ILPMP Advisory Committee Meeting

Meeting Minutes

September 19, 2018

**Opening**

The regular meeting of the ILPMP Advisory Committee was called to order at 12:00 noon on September 19, 2018 by Sarah Pointer, Pharm D.

**Participating Members**

Helga Brake Pharm D, Christopher Herndon Pharm D, Garry Moreland RPh, Mindy Sanders PA, Eldon Trame MD, all of whom joined the meeting by phone, and Sarah Pointer Pharm D.

Today’s meeting continued with a quorum of 5 ILPMP Advisory Committee members, in lieu of the recent loss of 2 voting members.

**Non-Participating Members**

Julie Adkins NP, Jeff Alexander MD, Scott Glaser MD, David Liebovitz MD, and Edward Rentschler DDS

**Approval of Agenda**

The agenda was unanimously approved as distributed.

**Approval of Minutes**

The minutes of the previous meeting were approved as distributed, with the motion from Mindy Sanders PA. Eldon Trame MD did second that motion.

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

1,239 prescriber letters were sent, based on their individual composite prescribing reference scores. 24 of these prescribers, after refining data from feedback, will be monitored on their prescribing trends for a year. With assistance from the Peer Review members, a letter will be designed and sent to those who have shown a downward prescribing trend.

**Legislative update**

HB 4650 has been signed. It allows 1 pharmacy director, from each of the 9 Medicaid managed care entities, access to the PMP, for clinical purposes only.

SB 2952 has also been signed. It allows licensed and non-licensed designees to access the PMP and decreases the Advisory committee meeting times from quarterly to semi-annually. Members were asked for organization recommendations to replace and add new members to the Advisory and Peer Review committees. The following organizations were suggested: ISMS, IAFP, AAP, ISAPN, IAPA, ISVMA, IPHA, ICHP, and IRMA.

All changes for the new Advisory committee will go into effect January 2019. The number of members will increase from 12 to 16, which includes the following *additions* to the current protocol: 2 physicians, 1 APN, 1 PA, 1 optometrist, 1 veterinarian, and a clinical representative from a statewide organization that represents hospitals. There will no longer be a podiatrist member on the Advisory committee.

All changes for the new Peer Review committee will also go into effect January 2019. The number of members will increase from 5 to 11. Member changes include an addition of a pharmacist. New member positions will include 1 APN, 1 PA, 1 Optometrist, 1 Dentist, and 1 Veterinarian.

SB336 was signed, which amends the Compassionate Use of Medical Cannabis Pilot Program Act. Components of this amendment include removing the fingerprint requirement for new program applicants, an Opioid Alternative Pilot Program to provide access to medical cannabis for those with physician documentation of an opioid prescription and allows for IDPH to issue provisional access to a licensed medical cannabis dispensary until applications have been complete.

PA100-0564 - Weekly internal meetings are being held by ILPMP to revise Administrative Rules surrounding this act. The request was made for volunteers from the associations to join a PMP Administrative Rules Subcommittee, which would meet with ILPMP to listen to the revision and recommend changes, to ensure that the needs of each association are being considered. It will be taken back internally for final approval, before submitting the final request for the suggestions and changes to be made. Volunteers for the subcommittee include the PA’s (Mindy Sanders), veterinarians (Don Brainard/Deborah Lakamp), and pharmacists (Garry Moreland). Others are welcome to join by submitting an email request to Sarah Pointer or Lynette Thompson.

**Technical Update**

Jennifer Erickson was introduced as the new PMPnow Project Manager. She led the discussion on the team’s outreach projects, with focus on hospital connections via email and mass email. Strategies include education on the upcoming mandate, communication with EHR vendors and registered PMP users, association collaboration efforts, and PMPnow education by 2 licensed pharmacists with physicians/communities of the central and southern regions. There was introduction of the new PMP website landing page with a link for user information, communication, feedback, and frequently asked questions. Statistical data was presented to the committee showing continual growth of connections, spike in new users, and a 500% increase of queries within the past year. Members were also shown the 3 data sets that were recently added to the PMP website which provides discharges of patients that have overdosed, and those with a

**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.