



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

**Prescription Drug Monitoring Program
Advisory Committee Meeting**

**899 NORTH CAPITOL ST. NE
ROOM 216
WASHINGTON, DC 20002**

IN-PERSON MEETING

**December 6, 2022
10AM—11:30AM**

AGENDA

CALL TO ORDER:**PRESIDING:****COMMITTEE MEMBERSHIP/ATTENDANCE:**

ADVISORY COMMITTEE MEMBERS:	
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff
	Justin Ortique, PharmD, RPh, CPM, Board of Pharmacy Executive Director
	Aisha Nixon, MPT, CPM, Board of Medicine Executive Director
	Natalie Kirilichin, MD, MPH, Emergency Medicine Physician
	Sheri Doyle, MPH, Consumer Member
	Captain Shawn Rooney, Metropolitan Police Department
	Lakisha Stiles, CPhT, Pharmacy Technician
PDMP STAFF:	Erica Loadman, PharmD, RPh, Pharmacist
	Uche Ekwomadu, MPH, MPharm. Public Health Analyst
	Enoh Nkeng, MPH, Program Specialist
LEGAL STAFF:	Carla Williams, Esq, Senior Assistant General Counsel, PDMP Attorney Advisor
VISITORS:	

Open Session Agenda
Quorum:

1206-O-01	<p><u>Welcome & Introductions</u></p> <p><u>Chair Report</u></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>(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;</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>(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 style="padding-left: 40px;">(1) Persons who are authorized to access the prescription monitoring information;</p> <p style="padding-left: 40px;">(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 style="padding-left: 40px;">(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 style="padding-left: 40px;">(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>	Dr. Watson
1206-O-02	<p><u>Approval of August 2022 PDMP Advisory Committee Meeting Minutes</u></p> <p>(a) Minutes from the August 2022 Meeting</p>	Dr. Watson

1206-O-03	<u>Report from Attorney Advisor</u> (a) PDMP Legislative Update				Ms. Williams	
1206-O-04	<u>Program Updates</u> (a) PDMP Registration Statistics and Compliance				Dr. Loadman	
	Licensed Professional	Number of DC Licensed Active Professionals	Number of Registered PDMP Users	Percentage of DC Licensed Active Professionals Registered with the PDMP		Number of Registered PDMP Users with CS# Listed in PDMP Account
	Physician	14,613	12,450	85%		6,559
	Physician Assistant	1,222	951	78%		573
	Advanced Practice Nurse	3,214	2,603	81%		1,457
	Pharmacist	2,193	2,052	94%		-
	Dentist	1,223	1,140	93%		706
	Veterinarian	417	376	90%		193
	Podiatrist	143	132	92%		86
	Optometrist	209	195	93%		-
	Naturopathic Physician	61	41	67%		1
	VA Prescriber	-	317	-		163
	VA Dispenser	-	42	-		-
	Pharmacy Technician or Delegate	-	8	-		-
	Other (Licensing Board Investigator, Law Enforcement, Medical Examiner, Admin)	-	32	-		-
	Total	23,295	20,339	87%		9,738
	*Current as of 11/03/2022					
(b) Outreach Activity						
Outreach activities since the August 2022 meeting:						
Date of Event	Name of Event	Type of Event	Topics Discussed	Audience	Number of Participants	
2022-08-03	Maximizing Access to Buprenorphine (MOUD) through Telehealth Team Treatment in a Private Practice	CE webinar	DACS	DC prescribers and dispensers	86	
2022-08-31	How to Save a Life: Evidence and Misconceptions About Medications for Opioid Use Disorder (in honor of International Overdose Awareness Day 2022)	CE webinar	DACS	DC prescribers and dispensers	80	
2022-09-12	FIGHT STIGMA IN THE PHARMACY: Using the Right Words to Support Patients with Opioid Use Disorder (OUD)	CE webinar	DACS & MACS	DC dispensers	76	

	2022-09-27	Opioid Use Disorder Treatment Integrated with Primary Care	CE webinar	DACS	DC prescribers and dispensers	75	
	2022-11-09	Benzodiazepines: Should we be worried about them?	CE webinar	DACS	DC prescribers and dispensers	176	
1206-O-05	<p><u>Grant Updates</u></p> <p>(a) Districtwide Gateway Integration A total of 80 health entities have connected to the DC PDMP through Gateway Integration in total since integration began in 2019.</p> <p>(b) District Addiction Consultation Services Launched July 2021 https://www.medschool.umaryland.edu/dacs/</p> <p>District Addiction Consultation Services is a resource for providers. It is a substance use warm line operated Mon-Fri 9-5. Callers can ask general questions about behavioral health resources and referrals.</p> <p>Clinical questions are forwarded to a certified physician consultant who will return the call within 24 hours.</p> <p>PDMP staff members have collaborated with DACS staff to create an informational presentation on the program.</p> <p>As of October 1st, 1,087 practitioners enrolled in DACS, and the program has received 97 consultation calls.</p> <p>DC PDMP staff plan to collaborate with DACS staff to host additional webinars, develop outreach materials, and prepare to launch a monthly newsletter</p>						Dr. Ortique
1206-O-06	<p><u>Annual Report</u> Annual Report 2021 is finalized (attached).</p>						Dr. Ortique
1206-O-07	<p><u>Presentation</u> DC Prescription Drug Monitoring Program FY 2023 Goals & Program Updates (attached). Justin Ortique, PharmD, RPh, CPM Executive Director/Program Manager, HRLA Erica Loadman, PharmD, RPh. Pharmacist, HRLA</p>						Dr. Ortique Dr. Loadman
1206-O-08	<p><u>Presentation</u> Opioids and Other Substances Encountered by Law Enforcement in the District Captain Shawn Rooney</p>						Captain Shawn Rooney

1206-O-09 Matters for Consideration	<u>Action Items</u> <ul style="list-style-type: none"> Potential Future meeting date 	Dr. Watson
1206-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 close the meeting. <div style="text-align: center;">(Roll Call Vote)</div>	

This concludes the meeting.

Meeting Adjourned

**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

**August 16, 2022
10AM—11:20AM**

Meeting Minutes

The meeting started at 10:02 am

PRESIDING: Dr. Jacqueline Watson

COMMITTEE MEMBERSHIP/ATTENDANCE:

ADVISORY COMMITTEE MEMBERS:	
	Jacqueline Watson, DO, MBA, DC Health Chief of Staff
	Justin Ortique, PharmD, RPh, CPM, Board of Pharmacy Executive Director
	Aisha Nixon, MPT, CPM, Board of Medicine Executive Director
	Sheri Doyle, MPH, Consumer Member
	Captain Shawn Rooney, Metropolitan Police Department
	Lakisha Stiles, CPHT, Pharmacy Technician
PDMP STAFF:	Erica Loadman, PharmD, RPh, Pharmacist
	Uche Ekwomadu, MPH, MPharm. Public Health Analyst
	Enoh Nkeng, MPH, Health Licensing Specialist
LEGAL STAFF:	Carla Williams, Esq, Senior Assistant General Counsel, PDMP Attorney Advisor
VISITORS:	Vito DelVento, DVM, MS, Executive Director, DC Board of Veterinary Medicine
	Sharon Hunt, State Opioid Treatment Response Authority, DC Department of Behavioral Health
	Magye Loya, Project Manager, Bamboo Health
	Deondra Williams, Intern, DC Health

Welcome and Call to Order

The August 2022 Prescription Drug Monitoring Program Advisory Committee meeting started with a call to order at 10:02 am and then a welcome note from Dr. Jacqueline Watson, Committee Chair.

Introductions

Dr. Watson proceeded with a roll call of the committee members and then request introductions from committee members, staff, and visitors. Committee members that were present introduced themselves, including Captain Shawn Rooney, Aisha Nixon, Dr. Justin Ortique, and Sheri Doyle, establishing a quorum. PDMP staff members who introduced themselves, include Erica Loadman, Enoch Nkeng, and Uche Ekwomadu. PDMP Attorney Advisor, Carla Williams, introduced herself. Visitors who introduced themselves, include Magye Loya, Dr. Sharon Hunt, and Deondra Williams. Dr. Watson requested for the cameras to be turned on. The committee welcomed a new member Captain Shawn Rooney from the Metropolitan Police Department violent crime suppression division. Dr. Watson congratulated Aisha Nixon on her new role as the Associate Director for the Health Professional Boards.

Committee members not in attendance:

- Natalie Kirilichin, MD, MPH, Emergency Medicine Physician

Late arrivals:

- Dr. Vito Del Vento joined at 10:09 am
- Lakisha Stiles, Pharmacy Technician and DC PDMP Advisory Committee member, joined at 10:07

Charge of the Committee

Dr. Watson reviewed the Charge of the Committee (listed in the meeting agenda).

Chair Report

Dr. Watson reported on the recommendation from the previous meeting to expand the advisory committee in order to have a comprehensive representation of subject matter experts who can help the committee meet its needs.

Approval of April 2022 PDMP Advisory Committee Meeting Minutes

Dr. Watson asked for a motion to approve the minutes of the April 2022 meeting. Motion was made by Aisha Nixon to approve the April 2022 meeting minutes and seconded by Dr. Ortique. Motion passed on roll call vote, including present members Aisha Nixon, Dr. Ortique, Lakisha Stiles, Sheri Doyle, and Captain Shawn Rooney.

Report from Attorney Advisor

Carla Williams discussed proposed rulemaking to expand the advisory committee. Ms. Williams stated that the proposed rulemaking was under review by the Mayor's office and that the draft was being revised to address comments received from the Mayor's office.

Ms. Williams also discussed proposed legislation that would expand the Director's permissive disclosures authority. Ms. Williams stated that the proposed legislation had moved forward since the last meeting and anticipated the legislation would be presented to the council by the end of the year. Dr. Ortique stated the requested members to be added to the advisory committee include the executive director board of veterinary medicine, the executive director board of nursing, the director department of forensic science, the director department of behavioral health, and a MAT provider.

Program Updates

Dr. Ortique provided PDMP program updates related to user registration, statistics, compliance, and program outreach. Dr. Ortique noted a 20% increase in Advanced Practice Nurses Registration which is largely due to the recent registrations and increased outreach to new providers. Dr. Ortique equally mentioned a push to develop standard operating procedure (SOP) that would standardize the compliance process across the boards.

Dr. Watson questioned why there is less than 90% of physicians and physician assistants registered with the PDMP. Aisha Nixon responded by providing measures to increase PDMP registration including an automatic hold on the renewal for those physicians and physician assistants (MD, DO, PA) who are not yet registered and that they will have to register before the hold is removed.

Dr. Ortique stated that continuing education credits (CEs) are now offered by the District Addiction Consultation Service (DACS) following approval by the Accreditation Council for Pharmacy Education (ACPE). Dr. Ortique mentioned working on the annual report to make it more user-friendly and anticipated publication within a few weeks.

Grant Updates

Dr. Ortique provided an update on recent program efforts in the promotion of PMP Gateway integration, and updates on the opioid communication campaign.

Dr. Watson suggested developing a separate tracking tool to show the percentage of hospitals and pharmacies integrated that is clear enough for easy tracking and used to set future goals. Dr. Loadman provided updates on the outreach efforts by the District Addiction Consultation Service (DACS).

Presentation: Overview of The Department of Behavioral Health's Substance Use Disorder Provider Network

Sharon Hunt, State Opioid Treatment Response Authority with the DC Department of Behavioral Health (DBH), delivered a presentation on the overview of DBH's substance use disorder provider network. Dr. Hunt specifically touched on the department of behavioral health's substance use disorder provider network as a whole (posted in the meeting agenda). Dr. Hunt noted a decrease in the use of Methadone

which could be explained by the lack of access to data due to Medicare coverage.

Dr. Watson solicited commentary from the audience following Dr. Hunt's presentation. Captain Shawn Rooney gave an overview of what the Metropolitan Police Department does in relation to the PDMP and gave some practical examples of what is experienced in the field. Captain Rooney stated that he is ready to provide information that is important to the PDMP. Dr. Watson mentioned some areas of opportunity in the collaboration with the Metropolitan Police Department, including outreach activities to local schools. Dr. Watson proposed a follow-up by Dr. Ortique with Captain Shawn Rooney for future presentations. Dr. Hunt mentioned DBH's existing partnership with the Metropolitan Police Department and stated the willingness to work with Captain Shawn Rooney to bridge existing gaps.

Advisory Committee Survey

Dr. Ortique provided feedback on the Advisory Committee survey and noted a low participation rate. Dr. Ortique shared a list of stakeholders for future outreach and presentations. Dr. Watson solicited from the public other stakeholders that could be added to the list.

