but not limited to, both of the following:*
> >
> > *(i) Benefits of having direct integration from the electronic health record systems used by the prescribers and dispensers to the Michigan automated prescription system.*
> >
> > *(ii) Cost estimate and funding required for this state to fund the implementation of the integration from the prescribers and dispensers electronic health record systems to the Michigan automated prescription system.*
>
> *(b) The number of administrative actions against licensees for overprescribing, including the specialty certification and practice location of each prescriber.*

(c) The number of administrative actions against licensees for overdispensing, including the dispensing location of each dispenser.

(d) The number of administrative actions taken against licensees for drug diversion.

(e) The number of prescribers who were notified as potentially overprescribing.

(f) A description of a plan the department will formulate with DHHS to notify at-risk patients that their prescriber has had his or her license suspended and to have available references for treatment.

(2) The department shall provide information on how a prescriber may obtain the most recent federal guidelines for prescribing opioids for chronic pain by the next renewal date for the license issued by the department.

Pursuant to these requirements, this report has been prepared and issued electronically to the House and Senate appropriations standing committees to meet the March 1 reporting requirements. In addition, this report is also online under the following locations:

- The Bureau of Professional Licensing (BPL) website at: www.michigan.gov/bpl.
- The All About LARA section - Legislative Reports of the Department of Licensing and Regulatory Affairs website at: www.michigan.gov/lara.

Background:

The Bureau of Professional Licensing (BPL) is within LARA and oversees the licensing, investigations, and enforcement responsibilities of individuals licensed under the Public Health Code and the Occupational Code.

Public Act 268 of 2016 contains boilerplate language which requires BPL to submit a report pertaining to the overprescribing of opioids by licensed prescribers and actions undertaken by the department in response to such overprescribing. Furthermore, boilerplate language also requires the department to identity and report specific statistical information related to MAPS. This report provides the information for those requirements.

Specifically, the information in this report is based on data from October 1, 2015 through September 30, 2016.

Required Information for Section 517 of Public Act 268 of 2016:

Sec. 517. (1) Not later than March 1, the department shall submit a report to the house and senate appropriations committees that includes the following:

(1) The Following Items Listed in Section 519(3).

(a) Prescribers registered to the Michigan automated prescription system.

18,843

(b) Dispensers registered to the Michigan automated prescription system.

7,126

(c) Use of the Michigan automated prescription system by prescribers [Total Practitioner Queries].

2,164,983 (Practitioner Requested Reports)

(d) Use of the Michigan automated prescription system by dispensers [Total Records Submitted and Dispenser Requested Reports]

1,011,582 (Dispenser Requested Reports)
21,580,961 (Total Submitted Records)

(e) Number of cases related to overprescribing, overdispensing, and drug diversion where the department took administrative action as a result of information and data generated from the Michigan automated prescription system.

58

(f) The number of integrations from the electronic health record systems used by prescribers and dispensers with the Michigan automated prescription system.

3 (PCE Systems, Kroger, and Marshfield Clinic)

(g) Recommendations including, but not limited to, both of the following:

(i) Benefits of having direct integration from the electronic health record systems used by the prescribers and dispensers to the Michigan automated prescription system.

At the time this report was generated, only about 36% of licensed Michigan prescribers are registered to use MAPS, and MAPS is only utilized by prescribers for about 14% of the controlled substance

prescriptions issued in the state. Integrating Electronic Health Records or Electronic Medical Records systems (EHR/EMR) and MAPS would promote the use of MAPS by removing the need for the prescriber to simultaneously interface with both systems. The purpose of the interface is to link MAPS to practitioners' EHR/EMR as a part of their clinical workflow, providing direct access to MAPS and avoid the cumbersome task of logging out of one system and then logging into the state's system. The intent is to ease data access by offering the ability for practitioners to simply view MAPS data from their EHRs/EMRs. The same ease-of-use benefits apply to integration between MAPS and pharmacy management systems utilized by dispensers.

(ii) Cost estimate and funding required for this state to fund the implementation of the integration from the prescribers and dispensers electronic health record systems to the Michigan automated prescription system.

