

# MAPS – Updates & Opportunities

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Presented by

Andrew Hudson, Manager

Mary Lynn Brandell, Analyst

Drug Monitoring Section Bureau

of Professional Licensing

[BPL-MAPS@Michigan.gov](mailto:BPL-MAPS@Michigan.gov) | 517-373-1737

# Bureau of Professional Licensing

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



# MAPS Background

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- Official Prescription Program (OPP) eliminated 12/31/2002
  - Collection of CS Schedule 2 and anabolic steroids
- MAPS established in 2003
  - Requests for MAPS data sent via fax; MAPS staff manually queried each request
- April 2005: Requests for data submitted online, results returned by fax
  - Turnaround time: 48 hours
- April 2007: Requests for data submitted online and automated



# MAPS Background

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- Contains over 120 million records
- Data maintained for 5 years
- Required reporting of CS Schedule 2-5 from:
  - Prescribers who dispense CS Schedule 2-5
  - Pharmacists (dispensers)
  - Veterinarians



# MAPS Reporting Requirements

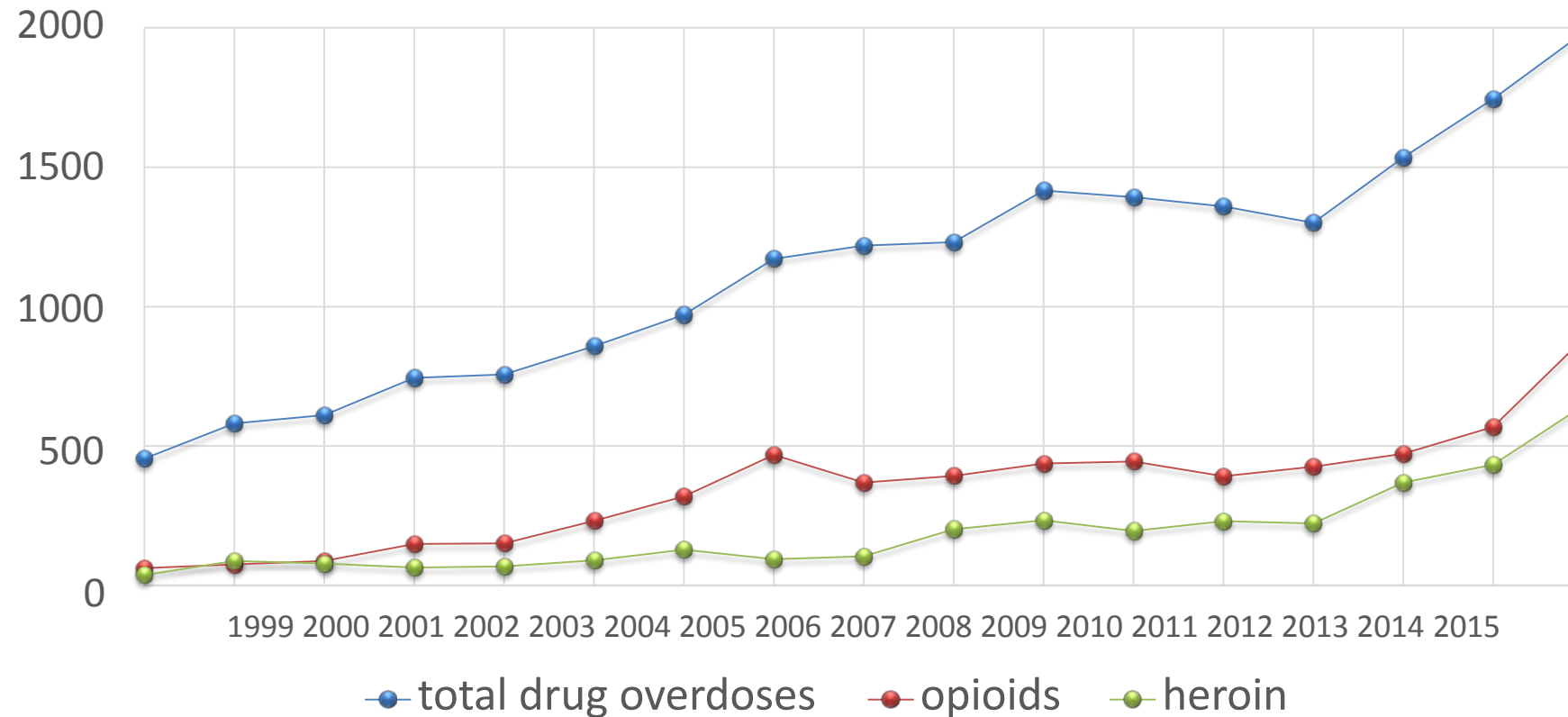
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- Board of Pharmacy Rule 338.3162b outlines prescription information that must be reported to MAPS. Information includes:
  - Patient identification number
    - If under age 16, all zeroes shall be submitted
    - If patient is an animal, positive identification of the animal's owner
  - Quantity
  - National Drug Code (NDC)
  - Prescription issue date
  - Prescription fill date
  - Estimated day supply
  - Prescription number
  - Prescriber DEA number
  - Dispenser DEA number
- Accuracy in reporting is extremely important, as MAPS is a tool used by health professionals, law enforcement and regulatory agencies, and benefit plan managers
  - **Ex: Correct prescriber DEA number of who issued prescription**



