



2012-2013 Prescription Drug Monitoring Program Annual Report

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**Prescription Drug Monitoring Program
2012-2013 Annual Report**

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Message from the State Surgeon General & Secretary

The 2012-2013 Annual Report highlights the accomplishments of the PDMP in reducing abuse, misuse and diversion of controlled substance prescription drugs in the program's second full year of implementation. An effective PDMP requires reliable privacy protections that include database security and guardrails for data use following authorized release from the database. This year, the Department has collaborated with law enforcement agencies, the Attorney General's office, and privacy stakeholders to strengthen policies that protect health information.

The PDMP's goals are integrally aligned with DOH's mission to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts. The PDMP saves the lives of those with prescription narcotic addiction by improving clinical decision-making, decreasing diversion of controlled substances, and assisting interagency efforts to curb the prescription drug abuse epidemic in our state.

Today, there are over 87 million controlled substance prescription dispensing records maintained in the database. In the first two years of operation, physicians and pharmacists made more than 6.4 million requests to view their specific patient's controlled substance dispensing history. Law enforcement has requested and received more than 33,000 investigative reports from program staff to assist in active criminal investigations involving controlled substances.

Florida has seen promising results since the implementation of E-FORCSE[®]. Data from E-FORCSE[®]; *Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report*; and recent DOH survey results support the effectiveness of E-FORCSE[®] as a tool in improving controlled substance prescribing and addressing the prescription drug abuse epidemic. *Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report*, shows that deaths caused by oxycodone plunged 41 percent in 2012, and overall drug deaths fell by 10 percent when compared to 2011. In addition, prescriptions for two of the four most harmful prescription drugs, oxycodone and methadone, fell by 24 percent and 8 percent respectively. Doctor shopping, defined as, a patient requesting and receiving prescriptions from multiple physicians simultaneously also showed decreases during the reporting period.

It is encouraging that, through educational efforts, E-FORCSE[®] registration increased 28 percent and utilization increased 61 percent, suggesting it is becoming an integral part of routine clinical practice.

E-FORCSE[®] has proven to be an effective tool used to protect public health and safety by reducing doctor shopping and controlled substance related deaths, while supporting sound clinical prescribing, dispensing, and use of controlled substances. While promising progress has been made, there is no finish line until prescription drug abuse is eliminated in Florida.

John H. Armstrong, MD, FACS
Surgeon General & Secretary



Executive Summary

As required by section 893.055(8), *Florida Statutes* (F.S.), the 2012-2013 PDMP Annual Report highlights the accomplishments of the PDMP in achieving the following outcomes: reduction of the rate of inappropriate use of prescription drugs through DOH education and safety efforts; reduction of the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; increased coordination among interested parties participating in the PDMP; and involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug diversion.

The Florida PDMP was created by the 2009 Florida Legislature to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State. Section 893.055, F.S., directed DOH to establish a comprehensive database system that collects controlled substance prescription information from health care practitioners within seven (7) days of dispensing controlled substances to a patient. Its use is not mandatory. The information is intended to provide controlled substance dispensing information collected in the database to health care practitioners to guide their decisions in prescribing and dispensing highly abused prescription drugs. It also assists health care practitioners in identifying patients who are “doctor shopping” or trying to obtain multiple prescriptions for the same controlled substance from multiple health care practitioners, a felony in the state of Florida.

The PDMP, called E-FORCSE[®], became operational on September 1, 2011, when it began receiving controlled substance dispensing data from pharmacies and dispensing practitioners. Health care practitioners began accessing the data reported to the PDMP on October 17, 2011. Law enforcement agencies began requesting PDMP investigative reports during the course of active investigations on November 14, 2011.

Since implementation of Florida’s PDMP, dispensers have reported over 87 million controlled substance prescriptions to the E-FORCSE[®] database. In the last year, physicians and pharmacists queried these records more than 3.7 million times, a 61 percent increase over the prior year. Evidence of the value of the PDMP as a clinical decision making tool to reduce prescription drug abuse, misuse and diversion is supported not only by the increased usage, but also by a 28 percent increase in health care practitioner registration. Additionally, 82.8 percent of 2,000 PDMP users surveyed this year thought all prescribers and dispensers should use E-FORCSE[®] to inform their controlled substance prescribing and dispensing clinical decisions.

The effectiveness of the PDMP is reflected in the *Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report* which shows that deaths caused by oxycodone plunged by almost 41 percent in 2012, and overall drug deaths fell by 9.9 percent. In the same period, the PDMP documented a 51 percent decrease in the number of individuals receiving prescriptions from five or more prescribers and five or more pharmacies in a 90-day period.



Introduction

Background

The Centers for Disease Control and Prevention (CDC) classified prescription drug abuse as an epidemic.¹ Florida is arguably the epicenter of the prescription drug abuse epidemic in the United States. The National Institute on Drug Abuse (NIDA) defines prescription drug abuse as “the intentional use of a medication without a prescription; in a way other than as prescribed; or for the experience or feeling it causes.”² In his remarks to the Senate Caucus on International Narcotics Control, Responding to the Prescription Drug Epidemic, Gill Kerlikowski, Director of the Office of National Drug Control Policy (ONDCP), Executive Office of the President, stated, “in 2010 the Drug Enforcement Administration’s (DEA) Automation of Reports and Consolidated Orders System (ARCOS) data reported ninety of the top 100 physicians purchasing oxycodone were located in the state leading Florida to be known as the national epicenter for illicitly diverted prescription drugs”.³ Florida Attorney General Pam Bondi has made the fight against prescription drug abuse a top priority.⁴ According to Florida’s Prescription Drug Diversion and Abuse Roadmap 2012-2015, Attorney General Bondi, stated, “Prescription drug abuse remains Florida’s fastest growing and deadliest public safety issue.” In addition, “Florida’s failure to effectively and comprehensively react sooner to the explosion in prescription drug diversion and abuse has contributed to the national public health crisis.”⁵ In 2009, one in eight deaths in Florida was attributable to a prescription drug overdose.⁶

In an initiative to encourage the safer prescribing of controlled substances and reduce controlled substance prescription drug diversion and abuse in the state of Florida, Governor Charlie Crist signed Senate Bill 462 into law on June 18, 2009, creating Florida’s Prescription Drug Monitoring Program.⁷ Senator Mike Fasano stated, “Once the database is up and running for a while, there will be a reduction in doctor shopping, reduction in people forging prescriptions, and Florida will see lives being saved.”⁸

As part of Florida’s comprehensive strategy to stop the flow of dangerous drugs into communities and combat the criminal distribution of prescription drugs in Florida, in March 2011, Governor Rick Scott appointed Florida Department of Law Enforcement (FDLE) Commissioner Gerald Bailey to head the Statewide Drug Strike Force. On July 1, 2011, former State Health Officer and Surgeon General Frank Farmer issued a statewide public health emergency declaration in response to the ongoing problem of prescription drug abuse and diversion in Florida.

