

**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**

**October 23<sup>rd</sup>, 2018**

**10:00am- 12:00 pm**

**OPEN SESSION AGENDA**

**COMMITTEE MEMBERSHIP/ATTENDANCE:**

899 North Capitol Street NE | 2<sup>nd</sup> Fl, Washington, DC 20002 | P 202-724-8800 | F 877-862-4252 | [dchealth.dc.gov](https://dchealth.dc.gov)

## **Open Session Agenda**

<b>Introduction:</b>		
<b>1022-O-01</b>	<p><b><u>Welcome &amp; Introductions</u></b></p> <p>The Committee shall convene at least two (2) times per year to advise the Director:</p> <ul style="list-style-type: none"><li>(a) On the implementation and evaluation of the Program;</li><li>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</li><li>(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;</li><li>(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;</li><li>(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and</li><li>(f) Regarding the design and implementation of educational courses for:<ul 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></ul></li></ul>	
<b>1022-O-02</b>	<p><b><u>Approval of July 2018 PDMP Advisory Committee Meeting Minutes</u></b></p> <p><b>(a) Minutes</b></p>	

<b>1022-O-03</b>	<u><b>Program Update &amp; PDMP Legislation Review</b></u> (a) <b>Program Statistics</b> (b) <b>Past and Future Outreach Activities</b> (c) <b>PDMP</b>	
<b>1022-O-04</b>	<u><b>Report from Attorney Advisor</b></u>	
<b>1022-O-05</b>	<u><b>CDC DDPI Grant Overview &amp; Update</b></u> (a) Communications Campaign	
<b>1022-O-06 Matters for Consideration</b>	<u><b>Action Items</b></u> <ul style="list-style-type: none"> <li>• Additional outreach and education to practitioners to encourage PDMP registration and use.</li> <li>• Best PDMP Practice Checklist updates and discussion</li> <li>• 2019 Proposed Meeting Dates               <ul style="list-style-type: none"> <li>○ January 15<sup>th</sup>, 2019</li> <li>○ April 25<sup>h</sup>, 2019</li> <li>○ July 16<sup>th</sup>, 2019</li> <li>○ October 15<sup>th</sup>, 2019</li> </ul> </li> <li>• Identify a mechanism for tracking Naloxone prescribing and dispensing data for potential public health benefit which is distinct from the PDMP to avoid potential stigmatization of Naloxone as a “drug of concern”.</li> <li>• Identify a way to compare PDMP data with naloxone administration/dispensation data on the individual level to track rates of co-prescribing for at risk patients.</li> </ul>	
<b>Comments from the Public</b>		
<b>Motion to Adjourn the Open Session</b>	Madam Chair, I move that the Committee close the Open Public session portion of the meeting.  (Roll Call Vote)	

This concludes the Public Open Session of the meeting.

**Open Session Meeting Adjourned at \_\_:\_\_ PM**

**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**

**July 17, 2018**

**10:00am - 12:00 pm**

**OPEN SESSION MINUTES**

**COMMITTEE MEMBERSHIP/ATTENDANCE:**

899 North Capitol Street NE | 2<sup>nd</sup> Fl, Washington, DC 20002 | P 202-724-8800 | F 877-862-4252 | [dchealth.dc.gov](https://dchealth.dc.gov)

