PMP Advisory Committee

Meeting Presenters:
Chair: Randy Malan

PMP Admin: Craig Berberet
March 15, 2017

PMP Advisory Committee

March 15th, 2017

12 Noon to 1:30 PM

I. Roll Call of Voting Members

II. Meeting Minutes from September 2016 meeting

III. DPH recommendation expanded access to PMP data

IV. Update on current legislation that could affect CSA or PMP

V. Update on IDFPR activity affecting PMP/CSA

VI. Discussion of summary data analysis for high use patients whose prescribers will receive unsolicited letters.

VII. Proposed Development by PMP Advisory Committee & invited participants in the development of Prescribers Risk Factors

VIII. Summary Report on IT issues affecting the PMP and the impact of recent FOIA requests on staff time.

IX. Summary Report on record count for Schedule II and Schedule III-V prescriptions.

X. Miscellaneous Issues

XI. Reminder of Next Meeting

XII. Call for Motion to Adjourn

ILPMP ADVISORY COMMITTEE MEETING

SEPTEMBER 21, 2016 12-1:30pm

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, and Eldon Trame MD.

Absent: Mindy Nguyen OD and Mindy Sanders PA-C

Guests: Meta Jo Floyd Ocaps Bureau Chief, Stan Murzynski ILPMP IT Department.

The June 15, 2016 copy of the minutes was sent to members. Eldon Trame made a motion to accept the minutes as written. Motion seconded by Julie Adkins. Motion carried.

This meeting will address changes in the Controlled Substance act that are related to the passage of Public Act 990480. It will deal with requirements of electronic intragration between HER and ILPMP. Patient profile review at 3-3-1 as opposed to 6-6-1.

Randy read the Administrative rules. Randy noted the updates were submitted regarding Administrative rule 2080.

ILPMP will audit designee accounts regarding the designees need to report. Eldon Trame made the motion regarding changes in employees must be reported within thirty (30) days. Motion seconded Scott Glaser. Motion carried.

Garry Moreland discussed the Naloxone dispensing in correlation to geographic areas. Garry Moreland made the motion to track Naloxone usage within geographic regions as a method to evaluate use in these areas. Motion seconded by Chris Herndon. Motion carried.

Rob Kane advised on collaborative practices. Rob stated a rule was added in 2015 for doctors to provide information regarding staff that needs to be registered. At this time some have not complied. As of July 2017 IFDPR will remind doctors to sign up on the ILPMP.

Being no further business Garry Moreland made a motion to adjourn. Julie Adkins seconded motion. Meeting adjourned.

The December 21, 2016 ILPMP meeting was cancelled due to the holidays.

Reminder:

ILPMP Peer Review next meeting: Thursday May 11, 2017 12:00-1:30p.m.

ILPMP Advisory committee next meeting: Wednesday June 21, 2017 12:00-1:30p.m.

From: Pho, Mai T.
Sent: Friday, February 24, 2017 1:31 PM
To: Malan, Randy
Subject: PMP access for all coroners / MEs

Hi Randy,

I hope you are well. I've had several conversations with county coroners and medical examiners regarding the opioid epidemic and the challenges in classifying overdose deaths as attributable to specific opioids. As you know, there are several challenges to our toxicology testing, including the inability to identify heroin outside of a tight time period after ingestion due to rapid metabolism into morphine and limited access to fentanyl and fentanyl analogue testing. The Cook County ME and others have suggested that access to the PMP file of individuals they are examining could help provide information on cause of death. While ME/coroners are licensed they may not have DEA numbers if they do not actively prescribe, thereby precluding them from registering for the PMP online. If there is a mechanism through which they may access the PMP, I think this would be highly impactful.

Thanks,
Mai

Current Legislative Issues Affecting PMP &/or IL.CSA

HB2708 **CONTROLLED SUB-INFO RELEASE** (DEMMER T) Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services may release information received by the central repository to select representatives of the Department of Children and Family Services through the indirect online request process. Provides that access shall be established by the Prescription Monitoring Program Advisory Committee by rule.

Current Status: 2/22/2017 - Assigned to House Human Services

State Bill Page: HB2708

HB2534 **CS-SYNTHETIC DRUGS AND ANALOGS** (BOURNE A) Amends the Illinois Controlled Substances Act. Requires that to be illegal a drug analog must not be approved by the United States Food and Drug Administration or, if approved, it is not dispensed or possessed in accordance with State and federal law. Defines "controlled substance" to include a synthetic drug enumerated as a scheduled drug under the Act. Adds chemical structural classes of synthetic cannabinoids and piperazines to the list of Schedule I controlled substances. Includes certain substances approved by the FDA which are not dispensed or possessed in accordance with State or federal law and certain modified substances.

