Florida HEALTH
Medical Quality Assurance

Florida Department of Health
Division of Medical Quality Assurance
Prescription Drug Monitoring Program

Annual Report

Fiscal Year 2021-2022

Mission

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

Vision

To be the healthiest state in the nation.

Values

Innovation
We search for creative solutions and manage resources wisely.

Collaboration
We use teamwork to achieve common goals and solve problems.

Accountability
We perform with integrity and respect.

Responsiveness
We achieve our mission by serving our customers and engaging our partners.

Excellence
We promote quality outcomes through learning and continuous performance improvement.

Florida HEALTH
Medical Quality Assurance

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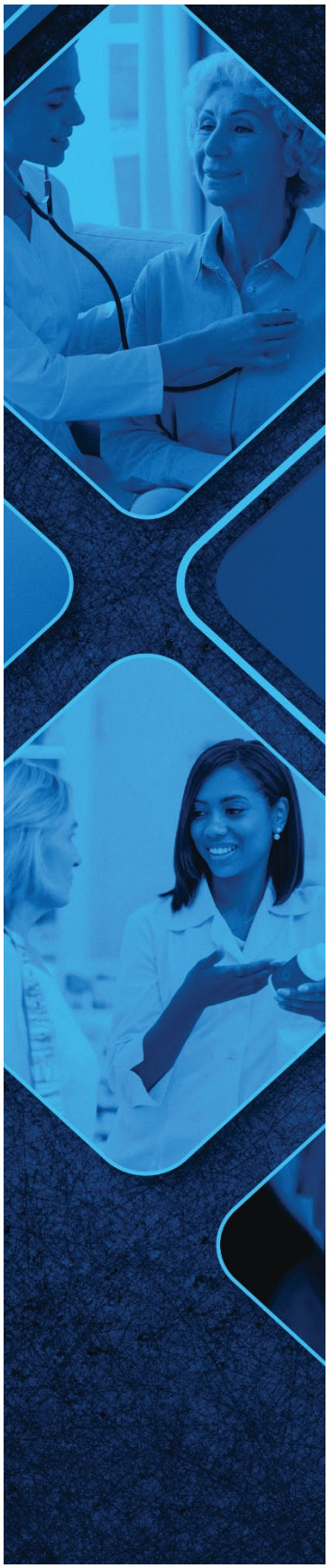

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Message from the State Surgeon General

As Florida's State Surgeon General, it gives me great pleasure to present the Division of Medical Quality Assurance (MQA), Prescription Drug Monitoring Program's (PDMP) 2021-22 Annual Report.

The PDMP, better known as Electronic-Florida Online Reporting of Controlled Substance Evaluation Program (E-FORCSE®), report contains information on the program's operation and system metrics, vital operational activities, and findings from various program evaluation activities.

This year, through expanded outreach and education, we have seen an increase in prescriber and dispenser registration by 12.2 percent, from 147,331 to 165,281. The increase in enrollment led to a rise in the number of queries by 18.5 percent, from 120.5 million to 121.2 million. The PDMP is progressing in connecting users and expanding access through its integration with electronic health records and pharmacy dispensing systems. The PDMP has approved 2,265 integrations across the state, allowing prescribers and dispensers to access PDMP information within the existing workflows.

According to the most recent data, 6,342 dispensers reported over 30 million controlled substance prescriptions to the database. There are 17,491,848 residents 18 years of age and older in Florida, of which 28.9 percent have been dispensed a controlled substance. For the seventh consecutive year, oxycodone sustained action (SA), alprazolam, and hydrocodone SA were the three most dispensed controlled substances, representing 35.6 percent of the total controlled substances dispensed during 2021-22.

In addition to managing the daily operations of the PDMP and its tens of thousands of users, I am proud of the PDMP for developing a cutting-edge data warehouse to communicate key performance indicators and program metrics augmented by machine learning and data science. It is exciting to see Florida on the forefront of this new capability by empowering advanced analytics to develop predictive models to improve surveillance policies, techniques, and risk mitigation.

The following pages describe the trends identified in Florida’s Prescription Drug Monitoring System (PDMS). I hope this report provides a better understanding of the PDMP’s role in protecting, promoting, and improving the health of all people in Florida.

Joseph A. Ladapo, MD, PhD
State Surgeon General

Executive Summary

The Florida Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), was created by the 2009 Florida Legislature to encourage safer prescribing of controlled substances and to reduce drug misuse and diversion within the state of Florida.

As required by section 893.055(14), Florida Statutes, the 2021-22 (referred to in this report as Report Year 22 or "RY22") PDMP Annual Report highlights this year's accomplishments.

Report Highlights

Increase in Enrollment and Utilization –
Overall, including all user role types, enrollment increased by 12.2 percent from 148,023 to 166,071 registrants (Table 3). There was a 12.7 and 10.5 percent increase in prescriber and dispenser enrollment, respectively, compared to RY21 (Table 3). Florida prescribers, dispensers, and designees made 121.2 million queries through the web portal and integrated solutions (Figure 5).

Reduction of Opioid Prescriptions Dispensed –
There has been a 3.6 percent decrease in schedules II through V opioid prescriptions dispensed to patients from 12.6 million in RY21 to 12.2 million in RY22 (Table 1).

Reduction in Morphine Milligram Equivalents (MME)s per Prescription –
There has been a 1.3 percent decrease in the average daily MMEs per opioid prescription in schedules II through V from 46.0 to 45.4 when compared to RY21 (Table 1). MMEs per prescription for schedule II opioids decreased by 0.6 percent from 59.3 to 59.0 (Figure 9).

Decrease in the number of Multiple Provider Episodes –
There has been a 6.8 percent decrease in the number of individuals doctor-shopping from 456 to 425 (Figure 2).

Increase in Interoperability through Integrated Solutions –
The PDMP has approved 2,265 electronic health record (EHR) and pharmacy dispensing system (PDS) integrations across the state, allowing prescribers and dispensers to access PDMP information within their existing workflows. During RY22, prescribers and dispensers completed 96.8 million queries through an integrated solution. Analysis of integration data for the past 18 months indicates that 55.42 percent of prescribers have queried through EHR integration (Figure 4), a 10.0 percent increase from the previous year.

Increase in Data Sharing –
The PDMP shares data with 37 state PDMPs, Puerto Rico, and the Military Health System. During RY22, there were 9.8 million interstate queries disclosed to prescribers and dispensers in other states. (Figure 7).

Legal Framework

Summary of Statutory Changes

Section 893.055, Florida Statutes, requires the Department of Health (Department) to maintain an electronic system to collect and store controlled substance dispensing information and release the information as authorized in section 893.0551, Florida Statutes. Legislative changes by year and bill number are summarized below. There were no statutory changes in the 2021 or 2022 legislative sessions.

Year	Bill Number	Summary of Changes
2009	SB 462	Created section 893.055, Florida Statutes, establishing the PDMP.
2009	SB 440	Created section 893.0551, Florida Statutes, exempting information contained in the PDMP from public record requirements.
2010	SB 2772	Amended sections 893.055 and 893.0551, Florida Statutes, establishing a definition for "program manager" and requiring the program manager to work with specific stakeholders to promulgate rules for controlled substance abuse indicators. It also authorized the program manager to provide relevant information to law enforcement under certain circumstances.
2011	HB 7095	Amended section 893.055, Florida Statutes, to require dispensers to upload dispensing data to the PDMP within seven 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 individuals who have direct access to the PDMP.
2013	HB 1159	Appropriated $500,000 of nonrecurring general revenue funds for the general administration of the PDMP for the fiscal year 2013-2014.
2014	HB 7177	Amended sections 893.055 and 893.0551, Florida Statutes, renewing the public record exemption and requiring law enforcement and investigative agencies to enter a user agreement with the Department. Also, it limits the information shared with a criminal justice agency and requires the disclosing person or entity to take steps to ensure the continued confidentiality of the information, redacting any non-relevant information at a minimum. Finally, a criminal justice agency may only release information related to a criminal case to a state attorney in response to a discovery demand; unrelated information requires a court order to be released.
2015	SB 2500A	Appropriated $500,000 of general revenue funds for the general administration of the PDMP for the fiscal year 2015-2016.
2016	SB 964	Amended sections 893.055 and 893.0551, Florida Statutes, authorizing direct access to the information in the PDMP for designees of prescribers and dispensers and authorizing indirect access for impaired practitioner consultants.

