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Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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

July 21, 2020

OPEN SESSION MEETING MINUTES

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CALL TO ORDER:

PRESIDING:

COMMITTEE MEMBERSHIP/ATTENDANCE:

ADVISORY COMMITTEE MEMBERS:		
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff	X
	Frank Meyers, JD, Board of Medicine Executive Director	X
	Shauna White, PharmD, RPh, MS, Board Of Pharmacy Executive Director	X
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician	X
	Sheri Doyle, MPH, Consumer Member	X
	Commander John Haines, Metropolitan Police Department	X
	Lakisha Stiles, CPhT – Pharmacy Technician	X
PDMP STAFF:	Justin Ortique, PharmD, RPh, Supervisory Pharmacist	X
	Brittany Allen, MPH, Program Specialist	X
	Cathryn Mudrick, MPH, Public Health Analyst	X
	Erica Loadman, PharmD, RPh, Pharmacist	X
LEGAL STAFF:	Carla Williams, Esq, Assistant General Counsel, PDMP Attorney Advisor	X
VISITORS:	Chikarlo Leak, DrPH, MPH, Policy Director, Office of the Deputy Mayor for Health and Human Services	X

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Open Session Agenda
Quorum: Yes

0721-O-01	**Welcome & Introductions** **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.	
0721-O-02	**Approval of January 2020 PDMP Advisory Committee Meeting Minutes** (a) Minutes from January 21, 2020 Meeting **Motion** to approve January meeting minutes by: Frank Meyers **Seconded by:** Shauna White **Roll call vote** **Motion carries, minutes approved**	

0721-O-03	**Presentation** *Snapshot of Fatal Opioid Overdoses in the District of Columbia* **Chikarlo Leak, DrPH, MPH** **Policy Director, Office of the Deputy Mayor for Health and Human Services** **LIVE.LONG.DC. – Opioid Strategic Plan** Dr. Chikarlo Leak, Policy Director from the Office of the Deputy Mayor for Health and Human Services gave a presentation on the state of fatal overdoses in the District of Columbia. The presentation focused on the differences between the number of fatal overdose deaths that were attributed to illicit and prescription opioids, the demographics of decedents, and the decedents' jurisdiction of residence. Dr. Leak noted that April 2020 saw a record number of fatal overdoses. He noted because the data on deaths lags by 90 days, we would not be able to say that the uptick in deaths were related to the pandemic, but the data on suspected deaths may point to a correlation Dr. Leak noted that (illicit) fentanyl became the more primary cause of deaths beginning in 2017, while prescription deaths have begun to decrease (most prescription drug deaths result from either one or a combination of methadone, oxycodone, and buprenorphine). Dr. Leak reviewed demographics of fatal overdose deaths and their jurisdiction of residence (represents decedents who actually died in the District). The majority of decedents are African American males between the ages of 40-69. Dr. Leak concluded the presentation noting that as populations change we may need to change our interventions and targets. During the discussion following the presentation, Ms. Sheri Doyle asked the following question: What is the role of the PDMP in this, being that the majority of overdoses in the District is mainly heroin and illicit drugs? Dr. Leak responded, noting that while we have a low percentage of prescription deaths, data from PDMPs can be used to help identify trends, help to link the data to prevention activities etc. Using the data, we can link with other stakeholders to identify and track change and create targeted campaigns. Dr. Watson agreed, noting that the demographics in Washington, DC have significantly changed, and we will likely start to see shifts in neighborhood hot spots. She also noted that this information may be helpful to share to providers who are out there practicing. Of particular note, is the fact that the number of overdoses in certain wards are changing—practitioners may not think they need to have opioid overdose deaths on their radar because they are not aware that the overdose deaths are increasing in their ward. Having knowledge of opioid overdose deaths may be helpful for practitioners who are offering virtual sessions as well.	

