

DISTRICT OF COLUMBIA

# Prescription Drug Monitoring Program

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Annual Report 2018

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Dear Residents,

I am pleased to share the inaugural District of Columbia Prescription Drug Monitoring Program (PDMP) Report. This report provides an overview of the purpose and implementation of the Program. It also presents statistics on PDMP usage and the dispensation of controlled substances and other drugs of concern in the District of Columbia.

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 US. The District of Columbia's Office of the Chief Medical Examiner (OCME) found that opioid overdose deaths nearly tripled between 2013 and 2016, from 83 to 216. In 2018, 174 people died from an opioid overdose in the District of Columbia.

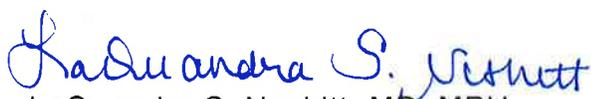
Prescription drug monitoring programs play an important role in promoting public health and safety. PDMPs can help inform the clinical decisions of prescribers and dispensers. PDMPs can alert registered users when patients use multiple providers or pharmacies or surpass the recommended daily morphine milligram equivalent threshold. Improving and expanding the PDMP is a part of the [Live.Long.DC](#) Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths.

DC Health implemented the PDMP in 2016, and currently, there are more than 2,900 healthcare professionals registered with the Program. Users have conducted more than 150,000 queries, including patient look-ups and self-checks. In 2018, the number of reported opioids dispensed in the District of Columbia decreased by 8.5% from 2017.

As we look to the future, DC Health will continue to strive to make the PDMP as timely and accessible as possible. In 2019, all licensed prescribers and dispensers in the District of Columbia were required to register with the PDMP. Integration of data from the PDMP into electronic health records, pharmacy dispensing systems, and health information exchanges of local hospitals and clinical sites are now being made available through funding from federal grants. We will continue to expand our engagement with District of Columbia licensed health care professionals with new reports about users' prescribing and dispensing histories.

We hope that this report highlights the benefits of the prescription drug monitoring program and illustrates the future path of the Program. We look forward to engaging with health care professionals across the District of Columbia to protect and improve the health of residents.

Sincerely,



LaQuandra S. Nesbitt, MD, MPH  
Director

## Executive Summary

This inaugural report of the District of Columbia Prescription Drug Monitoring Program (PDMP) presents information relevant to the operation of the PDMP. The report also provides a timeline of the PDMP legislation to the launch of the electronic database.

The PDMP is a tool for District of Columbia Health licensed prescribers and dispensers 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, and butalbital. 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 occupation board and employed at the same location and under the direct supervision of the prescriber or dispenser.

The PDMP participates in Interstate Data Sharing which permits practitioners to view dispensations in neighboring jurisdictions. This feature is essential and optimizes access to information for patients in the District of Columbia Metropolitan area. In 2018 the PDMP shared data with 21 states. Prescribers who registered with the PDMP received quarterly reports that provide a summary of covered substances that were written and dispensed.

The PDMP has an advisory committee, appointed by the DC Health Director, that makes 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 and that should be monitored and the design and implementation of educational courses. The PDMP Advisory Committee convened four times during 2018 and made recommendations to move the program toward mandatory registration of all prescribers and dispensers. The members of the committee include health care practitioners, DC Health representatives, and consumers.

Several enhancements have been made to the PDMP Aware platform as a result of increased Federal grant funding opportunities through the Centers for Disease

Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA). These enhancements include prescriber reports and Tableau analytics software.

At the end of 2018, there was a 33.6% increase in health care practitioners registered with the PDMP. The increase in health care practitioner registration correlates to the rise of PDMP system queries by 23.6% from 2017 to 2018. Physicians were the largest group of health care practitioners registered for the program accounting for 58% of registered users. There were no mandates for PDMP registration or system queries for health care practitioners in 2018.

Data from the PDMP shows a decrease of 8.5% of controlled substances dispensed to patients in the District of Columbia in 2018. One-third of the prescriptions captured in the PDMP were for opioids. Opioid prescriptions are compared based on the Morphine Milligram Equivalent (MME). The CDC recommends that prescribers avoid dosages that are above 90 MME per day to treat chronic pain. Approximately 12% of prescriptions had a daily MME greater than 90. Likewise, the number of benzodiazepines have decreased in the District. Patients that take benzodiazepines along with opioids have an increased risk of a drug overdose.

