

MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS)

Background

- The electronic monitoring system was established and created in 2003 by DTMB
- It tracks the dispensing of controlled substances (CS), schedule 2-5, from practitioners to patients
- MAPS is also a repository of patient information that is HIPAA protected
- Data from the prescribers/dispensers is batched and uploaded nightly from the dispenser's system to MAPS
- The following are mandated to register and report to MAPS:
 - Prescribers who dispense, CS schedule 2-5
 - Pharmacists (dispensers)
 - Veterinarians
- Prescribers who prescribe CS schedule 2-5 drugs but who do not dispense within the doctor's office may voluntarily register and use MAPS
- MAPS is a risk assessment tool that prescribers/dispensers can use to monitor quantity, volume, type, and frequency (dosage) of CS schedule 2-5 drugs being dispensed for patients dealing with chronic pain or illnesses that require controlled substance based prescriptions
- MAPS is also used by LARA to:
 - Detect possible over-prescribing practices
 - Detect possible drug diversion
 - Doctor shopping by patients

Funding Request

- \$4.5 million proposed appropriations to replace the current MAPS
- The new system will do the following:
 - Increase bandwidth to expand increased volume of users
 - Improve security firewalls and security protocols to securely maintain the data
 - Create standard reports, morphine equivalency, and other specialized reports and analytics
 - Upload data from the prescribers/dispensers database systems to MAPS during the day versus overnight batches, allowing accurate data to update and data with errors to be kicked back to the prescriber/dispenser for correction
 - Provide auto alerts for prescribers/dispensers as well as auto alerts for the administrators (LARA) of MAPS that allow for a more focused review and quick response to requests or issues where a prescriber may be over-prescribing
 - Storage of over 120 million records
 - Improve functionality of the system for front and back-end users
 - Improve overall efficiency in running queries or reports

Funding Request – continued

- Cluster data, records and data can be combined for the same person/patient
- Easy access to MAPS for authorized users, will no longer use Single Sign On
- Funding allows for the creation and set-up of a new system and ongoing maintenance and support once the project is completed

Projected Timeline

- 4-6 month procurement process to secure a vendor through the reciprocity contract route with another state
- 3-6 months (likely 6 months due to the volume of data that has to be migrated to the new system) to create new system once contract is in place and appropriations funding is released to start the project
- 6-12 months ongoing outreach efforts to register new users to the system and encourage use of the new system

Summary

Once the new system is established and MAPS is functioning the way a Prescription Drug Monitoring Program (PDMP) should operate, the department will continue its efforts in doing the following:

- Work with the vendor and stakeholders to continue to improve the reporting capabilities and generation of analytics such as geographic mapping
- Focus on reviewing reports and analytics to build cases around those abusing the system in the following areas:
 - Over Prescribing
 - Drug Diversion
 - Doctor Shopping
- Coordinate and continue to improve communication with law enforcement and other agencies on sharing information regarding investigations, where appropriate

Having a new PDMP system will allow the department and the Office of the Attorney General to shift its limited resources and staffing to the right areas and implement a robust enforcement program that focuses on prescribers/dispensers who over-prescribe and/or are involved in drug diversion activities.