



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

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

January 16, 2018

10:00am- 12:00 pm

OPEN SESSION MINUTES

CALL TO ORDER:

PRESIDING:

COMMITTEE MEMBERSHIP/ATTENDANCE:

ADVISORY COMMITTEE MEMBERS:		Present
	DR. JACQUELINE WATSON, DOH CHIEF OF STAFF	X
	MR. FRANK MEYERS, BOARD OF MEDICINE EXECUTIVE DIRECTOR	X
	DR. SHAUNA WHITE, BOARD OF PHARMACY EXECUTIVE DIRECTOR	X
	DR. NATALIE KIRILICHIN, EMERGENCY MEDICINE PHYSICIAN	X
	LT. ANDREW STRUHAR, METROPOLITAN POLICE DEPARTMENT	X
	MS. JESSICA DONALDSON, PHARMACY TECHNICIAN	X
	MR. GLENN HARRIS, CONSUMER MEMBER	
STAFF:	ALYCE OSBORNE, PUBLIC HEALTH ANALYST	X
	TADESSA HARPER-NICHOLS, PROGRAM SPECIALIST	X
	BINI MATHEW, DOH PHARMACY INTERN	X
LEGAL STAFF:	CARLA WILLIAMS, ASSISTANT GENERAL COUNSEL	X
VISITORS:	Abiodun Jaiyeola, NPADC	X
	Sonya Lewis, Indivior, Inc.	X
	Laura Worby, NPADC	X
	Stanley Campbell, EagleForce	X

Open Session Agenda

Quorum:

Introduction:		
1201-O-01	<p><u>Welcome and PDMP Overview</u></p> <p>Dr. Watson provided an organizational structure and DOH administration overview for the committee members. The Prescription Drug Monitoring Program (PDMP) is housed within the Health Regulation and Licensing Administration (HRLA) under Pharmaceutical Control Division Manager Dr. Shauna White.</p>	
1201-O-02	<p><u>PDMP Advisory Committee Introductions</u></p> <p>Dr. Jacqueline Watson, DOH Chief of Staff Mr. Frank Meyers, BOM Executive Director Dr. Shauna White, BOP Executive Director Dr. Natalie Kirilichin, Emergency Medicine Physician Lt. Andrew Struhar, MPD Ms. Jessica Donaldson, Pharmacy Technician</p>	
1201-O-03	<p><u>PDMP Advisory Committee Appointee duties and commitment</u></p> <p style="text-align: center;">(a) PDMP Municipal Regulations, § 10316.1 – 10316.8</p> <p>Dr. Shauna White reviewed the PDMP Municipal Regulations Section § 10316.1 – 10316.8 outlining the roles and responsibilities of the PDMP Advisory Committee and the topics on which it can advise the Director of the Department of Health. These regulations are as listed in the agenda attachments below.</p> <p>All PDMP Advisory Committee meetings will be recorded and formal meeting minutes will be developed and posted publicly on the DOH PDMP website.</p> <p style="text-align: center;">(b) Proposed quarterly meetings in Year 1</p> <p>Dr. Watson proposed that, in light of the national opioid epidemic, the committee consider holding quarterly meetings for the first year of operation, an increase from the twice per year meetings designated in the PDMP Municipal Regulations. Proposed dates for following meetings are April 17, 2018, July 17, 2018, and October 16, 2018 from 10am-12pm in the</p>	

	<p>same location, Board Room 216 at the Department of Health. All committee members agreed to move to quarterly meetings in the first year with no objections.</p>	
<p>1201-O-04</p>	<p><u>Program Update & PDMP Legislation Review</u></p> <p>(a) Pharmaceutical Control Division PDMP presentation</p> <p>Dr. Shauna White presented an overview of the PDMP in the District of Columbia and the program elements and best practices as a whole. This presentation is located in the agenda attachments below.</p> <p><i>Questions and discussions:</i></p> <p>A question was raised regarding reporting exemptions for Methadone Clinics. Points were made for methadone reporting to be helpful in emergency patient situations as well as in diversion prevention, but there is a need to defer to patient privacy laws.</p> <p>A discussion was raised about the Data Submitter Waiver Form regarding current audit procedures. The District of Columbia PDMP does not currently have a robust compliance program to ensure that those submitting waiver forms are not dispensing controlled substances.</p> <p>The D.C. Metropolitan Police Department investigators can acquire access to the PDMP in the case that there is an open investigation that requires it.</p> <p>The PDMP data must be submitted to the Program with twenty-four (24) hours after a covered substance is dispensed.</p> <p>The PMPi (PDMP Interconnect) system exclusively includes the PDMP programs, rather than the CRISP system.</p> <p>Maryland and Virginia (states surrounding the District of Columbia) both require mandatory PDMP enrollment for Prescribers and Dispensers. Maryland requires mandatory Query for both Prescribers and Dispensers. Virginia requires mandatory Query for Prescribers only. The District of Columbia currently does not require mandatory enrollment or query for Prescribers or Dispensers.</p>	
<p>1201-O-05</p>	<p><u>Administrative Discussion</u></p> <p>Methadone Clinic reporting discussion to be added to the agenda for the April 2018 meeting. Suggested addition of a discussion of Buprenorphine as used to treat opioid use disorder and captured in the PDMP.</p>	

