

**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**

July 16, 2019

10:00am- 12:00 pm

OPEN SESSION MINUTES

Open Session Agenda

Quorum: Yes

0716-O-01	<p><u>Welcome & Introductions</u></p> <p>Dr. Jacqueline Watson opened the meeting with Committee members, staff, and attendee introductions. She noted the importance of beginning the meeting by revisiting the Charge of the Committee and reflecting on ways that the Committee has and has not met the Charge.</p> <p>The Committee went through the charge line by line to identify what they have been accountable for and identified any gaps.</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> <p>(a) On the implementation and evaluation of the Program;</p> <p>Sheri Doyle cited the increase in registration as evidence that the Program is being implemented well. Frank Meyers noted that evaluation is on-going</p> <p>Dr. Watson indicated the need to build the PDMP Advisory Committee meetings and products such as the PDMP Annual Report around the Charge of the Committee.</p> <p>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</p> <p>Dr. Shauna White noted that gabapentin has been added as a drug of concern. Dr. White also mentioned that the DC PDMP uses the four prescribers, 4 pharmacists in 4 months metric as an indicator of doctor shopping.</p> <p>Dr. Watson identified the need for a document or report that establishes the criteria for possible misuse or abuse. The standards should align with and flow into the work of the DC Opioid Strategic Planning Group.</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>Sheri Doyle suggested that unsolicited reports could be a part of proactively informing prescribers regarding the indications of possible abuse or misuse of covered substances. Dr. White agreed that unsolicited reports as well as additional email blasts and links to</p>	
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	<p>educational resources can be used to inform PDMP users. Dr. Watson emphasized the need to evaluate the effectiveness of our communication. Dr. White expressed an interest in using tools such as Google Analytics to track user engagement. Mr. Meyers suggested sending out a regular communication such as a newsletter specifically for PDMP updates.</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> <p>Dr. Watson reiterated the importance of educational resources for PDMP users. Dr. White cited the DC Center for Rational Prescribing (DCRx) as a tool for DC practitioners that offers continuing education credit. Dr. White also mentioned the resources on the DC Health Opioids website and the training tutorials in the PDMP platform.</p> <p>(1) Persons who are authorized to access the prescription monitoring information;</p> <p>(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;</p> <p>(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</p> <p>(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.</p>	
<p>0716-O-02</p>	<p><u>Approval of April 2019 PDMP Advisory Committee Meeting Minutes</u> (a) Minutes from April 30, 2019 Meeting</p> <p>Motion to approve the October meeting minutes by: Frank Meyers Seconded by: Dr. Natalie Kirilichin Motion carries, minutes approved</p>	
<p>0716-O-03</p>	<p><u>Report from Attorney Advisor</u> (a) PDMP Legislative Update</p> <p>Carla Williams updated the Committee that the regulation to require PDMP registration for controlled substance license renewals has been</p>	

	<p>adopted by the DC Health Director. Beginning August 1, 2019, providers will not be able to renew a DC controlled substance license if they have not registered for the DC PDMP. Ms. Williams is working with the DC Health Director of Government Relations to update the existing laws to expand enforcement capabilities to professional license renewals.</p> <p>Dr. Watson emphasized the importance of communicating the mandate to register and encouraging providers to complete the registration before the physician renewal well before December 2020. Ms. Williams noted that the first providers who will be impacted are dentists who renew in December 2019.</p> <p>Frank Meyers asked for clarification about the pending legislation. Ms. Williams explained that the legislation will require PDMP registration for professional license renewal. The Committee discussed how individual licensing boards will enforce PDMP registration in professional license renewal. Mr. Meyers noted the challenge of enforcing the mandate among providers who do not prescribe in their regular practice. Dr. Kirilichin cited the issue of providers in DC working across jurisdictions but not holding the same level of licensure in all jurisdictions. Dr. Watson stated that it seems to be some ambiguity about how the laws is to be interpreted and who is required to register. She recommends that the committee look a the best method to enforce the mandate.</p> <p>(b) Gabapentin added as drug of concern June 7, 2019 (link)</p> <p>Ms. Williams updated the Committee that gabapentin has been added and that the PDMP has already started receiving dispensation reporting for gabapentin.</p>	
<p>0716-O-04</p>	<p><u>Program Updates</u></p> <ul style="list-style-type: none"> (a) Program Statistics (b) Progress on Mandatory Registration <p>Dr. White presented the updated statistics for PDMP registration. The number of registered users has increased dramatically in May, June, and July. She recapped outreach efforts that included email and mailed notification of mandatory registration to more than 20,000 licensed professionals. Information was included in health professional newsletters.</p> <p>Dr. Watson noted that the Program is getting closer to full enrollment from medical professionals. She also mentioned that another board</p>	

coordinated email blast should be sent out before the deadline to encourage professionals to register by July 31st. Dr. White stated that 1,783 physicians registered for the PDMP in the first two weeks of July.

Overview of Prescription Drug Monitoring Program User Registration Statistics

Licensed Professional	Total Number of DC Professional Licensees	# of Registered PDMP Users July 15, 2019	Percentage (%) of DC Licensed Professionals Registered with the PDMP
Physician (MD, DO)	10,826 (8,163 with a DEA)	6,136	56.7% (75.2% with a DEA)
Physician Assistant	725	453	62.5%
Advanced Practice Nurses	1,338	1,017	76.0%
Pharmacist	2,045	1,376	67.3%
Non-Dispensing Pharmacist	-	198	-
Dentist	1,495	694	46.4%
Veterinarian	337	183	54.3%
Podiatrist	152	92	60.5%
Optometrists	225	112	49.8%
VA Prescriber	-	28	-
Pharmacy Technician (Delegate)*	-	12	-
Prescriber without a DEA (Includes Medical Residents, retired and non-practicing prescribers, etc.)†	-	1,407	-
Other (Licensing Board Investigators, Law Enforcement, Medical Examiner, Midwife)	-	45	-
TOTAL		11,753	

* Pharmacy technicians can only register for the PDMP as delegates

† Prescriber without a DEA includes professionals from other license categories such as some advanced practice nurses, pathologists, radiologists, and other specialties who do not always register for a DEA number.

