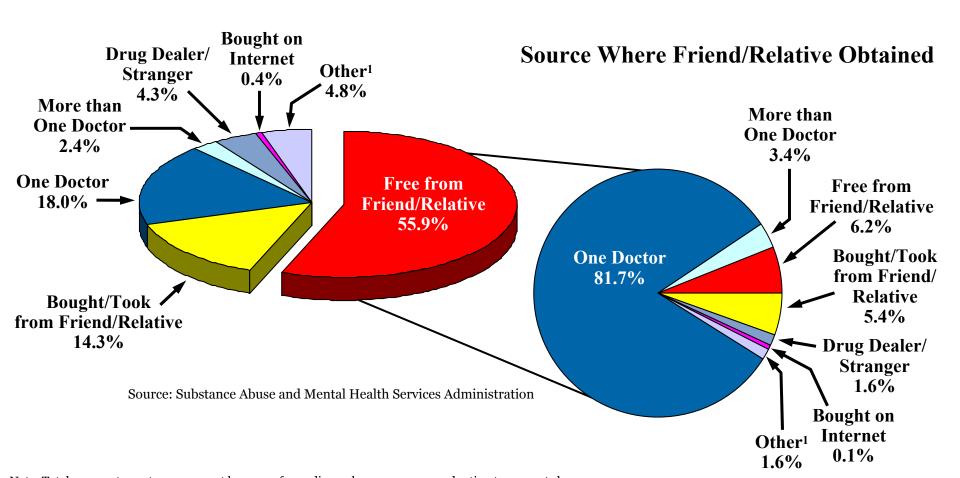# MAPS

Michigan Automated Prescription System

National Survey on Drug Use and Health

- 2008 National Survey on Drug Use and Health estimates there are 6.2 million Americans who are current non-medical users of psychotherapeutic drugs

- More than the number of those abusing Cocaine, hallucinogens, and heroin COMBINED

- Non-medical use of prescription drugs ranks second only to marijuana as the most prevalent category of drug abuse

Source: Substance Abuse and Mental Health Services Administration

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2007-2008

Source Where Respondent Obtained

Source Where Friend/Relative Obtained

Drug Dealer/Stranger 4.3%

Bought on Internet 0.4%

Other[1] 4.8%

More than One Doctor 2.4%

One Doctor 18.0%

Free from Friend/Relative 55.9%

Bought/Took from Friend/Relative 14.3%

More than One Doctor 3.4%

Free from Friend/Relative 6.2%

One Doctor 81.7%

Bought/Took from Friend/Relative 5.4%

Drug Dealer/Stranger 1.6%

Bought on Internet 0.1%

Other[1] 1.6%

Source: Substance Abuse and Mental Health Services Administration

Note: Totals may not sum to 100 percent because of rounding or because suppressed estimates are not shown.

[1]The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."
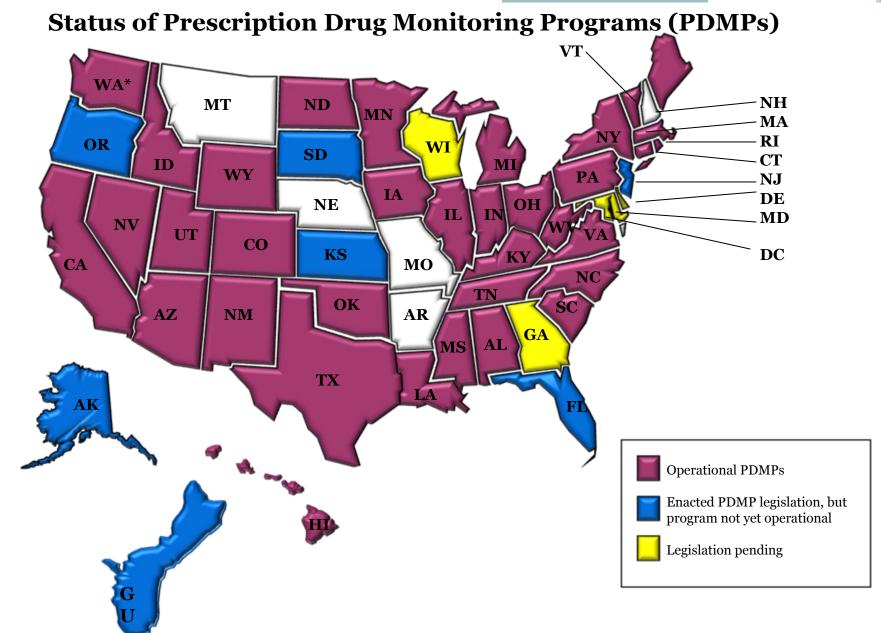
The PMP Solution- "An Overview"

