



**Government of the District of Columbia  
Department of Health**

**Prescription Drug Monitoring Program  
Advisory Committee Meeting**

**899 NORTH CAPITOL ST. NE – 2<sup>ND</sup> FLR.  
WASHINGTON, DC 20002  
WebEx VIRTUAL MEETING**

**April 5, 2022  
10AM—11:30AM**

**AGENDA**

**CALL TO ORDER:**

**PRESIDING:**

**COMMITTEE MEMBERSHIP/ATTENDANCE:**

<b>ADVISORY COMMITTEE MEMBERS:</b>		
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff	
	Aisha Nixon, MPT, CPM, Board of Medicine Executive Director	
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician	
	Sheri Doyle, MPH, Consumer Member	
	Commander Ramey Kyle, Metropolitan Police Department	
	Lakisha Stiles, CPhT – Pharmacy Technician	
<b>PDMP STAFF:</b>	Justin Ortique, PharmD, RPh, Supervisory Pharmacist	
	Erica Loadman, PharmD, RPh, Pharmacist	
<b>LEGAL STAFF:</b>	Carla Williams, Esq, Assistant General Counsel, PDMP Attorney Advisor	
<b>VISITORS:</b>		

All prescription monitoring data collected, maintained, or submitted pursuant to this Program is confidential, privileged, not subject to discovery, subpoena, or other means of legal compulsion in civil litigation, and is not a public record.

## Open Session Agenda

### Quorum:

1221-O-01	<p><b><u>Welcome &amp; Introductions</u></b></p> <p><b><u>Chair Report</u></b></p> <p><b><u>Charge of the Committee</u></b></p> <p>The Committee shall convene at least two (2) times per year to advise the Director:</p> <ul style="list-style-type: none"> <li>(a) On the implementation and evaluation of the Program;</li> <li>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</li> <li>(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;</li> <li>(d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;</li> <li>(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and</li> <li>(f) Regarding the design and implementation of educational courses for: <ul style="list-style-type: none"> <li>(1) Persons who are authorized to access the prescription monitoring information;</li> <li>(2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;</li> <li>(3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and</li> <li>(4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.</li> </ul> </li> </ul>	
1221-O-02	<p><b><u>Approval of December 2021 PDMP Advisory Committee Meeting Minutes</u></b></p> <ul style="list-style-type: none"> <li>(a) Minutes from December 2021 Meeting</li> </ul>	

1221-O-03	<p><b><u>Report from Attorney Advisor</u></b> (a) PDMP Legislative Update</p>				
1221-O-04	<p><b><u>Program Updates</u></b> (a) <b><i>PDMP Registration Statistics and Compliance</i></b></p>				
	Licensed Professional	Number of DC Licensed Active Professionals	Number of Registered PDMP Users	Percentage of DC Licensed Active Professionals Registered with the PDMP	Number of Registered PDMP Users with CS# Listed in PDMP Account
Physician	14,637	12,727	87%	5,502	
Physician Assistant	1,060	832	78%	371	
Advanced Practice Nurse	3,331	2,179	65%	1,074	
Pharmacist	2,094	1,989	95%	-	
Dentist	1,079	1,052	97%	464	
Veterinarian	346	317	92%	154	
Podiatrist	150	134	89%	-	
Optometrist	222	196	88%	-	
Naturopathic Physician	61	41	67%	-	
VA Prescriber	-	303	-	-	
VA Dispenser	-	40	-	-	
Pharmacy Technician or Delegate	-	12	-	-	
Other (Licensing Board Investigator, Law Enforcement, Medical Examiner, Admin)	-	31	-	-	
Total	22,980	19,853	86%	7,565	
<p><b>(b) Outreach Activity</b></p>					
<p>Outreach activities since December 2021 meeting:</p>					
Date of Event	Name of Event	Type of Event	Topics Discussed	Audience	Number of Participants
2022-03-08	Board of Dietetics and Nutrition - Open Session	Stakeholder group meeting	DACS	DC BODN members, Dietitians, and Nutritionists	8
2022-02-23	Utilizing the PDMP & appropriately evaluating therapeutic concerns	CE webinar	DACS	DC prescribers and dispensers	44

	<p>2022-02-23</p> <p>Appriss/Bamboo Gateway/EHR integration email campaign</p>	<p>Email campaign</p>	<p>gateway/EHR Integration</p>	<p>DC prescribers and dispensers</p>	<p>N/A</p>
	<p>2022-01-20</p> <p>Board of Optometry Open Session</p>	<p>Stakeholder group meeting</p>	<p>DC PDMP Legislation/Mandates</p>	<p>DC Board of Optometry members, licensed optometrists</p>	<p>9</p>
	<p>2022-01-05</p> <p>Board of Nursing Open Session</p>	<p>Stakeholder group meeting</p>	<p>DACS</p>	<p>DC Board of Nursing members, licensed nurses</p>	<p>23</p>
	<p><u>Planned outreach activities:</u></p>				
	<p><b>Date of Event</b></p>	<p><b>Name of Event</b></p>	<p><b>Type of Event</b></p>	<p><b>Topics Discussed</b></p>	<p><b>Audience</b></p>
	<p>2022-04-27</p>	<p>Starting Buprenorphine in the Fentanyl Era: Is Low-dose Initiation ("Microdosing") the Solution?</p>	<p>CE webinar</p>	<p>DACS</p>	<p>DC prescribers and dispensers</p>
	<p><b>(c) Annual Report</b> The 2021 DC PDMP report has been drafted</p>				
<p>1221-O-05</p>	<p><b><u>Grant Updates</u></b></p> <p><b>(a) Districtwide Gateway Integration</b> A total of 65 health entities have connected to the DC PDMP through Gateway Integration in total since integration began in 2019.</p> <p><b>(b) District Addiction Consultation Services</b> Launched July 2021 <a href="https://www.medschool.umaryland.edu/dacs/">https://www.medschool.umaryland.edu/dacs/</a></p> <p>District Addiction Consultation Services is a resource for providers. It is a substance use warm line which is operated Mon-Fri 9-5. Callers can ask general questions about behavioral health resources and referrals.</p> <p>Clinical questions are forwarded to a certified physician consultant who will return the call within 24 hours.</p> <p>PDMP staff members have collaborated with DACS staff to create an informational presentation on the program.</p> <p>As of January 31, 2022, 507 practitioners enrolled in DACS and the program has received 29 consultation calls.</p> <p>DC PDMP staff plan to collaborate with DACS staff to host additional webinars, develop outreach materials, and prepare to launch a monthly newsletter</p> <p>Recent DACS Outreach:</p> <ul style="list-style-type: none"> <li>February 9, 2022 – Outreach with Unity Healthcare’s Primary Care Residents – Jasleen Salwan, MD, MPH</li> </ul>				

	<ul style="list-style-type: none"> <li>* February 23, 2022 – Utilizing the PDMP and appropriately evaluating therapeutic concerns – Edwin Chapman, MD, Erica Loadman, PharmD, Justin Ortique, PharmD, and Eric Weintraub, MD</li> <li>• March 5, 2022 – Maryland-DC Society of Addiction Medicine Annual Conference (DACS advertisements featured)</li> </ul> <p><b>(c) Opioid Communications Campaign</b> My Recovery DC Ads began running in July 2021 <a href="https://myrecoverydc.org/">https://myrecoverydc.org/</a></p> <p>Dr. White and Mark Spence (peer) participated in several news outlets to promote the opioid awareness communications campaign and website.</p> <ul style="list-style-type: none"> <li>○ <a href="https://www.wusa9.com/article/news/local/dc/dc-leaders-roll-out-my-recovery-dc-campaign-to-fight-drug-abuse/65-bb206658-e94b-499c-842e-b89ca055e4c6">https://www.wusa9.com/article/news/local/dc/dc-leaders-roll-out-my-recovery-dc-campaign-to-fight-drug-abuse/65-bb206658-e94b-499c-842e-b89ca055e4c6</a></li> <li>○ <a href="https://wtop.com/dc/2021/06/dc-peer-outreach-addiction-treatment/">https://wtop.com/dc/2021/06/dc-peer-outreach-addiction-treatment/</a></li> <li>○ <a href="https://www.fox5dc.com/video/945383">https://www.fox5dc.com/video/945383</a></li> <li>○ <a href="https://menslifedc.com/2021/06/18/dc-promotes-its-addiction-treatment-services-peer-educators-available-to-guide-recovery/">https://menslifedc.com/2021/06/18/dc-promotes-its-addiction-treatment-services-peer-educators-available-to-guide-recovery/</a></li> <li>○ <a href="https://www.washingtoninformer.com/opioid-abuse-takes-its-toll-in-d-c/">https://www.washingtoninformer.com/opioid-abuse-takes-its-toll-in-d-c/</a></li> <li>○ <a href="https://afro.com/local-activists-work-to-combat-the-opioid-epidemic/">https://afro.com/local-activists-work-to-combat-the-opioid-epidemic/</a></li> <li>○ <a href="https://wjla.com/news/addicted-in-america/addicted-in-america-a-7news-special">https://wjla.com/news/addicted-in-america/addicted-in-america-a-7news-special</a></li> </ul> <p>Utilizing media opportunities such as ultra-super kings (bus wraps), digital live boards and spectaculars (train station ads), bus shelter ads, and print items, the campaign received more than 13 million media impressions through July 31<sup>st</sup>. Many of the bus wraps, bus shelter ads, and interior bus cards have continued to run to date, at no additional cost to DC Health.</p> <p>The website <a href="https://myrecoverydc.org/">https://myrecoverydc.org/</a> has received more than 3,800 page views. The website also includes a fully navigable listing of opioid treatment and recovery resources available in the District and a link to two poster size versions of the ads that can be purchased by LIVE.LONG.DC. Partners.</p> <p>The My Recovery DC campaign complements DC Department of Behavioral Health’s (DBH) “Be Ready” Narcan awareness campaign. <a href="https://twitter.com/dbhrecoversdc/status/1418596144410660866">https://twitter.com/dbhrecoversdc/status/1418596144410660866</a></p>	
1221-O-06	<p><b>Presentation on Potential Covered Substance</b> <i>Xylazine</i> Maura Gaffney, Intelligence Analyst, DEA Washington Division Alexandra Evans, MFS Chemist, DC DFS Samantha Leach, M.S. Supervisory Chemist, DC DFS</p>	

1221-O-07	<b><u>One-Pager and Discussion</u></b> <i>PMP Aware 'Clinical Alerts' feature overview</i> Bamboo Health (formally known as Appriss)	
1221-O-08	<b><u>DC PDMP Program Assessment</u></b> Justin Ortique, PharmD, RPh, CPM	
1221-O-09  <b>Matters for Consideration</b>	<b><u>Action Items</u></b> <ul style="list-style-type: none"> <li>• Potential Future meeting dates FY 2021-2022             <ul style="list-style-type: none"> <li>○ August 16, 2022</li> <li>○ December 9, 2022</li> </ul> </li> </ul>	
1221-O-10	Other news/highlights from Committee members	
<b>Comments from the Public</b>		
<b>Motion to Adjourn the Open Session</b>	Madam Chair, I move that the Committee close the meeting.  <div style="text-align: right;">(Roll Call Vote)</div>	

This concludes the meeting.

**Meeting Adjourned at \_\_\_\_\_:\_\_\_\_\_**

# PDMP Advisory Committee Meeting

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Dr. Jacqueline Watson  
DC Health Chief of Staff  
Advisory Committee Chairperson

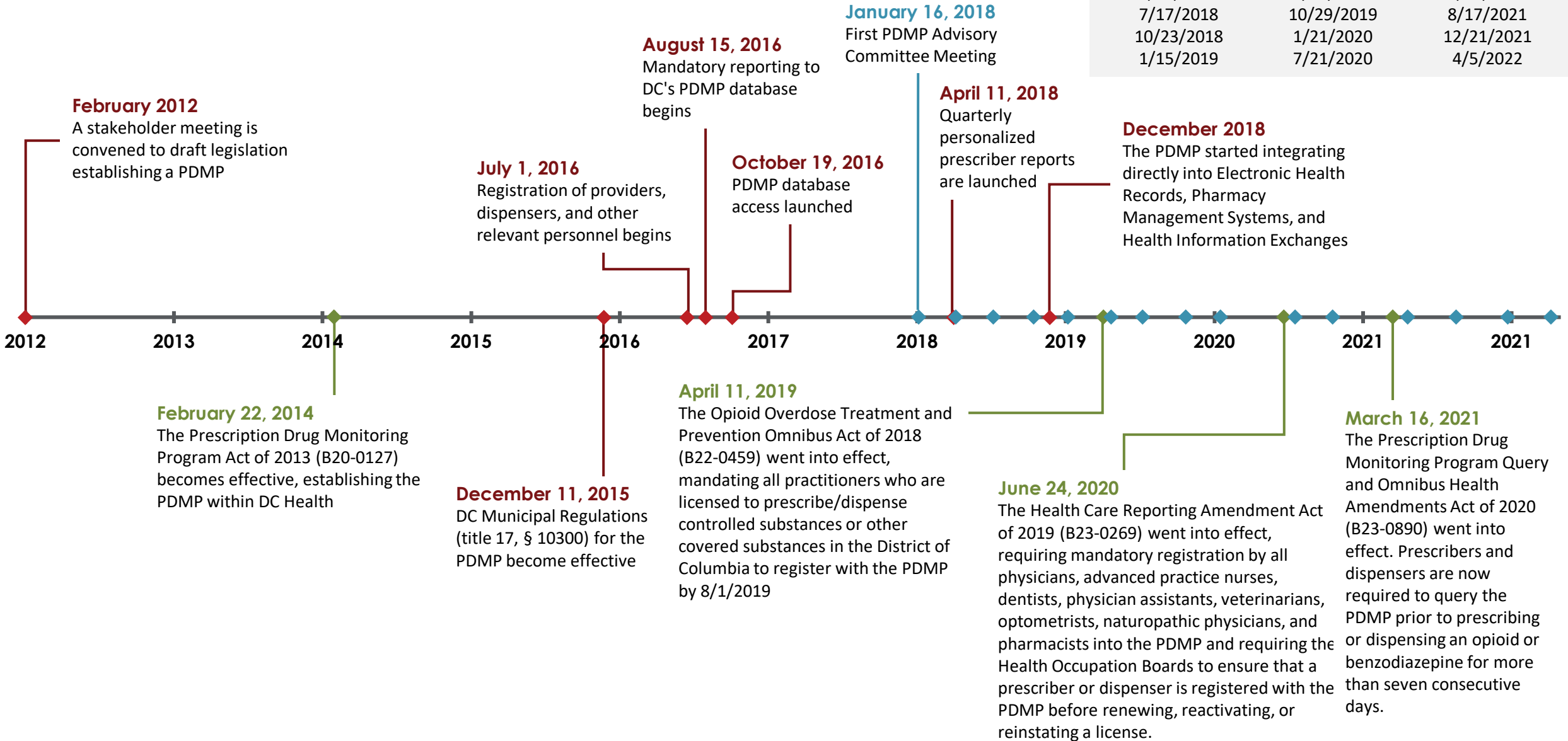
April 5, 2022



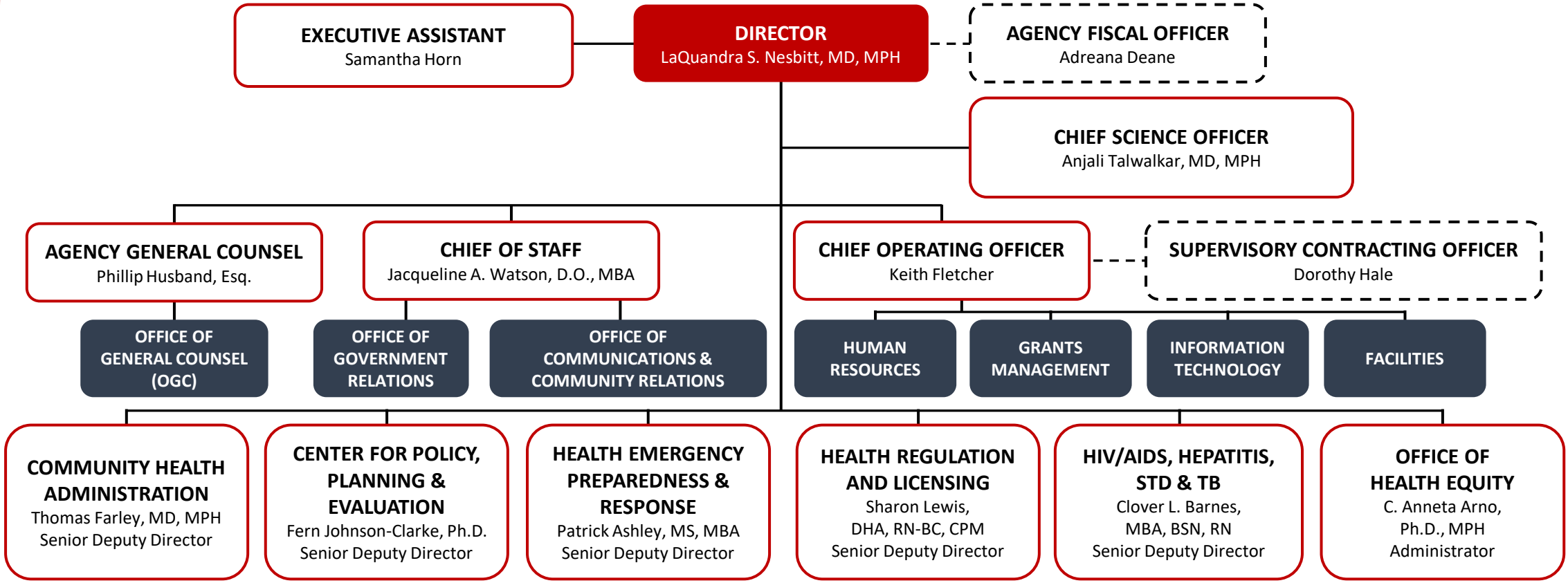
# DC Health PDMP Timeline

## Prescription Drug Monitoring Program Advisory Committee Meetings

1/16/2018	4/30/2019	10/20/2020
4/17/2018	7/16/2019	4/21/2021
7/17/2018	10/29/2019	8/17/2021
10/23/2018	1/21/2020	12/21/2021
1/15/2019	7/21/2020	4/5/2022

