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MICHIGAN STATE MEDICAL SOCIETY

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MAPS testimony, Michigan Senate Health Policy Committee

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Thank you Senator Shirkey and members of the Senate Health Policy Committee for the opportunity to speak to you this afternoon on the subject of prescription drug diversion. The existence of the problem is well documented, and-as with any public health epidemic-will require a coordinated and thoughtful approach to resolve. Our members have directed MSMS to take a leadership role in finding solutions that prioritize the needs of our patients and result in policies that reduce drug diversion. To that end, we are pleased that the Senate Health Policy Committee has taken an interest in upgrading the Michigan Automated Prescription System (MAPS).

In many respects, MAPS is the lynchpin of state policy as it relates to reducing drug diversion. A highly functioning prescription drug monitoring program provides physicians, pharmacists, and other professions with valuable clinical information that can be used to detect and deter drug diversion. Furthermore, a highly functioning prescription drug monitoring program can help regulators by providing them with the tools necessary to detect and sanction those professionals that are acting criminally and outside the scope of professional standards.

Michigan was an early adopter of the electronic Prescription Drug Monitoring Program technology in 2002, when only a handful of other states had similar programs. At the time, the program was designed as an alternative to the cumbersome paper-based Michigan Official Prescription Program which was often viewed as a deterrent to physicians from treating pain, even when medically indicated or in end-of-life circumstances such as hospice. MAPS was designed as a more comprehensive and efficient alternative to the Michigan Official Prescription Program, while also providing a clinical tool to physicians and pharmacists, and to that end it was a success. However, the technology that was once new and promising is now antiquated and insufficient. Since MAPS was originally implemented, the number of states that utilize a prescription drug monitoring program has grown now to 49 of the 50 states. Not surprisingly, technology has advanced significantly in that same period of time as has the features within the prescription drug monitoring program available to physicians and other professions.

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MSMS has historically had a good relationship with the various agencies within state government, and has played an active role in appropriately shaping policies that impact patient care and physicians. This has certainly been the case as it relates to updating MAPS. In addition to the Governors' Task Force including two highly qualified physicians to consult on many of the important issues, MSMS has had meaningful dialogues with the Lieutenant Governor, the Office of the Attorney General, and with Bureau of Professional Licensing. It is important to acknowledge that these discussions have been fruitful from our perspective in that many of the concerns and suggestions made by MSMS have been received and, to the extent possible, incorporated into shaping the direction it appears the Bureau of Professional Licensing intends to proceed. Specifically, MSMS provided the following concerns:

- **MAPS is slow**: Trying to utilize MAPS within the course of a patient examination that likely only lasts 15 minutes can be difficult. With processing times that can be lengthy, the current system is simply not consistent with other technologies used by physicians in terms of efficiency.
- **MAPS is not integrated**: MAPS currently requires a physician to exit out of their electronic health record or find a different computer terminal to access MAPS. MAPS is an outlier in terms of technology used by physicians in that it has not been integrated into the workflow of physicians.
- **MAPS data is not user friendly**: Technology exists to process much of the data collected by MAPS into much more efficient and useful tools for doctors. Currently, MAPS essentially just provides raw data and sometimes partial data to physicians.

MSMS routinely provided these concerns on multiple occasions, and while it is important to be consulted, what has been particularly gratifying is that these concerns have been included in the proposal. Director Gaedeke has gone to great lengths to include MSMS in discussions related to the updating and upgrading of the MAPS system. MSMS has had numerous informal conversations with staff at the Bureau of Professional Licensing. One such discussion led to MSMS providing a letter of support for a federal grant on this subject. In addition to informal conversations with staff at MSMS, Director Gaedeke invited MSMS and other stakeholders to attend a demonstration of the product Michigan intends to use. During that demonstration, it was clear that the product being pursued by Michigan would provide a massive upgrade over the existing system and specifically address the specific concerns highlighted by MSMS.

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In many other areas, physicians have experienced numerous examples of technology not living up to expectations. However, with respect to this endeavor with the Bureau of Professional Licensing-due diligence and care is being taken to the greatest extent possible. The product being vetted meets the needs of physicians far better than the current version. MSMS has consulted with our colleagues in other states to verify the satisfaction of physicians and quality and usefulness of data generated. Our contacts confirmed that the product selected has a track record of broadly integrating with the other technologies used by physicians. We have been extremely pleased with the ability of Director Gaedeke to translate our concerns and suggestions into the solution being proposed to upgrade MAPS.

The concept is fairly straight forward, give doctors and pharmacists a high quality tool and we will use it. We've seen this with MCIR (Michigan Care Information Registry) which has become an indispensible resource for physicians who provide vaccines and other services. As I mentioned at the outset, addressing an epidemic of this magnitude will require a comprehensive set of policies to address. Updating and upgrading MAPS is a crucial first step that will help Michigan better assess what other gaps need to be addressed to curtail drug diversion. At the end of the day, MAPS is still only a clinical tool for physicians and pharmacists. Even after a MAPS check is conducted, professional education, patient education, treatment options, and addiction treatment services will be required to comprehensively (or fully?) address this epidemic.

As was reported in the New York Times yesterday, we are already beginning to see a reduction in the number of prescriptions written for opioids in 49 of the 50 states including Michigan. Hopefully, this trend will continue. Upgrading MAPS is a crucial step in giving physicians the tools they need to do their part in reducing drug diversion.