

Florida PDMP User Survey Methodology

Florida Prescription Drug Monitoring Program (PDMP) conducted a survey in March 2013 to identify the barriers to PDMP utilization and opportunities for improvement. In 2016, PDMP requested a revised survey be developed and disseminated to all PDMP registered users to collect information on how the registered users use PDMP.

After analyzing the results of the 2013 survey, University of Florida (UF) and PDMP designed a new version of user survey gathering information in multiple domains, including demographic/practice information, knowledge of PDMP, frequency of PDMP use, attitude towards PDMP mandatory use, prescribing volumes, barriers to PDMP use, how PDMP is used in practice and the perceived impact of PDMP.

Health care practitioners, law enforcement and regulatory agencies that registered with Florida PDMP as of February 28, 2016 were selected as potential contacts (n = 36,116) for the user survey. The Florida PDMP sent out the survey invitations along with a brief letter explaining the purpose of the survey through SurveyMonkey (<https://www.surveymonkey.com/>). For analytic purposes, all responses were collected as anonymous with IP address and email excluded. The 34,633 invitations with valid email address were successfully sent out on March 21 and two reminders were scheduled on March 25 and March 30, respectively. The survey was open for responses until April 3, 2016. Of the 34,633 invitations, responses were received from 5,766 with an overall response rate of 16.6%.

The target sample size for the non-user survey was set to be 10,000. UF proportionally sampled the non-users with valid email address according to the health care profession type frequency in the user survey. The 9,988 invitations were successfully sent out on May 3, 2016, and two reminders were scheduled on May 6 and May 12, respectively. The survey was open for responses until May 16, 2016. Of the 9,988 invitations, responses were received from 772 with an overall response rate of 7.7%.

For additional questions regarding the survey design, contact Chris Delcher, PhD, MS, at cdelcher@ufl.edu, University of Florida College of Medicine, Department of Health Outcomes & Policy.



**Florida Department of Health
Prescription Drug Monitoring Program: E-FORCSE (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program)**

We welcome the opportunity to hear your feedback about Florida's prescription drug monitoring program (known as "E-FORCSE") and how it can be improved. Please take about 15 minutes to give us your thoughts by completing this survey.

Please use the navigation buttons on each survey page, rather than the browser navigation buttons, to move through the survey.

Prev: Go back to the previous page to review or edit your response.

Next: Save the responses for that page and proceed to the next page in the survey.

E-FORCSE is a program of the Florida Department of Health (DOH). Florida DOH strives to provide quality customer service and is continually looking for ways to improve. Your feedback is important to us. Unless you choose to provide contact information or identify yourself in comments, all responses are anonymous and cannot be linked back to you. If you have questions about the reasons for or content of the survey please contact the E-FORCSE at (850) 245-4797.



1. What is your age?

- Under 30
- 30-39
- 40-49
- 50-59
- 60 or older

2. What is your sex?

- Male
- Female

3. Which best characterizes your practice? (check all that apply)

- Large private office (6+ practitioners)
- Small private office (5 or fewer practitioners)
- Academic practice
- Emergency room
- Hospital-based clinic
- Hospital: inpatient primarily
- Chain pharmacy store
- Independent pharmacy
- Institutional pharmacy (hospital, nursing home, etc.)
- VA healthcare system
- Other (please specify)

4. In which Florida county do you primarily practice?

5. In which other Florida counties do you practice?

Alachua

Baker

Bay

Bradford

Brevard

Broward

Calhoun

Charlotte

Citrus

Clay

Collier

Columbia

Desoto

Dixie

Duval

Escambia

Flagler

Franklin

Gadsden

Gilchrist

Glades

Gulf

Hamilton

Hardee

Hendry

Hernando

Highlands

- Hillsborough
- Holmes
- Indian River
- Jackson
- Jefferson
- Lafayette
- Lake
- Lee
- Leon
- Levy
- Liberty
- Madison
- Manatee
- Marion
- Martin
- Miami-Dade
- Monroe
- Nassau
- Okaloosa
- Okeechobee
- Orange
- Osceola
- Palm Beach
- Pasco
- Pinellas
- Polk
- Putnam
- Santa Rosa
- Sarasota
- Seminole
- St. Johns

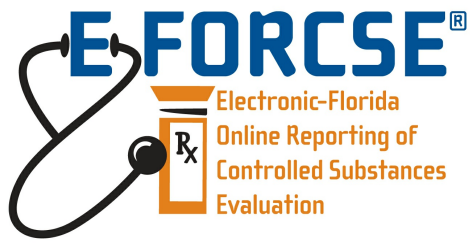
- St. Lucie
- Sumter
- Suwannee
- Taylor
- Union
- Volusia
- Wakulla
- Walton
- Washington

6. What is your profession?

- Advanced Registered Nurse Practitioner
- Dentist
- Medical Doctor
- Optometrist
- Osteopathic Physician
- Pharmacist
- Physician Assistant
- Podiatric Physician
- Other (please specify)



7. What is your medical specialty?



8. From your own knowledge of E-FORCSE, please indicate how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
E-FORCSE improves management of a patient's controlled substance prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care practitioners are interested in using E-FORCSE.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-FORCSE increases communication between health care practitioners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-FORCSE has a positive impact on reducing prescription drug abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. How did you learn about your professional responsibilities and rights related to E-FORCSE?
(check all that apply)**

- Professional Association
- Information Pamphlet
- E-FORCSE Website
- Mailing
- Training Session
- Threshold Reports
- Colleague / employer
- Not familiar with program / not applicable
- Other (please specify)

10. In your experience, how useful has E-FORCSE been for identifying “doctor shopping” (i.e., patients seeking to inappropriately obtain controlled substances from multiple sources)?

