

# Michigan's PDMP Transformation

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Department of Licensing & Regulatory Affairs

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# Agenda

- Establishment of the Bureau of Professional Licensing
- Background & Pre-MAPS Replacement
- MAPS Replacement Project
- Project Successes, Lessons Learned & Challenges
- Projects & Enhancements Since Replacement
- MAPS Updates
- The Future of MAPS
- Achieving Success



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# Acronyms

- **PDMP** – Prescription Drug Monitoring Program
- **PMP** – Prescription Monitoring Program
- **CS** – Controlled Substance
- **MAPS** – Michigan Automated Prescription System
- **PMP AWARxE** – Appriss platform solution for MAPS
- **NarxCare** – Appriss software tool added to PMP AWARxE for MAPS
- **EMR** – Electronic Medical Record
- **PDS** – Pharmacy Dispensation System
- **NABP** – National Association of Boards of Pharmacy
- **NABP PMP InterConnect (PMPi)** – System in place to share PDMP data with other state PDMPs
- **DTMB** – Michigan Department of Technology, Management and Budget
- **LARA** – Michigan Department of Licensing and Regulatory Affairs



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# Bureau of Professional Licensing

- Established in July 2015
- License and regulate over 758,000 individuals
  - 10 Occupational Licensing/Regulation Boards
  - 27 Health Professional Licensing/Regulation Boards
- Boards are advisory and determine sanctions
- Three Divisions
  - Licensing
  - Investigations & Inspections
  - Enforcement
- Enforcement Division
  - Administers Pharmacy and Drug Monitoring Section and Michigan Automated Prescription System (MAPS) Section
  - Investigates overprescribing, over dispensing, and drug diversion



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# MAPS Background

- System contains over 100 million records
- Data is maintained for 5 years
- Required reporting of dispensed CS Schedules 2-5 from:
  - Prescribers who dispense
  - Pharmacies
  - Veterinarians



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# MAPS Background

	Total CS Prescriptions Dispensed	% Change from Previous Year
<b>2007</b>	17,007,858	
<b>2008</b>	17,400,640	2.31%
<b>2009</b>	17,876,684	2.74%
<b>2010</b>	18,954,172	6.03%
<b>2011</b>	19,763,680	4.27%
<b>2012</b>	20,991,020	6.21%
<b>2013</b>	20,728,216	-1.25%
<b>2014</b>	20,904,764	0.85%
<b>2015</b>	21,472,326	2.71%
<b>2016</b>	21,092,674	-1.77%
<b>2017</b>	19,943,203	-5.45%
<b>2018</b> <small>(Updated Nov 5, 2019)</small>	17,623,754	-11.63%



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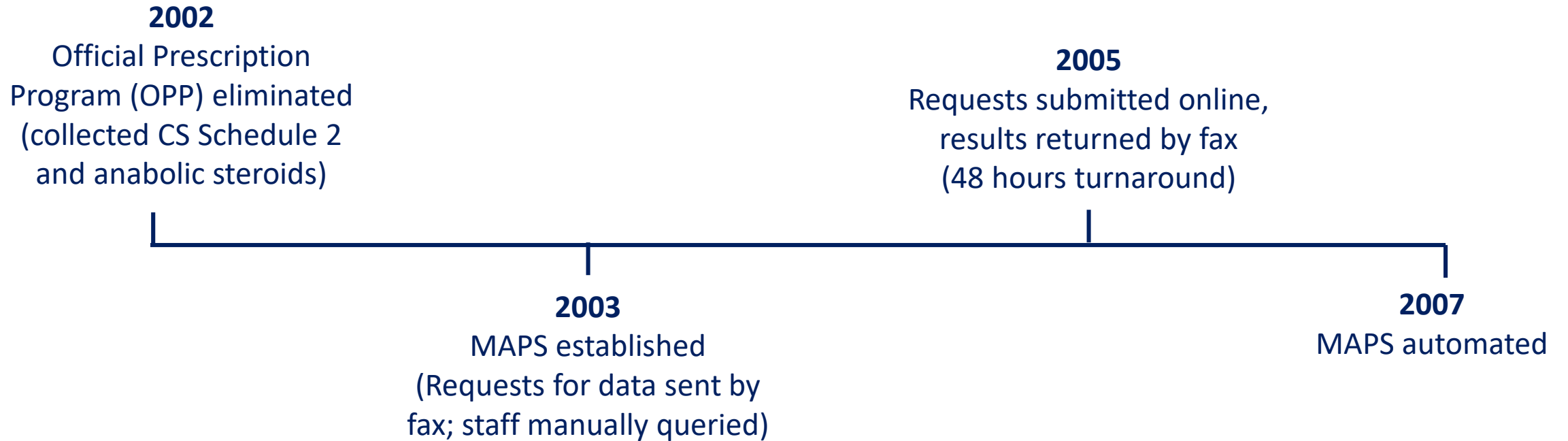
# MAPS Background

