HFHS Guidance on Opioid Prescribing and use of the Michigan Automated Prescription System (MAPS) and the HFHS Start Talking Form

Updated June 8, 2018
Version 3

Henry Ford Health System (HFHS) is providing the following questions and answers to assist providers in complying with the new State of Michigan laws regarding the Michigan Automated Prescription System (MAPS) and the ordering of opioids and controlled substances. The below responses reflect both the official guidance from the State as well as Henry Ford policy, procedures and Epic functionality. We are aware that there may be gaps in these laws as they pertain to varying workflows and communication with your patients.

The following FAQs are separated into four sections. You can click on the link below to jump to a specific section.

HFHS and its association partners are continuing to work with the State of Michigan to refine the guidance on the laws but the below FAQs reflect the most current information available. As we receive updates from the State of Michigan, we will continue to communicate how these new laws affect you and the patients you serve.

This FAQ will be continually updated as HFHS transitions to these news laws. A current copy can always be found on OneHENRY/OpioidReduction.

For questions that cannot be answered by your clinical supervisor, please email: OpioidQuestions@hfhs.org. Your question will be addressed within 24 – 48 hours.

I: MAPS REPORTING

Effective Friday, June 1, for all controlled substance prescriptions, MAPS must be reviewed prior to the prescription being written.

1. **What is a MAPS report?**

   Michigan has a tool that helps prescribers identify patients that may be improperly seeking medication. This is Michigan's prescription drug monitoring program called the Michigan Automated Prescription System (MAPS). MAPS is used to identify and prevent drug diversion at the prescriber, pharmacy, and patient level.

   Per new State of Michigan laws, starting on June 1, 2018, all prescribers must now be registered with the MAPS and conduct a MAPS query prior to prescribing or dispensing a controlled substance to a patient.

2. **Where can I find the link to run a MAPS report?**

   In Epic, MAPS is a hyperlink within the CS II-V medication. MAPS is also found under the WebLinks tab.

3. **What time frame do I have to run a MAPS report?**
   It is recommended the MAPS report be conducted at or near the time of prescribing, optimally no more than 24 hours prior to prescribing. The MAPS query cannot be done AFTER the prescription is written.

4. **Who can review the MAPS report?**
   - Providers and prescribers must REVIEW the MAPS report.
   - A report may be obtained and printed for provider review by the provider's delegate.

5. **What is the responsibility of the delegate support staff in the inpatient or ambulatory clinic regarding MAPS?**

   The most important action for the support staff person is that he/she MUST be registered as a delegate with MAPS in order to pull a MAPS report for a provider.

   The delegate support staff can also give the educational form to the patient but a LICENSED HEALTHCARE PROVIDER MUST DO THE EDUCATION. A licensed

healthcare provider includes MDs, Advanced Practice Providers, and Registered Nurses (RN) and Pharmacists. Medical Assistant (MA) and Nurse Aides CANNOT provide the required opioid education.

In the case of a minor, the prescriber must sign that the education was provided.

6. **What can a Medical Assistant (MA) or Nurse Aide do?**

   A Medical Assistant or Nurse Aide:

   - CAN be a delegate for a provider to pull a MAPS report
   - CAN sign the HFHS Opioid Start Talking Form
   - CANNOT do the opioid education. Only licensed professionals can provide the education. A licensed healthcare provider includes MDs, Advanced Practice Providers, and Registered Nurses (RN) and Pharmacists.

7. **Is there a limit to the number of delegates a prescriber can have in MAPS?**

   The maximum number of active delegates a MAPs provider can assign is **10**. A provider may have additional delegates informally identified to serve as a delegate but the provider can only have 10 active delegates at any time assigned to his/her account.

8. **What is the maximum number of MAPS providers that a delegate can be assigned to?**

   A delegate can have **30** supervisors/MAPS providers.

9. **Can I place a copy of the patient's MAPS report into the patient's Epic EMR?**

   No. Henry Ford's policy is to NOT place a copy of the patient's MAPS report in their Epic EMR. There are regulations on who can view MAPS. Patients are not allowed to view their MAPS report.

   The provider can document a summary of the patient's MAPS report and place this summary into their Notes.

10. If the MAPS report cannot be placed into the EMR, can delegates running MAPS reports for the provider print the report prior to an appointment?

If a clinic wants to prepare for the patient prior to their appointment, the provider can review their patient list with the care team (RN, MA etc) and identify the patients that may need a MAPS report. The provider or the provider's delegate can then run the MAPS report on those identified patients.