Other highlights and suggestions from Committee members

Dr. Watson gave a brief review of the Advisory Committee and highlighted the importance of active participation by committee members. Dr. Watson requested an in-person meeting for the next PDMP Advisory Committee meeting

Board welcomes new members and guests

Dr. Ortique formally introduced new PDMP staff member, Uche Ekwomadu, as the PDMP Public Health Analyst. Dr. DeVento introduced himself as the Executive Director for the DC Board of Veterinary Medicine. Captain Shawn Rooney thanked everyone for allowing him to be part of the team.

Board selects next Advisory Committee meeting date

December 6, 2022 was selected as the date for the next Advisory Committee meeting.

Motion to Adjourn the Open Session

Dr. Watson asked for a motion to adjourn the meeting. Motion was made by Aisha Nixon to adjourn the August 2022 DC PDMP Advisory Committee meeting and seconded by Sheri Doyle. Motion passed on roll call vote, including present members Aisha Nixon, Dr. Ortique, Lakisha Stiles, Sheri Doyle, and Captain Shawn Rooney.



District of Columbia

Prescription Drug Monitoring Program

Annual
Report 2022

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Regulation & Licensing
Administration

WE ARE WASHINGTON
GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

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Letter from the Director

Dear Residents,

I am pleased to share the annual District of Columbia Prescription Drug Monitoring Program (DC PDMP) Report. This report provides an overview of the purpose and implementation of the program and outlines the range of ways the District is using the data from the program to make informed decisions about protecting the health and well-being of our residents.

The District of Columbia, and the United States as a whole, continues to suffer from the opioid overdose epidemic. On average, 130 people die every day from an opioid overdose in the United States according to the Centers for Disease Control and Prevention (CDC). In 2021, the District of Columbia Office of the Chief Medical Examiner (OCME) reported 426 opioid-related overdose deaths, of which 58 were attributed to prescription opioids.

Prescription Drug Monitoring Programs (PDMPs) play an important role in promoting public health, safety and overall well-being. PDMPs help to inform the clinical decisions of prescribers and dispensers and serve to protect patients at risk of substance abuse and misuse. PDMPs can alert registered users when patients use multiple providers or pharmacies or surpass the recommended daily morphine milligram equivalent threshold. DC Health implemented the PDMP in 2016, and there were more than 18,000 healthcare professionals registered with the Program in 2021 who conducted 312,085 direct queries with the DC PDMP. Since 2019, all licensed prescribers and dispensers in the District of Columbia are required to register with the PDMP. Most recently, prescribers and dispensers are required to query the DC PDMP prior to prescribing or dispensing greater than a 7-day supply of opioid or benzodiazepine medication according to the *Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020*. Integration of data from the PDMP into electronic health records, pharmacy dispensing systems, and health information exchanges is available, free of charge, for District resident hospitals and clinical organizations and allows providers to quickly and easily access the DC PDMP.

Improving and expanding the PDMP is a part of the Mayor's [LIVE.LONG.DC](#) Strategic Plan to reduce opioid use, misuse, and related deaths. As we look to the future, DC Health will continue to strive to make the PDMP as timely and accessible as possible. We will continue to expand our engagement with District of Columbia licensed health care professionals with new reports about their prescribing and dispensing histories.

We thank the members of the PDMP Advisory Committee for their hard work and dedication and we look forward to engaging with all stakeholders across the District of Columbia to protect and improve the health of our residents.

Sincerely,

Sharon Lewis, DHA, RN-BC, CPM
Interim Director

Executive Summary

This annual report of the District of Columbia Prescription Drug Monitoring Program (DC PDMP) presents an overview of the purpose and implementation of the program.

The DC PDMP is a tool for licensed prescribers and dispensers in the District to track prescription drug use in patients. Prescription drugs captured in the PDMP are referred to as covered substances. This includes all controlled substance schedules (II-V), cyclobenzaprine, butalbital, and gabapentin. Pharmacies are required to report all dispensations of covered substances within 24 hours.

DC licensed health care professionals with the authority to prescribe and pharmacists are allowed up to two delegates to query the system on their behalf. Delegates must be licensed by a DC Health occupational board and employed at the same location and under the direct supervision of the prescriber or dispenser.

The DC PDMP participates in Interstate Data Sharing, which permits practitioners to view dispensations in other jurisdictions. This feature is essential and optimizes access to information for patients in the National Capitol Region. The DC PDMP, through interoperability agreements, shares data with 25 states and Puerto Rico.

The DC PDMP has an advisory committee that is tasked with making recommendations to DC Health on the implementation and evaluation of the program. This includes the establishment of criteria for indicators of possible misuse or abuse of covered substances, standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data, and 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. The committee is also responsible for identifying drugs of concern that demonstrate the potential for abuse which should be monitored and the design and implementation of educational courses. The PDMP Advisory Committee convened three times during 2021. Appointed by the Director of DC Health, the members of the committee included health care practitioners, DC Health representatives, and community members.

By taking advantage of federal grant funding opportunities through the Centers for Disease Control and Prevention (CDC), the DC PDMP augmented its AWARxE platform and now provides tools such as prescriber reports for practitioners' prescribing covered substances and analytics software for PDMP data analysis by the Department.

The approval and implementation of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 correlates with an increase in PDMP queries by 91% from 2020 to 2021.

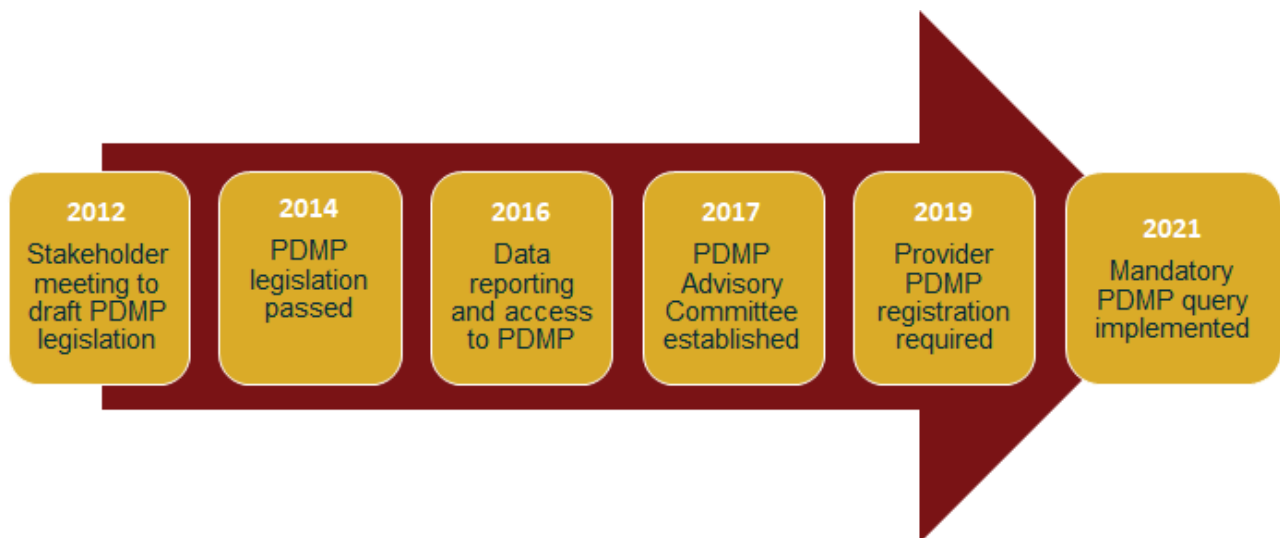
Program Information

History of the Program

The District of Columbia Prescription Drug Monitoring Program (DC PDMP) aims to improve the ability to identify and reduce diversion of prescription drugs in an efficient and cost-effective manner without impeding the appropriate medical utilization of controlled substances. The Program seeks to enhance patient care by providing prescription monitoring information that will ensure the legitimate use of controlled substances in health care, including palliative care, research, and other medical and pharmacological uses.

The Prescription Drug Monitoring Program Act of 2012 (DC Law) was passed in 2014, which established the DC PDMP (Figure 1). The Program began registration of providers, dispensers, law enforcement, and other relevant personnel in 2016. The DC PDMP Advisory Committee first met in 2018 and meets at least twice a year. The Opioid Overdose Treatment and Prevention Omnibus Act passed in 2018 and mandatory registration for licensed providers in DC began in 2019. As of March 15, 2021, providers are required to query the PDMP prior to prescribing or dispensing an opioid or benzodiazepine for more than 7 consecutive days, and every 90 days thereafter during the course of treatment or therapy, or prior to another refill after 90 days.

Figure 1: Timeline for DC PDMP Implementation



Program Requirements

Dispensers are required to report prescription data about the dispensation of Schedule II, III, IV, and V drugs, as well as products that contain butalbital, cyclobenzaprine, and gabapentin. Dispensers of a covered substance must submit the required data to the PDMP within 24 hours after the substance is dispensed. In 2020, a prescriber or dispenser was not required to access or use the PDMP before prescribing or dispensing a covered substance. Please refer to Legislative Updates in this report for further details. The Program retains data for at least three years from the date of receipt.

Program Users

The PDMP is designed for District of Columbia licensed prescribers and dispensers to use as a tool to support informed patient care, to reduce addiction to prescription drugs, and to analyze prescription drug overdose trends. Physicians, pharmacists, nurse practitioners, dentists, physician assistants, veterinarians, optometrists, podiatrists and other licensed clinicians and professionals authorized by DC Health are able to register for an account and access the information in the PDMP. Registered prescribers and dispensers may authorize up to two delegates to access the PDMP on their behalf. Delegates, such as pharmacy technicians or registered nurses, must be licensed or certified by a health occupation board and employed at the same location and under the direct supervision of the prescriber or dispenser.

Members of law enforcement are also able to register with the PDMP and make requests for patient and prescriber information. Agents are only able to request data related to a specific, active criminal investigation and must provide a related case number or other identifier related to this investigation. Agents from the Metropolitan Police Department (MPD), the U.S. Drug Enforcement Agency (DEA), and the Federal Bureau of Investigation (FBI) are able to request PDMP data to conduct drug diversion investigations. Investigators from health occupation licensing boards are able to register as well. They may request information related to an investigation or inspection, or allegations of misconduct by a specific person licensed, certified or registered by a District of Columbia health care professional board.

Legal Protections for Users

The District of Columbia law includes certain protections for PDMP users acting in good faith. Users are not subject to liability or disciplinary action from requesting or receiving PDMP data, or from failing to request or receive PDMP data. Furthermore, users are protected when acting or failing to act on the basis of PDMP data they have been provided.

