

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 12.2022-28
(A-23)**

Introduced by: Emma Johns and Cecily Negri, ISMS Members

Subject: Allow Viewing Access to the Illinois Prescription Drug Monitoring Program Through EHR for Clinical-Year Students

Referred to: Medical Legal Council

1 Whereas, the opioid epidemic is the most significant, modern-day public health
2 crisis disproportionately affecting the MidWest¹; and

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4 Whereas, the majority of physicians reported that prescription drug monitoring
5 programs (PDMPs) improved their opioid prescribing by decreasing amounts and
6 increasing comfort in prescribing²; and

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8 Whereas, a systematic review showed a significant correlation between
9 appropriate utilization of PDMPs and reduced rate of opioid abuse³; and

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11 Whereas, expanding accessibility of PDMPs may further amplify PDMPs
12 effectiveness and allow the clinical care team to be more efficient, particularly in an
13 academic setting⁴; and

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15 Whereas, accessibility of PDMPs to members of front-line health care teams
16 allows its utilization as a screening tool instead of postemptive verification in high flow
17 institutions⁴; and

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19 Whereas, deficits of the PDMPs include ineffective data utilization, such as
20 resistance to use of systems by providers balancing increasing workload and
21 workflow^{2,5}; and

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23 Whereas, medical and pharmaceutical students are afforded fewer patient loads
24 and more patient-centered time than their resident and attending physician team
25 members, allowing more focus on a patient’s nuanced prescription history; and

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27 Whereas, medical and pharmaceutical students have access to patient health
28 information through EHR in their clinical years and providing access to PDMPs will
29 impart comprehensive job training in their role as future physicians; and

30 Whereas, our AMA has existing policy (H-95.939) in support of a physician's
31 ability to designate a delegate to check information on the Prescription Drug Monitor
32 Program, depending on state law; and

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34 Whereas, our AMA acknowledges that Prescription Drug Monitoring Program
35 data is health information and promotes medical school training that incorporates safe
36 prescribing practices, safe medication storage and disposal practices, and functional
37 assessment of patients with chronic conditions in order for the future generation of
38 physicians to contribute to positive solutions to the problems of prescription drug
39 diversion, misuse, addiction and overdose deaths (H-95.945); therefore, be it

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41 RESOLVED, that ISMS advocate for the expansion of viewing access of the
42 Illinois Prescription Drug Monitoring Program in Electronic Health Records to clinical
43 year students; and be it further

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45 RESOLVED, that the Illinois Delegation to the AMA draft a resolution asking
46 the AMA to amend the AMA resolution "Prescription Drug Diversion, Misuse and
47 Addiction H-95.945" to include PDMP viewing access as a mainstay of appropriate and
48 comprehensive medical training for clinical-year students.

References:

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2. Lin DH, Lucas E, Murimi IB, Jackson K, Baier M, Frattaroli S, Gielen AC, Moyo P, Simoni-Wastila L, Alexander GC. Physician attitudes and experiences with Maryland's prescription drug monitoring program (PDMP). *Addiction*. 2017 Feb;112(2):311-319. doi: 10.1111/add.13620. Epub 2016 Nov 3. PMID: 27658522.
3. Ponnappalli A, Grando A, Murcko A, Wertheim P. Systematic Literature Review of Prescription Drug Monitoring Programs. *AMIA Annu Symp Proc*. 2018 Dec 5;2018:1478-1487. PMID: 30815193; PMCID: PMC6371270.
4. Elder JW, DePalma G, Pines JM. Optimal Implementation of Prescription Drug Monitoring Programs in the Emergency Department. *West J Emerg Med*. 2018 Mar;19(2):387-391. doi: 10.5811/westjem.2017.12.35957. Epub 2018 Feb 22. PMID: 29560070; PMCID: PMC5851515.
5. Gabay, M., 2015. Prescription Drug Monitoring Programs. *Hospital Pharmacy* 50, 277–278.. doi:10.1310/hpj5004-277
6. Zavodnick J, Wickersham A, Petok A, Worster B, Leader A. "1,000 conversations I'd rather have than that one:" A qualitative study of prescriber experiences with opioids and the impact of a prescription drug monitoring program. *J Addict Dis*.

