The Opioid Epidemic: Michigan Doctors Seeking Solutions

Cara Poland, MD, of Spectrum Health in Grand Rapids, is working to find solutions.
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A pill. Then a needle.
Soon a full-blown national crisis
with intensely personal
consequences.

The United States finds itself in the middle
of an opioid abuse epidemic, but Michigan
physicians aren’t taking the crisis lying down.
They’re leading the battle for transformative
change in the way providers and regulators
think and monitor opioid prescriptions,
and rewriting professional education and
accountability standards to save lives.

A little bit of computer code and a lot of
physician leadership have Michigan on the
precipice of the kind of transformative
change that for thousands of residents a day,
may very well mean the difference between
life and death.
A Crisis Decades in the Making

It was a cool August day in 2015, with a breeze pushing through the Motor City that evoked visions of an early autumn. United States Attorney Barbara McQuade, flanked by nearly a dozen law enforcement leaders from the federal government and neighboring states convened an urgent summit in Detroit, and dropped a bombshell on the assembled press, chilling the air and rewriting policymakers’ understanding of opioid abuse in Michigan.

Michigan didn’t just have an opioid problem. Michigan had become a “drug pipeline,” exporting opioid and heroin abuse east to Pennsylvania, and south through Ohio into Kentucky, Tennessee and West Virginia.

If the announcement was a wakeup call for the general public, it was merely confirmation for the state’s physician community, which had observed and sounded the alarm about a growing crisis for years.

The public — and the policymakers with the power to address physicians concerns’ — were finally beginning to grasp the breadth of a crisis that was claiming thousands of Michigan lives each year, and was only getting worse.

Opioid abuse had already reached epidemic proportions the year before, with overdose and other opioid-related deaths skyrocketing across the nation, and closer to home here in Michigan.

According to data compiled by the U.S. Department of Health and Human Services (HHS), it was the deadliest year on record for overdose-related deaths in the United States.

Not surprisingly, the most common drugs fueling the crisis were prescription painkillers like Vicodin and Oxycontin, and heroin, the illicit drug individuals often turned to when pills were no longer available or effective.

The numbers are staggering. HHS reports that every single day in America, more than 650,000 opioid prescriptions are dispensed, 3,900 Americans first initiate nonmedical use of prescription opioids, 580 try heroin for the first time, and 78 people die.

Here in Michigan, a report from Trust for America's Health found that youth overdoses almost quadrupled in the state between 1999 and 2013. Deaths related to heroin doubled between 2009 and 2012.

And the Worst Was Yet to Come.

2015 was more deadly for opioid users and abusers than any year before. According to the Centers for Disease Control, overdose deaths in Michigan shot up 13.3 percent over the previous year, and 1,980 Michigan residents lost their lives.

The Great Lakes State now had the 7th highest number of fatalities in the nation, and was one of 19 states to see a statistically significant increase in opioid-related deaths over the previous year.

Among the others were five identified by McQuade, the United States Attorney, as all being part of the pipeline of pain meds flowing illicitly out of Michigan.

Cara Poland, MD, is a practicing physician at Spectrum Health in Grand Rapids, and the President of the Michigan Society of Addiction Management. She’s battled the crisis as it unfolded from the frontlines, and says the more physicians have learned about opioids, the more aware they’ve become of the dangers of addiction.

“‘There was a great awakening to the problems associated with pain beginning in the 1980s and it led to a sea change in the way physicians worked to combat it.’

—Fred Davis, MD

“‘There was a great awakening to the problems associated with pain beginning in the 1980s and it led to a sea change in the way physicians worked to combat it,’” said Dr. Davis, who also serves as the President and Chief Medical Officer of ProCare Pain Solutions, a company of North American Partners in Anesthesia, that manages pain practices at more than a dozen clinics across the state.

In 2011, the Institute of Medicine (IOM) published a sweeping report that identified pain as a public health problem, and an expensive one at that. According to the IOM report, preventable chronic pain affected at least 116 million adult Americans, and cost the United States as much as $635 billion annually, covering everything from direct costs like emergency room visits and hospital stays to lost productivity in the workforce.

The report recommended policymakers and health care providers increase awareness in the patient population about pain

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and its health consequences, while emphasizing comprehensive pain management and prevention.

It was part of a seemingly endless drumbeat of news, initiatives, and programs heralding a brave new age of pain treatment and awareness.