(c) Past and Future Outreach Activities

Program staff and a team from Appriss presented at a recent DC Hospital Association meeting about Gateway Integration and the NarxCare package. Email and paper mail blasts were sent to licensed professionals in May, June, and July. Information about the PDMP was shared with local professional societies such as the DC Primary Care Association, DC Dental Society, and others. A fax was sent to licensed pharmacies about the inclusion of gabapentin and the mandate to register.

Program staff will participate in an upcoming meeting with DC Hospital Association and DC Health Care Finance about PDMP access. A team from Appriss will present Gateway Integration and the NarxCare package to the DC Board of Medicine on July 31, 2019.

Dr. White stated that Prescriber Report Cards will be released on August 1, 2019 so that newly registered users will receive them.

Dr. Kirilichin noted that DC PDMP data has become available for in-patient providers through CRISP and other forms of tech integration in several DC hospitals.

	<p>(d) Plans for a PDMP user survey</p> <p>Dr. White stated that staff plans to administer a PDMP user survey after the deadline for mandatory registration. Dr. White plans to launch the survey at the end of August or the beginning of September to ensure that individuals have a chance to use the PDMP system after the mandatory registration deadline.</p> <p>The Committee suggested that the survey should capture information on the following topics:</p> <ul style="list-style-type: none"> - Ease of use - Any additional resources needed by users - Feedback on prescriber report cards and NarxCare - Frequency of use (queries) - The registration process <p>Dr. Watson noted that feedback could be used to update the FAQ document.</p> <p>(e) Unsolicited reports to prescribers (f) Update: PDMP Annual Report</p> <p>The Annual Report is being updated and will be ready for final review by the Director before the end of July. Dr. Watson noted that the report should take into account the Charge of the Committee and provide information on whether the committee is meeting the charge.</p>	
<p>0716-O-05</p>	<p><u>Grant Updates</u></p> <p>(a) Clinical Trainer and Outreach Coordinator</p> <p>Dr. White reported that the contracts for the Clinical Trainer and Outreach Coordinator are being finalized. These individuals will be used to communicate with local stakeholders about the PDMP.</p> <p>(b) Districtwide Gateway Integration</p> <p>Dr. Justin Ortique reported that 24 health care entities have moved forward with the Gateway Integration process. Three health systems, three individual hospitals, four pharmacy systems, three major pharmacy chains, and several doctor’s offices have integrated the DC PDMP into their electronic workflow. The chain pharmacies include CVS (135 stores), Walgreens, and Safeway. The DC PDMP has been integrated into CRISP.</p>	

	<p>(c) NarxCare Package</p> <p>NarxCare is a tool for practitioners that provides summarized patient risk scores based on an algorithm that accounts for prescription history and other factors. Dr. Ortique that NarxCare package was made available to users on June 17, 2019. The NarxCare platform includes resources about treatment for addiction. The Committee discussed how the NarxCare scores are calculated and how practitioners are able to interpret them. The Committee reviewed the NarxCare training tutorials that are available to PDMP users.</p> <p>Ms. Doyle mentioned the importance of educating users about how to use NarxCare scores appropriately in practice. Dr. Natalie Kirilichin raised a concern about the name NarxCare and the stigma associated with the term narcotic. She recommended that the term opioid should be adopted. Dr. Watson stated that the PDMP staff should be ready to answer questions from boards and practitioners about how the information in NarxCare will be used and incorporate the information into the FAQ's. Dr. Watson noted that NarxCare is meant to be a decision-making tool for the physician .</p> <p>(d) Opioid Indicator Dashboard launched June 14, 2019 (link)</p> <p>The Committee reviewed and discussed the Opioid Indicator Dashboard on the DC Health website. Data for the dashboard comes from DC Health and the Office of the Chief Medical Examiner. Committee members gave feedback on how partial years of data are presented on the dashboard. Commander Haines updated the Committee about investigations of all overdose deaths by MPD. He spoke about efforts to target the distribution of illicit fentanyl in the District.</p> <p>(e) Opioid Awareness Communications Campaign (link)</p> <p>The Committee reviewed and discussed the images that are in the Opioid Awareness Communications. The campaign includes information in both English and Spanish. The campaign is currently being displayed in Metro cars and Metro buses throughout the city as well as in bus shelters and on posters in the station. It also includes mobile advertisements near Metro locations.</p>	
<p>0716-O-06</p>	<p><u>PDMP Best Practice Checklist Updates and Discussion</u></p> <p>Dr. Watson asked Committee members to come to the October 2019 meeting prepared to discuss activities in the Best Practice Checklist.</p>	

0716-O-07 Matters for Consideration	<u>Action Items</u> <ul style="list-style-type: none"> • Future meeting dates: <ul style="list-style-type: none"> ○ October 29, 2019 ○ January 14, 2020 ○ April 14, 2020 ○ July 14, 2020 	
0716-O-08	Other news/highlights from Committee members Sheri Doyle mentioned to the Committee that there was a House briefing for the MAT Act.	
Comments from the Public	None	
Motion to Adjourn the Open Session	Madam Chair, I move that the Committee close the Open Public session portion of the meeting. Motion: Shauna White Seconded by: Sheri Doyle Motion carried. (Roll Call Vote)	

This concludes the Public Open Session of the meeting.

Open Session Meeting Adjourned at 12:07 PM