



District of Columbia

Prescription Drug Monitoring Program

**Annual
Report 2022**

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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DISTRICT OF COLUMBIA
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 AWARe 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.

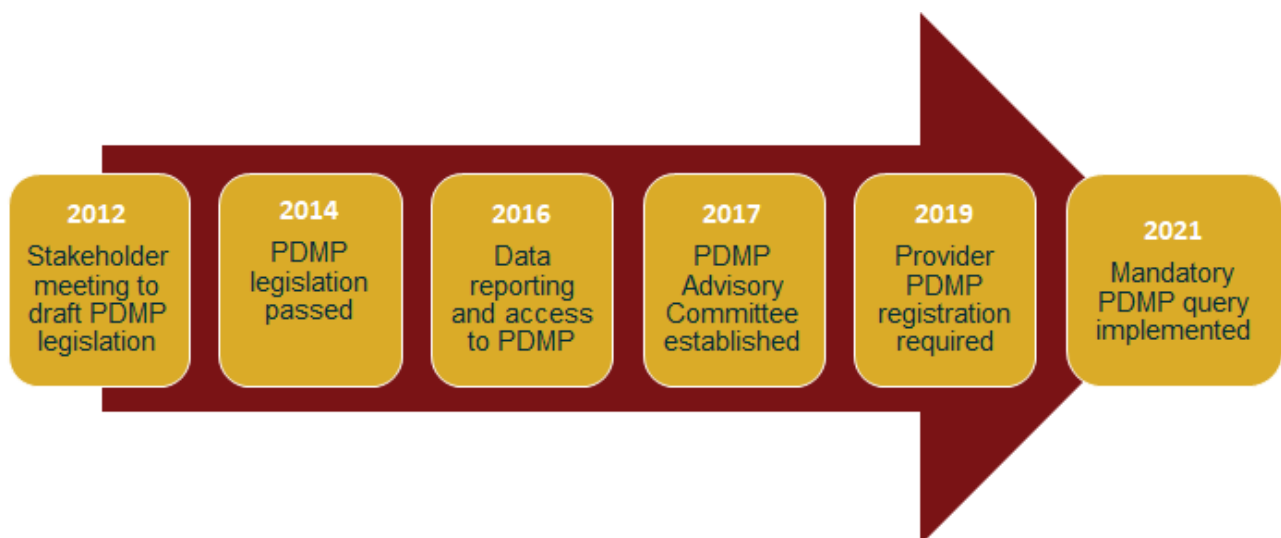
Program Information

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.

Gateway Integration

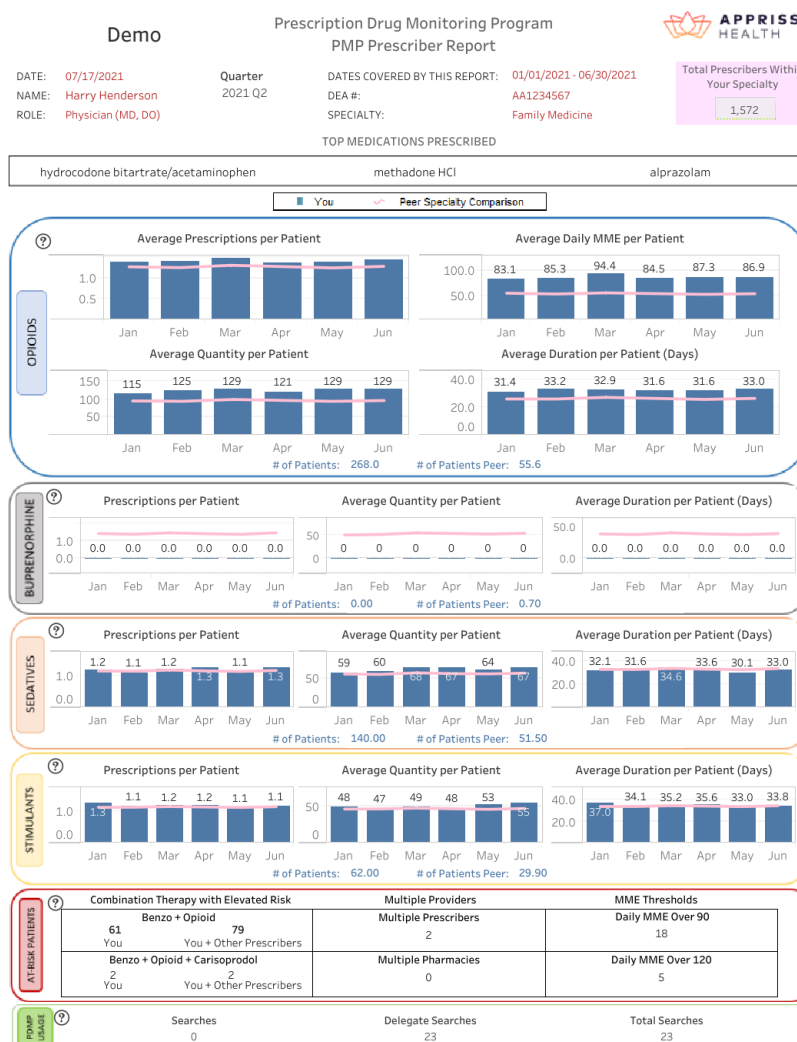
The DC PDMP provides the time-saving option to all health care entities in the District of Columbia to integrate DC PDMP data into their clinical workflow. DC Health covers the licensing fees associated with the integration service for every health care entity in the District of Columbia that elects 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.