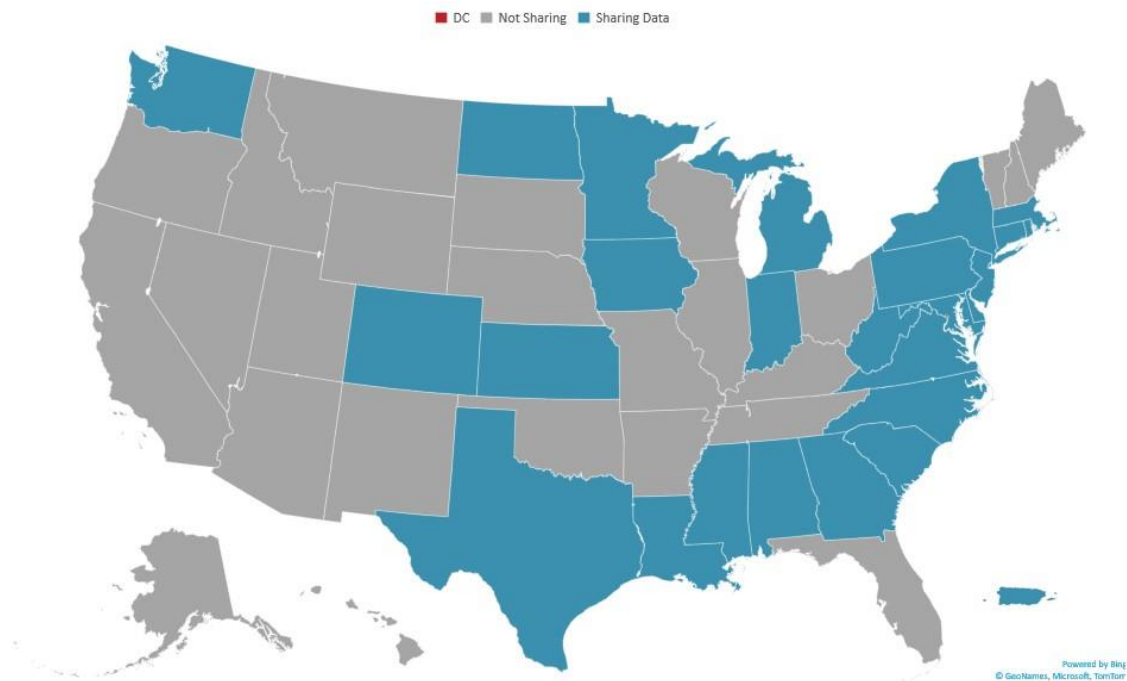
Program Data Sharing

Interstate Data Sharing

The District of Columbia PDMP participates in interstate data sharing through PMP InterConnect (PMPi), the National Association of Boards of Pharmacy’s (NABP’s) prescription monitoring program (PMP) data-sharing system. PDMP administrators are able to enter into data-sharing agreements with other jurisdictions in order to allow users to see information about dispensations from other states and territories. The District of Columbia currently shares data with the Military Health System, the VA Medical Center in DC, and the following states and territories:

- Alabama
- Colorado
- Connecticut
- Delaware
- Georgia
- Indiana
- Iowa
- Kansas
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- New Jersey
- New York
- North Carolina
- North Dakota
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- Texas
- Virginia
- Washington
- West Virginia

Figure 2



Gateway Integration

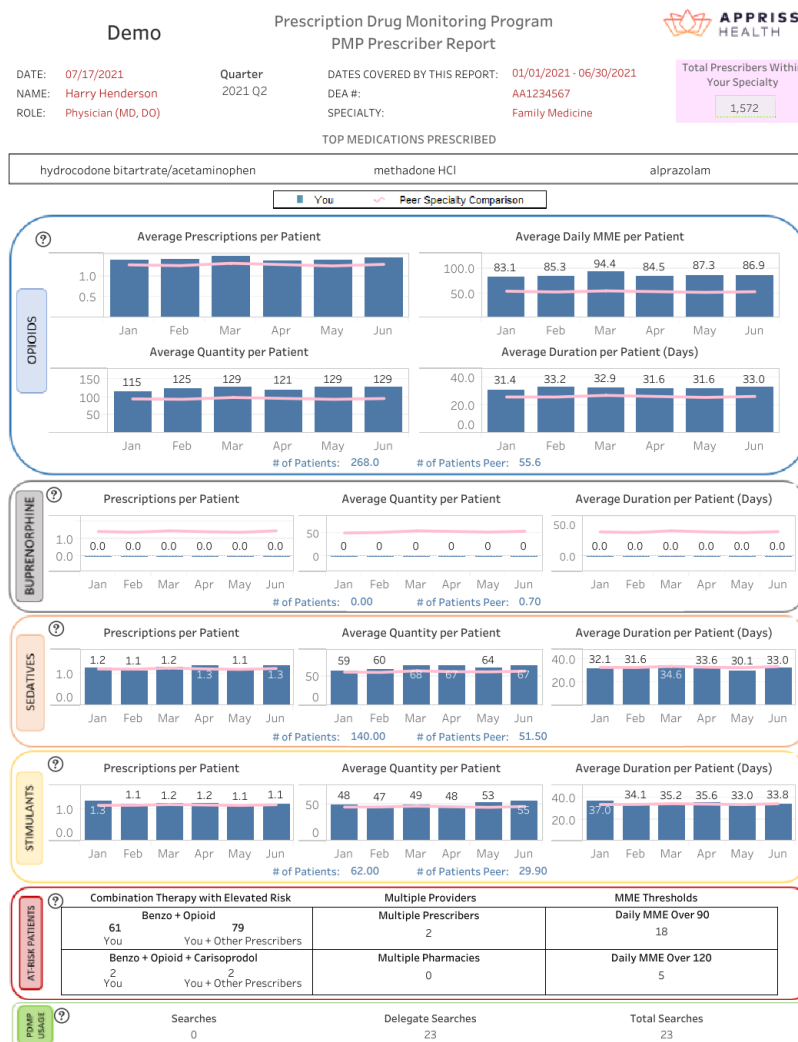
The DC PDMP provides the time-saving option to all health care entities in the District of Columbia to integrate DC PDMP data into their clinical workflow. DC Health covers the licensing fees associated with the integration service for every health care entity in the District of Columbia that elects to connect its electronic health records (EHR) system, health information exchange (HIE) system or pharmacy dispensing system to the Gateway.

In 2021, there were 29 integrations through Gateway completed between the DC PDMP and other local EHR systems, HIE systems and pharmacy management systems.

Prescriber Reports

The Program began issuing quarterly Prescriber Reports in April 2018. These reports are intended to provide a summary of practitioners' prescribing of covered substances over a specified period of time and present an opportunity for self-analysis as it relates to their prescribing of controlled substances and substances of concern. Individualized reports illustrate personal prescribing trends of controlled substances by drug class (i.e., opioids, stimulants, sedatives), as well as other prescribing trends and PDMP use statistics. By providing this tool for self-evaluation of prescribing practices, prescriber reports are intended to positively affect safe prescribing and may assist practitioners with continuous quality improvement.

Figure 3



Program Regulation

Advisory Committee

The DC PDMP Advisory Committee makes recommendations to advise the program Director and support ongoing improvement and development of the program. Section 10316 of the PDMP regulation requires the Committee to meet at least twice per year. The Committee met three times during 2021. The Committee includes representatives from DC Health licensing boards, law enforcement, health care professionals and the public. The following people were members of the Committee in 2021:

Jacqueline A. Watson, DO, MBA
*DC Health Chief of Staff
 Advisory Committee Chairperson*

Sheri Doyle, MPH
Consumer Member

Aisha Nixon, MPT, CPM
*Executive Director
 DC Board of Medicine*

Commander Ramey Kyle
Metropolitan Police Department

Shauna White, PharmD, RPh, MS
*Executive Director
 DC Board of Pharmacy
 (September 2015-September 2021)*

Lakisha Stiles, CPhT
Certified Pharmacy Technician

Natalie Kirilichin, MD, MPH
*Emergency Medicine Physician
 George Washington University*

Justin Ortique, PharmD, RPh, CPM
*Interim Executive Director
 DC Board of Pharmacy
 (October 2021-Present)*

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.

Legislative Updates

In 2018, the PDMP Advisory Committee made a number of recommendations which were proposed by the Director of DC Health to the City Council. The Opioid Overdose Treatment and Prevention Omnibus Act of 2018 was passed in December 2018 and included the following updates to the PDMP:

- a. Mandatory registration for prescribers and dispensers
- b. Access to reports related to drug diversion investigations for federal law-enforcement
- c. Ability to take action against prescribers or dispensers who provide false or misleading information in order to gain access to the PDMP
- d. Allow the Program to review and analyze data collected in the system to identify misuse or abuse of covered drugs and to report information to the relevant prescriber or dispenser

In 2019, the Health Care Reporting Amendment Act of 2019 was introduced, which requires the Health Occupation Boards to ensure that a prescriber or dispenser is registered with the PDMP before renewing, reactivating, or reinstating a license.

In 2020, the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 was introduced, which now requires mandatory query of the prescription drug monitoring database by prescribers and dispensers prior to prescribing or dispensing an opioid or benzodiazepine for more than seven consecutive days, and every 90 days thereafter while the course of treatment or therapy continues, or prior to dispensing another refill after 90 days. Criteria are in alignment with currently active laws in states nationwide.

On March 16, 2021, the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 became effective as *DC Law 23-251*.

PDMP Enhancements and Grant Activities

DC Health has received a grant through the Centers for Disease Control and Prevention (CDC). With grant funding, the PDMP program has incorporated an analytics package to display and analyze DC PDMP data. The analytics software allows the Program to conduct compliance reviews and explore trends in PDMP data. Since 2019, CDC funding has been used to integrate the PDMP into health care facility electronic health record (EHR) systems, health information exchange (HIE) systems, and pharmacy management systems in the District of Columbia. Additionally, grant funding is used to automate health care professional license verification for providers who register for the DC PDMP.

Throughout 2021, DC PDMP staff conducted over 30 educational webinars to promote PDMP registration, effective use of PDMP features and software, and utilization of free clinical tools and services provided by DC Health. Webinar audiences were primarily comprised of healthcare practitioners licensed in the district, but also included healthcare organization leaders and other stakeholders.

The DC PDMP website was updated to include a webinar recording which explains the implications of the Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 and includes a basic demonstration of how to navigate and query the DC PDMP website, PMP Aware.

PDMP staff conducted a second focus group in 2021 with five DC providers. The focus group session aimed to evaluate provider satisfaction of the PDMP, ease of use, and areas where improvement may be needed. Focus group participants discussed the need for additional training opportunities in order to learn how to navigate the PDMP website and interpret program features, such as Prescriber Reports. The DC PDMP also conducted its third annual PDMP user satisfaction survey.

Outreach Activities

DC PDMP staff planned and executed over thirty outreach activities during 2021, most of which were webinars. All outreach activities were held virtually due to COVID-19 precautions. In addition to educational webinars, PDMP staff also held a focus group, multiple Q&A sessions, and delivered PDMP presentations during several provider group and board meetings.

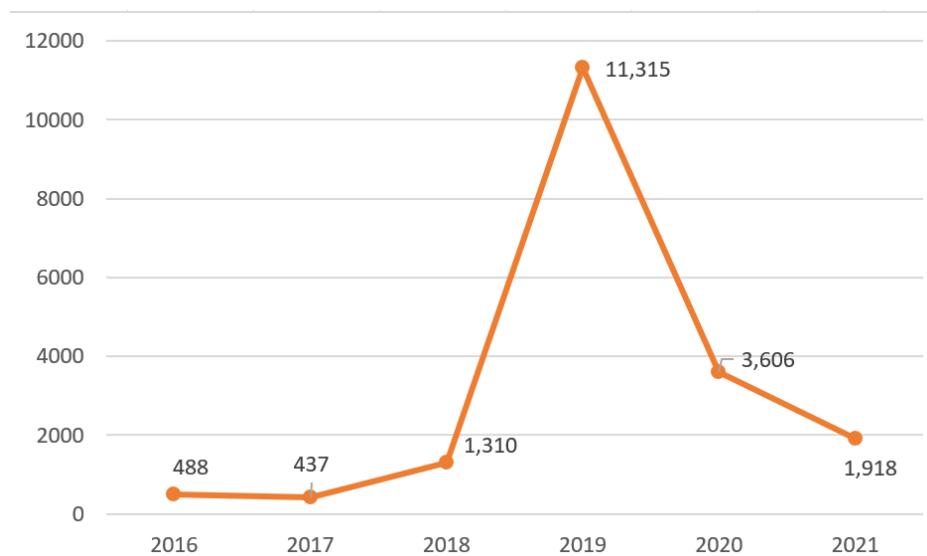
Following the passage of the “Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020,” the PDMP team conducted five separate webinar/Q&A sessions during which participants were given a concise overview of the new legislation, a tutorial of how to search the DC PDMP, and an opportunity to ask questions. A local membership organization also hosted a mandatory query webinar session for members and posted a recording to their website.

Aside from Mandatory Query legislation, other outreach activities focused on topics such as PDMP-EHR integration options, PDMP general overview, PMP Aware website features, and safe-prescribing resources.

