

DISTRICT OF COLUMBIA

Prescription Drug Monitoring Program

Annual Report 2020



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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.

The District of Columbia and the United States as a whole continue to suffer from the opioid overdose epidemic. On average, 130 people die every day from an opioid overdose in the US according to the Centers for Disease Control and Prevention (CDC). The District of Columbia Office of the Chief Medical Examiner (OCME) reported 408 opioid-related overdose deaths in 2020, of which 61 involved prescription opioids.

Prescription drug monitoring programs (PDMPs) 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 Mayor's [LIVE.LONG.DC](#) Strategic Plan to reduce opioid use, misuse, and related deaths.

DC Health implemented the PDMP in 2016, and there were more than 18,000 healthcare professionals registered with the Program in 2020. PDMP users conducted over 160,000 direct queries with the DC PDMP and over 47,000,000 indirect queries from integrated health systems across the nation in 2020, primarily for patient reports.

As we look to the future, DC Health will continue to strive to make the PDMP as timely and accessible as possible. Since 2019, all licensed prescribers and dispensers in the District of Columbia are required to register with the PDMP. 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. 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 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 24 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 2020 and made the recommendation to move the program toward mandatory query for all DC licensed prescribers and dispensers. Appointed by the Director of DC Health, the members of the committee include 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.

At the end of 2020, there was a 25% increase in health care practitioners registered with the PDMP compared to 2019. The increase in health care practitioner registration correlates with the rise of PDMP system queries by 37% from 2019 to 2020. Physicians were the largest group of health care practitioners registered for the program, accounting for 68% of registered users.

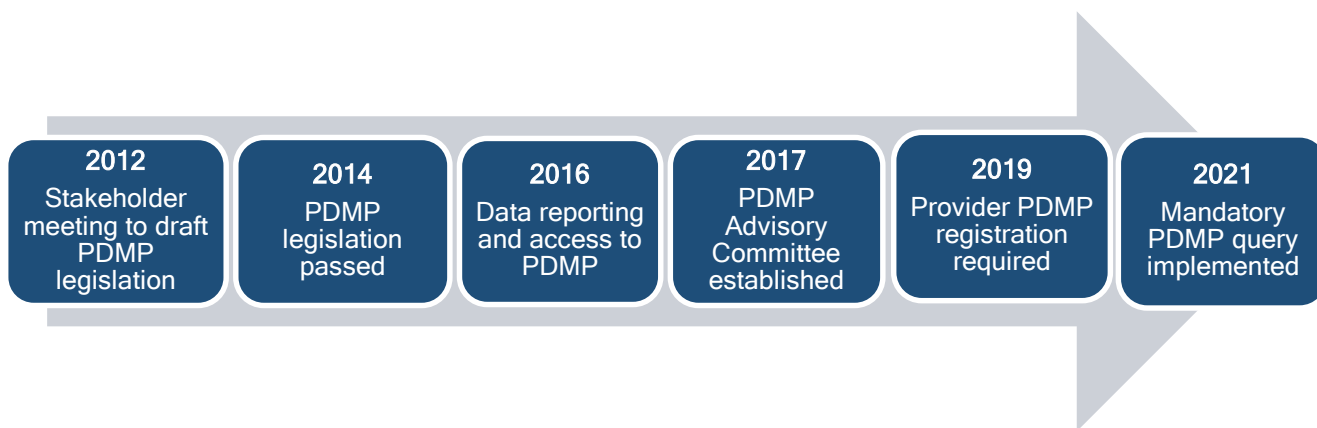
Program Information

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 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.

Program Data Sharing

Interstate Data Sharing

The District of Columbia PDMP participates in interstate data sharing through 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, the VA Medical Center in DC, 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

Gateway Integration

The DC PDMP provides the 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 2020, there were 15 integrations through Gateway completed between the DC PDMP and other local electronic health record (EHR) systems, health information exchange (HIE) systems, and pharmacy management systems. Entities integrated in 2020 include the DC VA Medical Center and Howard University Hospital.

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 of time. 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 treatment decisions.

Program Regulation

Advisory Committee

The [DC PDMP Advisory Committee](#) makes recommendations to DC Health to support the ongoing development of the PDMP. Section 10316 of the PDMP regulation¹ requires the Committee to meet at least twice per year. The Committee met three times during 2020. 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 2020:

- Jacqueline Watson, DO, MBA
DC Health Chief of Staff
Advisory Committee Chairperson
- Sheri Doyle, MPH
Consumer Member
- Frank Meyers, JD
Executive Director
DC Board of Medicine
- Commander John Haines
Metropolitan Police
Department
- Shauna White, PharmD, RPh, MS
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;

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

- (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 will require mandatory query of the prescription drug monitoring database by prescribers and dispensers prior to prescribing or dispensing an opioid or benzodiazepine for more than 7 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.

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. In 2019 and 2020, CDC funding was 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.

