



**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**

<https://dcnet.webex.com/dcnet/j.php?MTID=mec3def26f21d87d7220bcdd014dbaa49>

**August 16, 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
	Justin Ortique, PharmD, RPh, CPM, Board of Pharmacy Executive Director
	Aisha Nixon, MPT, CPM, Board of Medicine Executive Director
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician
	Sheri Doyle, MPH, Consumer Member
	Captain Shawn Rooney, Metropolitan Police Department
	Lakisha Stiles, CPhT – Pharmacy Technician
<b>PDMP STAFF:</b>	Uche Ekwomadu, MPH, MPharm. Public Health Analyst
	Erica Loadman, PharmD, RPh, Pharmacist
<b>LEGAL STAFF:</b>	Carla Williams, Esq, Senior Assistant General Counsel, PDMP Attorney Advisor
<b>VISITORS:</b>	

**Open Session Agenda**  
**Quorum:**

0822-O-01	<p><b><u>Welcome &amp; Introductions</u></b></p> <p><b><u>Chair Report</u></b></p> <ul style="list-style-type: none"> <li>• PDMP Advisory Committee</li> <li>• Committee expansion update</li> </ul> <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> <p>(a) On the implementation and evaluation of the Program;</p> <p>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</p> <p>(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;</p> <p>(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;</p> <p>(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and</p> <p>(f) Regarding the design and implementation of educational courses for:</p> <ol 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> </ol>
0822-O-02	<p><b><u>Approval of April 2022 PDMP Advisory Committee Meeting Minutes</u></b></p> <p>(a) Minutes from April 2022 Meeting</p>

0822-O-03	<b><u>Report from Attorney Advisor</u></b> (a) PDMP Legislative Update				
0822-O-04	<b><u>Program Updates</u></b> (a) <i>PDMP Registration Statistics and Compliance</i>				
	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	14,282	12,409	87%	5,680
	Physician Assistant	1,152	909	79%	500
	Advanced Practice Nurse	2,839	2,475	87%	1,207
	Pharmacist	2,149	2,050	95%	-
	Dentist	1,167	1,102	94%	564
	Veterinarian	397	361	91%	161
	Podiatrist	132	132	100%	75
	Optometrist	195	184	94%	-
	Naturopathic Physician	64	42	66%	1
	VA Prescriber	-	358	-	-
	VA Dispenser	-	56	-	-
	Pharmacy Technician or Delegate	-	7	-	-
	Other (Licensing Board Investigator, Law Enforcement, Medical Examiner, Admin)	-	24	-	-
	Total	22,377	20,109	89.9%	8,188
*Current as of 7/21/2022					

**(b) Outreach Activity**

Outreach activities since April 2022 meeting:

Date of Event	Name of Event	Type of Event	Topics Discussed	Audience	Number of Participants
2022-08-03	Maximizing Access to Buprenorphine (MOUD) through Telehealth Team Treatment in a Private Practice	CE webinar	DACS	DC prescribers and dispensers	86
2022-07-19	Annual PDMP Focus Group #3	Focus Group w/ Providers of various backgrounds	DC PDMP	DC prescribers	2
2022-06-29	Starting Buprenorphine in the Fentanyl Era: Is Low-dose Initiation	CE webinar	DACS	DC prescribers and dispensers	59
2022-06-09	Recovery Oriented Psychotherapy for Substance Use Disorders: Motivational Enhancement Therapy	CE webinar	DACS	DC prescribers and dispensers	46
2022-04-27	Starting Buprenorphine in the Fentanyl Era: Is Low-dose Initiation ("Microdosing") the Solution?	CE webinar	DACS	DC prescribers and dispensers	34
2022-04-07	DCBHA Monthly Member Meeting - DACS presentation	Stakeholder group meeting	DACS	DCBHA members (LICSW, LPC, etc.)	14

Planned outreach activities:

Date of Event	Name of Event	Type of Event	Topics Discussed	Audience
2022-09-27	Opioid Use Disorder Treatment Integrated with Primary Care	CE webinar	DACS	DC prescribers and dispensers
2022-08-31	How to Save a Life: Evidence and Misconceptions About Medications for Opioid Use Disorder (in honor of International Overdose Awareness Day 2022)	CE webinar	DACS	DC prescribers and dispensers

**(c) Annual Report draft**

0822-O-05

**Grant Updates****(a) Districtwide Gateway Integration**

A total of 72 health entities have connected to the DC PDMP through Gateway Integration in total since integration began in 2019.

**(b) District Addiction Consultation Services**

Launched July 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 June 30, 2022, 840 practitioners enrolled in DACS and the program has received 51 consultation calls.

DC PDMP staff plan to collaborate with DACS staff to host additional webinars, develop outreach materials, and prepare to launch a monthly newsletter

Recent DACS Outreach:

- 6/2/2022: Training at Howard University Hospital/College of Medicine: Pain Management Education and Training (Virtual)
- 6/16/2022: DACS Mailing Districtwide Mailing
- 8/4/2022: In-office training with MedStar Georgetown University Hospital ED Faculty

Upcoming DACS Outreach:

- 9/27/2022: Express Waiver Training Webinar by Dr. Salwan

**(c) Opioid Communications Campaign**

My Recovery DC

Ads began running in July 2021

<https://myrecoverydc.org/>

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.



Engage Strategies is currently in the process of revamping the campaign with new interviews and new promotional materials underway.

0822-O-06	<p><b><u>Presentation</u></b></p> <p>(a) <i>Overview of The Department of Behavioral Health's Substance Use Disorder Provider Network</i> Sharon Hunt, L.I.C.S.W., Ph.D., State Opioid Treatment Authority</p> <p>An overview of the American Society of Addiction Medicine levels of care offered in the District and how to access these services and supports.</p>
0822-O-07	<p><b><u>Advisory Committee Survey</u></b></p> <ul style="list-style-type: none"> <li>• Discuss survey results</li> </ul>
0822-O-08  <b>Matters for Consideration</b>	<p><b><u>Action Items</u></b></p> <ul style="list-style-type: none"> <li>• Potential Future meeting dates <ul style="list-style-type: none"> <li>○ December 9, 2022</li> </ul> </li> </ul>
0822-O-09	Other news/highlights from Committee members
<b>Comments from the Public</b>	
<b>Motion to Adjourn the Open Session</b>	<p>Madam Chair, I move that the Committee close the meeting.</p> <p style="text-align: right;">(Roll Call Vote)</p>

This concludes the meeting.

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



**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**

**Meeting Minutes**



**CALL TO ORDER: 10:02 am**

**PRESIDING: Dr. Jacqueline Watson**

**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	
	Justin Ortique, PharmD, RPh, Supervisory Pharmacist	
<b>PDMP STAFF:</b>	Erica Loadman, PharmD, RPh, Pharmacist	
	Danielle Chapman, Lead Investigator	
<b>LEGAL STAFF:</b>	Carla Williams, Esq, Senior Assistant General Counsel, PDMP Attorney Advisor	
<b>VISITORS:</b>	Carl Filler, Director of Government Relations, DC Health	
	Gaurav Dhiman, Special Assistant to the Chief of Staff, DC Health	
	Amanda Attiya, Policy Analyst, Office of Government Relations	
	Maura Gaffney, Intelligence Analyst, Federal Drug Enforcement Administration,	
	Sharon Hunt, State Opioid Treatment Response Authority, DC Department of Behavioral Health	
	Alex Evans, Chemist, DC Department of Forensic Sciences Public Health Lab	
	Samantha Leach, Supervisory Chemist, Forensic Chemistry Unit, DC Department of Forensic Sciences	
	Luke Short, Interim Chief Science Officer, DC Department of Forensic Sciences	
	Lauren Kiefer, Account Specialist, Bamboo Health	
	Taylor Derringer, Project Manager, Bamboo Health	
	Vito DelVento, DVM, MS, Executive Director, DC Board of Veterinary Medicine	
	Sneheal Parkih	
	Julie Wiegandt, Project Director, DC Department of Behavioral Health	

## **Welcome and Call to Order**

Dr. Jacqueline Watson, Committee Chair, called the April 2022 Prescription Drug Monitoring Program Advisory Committee meeting to order at 10:02 am, then welcomed and greeted participants.

## **Introductions**

Dr. Watson proceeded to request introductions from committee members, staff, and visitors. Committee members that were present introduced themselves, including Aisha Nixon, Dr. Natalie Kirilichin, and Dr. Justin Ortique, establishing quorum. PDMP staff members introduced themselves, including Erica Loadman and Danielle Chapman. Legal staff member and PDMP Attorney Advisor, Carla Williams, introduced herself. Dr. Watson requested introductions from open session visitors. Visitors introduced themselves, including Carl Filler, Gaurav Dhiman, Amanda Attiya, Maura Gaffney, Dr. Sharon Hunt, Alex Evans, Samantha Leach, and Dr. Luke Short.

Committee members not in attendance:

- Commander Ramey Kyle, DC Metropolitan Police Department
- Lakisha Stiles, CPhT
- Sheri Doyle, MPH (Consumer Committee Member)

Late arrivals:

- Taylor Derringer joined 10:06 am
- Dr. Vito Del Vento joined 10:08 am
- Samantha Leach joined 10:16 am
- Julie Wiegandt joined 11:02 am

## **Chair Report**

In her Chair Report, Dr. Watson recognized the impact of COVID-19 on those affected by the opioid epidemic and discussed progress of the DC Prescription Drug Monitoring Program (PDMP). She mentioned discussion with Dr. LaQuandra Nesbitt, Director of DC Health, regarding potential changes to the composition of the PDMP Advisory Committee, such as adding representatives from the DC Department of Behavioral Health (DBH) and the DC Department of Forensic Sciences (DFS). Dr. Kirilichin expressed her support for this in the meeting chat. Dr. Watson continued to discuss changes to the FY 2023 proposed budget and oversight bill based on addressing the 9 key social determinants of health for District residents. She followed by asking whether meeting members had any questions. No questions were raised.