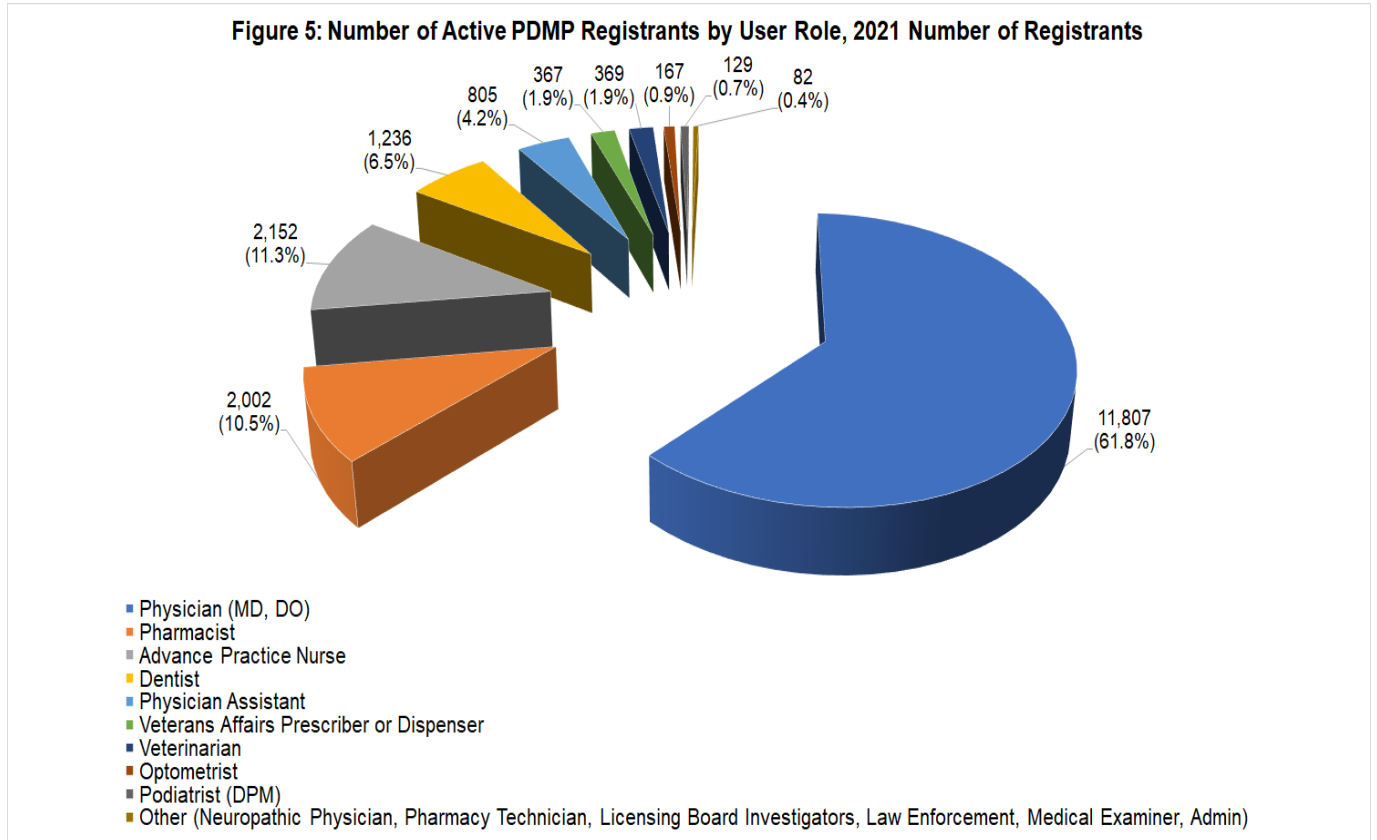
PDMP Registration and Utilization

Between the launch of the Program in October 2016 and the end of 2021, there were over 20,000 users registered for the PDMP (Figure 4). The Program implemented mandatory registration in July 2019. The number of PDMP registrations increased by 25% between 2019 and 2020.

Figure 4: Number of Active PDMP Users by Year of Registration, October 2016 - December 2021



In 2021, approximately 62% of registrants in the PDMP were physicians and 10% were pharmacists (Figure 5).



Registered users request prescription data through the PDMP. Requests can include queries for patient records, prescriber self-lookup, dispensary activity, prescriber activity, and investigative searches. Requests for patient records are the most common type of user query. Prescribers and dispensers are able to use patient reports to inform treatment decisions and identify potential misuse and abuse of prescription medications.

Between 2017 and 2020, there were over 430,000 queries in the DC PDMP. The number of queries has increased each year since the Program launched. The average number of queries per month was 13,610 in 2020, a 37% increase from 2019 when the average number of queries per month was 9,923. There were 85,688 queries in 2018, 119,074 queries in 2019, 163,320 queries in 2020, and 312,085 queries in 2021 (Figure 6a and 6b).

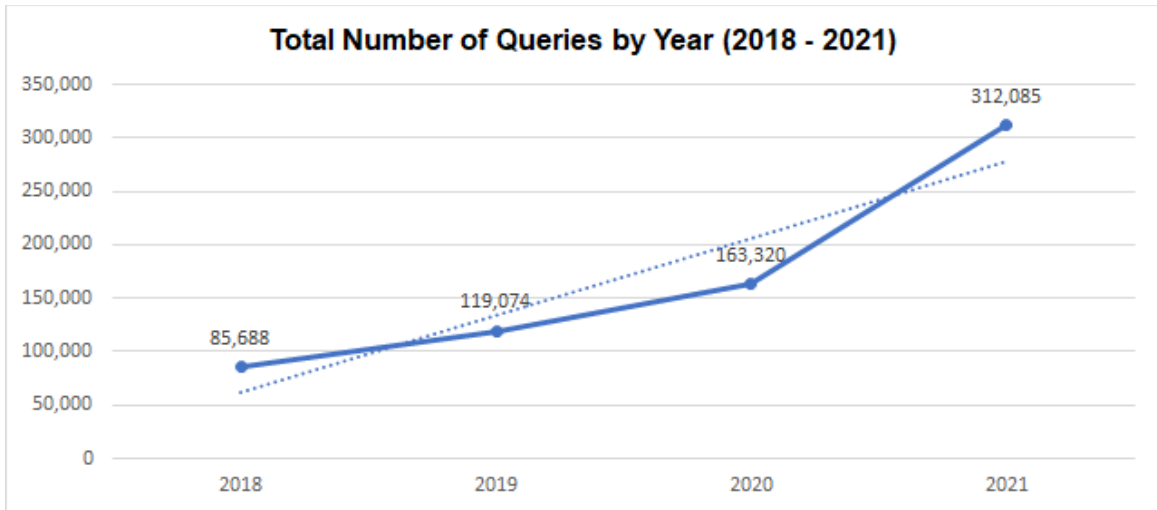


Figure 6a

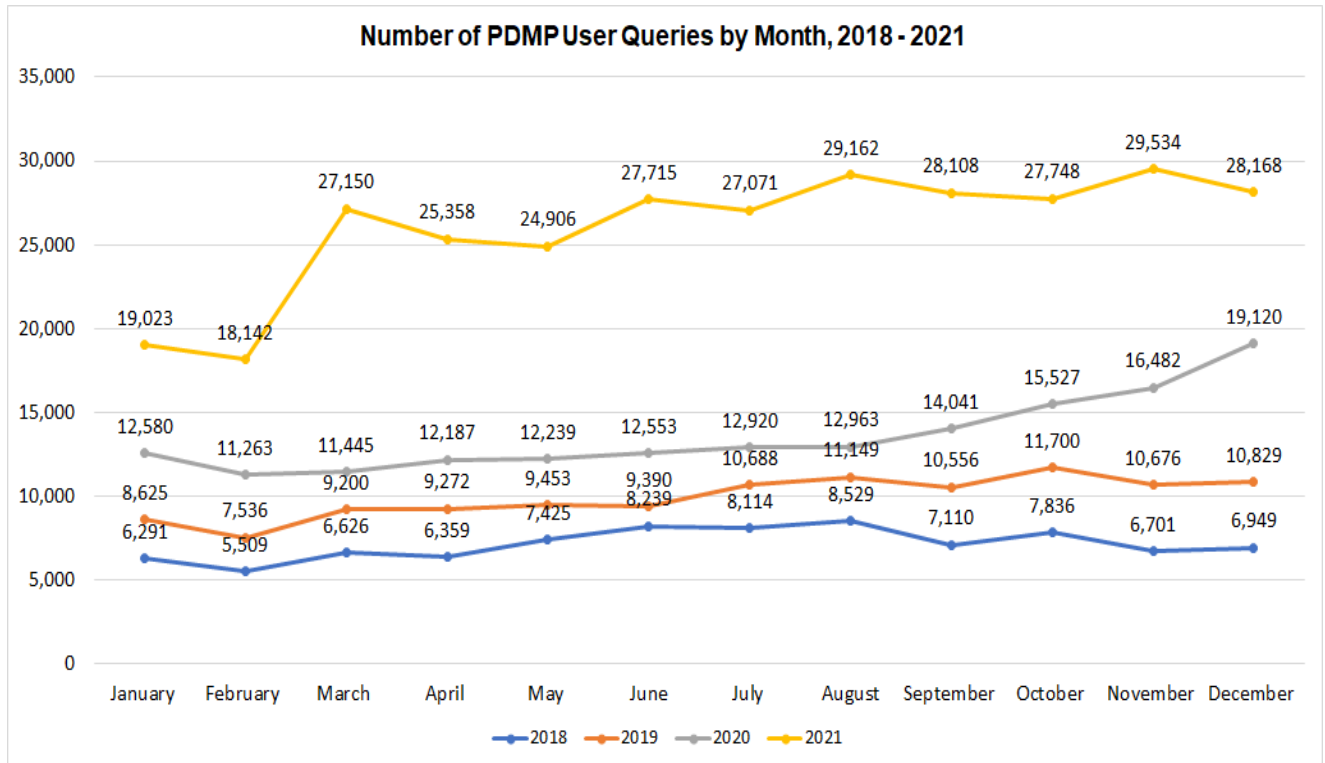


Figure 6b

Future Program Activities

In 2022, DC PDMP staff plan to continue expanding and improving the program. Additionally, Mayor Bowser's [LIVE.LONG.DC](#) Strategic Plan to reduce opioid use, misuse and overdose deaths involves several strategies related to PDMP use and provider education. Program staff have been involved with planning and executing projects related to these strategies.

Program staff continue to promote registration and utilization among District of Columbia licensed health care professionals. Since July 2019, prescribers and dispensers who are licensed in the District of Columbia are required to register with the DC PDMP. In addition to promoting registration, program staff work with licensing boards and local stakeholder organizations to ensure that professionals in the District are aware of the mandate and able to register with the PDMP in a timely manner. The majority of PDMP user accounts undergo an automatic credential verification and approval process included in the PDMP software.

The DC PDMP will continue outreach efforts to educate DC healthcare professionals on PDMP legislation, utilizing the PDMP website, and promotion of safe prescribing and dispensing practices.

The DC PDMP will be increasing its outreach efforts in 2022 to promote DC PDMP utilization and provide registered users guidance on how to access reports to enhance their daily patient care. DC PDMP plans to communicate with DC PDMP users on a bi-weekly basis through promotional emails which emphasize EHR integration options funded by DC Health.

The DC PDMP continues to work with the National Association of Boards of Pharmacy to provide information about dispensations from other states and territories. The District of Columbia shares its PDMP data with 25 states and Puerto Rico. Program staff will continue to engage with partners from other jurisdictions to expand data sharing agreements in 2022.

In order to improve registered users' ability to access PDMP data, DC Health is supporting the integration of the PDMP into electronic health records, health information exchanges, and pharmacy management systems in the District of Columbia. With the support of federal grant money, DC Health is covering the initial cost for local hospitals and clinical organizations to include DC PDMP data in their systems, so that prescribers and dispensers can access the DC PDMP through their electronic workflow with a single sign-on.

As the Program grows and advances, DC Health will seek ways to engage prescribers and dispensers in DC to safeguard patient health and safety.

Appendix: List of Definitions and Abbreviations

CDC – The U.S. Centers for Disease Control and Prevention

Controlled substance – A drug, substance, or immediate precursor in Schedules I-V.

Covered substance – All controlled substances included in Schedules II-V and any other drug as specified by rulemaking that is required to be reported to the Program, such as cyclobenzaprine, butalbital, and gabapentin.

DEA – United States Drug Enforcement Agency

Dispenser – A practitioner who dispenses a controlled substance or other covered substance to the ultimate user or his or her agent.

Drugs of concern – A drug that is not a controlled substance, but which is nevertheless identified by the Director or the PDMP Advisory Committee as a drug with the potential for abuse.

EHR – Electronic Health Record

FBI – The U.S. Federal Bureau of Investigation

FDA – The U.S. Food and Drug Administration

HIE – Health Information Exchange

MAT – Medication Assisted Treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

MME – Morphine Milligram Equivalent

MPD – Metropolitan Police Department

NABP – National Association of Boards of Pharmacy

PMPi – Prescription Drug Monitoring Program InterConnect

PDMP – Prescription Drug Monitoring Program

Prescriber – A practitioner or other authorized person who prescribes a controlled substance or other covered substance in the course of his or her professional practice.

