



2023 ANNUAL REPORT

ON THE ILLINOIS PRESCRIPTION DRUG
MONITORING PROGRAM

 DHS.PMP@illinois.gov  ILPMP.ORG



On behalf of the ILPMP we are pleased to provide the Fiscal Year 2023 Annual Report on the Illinois Prescription Monitoring program, also known as the ILPMP. The report demonstrates the program's success in monitoring Schedule II-V controlled substances, selected drugs of interest, and other health information for Illinois residents. The ILPMP serves as a valuable clinical decision-making tool for the state's healthcare providers.

The program aims to help healthcare providers prioritize patient safety; promote community health; prevent the misuse, and diversion of controlled substances.

ABOUT ILPMP

The ILPMP is an electronic database that collects, tracks, and stores reported dispensing data on Schedule II-V controlled substances, selected drugs of interest, and other health information.

The ILPMP is a clinical tool used to help ensure safety in prescribing and dispensing. Utilizing the ILPMP, healthcare providers can view 12 months of a patient's prescription history to aid in clinical decision-making and improve patient care.

The Illinois Department of Human Services (IDHS) oversees the ILPMP, authorized by the Illinois Controlled Substances Act (720 ILCS 570/316). The ILPMP adheres to HIPAA and all access, disclosure, and confidentiality provisions of Illinois Law.

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PMPnow Integration

The State of Illinois PMPnow integrates ILPMP information into a healthcare organization's Electronic Health Record (EHR), Electronic Medical Record (EMR), Office of the National Coordinator (ONC) Certified Health IT module or Pharmacy Management system. Under Illinois law, all locations that provide health care services and have an EHR, EMR, ONC Certified Health IT module or Pharmacy Management system are required to integrate with PMPnow.

PMPnow FY23 Highlights



**14,000+ connection
points in 1,500 +
Healthcare Entities**



**60,000+ Distinct
Users**



**100+ EHRs &
Pharmacy
Management
Systems**

Interstate Data Sharing

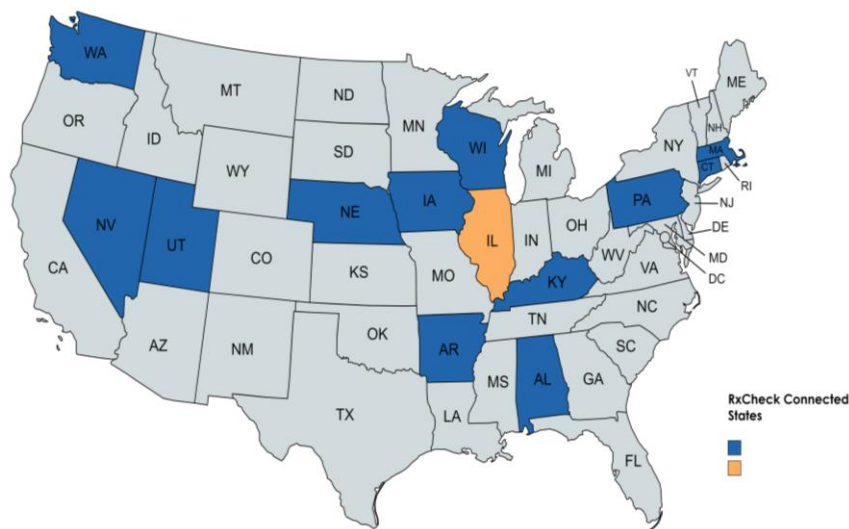
Prescription drug information-sharing strategies are an important part of combatting the national epidemic of prescription misuse and drug overdose deaths. It provides prescribers and dispensers prescription data across state lines and integrates prescription data access with electronic health record systems.

Within today's healthcare system, patients have multiple treatment options available which may entail visiting practitioners in other states. Individuals may also attempt to avoid detection when engaging in prescription drug diversion by crossing state lines. Electronic interstate data sharing will increase ILPMP data's utility, enhance patient care, and assist in deterring drug diversion.

