Illinois Opioid Crisis Response Advisory Council Meeting

February 15, 2018

MEETING MINUTES

Dr. Maria Bruni, Assistant Secretary of Programs, welcomed the group and thanked everyone for their participation. She shared that the Governor's Task Force is meeting tomorrow (February 16, 2018) and is continuing its review of the Council's recommendations, goals and metrics.

Illinois Prescription Monitoring Program Presentation

Craig Berberet, Illinois Prescription Monitoring Program (PMP) Administrator, introduced his team: Sarah Pointer, Clinical Director; Edward Dowllar, Clinical Database Coordinator; and Stan Muryznski, IT Director. Mr. Berberet and his team gave an overview of the PMP's current and planned future activities. (Please see the attached meeting handouts for more information).

- Senate Bill 722 (SB722), which took effect on January 1, 2018, mandates that all prescribers possessing an Illinois Control Substance license must register with the PMP. This has resulted in a massive influx of PMP registrations (there have been 25,573 registrations since December 2017). The PMP is six weeks behind on registration verifications, and staff are working overtime to get registrations verified as soon as possible.
  - When individuals register with the PMP and pass authorization checks, they receive an email stating that their registration has been accepted and that activation of their account may take up to six weeks.
  - Several Council members asked whether prescribers who were waiting for PMP registration verification would be considered out of compliance. They reported that there is a great deal of confusion and concern among providers about verification delays. Mr. Berberet confirmed that individuals are in the PMP system as soon as they register; they can prescribe while they wait for verification and are not out of compliance if they do so. Assistant Secretary Bruni suggested that the Illinois Department of Financial & Professional Regulations (IDFPR) be consulted, and that IDHS/DASA, PMP and IDFPR would work together to write a formal statement on compliance and good faith efforts to check the PMP while waiting for registration verification. This statement and information about the registration verification process will be posted on the PMP website, and shared with providers via a Smart Alert.
- Mr. Berberet and his team gave an overview of several PMP projects. (Please see the attached meeting handouts for the full list of PMP projects). Specific projects discussed in detail at the meeting include the following.
  - **Letters to high prescribers**: The PMP is sending letters out to high prescribers that includes information about CDC prescribing guidelines and the Helpline. The letters also include information about prescribers' high-risk patients, defined as someone who has had 5 prescribers/5 pharmacies in a six-month period or 3 prescribers/3 pharmacies in a one-month period. Letters encourage prescribers to connect patients to the Helpline and to use Helpline resources to refer patients to treatment.
  - **Online law enforcement access**: Law enforcement officers who have an active investigation with probable cause can submit a request to access the PMP. PMP administrators verify that the request is valid (i.e., the request includes an active case #, the individual making the request is a law enforcement officer) before granting access. Law enforcement access is covered by law under 720 ILCS 570/381. See http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1941&ChapterID=53 for more information. Council members raised several concerns about law enforcement access and whether 42CFR Part 2 rules apply, which would require a court order for law enforcement officers to gain access to the PMP. It was noted that many county coroners fall under the law enforcement definition and rely on the PMP for death investigations and confirming fatal opioid overdoses. It's important that coroners and medical examiners have access to the PMP for death investigations. The PMP will

revisit how coroners and medical examiners access the PMP and what is needed to ensure their continued access.
    - **Hot spot reports**: The PMP is sending reports with de-identified data to county health departments to alert them about hot spots and encourage them to notify providers. For example, a report might state "you may have 2000 people in your county who meet criteria for being high risk patients". This project is currently underway in Chicago and downstate, and the PMP hopes to expand this project state-wide. The PMP also hopes to create a monthly newsletter that would include hot spot information.
    - **PMPnow**: PMPnow is the automated connection for facilities (hospitals, clinics, etc.) to interact with the PMP and connect with patient electronic health records (EHRs). PMPnow features include patient identity resolution, interstate data, and MPE/MME (multiple provide episode/morphine milligram equivalent) calculators. Council members who use PMPnow gave very positive feedback, noting that it's easy to use and provides information quickly. PMPnow has ten times the number of searches compared to the website. The PMP will connect any healthcare organization (dentist offices, substance use treatment providers, pharmacies) that would like to receive PMP data to PMPnow.
    - **Freedom of Information Act (FOIA) requests**: The PMP receives many FOIA requests. These requests can take up to 30 hours to complete, taking PMP resources (i.e., staff time) away from other projects.
    - **Designee access**: A designee is a licensed healthcare professional (e.g., nurse, pharmacy technician) who works with a prescriber who is registered with the PMP. Prescribers can authorize up to three designees to access the PMP. Go to http://www.ilga.gov/commission/jcar/admincode/077/077020800002100R.html for more information about PMP designee access. The PMP is doing beta testing now for designee access. If you are interested in helping with this beta testing, send an email to dhs.pmp@illinois.gov. Put "designee beta testing" in the subject line of your email.
    - **Academic detailing:** The PMP is working with the University of Illinois at Chicago (UIC) to provide academic detailing (one-on-one education about prescribing guidelines) to high risk prescribers. Pre/post analyses are being conducted to determine whether receipt of academic detailing changes these providers' prescribing practices. The project is being piloted at UIC and will be rolled out to Southern Illinois University.
- Council members asked whether mandatory PMP use has reduced opioid prescribing rates in Illinois. Given the January 1, 2018 implementation of SB722, it was suggested that PMP data from December 2017 to June 2018 could be analyzed to determine whether new initiatives (i.e., SB722) have decreased high risk opioid prescribing.