# Background

## Michigan Drug Overdoses by Year (1999-2015)



# Governor's Prescription Drug and Opioid Task Force

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- Created in June 2015
- Multiple recommendations by Task Force, included updating or replacing MAPS
- Complete Task Force Recommendation report can be found at:
  - [www.Michigan.gov/snyder](http://www.Michigan.gov/snyder)
    - > Lt. Governor > Initiatives > Prescription Drug & Opioid Task Force
- June 2016 Governor established by EO (2016-15) the Prescription Drug & Opioid Abuse Commission



# MAPS Replacement Project

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- MAPS replaced with new system software
  - Vendor: Appriss Health's PMP AWAReE
- 6 month project started in October 2016
- Successfully launched and implemented on April 4, 2017
- All users of the old system required to create a new account with MAPS through the PMP AWAReE software
- Continue to seek feedback from Stakeholders





# MAPS Update

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- Response times average 0.4-0.8 seconds
- January 2018: 336,223 requests submitted
- Registered Users:

	As of 4/4/17	As of 1/28/18	Increase
Prescribers	9,156	18,648	9,492
Dispensers (Pharmacists)	3,994	6,975	2,981
Delegate Users	1,096	4,669	3,573



# Registration

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When you go to the site and register for the first time, please have the following information for reference:

- DEA Registration ID (#)
- License ID (#)
- Controlled Substance License ID (#) – if applicable
- National Provider Identifier (NPI)



# PMP AWARxE/NarxCare

**MAPS**  
Powered by **AWARxE**  
Support: 844-364-4767

**Log In**

Email

Password

[Reset Password](#)

**Log In**

**Create an Account**

[Need Help?](#)

Browsers Supported (8+)

Powered By  
 **APPRISS**  
HEALTH

**PMP AWARXE - MAPS**  
Michigan Automated Prescription System  
BPL-MAPS@Michigan.gov  
Lansing, MI  
844-364-4767

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# PMP AWARxE/NarxCare

## Registration Process

Create an Account

[Registration Process Tutorial](#)



[Get Adobe Acrobat Reader](#)

Email

Password

Password Confirmation

[Save and Continue](#)

[Need Help?](#)



# PMP AWARxE/NarxCare

## Registration Process

Select your User Roles

- + Healthcare Professional
- + Agency Administration
- + Law Enforcement
- + Other

Save and Continue

- Once user role is chosen, user will be prompted to enter identification criteria, including but not limited to: DEA number, DOB, professional license number, address, phone number
- Delegate users required to enter supervisor email(s) used to register. Supervisor is required to approve Delegate users in their own account.

## Delegate

I am a delegate for the following people... \*

Email

Add

Selected Supervisors

Submit Your Registration



# PMP AWA<sub>R</sub>x<sub>E</sub>/NarxCare

## My Dashboard

### — Patient Alerts

**PATIENT ALERTS**

No patient alerts received.

### — Recent Requests

**RECENT REQUESTS**

Patient Name	DOB	Status	Request Date	Delegate
Adam Smith	01/01/1900	Complete	11/30/2017 4:06 PM	
Adam smith	01/01/1900	Complete	11/30/2017 4:05 PM	
Adam smith	01/01/1900	Complete	11/30/2017 4:05 PM	
Adam smith	01/01/1900	Complete	11/30/2017 4:05 PM	
Adam smith	01/01/1900	Complete	11/30/2017 4:05 PM	

[View Requests History](#)

### — Delegates

**DELEGATES**

Delegate Name	Status	Request Date
Erin Test	approved	11/30/2017

### My Favorites

[Rx Search - Patient Request](#)

### PMP Announcements

**NEW** Message for Physicians 10/13/2017  
Test announcement

**NEW** Exciting changes are 09/20/2017  
coming to AWA<sub>R</sub>x<sub>E</sub>!

We are pleased to announce that later this year, we will be performing a systemwide update on AWA<sub>R</sub>x<sub>E</sub>.