The PDMP has seen an increase in controlled prescriptions that have been transmitted electronically. The use of electronic prescriptions reduces the risk of fraudulent prescriptions being filled at pharmacies. As the program grows, there is a great opportunity for improved health outcomes by use of the PDMP by prescribers and dispensers.

## I. 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 that will not impede the appropriate medical utilization of controlled substances. The Program seeks to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research, and other medical and pharmacological uses.

The original legislation for the PDMP was drafted and introduced to the District of Columbia City Council in 2012 and passed in February of 2014. Reporting began in August 2016, and the searchable database was launched in October 2016 (Figure 1).

**Figure 1: Timeline for DC PDMP Implementation**



### Program Requirements

In 2018, dispensers were required to report prescription data about the dispensation of Schedule II, III, IV, and V drugs, as well as products that contain butalbital and cyclobenzaprine. Dispensers of a covered substance must submit the required data to the PDMP within 24 hours after the substance is dispensed. A prescriber or dispenser is not required to access or use the PDMP before prescribing or dispensing a covered substance. 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, dentists, physician assistants, nurse practitioners, veterinarians 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 the investigation. Agents from the Metropolitan Police Department (MPD), US Drug Enforcement Agency (DEA), and the Federal Bureau of Investigations (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 allegation 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, or 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.

## Interstate Data Sharing

The District of Columbia PDMP participates in interstate data sharing through the 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 and the following states and territories:

- Alabama\*
- 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

\*States added in 2019

## Prescriber Reports

The Program began issuing quarterly prescriber reports in April 2018. The reports are intended to provide a summary of practitioners' prescribing of covered substances over a specified period. The prescriber reports present an opportunity for self-analysis of a practitioner's practice as it relates to their prescribing of controlled substances and substances of concern. Additionally, by providing these metrics and notifying practitioners of

their standing among their peers, prescriber reports may positively influence their prescribing of controlled substances and may assist practitioners with their treatment decisions. In 2018, prescriber reports were available to end-users through account dashboards.

### **Advisory Committee**

The [PDMP Advisory Committee](#) makes recommendations to DC Health to support the ongoing development of the PDMP. Although Section 10316 of the PDMP regulation<sup>1</sup> requires the Committee to meet twice per year, the Committee has met quarterly since January 2018. The Committee includes representatives from DC Health licensing boards, law enforcement, health care professionals, and the public. The following people were appointed members of the Committee in 2018:

- Jacqueline Watson, DO, MBA,  
DC Health Chief of Staff  
Advisory Committee Chairperson
- Shauna White, PharmD, RPh, MS  
Executive Director  
DC Board of Pharmacy
- Frank Meyers, JD  
Executive Director  
DC Board of Medicine
- Natalie Kirilichin, MD, MPH Emergency  
Medicine Physician, George  
Washington University
- Commander John Haines, Metropolitan  
Police Department
- Jessica Donaldson, CPhT  
Certified Pharmacy Technician

### 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;

<sup>1</sup> Chapter 103: Prescription Drug Monitoring Program Final Rulemaking. <https://dchealth.dc.gov/node/1134307>

- (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.

In its first year, the PDMP Advisory Committee made a number of recommendations, which were proposed by the Director of DC Health to the City Council in October 2018. 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

Additionally, the PDMP Advisory Committee proposed that gabapentin be added as a drug of concern and regulations have been drafted to include gabapentin as a drug of concern to be reported into the PDMP.