## **Charge of the Committee**

Dr. Watson asked committee members to review the Charge of the Committee (listed in the meeting agenda) and, based on the Charge, think about potential program goals and actions moving forward.

## **Approval of Previous Open Session Minutes**

Dr. Watson asked whether there was a motion to approve meeting minutes from the December 2021 PDMP Advisory Committee open session. However, since at the December 2021 PDMP Advisory Committee meeting it was found that a quorum was not established, there were no minutes to approve. Dr. Ortique moved to approve the August 2021 PDMP Advisory Committee open session minutes. Aisha Nixon seconded Dr. Ortique's motion. A roll call vote determined all present Advisory Committee members were in favor of the approval of the August 2021 PDMP Advisory Committee open session minutes; a motion carried, and the minutes were approved.

## **Report from Attorney Advisor**

Dr. Watson requested a report from the Attorney Advisory, Carla Williams. Ms. Williams discussed proposed legislation which would expand the Director's permissive authority. Ms. Williams stated that proposed legislation had moved forward since the last meeting, but that the draft was being revised to address comments received from the Mayor's office. Ms. Williams stated that she anticipated the proposed legislation would move forward again before the next advisory committee meeting.

## **Program Updates**

Dr. Loadman provided DC PDMP program updates related to user registration, compliance, and Program outreach. Dr. Watson and Dr. Ortique discussed gaps in registration compliance and ways in which this may be addressed. Dr. Watson concluded that the program should develop strategies to ensure that new licensees are compliant with the requirement to register.

In discussion of program updates, Dr. Loadman and Dr. Ortique touched on potential changes to DC PDMP legislation that may impact the data included in future DC PDMP Annual Report publications. Dr. Watson suggested the possibility of aligning the release of the Annual Report with the fiscal year, rather than the calendar year and asked for comments from meeting attendees. No additional comments were made.

### **Grant Updates**

Dr. Ortique provided Program grant updates, including efforts in the promotion of PMP Gateway integration, outreach efforts by the District Addiction Consultation Service (DACS), and MyRecovery DC. Dr. Watson inquired about webinar participation and, specifically, practice areas of participants. Dr. Ortique noted that more data collection is needed to determine participant breakdown by practice area.

### **Presentation on Potential Covered Substance (Xylazine) - Drug Enforcement Administration (DEA)**

Maura Gaffney, intelligence analyst with the strategic intelligence group in the DEA's Washington Division, delivered a presentation about the abuse and misuse of veterinary drug, xylazine, within the District and surrounding jurisdictions. Ms. Gaffney specifically touched on adverse effects of the drug, use as an adulterant to other illicit substances, the origin and progression of xylazine misuse/abuse in the United States, and challenges in recognizing and treating patients who abuse xylazine.

Dr. Watson solicited commentary from the audience following Ms. Gaffney's presentation. Comments and questions from Dr. Del Vento, Dr. Loadman, Dr. Kirilichin, and Ms. Nixon followed. Concerns were raised regarding awareness of DC clinicians. Advisory Committee members, Dr. Kirilichin, Aisha Nixon, and Dr. Watson, agreed that the DC PDMP may play a role in communicating concerns to local providers and healthcare facilities.

Carla Williams asked Dr. Del Vento whether Xylazine is typically issued pursuant to a prescription in veterinary practice. Dr. Del Vento noted that Xylazine is typically only used in veterinary practice in an inpatient setting for sedation purposes and is not distributed via outpatient prescriptions. Ms. Williams concluded that, in this case, there is not much that can be done from a PDMP-perspective other than communicating concerns to DC clinicians.

### **Second Xylazine Presentation – Department of Forensic Sciences (DFS)**

Alexandra Evans, chemist with DC DFS delivered a presentation about DFS xylazine data, discussing overdose considerations, dangers of use, street names of xylazine, potential of local scheduling of the drug, recent increase in syringe-exchange program detection of xylazine as an adulterant, and lack of Office of the Chief Medical Examiner (OCME) data related to xylazine.

Ms. Leach concluded the presentation by discussing possible opportunities for collaboration between DFS and the PDMP. Dr. Watson agreed and suggested that PDMP staff include DFS in upcoming outreach events.

Dr. Watson, Ms. Gaffney, Dr. Del Vento, and Samantha Leach discussed possible sources of Xylazine, including equestrian practices and online drug sales. Samantha Leach mentioned DFS's plan to add Xylazine to the "SAFE DC" Act. Dr. Watson suggested DC Health also advocate for this amendment.

Dr. Watson asked Julie Wiegandt discussed the possibility of using federal grant funding to address opioid and stimulant polysubstance use, including Xylazine. Ms. Gaffney and Ms. Wiegandt reminded meeting attendees that Narcan should always be used to treat suspected opioid overdoses.

### **'Clinical Alerts' One-Pager and Discussion**

Dr. Loadman presented a summary document outlining the 'Clinical Alerts' feature offered by Bamboo Health as an addition to the current PDMP software. This feature alerts PDMP users to clinical thresholds exceeded by patients that may be cause for concern.

### **DC PDMP Program Assessment**

Dr. Ortique reviewed DC PDMP progress over the past few years, highlighting legislation passed, grant funding, program outreach efforts, prescriber reports, and future plans. Dr. Ortique reiterated that future plans are shaped by the Charge of the Committee. Dr. Ortique asked the Committee to consider several closing questions about program future plans. Dr. Watson suggested continuation of the current meeting schedule.

Dr. Watson, Dr. Loadman, and Bamboo Health discussed potential methods of evaluating usefulness of prescriber reports.

Dr. Ortique continued by welcoming input from the Committee members regarding future program plans. Ms. Nixon and Dr. Kirilichin discussed support for PDMP outreach efforts and spreading awareness of concerns within the DC provider community. Dr. Watson suggested emailing the Committee members with questions regarding future program plans.

### **Continuation of Discussion (following loss of quorum)**

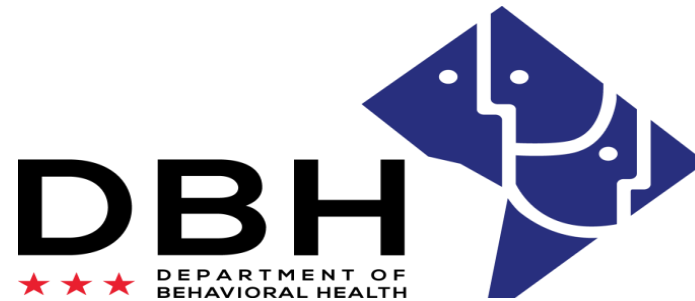
Dr. Kirilichin left the meeting at 11:54 am, which ended quorum. The agenda items, 09) Action Items, 10) Other news/highlights from Committee members, and Comments from the Public were not addressed.

The remaining members discussed suggestions for future Advisory Committee meetings, including continuation of current meeting schedule, ensuring all committee members are present during future meetings, and the possibility of including representatives from other DC government sectors as members of the DC PDMP Advisory Committee.

Since quorum was lost, Dr. Watson requested a formal draft of potential additions to the Advisory Committee for discussion during the next meeting. She also asked that PDMP staff obtain xylazine toxicology data from OCME, develop compliance strategies to ensure new licensees register with the DC PDMP within 90 days of licensure, and ensure all meeting minutes are provided to the Attorney Advisor and Committee Chair prior to being included in the meeting agenda.

Dr. Watson thanked attendees, Committee members, and PDMP staff for a productive meeting. The meeting ended at 12:17 pm. The meeting ended without a vote to adjourn due to the loss of quorum.

# Overview of The Department of Behavioral Health's Substance Use Disorder Provider Network DC Prescription Drug Monitoring Program Advisory Committee Meeting



Sharon Hunt, L.I.C.S.W, Ph.D.

August 16, 2022



# American Society of Addiction Medicine (ASAM) Levels of Care in the District

- Level 1: Outpatient
  - Opioid Treatment Program (“OTP”)
- Level 2.1: Intensive Outpatient
- Level 2.5: Day Treatment
- Level 3.1: Clinically Managed Low-Intensity Residential
- Level 3.3: Clinically Managed Population-Specific High-Intensity Residential
- Level 3.5: Clinically Managed High-Intensity Residential Services (Adult Criteria)
- Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management



# Accessing SUD Services

- Assessment and Referral Center (ARC)
  - 75 P Street NE
  - Hours of Operation: Monday-Friday 7:00 a.m. – 6:00 p.m.
- SUD Providers: <https://dbh.dc.gov/page/substance-use-disorder->
- Access HelpLine: 1-888-793-4357 (888-7WE-HELP)



# Intake and Assessment

- Presenting problem
- Substance use history
- Immediate risks related to serious intoxication or withdrawal
- Immediate risks for self-harm, suicide and violence
- Past and present mental disorders, including posttraumatic stress disorder and other anxiety disorders, mood disorders, and eating disorders
- Past and present history of violence and trauma, including sexual victimization and interpersonal violence
- Legal history, including whether a client is court-ordered to treatment or under the supervision of the Department of Corrections
- Employment and housing status





# Core Services Provided at SUD Treatment Programs

- Diagnostic Assessment and Plan of Care
- Clinical Care Coordination (“CCC”)
- Crisis Intervention
- SUD Counseling/Therapy, including the following:
  - Individual Counseling/Therapy
  - Group Counseling/Therapy
  - Family Counseling/Therapy
  - Group Counseling – Psychoeducation
- Drug Screening, as follows:
  - Toxicology Sample Collection
  - Breathalyzer Testing
- RSS

