



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,

As the Director of the Department of Health (DC Health) in our great city, I am pleased to share with you the District of Columbia Prescription Drug Monitoring Program's (DC PDMP) annual report. This report underscores the critical importance of prescription drug monitoring programs in our ongoing efforts to prevent opioid overdose deaths and ensure the well-being of our community.

Opioid overdose deaths have posed a significant public health challenge not only in our nation but also here in the District of Columbia. 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 2022, the District of Columbia Office of the Chief Medical Examiner (OCME) reported 458 opioid-related overdose deaths, with an average of 38 deaths each month. Diversion or overprescribing of opiates is one way in which these harmful substances enter our community. The Prescription Drug Monitoring Program (PDMP) allow us to monitor and manage the prescription of opioids and other controlled substances to prevent these kinds of misuse.

This report highlights how the PDMP plays an important role in promoting public health, safety, and overall well-being. The DC health PDMPs helps to inform the clinical decisions of prescribers and dispensers and serve to protect patients at risk of substance abuse and misuse. DC Health implemented the PDMP in 2016, and there are now more than 19,500 healthcare professionals registered with the Program (2022) who conducted 350,428 direct queries with the DC PDMP.

Improving and expanding the PDMP continues to be a part of the Mayor's LIVE.LONG.DC Strategic Plan aimed at reducing 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 healthcare professionals with useful reports about their prescribing and dispensing histories.

In closing, I want to express my gratitude to the healthcare providers, pharmacists, and law enforcement agencies for their collaboration and dedication to this cause. Furthermore, 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,

Ayanna Bennett, MD, MSPH, FAAP
Director, DC Health

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 healthcare 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, allowing practitioners to view dispensations in other jurisdictions. This feature is essential and optimizes access to information for patients in the National Capital Region. The DC PDMP, through interoperability agreements, shares data with 31 states and Puerto Rico.

The DC PDMP has an advisory committee tasked with making recommendations to DC Health on implementing and evaluating the program. These include 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 2022. Appointed by the Director of DC Health, the committee members included healthcare practitioners, DC Health representatives, and community members.

