Florida's Prescription Drug Monitoring Program http://www.e-forcse.com		
FLORIDA DEPARTMENT OF HEALTH	FACT SHEET FOR HEALTH CARE PRACTITIONERS	E-FORCSE Electronic-Florida Online Reporting of Controlled Substances Evaluation

The Florida Prescription Drug Monitoring Program (PDMP), known as E-FORCSE (Electronic-Florida Online Reporting Controlled Substance Evaluation), is anticipated to be operational by September 1, 2011.

When fully operational, the PDMP will receive controlled substance dispensing data from pharmacies and dispensing practitioners and will make the information available to health care practitioners to help them guide their decisions in prescribing and dispensing certain highly-abused prescription drugs. It may also assist 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, which is a felony in the State of Florida.

What is E-FORCSE? It will be a database that can collect and store schedule II, III, and IV controlled substance (controlled substance) dispensing information, as defined in section 893.03, Florida Statutes (F.S.).

What is the difference between administering, dispensing, and prescribing?

- Section 893.02(1), F.S., defines "administer" as the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a person or animal.
- Section 893.02(7), F.S., defines "dispense" as the transfer of possession of one or more doses of a medicinal drug by a pharmacist or other licensed practitioner to the ultimate consumer thereof or to one who represents that it is his or her intention not to consume or use the same but to transfer the same to the ultimate consumer or user for consumption by the ultimate consumer or user.
- Section 893.02(21), F.S., defines "prescription" as an order for drugs or medicinal supplies written, signed, or transmitted by word of mouth, telephone, telegram, or other means of communication by a duly licensed practitioner licensed by the laws of the state to prescribe such drugs or medicinal supplies, issued in good faith and in the course of professional practice, intended to be filled, compounded, or dispensed by another person licensed by the laws of the state to do so, and meeting the requirements of section 893.04, F.S. ... (Please see the statute for the complete definition.)

Reporting

Who is required to report controlled substance dispensing information to E-FORCSE? Any health care practitioner who has dispensed a controlled substance in schedule II, III, and IV, as defined in section 893.03, F.S. (i.e., OxyContin®, Percocet®, Vicodin®, Klonopin®, Xanax®, and Valium®), will be required to report to the database. This includes pharmacies licensed under chapter 465, F.S., including mail order and Internet pharmacies; health care practitioners licensed under chapters 458, 459, 461, 462, 465, or 466, F.S.

Who is not required to report controlled substance dispensing information to E-FORCSE? A health care practitioner will not be required to report to E-FORCSE when he/she:

- administers a controlled substance directly to a patient if the amount is adequate to treat the patient during that particular treatment session;
- administers a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled;
- administers or dispenses a controlled substance in the health care system of the Florida Department of Corrections;
- administers a controlled substance in the Emergency Room of a licensed hospital;
- administers or dispenses a controlled substance to a patient under the age of 16; or
- dispenses a one-time, 72-hour re-supply of controlled substances.

What information must be reported to E-FORCSE? Upon implementation of the database, a health care practitioner must report the following information each time a controlled substance prescription is dispensed:

- name of the prescribing practitioner, prescribing practitioner's federal Drug Enforcement Administration (DEA) number;
- prescribing practitioner's National Provider Identification (NPI) number (or other appropriate identification number);
- date of the prescription;
- date the prescription was filled/dispensed;
- refill number
- patient's method of payment (private pay, Medicaid, Medicare, commercial insurance, military installations and Veterans Administration, workers compensation, Indian nation, or other);
- patient's full name, address, date of birth and gender;
- name, National Drug Control (NDC) number, quantity, and strength of the controlled substance dispensed;
- full name, DEA number and address of the pharmacy or other location from which a controlled substance was dispensed (if the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, DEA number, and address);
- name of the pharmacy or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's NPI; and
- other appropriate identifying information as determined by Department of Health (DOH) rule.

When do I report the controlled substances I have dispensed to E-FORCSE? Beginning September 1, 2011, health care practitioners must report to the database as soon as possible, within seven (7) days of dispensing a controlled substance. The Department of Health sent written notification regarding this requirement to pharmacies and dispensing health care practitioners on July 1, 2011.

Registration for Dispensers begins August 1, 2011. Please visit http://www.hidinc.com/flpdmp and view the Dispenser's Implementation Guide for step-by-step instructions on how to register as an Uploader, and how to upload your controlled substance dispensing information. The guide provides information regarding system registration and data collection requirements.

E-FORCSE requests that dispensers report retroactive data from December 1, 2010 to August 31, 2011. Dispensers will have until November 30, 2011 to provide this retroactive data.

What is the penalty for a health care practitioner that does not report their schedule II-IV controlled substance dispensing data? A health care practitioner who willfully and knowingly fails to report the dispensing of controlled substances as required by section 893.055, F. S., will be committing a first-degree misdemeanor.

