ILPMP Advisory Committee Meeting

Meeting Minutes

June 20, 2018

**Opening**

The regular meeting of the ILPMP Advisory Committee was called to order at 12:00 noon on June 20, 2018 by Sarah Pointer, Pharm D.

**Participating Members**

Julie Adkins NP, Helga Brake Pharm D, Christopher Herndon R.Ph, David Liebovitz MD, Garry Moreland R.Ph, Eldon Trame MD, Edward Rentschler DDS, and Sarah Pointer Pharm D

**Non-Participating Members**

Mindy Sanders PA, Jeff Alexander MD, and Scott Glaser MD

Note - As of June 12, 2018, Mindy Nguyen OD (after submitting her official letter of resignation) has been removed from the ILPMP Advisory Committee.

**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 Chris Herndon R.Ph, and David Liebovitz MD did second that motion.

**Old Business – Peer Review meeting “letters” update**

Approximately 1,500 prescribers were sent MPE alerts notifying them of their patients meeting or exceeding thresholds associated with doctor shopping. More to be sent at month end. No feedback yet.

All prescribers in the state were reviewed based on average MME/day as well as a composite prescribing reference score devised by the peer review committee. The committee decided that prescribers exceeding 90 MME/day and / or those with a composite prescribing reference score of 1.5 or greater (on a scale of 0-3) would be notified that they may potentially be prescribing outside of the recommended guidelines.

**Legislative update**

It was noted that both HB4907 and SB2952, have passed both the House and Senate, although they do have conflicting information.

SB2952, will which is the most stringent will be followed in the event both are signed. SB2952 introduces the following changes to the Advisory Committee:

* Licensed *and* unlicensed designees allowed access to PMPnow
* Meetings will change from quarterly to semi-annually

(members concerned on the rationale behind this, especially regarding the crucial timing of the opioid crisis – suggestion was made to create subcommittees to meet in between the semi-annual meetings to offer input (as needed)

* Chair will no longer be the clinical director, but a person that is nominated by the committee
* The makeup will be 16 members, instead of the current 12. The additions are to include 2 physicians, 1 APN, and a licensed veterinarian. Podiatrist were removed from the committee.

(nominations will be taken from the organization pertinent to each position)

 Administrative rules will need to be addressed, once this bill is signed.

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 Registrations and queries have increased dramatically, although there are tracking limitations to the PMP. PMP has collaborated with IHA Medical Executive Forum to create a monthly workgroup to address concerns while drafting the administrative rules. IDFPR approved examples of chart documentation attesting to the attempt to check the PMP prior to writing a CII opioid prescription as sufficient documentation in the patient’s chart. The goal is to have EHRs incorporate this piece as they build their interfaces to connect with us.

**Technical update**

There are over 100 hospitals connected/pending to the PMPnow. Several PMPnow outreach projects are in place. RxCheck Hub Pilot in process which will result in inner state data sharing (significant value to PMP). Opioid data dashboard shows steady rise of searches: accessible through PMP website under “Reports and Stats”. Currently working on a Naloxone distribution page. Designee registration pages are being tested, for those not yet connected to the PMPnow. We will be adding designee groups to address SB2952 once it is signed.

**Project update**

Academic detailing: this 12-week project went “live” at the end of May 2018. Prescribers are engaging and receptive. We will receive an update from a UIC representative in July 2018 (half way point).

 Continuing Ed contract with SIU: developing 5 modules for the year to educate pharmacists, physicians, and prescribers on the PMPnow and on how to handle at-risk patients.

 Community outreach: monthly newsletter released. County reports created for the local county health departments in the delta region to know what issues and interventions are needed.

**New Pilot Projects**

Final phases of receiving medical marijuana data (those certified to receive card) from IDPH. We will then match that with PMP data, and attach the information to their PMP profile.

Working with Public Health and receiving data from EMS to document those who have received Naloxone (14,000/year) on their PMP profile, to better identify opioid use and abuse.

Pilot with Public Health and CDC grant on coroner/medical examiner access to better functionalize data sets. 17 coroners allowed direct access to PMP data on their deceased patients. We forward the information to Public Health and ask coroners to allow us access to toxicology reports to see which drug was used in the over dose.

**Miscellaneous Issues**

IDFPR requiring PMP to acquire IGA to gain addresses for “pharmacy letters” send.

Concern over pharmacies/pharmacists reporting incomplete information, incorrect information, and errors in an untimely fashion. PMP has requested these reports, at the time of each occurrence, to ensure data changes are completed at that time and remain current. Request was made for IPHA to alert all pharmacies on the importance of immediate reporting to allow for more accurate presentation of information. IPHA suggested sending a list of non- reporting pharmacies to IDFPR for intervention. Suggestion was made to revisit a pharmacy compliance plan for direction. The IT team at Atlantic Associates will be asked to assist in providing the data needed to identify which pharmacies are non-compliant, due to lack of reporting.

According to the numbers, there is also a need to increase pharmacist and dentist registrations. Hoping to address dentist registrations with their license renewal (IDFPR) running through September 30, 2018. Strong need to bring awareness to the public and politicians of how prescription drug use is evolving into an illicit drug epidemic, through education, tools, and alternative treatment suggestions.

Attention was brought to ongoing veterinary issues, regarding repeated requests for controlled substances from their owners with the discouraging lack of knowledge of the PMP data.

 **Adjournment**

Garry Moreland R.Ph motioned to adjourn the meeting at 1:09pm. Julie Adkins NP did second that motion, with all in favor.

The next Advisory Committee meeting is scheduled for Wednesday, September 19th, 2018.

Meeting minutes submitted by Lynette Thompson. Approved by Sarah Pointer Pharm D.