SAMHSA – The Substance Abuse and Mental Health Services Administration

Acknowledgements

Interim Director, DC Health
Sharon Lewis, DHA, RN-BC, CPM

Chief of Staff, DC Health
Chair, Prescription Drug Monitoring Program Advisory Committee
Jacqueline A. Watson, DO, MBA

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Uche Ekwomadu, MPH, MPharm

DC Prescription Drug Monitoring Program FY 2023 Goals & Program Updates

December 2022 Advisory Committee
Meeting

Justin Ortique, PharmD, RPh, CPM
Erica Loadman, PharmD, RPh | December 6, 2022

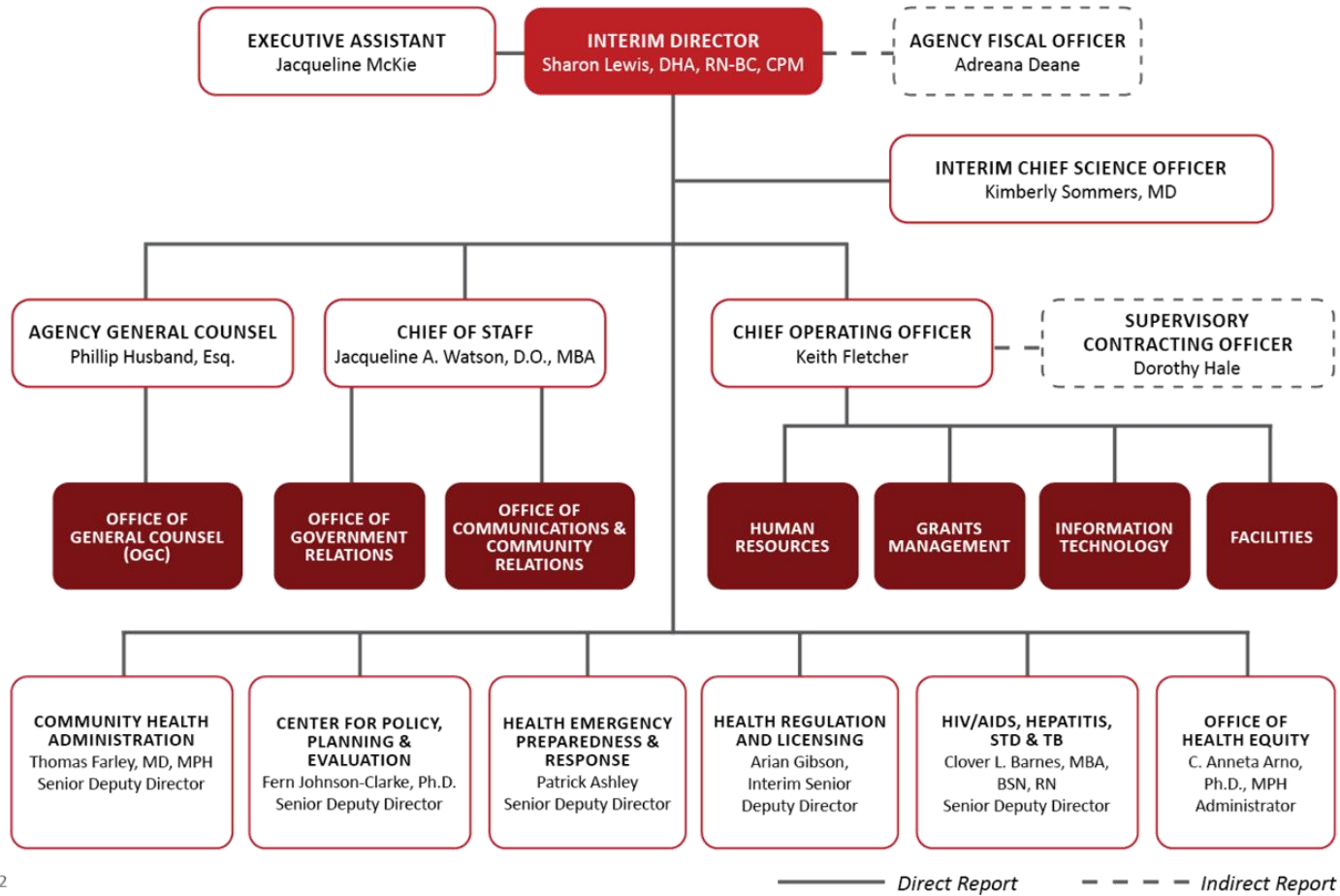
VISION

To be the healthiest city in America

MISSION

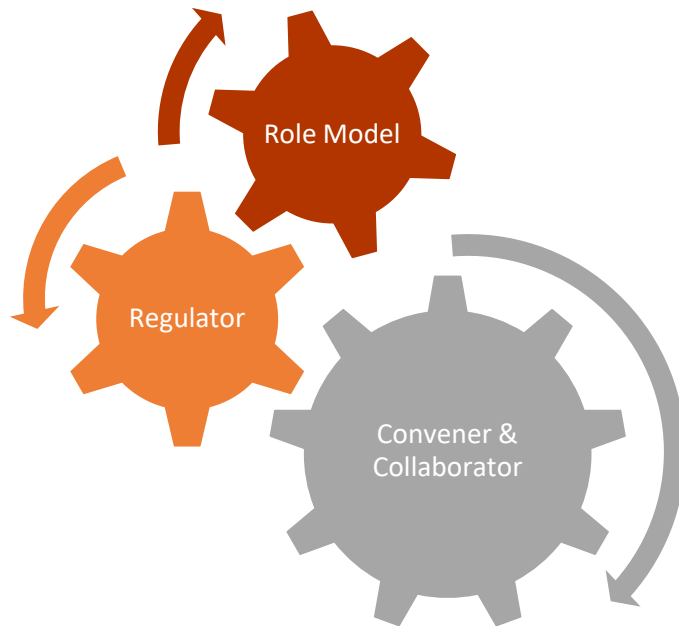
The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.

DC HEALTH ORGANIZATION STRUCTURE



21st Century Public Health Leadership: Transforming DC Health

Role of DC Health



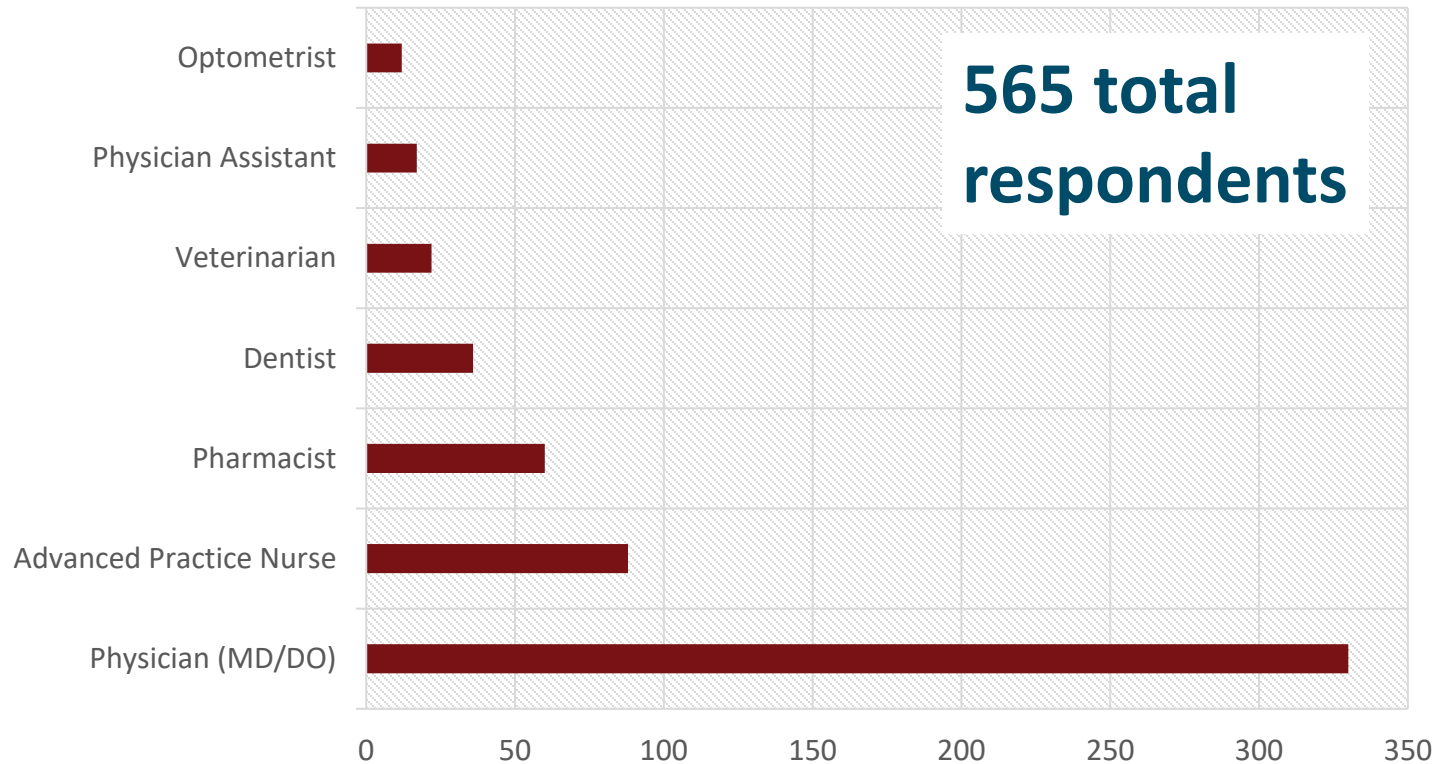
DC Health Strategic Priorities

- Promote a Culture of Health and Wellness
- Address the Social Determinants of Health
- Strengthen Public-Private Partnerships
- Close the Chasm between Clinical Medicine and Public Health
- Implement a data-driven outcome oriented approach to program and policy development

Part 1: Program Updates

DC PDMP Program Updates

2022 PDMP User Satisfaction Survey



DC PDMP Program Updates

2022 PDMP User Satisfaction Survey

Positive Feedback:

“Helps with coordinating health care”

“Useful program, pretty user friendly”

“Helpful service”

“Keep up the good work!”

“I really like this PDMP”

“Easy to query from medical record”

“All features are very helpful”

“I’m glad that it is available”

“I like the ability to see if someone is doctor shopping for narcotics”

“Simple and easy”

“Works well in general”

“User friendly software”



DC PDMP Program Updates

2022 PDMP User Satisfaction Survey

Constructive Feedback:



“It would be great to have just one account. I have accounts for several different states.”

“It is not useful as a veterinarian...”

“It is frustrating to have to sign up for this – I do not practice in DC.”

“Needs to be simplified”

“Please do not make this a requirement... we already have too much red tape in our days”

“The process needs to be more streamlined and efficient”

“Remember that some MDs do not prescribe and should not be held up to these requirements”

“Physicians should be allowed to opt out if they do not prescribe controlled substances”

“PDMP contributes to burnout”

