

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

**Prescription Drug Monitoring Program
Advisory Committee Meeting**

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

**August 17, 2021
10AM – 11:30AM**

AGENDA

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

<p>0817-O-03</p>	<p><u>Report from Attorney Advisor</u></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><u>Program Updates</u></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><u>Grant Updates</u></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 districtacs.org 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 myrecoverydc.org/</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 Live.Long.DC, 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><u>PDMP Best Practice Checklist Updates and Discussion</u></p> <ul style="list-style-type: none"> • Disseminate prescriber report cards quarterly <ul style="list-style-type: none"> ○ Most recent prescriber report was sent in May 2021 • Conduct presentations and trainings for end-user groups <ul style="list-style-type: none"> ○ PDMP staff has conducted 8 virtual presentations since the April 2021 meeting ○ A total of 320 people attended the presentations 	

	<ul style="list-style-type: none"> • Mandate PDMP utilization (query) for prescribers and dispensers <ul style="list-style-type: none"> ○ Prescription Drug Monitoring Program Query Amendment Act of 2020 was passed on March 16, 2021 • Send PDMP notification letters to new prescribers <ul style="list-style-type: none"> ○ Most recent notification was emailed August 2021 • Distribute reports <ul style="list-style-type: none"> ○ 2021 PDMP annual report is currently under review <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><u>PDMP Related Articles for Discussion</u></p> <ul style="list-style-type: none"> • Pepin, D., Hulkower, R., & 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. • Ball, S. J., Simpson, K., Zhang, J., Marsden, J., Heidari, K., Moran, W. P., Mauldin, P. D., & 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. • Shreffler, J., Shaw, I., Berrones, A., & 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. <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><u>District of Columbia Department of Health COVID-19 Health and Healthcare Recovery Report</u></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><u>Committee Member Updates</u></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: https://www.wired.com/story/opioid-drug-addiction-algorithm-chronic-pain/	
0817-O-11 Matters for Consideration	<u>Future Meeting Dates</u> <ul style="list-style-type: none"> ○ December 21, 2021 ○ April 19, 2022 ○ August 16, 2022 	
Comments from the Public	None.	
Motion to Adjourn the Open Session	Madam Chair, I move that the Committee close the meeting. (Roll Call Vote)	

This concludes the meeting.

Meeting Adjourned at 11:39AM