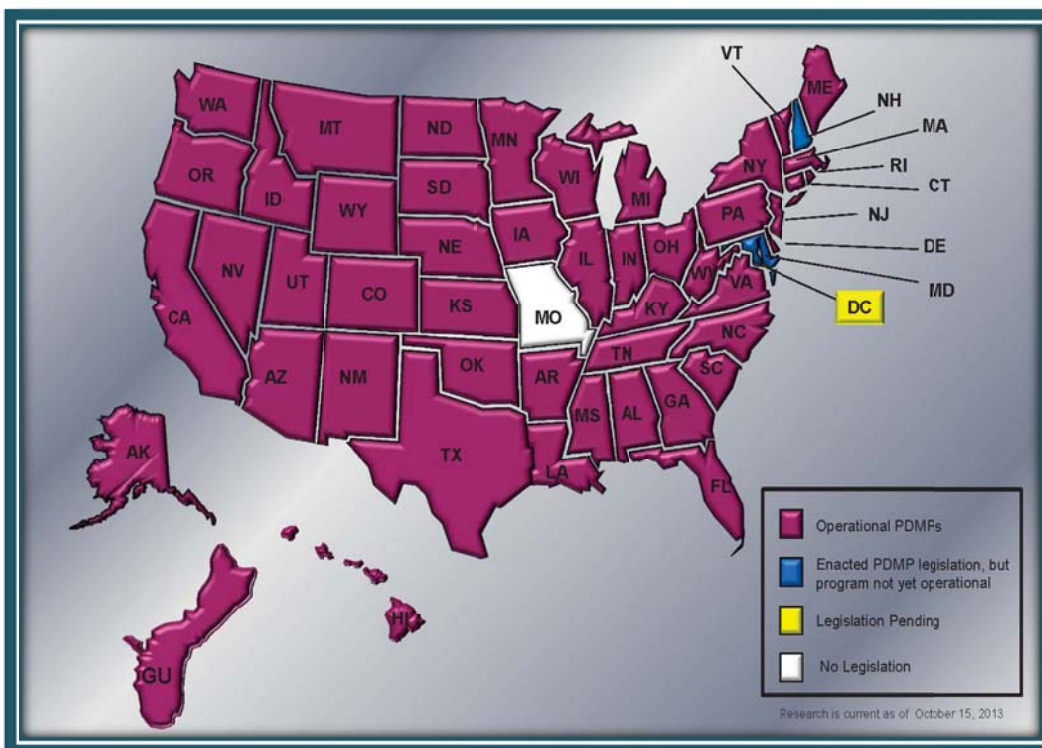
On September 1, 2011, Florida implemented its PDMP, known as E-FORCSE[®] (Electronic-Florida Online Reporting of Controlled Substances and Evaluation)⁹ and began receiving controlled substance dispensing data from pharmacies and dispensing practitioners. Health care practitioners began accessing the data reported to the PDMP on October 17, 2011. Law enforcement agencies began requesting PDMP investigative reports during the course of active investigations on November 14, 2011.



What Are Prescription Drug Monitoring Programs?

As of October 2013, forty-nine states, and two United States Territories have enacted legislation establishing a PDMP. Of those, forty-seven states have operational PDMPs; two other states, have PDMPs that are not yet operational and the District of Columbia has legislation pending.¹⁰

Illustration 1
Status of Prescription Drug Monitoring Programs



Today, PDMPs are established by state law and are located in various agencies such as consumer protection, substance abuse, law enforcement, professional licensing, departments of health, and boards of pharmacy.¹¹ PDMPs across the nation collect, store, monitor, and analyze transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners.¹² The federal and state controlled substance data collected usually includes the names and demographic information for the prescriber, dispenser and patient, the name and dosage form of the drug, quantity dispensed, number of authorized refills, and the method of payment.¹³ Although all PDMPs collect and store controlled substance dispensing information, they differ in the following areas:

- **Controlled substance schedules monitored.** PDMPs monitor controlled substance prescriptions based on the relative potential for abuse or dependence when abused, and whether they have a currently accepted medical use of the substance.¹⁴
- **Level of authorized user access.** The level of access to the information contained in the PDMP varies by state. Some states allow direct access to the



information maintained in the PDMP database to health care practitioners and pharmacists, while other states allow indirect access to law enforcement agencies under certain circumstances, licensing boards, third party payers, and patients.¹⁵

- **Dispenser reporting formats.** State PDMPs must be consistent with American Society for Automation in Pharmacy (ASAP) for the validation of prescribing and dispensing information transmitted from the dispenser to the PDMP. States vary widely with respect to the specific version of the standard in use. Furthermore, PDMPs must also comply with Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI) and electronic protected health information (EPHI).¹⁶
- **Timeliness of data uploaded (reported) to the PDMP.** Some PDMPs require pharmacies and dispensers to report controlled substance dispensing information monthly or bi-weekly, however, most states require weekly uploading. One state, Oklahoma, requires dispensers to upload dispensing information at the time of sale and nine states require daily reporting. Florida requires dispensing information to be uploaded to the PDMP database within seven (7) days of the dispenser dispensing the prescription.¹⁷
- **Type of reports generated, solicited reports versus unsolicited reports.** All state PDMPs generate solicited reports in response to a query by authorized users such as prescribers, dispensers, and other groups with the appropriate access authority. Some states provide unsolicited reports to authorized users when there is reason to suspect a patient is doctor shopping.¹⁸
- **Interoperability between states and other technology.** State PDMPs vary widely with respect to whether information contained in the database is shared with authorized users in other states. Interoperability is extremely important especially in border states like Florida, Alabama, and Georgia. Of the three, only Alabama law authorizes access by health care practitioners licensed in other states. However, Florida is adopting technology to integrate its PDMP information into electronic health records to improve continuity of care, safety, and coordination of health information.¹⁹
- **Mandatory use of PDMPs.** State requirements for mandatory use of the PDMP varies depending on the schedule of the controlled substance being prescribed, authority of practitioner to prescribe controlled substances, practitioner's practice setting, patient's course of treatment, and time interval between querying. Florida does not require its health care practitioners to access the database prior to prescribing a controlled substance.²⁰

Legal Framework

History of Legislation

The PDMP was created by the 2009 Florida Legislature, with the passage of SB 462, which created section 893.055, F.S. A companion bill, SB 440, created section 893.0551, F.S., which



sets forth the exemption from public records requirements for information contained in the PDMP.

The 2010 Florida Legislature amended sections 893.055 and 893.0551, F.S., with the passage of SB 2272, which established a definition for “program manager,” and requires the program manager to work with certain stakeholders to promulgate rules setting forth indicators of controlled substance abuse. It also authorized the program manager to provide relevant information to law enforcement under certain circumstances.

The 2011 Florida Legislature amended section 893.055, F.S., to reassign the duties of the Governor’s Office of Drug Control to DOH; to require reports be made to the PDMP within 7 days of dispensing rather than 15 days; to prohibit the use of certain funds to implement the PDMP; and to require criminal background screening for all PDMP staff who have direct access to the PDMP.

The 2013 Florida Legislature amended sections 893.055 and 893.0551, F.S., with the passage of HB 239, which expands the definition of health care practitioner to include a certified optometrist who has the authority to prescribe oral ocular agents, pursuant to section 463.0055, F.S. With the passage of HB1159, the 2013 Florida Legislature appropriated \$500,000 of nonrecurring general revenue funds for the general administration of the PDMP for fiscal year 2013-2014.

Summary of Statute

Section 893.055, F.S., creates the PDMP within DOH and requires DOH to design and establish a comprehensive electronic database system to collect controlled substance prescription dispensing information, while not infringing upon the legitimate prescribing or dispensing of controlled substances by a prescriber or dispenser acting in good faith and in the course of professional practice.

The system must be consistent with standards of the American Society for Automation in Pharmacy (ASAP) for the validation of prescribing and dispensing controlled substances to an individual. The system must also comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI) and electronic protected health information (EPHI).

DOH must adopt rules concerning the reporting, evaluation, management, and storage of information within the system, including rules for when patient advisory reports (PARs) are provided to pharmacists and practitioners and rules for when information is provided to health care regulatory boards, law enforcement, and others. All dispensers and prescribers subject to the reporting requirements must be notified by DOH of the implementation date for such reporting requirements. DOH must work with the professional health care licensure boards and other specified stakeholders to develop indicators for controlled substance abuse.

The law establishes the type of information that must be reported by a pharmacy or dispenser that dispenses a controlled substance within seven (7) days of dispensing. In addition, the law establishes exemptions from reporting to the PDMP.

A pharmacy, prescriber, or dispenser may access information in the PDMP that relates to a patient of that pharmacy, prescriber, or dispenser for the purpose of reviewing their specific patient’s controlled drug prescription history. Prescribers and dispensers acting in good faith for



receiving or using information from the program are immune from any civil, criminal, or administrative liability.

Other access is limited to the program's manager and designated program staff. Confidential and exempt information in the database is only released as provided in section 893.0551, F.S. The following entities do not have direct access to the information in the database, but may register to request information from the program manager or support staff:

- DOH or appropriate health care regulatory boards who are involved in a specific investigation involving a specific individual for one or more prescribed controlled substances;
- The Attorney General for Medicaid fraud cases involving prescribed controlled substances;
- A law enforcement agency during active investigations regarding potential criminal activity, fraud or theft relating to prescribed controlled substances; or
- A patient, legal guardian or designated health care surrogate who submits a notarized written request, for the purpose of verifying the information collected.

Performance measures are reported annually by DOH each December 1, beginning in 2011. Data that does not contain patient, physician, health care practitioner, or dispenser identifying information may be requested during the year by DOH employees so that DOH may undertake public health care and safety initiatives by taking advantage of observed trends.

