DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Government of the District of Columbia
Department of Health

Prescription Drug Monitoring Program
Advisory Committee Meeting

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

April 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	X
	DR. SHAUNA WHITE, BOARD OF PHARMACY EXECUTIVE DIRECTOR	
	DR. NATALIE KIRILICHIN, EMERGENCY MEDICINE PHYSICIAN	X
	LT. ANDREW STRUHAR, METROPOLITAN POLICE DEPARTMENT	X
	MS. JESSICA DONALDSON, PHARMACY TECHNICIAN	
	MR. GLENN HARRIS, CONSUMER MEMBER	
STAFF:	ALYCE OSBORNE, PUBLIC HEALTH ANALYST	X
	TADESSA HARPER-NICHOLS, PROGRAM SPECIALIST	X
LEGAL STAFF:	CARLA WILLIAMS, ASSISTANT GENERAL COUNSEL	X
VISITORS:	FRANK CHEN, DC HEALTH PHARMACY INTERN	X
	KYLE LEUNG, DC HEALTH PHARMACY INTERN	X
	OLAMIDE IYANDA, DC HEALTH CONTRACTOR	X

Open Session Minutes

Quorum: Yes

Introduction:		
0417-O-01	**Welcome & Introductions**	
0417-O-02	**Approval of January 2018 PDMP Advisory Committee Meeting Minutes** Motion made to approve the minutes by Frank Meyers. . Seconded by: Natalie Kirilichin Motion carried, minutes approved	
0417-O-03	**Program Update & PDMP Legislation Review** **(a) Outreach Activities** PDMP registration events held at Howard University in March, with 40 practitioners registered. Dr. Shauna White will be presenting information about the PDMP at GW Medical Faculty Associates and the DC Nurse Practitioner Association meeting in May. Prescriber Report Cards are now being generated quarterly within the PDMP and they provide a summary of a practitioner's prescribing of covered substances over the 6 month reporting period. The Board of Medicine is interested in the Prescriber Report Cards as a way to get more detailed information on prescriber's behavior as compared to their peers and location. Specifically, in the instance of an investigation. BOM would see it as a beneficial tool in the early investigative process. Currently the Prescriber Report Card is only able to be pulled by the prescriber themselves. Clarification from the Pharmaceutical Control Division: the PDMP team currently does not have the ability to pull these reports. Only the prescriber has the ability to pull their own report. Any request would have to be made to the vendor to pull the report.	

Comments from the Attorney Advisor: PDMP information is protected, but the Prescriber Report Card only shows aggregate patient information. No individual patient data is discernable.

Additional Comment: It's beneficial to the conversation for the Committee's language to reflect the responsibility of both prescribers and dispensers, rather than focusing solely on the role of the prescriber.

(b) Opioid Strategic Plan Update

Update from Dr. Watson: There is a Summit of 40, stakeholders and leaders from different agencies that met in the original Opioid Summit in October. They met to discuss the unique needs of the District of Columbia. The development of the strategic plan is being led by Dr. Nesbitt of DC Health and Dr. Royster of DBH. The District-wide Opioid Strategic Plan is now in draft form. The plan is divided up into key categories: prevention, early intervention, harm reduction, acute treatment, sustained recovery, and criminal justice. It also requires the District stakeholders to define success and then commit to targeted action to meet those goals within the designated areas. The Strategic Plan will be released sometime in May 2018, and will provide an opportunity for more stakeholders to get to together and take part.

The overarching goal is for the plan to be a team effort, recognizing that no one piece will be able to wholly address the issue. The District aims to foster collective impact.

(c) CDC DDPI Grant

The Pharmaceutical Control Division within DC Health has a CDC Data Driven Prevention Initiative (DDPI) grant, and Dr. Shauna White is the Principal Investigator for the grant. The Advisory Committee development and execution serves as a grant activity within our Planning objectives for the grant. Additionally, the grant serves to develop a Strategic Plan around opioids, which is currently being executed on a higher level in the District and the grant team is participating wherever possible. The grant activities also include developing an opioid awareness communications campaign, creating an opioid data dashboard, and the purchase of an advanced analytics package and the analysis and linkage of PDMP data with other sources.

0417-O-04	**<u>Report from Attorney Advisor</u>** The Committee has made the recommendation to the Director Dr. Nesbitt to consider Mandatory Registration (as per the motion made in the previous Committee meeting). At this time the Director has decided to move forward with implementing the Mandatory Registration, but not the Mandatory Use of the PDMP. There is draft legislation currently going through the approval process that will require current physician prescribers, new physician, prescribers, additional non-physician prescribers, and all dispensers to register. Additionally, anyone seeking to renew a license will not be able to do so without registering moving forward. Additionally, the legislation includes new language about diversion investigations, such as opening it up to the FBI. Currently only the DEA has access. The legislation addresses the committee providing information about whether the prescribing is outside of the norm. The committee is intended to look at and recommend indicators for misuse, and what is outside of the norm. This will likely involve developing learning courses and information about prescribing practices down the line. Comments made about standards for prescribing being patient and discipline specific, as there will be practitioner variability. There's also a call to ensure any learning material or platform is value adding, and not overlapping current educational requirements. Comment about discussion at GW about managing the opioid drug supply, including adequate patient education about standard of care, managing expectation, and shortage of medications. Clarification: ER medicine is not the leading source of opioids, it typically comes from primary care. ER doctors have developed alternative to opioid protocols. It would be beneficial for similar protocols to be developed in areas where they do not exist.	