	Ms. Carla Williams noted that the Charge of the Committee states that the Committee shall advise "(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data" and "(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." She asked Dr. Leak if OCME has the ability to advise the Committee on prescription drug data. Dr. Leak responded, saying yes, we can discuss doing a deeper dive into prescription overdoses and doing a report on that.	
0721-O-04	**Report from Attorney Advisor** (a) PDMP Legislative Update (1) PDMP Legislative Update Mandatory registration language has been added to the Health Care Reporting Amendment Act of 2020 (top of page 6, section 4). The Act was transmitted to Congress on May 12, 2020 and has a Projected Law Date of Jun 29, 2020. Ms. Carla Williams stated that legislation was made effective June 24, requiring all prescribers to register for the PDMP within 90 days of receiving their license and previously licensed prescribers must register for the program before renewing their license. Ms. Williams stated that the legislation to require mandatory review/query has been drafted and noted that some questions rose on legislation specifics. The legal team looked closely at Virginia law, which specifies opioids, exempts veterinarians, and does not require mandatory query unless treatment lasts more than 7 days. Ms. Williams opened the floor for discussion. Dr. Natalie Kirilichin stated that her recommendation is to start with mandatory query for opioids only and for prescriptions that require more than 7 days, then modify as needed. She noted that having to query every controlled substance would be burdensome. She said that we should think long term and start with the policy that can get us where we want to be in the long term. Ms. Williams noted that the PDMP is more for people who are seeking prescription drugs to abuse. We can add more details to the legislation as necessary. Mr. Meyers stated that he agreed with mandating querying for opioids only, and for prescriptions that will last more than 7 days, as well. He recommended keeping the legislation simple at first, then adding more if necessary. Ms. Williams noted that veterinarians are included in mandatory registration, and asked if they should be included in mandatory query. Dr. White noted that currently diversion is not being reported, so veterinarians could be exempt. She asked if the legislation should include physicians or prescribers only. Dr. Kirilichin stated that the legislation should include both physicians and prescribers, as a way to allow for two check points.	

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	Mr. Meyers stated that the committee will submit it to the Board of Medicine for discussion as soon as possible. Ms. Sheri Doyle noted that she would advocate to include opioids and benzodiazepines due to the risk of overdose, query the PDMP for a 7-day supply or more, and query every 90 days for patients undergoing long term pain management. Ms. Williams stated that so far the consensus seems to be: all prescribers query the PDMP when before opioid and benzodiazepine prescriptions, any time the prescription is for more than 7 days. She asked if we need to include the every 90 days caveat. Ms. Williams noted that main point of the PDMP is to make sure prescribers are able to access the information they need to make informed decisions.	
0721-O-05	**<u>Discussion</u>** *Comparison of DC PDMP Query Amendment Proposal with PDMP Legislation in Surrounding States* **NOTE:** This discussion was combined with the report from the attorney advisor. 	

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Comparison of PDMP Query Legislation in Surrounding States

1. Things to Consider Regarding PDMP Query Regulations
2. Diagram of Common Differences in PDMP Query Requirements of Surrounding States
3. Comprehensive Table of Differences Between PDMP Query Legislation of Surrounding States
4. Other Nearby States: Various Legislative Differences
5. References

1. Things to Consider Regarding PDMP Query Regulations:

- Should there be a requirement for practitioners to query PDMP before prescribing a controlled substance?
- Should there be any requirement to query again after a certain period of time during ongoing therapy?
- Should such a mandate only apply to prescriptions for certain controlled substances?
  - Opioids, benzodiazepines
- Should certain prescribers be exempt from such a query mandate?
  - Veterinarians
- Should there be an exemption for certain patient categories?
  - Terminally ill, palliative care, hospice, cancer-related pain treatment, dialysis-related pain treatment
- Should there be an exemption for certain facility types?
  - Hospice, assisted living, long term care, comprehensive care, developmental disabilities facilities
- Should there be an exemption for short courses of therapy?
  - 3-day prescriptions, 7-day prescriptions
- Should certain facilities or types of treatment require more frequent PDMP query?
  - Medication-assisted treatment (MAT), pain management clinic patients

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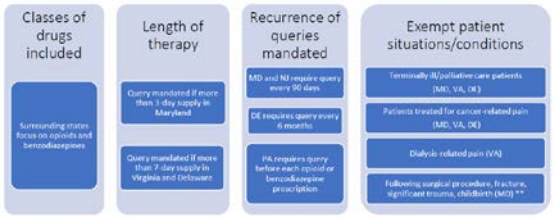
2. Diagram of Common Differences in PDMP Query Requirements of Surrounding States



Some other notable distinctions:

- *In Maryland*: Query is not mandated when accessing PDMP would result in a delay in the treatment of a patient that would negatively affect the patient's medical condition
- *In Delaware*: Query mandated when prescriber has "a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition"
- *In Delaware*: For patients with long-term opioid prescriptions for chronic pain treatment, a prescriber or his or her delegate shall query the PDMP whenever the patient is also being prescribed a benzodiazepine

** For 14 days or less of acute pain treatment/prevention therapy following

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3. Comprehensive Table of Differences Between PDMP Query Legislation of Surrounding States