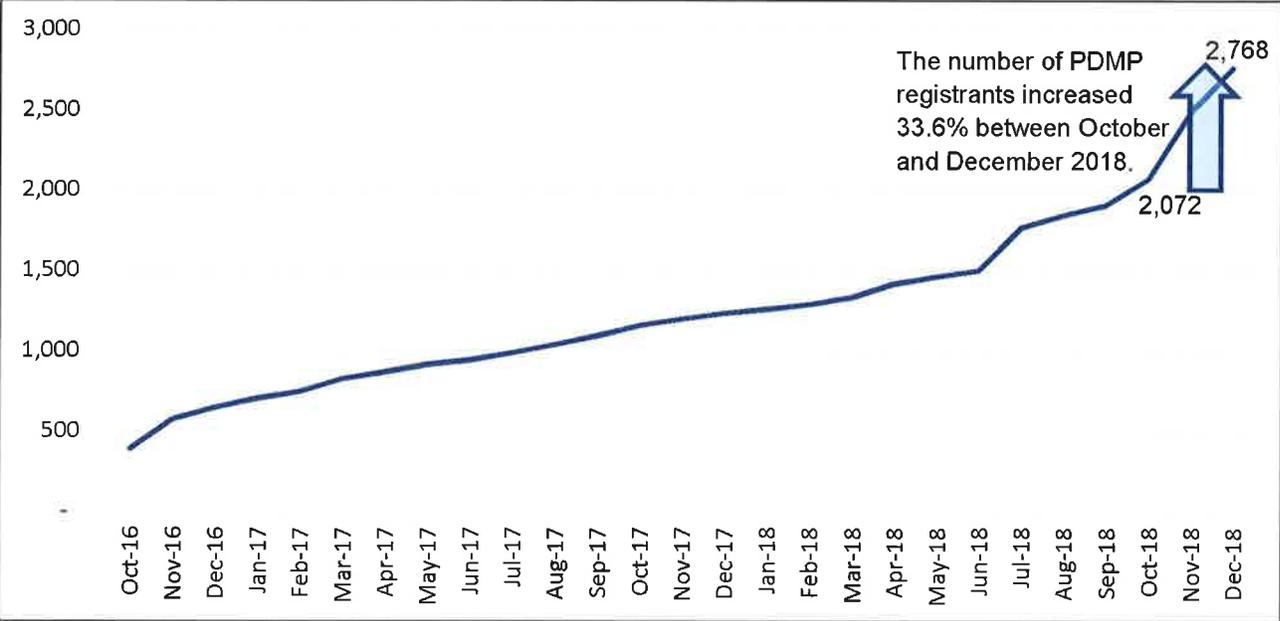
### **PDMP Enhancements and Grant Activities**

DC Health has received multiple grants through the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). With grant funding, the PDMP program has incorporated the Analytics package that utilizes a Tableau platform to display and analyze DC PDMP data. The Tableau analytics software allows the Program to conduct more compliance reviews and explore trends in PDMP data. In 2019, CDC funding was used to integrate the PDMP into health care facility electronic health records (EHR) and health information exchange (HIE) systems in the District of Columbia. Additionally, grant funding will be used for automated health care professional license verification for providers who register for the DC PDMP.

## II. PDMP Registration and Utilization

Between the launch of the Program in October 2016 and the end of 2018, there were 2,768 users registered for the PDMP (Figure 2 and Table 1).