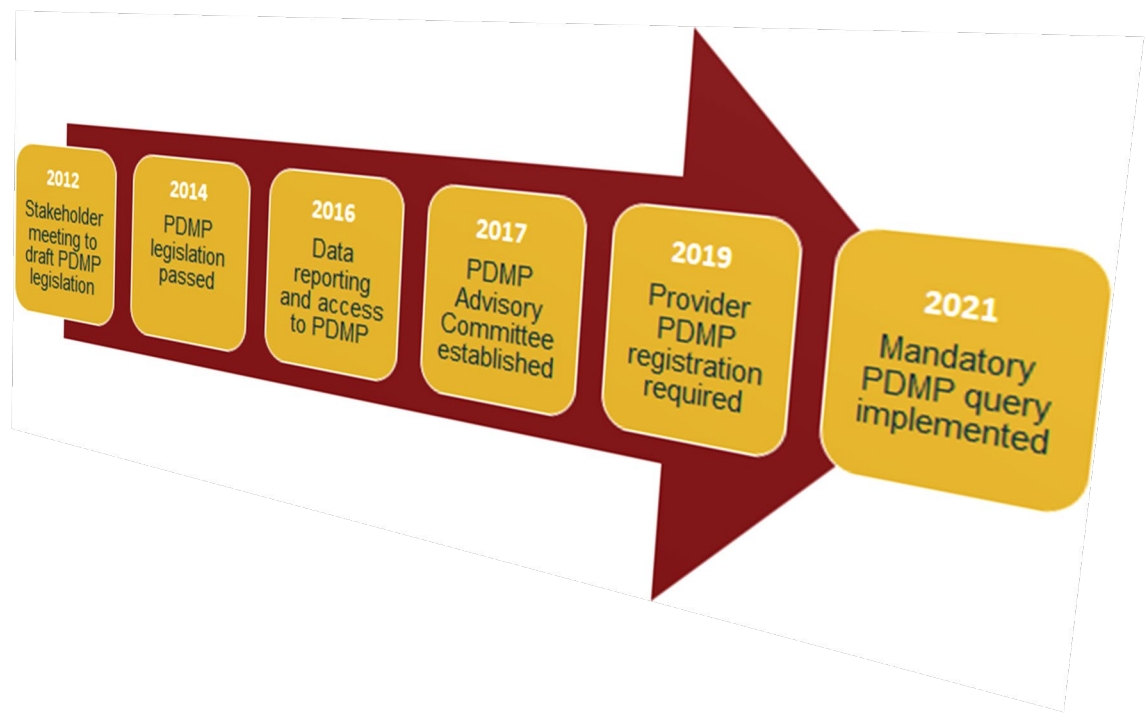
Program Information

History of the Program

The District of Columbia Prescription Drug Monitoring Program (DC PDMP) aims to reduce the diversion of prescription drugs efficiently and cost-effectively without impeding the appropriate medical utilization of controlled substances. The Program seeks to enhance patient care by providing prescription monitoring information to ensure the legitimate use of controlled substances in healthcare, including palliative care, research, and other medical and pharmacological uses.

The Prescription Drug Monitoring Program Act of 2012 (DC Law) was passed in 2014, establishing 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 was 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 before prescribing or dispensing an opioid or benzodiazepine for more than seven consecutive days and every 90 days after that during treatment or therapy or before 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 and 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, reduce addiction to prescription drugs, and 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 can 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 can only 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) can request PDMP data to conduct drug diversion investigations. Investigators from health occupation licensing boards can register as well. They may request information about an investigation, inspection, or misconduct allegations by a specific person licensed, certified, or registered by a District of Columbia healthcare professional board.

Legal Protections for Users

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

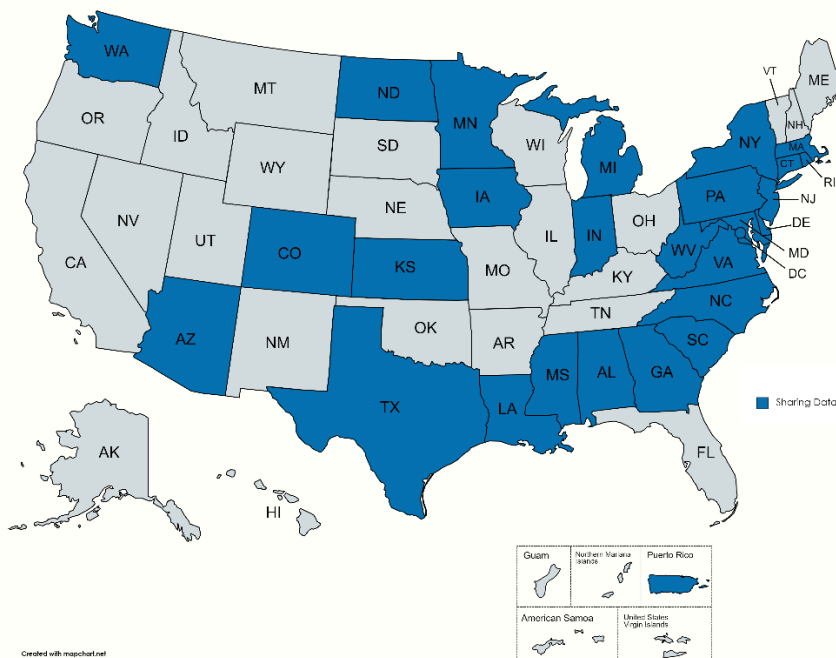
Program Data Sharing

Interstate Data Sharing

The DC PDMP participates in interstate data sharing through PMP InterConnect (PMPi), the National Association of Boards of Pharmacy's (NABP) 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
- Arizona
- 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