2016	SB 1604	Created section 893.30, Florida Statutes, establishing the "Victoria Siegel Controlled Substance Safety Education and Awareness Act," requiring the Department to develop a written pamphlet relating to controlled substances, including specific educational information, and make it available to health care practitioners and entities to disseminate and display. The Department shall also encourage consumers to discuss controlled substance abuse risks with their health care providers.
2017	HB 557	Amended section 893.055, Florida Statutes, requiring dispensers of controlled substances in schedules II-IV to report to the Department dispensing information no later than the close of the next business day; clarifies the exemption from reporting of information for a rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance as needed; authorizes access to the database by an employee of the United States Department of Veteran Affairs under certain conditions.
2017	HB 5203	Amended section 893.055, Florida Statutes, authorizing the Department to use state funds appropriated through the General Appropriations Act to fund the PDMP's administration.
2017	HB 7097	Amended section 893.055, Florida Statutes, extending the Direct Support Organization's repeal for the PDMP until October 1, 2027.
2018	HB 21	Amended sections 893.055 and 893.0551, Florida Statutes, requiring mandatory consultation of the PDMP, expanded access by prescribers and dispensers at the US Department of Defense and Indian Health Service; expanded access to Medical Examiners; authorized the exchange of information between states and integration into an EHR.
2019	HB 375	Amended section 893.055, Florida Statutes, defining an electronic health recordkeeping system and authorizes the Department to enter into one or more reciprocal agreements or contracts with the US Department of Veterans Affairs, the US Department of Defense, or the Indian Health Service; and exempts prescribers or dispensers from consulting the PDMP for hospice patients.
2019	HB 1253	Amended sections 893.055 and 893.0551, Florida Statutes, defining an EHR and requiring the Department to assign a unique patient identifier to protect patient identity; expand access to Attorney General for active investigations or pending civil or criminal cases litigation involving prescribed controlled substances.
2019	HB 23	Created 456.47, Florida Statutes, establishing standards of practice for telehealth providers; authorizing certain telehealth providers to use telehealth to prescribe certain controlled substances under specified circumstances; providing registration requirements for out-of-state telehealth providers, etc. A telehealth provider prescribing a controlled substance to a patient in Florida is required to consult the PDMS as required by HB 21 (2018).
2020	HB 5001	Legislature transferred the PDMP budget appropriation of $1,585,478 from General Revenue to the Department of Health, Division of Medical Quality Assurance Trust Fund.

Program Operation

The purpose of E-FORCSE® is to collect and store dispensing information for controlled substances listed in schedules II, III, IV, and V, as defined in section 893.03, Florida Statutes, and provide the information maintained in the system to health care practitioners to augment their clinical decision making.

Reporting

Section 893.055, Florida Statutes, requires dispensers to report specific information to E-FORCSE® each time controlled substance dispensing occurs. This controlled substance dispensing information must be reported to the electronic system as soon as possible but no later than the close of the next business day.

Access

Section 893.055(4), Florida Statutes, authorizes a prescriber, dispenser, or a designee of a prescriber or dispenser to have access to information in the E-FORCSE® database which relates to a patient of that prescriber or dispenser.

Section 893.055(8), Florida Statutes, requires a prescriber or dispenser or a designee to consult and review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient 16 years or older.

Data Warehouse

Through a Centers for Disease Control and Prevention (CDC) grant-funded initiative, the PDMP has implemented a cloud-based Business Intelligence (BI) solution called E-FORCSE® Insight (EFI). EFI relies on a centralized data warehouse to store controlled substance dispensing history for analysis. The data is refreshed daily in support of a near real-time uploading function. EFI will significantly enhance the existing reporting strategy for all stakeholders in a more timely and insightful way by regularly communicating key performance indicators and program metrics via dashboards, scorecards, and other interactive visualizations.

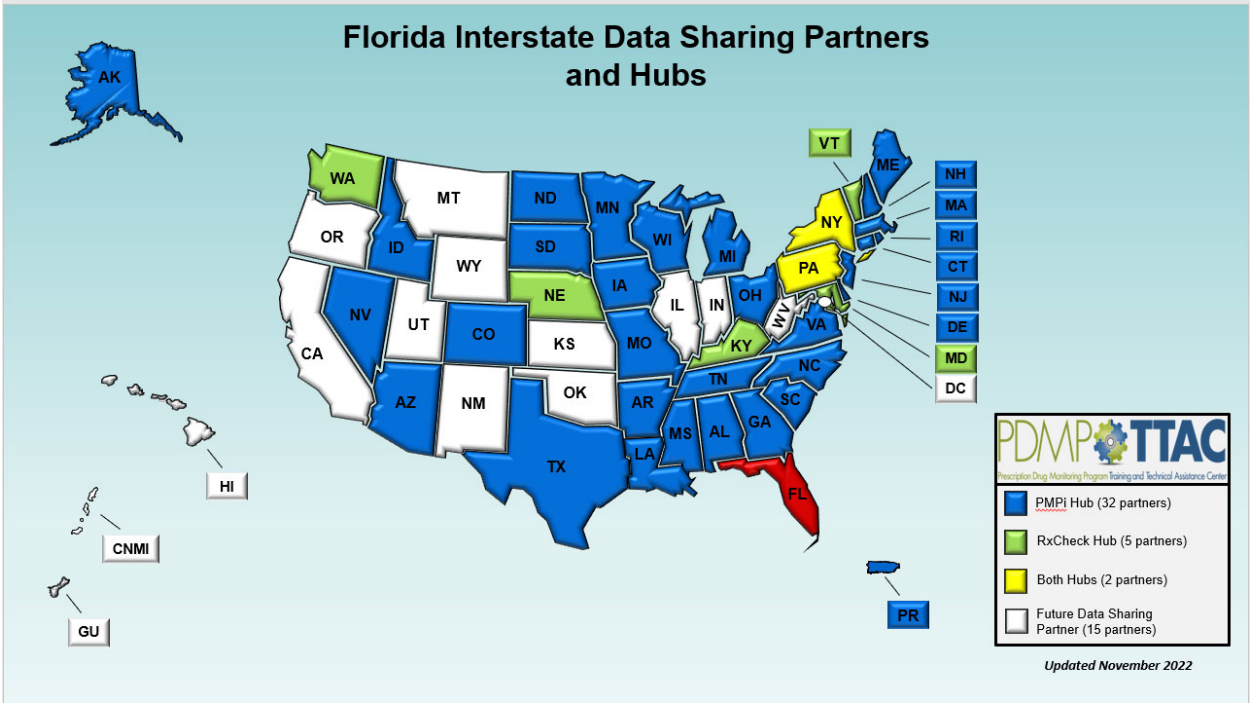
Augmented by machine learning and data science, a primary goal of the new capability is empowering advanced analytics, including developing a predictive model leading to more effective surveillance policies, techniques, monitoring, and risk mitigation. In addition, new data sources will be added to keep pace with technological advancements and thought leadership in the PDMP community.

Interstate Data Sharing

E-FORCSE® is authorized to enter into reciprocal agreements to share PDMP information with health care practitioners in other states if the systems are compatible. E-FORCSE® exchanges information using the RxCheck Hub (RxCheck) and PMP Interconnect (PMPi) hubs to facilitate interstate data sharing amongst states.

To determine compatibility, E-FORCSE® considers safeguards for protecting patient privacy, user access, controlled substances monitored, data reported to the program's system, additional criteria deemed essential for a thorough comparison, and the state's costs and benefits.

Florida shares data with 39 partners and is working with 15 additional partners to expand its data sharing capability. Of the 39 data sharing partners, 30 states, Puerto Rico and the Military Health System share data using the PMPi hub. Five states share data with Florida through the RxCheck hub. New York and Pennsylvania share data using both hubs.



Interoperability

E-FORCSE® is collaborating with Bamboo Health, the service provider for E-FORCSE®, to enable health care practitioners to query their specific patient's controlled substance dispensing information within their electronic clinical workflow through integration with their electronic health recordkeeping system. The integrated solution provides health care practitioners with accurate,

relevant, and timely PDMP information at the point of care. As of June 30, 2022, 2,265 entities have integrated their electronic health recordkeeping systems with E-FORCSE®.

Grant Funded Projects

The PDMP has relied on grant funding to offset the PDMS implementation and enhancement costs. The PDMP is currently working on three grant-funded projects summarized below.

1. Harold Rogers PDMP Implementation and Enhancement Project 2018-PM-BX-0003 - $749,270

The PDMP used grant funds to integrate E-FORCSE® information into the clinical workflow, expand interstate data sharing, enhance the analytic capabilities of the E-FORCSE® system and expand existing outreach and education efforts.

The grant period ends September 30, 2023.