When you log in to AWA... [more](#)

[View all Announcements](#)

### Quick Links

[PMP Support](#)



# PMP AWARxE/NarxCare

## My Profile

### Profile Info

Name: Haley Winans	Employer DEA(s):
Position/Rank: Analyst	Employer: SOM
DOB: [REDACTED]	[REDACTED] Lansing, MI 48033
Primary Contact: [REDACTED]	Employer Phone: [REDACTED]
DEA Number(s):	Role: Admin
Controlled Substance #:	
Professional License #:    Type:	

### Specialty

Add a Healthcare Specialty [Browse All](#)

Search by keyword (e.g. Allergy, Internal, Sports, Clinical, etc)

★ Designates Primary Specialty

### Setting

#### Time Zone

Eastern Time (US & Canada) ▼

### Contact Information

Change email address associated with this profile

Current Email [REDACTED]

New Email Address

Re-enter New Email Address

### Supervisors

I am a delegate for the following people...

- Delegate users able to add additional supervisors or remove, and Supervisors are able to manage their Delegate users



# PMP AWARxE/NarxCare

RxSearch > Patient Request

**MAPS**  
Powered by **AwarxE**  
Support: 844-364-4767

**Patient Request**

[Patient Rx Request Tutorial](#)  
Can't view the file? [Get Adobe Acrobat Reader](#)  
\* Indicates Required Field

Supervisor\*  
Select Supervisor

**Patient Info**

First Name\* Last Name\*  
Date of Birth\*  
MM/DD/YYYY  
Phone Number

**Prescription Fill Dates**  
No earlier than 3 years from today

From\* To\*

**PMP Interconnect Search**

To search in other states as well as your home state for patient information, select the states you wish to include in your search

**A**  Alabama  Alaska  Arizona  
**C**  California  Colorado  Connecticut  
**D**  Delaware  
**F**  Florida  
**G**  Georgia  
**H**  Hawaii  
**I**  Idaho  Illinois  Iowa  
**K**  Kansas  Kentucky  
**L**  Louisiana  
**M**  Maine  Maryland  Massachusetts  Michigan  Minnesota  Mississippi  
**N**  Nebraska  Nevada  New Hampshire  New Jersey  New Mexico  New York  
 North Carolina  North Dakota

I agree to the terms of [the acknowledgment](#).

Search





# PMP AWARxE/NarxCare

RxSearch > Bulk Patient Search

**MAPS**  
Powered by **AwarxE**  
Support: 844-364-4767

**Bulk Patient Search** | Bulk Patient History

### Bulk Patient Search

How do you want to enter patients?

Manual Entry  
 File Upload

**Manual Entry**

First Name\*      Last Name\*      Date of Birth\*      Zip Code

**Name Grouping**  
Enter a name for this search session. This will make it easy to distinguish between searches in the history

Group Name\*

**Prescription Fill Dates**  
No earlier than 2 years from today

From\*      To\*

Run on behalf of...



# PMP AWARxE/NarxCare

**My Rx**

\* Indicates Required Field

**Prescriptions Written**

From\*  To\*

**DEA Numbers**

**Generic Drug Name (Optional)**

Drug Name



# Next Steps for MAPS

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## Phase 2 enhancements:

- BJA – Harold Rogers grant to pilot integrations
- BJA – Harold Rogers grant to create provider scorecards
- DHHS – CDC grant to create de-identified reports
- Clinical alerts
- Integration with new licensing platform
- Statewide integrations with EMR and Pharmacy Dispensation Systems





# MAPS – NarxCare Report

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- 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

