**ILPMP Advisory Committee Meeting**

Meeting Minutes

August 31, 2021

**Opening**

The regular meeting of the ILPMP Advisory Committee was called to order at 12:00 p.m. August 31st by Sarah Pointer, Pharm D.

**Present Members**

Helga Brake Pharm D, Cara Brock Pharm D, William Campbell DO, Scott Glaser MD, Christopher Herndon Pharm D, David Liebovitz MD, and Garry Moreland RPh, Christina Morettin OD, and Edward Segal DDS, Shami Goyal MD, Mindy Sanders PA, Kenneth Candido MD

**Absent Members**

Julie Adkins APRN, Raechel Ferry-Rooney APRN, Ankur Dave MD

**Introduction**

Welcome and introduction of Tonya Miller, new ILPMP Administrative Assistant.

**Approval of Minutes**

The minutes of the previous meeting were approved as distributed.

**PMPAC Charges**

Attestation form:

-Developed to confirm all members are doing due diligence in meeting the charges set forth in statue. Form goes over charges and gives members a platform to make recommendations regarding charges set forth in statute.

-Dr. Pointer encourages committee to review the information on the website and to recommend any updates as new information becomes available.

-Members will be expected to respond & address attestation form.

Required trainings: DHS required trainings include HIPPA, Ethics, & Harassment. Dr. Pointer encourages all to complete these trainings as DHS requires 100% compliance. 2 members have not completed trainings.

**Legislative Update**

New published rules: EHR integration & Pharmacy Software Integration

-Published in June

-PMP intends to maintain direct 1-1 connection although it is not required to be directly with EHR vendor or EHR itself – allowing for connection through a certified IT module

-About 97% of hospital are in process with new integration.

-Major chain pharmacies wanted to connect via Appriss-PMP relays to these chains that a direct 1-1 connection is needed (vs the “one and done” model they would like to use)

-Dr. Pointer directs any questions regarding integration to the PMPnow Coordinator (Jen Erikson)

Remaining rules being submitted to JCAR on February 11th.

New rules being drafted to address in new legislation.

New legislation: three new bills that directly impacted PMP

-Public Act 102-0666: expanded EHR integration by allowing direct 1-1 connection through a certified IT module

-Public Act 102-0490: E-prescription mandate for CII-V; exemption for prescribers that prescribe less than 25 prescriptions per year

-Physicians must apply for exemption. Exemption to be granted by IDFPR.

-The prescribing of less than 25 prescriptions per year will be identified by IDFPR. Dr. Pointer assumes that IDFPR will be requesting info from PMP to confirm those prescribing numbers although no conversations have taken place between the two as of yet.

- PA Sanders asked when bill was passed and when bill goes into effect? Dr. Pointer gave effective date of January 1st, 2023

-Public Act 102-0527:

-OTP reporting to PMP with patient consent

-Dr. Pointer shares that OTP/methadone clinics were previously exempt from reporting to PMP until SAMSHA changed federal regulations that now allow OTPs to report to PMP with patient consent. If patient consent is given, information is only available for clinical purposes. Law enforcement is exempt from receiving this information.

-OTP data to be displayed in separate tab on website.

-Dr. Liebovitz suggested drafting the consent “by patients for patients” to encourage patients to see the importance of physicians having access to this information.

-Dr. Campbell also spoke of the need for OTP reporting based on personal experiences with patients as well.

-Doctor shopping threshold changed to 5-5-6.

-Same day reporting now effective immediately

-Giving pharmacies up to 6 months to update/change their software

-Garry Moreland, RPh encourages communication to let pharmacies know this bill has passed.

Proposals submitted to DHS legislation:

-Requesting all medications be reported to PMP.

-Requesting diagnosis codes/days supply be required on prescriptions for controls.

-Requesting medical administrator accounts that give permission to physician supervisors access to their prescribers prescribing information with consent of each.

-Reporting requirement cleanup – request to remove dispense date from required fields and to remove outdated references to providing data to PMP such as diskette/magnetic.

**Peer Review Committee Update**

June 2nd meeting

Dr. Pointer reminds members that a major charge for PRC is identifying prescribers that may be prescribing outside of the guidelines and submit a request for information letter.

-Request for information letters sent via certified mail to prescribers/dispensers requesting information regarding their prescribing; prescriber/dispenser has 30 days to respond to request with a total of 3 requests. After 3 requests with no response, PMP may refer to IDFPR.

CDC Technical Review – requested additional guidance and resources to clinicians identified as high prescribers to address clinical concerns around patient safety.

**Data Dashboard Update**

Dr. Pointer shared that Amna updated information regarding buprenorphine prescribing, >=90MME, and general statistics regarding opioids and other indicators from CDC.

**Outreach Plan**

Amanda has been working with our partners at SIU & UIC and Cook County & Southern counties LHDs to form a comprehensive outreach plan. These partners are helping with continuing education, academic detailing, and marketing efforts.

Other outreach plans/goals:

-Finalizing an association database

-Goal to create quarterly newsletter

-Website changes

-Social media

**Open Discussion**

N/A

**Next Advisory Meeting**

TBA

**Adjournment**

Dr. Pointer closed the meeting.

Minutes submitted by Tonya Miller and approved by Sarah Pointer, Pharm D.