	Comments about the uniqueness of DC's opioid epidemic being primarily a heroin problem. Dr. Watson referenced the Strategic Plan as a way that the District is taking an appropriate and human response to the problem. Question about the role of CRISP moving forward with DC PDMP. The Attorney Advisory confirmed that the Director has advised CRISP is not included in the legislation at this time, since DC is currently focused on Mandatory Registration and not Mandatory Use at this time. Comment about Gateway EHR integration exploration by the PDMP team. There is no additional onus on the DC Health IT, it would however require the time and cost of the pharmacy / facility. Attorney Advisor: MD and VA update. Maryland requires prescribers and dispensers to register and query (as of this year). Virginia only requires registration at this time. DC's timeline is not set in stone. There is legislation for both permanent and temporary emergency legislation. The temporary emergency would require prescribers and dispensers to be registered by the end of this year (2018). Question about prescribing populations that don't prescribe over a period of time / longitudinally (such as ER physicians) as well as the issue of prescribing delegation and the loss of that data. There are no current answers regarding who is exempt. Residents prescribing on behalf of someone else need to be able to use the PDMP and log prescribing. Suggestion to consider registering in PDMP for all practitioners to log all prescribing, rather than just drugs of concern. Question of whether access should be tied to CSR and whether we should include temporary licensure to capture designees. Concern raised about those prescribers who are not prescribing a drug of concern getting tied into licensure renewal being held up by needing to register in the PDMP. Current resident physicians that are checking the PDMP are not connected to the initial prescriber, and is that data being lost. Data is contained in internal records, but not in the PDMP. PDMP registration for prescribers who are not going to use it (based on their drug prescriptions) is a burden in terms of keeping up the account, but benefit raised in terms of being able to see the additional prescriptions a patient has been prescribed. Suggestion to look into other state research and examples. Current registration is manual, entering FBI number, DEA number, license number etc. and the PDMP team must approve manually by checking MLO.	

	When we move into Mandatory Registration, workflow will need to shift into an automatic search and approval process. **Motion** made by Frank Meyers to obtain information from reputable sources re: mandatory PDMP registration in other jurisdictions including whether registration is mandated for physicians in training, or if registration is required only for prescribers with controlled substance authority, and if the data indicates mandating registration then recommend to the Director to propose all licensed physicians be required to register. Seconded by: Natalie Kirilichin Motion carried.	
0417-O-05	**Reporting Exemption for Methadone Clinics** Review of regulations notice. No additional comments.	
0417-O-06 Matters for Committee Consideration	**(a) Discussion of Naloxone as a drug to be captured in the PDMP for surveillance and data collection purposes.** Comments: Capturing data is desirable for best practices and research purposes. However, Naloxone is not a drug of concern. There are current limitations in the District to Naloxone affordability, access, and co-prescribing. But capturing the data could provide benefit. More states are requiring report to the Department of Health, rather than recording in the PDMP. Additionally, prescribing does not necessarily relate to filling a prescription, and there is no way to confirm administration. Question about PDMP data privacy. PDMP data for an individual is highly restricted. However, aggregate de-identified data can be analyzed for public health purposes. Overall comments: Committee can see the benefit of capturing naloxone prescriptions, but unsure if the PDMP is the right location for that capture. Question of whether Naloxone data could assist in the educational component of the Committee's charge. Discussion of Naloxone classification: significant and relevant, but ultimately not a drug of concern. DC Health HAHSTA / DBH also has Naloxone training and dispensation. Clarification on whether DC wants to capture dispensing or prescribing of Naloxone.	

	More research to be done about the 6 states that have required it: has it been useful for them and in what way. Are they also states that have Mandatory Registration and/or Query? Why is MD doing optional reporting?	
0417-O-07	**<u>PDMP Best Practice Checklist Discussion</u>** The PDMP Best Practice Checklist is distributed by PDPM TTAC and is an assessment of current best practices in 42 states. Dr. Watson began the discussion by looking at the User Access and Dissemination category. The DC PDMP team reviewed the document, and used the PDMP TTAC Best Practice tool to identify which best practices the PDMP Advisory Committee can impact, and which best practices can be implemented without the assistance of the Committee. Confirmation was made that identification of drugs of concern does not need to be run through the Advisory Committee, and can be done by Dr. Shauna White through the Pharmaceutical Control Division. Question raised about identification of best practice items as "Not Planned." The limitations of the PDMP TTAC tool were deemed unacceptable and confusing, and the charge was put forth to re-categorize the best practice checklist items within the purview of the Advisory Committee.	
Comments from the Public	None.	
Motion to Adjourn the Open Session	Madam Chair, I move that the Committee close the Open Public session portion of the meeting. **Motion** made by Frank Meyers **Seconded by:** Andrew Struhar **Motion carried**. (Roll Call Vote)	
Action Steps	• **Mandatory Registration Research. Motion** to obtain information from reputable sources re: mandatory PDMP registration in other jurisdictions including whether registration is mandated for physicians in training, or if registration is required only for prescribers with controlled substance authority, and if the data indicates mandating registration then recommend to the Director to propose all licensed physicians be required to register. • **Naloxone Reporting Research**. More research to be done about the 6 states that have required it: has it been useful for them and in	

	what way. Are they also states that have Mandatory Registration and/or Query? Why is MD doing optional reporting? • **Best Practice Meeting**. Meeting to be held with DC Health staff to update and re-categorize the PDMP TTAC Best Practice Checklist in order to inform the July PDMP Advisory Committee meeting.	

This concludes the Public Open Session of the meeting.

Open Session Meeting Adjourned at _12_:_15 PM_