

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

**Prescription Drug Monitoring Program
Advisory Committee Meeting**

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

July 17, 2018

10:00am - 12:00 pm

OPEN SESSION MINUTES

CALL TO ORDER:

PRESIDING:

COMMITTEE MEMBERSHIP/ATTENDANCE:

ADVISORY COMMITTEE MEMBERS:		
	DR. JACQUELINE WATSON, DC HEALTH CHIEF OF STAFF	X
	MR. FRANK MEYERS, BOARD OF MEDICINE EXECUTIVE DIRECTOR	
	DR. SHAUNA WHITE, BOARD OF PHARMACY EXECUTIVE DIRECTOR	X
	DR. NATALIE KIRILICHIN, EMERGENCY MEDICINE PHYSICIAN	X
	LT. ANDREW STRUHAR, METROPOLITAN POLICE DEPARTMENT	
	MS. JESSICA DONALDSON, PHARMACY TECHNICIAN	X
STAFF:	TADESSA HARPER-NICHOLS, PROGRAM SPECIALIST	X
	LARNIQUE SUGICK, GRANT COORDINATOR	X
LEGAL STAFF:	CARLA WILLIAMS, ASSISTANT GENERAL COUNSEL	X
VISITORS:	OLAMIDE IYANDA, MEDIA SPECIALIST	X
	LINDSEY FERRIS, CRISP	X
	RYAN BRAMBLE, CRISP	X
	EMMETT GILLEN, DC HEALTH INTERN	X
	BOLU ODUBAYO, DC HEALTH INTERN	X
	MARGARET MCALPIN, DC HEALTH INTERN	X

Open Session Minutes

Quorum: Yes

Introduction:		
0717-O-01	<u>Welcome & Introductions</u>	
0717-O-02	<u>Approval of April 2018 PDMP Advisory Committee Meeting Minutes</u> Motion made to approve the April meeting minutes by: Natalie Kirilichin Seconded by: Jessica Donaldson Motion carries, minutes approved	
0717-O-03	<u>Program Update & 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 th 2018. The report will be available to all prescribers registered for the PDMP AWAxRE 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><u>Report from Attorney Advisor</u> - 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><u>CRISP Presentation</u></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"> 1) Encounter Notification Service (ENS) - Allows providers, care managers and others with a treatment relationship to be notified when patients are hospitalized in most of the region's hospitals. 2) Unified Landing Page- Search for a patients' prior hospital records (e.g., labs, radiology reports, other dictated reports) including data from Maryland PDMP 3) CRISP in the Workflow- Access at-a-glance CRISP information directly integrated within your EMR screens at the right spot in your workflow 4) Enhanced HIE Tools for DC - Data exchange tools associated with population health, social determinants of wellbeing, clinical care and health-related service utilization throughout the care continuum. <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>	
<p><u>0717-O-06</u></p>	<p><u>Best Practice Checklist Review and Update</u></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"> • Determine current barriers to provider enrollment. • Streamlining and automating provider enrollment. • Integrating with institution training to increase use and awareness • Periodic review of PDMP performance to ensure efficient operations and identify opportunities for improvement • Conducting epidemiological analyses for surveillance, early warning, evaluation, prevention • Integrating electronic prescribing and PDMP data collection <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 Baumblatt 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><u>0717-O-07</u> <u>Matters for</u> <u>Committee</u> <u>Consideration</u></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>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”.</p> <p>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.</p> <p style="text-align: center;">Motion – Natalie Kirilichin Seconded by: Jacqueline Watson Motion carried.</p> <p>(b) Discussion on Mandatory Registration as it applies to all licensed physicians and physicians in training.</p> <p>Consensus by committee members that this matter has been addressed during prior discussions.</p>	
Comments from the Public	None.	
Motion to Adjourn the Open Session	<p>Madam Chair, I move that the Committee close the Open Public session portion of the meeting.</p> <p>Motion – Natalie Kirilichin Seconded by: Jessica Donaldson Motion carried.</p> <p style="text-align: center;">(Roll Call Vote)</p>	
Action Steps	<ul style="list-style-type: none"> • 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”. • 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. • Additional outreach and education to practitioners to encourage PDMP registration and use. 	

This concludes the Public Open Session of the meeting.

Open Session Meeting Adjourned at 12:15 PM