	Maryland	Virginia	Delaware	Pennsylvania
Who does mandated query apply to?	All prescribers [1]	All prescribers, except veterinarians (PDMP query requirement applies to human patients only) [2]	All prescribers, except veterinarians and "on-call"/emergency providers prescribing 72-hour supply or less of a controlled substance [3,4]	All prescribers [5]
What drugs does it apply to?	Opioids and benzodiazepines [1] (unless deemed to have "low potential for abuse" by secretary of health and mental hygiene) [1]	All Opioid treatment anticipated to last more than 7 consecutive days (query can be performed by delegate) [2]	Prior to prescribing more than a 7-day supply of an opioid for first time outpatient treatment of acute pain [3]	Required to query PDMP every time a prescription is written for an opioid or benzodiazepine [6]
		Prior to prescribing controlled drugs for treatment of opioid addiction [2]	Prior to issuing a second opioid prescription (beyond a total of 7-day supply worth of previous prescription) for an opioid to treat acute pain (outpatient) [3]	Required to query "for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and thorough medical record." [6]
	Must access preceding 4 months PDMP information. [1]	Opioids and Benzodiazepine therapy anticipated to last more than 90 consecutive days [2]	Schedules II-V *when the prescriber has a reasonable belief that the patient may be seeking controlled substance for any reason other than the treatment of an existing medical condition.* Shall assess PDMP report to determine if prescription is necessary (must access preceding 12 months PDMP information) [4]	Exception: non-narcotic Schedule V controlled substances for treatment of epilepsy or seizure disorder [6]
Required for initiation of therapy/initial prescription?	Yes [1]	Yes [2]	(Not unless greater than 7-day supply) [4]	Yes [6]

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	Maryland	Virginia	Delaware	Pennsylvania
Length of therapy applicable?	More than 3-day supply [1]	Opioid treatment anticipated to last more than 7 consecutive days [2]	For more than 7-day supply [4]	No [6]
		Opioid or benzodiazepine therapy anticipated to last more than 90 consecutive days [2]		
How frequently is query mandated?	At least every 90 days until treatment has ended [1]	Just for initial prescription [2]	At least every 6 months for opioids but "more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine" [4]	Just for initial prescription, unless Opioid or benzodiazepine – query required each time a prescription is written [6]
	Before deciding whether to prescribe or continue prescribing an opioid or a benzodiazepine [1] (Must be documented in patient's medical record)		Whenever the patient is assessed to potentially be at risk for substance abuse or misuse or demonstrates such things as loss of prescription(s), requests for early refills or similar behavior [4]	Otherwise, query only required if prescriber suspects abuse or diversion [6]
Are certain patients exempt?	Terminally ill patients [1]	Terminally ill patients [2]	Terminally ill/palliative care patients [4]	No ("see 'Other Nuances' section)
	Cancer treatment and cancer related pain treatment [1]	Pain management therapy exempt if related to dialysis or cancer treatments [2]	Patients receiving active cancer treatment [4]	
	Prevention or treatment of acute pain for a period of 14 days (or less) following surgical procedure, fracture, significant trauma, childbirth [1]		Treatment for cancer related pain [4]	

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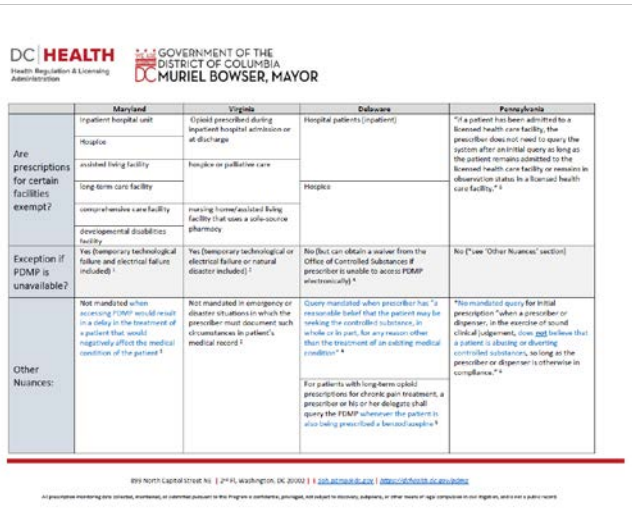