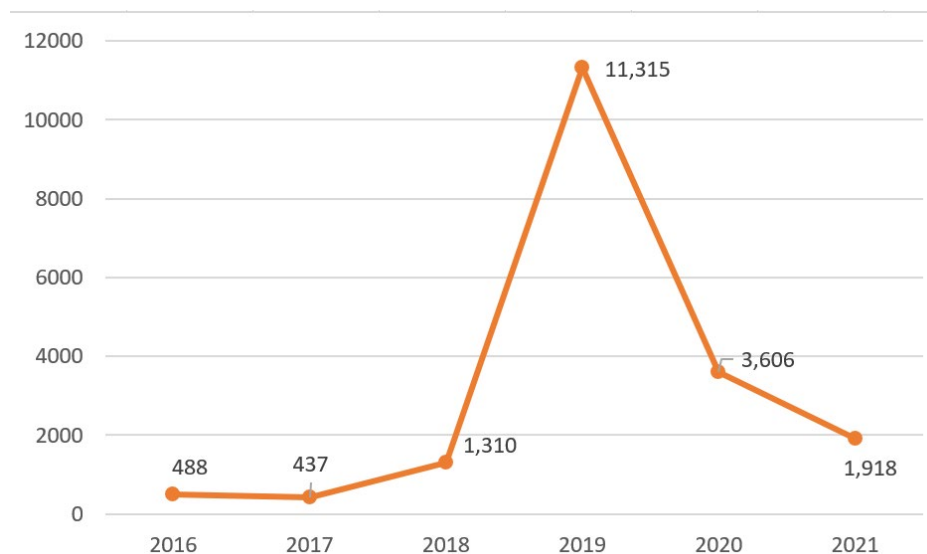
Following the passage of the “Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020,” the PDMP team conducted five separate webinar/Q&A sessions during which participants were given a concise overview of the new legislation, a tutorial of how to search the DC PDMP, and 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