	Total Opioid Prescriptions Dispensed	% Change from Previous Year
<b>2013</b>	9,920,288	
<b>2014</b>	10,301,142	3.84%
<b>2015</b>	10,833,681	5.17%
<b>2016</b>	10,507,059	-3.01%
<b>2017</b>	9,670,789	-7.96%
<b>2018</b> <small>(Updated Nov 5, 2019)</small>	8,449,070	-12.63%



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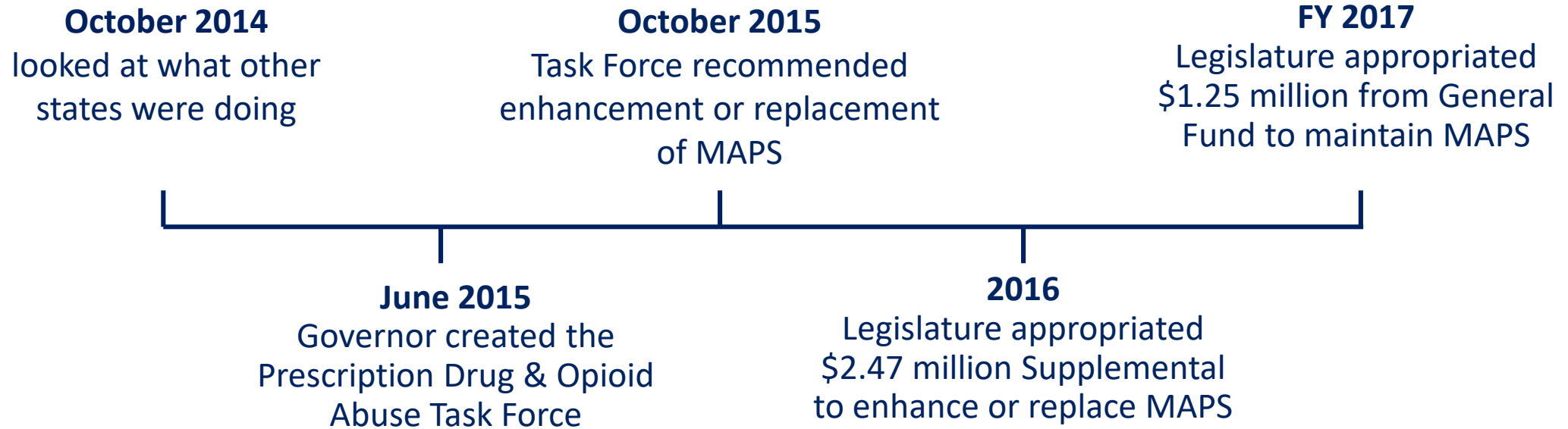
# MAPS Background



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# MAPS Background



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# MAPS Replacement Project - Goals

- Deploy a highly scalable PDMP platform capable of handling increased demand
- Enable integration of multi-state PDMP data and analytics within EHR and Pharmacy workflow
- Deployment of clinical tools to help clinicians engage further with their patients to include warm hand-off treatment options
- Utilize advanced analytics, machine learning technology and AI to detect patients more at risk of an overdose event and movement towards illicit drug events



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# MAPS Replacement Project - Overview

- MAPS replaced with new system software
  - Vendor: Appriss Health's PMP AWARxE
- Project started in October 2016 – Completed on time and under budget
- All users of the old system and new users required to register with MAPS through the PMP AWARxE software
- Successfully launched and implemented on April 4, 2017
- Continue to seek feedback from Stakeholders



