Florida Department of Health

Reducing Opioid Abuse and Overdose Deaths in Florida

Through Expanded Access to E-FORCSE Data

Attachment 2: Program Narrative

STATEMENT OF THE PROBLEM

Present Situation

Opioid Abuse

Substance abuse is the "harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs[1]" and occurs when chronic use of alcohol or drugs causes significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, home, or school.[2] Opioids activate the reward regions of the brain which can cause the euphoric feeling or "high," that can lead to abuse.[3] In fact, roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them and 8 to 12 percent develop an opioid misuse disorder.[4] Approximately four to six percent of patients who misuse prescription opioids transition to heroin and 80 percent of heroin users first misused prescription opioids.[5] There are an estimated 15 million people worldwide suffering from opioid dependence.[6]

The opioid overdose death rate has increased by 200% since 2000 and is now the leading cause of accidental deaths in the United States.[7] There were 42,249 deaths that involved an opioid (licit or illicit) nationwide in 2016,[8] and 17,087 people died from overdoses involving prescription opioids.[9] The most common drugs involved in such deaths were methadone, oxycodone, and hydrocodone.[10]

National Public Health Emergency

In March 2017 President Donald J. Trump established the *President's Commission on Combating Drug Addiction and Opioid Crisis* (Commission), and charged it with studying the scope and effectiveness of the federal response to the opioid crisis and to make recommendations for improving the response. On October 26, 2017, President Trump declared a Nationwide Public Health Emergency[11] and the U.S. Department of Health and Human Services outlined a five-point strategy for combating the crisis: (1) better access to prevention, treatment, and recovery services; (2) better data; (3) better pain management; (4) better targeting of overdose reversing drugs; and (5) better research.[12]

On November 1, 2017, the Commission released its final report and recommendations for: (1) reducing administrative burdens associated with accessing federal funding for opioid-related and substance use disorder-related activities; (2) developing and providing training resources; (3) enhancing use of prescription drug monitoring programs (PDMPs); (4) treating opioid addiction, overdose reversal, and recovery; and (5) research and development.[13]

Florida Public Health Emergency

Addiction overdoses and deaths involving prescription drug use, especially narcotic pain relievers, have reached epidemic proportions in Florida over the last decade. As heroin and fentanyl have had a resurgence in our nation, Florida is no exception with 952 heroin-related deaths, 1,390 fentanyl-related deaths, and 965 fentanyl analog-related deaths in 2016.[14] Especially hard hit counties with the highest number of deaths associated with heroin have been Palm Beach (205), Broward (180), Miami-Dade (139), and Duval (81).[15] The counties with the highest number of deaths due to fentanyl include Palm Beach (313), Duval (239), Miami-Dade

(164) and Broward (146).[16] Deaths caused by heroin and fentanyl increased 30 percent and 97 percent respectively in 2016. Opioid overdoses attributed to 723 deaths in Florida in 2016.[17]

The misuse and abuse of opioids and their subsequent toll on individuals, families and communities have reached epidemic proportions across the state as evidenced in the four state statewide workshops held in Duval, Manatee, Orange and Palm Beach Counties last year. Following the workshops, Governor Rick Scott signed Executive Order 17-146, directing the State Health Officer and Surgeon General to declare a statewide public health emergency due to the opioid epidemic and to take any action necessary to protect the public health. It further directed the State Health Officer and Surgeon General to issue a standing order for opioid antagonists to ensure access to emergency responders. [18] Since its initial issuance, the Governor has extended the public health emergency declaration several times, the most recent extension was declared with Executive Order 18-110, issued on April 19, 2018 for 60 days.[19]

Florida's Current Controlled Substance Landscape

Promoting strategic approaches and collaboration to improve the health and safety of all Floridians, numerous changes in state policy have contributed to declines in the number of controlled substance prescriptions, total opioid volume written, morphine milligram equivalents (MMEs) per prescription, and the prescription opioid death rate. For example, from 2010 to 2014, the rate of oxycodone and alprazolam-caused deaths declined 70.6 percent (from 8.0 to 2.4 per 100,000 population) and 45.1 percent (from 5.2 to 2.9 per 100,000 population), correspondingly.[20] The percentage of individuals prescribed greater than or equal to 100 MMEs per day among those receiving prescription opioids decreased from 16.8 percent in the fourth quarter of 2011 to 9.5 percent in the second quarter of 2016. Overall, there has been a 38.9 percent reduction in the average MMEs prescribed between October 2011 and June 2016 from

112.2 to 68.5 MME. The number of patients who had controlled substances prescribed by greater than or equal to five prescribers and dispensed at greater than or equal to five pharmacies in a 90-day period, a key indicator of multiple provider episodes (MPEs), declined by 76.2 percent.