After the provider has reviewed the MAPS report and seen the patient, the printed, confidential MAPS report must then be shredded or placed in an HFHS "Shred-It" bin within 24 hours.

11. Can I run a MAPS report on any patient?

No. The MAPS report is a confidential document. MAPS reports can only be requested for individuals who are a bona-fide patient of the licensed practitioner or by a covering prescriber, and there is a clinical indication to run a controlled substance report on the patient.

12. Is it a violation to prescribe a controlled substance, even though the MAPS report shows unsafe activity or controlled substance unsafe patterns?

It depends on the circumstances. Providers must use clinical judgement to decide prescribing. In some cases, it is perfectly acceptable to prescribe even in the face of an "unsafe" MAPS report. It is recommended that the provider documents the rationale in the clinical note. The law states it is up to professional judgment to prescribe.

13. If "unsafe" activity is identified in the patient's MAPS report, are we required to report the patient to law enforcement?

No.

14. What is the process at HFHS if our internet goes down and we cannot query a MAPS report?

In the event of an unplanned or planned downtime, the provider must do the following:

- Select "**No. I have not reviewed a MAPS Report**" in the medication order. This will open up a separate comment box. In that box, free text that a "MAPS query was not done because of a downtime."

- Print and complete the HFHS Opioid Start Talking Form
    - This form will then need to be scanned into Epic once Epic is accessible.
- Write the medication order on the appropriate intake downtime form.
- Run a MAPS report when the HFHS internet is back up.
- After the Downtime, some medications must be re-entered into MAPS

Additional Resources:

- All Downtime forms can be found here on OneHENRY/Helios.
- Clinic and unit staff should consider printing out extra copies of the Downtime HFHS Opioid Start Talking Form (form number: e-HFHS-521-0518) to have ready for use in the event of an unplanned Downtime.

15. What should the provider do if the MAPS system is down?

- In the medication order, select "**No. I have not reviewed a MAPS Report.**" This will open up a separate comment box.
- In that box, free text that a "MAPS query was not done because MAPS was not available."

If MAPS is down, the MAPS vendor, Appriss Health will work to get the system resumed. Also, through the system audit trail, MAPS will make sure that licensed dispensers are not impacted if they are questioned about not reporting to MAPS during the timeframe of a possible outage of MAPS.

16. What should I do if I notice an entry error in the MAPS report, for instance if a patient's name is spelled incorrectly?

If you believe there is an entry error, you can contact the MAPS helpdesk either by calling the toll-free support number (844-364-4767) for assistance or by contacting the program electronically at https://michigan.pmpaware.net/support to submit a ticket.

The user who submitted the information initially may correct inaccurate information by going to the Rx Maintenance tab in the MAPS program and correcting the entry.

17. Why is the time stated on my MAPS report different than the time I ran the report?

The difference in the time may be due to two issues:

1. The time on your device that was running the MAPS report. OR
2. Your profile once in MAPS.
    i. Click on your **profile**
    ii. Click on **Settings**
    iii. Change Time Zone

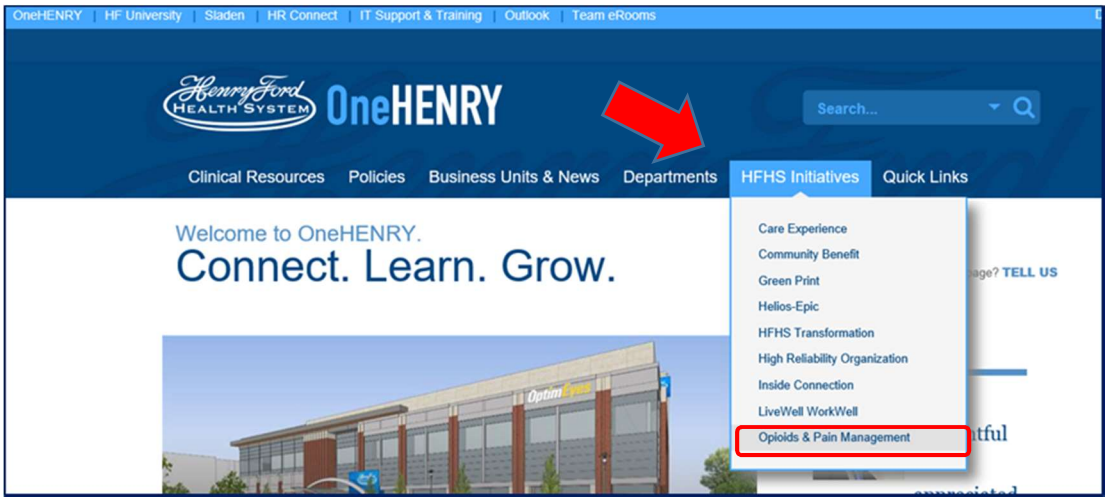
II: PATIENT EDUCATION/START TALKING FORM

State of Michigan law mandates that patients receive education regarding opioids before prescribing. See question #11 for what the education must include.