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# MAPS Replacement Project

## Old MAPS – Patient Report

### Michigan Automated Prescription System

#### Prescription Detail Report

Patient Name	Birth Date	Medication	Practitioner Name	Dispenser Name
Address	Issue Date	Form / Qty	Practitioner DEA#	Dispenser DEA#
	Fill Date	Strength	Practitioner Address	Dispenser Address
[REDACTED] MI, 481460000	07/09/2010 07/09/2010	HYDROCODONE BITARTRATE AND ACETAMIN TAB 150.00 500 MG-10 MG	[REDACTED] [REDACTED] DETROIT, MI 482023141	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000
[REDACTED] MI, 481460000	07/15/2010 07/15/2010	DIAZEPAM TAB 10.00 5 MG	[REDACTED] [REDACTED] WYANDOTTE, MI 481920000	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000
[REDACTED] MI, 481460000	07/17/2010 07/17/2010	DIAZEPAM TAB 10.00 5 MG	[REDACTED] [REDACTED] WYANDOTTE, MI 481920000	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000
[REDACTED] MI, 481460000	07/19/2010 07/19/2010	DIAZEPAM TAB 25.00 5 MG	[REDACTED] [REDACTED] DETROIT, MI 482020000	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000
[REDACTED] MI, 481460000	07/23/2010 07/24/2010	DIAZEPAM TAB 30.00 10 MG	[REDACTED] [REDACTED] DETROIT, MI 482020000	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000
[REDACTED] MI, 481460000	07/28/2010 07/28/2010	APAPHYDROCODONE BITARTRATE TAB 20.00 325 MG-10 MG	[REDACTED] [REDACTED] FRANKLIN, MI 480250000	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000
[REDACTED] MI, 481460000	07/31/2010 07/31/2010	APAPHYDROCODONE BITARTRATE TAB 30.00 325 MG-10 MG	[REDACTED] [REDACTED] DETROIT, MI 482020000	[REDACTED] [REDACTED] LINCOLN PARK, MI 481460000

Total records processed : 7

Run Date : 09/30/2010 12:07 PM

WARNING : This report contains confidential information, including patient identifiers, and is not a public record

Page 1 of 1



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# MAPS Replacement Project - NarxCare

- Narx Scores and Predictive Risk Scores (overdose)
  - Scores: based on algorithms, including MMEs, number of prescribers and pharmacies
  - Scores: Ranges from 000-999; higher scores equate to higher risk and misuse
- Red Flags
- Rx Graphs
- PDMP Data



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# MAPS - NarxCare Report

**Williams, Johnny** Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

Communications Messages: 0 Care Notes: 0 [Add Note](#)

Risk Indicators

Narx Scores		Overdose Risk Score	Red Flags (2)
<b>Narcotic</b>	<b>633</b>	<b>590</b> (range 0-999)	<ul style="list-style-type: none"> <li>&gt;= 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years</li> <li>&gt;= 5 opioid or sedative providers in any year in the last 2 years</li> </ul>
<b>Sedative</b>	<b>280</b>		
<b>Stimulant</b>	<b>000</b>		
<a href="#">Explain these scores</a>		<a href="#">Explain the overdose risk score</a>	<a href="#">Explain these red flags</a>