"Physicians were trained that opioids were safe and effective, and reimbursements were even tied to how patients believed their physicians felt their doctor was treating their pain," said Mark Weiner, MD, a board certified addiction specialist who serves as the Medical Director of Substance Use Disorders at St. Joseph Mercy Hospital in Ann Arbor.

Not surprisingly, as agencies, providers, and patients focused on combatting pain, the number of prescriptions skyrocketed.

More than 21 million prescriptions for controlled substances were written in Michigan in 2014, according to tracking data compiled by a bipartisan Michigan Prescription Drug and Opioid Abuse Task Force assembled in 2015 by Governor Rick Snyder.

"This is roughly four million more prescriptions than were written in 2007, despite the fact that Michigan's population slightly decreased over the same time period," noted the report.

The startling numbers rank Michigan 10th in the nation, per-capita, for the number of opioid pain killer prescriptions.

Physicians work hard to adequately and effectively treat their patients, including those suffering from chronic pain, but the accumulated effect of these treatments, insufficient training on opioids for both physicians and patients, and the exceedingly rare bad actor, has produced an insurmountable reality—there are just plain too many pills on the streets.

When Lansing started asking how Michiganders could fix the problem, physicians were already hard at work developing and implementing solutions.

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Physician Leadership When Needed Most

Tackling the problem starts, experts agree, with collecting solid data. Unfortunately, Michigan has long lagged behind the rest of the nation when it comes to the usefulness and effectiveness of the state's prescription drug monitoring system.

The old system is one that has confounded physicians almost since the day it came online, and embracing new and effective technology has long been the subject of intense lobbying by the state's physician community.

The Michigan Automated Prescription System (MAPS) is outdated, cumbersome, and ineffective. Physicians have for years demanded a fix to the system, and thanks to their persistence, Lansing is poised later this year, for the first time, to take their concerns seriously.

"In many respects, MAPS is the lynchpin of state policy as it relates to reducing drug diversion," MSMS President David M. Khovosky, MD, told lawmakers last spring during a hearing before the Michigan Senate Health Policy Committee.

The committee met to consider an effort to bring Michigan's prescription drug monitoring program up to speed with the 48 other states in the nation using online monitoring systems.

"A highly functioning prescription drug monitoring program provides physicians, pharmacists, and other professionals with valuable clinical information that can be used to detect and deter drug diversion," said Doctor Khovosky. "A highly functioning prescription drug monitoring program can also 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 electronic drug monitoring, implementing MAPS in 2002, when only a handful of other states even used the technology. The online program was rolled out as an upgrade to the cumbersome, paper-based Michigan Official Prescription Program.

Technology has changed a lot in the last 15 years, but MAPS hasn't.

Doctor Khovosky unpacked the problem during his testimony to lawmakers.

MAPS is slow. Trying to utilize the system within the course of a patient examination can be difficult. With lengthy processing times, the current system simply isn't consistent enough with other technologies to be used efficiently by prescribing physicians.

MAPS is not integrated. The program requires physicians to exit out of electronic health records or use multiple computers or terminals just to access the program. In an age when regulators routinely demand and patients expect electronic record keeping and lightning fast prescriptions and referrals, MAPS is the rare interoperability outlier.

But those are just the problems on the front end of the system. It's the back end where MAPS suffers most. The data it produces simply isn't user-friendly, spitting out raw and sometimes only partial data to physicians.

The result is a system that's hard to use, takes physicians away from their patients, and provides little meaningful benefit to prescribers and providers.

BUT HELP IS ON THE WAY.

"Addressing an epidemic of this magnitude requires a comprehensive set of policies," Doctor Khovosky testified. "Updating and upgrading MAPS is a crucial first step that will help Michigan better assess what other gaps need to be addressed to curtail prescription drug diversion."

MSMS staff and physicians from across the state have been working night and day with officials at the Michigan Department of Health and Human Services, and the Bureau of Professional Licensing to run the traps on a new reporting system, with the features, interoperability, and usefulness that have benefited physicians and regulators in other states for years.

A new system from a top-of-the-field developer called Appriss is on the way, and one that's on par with the systems being used in 42 other states. According to MSMS staff and physicians, it's a system with incredible promise as a weapon in the war against abuse and addiction.

The new and improved MAPS system provides seamless reporting in real time, features
near-instant upload speeds to help doctors focus on their patients instead of a computer terminal, and allows for the simple production of the mass reports so important to practice management.

Just as importantly in a state that's working diligently to cut off a drug export pipeline, the system is interoperable with the reporting systems being used in almost every other state in the nation.