2. CDC Overdose Data to Action (OD2A) FAIN NU17CE925020 - $2,044,578

The PDMP used grant funds to:

a. Develop a more comprehensive repository of prescription data and resources related to substance abuse and overdose scenarios, including more timely or real-time data.

b. Inform clinical practice and develop a process to integrate resources across the state to create the most significant impact on opioid and all-drug overdose issues in Florida.

c. Develop a proactive warning network focused on supply reduction for emerging substance abuse and overdose events as they happen in real-time.

d. Provide recommendations to maximize existing resources, including developing and disseminating information or guidance to aid in proactive reporting.

e. Produce and communicate a comprehensive PDMP action plan.

f. Develop a process to research, identify and share best practices across the nation and increase data sharing across state lines using national hubs.

g. Facilitate improved delegate access and training to expand access to PDMPs via real-time data utilization and exchange and support PDMP training efforts in high-overdose burden regions in county health systems.

h. Utilize targeted interventions such as academic detailing clinical training and outreach within geographic "hot spots" as part of the training model identified by the system.

i. Integrate state and CDC guideline-concordant tools such as cumulative MME calculations into patient PDMP reports.

j. Incorporate proactive prescriber notification of patient overdose deaths.

The grant period ends September 30, 2023.

3. Harold Rogers PDMP Implementation and Enhancement Grant 15PBJA-21-GG-02607-PDMP - $1,627,287

The PDMP will use grant funds to accomplish the following objectives:

a. Expand integration of PDMP information into the Department's 67 county health departments (CHDs) electronic health recordkeeping (EHR) system known as the Health Management System (HMS).

b. Augment the existing HMS Drug Utilization Review (DUR) with PDMP information to provide alerts based on clinical criteria, documented drug-drug interactions with other listed medications, and duplicate therapy instances with other medications.

c. Reconcile each controlled substance electronically prescribed in HMS using the National Council for Prescription Drug Programs script with the medications dispensed and reported to the PDMP.

d. Maintain and expand the EFI data warehouse to improve the quality and accuracy of PDMP data by incorporating seamless open data that supports and enhances data visualizations that facilitate reporting dashboards, scorecards, etc.

e. Expand existing outreach and education efforts.

The proposed pilot project will benefit public health in the state of Florida. Prescribers and pharmacists in the Department's 67 CHDs will benefit from workflow efficiencies through EHR integration and enhanced DUR clinical alerts. Public health policymakers will benefit from improved data accessibility through the maintenance and expansion of EFI.

The grant period ends on September 30, 2025.

Outcomes

Annually the Department reports on outcome-targeted performance measures to the Governor, the President of the Senate, and the Speaker of the House of Representatives as required in section 893.055(14), Florida Statutes. This report contains information on the PDMP's operation, including basic program and system metrics, the status of critical operational objectives, and findings from various program evaluation activities. This report's overall goal is to provide information to guide the operation of the PDMP, assess PDMP utilization, answer questions about the impact of PDMP information on clinical practice and patient outcomes, and evaluate the effect of the PDMP on community health.

OUTCOME 1: Reduction of the rate of inappropriate use of controlled substances through Department education and safety efforts.

Figures: 3, 11

OUTCOME 2: Reduction of the quantity of controlled substances obtained by individuals engaged in fraud and deceit.

Tables: 1, 2 / Figures: 1, 2, 3, 9, 10, 11

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

Tables: 3,4,5 / Figures: 4, 5, 6, 7

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

Table: 5 / Figures: 10, 11, 12

Throughout the report, graphs and tables within performance measures are designed to address one or more of the above outcomes. Color bars will indicate the outcome(s) addressed in the performance measure.

OUTCOME 1 | OUTCOME 2 | OUTCOME 3 | OUTCOME 4

Appendix 1: Technical Notes, Tables, and Figures

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Technical Notes

The current report year (RY22) covers the period from July 1, 2021 (Q3-Q4 2021) to June 30, 2022 (Q1-Q2 2022). Direct year-to-year comparisons are based on report years. After July 1, 2018, controlled substances include substances named or described in schedules II through V of section 893.03 Florida Statutes.

Data was downloaded from PMP Advanced Analytics™ between June 30, 2022, to September 14, 2022, and summarizes the characteristics and prescribing patterns of the controlled substances reported to the PDMS. In this report, "patient" refers to Florida residents 18 years of age and older unless specified otherwise.

Performance measures are consistently measured during each performance period to rule out any system-level changes that may lead to fluctuations in the data. For example, prior years' annual reports have noted system-level changes likely to impact data interpretation (e.g., incorporation of data from the United States (U.S.) Department of Veterans Affairs, tramadol reporting, hydrocodone rescheduling, and mandatory consultation).

This report's population estimates are Annual Estimates of the Resident Population for Selected Age Groups by Sex for Florida: April 1, 2010, to July 1, 2019; April 1, 2020; and July 1, 2021 (Source: U.S. Census Bureau Population Division. Release Date: June 2021. Updated July 2022 with April 1, 2020, estimate).

Table 1. Characteristics of schedules II through V prescriptions dispensed to Florida residents 18 years of age and older.

There are 17,491,848 residents 18 years of age and older in Florida, of whom 5.1 million have been prescribed one or more schedules II through V controlled substances in RY22, an increase of 1.2 percent from RY21. Table 1 illustrates that 6,342 pharmacies reported 30,097,722 controlled substance prescriptions dispensed to Florida patients during RY22, a 1.7 percent decrease from the prior year. The number of prescribers who issued one or more controlled substance prescriptions grew from 149,418 in RY21 to 155,747 in RY22, a 4.2 percent increase. There was a 1.2 percent decrease in days' supply per capita from 45.9 to 45.4. The prescription quantity per capita decreased by 1.8 percent from 95.0 to 93.3. During RY22, there were 12,189,925 opioid prescriptions dispensed to 3,130,831 Florida residents 18 years of age and older, a 3.6 percent decrease compared to RY21. Lastly, the average daily MME per opioid prescription decreased by 1.3 percent from 46.6 to 45.4.

Data Characteristics	RY21	RY22	RY21-22 Change
Population 18 years and over	17,482,580	17,491,848	0.1%
Patient	5,000,518	5,062,877	1.2%
Prescriber	149,418	155,747	4.2%
Pharmacy	6,247	6,342	1.5%
Prescription (Rx)	30,617,442	30,097,722	-1.7%
Quantity (Qty)	1,661,238,419	1,631,723,383	-1.8%
Days' Supply / Rx	26.2	26.4	0.6%
Prescription Qty / Rx	54.3	54.2	-0.1%
Prescriptions / Patient	6.1	5.9	-2.9%
Days' Supply / Patient	160.6	156.8	-2.3%
Prescription Qty / Patient	332.2	322.3	-3.0%
Prescriptions / Capita	1.8	1.7	-1.7%
Days' Supply / Capita	45.9	45.4	-1.2%
Prescription Qty / Capita	95.0	93.3	-1.8%
Opioid Rx	12,645,204	12,189,925	-3.6%
Patient with Opioid Rx	3,130,136	3,130,831	0.0%
Avg Daily MME per Opioid Rx	46	45.4	-1.3%

Table 2. Number and percentage of prescriptions of the top 10 dispensed controlled substances in schedules II through V.

Table 2 illustrates that 34.9 percent of the total controlled substances dispensed in RY22 were alprazolam SA, oxycodone SA, and hydrocodone SA. Dextroamphetamine increased by 14 percent, and temazepam decreased by 8.9 percent. Oxycodone also decreased from RY21 to RY22 by 1.4 percent. Other notable decreases included hydrocodone and phentermine, which fell by 5.3 and 5.4 percent, respectively.

Generic Name	Brand Example	RY21	RY21	RY22	RY22	RY21-22 Change
Alprazolam SA	Xanax®	3,758,438	12.3%	3,615,723	12.00%	-3.8%
Oxycodone SA	Percocet®	3,827,350	12.6%	3,772,472	12.50%	-1.4%
Hydrocodone SA	Vicodin®	3,299,102	10.8%	3,124,131	10.40%	-5.3%
Tramadol SA	Ultram®	2,291,067	7.5%	2,179,533	7.20%	-4.9%
Clonazepam SA	Klonopin®	1,939,029	6.3%	1,884,040	6.30%	-2.8%
Dextroamphetamine SA	Adderall®	2,080,604	6.8%	2,372,052	7.90%	14.0%
Zolpidem SA	Ambien®	1,837,387	6.0%	1,768,816	5.90%	-3.7%
Lorazepam SA	Ativan®	1,509,496	4.9%	1,463,756	4.90%	-3.0%
Temazepam SA	Restoril®	981,552	3.2%	894,591	3.00%	-8.9%
Phentermine SA	Adipex®	1,049,838	3.4%	993,147	3.30%	-5.4%

Figure 1. Rank of Top 10 controlled substances dispensed between RY17 – RY21.

