



**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**

**December 21, 2021
10AM—11:30AM**

AGENDA

CALL TO ORDER: 10:08AM

PRESIDING: Dr. Jacqueline Watson

COMMITTEE MEMBERSHIP/ATTENDANCE:

ADVISORY COMMITTEE MEMBERS:		
	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	
PDMP STAFF:		
	Brittany Allen, MPH, Program Specialist	X
	Erica Loadman, PharmD, RPh, Pharmacist	X
LEGAL STAFF:		
	Carla Williams, Esq, Assistant General Counsel, PDMP Attorney Advisor	X
VISITORS:		
	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><u>Welcome & Introductions</u></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><u>Charge of the Committee</u></p> <p>The Committee shall convene at least two (2) times per year to advise the Director:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. 	
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1221-O-02	<p><u>Approval of August 2021 PDMP Advisory Committee Meeting Minutes</u></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><u>Report from Attorney Advisor</u></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><u>Program Updates</u></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&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><u>Grant Updates</u></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"> ○ https://afro.com/local-activists-work-to-combat-the-opioid-epidemic/ ○ https://wjla.com/news/addicted-in-america/addicted-in-america-a-7news-special <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 31st. 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 https://myrecoverydc.org/ 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. https://twitter.com/dbhrecoversdc/status/1418596144410660866</p>	
1221-O-06	<p><u>PDMP Best Practice Checklist Updates and Discussion</u></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"> ● Utilize feedback from Health Care Professional Boards to evaluate a new version of prescriber report. <ul style="list-style-type: none"> ○ Revised quarterly prescriber reports are currently being sent. ○ Most recent prescriber report was released November 22, 2021 ● Facilitate integration of the PDMP with health information exchanges, electronic health records, and pharmacy dispensing systems. <ul style="list-style-type: none"> ○ There are currently 59 Gateway integrations. <p>Planned/FY2022 Activities include:</p> <ul style="list-style-type: none"> ● 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"> ○ ● Research strategies used by other states to determine best practices for increasing PDMP delegate registration <ul style="list-style-type: none"> ○ Currently, each prescriber and dispenser can have up to 2 delegates. ● Finalize and implement academic detailing plans ● 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"> ○ 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. ● Begin promoting the CDC's Quality Improvement Measures as a resource during presentations and by posting it to the DC PDMP website 	

	<ul style="list-style-type: none"> • 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"> ○ 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.) ○ Additionally, newly licensed health care providers receive an email notifying them of the PDMP registration mandate. • Begin planning targeted communications (i.e., academic detailing for top prescribers, promoting integration to independent pharmacies) • Consider Activation of additional clinical alerts and other features in AWA RxE <ul style="list-style-type: none"> ○ The clinical alerts will notify prescribers of patients who go over a certain threshold. • Revise regulations on deidentified data reporting based on Mayor's office recommendations. • Research and discuss the possibility of adding ICD-10 codes to pharmacy reporting options. Determine what contractual updates are needed and possible cost. <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"> • A large majority of states are collecting naloxone dispensation data (linking to specialty PDMP data) • Many states utilize the PDMP Mandatory use module, which assists with enforcing PDMP query mandates. • 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. • Other states are planning to Provide Medicaid compliance data in regards to the recent SUPPORT Act changes. • Since updates to 42 CFR this past year, some states have opted to include OTP patient information, such as dosage and dispensation information. 	
1221-O-07	<p><u>Presentation on Potential Covered Substance</u> <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"> • Xylazine is a non-narcotic medication approved by the FDA for veterinary use only and is administered via IV, IM or oral route • Xylazine can cause severe CNS depression in humans • 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. • DC OCME data has not yet been published, but the drug has been detected in used syringes by the DC Department of Forensic Sciences • 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." • The conclusion of the presentation is that more data is needed to determine whether or not Xylazine should be considered a 'potential 	

	<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"> • Discuss xylazine with DBH to determine what they are seeing and collect data • Engage DC Board of Veterinary Medicine and ask them to present at the next meeting • Connect with Mr. Zamore in CPPE to get additional xylazine data and ask for an OCME presentation • Have an additional conversation with Commander Kyle in regard to xylazine • Create a summary of all actions and allow the committee to make a decision regarding xylazine as a drug of concern. 	
1221-O-08	<p><u>Presentation and Discussion</u></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"> • 9 states currently collect ICD-10 information • 3 of the 9 states (Ohio, Rhode Island, and Nevada) have a mandate to collect ICD-10 information • 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. • Question: Has research indicated that other states are interested, but hesitate due to regulatory issue? <ul style="list-style-type: none"> ○ 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. ○ There are also ASAP version restrictions—some versions don't include the ICD-10 code field and would need an update • Question: What legal steps would the committee need to take? <ul style="list-style-type: none"> ○ Ms. Carla Williams explained that DC decided years ago to stop including diagnosis information on prescriptions in order to protect patient privacy. ○ Carla noted that the committee can add ICD-10 codes to the list of information required to be submitted by dispensers in § 48– 	

	<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"> ○ Dr. Kirilichin wrote in chat: “I think we’re on the right page not taking that action” ● Question: What was the impetus for each of the states that implemented the mandatory collection of ICD-10 data? <ul style="list-style-type: none"> ○ Lara noted that the Bamboo Health team will follow up and provide information ● 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. 	
<p>1221-O-09</p> <p>Matters for Consideration</p>	<p>Action Items</p> <ul style="list-style-type: none"> ● Potential Future meeting dates FY 2021-2022 <ul style="list-style-type: none"> ○ April 19, 2022 ○ August 16, 2022 <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>1221-O-10</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>Comments from the Public</p>	<p>None.</p>	
<p>Motion to Adjourn the Open Session</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