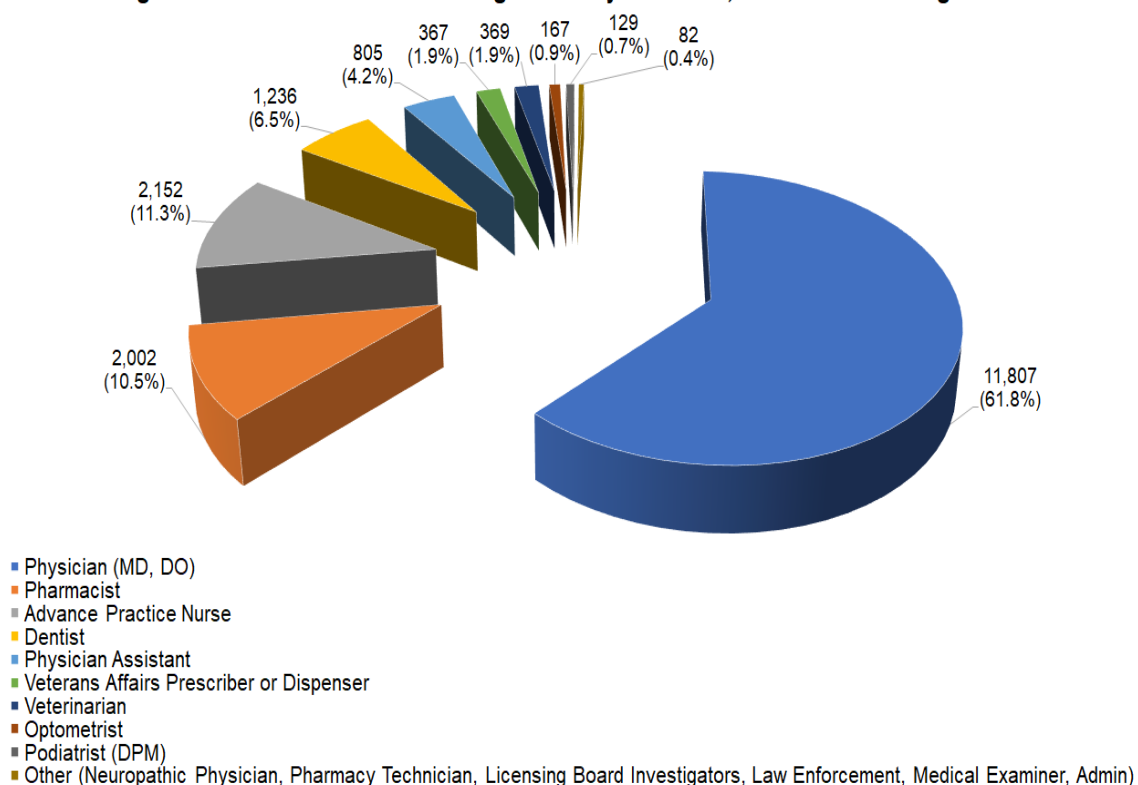
Between the launch of the Program in October 2016 and the end of 2021, there were over 20,000 users registered for the PDMP (Figure 4). The Program implemented mandatory registration in July 2019. The number of PDMP registrations increased by 25% between 2019 and 2020.

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).

Figure 5: Number of Active PDMP Registrants by User Role, 2021 Number of Registrants



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).