Current Status: 2/22/2017 - Assigned to House Judiciary - Criminal

State Bill Page: HB2534

HB2708 **CONTROLLED SUB-INFO RELEASE** (DEMMER T) Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services may release information received by the central repository to select representatives of the Department of Children and Family Services through the indirect online request process. Provides that access shall be established by the Prescription Monitoring Program Advisory Committee by rule.

Current Status: 2/22/2017 - Assigned to House Human Services

State Bill Page: HB2708

SB892 CONTROLLED SUB-INFO RELEASE (TRACY J) Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services may release information received by the central repository to select representatives of the Department of Children and Family Services through the indirect online request process. Provides that access shall be established by the Prescription Monitoring Program Advisory Committee by rule.

Current Status: 2/15/2017 - Assigned to Senate Human Services

State Bill Page: SB892

SB2011 CONTROLLED SUB-SCHED II (BIVINS T) Amends the Illinois Controlled Substances Act. Provides that a registered pharmacist filling a prescription for an opioid substance listed in Schedule II may dispense the prescribed substance in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient provided that the prescription complies with the requirements of the Act. Provides that the remaining quantity in excess of the quantity requested by the patient shall be void. Provides that if the dispensed quantity is less than the recommended full quantity, the pharmacist or his or her designee shall, within a reasonable time following a reduction in quantity but not more than 7 days, notify the prescribing practitioner of the quantity actually dispensed. Provides that nothing in this provision shall be interpreted to conflict with or supersede any other requirement established in the Act for a prescription of an opiate substance or any requirements or conditions for drug substitutions established in the Act. Effective immediately.

Current Status: 2/28/2017 - Assigned to Licensed Activities and Pensions

State Bill Page: SB2011

HB312 **Amends the Nurse Practice Act.** In provisions concerning scope of practice, written collaborative agreements, temporary practice with a collaborative agreement, prescriptive authority with a collaborative agreement, titles, advertising, continuing education, and reports relating to professional conduct and capacity, changes references of "advanced practice nurse" and "APN" to "advanced practice registered nurse" and "APRN". Provides that a written collaborative agreement is required for all postgraduate advanced practice registered nurses until specific requirements have been met. Provides

that postgraduate advanced practice registered nurses may enter into written collaborative agreements with collaborating advanced practice registered nurses or physicians (rather than collaborating physicians or podiatric physicians). In provisions concerning prescriptive authority for postgraduate advanced practice registered nurses, sets forth the requirements for postgraduate advanced practice registered nurses to have prescriptive authority and the limitations of such authority. Defines "full practice authority" and provides requirements for it to be granted to an advanced practice registered nurse. Removes provisions concerning advanced practice nursing in hospitals, hospital affiliates, or ambulatory surgical treatment centers, except the provision for anesthesia services and the provision requiring advanced practice registered nurses to provide services in accordance with other Acts. Makes other changes. Effective immediately.

http://www.ilga.gov/legislation/100/HB/10000HB0312.htm

HB0313 Amends the Regulatory Sunset Act.

Amends the Regulatory Sunset Act. Extends the repeal of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Defines "focused assessment", "full practice authority", "oversight", and "postgraduate advanced practice nurse". Changes references of "advanced practice nurse" and "APN" to "advanced practice registered nurse" and "APRN" throughout the Act. Replaces provisions regarding nursing delegation with provisions that prohibit specified actions. Provides other guidelines for delegation of nursing activities and medication administration. Makes changes to education program requirements, qualifications for licensure, the scope of practice, and continuing education for LPN and RN licensees. Provides that a written collaborative agreement is required for all postgraduate advanced practice registered nurses until specific requirements have been met. Provides that postgraduate advanced practice registered nurses may enter into written collaborative agreements with collaborating advanced practice registered nurses or physicians (rather than collaborating physicians or podiatric physicians). In provisions concerning prescriptive authority for postgraduate advanced practice registered nurses, sets forth the requirements for postgraduate advanced practice registered nurses to have prescriptive authority and the limitations of such authority. Makes changes to provisions concerning the grounds for disciplinary action under the Act. Requires the Department of Public Health to prepare a report regarding the moneys appropriated from the Nursing Dedicated and Professional Fund to the Department of Public Health for nursing scholarships. Makes other changes. Effective immediately.

http://www.ilga.gov/legislation/100/HB/10000HB0313.htm

HB707 Amends the Illinois Controlled Substances Act. Provides various penalties for knowingly withholding information from a practitioner from whom a person seeks to obtain a controlled substance or a prescription for a controlled substance. Provides that a health care practitioner with the intent to provide a controlled substance or combination of controlled substances that are not medically necessary to his or her patient or an amount of controlled substances that is not medically necessary for his or her patient, may not provide a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, or concealment of a material fact. Provides that a violation is a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense. The fine for the first offense shall be not more than $100,000. The fine for each subsequent offense shall not be more than $200,000.

http://www.ilga.gov/legislation/100/HB/10000HB0707.htm

SB0702 Amends the Illinois Controlled Substances Act. Adds 3,4-Dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide (some trade or other name: U-47700) as a Schedule I controlled substance. Effective immediately.