	<p>Discussion of the PDMP TTAC Best Practice Checklist to be sent to and reviewed by the committee prior to the next meeting and added to the April 2018 meeting agenda.</p>	
<p><u>Matters for Committee Consideration</u></p>	<p style="text-align: center;">(a) Gabapentin as a drug of concern</p> <p>Dr. Shauna White opened the discussion around adding Gabapentin as a drug of concern. Currently, if a patient is receiving prescriptions for Gabapentin from multiple prescribers, this data would not be captured in the D.C. PDMP.</p> <p>Discussion held about adding additional drugs to the District's list of drugs of concern and identifying other drugs with potential for abuse. Pharmaceutical Control Division (represented by Dr. Shauna White) has identified Gabapentin as having a potential for abuse.</p> <p>Gabapentin is a neuropathic pain medication but side effects include some sedation. Gabapentin taken in conjunction with an opioid can potentiate the high. Gabapentin can also be taken to curb opioid withdrawal symptoms.</p> <p>Motion: Dr. Shauna White, BOP Executive Director, made a motion to add Gabapentin as a drug of concern 6 months after the regulations are approved.</p> <p>Seconded by: Mr. Frank Meyers, BOM Executive Director</p> <p>Motion carried.</p> <p>Dr. Jacqueline Watson, DOH Chief of Staff- Abstain Dr. Natalie Kirilichin, Emergency Medicine Physician- Voted Yea Lt. Andrew Struhar, MPD- Voted Yea Ms. Jessica Donaldson, Pharmacy Technician -Voted Yea</p> <p style="text-align: center;">(b) Naloxone dispensation data collection in the PDMP</p> <p>Due to time constraints, Naloxone discussion will be moved to the April 2018 meeting.</p> <p style="text-align: center;">(c) Requiring Mandatory Registration or Mandatory Query</p> <p>Maryland and Virginia both require mandatory query. A comment was raised about the opportunity to create consistency by enforcing this within the District of Columbia. Concern raised about the District being a potential</p>	

drug-seeking area and about the lack of education available and enforced about the PDMP in the District. Point raised about the current usage of the CRISP system and potential confusion or duplication of reporting. Ideally the PDMP would assist in streamlining the reporting procedures.

Discussion held regarding the need to optimize the program interface and login requirements prior to mandatory query for Prescribers and Dispensers. There are interface capabilities within the PDMP Appriss software.

Dr. Shauna White addressed the current PDMP education available, pointing to the PDMP presentation available on the DOH PDMP website, the outreach to the Board of Medicine, Board of Pharmacy, and mailings to prescribers within the District of Columbia.

Jessica Donaldson spoke about the practical application and usage of the PDMP in the field as a current user. PDMP is a helpful tool in responsible prescribing however, there are additional educational and outreach opportunities.

Dr. Watson synthesized comments and suggested we move to make minimum recommendations for enrollment or use of the PDMP. A discussion was held regarding the best practice of mandatory query. Concerns were raised about lag time and the potential disruption in physician work flow in emergency situations. Agreement voiced about the importance of PMDP query, but need to streamline the system and the access of it. Additional concerns were raised about the cost of system integration, the integration with Maryland's CRISP system, and communication within the DMV area about how to best roll out changes.

Legal discussion was held about potential recommendations for law making. Suggestion made to recommend emergency legislation to implement changes prior to the end of 2018. Suggesting either an immediate Mandatory Query movement or a stage-approach with Mandatory Enrollment first with plans to move to Mandatory Query.

Discussion held about the immediacy of the opioid epidemic and the benefits of legislative action to be taken in the District of Columbia. Compliance issues discussed in the context of a robust education roll out campaign along with any legislative action taken. Point made about potential for mandatory enrollment or query to be included with the license renewal cycle.

	<p>Motion: Mr. Frank Meyers, BOM Executive Director made a motion to recommend mandatory registration for prescribers and dispensers by the end of 2018 and mandatory query for prescribers and dispensers by the end of 2019, and to keep in mind the possibility of allowing the query of CRISP (or other similar systems) in lieu of the DC PDMP.</p> <p>Seconded by: Dr. Shauna White, BOP Executive Director</p> <p>Motion carried.</p> <p>Dr. Jacqueline Watson, DOH Chief of Staff- Abstain Dr. Natalie Kirilichin, Emergency Medicine Physician- Voted Yea Lt. Andrew Struhar, MPD- Voted Yea Ms. Jessica Donaldson, Pharmacy Technician -Voted Yea</p>	
<p>Comments from the Public</p>	<p>Comment regarding Gabapentinoids overall capture in the PDMP, including Lyrica (Pregabalin). Confirmation that Lyrica is a controlled substance and is already being captured in the D.C. PDMP.</p> <p>Comment that language includes prescriber rather than Physician, to ensure Nurse Practitioners are included. Comment that enrollment is not seen as controversial. Comment about council moving forward with legislation to restrict what prescribers can prescribe, and the usefulness of the Prescriber Report Card.</p> <p>Question about any consideration of automating PDMP queries. Confirmation that D.C. is considering options to make the system less burdensome on the user and functional to get the information required to fit the proposed legislation.</p> <p>Question asked about the procedure for gabapentin reporting in the PDMP. If legislation is passed as moved, the prescriber would be required to query and dispensers would be required to report. Additional prescribers would be added to the mandatory enrollment list and an emphasis would be put on education.</p>	
<p>Action Steps</p>	<ul style="list-style-type: none"> • <i>PDMP Best Practice Checklist.</i> The checklist offered from the PDMP Training and Technical Assistance Center (TTAC) will be disseminated for review and discussion at the next meeting. • <i>Reporting Exemption for Methadone Clinics.</i> PDMP team to research and provide background to the Advisory Committee for review prior to the April 2018 discussion. • <i>Naloxone Surveillance.</i> Discussion of Naloxone as a drug to be captured in the PDMP for surveillance and data collection purposes. 	
<p>Motion to Adjourn the Open Session</p>	<p>Madam Chair, I move that the Committee close the Open Public session portion of the meeting.</p> <p style="text-align: center;">(Roll Call Vote)</p>	

This concludes the Public Open Session of the meeting.

Open Session Meeting Adjourned at 11:57AM