

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

MEMORANDUM

Date: May 11, 2017
To: The Florida PDMP Foundation Board of Directors
From: Rebecca Poston, BPharm, MHL
Subject: PDMP Update

Pharmacy reporting compliance:

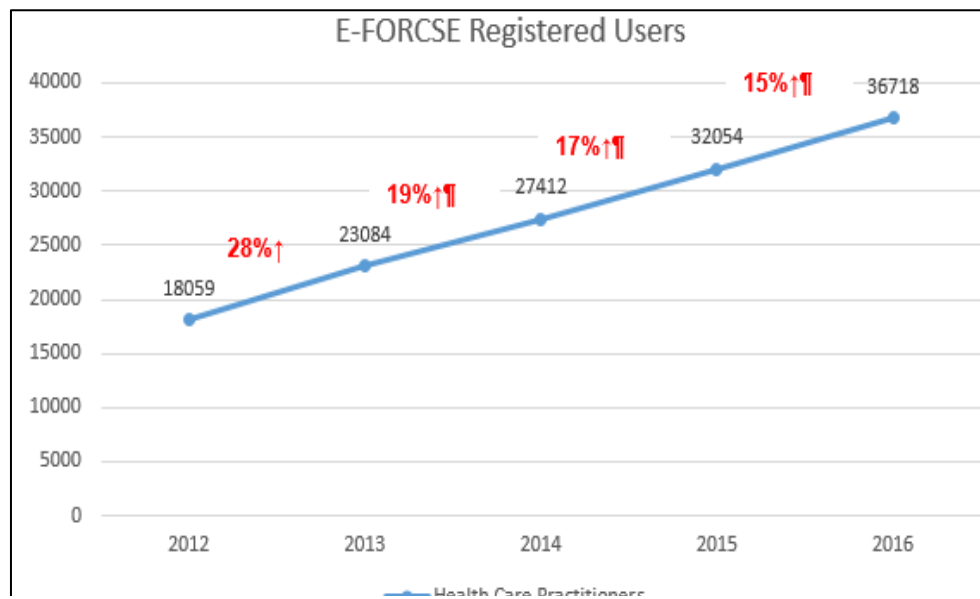
There are over 200 million prescription records maintained in the database. Dispensers upload on average 3.5 million records monthly. On average, each month 6,546 dispensers report controlled substance prescription information into the system, and 96 percent of dispensers complied with the mandated seven-day statutory limit for reporting. Of those dispensers, 66 percent reported information within 24 hours. HB557, if signed by the Governor, will require all dispensers to report to the database with 24 hours.

Number of doctors that frequently use the program.

90.5 percent (181) of the top 200 prescribers have registered to use the PDMS of which 97.8 percent (177) have queried their specific patients' controlled substance histories.

Increase in the registration and utilization of information in the database.

Please see the figure below regarding health care practitioner registration trends for 2012 to 2016. Registration has increased 50.8 percent since 2012.



Percentage of health care practitioner registered users from CY2012-CY2016

Total number of registered users and number of users who have queried:

E-FORCSE staff provided outreach and education to 45,618 health care practitioners and 1,309 individuals authorized to conduct investigations resulting in a 20.4 percent increase in registration and 41.8 percent increase in the number of query requests.

Please see the table below regarding registration and utilization by license type, as of December 31, 2016.