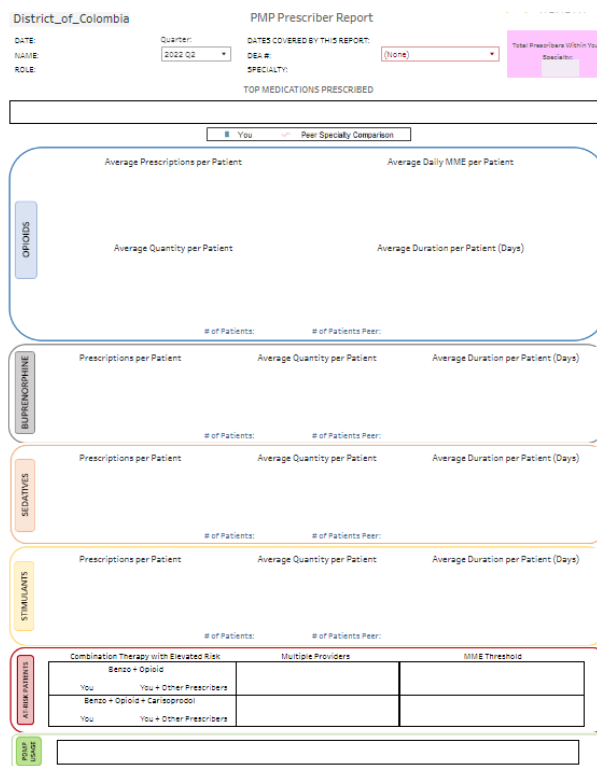
The DC PDMP provides the time-saving option to all healthcare entities in the District of Columbia to integrate DC PDMP data into their clinical workflow. DC Health covers the licensing fees associated with the integration service for every healthcare entity in the District of Columbia that elects to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

In 2022, there were 19 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. In fiscal year 2022 Prescriber Reports became interactive and are delivered within the PMP AWARxE application. This enhancement allows prescribers to drill down into the details of each metric, providing them with specific information on the patient, dispensation or providers represented.

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 2022. The Committee includes representatives from DC Health licensing boards, law enforcement, healthcare professionals and the public. The following people were members of the Committee in 2022:

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

Captain Shawn Rooney
Metropolitan Police Department

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

Lakisha Stiles, CPhT
Certified Pharmacy Technician

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

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*.

In September 2022, legislation to amend the Prescription Drug Monitoring Act of 2013 was submitted to DC Council. The legislation will amend the Prescription Drug Monitoring Program Act of 2013 to expand the Director's discretionary disclosures to include disclosing aggregate and summary data, that has been processed to remove personal identifiers, to public or private entities for statistical, research, educational, or grant applications purposes, to enable the Director to disclose Information for the purpose of public health surveillance to designated employees of the District of Columbia Department of Health's Center for Policy, Planning, and Evaluation; provided, that: (i) Data elements that would reasonably identify a specific patient, prescriber, or dispenser shall be deleted or redacted from the information before disclosure, and to enable the Director to charge a fee to offset the operational costs to disclose information. The Council period ended before the legislation was able to be enacted and the legislation will be resubmitted in 2023.

PDMP Enhancements, Grant Activities and Outreach Activities

DC Health continues to receive grant funding through the Centers for Disease Control and Prevention (CDC). Grant funding supports the 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 healthcare 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 healthcare professional license verification for providers who register for the DC PDMP.

