**ILPMP Advisory Committee**

Meeting Minutes

December 13, 2022

**Opening**

The meeting was called to order at 12:00 p.m.

**Roll Call**

Roll call was completed, and a quorum was established. Members Present: William Campbell, DO; Dr. David Liebovitz, MD; Cara Brock, Pharm D.; Helga Brake, Pharm D; Chris Herndon, Pharm D; Garry Moreland, RPh; Ed Segal, DDS; Raechel Ferry-Rooney, APRN; Mindy Sanders, PA; Ricki Loar, APRN; and Erica Ittner, OD. Members Absent: Ankur Dave, MD; Scott Glaser, MD; Shami Goyal, MD; and Kenneth Candido, MD.

**Introduction of New Employee**

Dr. Pointer introduced Brittany Queen as the new Executive I for the ILPMP. Mrs. Queen will be assisting with legislative initiatives and PMP Advisory and Peer Review Committees.

**Approval of Minutes**

The committee approved the minutes from the March 22, 2022 meeting.

**Peer Review Committee Updates**

Dr. Pointer shared an update from the November 15 meeting: 38 requests for information letters were sent; 6 prescribers required no further actions, 27 prescribers will be sent education toolkits on risk mitigation strategies, 2 prescribers were referred to IDFPR for no response, and 3 prescribers have pending actions as their responses did not populate on PRC portal.

**Cumulative Reference Score Update: Chris Herndon, Pharm D. (SIUe)**

The data sharing agreement between SIUe/IDHS/IDPH was just completed. The proposed plan entails developing weighted models to apply against IDPH outcomes data. Then a model of best fit with subsequent weighting to each variable and trajectory of variables will be selected. The first model results may be available near the end of February 2023.

**Academic Detailing: Todd Lee, Pharm D. and Simon Pickard, PhD. (UIC)**

Dr. Lee shared the proposed approach to academic detailing of prescribers identified as having high-risk prescribing patterns. The academic detailing program will focus on 2 virtual visits. The first visit will be focused on chosen metrics (or a cumulative reference score) and the provider’s prescribing practices. The second visit would occur 6-8 weeks after initial visit and will be focused on updated CDC guidelines. The detailers should document the completion of visits.

* Dr. Lee and Dr. Pickard asked for feedback from the committee on the wording of the letter that will go out to prescribers to make sure it comes across as a positive step to improve clinical care.
* Helga Brake offered to meet with a group of CMOs across that State and share a draft to get their feedback/reactions to the letter.

**Epidemiology Report: Eric Huff, Pharm D.**

There are three goals for ILPMP epidemiology work including drug overdose rates, prescribing patterns, and targeted outreach. To reach above these goals, the ILPMP is taking a 5-step approach:

Step 1: keeping ILPMP Dashboard data updated for public use and education

Step 2: looking at prescribing patterns and outcomes

Step 3: social determinants of health

Step 4: geographic visualization

Step 5: analysis driven education

**IT Update: Amna Farooq**

The ILPMP collection vendor transitioned to LogiCoy in June 2022. As a result of this transition, we have improved many processes, making them more efficient.

The ILPMP is in the planning stages of a proactive notification system. This will be implemented on patient’s medical history page. Phase 1 focuses on the CDC indicator of benzodiazepine and opioid overlap. If the patient has an overlap, a notification will pop up on the patient medical history page to let the prescriber/dispenser know. Phase 2 will include email notifications to prescribers. Phase 3 will implement another feature within email where a user that gets a notification can acknowledge the notification to avoid alert fatigue.

The ILPMP has looked into multifactor identification. The ILPMP identified a few challenges with the multifactor identification, including taking more time to sign in, additional costs as it relies on a 3rd party vendor, and extra in-house resources and time costs. As of now, the ILPMP is not moving forward with multifactor identification but plans to revisit it in the future.

* Dr. Liebovitz shared that multifactor identification is safer and more efficient as it does not require frequent password changes.
* Dr. Pointer suggested further conversation in the future.

**PMPnow Update: Amna Farooq**

From January to October 2022, there have been a total of 84,301,835 PMPnow queries. This averages 8.4 million queries monthly. There is a total of 1,444 organizational connections and a total of 99 vendor connections.

**Legislative Update: Dr. Pointer**

Rule amendments were published on October 14, 2022. ILPMP is currently working on the responses to comments. Spring session proposals were submitted in May 2022. Only 2 of the submissions are moving forward. Both of these were findings from the audit; one entailed redefining EHRs and the second was further defining data fields that are required to be reported. Regarding the E-prescription mandate rules (PA 102-0490), Dr. Pointer did not have any updates from IDFPR. However, Garry Moreland shared that he had heard HB 2406 had passed the house and was awaiting Governor’s signature. This would push back the effective date to January 2024.

**Attestation Form Responses**

Recommendations for changes to the Illinois Controlled Substances Act:

* Change "addict" terminology to "individual with an addiction”: This was submitted with the Spring proposals but did not pass. Dr. Pointer was going to encourage SUPR to submit this same request with their proposals next year.
* Advanced practice pharmacists should be included as "prescriber" in the following section: (mm) “Prescriber”: ​Dr. Pointer suggested this be discussed more with the Legislative Sub-Committee.
* APRNs should not be required to list a physician when prescribing scheduled medications in the ILPMP. It is not evidence-based; in fact what is evidence-based is that APRN‘s are safer prescribers of controlled substances than physicians: Dr. Pointer suggested this be discussed more with the Legislative Sub-Committee.

Recommendations for changes to the Administrative Rules:

* Change “addict” terminology to “person with an addiction”: Dr. Pointer saw no reference to “addict” within the Rules.
* Section 2080.240  Mid-Level Practitioners Prescriptive Authority Reporting - This section only refers to APRNs with a "supervising or collaborating physician who has delegated prescriptive authority to a mid-level practitioner is required to log in and fill out the electronic form on the ILPMP website". There is no mention of APRNs with full practice authority.  In this case, the APRN with full practice authority needs to only name the "consulting physician" in the ILPMP: Dr. Pointer submitted this recommendation with the most recent rule amendment.

Recommendations for additional accredited continuing education programs related to prescribing and dispensing to include on ilpmp.org:

* The AAFP offer a CME for pain management that has some useful pearls.

Recommendations for additional programs and information developed by health care professional organizations that may be used to assess patients or help ensure compliance with controlled substance prescriptions to include on ilpmp.org:

* + The AAFP offer a CME for pain management that has some useful pearls.

**Reminders**

* + The updated CDC Guidelines have been published.
  + The committee should send updated CVs or acknowledge that their CVs have not changed.
  + 4-5 attestation forms are past due. Dr. Pointer encouraged committee members to complete these.
  + A few committee members are past due on mandatory trainings.
  + A few committee members’ terms are expiring. An email was sent to those members.
  + Next meeting will be scheduled before the end of fiscal year.

**Open Discussion**

None

**Adjournment**

The meeting adjourned at 1:30 p.m.

Minutes submitted by: Tonya Miller