



ISMS Members Making It Work – Illinois Prescription Monitoring Program

Two ISMS members are using a powerful free resource to make a difference in combating prescription drug abuse. As pain physicians, Sandeep D. Amin, MD, and Asokumar Buvanendran, MD, evaluate several patients a day in their office. Routinely, they use the Illinois Prescription Monitoring Program to check that opioid pain medication is not being overprescribed.



Sandeep D. Amin, MD

The Illinois Prescription Monitoring Program (PMP) is an electronic database that collects information on controlled substance prescriptions. Prescribers and dispensers of controlled substances can search information on this system, which is updated weekly. The PMP is designed to help stop “doctor shopping,” i.e., patients going from one doctor to another to get multiple prescriptions for powerful and addictive pain medications.



Asokumar Buvanendran, MD

Value of the PMP

For Dr. Amin, the PMP has become an essential tool. “Before the PMP we were blind, as physicians, to a patient’s prescription history. The only way to find out if a patient was abusing medications was by calling the pharmacy or performing a urine drug test. The PMP gave doctors a blueprint, so that prescribers can now know where patients are getting prescriptions and how much they are getting,” said Dr. Amin.

“Almost every time I prescribe a Schedule II narcotic I use the PMP,” says Dr. Buvanendran. “It allows me to see whether the patient has multiple prescriptions for narcotics or they’ve never had a narcotics prescription before. What I see in the PMP helps me in my conversation with a patient as well as in setting their dosage.”

“Overall, the PMP is a very useful tool that keeps patients safer and should make physicians more comfortable when prescribing these medications,” said Dr. Amin. “The use of the PMP has become a routine part of our practice.”

Routine use of the PMP has prevented numerous cases of doctor shopping in their offices. “We have had

patients come in for first-time consultations for pain who have said they are not on any pain medications or their prescription has run out,” said Dr. Amin. “When we pull their information in the PMP we see they just had a script filled for 180 OxyContin the week before. We print that out and show it to the patient and ask them about it,” says Dr. Amin. “The patient will give some excuse or explanation. A lot of them don’t realize this tool exists. Typically we won’t see that patient again.”

Why Use the PMP

With all the administrative work and thousands of computer clicks a physician executes on a daily basis, it may be easy to overlook the PMP. That would be an important missed opportunity as far as these physicians are concerned. “Opioid abuse is a huge epidemic and all physicians should be part of the solution,” comments Dr. Buvanendran. “We cannot ignore the problem and allow other entities to dictate how we tackle this issue. It does require more of an effort, but physicians must take the lead. At the end of the day it is about patient safety.”

For Dr. Amin, the value of the PMP can be recognized by all physicians, regardless of specialty. “The PMP is underutilized currently, especially in areas like primary care where I see the PMP as a very useful tool. There is often uneasiness and discomfort when prescribing these types of drugs, and accessing patient information in the PMP can ease that discomfort,” says Dr. Amin. “There is also patient discomfort when talking about pain medications, and fear they will be stigmatized for using opioid pain medications. Having the information in the PMP helps me to validate the patient’s story and allows for better patient care.”

Improvements to the PMP

While an excellent tool for physicians, the PMP is not without its challenges. Drs. Amin and Buvanendran

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continued

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believe a national database would improve the system. Currently, 49 states have their own PMPs, and while physicians can access information from other states, getting to that information requires further steps. “There are patients who live on the border and get a prescription filled in Indiana,” says Dr. Amin. “We aren’t able to see that information without clicking to another screen. It isn’t always intuitive to look to another state like that. Having all of a patient’s prescription history on one screen would increase the PMP’s effectiveness. A federal prescription

monitoring program that encompasses all states would go a long way in helping physicians and patients fight the growing epidemic of opioid abuse.”

The only state that doesn’t have a PMP is Missouri, which has become a popular destination for patients seeking to game the system. The lack of a PMP puts physicians near the Missouri border at an extreme disadvantage when prescribing these powerful medications, leaving them unable to verify a patient’s prescription history.



PMP Updates

The Illinois State Medical Society recommends that all physicians incorporate use of the PMP in their practices before prescribing Schedule II drugs. Doing so will help curb the opioid epidemic plaguing Illinois and the rest of the country.

Thanks in large part to ISMS advocacy, comprehensive legislation enacted into law in 2015 made significant changes to the way opioids are dispensed and administered in Illinois, including:

- Expanding information that dispensers must transmit to the PMP;
- Reducing the time dispensers have to transmit information to the PMP from seven days to the next business day; and
- Allowing prescribers to authorize a designee to consult the PMP on their behalf.

In addition, the PMP has been working with facilities throughout Illinois to automate PMP inquiries; PMP data requests can now be made within the user’s electronic health record system, eliminating the need to log into the PMP website. Physicians should contact the PMP to see how they can incorporate this feature into their electronic health record systems.

Finally, in 2017 Illinois was awarded a \$16 million grant to fight the opioid crisis funded through the 21st Century Cures Act, to be administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). Among other things, the grant will support opioid-related enhancements to the PMP. Improvements made through this grant will build on the progress of recent years; registration in the PMP grew by 25% and queries to the PMP increased by 41% from 2014-2016.

These changes will not only make the PMP a stronger tool for physicians, but also help reduce the burden in accessing this critical information.

Opioid Use in Illinois

Between 2014 and 2016, Illinois saw a 12.9% reduction in opioid analgesic prescriptions filled, according to a recent survey released by the American Medical Association. While this is good news, in our state of fewer than 13 million people there were still over 7.5 million opioid prescriptions filled in 2016. Continued diligence by physicians and use of tools like the PMP can further reduce the number of unnecessary opioid prescriptions and improve patient safety.

How to Register for the PMP

Physicians who maintain a Drug Enforcement Agency (DEA) number can register for the PMP by accessing www.ilpmp.org. With enactment of the comprehensive opioid legislation mentioned above, automatic enrollment into the PMP will occur when a physician renews his or her state controlled substance license. All physician licenses in Illinois renew in 2017. Instructional videos¹ and frequently asked questions² can be found on the PMP website. The Illinois State Medical Society has also developed an on-demand program on the PMP; visit the ISMS Education Center at www.isms.org/CME to learn more.

¹ <https://www.ilpmp.org/PMPVideos.php>

² <https://www.ilpmp.org/QandA.php>

Illinois State Medical Society (Chicago office)

20 North Michigan Ave., Ste. 700
Chicago, Illinois 60602

800-782-4767

Illinois State Medical Society (Springfield office)

600 South Second St., Ste. 200
Springfield, Illinois 62704

800-782-4767

www.isms.org



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