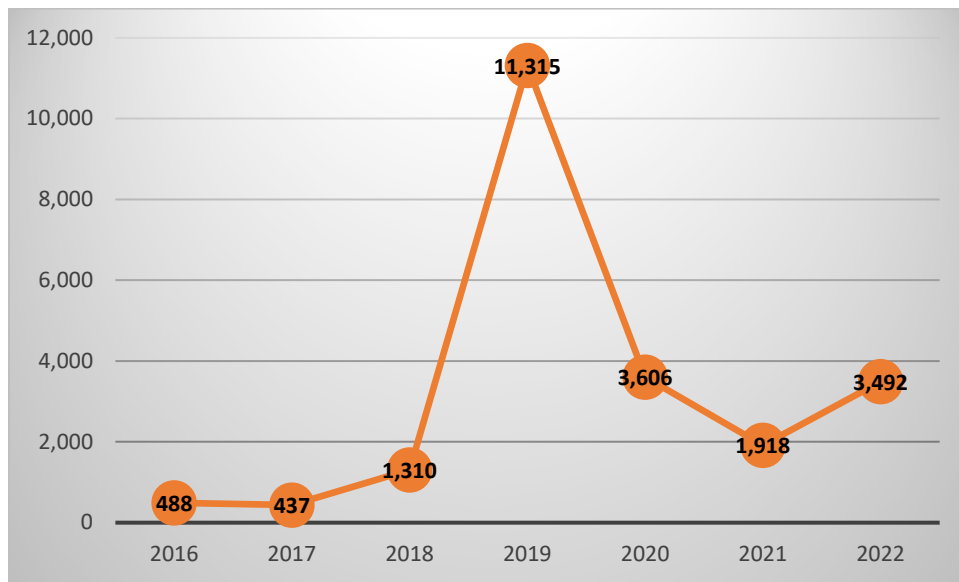
Throughout 2022, DC PDMP staff conducted several webinars to promote PDMP registration, effective use of PDMP features and software, and utilization of free clinical tools and services provided by DC Health. Additionally, PDMP staff partnered with the District Addiction Consultation Service (DACS) to offer a continuing education that offered CEU credits. The webinar is titled . The District Addiction Consultation Service (DACS) offers training every other month on a variety of topics related to Opioid Use Disorder (OUD) and is advertised through the PMP Aware platform. The webinar audiences were primarily comprised of healthcare practitioners licensed in the District, but also included healthcare organization leaders and other stakeholders.

PDMP staff conducted a Third focus group in 2022 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 focus group also provided feedback on communication by the program. The information collected was used to make proactive improvements so that the program could better serve stakeholders. These improvements included specific training for providers on how to use the DC PDMP and improved communication to stakeholders (multiple routes i.e. PMP announcements and email).

PDMP Registration and Utilization

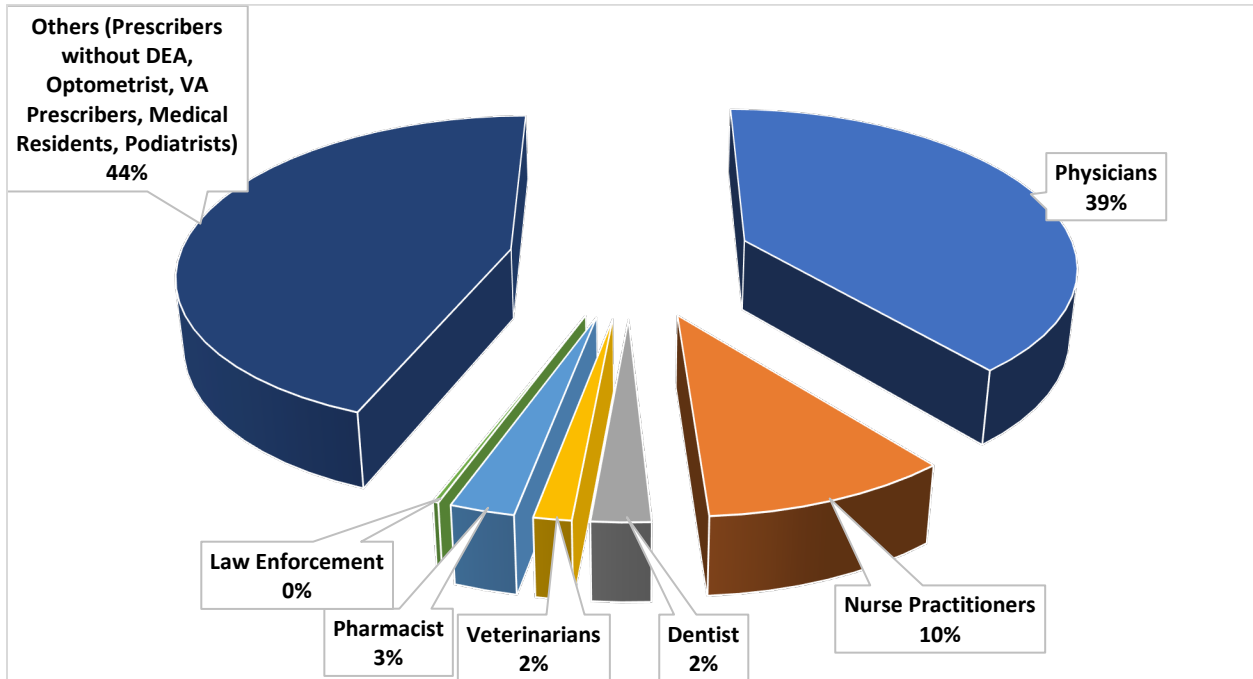
Between the launch of the Program in October 2016 and the end of 2022, there were over 22,000 users registered for the PDMP (Figure 4). The Program implemented mandatory registration in July 2019. The number of PDMP registrations increased by 25% between 2019 and 2020. In 2022 compliance became an area of focus and as a result, we saw a significant increase in registrations from the previous year.