## Open Session Minutes

**Quorum:** Yes

Introduction:		
0717-O-01	<u>Welcome &amp; Introductions</u>	
0717-O-02	<u>Approval of April 2018 PDMP Advisory Committee Meeting Minutes</u>  <b>Motion</b> made to approve the April meeting minutes by: Natalie Kirilichin <b>Seconded by:</b> Jessica Donaldson <b>Motion carries, minutes approved</b>	
0717-O-03	<u>Program Update &amp; PDMP Legislation Review</u>  (a) There are currently 1,628 users registered for the DC PDMP. The top three user roles registered to query PDMP data are Physicians- 741, Pharmacist- 450, Nurse Practitioners/ Clinical Nurse Specialist- 195.  (b) Prescriber Reports are scheduled for release on July 24 <sup>th</sup> 2018. The report will be available to all prescribers registered for the PDMP AWAxE platform.  Discussion regarding outreach to healthcare providers to increase user registration. Dr. White provided details about presentation to prescribers at The GW Medical Faculty Associates and the Nurse Practitioner Association meeting. The program has not sent out any email blast recently. Dr. White has had a discussion with Frank Meyers, Board of Medicine Executive Director regarding prescriber education through a grant proposal.  Dr. Watson recommended leveraging the practitioner licensing renewal period to provide PDMP education, in addition to coordinating with DC Health's Communications Director, Tom Lalley to develop a communications campaign. Dr. Watson also shared testimony from Dr. Nesbitt and the Attorney General regarding PDMP best practice and urging the District to consider mandatory query.  Carla Williams, Attorney Advisor recommends that the Program draft a boiler plate article on the PDMP and pending legislation to add to board newsletters to encourage practitioners to register. Dr. Watson will also give	

	a high level overview and PDMP updates from a committee perspective during upcoming Board meetings.	
0717-O-04	<p><b><u>Report from Attorney Advisor</u></b> - Carla Williams</p> <p>No significant updates since the previous meeting. Status of draft legislation pending introduction to Council. In review and approvals process, which is quite lengthy. Uncertain whether Council will consider anything new for the remainder of the year. There will be further conversation through Office of Government Relations and Council member Gray staff regarding emergency bill. Comment about adequate notice to prescribers and dispensers, if emergency legislation passes.</p> <p>Dr. Watson provided copies of testimony on Bill 22-766, the Substance Abuse and Opioid Overdose Prevention Amendment Act of 2018 from Dr. Nesbitt and the Attorney General.</p>	
0717-O-05	<p><b><u>CRISP Presentation</u></b></p> <p>CRISP is a Health Information Exchange (HIE) that has operated in the District since 2013 and in Maryland since 2010. CRISP provides the platform and clinical tools necessary for providers in multiple organizations to collaborate and share patient medical records. CRISP is the vendor for the Maryland PDMP. Core CRISP services include:</p> <ol style="list-style-type: none"> <li>1) <b>Encounter Notification Service (ENS)</b> - Allows providers, care managers and others with a treatment relationship to be notified when patients are hospitalized in most of the region's hospitals.</li> <li>2) <b>Unified Landing Page</b>- Search for a patients' prior hospital records (e.g., labs, radiology reports, other dictated reports) including data from Maryland PDMP</li> <li>3) <b>CRISP in the Workflow</b>- Access at-a-glance CRISP information directly integrated within your EMR screens at the right spot in your workflow</li> <li>4) <b>Enhanced HIE Tools for DC</b> - Data exchange tools associated with population health, social determinants of wellbeing, clinical care and health-related service utilization throughout the care continuum.</li> </ol> <p>CRISP met previously with DC Health Director, Dr. Nesbitt to discuss integration and their recommendations will be taken into</p>	



	<p>consideration to provide a resolution that is best for District residents. DC Health would like to ensure that healthcare providers have access to the most timely, comprehensive information available to aid in key decision making. Currently, DC Health will continue to encourage providers to use the DC PDMP platform. Dr. Kirilichin would like to consider potential barriers when considering enacting mandatory registration/use and recommends that the DC PDMP includes electronic prescription records. Dr. Kirilichin reinforced the importance of having access to patient records (discharge summaries, imaging, social work plans etc.), in addition to PDMP data to provide more holistic patient care.</p> <p>Comment that DC and Maryland PDMP data can be accessed via PMP interconnect.</p>	
<b><u>0717-O-06</u></b>	<p><b><u>Best Practice Checklist Review and Update</u></b></p> <p>Review of a revised version of The Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) best practice checklist. The committee will use the checklist as a baseline to quantify the activities that the Program has achieved, what is currently in-progress and future planning. The committee reviewed each category and the checklist will be reorganized to determine areas of high priority in order for the committee to make the appropriate recommendations and create an actionable timeline.</p> <p>These priority areas include:</p> <ul style="list-style-type: none"> <li>• Determine current barriers to provider enrollment.</li> <li>• Streamlining and automating provider enrollment.</li> <li>• Integrating with institution training to increase use and awareness</li> <li>• Periodic review of PDMP performance to ensure efficient operations and identify opportunities for improvement</li> <li>• Conducting epidemiological analyses for surveillance, early warning, evaluation, prevention</li> <li>• Integrating electronic prescribing and PDMP data collection</li> </ul> <p>Dr. Kirilichin shared her experience as an Emergency Medicine Physician and discussed the importance of having quality, comprehensive PDMP data. In addition to simplifying and streamlining the system to avoid workflow impediments to encourage</p>	