# 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

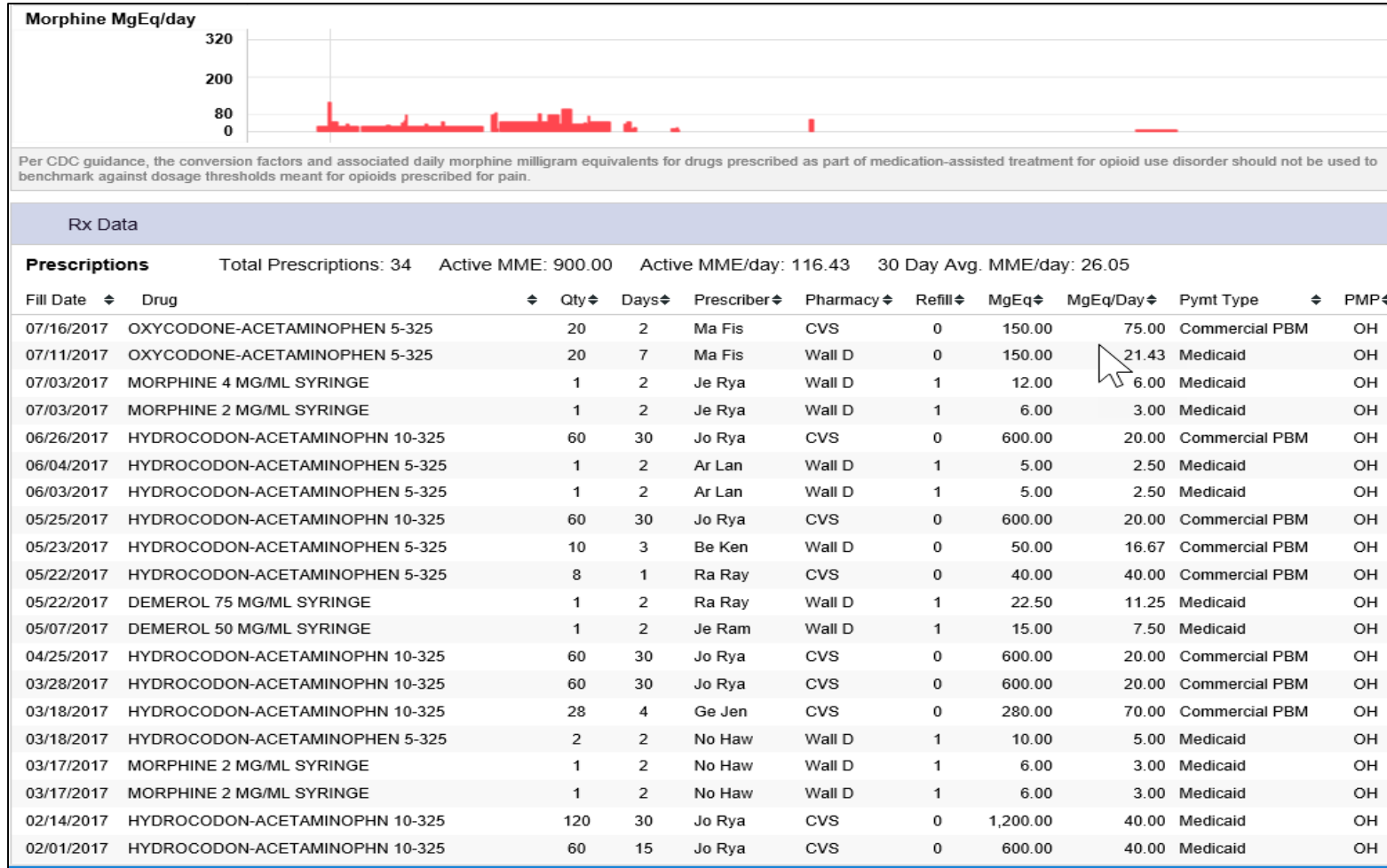
**Rx Graph**  Narcotic  Sedative  Stimulant

All Prescribers

Prescribers	09/21	2m	6m	1y	2y
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					



# MAPS – NarxCare Report (continued)



# 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	





# 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 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	Cou
Dr. David	Beane	M.D.	1338 Colegate Drive Suite B	Marietta	West 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	Frank

**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 following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

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

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. In some countries, 1 in 4 people who use prescription opioids for pain develop an addiction. In the United States, 1 in 4 people who use prescription opioids for pain develop an addiction. In the United States, 1 in 4 people who use prescription opioids for pain develop an addiction.

**RISKS ARE GREATER WITH:**

- History of drug abuse, substance use disorder, or addiction
- Multiple pain conditions (such as depression)
- Alcohol use
- Older age (65 years or older)
- Pregnancy
- Taking other medications that can interact with opioids
- Taking opioids for a long time
- Taking opioids at a higher dose than prescribed
- Taking opioids with alcohol
- Taking opioids with other medications that can interact with opioids
- Taking opioids with other substances that can interact with opioids
- Taking opioids with other substances that can interact with opioids

[Open Document](#)

**Opioids and Chronic Pain**

**PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT**

**EXCESSIVE PRESCRIPTION OPIOIDS**

Opioids are used to relieve moderate-to-severe pain, but they can also be addictive. In the United States, 1 in 4 people who use prescription opioids for pain develop an addiction. In the United States, 1 in 4 people who use prescription opioids for pain develop an addiction.