- A PMP is a program designed to deter prescription drug abuse by keeping records of all dispenser transactions.

- These records are stored and evaluated to see if illicit use of prescription drugs has been occurring.

- Then reports are generated to aide prescribers, dispensers, and the government in stopping illicit use.
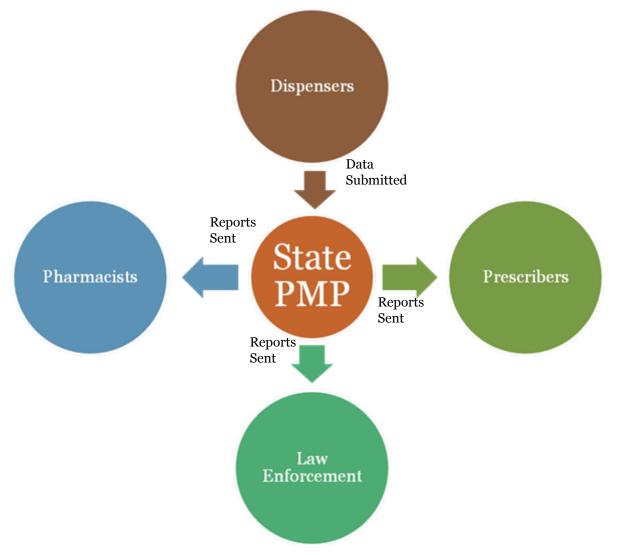
Goals of Prescription Monitoring

- Education and information
- Public health initiatives
- Early intervention and prevention
- Investigations and enforcement
- Protection of confidentiality

Status of Prescription Drug Monitoring Programs (PDMPs)

Legend:
- Operational PDMPs
- Enacted PDMP legislation, but program not yet operational
- Legislation pending

*Washington has temporarily suspended its PMP operations due to budgetary constraints.

Research is current as of March 26, 2010

System Overview

Dispensers

Data Submitted

Pharmacists

Reports Sent

State PMP

Reports Sent

Prescribers

Reports Sent

Law Enforcement

*Other groups may also receive reports other than those listed

Dispenser Reporting Requirements

- ## Format:
  - ASAP - http://www.asapnet.org/

- ## Frequency:
  - Daily, **Weekly,*** Bi-weekly, Monthly
    - *NASPER requires weekly*

- ## Methods:
  - Paper, Diskette, CD, Secure Web Upload, Secure File Transfer Protocol (SFTP)

Confidentiality/Security

- There are exceptions under HIPAA that allow PMPs to collect this information without patient consent. Permitted disclosure if state law requires reporting.

- There are stiff penalties for inappropriate access or disclosure of PMP information

- A thorough authentication process will be required to register to get reports so that only those authorized have access to the data.