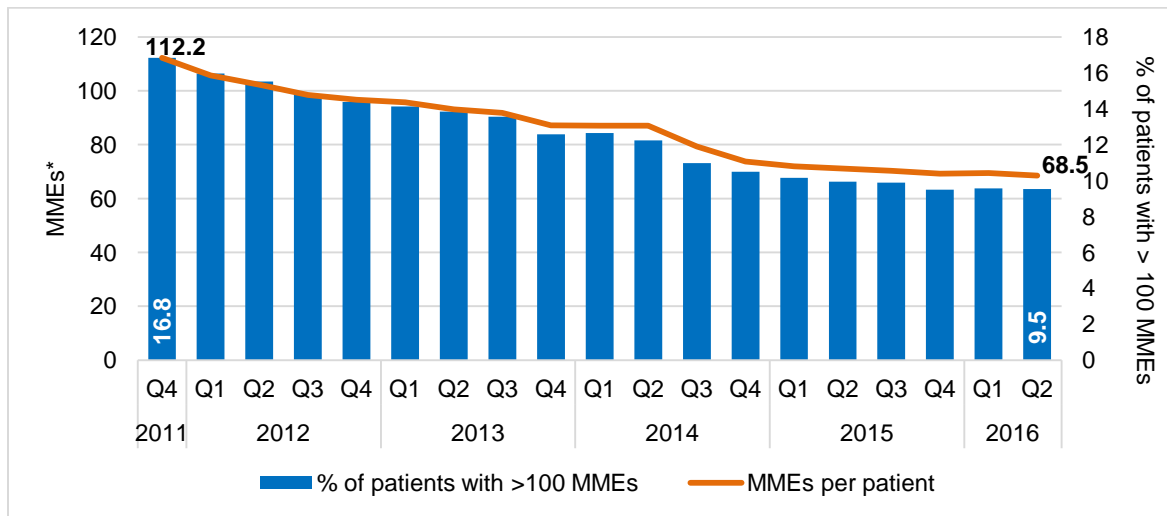
License Type	Registered Users (No.)	Users who have Queried (No.)	Users who have Queried (%)	2016 Queries (No.)	Queries per User
ARNP	2,730	1,961	71.8	812,722	414
DN	974	593	60.9	23,772	40
ME	13,815	9,710	70.34	10,120,535	1,042
OPC	15	4	26.7	12	3
OS	2,953	2,270	76.9	2,275,318	1,002
PA	1,877	1,467	78.2	586,497	400
PO	1308	124	59.6	8,395	68
PS	17,333	15,700	90.6	17,699,150	1127
TOTAL	39,905	28,984	78.94	31,526,401	990

Impact on Prescriber Behavior (Morphine Milligram Equivalent (MME):

The CDC recommends when opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 MME per day, and should avoid increasing dosage to ≥ 90 MME per day or carefully justify a decision to titrate dosage to ≥ 90 MME/day (recommendation category: A, evidence type: 3).

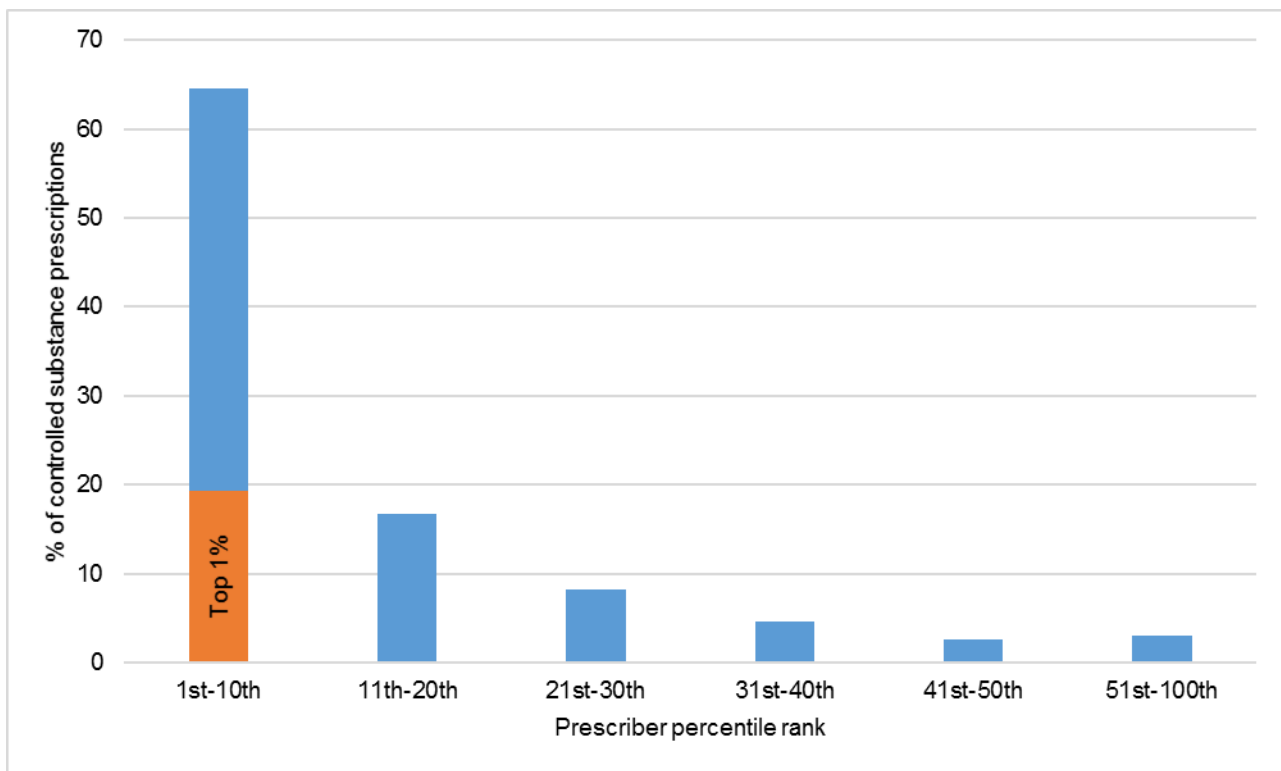
The MME performance measurements may help identify the number of patients who may be at risk for abuse, ensure patients treated with opioids receive the appropriate dose and quantity of medication for their condition, and assist in efforts to address overdoses and deaths from opioid medications. Studies have shown that opioid usage for more than three months can lead to tolerance and dependence resulting in higher dosages being prescribed to the patient. As dosage increases, the likelihood of an adverse reaction increases. Evidence suggests that a patient, receiving more than 100mg MMEs per day, is nine times more likely to overdose with 12 percent of those resulting in death.ⁱ