2022 Oct-Dec;40(4):527-537. doi: 10.1080/10550887.2022.2035168. Epub 2022 Feb 8. PMID: 35133217; PMCID: PMC9357854.

7. Illinois Controlled Substances Act (720 ILCS 570/).
<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1941&ChapterID=53>

Fiscal Note:

None

Existing ISMS policy related to this issue:

Board of Trustees approved the following actions: 1. That ISMS continue to develop its Policy Paper for transmittal to the House Heroin Task Force; 2. That ISMS continue to offer education to our members to increase awareness about appropriate prescribing of opioids and other pain medications; 3. That ISMS work with other relevant medical societies to increase education and awareness efforts around appropriate prescribing of pain medications; 4. That ISMS express its support for a robust state Prescription Monitoring Program (PMP) that provides easily accessible, real-time information about a patient's prescription history, allows a physician to designate an in-office agent who can access the PMP on the physician's behalf, and encourages integration of the PMP into electronic health records, in order to expedite its ease of use; 5. That ISMS support legislative efforts that facilitate greater availability and use of naloxone, and expand existing "Good Samaritan" protections for those prescribing or administering naloxone; 6. That ISMS oppose any legislation that mandates CME requirements specific to pain medication prescribing or adherence to treatment guidelines when prescribing Schedule II medications; and 7. That ISMS urge the Illinois Departments of Public Health, Healthcare & Family Services, Insurance, the Illinois State Police and other relevant state agencies to increase awareness and coordination of appropriate drug disposal programs, in light of changes in federal regulations. (BOT 2014-OCT)

Existing AMA policy related to this issue:

Development and Promotion of Single National Prescription Drug Monitoring Program H-95.939

Our AMA will: (1) advocate for the placement and management of state-based prescription drug monitoring programs with a state agency whose primary purpose and mission is health care quality and safety rather than a state agency whose primary purpose is law enforcement or prosecutorial; (2) encourage all state agencies responsible for maintaining and managing a prescription drug monitoring program (PDMP) to do so in a manner that treats PDMP data as health information that is protected from release outside of the healthcare system; and (3) advocate for strong confidentiality safeguards

and protections of state databases by limiting database access by non-health care individuals to only those instances in which probable cause exists that an unlawful act or breach of the standard of care may have occurred.

Advocacy for Seamless Interface Between Physicians Electronic Health Records, Pharmacies and Prescription Drug Monitoring Programs H-95.920

Our AMA: (1) will advocate for a federal study to evaluate the use of PDMPs to improve pain care as well as treatment for substance use disorders. This would include identifying whether PDMPs can distinguish team-based care from uncoordinated care, misuse, or “doctor shopping,” as well as help coordinate care for a patient with a substance use disorder or other condition requiring specialty care; (2) urges EHR vendors and Health Information Exchanges (HIEs) to increase transparency of custom connections and costs for physicians to integrate their products in their practices; (3) supports state-based pilot studies of best practices to integrate EHRs, HIEs, EPCS and PDMPs as well as efforts to identify burdensome state and federal regulations that prevent such integration from occurring; (4) supports initiatives to improve the functionality of state PDMPs, including: (a) lessening the time delay between when a prescription is dispensed and when the prescription would be available to physicians through a PDMP; and (b) directing state-based PDMP’s to support improved integrated EHR interfaces; and (5) will advocate, at the state and national levels, to promote Prescription Drug Monitoring Program (PDMP) integration/access within Electronic Health Record workflows (of all developers/vendors) at no cost to the physician or other authorized health care provider.

Development and Promotion of Single National Prescription Drug Monitoring Program H-95.939

Our American Medical Association (1) supports the voluntary use of state-based prescription drug monitoring programs (PDMP) when clinically appropriate; (2) encourages states to implement modernized PDMPs that are seamlessly integrated into the physician's normal workflow, and provide clinically relevant, reliable information at the point of care; (3) supports the ability of physicians to designate a delegate to perform a check of the PDMP, where allowed by state law; (4) encourage states to foster increased PDMP use through a seamless registration process; (5) encourages all states to determine how to use a PDMP to enhance treatment for substance use disorder and pain management; (6) encourages states to share access to PDMP data across state lines, within the safeguards applicable to protected health information; and (7) encourages state PDMPs to adopt uniform data standards to facilitate the sharing of information across state lines.

Prescription Drug Diversion, Misuse and Addiction H-95.945

Our AMA: (1) supports permanent authorization of and adequate funding for the National All Schedules Prescription Electronic Reporting (NASPER) program so that every state, district and territory of the US can have an operational Prescription Drug Monitoring Program (PDMP) for use of clinicians in all jurisdictions; (2) considers PDMP data to be protected health information, and thus protected from release outside the healthcare system unless there is a HIPAA exception or specific authorization from the individual patient to release personal health information, and recommends that others recognize that PDMP data is health information; (3) recommends that PDMP's be designed such that data is immediately available when clinicians query the database and are considering a decision to prescribe a controlled substance; (4) recommends that individual PDMP databases be designed with connectivity among each other so that clinicians can have access to PDMP controlled substances dispensing data across state boundaries; and (5) will promote medical school and postgraduate training that incorporates curriculum topics focusing on pain medicine, addiction medicine, safe prescribing practices, safe medication storage and disposal practices, functional assessment of patients with chronic conditions, and the role of the prescriber in patient education regarding safe medication storage and disposal practices, in order to have future generations of physicians better prepared to contribute to positive solutions to the problems of prescription drug diversion, misuse, addiction and overdose deaths.