Figure 1 depicts the rank of controlled substances dispensed between RY17 and RY21. Oxycodone SA, alprazolam SA, and hydrocodone SA remain consistent as Florida's top three controlled substances dispensed.

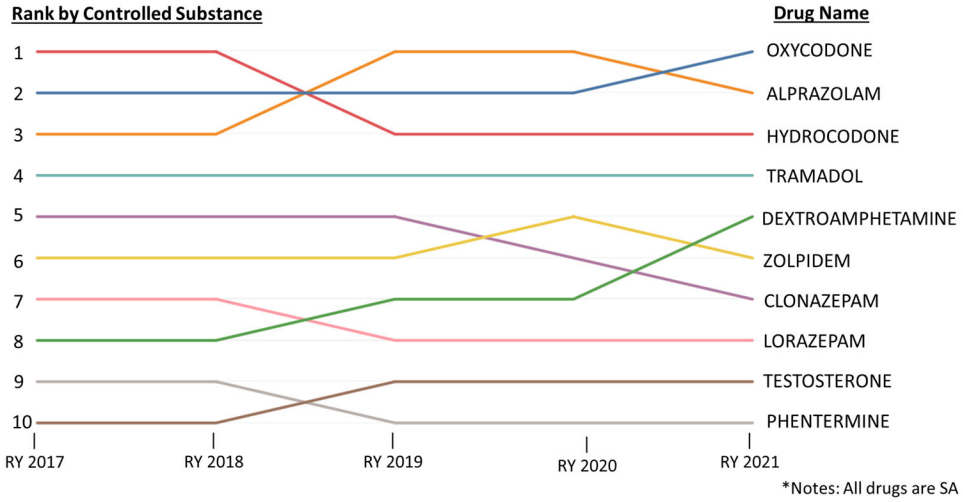


Table 3. User registration by user role type, report year, and percentage of change.

Table 3 illustrates the cumulative number of registrants by user role type, report year, and change percentage. There was a 12.2 percent increase in registration from 148,023 to 166,071 in RY22.

User Role Type	RY21 **Registrants	RY22 **Registrants	RY21-22 Change
Prescriber			
Dentist (DN)	7,277	7,732	6.3%
Medical Resident	827	1,019	23.2%
Military Prescriber	204	221	8.3%
Nurse Practitioner (APRN)	8,436	11,108	31.7%
Optometrist (OD)	75	76	1.3%
Physician (ME OS)	43,847	46,451	5.9%
Physician Assistant (PA)	2,828	3,536	25.0%
Podiatrist (DPM)	1,058	1,123	6.1%
Prescriber Delegate: Unlicensed	33,823	39,176	15.8%
Prescriber without DEA	14,378	16,493	14.7%
VA Prescriber	386	442	14.5%
Telehealth out-of-state prescriber	94	225	139.4%
Subtotal	**113,234**	**127,605**	**12.7%**
Dispenser			
Military Dispenser	22	22	0.0%
Pharmacist	19,334	21,045	8.8%
Pharmacists Delegate: Unlicensed	14,633	16,483	12.6%
VA Dispenser	108	126	16.7%
Subtotal	**34,097**	**37,676**	**10.5%**
Law Enforcement			
Drug Enforcement Administration (DEA)	109	126	15.6%
Federal Bureau of Investigation (FBI)	5	7	40.0%
U.S. Department of Health and Human Services (HHS)	16	16	0.0%
Local Police Jurisdiction	198	227	14.6%
Medicaid Fraud Unit	13	15	15.4%
Military Police	11	13	18.2%
State Attorney General	1	1	0.0%
State Police	37	43	16.2%
State Prosecutor	7	8	14.3%
Subtotal	**397**	**456**	**14.9%**
Medical Examiner			
Medical Examiner - Delegate	112	135	20.5%
Medical Examiner	19	21	10.5%
Subtotal	**131**	**156**	**19.1%**
Impaired Practitioner Consultant			
Impaired Practitioner Consultant	4	4	0.0%
Impaired Practitioner Consultant Admin	2	2	0.0%
Subtotal	**3**	**3**	**0.0%**
Investigative Agency Administration*			
Investigative Agency Administrator	154	168	9.1%
Subtotal	154	168	9.1%
TOTAL	**148,023**	**166,071**	**12.2%**

*Agency Administration includes administrators for law enforcement and Department investigative services. ** Cumulative numbers.

Table 4. Indirect user requests by user type.

Table 4 outlines queries by indirect users of law enforcement and investigative agencies as well as a patient or the legal guardian or designated health care surrogate of an incapacitated patient. Before information is released, these requests must meet specific criteria and be approved by E-FORCSE® staff.

In the PDMP 2020-21 Annual Report, the number of reported requests for Medical Examiners was 2039; the correct number is 2949. This has been corrected in Table 4.

There was a 27.6 percent increase in the number of queries from indirect users from 7,620 to 9,723 during RY22. From RY21 to RY22, Medical Examiners increased 58.6 percent from 2,949 to 4,678, followed by 11.8 percent by impaired practitioner consultants from 17 to 19. In addition, law enforcement queries rose by 8.4 percent, from 4,171 to 4,521.

User Type	RY21 Requests	RY22 Requests	RY21-22 Change
Law Enforcement	4,171	4521	8.4%
Medical Examiner	2,949	4678	58.6%
Impaired Practitioner Consultant	17	19	11.8%
Regulatory Agency Administration*	454	474	4.4%
Patient	29	31	3.4%
TOTAL	**7,620**	**9,723**	**27.6%**

*Agency Administration includes administrators for law enforcement and Department investigative services.

Table 5. Number of health care practitioners who have taken the "Improving Best Practices for Patient Care: Optimizing the Use of the PDMP Database" continuing education course.

The Department contracted with the Florida Prescription Drug Monitoring Program Foundation (FL PDMPF) as part of the CDC OD2A grant to develop an online and live peer-to-peer course on best practices titled "Improving Best Practices for Patient Care: Optimizing the Use of the PDMP Database." The free course is offered online through CE Broker and at live medical professional association meetings across the state.

As of June 30, 2022, the FL PDMPF has provided outreach and education activities to 1,506 individuals.

Health Care Practitioners	Course Attendees
Advanced Practical Registered Nurses	152
Dentists	73
Optometrists	4
Pharmacists	167
Podiatrists	53
Physicians (Allopathic)	373
Physicians (Osteopathic)	42
All others	642
Total	**1,506**

Figure 2. Number of individuals obtaining controlled substance prescriptions from 5(10) or more prescribers and 5(10) or more dispensers by quarter January 2012 – June 2022.

Using the data in this performance measure demonstrates the value of the PDMP as a clinical decision-making tool to reduce prescription drug abuse misuse and diversion. One standard definition of MPE is the patient's use of five or more prescribers and five or more pharmacies within three months. Data support that as registration and utilization of the PDMS by prescribers and dispensers increases, the number of MPEs decreases.

Proactive reporting of MPEs to registered prescribers and law enforcement agencies and education and outreach activity contributed to initial successes in lowering MPE occurrences. Even though data appear to have plateaued, further decreases have occurred in response to recent program changes, including implementing mandatory utilization EHR integration enhanced PDMS reports and prescriber summary reports.

There has been a 6.8 percent decrease in the number of individuals who visited five or more prescribers and five or more pharmacies in a 90-day period compared to FY21, from 456 to 425.