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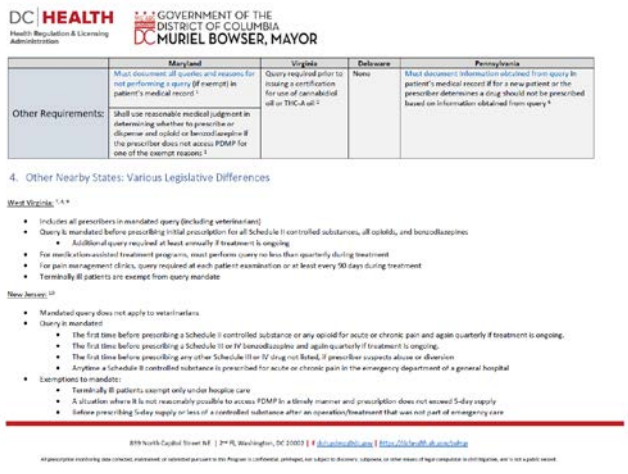
	Maryland	Virginia	Delaware	Pennsylvania
Are prescriptions for certain facilities exempt?	Inpatient hospital unit	Opioid prescribed during inpatient hospital admission or at discharge	Hospital patients (inpatient)	"If a patient has been admitted to a licensed health care facility, the prescriber does not need to query the system after an initial query as long as the patient remains admitted to the licensed health care facility or remains in observation status in a licensed health care facility." [6]
	Hospice			
	assisted living facility	hospice or palliative care		
	long-term care facility		Hospice	
	comprehensive care facility	nursing home/assisted living facility that uses a sole-source pharmacy		
	developmental disabilities facility			
Exception if PDMP is unavailable?	Yes (temporary technological failure and electrical failure included) [1]	Yes (temporary technological or electrical failure or natural disaster included) [2]	No (but can obtain a waiver from the Office of Controlled Substances if prescriber is unable to access PDMP electronically) [4]	No ("see 'Other Nuances' section)
Other Nuances:	Not mandated when accessing PDMP would result in a delay in the treatment of a patient that would negatively affect the medical condition of the patient [1]	Not mandated in emergency or disaster situations in which the prescriber must document such circumstances in patient's medical record [2]	Query mandated when prescriber has "a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition." [4]	"No mandated query for initial prescription "when a prescriber or dispenser, in the exercise of sound clinical judgement, does not believe that a patient is abusing or diverting controlled substances, so long as the prescriber or dispenser is otherwise in compliance." [6]
			For patients with long-term opioid prescriptions for chronic pain treatment, a prescriber or his or her delegate shall query the PDMP whenever the patient is also being prescribed a benzodiazepine [4]	



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	Maryland	Virginia	Delaware	Pennsylvania
Other Requirements:	Must document all queries and reasons for not performing a query (if exempt) in patient's medical record [1]	Query required prior to issuing a certification for use of cannabidiol oil or THC-A oil [2]	None	Must document information obtained from query in patient's medical record if for a new patient or the prescriber determines a drug should not be prescribed based on information obtained from query [4]
	Shall use reasonable medical judgment in determining whether to prescribe or dispense and opioid or benzodiazepine if the prescriber does not access PDMP for one of the exempt reasons [1]			

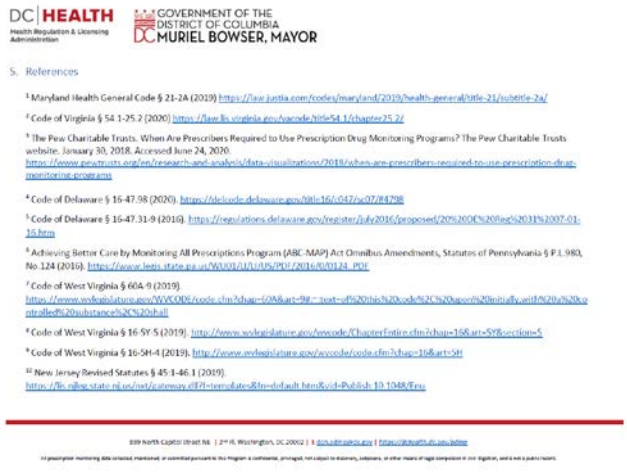
4. Other Nearby States: Various Legislative Differences

West Virginia: [7] [8]

- Includes all prescribers in mandated query (including veterinarians)
- Query is mandated before prescribing initial prescription for all Schedule II controlled substances, all opioids, and benzodiazepines
  - Additional query required at least annually if treatment is ongoing
- For medication-assisted treatment programs, must perform query no less than quarterly during treatment
- For pain management clinics, query required at each patient examination or at least every 90 days during treatment
- Terminally ill patients are exempt from query mandate

New Jersey: [10]

- Mandated query does not apply to veterinarians
- Query is mandated
  - The first time before prescribing a Schedule II controlled substance or any opioid for acute or chronic pain and again quarterly if treatment is ongoing.
  - The first time before prescribing a Schedule III or IV benzodiazepine and again quarterly if treatment is ongoing.
  - The first time before prescribing any other Schedule III or IV drug not listed, if prescriber suspects abuse or diversion
  - Anytime a Schedule II controlled substance is prescribed for acute or chronic pain in the emergency department of a general hospital
- Exemptions to mandate:
  - Terminally ill patients exempt only under hospice care
  - A situation where it is not reasonably possible to access PDMP in a timely manner and prescription does not exceed 5-day supply
  - Before prescribing 5-day supply or less of a controlled substance after an operation/treatment that was not part of emergency care



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5. References

[1] Maryland Health General Code § 21-2A (2019) https://law.justia.com/codes/maryland/2019/health-general/title-21/subtitle-2a/

[2] Code of Virginia § 54.1-25.2 (2020) https://law.lis.virginia.gov/vacode/title54.1/chapter25.2/

[3] The Pew Charitable Trusts. When Are Prescribers Required to Use Prescription Drug Monitoring Programs? The Pew Charitable Trusts website. January 30, 2018. Accessed June 24, 2020. https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2018/when-are-prescribers-required-to-use-prescription-drug-monitoring-programs