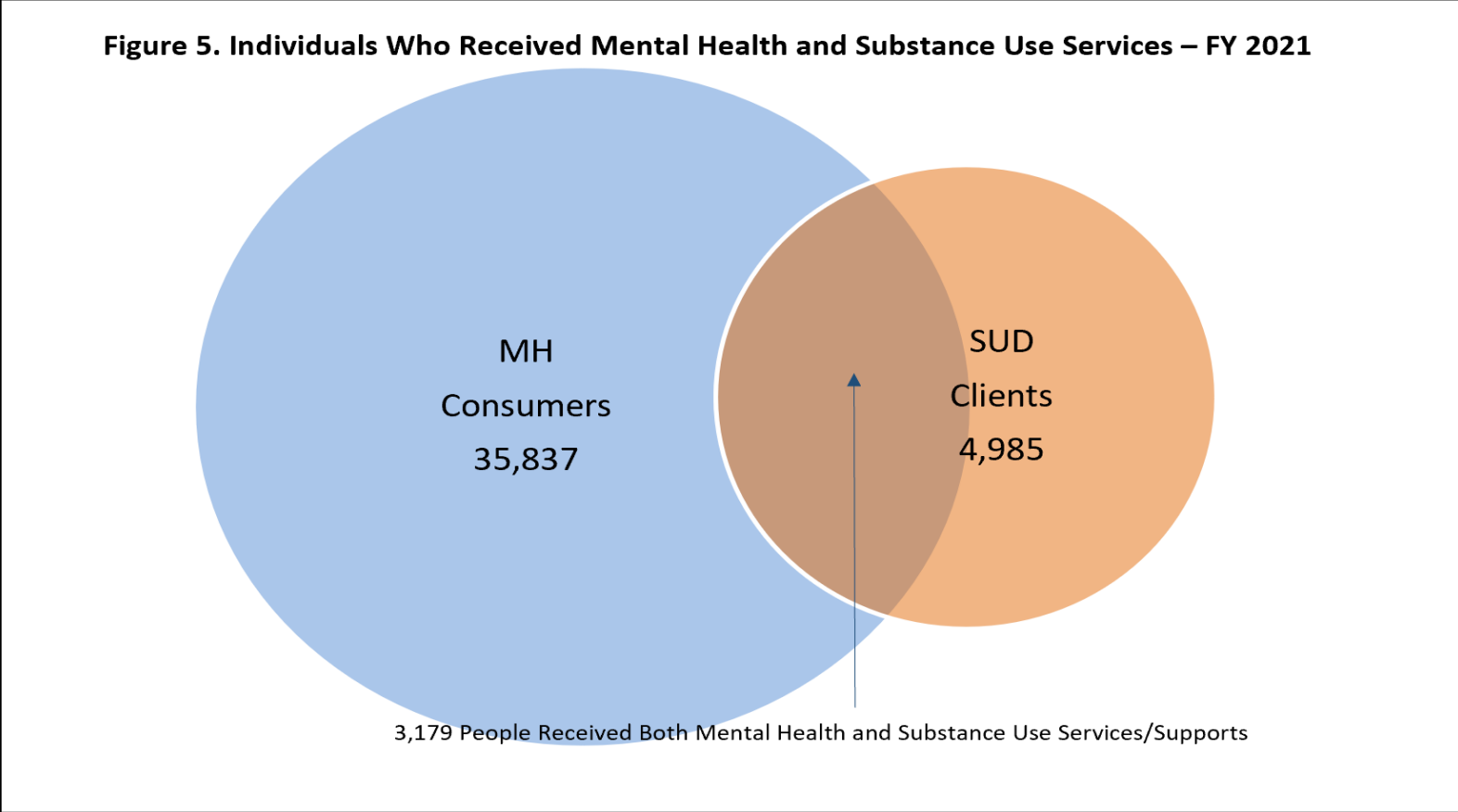


# Recovery Support Services

- Recovery Support Evaluation
- Care Coordination Services
- Recovery Coaching and Mentoring
- Life Skills Support
- Education Support Services (individual)
- Education Support Services (group)
- Transportation (public only)
- Environmental Stability
- Supported Employment
- Supported Housing



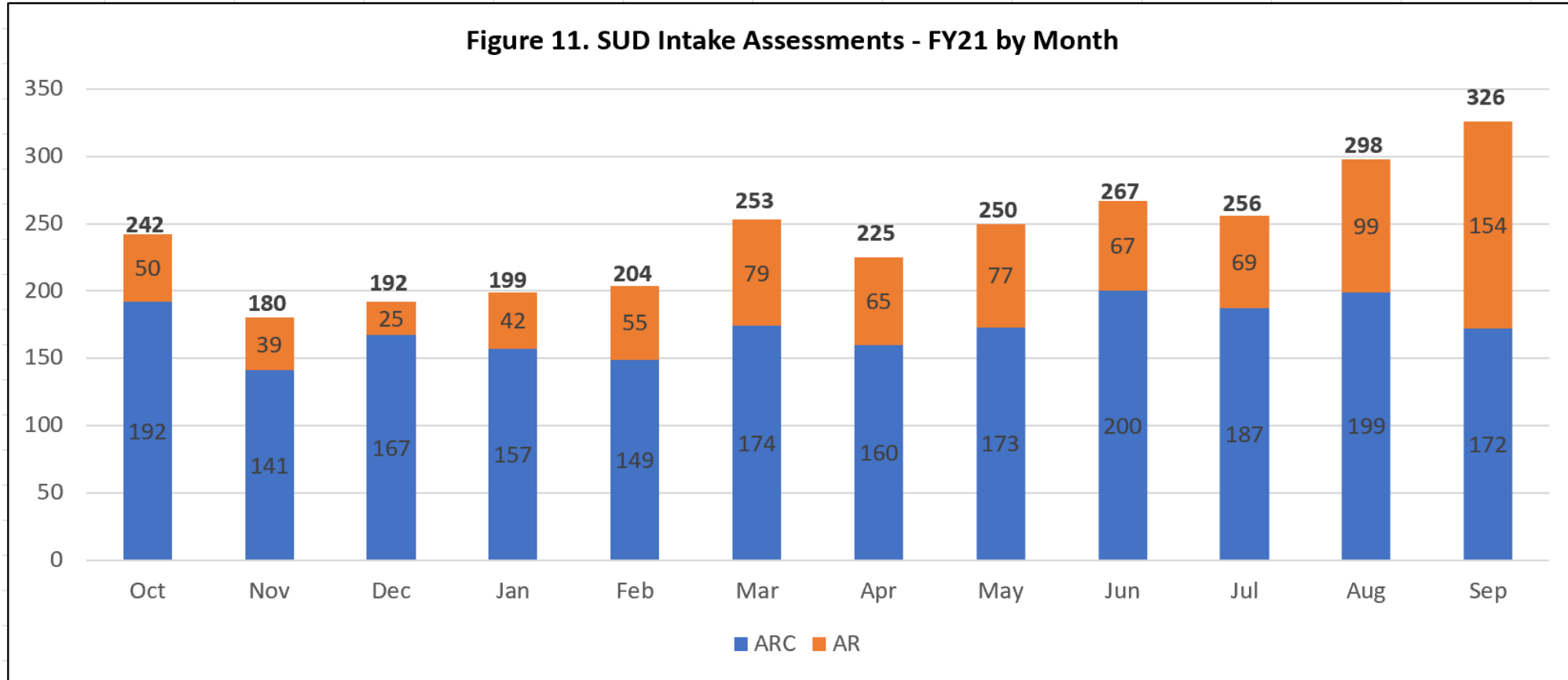
# Individuals Receiving Behavioral Health Services, FY21



DBH MHEASURES Annual Report FY21 (Oct 1, 2020-Sept 30, 2021)  
<https://dbh.dc.gov/page/reports-01>