Controlled Substance Prescribing for Chronic Pain: As of January 1, 2012, every physician, podiatrist, or dentist, who prescribes a controlled substance to treat chronic nonmalignant pain must register as a controlled substance prescriber and comply with certain standards outlined by statute and rule. For example, the prescriber must see a patient being treated for chronic nonmalignant pain with controlled substances at least every three months and must keep detailed medical records related to the treatment protocols. [21]

Continuing Education for Controlled Substance Prescribing: Continuing education requirements for health care practitioners are established through statutes and rules established by health care regulatory boards. Currently only two health care practitioner license types require continuing education requirements related to prescribing of controlled substances. Physician assistants who prescribe controlled substances and advanced registered nurse practitioners must complete three hours of continuing education each biennial licensure renewal cycle on the safe and effective prescribing of controlled substances.[22]

Criminal Penalties related to Controlled Substance Prescribing: A health care practitioner with intent to provide a controlled substance or a combination of controlled substances that are not medically necessary to a patient or an amount of a controlled substance that is not medically necessary, or who provides a controlled substance by fraud, misrepresentation, or other deception, commits a felony of the third-degree punishable by up to 5 years in prison and a fine up to $5,000.[23]

PDMP: The Florida PDMP, known as E-FORCSE® (Electronic Florida Online Reporting of Controlled Substances Evaluation), became operational when it began receiving data in September 2011.[24] Today, there are over 232 million records maintained in the system.

Dispensers of controlled substances listed in Schedule II, III, and IV of section 893.03, Florida Statutes, are required to report specific information to the PDMP system no later than close of business the day after the controlled substance prescription was dispensed.[25] Between July 1, 2016 and June 30, 2017, instate prescribers issued 36,196,500 controlled substance prescriptions to 6,869,616 Floridians. Of those controlled substance prescriptions, 15,372,742 were for opioids.[26]

Information in the system is made available to prescribers and dispensers to review their patients' controlled substance prescription history. Additionally, employees of the U.S. Department of Veteran Affairs, who are authorized to prescribe controlled substances may have direct access to information in the PDMP system. In 2017, 205,250 prescribers issued 33,029,5599 controlled substance prescriptions that were dispensed to Florida patients. In 2017, there were 47,982 health care practitioners registered with the E-FORCSE system. During the month of April 2018, 92,495 prescribers prescribed a controlled substance and there were 478,819 queries made to the system.[27] Also, certain law enforcement and investigative agencies may request controlled substance prescription information from the program manager during an active investigation related to prescribed controlled substances.[28] Law enforcement and investigative agencies have appointed 1,163 authorized users of whom 344 have submitted requests. There was been a 21.0 percent reduction in the number of requests from 6,284 in 2016 to 4,961 in 2017.[29]

E-FORCSE program staff performs outreach and education on a daily basis through written notifications, email communications, presentations to stakeholders and professional associations, presentations and exhibition at conferences, webinars, written training guides, and technical help desk assistance. To date, E-FORCSE program staff have provided outreach and education to 49,520 health care practitioners and 558 individuals authorized to conduct investigations resulting in an 18.9 percent increase in registration and 30.3 percent increase in the number of query requests.[30]

Interstate Data Sharing: FDOH enhanced its E-FORCSE system to connect to the RxCheck hub through funding provided by the 2010 Harold Rogers Prescription Drug Monitoring Program grant (2010-PM-BX-0010). The RxCheck hub is compliant with the PMIX national architecture. The E-FORCSE program is a member of the RxCheck Governing Body and is currently engaged in one-way data sharing with the State of Alabama PDMP. E-FORCSE has also entered into an agreement with the State of Kentucky PDMP to engage in one-way or reciprocal interstate data sharing and anticipates implementing this agreement on July 1, 2018.