Access

Are physicians required to access E-FORCSE prior to prescribing a controlled substance? No, health care practitioners will not be required to access the database. It will be voluntary; however, physicians will be encouraged to use it as a tool to improve patient care.

Who has access to the information stored in E-FORCSE? A health care practitioner who is subject to licensure or regulation by the Department of Health under chapter 458, chapter 459, chapter 461, chapter 462, chapter 464, chapter 465, or chapter 466, F.S., will have direct access to their specific patient's information. Other direct access to information will be limited to the E-FORCSE Program Manager and designated staff for the purpose of program management.

Indirect access may be requested by the following organizations, upon being verified and authenticated by program staff:

- the Department of Health or appropriate health care regulatory boards who are involved in a specific investigation involving a designated 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 regarding 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.

Additionally, the following entities may have indirect access to information that contains no identifying information, upon request:

- the Department of Health for the purpose of calculating performance measures; and
- the Program Implementation and Oversight Task Force for its report to the Governor, President of the Senate, and Speaker of the House of Representatives.

Finally, if the Program Manager observes a pattern that indicates a patient may be "doctor shopping" or attempting to obtain multiple prescriptions for controlled substances from multiple health care practitioners, the information may be provided to law enforcement.

How do I gain access to E-FORCSE? Once operational, a health care practitioner who wishes to obtain a patient advisory report must apply for access to E-FORCSE.

What is a patient advisory report (PAR)? A patient advisory report (PAR) is a summary of the controlled substance prescription information that has been reported to E-FORCSE for the health care practitioner's specific patient for a specified period of time.

How should I use the PAR? The health care practitioner should use the report to supplement their patient evaluation, confirm the patient's prescription history, document compliance with a therapeutic regimen, and to identify potentially hazardous or fatal interactions. The report may also assist the health care practitioner determine if a patient is "doctor shopping" or trying to obtain multiple prescriptions for controlled substances from multiple health care practitioners, which is a felony in the State of Florida.

What is the turnaround time for a PAR? E-FORCSE is available 24/7. In most cases, the patient advisory report will be available for viewing within minutes. The report will be based on the search criteria and data entered by the dispensing practitioner or pharmacy. For more information about any prescription in an E-FORCSE report or to verify a prescription, contact must be directed to the practitioner or pharmacy that dispensed it.

Is there a lag-time before the PAR is available? Health care practitioners will have up to seven (7) days to report dispensing a controlled substance, therefore there may be up to a seven (7) day lag-time from the actual dispensing date until the data is available online. The PDMP encourages dispensers to report more often.

Privacy

Is E-FORCSE compliant with the federal Health Insurance Portability and Accountability Act (HIPAA)? Yes, in addition to meeting the federal HIPAA requirements, E-FORCSE will meet all required Department of Health security requirements.

Is the PAR considered protected health information (PHI) or electronic protected health information (EPHI)? Yes, the PAR will be considered PHI or EPHI and is subject to federal HIPAA requirements.

Is accessibility to controlled substance prescription data a violation of patient confidentiality? No, E-FORCSE will be HIPAA compliant. Access to a patient's prescription history is authorized by HIPAA when a state has authorized a PDMP. E-FORCSE has procedures in place to safeguard patient confidentiality and access to controlled substance prescription information. The law prohibits unauthorized access to and use of confidential patient information. Any person who willfully and knowingly violates this law will be committing a third-degree felony.

Does E-FORCSE contain the controlled substance prescription history of minors? Controlled substance prescription information will only be collected for patients who are 16 years old or older.

Where is the data stored? The data will be stored and maintained in a highly secure system. This system will ensure protection of patient health information, maintenance of confidentiality of records, and physical plant security. Confidentiality and protection of patient information is of utmost importance to E-FORCSE.

What is the penalty for disclosure of confidential information in the E-FORCSE database? A health care practitioner or other individual who has access to the information in the E-FORCSE database who discloses confidential information will be committing a third-degree felony.

Other

What states have prescription monitoring programs? According to the Alliance of States with Prescription Monitoring Programs, as of May 2011, 35 states have operational PDMPs that have the capacity to receive and distribute controlled substance prescription information to authorized users. States with operational programs are: Alabama, Arizona, California, Colorado, Connecticut, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Vermont, West Virginia, and Wyoming.

Thirteen states (Alaska, Arkansas, Delaware, Florida, Georgia, Maryland, Montana, Nebraska, New Jersey, Oregon, South Dakota, Washington and Wisconsin) and one U.S. territory (Guam) and the District of Columbia have enacted legislation to establish a PDMP, but a system is not fully operational. New Hampshire and Missouri have yet to enact legislation.

How is E-FORCSE funded? The legislation that authorized the creation of E-FORCSE did not provide state funds to implement the program. In addition, Florida law prohibits the use of funds provided by prescription drug manufacturers to implement the program. It did authorize fund-raising by a non-profit direct support organization (DSO), as well as through federal grants, and other private funding sources.