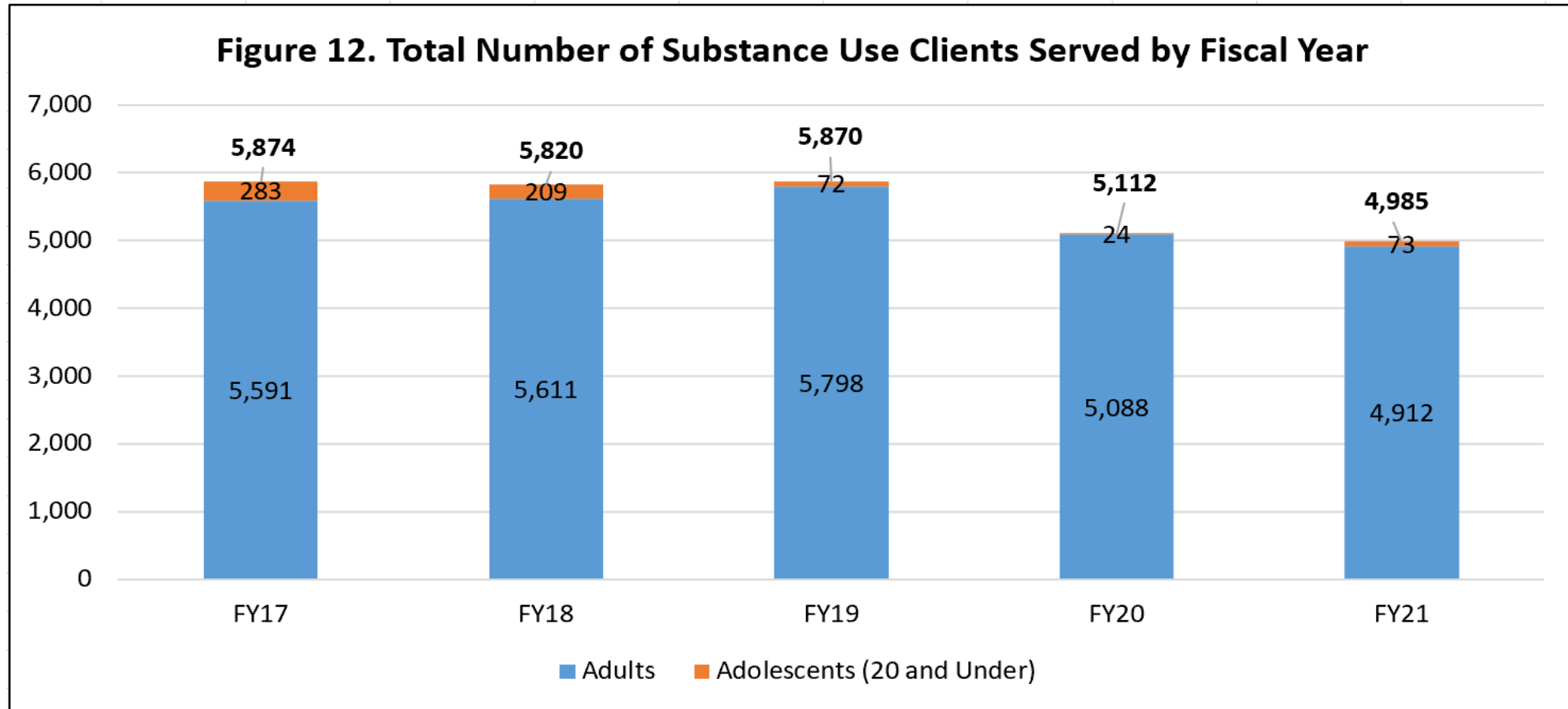
# SUD Intake Assessments, FY21



DBH MHEASURES Annual Report FY21 (Oct 1, 2020-Sept 30, 2021)  
<https://dbh.dc.gov/page/reports-01>



# Total Number of SUD Clients Served, FY17-21

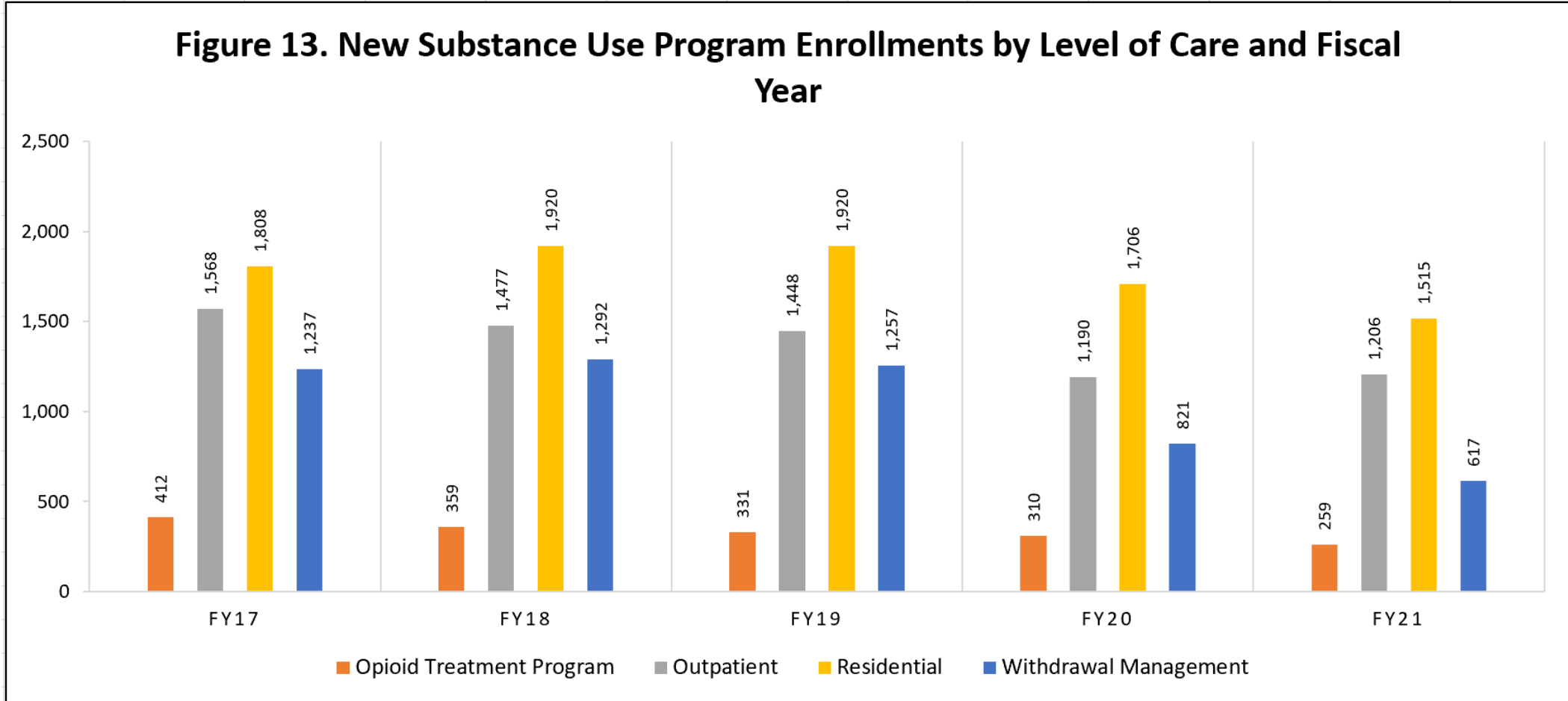


DBH MHEASURES Annual Report FY21 (Oct 1, 2020-Sept 30, 2021)  
<https://dbh.dc.gov/page/reports-01>



# New SUD Enrollments, FY17-21

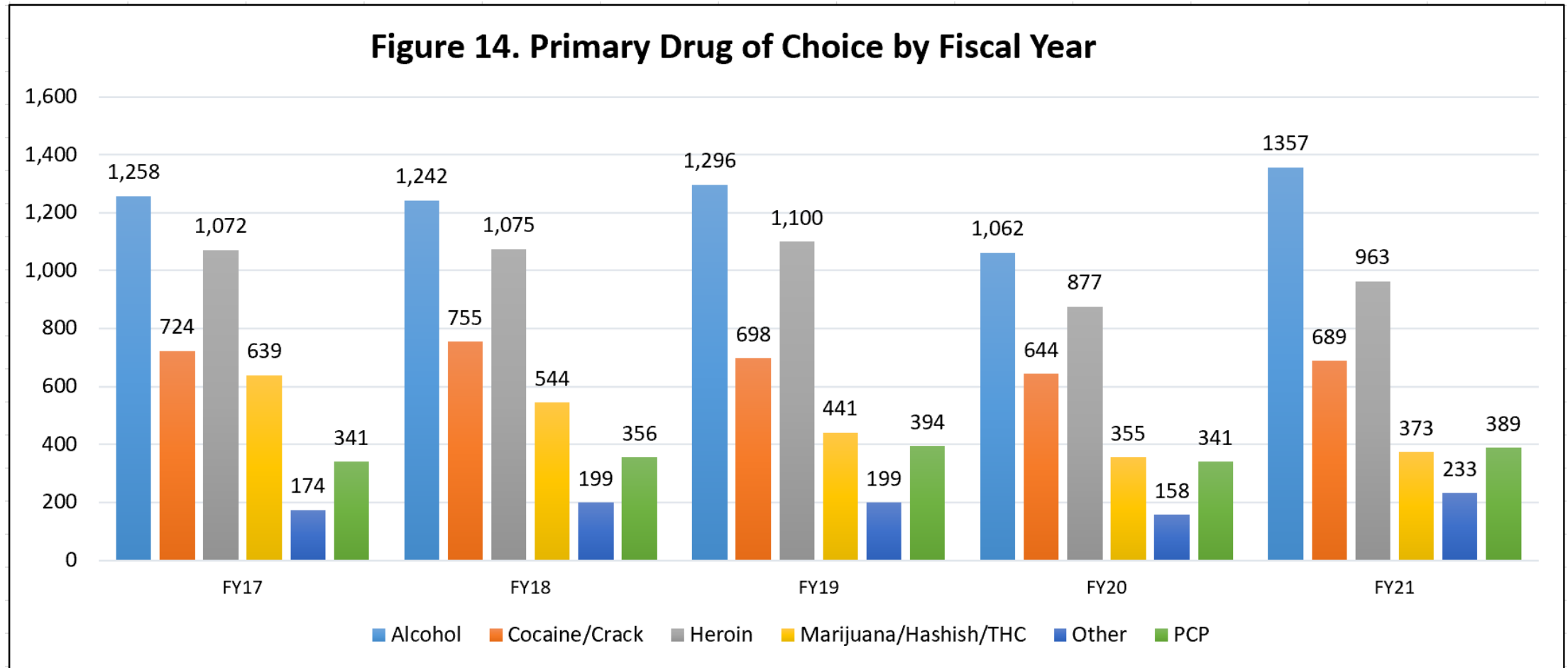
Figure 13. New Substance Use Program Enrollments by Level of Care and Fiscal Year



DBH MHEASURES Annual Report FY21 (Oct 1, 2020-Sept 30, 2021)  
<https://dbh.dc.gov/page/reports-01>