SB1607 Amendment 001 Amends SB1607 by replacing everything after the enacting clause with the following:

720 ILCS 570/314.5. **Medication Shopping**

a-5) Before issuing a prescription for a Schedule II, III, IV, or V controlled substance, a prescriber or his or her designee shall access the prescription monitoring program to determine compliance with this Section

d)…, the Prescription Monitoring Program **shall**, issue an unsolicited report to the prescribers, dispensers, and their designees informing them of the potential medication shopping. **A prescriber who receives the report, either personally or through an agent at his or her place of practice, shall be prohibited from issuing a controlled substance to that same person unless the prescriber signs a statement on the prescription acknowledging receipt of the report. If a pharmacy or pharmacist receives a prescription for a person he or she knows or should know to be the subject of the report, and the prescriber fails to provide the required acknowledgement, the pharmacy or pharmacist must contract the prescriber and obtain a signature on the acknowledgement before filling the prescription.**

f) Within one year of the effective date of this amendatory Act of the 100th General Assembly, the Department shall adopt rules requiring all Electronic Health Records Systems to interface with the Prescription Monitoring Program application program on or *before January 1, 2021* to ensure that all providers have access to specific patient records during the treatment of their patients. These rules shall also address the electronic integration of pharmacy records with the Prescription Monitoring Program to allow for faster transmission of the information required under this Section. The Department shall establish actions to be taken if a prescriber's Electronic Health Records System does not effectively interface with the Prescription Monitoring Program within the required timeline.

g) The Department, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription Monitoring Program to authorize a designee to consult the Prescription Monitoring Program on their behalf. The rules shall include reasonable parameters concerning a practitioner's authority to authorize a designee, and the eligibility of a person to be selected as a designee.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER XV: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
PART 3100 ILLINOIS CONTROLLED SUBSTANCES ACT
SECTION 3100.85 APPLICATION FOR MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE

Section 3100.85 Application for Mid-Level Practitioner Controlled Substances License

a) An individual applicant for a mid-level practitioner controlled substances license shall file an application on forms provided by the Department. The application shall include:

1) The physician assistant or advanced practice nurse license number. The license shall be active and in good standing;

2) The license number and controlled substances license number of the delegating or collaborating physician or collaborating podiatrist;

3) A delegation of controlled substances in Schedules III through V or any specific controlled substance in Schedule II shall be electronically input under rules set forth for DHS' Prescription Monitoring Program (77 Ill. Adm. Code 2080). A printout of the inputted delegation may serve as written notice of delegation of prescriptive authority if it is signed by the physician or podiatrist and the schedule of controlled substances or the specific Schedule II controlled substances that the mid-level practitioner may dispense or prescribe is listed. A separate notice of prescriptive authority shall be submitted by each supervising or collaborating physician or collaborating podiatrist; and

4) The required fee.

b) For physician assistant or advanced practice nurse controlled substance licenses issued on or after August 11, 2011 authorizing the prescribing and dispensing of Schedule II controlled substances, applicants must meet education requirements in accordance with Section 303.05 of the Act.

c) Any advanced practice nurse or physician assistant who writes a prescription for a controlled substance without having valid prescriptive authority may be fined by the

Department not more than $50 per prescription, and the Department may take any other disciplinary action provided for in the Act.

d) Nothing in this Section shall be construed to prohibit generic substitutions as provided in Section 25 of the Pharmacy Practice Act [225 ILCS 85/25].

e) Pursuant to the Humane Euthanasia in Animal Shelters Act rules (68 Ill. Adm. Code 1248), a euthanasia agency applicant for a mid-level practitioner controlled substances license shall file an application on forms provided by the Department. The application shall include:

1) The euthanasia agency license number. The license shall be active and in good standing;

2) The required fee as stated in Section 3100.30.