ILPMP continues to share prescription information with 12 states, districts, territories and federal health systems through a data sharing platform called RxCheck.

RxCheck

This platform provides the ILPMP a no-cost solution for sharing nationwide prescription drug information. It was developed with support from the U.S. Bureau of Justice Assistance (BJA), using the Prescription Monitoring Information Exchange (PMIX) National Architecture specifications and was designed with the involvement of state PDMP administrators, private industry, and the federal government.



PMPnow Facts



Security

PMPnow offers encryption end-to-end.



Streamlined capabilities

PMPnow streamlined access to ILPMP data is **six** times faster than signing into the ILPMP database via website.



Wide range access

PMPnow provides access to other states' prescription information.

Secure connection

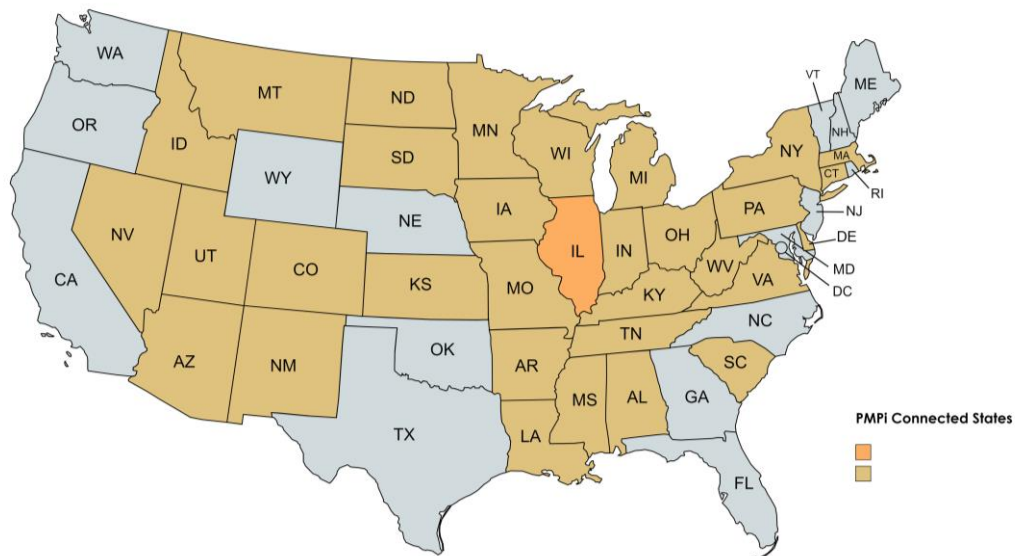
PMPnow is a secure one-to-one connection that gives healthcare providers streamlined access to ILPMP data without signing into the ILPMP database, making searches up to six times faster. The request and response have end-to-end encryption. Depending on the type of connection, healthcare providers can also view other connected states' prescription information.

Interstate Data Sharing

The benefits of state PMPs are enhanced by PMP InterConnect because the system provides the means for physicians and pharmacists to more easily identify patients with prescription drug abuse and misuse problems. Utilizing the program's connected web of information allows for best practice for prescribers to enhance patient safety and in the daily clinical decision-making process. PMPi is currently available via our website ILPMP.org.

PMPi

The PMP InterConnect (PMPi) is a nationwide hub provided by the National Association of Boards of Pharmacy (NABP) that allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide.



Funding

CDC OD2A

Centers for Disease Control and Prevention (CDC) Overdose Data to Action Grant – The opportunity supports jurisdiction in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts

SOR

Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) – This program addresses the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm, reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.

SPF – RX

Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework for Prescription Drugs (SPFRX) – The purpose of this program is to provide resources to help prevent and address prescription drug misuse within a State or locality.