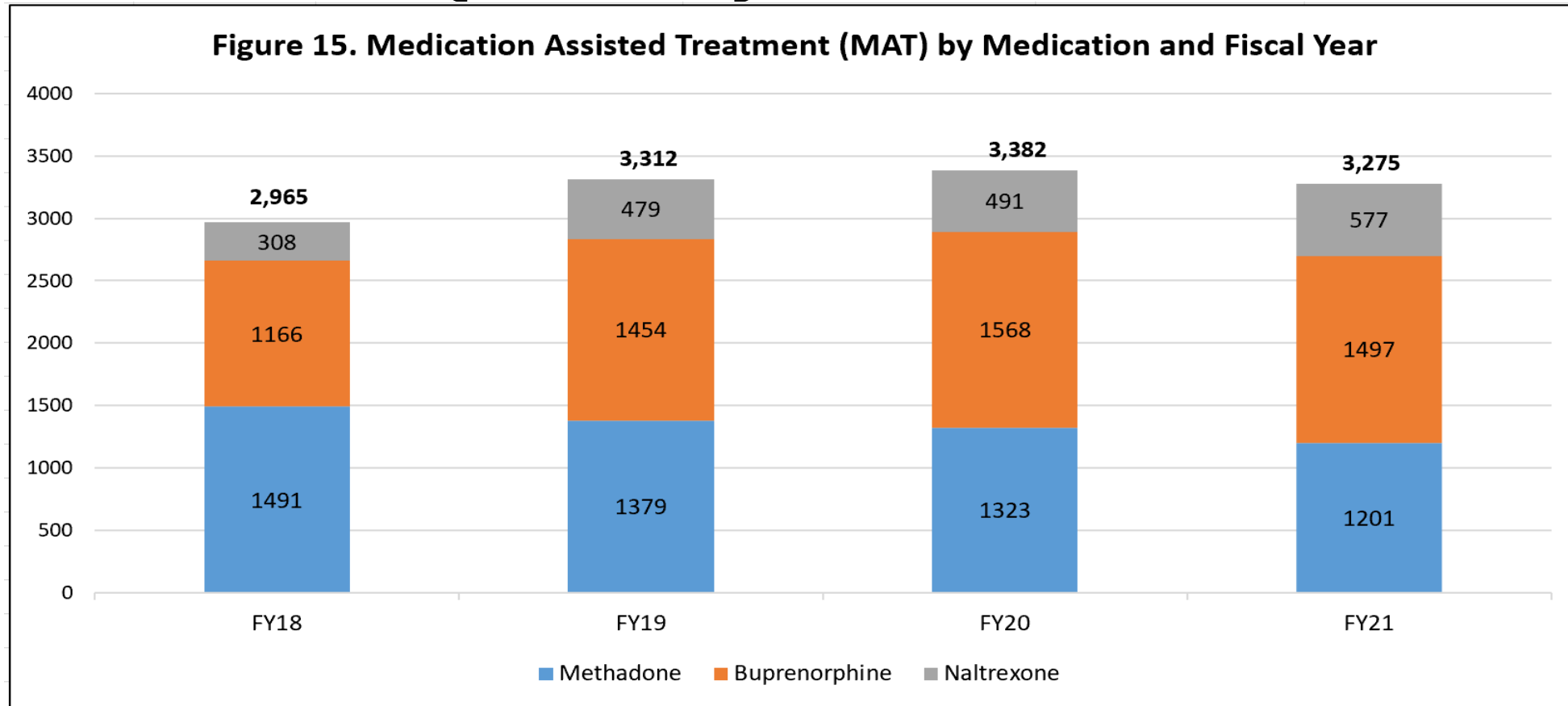
# Primary Drug of Choice, FY17-21



DBH MHEASURES Annual Report FY21 (Oct 1, 2020-Sept 30, 2021)  
<https://dbh.dc.gov/page/reports-01>



# Medications for Opioid Use Disorder (MOUD), FY18-21



DBH MHEASURES Annual Report FY21 (Oct 1, 2020-Sept 30, 2021)  
<https://dbh.dc.gov/page/reports-01>





## List of Organizations for Future Outreach and Presentations

- Bamboo Health
- DC Dept Forensic Sciences (DFS)
- DC Hospital Association (DCHA)
- DC Office of the Chief Medical Examiner (OCME)
- Drug Enforcement Administration (DEA)
- GWU Medical Residents
- HIPS MOUD Clinic
- Howard University College Of Pharmacy
- Kaiser Permanente Pharmacy Residents
- LiveLongDC (LLDC)/Dept of Behavioral Health (DBH)
- Mary's Center
- Medical Society of DC (MSDC)
- MedStar Resident Program
- Nurse Practitioner Association of DC (NPADC)
- PDMP Training and Technical Assistance Center (TTAC)/RxCheck
- Washington DC Pharmacists Association (WDCPhA)



# District of Columbia

# Prescription Drug Monitoring Program

Annual  
Report 2022

**DC HEALTH**  
GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Health Regulation & Licensing  
Administration

**WE ARE WASHINGTON**  
GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**DC** MURIEL BOWSER, MAYOR

## Table of Contents

Letter from the Director .....	3
Executive Summary .....	4
Program Information .....	5
History of the Program.....	5
Program Requirements .....	5
Program Users.....	6
Legal Protections for Users .....	6
Program Data Sharing.....	7
Interstate Data Sharing .....	7
Gateway Integration.....	7
Prescriber Reports .....	8
Program Regulation .....	9
Advisory Committee.....	9
Legislative Updates.....	10
PDMP Enhancements and Grant Activities.....	11
Outreach Activities .....	11
PDMP Registration and Utilization .....	12
Future Program Activities.....	15
Appendix: List of Definitions and Abbreviations .....	16
Acknowledgements.....	17

## Letter from the Director

Dear Residents,

I am pleased to share the annual District of Columbia Prescription Drug Monitoring Program (DC PDMP) Report. This report provides an overview of the purpose and implementation of the program.

The District of Columbia and the United States as a whole continue to suffer from the opioid overdose epidemic. On average, 130 people die every day from an opioid overdose in the US according to the Centers for Disease Control and Prevention (CDC). The District of Columbia Office of the Chief Medical Examiner (OCME) reported 426 opioid-related overdose deaths in 2021, of which 58 involved prescription opioids.

Prescription drug monitoring programs (PDMPs) play an important role in promoting public health and safety. PDMPs can help inform the clinical decisions of prescribers and dispensers. PDMPs can alert registered users when patients use multiple providers or pharmacies or surpass the recommended daily morphine milligram equivalent threshold. Improving and expanding the PDMP is a part of the Mayor's [LIVE.LONG.DC](#) Strategic Plan to reduce opioid use, misuse, and related deaths.

DC Health implemented the PDMP in 2016, and there were more than 18,000 healthcare professionals registered with the Program in 2021. PDMP users conducted 312,085 direct queries with the DC PDMP.

As we look to the future, DC Health will continue to strive to make the PDMP as timely and accessible as possible. Since 2019, all licensed prescribers and dispensers in the District of Columbia are required to register with the PDMP. Most recently, prescribers and dispensers are required to query the DC PDMP prior to prescribing or dispensing greater than a 7-day supply of opioid or benzodiazepine medication according to the *Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020*. Integration of data from the PDMP into electronic health records, pharmacy dispensing systems, and health information exchanges is available free of charge for District resident hospitals and clinical organizations and allows providers to quickly and easily access the DC PDMP. We will continue to expand our engagement with District of Columbia licensed health care professionals with new reports about their prescribing and dispensing histories.

This report highlights the benefits of the prescription drug monitoring program and provides a roadmap for the program. We thank the members of the PDMP Advisory Committee for their hard work and dedication. We look forward to engaging with all stakeholders across the District of Columbia to protect and improve the health of residents.

Sincerely,

Sharon Lewis, DHA, RN-BC, CPM  
Interim Director

## Executive Summary

This annual report of the District of Columbia Prescription Drug Monitoring Program (DC PDMP) presents an overview of the purpose and implementation of the program.

The DC PDMP is a tool for licensed prescribers and dispensers in the District to track prescription drug use in patients. Prescription drugs captured in the PDMP are referred to as covered substances. This includes all controlled substance schedules (II-V), cyclobenzaprine, butalbital, and gabapentin. Pharmacies are required to report all dispensations of covered substances within 24 hours.

DC licensed health care professionals with the authority to prescribe and pharmacists are allowed up to two delegates to query the system on their behalf. Delegates must be licensed by a DC Health occupational board and employed at the same location and under the direct supervision of the prescriber or dispenser.

The DC PDMP participates in Interstate Data Sharing, which permits practitioners to view dispensations in other jurisdictions. This feature is essential and optimizes access to information for patients in the National Capitol Region. The DC PDMP, through interoperability agreements, shares data with 25 states and Puerto Rico.

The DC PDMP has an advisory committee that is tasked with making recommendations to DC Health on the implementation and evaluation of the Program. This includes the establishment of criteria for indicators of possible misuse or abuse of covered substances, standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data, and 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. The committee is also responsible for identifying drugs of concern that demonstrate the potential for abuse which should be monitored and the design and implementation of educational courses. The PDMP Advisory Committee convened three times during 2021. Appointed by the Director of DC Health, the members of the committee include health care practitioners, DC Health representatives, and community members.

By taking advantage of federal grant funding opportunities through the Centers for Disease Control and Prevention (CDC), the DC PDMP augmented its AWARxE platform and now provides tools such as prescriber reports for practitioners' prescribing covered substances and analytics software for PDMP data analysis by the Department.

The approval and implementation of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 correlates with an increase in PDMP queries by 91% from 2020 to 2021.