	<p>practitioners to check the PDMP. Jessica Donaldson, shared her experience as a Pharmacy Technician, where PDMP data was a useful decision making tool when seeing patients with multiple providers and dispensers within a short period.</p> <p>Dr. Watson recommended that practitioners leverage the use of delegates and incorporate checking the PMDP into their workflow before seeing a patient.</p> <p>Discussion regarding “Shopper Alert Thresholds” triggered when a patient sees 4 or more prescribers, in addition, to 4 or more pharmacies within a 12 month period. This threshold is based on a study according to Baublatt et al, opioid-related overdose death was associated with receiving opioid prescriptions from 4 or more prescribers, 4 or more pharmacies, and receiving a mean daily dose of more than 100 morphine milligram equivalents (MME) opioids, per year.</p> <p>Comments on Prescriber Reports and the importance of reinforcing that the Program is not intended to be punitive. Dr. Kirilichin expressed concern about Prescriber Reports and making a distinction that Prescribers in different specialties will have varying rates of opioid prescriptions based on multiple factors.</p> <p>Dr. Kirilichin expressed interest in testifying before council and participating in high-level dialogue to offer a physician’s perspective on topics such as PDMP mandates.</p>	
<p><b><u>0717-O-07</u></b>  <b><u>Matters for</u></b>  <b><u>Committee</u></b>  <b><u>Consideration</u></b></p>	<p>(a) Discussion of Naloxone as a drug to be captured in the PDMP for surveillance and data collection purposes.</p> <p>The committee has determined that the collection of Naloxone dispensation data is potentially out of scope/purview of the intent of the DC PDMP and Naloxone cannot be considered a substance of concern. Based on research from other states, naloxone dispensation data is collected by pharmacies, health departments, PDMPs, Hospitals, Law Enforcement Agencies, Emergency Medical Services. Naloxone administration and dispensation data is useful in terms of surveillance and providers should be encouraged to practice responsible co-prescribing especially for at risk patients. The</p>	

	<p>committee would not like to inhibit/ discourage naloxone prescriptions/distribution by classifying it as a substance of concern and potentially raising alerts when prescribed therefore stigmatizing the use of naloxone.</p> <p><b>Motion to: 1) Identify a mechanism for tracking Naloxone prescribing and dispensing data for potential public health benefit which is distinct from the PDMP to avoid potential stigmatization of Naloxone as a “drug of concern”.</b></p> <p><b>2) Identify a way to compare PDMP data with naloxone administration/dispensation data on the individual level to track rates of co-prescribing for at risk patients.</b></p> <p><b>Motion – Natalie Kirilichin</b>  <b>Seconded by: Jacqueline Watson</b>  <b>Motion carried.</b></p> <p><b>(b) Discussion on Mandatory Registration as it applies to all licensed physicians and physicians in training.</b></p> <p>Consensus by committee members that this matter has been addressed during prior discussions.</p>	
<b>Comments from the Public</b>	None.	
<b>Motion to Adjourn the Open Session</b>	<p>Madam Chair, I move that the Committee close the Open Public session portion of the meeting.</p> <p><b>Motion – Natalie Kirilichin</b>  <b>Seconded by: Jessica Donaldson</b>  <b>Motion carried.</b></p> <p>(Roll Call Vote)</p>	
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>• Identify a mechanism for tracking Naloxone prescribing and dispensing data for potential public health benefit which is distinct from the PDMP to avoid potential stigmatization of Naloxone as a “drug of concern”.</li> <li>• Identify a way to compare PDMP data with naloxone administration/dispensation data on the individual level to track rates of co-prescribing for at risk patients.</li> <li>• Additional outreach and education to practitioners to encourage PDMP registration and use.</li> </ul>	

This concludes the Public Open Session of the meeting.