The new system is a critical and exciting weapon in the state's anti-addiction arsenal, but physicians insist it's not a silver bullet.

Even with the Apriss system's incredible benefits, the physician task force says addressing the opioid crisis means taking additional important steps to educate providers, treat patients, and form strategic alliances.

**Fighting a Crisis on Multiple Fronts**

Staff and physician leaders from MSMS met routinely with the Governor's Task Force, driving the discussion and helping produce important recommendations for action at the state and local level to tackle the opioid crisis.

At the same time, MSMS launched its own multi-disciplinary Opioid Stewardship Initiative to build on preexisting strategies, including live educational activities, seminars, and free online and printed materials provided by the Physician's Institute for members unable to attend the live sessions.

That same fall, MSMS established its own internal, physician-led Task Force on Opioid Stewardship, to help guide and direct the physician community's strategic policy on opioid stewardship in the future, while identifying the tools and resources that would prove most useful to physicians and practices.

"The Task Force was created, in part, because we need to take ownership finding solutions, as physicians," says Doctor Poland, an addiction expert with Spectrum Health Medical Group. "Physicians are leaders and people look to us for best practices. This is a way for us to give back to the community and correct misinformation about pain and addiction."

There are only 134 board certified addiction medicine physicians in the state of Michigan, and just 4 of those are fellowship-trained. According to Doctor Poland, the dearth of addiction specialists illustrates the importance of an anti-addiction focus across the state's physician community, something the Task Force aims to facilitate.

"We need to partner with primary care doctors, with spine and pain doctors, orthopedic surgeons. Everyone. This isn't something that can be addressed by only one facet of the medical field," she says.

MSMS staff and physician leaders have identified numerous other priorities in the battle, from enhancing data sharing capabilities, fighting to ensure that patients with pain and opioid use disorders have coverage for the treatments and services they need to kick the habit, and advocating for increased overdose prevention strategies.

Physicians have been on the frontline in Lansing to embrace and promote so-called "Good Samaritan" protections designed to empower individuals who see a problem – or an overdose in progress – to get the victims the urgent help they need, without fear of prosecution.

Physicians also led the fight in 2016 to finally convince lawmakers to reject numerous bills that would have expanded the number of opioid prescribers in the state, for the first time ever giving full prescribing authority to 3,000 certified registered nurse anesthetists, without requiring any additional training.

Additionally, MSMS was a key player in the successful end-of-the-year push to convince lawmakers to increase access to naloxone for schools, first responders, members of the law enforcement community, and others.

Naloxone is an emergency medication used to block or reverse the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. Under the laws enacted last December, pharmacists have the ability to dispense the life-saving drug without a prescription, and schools with trained staff members have the ability to keep naloxone on-site in the case of an emergency.

"If we want to save lives, we need to get naloxone in our communities," says Doctor Poland. "It's a sign that the state is helping the medical community address this epidemic."

The MSMS Task Force late last year even entered into a new partnership with the Michigan Association of Treatment Court Professionals (MATCP), to combine forces when it comes to public awareness, education, and advocacy around drug diversion.

According to physicians, the most effective tool for change is improved education for patients and physicians alike.

When Mark Weiner, MD, speaks with patients, colleagues, and policymakers, he reminds them that the crisis isn't really about the drugs – it's about patients, and physicians remain their best health care interface and advocates.

"The most important thing we can do is provide better education and support for primary care physicians on the frontlines of patient care," said Doctor Weiner. "Solutions aren't easy, but the answer lies along the path of education and addressing the fears and concerns of patients and physicians alike. The goal is to have compassion for the patients as well as the doctors on the front lines who must handle these difficult cases."

Doctor Davis, the MSU medical school professor, agrees. "Individuals who go into medicine do it for the right reasons. They want to help people. We care about our patients and we are advocates for our patients."

At the end of the day, it's exactly that kind of advocacy that will turn the tide.

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**Apriss: Key Dates and Information**

**AS THE STATE OF MICHIGAN REPLACES THE MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS) WITH APRISS, PMP AWARXE SOFTWARE**

- March 9, 2017: PMP AWARXE registration available for new MAPS platform.
- April 3, 2017: Last day to submit requests and/or file submissions to the existing MAPS.
- April 4, 2017: All requests and reporting must go through the new system. Current MAPS accounts will no longer be accessible.
- Accounts from the current MAPS will not be transferred to the new system.
- All requests and reporting will be made to the current system through April 3, 2017.
- To request patient reports, please visit [https://michigan.pmpaware.net/](https://michigan.pmpaware.net/)