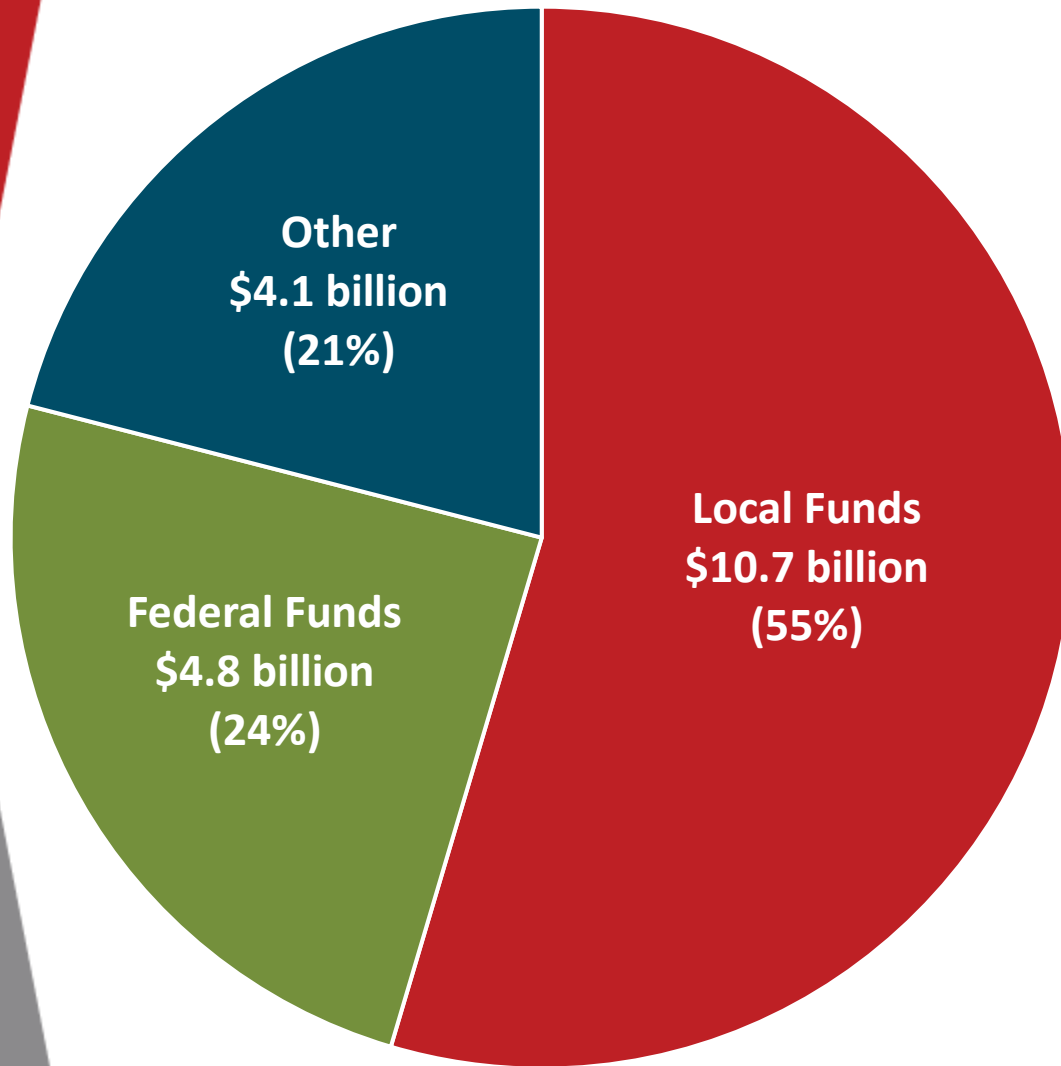


# DC Health Organization Structure



———— Direct Report    - - - - Indirect Report

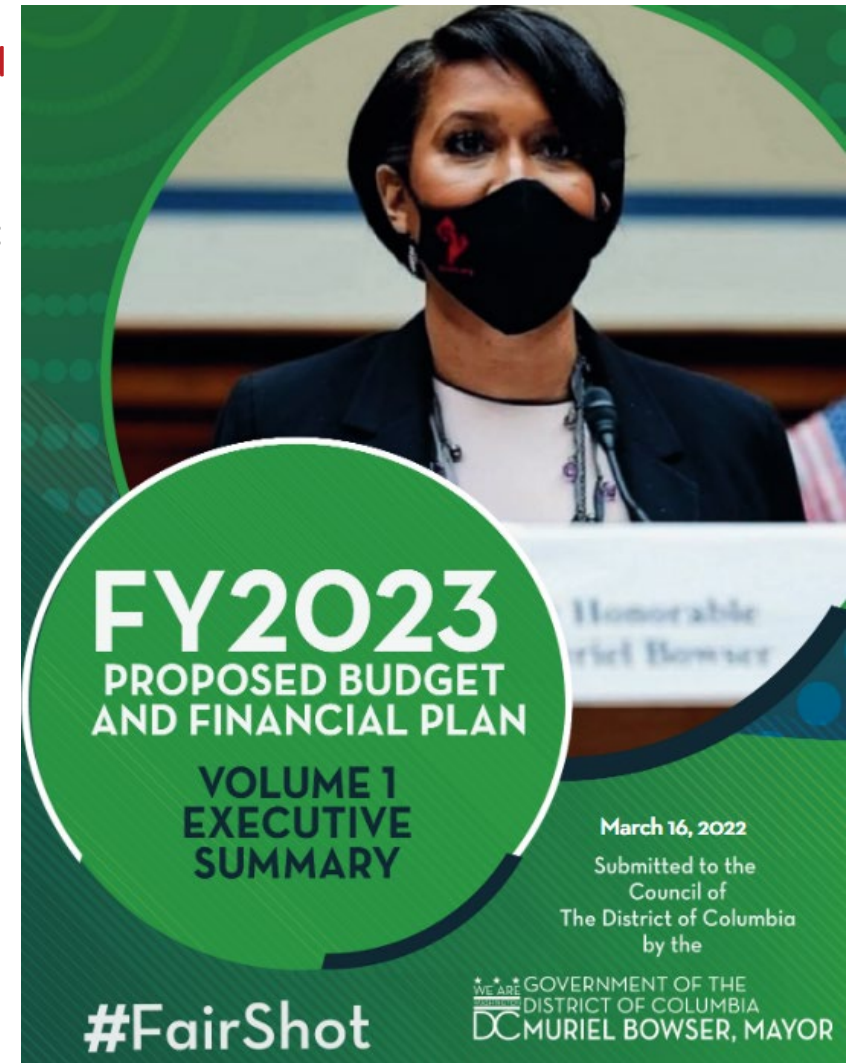
# FY23 Proposed Budget Overview: \$19.5 Billion



FY23 Gross Funds Budget by Fund Type	
Fund Type	Mayor's Proposed (in millions)
Local	\$10,663
Dedicated Tax	\$551
Special Purpose	\$792
<b>Subtotal, General Fund</b>	<b>\$12,007</b>
Federal	\$4,770
Private	\$13
<b>Total, Operating Funds</b>	<b>\$16,790</b>
Enterprise and Other Funds (including from Dedicated Taxes)	\$2,745
<b>Total, Gross Funds</b>	<b>\$19,535</b>

# Overview

- The Mayor’s proposed FY23 budget focuses on **health and human services, affordable housing, economic recovery, high-quality education, public safety and justice, and transportation and environment.**
- This budget will **support the agency’s overall mission of improving population health and advancing health equity by investing in the nine key drivers of health:**
  - Education
    - A 5.87-percent increase in the base amount of the Uniform Per Student Funding Formula (UPSFF)
    - **\$5 million** to extend out-of-school time grant opportunities and preserve continuity to youth
    - Recreation for A.L.L. including 10,000 more summer Camp slots and expansion of athletic leagues for children and seniors
    - **\$294 million** over the 6-year CIP to preserve and maintain recreation, library, and school facilities
    - **\$2.6 million** to promote greater community connection and wellness for seniors through technology by distributing personal tablets
  - Employment
    - **\$500 thousand** to expand eligibility for individuals with developmental disabilities to provide the same services as individuals with intellectual disabilities



# Overview

## – Housing

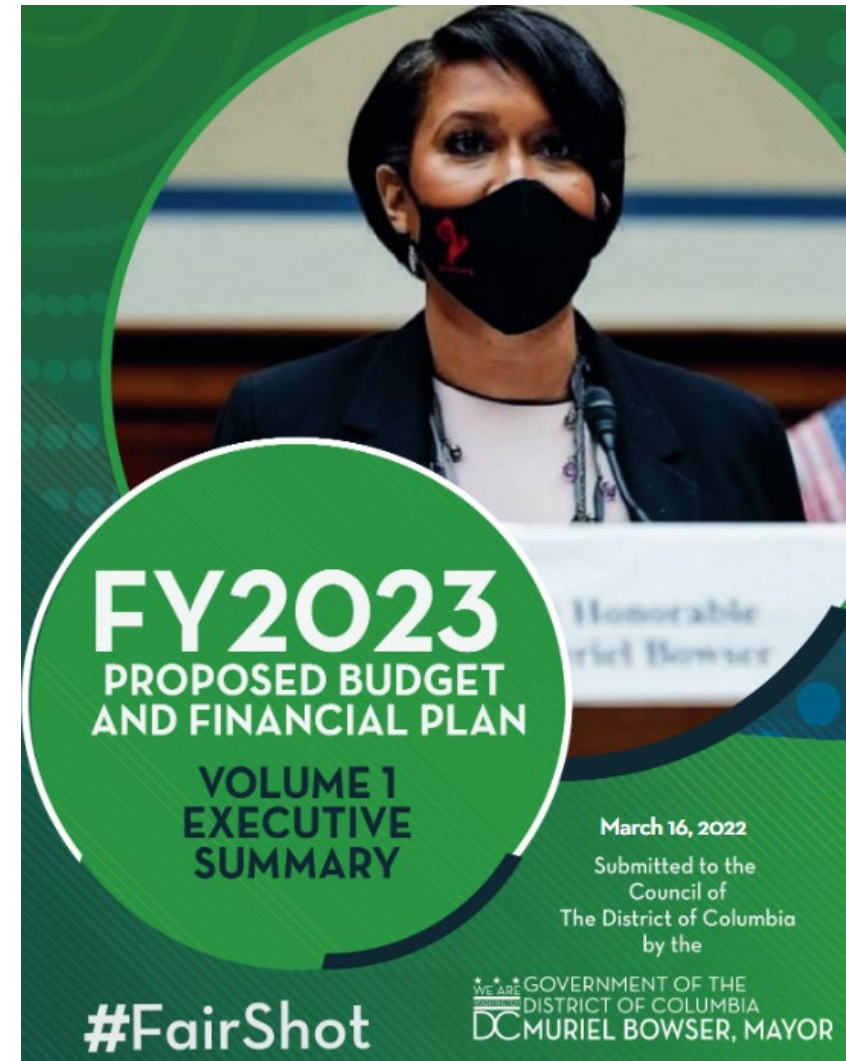
- **\$500 million** historic contribution to Housing Production Trust Fund and \$41M for project-sponsor vouchers to make housing deeply affordable to low-income residents
- **\$120 million** in rent and utility assistance across two years, plus \$12M for a new Housing Provider fund
- **\$26 million** to help low-income first-time homebuyers with down payment and closing cost assistance
- **\$10 million** for the Black Homeownership Fund and Strikeforce to increase access to homeownership for longtime Black DC residents
- **\$2.8 million** to enhance programs and services at the new 801 East Men’s Shelter
- **\$31 million** to invest in Homeward DC that will add permanent supportive housing vouchers for 500 more individuals, 260 more families, and 10 more youth as well as other critical outreach and prevention services so that the District can end chronic homelessness

## – Transportation

- **\$200 million** over six years for longer-term streetscape projects to redesign our most dangerous roads and intersections
- **\$1 million** to expand city-wide mobility for seniors through increasing the Connector Card program

## – Food Environment

- **\$22 million** to add fresh food access points East of the River
- **\$750 thousand** for increased nutrition support through grocery card distribution for eligible seniors



# Overview

## Community Safety

- **\$1.7 million** to provide 23 personnel to support high-quality care coordination, including life coaches, to provide critical violence intervention services for at-risk individuals
- **\$321 thousand** to expand capacity at Virginia Williams Family Resource Center with additional Domestic Violence specialists
- **\$6 million** to support violence prevention and diversion among at-risk, non-incarcerated youth, including \$350,000 for dedicated bilingual credible messengers

## Medical Care

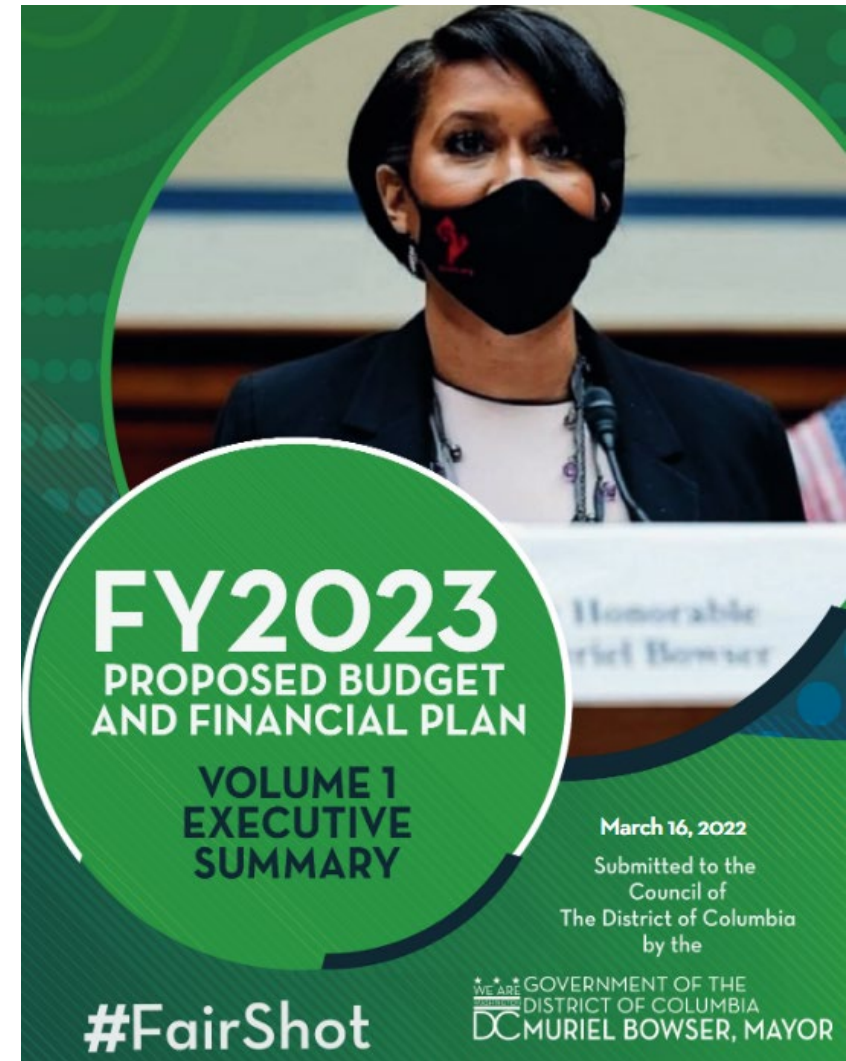
- **\$4.5 million** to expand school nursing services at additional school health services programs in public and public charter schools
- **\$4.2 million** to extend Alliance enrollment to 12 months and end the required in-person 6-month re-certification for District residents
- **\$500 thousand** for free dental services for District seniors
- **\$3.8 million** to safeguard students' mental health with additional supports through the school-based mental health program

## Outdoor Environment

- **\$750 thousand** to enforce a new ban on flavored tobacco sales
- **\$143 million** to support efforts to remove all lead pipes from DC
- **\$62 million** to clean and restore DC bodies of water

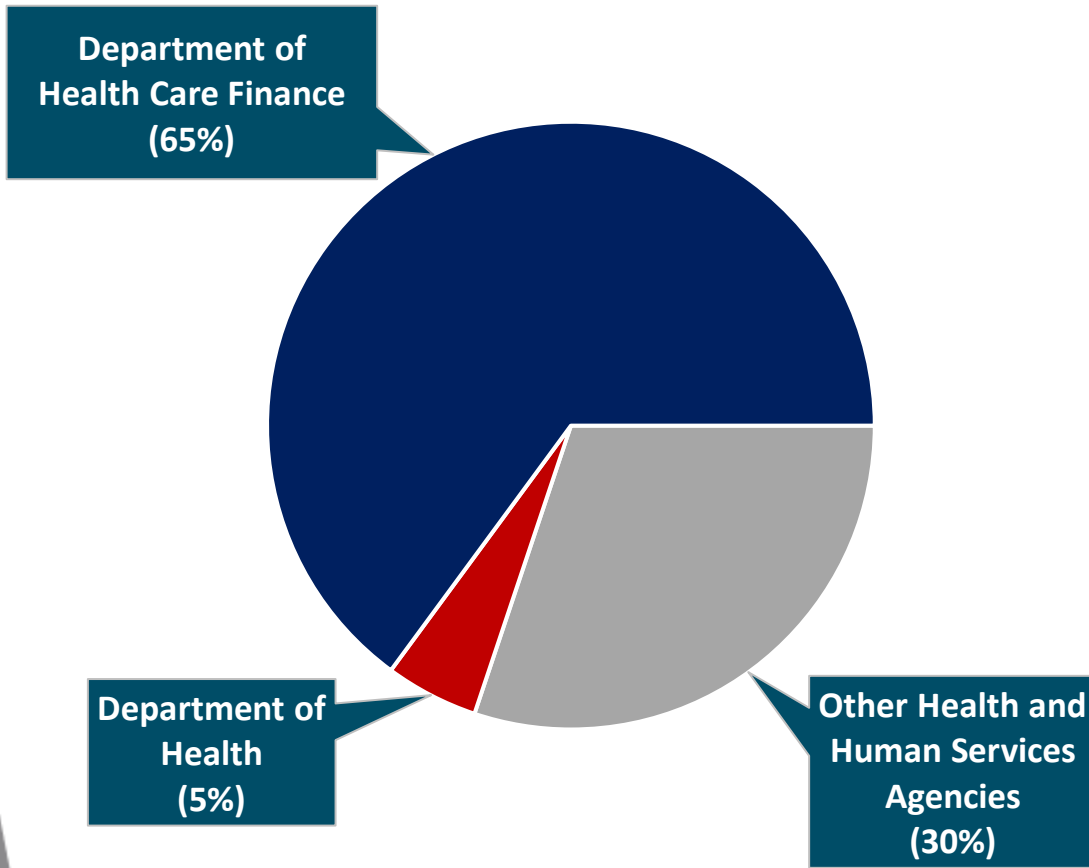
## Income

- **\$21 million** to raise participant wages in training programs in all DOES programs – including MBSYEP
- **\$11.5 million** to retain direct support professionals – who care for our most vulnerable residents – by raising wages over a three-year period