A practitioner who willfully and knowingly fails to report the dispensing of controlled substances commits a misdemeanor of the first degree, punishable as provided in sections 775.082 or 775.083, F.S.

All costs incurred by DOH to administer the PDMP must be funded through federal or private grant funding applied for or received by the state, except as authorized by the 2013 Florida Legislature for fiscal year 2013-2014.

DOH may establish a direct-support organization with a board of five or more members, with a board of directors appointed by the State Surgeon General, to provide assistance, funding, and promotional support for the activities authorized for the PDMP. A "direct support organization" is defined as a Florida not-for-profit incorporated under Chapter 617, F.S., organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts and bequests of money; acquire, receive, hold and invest securities, funds, objects of value or other property either real or personal; and make expenditures in the furtherance of the program. It is not a registered lobbyist.

Summary of Administrative Rules

Section 893.055, F.S., directs DOH to adopt rules as necessary concerning reporting, accessing, evaluation, management, development, implementation, operation, and storage of information within the PDMP database. DOH collaborated with stakeholders, including licensure boards, professional membership organizations, and other state agencies to develop rules appropriate for implementation of the PDMP. The PDMP promulgated rules in Chapter 64K, Florida Administrative Code, (F.A.C.), to provide a framework for the administration of the



program. The promulgated rules set forth what constitutes advisory alerts and reports, access to and operation of the database, security of information, and program evaluation.

Florida PDMP Funding

Florida's PDMP is funded through federal and private grant money and funds raised by the PDMP Foundation Board of Directors. With the exception of a one-time general revenue appropriation by the legislature of \$500,000 for FY 2013-14, no state funds may be used to support the PDMP. Further, no funds received directly or indirectly from prescription drug manufacturers may be used. Since its inception in 2010, the PDMP has spent \$1,519,297 for database infrastructure and enhancements, personnel and facility expenses. A brief description of the funding sources are as follows:

- The PDMP Foundation is the primary source of revenue to cover database operation and infrastructure, personnel and facility expenses. The Foundation's fundraising efforts are ongoing.
- Federal grants are another source of funds to operate the PDMP. Awards are based on specific projects outlined in the grant application and only a limited portion (if any) may be used to offset personnel and facility expenses. DOH applied for and was awarded four Harold Rogers PDMP grants totaling \$1,599,250. DOH also received the Substance Abuse and Mental Health Services Administration's 2012 Cooperative Agreement for PDMP Electronic Health Record Integration and Interoperability Expansion for \$240,105.
- The final source of funding is private grants. DOH has received three grant awards from the National Association of State Controlled Substance Authorities (NASCSA) totaling \$49,952. The grant period ended June 30, 2011, and \$44,886 was drawn down.

DOH is committed to exploring other innovative options for identifying and securing funds for the PDMP, and stands ready to work alongside various stakeholders and partners to ensure the future of the program.

Prescription Drug Monitoring System Enhancements

The Florida PDMP implemented several enhancements to its prescription drug monitoring system (PDMS) during October 1, 2012 through September 30, 2013, including the ability for health care practitioners to update their own contact information and reset their own passwords, providing mapping capabilities for graphic representation of dispensing history, and the ability for PDMP staff to share reports electronically through the database with any PDMP user. The 2010 Harold Rogers Prescription Drug Monitoring Program Enhancement Grant (2010-PM-BX-0010) funded these enhancements.

Performance Measures

Section 893.055(8), F.S., requires DOH to report its performance measures annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, beginning in 2011. Based on these measures, DOH has provided annual data as



a basis of comparative review from October 1, 2011 through September 30, 2012 and October 1, 2012 to September 30, 2013.

To assist in fulfilling program responsibilities, DOH has identified and is reporting performance measures related to its efforts to reduce the rate of inappropriate use of prescription drugs through education and safety efforts; reduce the quantities of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; and to increase coordination among partners and stakeholders to achieve improved patient health care and safety and reduce prescription drug abuse and drug diversion.

1. OUTCOME: Reduction of the rate of inappropriate use of prescription drugs through department education and safety efforts.

- A. PERFORMANCE MEASURE: The number of licensed prescribers, dispensers, and individuals authorized to conduct investigations trained in the use of the state's PDM system.

During 2012-2013, E-FORCSE[®] staff focused its outreach and education efforts on prescribers and dispensers, in an effort to increase registration and utilization of the PDMP database. Increased outreach efforts, primarily in a formal, classroom setting resulted in a 28 percent increase in registration and 61 percent increase in utilization by prescribers and dispensers.

DATA TO SUPPORT PERFORMANCE MEASURE

MEASURE FOR THIS REPORTING PERIOD	2011-2012	2012-2013	% Change
How many licensed PRESCRIBERS were trained formally (in a classroom setting) in the use of the PDM system?	603	1,117	+85.2%
How many licensed PRESCRIBERS were trained informally (e.g., via the Internet, mass mailings, and so on) in the use of the PDM system?	10,166	11,705	+15.1%
How many licensed PRESCRIBERS are there in your state? ²¹	104,276	107,775	+3.4%
What is the number of licensed PRESCRIBERS in your state that issued one or more controlled substance prescriptions.	61,284	60,686	-1.0%
How many licensed DISPENSERS were trained formally (in a classroom setting) in the use of the PDM system?	1,525	3,335	+118.7%
How many licensed DISPENSERS were trained informally (e.g., via the Internet, mass mailings, and so on) in the use of the PDM system?	8,803	11,418	+29.7%
How many licensed DISPENSERS are there in your state? ²²	27,260	27,330	+0.3%



How many INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS were trained formally (in a classroom setting) in the use of the PDM system?	1,530	141	-90.8%
How many INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS were trained informally (e.g., via the Internet, mass mailings, and so on) in the use of the PDM system?	3,207	2,953	-7.9%
How many INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS are there in your state? ²³	49,888	49,418	-0.9%
How many INDIVIDUALS visited website- www.e-forcse.com?	36,226	36,864	+1.8%

2. OUTCOME: Reduction of the quantity of pharmaceutical controlled substances obtained by individuals.

- A. PERFORMANCE MEASURE: The number of dosage units of controlled substances prescribed to patients in various schedules.

Performance measure data reflects there has been a 0.2 percent decrease in the number of unique individuals receiving controlled substances in schedule II, III or IV from 6,675,062 individuals to 6,662,422 individuals when compared to the previous year. During this reporting period, there has been a decrease in the total number of doses prescribed for pain relief (-7.1 percent) and sedatives (-3.5 percent) however, stimulants (+10.1 percent) and tranquilizers (+1.8 percent) have increased respectively from the previous reporting period. Overall, there has been a 4.5 percent reduction in the total number of doses by all classes measured. The table below summarizes the number of prescriptions reported to the PDMP, number of patients receiving prescriptions by schedule, number of patients exceeding certain thresholds, and dosages by therapeutic class.

DATA TO SUPPORT PERFORMANCE MEASURE

MEASURE FOR THIS REPORTING PERIOD	2011-2012	2012-2013	% Change
How many prescription records have been reported to the PDMP?	34,108,874	33,769,744	-0.9%
How many adults received prescriptions for painkillers with a morphine equivalent greater than 100 mg per day?	3,219	3,012	-6.4%
How many youth received prescriptions for painkillers with a morphine equivalent greater than 100 mg per day?	10	15	+50.0%