Open Session Meeting Adjourned at 12:15 PM

## Overview of Prescription Drug Monitoring Program User Registration Statistics

Role	# of Registered Users July 2018	# of Registered Users October 2018	# of users with a *CS Registration	Percentage (%) of Current Registrants Per Role with *CS Registrations
Physician (MD, DO)	818	919	7,444	12%
Medical Resident	44	60	-	-
Physician Assistant	92	101	499	20%
Pharmacist	455	486	-	-
Nurse Practitioner	211	236	1254	19%
Dentist	58	79	937	8%
Pharmacy Technician	7	7	-	-
Veterinarian	21	32	185	17%
Podiatrist	9	9	107	8%
VA Prescriber	20	20	-	-
Other( Licensing Board Investigators, Law Enforcement, Medical Examiner)	25	21	-	-
<b>TOTAL</b>	<b>1,763</b>	<b>1,969</b>	<b>10,426</b>	<b>19%</b>

\*CS- Controlled Substance

- Registration has increased by 206 users from July 2018 through October 2018.
- 19% of registrants with CS Registrations are registered with the PDMP

## Best Practice Checklist

Achieved	In Progress	Planned	Status
<b>DATA COLLECTION AND DATA QUALITY</b>			
Collect data on all schedules of controlled substances (II – V)	Monitor pharmacy reporting compliance	Integrate electronic prescribing and PDMP data collection -	TBD
Adopt latest ASAP reporting standard		Conduct epidemiological analyses for surveillance, early warning, evaluation, prevention	TBD
Collect data on non-scheduled drugs implicated in abuse as determined by the District			
Record positive identification of the person picking up prescriptions (customer ID)			
Collect data on method of payment, including cash			
Daily or real time data collection			
Institute effective data correction and missing data procedures			
<b>DATA LINKING AND ANALYSIS</b>			
Use a proven method to match/ link the same patient's records	Use automated expert software and systems to expedite analyses and reports	Conduct periodic analyses to identify at-risk patients, prescribers and dispensers	TBD
Link to prescriber specialty data	User-friendly interfaces, e.g., decision support tools, risk scores	Integrate PDMP reports with... <ul style="list-style-type: none"> <li>health information exchanges</li> <li>electronic health records</li> <li>pharmacy dispensing systems</li> </ul>	Est. Oct 2019
Provide continuous online access and automated reports to authorized users	Enhance patient reports with summary data, e.g., MMEs, MPEs	Record data on prescriber disciplinary status, patient lock-ins	TBD
Customized solicited reports for different types of end-users			
Prescriber self-lookup			

Batch (multi-patient) reporting for prescribers and delegates			
<b>PDMP data to...</b> prescribers dispensers law enforcement licensure boards patients Medicare Medicaid			
<b>ENROLLMENT, OUTREACH, EDUCATION, UTILIZATION</b>			
Prescriber report cards	Presentations and trainings for end-user groups	Streamline/automate enrollment	<b>Est. April 2019</b>
Delegate accounts		Proactive identification and outreach to enroll high impact users, e.g., top prescribers	<b>Est. Oct 2019 COAP Grant</b>
Online user guides and educational materials			
<b>PDMP Practice/Policy</b>			
	Mandate PDMP enrollment prescribers dispensers	Mandate PDMP utilization prescribers dispensers	<b>TBD</b>
	Provide PDMP training prescribers dispensers	Financial or other incentives	<b>TBD</b>
		Letters to new prescribers	<b>TBD</b>
		Send unsolicited reports and/or alerts to... prescribers dispensers law enforcement licensure boards User led alerts Letters to top prescribers	<b>TBD</b>
<b>PDMP PROMOTION</b>			
	Conduct presentations	Distribute reports	<b>TBD</b>
		Website content: Annual PDMP reports Quarterly PDMP reports Data dashboards PDMP	<b>TBD</b>