**Figure 2: Total Number of Approved PDMP Users, October 2016-December 2018**



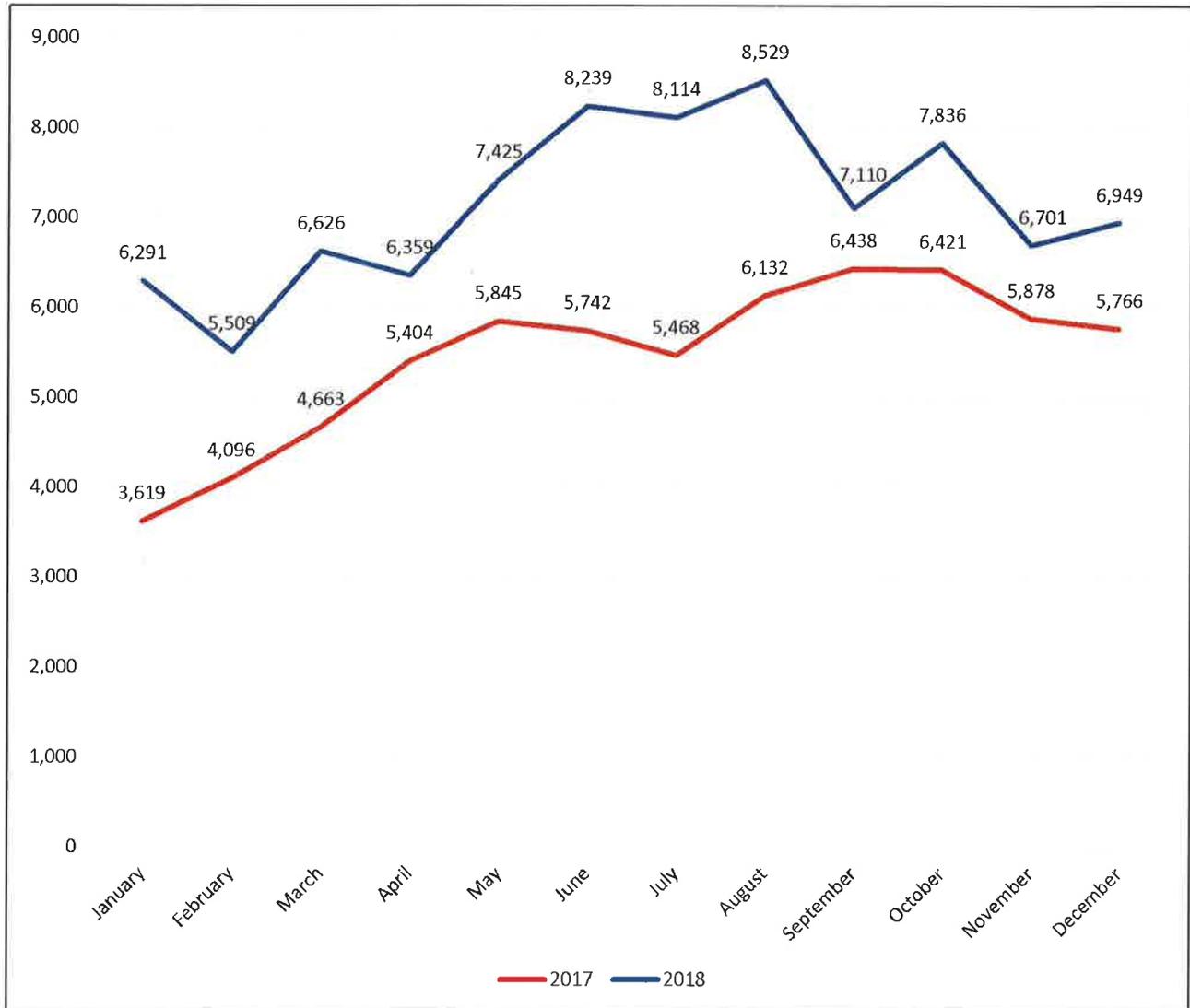
Nearly 60% of registrants in the PDMP are physicians. During the District of Columbia 2018 physician license renewal period (October 2018 – December 2018), the number of approved PDMP registrants increased by 33.6%. Information encouraging physicians to register for the PDMP was included in their license renewal process. There were 2,072 registered PDMP users in October 2018 and 2,768 in December 2018.

**Table 1: Total Number of Approved PDMP Registrants by User Role**

User Role	Number of Registrants	Percent of Total Registrants
Physician (MD, DO)	1,604	57.9%
Pharmacist	513	18.5%
Nurse Practitioner	251	9.1%
Physician Assistant	138	5.0%
Dentist	94	3.4%
Medical Resident	61	2.2%
Veterinarian	33	1.2%
Veterans Affairs Prescriber	25	0.9%
Podiatrist (DPM)	10	0.4%
Pharmacy Technician (Delegate)	8	0.3%
Midwife	4	0.1%
Other (Licensing Board Investigators, Law Enforcement, Medical Examiner)	27	1.0%
<b>Total</b>	<b>2,768</b>	

Registered users request patient prescription data through the PDMP. Requests can include patient, prescriber, or dispensary searches, self-lookup, and investigative searches. Patient searches are the most common type of user request. Prescribers and dispensers are able to use patient reports to inform treatment decisions and identify potential misuse and abuse. Between October 2016 and December 2018, there were 156,925 queries in the DC PDMP. The total number of queries has increased each year since the Program launched. There were 5,765 total queries in 2016, 65,472 total queries in 2017, and 85,688 total queries in 2018 (Figure 3). The average number of queries per month was 7,141 in 2018, a 23.6% increase from 2017 when it was 5,456.