- Appropriate security measures are put in place for physical access, hardware, and software

- Auditing is in place for all data requests

Providing PMP Information

Method I

1. Registration with the PMP

2. Receive Login Credentials

3. Login to Secure Web Portal

4. Request Report

5. View Report Online

6. Print Report

Typical for Prescribers/Pharmacists

Method II

1. Registration with the PMP

2. Receive Approval for use

3. Submission of Paper/Fax Requests

4. PMP creates report

5. Report is mailed/faxed back

Typical for Law Enforcement/Licensing

Generated Reports

- A series of reports can be developed as data collection progresses. Reports Include:

  - Reports that show that patients have exceeded a threshold considered a safe level of dispensing

  - Patient history reports

  - Prescriber history reports

  - De-identified reports for research/education

  - Other reports can be generated for specialized interests and needs

Uses for Prescribers/Pharmacists

- Prescription history of a current or a new patient
  - Check for addiction or undertreated pain
  - Check for misuse, multiple prescribers
  - Check for drug interactions or other harm
  - Use reports for compliance with pain contracts
- Prescription history of transactions linked to a DEA number
  - Check for fraudulent scripts
  - Regular monthly reporting

Exempt From Reporting

- Medications administered directly to patients.
- Dispensing of up to a 48 hour supply from a medical facility.
- Schedule 5 exempt narcotics.
- Controlled substance samples.
- Veterans Administration.
- Methadone treatment centers. CFR 42
- Practitioner dispensing Suboxone/Subutex

MCLA 333.7333a Access to MAPS data

- Health Professional Boards. Investigation
- Employee or agent of the Department
- State, Federal, or Municipal employee or agent whose duty is to enforce drug laws.
- State operated Medicaid program.
- Practitioner or pharmacist who certifies info is for treatment of bona fide current patient.
- Info used for bona fide drug related criminal investigatory or evidentiary purposes.

Positive ID required when pharmacist or pharmacy employees do not know the person controlled substances are dispensed or delivered to. Includes a photograph

Positive ID usually is the drivers license. There are exceptions

Doctor Shoppers

- Monthly report of 8 or more docs/scripts
- Up to 27 docs/scripts
- Initially 255 shoppers
- 130 shoppers at 10 docs/scripts or more

Doctor Shoppers

- Letters and surveys mailed monthly.
- Most dropped patients
- Targeted shoppers at 10 or more docs.
- 4,475 Surveys/letters 1,745 for a 39% return rate.

Doctor Shoppers

- Most recent list only 42 shoppers (8 or higher).
- Ten shoppers at 10 or more scripts/docs
- Highest was 15 docs/scripts.
- Reduction from 255 to 42 shoppers.
- Reduction from 130 to 10 of ten or more scripts/docs. 92%

Doctor Shoppers

- Notification appears to be effective.
- No unsolicited reports, only letters.
- Most patients dropped. Selling
- Very high utilization group.
- Some called to complain or ask about threshold. Must be working!!!!

Doctor Shoppers

- Appears to be three main groups.
- Abuse and addiction.
- Pharmaceutical sales.
- Combination of abuse and sales.
- Letters focused on groups 2 and 3.
- Alter identification?

October 15, 2008

«Company»
«FirstName» «Last Name»
«Address1»
«City», «State» «Postal Code»
Dear «Title»:

The Michigan Automated Prescription System (MAPS) program has identified your patient «Patient», «DOB», «Address2», who appears to be seeking treatment from multiple physicians and obtaining controlled substance prescriptions of a similar nature from these practitioners.