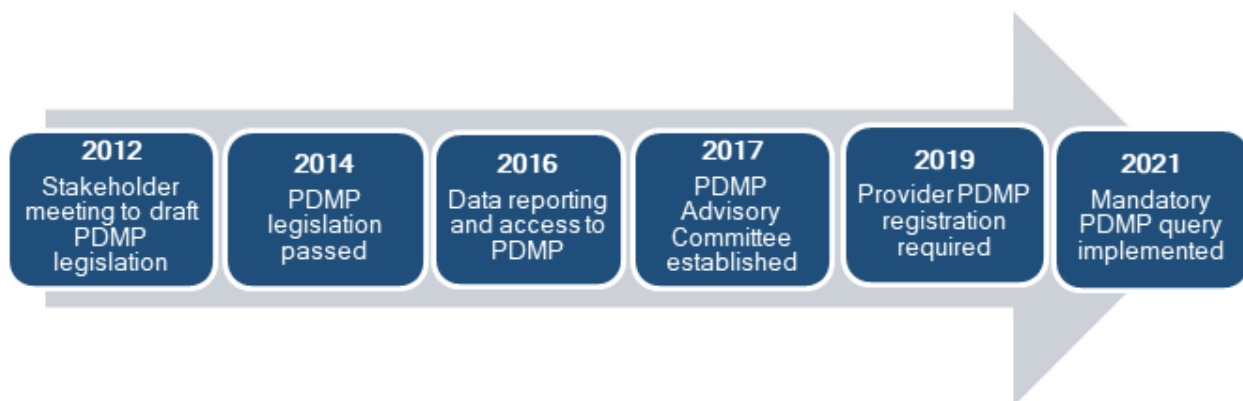
## Program Information

### History of the Program

The District of Columbia Prescription Drug Monitoring Program (DC PDMP) aims to improve the ability to identify and reduce diversion of prescription drugs in an efficient and cost-effective manner without impeding the appropriate medical utilization of controlled substances. The Program seeks to enhance patient care by providing prescription monitoring information that will ensure the legitimate use of controlled substances in health care, including palliative care, research, and other medical and pharmacological uses.

The Prescription Drug Monitoring Program Act of 2012 was passed in 2014, which established the DC PDMP (Figure 1). The Program began registration of providers, dispensers, law enforcement, and other relevant personnel in 2016. The DC PDMP Advisory Committee first met in 2018 and meets at least twice a year. The Opioid Overdose Treatment and Prevention Omnibus Act passed in 2018 and mandatory registration for licensed providers in DC began in 2019. As of March 15, 2021, providers are required to query the PDMP prior to prescribing or dispensing an opioid or benzodiazepine for more than 7 consecutive days, and every 90 days thereafter during the course of treatment or therapy, or prior to another refill after 90 days.

**Figure 1: Timeline for DC PDMP Implementation**



### Program Requirements

Dispensers are required to report prescription data about the dispensation of Schedule II, III, IV, and V drugs, as well as products that contain butalbital, cyclobenzaprine, and gabapentin. Dispensers of a covered substance must submit the required data to the PDMP within 24 hours after the substance is dispensed. In 2020, a prescriber or

dispenser was not required to access or use the PDMP before prescribing or dispensing a covered substance. Please refer to Legislative Updates in this report for further details. The Program retains data for at least three years from the date of receipt.

## **Program Users**

The PDMP is designed for District of Columbia licensed prescribers and dispensers to use as a tool to support informed patient care, to reduce addiction to prescription drugs, and to analyze prescription drug overdose trends. Physicians, pharmacists, nurse practitioners, dentists, physician assistants, veterinarians, optometrists, podiatrists and other licensed clinicians and professionals authorized by DC Health are able to register for an account and access the information in the PDMP. Registered prescribers and dispensers may authorize up to two delegates to access the PDMP on their behalf. Delegates, such as pharmacy technicians or registered nurses, must be licensed or certified by a health occupation board and employed at the same location and under the direct supervision of the prescriber or dispenser.

Members of law enforcement are also able to register with the PDMP and make requests for patient and prescriber information. Agents are only able to request data related to a specific, active criminal investigation and must provide a related case number or other identifier related to this investigation. Agents from the Metropolitan Police Department (MPD), the U.S. Drug Enforcement Agency (DEA), and the Federal Bureau of Investigation (FBI) are able to request PDMP data to conduct drug diversion investigations. Investigators from health occupation licensing boards are able to register as well. They may request information related to an investigation or inspection, or allegations of misconduct by a specific person licensed, certified, or registered by a District of Columbia health care professional board.

## **Legal Protections for Users**

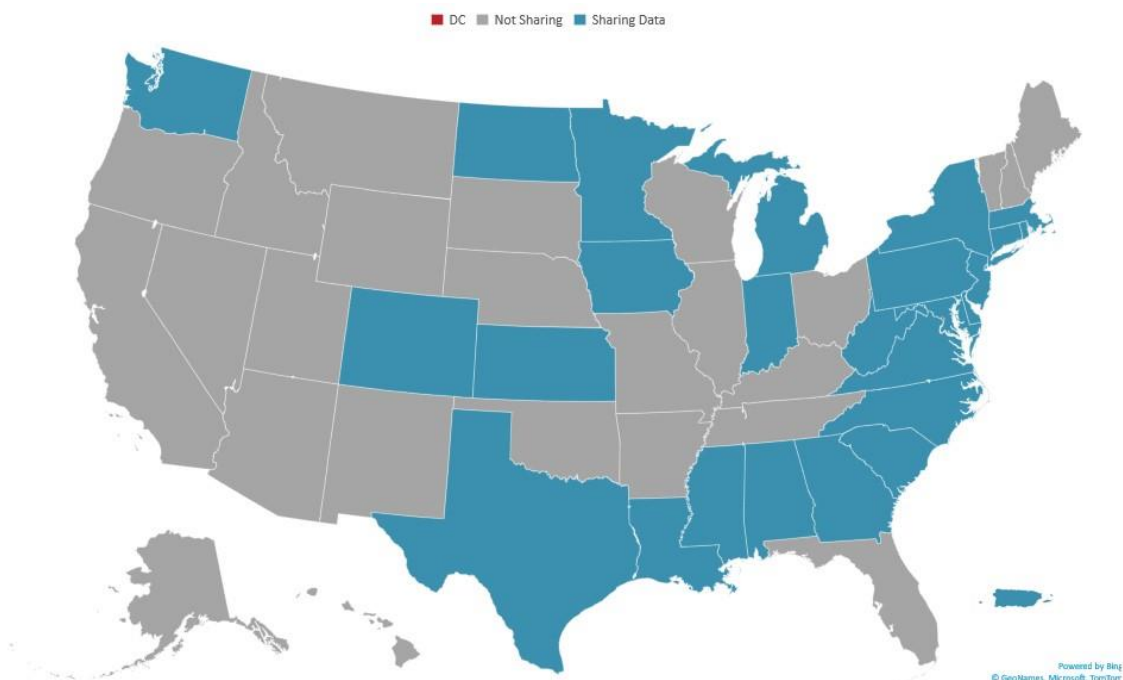
The District of Columbia law includes certain protections for PDMP users acting in good faith. Users are not subject to liability or disciplinary action from requesting or receiving PDMP data, or from failing to request or receive PDMP data. Furthermore, users are protected when acting or failing to act on the basis of PDMP data they have been provided.

## Program Data Sharing

### Interstate Data Sharing

The District of Columbia PDMP participates in interstate data sharing through PMP InterConnect (PMPi), the National Association of Boards of Pharmacy's (NABP's) prescription monitoring program (PMP) data-sharing system. PDMP administrators are able to enter into data-sharing agreements with other jurisdictions in order to allow users to see information about dispensations from other states and territories. The District of Columbia currently shares data with the Military Health System, the VA Medical Center in DC, and the following states and territories:

- Alabama
- Colorado
- Connecticut
- Delaware
- Georgia
- Indiana
- Iowa
- Kansas
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- New Jersey
- New York
- North Carolina
- North Dakota
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- Texas
- Virginia
- Washington
- West Virginia





## Gateway Integration

The DC PDMP provides the time-saving option to all health care entities in the District of Columbia to integrate DC PDMP data into their clinical workflow. DC Health covers the licensing fees associated with the integration service for every health care entity in the District of Columbia that elects to connect its electronic health records (EHR) system, health information exchange (HIE) system, or pharmacy dispensing system to the Gateway.

In 2021, there were 29 integrations through Gateway completed between the DC PDMP and other local electronic health record (EHR) systems, health information exchange (HIE) systems, and pharmacy management systems.

## Prescriber Reports

The Program began issuing quarterly Prescriber Reports in April 2018. These reports are intended to provide a summary of practitioners' prescribing of covered substances over a specified period of time and present an opportunity for self-analysis as it relates to their prescribing of controlled substances and substances of concern. Individualized reports illustrate personal prescribing trends of controlled substances by drug class (i.e., opioids, stimulants, sedatives), as well as other prescribing trends and PDMP use statistics. By providing this tool for self-evaluation of prescribing practices, prescriber reports are intended to positively affect safe prescribing and may assist practitioners with continuous quality improvement.