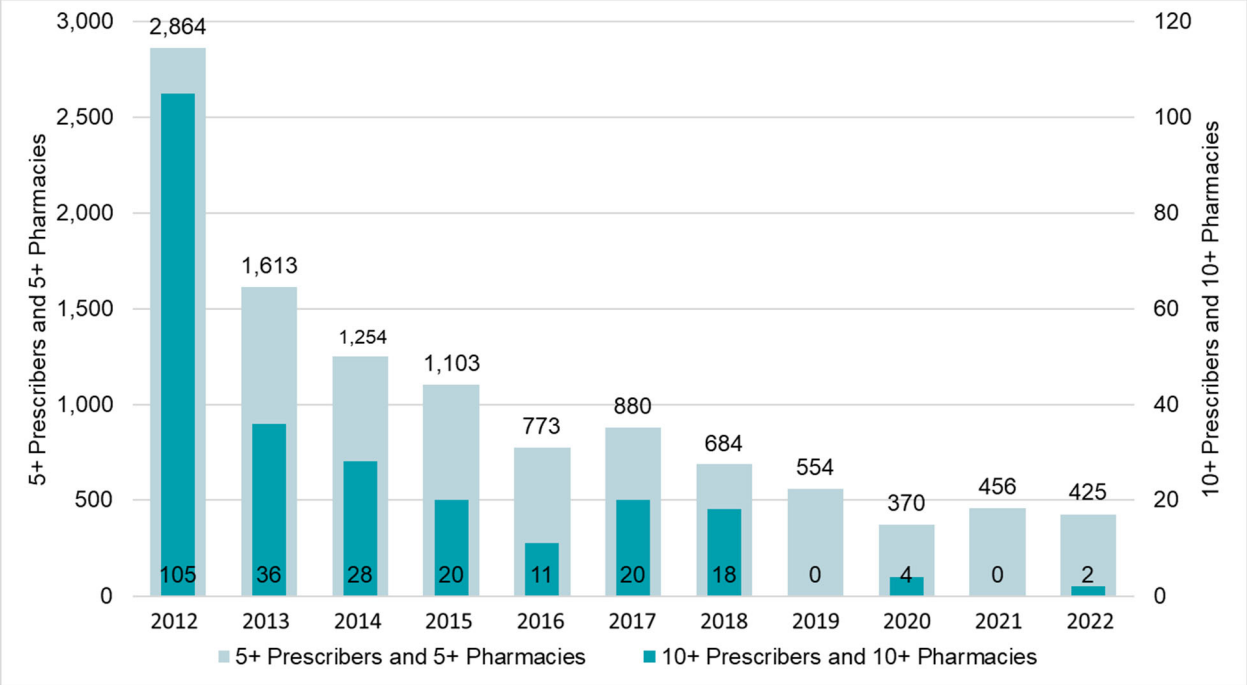


Figure 3. Number of prescriptions per patient as a function of age, payment type, and drug class.

Figure 3 shows the average number of prescriptions per patient based on the drug class, age group, and payment method. The figure suggests that for opioids, muscle relaxants, and benzodiazepines, patients who pay using Medicare and those of the 55 to 64-year-old age bracket are prescribed the largest quantity of prescriptions per patient. Extract date: August 26, 2022.

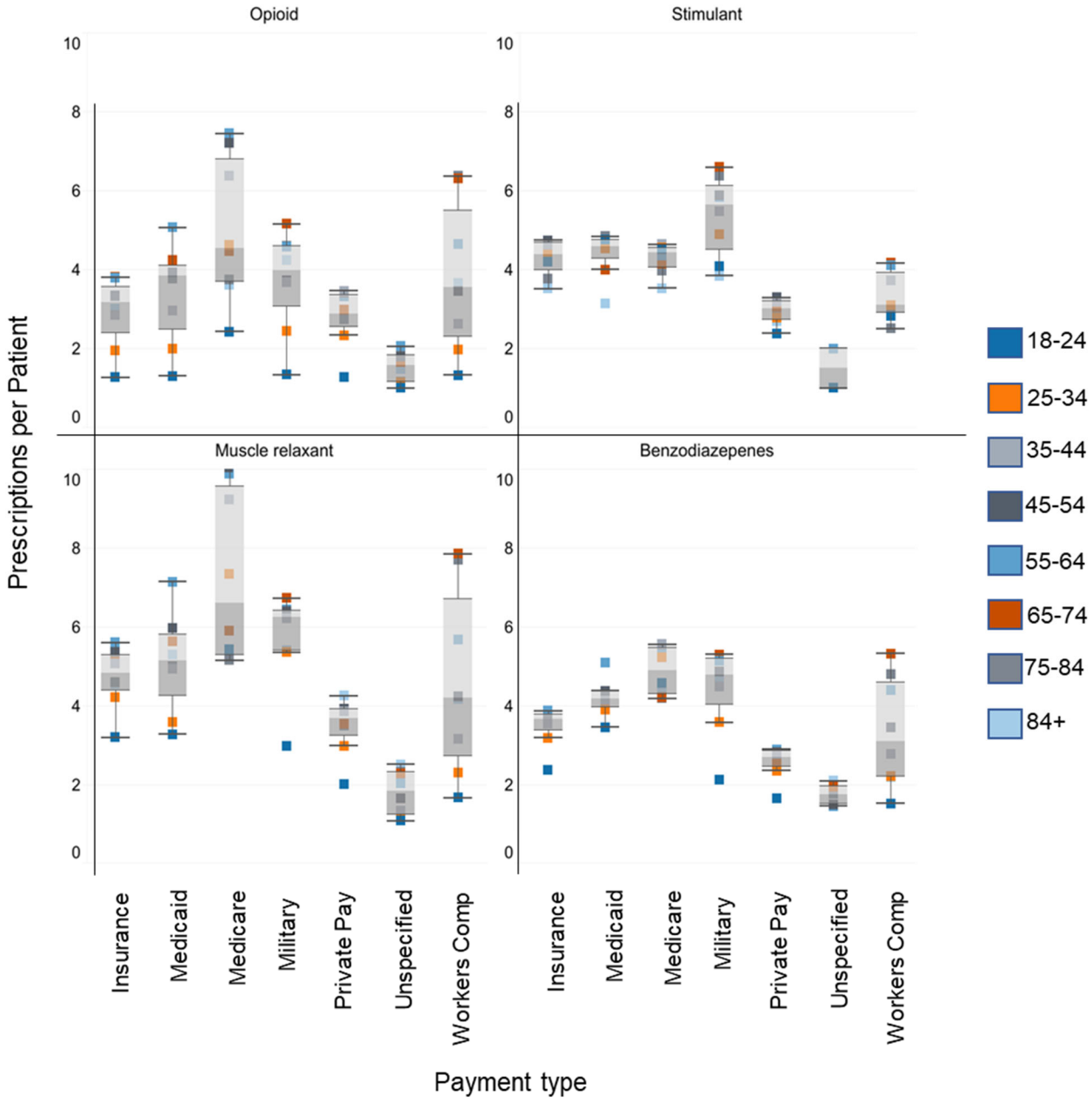


Figure 4. Number of Florida prescribers who have searched the PDMS via an integrated solution and prescribed a controlled substance, January 2020 – June 2022.

The Department is authorized to enter into agreements or contracts to establish secure connections between the PDMS and a prescribing or dispensing health care practitioner's EHR. In RY21, the PDMP integrated into 2,265 entities' EHR and PDS across the state. Entities include physician offices, clinics, hospitals, health systems, and PDS.

Analysis of EHR integration data for the past 18 months, as outlined in figure 4 below, reveals Florida has had 148.66 million successful requests from 81,026 unique prescribers, of which 65,852 were licensed in Florida. Further consolidation based on practitioners with an active DEA registration number illustrates 44,318 prescribers out of 79,965 prescribers who prescribed controlled substances performed a patient lookup via their EHR solution. Compared to RY21, there has been a 10 percent increase from 49.9 to 55.4 in Florida prescribers who have prescribed and searched the PDMS via an integrated solution. With a 55.42 percent integrated solution utilization rate, Florida ranks within the top 25 states in the nation with integrated solution usage.

