Michigan Automated Prescription System (MAPS) Metrics Report

(Pursuant to Section 519(3) of Public Act 268 of 2016)

November 30, 2017

Bureau of Professional Licensing

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Executive Summary:

The *Michigan Automated Prescription System (MAPS) Metrics Report* contains the reporting requirements pursuant to Public Act 268 of 2016's Section 519(3).

Section 519(3) of Public Act 268 of 2016 requires the following:

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.

Pursuant to these requirements, this report has been prepared and issued electronically to the House and Senate appropriations standing committees to meet the November 30 reporting requirements. In addition, this report is also online under the following locations:

- The Bureau of Professional Licensing 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) within the Department of Licensing and Regulatory Affairs (LARA) oversees the licensing, investigation, and enforcement responsibilities under the Public Health and Occupational Codes.

Public Act 268 of 2016 contains boilerplate language that requires BPL to submit a report providing specific information regarding licensees registered to MAPS; use of MAPS by prescribers and dispensers; BPL's administrative actions taken related to overprescribing, overdispensing, and drug diversion; the number of integrations between electronic health record systems used by prescribers and dispensers and the MAPS database; and 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.

Required Information for Section 519(3) of Public Act 268 of 2016:

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

17,324 Prescribers as of November 20, 2017*

* NOTE: Total count includes Advanced Practice Registered Nurses with prescribing authority under the delegation of a physician.

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

6,474 Pharmacists as of November 20, 2017

(c) Use of the Michigan automated prescription system by prescribers.

2,307,949 total requests made by prescribers, Fiscal Year 2017

(d) Use of the Michigan automated prescription system by dispensers.

976,775 total requests made by dispensers (pharmacists), Fiscal Year 2017

(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.

188 total actions*

* NOTE: While MAPS data may not have been the genesis for every administrative action involving overprescribing, overdispensing, and drug diversion, the Department obtains MAPS data whenever it investigates one of these types of allegations.

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

> 2 In-production (integrated), Fiscal Year 2017
> 2 In-production (integrated) out of state, Fiscal Year 2017
> 3 In-production (integrated) prior to Fiscal Year 2017

(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.

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 log-in and out of two different 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 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 was estimated in 2016 at $5 million over 3 years. This estimate was provided by Appriss Health, the vendor that BPL 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.

On June 19, 2017, Appriss Health worked with LARA in developing a plan to integrate roughly 70-80% of the users and prescribers working out of physician offices and hospital health systems, including pharmacies to integrate with

MAPS over a 2-year timeline for $1.8 million. On June 19, 2017, Lt. Governor Brian Calley announced this partnership with Appriss Health to implement this statewide integration project, where the state would cover the cost of integration and licensing fees up to August 31, 2019. The $1.8 million stems from the initial $2.47 million appropriated to replace and enhance MAPS.

Conclusion:

BPL's executive and legislative charge is to provide oversight of health and occupational licensees on behalf of the people of Michigan. This includes the licensing of those who prescribe and dispense opioids and other controlled substances and those permitted access to those drugs.

Furthermore, BPL administers the Michigan Automated Prescription System (MAPS), an electronic database that collects information regarding schedule 2-5 controlled substances dispensed by pharmacies and other practitioners. Health professionals, law enforcement officers, licensing investigators, and others authorized by statute, use MAPS data to detect and prevent drug diversion at the prescriber, pharmacy, and patient levels. In addition, prescribers use MAPS to help assess a patient's risk to these highly abused, highly addictive and highly diverted drugs.

The information contained in this report fulfills the requirement pursuant to Section 519(3) of PA 268 of 2016.