		enhancement news Other reports	
<b>INTER-ORGANIZATIONAL COORDINATION</b>			
Interstate data sharing	Collaborate with other health agencies/organizations in applying and linking PDMP data: Veterans Affairs Indian Health Service Department of Defense		
<b>PDMP USABILITY, PROGRESS AND IMPACT</b>			
Track/report PDMP enrollment and utilization data, prescribing, and risk measures (e.g., MPEs, MMEs)	Track/report progress in adopting practices (checklist)	Conduct audits of PDMP system utilization for appropriateness and extent of use	<b>TBD</b>
	Conduct satisfaction and utilization surveys of end-users	Use PDMP data as outcome measures in evaluating program and policy changes	<b>TBD</b>
		Analyze other outcome data (e.g., overdoses, deaths, hospitalizations, ER visits) to evaluate the PDMP's impact	<b>TBD</b>
<b>PDMP FUNDING AND SUSTAINABILITY</b>			
		Periodic review of PDMP performance to ensure efficient operations and identify opportunities for improvement	<b>TBD</b>
		Secure funding that is independent of economic downturns, conflicts of interest and changes in PDMP policies	<b>TBD</b>
		Enact legislation to maintain sufficient funding over time	<b>TBD</b>
		Promote visibility of PDMP via annual reports and news releases impact to motivate funding, e.g.,	<b>TBD</b>



## PDMP Outreach Activities

Medstar Georgetown ( Registration Clinic)-	November 2016
United Medical Center	September 2017
GW MFA	May 2017
Howard University Hospital ( Registration Clinic)	Friday March 9 <sup>th</sup> , 2018- (Cafeteria) Wednesday March 7 <sup>th</sup> 2018- (Physician's Lounge)
Nurse Practitioner Association meeting	May 2018
OCME – Office of the Chief Medical Examiner	September 2018
Board of Veterinary Medicine	Thursday, August 16, 2018. – Additional support and Technical Assistance provided by Appriss.
Board of Medicine	September 26, 2018
Board of Nursing	September 5 <sup>th</sup> , 2018
Board of Dentistry	July 2018
Newsletters	Board of Nursing, Board of Veterinary Medicine, Board of Pharmacy

## Future Outreach

- Collaboration with Department of Health Care Finance (DHCF) and DC Primary Care Association (DCPCA)
- Collaboration with DC Hospital Association (DCHA)
- Registration Clinics at Washington Hospital Center, George Washington University Hospital, United Medical Center by April 2019.
- Board of Podiatry Meeting
- Board of Pharmacy

# DID YOU CHECK THE DC PDMP?

This year, when you renew your license, you will have the option to also register for the District of Columbia Prescription Drug Monitoring Program (DC PDMP).

The DC PDMP is an electronic database used to monitor and collect data on the dispensation of controlled substances. DC Health encourages you to check the DC PDMP before prescribing opioids.

**Register Now for the DC PDMP:**

<https://districtofcolumbia.pmpaware.net/login>

**Website:** <https://dchealth.dc.gov/pdmp>

**Email Address:** [doh.pdmp@dc.gov](mailto:doh.pdmp@dc.gov)

**DC | HEALTH**  
Health Regulation & Licensing  
Administration

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

# DID YOU CHECK THE DC PDMP?

The **District of Columbia Prescription Drug Monitoring Program (DC PDMP)** is used to monitor, collect, and analyze data on the dispensation of Schedule II-V controlled substances. The PDMP is designed as a preventative tool intended to reduce prescription drug abuse and diversion.

Learn more at: <https://dchealth.dc.gov/pdmp>

**DC PDMP Registration:** <https://districtofcolumbia.pmpaware.net/login>

**Email Program Questions to:** [doh.pdmp@dc.gov](mailto:doh.pdmp@dc.gov)

**DC Center for Rational Prescribing:** <https://dchealth.dc.gov/dcrx>

DID YOU  
 CHECK?