How many patients filled prescriptions for scheduled medication during the reporting period?			
a. Schedule II	1,056,539	1,082,977	+2.5%
b. Schedule II and/or III	3,412,728	3,460,485	+1.4%
c. Schedule II, II and/or IV	6,675,062	6,662,422	-0.2%
How many doses were dispensed by schedule during reporting period? ¹			
a. Schedule II			
Pain Relievers	548,597,553	479,852,016	-12.5%
Stimulants	70,115,526	77,248,352	+10.2%
Sedatives	12,013	9,407	-21.7%
Total Schedule II	618,725,092	557,109,775	-9.96%
b. Schedule III			
Pain Relievers	406,581,523	407,492,473	+0.2%
Stimulants	159,417	142,225	-10.8%
Sedatives	2,904,772	2,530,937	-12.9%
Total Schedule III	409,645,712	410,165,635	+0.13%
c. Schedule IV			
Pain Relievers	997,973	848,861	-14.9%
Tranquilizers	212,608,824	216,434,369	+1.8%
Stimulants	0	30	+100.0%
Sedatives	179,877,475	173,838,573	-3.4%
Total Schedule IV	393,484,272	391,121,833	-0.60%
How many doses were dispensed by therapeutic class during reporting period?			
Pain Relievers	956,177,049	888,193,350	-7.1%
Tranquilizers	212,608,824	216,434,369	+1.8%
Stimulants	70,274,943	77,390,607	+10.1%
Sedatives	182,794,260	176,378,917	-3.5%
All Classes	1,421,855,076	1,358,397,243	-4.5%
How many patients exceeded thresholds?			
a. 5 or more prescribers and 5 or more dispensers for schedule II	9,131	6,144	-32.7%
b. 10 or more prescribers and 10 or more dispensers for schedule II	210	149	-29.0%
How many non-liquid doses of Schedule II prescription drugs were dispensed to patients exceeding thresholds?			
a. 5 or more prescribers and 5 or more dispensers			
Pain Relievers	13,634,984	7,294,374	-46.5%
Stimulants	785,488	532,427	-32.2%
Sedatives	26	100	+284.6%
All Schedule II (including liquid doses)	15,094,444	8,402,277	-44.3%

¹ Some % change calculations are based on small cell sizes which can make rates unreliable.



b. 10 or more prescribers and 10 or more dispensers for schedule II			
Pain Relievers	357,845	202,490	-43.4%
Stimulants	28,741	17,107	-40.5%
All Schedule II (including liquid doses)	406,838	248,550	-38.9%
How many patients exceeded thresholds?			
a. 5 or more prescribers and 5 or more dispensers for schedule II and/or III	23,736	18,361	-22.6%
b. 10 or more prescribers and 10 or more dispensers for schedule II and/or III	904	601	-33.5%
How many non-liquid doses of Schedule II and/or III prescription drugs were dispensed to patients exceeding thresholds?			
a. 5 or more prescribers and 5 or more dispensers			
Pain Relievers	31,370,544	19,904,699	-36.5%
Stimulants	1,706,392	1,370,577	-19.7%
Sedatives	59,791	47,935	-19.8%
All Schedule II (including liquid doses)	36,396,448	24,327,165	-33.2%
b. 10 or more prescribers and 10 or more dispensers			
Pain Relievers	1,447,022	804,038	-44.4%
Stimulants	73,735	49,196	-33.3%
Sedatives	1,773	324	-81.7%
All Schedule II (including liquid doses)	1,680,286	1,006,010	-40.1%
How many patients exceeded thresholds?			
a. 5 or more prescribers and 5 or more dispensers for schedule II, III and/or IV	37,750	30,699	-18.7%
b. 10 or more prescribers and 10 or more dispensers for schedule II, III and/or IV	1,482	948	-36.0%
How many non-liquid doses of Schedule II, III and/or IV prescription drugs were dispensed to patients exceeding thresholds?			
a. 5 or more prescribers and 5 or more dispensers			
Pain Relievers	44,792,394	30,177,541	-32.6%
Tranquilizers	5,320,202	4,458,136	-16.2%
Stimulants	2,164,251	1,816,891	-16.0%
Sedatives	3,186,977	2,537,872	-20.4%
All Schedule II (including liquid doses)	73,407,692	52,764,089	-28.1%
b. 10 or more prescribers and 10 or more dispensers			
Pain Relievers	2,200,752	1,161,693	-47.2%



Tranquilizers	301,627	187,243	-37.9%
Stimulants	102,579	67,487	-34.2%
Sedatives	206,640	111,041	-46.3%
All Schedule II (including liquid doses)	3,703,516	2,041,406	-44.9%

- B. PERFORMANCE MEASURE: The number of coroner reports that indicate controlled prescription drug use as the primary or contributing cause of death.

The *Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report*²⁴ shows an 18 percent decrease in the number of deaths in which one or more controlled substance prescriptions was identified as the primary cause of death, while oxycodone deaths plunged by 41 percent and overall drug deaths fell by 9.9 percent when compared with 2011. The table below summarizes this significant change.

DATA TO SUPPORT PERFORMANCE MEASURE

MEASURE FOR THIS REPORTING PERIOD	1/1/11-12/31/11	1/1/12-12/31/12	% Change
How many coroner reports indicated that controlled prescription drug use was the primary or contributing cause of death?	2,539	2,090	-17.7%
How many coroner reports indicated oxycodone was the primary or contributing cause of death?	1,247	735	-41.0%

- C. PERFORMANCE MEASURE: Number of prescriptions and percentage of total prescriptions of the most commonly dispensed controlled substances.

In 2013, dispensers reported 33,769,744 prescriptions records to the PDMP and the top twenty-five drugs listed in the table below represents 94.04 percent or 31,680,618 prescriptions dispensed during this reporting period. When compared to 2012, there were 34,108,874 prescription records reported to the PDMP and the top twenty-five represented 94.31 percent or 32,010,753 prescriptions reported. Overall, there has been a 0.0103 percent reduction in the number of prescriptions dispensed during this reporting period for the top twenty-five drugs.

Hydrocodone with acetaminophen ranks number one as the most commonly prescribed and dispensed controlled substance, representing 18 percent of all controlled substances dispensed, followed by alprazolam and zolpidem. There has been a 1.42 percent reduction or 86,188 less hydrocodone and acetaminophen prescriptions dispensed when compared to 2011-2012.

For two of the four most harmful²⁵ prescription drugs, oxycodone and methadone, prescription quantities fell 23.79 percent and 7.78 percent respectively. There has been a significant increase in the number of hydrocodone/homatropine (+12.83 percent), hydromorphone (+17.73 percent) and testosterone cypionate (+26.35 percent) prescriptions dispensed. The following table provides a summary of the top twenty-five total number of controlled substance prescriptions dispensed during 2011-2012 and 2012-2013 reporting periods and the percent change.



DATA TO SUPPORT PERFORMANCE MEASURE

RANK	CONTROLLED SUBSTANCE DISPENSED	2011-2012		2012-2013		% Change
		RX QTY	% RX	RX QTY	% RX	RX QTY
1	Hydrocodone / Acetaminophen	6,067,076	17.88%	5,980,888	17.75%	-1.42%
2	Alprazolam	4,409,770	12.99%	4,299,247	12.76%	-2.51%
3	Zolpidem	3,013,853	8.88%	2,853,680	8.47%	-5.31%
4	Oxycodone / Acetaminophen	2,647,691	7.80%	2,651,480	7.87%	+0.14%
5	Oxycodone HCL	1,822,164	5.37%	1,388,650	4.12%	-23.79%
6	Clonazepam	1,815,594	5.35%	1,903,217	5.65%	+4.83%
7	Lorazepam	1,701,866	5.01%	1,711,515	5.08%	+0.57%
8	Temazepam	1,405,402	4.14%	1,421,186	4.22%	+1.12%
9	Dextroamphetamine / Amphetamine	1,023,127	3.01%	1,144,500	3.40%	+11.86%
10	Diazepam	1,022,484	3.01%	994,177	2.95%	-2.77%
11	Phentermine	889,466	2.62%	955,556	2.84%	+7.43%
12	Morphine Sulfate	849,242	2.50%	934,630	2.77%	+10.05%
13	Carisoprodol	734,121	2.16%	612,001	1.82%	-16.63%
14	Methylphenidate	606,351	1.79%	588,885	1.75%	-2.88%
15	Acetaminophen with Codeine	543,952	1.60%	520,426	1.54%	-4.33%
16	Testosterone	525,667	1.55%	571,637	1.70%	+8.75%
17	Lisdexamfetamine Dimeslyate	481,320	1.42%	536,971	1.59%	+11.56%
18	Buprenorphine / Naloxone	438,425	1.29%	479,437	1.42%	+9.35%
19	Hydromorphone	399,251	1.18%	470,022	1.39%	+17.73%
20	Methadone	393,207	1.16%	362,627	1.08%	-7.78%
21	Fentanyl	349,642	1.03%	370,070	1.10%	+5.84%
22	Eszopiclone	239,541	0.71%	209,563	0.62%	-12.51%
23	Hydrocodone / Homatropine	234,697	0.69%	264,810	0.79%	+12.83%
24	Testosterone Cypionate	220,062	0.65%	278,056	0.83%	+26.35%
25	Dexmethylphenidate	176,782	0.52%	177,387	0.53%	+0.34%
TOTAL		32,010,753	94.31%	31,680,618	94.04%	-0.0103%

D. PERFORMANCE MEASURE: Percentage of total prescriptions written by in-state and out-of-state prescribers dispensed by pharmacies registered in Florida.