Graphs

**Rx Graph**  Narcotic  Sedative  Stimulant

All Prescribers

**Prescribers**

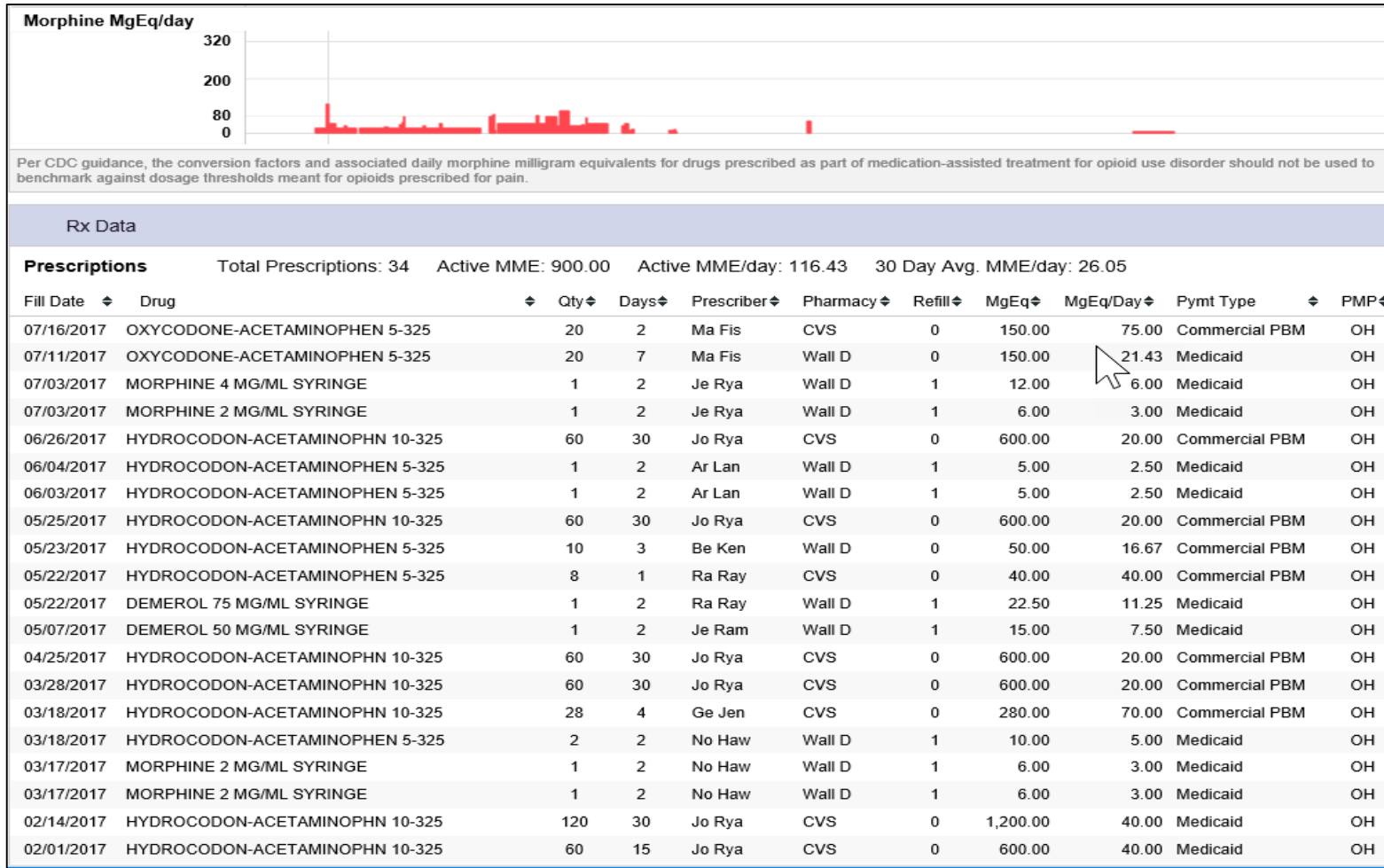
- 15 - Fernandez, Bruce
- 14 - Harris, Ruth
- 13 - Martin, Patricia
- 12 - Holmes, Helen
- 11 - Nichols, Jason
- 10 - King, James
- 9 - Hawkins, Norma
- 8 - Jenkins, Gerald
- 7 - Ramos, Jesse
- 6 - Ray, Ralph
- 5 - Kennedy, Beverly
- 4 - Lane, Arthur
- 3 - Ryan, Jonathan
- 2 - Ryan, Jerry
- 1 - Fisher, Marie

09/21 2m 6m 1y 2y



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# MAPS - NarxCare Report



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# MAPS – NarxCare Report (continued)

02/01/2017	HYDROCODON-ACETAMINOPHN 10-325	60	15	Jo Rya	CVS	0	600.00	40.00	Medicaid	OH
01/23/2017	OXYCODONE-ACETAMINOPHEN 5-325	60	7	Ma Fis	CVS	0	450.00	64.29	Medicaid	OH
01/12/2017	MORPHINE 2 MG/ML SYRINGE	1	30	No Haw	Wall D	1	6.00	0.20	Private Pay	OH
01/12/2017	MORPHINE 4 MG/ML SYRINGE	1	2	No Haw	Wall D	1	12.00	6.00	Private Pay	OH
01/10/2017	OXYCODONE-ACETAMINOPHEN 5-325	120	30	Jo Rya	CVS	0	900.00	30.00	Commercial PBM	OH
01/07/2017	DEMEROL 25 MG/ML SYRINGE	1	2	Ja Kin	Wall D	1	7.50	3.75	Private Pay	OH
01/03/2017	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	CVS	0	300.00	37.50	Medicaid	OH
12/26/2016	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	Wall D	0	300.00	37.50	Commercial PBM	OH
12/11/2016	HYDROCODON-ACETAMINOPHEN 5-325	28	5	He Hol	CVS	0	140.00	28.00	Private Pay	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	14	7	Pa Mar	CVS	0	70.00	10.00	Commercial PBM	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	2	2	Pa Mar	Wall D	1	10.00	5.00	Private Pay	OH
11/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	10	5	Pa Mar	CVS	0	50.00	10.00	Private Pay	OH
11/06/2016	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ru Har	Wall D	1	5.00	2.50	Private Pay	OH
08/01/2016	OXYCODONE-ACETAMINOPHEN 5-325	20	3	Br Fer	Wall D	0	150.00	50.00	Commercial PBM	OH
11/12/2015	MORPHINE 2 MG/ML SYRINGE	1	30	Pa Mar	Wall D	1	6.00	0.20	Private Pay	OH