**Figure 3: Total PDMP User Queries by Month, 2017-2018**

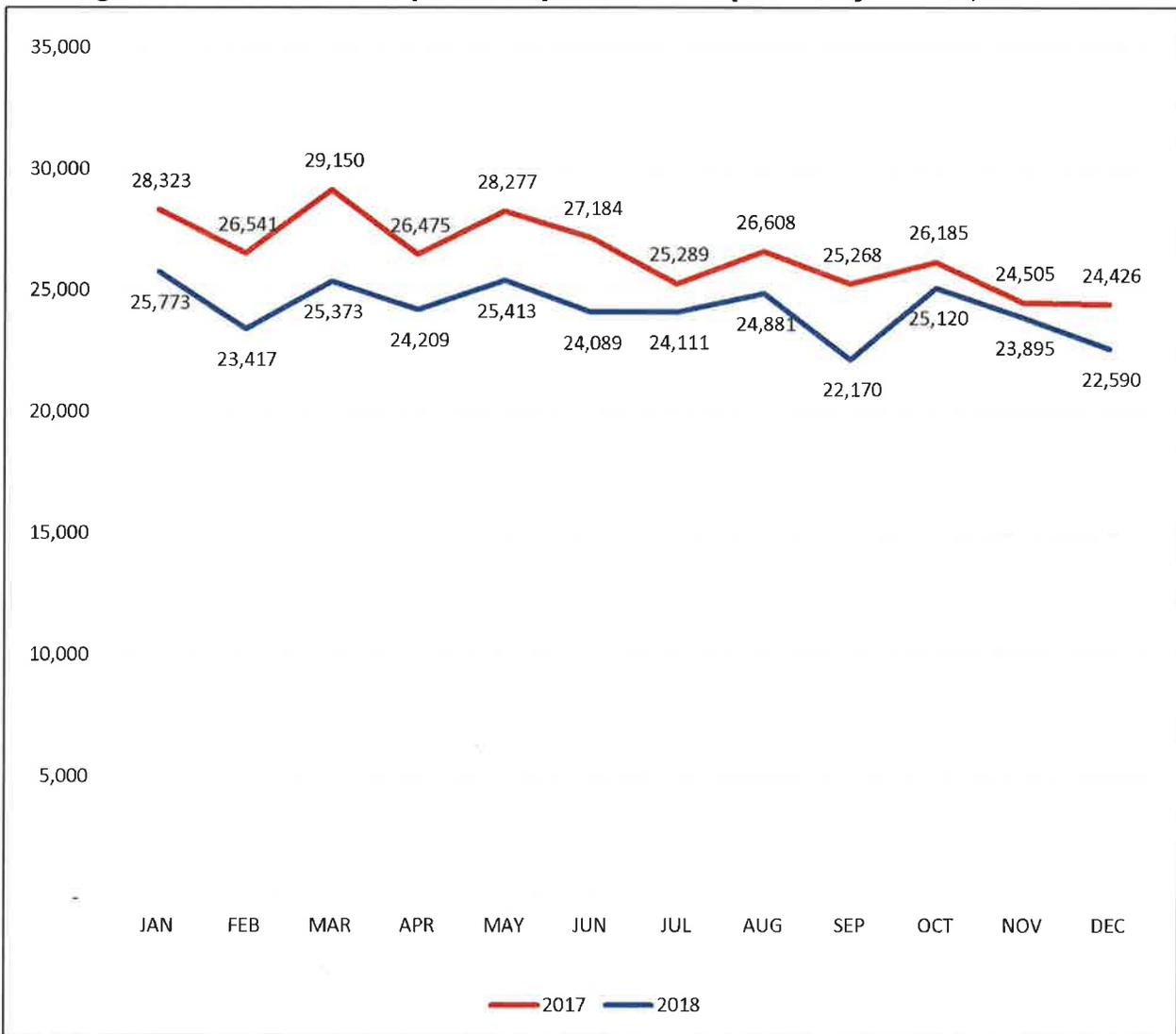


### III. Dispensation of Prescription Drugs of Concern

In 2018, there were 875,433 prescriptions reported to the DC PDMP. Approximately 33% of those prescriptions were for opioids. The remaining two thirds were other controlled substances, such as amphetamines, benzodiazepines, and anticonvulsants.