Demo

Prescription Drug Monitoring Program  
PMP Prescriber Report



DATE: 07/17/2021  
NAME: Harry Henderson  
ROLE: Physician (MD, DO)

Quarter  
2021 Q2

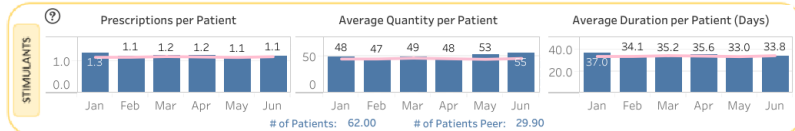
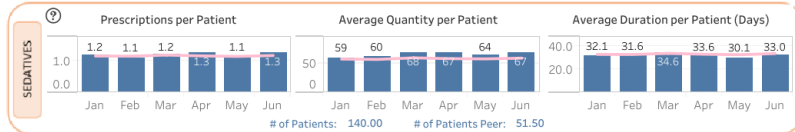
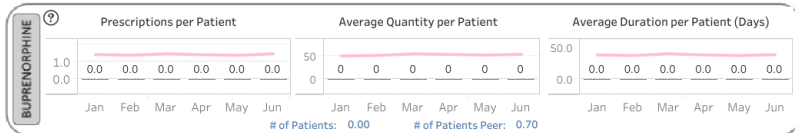
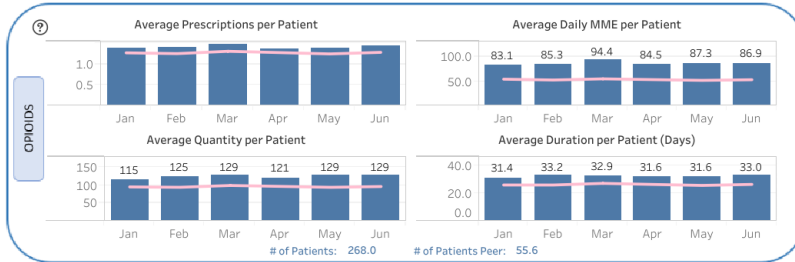
DATES COVERED BY THIS REPORT: 01/01/2021 - 06/30/2021  
DEA #: AA1234567  
SPECIALTY: Family Medicine

Total Prescribers Within Your Specialty  
1,572

TOP MEDICATIONS PRESCRIBED

hydrocodone bitartrate/acetaminophen	methadone HCl	alprazolam
--------------------------------------	---------------	------------

You Peer Specialty Comparison



**AT-RISK PATIENTS**

Combination Therapy with Elevated Risk	Multiple Providers	MME Thresholds
Benzo + Opioid You: 61 You + Other Prescribers: 79	Multiple Prescribers 2	Daily MME Over 90 18
Benzo + Opioid + Carisoprodol You: 2 You + Other Prescribers: 2	Multiple Pharmacies 0	Daily MME Over 120 5

**PMP USAGE**

Searches	Delegate Searches	Total Searches
0	23	23

## Program Regulation

### Advisory Committee

The [DC PDMP Advisory Committee](#) makes recommendations to advise the program Director and support ongoing improvement and development of the program. Section 10316 of the PDMP regulation requires the Committee to meet at least twice per year. The Committee met three times during 2021. The Committee includes representatives from DC Health licensing boards, law enforcement, health care professionals, and the public. The following people were members of the Committee in 2021:

Jacqueline Watson, DO, MBA  
*DC Health Chief of Staff*  
*Advisory Committee Chairperson*

Sheri Doyle, MPH  
*Consumer Member*

Aisha Nixon, MPT, CPM  
*Executive Director*  
*DC Board of Medicine*

Commander Ramey Kyle  
*Metropolitan Police Department*

Shauna White, PharmD, RPh, MS  
*Executive Director*  
*DC Board of Pharmacy*  
*(September 2015-September 2021)*

Lakisha Stiles, CPhT  
*Certified Pharmacy Technician*

Natalie Kirilichin, MD, MPH  
*Emergency Medicine Physician*  
*George Washington University*

Justin Ortique, PharmD, RPh, CPM  
*Interim Executive Director*  
*DC Board of Pharmacy*  
*(October 2021-Present)*

#### 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.

## Legislative Updates

In 2018, the PDMP Advisory Committee made a number of recommendations which were proposed by the Director of DC Health to the City Council. The [Opioid Overdose Treatment and Prevention Omnibus Act of 2018](#) was passed in December 2018 and included the following updates to the PDMP:

- a. Mandatory registration for prescribers and dispensers
- b. Access to reports related to drug diversion investigations for federal law-enforcement
- c. Ability to take action against prescribers or dispensers who provide false or misleading information in order to gain access to the PDMP
- d. Allow the Program to review and analyze data collected in the system to identify misuse or abuse of covered drugs and to report information to the relevant prescriber or dispenser

In 2019, the [Health Care Reporting Amendment Act of 2019](#) was introduced, which requires the Health Occupation Boards to ensure that a prescriber or dispenser is registered with the PDMP before renewing, reactivating, or reinstating a license.

In 2020, the [Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020](#) was introduced, which now requires mandatory query of the prescription drug monitoring database by prescribers and dispensers prior to prescribing or dispensing an opioid or benzodiazepine for more than 7 consecutive days, and every 90 days thereafter while the course of treatment or therapy continues, or prior to dispensing another refill after 90 days. Criteria are in alignment with currently active laws in states nationwide.

On March 16, 2021, the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 became effective as *DC Law 23-251*.

## PDMP Enhancements and Grant Activities

DC Health has received a grant through the Centers for Disease Control and Prevention (CDC). With grant funding, the PDMP program has incorporated an analytics package to display and analyze DC PDMP data. The analytics software allows the Program to conduct compliance reviews and explore trends in PDMP data. Since 2019, CDC funding has been used to integrate the PDMP into health care facility electronic health record (EHR) systems, health information exchange (HIE) systems, and pharmacy management systems in the District of Columbia. Additionally, grant funding is used to automate health care professional license verification for providers who register for the DC PDMP.

Throughout 2021, DC PDMP staff conducted over thirty educational webinars to promote PDMP registration, effective use of PDMP features and software, and utilization of free clinical tools and services provided by DC Health. Webinar audiences were primarily comprised of healthcare practitioners licensed in the district, but also included healthcare organization leaders and other stakeholders.

The DC PDMP website was updated to include a webinar recording which explains the implications of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 and includes a basic demonstration of how to navigate and query the DC PDMP website, PMP Aware.

PDMP staff conducted a second focus group in 2021 with five DC providers. The focus group session aimed to evaluate provider satisfaction of the PDMP, ease of use, and areas where improvement may be needed. Focus group participants discussed the need for additional training opportunities in order to learn how to navigate the PDMP website and interpret program features, such as Prescriber Reports. The DC PDMP also conducted its third annual PDMP user satisfaction survey.

## **Outreach Activities**

DC PDMP staff planned and executed over thirty outreach activities during 2021, most of which were webinars. All outreach activities were held virtually due to COVID-19 precautions. In addition to educational webinars, PDMP staff also held a focus group, multiple Q&A sessions, and delivered PDMP presentations during several provider group and board meetings.

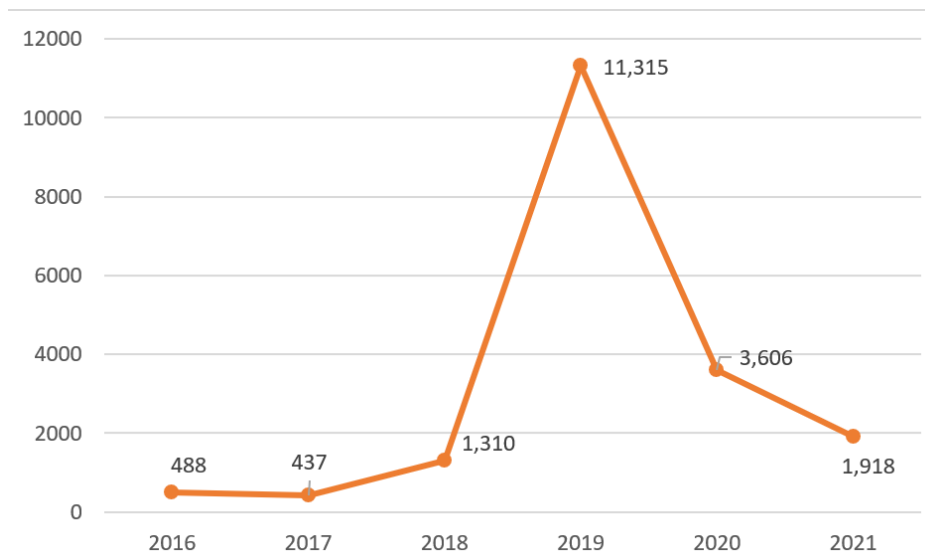
Following the passage of the “Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020,” the PDMP team conducted five separate webinar/Q&A sessions during which participants were given a concise overview of the new legislation, a tutorial of how to search the DC PDMP, and an opportunity to ask questions. A local membership organization also hosted a mandatory query webinar session for members and posted a recording to their website.

Aside from Mandatory Query legislation, other outreach activities focused on topics such as PDMP-EHR integration options, PDMP general overview, PMP Aware website features, and safe-prescribing resources.

## PDMP Registration and Utilization

Between the launch of the Program in October 2016 and the end of 2021, there were over 20,000 users registered for the PDMP (Figure 2). The Program implemented mandatory registration in July 2019. The number of PDMP registrations increased by 25% between 2019 and 2020.

**Figure 2: Number of Active PDMP Users by Year of Registration, October 2016 - December 2021**



In 2021, approximately 62% of registrants in the PDMP were physicians and 10% were pharmacists (Table 1).

**Table 1: Number of Active PDMP Registrants by User Role, 2021**

<b>User Role</b>	<b>Number of Registrants</b>	<b>Percent of Total Registrants</b>
Physician (MD, DO)	11,807	61.8%
Pharmacist	2,002	10.5%
Advance Practice Nurse	2,152	11.3%
Dentist	1,236	6.5%
Physician Assistant	805	4.2%
Veterans Affairs Prescriber or Dispenser	367	1.9%
Veterinarian	369	1.9%
Optometrist	167	0.87%
Podiatrist (DPM)	129	0.67%
Naturopathic Physician	41	0.21%
Other (Licensing Board Investigators, Law Enforcement, Medical Examiner, Admin)	29	0.15%
Pharmacy Technician or Delegate	12	0.06%
<b>Total</b>	<b>19,116</b>	

Registered users request prescription data through the PDMP. Requests can include queries for patient records, prescriber self-lookup, dispensary activity, prescriber activity, and investigative searches. Requests for patient records are the most common type of user query. Prescribers and dispensers are able to use patient reports to inform treatment decisions and identify potential misuse and abuse of prescription medications.