Funding

OSF

Opioid Settlement Fund (OSF) – In 2021, nationwide settlements were reached to resolve all opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors – McKesson, Cardinal Health, and AmerisourceBergen and against manufacture Janssen Pharmaceuticals, Inc. and its parent company Johnson and Johnson. In late 2022, agreements were announced with three pharmacy chains – CVS, Walgreens, and Walmart – and two additional manufacturers – Allergan and Teva. In January 2023, each of those pharmacy chains and manufactures confirmed that a sufficient number of states had agreed to the settlements to move forward.

BJA

Bureau of Justice Assistance (BJA) Harold Rogers Prescription Drug Monitoring Program (PDMP) Grant – The program enhances the capacity of regulatory law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized agency.

Funding

ILPMP continues to expand its grant funding opportunities. Listed below is a view of how the ILPMP is funded and the total amount consumed in State Fiscal Year 2023.

ILPMP Funding for State Fiscal Year 2023					
Grant / Source	Start	End	Years	Funding	Consumed in SFY 2023
CDC Overdose Data to Action Grant	9/1/2019	8/31/2023	4	\$8,376,460.00	\$ 2,831,638.00
SAMHSA SOR	10/1/2022	9/30/2023	1	\$2,500,000.00	\$ 1,865,045.00
SPF RX	10/1/2022	9/30/2023	1	\$ 88,257.00	\$ 31,230.00
Opioid Settlement Fund	3/1/2023	6/30/2023	0.25	\$ 750,000.00	\$ 750,000.00
2019 Dept of Justice Harold Rogers	10/1/2019	9/360/22	3	\$2,000,000.00	\$ 492,082.00
2020 Dept of Justice Harold Rogers	10/1/2020	9/30/2023	3	\$2,000,000.00	\$ 817,502.00
2021 Dept of Justice Harold Rogers	10/1/2021	9/30/2024	3	\$1,650,000.00	\$ 515,450.00
General Revenue Funds	7/1/2022	6/30/2023	1	\$1,689,842.00	\$ 1,689,842.00
Total SFY 2023 Expended					\$ 8,992,789.00

GRF

General Revenue Fund – ILPMP can supplement projects with alternate funding to allow other OCAPS (Office of Clinical Administrative and Program Support) funding priorities.

Legislation

Public Act 103-0447 was signed into law August 4, 2023, which provides that the Department of Human Services shall not require electronic health records systems, pharmacies, or other providers to utilize a particular entity or system for integration with the Prescription Monitoring Program.

Clarifies EHR (Electronic Health Record) integration by defining integration requirements and provides for exemptions as deemed appropriate by the Department.

Clarifies requirements on what data fields need to be reported from retail pharmacies and the removal of outdated methods of submission.

ILPMP continues to submit legislative proposals to help strengthen the programs core outcomes and responsibilities. We strive to provide factual clinical information to help aid in the clinical decision-making process.

Advisory Committee

The Illinois Prescription Monitoring Program Advisory Committee (ILPMPAC) is established to aid in the implementation of the ILPMP and to advise the Clinical Director on the professional performance of prescribers and dispensers and other matters relevant to the ILPMPAC's field of competence.

Committee Charges

The committee is authorized to:

- 1) Evaluate and recommend changes to the Illinois Controlled Substances Act [720 ILCS 570];
- 2) Evaluate and recommend changes to the Administrative Rules regarding the ILPMP;
- 3) Recommend inclusion of training materials for prescribers and dispensers regarding Continuing Medical Education and Continuing Education programs;
- 4) At least on a semi-annual basis, review the contents of the ILPMP website (ilpmp.org) to ensure that the contents are current;
- 5) At least on a semi-annual basis, review opportunities for federal grants and other forms of funding to support projects to increase the number of EHRs integrating seamlessly to the ILPMP; and
- 6) At least on a semi-annual basis, review and prepare any communication to be sent to all registered users of the system relevant to prescribing and dispensing of controlled substances.