[4] Code of Delaware § 16-47.98 (2020). https://delcode.delaware.gov/title16/c047/sc07/#4798

[5] Code of Delaware § 16-47.31-9 (2016). https://regulations.delaware.gov/register/july2016/proposed/20%20DE%20Reg%2031%2007-01-16.htm

[6] Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act Omnibus Amendments, Statutes of Pennsylvania § P.L.980, No.124 (2016). https://www.legis.state.pa.us/WU01/LI/LI/US/PDF/2016/0/0124..PDF

[7] Code of West Virginia § 60A-9 (2019) https://www.wvlegislature.gov/WVCODE/code.cfm?chap=60A&art=9#:~:text=of%20this%20code%2C%20upon%20initially,with%20a%20controlled%20substance%2C%20shall

[8] Code of West Virginia § 16-5Y-5 (2019). http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=16&art=5Y&section=5

[9] Code of West Virginia § 16-5H-4 (2019). http://www.wvlegislature.gov/wvcode/code.cfm?chap=16&art=5H

[10] New Jersey Revised Statutes § 45:1-46.1 (2019). https://lis.njleg.state.nj.us/nxt/gateway.dll?f=templates&fn=default.htm&vid=Publish:10.1048/Enu

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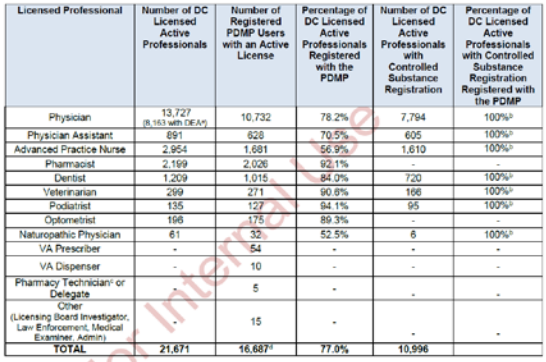
0721-O-06	**Program Updates** (a) Program Statistics **DC Prescription Drug Monitoring Program (PDMP) User Registration Statistics**  **Data as of 07/01/2020** (b) PDMP Registration Updates Dr. White shared the registration statistics and noted that currently Advance Practice Nurses are in renewal season. She stated that there has been notable outreach to ensure they are registered before they are able to renew their license. (c) Outreach Activities Past Dr. White shared the Outreach Activities List below (past activities are shown in blue and white, future activities are shown in red and white), which includes the DEA Practitioner Diversion Awareness Conference, where Dr. Justin Ortique presented on the PDMP to an audience of approximately 200 practitioners. She also noted the NarxCare webinar held in March before the pandemic began to slow things down. She detailed outreach conducted with DC Primary Care Association, which led to a number of organizations beginning the process of Gateway Integration and noted that Dr. Erica Loadman will be championing more outreach efforts as she becomes acclimated in her position. Future Dr. White noted that in the future, outreach efforts include Howard University, the Medical Society of DC, DC Hospital Association, and a virtual presentation with the Nurse Practitioner Association of the District of Columbia.	

Licensed Professional	Number of DC Licensed Active Professionals	Number of Registered PDMP Users with an Active License	Percentage of DC Licensed Active Professionals Registered with the PDMP	Number of DC Licensed Active Professionals with Controlled Substance Registration	Percentage of DC Licensed Active Professionals with Controlled Substance Registration Registered with the PDMP
Physician	13,727 (8,163 with DEA#)	10,732	78.2%	7,794	100%[b]
Physician Assistant	891	628	70.5%	605	100%[b]
Advanced Practice Nurse	2,954	1,681	56.9%	1,610	100%[b]
Pharmacist	2,199	2,026	92.1%	-	-
Dentist	1,209	1,015	84.0%	720	100%[b]
Veterinarian	299	271	90.6%	166	100%[b]
Podiatrist	135	127	94.1%	95	100%[b]
Optometrist	196	175	89.3%	-	-
Naturopathic Physician	61	32	52.5%	6	100%[b]
VA Prescriber	-	54	-	-	-
VA Dispenser	-	10	-	-	-
Pharmacy Technician[c] or Delegate	-	5	-	-	-
Other (Licensing Board Investigator, Law Enforcement, Medical Examiner, Admin)	-	15	-	-	-
TOTAL	**21,671**	**16,687[d]**	**77.0%**	**10,996**	

[a] DEA number obtained from 2018 renewal cycle
[b] More professionals registered with the PDMP than controlled substance registrations issued
[c] Pharmacy Technicians can only register for the PDMP as delegates
[d] Total excludes VA Prescriber, Pharmacy Technician or Delegate, and Other categories
- Not applicable