Between 2017 and 2020, there were over 430,000 queries in the DC PDMP. The number of queries has increased each year since the Program launched. The average number of queries per month was 13,610 in 2020, a 37% increase from 2019 when the average number of queries per month was 9,923. There were 85,688 queries in 2018, 119,074 queries in 2019, 163,320 queries in 2020, and 312,085 queries in 2021 (Figure 3a and 3b).

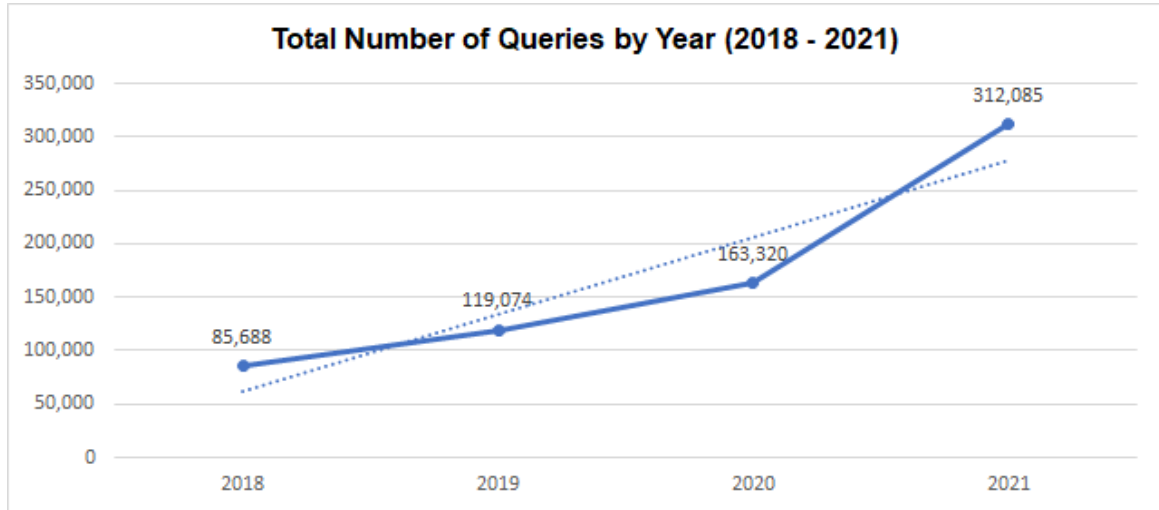


Figure 3a

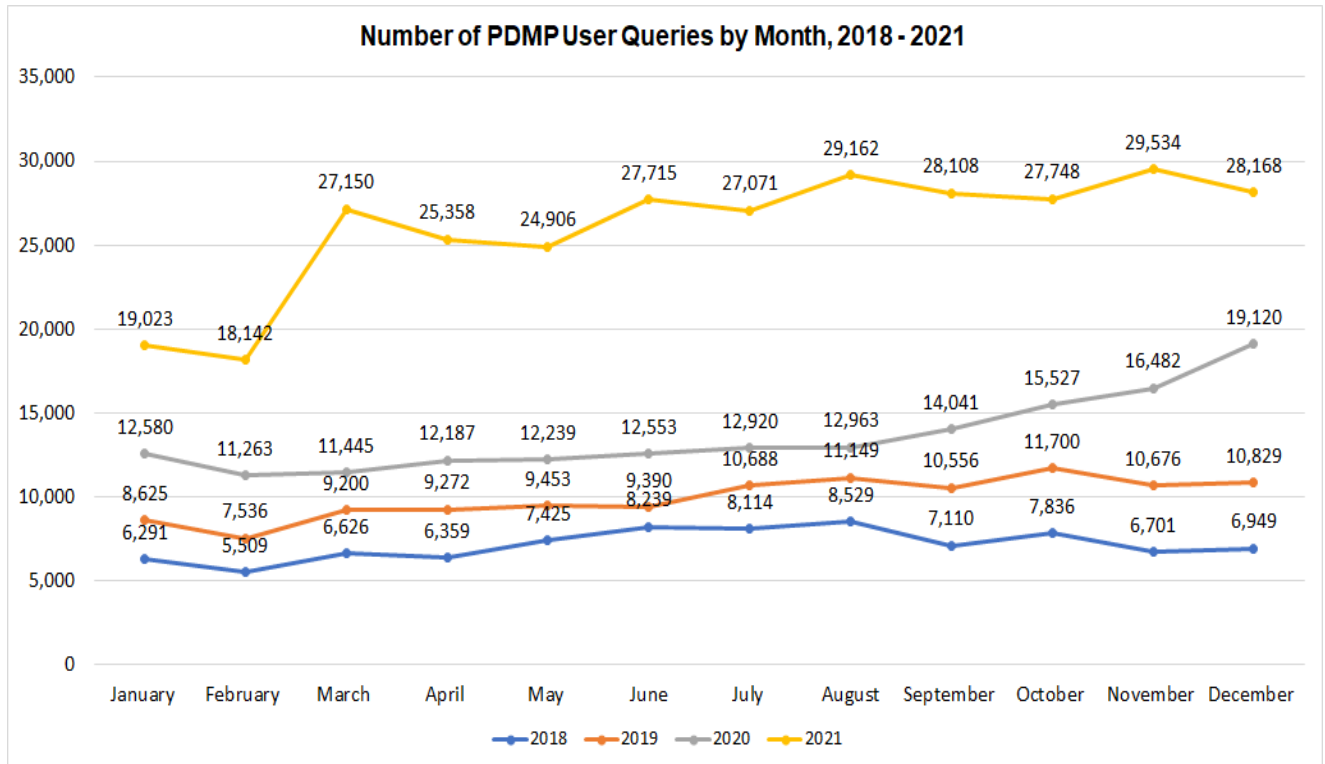


Figure 3b



## Future Program Activities

In 2022, DC PDMP staff plan to continue expanding and improving the program. Additionally, Mayor Bowser's [LIVE.LONG.DC](#) Strategic Plan to reduce opioid use, misuse, and overdose deaths involves several strategies related to PDMP use and provider education. Program staff have been involved with planning and executing projects related to these strategies.

Program staff continue to promote registration and utilization among District of Columbia licensed health care professionals. Since July 2019, prescribers and dispensers who are licensed in the District of Columbia are required to register with the DC PDMP. In addition to promoting registration, program staff work with licensing boards and local stakeholder organizations to ensure that professionals in the District are aware of the mandate and able to register with the PDMP in a timely manner. The majority of PDMP user accounts undergo an automatic credential verification and approval process included in the PDMP software.

The DC PDMP will continue outreach efforts to educate DC health care professionals on PDMP legislation, utilizing the PDMP website, and promotion of safe prescribing and dispensing practices.

The DC PDMP will be increasing its outreach efforts in 2022 to promote DC PDMP utilization and provide registered users guidance on how to access reports to enhance their daily patient care. DC PDMP plans to communicate with DC PDMP users on a bi-weekly basis through promotional emails which emphasize EHR integration options funded by DC Health.

The DC PDMP continues to work with the National Association of Boards of Pharmacy to provide information about dispensations from other states and territories. The District of Columbia shares its PDMP data with 25 states and Puerto Rico. Program staff will continue to engage with partners from other jurisdictions to expand data sharing agreements in 2022.

In order to improve registered users' ability to access PDMP data, DC Health is supporting the integration of the PDMP into electronic health records, health information exchanges, and pharmacy management systems in the District of Columbia. With the support of federal grant money, DC Health is covering the initial cost for local hospitals and clinical organizations to include DC PDMP data in their systems, so that prescribers and dispensers can access the DC PDMP through their electronic workflow with a single sign-on.

As the Program grows and advances, DC Health will seek ways to engage prescribers and dispensers in DC to safeguard patient health and safety.

## Appendix: List of Definitions and Abbreviations

**CDC** – The U.S. Centers for Disease Control and Prevention

**Controlled substance** – A drug, substance, or immediate precursor in Schedules I-V.

**Covered substance** – All controlled substances included in Schedules II-V and any other drug as specified by rulemaking that is required to be reported to the Program, such as cyclobenzaprine, butalbital, and gabapentin.

**DEA** – United States Drug Enforcement Agency

**Dispenser** – A practitioner who dispenses a controlled substance or other covered substance to the ultimate user or his or her agent.

**Drugs of concern** – A drug that is not a controlled substance, but which is nevertheless identified by the Director or the PDMP Advisory Committee as a drug with the potential for abuse.

**EHR** – Electronic Health Record

**FBI** – The U.S. Federal Bureau of Investigation

**FDA** – The U.S. Food and Drug Administration

**HIE** – Health Information Exchange

**MAT** – Medication Assisted Treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

**MME** – Morphine Milligram Equivalent

**MPD** – Metropolitan Police Department

**NABP** – National Association of Boards of Pharmacy

**PMPI** – Prescription Drug Monitoring Program InterConnect

**PDMP** – Prescription Drug Monitoring Program

**Prescriber** – A practitioner or other authorized person who prescribes a controlled substance or other covered substance in the course of his or her professional practice.

**SAMHSA** – The Substance Abuse and Mental Health Services Administration

## Acknowledgements

Interim Director, DC Health  
Sharon Lewis, DHA, RN-BC, CPM

Chief of Staff  
Chair, Prescription Drug Monitoring Program Advisory Committee  
Jacqueline A. Watson, DO, MBA

Interim Senior Deputy Director  
Health Regulation and Licensing Administration  
Arian Gibson, MS

Prescription Drug Monitoring Program Director  
Justin Ortique, PharmD, RPh, CPM

Prescription Drug Monitoring Program  
Senior Assistant General Counsel  
Carla Williams, Esq

Prescription Drug Monitoring Program Staff  
Brittany Allen, MPH  
Erica Loadman, PharmD, RPh  
Uche Ekwomadu, MPH, MPharm