Peer Review Committee

The ILPMPAC is authorized to have a standing subcommittee, Illinois Prescription Monitoring Peer Review Committee (ILPMP PRC). The Peer Review Committee advises the ILPMP on matters related to the Advisory Committee's field of competence, reviews the professional performance of prescribers and dispensers, and develops communications to be sent to prescribers and dispensers. The deliberations, information, and communications of the Peer Review Committee are privileged and confidential.

Committee Charges

The Peer Review Committee shall:

- 1) Advise the ILPMP on matters relating to the advisory committee's field of competence
- 2) Establish a formal peer review of the professional performance of prescribers and dispensers
- 3) Develop communications to transmit to prescribers and dispensers

The purpose of the Peer Review Committee is to establish a formal peer review of the professional performance of prescribers and dispensers. The Peer Review Committee periodically reviews the data contained within the prescription monitoring database to identify those providers who may be prescribing or dispensing outside the currently accepted standard and practice for their profession. Because the data available in the ILPMP database may not provide contextual clarification regarding prescribing practices, the committee may request additional information regarding their professional practice. Per statute 720 ILCS 570/320, referral to Illinois Department of Financial and Professional Regulation (IDFPR) shall be made for failure to respond to the request for information, if the response to the request is considered unsatisfactory by the committee, or if the prescriber does not sufficiently rectify the practices identified by the committee as the potential for concern.

FY 23 Round 1 Results

The Peer Review Committee met twice; November 15th, 2022, and May 16th, 2023. The committee had access to review data for 29,870 prescribers. Seventy-three of the prescribers were sent a request for information letter and six of these prescribers were referred to IDFPR.

FY 23 Round 1 threshold:

Co-prescribing benzodiazepines and opioids to 15 or more patients for any three consecutive months

January– June 2022 Results:

- RFI (Request For Information) Letters: 38 prescribers
- Sufficient Responses (no further action needed): 6 prescribers
- Additional education needed – ILPMP provided Prescriber Risk Mitigation Toolkits: 30 prescribers
- IDFPR Referral Due to No Response: 2 prescribers

FY 23 Round 2 Results

Fiscal Year 2023 brought the addition of an Academic Detailing program, partnering with University of Illinois Chicago College of Pharmacy. This allowed the Peer Review Committee to recommend a more personal approach to provider education and on historical prescribing and new CDC guidelines.

FY 23 Round 2 threshold:

Co-prescribing benzodiazepines and opioids to 15 or more patients for any three consecutive months

July – December 2022 Results:

- RFI (Request For Information) Letters: 35 prescribers
- Sufficient Responses (no further action needed): 13 prescribers
- Additional education needed – Referred to Academic Detailing: 19 prescribers
- Additional education needed – ILPMP provided Prescriber Risk Mitigation Toolkit: 1 prescriber
- IDFPR Referral Due to No Response: 4 prescribers

STATISTICS

Shown in the table below are the ILPMP.org website and PMPnow statistics. This data can be found on the ILPMP.org website under the "Statistics" tab and on the monthly ILPMP Newsletter.

PMPnow had an extraordinary FY23. Monthly query totals averaged over 10 million per month. Queries for FY23 totaled 120,298,120. Organizational connections for FY23 totaled 258.

Additionally, within the first six (6) months of 2023, the PMPnow organizational connections have increased by 82 organizations.

ILPMP website and PMPnow FY23 Statistics

Month	New Users That Month	Total User Accounts	Total Number of PMP Prescriber Users	Total Number of PMP Website Requests	Total Number of PMPnow Connections	Total Number of PMPnow requests	Total Number of Law Enforcement Requests
July-22	366	79,243	57,711	818,667	1,340	7,519,791	28
August-22	391	79,633	57,961	1,065,723	1,370	10,175,211	46
September-22	3,729	83,361	62,190	979,678	1,423	10,849,734	37
October-22	2,111	85,464	63,595	982,748	1,444	10,455,868	57
November-22	620	86,075	64,177	1,072,487	1,467	9,537,704	51
December-22	458	86,519	64,553	989,908	1,479	9,813,936	46
January-23	253	86,764	64,700	1,104,719	1,502	10,240,151	81
February-23	219	86,977	64,838	999,361	1,516	9,646,602	50
March-23	215	87,192	64,975	1,070,735	1,542	10,974,892	86
April-23	185	87,371	65,110	875,464	1,555	10,003,645	59
May-23	259	87,630	66,816	988,875	1,571	10,682,078	36
June-23	4,614	92,235	69,851	861,555	1,584	10,398,508	60
YTD Total	13,420	-	-	11,809,920	-	120,298,120	637