## Providers

Total Providers: 15

Name	Address	City	State	Zipcode	DEA
Fernandez, Bruce	4367 Pleasant Crossing	Five Points	OH	44262-6811	234853
Fisher, Marie	7175 Cozy Rabbit Vista	Anderson Ferry	OH	43622-1298	234756
Harris, Ruth	2003 Stony Nectar Cove	Kingsleys Corners	OH	45983-3673	234843
Hawkins, Norma	6763 Emerald Robin Parkway	Apple Grove	OH	45273-0588	234852
Holmes, Helen	8869 Burning Fox Impasse	Bayer Trailer Court	OH	45202-9797	234841
Jenkins, Gerald	9393 Lost Field	Maple	OH	43654-8273	234851
Kennedy, Beverly	3099 Umber Pathway	Damascus	OH	44609-5908	234847
King, James	3355 Rustic Cloud Wynd	Yankee Crossing	OH	45430-6188	234845
Lane, Arthur	2331 Cozy Port	Holiday City	OH	45620-5987	234844
Martin, Patricia	7600 Shady Hickory Stead	Fort Jennings	OH	44170-2847	234850
Nichols, Jason	9093 Hidden Pioneer Lookout	East Gardens	OH	43321-4331	234848
Ramos, Jesse	9166 Bright Pond Crescent	Belmore	OH	45970-9899	234840
Ray, Ralph	1467 Little View Townline	West Akron	OH	43739-7351	234849
Ryan, Jerry	163 Sleepy Edge	Oakthorpe	OH	44740-5125	234846
Ryan, Jonathan	9892 Silent Elk Ramp	Sites Lake Cottage Area	OH	44502-5801	234842

**LARA**  
LICENSING AND REGULATORY AFFAIRS

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# MAPS – NarxCare Report (continued)

Pharmacies		Total Pharmacies: 6					
Name	Address	City	State	Zipcode	DEA		
CVS	5483 Gentle Impasse	Home Park	OH	43242-6009	345796		
CVS	7139 High Pond Walk	Randolph Landing	OH	45487-2143	345840		
Wall Drug	3799 Foggy Dale	Herner Corners	OH	45658-6817	345841		
Wall Drug	4543 Iron Carrefour	Powers	OH	43803-2784	345839		
Wall Drug	5639 Cotton Dale Close	Cedar Springs	OH	43423-4846	345842		
Wall Drug	8129 Easy Dell	Antiquity	OH	45300-0810	345843		

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# MAPS – NarxCare Resources

Menu > Patient Alerts (1)
APPRIS<sup>®</sup> HEALTH

RxSearch > Patient Request > Johnny Williams

**Williams, Johnny** Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

**Access to Treatment**

**Rapidly find the 30 closest MAT providers for this patient.**  
**The patient's zip code is pre-populated if available.**  
 More information [here](#)

Step 1 Enter the zip code to center the search around

Step 2 Click submit and print form

First	Last	Deg.	Address	City	Count
Dr. David	Beane	M.D.	1338 Colegate Drive Suite B	Marietta	Wash. Coun
Dr. Rakeshkumar	Kaneria	M.D.	7760 West VOA Park Drive Suite G	West Chester	Butle Coun
Dr. J.	Strafford	M.D., MPH	1081 Bernard Road	New Vienna	Clint. Coun
Dr. Ramalingam	Selvarajah	M.D.	1649 Brice	Reynoldsburg	Franklin Coun

**Educational Resources**

Click the associated link and print. More information [here](#)

What You Need to Know

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate to severe pain and are often prescribed to help with recovery from surgery or injury. However, these medications can be an important part of treatment but also come with serious risks. It is important to be sure your health care provider is aware of any other medicines you are taking, as well as other factors that can affect how these medicines work.

**WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?**

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. In fact, overdoses, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, some which include an increased risk of:

- Accidents, falls, and dizziness
- Constipation and dry mouth
- Drowsiness and dizziness
- Headaches
- Impaired judgment and ability to drive or operate machinery
- Irritability and mood changes
- Nausea and vomiting
- Slowed breathing
- Stomach and bowel problems
- Tolerance to the medicine, which may lead to needing higher doses over time
- Withdrawal symptoms if you stop taking the medicine

**RISKS ARE GREATER WITH:**

- History of drug abuse, substance use, or mental health conditions
- Being pregnant or planning to become pregnant
- Taking other medicines, especially alcohol, benzodiazepines, or sedatives
- Taking other pain medicines
- Taking other medicines that can slow breathing, such as muscle relaxants, anesthesia, or other sedatives
- Taking other medicines that can affect breathing, such as alcohol, benzodiazepines, or sedatives

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Opioids and Chronic Pain

PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

**UNDERSTANDING PRESCRIPTION OPIOIDS**

Prescription opioids are powerful medicines that can help relieve moderate to severe pain. However, these medicines can be an important part of treatment but also come with serious risks. It is important to be sure your health care provider is aware of any other medicines you are taking, as well as other factors that can affect how these medicines work.