1. **Where can I find information and communication tools for patient and provider education?**

   A dedicated website has been developed on OneHENRY for all staff. This site includes communication tools for patient education, provider information, Epic functionality and legislative information. To access the site, follow these steps:

   - Go to OneHENRY.
   - Select the **HFHS Initiatives** tab towards the right of your screen.
   - Scroll down under this tab and select **Opioids & Pain Management**.
   - This will take you to the Opioids and Pain Management site.



2. **Who can provide the required opioid education?**

   Only a licensed person can provide the required opioid education. This includes MDs, Advanced Practice Providers, Registered Nurses (RN) and Pharmacists.

   Medical Assistants (MA) and Nurse Aides CANNOT provide the required opioid education.

3. **What education resources are available?**

   The AVS includes education, and there is information in HealthWise, here on HenryFord.com and this patient education brochure.

4. **What is the HFHS Opioid Start Talking Form?**

   The HFHS Opioid Start Talking Form is a standardized form developed by the State of Michigan to attest that the patient has received the required opioid education. It is not meant to replace education, which must be provided by a licensed person.

   The HFHS Opioid Start Talking Form must be completed for all new opioid prescriptions (regardless of number of days given). It needs to be completed at the first episode of acute and chronic treatment. Once the form has been completed and is in the electronic record, a new form does not need to be completed for continuation of care for the same episode.

5. **Where is the HFHS Opioid Start Talking form found in Epic?**

   The HFHS Opioid Start Talking Form will automatically appear in the AVS when an opioid medication order is signed electronically. The medication order can also be pended. The HFHS Opioid Start Talking Form will be auto-populated with required elements of the first prescription such as medication name, route, quantity, and number of refills.

   Once the AVS, with the HFHS Opioid Start Talking Form, is printed from Epic, it must be (1) signed according to directions on the form, and (2) scanned back into Epic.

6. **When does the HFHS Opioid Start Talking Form need to be signed?**

   Starting June 1, the HFHS Opioid Start Talking Form is needed in the following cases:
   - All new opioid prescriptions for patients who have not been on opioids.
   - Starting June 1, patients who are prescribed a renewal/refill or new opioid must sign the HFHS Opioid Start Talking Form.
   - For patients who have been on opioids in the past, but this is a NEW episode of care
   - For patients whose medication is being changed to an opioid
   - At the beginning of a chronic episode of care. For chronic care, a new Start Talking form is NOT required for every opioid prescription refill.

7. **Who can sign the HFHS Opioid Start Talking Form?**

   The HFHS Opioid Start Talking Form needs to be signed by:

   - The patient, the patient's representative or patient's guardian for minors in ALL cases
   - The prescriber for minors
   - For a non-minor, the staff person who signs the form can the prescriber, RN, MA, or CSR.

   Remember that the EDUCATION must be provided by a licensed medical professional. A licensed healthcare provider includes MDs, Advanced Practice Providers, Registered Nurses (RN) and Pharmacists.

   Medical Assistants (MA) and Nurse Aides CANNOT provide the education.

8. **What do I do with unsigned HFHS Opioid Start Talking Forms that HIM pulls from discharged inpatient charts? (these are unsigned forms that are now physically off the units and in HIM prep areas)**

   For unsigned and blank copies of the HFHS Opioid Start Talking Form that HIM receives from inpatient dischanged charts, HIM staff can discard the unsigned and blank forms.

   If an unsigned form has patient information on it, HIM must discard of the form in a confidential Shred-it bin.

9. **What is the workflow for HIM scanning the HFHS Opioid Start Talking Forms**

   HIM should scan a signed copy of the HFHS Opioid Start Talking form into Epic only. (Document List: Document Type of Opioid Start Talking Form and Status of Signed)

   We are compliant if a signed copy of the Opioid Start Talking Form is in the chart.

Reporting and monitoring will occur on patients' discharged with a prescription of an opioid (or in an ambulatory setting) and the signed scanned document type of Opioid Start Talking Form is present.