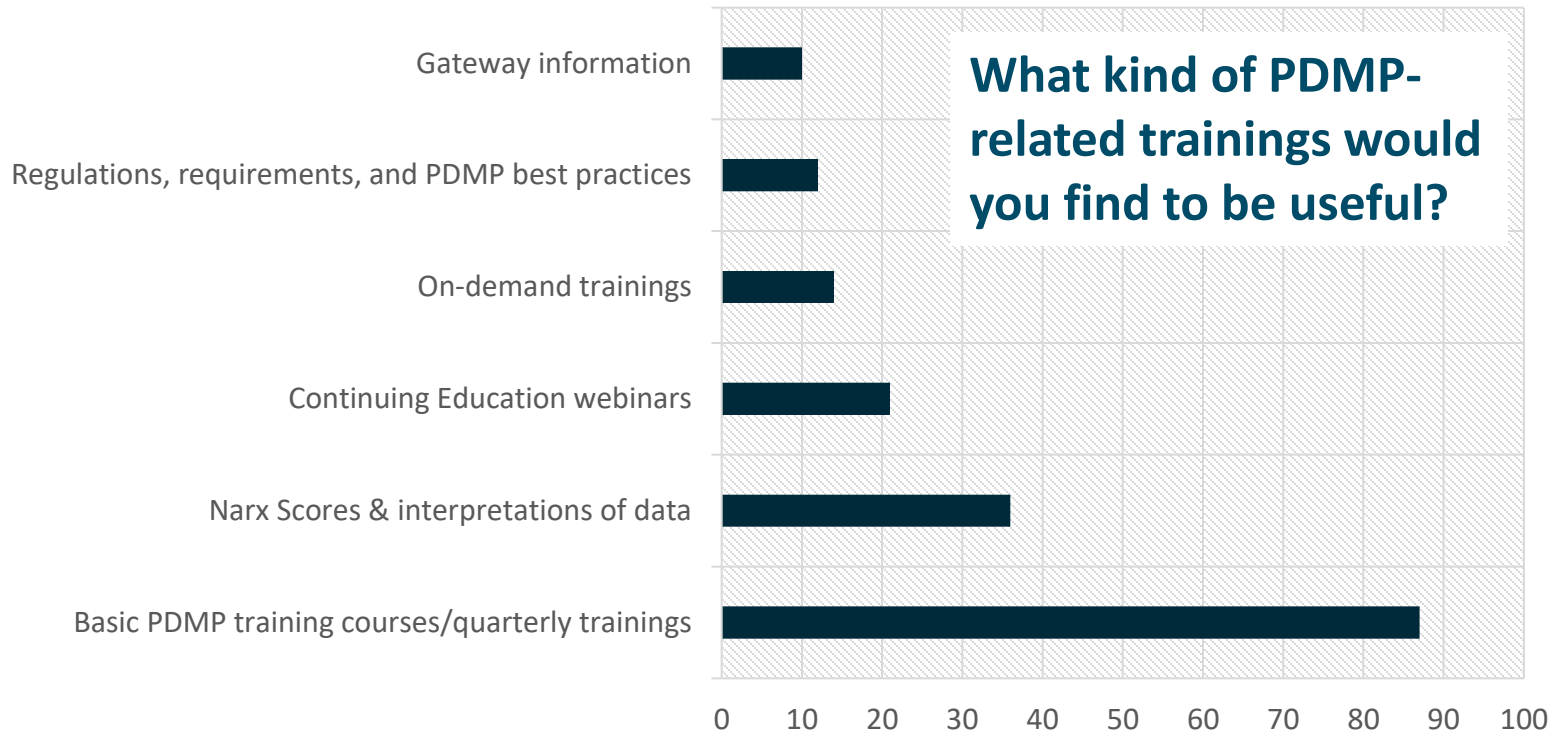
“An EMR alert that gives notification of excess patient use would be helpful”

“For first time users, registration is complicated”

“It would be even more useful if the PDMP contained non-controlled prescription data”

DC PDMP Program Updates

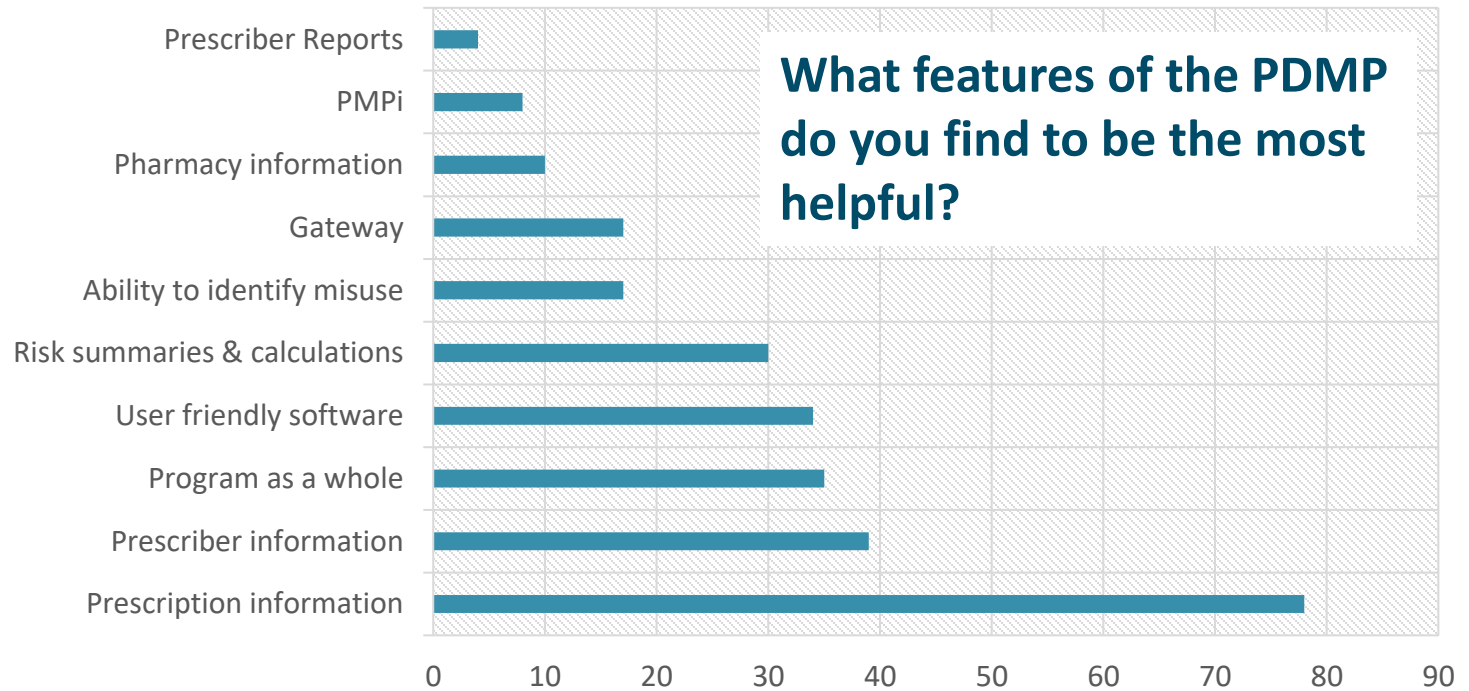
2022 PDMP User Satisfaction Survey



* multiple answers accepted and some respondents did not answer

DC PDMP Program Updates

2022 PDMP User Satisfaction Survey



* multiple answers accepted and some respondents did not answer

DC PDMP Program Updates

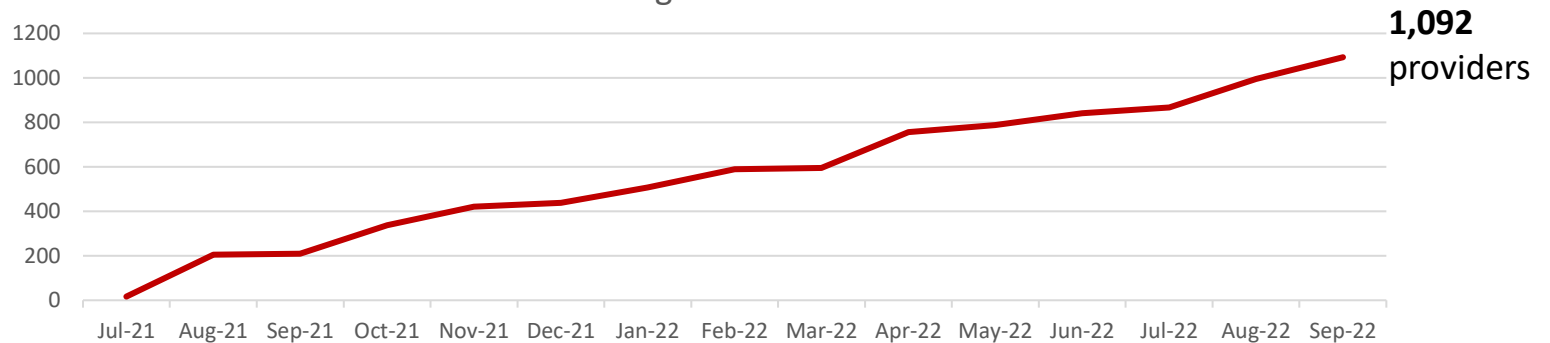
District Addiction Consultation Service (DACCS)

Date of Event	Name of Event	Number of Participants
August 3 rd	Maximizing Access to Buprenorphine (MOUD) through Telehealth Team Treatment in a Private Practice	86
August 31 st	How to Save a Life: Evidence and Misconceptions About Medications for Opioid Use Disorder (in honor of International Overdose Awareness Day 2022)	80
September 12 th	FIGHT STIGMA IN THE PHARMACY: Using the Right Words to Support Patients with Opioid Use Disorder (OUD)	76
September 27 th	Opioid Use Disorder Treatment Integrated with Primary Care	75
November 9 th	Benzodiazepines: Should we be worried about them?	176

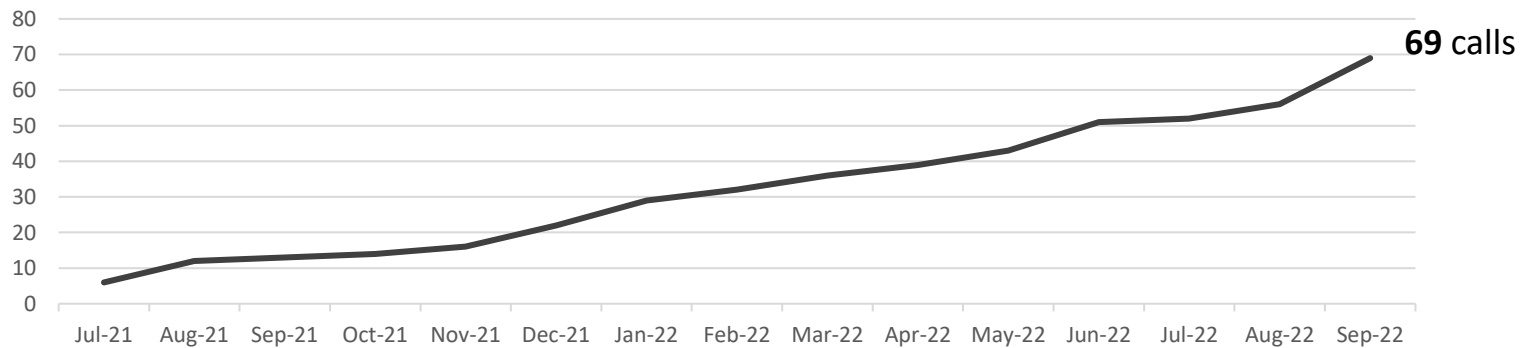
DC PDMP Program Updates

District Addiction Consultation Service (DACS)

Total Number of Providers Registered with DACS



Total Number of DACS Calls



DC PDMP Program Updates

PMP Gateway Integrations



Current number of facilities...

With Requests	Awaiting PMPi Approval	With Credentials Sent	In Production (fully integrated)
24	0	37	80