**OPPIOIDS AND CHRONIC PAIN**

Chronic pain is a long-term condition that can affect anyone. It is often caused by an injury, surgery, or a health condition. Chronic pain can be difficult to manage, but there are many ways to manage it safely and effectively.

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

Overdose is a leading cause of death in the United States. In 2015, more than 43,000 people died from a prescription opioid overdose. In 2015, more than 43,000 people died from a prescription opioid overdose.

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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**

Opioid pain medications can be used to help relieve moderate-to-severe pain during pregnancy. However, there are some risks associated with taking opioids during pregnancy. These risks include:

- Neonatal Abstinence Syndrome (NAS): A condition that can occur in newborns whose mothers took opioids during pregnancy.
- Stillbirth: A higher risk of stillbirth has been associated with taking opioids during pregnancy.
- Low birth weight: Babies born to mothers who took opioids during pregnancy may have a lower birth weight.
- Miscarriage: A higher risk of miscarriage has been associated with taking opioids during pregnancy.

**ARE OPIOID PAIN MEDICATIONS SAFE FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT?**

Opioid pain medications can be used to help relieve moderate-to-severe pain during pregnancy. However, there are some risks associated with taking opioids during pregnancy. These risks include:

- Neonatal Abstinence Syndrome (NAS): A condition that can occur in newborns whose mothers took opioids during pregnancy.
- Stillbirth: A higher risk of stillbirth has been associated with taking opioids during pregnancy.
- Low birth weight: Babies born to mothers who took opioids during pregnancy may have a lower birth weight.
- Miscarriage: A higher risk of miscarriage has been associated with taking opioids during pregnancy.

[Open Document](#)



# 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.



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### Nonopioid Treatments

**NONOPIOID TREATMENTS FOR CHRONIC PAIN**

**PRINCIPLES OF CHRONIC PAIN TREATMENT**

Patients who are not receiving treatment that controls their chronic pain should be referred to a pain management specialist for a comprehensive evaluation and treatment plan.



**NONOPIOID MEDICATIONS**

Medication	Indications	Notes	Comments
Acetaminophen	Pain relief	Do not exceed 4,000 mg per day	Safe for most patients
NSAIDs	Pain relief, anti-inflammatory	Use with caution in patients with kidney or stomach issues	Can be used with acetaminophen
Antidepressants	Chronic pain, mood improvement	May take several weeks to become effective	Can be used with other pain medications
Anticonvulsants	Chronic pain, nerve pain	May cause dizziness or drowsiness	Can be used with other pain medications

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### Fact Sheet

**GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN**

**IMPROVING PRACTICE THROUGH RECOMMENDATIONS**

CDC's Guideline for Prescribing Opioids for Chronic Pain is intended to improve communication between providers and patients about the risks and benefits of opioid therapy, to discuss goals, monitor the safety and effectiveness of use, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The guideline is not intended to restrict when or to whom opioid therapy should be used, or to restrict its use.

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

1. **Understand the risks and benefits of opioid therapy.**
  - Assess the patient's pain and functional goals for pain relief.
  - Assess the patient's risk for opioid use disorder and overdose.
  - Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.
2. **Understand the risks and benefits of non-opioid therapy.**
  - Assess the patient's pain and functional goals for pain relief.
  - Assess the patient's risk for other harms of non-opioid therapy, including constipation, drowsiness, and dizziness.
3. **Understand the risks and benefits of opioid therapy, including the risks and benefits of long-term opioid therapy.**
  - Assess the patient's pain and functional goals for pain relief.
  - Assess the patient's risk for opioid use disorder and overdose.
  - Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.

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### Assessing Benefits and Harms

**ASSESSING BENEFITS AND HARMS OF OPIOID THERAPY**

**THE EPIDEMIC**

The United States is in the midst of an epidemic of prescription opioid use disorder and overdose deaths. In 2014, more than 165,000 people died from drug overdoses, and more than 40,000 of those deaths were from prescription opioids.

**GUIDANCE FOR OPIOID PRESCRIBING**

• Assess the patient's pain and functional goals, and the risks and benefits of opioid therapy.