10. What is the workflow to sign the HFHS Opioid Start Talking form for prisoners who are patients of Henry Ford Health System?

Prisoners can sign the Opioid Start Talking form under supervision.

For prisoners at Henry Ford Allegiance Heath, prisoners should NOT sign their discharge paperwork or be informed of their discharge until their ride has arrived to take them back to their prison unit.

11. What is the education when a patient is prescribed a Controlled Substance (CS) that contains an opioid for a single course of treatment?

Before issuing the first prescription for a Controlled Substance (CS) containing an opioid for a single course of treatment to a **minor**, the prescriber must discuss all of the following topics with the minor, the minor's parent or guardian, or other adult authorized in writing to consent to treatment for the minor:

- The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.
- Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.)
- Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.)
- For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome.
- Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance.
- Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law

enforcement agencies. Information on where to return your prescription can be found at http://www.michigan.gov/deqdrugdisposal

- It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care professional.

12. In what situations or circumstances is consent or signature NOT required on the HFHS Opioid Start Talking Form?

The HFHS Opioid Start Talking Form is not required in the following situations:

- The minor's treatment is associated with or incident to a medical emergency;
- If the emergency is detrimental to the minor's health, in the prescriber's professional judgment, such as in the case of an emergency.
- If the minor is emancipated, the minor's parent or guardian consent/signature is not required. The emancipated minor must self-sign.
- Refilling chronic medications, once the initial HFHS Opioid Start Talking Form has been obtained AND as long as the treatment is the **same episode of care**.

13. How is acute pain defined?

Acute pain is defined as normal pain associated with an invasive procedure, trauma or disease that typically lasts for a limited amount of time and is usually identified as pain that lasts less than 90 days.

14. Can multiple opioids be included on one HFHS Opioid Starting Talking Form?

If a prescriber is ordering multiple opioids, all the opioids will print on one HFHS Opioid Starting Talking Form. However, if one opioid has been prescribed, and then provider switches to, another one, a new form is needed (i.e. new drug equals new form).

15. Can we send the HFHS Opioid Starting Talking Form to a patient via My Chart and have them fax/email back a signed copy?

You can send the form to the patient's MyChart account, have the patient sign and fax or email the form back to you. Upon receipt of the signed form, the medication can be ordered. BUT the education must have been provided by a licensed professional and a MAPS report must have been run before this occurs.

16. What is the workflow for the required opioid education for ambulatory/outpatient surgeries/procedures requiring post-operative narcotics (NOT inpatient or same day admission cases)?

Please keep in mind that the education should occur before the prescription is written/sent, the signing of the HFHS Opioid Start Talking Form may, by necessity, occur at some short time interval after the prescription has been electronically signed sent to the pharmacy. That is OK.

The Best Practice workflow for ambulatory/outpatient surgeries/procedures requiring post-operative narcotics is as follows:

- At the time of the Pre-Op discussion:
  - Provider/licensed delegate educates the patient regarding opioids at the time of the pre-op visit, if the provider feels that an opioid will be needed post operatively.
  - The education is documented in the Note.
  - The HFHS Opioid Start Talking form is not completed at this time.
  - Patient goes for surgery.
- Post operatively in PACU:
  - Provider/prescriber places the order for the opioid.
  - Provider/licensed delegate reviews MAPS and checks off the MAPS review box in the order.
  - Provider/prescriber signs the medication order, which then triggers the AVS and Start Talking form to generate.
  - PACU nurse gets the forms.
  - PACU nurse reviews medical record for evidence of documentation of the opioid education given.
    - If education is documented, then the PACU nurse has the patient sign the HFHS Opioid Start Talking form and then the PACU nurse signs in the "HFHS staff" field.
    - If no education found, PACU nurse contacts the prescriber or primary surgeon who is then responsible for education and documenting this in Epic prior to the HFHS Opioid Start Talking form being signed.
  - Signed HFHS Opioid Start Talking Form is placed in appropriate location for pick-up by HIMS for scanning into the record, unless PACU does direct scanning into Epic.
- Please see this tip sheet for additional workflow details: Patient Education Requirements Before a Controlled Substance Containing Opioid is Prescribed Upon Discharge for Ambulatory/Outpatient Surgeries/Procedures
  - This tip sheet is not applicable for Inpatient or Same Day Admission cases)

17. Does the Start Talking Form have to be completed for inpatient administration of an opioid drug?

No, for inpatient as well as outpatient surgical procedures, the form does not have to be completed given that the opioid is being administered while the patient is at the facility. For example, **administration** of the opioid for **inpatient** stay within, but not limited to, a hospital, freestanding surgical outpatient facility, skilled nursing facility, hospice, homes for aged, etc.