(Source: Amended at 39 Ill. Reg. 3656, effective February 27, 2015)

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER X: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER e: CONTROLLED SUBSTANCES ACTIVITIES
PART 2080 ELECTRONIC PRESCRIPTION MONITORING PROGRAM
SECTION 2080.240 MID-LEVEL PRACTITIONERS PRESCRIPTIVE AUTHORITY REPORTING

Section 2080.240 Mid-Level Practitioners Prescriptive Authority Reporting

In order to prevent erroneous association of prescriptions and remain compliant with the PMP, any 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 PMP website (www.ilpmp.org) detailing what prescriptive authority he or she has delegated in compliance with the Act. It is incumbent upon the collaborating or supervising physician to keep this record up to date. The form will require, but is not limited to, the following data fields:

a) Mid-level practitioner's information necessary for the electronic PMP form:

1) Name (First, MI, Last);

2) DEA number;

3) Profession; and

4) Mid-Level Practitioner's Professional License Numbers.

b) Delegating physician or podiatrist:

1) Name (First, MI, Last);

2) DEA number;

3) Profession; and

4) Mid-Level Practitioner's Professional License Numbers.

c) List of drugs delegated.

(Source: Added at 39 Ill. Reg. 6421, effective April 22, 2015)

High Utilization Patients

January 2017 Review:

Total Patients Reviewed:	500	
Pts whose prescribers will Receive unsolicited letters:	11	2.2%
Pts profiles retained for Additional review:	73	14.6%
Pts with no action taken:	416	83.2%

February 2017 Review:

Total Patients Reviewed:	162	
Pts whose prescribers will Receive unsolicited letters:	3	1.85%
Pts profiles retained for Additional review:	29	17.9%
Pts with no action taken:	130	80.25%

Additional review on February Report

16 Patients on either Suboxone or Buprenorphine Plus an Opioid:	9.88%
35 Patients on a Benzodiazepine & Opioids:	21.6%
12 Patients on Carisoprodol, Benzo & Opioids	7.4%

(Scott Glaser's Draft Letter)

Dear patient's name:

This letter of concern to you comes from the members of the Illinois Prescription Monitoring Program. This is an electronic statewide monitoring program of all prescriptions for controlled substances in Illinois. These are prescriptions for medications with the potential for abuse, misuse, addiction, overdosage, and accidental death.

You are receiving this letter because of our concerns for your safety. You have received .. prescriptions for .. different controlled substances over the previous .. months. We are fully aware that there may be legitimate health reasons for each prescription. However, it is our responsibility to contact you and your providers to ensure that there is coordination of care if, in fact, there is a legitimate medical need. These medications alone or in combination with eachother have significant risks and awareness of all of the patient's prescriptions is paramount to ensuring safe

It is also our responsibility to investigate this situation to the extent of sending these letters to both you and your providers to verify that you are not developing an unhealthy relationship with the medication. The risk of developing a substance abuse disorder with these controlled substances has been estimated to be as high as 20% of individuals exposed to them for medical care. Such a condition is associated with compulsive rather than controlled use of these medications and a growing psychological dependence on the medication. If this is a concern, please seek help as soon as possible with a substance abuse center, an addictionologist, or at least your primary care provider.

Additional Evaluation Regarding Prescriber Activity

Freedom of Information and Media Requests - Impact on PMP Staff Time

- FOIA and Media requests are due within 10-15 business days
  - Grant reports and applications
  - Complex Queries for Aggregate Data
- Complex Queries
  - Over 100 hours of staff time invested
  - Server time/capacity used
  - Completely stop current projects which delay goals and activities

FOIA and Media Requests - Complex Queries

- County based, opioids by NDC number, by year (2008-2016), MME conversion factor, total MME, total pills
- Number of PMP users by county
- Unique patients with Rx by county
- Unique Dr. with patients (5-5-6)
- Total PMP queries by county 2011-2016
- Estimated 182 hours staff time
- **Solution?**
  - Recommendations
  - Post data to PMP website

Number of Prescriptions Collected

2015

- II –
- III –
- IV –
- V –
- Total -

2016

- II – 7,321,037
- III – 1,068,836
- IV – 8,015,921
- V – 713,980
- Total – 17,119,774

Automated Connections

Facility - # of Sites	February 2017 Requests
• Anderson Hosp. – 5	• 8,963
• Springfield Cli – 102	• 14,943
• NW – 15	• 5,964
• Dreyer – 13	
• PCI Pain – 6	• 944
• Rockford Mem – 12	• 96,389
• Lawndale – 6	• 390
• Blessing – 8	• 1,642
• Access Comm H. 36	• 87,108
• Rush Univ. – 80	• 269
• Lake County -	• 4,671

E.H.R.s Connected to PMP

- Meditech
- AllScripts -Module
- EPIC - Module
- Cerner – Module discussions
- G.E.
- Touchworks
- NextGen

- Contact Craig to set up connection to your E.H.R. – craig.berberet@illinois.gov
- Laura will be advertising in newsletters, articles, etc…

Next Meeting:
June 21, 2017

Meeting Adjourned