In 2012, 60,577 in-state prescribers issued 32,803,366 controlled substance prescriptions. In 2013, 60,686 in-state prescribers issued 32,728,597 prescriptions, representing a 0.2 percent change in the total number of controlled substance prescriptions issued by in-state prescribers. Overall, there was a 0.9 percent reduction in the total number of prescriptions written from 34,108,874 to 33,769,744 by in-state and out-of-state prescribers dispensed in Florida.



DATA TO SUPPORT PERFORMANCE MEASURE

MEASURE FOR THIS REPORTING PERIOD	2011-2012	2012-2013	% Change
Number of prescriptions written by in-state prescribers dispensed in Florida	32,803,366	32,728,597	-0.2%
Number of prescriptions written by out-of-state prescribers dispensed in Florida	1,305,508	1,041,147	-20.2%
Total Prescriptions	34,108,874	33,769,744	-0.9%

E. PERFORMANCE MEASURE: Number of individuals visiting x number of prescribers and x number of dispensers in a 90 day period.

Rule 64K-1.007, F.A.C., identifies the indicators for controlled substance abuse as a patient who obtains a prescription for a controlled substance from multiple prescribers and dispensers within a 90-day period.

During the first quarter of E-FORCSE[®]'s operation (October 1, 2011 to December 31, 2011), E-FORCSE[®] data indicated there were 2,864 individuals who had one or more prescription drugs prescribed to them by more than five prescribers and dispensed at more than five pharmacies in a 90-day period. By the end of the fourth quarter of 2012-2013 (July 1, 2013 to September 30, 2013), there was a 51 percent reduction or 1,441 less individuals visiting more than five prescribers and more than five pharmacies within a 90-day period. The table below provides a summary of the significant results.

DATA TO SUPPORT PERFORMANCE MEASURE

Individuals Visiting X Number of Prescribers and X Number Dispensers within 90-day period	Q1 2011-2012	Q4 2012-2013	% Change
5 or more prescribers & 5 or more pharmacies	2,864	1,415	-50.6%
6 or more prescribers & 6 or more pharmacies	1,097	427	-61.1%
7 or more prescribers & 7 or more pharmacies	514	178	-65.4%
8 or more prescribers & 8 or more pharmacies	295	86	-70.8%
9 or more prescribers & 9 or more pharmacies	172	51	-70.3%
10 or more prescribers & 10 or more pharmacies	105	31	-70.5%
15 or more prescribers & 15 or more pharmacies	18	7	-61.1%

3. OUTCOME: Increased coordination among partners participating in the prescription drug monitoring program.

A. PERFORMANCE MEASURE: Number of unique dispensers that have reported prescription data.

Dispensers are required to report dispensing data to the PDMP within 7 days of dispensing. There has been an increase in the number of pharmacies and dispensing practitioners reporting



controlled substance dispensing information to the database from 5,488 in 2011-2012 to 6,071 in 2012-2013. This represents a 10.6 percent increase in the number of pharmacies and dispensing practitioners reporting controlled substance dispensing information to the PDMP.

DATA TO SUPPORT PERFORMANCE MEASURE

MEASURE FOR THIS REPORTING PERIOD	2011-2012	2012-2013	% Change
Number of Pharmacies/Dispensers that have reported to the PDMP	5,488	6,071	+10.6%

B. PERFORMANCE MEASURE: The number of authorized users who have requested and received controlled substance dispensing information by user type.

Health care practitioner registration increased 28 percent, from 18,059 to 23,084, and utilization increased 61 percent from 2,342,486 to 3,793,370, when compared to 2011-2012.

Among all licensed health care practitioners, pharmacists have the highest registration rate, 40.5 percent. Among all prescribers, osteopathic physicians have the highest registration rate, 24.3 percent. Overall, 16.4 percent of all licensed health care practitioners, as defined in section 893.055(1)(d), F.S., have registered to use the database.

In addition, pharmacists have the highest utilization rate, 89.2 percent, and have queried the database 3,625,519 times. Furthermore, 70.8 percent of all prescribers registered to use the database have queried 2,859,105 times. In particular, physician assistants have the highest utilization rate, 78.8 percent among all prescribers, and have queried the database 160,823 times. Overall, 80 percent or 23,084 health care practitioners who have registered to use the database have queried the database 6,484,624 times.

Certain law enforcement and investigative agencies may request controlled substance prescription information from the program manager during the course of an active investigation related to prescribed controlled substances. Since implementation, 152 law enforcement and investigative agencies appointed 915 registered users, of whom 498 submitted 33,173 requests for information.

The tables below provide a summary of results by user type as of October 31, 2013.

DATA TO SUPPORT PERFORMANCE MEASURE

User Type	Total Registered Users	Total Requests by User Type	% Registered Users that have made Requests	Total # Licensed HCP	% Licensed Practitioners Registered
Health Care Practitioners (HCP)					
Advanced Registered Nurse Practitioners	1,043	155,465	71.10%	17,843	5.9%
Dentists	553	7,006	55.00%	12,818	4.3%



Medical Doctors	7,305	2,087,225	69.70%	66,385	11.0%
Osteopathic Physicians	1,499	447,267	77.70%	6,175	24.3%
Physician Assistants	943	160,823	78.80%	6,628	14.2%
Podiatric Physicians	88	1,319	50.00%	1,845	4.8%
Sub-Total	11,431	2,859,105	70.80%	111,694	10.2%
Pharmacists	11,653	3,625,519	89.20%	28,749	40.5%
TOTAL HCP	23,084	6,484,624	80.00%	140,443	16.4%

Law Enforcement	Users	Total Requests
Regulatory Board	6	224
Medicaid Fraud Unit	5	110
Law Enforcement	487	32,839
Total Law Enforcement	498	33,173

C. PERFORMANCE MEASURE: Number of individuals receiving controlled substances prescriptions and number of controlled substances dispensed by Florida counties.

There has been an overall reduction of 0.46 percent or 29,021 fewer individuals receiving controlled substances and an overall decrease of 0.85 percent or 284,345 less prescriptions dispensed to individuals in Florida counties. The data in this table does not take into consideration controlled substance prescriptions reported for individuals located in counties outside of Florida.

DATA TO SUPPORT PERFORMANCE MEASURE

COUNTY	2011-2012		2012-2013		% Change	
	Individuals	RX Count	Individuals	Rx Count	Individuals	Rx Count
Alachua	73,882	352,064	73,677	352,753	-0.28%	+0.20%
Baker	10,739	71,772	11,002	71,382	+2.45%	-0.54%
Bay	76,182	437,855	75,079	446,420	-1.45%	+1.96%
Bradford	10,003	65,493	10,214	63,044	+2.11%	-3.74%
Brevard	214,241	1,195,741	210,566	1,204,531	-1.72%	+0.74%



Broward	513,964	2,574,979	514,343	2,486,627	+0.07%	-3.43%
Calhoun	4,748	28,023	4,596	29,262	-3.20%	+4.42%
Charlotte	58,915	328,990	58,970	322,198	+0.09%	-2.06%
Citrus	58,007	347,087	59,076	339,035	+1.84%	-2.32%
Clay	74,602	445,583	74,238	444,685	-0.49%	-0.20%
Collier	105,102	492,139	102,136	506,672	-2.82%	+2.95%
Columbia	23,361	144,806	23,913	146,592	+2.36%	+1.23%
Desoto	8,264	44,478	8,260	44,669	-0.05%	+0.43%
Dixie	5,167	33,402	5,080	32,106	-1.68%	-3.88%
Duval	327,105	1,773,607	325,517	1,770,971	-0.49%	-0.15%
Escambia	117,872	679,003	117,543	672,199	-0.28%	-1.00%
Flagler	36,016	195,680	35,970	201,106	-0.13%	+2.77%
Franklin	4,211	28,535	4,103	27,565	-2.56%	-3.40%
Gadsden	14,285	60,645	14,321	60,805	+0.25%	+0.26%
Gilchrist	5,881	35,818	6,008	34,327	+2.16%	-4.16%
Glades	2,782	15,100	2,783	15,531	+0.04%	+2.85%
Gulf	5,843	32,921	5,716	34,281	-2.17%	+4.13%
Hamilton	3,638	26,719	3,687	25,726	+1.35%	-3.72%
Hardee	6,478	29,179	6,650	29,335	+2.66%	+0.53%
Hendry	9,511	48,387	9,932	46,409	+4.43%	-4.09%
Hernando	64,952	408,373	65,765	399,881	+1.25%	-2.08%
Highlands	32,407	157,077	32,146	158,990	-0.81%	+1.22%
Hillsborough	405,545	2,132,569	400,421	2,134,286	-1.26%	+0.08%
Holmes	6,756	46,285	6,613	47,805	-2.12%	+3.28%
Indian River	50,901	278,894	50,953	262,970	+0.10%	-5.71%
Jackson	18,713	103,071	18,129	107,953	-3.12%	+4.74%
Jefferson	4,654	33,496	4,562	31,848	-1.98%	-4.92%
Lafayette	2,317	12,741	2,212	14,217	-4.53%	+11.58%
Lake	107,590	531,666	107,443	526,905	-0.14%	-0.90%



