ILPMP Advisory Committee Meeting

# Meeting Minutes

# March 15, 2017

## Opening

The regular meeting of the ILPMP Advisory Committee Meeting was called to order at 12:00 on March 15, 2017 by Randy Malan.

## Voting Members Present

Randy Malan R.PH, Julie Adkins NP, Helga Brake R.PH, Scott Glaser MD, Chris Herndon R.PH, Darin Jordan MD, David Liebovitz MD, Garry Moreland R.PH, Edward Rentschler DDS, Eldon Trame MD, and Mindy Nguyen OD.

## Voting Members Absent

Mindy Sanders PA-C

**Additional ILPMP Speakers:**

Craig Berberet, Stan Murzynski

## Approval of Agenda

The agenda was unanimously approved as distributed.

## Approval of Minutes

The minutes of the previous meeting were approved with the change of “HER” in line 9 to read “EHR” and the spelling of “integration”. Meeting notes from a special meeting on 10/5/16 for scheduling U47700 as schedule 1 were added. Motion was made to treat U47700 as schedule 1 by David Liebovitz, 2nd by Julie Adkins, passing unanimously.

Julie Adkins motioned to accept the minutes, Darrin Jordan 2nd, unanimous in favor.

## Open Issues

**Legislation**

House bill 2534 regarding synthetic drugs and analogs.

Senate bill 702 which moves U47700 to schedule 1.

Nurses Practices Act is now being considered for amendment to allow independent prescribing after 3000 hours collaboration with a physician. After 3000 hours, an application will still need to be made with IDFPR for independent practice prescribing.

Senate bill 1607 that would require all EHRs have interface capabilities to ILPMP before 1/1/2021. PMP has been recognized and listed on the DPH and HFS websites as meaningful use, the registration may occur faster than 2021. Funding for many of the interfaces is coming from the CDC grant which expires 9/31/19, thereafter, funding will need to be secured. Major concerns regarding server capacity, adequate staffing, help desk, support as well as long term vendor contracts were mentioned.

IDFPR Administrative Rule 2080.240, effective 4/22/15 requires all prescribers to enroll in PMP upon license renewal, which is in July 2017.

**Peer Review Recap on reporting and Unsolicited Mail**

During the Peer Review Committee meeting, an excel spreadsheet was provided that showed statistics of unidentified patients with opioid, benzo, and muscle relaxant combinations, along with type of prescriber, MME/day quantities, and showing Metro or Non-Metro location types for discussion. All of this information is being used to determine which prescribers should receive unsolicited mail from ILPMP.

An example of a patient letter was reviewed and placed on the agenda for the next meeting.

Peer Review committee is reviewing patients on combinations of Benzos, Opioids, and muscle relaxers, as well as concurrent uses of Suboxone or Buprenorphine. Discussions regarding sending individual unsolicited letters directly to the practitioners.

Concern regarding the amount of weight that the MME(Morphine Milligram Equivalent), is used to determine unsolicited letters was brought up and will be added to the next PMP Advisory Committee agenda.

**Freedom of Information Requests**

FOIA requests have a standard time frame of 10-15 days to respond. Simple queries and complex queries are both demanding developer time at alarming rates. There is a drain of resources being directed toward completing these requests, however, the prediction is that the future will hold exponential requests as the users and information available grows. Should the created queries be made available for the users after compiled?

**Automated Connections (PMP to EHR Interface)**

Electronic Health Record(EHR) to the ILPMP interface currently has around 11 clients with multiple facilities, creating over 220,000 automated interface requests to the PMP database in February alone. EHRs with readily available interfaces to PMP include: Meditech, Allscripts, EPIC, Cerner, G.E., Touchworks, and NextGen.

## New Business:

Discussions were held regarding whether Coroners and Medical Examiners should have access to the ILPMP data. Registering these users, potentially without DEA numbers, for a specified term, phishing, and ILPMP staff developmental time are concerns and may require an additional registration page be created. By maintaining the sign in page to require a box is selected stating that they have authorization to access this data and under what capacity, Interstate and law enforcement concerns all were brought up. **Motion Approved:** We should investigate further to determine if Coroners and Medical Examiners should have access to ILPMP data. Garry Moreland, Darrin Jordan 2nd.

## Agenda for Next Meeting

Coroner and Medical Examiners access to PMP data.

Unsolicited Patient Letters

Update on Automated connections

## Adjournment

Meeting was adjourned at 1:15 by Scott Glaser, Edward Renschler 2nd, all in favor. The next general meeting will be at 12:00 on June 21, 2017.

Minutes submitted by: Andrew Hollo

Approved by: [Name]