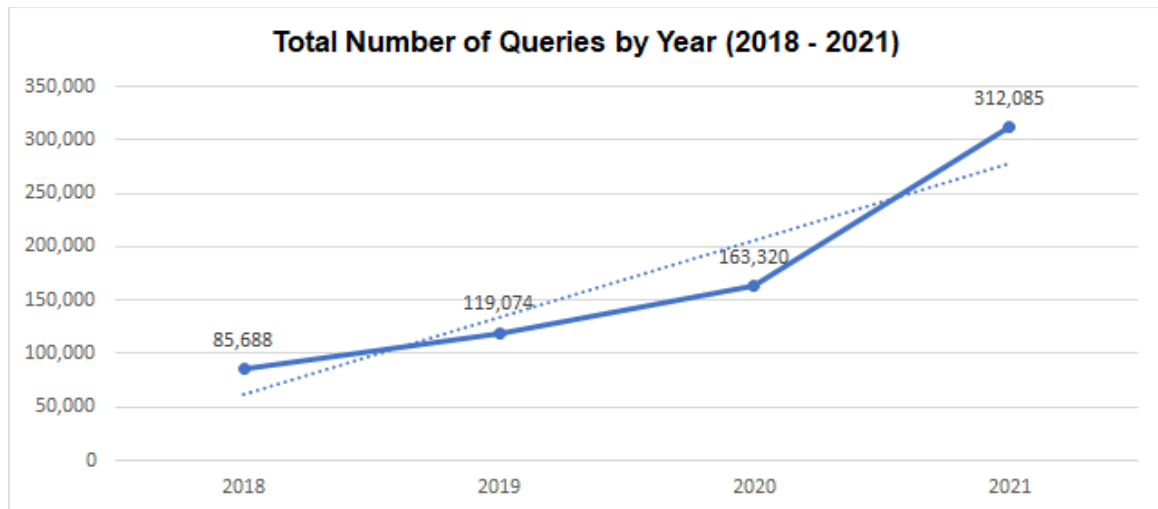


Figure 6a

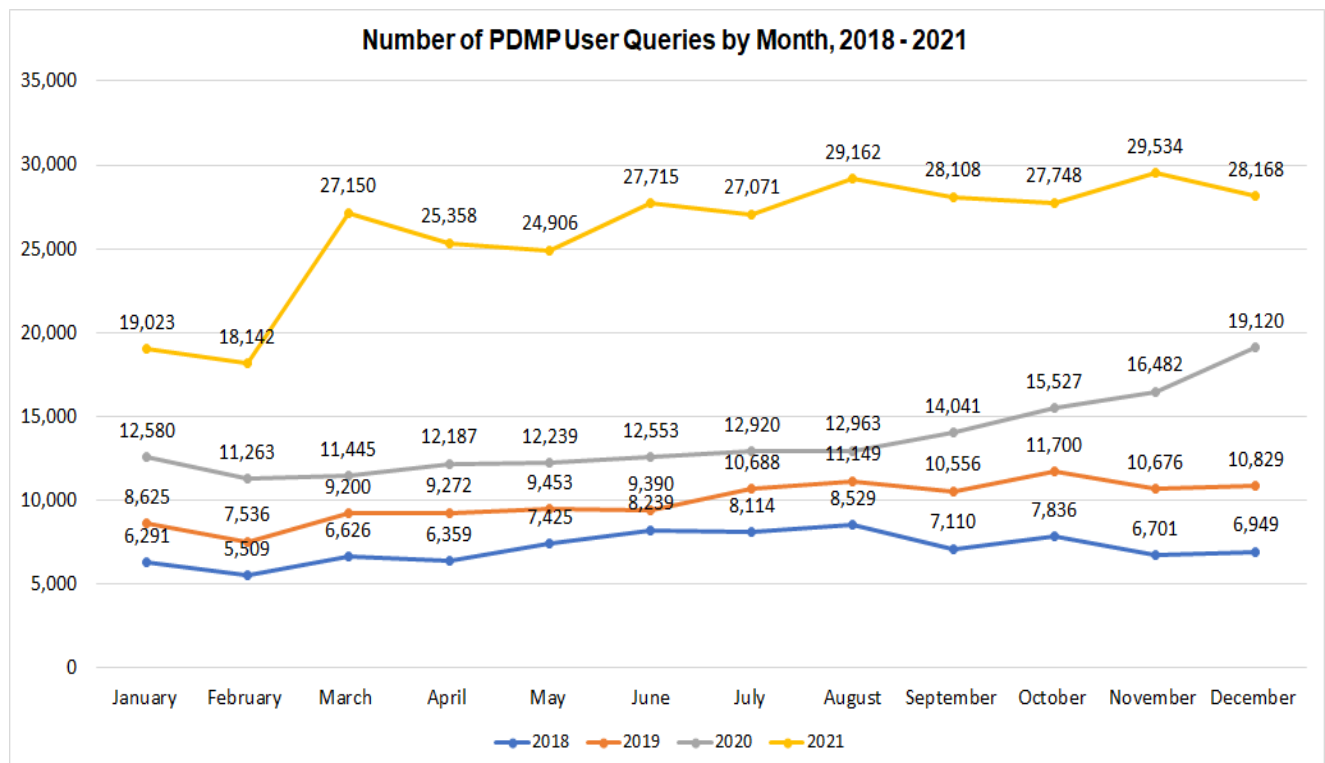


Figure 6b

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
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Chair, Prescription Drug Monitoring Program Advisory Committee
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