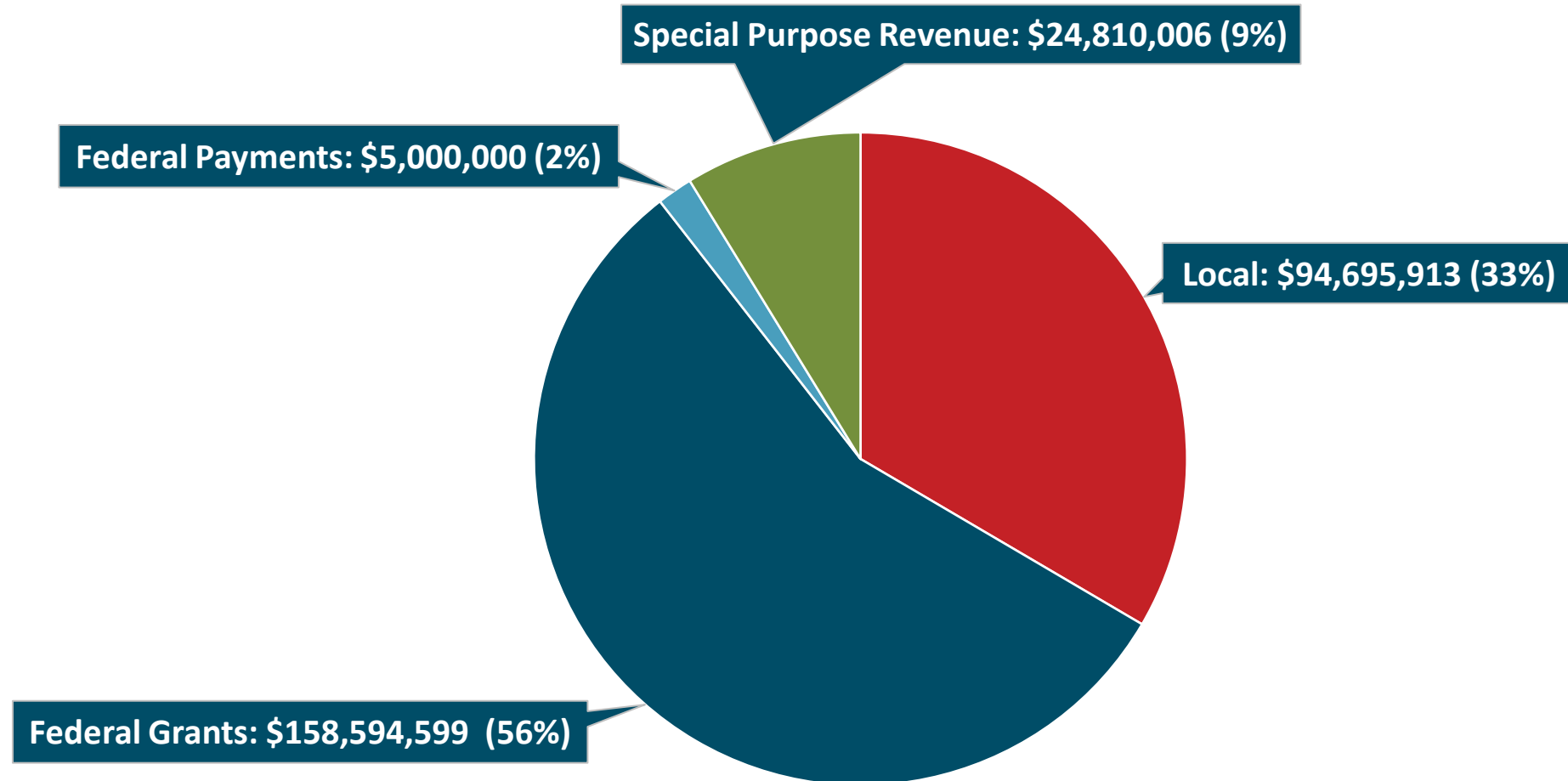
# Proposed FY23 Budget

## Health and Human Services Cluster: \$5,715,017,015



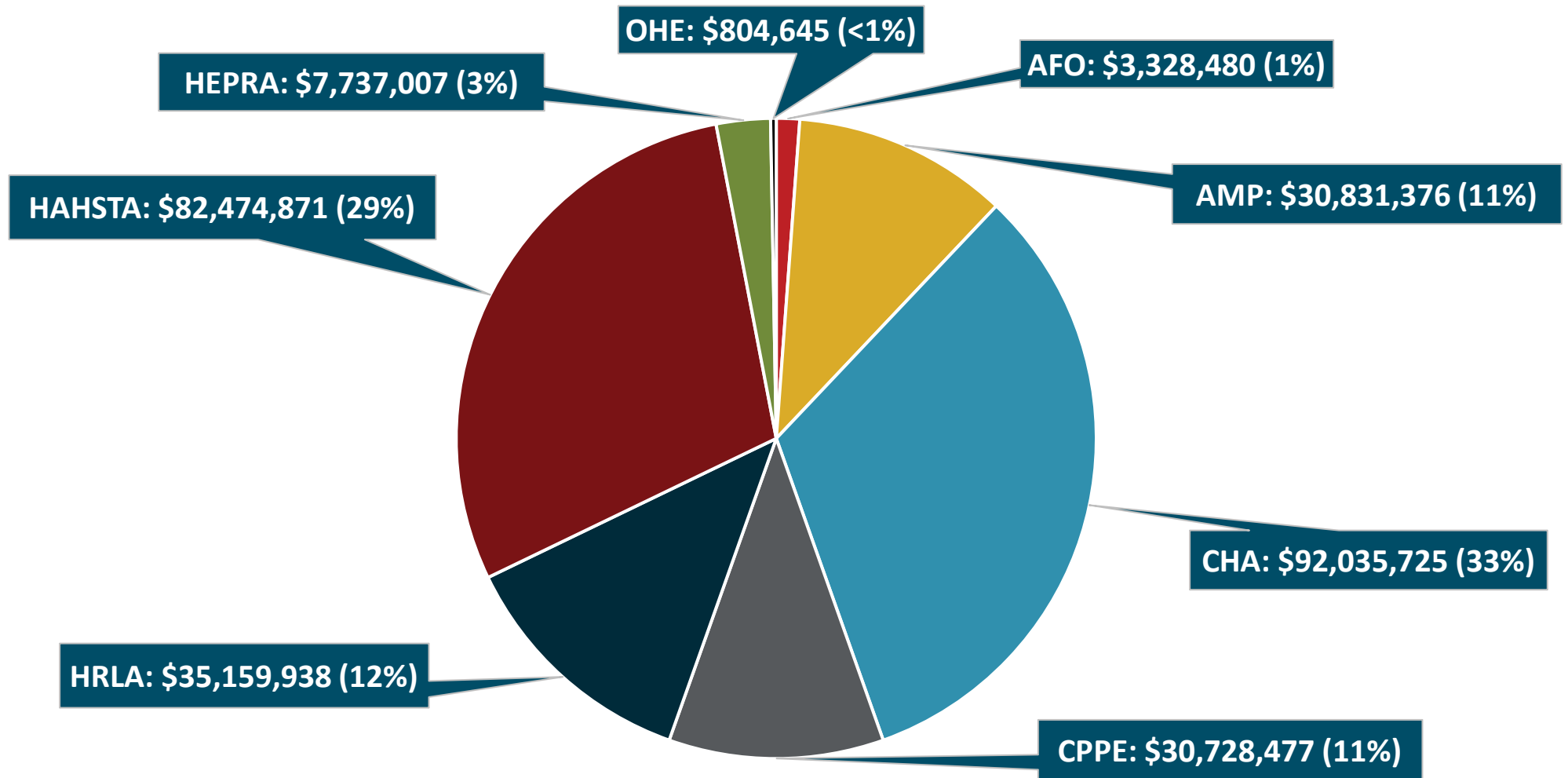
Health and Human Services Agencies	FY23 Proposed Budget
Department of Health Care Finance	\$3,709,230,390
Department of Human Services	\$849,445,025
Department of Behavioral Health	\$369,419,870
<b>Department of Health</b>	<b>\$283,100,519</b>
Child and Family Services Agency	\$222,241,704
Department of Disability Services	\$198,057,632
Department of Aging and Community Living	\$64,841,910
Not-for-Profit Hospital Corporation	\$15,000,000
Office of the Deputy Mayor for Health and Human Services	\$2,861,218
Office for the Deaf, Deafblind, and Hard of Hearing	\$818,747

# DC Health FY23 Proposed Budget by Funding Source: \$283,100,519

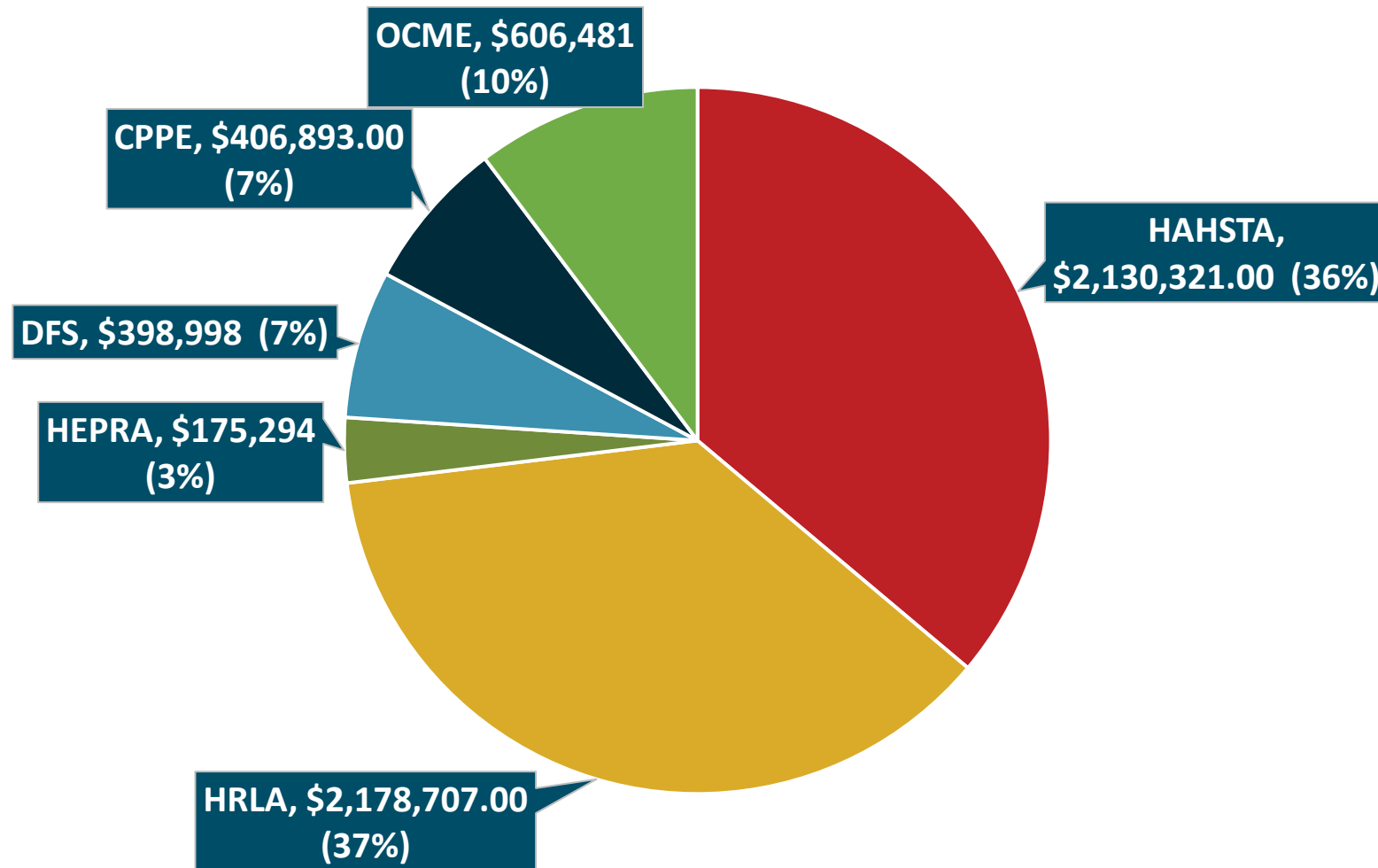




# FY23 Proposed Total Budget by Administration



# PDMP Grant Funding: FY23 Proposed Overdose Data to Action (OD2A) Budget



# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 [dchealth.dc.gov](https://dchealth.dc.gov)

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 [DC Health](https://www.facebook.com/DCHealth)



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**December 21, 2021  
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**AGENDA**

**CALL TO ORDER: 10:08AM**

**PRESIDING: Dr. Jacqueline Watson**

**COMMITTEE MEMBERSHIP/ATTENDANCE:**

<b>ADVISORY COMMITTEE MEMBERS:</b>		
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff	X
	Justin Ortique, PharmD, RPh, Interim Program Manager, Pharmaceutical Control Division	X
	Aisha Nixon, MPT, CPM, Board of Medicine Executive Director	X
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician	X
	Sheri Doyle, MPH, Consumer Member	
	Commander Ramey Kyle, Metropolitan Police Department	
	Lakisha Stiles, CPhT – Pharmacy Technician	
<b>PDMP STAFF:</b>		
	Brittany Allen, MPH, Program Specialist	X
	Erica Loadman, PharmD, RPh, Pharmacist	X
<b>LEGAL STAFF:</b>		
	Carla Williams, Esq, Assistant General Counsel, PDMP Attorney Advisor	X
<b>VISITORS:</b>		
	Carl Filler, DC Health	X
	Gaurav Dhiman, DC Health	X
	Amanda Attiya, DC Health	X
	Lara Irvin, Bamboo Health	X
	Grady McAllister, Bamboo Health	X
	Taylor Derringer, Bamboo Health	X

**Open Session Agenda**  
**Quorum: No**

1221-O-01	<p><b><u>Welcome &amp; Introductions</u></b></p> <p>Dr. Watson conducted a roll call and welcomed all committee members, staff, and guests. She thanked everyone for their contributions, noting that the committee has been meeting since January 2017. She reviewed the charge of the committee.</p> <p><b><u>Charge of the Committee</u></b></p> <p>The Committee shall convene at least two (2) times per year to advise the Director:</p> <ul style="list-style-type: none"> <li>(a) On the implementation and evaluation of the Program;</li> <li>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</li> <li>(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;</li> <li>(d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;</li> <li>(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and</li> <li>(f) Regarding the design and implementation of educational courses for: <ul style="list-style-type: none"> <li>(1) Persons who are authorized to access the prescription monitoring information;</li> <li>(2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;</li> <li>(3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and</li> <li>(4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.</li> </ul> </li> </ul>	
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1221-O-02	<p><b><u>Approval of August 2021 PDMP Advisory Committee Meeting Minutes</u></b></p> <p>(a) Minutes from August 2021 Meeting The approval of the August 2021 meeting minutes was tabled, because there were not enough members present to reach quorum.</p>	
1221-O-03	<p><b><u>Report from Attorney Advisor</u></b></p> <p>(a) PDMP Legislative Update Ms. Carla Williams shared that the Mayor's office requested revisions to the language regarding the Director's discretionary disclosure of aggregate and summary PDMP data. The legislation is expected to move forward and be introduced to the DC Council in 2022.</p>	
1221-O-04	<p><b><u>Program Updates</u></b></p> <p>(a) PDMP Registration Statistics and Compliance Dr. Justin Ortique provided an update on the number of PDMP registrants, noting that dentists and veterinarians are currently in their renewal period, which will cause the number of registrations to increase by the end of the calendar year.</p> <p>He noted that one pharmacy is currently out of compliance and that the PDMP staff is working with that pharmacy to correct a reporting error.</p> <p>(b) Outreach Activity Yearly Summary DC PDMP staff conducted a total of 32 outreach activities in the 2021 calendar year. The first 8 presentations were targeted to practitioners and focused on PDMP registration and usage.</p> <p>Following the passage of the mandatory query law, the PDMP team conducted 5 webinar/Q&amp;A sessions. The Medical Society of DC hosted a mandatory query webinar session for members and posted the recording to their website.</p> <p>The PDMP team hosted 2 additional PDMP presentations, 2 NarxCare lunch and learn webinars, 3 EHR Integration webinars, 6 DACS presentations, including 3 DACS continuing education webinars, and a focus group with the Nurse Practitioner Association of DC.</p> <p>Engage Strategies LLC provided an overview of the opioid communications campaign on behalf of the PDMP during October's quarterly opioid summit to DBH and various opioid stakeholders.</p> <p>(c) Annual Report The 2020 DC PDMP Annual Report report has been published and posted to the website. PDMP staff is currently preparing information for the 2021 report.</p>	
1221-O-05	<p><b><u>Grant Updates</u></b></p> <p>(a) Districtwide Gateway Integration A total of 59 health entities have connected to the DC PDMP through Gateway Integration in total since integration began in 2019. That number includes 2 pharmacy chains with more than 75 locations in the</p>	

District, 5 independent pharmacies, 41 health care facilities and private practices, 4 hospitals and 7 health care systems.

In collaboration with Bamboo Health (formerly known as Appriss Health), the DC PDMP will begin an email campaign targeted to independent pharmacies in the District in early 2022.

(b) District Addiction Consultation Services

Launched July 1, 2021

<https://www.medschool.umaryland.edu/dacs/>

District Addiction Consultation Services is a resource for providers. It is a substance use warm line which is operated Mon-Fri 9-5. Callers can ask general questions about behavioral health resources and referrals.

Clinical questions are forwarded to a certified physician consultant who will return the call within 24 hours.

PDMP staff members have collaborated with DACS staff to create an informational presentation on the program.

As of October 31, 2021, 337 practitioners enrolled in DACS and as of September 30, 2021, DACS received 14 calls.

DC PDMP staff plan to collaborate with DACS staff to host additional webinars, develop outreach materials, and continue to send its monthly newsletter.