The next figure illustrates the percentage of patients with exposure to higher than 100 MME per day and the mean MMEs for patients receiving opioids. When the PDMP began operating in October 2011, approximately 16.8 percent of patients were exposed to greater than 100 MME per day and as of the end of the reporting period, 9.5 percent of opioid-prescribed patients had exposure to these doses. The decline in patients receiving these doses is also reflected in the mean MME. The mean MME has declined 38.9 percent from 112.2 MME in Q4 2011 to 68.5 MME at the end of Q2 2016. It should be noted that the PDMP does not contain information on a patient's medical conditions; therefore, medically appropriate doses cannot be confirmed.



*The MME calculation changed in the current reporting period, accounting for overlapping prescription days.

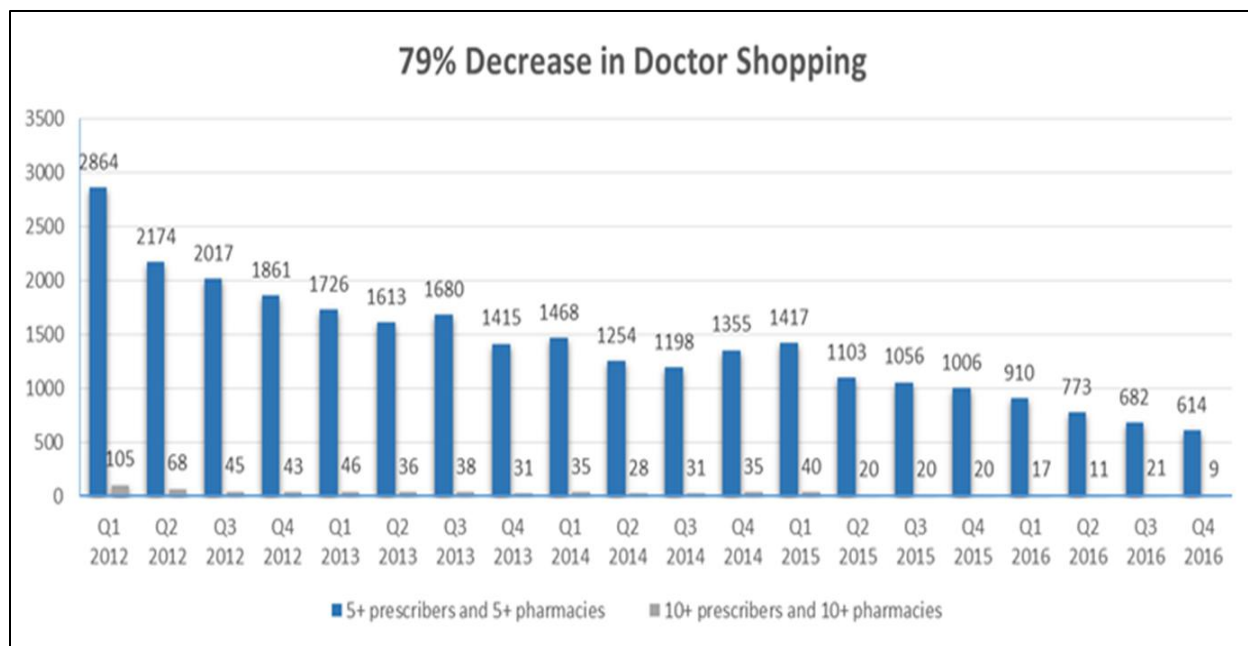
The figure below illustrates the percentage of schedule II-IV controlled substances prescribed per day by prescriber decile rank for CY2016. The top one percent of controlled substance prescribers account for approximately 18.5 percent of total daily prescribing and the top 10 percent of prescribers account for approximately 61.6 percent of all prescribing. Taken alone, these data are not indicative of medical appropriateness of prescribing only volumes per prescriber.