Recent Changes

On September 26, 2017, Governor Scott announced proposed legislation and more than $50 million as part of his 2018-2019 recommended budget to combat opioid abuse in Florida.[31] CS/CS/HB 21 was passed on March 9, 2018 and signed into law by Governor Scott on March 19, 2018.[32] With an effective date of July 1, 2018, the new law establishes prescribing limits and standards of practice for acute pain, requires continuing education on controlled substance prescribing, and requires mandatory consultation of E-FORCSE by prescribers and dispensers.

Prescription Limits: The law limits a prescription of a schedule II opioid to alleviate acute pain to a three-day supply, codifying the CDC guideline for the treatment of acute pain. A health

care practitioner may, however, may prescribe up to a seven-day supply if the prescriber determines it is medically necessary, indicates "acute pain exception" on the prescription, and documents the justification for deviating from the three-day supply limit in the patient's medical record.[33]

Standards of Practice: The law requires the applicable regulatory boards within FDOH to adopt rules establishing guidelines for prescribing controlled substances for acute pain. A health care practitioner who fails to follow the guidelines established by their regulatory board is subject to disciplinary action.[34]

Continuing Education: The law requires a health care practitioner who is authorized by the U.S. Drug Enforcement Agency to prescribe controlled substances to complete a board-approved continuing education course on safe and effective prescribing of controlled substances by January 31, 2019, and at each subsequent licensure renewal.[35]

PDMP: The law expands reporting requirements to include controlled substances listed in schedule V and requires the dispenser to report additional information not currently reported: the telephone number of the person for whom the prescription was written; the name of the individual picking up the prescription and the type and issuer of photo identification provided, and the dispenser's FDOH-issued permit or license number.

The law requires each prescriber and dispenser or his or her designee to consult the PDMP system to review a patient's controlled substance dispensing prior to prescribing or dispensing a controlled substance for patients age 16 and older, except for schedule V nonopioids.

In addition to employees of the U.S. Department of Veteran Affairs, PDMP access has been expanded to include employees of the U.S. Department of Defense and the Indian Health

Service, who have the authority to prescribe or dispense controlled substances, upon verification of such employment. The law also authorizes a district medical examiner to request information from the program manager when performing an investigation to determine the cause of death of an individual.

FDOH is now authorized to enter into agreements to share PDMP information with other states or jurisdictions. Additionally, FDOH is authorized to allow the PDMP system to interface with a health care practitioner's electronic health recordkeeping system through a secure connection.[36]

In addition to the changes reflected in the law, the PDMP system migrated to the Appriss PMP AWARxE platform (AWARxE) on April 18, 2018. AWARxE provides prescribers and dispensers with additional tools to monitor their patient's controlled substance dispensing histories. Additionally, FDOH is planning to enhance AWARxE to include Appriss Health's NarxCare tool. NarxCare is a robust analytics tool that automatically analyzes PDMP data and a patient's health history and provides patient risk scores and an interactive visualization of usage patterns to help identify potential risk factors.

Criminal Penalties: The law increases the criminal penalties for a health care practitioner who intentionally provides or prescribes a medically unnecessary controlled substance or in an amount that is not medically necessary to a patient by fraud, misrepresentation, or other deception from a third-degree felony to a second-degree felony. As a second-degree felony, a violation is punishable by up to 15 years in prison and a fine up to $10,000.[37] Additionally, FDOH may not renew the license of a health care practitioner who has been convicted of a violation of chapter 893, Florida Statutes, Drug Abuse, Prevention and Control.[38]

The Problem

Communities suffer many negative consequences as a result of prescription drug abuse and misuse. To name a few: for each death, there are 10 treatment admissions for abuse, 32 emergency department visits for misuse or abuse, 130 people who abuse or are dependent, and 825 nonmedical users of prescription drugs.[39] Further, prescription opioid overdoses result in 830,652 years of potential life lost before age 65.[40] Total societal costs of prescription opioid abuse in the United States were estimated at $55.7 billion in 2007 (with workplace costs accounting for 46 percent, health care costs accounting for 45 percent, and criminal justice costs accounting for nine percent).[41] Florida ranks fourth in the nation behind California, Texas, and New York, for total costs of opioid abuse. Considering Florida's population, cost of health care, and rate of opioid abuse, approximately $1.24 billion is attributed to health care costs annually.[42]