DACS has provided three webinars, so far:

- Understanding the Opioid Epidemic: Providers' Role in the Treatment of Opioid Use Disorder
- Alcohol Use Disorder During the COVID-19 Pandemic: The Instrumental Role of the Primary Care Provider
- Redesigning Withdrawal Management to Improve Treatment Outcomes of Substance Use Disorders

(c) Opioid Communications Campaign

My Recovery DC

Ads began running in July 2021

<https://myrecoverydc.org/>

Dr. White and Mark Spence (peer) participated in several news outlets to promote the opioid awareness communications campaign and website.

- <https://www.wusa9.com/article/news/local/dc/dc-leaders-roll-out-my-recovery-dc-campaign-to-fight-drug-abuse/65-bb206658-e94b-499c-842e-b89ca055e4c6>
- <https://wtop.com/dc/2021/06/dc-peer-outreach-addiction-treatment/>
- <https://www.fox5dc.com/video/945383>
- <https://menslifedc.com/2021/06/18/dc-promotes-its-addiction-treatment-services-peer-educators-available-to-guide-recovery/>
- <https://www.washingtoninformer.com/opioid-abuse-takes-its-toll-in-d-c/>



	<ul style="list-style-type: none"> <li>○ <a href="https://afro.com/local-activists-work-to-combat-the-opioid-epidemic/">https://afro.com/local-activists-work-to-combat-the-opioid-epidemic/</a></li> <li>○ <a href="https://wjla.com/news/addicted-in-america/addicted-in-america-a-7news-special">https://wjla.com/news/addicted-in-america/addicted-in-america-a-7news-special</a></li> </ul> <p>Utilizing media opportunities such as ultra-super kings (bus wraps), digital live boards and spectaculars (train station ads), bus shelter ads, and print items, the campaign received more than 13 million media impressions through July 31<sup>st</sup>. Many of the bus wraps, bus shelter ads, and interior bus cards have continued to run to date, at no additional cost to DC Health.</p> <p>The website <a href="https://myrecoverydc.org/">https://myrecoverydc.org/</a> has received more than 3,800 page views. The website also includes a fully navigable listing of opioid treatment and recovery resources available in the District and a link to two poster size versions of the ads that can be purchased by LIVE.LONG.DC. Partners.</p> <p>The My Recovery DC campaign complements DC Department of Behavioral Health's (DBH) "Be Ready" Narcan awareness campaign. <a href="https://twitter.com/dbhrecoversdc/status/1418596144410660866">https://twitter.com/dbhrecoversdc/status/1418596144410660866</a></p>	
1221-O-06	<p><b><u>PDMP Best Practice Checklist Updates and Discussion</u></b></p> <p>Dr. Ortique went over the plans set forth by the DC PDMP Best Practice Checklist, including edits made to 2022 plans.</p> <p>In Progress/Continuous Activities include:</p> <ul style="list-style-type: none"> <li>● Utilize feedback from Health Care Professional Boards to evaluate a new version of prescriber report. <ul style="list-style-type: none"> <li>○ Revised quarterly prescriber reports are currently being sent.</li> <li>○ Most recent prescriber report was released November 22, 2021</li> </ul> </li> <li>● Facilitate integration of the PDMP with health information exchanges, electronic health records, and pharmacy dispensing systems. <ul style="list-style-type: none"> <li>○ There are currently 59 Gateway integrations.</li> </ul> </li> </ul> <p>Planned/FY2022 Activities include:</p> <ul style="list-style-type: none"> <li>● Conduct audits of PDMP system utilization for appropriateness and extent of use (currently conducted in response to board complaints). <ul style="list-style-type: none"> <li>○</li> </ul> </li> <li>● Research strategies used by other states to determine best practices for increasing PDMP delegate registration <ul style="list-style-type: none"> <li>○ Currently, each prescriber and dispenser can have up to 2 delegates.</li> </ul> </li> <li>● Finalize and implement academic detailing plans</li> <li>● Target academic detailing and PDMP training based on high prescribing and dispensing geographic regions. (DC ward-specific targeted education). <ul style="list-style-type: none"> <li>○ PDMP staff are currently working with members of the CDC to develop statistical thresholds for 'high risk' prescribing and dispensing trends which we can track in the future to assess the impact of the PDMP.</li> </ul> </li> <li>● Begin promoting the CDC's Quality Improvement Measures as a resource during presentations and by posting it to the DC PDMP website</li> </ul>	

	<ul style="list-style-type: none"> <li>• Continue working with professional license boards to ensure prescribers and dispensers who are not registered with the PDMP become compliant. <ul style="list-style-type: none"> <li>○ Compliance is currently enforced through professional license renewals (i.e. health care providers may not renew their professional license if they are not registered with the PDMP.)</li> <li>○ Additionally, newly licensed health care providers receive an email notifying them of the PDMP registration mandate.</li> </ul> </li> <li>• Begin planning targeted communications (i.e., academic detailing for top prescribers, promoting integration to independent pharmacies)</li> <li>• Consider Activation of additional clinical alerts and other features in AWA Rx E <ul style="list-style-type: none"> <li>○ The clinical alerts will notify prescribers of patients who go over a certain threshold.</li> </ul> </li> <li>• Revise regulations on deidentified data reporting based on Mayor's office recommendations.</li> <li>• Research and discuss the possibility of adding ICD-10 codes to pharmacy reporting options. Determine what contractual updates are needed and possible cost.</li> </ul> <p>Dr. Watson asked Lara Irvin (Manager of Client Relations, Bamboo Health) the following question: What best practices are other states utilizing?</p> <ul style="list-style-type: none"> <li>• A large majority of states are collecting naloxone dispensation data (linking to specialty PDMP data)</li> <li>• Many states utilize the PDMP Mandatory use module, which assists with enforcing PDMP query mandates.</li> <li>• Several states have Expanded delegate registration by using PMP Aware features to enforcing limitations of the number of delegates per PDMP user by PDMP user role. PMP Aware features can be used to control what they are able to query, as well.</li> <li>• Other states are planning to Provide Medicaid compliance data in regards to the recent SUPPORT Act changes.</li> <li>• Since updates to 42 CFR this past year, some states have opted to include OTP patient information, such as dosage and dispensation information.</li> </ul>	
1221-O-07	<p><b><u>Presentation on Potential Covered Substance</u></b>  <i>Xylazine</i>  Erica Loadman, Pharmacist, DC Health</p> <p>During the presentation, Dr. Loadman noted the following important points:</p> <ul style="list-style-type: none"> <li>• Xylazine is a non-narcotic medication approved by the FDA for veterinary use only and is administered via IV, IM or oral route</li> <li>• Xylazine can cause severe CNS depression in humans</li> <li>• Xylazine abuse was noted in Puerto Rico in the early 2000s and has since been detected in 31% of unintentional overdose deaths in Philadelphia in 2019.</li> <li>• DC OCME data has not yet been published, but the drug has been detected in used syringes by the DC Department of Forensic Sciences</li> <li>• According to the CDC, "Naloxone administration might not be as effective at fully reversing overdose-related signs and symptoms when xylazine and highly potent opioids such as fentanyl are present, although naloxone should always be administered."</li> <li>• The conclusion of the presentation is that more data is needed to determine whether or not Xylazine should be considered a 'potential</li> </ul>	

	<p>drug of concern' by the DC PDMP.</p> <p>Following Dr. Loadman's presentation, Dr. Watson asked staff to complete follow-up activities as part of the charge of the committee to identify drugs of concern:</p> <ul style="list-style-type: none"> <li>• Discuss xylazine with DBH to determine what they are seeing and collect data</li> <li>• Engage DC Board of Veterinary Medicine and ask them to present at the next meeting</li> <li>• Connect with Mr. Zamore in CPPE to get additional xylazine data and ask for an OCME presentation</li> <li>• Have an additional conversation with Commander Kyle in regard to xylazine</li> <li>• Create a summary of all actions and allow the committee to make a decision regarding xylazine as a drug of concern.</li> </ul>	
1221-O-08	<p><b><u>Presentation and Discussion</u></b></p> <p><i>ICD-10 Code Presentation</i></p> <p>Grady McAllister, Client Relationship Manager, Bamboo Health Lara Irvin, Manager, Client Relations, Bamboo Health</p> <p>Lara Irvin provided an overview of the company's new name, noting that Appriss Health recently acquired Patient Ping, a company focused on ADT (admission-discharge-transfer) feeds (provider notifications in HIE and EHR systems). Following the acquisition, the company rebranded and changed its name to Bamboo Health.</p> <p>Dr. Watson asked Lara if she has seen any changes in PDMPs as a result of the pandemic? Lara noted that there was a significant drop in the number of PDMP checks, when the pandemic first hit the US, which began on the west coast and began to spread east. The decreases in PDMP queries began in the spring and early summer of 2020. Checks began to increase again later. Lara noted the Bamboo Health's data and analytics team can provide recent data on PDMP trends across the country, if needed.</p> <p>During the presentation, Lara noted the following important points:</p> <ul style="list-style-type: none"> <li>• 9 states currently collect ICD-10 information</li> <li>• 3 of the 9 states (Ohio, Rhode Island, and Nevada) have a mandate to collect ICD-10 information</li> <li>• DSP25 is the designation of a dispensation data field where the diagnosis code would be found. If it is provided in a state that accepts this info but is not required, the clearinghouse would accept it without returning an error. If not, an error would result.</li> <li>• <b>Question:</b> Has research indicated that other states are interested, but hesitate due to regulatory issue? <ul style="list-style-type: none"> <li>○ Yes, this is a trend—some states are looking to begin collecting this information. However, mandating this information would require legislative changes for most states.</li> <li>○ There are also ASAP version restrictions—some versions don't include the ICD-10 code field and would need an update</li> </ul> </li> <li>• <b>Question:</b> What legal steps would the committee need to take? <ul style="list-style-type: none"> <li>○ Ms. Carla Williams explained that DC decided years ago to stop including diagnosis information on prescriptions in order to protect patient privacy.</li> <li>○ Carla noted that the committee can add ICD-10 codes to the list of information required to be submitted by dispensers in § 48–</li> </ul> </li> </ul>	

	<p>853.03 section (c). . She noted that formally adding the requirement to the regulations may receive pushback.</p> <ul style="list-style-type: none"> <li>○ Dr. Kirilichin wrote in chat: “I think we’re on the right page not taking that action”</li> <li>● <b>Question:</b> What was the impetus for each of the states that implemented the mandatory collection of ICD-10 data? <ul style="list-style-type: none"> <li>○ Lara noted that the Bamboo Health team will follow up and provide information</li> </ul> </li> <li>● Lara shared an example version of a patient report summary section showing the ICD-10 code placement. She also shared challenges related to drugs of interest (dispensations of drugs of interest may present difficulty with providers who do not have a DEA registration), data quality, and enforcement.</li> </ul>	
<p><b>1221-O-09</b></p> <p><b>Matters for Consideration</b></p>	<p><b>Action Items</b></p> <ul style="list-style-type: none"> <li>● Potential Future meeting dates FY 2021-2022 <ul style="list-style-type: none"> <li>○ April 19, 2022</li> <li>○ August 16, 2022</li> </ul> </li> </ul> <p>August minutes were not approved due to lack of quorum. Dr. Watson is not available on April 19. Carla recommended staff reach out to committee members to select a new date via Doodle poll.</p>	
<p><b>1221-O-10</b></p>	<p>Other news/highlights from Committee members Committee on Health Public Hearing Wednesday, December 15, 2021 10am—6pm</p> <p>Carl Filler noted the meeting scheduled for December 15 was canceled due to Chairman Vincent Gray having a mild stroke and shared that there are no health committee hearings until March, although there may be some potential markups. There will be a Committee of the Whole meeting regarding student vaccinations soon. There is currently no pending legislation that will impact PDMP.</p>	
<p><b>Comments from the Public</b></p>	<p>None.</p>	
<p><b>Motion to Adjourn the Open Session</b></p>	<p>Madam Chair, I move that the Committee close the meeting.</p> <p>Dr. Watson wished everyone a happy, healthy holiday.</p> <p style="text-align: center;">Adjourn</p>	

This concludes the meeting.  
**Meeting Adjourned at 11 : 29AM**

**Government of the District of Columbia  
Department of Health**

**Prescription Drug Monitoring Program  
Advisory Committee Meeting**

**899 NORTH CAPITOL ST. NE – 2<sup>ND</sup> FLR.  
WASHINGTON, DC 20002  
WebEx VIRTUAL MEETING**

**August 17, 2021  
10AM – 11:30AM**

**AGENDA**

**CALL TO ORDER: 10:13 AM**

**PRESIDING: Dr. Jacqueline Watson**

**COMMITTEE MEMBERSHIP/ATTENDANCE:**

<b>ADVISORY COMMITTEE MEMBERS:</b>		
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff	X
	Aisha Nixon, MPT, CPM, Board of Medicine Executive Director	X
	Shauna White, PharmD, RPh, MS, Board Of Pharmacy Executive Director	
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician	X
	Sheri Doyle, MPH, Consumer Member	X
	Commander Ramey Kyle, Metropolitan Police Department	X
	Lakisha Stiles, CPhT, Pharmacy Technician	
<b>PDMP STAFF:</b>	Justin Ortique, PharmD, RPh, Supervisory Pharmacist	X
	Brittany Allen, MPH, Program Specialist	X
	Erica Loadman, PharmD, RPh, Pharmacist	X
<b>LEGAL STAFF:</b>	Carla Williams, Esq, Senior Assistant General Counsel, PDMP Attorney Advisor	X
<b>VISITORS:</b>	Frank Meyers, JD	X

## Open Session Agenda

Quorum: Yes

0817-O-01

### Welcome & Introductions

Dr. Watson began the meeting with member and staff introductions. After introductions, she noted that the committee would discuss the frequency of meetings in accordance with the Charge of the Committee at the end of the meeting.

### Chair Report

### Charge of the Committee

The Committee shall convene at least two (2) times per year to advise the Director:

- (a) On the implementation and evaluation of the Program;
- (b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;
- (c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;
- (d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;
- (e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and
- (f) Regarding the design and implementation of educational courses for:
  - (1) Persons who are authorized to access the prescription monitoring information;
  - (2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;
  - (3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and
  - (4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.

0817-O-02	<p><b><u>Approval of April 2021 PDMP Advisory Committee Meeting Minutes</u></b></p> <p>(a) Minutes from April 2021 Meeting</p> <p><b>Motion to approve April 2021 meeting minutes, as written:</b> Ms. Aisha Nixon</p> <p><b>Second:</b> Dr. Natalie Kirilichin</p> <p><b>Roll call vote—Aye/Yes</b></p> <p>Dr. Natalie Kirilichin Commander Ramey Kyle Ms. Sheri Doyle Ms. Aisha Nixon</p> <p><b>Motion carries, minutes approved.</b></p>	
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DRAFT



<p>0817-O-03</p>	<p><b><u>Report from Attorney Advisor</u></b></p> <p>(a) PDMP Legislative Update Ms. Carla Williams provided the following update:</p> <p>The PDMP is proposing language for the Prescription Drug Monitoring Program Amendment Act of 2021. This legislation will amend the Prescription Drug Monitoring Program Act of 2013 to expand the Director’s discretionary disclosures to include disclosing aggregate and summary data that has been processed to remove personal identifiers to public or private entities for statistical, research, educational, or grant application purposes; and enable the Director to charge a fee to offset the operational costs to disclose information.</p> <p>This amendment will bring the District’s Prescription Drug Monitoring Program more in line with other states and allow the Director greater ability to disclose redacted, aggregate and summary data to serve the public interest.</p> <p>The draft legislation is currently moving through the review and approval process, which includes legal review by the Attorney General’s office, policy review by the Mayor’s office, Deputy Mayor’s office, and City Administrator’s office. After review, it will go to Council. Council will move it forward to a public hearing where the public will have an opportunity to speak. The legislation is not anticipated to elicit any controversy.</p>	
<p>0817-O-04</p>	<p><b><u>Program Updates</u></b></p> <p>(a) PDMP Registration Statistics and Compliance Dr. Justin Ortique shared the PDMP registration update, which saw an increase in registration across the board, since the last meeting. He also shared that any decreases in registration could be due to a PDMP reverification process which deactivates the profile of PDMP users who no longer hold a license.</p> <p>Dr. Watson noted that marketing materials were sent in an effort to increase registration and asked if any other measures have been used to increase registration.</p> <p>Mr. Meyers shared that licensing boards sent out notices and will begin sending secondary notices informing health professionals of enforcement measures such as requirements to register with the PDMP before renewing a professional license or sending negotiated settlement agreements.</p> <p>Ms. Williams shared that some practitioners did not register because they don’t prescribe controlled substances and didn’t understand that the law applies to them. She noted that she will speak with Dr. White about clarifying the language to ensure practitioners understand that the law applies to all license holders who have the ability to prescribe, even if they do not prescribe controlled substances in their day-to-day practice.</p>	

Dr. Watson agreed, noting that the Program can take a look at how the requirement is communicated, since PDMP registration is a condition of licensure in the District of Columbia.

Ms. Nixon noted that some optometrists did not understand that they needed to register for the PDMP because they do not have the authority to prescribe controlled substances. Ms. Williams noted that although optometrists cannot prescribe controlled substances, they can prescribe covered substances, so they are still required to register for the program.

(b) Outreach Activities  
Past

Date	Audience	Participant Count
April 21	DC Hospital Association Joint Committee Meeting	41 participants
April 21	DC Hospital Association newsletter ad	Disseminated to members via email
April 21	Medical Society of DC	8 participants + video posted to website
April 23	Mandatory Query Lunch and Learn	104 participants
April 27	NarxCare webinar	54 participants
May 4	Mandatory Query Lunch and Learn	55 participants
May 14	NarxCare webinar	29 participants
May 18	EHR/Gateway Integration webinar	11 participants
June 29	EHR/Gateway Integration webinar	28 participants

Future

Date	Topic
September TBD	EHR/Gateway Integration overview
November TBD	EHR/Gateway Integration overview

Dr. Ortique shared an update on the most recent outreach activities, which included presentations to committee meetings, newsletter ads, and webinars.

Dr. Watson asked how staff is reaching new audiences and Dr. Ortique shared that it is a combination of entities that reach out for presentations and targeted outreach, especially in regards to EHR integration. Recent presentations have included testimonials from prescribers who currently utilize EHR integration in their current practice.