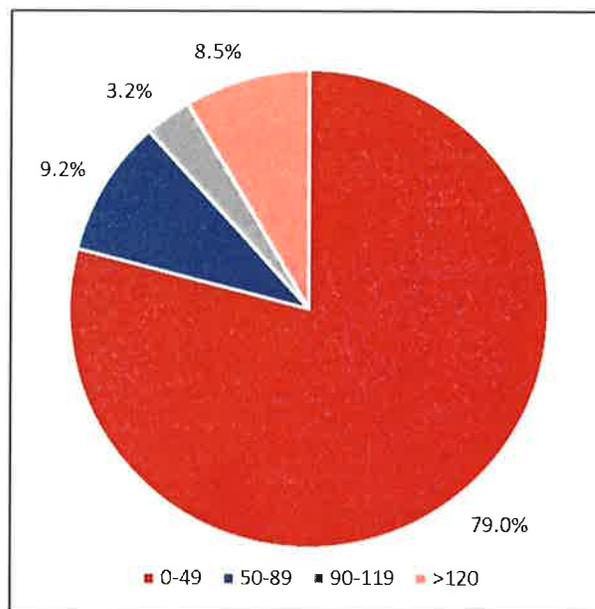
In the District of Columbia, the total number of opioid prescriptions dispensed decreased 8.5%. Dispensers reported 318,231 opioid prescriptions in 2017 and 291,041 opioid prescriptions in 2018 (Figure 4).

**Figure 4: Number of Reported Opioid Prescriptions by Month, 2017-2018**



The CDC in its *Guideline for Prescribing Opioids for Chronic Pain* warned that patients on higher doses of opioids are at a higher risk of overdose.<sup>2</sup> Since opioids vary in strength, practitioners and researchers use morphine milligram equivalents (MME) to standardize dosage across different types of opioids. A study from the Veterans Health Administration (VHA) found that patients who died of opioid overdose were prescribed an average of 98 MME/day while other patients were prescribed an average of 48 MME/day.<sup>3</sup> The CDC recommends that practitioners should avoid dosages above 90 MME/day for treating chronic pain (pain lasting longer than three months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

**Figure 5: Daily Morphine Milligram Equivalents (MME) for Opioid Prescriptions, 2017 and 2018**



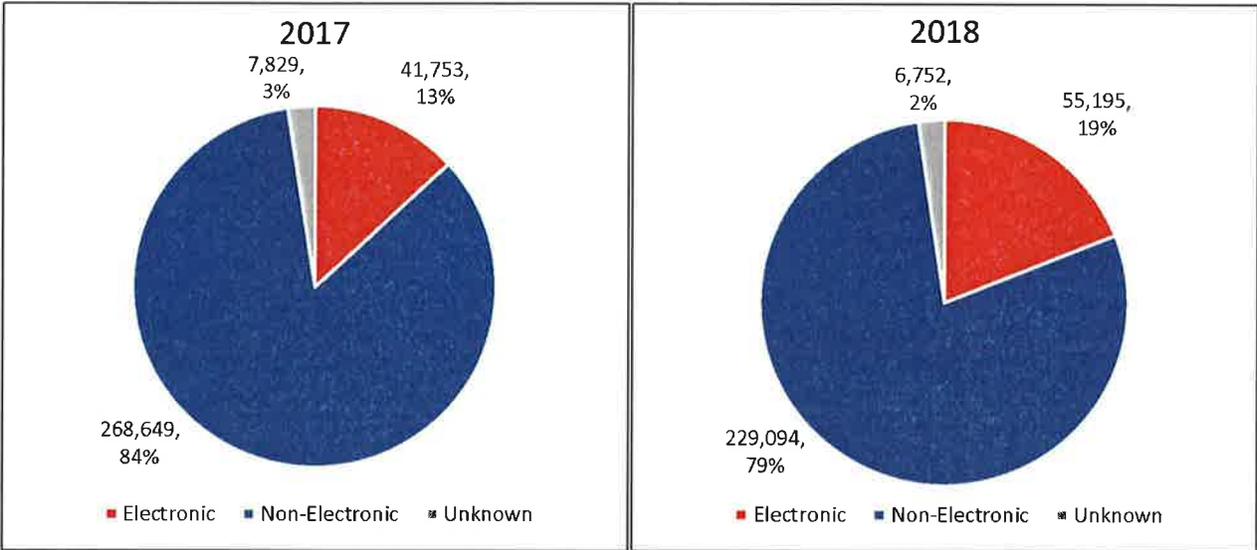
For the 609,272 opioid prescriptions, nearly 80% had a daily MME of less than 50. Approximately 12% of prescriptions had a daily MME greater than 90. These percentages were consistent between 2017 and 2018 (Figure 5).