Lee	207,691	1,079,518	208,270	1,069,584	+0.28%	-0.92%
Leon	86,016	400,388	86,480	408,233	+0.54%	+1.96%
Levy	14,508	86,413	14,694	82,681	+1.28%	-4.32%
Liberty	2,403	14,574	2,397	14,290	-0.25%	-1.95%
Madison	4,772	30,762	4,881	30,308	+2.28%	-1.48%
Manatee	116,666	652,891	116,012	655,039	-0.56%	+0.33%
Marion	115,948	646,168	118,686	628,577	+2.36%	-2.72%
Martin	50,595	270,040	50,054	264,351	-1.07%	-2.11%
Miami-Dade	657,204	3,120,129	645,174	3,138,297	-1.83%	+0.58%
Monroe	28,170	163,250	28,807	149,035	+2.26%	-8.71%
Nassau	32,057	209,887	32,254	210,935	+0.61%	+0.50%
Okaloosa	68,031	366,535	67,225	374,165	-1.18%	+2.08%
Okeechobee	13,102	76,791	13,450	76,775	+2.66%	-0.02%
Orange	329,059	1,506,334	323,750	1,493,519	-1.61%	-0.85%
Osceola	83,282	364,310	80,888	368,340	-2.87%	+1.11%
Palm Beach	444,164	2,336,220	440,876	2,296,001	-0.74%	-1.72%
Pasco	175,504	1,078,497	177,027	1,060,852	+0.87%	-1.64%
Pinellas	340,464	2,093,061	342,593	2,040,897	+0.63%	-2.49%
Polk	200,781	1,002,049	202,543	984,834	+0.88%	-1.72%
Putnam	29,045	187,045	29,703	182,863	+2.27%	-2.24%
Santa Rosa	61,372	361,005	60,544	361,542	-1.35%	+0.15%
Sarasota	140,812	789,659	141,189	783,771	+0.27%	-0.75%
Seminole	138,964	715,955	138,363	709,273	-0.43%	-0.93%
St. Johns	76,486	396,508	74,339	401,432	-2.81%	+1.24%
St. Lucie	87,866	475,478	88,401	457,825	+0.61%	-3.71%
Sumter	37,035	157,723	35,672	160,982	-3.68%	+2.07%
Suwannee	14,457	85,919	14,876	84,292	+2.90%	-1.89%
Taylor	9,155	55,527	9,394	55,262	+2.61%	-0.48%
Union	4,403	28,504	4,307	28,950	-2.18%	+1.56%



Volusia	183,657	1,108,304	186,066	1,093,078	+1.31%	-1.37%
Wakulla	11,523	64,338	11,580	65,403	+0.49%	+1.66%
Walton	24,103	137,389	22,902	142,812	-4.98%	+3.95%
Washington	9,525	72,361	9,412	74,081	-1.19%	+2.38%
TOTAL	6,263,454	33,325,710	6,234,433	33,041,365	-0.46%	-0.85%

4. OUTCOME: Involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug abuse and prescription drug diversion.

- A. PERFORMANCE MEASURE: Percentage of stakeholder (e.g., state, federal, and local agencies; professional associations, etc.) involvement in the reduction of prescription drug abuse and diversion.

There has been a significant increase, 927 percent, in the number of stakeholders that have engaged in the PDMP implementation through memorandums of understanding and attendance at meetings. The table below provides a summary of the significant results.

DATA TO SUPPORT PERFORMANCE MEASURE

MEASURE FOR THIS REPORTING PERIOD	2011-2012	2012-2013	% Change
How many stakeholders engaged in the project through memorandums of understanding, meeting attendance, etc.?	51	524	+927%

Effectiveness of Florida's PDMP

PDMP effectiveness can also be understood in the context of how PDMPs work best and in concert with other agencies, organizations and health information technologies. According to Brandeis University, Prescription Drug Monitoring Program Center of Excellence, in its assessment of the evidence for best practices: "The effectiveness of the PDMP in terms of impact is ensuring appropriate use of prescription controlled substances, reducing diversion and abuse, and improving health outcomes, both at the patient and community levels. Impact is maximized when the patient's prescription history is complete and accurate; analyzed appropriately and expeditiously; made available in a proactive and timely manner; disseminated in ways and formats that best serve the purposes of end users; and applied in all relevant domains by all appropriate users."²⁶ PDMPs may be one of the most effective tools utilized to safeguard public health and reduce prescription drug abuse and diversion.²⁷

Best practices include data standardization and sharing among agencies, integration with other systems, including public health, health information exchanges, electronic health records, electronic prescribing, public safety, drug abuse prevention and drug control. This will ensure data are seamlessly available to all those engaged in improving controlled substance prescribing and addressing the prescription drug abuse epidemic.



The effectiveness of Florida's PDMP is reflected in a significant decrease in doctor shopping and in the results of a user survey conducted during the reporting period.

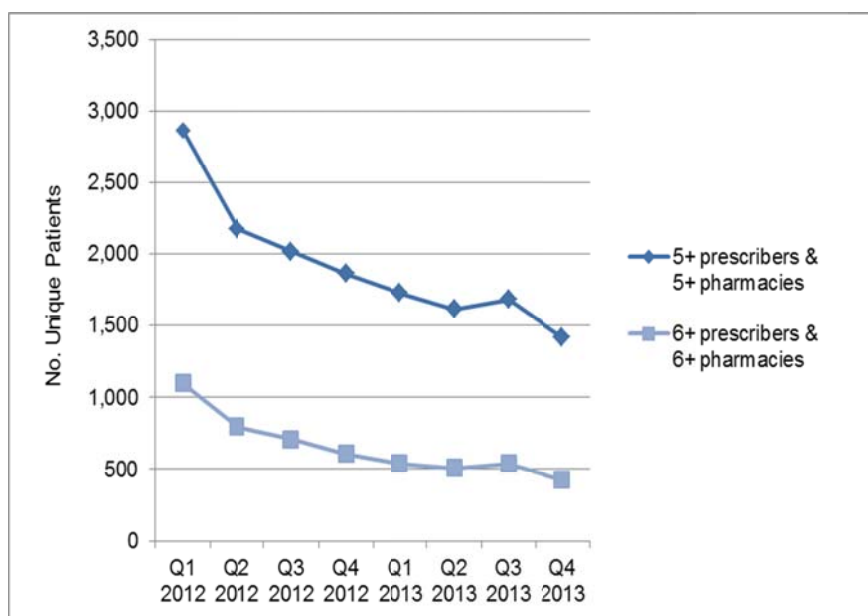
Reducing Doctor Shopping

Thirty-four states, including Florida, authorize the provision of unsolicited reports of controlled substance dispensing information directly to prescribers when certain prescribing and dispensing thresholds are reached.²⁸ Through its monitoring and analysis of prescribing and dispensing data, PDMPs identify potential doctor shoppers using a threshold of the number of prescribers from whom a patient has obtained a controlled substance prescription and the number of pharmacies that have dispensed the prescriptions, during a specified period and proactively report this information to the prescribing physician.²⁹

During the first quarter of E-FORCSE[®]'s operation (October 1, 2011 to December 31, 2011), E-FORCSE[®] data revealed 2,864 individuals who had one or more prescription drugs prescribed to them by more than five prescribers and dispensed at more than five pharmacies in a 90-day period. By the end of the fourth quarter of 2012-2013 (July 1, 2013 to September 30, 2013), the data revealed 1,415 individuals visiting more than five prescribers and more than five pharmacies within a 90-day period, a 51 percent reduction.