(c) Annual Report  
Under DC Health leadership review

(d) Pharmacy Submission Practices Audit  
Dr. Erica Loadman shared that an audit of data submitting pharmacies found that a total of 14 were out of compliance. Staff has been reaching out over the past two weeks to let them know we have not received a report and that they need to continue submitting. She added that AWARxE software makes it easy to audit pharmacies on a monthly basis.

0817-O-05

**Presentation and Discussion**

*Indicators of Misuse and Abuse*

Erica Loadman, PharmD, RPh, Pharmacist

The *Indicators of Misuse and Abuse* presentation describes the PDMP data indicators of prescription drug abuse and misuse currently available to practitioners via the PMP AWARxE platform. The presentation also includes some additional indicators found in literature which may be potentially useful to PDMP users.

Following the presentation, Ms. Doyle asked how pet prescriptions are reflected in the PMP, noting that an opioid rx for a dog could put someone way over the MME threshold. Dr. Loadman stated that pet prescriptions are listed under the pet's first name, owner's last name, and pet's DOB and there is a pet icon.

Ms Doyle also asked a follow up question regarding provider actions after viewing PDMP records: Once providers are made aware that a patient has seen "X" number of providers and has visited "X" number of pharmacies within a certain period of time, what is the expected course of action and how do we prevent people from being dropped by physicians, especially in the case of people who have chronic conditions and may have good reason to see multiple specialists and visit multiple pharmacies, based on the medicines they need to take?

Dr. Kirilichin shared her personal story with cancer care and experience as a patient, noting that she has visited a number of prescribers and pharmacies for care over the past year.

Dr. Watson noted that when you're on the patient side, you appreciate things that you may not have appreciated on the provider side. She stated the importance of health licensing boards reviewing the information involved in each case fully, so that the right decision is made about whether someone is trying to go around the law or not. She added that board member participation important and they should be fully informed so that they are able to pick out the nuances to make the right decisions for individuals who are brought before the board.

Ms. Williams noted that we can't legislate what practitioners do, but we can offer education and training to help providers learn how to use and apply PDMP data. We can also follow the charge of the committee to identify indicators of misuse and abuse. By providing that information providers can better know what to look for and they can recognize other reasons that a patient may have multiple providers and pharmacies besides abuse, so that they can understand how to provide appropriate care and treatment, depending on what the patient is experiencing.

Dr. Watson added that part of the PDMP's outreach strategy includes educating providers on how to use the information

Dr. Kirilichin noted that we can't control prescriber bias. She stated that alerts, can cause immediate provider bias. Exceptions, such as cancer care should be noted in the systems.

She added that we should ensure flags are deliberate and exclude certain patient populations. She shared her experience with cancer treatment.

Dr. Watson noted that if she agrees, the committee can create a case study based on Dr. Kirilichin's story. She added that we really need to emphasize provider education and continue having conversations so that we can think about the policies and laws that we pass and consider the perspective of physicians who are very knowledgeable and well educated.

Mr. Meyers added that education is the key, noting that education should be focused on the patient, rather than the boards and the laws, when you're doing the right thing. He noted that DC Health has resources such as The DC Center for Rational Prescribing (DCRx). He said that the next phase is to continue to focus on educational opportunities and providing tools to be cognizant of individual patient needs.

Dr. Loadman noted that the PDMP staff will start planning some education opportunities concerning the viewing of PDMP data and looking at each individual's prescription data as something unique. She added that some states PDMPs are moving towards including ICD-10 codes, which may be worth considering, as they allow providers to see a patient diagnosis along with PDMP data, which will help them make a more informed decision.

Dr. Watson noted we may take Dr. Kirilichin's over to share her story, since stories and examples can be used to teach and train. She noted that they may be the best way to approach provider awareness.

Dr. Kirilichin agreed, and noted that she likes the idea of using ICD codes in the future and would be happy to share her story as a case study. She added that we can always determine things that are good best practices to add to our list.

Ms. Williams noted that many years ago, diagnoses were listed on prescriptions, but as HIPAA became a bigger focus, they were removed. She added that according to regulations, diagnosis or ICD codes are not required. The PDMP is required to report: "any other information that may be requested by the Director in furtherance of the program." She noted that we would not have to change the language, we can add the field. She added that having a field that shows why a patient needs certain medications can help providers avoid initial biases.

We may want to recommend this as a committee.

Dr. Kirilichin noted that there could be there an exception that can help the prescriber make their decision, without violating privacy codes. She noted that if we want to make a recommendation, it may need more development.

Ms. Doyle recommended looking at outcomes from other states in regard to their opioid prescribing before and after adding ICD-10 codes. PDMP staff will research states adding ICD-10 codes and share with the committee before the next meeting for discussion. Committee members are welcome to share relevant information they find as well.

0817-O-06	<p><b><u>Grant Updates</u></b></p> <p>(a) Districtwide Gateway Integration DC PDMP outreach has included two integration webinars and there are two additional webinars scheduled in 2021. Combined, these webinars reached nearly 40 participants. As a result, 13 health entities have connected to the DC PDMP through Gateway Integration since the April 2021 meeting. A total of 44 entities have connected to the DC PDMP through Gateway Integration.</p> <p>Universe – 95 pharmacies out of 153 (community) (62%) 4 hospitals out of 13 (30%)</p> <p>(b) District Addiction Consultation Services Launched July 1, 2021 <a href="http://districtacs.org">districtacs.org</a> District Addiction Consultation Services is a resource for providers; It is a substance use warm line which is operated Mon-Fri 9-5. Callers can ask general questions about behavioral health resources and referrals. Clinical questions will be forwarded to a certified physician consultant who will return the call within 24 hours. PDMP staff are working with administrators to plan education opportunities every other month. Education opportunities are advertised to PDMP users.</p> <p>Suggestions for topics are welcome.</p> <p>(c) Opioid Communications Campaign My Recovery DC Engage Strategies LLC Ads began running in July 2021 <a href="http://myrecoverydc.org/">myrecoverydc.org/</a></p> <p>MyRecoveryDC is a public education campaign with an online service that helps DC residents who use opioids, alcohol, and other drugs find treatment and recovery services in their neighborhood. As part of <a href="http://Live.Long.DC">Live.Long.DC</a>, this seeks to increase the use of the District's treatment and recovery services by increasing access to and reducing the stigma surrounding drug use and treatment.</p> <p>The campaign includes metro bus and metro train ads, bus bay ads, street car bay ads, social media, and the myrecoverydc.org website. The website has been live since June and has seen a total of 1,861 page views and 14 requests for support (for self, for a loved one, peer support/speaker, and/or desire to be a peer). Metro ads began running in July. Additionally, Dr. White was interviewed by a few news stations in the effort to increase awareness of the campaign.</p>	
0817-O-07	<p><b><u>PDMP Best Practice Checklist Updates and Discussion</u></b></p> <ul style="list-style-type: none"> <li>• Disseminate prescriber report cards quarterly <ul style="list-style-type: none"> <li>○ Most recent prescriber report was sent in May 2021</li> </ul> </li> <li>• Conduct presentations and trainings for end-user groups <ul style="list-style-type: none"> <li>○ PDMP staff has conducted 8 virtual presentations since the April 2021 meeting</li> <li>○ A total of 320 people attended the presentations</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Mandate PDMP utilization (query) for prescribers and dispensers <ul style="list-style-type: none"> <li>○ Prescription Drug Monitoring Program Query Amendment Act of 2020 was passed on March 16, 2021</li> </ul> </li> <li>• Send PDMP notification letters to new prescribers <ul style="list-style-type: none"> <li>○ Most recent notification was emailed August 2021</li> </ul> </li> <li>• Distribute reports <ul style="list-style-type: none"> <li>○ 2021 PDMP annual report is currently under review</li> </ul> </li> </ul> <p>Dr. Watson noted that as we decide whether or not we want to add new items such as ICD-10 codes to the best practice, we should also use this as an opportunity to learn what has worked well, what we may need to try, and what we don't need to continue.</p>	
0817-O-08	<p><b><u>PDMP Related Articles for Discussion</u></b></p> <ul style="list-style-type: none"> <li>• Pepin, D., Hulkower, R., &amp; McCord, R. F. (2020). How Are Telehealth Laws Intersecting With Laws Addressing the Opioid Overdose Epidemic?. <i>Journal of public health management and practice : JPHMP</i>, 26(3), 227–231.</li> <li>• Ball, S. J., Simpson, K., Zhang, J., Marsden, J., Heidari, K., Moran, W. P., Mauldin, P. D., &amp; McCauley, J. L. (2021). High-Risk Opioid Prescribing Trends: Prescription Drug Monitoring Program Data From 2010 to 2018. <i>Journal of public health management and practice : JPHMP</i>, 27(4), 379–384.</li> <li>• Shreffler, J., Shaw, I., Berrones, A., &amp; Huecker, M. (2021). Prescription History Before Opioid Overdose Death: PDMP Data and Responsible Prescribing. <i>Journal of public health management and practice : JPHMP</i>, 27(4), 385–392.</li> </ul> <p>Dr. Watson asked for comments, thoughts, recommendations based on articles.</p> <p>Ms. Nixon noted that when updating the HORA, verbiage and language should be included related to prescribing and any limitations that may be put into place. She added that it can be discussed during the next meeting when looking at HORA revisions.</p> <p>Mr. Meyers noted that there is an internal group of Executive Directors and attorneys who are scheduled to meet soon to discuss model language regarding telehealth. The language will be shared with the other boards once a draft is ready for distribution.</p>	
0817-O-09	<p><b><u>District of Columbia Department of Health COVID-19 Health and Healthcare Recovery Report</u></b></p> <p>Dr. Watson shared that the District's post pandemic health and healthcare services report was released in late May/early June and will serve as roadmap for moving forward post Pandemic. She added that it features 5 intersecting domains and recommendations for the future.</p>	
0817-O-10	<p><b><u>Committee Member Updates</u></b></p> <p>Commander Kyle shared that the police force has been noticing a proliferation of pills sold on social media noting, that they are not yet sure where the pills are coming from. He suggested that they may come from pharmacy break ins and robberies or legitimate prescriptions that are being obtained and sold. Efforts are concentrated on combatting this occurrence.</p>	

	Ms. Doyle shared a relevant article for members to read: <a href="https://www.wired.com/story/opioid-drug-addiction-algorithm-chronic-pain/">https://www.wired.com/story/opioid-drug-addiction-algorithm-chronic-pain/</a>	
<b>0817-O-11 Matters for Consideration</b>	<b><u>Future Meeting Dates</u></b> <ul style="list-style-type: none"> <li>○ December 21, 2021</li> <li>○ April 19, 2022</li> <li>○ August 16, 2022</li> </ul>	
<b>Comments from the Public</b>	None.	
<b>Motion to Adjourn the Open Session</b>	Madam Chair, I move that the Committee close the meeting.  (Roll Call Vote)	

This concludes the meeting.

**Meeting Adjourned at 11:39AM**

## DC Prescription Drug Monitoring Program (PDMP) User Registration Statistics

Licensed Professional	Number of DC Licensed Active Professionals	Number of Registered PDMP Users	Percentage of DC Licensed Active Professionals Registered with the PDMP	Number of Registered PDMP Users with CS# Listed in PDMP Account
Physician	14,637	12,727	87%	5,502
Physician Assistant	1,060	832	78%	371
Advanced Practice Nurse	3,331	2,179	65%	1,074
Pharmacist	2,094	1,989	95%	-
Dentist	1,079	1,052	97%	464
Veterinarian	346	317	92%	154
Podiatrist	150	134	89%	-
Optometrist	223	196	88%	-
Naturopathic Physician	61	41	67%	-
VA Prescriber	-	330	-	-
VA Dispenser	-	40	-	-
Pharmacy Technician or Delegate	-	13	-	-
Other (Licensing Board Investigator, Law Enforcement, Medical Examiner, Admin)	-	31	-	-
<b>TOTAL</b>	22,980	19,853	86%	7,565



# Clinical Alerts Overview

## General Settings

**Alert Expiration:** It is recommended to set an expiration date for alerts. This will remove the alert from prescriber’s dashboard/queue after a set period of time.

**Alert Method:** All alerts are delivered to the prescriber’s dashboard. Optionally, an email notification can be to the provider prompting them to login for additional details.

**Alert Expiration**

After an alert expires, it will no longer be viewable under Patient Alerts.

30 Days  
 60 Days  
 90 Days  
 180 Days  
  Days  
 Never

**Alert Method**

Patient Alerts GENERATES NOTIFICATIONS  
 Email Notification GENERATES NOTIFICATIONS

**Below Threshold Indicator:** Displays an icon on the patient report as a visual representation that the patient is under the state threshold for an alert.

**Alert Disclaimer:** Typically, legalese is added here. A message indicating that the alert is not an indication of wrongdoing by the patient or prescriber and that the alert is for informational purposes only is common.

**Explanation:** Can be used to explain potential next steps a clinician may take when seeing a patient with this alert type.

**Below Threshold Indicator**

Display an indicator (e.g. Below Prescriber & Dispensary Threshold) if patient has not exceeded threshold.

**Alert Disclaimer** Appears on all clinical alerts

Alert Disclaimer Text

**Explanation (optional)**

Please provide explanation to clinicians on next steps that should be considered for a patient with this alert type. Text entered here will be displayed on the Explanation section that accompany a Clinical Alert.

Specific Alert Configurations

**Prescriber/Dispenser Alert**

Input the number of prescriber and dispensers a patient must see within a specified timeframe for the alert to trigger. Note that the operator is “and” not “or” meaning the number of prescriber AND dispensers must be met/exceeded for the alert to trigger.

The example below will trigger alerts for patients that have seen at least 5 prescribers and had prescriptions filled at least 4 pharmacies within the past 90 days.

**Set Prescriber and Dispenser Thresholds**

Trigger a **Clinical Alert** when:

Count of Prescribers  AND Count of Pharmacies

Exceeds Threshold within

30  60  90  180  Days

**Daily Active MME Alert**

Set the daily active MME value for when an alert will trigger. Treatment drugs such as buprenorphine are excluded by default.

**Set Daily Active MME Thresholds**

Trigger a PMP **Clinical Alert** Patient Report Alert when:

Daily active mme is

Treatment Drugs

**Opioid/Benzodiazepine Alert**

No additional configuration required. When enabled, the alert will trigger when a patient has two or more active prescriptions of these drug types.

**Opioid Consecutive Day Alert**

Set the number of consecutive days a patient has an active opioid prescription at which an alert should be triggered.

**Set Opioid Consecutive Day Threshold**

Trigger a PMP **Clinical Alert** Patient Report Alert when:

Opioids have been received for consecutive days

Treatment Drugs

**Daily Active Methadone Alert**

Set the daily active MME value of Methadone for when an alert will trigger.

**Set Daily Active Methadone Thresholds**

Trigger a PMP **Clinical Alert** Patient Report Alert when:

Daily active mme is

Treatment Drugs

## Provider View

On the provider's dashboard new alerts will appear in bold with "new" label next to them. Once the report is viewed (clicked), the new label and bold text will be removed.

**My Dashboard**

[-] Patient Alerts

PATIENT ALERTS [View All Patient Alerts](#)

Patient Full Name	DOB	Alert Date
<b>new</b> ABBI PATIENT	01/01/1980	02/18/2020
<b>new</b> PETER PARKER	01/01/1980	02/18/2020
<b>new</b> JOHNATHAN DOE	01/01/1975	10/02/2019
PETER PARKER	01/01/1980	10/02/2019
<b>new</b> TINA ROE	01/01/1975	10/02/2019

**NarxCare Report**

**ADDITIONAL INDICATORS (2)**

- Consecutive Opioids Received for ≥ 60 Days
- Daily Active Methadone ≥ 90
- Below MME/D Threshold
- Below Prescriber & Dispensary Threshold
- Below Opioid and Benzo Threshold

**Active Clinical Alerts that have exceeded thresholds set by the admin are displayed at the top of the list in red**

**Active Clinical Alerts that have been configured by the Admin and have not exceeded thresholds are displayed below the triggered alerts in gray**

Selecting the "Explanation" link below the Additional Indicators will open a modal containing a listing of each alert and the details of that alert as configured by the Admin

When the provider clicks the *Explanation* link, a window opens displaying specific details. The text of **description**, **disclaimer**, and **explanation** sections are all configurable. The disclaimer and explanation sections are optional as well as the below threshold indicator.

**Additional Indicators** Print

An additional risk indicator assessment reveals the following concerns for **Peter Parker**

<b>Exceeds Daily Active MME Threshold</b>	<p><b>Description</b></p> <p>Please note that this person has received controlled substances prescriptions equal to or greater than 240 MME/D. This equals or exceeds the threshold of 120 MME/D.</p> <p>This notification is for informational use only. Discussion and verification with the patient, pharmacies, or other prescribers may be necessary.</p> <p>Patient's Counts: 240   Alert Thresholds: 120</p> <p>Alert Date: 4/7/2020</p>	<p><b>Explanation</b></p> <p>Prescribers should evaluate the risks of this level of prescribing opioids in the context of each patient's clinical presentation and in accordance with relevant Board Regulations. This information should be verified as appropriate.</p>
<b>Exceeds Opioid &amp; Benzodiazepine Threshold</b>	<p><b>Description</b></p> <p>Please note that this person has received controlled substances prescriptions for both an Opioid and a Benzodiazepine within the same time period.</p> <p>This notification is for informational use only. Discussion and verification with the patient, pharmacies, or other prescribers may be necessary.</p> <p>Prescription Counts Opioid: 2 Benzodiazepine: 1</p> <p>Alert Date: 4/7/2020</p>	<p><b>Explanation</b></p> <p>Prescribers should evaluate the risks of combination therapy in the context of each patient's clinical presentation and in accordance with relevant Board Regulations.</p>
<b>Below Prescriber &amp; Dispensary Threshold</b>	<p>Patient's Counts</p> <p>Prescribers: 4 Pharmacies: 1 Time Frame: 60 Days</p> <p>Alert Thresholds</p> <p>Prescribers: 6 Pharmacies: 6</p>	

Close

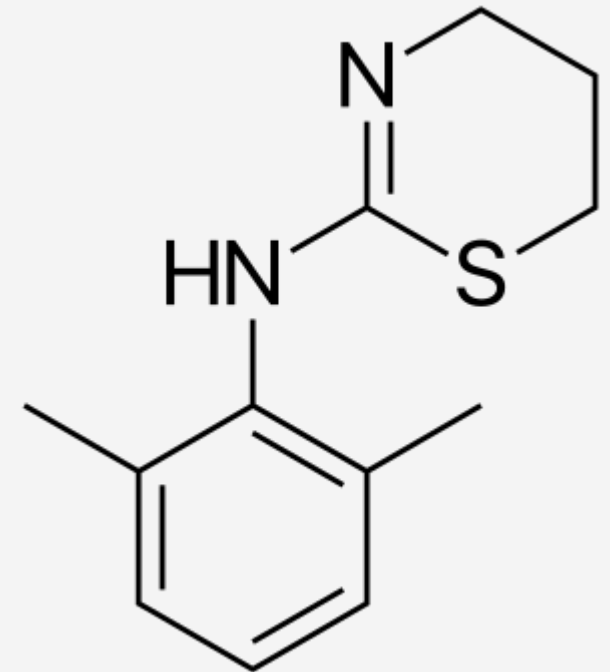
# FORENSIC CHEMISTRY UNIT

APRIL 2022

## WHAT IS XYLAZINE?

# XYLAZINE

- Non-opioid, analgesic, and muscle relaxant
- Agonist at the  $\alpha$ -2 adrenergic receptor
- Structurally similar to a class of compounds known as phenothiazines
  - Agents exhibiting antiemetic, antipsychotic, antihistaminic, and anticholinergic activities
- First synthesized in 1962 – Bayer Company



# XYLAZINE



- Known as “tranq”, or “tranq-dope” when mixed with heroin and/or fentanyl
- Not federally scheduled
  - Veterinary prescription medicine (Rompun®, Anased®, Sedazine®, Chanazine®)
  - Working towards local scheduling in multiple states/jurisdictions
- Easy to purchase (available online) – hard to regulate

# XYLAZINE – ASSOCIATED DANGERS

- Skin Necrosis
  - Chronic use skin ulceration
  - Thought to be due to low skin oxygenation
  - People continually inject at site of ulcer to alleviate pain
- Increased Overdose Risk
  - Respiratory Depressant
  - No current reversal agent for overdose



FIGURE 1: Black and green necrotic and scaly lesions of the patient's forearms.