<sup>2</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

<sup>3</sup> Bohnert ASB, Logan JE, Ganoczy D, Dowell D. A detailed exploration into the association of prescribed opioid dosage and prescription opioid overdose deaths among patients with chronic pain. Med Care 2016. [http://journals.lww.com/lww-medicalcare/Abstract/publishahead/A\\_Detailed\\_Exploration\\_Into\\_the\\_Association\\_of.98952.aspx](http://journals.lww.com/lww-medicalcare/Abstract/publishahead/A_Detailed_Exploration_Into_the_Association_of.98952.aspx)

The percentage of prescriptions for opioids that were written electronically increased between 2017 and 2018. In 2017, of the 318,231 opioid prescriptions that were dispensed in the District of Columbia, 41,753 (13.1%) were written electronically. In 2018, that percentage increased to 18.96% with 55,159 of the 290,871 opioid prescriptions written electronically (Figure 6).

**Figure 6: Method (Electronic vs. Non-Electronic) of Opioid Prescription, Count and Percentage, 2017 vs. 2018**



Electronic prescribing, also called e-prescribing, increases security and reduces the risk of fraud and medical error.<sup>4</sup> Prescribers are able to send prescriptions through their electronic health record (EHR) systems directly to patients’ pharmacies. The Drug Enforcement Agency has allowed for e-prescribing for controlled substances since 2010.<sup>5</sup> Uptake of electronic prescribing for controlled substances in the US is increasing; e-prescribing represented 11% of controlled substance prescriptions in 2016 and 21% in 2017.<sup>6</sup> The District of Columbia is similar to the national average for the proportion of electronic prescriptions for controlled substances.

<sup>4</sup> Crossing the Quality Chasm: A New Health System for the 21st Century. National Academy of Medicine (formerly IOM). Washington, DC: National Academy Press. 2001 Mar. <http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf>

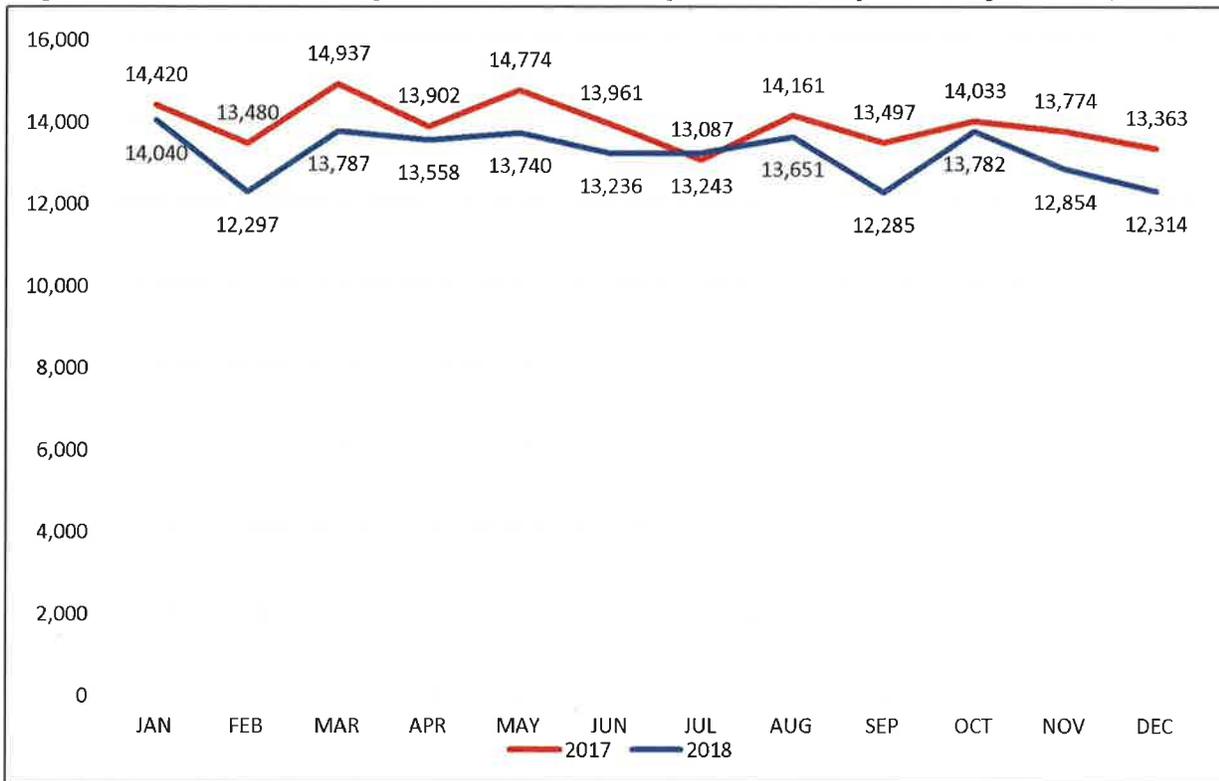
<sup>5</sup> Electronic Prescriptions for Controlled Substances, 21 CFR Parts 1300, 1304, 1306, and 1311 (2010).

