

Illinois Prescription Monitoring Program Adds an Extra Level of Protection for Long-Term Care Facility Patients

In January 2018, the Illinois General Assembly amended the Illinois Controlled Substances Act to require (1) every prescriber possessing an Illinois controlled substances license to register with the state's Prescription Monitoring Program (PMP); (2) each prescriber to document an attempt to access patient information in the PMP to assess patient access to controlled substances when providing an initial prescription for Schedule II narcotics; and (3) long-term care pharmacies to transmit patient medication profiles to the PMP monthly. In addition, all electronic health record (EHR) systems were required to interface with the PMP application program on or before January 1, 2021, to ensure that all providers have access to specific patient records during the treatment of their patients. These rules also address the electronic integration of pharmacy records with the PMP to allow for faster transmission of information.

Per the amended legislation, the Illinois PMP (ILPMP) wanted to ensure the health and safety of long-term care (LTC) facility residents by aiding in the identification of medication errors and improper use of controlled substances and other drugs of interest as patients navigate the health care system from hospital to LTC facilities. Its goal was to reduce instances of medication errors when patients are transferred from one facility to another. LTC facilities are included in all EHR systems, and this health care setting has a defined number for tracking and analysis by the Illinois Department of Public Health. ILPMP uses this list of LTC facilities to determine the number of connected facilities out of all the LTC facilities in the state.



Unfortunately, many LTC facilities were not utilizing an EHR or were not using an EHR to the degree needed for connection to PMP systems. In response, the ILPMP used a Harold Rogers Prescription Drug Monitoring Program grant, funded by the Bureau of Justice Assistance (BJA), to provide hospitals in Illinois with easy access to medication information. The project's objective was for ILPMP to integrate a data transfer link between ILPMP and LTC facilities, including the facility's EHR, to provide enhanced accuracy of patient medication reconciliation, which ideally would result in decreased readmissions and improved safety.

The result is [PMPnow](#), the name the ILPMP uses to define the direct one-to-one connection/integration from a facility's EHR, electronic medical record (EMR) system, Office of the National Coordinator for Health Information Technology (IT) Certified Health IT Module, or pharmacy management system. Under the Controlled Substance Act (Public Act 100-0564), all locations that provide health care services and have an EHR, EMR, or pharmacy management system are required to have the direct, one-to-one connection. PMPnow incorporates ILPMP information directly into an EHR system, pharmacy system, or medication management system. This seamless, direct integration allows clinicians access to current and accurate prescription data, as well as patients' naloxone administration and overdose history, with no additional sign-on.

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ILPMP had a special interest in working with LTC facilities because when controlled substances and other drugs of interest are involved, the elderly are at higher risk of side effects and overdose due to compromised health, comorbidities, and polypharmacy (the simultaneous use of multiple drugs to treat a single condition).

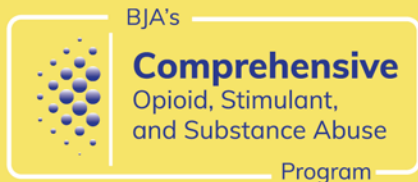
The PMPnow project plan, led by Jen Erickson (project director for the Bureau of Pharmacy and Clinical Support in the Illinois Department of Human Services), involved close collaboration with the largest EHR provider for LTC facilities, PointClickCare (PCC). PCC's integrated, coordinated care solution, Harmony, is utilized in more than half of the LTC facilities in the state. As a result, PMPnow was able to provide a solution with a more complete medication reconciliation process to address potentially harmful drug-to-drug and drug-to-disease interactions. As a result, PMPnow was added to the PCC system menu as a link under the medication orders tab for easy, single sign-on access.

PMPnow was incorporated into a mobile PCC solution known as Practitioner Engagement for ease of access, which further expanded its reach to LTC professionals and prescribers. The PCC network includes approximately 600 LTC facilities out of the roughly 1,000 in the state of Illinois. The PMPnow team held a carefully planned series of weekly calls with the PCC team to develop the connections and assist PCC in getting appropriate information into their user manuals. As a result of successful implementation, PCC published the PMPnow integration information in its user manual. PCC also created a process for its facilities to self-enable the connection once they reach out to the PMPnow team for credentials. This process went live for all PCC

locations on December 17, 2020. To date, PMPnow has 96 LTC facilities live, with 161 provisioned to go live in the near future. PMPnow also has 86 sites in the development phase.

In an effort to market PMPnow while also educating the field on the importance of data integration, the PMPnow staff held an informational webinar in September 2021 titled "PMPnow Connection for Long-Term Care Facilities" that provided an in-depth explanation of the law requiring connections and the steps to keep facilities in compliance with this important regulation. The webinar was a huge success, with 227 participants in attendance. The ILPMP IT team posted a link to the [webinar](#) on the PMPnow website.

If other sites or programs are interested in implementing similar programs, it is recommended that they work closely with EHR providers and identify the scope of what is needed to achieve the maximum LTC connections to their PMP. PMPnow leadership researched LTC utilization in other states, and all areas of the project team were pulled together to address the challenges of collaboration, marketing, education, and awareness, all of which aided in reaching project milestones. Close collaboration with LTC associations and health care associations added the boost needed to gain connections.



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