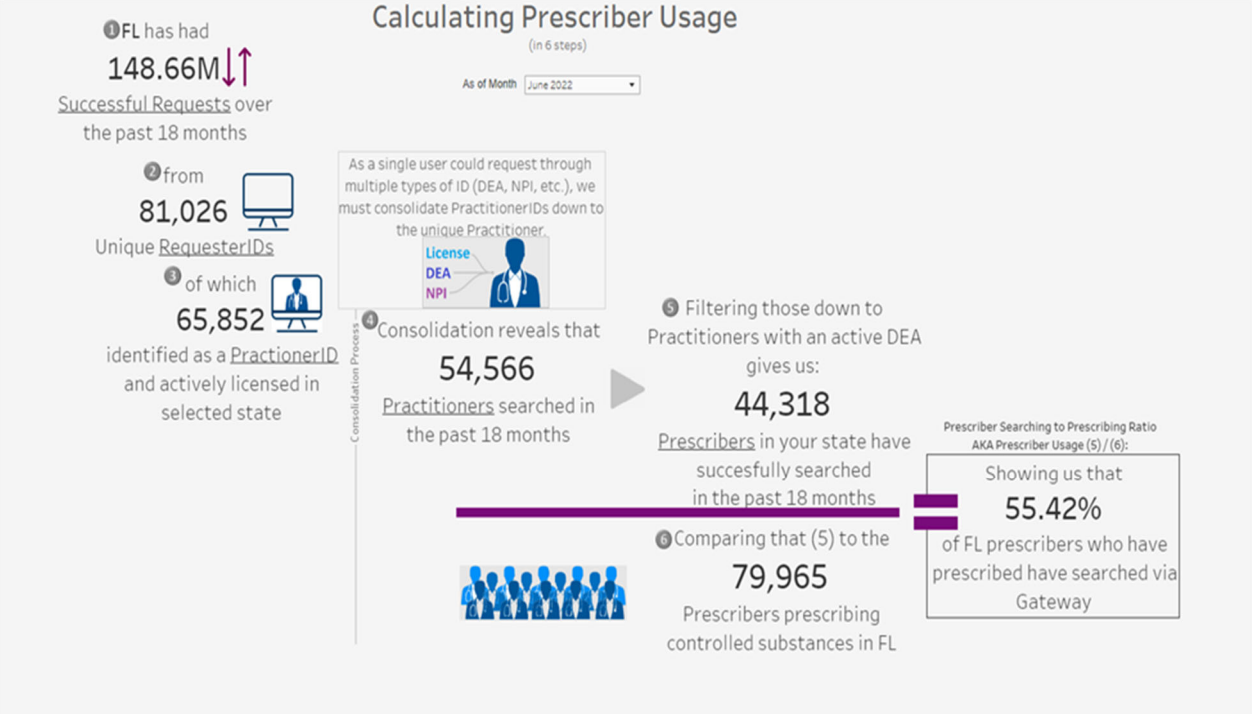


Figure 5. Number of queries by Florida prescribers, dispensers, and designees through the web portal and integrated solutions.

The Department provided PDMS information to prescribers, dispensers, and designees through the web portal and integrated EHRs and PDSs. During RY22, Florida prescribers, dispensers, and designees made 121.2 million successful queries for PDMS information. Queries through EHR and PDS integrations totaled 96.8 million, while prescribers, dispensers, and designees made 24.4 million queries through the web portal.

Prescribers and dispensers are averaging approximately 2 million queries each month through the web portal and 8 million queries through an integrated solution.

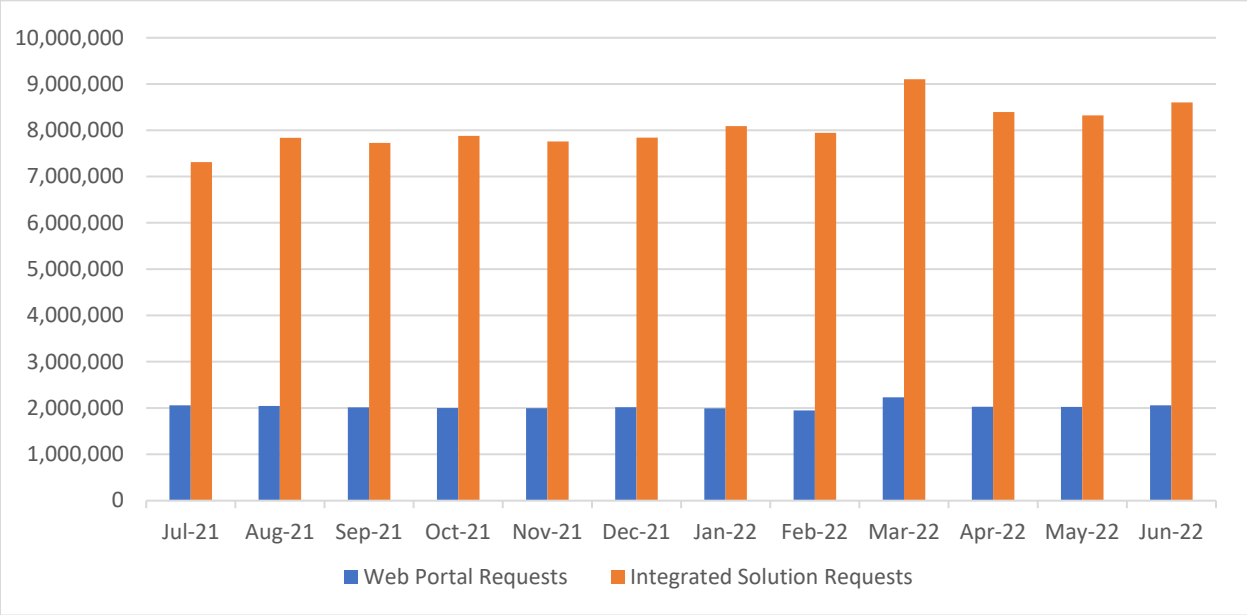


Figure 6. Number of queries requested by Florida prescribers and dispensers to other states.

The Department uses two data-sharing hubs to share its data between states–PMPi and RxCheck. The PDMP connects to the preferred hub of the state requesting information. When the PDMP connects to a state through both hubs (such as New York and Pennsylvania), the health care practitioner or designee chooses the hub they wish to query.

Figure 6 illustrates the number of queries by Florida prescribers and dispensers to other states' PDMPs. Florida prescribers and dispensers made the most requests to Georgia (2,204,811 requests), Massachusetts (1,946,736 requests), and Alabama (1,747,405 requests).

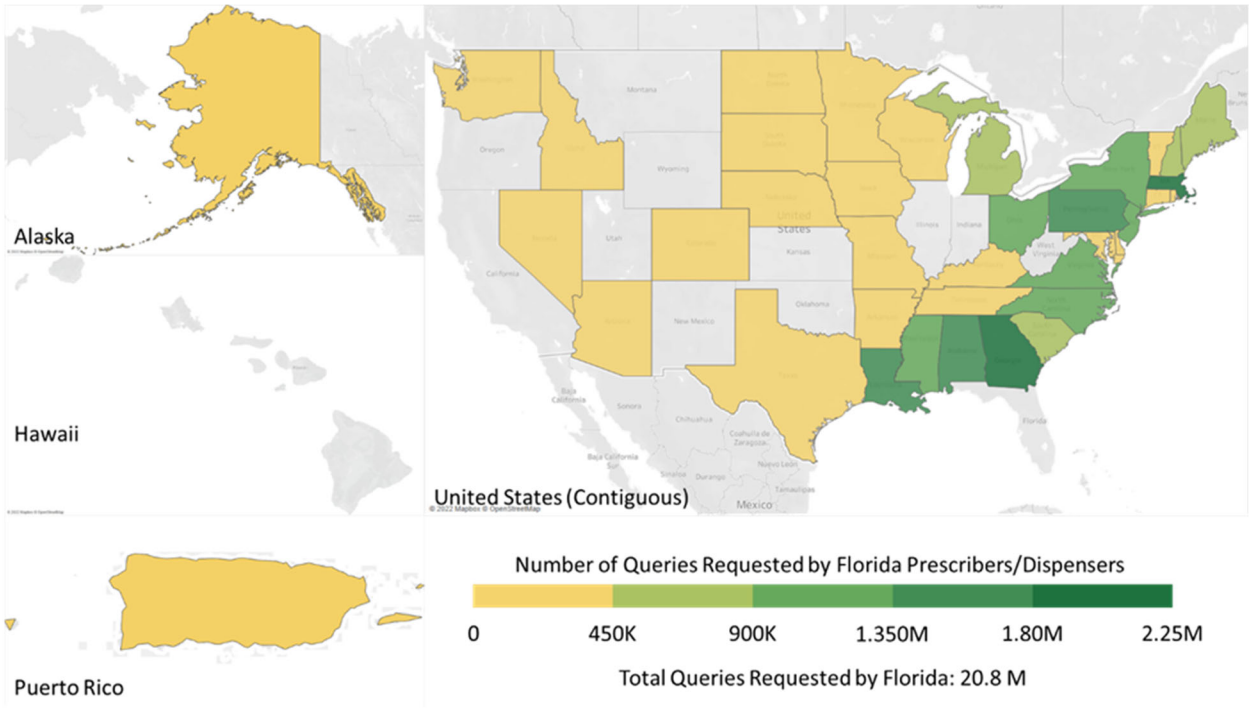


Figure 7. Number of queries disclosed to prescribers and dispensers in other states.

Figure 7 illustrates there were 9.8 million queries disclosed to prescribers and dispensers in other states. The states with the most requests to the Florida PDMP were Georgia (11,731,534 requests) and Alabama (5,506,965 requests).