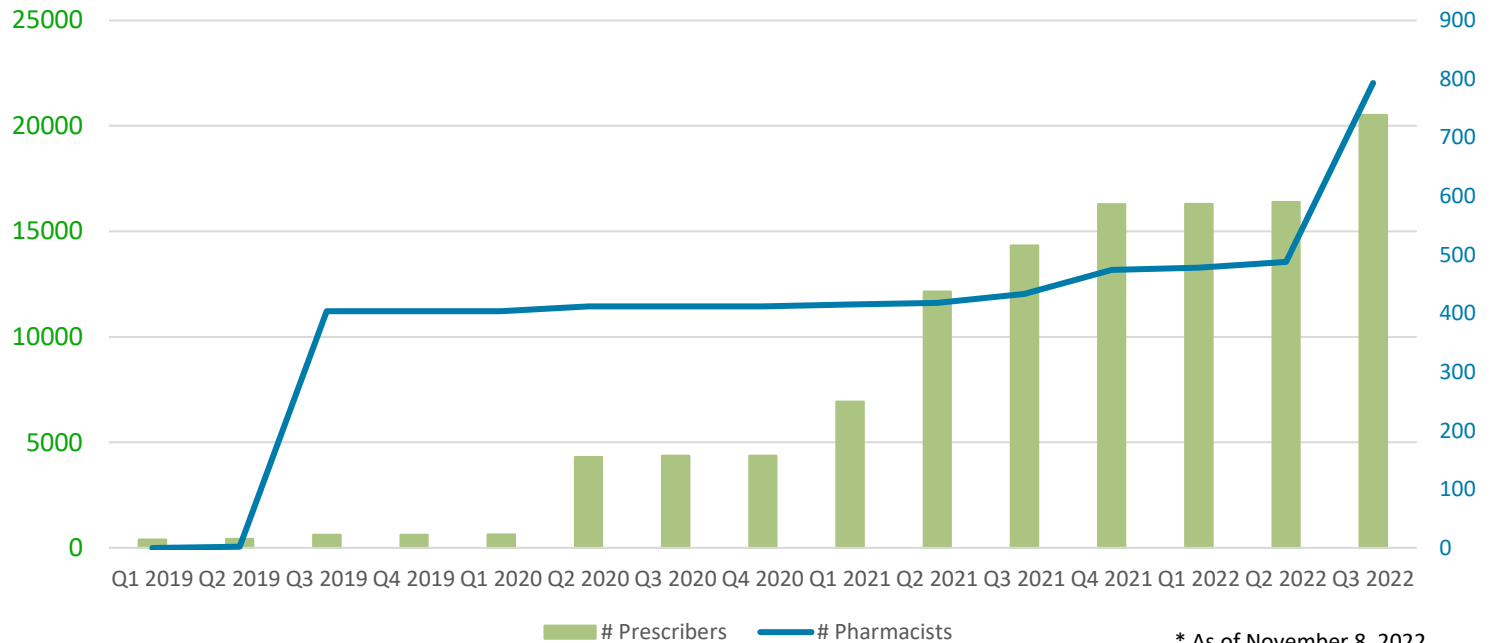
* As of November 8, 2022

DC PDMP Program Updates

PMP Gateway Integrations

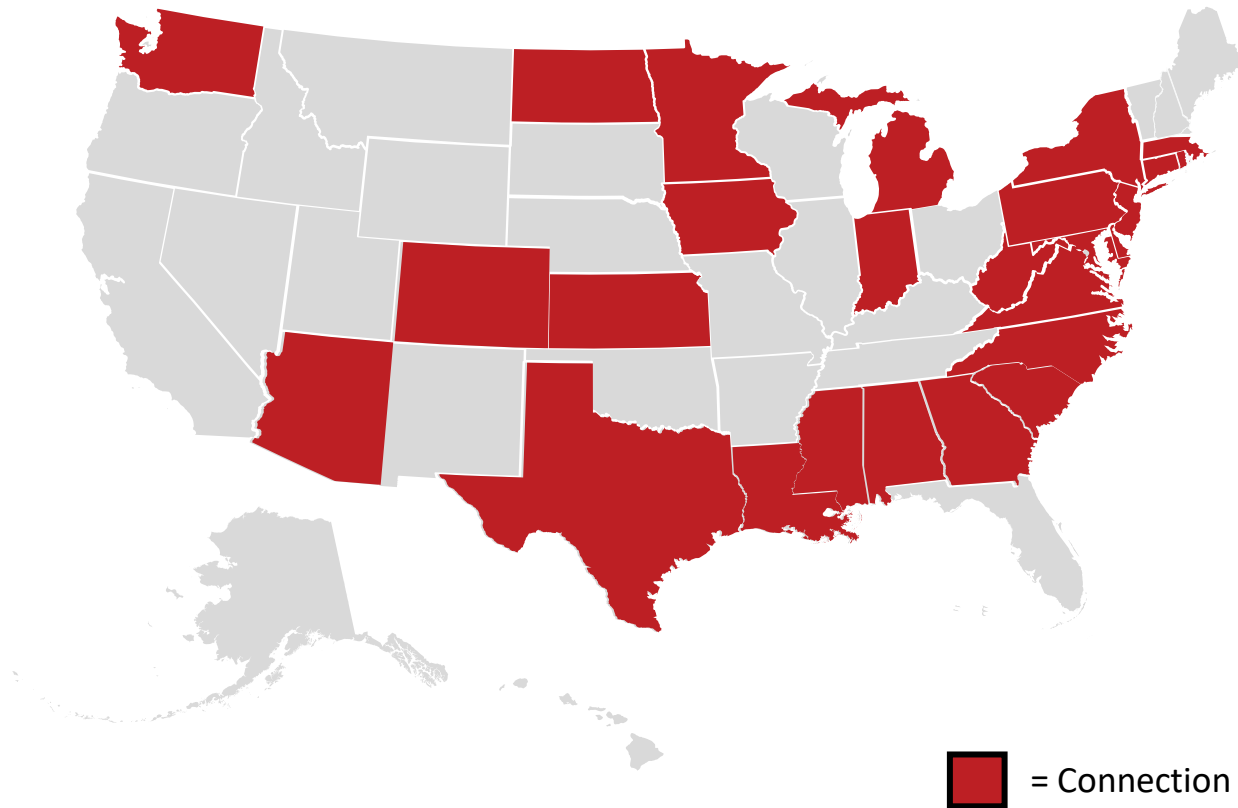


Pharmacists & Prescribers Using PMP Gateway, 2019-2022



DC PDMP Program Updates

PMPi - Interstate Data Sharing



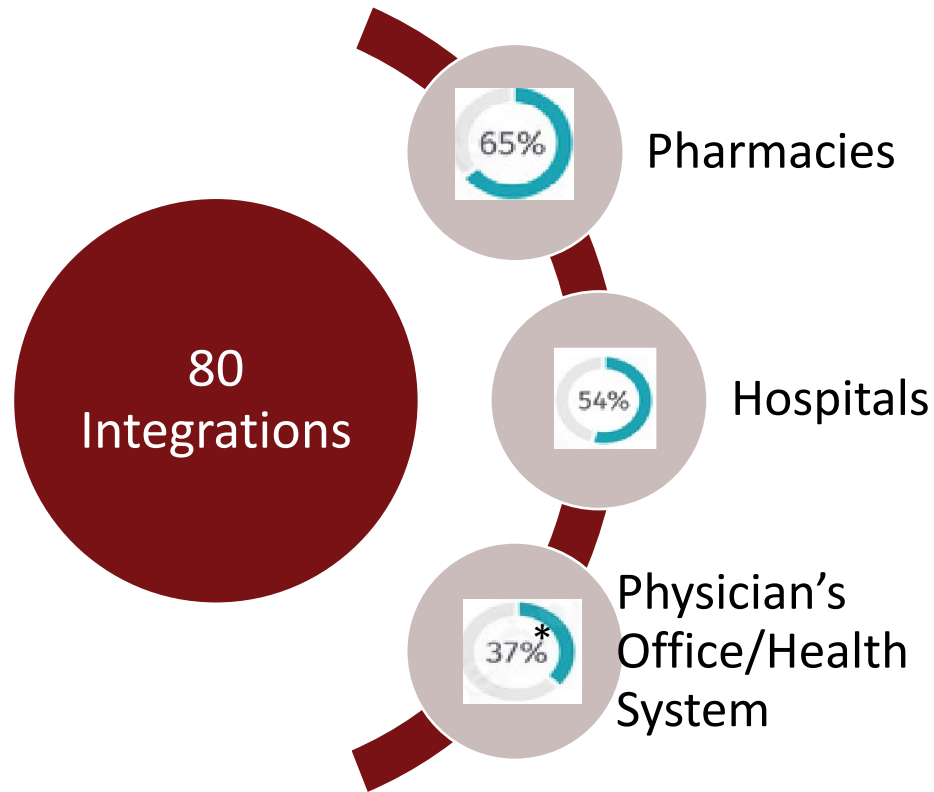
Part 2: FY2023 Goals

DC PDMP FY2023 Goals

Best Practice Checklist

- Strive to establish 1 additional PMPi connection each month
- Improve Annual Report with additional data (updated regulations)
- Launch PMP Aware campaign to increase delegate registration
- Determine 'at-risk' markers for prescribers, dispensers, patients
- Collaborate with DC Medicaid/DCHCF to incorporate patient 'lock-in' data in the PDMP
- Conduct surveys with organizations that use PMP Gateway
- Implement academic detailing program
- Work with boards to ensure licensees are compliant
- Use Annual Survey responses to plan future trainings

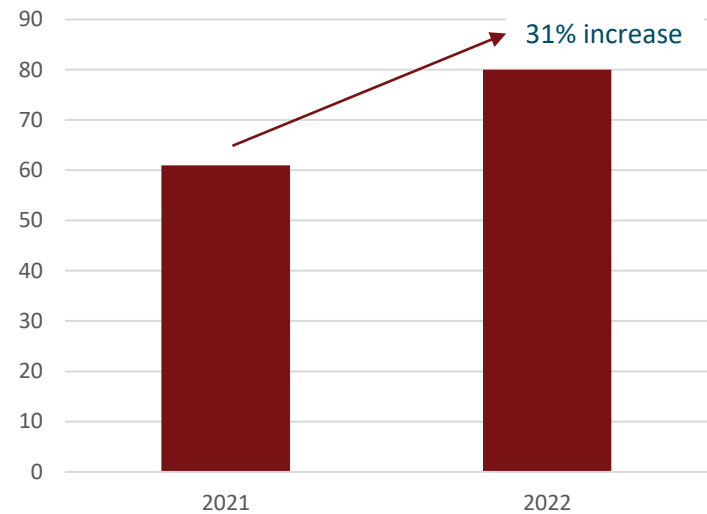
Gateway Integration



FY2023 Gateway Integration Goals

- FY2023: Increase Gateway integrations by 40% (roughly 10% more than 2022)
- To meet goal, we would need **32** additional integrations

Gateway Integrations, 2021-2022



DC PDMP Advisory Committee Members

Committee Chair: Jacqueline Watson, DO, MBA, DC Health Chief of Staff

Aisha Nixon, MPT, CPM, Board of Medicine Executive Director

Justin Ortique, PharmD, RPh, CPM, DC Board of Pharmacy Executive Director

Natalie Kirilichin, MD, MPH, Emergency Medicine Physician

Sheri Doyle, MPH, Consumer Member

Captain Shawn Rooney, Metropolitan Police Department

Lakisha Stiles, CPhT, Pharmacy Technician

- Meets at least two (2) times per year to advise the DC Health Director
- Please find more information on our website: DChealth.dc.gov/PDMP

Questions/Feedback?

DC Prescription Drug Monitoring Program (DC PDMP) Best Practice Checklist

DATA COLLECTION AND DATA QUALITY	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
Collect data on all schedules of controlled substances (II – V)	Achieved	FY 2016
Adopt latest ASAP reporting standard	Achieved	FY 2016
Collect data on non-scheduled drugs implicated in abuse as determined by the District	Achieved	FY 2016
Record positive identification of the person picking up prescriptions (customer ID)	Achieved	FY 2016
Collect data on method of payment, including cash	Achieved	FY 2016
Daily or real time data collection	Achieved	FY 2016
Institute effective data correction and missing data procedures	Achieved	FY 2016
Monitor pharmacy reporting compliance	Continuous	<ul style="list-style-type: none"> Continue monitoring pharmacy reporting compliance via AWARe and Tableau (PDMP staff monitors pharmacy reporting on a continuous basis) Standardize process for handling non-compliance by creating SOP Continue providing monthly compliance reports to the Advisory Committee
Determine CDC markers for surveillance, early warning, evaluation, prevention	Planned	FY 2022 Q4 <ul style="list-style-type: none"> Create a list of potential markers and confirm with CDC what markers are best. Next, collaborate with Center for Policy, Planning and Evaluation (CPPE) for confirmation of markers
Integrate PDMP data collection and electronic prescribing	Planned	FY 2022 Q4 – Follow up with Bamboo for more information about electronic prescribing and PDMP data collection
DATA LINKING AND ANALYSIS	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
Use a proven method to match/ link the same patient's records	Achieved	FY 2016
Link to prescriber specialty data	Achieved	FY 2016
Provide continuous online access and automated reports to	Achieved	FY 2016

Revised 08/24/2022

authorized users		
Customized solicited reports for different types of end-users	Achieved	FY 2016
Implement prescriber self-lookup	Achieved	FY 2016
Enable batch (multi-patient) reporting for prescribers and delegates	Achieved	FY 2016
Make PDMP data available to prescribers, dispensers, law enforcement, licensure boards, patients, Medicare, Medicaid	Achieved	FY 2016
Use automated expert software and systems to expedite analyses and reports	Continuous	<ul style="list-style-type: none"> Appriss analytics package (Tableau) used by PDMP staff to look at trends of data and reports
User-friendly interfaces, e.g., decision support tools, risk scores	Achieved	June 2019 - NarxCare released to prescribers and dispensers as a decision support tool
Enhance patient reports with summary data, e.g., MMEs, MPEs	Achieved	June 2019 – NarxCare released to prescribers and dispensers as a decision support tool
Conduct periodic analyses to identify at-risk patients, prescribers and dispensers	In Progress	<ul style="list-style-type: none"> FY 2020 – Utilized feedback from Health Care Professional Boards to evaluate new version of prescriber report. Revised quarterly prescriber reports are currently being sent. Internal dashboards have been created to determine if further evaluation is needed. SAS is now available as needed for more detailed analysis. Pharmacist currently assists with determining which data elements are valuable (e.g. MME). <p>FY2023</p> <ul style="list-style-type: none"> Re-evaluate and determine which specific markers and thresholds we will use to track ‘at-risk’ prescribers, dispensers, and patients Continue sending quarterly prescriber reports Determine best use of ‘high-risk’ provider data
Record data on prescriber disciplinary status, patient lock-ins	Planned	<p>FY 2022 - Evaluate after Federal Support Act (H.R. 6) legislation is enacted. Collaborate with DCHF and Appriss (compliance). <i>Enacted October 1, 2021</i></p> <p>FY 2023</p> <ul style="list-style-type: none"> Re-evaluate process for deactivating PDMP