Figure 4: Number of Active PDMP Users by Year of Registration, October 2016 - December 2022



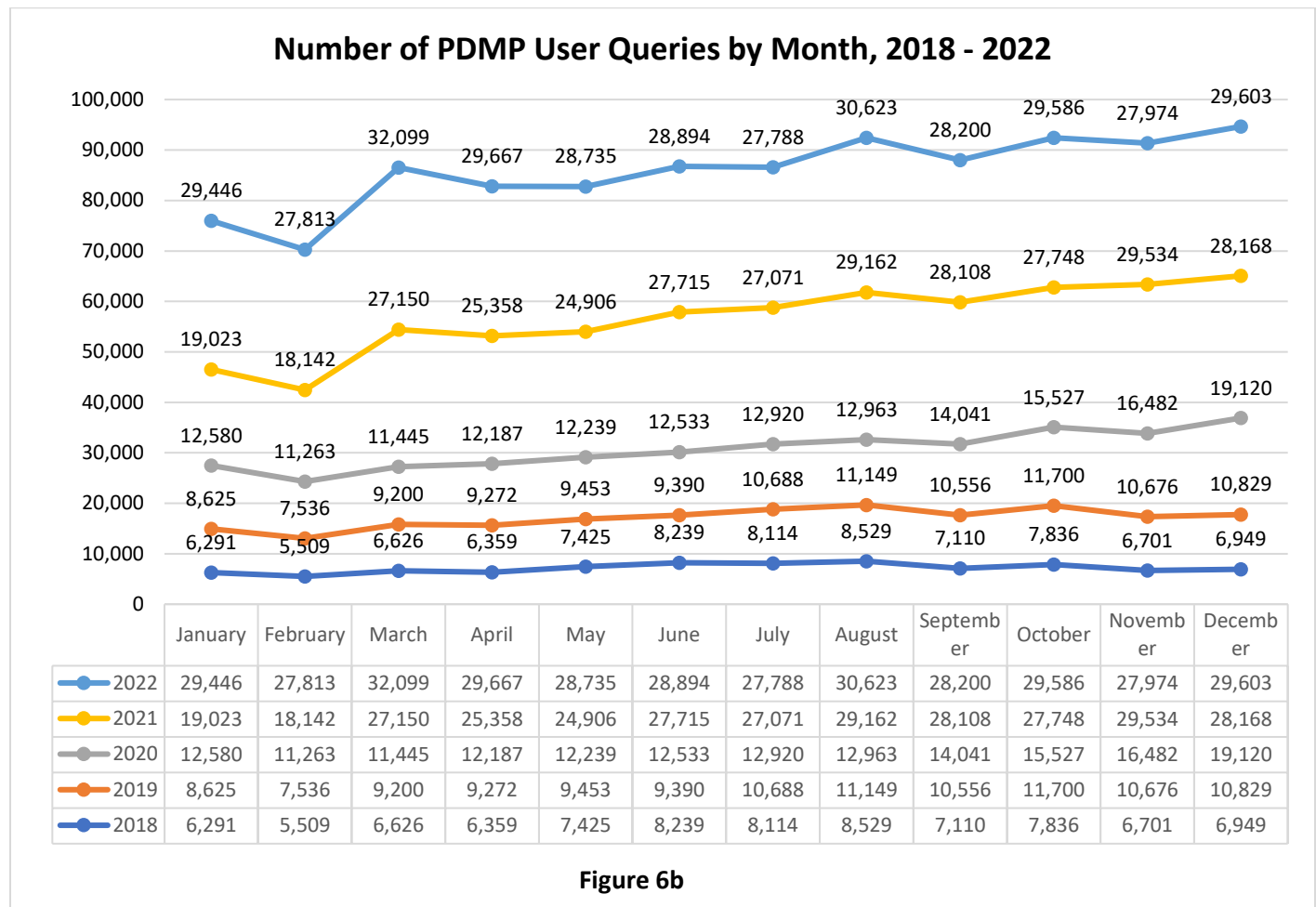
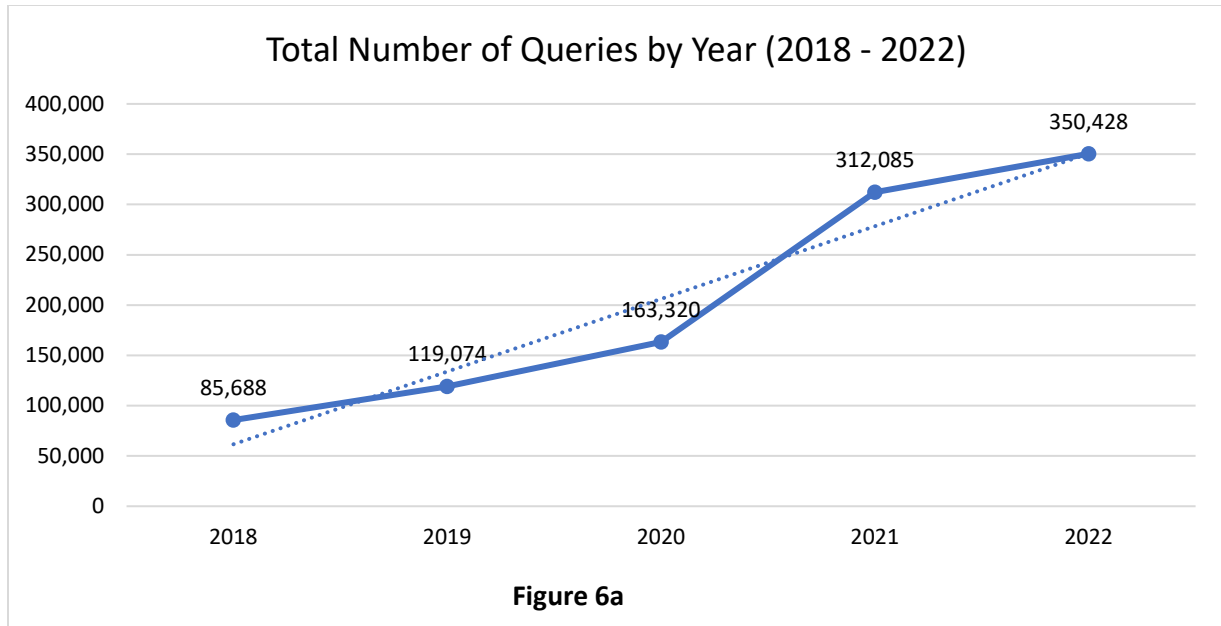
In 2022, approximately 39% of registrants in the PDMP were physicians, and 3% were pharmacists.

(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, 312,085 queries in 2021 and 350,428 queries in 2022 (Figure 6a and 6b).



Future Program Activities

In 2023, 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 healthcare 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 the promotion of safe prescribing and dispensing practices.

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 26 states, Puerto Rico and the Military Health System. Program staff will continue to engage with partners from other jurisdictions to expand data sharing agreements in 2023.

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

Director, DC Health

Ayanna Bennett, MD, MSPH, FAAP

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

Senior Deputy Director, DC Health

Health Regulation and Licensing Administration

Arian Gibson, MS

Executive Director/Program Manager, DC Health

Prescription Drug Monitoring Program Director

Justin Ortique, PharmD, RPh, CPM

Senior Assistant General Counsel, DC Health

Prescription Drug Monitoring Program Attorney Advisor

Carla Williams, Esq

DC Prescription Drug Monitoring Program Staff

Uche Ekwomadu, MPH, MPharm

Reginal Bellamy, PharmD, RPh