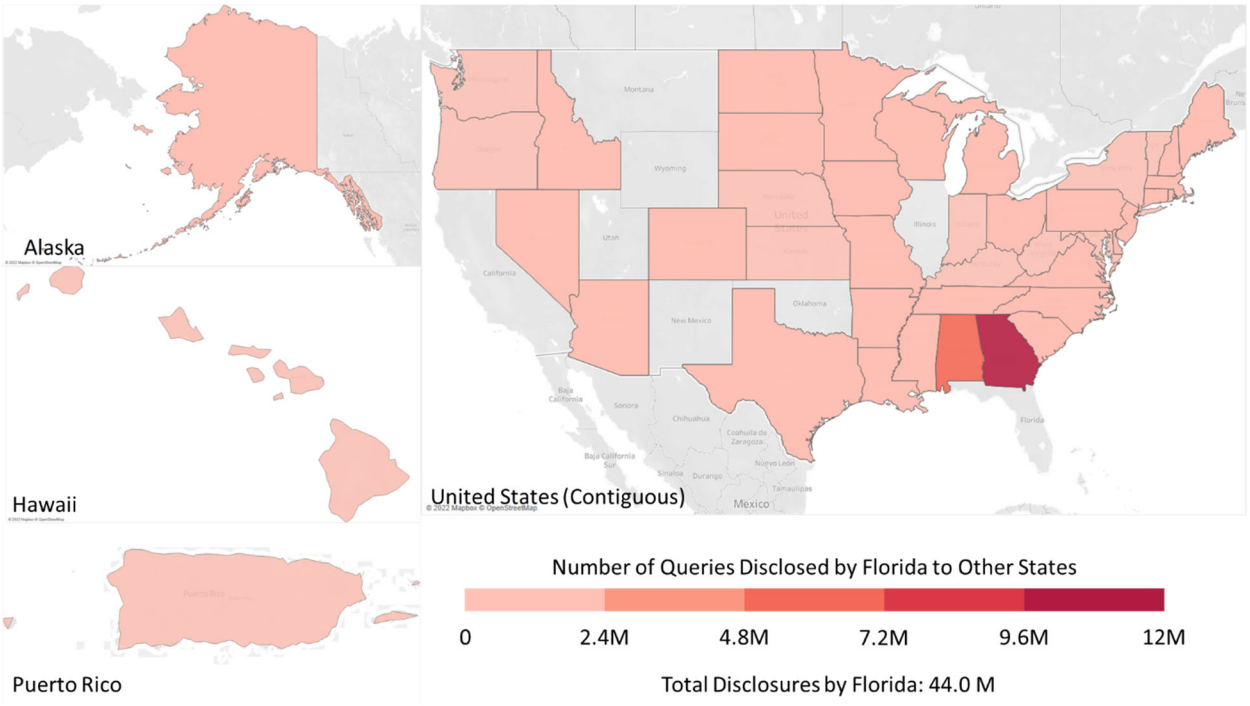


Figure 8. Number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.

Figure 8 illustrates the number of schedule II opioid prescriptions dispensed to Florida residents during RY21 and RY22 by the days' supply. Prescribing patterns have remained steady throughout the last year across all days' supply ranges. For example, at the beginning of RY21, 158,560 prescriptions were dispensed, which contained three or fewer days' supply. By the end of RY22, 156,130 prescriptions were dispensed, with three or fewer days' supply. Note that a secondary axis was included for prescriptions that provided 15 to 30 days' supply due to the differing order of magnitude.

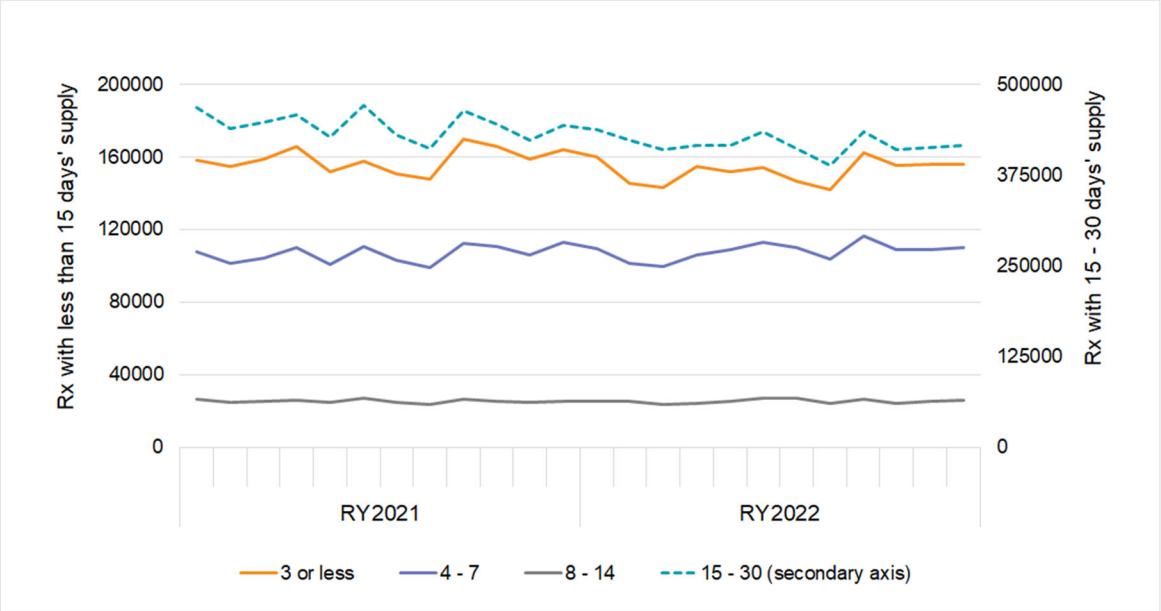


Figure 9. Average daily morphine milligram equivalent per schedule II opioid prescriptions.

Although the proportion of schedule II opioid prescriptions with longer days' supply increased during the COVID-19 Public Health Emergency, daily MMEs per prescription remained stable (Figure 9). From RY21 to RY22, daily MMEs continued to decline. On average, it decreased from 59.3 in RY21 to 59.0 in RY22 (0.6 percent). In the figure below, two specific data points are indicated: 57.9 daily MMEs in April of RY21, and 59.1 daily MMEs in June of RY22.

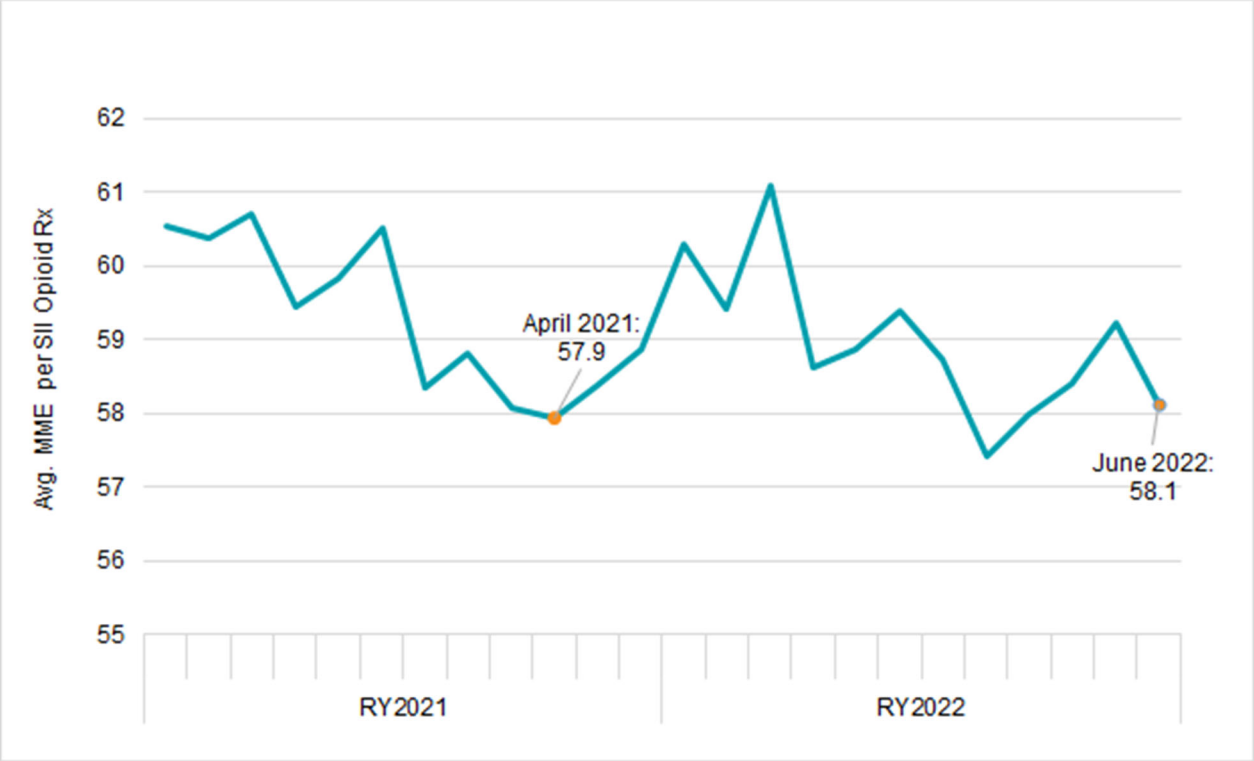


Figure 10. Projected model of prescription count over time for opioid prescriptions.