The Proposed Solution

Despite the success Florida has experienced, FDOH recognizes that the rate of opioid-involved drug overdose deaths is a continuing serious public health issue. In response, FDOH submits this category five Harold Rogers Prescription Drug Monitoring Program enhancement grant to reduce opioid abuse and overdose deaths in Florida through expanded access and use of E-FORCSE data. The goals of this project are in alignment with CS/CS/HB 21, passed by the 2018 Florida Legislature, which implements many best practices related to the prescribing of controlled substances.

Electronic Health Record Integration: Two of the best practices implemented by CS/CS/HB 21 are: (1) mandatory consultation of the E-FORCSE system by prescribers and dispensers prior to prescribing or dispensing a controlled substance in schedules II, III, IV, and V; and (2) authorization for FDOH to enter into agreements to facilitate integration of E-

FORCSE information into electronic recordkeeping systems within clinical workflow. Florida professional medical associations say the primary barrier to physician use of E-FORCSE information is the time burden to access patient information due to the lack of integration into clinical workflow. A recent study analyzed the cost of physicians retrieving PDMP patient reports and found that comprehensive use of the PDMP (defined as queries before every scheduled II-IV controlled substance prescription) would cost a large health system of 1,000 full-time equivalent physicians $1.6 million annually. The study found that health systems could save $907,283 annually by having a delegate make the request and concluded that there would be even greater cost savings if PDMP data were integrated into the clinical workflow. [43]

This project seeks federal grant dollars to support small physician practices and independent pharmacies that otherwise lack the tools, technology, and resources to facilitate integration of PDMP information into their clinical workflow. Project partners include Appriss Health, the RxCheck Governing Body, and the Florida Agency for Health Care Administration. The RxCheck Governing Body has provided a letter of support, which is included in the attachments.

Expansion of Interstate Data Sharing: As the top travel destination in the world, Florida attracted over 116 million visitors in 2017.[44] Additionally, it is estimated that 900,000 "snowbirds" flock to Florida each winter.[45] This transient culture poses unique challenges for the health care practitioners that provide medical treatment to these individuals. Interoperability and interstate data sharing are critical tools for ensuring the effective, safe, and efficient treatment of Florida patients. The 2018 Florida Legislature recognized the value and importance of allowing out-of-state practitioners access to information in the E-FORCSE system and authorized FDOH to enter into agreements to allow reciprocal interstate data sharing.

The greatest hurdle to expansion of interstate data sharing is the process of negotiating data sharing agreements with other states and vendors that meet the stringent requirements set forth by lawmakers. This project seeks federal grant dollars to support a full-time attorney dedicated to the review of contracts related to interstate data sharing and integration. Project partners include Appriss Health, RxCheck Governing Body, as well as six states (California, Illinois, Massachusetts, Maine, Maryland, Nebraska, Rhode Island, Washington, and Wyoming) that have expressed interest in moving forward with reciprocal interstate data sharing.

Public Health Analysis of E-FORCSE Data: Section 893.055, Florida Statutes, requires E-FORCSE to report performance measures annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives. Further it provides that de-identified data may be provided to FDOH employees so that FDOH may undertake public health care and safety initiatives that take advantage of the observed trends. In the past, supported by Harold Rogers PDMP grants, E-FORCSE has contracted with the University of Florida to perform the analysis required for the legislatively mandated report, because it did not have the resources or staff to analyze the de-identified data set. Since migrating the E-FORCSE to the Appriss PMP AWARxE platform in April 2018, E-FORCSE now has access to basic data analytics tools through Tableau and Jasper software, however an enhancement to the "advanced" analytic tools is required to analyze the de-identified data set as well as to link to external data sets.