In 2020, the DC PDMP staff conducted a series of webinars to educate providers on PDMP features. Topics included how to register for the PDMP, how to conduct queries to search for records, and how to interpret results. The webinars promoted awareness of delegate access in which providers may have up to two delegates search the PDMP on their behalf. PDMP staff discussed Gateway integration, where health care facility electronic health record (EHR) systems, health information exchange (HIE) systems, and pharmacy management systems can integrate with the PDMP in order to streamline patient queries. The webinars assisted providers in obtaining and reviewing their quarterly Prescriber Report revealing their prescribing behavior in relation to other providers within their specialty. The sessions also included informational updates on PDMP related legislation and spotlighted available resources on the DC PDMP website.

The DC PDMP website was updated to include additional resources. A quick reference guide was added to the current list of AWARe resources for providers seeking to learn how to utilize the PDMP. An updated data submission dispenser guide was posted for providers seeking to integrate their health system with the PDMP. The website was also re-organized to allow for an easier search of information.

The DC PDMP also conducted a focus group with providers. Focus group participants notified DC PDMP staff that they were interested in resources related to health system integration with the PDMP, basics related to using the PDMP, and delegating registration in the PDMP. The DC PDMP also conducted its second annual PDMP user satisfaction survey.

Outreach Activities

The DC PDMP completed a series of outreach activities aimed to increase awareness and utilization of the PDMP. In early 2020, the DC PDMP gave a presentation at the DEA Diversion Awareness conference, detailing the registration and use of the PDMP, reviewing existing and proposed PDMP legislation, and explaining the use of the patient NarxCare report and prescriber report. The DC PDMP collaborated with Appriss Health to provide a virtual presentation on Prescriber Reports to educate prescribers on metrics presented in the report, the addition of a Medication Assisted Treatment (MAT) drug prescription section, and updates to the report's visual display. Program staff provided technical assistance to DC Primary Care Association to facilitate Gateway Integration into the EHRs of its member health care centers.

In late 2020, the DC PDMP presented information during a continuing education webinar with Howard University. PDMP staff reviewed the purpose and operations of the program and outlined the creation of a PMP AWARe account, the process of conducting patient queries, and interpreting a NarxCare report. During a DC Department of Health Care Finance

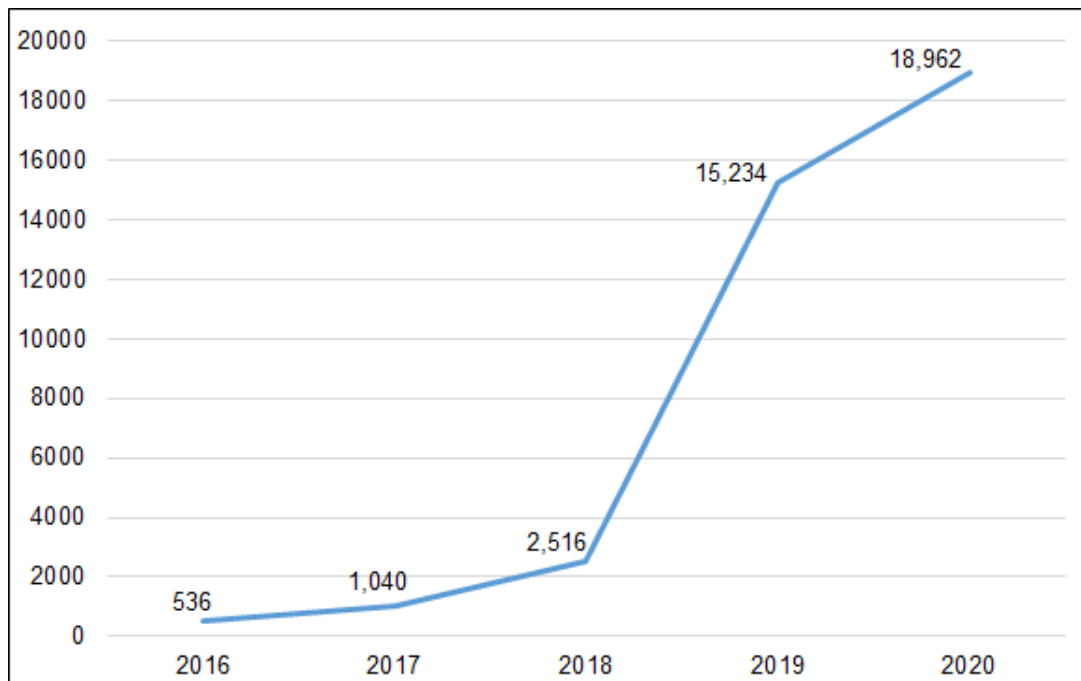
presentation, the DC PDMP discussed features of the program, focusing on the process for Gateway integration.

During a DC CRISP webinar, the DC PDMP presented on topics such as Prescriber Reports, NarxCare, website resources, and communications. Lastly, the DC PDMP held a webinar for DC Hospital Association members to promote delegate registration and provide guidance on creating a PMP AWARxE account, performing a patient query, and understanding current PDMP-related legislation.