		<p>accounts of providers without an active license</p> <ul style="list-style-type: none"> • Work with IT to develop a strategy for sending license reports to Bamboo Health more frequently and on a regular basis • Collaborate with DC Medicaid and DC Health Care Finance to determine ways of incorporating 'lock-in' patient information in the PDMP; discuss with Bamboo Health whether this is an option
Integrate PDMP reports with... health information exchanges electronic health records pharmacy dispensing systems	In Progress	<ul style="list-style-type: none"> • FY2023—Conduct surveys with organizations that have completed integration • Continue tracking number of providers impacted by integration • Reach back out to Bamboo Health in order to discuss the possibility of sending a survey to integrated facilities regarding their experience and satisfaction • Discuss accessibility of Prescriber Reports within Gateway integrated EHR platforms with Bamboo Health
ENROLLMENT, OUTREACH, EDUCATION, UTILIZATION	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
Create and maintain provider tools and resources	Continuous	<p>FY2023</p> <ul style="list-style-type: none"> • Locate an MME calculator tool that meets the needs of DC providers • Link the MME calculator in PMP Aware and on the DC PDMP web page
Explore potential add-ons to PMP Aware that will be useful to providers	Continuous	<p>FY2023</p> <ul style="list-style-type: none"> • Continue learning about the 'Clinical Alerts' feature of PMP Aware and discuss the implications of incorporating this add-on feature with PDMP Advisory Committee members
Disseminate prescriber report cards quarterly	Continuous	<p>Quarterly—The most recent prescriber report was released in July 2022.</p>
Expand delegate account registration	Continuous	<ul style="list-style-type: none"> • FY2022 - Begin utilizing delegate registration strategies learned from other jurisdictions

		<ul style="list-style-type: none"> • Continue PDMP presentations (include delegate registration information in each presentation) • Plan delegate lunch and learn webinars <p>FY2023</p> <ul style="list-style-type: none"> • Plan a ‘delegate campaign’ to advertise delegate utilization to PDMP users <ul style="list-style-type: none"> ○ Banner in PMP Aware ○ Monthly email notice
Create online user guides and educational materials	Achieved	<ul style="list-style-type: none"> • October 2020--Provided an updated copy of the dispenser guide and most recent integration webinar • October 2020—Updated FAQs • Ongoing outreach- FAQs updated (September 2020) Created quick reference guide and shared to website (April 2020) • Updated data submission dispenser guide (April 2020) • Pocket guides— Approved and disseminated September 2020. Pocket guides have been posted to website and an order form has been created.
Conduct presentations and trainings for end-user groups	Continuous	<ul style="list-style-type: none"> • FY2023—Implement academic detailing • Target academic detailing and PDMP training based on high prescribing and dispensing based on geographic regions. (DC ward specific targeted education) • Promote CDC’s Quality Improvement Measures (add as a resource during presentations; post to website) • Presentations are tracked on PDMP Outreach Activities list • In annual survey, ask providers what training topics they would find most useful (open ended question) and use responses to plan future presentations and trainings.
Streamline/automate enrollment	Achieved	Completion date - May 2019

Proactive identification and outreach to enroll high impact users, e.g., top prescribers	Continuous	<ul style="list-style-type: none"> • FY2023—Targeted communications re: academic detailing for top prescribers • FY2023—Determine whether clinical alerts in AWAxE should be incorporated • FY2023—Working with boards to ensure prescribers and dispensers who are not registered with the PDMP become compliant; continue developing and utilizing a licensee compliance policy for PDMP registration requirement • FY2020 Q2 – Email sent to top licensees that have not yet registered for the PDMP • FY2020 Q4 – Mandatory registration notice sent to top prescribers who are not yet registered. •
PDMP PRACTICE/POLICY	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
Mandate PDMP enrollment for prescribers and dispensers	Achieved	Deadline July 31, 2019
Provide PDMP training for prescribers and dispensers	Achieved	<ul style="list-style-type: none"> • Held 14 PDMP training webinars in 2021 • FY 2017 – Developed Educational Video with Delmarva Foundation. • Continuous information updates on PDMP website • FY2020 Q1 – Outreach and clinical coordinator trainings held October -- Nov 2019
Mandate PDMP utilization for prescribers and dispensers	Achieved	<i>D.C. Law 23-252 Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020</i> passed on March 16, 2021.
Create a non-compliance policy for health care providers/licensees not registered with the PDMP	In Progress	<ul style="list-style-type: none"> • FY2022 – Currently working with licensing board executives to agree upon an acceptable PDMP non-compliance policy
Send PDMP notification letters to new prescribers	Continuous	<ul style="list-style-type: none"> • Continue sending monthly emails to new licensees

<p>Send unsolicited reports and/or alerts to...</p> <ul style="list-style-type: none"> • prescribers • dispensers • licensure boards • Letters to top prescribers 	Continuous	<ul style="list-style-type: none"> • FY2023 – as a part of PDMP registration non-compliance policy, begin sending board referrals if a provider is not registered with the PDMP/not in compliance. • Continue sending quarterly reports to prescribers (last sent July 2022) • FY 2022 Re-evaluate after review of mandatory query data and top prescribers/opioid prescribing trends
<p>Research and discuss the possibility of adding ICD-10 codes to pharmacy reporting system. Determine what contractual updates are needed and possible cost.</p>	In Progress	<ul style="list-style-type: none"> • FY2023 – Work with Bamboo Health to learn how we can promote the benefits of including ICD-10 codes in dispensation data and on prescriptions • Continue conversation with Advisory Committee regarding inclusion of ICD-10 codes and costs associated • FY2022 – Discussed ICD-10 code inclusion package with the Advisory Committee during April 2022 meeting
PDMP PROMOTION	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
<p>Conduct Presentations</p>	Continuous	<ul style="list-style-type: none"> • FY2023 – In annual survey, ask providers what training topics they would find most useful (open-ended question) and use responses to plan future presentations and trainings • Continue planning and tracking PDMP outreach activities
<p>Distribute reports</p>	Continuous	<ul style="list-style-type: none"> • Continue to send quarterly prescriber reports • Continue to publish Annual Reports • 2021 PDMP Annual Report – currently under internal review • Regulations on deidentified data reporting revised 2022 • 2020 PDMP Annual Report – published August 2021 • 2018 PDMP Annual Report – published March 2020

		<ul style="list-style-type: none"> • 2020 Year in Review Summary (Internal document) • PDMP 2018 Year in Review Summary (Internal document) • Annual Performance Report – submitted to CDC • 2020 PDMP Annual Report – currently under review
Update website content: Annual PDMP reports, Quarterly PDMP reports, Data dashboards, PDMP enhancement news, Other reports	Continuous	<ul style="list-style-type: none"> • Continue to monitor for necessary website changes on a periodic basis • 2021 Annual Report currently under review • PDMP 2020 Annual Report on website • PDMP 2019 Annual Report on website • PDMP 2018 Annual Report on website • Updated website and organized resources -- April 2020 • Updated FAQs –September 2020 • FY2021 Q3 – Updated FAQs to include mandatory query information • FY2021 Q3 - Posted mandatory query webinars to website • FY2021 Q3 - Posted EHR/Gateway Integration webinars to website
INTER-ORGANIZATIONAL COORDINATION	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
Implement interstate data sharing. DC is currently sharing data with the following states/territories: AL, AZ, CT, CO, DE, GA, IN, IA, KS, LA, MA, MD, MI, MN, MS, Military Health System, NC, ND, NJ, NY, PA PR, RI, VA, SC, TX, WA, WV	Continuous	<ul style="list-style-type: none"> • FY2022-23 - Strive to establish at least one new PMPi connection every month • DC is currently sharing with 26 states/territories + the Military Health System
Collaborate with other health agencies/organizations in applying and linking PDMP data: <ul style="list-style-type: none"> • Veterans Affairs • Indian Health Service • Department of Defense • Military Health System 	Achieved	FY 2019 Military Health System
PDMP USABILITY, PROGRESS AND IMPACT	STATUS	PLANNED ACTIONS/ACHIEVEMENTS

Track/report PDMP enrollment and utilization data, prescribing, and risk measures (e.g., MPEs, MMEs)	Achieved	FY 2017- PDMP has access to Appriss Analytics to evaluate data PDMP publishes a yearly annual report
Track/report progress in adopting practices (checklist)	Continuous	<ul style="list-style-type: none"> Continue to evaluate and update Best Practice Checklist items on a bi-annual basis Continue working with PDMP Advisory Committee to adopt new goals and practices
Conduct satisfaction and utilization surveys of end-users	Continuous	<ul style="list-style-type: none"> Continue to conduct at least one annual PDMP user survey First survey disseminated in October 2019 2nd survey disseminated in September 2020. Sent follow up email in December 2020 notifying users of resources available on PDMP website. FY2021 – Sent follow up email with links to resources and mandatory query legislation update.
Conduct PDMP user focus groups	Continuous	<ul style="list-style-type: none"> Continue to conduct PDMP user focus groups at least once annually FY2022 – 3rd annual focus group in has been completed 2021 – conducted second PDMP focus group with advanced practice nurses 2020 – conducted first PDMP focus group with physicians
Conduct audits of PDMP system utilization for appropriateness and extent of use	In Progress	<u>FY2023</u> <ul style="list-style-type: none"> Assess compliance with SUPPORT act Collaborate with DC Medicaid/DC Department of Health Care Finance to determine ways to evaluate PDMP dispensation and query data and how to integrate patient 'lock-in' data Determine what constitutes high risk prescribing Provide number of high-risk prescribers Determine any decreases in high risk prescribing behavior

		<ul style="list-style-type: none"> Track opioid prescriptions <p><u>FY 2020- Q4</u></p> <ul style="list-style-type: none"> Audited licensed providers to determine who is registered. Prescriber survey <p><u>FY2021 Q2</u></p> <ul style="list-style-type: none"> Audited licensed pharmacies to determine submission practices. <p><u>FY2021 Q3</u></p> <ul style="list-style-type: none"> Collect pharmacy submission data or waiver when pharmacies apply for renewal. <p><u>FY2019</u></p> <ul style="list-style-type: none"> October 2019- utilization survey and AWARxE monthly dashboard announcements FY2020 – Q3 MSDC focus group
Use PDMP data as outcome measures in evaluating program and policy changes	Planned	FY 2022- via collaboration with CPPE
Determine new drugs of concern in the District of Columbia	Continuous	<ul style="list-style-type: none"> Continue to research and analyze national drug abuse/misuse trends in order to determine new potential drugs of concern Xylazine as a potential drug of concern was researched and presented during the April 2022 Advisory Committee meeting
PDMP FUNDING AND SUSTAINABILITY	STATUS	PLANNED ACTIONS/ACHIEVEMENTS
Secure funding that is independent of economic downturns, conflicts of interest and changes in PDMP policies	Planned	<p>FY 2023</p> <ul style="list-style-type: none"> Discuss future CDC funding opportunities Look into what other funding opportunities align with DC priorities
Enact legislation to maintain sufficient funding over time	Planned	

<p>Promote visibility of PDMP via annual reports and news releases impact to motivate funding.</p>	<p>Continuous</p>	<ul style="list-style-type: none"> • Continue to publish Annual Reports and begin aligning the reports with the fiscal year • Work with Howard University College of Pharmacy (HUCOP) to revise Pocket Guides for Safe Opioid Prescribing based on CDC guideline updates <ul style="list-style-type: none"> ○ Pocket Guides for Safe Opioid Prescribing created in collaboration with HUCOP • Ongoing AWARe announcements and website updates regarding PDMP Annual Reports <ul style="list-style-type: none"> ○ 2020 report under review ○ 2019 report published ○ 2018 report published • Communications campaign (myRecovery DC) - Utilizing services of Engage Strategies, LLC to encourage residents with OUD to seek recovery resources <ul style="list-style-type: none"> ○ Updated communications campaign in the works as of June 2022 ○ 2021 opioid communications campaign began running in July. Includes metro, social media, and website
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Chart Key

Achieved – Activities that are completed

In Progress- Activities that have been started but are not complete

Continuous – Activities that have been completed but require regular maintenance and updates Planned – Activities that have not been started