FDOH seeks federal grant dollars to enhance the analytic tools available to E-FORCSE and to employ an epidemiologist to oversee this portion of the project and provide data analysis to inform and guide health care practitioners and policy makers. Project partners include Appriss Health and the University of Florida. Letters of support have been provided by each project partner and are included in the appropriate attachment.

Expand Existing Outreach and Education: Outreach and education activities are a daily activity for E-FORCSE program staff. With implementation of CS/CS/HB 21 this summer, there is already an increased demand for E-FORCSE outreach and education. Proposed outreach and educational efforts include: written notifications, email communications, presentations to stakeholders and professional associations, presentations and exhibition at conferences, webinars, written training guides, and technical help desk assistance. This project seeks federal grant dollars to expand the current outreach and education efforts and therefore requests federal funding through this application.

PROGRAM DESIGN AND IMPLEMENTATION

Overview

The goals of the *Reducing Opioid Abuse and Overdose Deaths in Florida Through Expanded Access to E-FORCSE Data* project are to: (1) reduce opioid abuse and the number of overdose deaths; and (2) support the proactive use of PDMP information by health care practitioners and public health policymakers to prevent the misuse and diversion of controlled substances. This will be achieved through the following objectives: (1) expand integration of E-FORCSE information into clinical workflow; (2) expand interstate data sharing; (3) enhance the analytic capabilities of the E-FORCSE system; and (4) expand existing outreach and education efforts.

These goals and outcomes are directly aligned with the overarching objectives of the Comprehensive Opioid Abuse Site-based Program. Specifically, the project will enhance the existing E-FORCSE system, expand proactive use of PDMP information to support clinical decision making and prevent the abuse of controlled substances, and enhance public safety data sets. Also, the project aligns with three of the recommendations from the *President's*

Commission on Combating Drug Addiction and Opioid Crisis: (1) enhancing use of PDMPs, (2) developing and providing training resources, and (3) research and development.

Priority Considerations

FDOH meets the following priority considerations for the Comprehensive Opioid Abuse Site-base Program Category 5 Harold Rogers PDMP Enhancement Projects:

1. Required Consultation: Effective July 1, 2018, a prescriber or dispenser or a designee of a prescriber or dispenser must consult the E-FORSE system before prescribing or dispensing a controlled substance in schedules II-V to a patient age 16 or older.

2. Proactive Analysis: The E-FORCSE program manager is authorized to have direct access to de-identified E-FORCSE data to calculate performance measures and to identify patterns consistent with misuse and abuse of controlled substances. The program manager is required to provide FDOH with de-identified E-FORCSE data for public health care and safety initiative purposes.

3. Interstate Data Sharing: Currently, E-FORCSE has one-way interstate data sharing agreements in place with Alabama and Kentucky and Florida health care practitioners are currently able to access Alabama PDMP data. Effective July 1, 2018, Florida is authorized to engage in reciprocal interstate data sharing and will begin sharing data with health care practitioners in Alabama and Kentucky. E-FORCSE is currently negotiating agreements with other states to expand interstate data sharing.

4. Law Enforcement Access: Certain law enforcement and investigative agencies are authorized to have indirect access to the information in the E-FORCSE system pursuant to an active investigation regarding prescribed controlled substances.

5. Unsolicited Reports: E-FORCSE currently provides proactive notifications to individual health care practitioners and to law enforcement, upon identifying a pattern consistent with abuse or misuse of prescribed controlled substances.

Mandatory Project Components

1. Work with BJA TTA providers(s) - E-FORCSE program staff will continue to work closely with BJA's designated TTA provider, PDMP TTAC under the proposed project.

2. Mandatory Meetings – The project budget includes travel expenses for two staff to attend the national meeting each year in Washington D.C., for three days; and for two staff to attend an annual regional meeting.

3. PMIX Compliance – FDOH is requesting funds to expand interstate data sharing and integration of E-FORCSE information into clinical workflow. FDOH is currently connected to the RxCheck Hub, which is PMIX compliant.

Project Implementation

The goals of the proposed project align with FDOH's mission to protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts; and will be achieved through successful completion of the outcomes outlined below.