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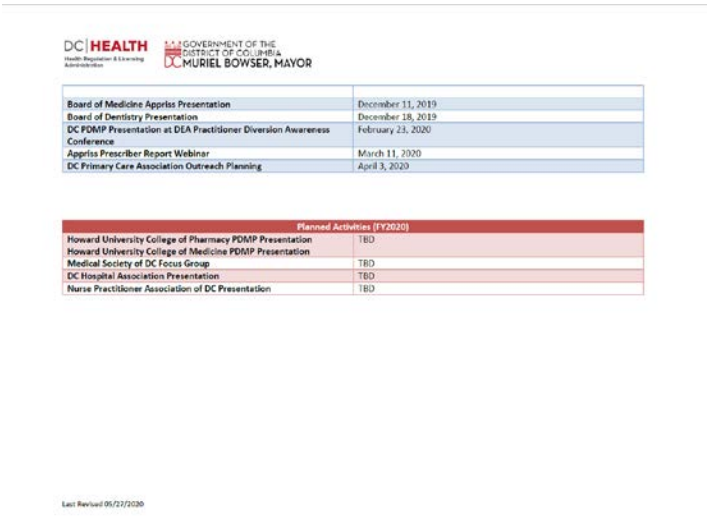

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Board of Medicine Appriss Presentation	December 11, 2019
Board of Dentistry Presentation	December 18, 2019
DC PDMP Presentation at DEA Practitioner Diversion Awareness Conference	February 23, 2020
Appriss Prescriber Report Webinar	March 11, 2020
DC Primary Care Association Outreach Planning	April 3, 2020

Planned Activities (FY2020)	
Howard University College of Pharmacy PDMP Presentation	TBD
Howard University College of Medicine PDMP Presentation	
Medical Society of DC Focus Group	TBD
DC Hospital Association Presentation	TBD
Nurse Practitioner Association of DC Presentation	TBD

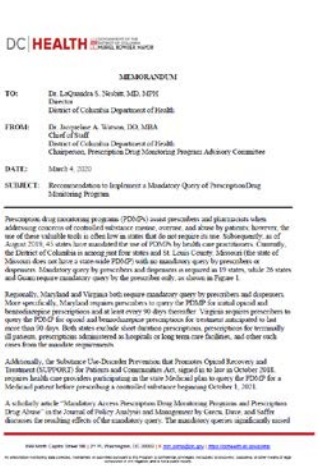
Last Revised 05/27/2020

(d) PDMP Annual Report (is in draft status)

Dr. White stated that the annual report is in draft status and has been submitted to the Center for Policy, Planning and Evaluation (CPPE). Dr. Watson asked Dr. White to have CPPE staff review and sign off on the report by next week.

(e) Mandatory Query Memo Update

Dr. White shared the mandatory query memo for awareness. Dr. Watson noted that since the memo has been signed off by Dr. Nesbitt, Ms. Williams was able to draft the mandatory query legislation.



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MEMORANDUM

TO: Dr. LaQuandra S. Nesbitt, MD, MPH
Director
District of Columbia Department of Health

FROM: Dr. Jacqueline A. Watson, DO, MBA
Chief of Staff
District of Columbia Department of Health
Chairperson, Prescription Drug Monitoring Program Advisory Committee

DATE: March 4, 2020

SUBJECT: Recommendation to Implement a Mandatory Query of Prescription Drug Monitoring Program

Prescription drug monitoring programs (PDMPs) assist prescribers and pharmacists when addressing concerns of controlled substance misuse, overuse, and abuse by patients; however, the use of these valuable tools is often low in states that do not require its use. Subsequently, as of August 2018, 43 states have mandated the use of PDMPs by health care practitioners. Currently, the District of Columbia is among just four states and St. Louis County, Missouri (the state of Missouri does not have a state-wide PDMP) with no mandatory query by prescribers or dispensers. Mandatory query by prescribers and dispensers is required in 19 states, while 26 states and Guam require mandatory query by the prescriber only, as shown in Figure 1.

Repeatedly, Maryland and Virginia both require mandatory query by prescribers and dispensers. More specifically, Maryland requires prescribers to query the PDMP for initial opioid and benzodiazepine prescriptions and at least every 90 days thereafter. Virginia requires prescribers to query the PDMP for opioid and benzodiazepine prescriptions for treatment anticipated to last more than 90 days. Both states exclude short duration prescriptions, prescriptions for terminally ill patients, prescriptions administered in hospitals or long term care facilities, and other such cases from the mandate requirements.

Additionally, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, signed in to law in October 2018, requires health care providers participating in the state Medicaid plan to query the PDMP for a Medicaid patient before prescribing a controlled substance beginning October 1, 2021.