**1 in 4**

**SPRINGS AND CHRONIC PAIN**

Research shows that chronic pain is a major public health problem in the United States. It is estimated that 1 in 4 people in the United States live with chronic pain. Chronic pain is a long-term condition that can affect your quality of life and your ability to work and live normally.

**4.3**

**PRESCRIPTION OPIOID OVERDOSE IS AN EPIDEMIC IN THE US**

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Pregnancy and Opioids

PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy.

**WHY ARE OPIOID PAIN MEDICATIONS?**

Opioid pain medications are used to help relieve moderate to severe pain. However, these medicines can be an important part of treatment but also come with serious risks. It is important to be sure your health care provider is aware of any other medicines you are taking, as well as other factors that can affect how these medicines work.

**USE OPIOID PAIN MEDICATIONS SAFELY FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT**

Research shows that chronic pain is a major public health problem in the United States. It is estimated that 1 in 4 people in the United States live with chronic pain. Chronic pain is a long-term condition that can affect your quality of life and your ability to work and live normally.

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# MAPS – NarxCare Resources

### Pocket Guide: Tapering

**POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN\***

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.



[Open Document](#)

### Fact Sheet

**GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN**

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

**DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN**

**CLINICAL BENEFITS**

- Patients are not still in pain or unable to function in chronic pain
- Stable and realistic goals for pain and function
- Proven benefits and safety and availability of nonopioid therapies with patients

[Open Document](#)

### Checklist \*

**Checklist for prescribing opioids for chronic pain**

**WHEN CONSIDERING LONG-TERM OPIOID THERAPY**

**WHEN ASSESSING AT RISK PATIENTS**

**RENEWING without patient visit**

**WHEN ASSESSING at RISK PATIENTS**

**RENEWING with a patient visit**

**WHEN ASSESSING at RISK PATIENTS**

[Open Document](#)

### Nonopioid Treatments

**NONOPIOID TREATMENTS FOR CHRONIC PAIN**

**PRINCIPLES OF CHRONIC PAIN TREATMENT**

Patients with pain should be treated with the appropriate combination of nonopioid therapies, including physical therapy, behavioral therapy, and nonopioid medications, to achieve the best long-term outcomes.



**NONOPIOID MEDICATIONS**

Medication	Indication	Notes
Acetaminophen	Pain relief	Do not exceed 4,000 mg per day
NSAIDs	Pain relief	Use with caution in patients with kidney or stomach problems
Antidepressants	Chronic pain relief	May take several weeks to start working
Anticonvulsants	Chronic pain relief	May take several weeks to start working

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### Assessing Benefits and Harms

**ASSESSING BENEFITS AND HARMS OF OPIOID THERAPY**

**THE EPIDEMIC**

**EVIDENCE FOR OPIOID PRESCRIBING**

**ASSESS BENEFITS OF OPIOID THERAPY**

What number best describes your pain on average in the past week?

165,000

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### Calculating Dosage

**CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE**

Higher Dosage, Higher Risk.

Higher dosages of opioids are associated with higher risk of overdose and death, even when they are prescribed for chronic pain.



**WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSE OF OPIOIDS?**

**HOW MUCH IS SO OR 80 MMOR/DAY FOR COMMONLY PRESCRIBED OPIOIDS?**

[Open Document](#)

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# MAPS – NarxCare – Care Notes

**Carol Gray, 75F**

Narx Report Resources

Date: 6/24/2018 Download PDF Download CSV

Gray, Carol

Communications

Messages (0)

Care Notes (1) add note

[03/27/2017 13:03:57] — from Stacy Jackson, NP — This patient has an opioid treatment agreement in place. opioid\_treatment\_agreement\_91233.pdf

Risk Indicators

**NARX SCORES**

Narcotic	Sedative	Stimulant
692	581	000

OVERDOSE RISK SCORE

**640**  
(range 0-999)

ADDITIONAL

- 1)  $\geq 4$  opioid pharmacy 2 years
- 1)  $\geq 5$  opioid year in the
- 1)  $> 100$  MME