• Assess the patient's risk for opioid use disorder and overdose.

• Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.

**ASSESS BENEFITS OF OPIOID THERAPY**

• Assess the patient's pain and functional goals, and the risks and benefits of opioid therapy.

• Assess the patient's risk for opioid use disorder and overdose.

• Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.

**165,000** people died from drug overdoses in 2014.

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### Checklist \*

**Checklist for prescribing opioids for chronic pain**

**WHEN CONSIDERING LONG-TERM OPIOID THERAPY**

1. Assess the patient's pain and functional goals for pain relief.
2. Assess the patient's risk for opioid use disorder and overdose.
3. Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.
4. Assess the patient's risk for other harms of non-opioid therapy, including constipation, drowsiness, and dizziness.

**IF REMOVING OR TAPERING OPIOIDS**

1. Assess the patient's pain and functional goals for pain relief.
2. Assess the patient's risk for opioid use disorder and overdose.
3. Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.
4. Assess the patient's risk for other harms of non-opioid therapy, including constipation, drowsiness, and dizziness.

**WHEN REASSESSING AT REGULAR INTERVALS**

1. Assess the patient's pain and functional goals for pain relief.
2. Assess the patient's risk for opioid use disorder and overdose.
3. Assess the patient's risk for other harms of opioid therapy, including respiratory depression, constipation, and sedation.
4. Assess the patient's risk for other harms of non-opioid therapy, including constipation, drowsiness, and dizziness.


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### Calculating Dosage

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

**Higher Dosage, Higher Risk.**

Higher doses of opioids are associated with a higher risk of overdose and death. A study of patients with chronic pain found that the risk of overdose and death increased as the daily dose of opioids increased. The risk of overdose and death was 2x higher for patients taking 100 mg or more of opioids per day compared to patients taking less than 100 mg per day.



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

Patients prescribed higher opioid doses are at higher risk of overdose and death.

**HOW MUCH IS SO OR SO IMMEDIATE FOR COMMONLY PRESCRIBED OPIOIDS?**

- Oxycodone: 10 mg
- Hydrocodone: 10 mg
- Morphine: 30 mg
- Fentanyl: 200 mcg

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CUSTOMER DRIVE N. BUSINESS MINDE D.

# Clinical Alerts

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- Still in development
- Prescriber must be registered to MAPS to receive alerts.
- Alerts will appear on user's dashboard. A notification will also be emailed, indicating there is a new alert available.
- Only the prescribers who have prescribed to that patient will receive alerts.
- Patient name on dashboard is a hyperlink; allows prescriber to review the prescriptions that triggered the alert (not the entire patient MAPS report).
- Alerts include:
  - Patients receiving concurrent opioid and benzodiazepine within same time period
  - Patients who meet or exceed prescriber and dispenser thresholds within a set time-frame (Ex: patient sees 5 or more prescribers and 5 or more dispensers in 6 months)
  - Patients who meet or exceed set daily Morphine Milligram Equivalents (MMEs)



# Controlled Substance Prescriptions Filled in Michigan by Year

	Total CS prescriptions dispensed	% change from previous year
2007	17,007,858	
2008	17,400,640	2.31%
2009	17,876,684	2.74%
2010	18,954,172	6.03%
2011	19,763,680	4.27%
2012	20,991,020	6.21%
2013	20,925,333	-0.31%
2014	21,069,043	0.69%
2015	21,656,005	2.79%
2016	21,266,020	-1.80%



# Contact

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For technical assistance, please contact Appriss' customer first center at:

- 844-364-4767

For policy or administrative assistance and more information about integrating with MAPS, please contact MAPS support:

- 517-373-1737 or [BPL-MAPS@Michigan.gov](mailto:BPL-MAPS@Michigan.gov)
- Info: [www.Michigan.gov/bpl](http://www.Michigan.gov/bpl), click on MAPS
- Integrations: Click on Software Integration Resources

For additional treatment resources and CDC Guidelines, please go to DHHS' website at: [www.michigan.gov/stopoverdoses](http://www.michigan.gov/stopoverdoses)



# Thank You & Questions?

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*Special THANK YOU goes to Governor Rick Snyder, Lt. Governor Brian Calley, and our legislative partners for their leadership and support of all these efforts and initiatives being carried out by the PDOAC; state regulatory boards; local, state, and federal law enforcement; health care associations; community groups; DHHS; and LARA as we all work together to fight and address this Opioid Epidemic.*