With regard to minor patients, please refer to the PA 246 of 2017, Section 7303b(2), for a list of exemptions to the form.

Please note the Michigan Public Health Code under Section 7103(1) defines administering of a drug as follows:

Sec. 7103(1) *"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or other means, to the body of a patient or research subject by a practitioner, or practitioner's presence by his or her authorized agent, or the patient or research subject at the direction and in the presence of the practitioner.*

Please note the Michigan Public Health Code under Section 7105(3) defines dispensing of a drug as follows:

Sec. 7105(3) *"Dispense" means to deliver or issue a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, or compounding necessary to prepare the substance for the delivery or issuance.*

III: LIMITATIONS AND ISSUES TO THE NEW LAWS

The new State of Michigan regulations mandate a maximum of a 7-day opioid prescription for acute pain.

1. **How do I handle renewing an order for a controlled substance that was placed before the new laws took effect?**

   Prescribing providers should be aware that if an order for a controlled substance was placed **before Wednesday, May 9,** providers will **NOT receive the question of whether a MAPS report was done when attempting to RENEW the original order**. The provider must then follow these steps to place the order.

   - The provider must **stop/discontinue the original order** and **write a new order**.
   - The provider CANNOT choose the medication from the patient's list and select "reorder." The provider must search for the medication and write a new order.
   - A new order will then trigger the required question that asks the provider if a MAPS report was done.

2. **Does the 7-day requirement apply to larger, and more complex surgeries, which may result in a patient needing more than a 7-day supply of opioids?**

   In instances involving major surgery, providers should review the definition of acute pain, and the patient's prognosis, and determine whether circumstances justify prescribing beyond a seven-day supply.

   View the List of Outpatient Pharmacy Controlled Substances for MAPS Reporting.

IV: TABLES

Required Forms and Documentation for Opioids and Non-Opioid Controlled Substances

OPIOIDS	NON-OPIOID CONTROLLED SUBSTANCES
✓ **MAPS Query** ✓ **Review EMR to assess risk** ✓ **7-Day Limit for Acute Pain** ✓ **Signed** HFHS Opioid Start Talking Form	✓ **MAPS Query** ✓ **Review EMR to assess risk**

Acute Pain versus Chronic Pain

Acute Pain **Pain that lasts for less than 90 days.**	Chronic Pain **Pain that lasts for more than 90 days**
✓ **MAPS Query ***	✓ **MAPS Query for every Rx ***
✓ **Review EMR to assess risk**	✓ **Review EMR to assess risk**
✓ **7-Day Limit**	✓ **30-Day Limit, NO Refill**
✓ **May be refilled after 7 days** • When refilled every 7 days for 90 days, pain becomes "chronic."	✓ **May be refilled after 30 days**
✓ **Signed** HFHS Opioid Start Talking Form **for first Rx ONLY.**	✓ **Signed** HFHS Opioid Start Talking Form **for first Rx ONLY.**
* Do NOT post-date prescriptions. MAPS query needs to be done for each Rx.	* Do NOT post-date prescriptions. MAPS query needs to be done for each Rx.

First Opioid Rx versus Subsequent Opioid Rx

FIRST OPIOID RX	SUBSEQUENT OPIOID RX
Before issuing an opioid prescription to a patient for other than inpatient use, the prescriber or another health professional must do the following	The Prescriber must provide all of the following information to the patient or the patient's representative as part of the Continuing Episode of Care. The following steps assumes that an HFHS Opioid Start Talking Form has already been done and is documented in Epic
✓ **Should be prescribed in person** ✓ **MAPS Query** ✓ **Review EMR to assess risk** ✓ **Prescribing Provider documents the encounter in Epic.** ✓ **Signed** HFHS Opioid Start Talking Form • When prescribing to a minor, the prescribing provider **must sign** the HFHS Opioid Start Talking form**.**	✓ **May be done by telephone encounter or telemedicine visit** ✓ **MAPS Query** ✓ **Review EMR to assess risk** ✓ **Refill may be done electronically** ✓ **Prescribing Provider documents the encounter via a Note or Telephone Note in Epic.** ✓ **Refer patient to Henry Ford Pharmacy Advantage home delivery service, if travel is a challenge.** • Education does NOT need to be repeated, if it was done when the opioid was first prescribed. • Additional HFHS Opioid Start Talking Form is NOT needed, if it was done when the opioid was first prescribed.