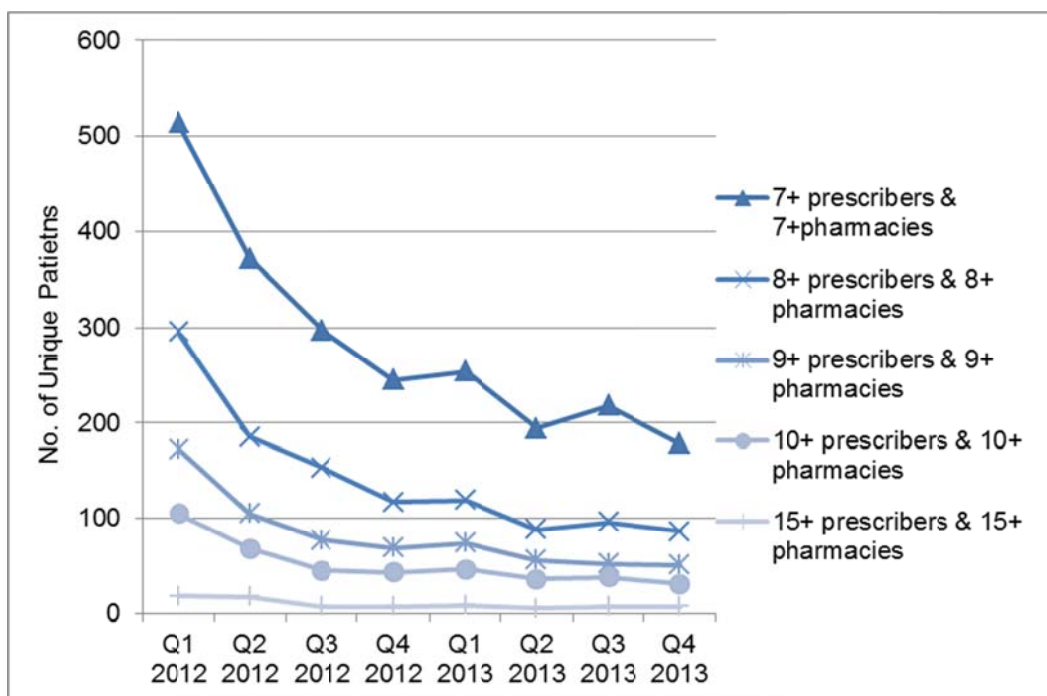
Furthermore, 1,097 individuals had one or more prescription drugs prescribed to them by more than six prescribers and dispensed at more than six pharmacies in a 90-day period. By the end of the fourth quarter of 2012-2013 (July 1, 2013 to September 30, 2013), there was a 61 percent reduction or 670 fewer individuals visiting more than six prescribers and more than six pharmacies within a 90-day period. The data supports that as registration and health care practitioner use of E-FORCSE[®] increases, doctor shopping decreases. The graph below provides a summary of significant results for those individuals visiting multiple prescribers and pharmacies within a 90-day period.

The Number of Unique Patients Identified by Threshold Levels 5 & 6 by Quarter (2012-2013)



Similar reductions were observed for individuals receiving prescriptions from up to 15 or more prescribers dispensed by 15 or more pharmacies during a 90-day period. The graph below provides a summary of significant results for those individuals visiting multiple prescribers and multiple pharmacies within a 90-day period.

The Number of Unique Patients Identified by Threshold Levels 7 to 15 by Quarter (2012-2013)



PDMP Survey

In addition to measuring the reduction in doctor shopping trends to demonstrate effectiveness, DOH sent an electronic survey to 2,000 registered E-FORCSE[®] users and 2,000 non-registered E-FORCSE[®] users in March 2013.³⁰ The survey was used to assess the perceived effectiveness of E-FORCSE[®] as a tool to reduce doctor shopping and health care practitioners were asked to rate its effectiveness using a scale: *very useful, somewhat useful, not useful, don't know, no response*.³¹ "DOH received 1,610 responses of the sample group of 4,000 Florida licensed health care practitioners, resulting in an overall response rate of 40 percent. Of the 1,610 valid responses received to the survey, 564 responses were from the sample group of 2,000 non-users of the PDMP (28 percent) and 1,046 were from the sample group of 2,000 registered users of the PDMP (52 percent)."³²

Of those that have experience with E-FORCSE[®], the vast majority (86.4 percent) of the respondents indicated it was very useful or somewhat useful in helping to control "doctor shopping" by patients seeking to access or abuse controlled substances.³³ A complete copy of the survey results is available on the PDMP website at www.eforcse.com. The tables following provide a summary of three questions asked in the PDMP Survey.



Question: In your experience, how useful has the PDMP been so far in helping to control “doctor shopping” by patients seeking to access or abuse controlled substances?

Rating	Frequency	Percent
Very useful	688	65.8%
Somewhat useful	215	20.6%
Not useful	26	2.5%
Don't know	43	4.1%
<i>No Response</i>	74	7.1%
Total	1046	100.0%

To assess the perceived effectiveness of E-FORCSE[®] as a clinical tool to help guide prescribing and dispensing decisions, the PDMP asked health care practitioners to rate whether all prescribers and dispensers should use E-FORCSE[®] to inform their clinical decisions related to controlled substances using the following scale: *yes, no, don't know, no response*.³⁴ Of those that have experience with E-FORCSE[®], the vast majority (83 percent) believe E-FORCSE[®] should be used.³⁵ The table below provides a summary of the significant results.

Question: Should all prescribers and dispensers use the PDMP to inform their clinical decisions related to controlled substances?

Rating	Frequency	Percent
Yes	866	82.8%
No	50	4.8%
Don't Know	46	4.4%
<i>No Response</i>	84	8.0%
Total	1046	100.0%

DOH also asked the respondents which action the health care practitioner had taken as a result of using E-FORCSE[®] to monitor controlled substance prescription medications for their patients, in the last 30 days.³⁶ The top four actions taken by respondents in the last 30 days as a result of using E-FORCSE[®] are: (1) speaking with a patient about his/her controlled substance use (20 percent); (2) confirming a patient is not misusing prescriptions (19 percent); (3) contacting other providers or pharmacies (14 percent); and (4) confirming that a patient is “doctor shopping” (14 percent).³⁷ The table below provides a summary of significant results.

Question: In the past 30 days, which of the following actions have you taken as a result of using the PDMS to monitor controlled substance prescription medications for your patients?



Rating	Frequency	Percent
Spoken with a patient about his/her controlled substance use	682	19.54%
Contacted other providers or pharmacies	505	14.47%
Confirmed patient not misusing prescriptions	669	19.16%
Confirmed patient was doctor shopping	480	13.75%
Established a controlled substance agreement ("narcotics contract" with patient)	103	2.95%
Reduced or eliminated controlled substance prescriptions for a patient	338	9.68%
Changed controlled substance prescriptions to non-controlled substance prescriptions for a patient	144	4.12%
Dismissed patient from practice	239	6.85%
Referred or recommended for substance abuse treatment	92	2.64%
Referred or recommended for pain management	149	4.27%
Referred or recommended for anxiety (or other psychiatric disorder) management	70	2.01%
Other	5	0.14%
Report to Law Enforcement	6	0.17%
Refused to fill a prescription	9	0.26%
Totals	3491*	100.00%

***Note:** The total frequency is more than the number of respondents because some respondents selected more than one choice.