Figure 10 is a projected model of prescription count over time for opioid prescriptions. The actual data end on June 30, 2022, and the model predicts a year in advance (June 2023).

The predictive dotted lines represent probabilities that a prescription count will fall below a given line. For example, in June 2023, the orange line illustrates a 90 percent chance that prescription counts will fall below 988,555. Extract date: September 9, 2022. Age groups: 18+ Florida residents only.

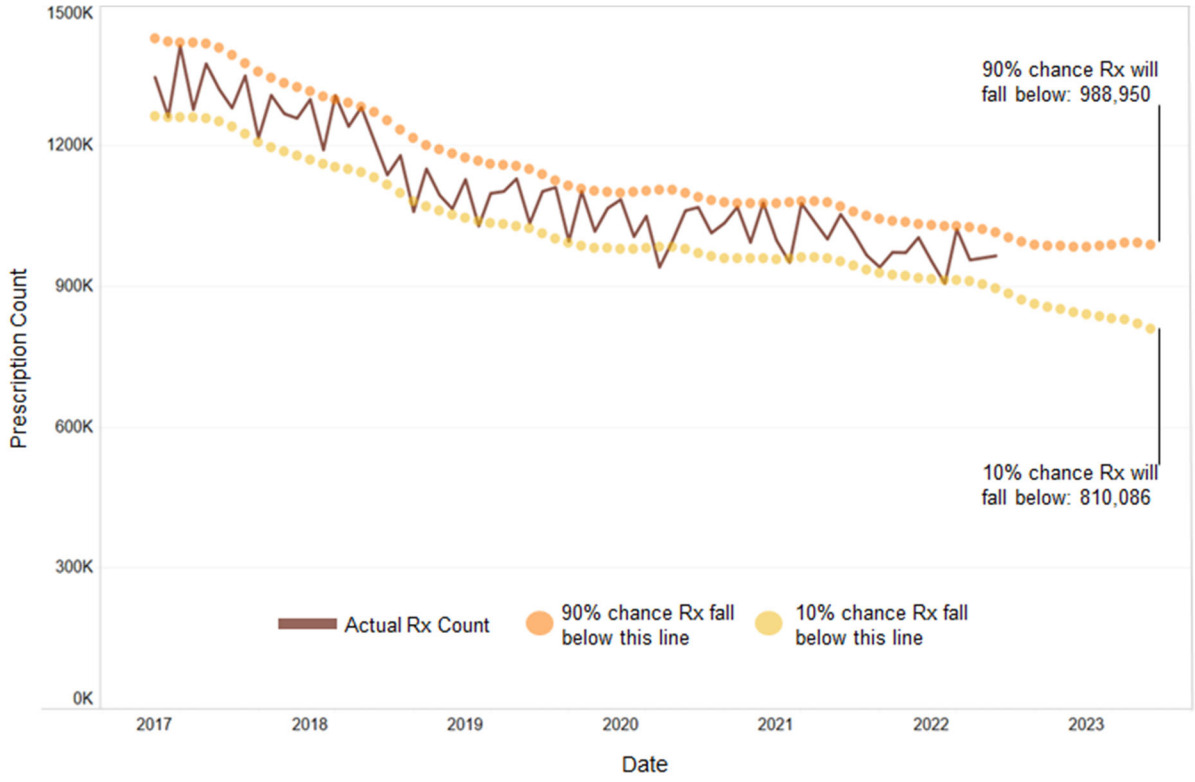


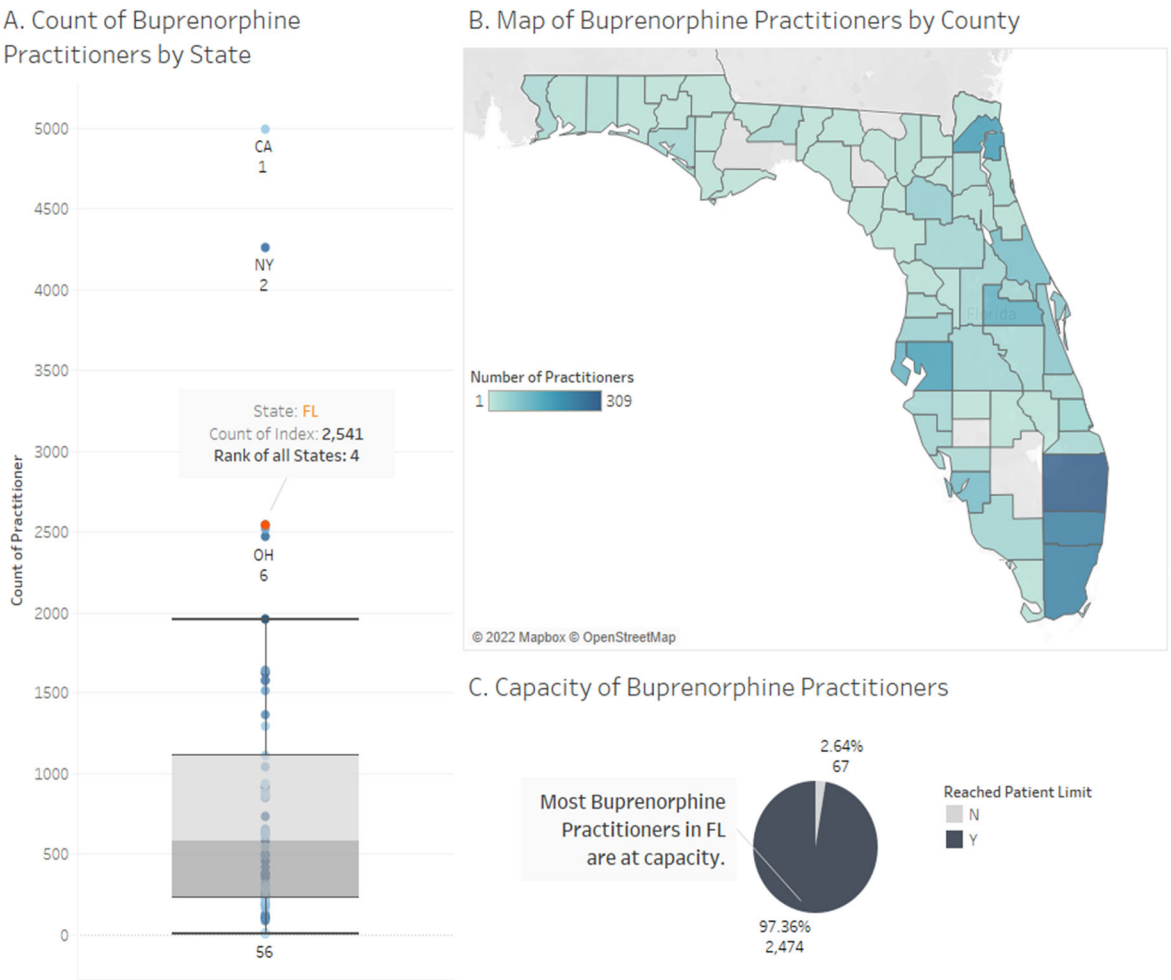
Figure 11. Number, location, and capacity of opioid recovery centers in Florida with buprenorphine practitioners.

The data were downloaded from the Substance Abuse and Mental Health Services Administration's Buprenorphine Practitioner Locator,[1] which lists the practitioners in the state who prescribe buprenorphine to treat opioid use disorders. This information is visualized in a few ways seen below.

Figure 11. A illustrates the number of buprenorphine practitioners in each state. Florida holds the fourth-largest number of prescribers when compared to other states.

Figure 11. B illustrates where the practitioners are in Florida and which counties have access to buprenorphine. From this, we can better show where resources can be distributed, especially when correlated with overdose rates per county.

Figure 11. C illustrates the capacity of the number of practitioners currently at the patient limit.



[1] https://www.samhsa.gov