Graphs

RX GRAPH

All Prescribers

Prescribers	09/21	2m	6m	1y
7 - Gutierrez, Kathy				
6 - Stone, Gary				
5 - Lewis, Tina				
4 - Ortiz, Frances				
3 - Simpson, Martha				
2 - Hudson, Jessica				
1 - Cooper, Lori				

Morphine Meq/day

320
200

Care Notes also enable flagging and insertion of an Opioid Treatment Agreement, an emerging bonus element from CMS and elsewhere

1 / 2

**Pain Treatment with Opioid Medications: Patient Agreement\***

I, Jane Doe, understand and voluntarily agree that (initial each statement after reviewing):

- I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team.
- I will participate in all other types of treatment that I am asked to participate in.
- I will keep the medicine safe, secure and out of the reach of children. If the medicine is lost or stolen, I understand it will not be replaced until my next appointment, and may not be replaced at all.
- I will take my medication as instructed and not change the way I take it without first talking to the doctor or other member of the treatment team.
- I will not call between appointments, or at night or on the weekends looking for refills. I understand that prescriptions will be filled only during scheduled office visits with the treatment team.
- I will make sure I have an appointment for refills. If I am having trouble making an appointment, I will tell a member of the treatment team immediately.
- I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped.
- I will not sell this medicine or share it with others. I understand that if I do, my treatment will be stopped.

# MAPS Replacement Project - Successes

<b>\$2.47M One-Time Appropriations FY 16-17 – MAPS Replacement/Enhancements</b>	
\$570,000	Appriss Health full-replacement of MAPS (actual cost)
\$1.8M	Statewide Integrations – 2-year coverage (remaining from appropriations)
\$100,000	Additional enhancements

	<b>Old MAPS</b>	<b>New MAPS (as of 10/31/19)</b>
Time to Query Reports	5-10 Minutes	<b>0.4 – 0.7 Seconds</b>
Registered Prescribers & Pharmacists	27,614	<b>55,606</b>
Registered Delegate Users	N/A	<b>20,469</b>
Staffing	13 FTEs	<b>5 FTEs</b>



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# MAPS Replacement Project – Lessons Learned & Challenges

- MAPS replacement
  - More communications around registering to new system
  - Assessing staffing needs about 4 weeks before go-live
- Enhancements
  - More communications around provider scorecards
  - More explanation of NarxCare at implementation
- Integrations
  - Keep it simple, be firm, explain vendor to state relationship



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# MAPS Projects

- Since replacement, MAPS has completed or is working on numerous projects and enhancements, including but not limited to:
  - Licensing integration with PMP AWARxE registrations
  - Statewide Integrations with Electronic Medical Record (EMR) and Pharmacy Dispensation Systems (PDS)
  - Prescriber Report Cards (and a tutorial/video)
  - Law Enforcement Module
  - Advanced Analytics (Tableau)
  - Overdose Overlay with MAPS
  - NarxCare (and training)
  - Statewide Opioid Assessment
  - NarxCare Outcomes Study
  - Prescriber Outlier Dashboard
  - Mandatory Use Compliance Module (Mandatory Use effective June 1, 2018 in Michigan)
  - Care Notes
  - Clinical Alerts
  - Appriss Health/hc1 PDMP Data Dashboard
  - OpenBeds



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# Updates - Integrations

- Prior to the integration project that began in June 2017, there were only 2 systems integrated (1 EMR and 1 PDS)