# XYLAZINE - EMERGENCE

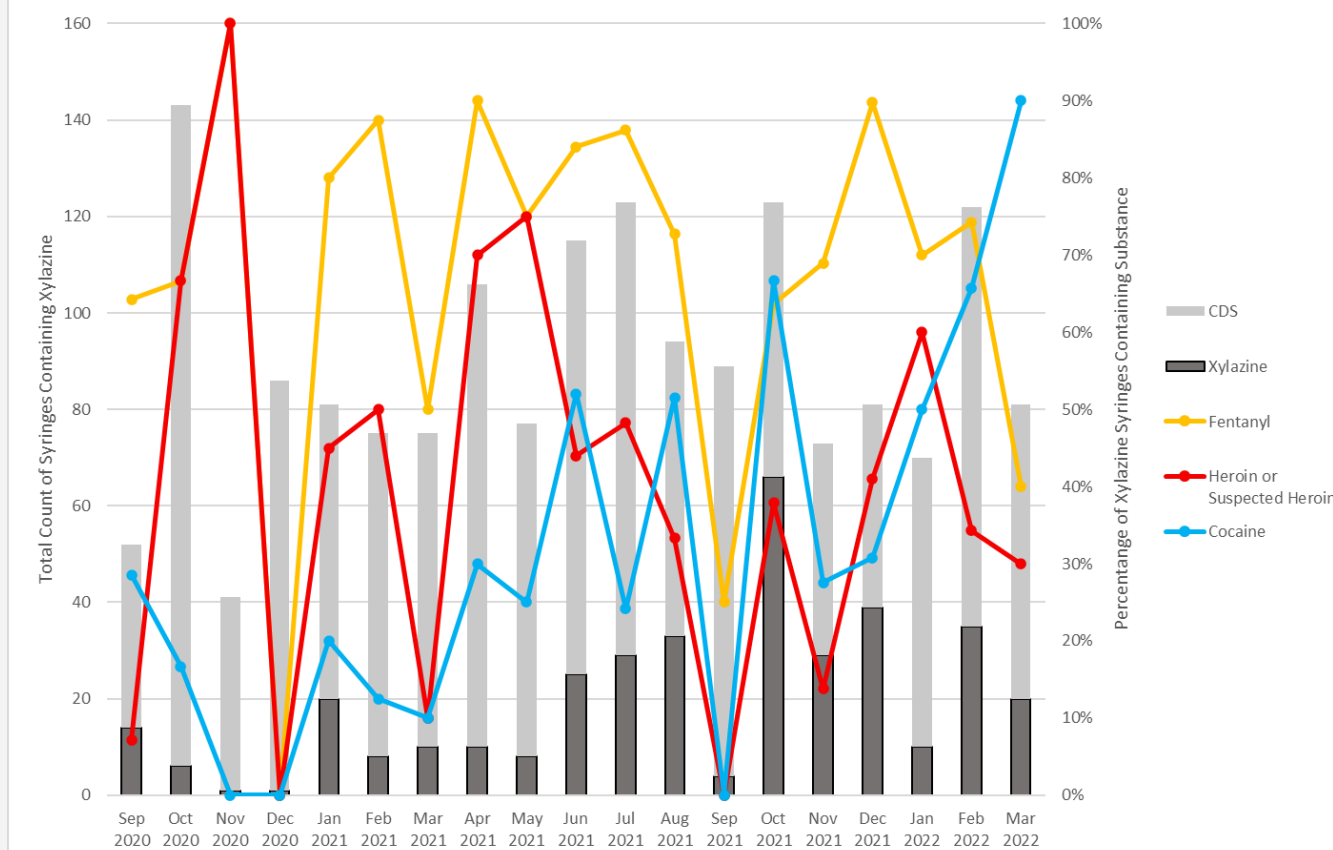
- First observance in DC FCU - August 2018
  - Death investigation case
  - Spoon Residue
- Regular appearance in syringes from DC needle-exchange programs





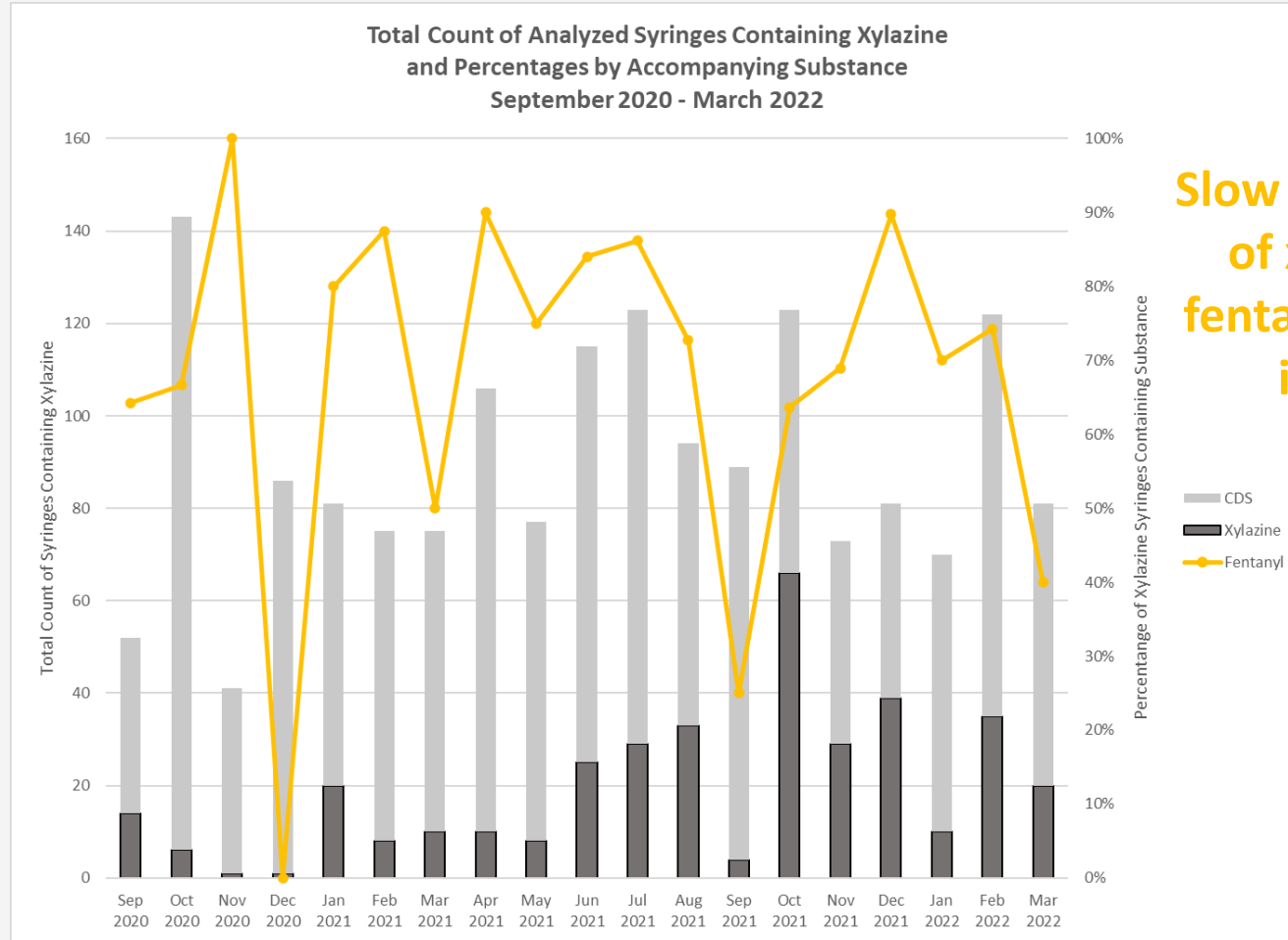
# XYLAZINE

Total Count of Analyzed Syringes Containing Xylazine and Percentages by Accompanying Substance  
September 2020 - March 2022



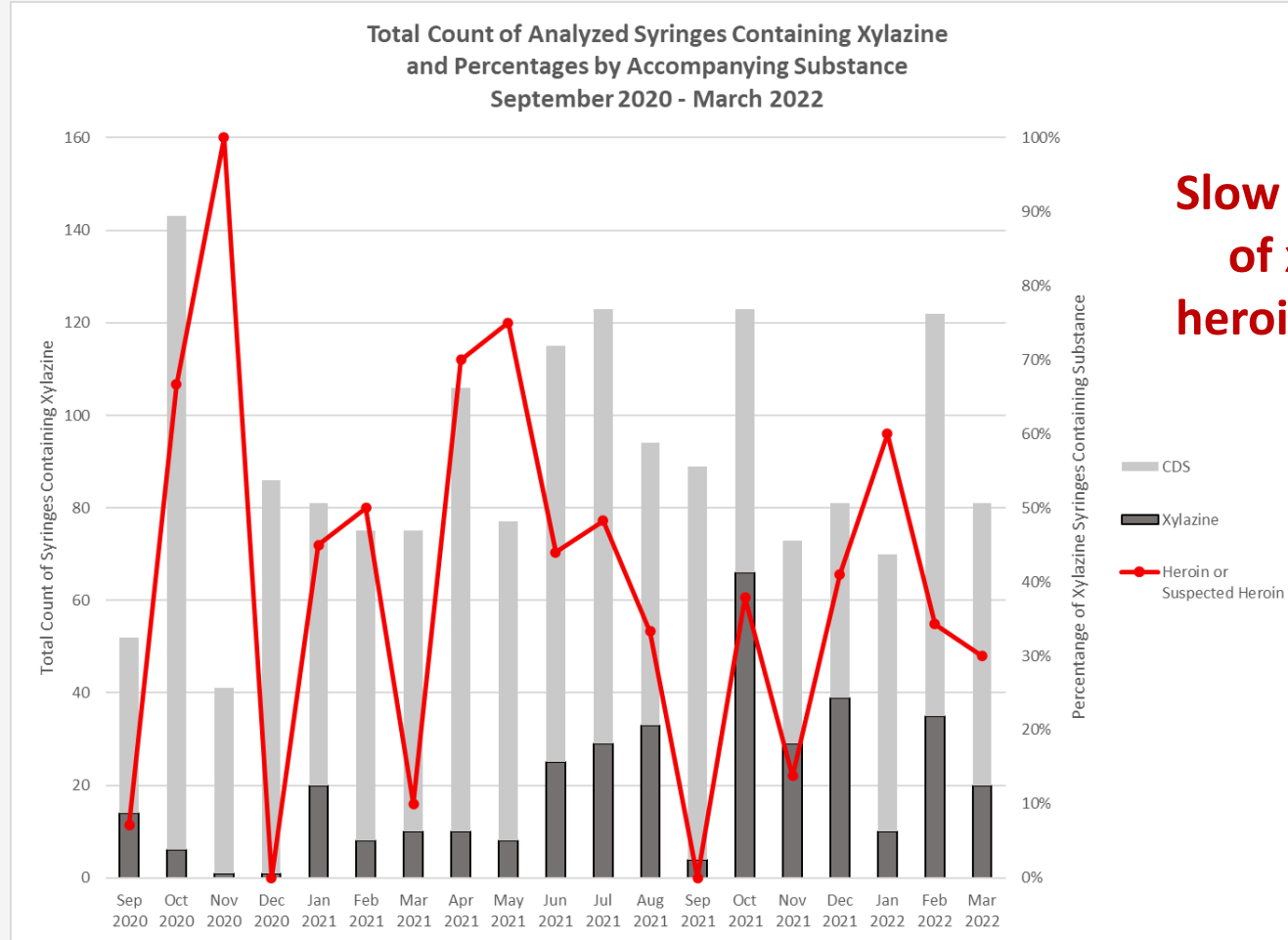
CODETECTION SUBSTANCE WITH XYLAZINE	CODETECTION PERCENTAGE
Fentanyl	24.4%
Heroin	23.2%
Cocaine	31.5%

# XYLAZINE WITH FENTANYL



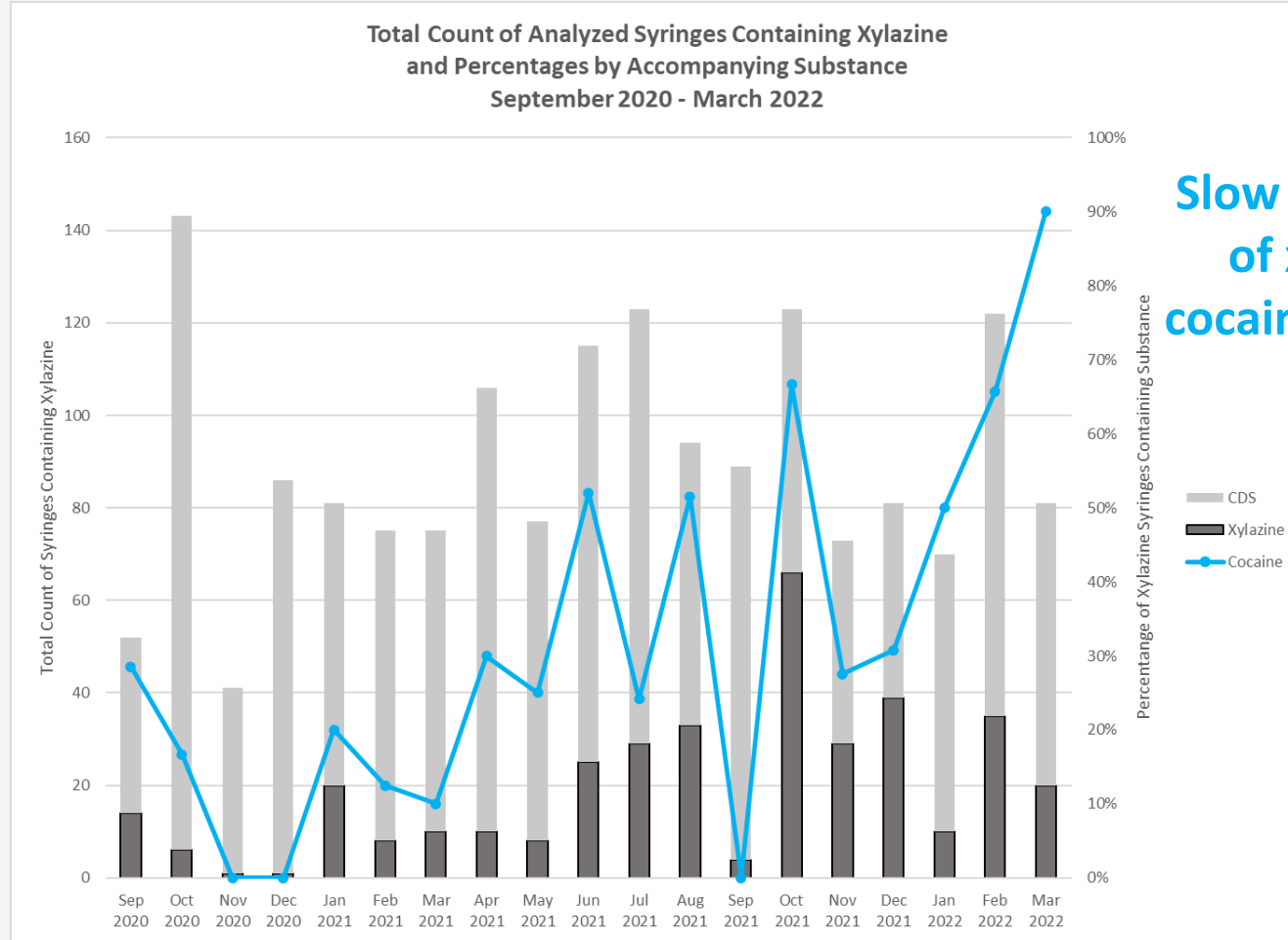
Slow upwards trend of xylazine as a fentanyl adulterant in syringes