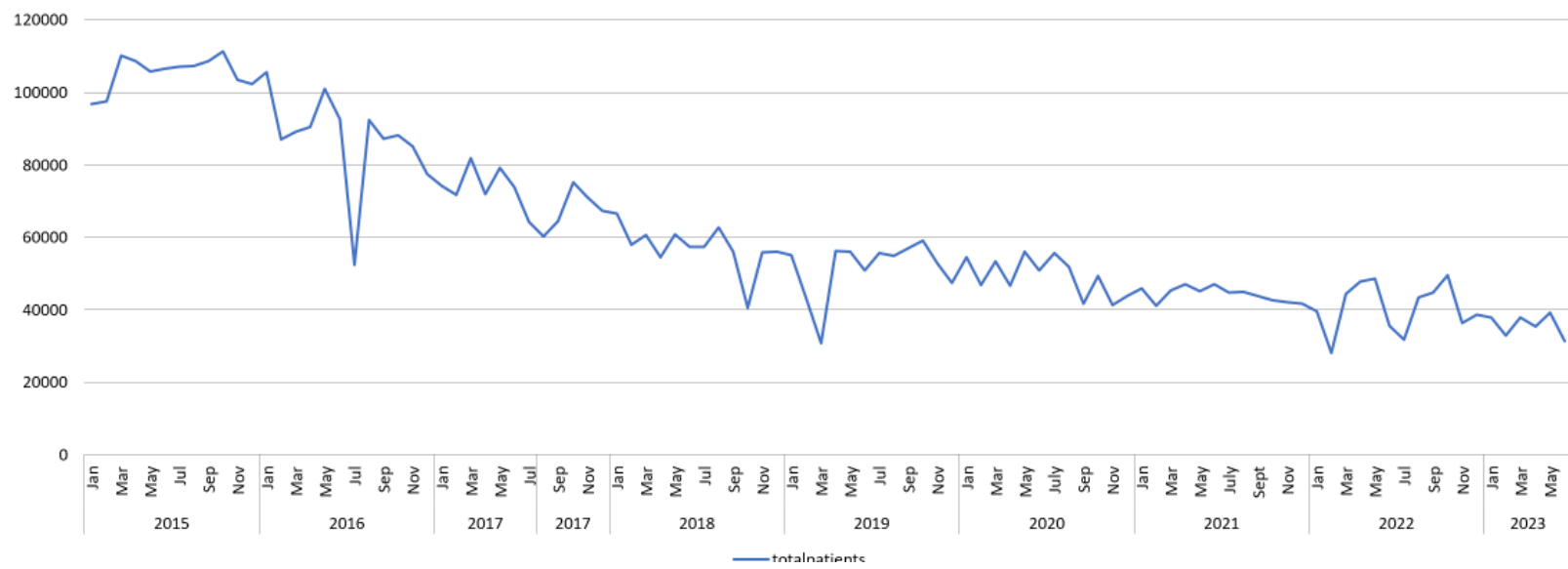
Prescribing Trends



The ≥ 90 MME threshold identifies opioid prescriptions dispensed at dosages that increase patient risk for experiencing unintentional overdose. CDC published new opioid prescribing guidelines in 2022 that focus on prescribing the lowest effect dose of opioids and highlighting risk associated with increasing dosages.



Patients Receiving Benzodiazepines and Opioids Concurrently



CONTACT US

 DHS.PMP@illinois.gov

 ILPMP.ORG