Expand integration of E-FORCSE information into clinical workflow: CS/CS/HB 21 requires a prescriber or dispenser or his or her designee to consult the PDMP system to review a patient's controlled substance dispensing prior to prescribing or dispensing a controlled substance for patients 16 and older, except for schedule V nonopioids. To allow this access to occur in the most efficient manner, the bill also authorizes the E-FORCSE system to integrate with a health care practitioner's electronic health recordkeeping system through a secure connection.

E-FORCSE is currently working with its vendor, Appriss Health to implement a health entity-funded model of integration, leveraging the NABP PMP Interconnect Hub and the Appriss PMP Gateway. Under this integration model, the health entity is responsible for negotiating the contract and annual licensing fee directly with Appriss Health. FDOH also plans to leverage the RxCheck hub to support integrations once available, however it will be a slightly different as FDOH will negotiate the contract and any fees directly with the health entity. FDOH does not currently have the resources to dedicate a full-time attorney to draft and approve execution of contracts related to integrations and interstate data sharing, therefore FDOH is requesting federal grant funds under this project to support a senior attorney dedicated to negotiation of contracts related to integrations and interstate data sharing.

Most integration request forms received to date have been generated from large health systems, physician franchises or chain pharmacy stores, with significant technology and financial resources to support their integration. However, we have had feedback from our sister agency, the Agency for Health Care Administration (AHCA), regarding interest expressed by smaller physician practices. Likewise, we have had similar feedback from independent pharmacies. The barrier for these smaller practices to integrate E-FORCSE information into their clinical workflow is a lack of technology and financial resources to make the connection. Under the proposed project, E-FORCSE program staff would work with AHCA and the Florida Board of Pharmacy to develop a process for identifying small practice groups and independent pharmacies that desire to integrate with E-FORCSE but lack the resources. FDOH would work directly with the practice to support the development work required to facilitate the integration and any associated connection fees payable during the 24-month project period.

Expand interstate data sharing

FDOH is currently connected to the RxCheck 2.0 hub and is a member of the RxCheck Governing body. The RxCheck hub is compliant with the PMIX national architecture. FDOH is actively engaged in one-way data sharing with the State of Alabama PDMP, wherein Florida prescribers and dispensers may request information from the Alabama PDMP. FDOH has also entered an agreement with the State of Kentucky PDMP to engage in data sharing on July 1, 2018.

The 2018 Florida Legislature recognized the value and importance of allowing out-of-state practitioners access to information in the E-FORCSE system and amended section 893.055, Florida Statutes, to authorize FDOH to enter agreements to allow reciprocal interstate data sharing. To expand interstate data sharing to as many states as possible, Florida will be connecting to NABP's PMP Interconnect hub and PMP Gateway to facilitate interstate data sharing with states not currently connected to the RxCheck hub.

The greatest obstacle to expansion of interstate data sharing is the process of negotiating data sharing agreements with other states and vendors. FDOH does not possess the resources to allocate a full-time attorney to the review of contracts related to interstate data sharing and integration, and therefore seeks federal funding through this proposed project. Project partners for the expansion of interstate data sharing include Appriss Health, the RxCheck Governing Body, as well as six states (Illinois, Massachusetts, Maine, Maryland, Rhode Island, and Washington) that have expressed interest in moving forward with reciprocal interstate data sharing.

Enhance the analytic capabilities of the E-FORCSE system;

Section 893.055, Florida Statutes, requires E-FORCSE to report performance measures annually to the Governor, the President of the Senate, and the Speaker of the House of

Representatives. Further it provides that de-identified data may be provided to FDOH to undertake public health care and safety initiatives that take advantage of the observed trends. In the past, supported by Harold Rogers PDMP grants, E-FORCSE has contracted with the University of Florida to perform the analysis required for the legislatively mandated report, because it did not have the technology or staff to analyze the de-identified data set.

Since migrating the E-FORCSE system to AWARxE in April 2018, E-FORCSE now has access to basic data analytics tools through Tableau and Jasper software. However, an enhancement to the "advanced" analytic tools is required to analyze the de-identified data set as well as to link to external data sets. FDOH seeks federal grant dollars to enhance the analytic tools available to E-FORCSE and to employ an epidemiologist to oversee this portion of the project and provide data analysis to inform and guide health care practitioners and policy makers. Appriss Health and the University of Florida are the project partners for enhancement of E-FORCSE analytic capabilities and letters of support are included in the appropriate attachment.

