

ILPMP Advisory Committee Meeting

Meeting Minutes

December 20, 2017

Opening

The regular meeting of the ILPMP Advisory Committee was called to order at 12:00 noon on December 20, 2017 by Sarah Pointer, Pharm D.

Participating Members

Sarah Pointer Pharm D, Scott Glaser MD, Mindy Nguyen MD, Helga Brake Pharm D, Christopher Herndon R.PH, David Liebovitz MD, Garry Moreland R.PH, Edward Rentschler DDS, and Eldon Trame MD.

Non-Participating Members

Julie Adkins NP, Jeff Alexander MD, Darin Jordan MD and Mindy Sanders PA.

Additional Speakers

Stan Murzynski (ILPMP), David Porter (ISMS)

Approval of Agenda

The agenda was unanimously approved as distributed.

Approval of Minutes

The minutes of the previous meeting were approved with the motion from Garry Moreland and Scott Glaser did second that motion.

Changes from last Minutes

Due to the majority (8 out of 11 responses) voted to maintain the Advisory Committee Meeting time at 12:00PM noon.

Peer Review Meeting update regarding letters to prescribers

NPI taxonomies have recently been incorporated into the spreadsheet. This will be sent to all members for input on which taxonomies to include when targeting primary care and Pain Management prescribers with greater than 90 MME's. Due to the increase in registrations, most letters can be sent through email. The remainder will be sent through certified mail. Helga forwarded the general letter to their medical executive forum (30 CMO's), to preview. All positive responses...letter was well written and did not appear offensive.

New information

Senate Bill 772 was signed by Governor Rauner last week. It is now mandated that all prescribers must be registered with ILPMP by January 1, 2018. EHR's must be integrated into the PMP by 2021.

Technical update

Current

*Links easier to view for new prescriber registrants

*Streamlined admin for quicker verification- any facility that's connected to the PMP, we can determine and provide user lists of those not yet registered

*New option for "forgot user name"

Working on

*IDFPR to streamline prescriber registration

*Automated activation

* Designee page to allow them access to PMP by 4/1/18

[Suggestion was made to revise PMP website- more user friendly and for registration guidance specifically for residents/fellows]

Registration stats

Current number of users = 42,306

Need verification = 3426

New accounts as of 12/17 = 5364

Massive increase of calls and registrations. Full voicemail. Working to automate the process for backlog of registrations. Offering OT to employees to catch up. Still exploring options. Went from 20 registrants/day to 760/day!

FAQ's

PMP compiling FAQ's, sending to committee members and association partners for concerns/suggestions before combining with IDFPR's "enforcement" FAQ's. IDFPR to send this collaboration as an email blast for us. PMP will post final FAQ's to their website.

FAQ's in need of further discussion:

Q. Who must register with the PMP?

A. ALL prescribers with controlled substance licenses must register with the ILPMP regardless of practice.

[Clarify "ALL" to include retired prescribers and even prescribers who have never written a controlled substance prescription]

[Confusion over facility vs. individual registration]

[Need for system that's consistent with either written policy or accepted use]

Q. What is considered "document the attempt to check the PMP"?

A. Prescribers and health care organizations are encouraged to develop their own internal policies to ensure compliance.

[Be careful not to assume that various internal policies are in compliance with the law]

[Pop-ups will not necessarily cause prescribers to access the PMP more frequently- need to re-visit to find an alternative]

Q. What constitutes an Initial prescription?

- Written policy required or develop consistent internal policy to ensure compliance
- Ambiguity over what constitutes "initial prescription"
- If all CII's are required to check PMP, what about a patient that has multiple CII's within 1 procedure – no pop ups for this
- How many times can you write this one prescription before having to check PMP?
- Need a revision for better ways to maximize PMP utilization
- Due to limitations, difficult for us to provide accurate data to enforce this compliance
- How will this be audited?
- Need Logicoy to develop identifier to track prescriber utilization on the EHR side
- Dispensers fear IDFPD will invalidate prescriptions (due to few checks on the PMP)

(Sarah will devise a work group to define initial prescription, discuss new IDFP rules for prescription counseling, and discuss check boxes and links to assure users/designees are compliant)

Work group volunteers: David Liebovitz, Darin Jordan, Eldon Trame, Garry Moreland, David Porter, and Sarah Pointer

Exemptions from checking PMP

*Oncology * palliative care *7 days or less in ER

*Controlled substances administered directly in a healthcare facility

Dental society and Urgent Cares should ask for review of law and amendment

Designees

RN's LPN's Pharmacy Technicians

According to administrative rules, designees must be licensed. Therefore, CMA's and pharmacy students (without a pharmacy technician license) are excluded- huge problem for small businesses that do not have nurses on staff and that were formerly allowed to use them. As for hospitals, we're developing hospital accounts that will have designees under them.

Prescribers should always have access to documentation by designees. EHR integration allows a link to the document in the alert so he can view it, then sign it later.

New Information

PMPnow rebranded in our marketing campaign to replace the term automated connection. We currently have 32 out of 37 projected connections (our goal by 7/1/18).

Suggestion was made to fast track multi state query on nearby neighboring states.

Outreach Strategies

1. Target large hospitals
2. Utilize partnerships for greater penetration and to gain med/small facilities
3. Work with outside advertising vendors

New Staff

Executive 1- Andy Hollo

Executive 1- Tammy Beatty

Administrative Assistant I- Lynette Thompson

Executive II- not yet filled

Open Discussion

After analyzing the data we collect through newly hired epidemiologist, it was suggested for us to collaborate with U of I and UIC for academic research and data sharing for research projects. PMP would be open to share data, once their current priorities have been met. Recent data sharing agreements have been made to allow for greater analysis- PMP will be working toward this.