PDMP Registration and Utilization

Between the launch of the Program in October 2016 and the end of 2020, there were over 20,000 users registered for the PDMP (Figure 2). The Program implemented mandatory registration in July 2019. The number of PDMP registrations increased by 25% between 2019 and 2020.

Figure 2: Number of Active PDMP Users by Year of Registration, October 2016 - December 2020



In 2020, approximately 68% of registrants in the PDMP were physicians and 10% were pharmacists (Table 1).

Table 1: Number of Active PDMP Registrants by User Role, 2020

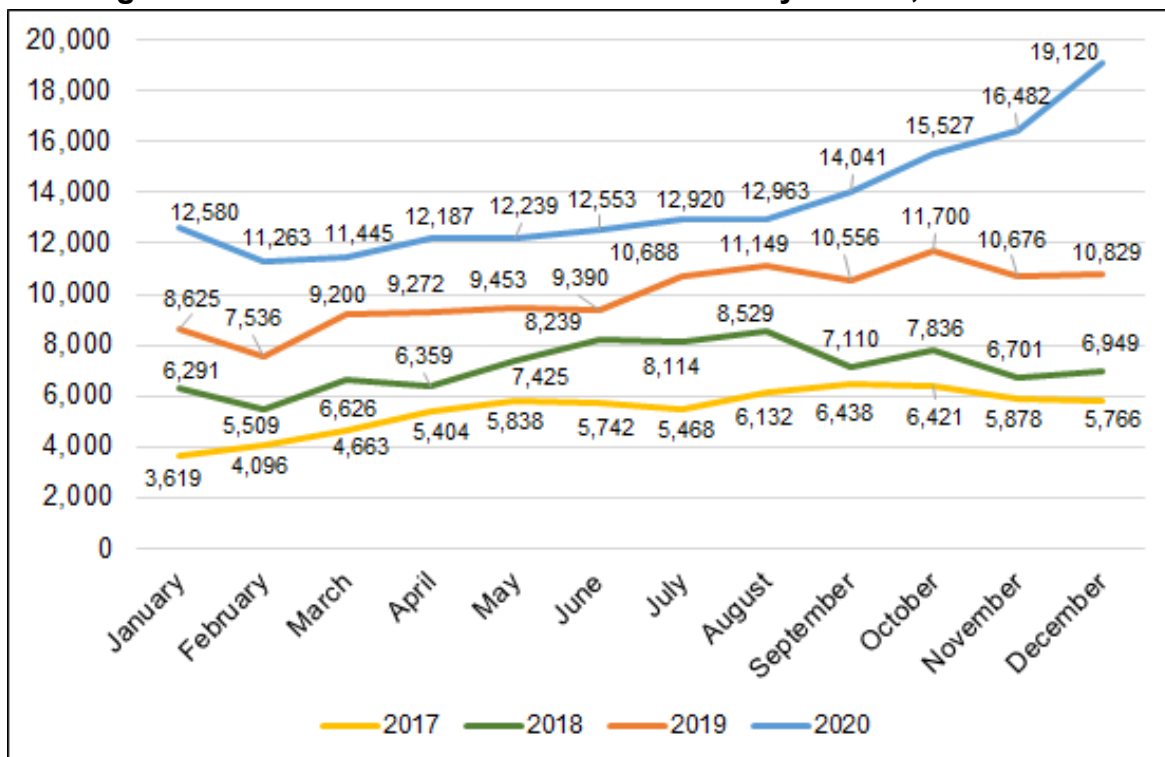
User Role	Number of Registrants	Percent of Total Registrants
Physician (MD, DO)	12,885	68.0%
Pharmacist	1,972	10.4%
Advance Practice Nurse	1,507	7.9%
Dentist	960	5.1%
Physician Assistant	717	3.8%
Veterans Affairs Prescriber or Dispenser	216	1.9%
Veterinarian	216	1.1%
Optometrist	163	0.9%
Podiatrist (DPM)	118	0.6%
Naturopathic Physician	31	0.2%

Other (Licensing Board Investigators, Law Enforcement, Medical Examiner, Admin)	27	0.1%
Pharmacy Technician or Delegate	9	0.05%
Total	18,962	

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 65,465 queries in 2017, 85,688 queries in 2018, 119,074 queries in 2019, and 163,320 queries in 2020 (Figure 3).

Figure 3: Number of PDMP User Queries by Month, 2017-2020



Future Program Activities

In 2021, the DC PDMP staff will continue to expand and improve the system. There are several key initiatives related to the PDMP in the Mayor's [LIVE.LONG.DC](#) Strategic Plan to reduce opioid use, misuse, and overdose deaths.

DC Health will encourage 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. Program staff will continue to 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 also works to implement automated license verification to streamline the approval process for registrants.

The DC PDMP will be increasing its outreach efforts in 2021 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 24 states and Puerto Rico.² Program staff will continue to engage with partners from other jurisdictions to expand data sharing agreements in 2021.

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.

² DC currently shares data with 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, 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, 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

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