Illinois Prescription Monitoring Program Peer Review Subcommittee Legislative Detail Report

Illinois Department of Human Services

Office of Clinical, Administrative & Program Support (OCAPS)

Prescription Monitoring Program

FY19

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Foreword

The Illinois Prescription Monitoring Program (ILPMP) was authorized by 720 ILCS 570/316 Illinois Controlled Substance Act as a state-run electronic database that tracks the prescribing and dispensing of controlled prescription medications to patients. The ILPMP collects information from retail prescriptions of Schedule II, III, IV and V drugs that are dispensed, except for hospital inpatients and drug abuse treatment programs licensed by the Department of Human Services, within the State of Illinois. Each time a Schedule II, III, IV or V drug is dispensed, the dispenser must transmit specific information to the ILPMP by the end of next business day after dispensing as described in Section 2080.100. The purpose of the program is to enhance prescribers' and dispensers' capacity to review a patient's medication history for therapeutic and clinical reasons.

Background

The Illinois Prescription Monitoring Program Advisory Committee (PMPAC) is authorized to have a standing peer review subcommittee. The peer review subcommittee advises the ILPMP on matters relating to the advisory committee's field of competence, reviews professional performance of prescribers and dispensers, and develops communications to transmit to prescribers and dispensers. The deliberations, information and communications of the peer review subcommittee are privileged and confidential.

With the passage of PA100-1093 which went into effect on January 1, 2018, the make-up of the Prescription Monitoring Program Peer Review Committee was changed by adding 6 additional members with varying areas of expertise. A concerted effort was undertaken to provide a balanced representation of the voting members of the Peer Review Committee. Once the members were identified based on recommendations by the respective state-wide associations and upon completion of their mandatory training regarding the Open Meetings Act and the Ethics Training for Commissions and Board Members the initial process of addressing the charge of the Peer Review Committee were undertaken.

Methodology

The initial work done by Peer-Review Subcommittee continued until the completion of the new membership could be established and engaged. The initial work of evaluating controlled substance prescribing, including prescribers prescribing higher than 90 Morphine Milligram Equivalents (MME) per day and/or the co-prescribing of opioids and benzodiazepines with or without sleep-hypnotics. The committee used the CDC guidelines as well as other supporting studies to develop a risk score equation weighting these variables to identify prescribers that may be at risk for contributing to opioid overdose. Once identified, it was decided that the first charge of the committee would be notification via unsolicited letter directed to the prescriber explaining their prescribing activity may be outside of the currently recommended guidelines based on the information available to the ILPMP. The intent of the letter was to be informative and non-punitive, the goal being to illicit changes in prescribing activity only if warranted by their own clinical judgement. The next charge is to engage the new committee to provide feedback on how identify trends in prescribing activity and request additional information regarding prescribing practices based on their varying areas of clinical expertise.

Additionally, as part of the committees charge to educate prescribers regarding opioid prescribing the peer review committee was tasked with testing and review of the newly implemented analytical tool, MyPMP, which aggregates data relating the indicators identified by the CDC. This tool now gives prescribers the ability to see if any of their patients are meeting thresholds identified by CDC as increasing patient risk of potential opioid overdose. These indicators include multiple provider episodes a potential indicator of doctor shopping defined by having been to 5 or prescribers and 5 or more pharmacies in a 6 month time-frame, high opioid doses defined by greater than 90 MME, overlapping opioids, or overlapping opioids with a benzodiazepine, or initiation of long-acting opioid when previously opioid naïve. Not only does this alert them if they are possibly prescribing outside the guidelines but it can help them identify patients at high risk who may benefit from early intervention.

Limitations

Some limitations of the data used to identify at risk prescribers may include the following based on the administrative code 77 section 2080.100 regarding dispenser responsibility:

- The validity of the data reported is subject to the limitations of the data collection process
- Missing prescriber taxonomy on the prescription
- Lack of specific directions on controlled substance prescription
- Lack of diagnosis on controlled substance prescriptions
- No unique patient identifier required to fill controlled substance prescriptions

FY19 Results

The peer review subcommittee convened twice during FY19 to review the data contained within the ILPMP to identify those prescribers who may be prescribing outside the currently established professional standards for their field of practice. During these meetings the committee members reviewed the prescribing activity of 32,992 prescribers. Based on a risk score equation developed in conjunction with the peer review committee members, and opioid prescribing guidelines set forth by the CDC, 1,313 prescribers were identified and notified of potentially prescribing outside of the recommended guidelines. There have been no requests for additional information made by the subcommittee at this time and no prescribers or dispensers were referred to the Illinois Department of Financial and Professional Regulation during FY19.

Final Note

The Department is committed to ensuring that our interventions do not disrupt access to controlled substance prescribing for legitimate medical issues. Additionally, the Department strives to improve our knowledge of clinical interventions through education and outreach.