A scholarly article "Mandatory Access Prescription Drug Monitoring Programs and Prescription Drug Abuse" in the Journal of Policy Analysis and Management by Garcia, Duce, and Saffer discusses the resulting effects of the mandatory query. The mandatory queries significantly eased

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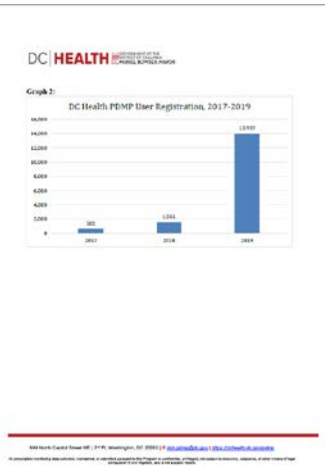
PDMP utilization rates by requiring providers to query the PDMP prior to prescribing a controlled substance. Mandatory queries are also significantly associated with a reduction in prescription drug abuse, particularly for opioid abuse.

An exploration of state audits reveals that the number of PDMP queries increased from an average of 11,000 per month to 1.2 million per month following New York's mandatory query enactment in 2013. In Kentucky, following their prescriber use mandate, enrollment in the PDMP database increased by 264 percent and multiple provider episodes (where a patient visits multiple providers and multiple pharmacies within a short period of time) decreased by 32 percent. Similarly, queries in Ohio increased by 503 percent and multiple provider episodes decreased over 40 percent.

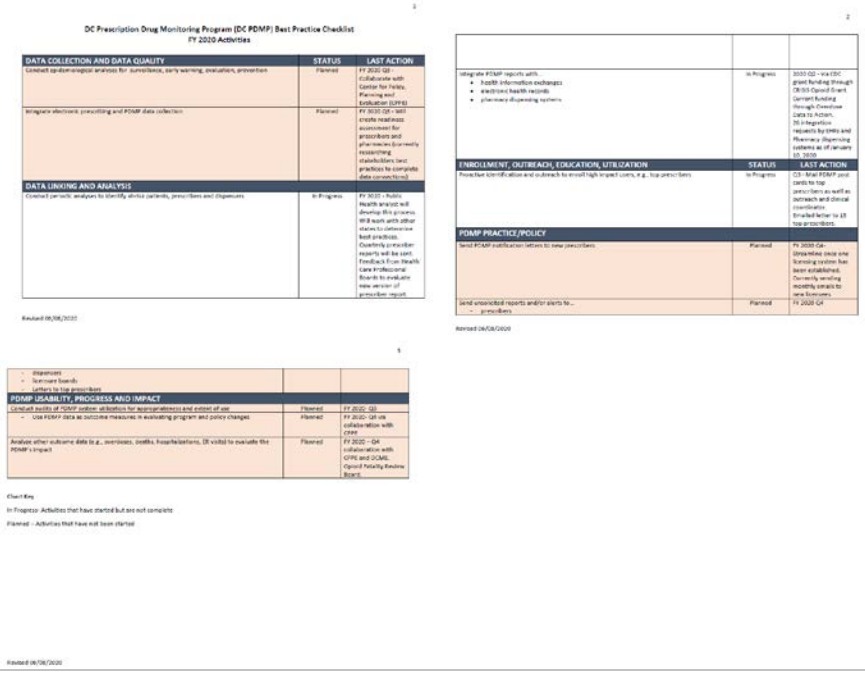
Trends in the DC Health PDMP data indicate a continual increase in registered users and queries in the system since the program's inception. The number of registered users increased from 505 users in 2017 to 13,939 in 2019, due to the mandated registration requirement in July of 2018, as shown in Graph 1. The number of queries on patients rose from 69,104 in 2017 to 118,940 in 2019, as shown in Graph 2. The mandate of registration significantly increased the number of users of the PDMP system, and a query mandate would cause a further increase in usage. It is also expected that the number of queries will increase as the use of the PDMP system is integrated into electronic health records, health information exchanges, and pharmacy management systems. In addition, DC prescribers and dispensers are currently checking the PDMP when they practice in Virginia and Maryland, and thus mandatory queries in DC would become a part of the normal practice.

Based on the trends in mandated PDMP queries and benefits to patient outcomes, it is recommended that the DC PDMP program consider mandatory prescribers and dispensers to query the PDMP. Specifically, it is recommended to query prior to initial prescriptions of opioids, prior to opioid and benzodiazepine prescriptions, and at least every 90 days thereafter. It is also recommended to exclude short duration prescriptions, prescriptions for terminally ill patients, prescriptions administered in hospitals or long term care facilities, and other such cases from the query mandate in accordance with current Maryland and Virginia mandate requirements.