It is suggested that you obtain controlled substance prescription data on the patient identified above and communicate with other health care providers who are treating this patient. You may access MAPS data via a link on our website at: www.michigan.gov/healthlicense and click on the MAPS link. Enclosed please find a listing of physicians in Michigan that provide an office based treatment program for opiate addiction that may be shared with the patient. There are other options available in addition to opiod treatment such as referral to a pain specialist, or requiring the patient to enter into an agreement which limits their treatment to a specific physician and pharmacy. Please consider all of the options that are available to you and your patient.
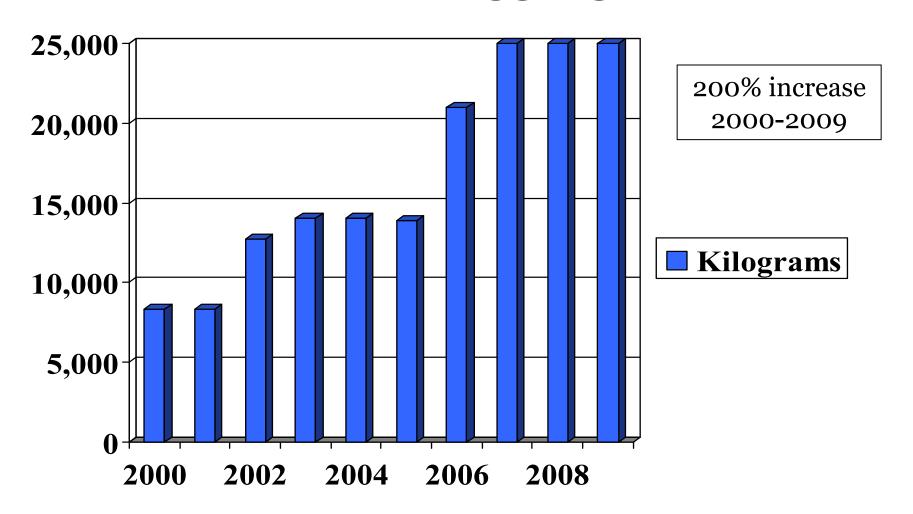
If you have any questions or need additional information, please contact our office at the phone number listed below, or at our e-mail address: mapsinfo@michigan.gov.
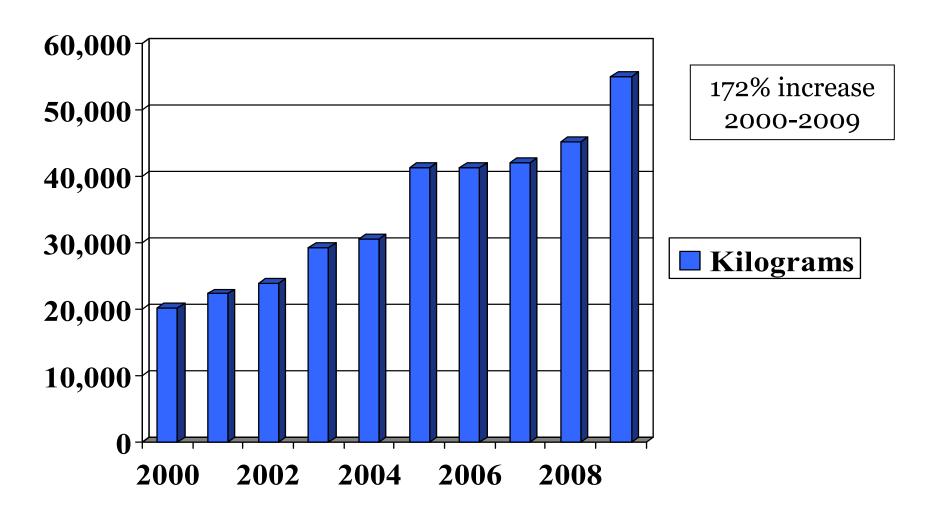
Sincerely,

Bureau of Health Professions
Health Investigation Division
(517) 373-1737

Enc.

Methadone Initial Aggregate Quotas

200% increase
2000-2009

Kilograms

Hydrocodone Initial Aggregate Quotas

172% increase
2000-2009

Kilograms

Hydrocodone 2009

- Total of 5,428,357 Increase of 6.3%
- 17,761,231 total scripts in 2009
- Increase of 2.9%
- **Hydrocodone total now 30.56%**
- All Schedule 3: 3.6% Increase

Subutex 2009

- Not detailed by manufacturer.
- No opioid blocker. IV Abuse
- Marketed late 2009.
- Lower cost.
- 4,200 scripts vs. 2,600 in 2008
- Suboxone 218,761 in 2009

Cost

- Methadone 5mg 90 tablets: $8.00
- SR Morphine 30mg 60 tablets: $101.50
- MS Contin 30mg 60 tablets: $113.50
- SR Oxycodone 20mg 60 tablets: $176.50
- Transdermal Fentanyl 25mcg #10: $154.00
- Methadone tablets can be divided: 40mg tablet is double scored and soluble H2O.