# XYLAZINE WITH HEROIN



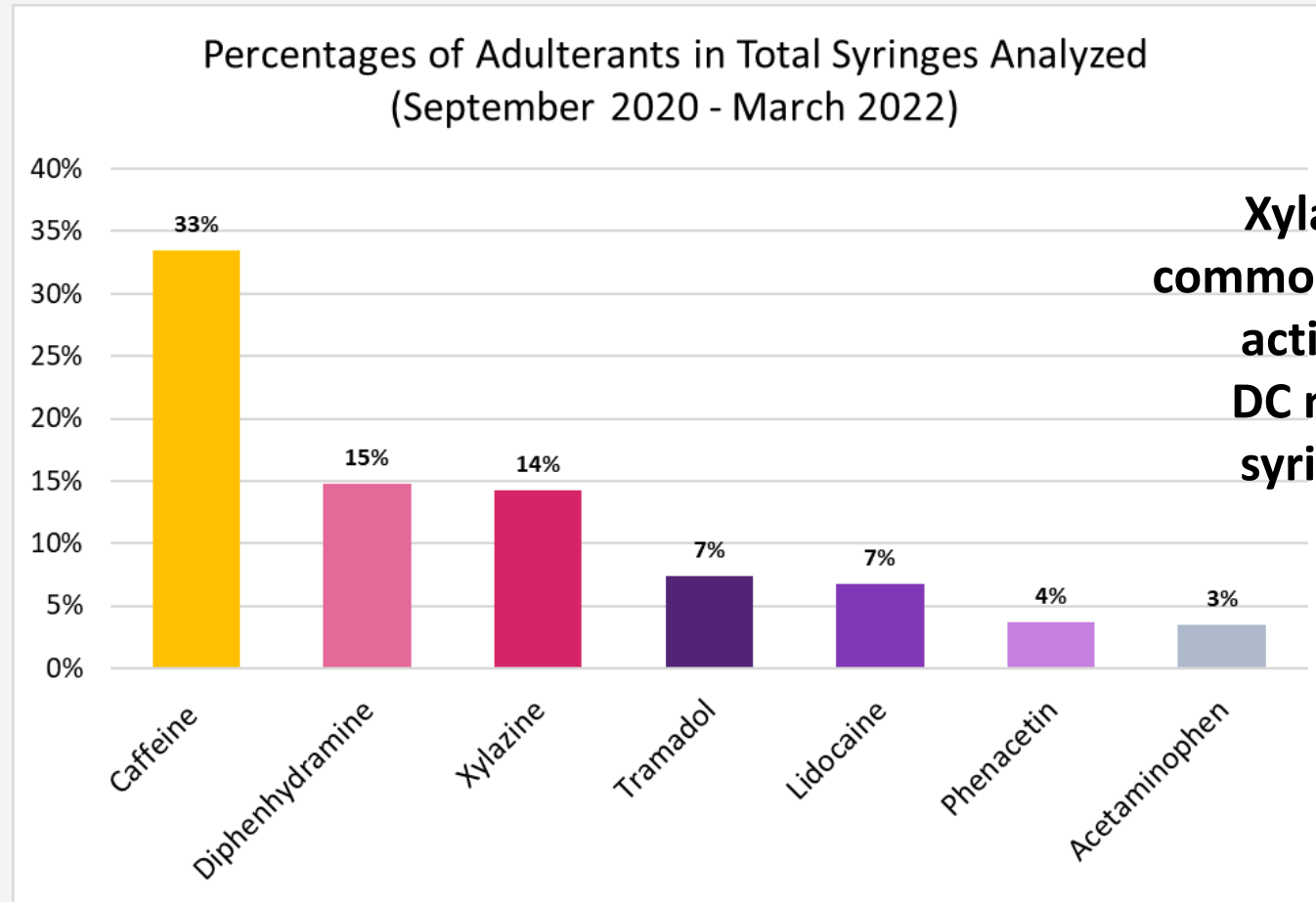
**Slow upwards trend of xylazine as a heroin adulterant in syringes**

# XYLAZINE WITH COCAINE



Slow upwards trend of xylazine as a cocaine adulterant in syringes

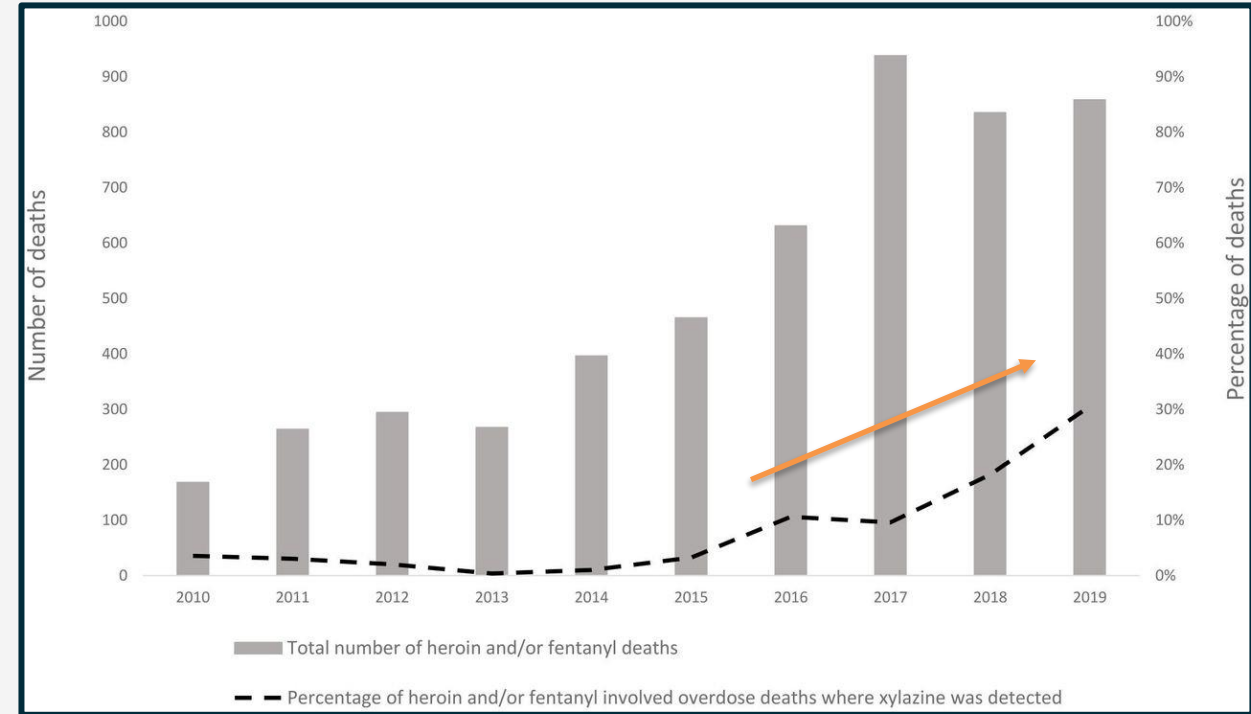
# ADULTERANTS



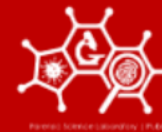
**Xylazine is 3<sup>rd</sup> most common pharmacologically active adulterant in DC needle-exchange syringe drug supply**

# XYLAZINE – NATIONAL TRENDS

- Increasing xylazine presence in heroin/fentanyl deaths in Philadelphia 2010-2019
  - 2019 – 30%
- Shift in overdose culprits: prescription opioids > heroin > fentanyl > “**polysubstance use**”
- Currently monitoring presence appearing in all sample types (syringes, powders, etc.)



# THANK YOU!



# DC PDMP Program Assessment

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DC PDMP Advisory Committee Meeting

Justin Ortique, PharmD, RPh, CPM



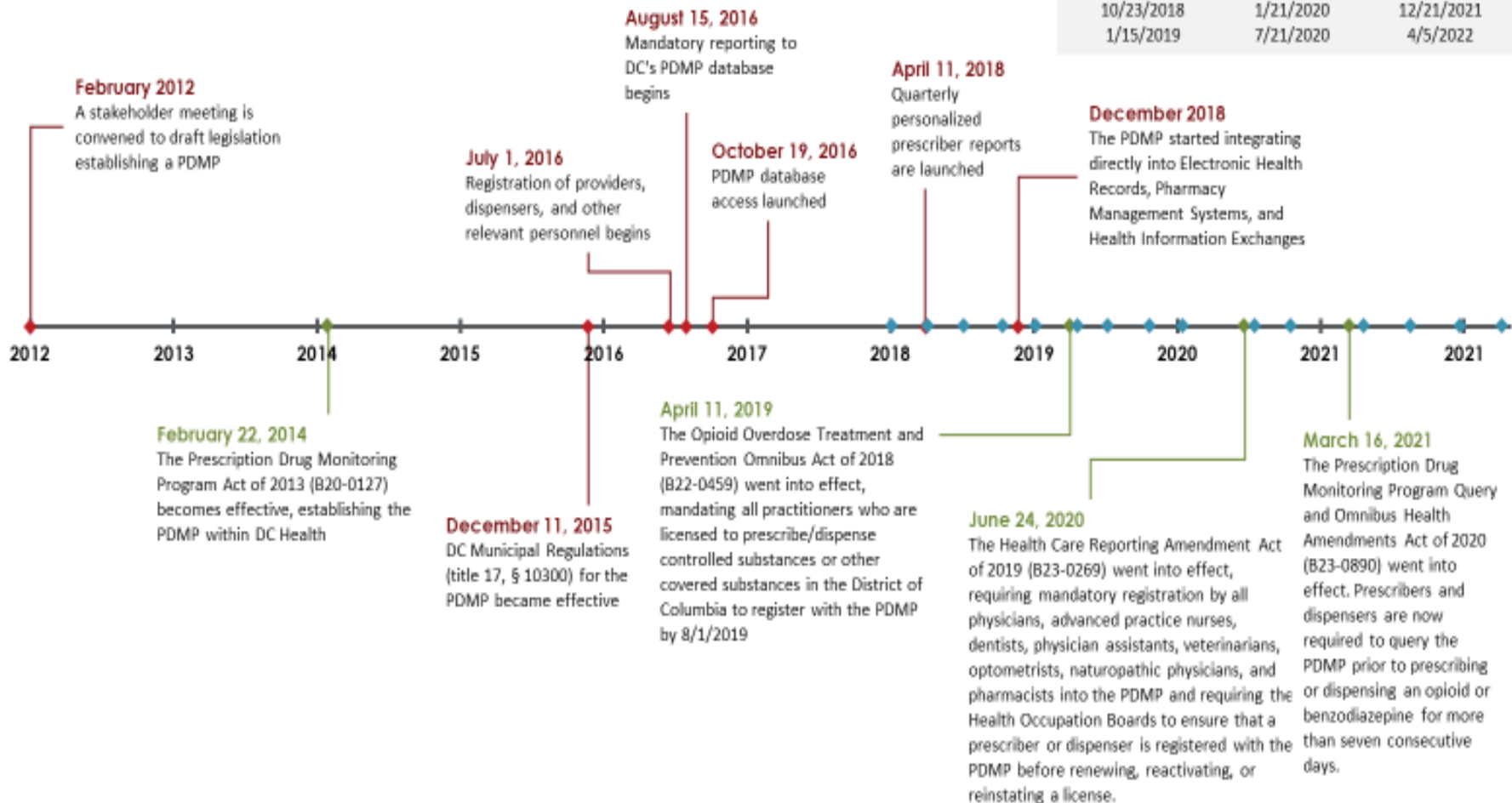
## DC PDMP Progress

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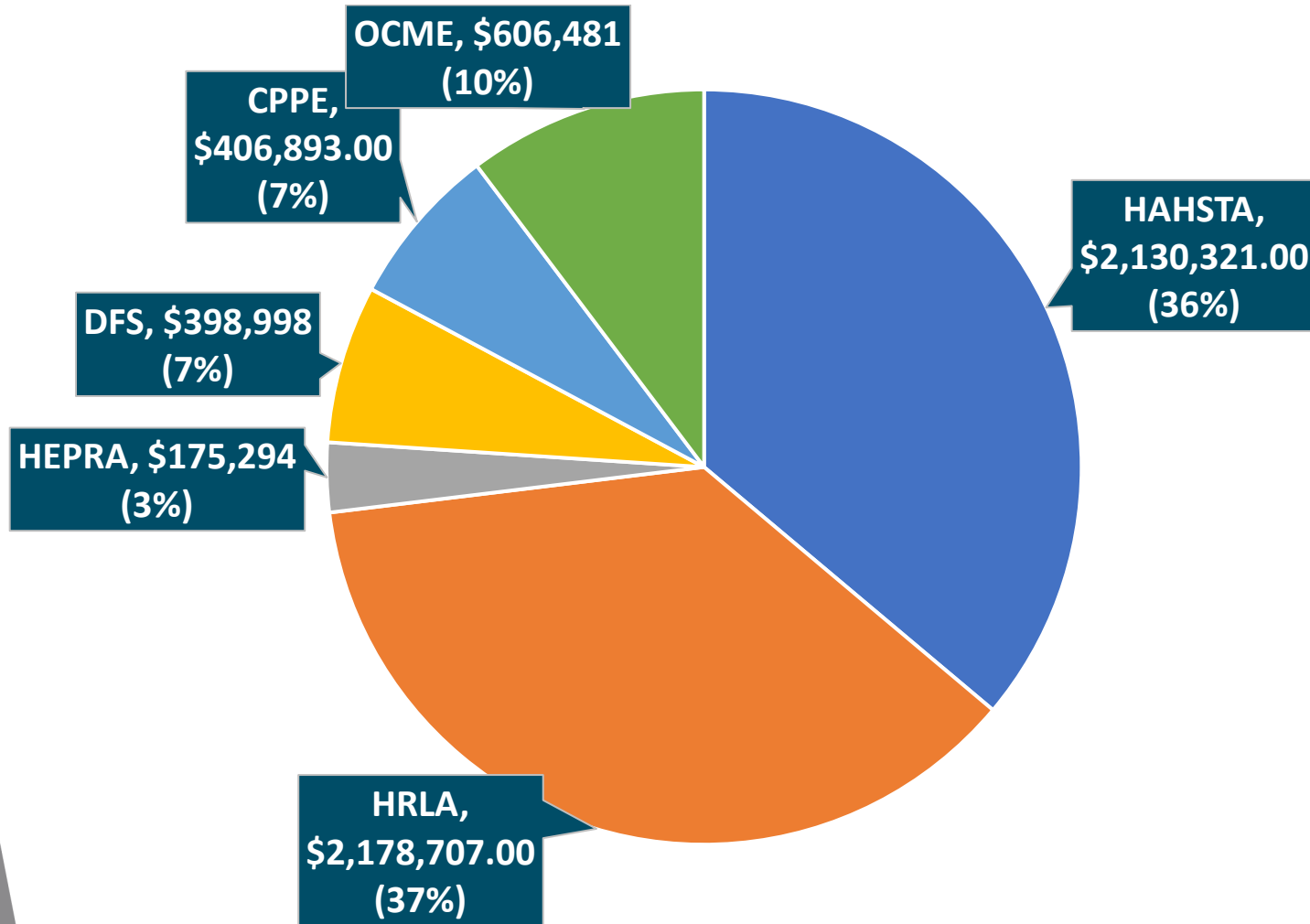
# DC Health PDMP Timeline

## Prescription Drug Monitoring Program Advisory Committee Meetings

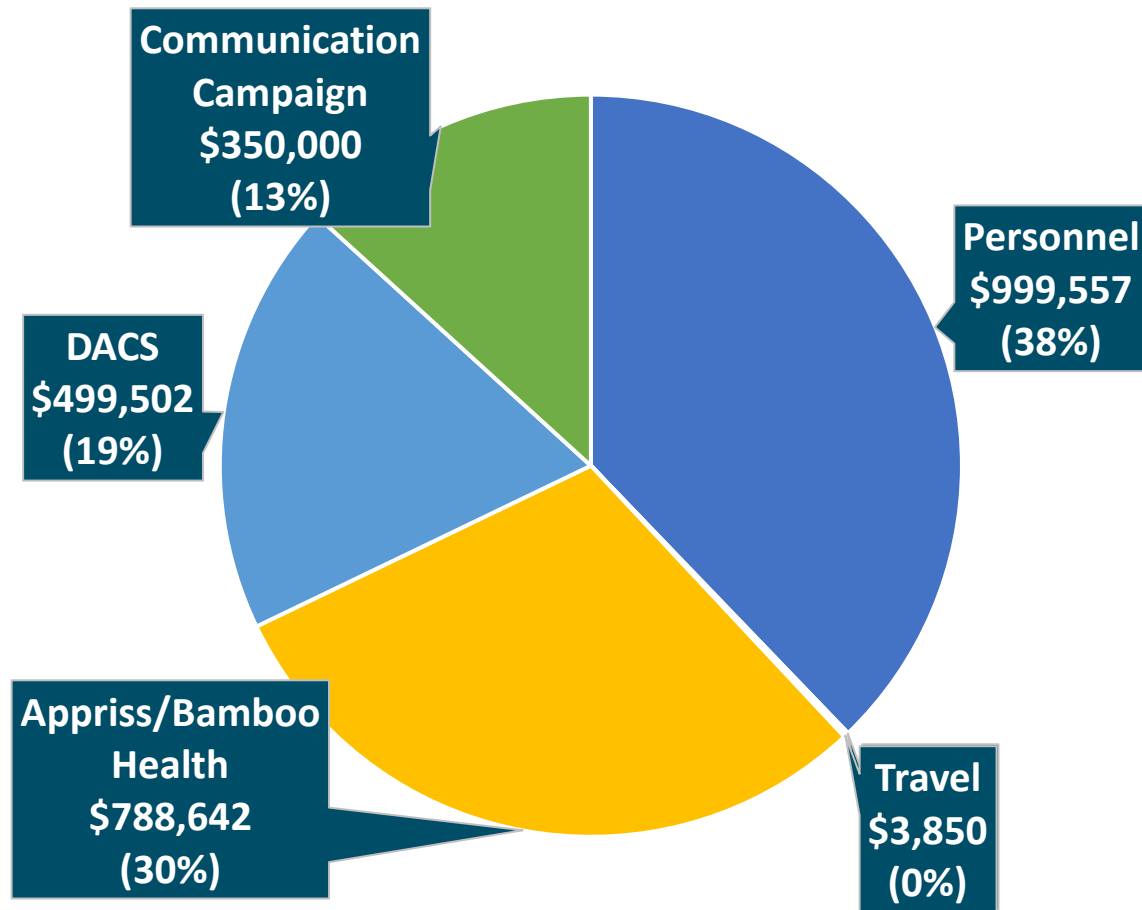
1/16/2018	4/30/2019	10/20/2020
4/17/2018	7/16/2019	4/21/2021
7/17/2018	10/29/2019	8/17/2021
10/23/2018	1/21/2020	12/21/2021
1/15/2019	7/21/2020	4/5/2022