LARA has secured a federal Bureau of Justice Assistance grant to identify up to five (5) EMR/EHR's vendors operating within the state of Michigan to integrate with MAPS. EMR/EHR integration will include emergency room, acute care and ambulatory settings. Additionally, up to five (5) pharmacy chains representing retail and independent pharmacies will be integrated under the grant. The grant funding covers 2,500 authorized users (prescribers and pharmacists) and 200 pharmacy locations. The estimated cost for these integrations is $373,000.

As for total cost of statewide integrations it is estimated at $5 million over 3 years. This estimate was provided by Appriss Health, the vendor that BPL has secured to replace the current MAPS with new software technology, PMP AWARxE. Statewide integrations would include providers using an EMR/EHR systems and pharmacy management systems to interface directly with MAPs.

(2) The number of administrative actions against licensees for overprescribing, including the specialty certification and practice location of each prescriber.

8* - MAPS does not currently track the specialty certification and practice location of each prescriber. However, once MAPS is replaced with the Appriss Health software, it will allow for practitioners to note their specialty area of practice and include employer information.

(3) The number of administrative actions against licensees for overdispensing, including the dispensing location of each dispenser.

0* - When this report was produced, there were no administrative actions taken against licensees for overdispensing.

(4) The number of administrative actions taken against licensees for drug diversion.

50* - The agency issued 50 administrative complaints during this reporting period related to drug diversion.

(5) The number of prescribers who were notified as potentially overprescribing.

This information is not currently captured by the Department. In addition, if the Department was informed of possible overprescribing through a consumer complaint or employer notification to the state, the Department pursuant to the Michigan Public Health Code would open a file and follow the complaint process and appropriately take action if it was determined that the licensed prescriber was overprescribing. In addition, if the Department determined possible overprescribing by a licensed prescriber, the agency would open a file and proceed accordingly through the administrative route. However, if we take administrative action for overprescribing the issuance of an administrative complaint which is a notice to the licensee.

(6) A description of a plan the department will formulate with DHHS to notify at-risk patients that their prescriber has had his or her license suspended and to have available references for treatment.

When LARA summarily suspends the license of a prescriber whose patient population may be at-risk for opioid addiction, LARA informs DHHS and the Michigan Association of Health Plans (MAHP) of the suspension so that DHHS and MAHP can identify patient beneficiaries and inform patients of treatment options.

(7) The department shall provide information on how a prescriber may obtain the most recent federal guidelines for prescribing opioids for chronic pain by the next renewal date for the license issued by the department.

Federal prescribing guidelines are widely available online including at the Centers for Disease Control website and on the LARA website. In addition, the agency emailed the CDC guidelines to the health professional boards to make them aware of the prescribing guidelines. The agency will continue to communicate with licensees through email blasts and other communication about the CDC guidelines.

Conclusion:

The BPL executive and legislative charge is to provide health care and occupational licensing and regulatory responsibilities to the people of Michigan. This includes the administration and oversight of professional licenses for prescribers and dispensers of opioids. Furthermore, BPL administers Michigan's Automated Prescription System (MAPS). MAPS is the state's prescription monitoring program, used to identify and prevent drug

diversion at the prescriber, pharmacy, and patient levels by collecting controlled substances, Schedule 2-5 prescriptions dispensed by pharmacies and practitioners.

The information contained in this report is required pursuant to Section 517 of PA 268 of 2016 and provides specific information regarding: prescribers and dispensers registered to MAPS; use of MAPS by prescribers and dispensers; the number of cases related to overprescribing, overdispensing, and drug diversion where the Department took administrative action as a result of data generated from MAPS; the number of integrations from the electronic health record systems used by prescribers and dispensers with MAPS; recommendations on the benefits of integrating the electronic health record systems with MAPS as well as a cost estimate for this state to fund the integration; the number of administrative actions against licensees for overprescribing, overdispensing, and drug diversion; the number of prescribers who were notified as potentially overprescribing; and a plan to notify at-risk patients that their prescriber has had his or her license suspended and to have available references for treatment, for the time period beginning October 1, 2015 through September 30, 2016.