<sup>6</sup> 2017 National Progress Report. Surescripts. <https://surescripts.com/news-center/national-progress-report-2017/>

Benzodiazepines, a category of sedatives, are commonly prescribed to treat anxiety or insomnia. Some benzodiazepines include diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin). Nationally, over 30% of overdoses that involved opioids also involved benzodiazepines.<sup>7</sup> Several studies have documented the increased risk of overdose when these drugs are taken concurrently.<sup>8,9,10</sup> The CDC guidelines recommend that practitioners avoid co-prescribing opioids and benzodiazepines whenever possible.<sup>11</sup> Both prescription opioids and benzodiazepines now carry FDA "black box" warnings on the label that highlight the dangers of using these drugs together.

In the District of Columbia, the total number of benzodiazepines dispensed decreased by 5.1%, from 167,389 in 2017 to 158,787 in 2018 (Figure 7). During 2018, approximately 6.5% of opioid prescriptions were dispensed to patients that had a current benzodiazepine prescription.

**Figure 7: Number of Reported Benzodiazepine Prescriptions by Month, 2017-2018**



<sup>7</sup> Benzodiazepines and Opioids. National Institute on Drug Abuse. 2018 Mar. <https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids>

<sup>8</sup> Dasgupta N, Funk MJ, Proescholdbell S, Hirsch A, Ribisl KM, Marshall S. Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality. *Pain Med* Malden Mass. 2016;17(1):85-98.

<sup>9</sup> Gomes T, Mamdani MM, Dhalla IA, Paterson JM, Juurlink DN. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med*. 2011;171(7):686-691.

<sup>10</sup> Park TW, Saitz R, Ganoczy D, Ilgen MA, Bohnert ASB. Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study. *BMJ*. 2015;350:h2698.

<sup>11</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

## IV. Future Activities

In 2019, the DC PDMP staff will continue to expand and improve the system. There are several key initiatives related to the PDMP in the Mayors Strategic Plan, [Live.Long.DC](#), to Reduce Opioid Use, Misuse, and Overdose Deaths.

DC Health will encourage registration and utilization among District of Columbia licensed health care professionals. Beginning in 2019, prescribers and dispensers who are licensed in the District of Columbia will be required to register with the DC PDMP. Program staff will 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. DC Health is working with Appriss, the DC PDMP vendor, to implement automated license verification to streamline the approval process for registrants. Additionally, Program staff plan to conduct outreach to encourage greater participation among delegates such as pharmacy technicians.

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 already shares its PDMP data with 21 states and jurisdictions.<sup>12</sup> Program staff will continue to engage with partners from other jurisdictions to expand data sharing agreements in 2019.

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

Furthermore, PDMP data will become better incorporated into the data that is used to understand opioid overdoses in the District of Columbia. DC Health will share statistics about the PDMP through the opioid data dashboard that will launch in 2019. The Director of the PDMP will participate in the Opioid Overdose Fatality Review Board.

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

<sup>12</sup> DC currently shares data with Alabama, Connecticut, Delaware, Georgia, Indiana, Iowa, Kansas, Maryland, Massachusetts, Minnesota, New York, North Carolina, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Texas, Virginia, Washington, and West Virginia.

## **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

**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 Investigations

**FDA** – The U.S. Food and Drug Administration

**HIE** – Health Information Exchange

**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

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