Patient Benefits

Pain experts estimate as many as 20% of patients not honest about drug use.

But, that means that 80% are honest (majority)

Responsible Opioid Prescribing   A guide for Michigan Physicians by Scott M. Fishman, MD

- FSMB Model Policy.
- Mailed to all physicians with a Michigan address. M.D. and D.O.
- Midlevel practitioners.
- Dentists and Pharmacists
- Opportunity for CME.
- Michigan guidelines on website.

Provider Consultation

Q: Are health care providers restricted from consulting with other providers about a patient's condition without the patient's written authorization?

A: No. Consulting with another health care provider about a patient is within the HIPAA Privacy Rule's definition of "treatment" and, therefore, is permissible. In addition, a health care provider (or other covered entity) is expressly permitted to disclose protected health information about an individual to a health care provider for that provider's treatment of the individual. See 45 CFR 164.506.

Answer furnished by :

Uses for Law Enforcement / Licensing

- Investigating cases of fraud/diversion

- Investigations into prescribing history/patterns

- Used for prescribers on probation for compliance monitoring

- Useful for compliance monitoring for dispensers reporting information to the program

Uses for Medicaid / Workers Comp

- Used by fraud units to search for fraud and diversion.

- Used by medical staff for reviewing client cases where other insurance/cash has been used

- Data can help Drug Utilization Review Boards

- Data can help identify clients who should be restricted to only one prescriber

- Assist review of Preferred Drug Lists

Uses for Medical Examiners/Coroners

- Used to help identify cause of death in drug overdose cases

Uses for Researchers

- Review threshold data to look for patterns in misuse/abuse

- Review most prescribed drugs

- Review drug use among different demographics (age or gender)

- Review changes in prescribing behavior

- Assess "before and after" efforts for grant reporting.
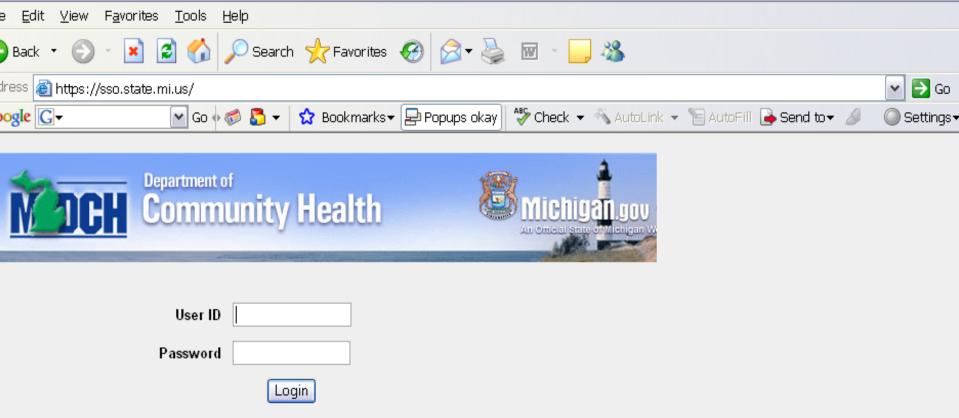
PMP System Data

- Top ten drugs by script count

- Number of registrants

- Number of reports sent out each month

- Prescription Count by County

- Prescription Count by Drug Type

- Schedule 2 and 3 by drug for each zip code.

- Post on PMP website.

Future Enhancements

- PMIX – Join Interstate Data Sharing Project
- Education Programs for:
  - Prescribers
  - Pharmacists
  - Law Enforcement
- Outcome Evaluation – PDMP Center of Excellence can assist

Back

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Department of
Community Health

Michigan.gov
An Official State of Michigan W

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Password   [   ]

[Login]

* **If you do not have a User ID, please click** [Register]

[I forgot my Password](#)

"Promoting Public Health & Safety"

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