All prescription monitoring data collected, maintained, or submitted pursuant to this Program is

	 	
0721-O-07	**<u>Grant Updates</u>** (a) Districtwide Gateway Integration 3 integrations added since January 2020 Current total:11 Dr. Ortique shared the Gateway Integration statistics, noting that there are currently 21 facilities linked to Gateway. He noted that we have successfully added quite a few facilities from DC Primary Care Association and that the next goal is to get United Medical Center integrated. Dr. Ortique shared that DC CRISP planned to roll out their pilot on July 21, 2020 and that he would be able to provide an update during the next meeting. (b) NarxCare Package Dr. Ortique stated that DC PDMP will continue to use the NarxCare platform for PDMP administration. (c) Opioid Indicator Dashboard Dr. Ortique noted that PDMP staff is working with CPPE on the Opioid Indicator Dashboard, but work has been paused due to COVID. (d) Opioid Communications Campaign Dr. Ortique shared that the Opioid Communications Campaign has been revamped due to the release of a similar Department of Behavioral Health campaign and that we are partnering with Engage Strategies LLC to focus on opioid use in regards to the COVID pandemic.	
0721-O-08	**<u>PDMP Best Practice Checklist Updates and Discussion</u>** Review FY2020 1 pager activities Dr. White noted that PDMP staff is looking at revamping activities and	

partnerships, and plans to work with CPPE to carry out some upcoming activities.



DC Prescription Drug Monitoring Program (DC PDMP) Best Practice Checklist
FY 2020 Activities

DATA COLLECTION AND DATA QUALITY	STATUS	LAST ACTION
Conduct epidemiological analysis for surveillance, early warning, evaluation, prevention	Planned	FY 2020 Q3 - Collaborate with Center for Policy, Planning and Evaluation (CPPE)
Integrate electronic prescribing and PDMP data collection	Planned	FY 2020 Q4 - Will create readiness assessment for prescribers and pharmacies (currently researching stakeholders best practices to complete data connections)
DATA LINKING AND ANALYSIS		
Conduct periodic analyses to identify shifts (patients, prescribers and dispensers	In Progress	FY 2020 - Public Health analyst will develop this process. Will work with other states to determine best practices. Quarterly prescriber reports will be sent. Feedback from Health Care Professional Boards to evaluate new version of prescriber report.

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Integrate PDMP reports with... • health information exchanges • electronic health records • pharmacy dispensing systems	In Progress	2020 Q2 - via CDC grant funding through CB/SS Opioid Grant. Current funding through Overdose Data to Action. 26 integration requests by EHRs and Pharmacy Dispensing systems as of January 10, 2020
ENROLLMENT, OUTREACH, EDUCATION, UTILIZATION	**STATUS**	**LAST ACTION**
Proactive identification and outreach to enroll high impact users, e.g., top prescribers	In Progress	Q3 - Mail PDMP post cards to top prescribers as well as outreach and clinical coordinator. Emailed letter to 10 top prescribers.
PDMP PRACTICE/POLICY		
Send PDMP notification letters to new prescribers	Planned	FY 2020 Q4 - Unfortunately once one licensing system has been established. Currently sending monthly emails to new licensees.
Send unsolicited reports and/or alerts to... • prescribers	Planned	FY 2020 Q4

• dispensers • licensure boards • others to top prescribers		
PDMP USABILITY, PROGRESS AND IMPACT		
Conduct audits of PDMP (willow) utilization for appropriateness and extent of use	Planned	FY 2020 Q3
• Use PDMP data as outcome measures in evaluating program and policy changes	Planned	FY 2020- Q4 via collaboration with CPPE
Analyze other outcome data (e.g., overdoses, deaths, hospitalizations, ER visits) to evaluate the PDMP's impact	Planned	FY 2020 – Q4 collaboration with CPPE and OCME, Opioid Fatality Review Board.

Chart Key

In Progress- Activities that have started but are not complete

Planned – Activities that have not been started

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0721-O-09 **Matters for Consideration**	**<u>Action Items</u>** • Potential Future meeting dates FY-2021: o October 20, 2020 o January 19, 2021 o April 20, 2021 o July 20, 2021 Dr. Watson noted that the next meeting is scheduled for October 20, 2020 and will be virtual. She stated that after the Committee receives information from the Board of Veterinary Medicine, the Committee will have a brief 15-20 minute meeting to discuss and vote on mandatory query for veterinarians. Dr. Watson asked everyone to keep track of the Mayor's daily press conferences, noting that Washington, DC is in phase 2 and that the Mayor will provide a school re-opening update on July 31, 2020. She noted that Washington, DC leaders are being cautious in the phased re-opening process and to visit the website at http://coronavirus.dc.gov to learn more.	
0721-O-10	Other news/highlights from Committee members	
Comments from the Public		
Motion to Adjourn the Open Session	Madam Chair, I move that the Committee adjourn the meeting. **Motion to Adjourn**: Dr. White **Second**: Mr. Meyers **Motion Carried**. (Roll Call Vote)	

This concludes the meeting.

Meeting Adjourned at 11:34AM.