Expand existing outreach and education efforts.

With implementation of CS/CS/HB 21 effective July 1, there is already an increased demand for E-FORCSE outreach and education. Proposed outreach and educational efforts include: written notifications, email communications, presentations to stakeholders and professional associations, presentations and exhibition at conferences, webinars, written training guides, and technical help desk assistance. FDOH seeks federal grant dollars through this application to expand current outreach and education efforts. Additionally, the project budget includes funding for E-FORCSE program staff to attend the annual national meeting held in Washington D.C., as well as an annual regional meeting.

CAPABILITIES AND COMPETENCIES

The Department of Health, Division of Medical Quality Assurance is responsible for day-to-day management this grant. The core team for the PDMP consists of the Division Director, Program Manager and Program Outreach Director. Division Director, , has direct supervisory responsibility for the project, including providing guidance, direction and oversight regarding implementation of the project and proposed enhancements outlined in this application. 's extensive senior management experience in project management and marketing will inform her oversight of the implementation of the project. Program Manager, will act as the liaison with the Bureau of Justice Assistance and will provide ongoing support for the development and operation of the PDMP and the proposed project. As a Florida-licensed pharmacist, and former Executive Director for the Florida Board of Pharmacy and Drugs, Devices, and Cosmetics Program, possesses a thorough understanding of the prescription drug distribution system in Florida, and is well-suited to manage the implementation and enhancement of the Florida PDMP. Program Outreach Director, , will act as the liaison with the core partners and stakeholders, providing administrative management and support. 's experience as the Program Operations Administrator for the Florida Board of Pharmacy and Drugs, Devices, and Cosmetics Program affords her an in-depth understanding of Florida's prescription drug distribution system, and her background in marketing will inform the outreach and education efforts of the program and this project.

Through the project, FDOH will hire a senior attorney dedicated to the drafting and execution of the legal agreements required to expand integration of E-FORCSE information into clinical workflows and expansion of interstate data sharing. FDOH will also hire an

an experienced epidemiologist who will be responsible for reviewing data for quality, performing analysis of data, and issuing reports to various stakeholders, and working in conjunction with other staff to conduct the grant activities.

Barriers

The most significant barrier to project success is the development and execution of the required contracts and agreements to carry out the work outlined in this proposal. FDOH will overcome this barrier by hiring a senior attorney dedicated to the drafting and execution of the agreements to facilitate interstate data sharing and integration of E-FORCSE information into clinical workflows.

PLAN FOR COLLECTING DATA FOR PERFORMANCE REQUIREMENTS

FDOH will capture data to support this effort by using the performance measures included in the grant solicitation. The Program Outreach Director collects data from a variety of sources for performance measure reporting: (1) FDOH's Division of Medical Quality Assurance's licensure data download website at www.flhealthsource.com, (2) the Florida Department of Law Enforcement (FDLE), (3) E-FORCSE's outreach tracking document, and (4) reports from the E-FORCSE system.

IMPACT/OUTCOMES, EVALUATION AND SUSTAINMENT

Each of the measures outlined above will provide critical, integrated information to evaluate the impact of the proposed project. The success of the project will be validated if:

1. Patient confidentiality is protected;
2. Measures can demonstrate:
    a. Improvement in early abuse intervention/treatment
    b. Reduction of drug abuse and diversion

c. Decreased deaths due to prescription drugs;

3. The program educates/trains health care providers, regulatory board members, and law enforcement; and
4. Registration and utilization by prescribers and pharmacists is increased.

FDOH will also routinely examine data collected by other agencies to monitor trends in prescription drug misuse and abuse, including the Florida Medical Examiners Commission Report on Drugs Identified in Deceased Persons, the National Survey of Drug Use and Health (NSDUH), and the Florida Youth Substance Abuse Survey (FYSAS).

The Harold Rogers Grant Program will fund the proposed project outlined in this grant application. FDOH will continue to apply for federal and private grant dollars each year, including the Harold Rogers Prescription Drug Monitoring Program, the National All Schedules Prescription Electronic Reporting Grant, and other pertinent grants that become available.