# PDMP Grant Funding: FY23 Proposed Overdose Data to Action (OD2A) Budget



# FY23 HRLA OD2A Budget



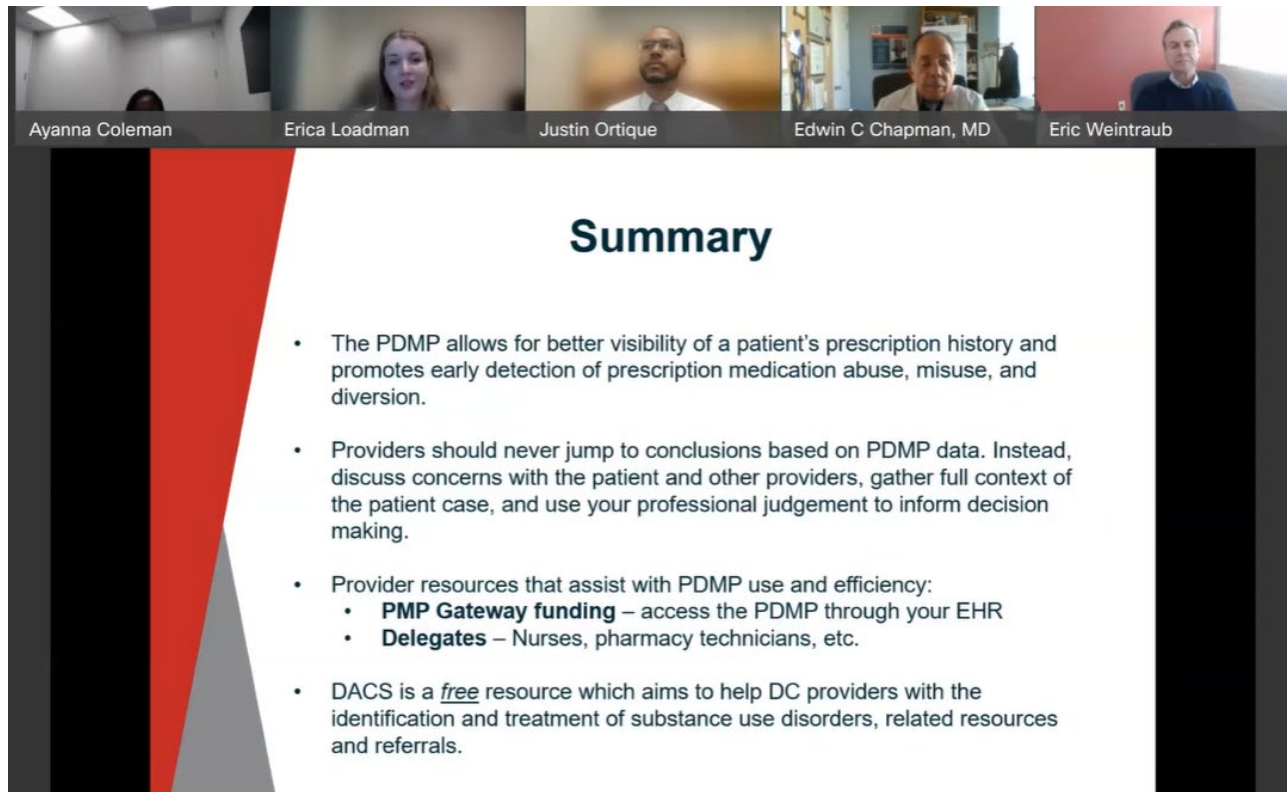
\*Totals higher than budget due to use of carry over funding

# FY2022 Highlights

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# FY2022 Highlights

- Utilizing the PDMP and Appropriately Evaluating Therapeutic Concerns  
<https://umaryland.webex.com/recordingservice/sites/umaryland/recording/424bbdd076f6103abdef005056815a55/playback>




A screenshot of a Zoom meeting. At the top, there are five video thumbnails of participants: Ayanna Coleman, Erica Loadman, Justin Ortique, Edwin C Chapman, MD, and Eric Weintraub. Below the thumbnails is a slide with the following content:

## Summary


- The PDMP allows for better visibility of a patient's prescription history and promotes early detection of prescription medication abuse, misuse, and diversion.
- Providers should never jump to conclusions based on PDMP data. Instead, discuss concerns with the patient and other providers, gather full context of the patient case, and use your professional judgement to inform decision making.
- Provider resources that assist with PDMP use and efficiency:
  - PMP Gateway funding** – access the PDMP through your EHR
  - Delegates** – Nurses, pharmacy technicians, etc.
- DACS is a *free* resource which aims to help DC providers with the identification and treatment of substance use disorders, related resources and referrals.

# FY2022 Highlights

- Gateway/EHR Integration Email Campaign
  - Consists of six biweekly targeted emails which began 2/23 that are sent to stakeholders to encourage integration of the DC PDMP into their Electronic Health Records and Pharmacy Management Systems

DC | **HEALTH**       Bamboo Health

**To date, 62% of community pharmacies are integrated with the DC PDMP. You can help us reach 100%.**



**Improve safe dispensing. Integrate PDMP data into your Pharmacy Management System (PMS).**

DC Health wants to support you and all District of Columbia healthcare dispensers as you work together help **keep patients safe from drug overdose and death.**

DC Health is currently covering the **licensing fees** associated with integrating DC PDMP data and analytics into approved pharmacy management systems for dispensers using Bamboo Health's PMP Gateway solution.

Through integration, the pharmacy management system will **automatically initiate a patient query**, which will return the patient's controlled substance prescription records directly within the clinical workflow inside the PMS.

**Take advantage of this opportunity today!**

DC Health is providing you with this powerful tool to make better informed dispensing decisions and help reduce the instances of substance misuse, abuse and overdose.

[Request Integration](#)

# Where do we go now?

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Next Steps



# Charge of the Committee

The Committee shall convene at least two (2) times per year to advise the Director:

- (a) On the implementation and evaluation of the Program;
- (b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;
- (c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;
- (d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;
- (e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and
- (f) Regarding the design and implementation of educational courses for:
  - (1) Persons who are authorized to access the prescription monitoring information;
  - (2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;
  - (3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and
  - (4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.

## Best Practice Checklist – Items for Consideration for FY22

- Determine CDC markers for surveillance, early warning, evaluation, prevention
- Integrate PDMP data collection and electronic prescribing
- Expand delegate account registration
- Conduct presentations and trainings for end-user groups
- Distribute reports

## Pulse Check/Questions for the Committee to consider

- Do we need to meet three times per year?
- What role would the committee like to take moving forward?
- How can the program staff better support the committee?
- Does the Committee have any suggestions on education that can be provided?
- As we navigate from a pandemic to an endemic what are some lessons learned and how can we use these lessons learned to further the program?

# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 [dchealth.dc.gov](https://dchealth.dc.gov)

 @\_DCHealth

 dchealth

 DC Health

 dchealth

## DC Prescription Drug Monitoring Program (DC PDMP) Best Practice Checklist

<b>DATA COLLECTION AND DATA QUALITY</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Collect data on all schedules of controlled substances (II – V)	Achieved	FY 2016
Adopt latest ASAP reporting standard	Achieved	FY 2016
Collect data on non-scheduled drugs implicated in abuse as determined by the District	Achieved	FY 2016
Record positive identification of the person picking up prescriptions (customer ID)	Achieved	FY 2016
Collect data on method of payment, including cash	Achieved	FY 2016
Daily or real time data collection	Achieved	FY 2016
Institute effective data correction and missing data procedures	Achieved	FY 2016
Monitor pharmacy reporting compliance	Continuous	via AWARxE (PDMP staff monitors dispenser reporting on a weekly basis)
Determine CDC markers for surveillance, early warning, evaluation, prevention	Planned	FY 2022 Q4 - Collaborate with Center for Policy, Planning and Evaluation (CPPE) for confirmation of markers
Integrate PDMP data collection and electronic prescribing	Planned	FY 2021 Q4 - Will add readiness assessment question to annual prescriber survey
<b>DATA LINKING AND ANALYSIS</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Use a proven method to match/ link the same patient's records	Achieved	FY 2016
Link to prescriber specialty data	Achieved	FY 2016
Provide continuous online access and automated reports to authorized users	Achieved	FY 2016
Customized solicited reports for different types of end-users	Achieved	FY 2016
Implement prescriber self-lookup	Achieved	FY 2016
Enable batch (multi-patient) reporting for prescribers and delegates	Achieved	FY 2016
Make PDMP data available to prescribers, dispensers, law enforcement, licensure boards, patients, Medicare, Medicaid	Achieved	FY 2016

Use automated expert software and systems to expedite analyses and reports	Continuous	FY 2017 Appriss analytics package used by PDMP staff to look at trends of data and reports
User-friendly interfaces, e.g., decision support tools, risk scores	Achieved	June 2019 - NarxCare released to prescribers and dispensers as a decision support tool
Enhance patient reports with summary data, e.g., MMEs, MPEs	Achieved	June 2019 – NarxCare released to prescribers and dispensers as a decision support tool
Conduct periodic analyses to identify at-risk patients, prescribers and dispensers	In Progress	<ul style="list-style-type: none"> <li>• FY 2020 – Utilized feedback from Health Care Professional Boards to evaluate new version of prescriber report. Revised quarterly prescriber reports are currently being sent.</li> <li>• Internal dashboards have been created to determine if further evaluation is needed. SAS is now available as needed for more detailed analysis.</li> <li>• Pharmacist currently assists with determining which data elements are valuable (e.g. MME).</li> </ul>
Record data on prescriber disciplinary status, patient lock-ins	Planned	FY 2022 - Evaluate after Federal Support Act (H.R. 6) legislation is enacted. Collaborate with DCHF and Appriss (compliance). <i>Enacted October 1, 2021</i>
Integrate PDMP reports with... health information exchanges electronic health records pharmacy dispensing systems	In Progress	59 live integrations of EHRs and Pharmacy dispensing systems as of December 1, 2021. <ul style="list-style-type: none"> <li>• FY2022—Conduct surveys with organizations that have completed integration</li> <li>• Determine number of providers impacted by integration</li> </ul>
<b>ENROLLMENT, OUTREACH, EDUCATION, UTILIZATION</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Disseminate prescriber report cards quarterly	Continuous	Quarterly—The most recent prescriber report was released in September 2021.
Expand delegate account registration	Continuous	<u>Current delegate outreach activities:</u> <ul style="list-style-type: none"> <li>• Increase DC PDMP presentations (include delegate registration information in each presentation)</li> <li>• Planning delegate lunch and learn webinars after</li> </ul>

		<p>viewing preliminary mandatory query data</p> <ul style="list-style-type: none"> <li>• Research other states to determine best practices</li> </ul>
Create online user guides and educational materials	Achieved	<ul style="list-style-type: none"> <li>• October 2020--Provided an updated copy of the dispenser guide and most recent integration webinar</li> <li>• October 2020—Updated FAQs</li> <li>• Ongoing outreach- FAQs updated (September 2020) Created quick reference guide and shared to website (April 2020)</li> <li>• Updated data submission dispenser guide (April 2020)</li> <li>• Pocket guides— Approved and disseminated September 2020. Pocket guides have been posted to website and an order form has been created.</li> </ul>
Conduct presentations and trainings for end-user groups	Continuous	<ul style="list-style-type: none"> <li>• Target academic detailing and PDMP training based on high prescribing and dispensing based on geographic regions. (DC ward specific targeted education)</li> <li>• FY2022—Promote CDC’s Quality Improvement Measures (add as a resource during presentations; post to website)</li> <li>• FY2022—Implement academic detailing</li> </ul> <p>Presentations are tracked on PDMP Outreach Activities list</p>
Streamline/automate enrollment	Achieved	Completion date - May 2019
Proactive identification and outreach to enroll high impact users, e.g., top prescribers	Continuous	<ul style="list-style-type: none"> <li>• FY2022—Work with boards to ensure prescribers and dispensers who are not registered with the PDMP become compliant.</li> <li>• FY2022—Targeted communications re: academic detailing for top prescribers</li> <li>• FY2022—Activate clinical alerts in AWA RxE</li> <li>• FY2020 Q2 – Email sent to top prescribers that have not yet registered for the PDMP</li> <li>• FY2020 Q4 – Mandatory registration notice sent to top prescribers who are not yet registered.</li> </ul>

		<ul style="list-style-type: none"> <li>Physician renewal required PDMP registration— 98% of physicians are now registered.</li> </ul>
<b>PDMP PRACTICE/POLICY</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Mandate PDMP enrollment for prescribers and dispensers	Achieved	Deadline July 31, 2019
Provide PDMP training for prescribers and dispensers	Achieved	<ul style="list-style-type: none"> <li>FY 2017 – Developed Educational Video with Delmarva Foundation.</li> <li>Continuous information updates on PDMP website</li> <li>FY2020 Q1 – Outreach and clinical coordinator trainings held October -- Nov 2019</li> </ul>
Mandate PDMP utilization for prescribers and dispensers	Achieved	D.C. Law 23-252 <i>Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020</i> passed on March 16, 2021.
Send PDMP notification letters to new prescribers	Continuous	Currently sending monthly emails to new licensees.
Send unsolicited reports and/or alerts to... <ul style="list-style-type: none"> <li>prescribers</li> <li>dispensers</li> <li>licensure boards</li> <li>Letters to top prescribers</li> </ul>	In Progress	FY 2021 Q4 Re-evaluate after review of mandatory query data
Research and discuss the possibility of adding ICD-10 codes to pharmacy reporting system. Determine what contractual updates are needed and possible cost.	Planned	FY2022
<b>PDMP PROMOTION</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Conduct Presentations	In Progress	Presentations are tracked on PDMP Outreach Activities list
Distribute reports	In Progress	<ul style="list-style-type: none"> <li>FY2022—Revise regulations on deidentified data reporting</li> <li>2020 PDMP Annual Report – published October 2021</li> <li>2019 PDMP Annual Report – published October</li> </ul>



		<p>2020</p> <ul style="list-style-type: none"> <li>• 2018 PDMP Annual Report – published March 2020</li> <li>• PDMP 2018 Year in Review Summary (Internal document)</li> <li>• 2020 Year in Review Summary (Internal document)</li> <li>• Annual Performance Report – submitted to CDC</li> <li>• 2020 PDMP Annual Report – currently under review</li> </ul>
Update website content: Annual PDMP reports, Quarterly PDMP reports, Data dashboards, PDMP enhancement news, Other reports	Continuous	<ul style="list-style-type: none"> <li>• PDMP 2018 Annual Report and FAQ's on website</li> <li>• PDMP 2019 Annual Report on website</li> <li>• Updated website and organized resources -- April 2020</li> <li>• Updated FAQs --September 2020</li> <li>• FY2021 Q3 – Updated FAQs to include mandatory query information</li> <li>• FY2021 Q3 - Posted mandatory query webinars to website</li> <li>• FY2021 Q3 - Posted EHR/Gateway Integration webinars to website</li> </ul>
<b>INTER-ORGANIZATIONAL COORDINATION</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Implement interstate data sharing. DC is currently sharing data with the following states/territories: AL, CT, DE, GA, IN, IA, KS, LA, MA, MD, MI, MN, MS, Military Health System, NC, ND, NJ, NY, PA PR, RI, VA, SC, TX, WA, WV	Continuous	DC is currently sharing with 25 states/territories + the Military Health System
Collaborate with other health agencies/organizations in applying and linking PDMP data: <ul style="list-style-type: none"> <li>• Veterans Affairs</li> <li>• Indian Health Service</li> <li>• Department of Defense</li> <li>• Military Health System</li> </ul>	Achieved	FY 2019 Military Health System
<b>PDMP USABILITY, PROGRESS AND IMPACT</b>	<b>STATUS</b>	<b>LAST ACTION</b>

Track/report PDMP enrollment and utilization data, prescribing, and risk measures (e.g., MPEs, MMEs)	Achieved	FY 2017- PDMP has access to Appriss Analytics to evaluate data PDMP publishes a yearly annual report
Track/report progress in adopting practices (checklist)	Continuous	Work with PDMP Advisory Committee
Conduct satisfaction and utilization surveys of end-users	Continuous	<ul style="list-style-type: none"> <li>• First survey disseminated in October 2019 2<sup>nd</sup> survey disseminated in September 2020. Sent follow up email in December 2020 notifying users of resources available on PDMP website.</li> <li>• FY2021 – Sent follow up email with links to resources and mandatory query legislation update.</li> </ul>
Conduct audits of PDMP system utilization for appropriateness and extent of use	In Progress	<p><u>FY2022</u></p> <ul style="list-style-type: none"> <li>• Determine what constitutes high risk prescribing</li> <li>• Provide number of high-risk prescribers</li> <li>• Determine any decreases in high risk prescribing behavior</li> <li>• Track opioid prescriptions</li> </ul> <p><u>FY 2020- Q4</u></p> <ul style="list-style-type: none"> <li>• Audited licensed providers to determine who is registered.</li> <li>• Prescriber survey</li> </ul> <p><u>FY2021 Q2</u></p> <ul style="list-style-type: none"> <li>• Audited licensed pharmacies to determine submission practices.</li> </ul> <p><u>FY2021 Q3</u></p> <ul style="list-style-type: none"> <li>• Collect pharmacy submission data or waiver when pharmacies apply for renewal.</li> </ul> <p>FY2019</p> <ul style="list-style-type: none"> <li>• October 2019- utilization survey and AWARxE monthly dashboard announcements</li> <li>• FY2020 – Q3 MSDC focus group</li> </ul>

Use PDMP data as outcome measures in evaluating program and policy changes	Planned	FY 2021- via collaboration with CPPE
Analyze other outcome data (e.g., overdoses, deaths, hospitalizations, ER visits) to evaluate the PDMP's impact	Planned	FY 2021 collaboration with CPPE and OCME. Opioid Fatality Review Board, FEMS.
Determine new drugs of concern in the District of Columbia	In Progress	FY2022—Research and present to the committee for discussion
<b>PDMP FUNDING AND SUSTAINABILITY</b>	<b>STATUS</b>	<b>LAST ACTION</b>
Secure funding that is independent of economic downturns, conflicts of interest and changes in PDMP policies	Planned	FY 2021 – Q4
Enact legislation to maintain sufficient funding over time	Planned	FY 2022
Promote visibility of PDMP via annual reports and news releases impact to motivate funding.	In Progress	Ongoing AWARxE announcements PDMP Annual Report – 2018 report was published March 2020 -2019 report under review by CPPE Pocket guides — Collaboration with HU Communications campaign -- Utilizing services of Engage Strategies, LLC (landing page will feature link to PDMP website) -2021 opioid communications campaign began running in July. Includes metro, social media, and website.

**Chart Key**

Achieved – Activities that are completed

In Progress- Activities that have been started but are not complete

Continuous – Activities that have been completed but require regular maintenance and updates Planned – Activities that have not been started