Illinois Opioid State Targeted Response (STR) Grant Update

Dr. Richard Sherman, IDHS/DASA Opioid STR Grant Project Director, gave an update on this project. (Please see attached meeting handouts for more information).

- The Opioid STR project is funded by SAMHSA via monies allocated in the 21st Century Cures Act. IDHS/DASA received $16,328,583 per year for each of the two years of the project, for a total of $32,657,166.
- Year 1 funding began on May 1, 2017. Projects funded in Year 1 and preliminary results include:
    - **Expanded outpatient methadone treatment (OMT**): As of February 8, 2018, 1,513 clients have been admitted to OMT. Preliminary results show significant changes from baseline (treatment enrollment) to six-month follow-up for several outcomes. Clients reported decreased substance use, increased abstinence, and fewer emotional problems due to substance use. They were also more likely to be employed.
    - **Expanded recovery home services for people with opioid use disorder (OUD) who are receiving MAT**: 22 clients have been admitted to these services.
    - **Vivitrol assisted services for county jail inmates**: 184 people have received services in 8 county jails throughout the state; 93.5% of released offenders have been admitted to community-based services.

        - Council members reported problems connecting people who receive Medicaid to Vivitrol providers. IDHS/DASA Deputy Director Kirby mentioned that there is a Vivitrol provider directory available online. The site is https://www.vivitrol.com/find-a-provider. IDHS/DASA is working with Alkermes to compile a comprehensive list of Vivitrol prescribers for the Helpline, as part of the effort to improve access to all three forms of MAT medications. The Helpline website will be launched this Spring at https://helplineil.org/.
        - Council members suggested expanding these services to include methadone and buprenorphine. Assistant Secretary Bruni noted that SAMHSA will not pay for services provided in jail, only for services provided to inmates who are about to be released to the community. Using STR funds to expand MAT services at re-entry would require participation from individual county jails, as well as approval from SAMHSA.
    - **Hospital warm hand-off services for people with OUD**: 844 patients have received services at six hospital emergency departments throughout the state; 82.9% were admitted to the treatment providers (primarily OMT) to which they were referred.
    - **Community outreach/linkage/referral services**: As of December 2017, 2,108 people received outreach services, 766 screened positive for opioid use and expressed an interest in treatment, 459 completed a linkage meeting and 363 completed a treatment intake meeting.
    - **Rush Hospital multi-disciplinary programs**: As of January 31, 2018, Rush provided SBIRT services to 1,149 inpatients, 286 of whom screened positive for substance use disorder, with 93 of these individuals screening positive for OUD.
    - **Illinois Helpline for Opioids and Other Substances**: The Helpline received 1,312 calls as of February 8, 2018.
    - **Improved EHR opioid-prescriber reporting**: There are 27 PMPnow connections and 31 planned PMPnow connections.
    - **Expanded naloxone distribution services**: To date, 1,685 individuals across the state have received naloxone training; 2,294 naloxone kits have been distributed and 152 opioid overdose reversals have been reported.
- Year 2 will begin on May 1, 2018. Opioid STR Year 2 projects will include a pilot Hub & Spoke model. IDHS/DASA plans to use data regarding MAT prescriber and OTP distribution to inform the RFP for the Hub & Spoke pilot.
    - Council members suggested that Year 2 monies include projects that could build infrastructure and help sustain prevention and treatment services after SAMHSA funding ends.
    - OMT is now covered through the state's Medicaid plan. Given that many people will now receive OMT through Medicaid, IDHS/DASA is re-evaluating the further expansion of these services.

Ending Opioid Misuse (EOM) and Guard and Discard Public Awareness Campaigns
Prevention First has launched two media campaigns. Funded by Opioid STR monies, these campaigns are designed to bring greater awareness to the general public about opioid use, treatment and recovery, and safe disposal of prescription drugs. Council members are encouraged to order and distribute posters and postcards throughout their communities. To view and order Ending Opioid Misuse in Illinois materials, click https://www.prevention.org/EOMPosters. To view and order Guard and Discard materials in English click https://www.prevention.org/GuardandDiscardEnglish. To view and order Guard and Discard materials in Spanish, click https://www.prevention.org/GuardandDiscardSpanish. For more information, contact Kim Zambole at Prevention First: kim.zambole@prevention.org.

March and April 2018 Council Meetings
The March Council meeting has been cancelled. Instead, we will hold a three-hour meeting in April. The Governor's Task Force will share its review of Council and Committee recommendations at the April meeting. Information about the April 16th meeting time, and Chicago and Springfield locations, will be sent soon.