Conclusion

As the agency charged with protecting the public health of all people in Florida, DOH is uniquely positioned to operate E-FORCSE[®], a critical tool for curtailing one of Florida's gravest threats to public health – prescription drug abuse and diversion. The PDMP helps to: (1) prevent doctors and pharmacists from becoming unwitting accessories to the abuse of these prescription drugs; (2) identify potential abusers to help medical professionals recommend appropriate treatment options; and (3) identify diversion trends as they emerge to assist law enforcement to identify doctor shoppers and over-prescribers.³⁸

Florida has seen promising results since the implementation of E-FORCSE[®].³⁹ Evidence from E-FORCSE[®], the *Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report*, and recent DOH survey results suggests E-FORCSE[®] is improving the prescribing of controlled substances and addressing the prescription drug abuse epidemic by reducing doctor shopping and reducing the deaths associated with oxycodone use.^{40,41}

The impact of E-FORCSE[®] as a tool to decrease prescription drug abuse and diversion may be found when comparing the results of performance measures reported during October 1, 2012 through September 30, 2013 to October 1, 2011 through September 30, 2012. There have been 33,769,744 prescriptions reported by 6,071 dispensers for 6,662,422 unique patients, indicating each unique patient averaged receiving 5.07 prescriptions, a decrease from 5.11 the previous reporting period. There has been a 4.5 percent decrease in the total number of doses reported for all therapeutic classes dispensed from 1,421,855,076 doses to 1,358,397,243 doses. Specifically, there has been a 44.3 percent reduction in the total number of doses of



schedule II controlled substances dispensed to individuals visiting five or more prescribers and five or more dispensers in a year from 15,094,444 doses to 8,402,277 doses. The top twenty-five controlled substances dispensed makes up 94.04 percent of all controlled substances reported to E-FORCSE®. Out of the top twenty-five, oxycodone hydrochloride, represents the fifth ranked controlled substance and has seen the greatest percentage of change (-23.79 percent) in the total number of prescriptions dispensed from 1,822,164 prescriptions to 1,388,650 prescriptions this year. The positive results seen in the performance measure data substantiates E-FORCSE® is improving the prescribing of controlled substances, specifically oxycodone.

Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report, shows deaths caused by oxycodone plunged 41 percent in 2012, and overall drug deaths fell by 9.9 percent when compared to 2011. In addition, prescriptions for two of the four most harmful prescription drugs, oxycodone and methadone, fell by 24 percent and 8 percent respectively. In the same period, the PDMP documented a 51 percent decrease in the number of individuals receiving prescriptions from five or more prescribers and five or more pharmacies in a 90-day period.

Although its use is not mandatory, physicians and pharmacists have queried E-FORCSE® more than 6.4 million times and through educational efforts, E-FORCSE® registration increased 28 percent and utilization increased 61 percent suggesting it is becoming an integral part of everyday clinical practice. This demonstrates the value of the PDMP as a clinical decision making tool to reduce prescription drug abuse, misuse and diversion.

In response to the survey conducted by DOH of the PDMP registered users, the majority of the respondents believed they needed to register and utilize E-FORCSE® and thought its use should be mandatory. Many physicians surveyed by DOH believed they needed to be aware of the potential for drug diversion, recognize the warning signs of possible misuses, and acknowledge a legal obligation to minimize the use of prescription drugs for improper purposes.⁴² Pharmacists as well as physicians thought they should be proactive to defuse the public's notion that prescription drugs represent a safe alternative to street drugs, since statistics show that drug-induced morbidity and mortality continue to increase.⁴³

E-FORCSE® has proven to be a critical tool in the fight to protect health and safety by reducing doctor shopping and controlled substance related deaths, while supporting legitimate use of controlled substances.



- ¹ Leonard Paulozzi et al., *CDC Grand Rounds: Prescription Drug Overdoses- a U.S. Epidemic*, 61(01), MMWR; 10, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm#fig1>.
- ² National Institute on Drug Abuse, *Prescription Drugs: Abuse and Addiction* (2011), available at <http://www.drugabuse.gov/sites/default/files/rprescription.pdf>.
- ³ R. Gill Kerlikowske, *Responding to the Prescription Drug Abuse Epidemic* (2012), available at <http://www.whitehouse.gov/ondcp/news-releases-remarks/senate-intl-narcotics-caucus-statement-rx-drug-abuse>.
- ⁴ Letter from Pam Bondi, Attorney General, to Fellow Floridians (Apr 2, 2012), available at [http://myfloridalegal.com/webfiles.nsf/WF/KGRG-8T8L5K/\\$file/PrescriptionDrugDiversionAndAbuseRoadmap.pdf](http://myfloridalegal.com/webfiles.nsf/WF/KGRG-8T8L5K/$file/PrescriptionDrugDiversionAndAbuseRoadmap.pdf)
- ⁵ *Id.* at 9.
- ⁶ Leonard Paulozzi et al, *Drug Overdose Deaths- Florida 2003-2009*, 60(26)MMWR 869, 869-872, (2011), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a1.htm>.
- ⁷ Act Effective July 1, 2009, ch. 2009-198, 2009 Fla. Laws 1978, 1981 (codified at Fla. Stat. § 893.055 (2009)).
- ⁸ Amy Pavuk, *Florida's Prescription Drug Database Launches*, (Sep 1, 2011), http://articles.orlandosentinel.com/2011-09-01/news/os-prescription-drug-monitoring-begins-20110901_1_drug-database-prescription-drug-monitoring-model-state-drug-laws.
- ⁹ Alliance of States with Prescription Drug Monitoring Programs, *PMP Legislation & Operational Dates*, (2012), at http://www.pmpalliance.org/content/pmp-legislation-operational-dates?order=field_pmp_operational_value&sort=desc.
- ¹⁰ PDMP Training & Technical Assistance Center, PDMP Program Status Map (October 22, 2013, 10:15AM) <http://www.pdmpassist.org/pdf/pmpprogramstatus2013.pdf>.
- ¹¹ PDMP Training & Technical Assistance Center, Prescription Drug Monitoring Frequently Asked Questions (Mar. 23, 2013, 10:00AM), <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>.
- ¹² *Id.*
- ¹³ *Id.*
- ¹⁴ *Id.*
- ¹⁵ *Id.*
- ¹⁶ *Id.*
- ¹⁷ *Id.*
- ¹⁸ *Id.*
- ¹⁹ *Id.*
- ²⁰ *Id.*
- ²¹ Division of Medical Quality Assurance Annual Report, 2012-2013.
- ²² Division of Medical Quality Assurance Annual Report, 2012-2013.
- ²³ Florida Fusion Center, Florida Department of Law Enforcement, “# Individuals Authorized to Conduct Investigations,” email messages, November 2011 to October 2012.
- ²⁴ Fla. Dep’t Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners 2012 Report*, ii, (Sep 23, 2013, 10:00AM), http://www.fdle.state.fl.us/Content/getdoc/79241c67-253b-45eb-a238-1a07cf4a2a0c/2012-Drug-Report_Final.aspx
- ²⁵ *Id.* at ii.
- ²⁶ Thomas Clark, John Eadie, Patrick Knue, Peter Kreiner, Gail Strickler, *Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices*, 22 (Jun 6, 2013, 10:15 PM) available at http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf.
- ²⁷ *Id.*
- ²⁸ Nat’l Alliance for Model State Drug Laws, *Unsolicited PMP Reports/Information to Prescribers, Pharmacists, Law Enforcement and Licensing Entities-State Map* (2012), <http://www.namsdl.org/documents/UnsolicitedDataReports09122012.pdf>.
- ²⁹ PDMP Training & Technical Assistance Center, Prescription Drug Monitoring Frequently Asked Questions (Mar. 23, 2013, 10:00AM), <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>.
- ³⁰ Nicole Jones, *Florida Prescription Drug Monitoring Program E-FORCSE Survey Results Florida Department of Health March 22, 2013-April 15, 2013*, at 3, 1-137 (2013), (on file at Fla. Dep’t of Health, Division of MQA, Strategic Planning Services).
- ³¹ *Id.* at 3.
- ³² *Id.* at 10.
- ³³ *Id.* at 10.



³⁴ *Id.* at 12.

³⁵ *Id.* at 18.

³⁶ *Id.*

³⁷ *Id.*

³⁸ [2006 National Drug Control Strategy](http://www.ncjrs.gov/pdffiles1/ondcp/212940.pdf), <http://www.ncjrs.gov/pdffiles1/ondcp/212940.pdf> (last accessed May 2, 2011).

³⁹ Presentation by Rebecca Poston, Fla. PDMP Manager to the Florida Board of Pharmacy (Jun. 6, 2013) (on file with Fla. Board of Pharmacy).

⁴⁰ Fla. Dep't Law Enforcement Medical Examiners, *supra* note 24.

⁴¹ Jones, *supra* note 29 at 12.

⁴² *Id.* at 86-100.

⁴³ *Id.* at 86-100.