Percentage of Schedule II-IV controlled substances prescribed per day by prescriber decile rank, CY2016.

Impact on Patient Behavior –

Through monitoring and analysis of multiple provider episodes (MPEs), an increase in health care practitioner utilization, proactive notification to prescribers and law enforcement, Florida has seen a 79 percent reduction in the number of individuals having MPEs.



Funding

The 2017 Florida Legislature has appropriated \$499,985 in General Revenue Funds to operate the PDMP and has put in place the restriction against using settlement funds to operate the PDMP that we have seen in prior years.

To date, the PDMP has been awarded \$2,443,471 in federal grant funds, which have been used for database enhancements and special projects, will be expended FFY17/18. PDMP has applied for a 2017 Harold Rogers Prescription Drug Monitoring Program grant in category six. The goals of this project are to (1) reduce opioid abuse and the number of overdose fatalities and (2) support the proactive use of PDMPs and other identified data sets to prevent the misuse and diversion of controlled substances. This will be achieved through the following objectives: 1. Develop a comprehensive repository of meaningful data and resources related to substance abuse; 2. Develop a process to integrate resources across the state to create the biggest impact on substance abuse issues in Florida; 3. Develop a process to research, identify and share best practices from across the nation; 4. Develop an early warning network focused on supply reduction for emerging substances; 5. Provide recommendations to maximize existing resources; and 6. Produce and communicate an action plan.

There are limited opportunities for federal funding for the PDMP due to the state statutory prohibitions to the exchange of information between states (interoperability) and uploading information in the electronic health record or health information exchanges (interconnectivity). Without future federal funds to support the cost of two critical OPS positions, the anticipated spending plan for operating expenses in SFY18/19 will be approximately \$703,297.

Projects

Harold Rogers Data Driven Multi-Disciplinary Approach to Reducing Prescription Drug Abuse Grant 2013-PM-BX-0010 - \$399,950

Grant funds for this award are being used to establish and strengthen a long-term collaboration between the PDMP, law enforcement, public health and research community in Florida; collect and analyze data by centralizing existing data sources and completing practitioner surveys and a focus group; develop valid data-driven analytic strategies; enhance annual reporting with population-level prescribing trends; and establish a data analysis server. The project period ends September 30, 2017.

Harold Rogers PDMP Enhancement Grant 2015-PM-BX-0009- \$499,991

Grant funds for this award are being used to enhance existing proactive reporting efforts to practitioners and law enforcement and analysis of the impact on prescriber behavior and law enforcement efforts; develop algorithms to further automate proactive notifications; and advocate for legitimate and appropriate use of controlled substances while not interfering with physician prescribing practices. The project period ends June 30, 2018.

Department of Children and Families Partnerships for Success (PFS) Grant - \$86,625

Grant funds for this award are being used to ensure the PDMS includes additional alert features and computer based training, to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the state of Florida. The project period ends September 30, 2018.

University of Florida Harold Rogers Prescription Drug Monitoring Program: Data-Driven Responses to Prescription Drug Abuse Grant 2016-PM-BX-K005 – \$17,500

Grant funds for this award will be used to link de-identified PDMP data with other key data sources to improve care coordination. The project period ends September 30, 2019.

ⁱDunn, Kate M., Kathleen W. Saunders, Carolyn M. Rutter, Caleb J. Banta-Green, Joseph O. Merrill, Mark D. Sullivan, Constance M. Weisner, et al. "Opioid Prescriptions for Chronic Pain and Overdose: A Cohort Study." *Annals of Internal Medicine* 152, no. 2 (January 19, 2010): 85–92. doi:10.7326/0003-4819-152-2-201001190-00006.