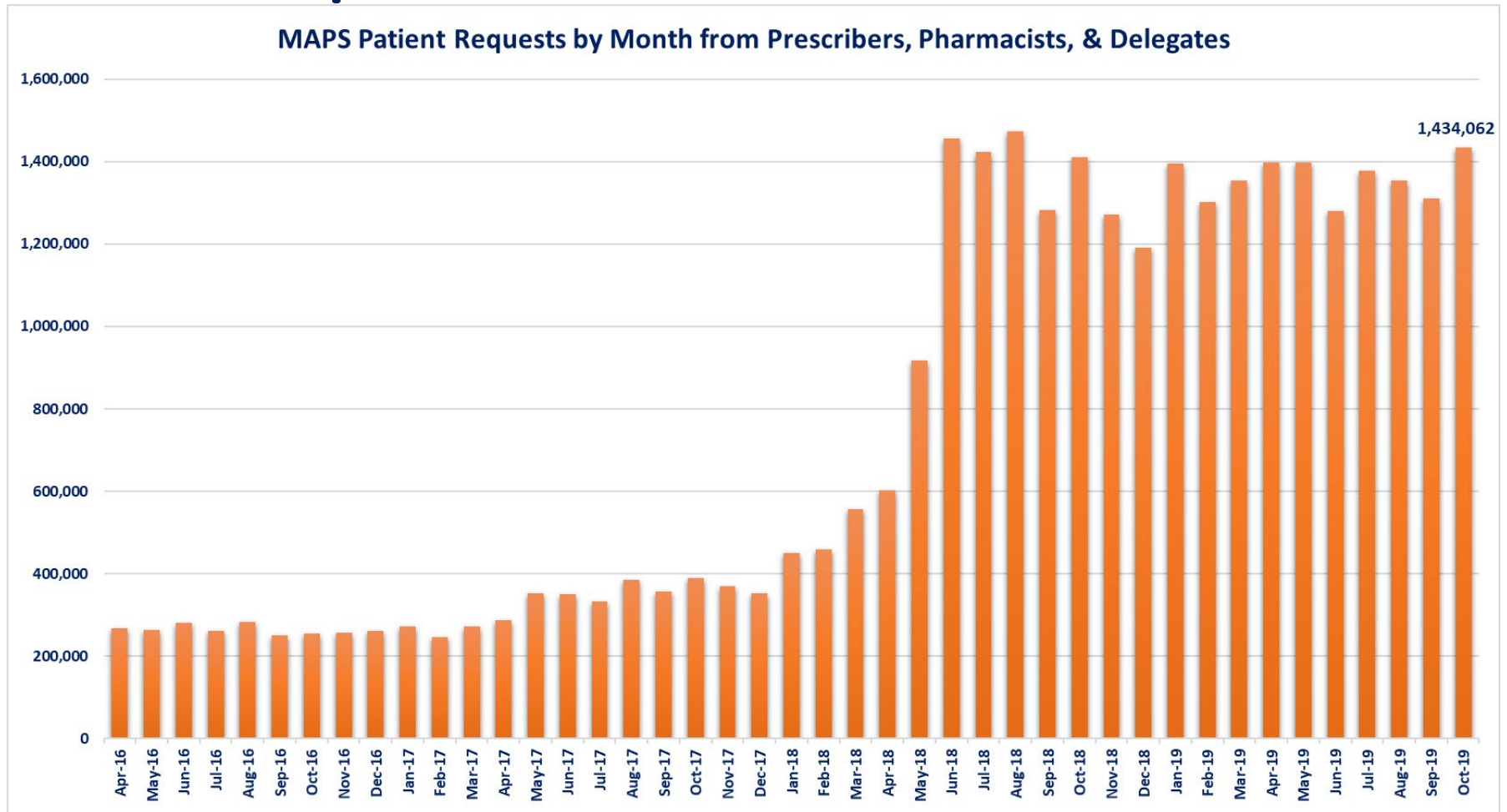
MAPS Integrations (BJA and State-Funded) – as of 10/31/2019		
	Integrated	Pending Production (In-discussion, received request, or in testing)
Health System	32	7
Hospital	7	4
Physician's Office	243	267
Pharmacy <i>(single or chain system)</i>	28	17
<b>TOTAL</b>	<b>310</b>	<b>295</b>
<b>TOTAL HEALTHCARE PROF</b>	<b>53,394+</b>	<b>4,681+</b>



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# Updates – Request Counts



*\*Note: Includes online requests and integration requests from MAPS (Michigan) registered users*



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# The Future of MAPS

- Sustainability
- Strength
- Ongoing innovation
- Focusing around data analytics and automation using AI and machine learning technologies
- Transforming into a clinical tool for health professionals
  - Better identifying and addressing possible SUD
  - Preventing overdose



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# Achieving Success

Achieving success can be done in a number of ways:

- Culture change within the clinical setting when prescribing opioids
- Reducing the potential for abuse and diversion
- Identifying SUD earlier and intervening through referral and treatment
- Saving lives

PDMPs are a great tool to help all our states achieve success in the fight of the Opioid and Prescription Drug Crisis. Through the partnership with Appriss, Michigan has gone from an outdated, stagnant system to an interactive technology solution that is making a difference and positive impact.



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# Questions & Thank You?

*Thank you for the opportunity to share with you the successes of Michigan's PDMP transformation. Our state is proud of what MAPS has become.*

*Additionally, it's important to recognize and express appreciation to our administration and legislature for their ongoing support. Also huge thanks BJA, SAMHSA, CDC, and the Michigan Department of Health and Human Services for the grant funds and partnership. We also appreciate our Boards, Law Enforcement, and Health Care Associations for being engaged and involved Stakeholders.*

*Finally, thank you to the team at BPL/LARA who worked on the MAPS replacement and our vendor partner, Appriss Health for transforming our PDMP.*



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