- Don't Know
- Not useful
- Somewhat useful
- Very useful

11. Please think about your experience regarding registering and using E-FORCSE. Consider the statements below and indicate how much you agree or disagree with each.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I had all the information I needed to register and use E-FORCSE.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe on-going technical support is helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, i think registration was a positive experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I think on-going use is a positive experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Which of the following do you think should be mandatory in Florida? (check all that apply)

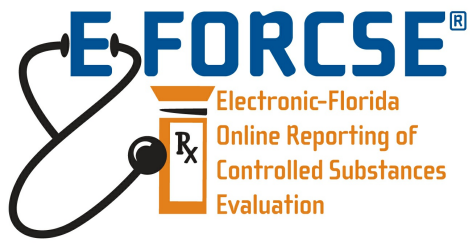
- E-FORCSE registration only
- E-FORCSE use for new patients only
- E-FORCSE use for all patients
- E-FORCSE registration and use should not be mandatory
- Other (please specify)



13. In the past 30 days, about how many unique patients have you prescribed/dispensed controlled substances (Schedule II, III and IV) to? (Please provide a whole number)

14. Which of the following best describes how recently you have used E-FORCSE?

- In the past 30 days
- Not in the past 30 days, but in the past 90 days
- More than 90 days ago
- I have not used E-FORCSE



15. Of the {{ Q13 }} patients you prescribed controlled substances to in the past 30 days, on what percentage did you check E-FORCSE prior to prescribing/dispensing?

16. In the past 30 days, for which of the following reasons have you used E-FORCSE? (check all that apply)

- Assess controlled substance use of new patients before prescribing or dispensing
- Routine assessment of controlled substance use for existing patients
- "For cause" assessment of controlled substance use for existing patients
- Some other reason (please specify)

17. In the past 30 days, which of the following actions have you taken as a result of using E-FORCSE? (check all that apply)

- Spoken with patients about their controlled substance use
- Contacted other providers or pharmacies
- Confirmed patient not misusing prescriptions
- Confirmed patient was doctor shopping
- Established a controlled substance agreement ("opioid contract" with patient)
- Reduced or eliminated controlled substance prescriptions for a patient
- Changed controlled substance prescriptions to non-controlled substance prescriptions for a patient
- Dismissed patient from practice
- Referred or recommended for substance abuse treatment
- Referred or recommended for pain management
- Referred or recommended for psychiatric management
- Something else (please specify)



18. In the past 90 days, for which of the following reasons have you used E-FORCSE? (check all that apply)

- Assess controlled substance use of new patients before prescribing or dispensing
- Routine assessment of controlled substance use for existing patients
- "For cause" assessment of controlled substance use for existing patients
- Some other reason (please specify)

19. In the past 90 days, which of the following actions have you taken as a result of using E-FORCSE? (check all that apply)

- Spoken with patients about their controlled substance use
- Contacted other providers or pharmacies
- Confirmed patient not misusing prescriptions
- Confirmed patient was doctor shopping
- Established a controlled substance agreement ("opioid contract" with patient)
- Reduced or eliminated controlled substance prescriptions for a patient
- Changed controlled substance prescriptions to non-controlled substance prescriptions for a patient
- Dismissed patient from practice
- Referred or recommended for substance abuse treatment
- Referred or recommended for pain management
- Referred or recommended for psychiatric management
- Something else (please specify)



20. For which of the following reasons have you used E-FORCSE? (check all that apply)

- Assess controlled substance use of new patients before prescribing or dispensing
- Routine assessment of controlled substance use for existing patients
- "For cause" assessment of controlled substance use for existing patients
- Some other reason (please specify)

21. Which of the following actions have you taken as a result of using E-FORCSE? (check all that apply)

- Spoken with patients about their controlled substance use
- Contacted other providers or pharmacies
- Confirmed patient not misusing prescriptions
- Confirmed patient was doctor shopping
- Established a controlled substance agreement ("opioid contract" with patient)
- Reduced or eliminated controlled substance prescriptions for a patient
- Changed controlled substance prescriptions to non-controlled substance prescriptions for a patient
- Dismissed patient from practice
- Referred or recommended for substance abuse treatment
- Referred or recommended for pain management
- Referred or recommended for psychiatric management
- Something else (please specify)



22. Relative to peers in your specialty, how would you characterize your use of E-FORCSE?

- Minimal user
- Moderate user
- Frequent user

23. How easy has it been to use E-FORCSE to get information about your patients?

- Very Difficult
- Somewhat Difficult
- Somewhat Easy
- Very Easy



24. Patient advisory reports (PARs) are reports of patients' controlled substance prescription histories provided by E-FORCSE. How difficult or easy is it to understand PARs?

- Very Difficult
- Somewhat Difficult
- Somewhat Easy
- Very Easy

25. In your opinion, to what extent do PARs accurately reflect a patient's scheduled controlled substance use?

- Very Inaccurate
- Somewhat Inaccurate
- Neutral
- Somewhat Accurate
- Very Accurate



26. As a result of using E-FORCSE, do you communicate MORE with any of the following groups?

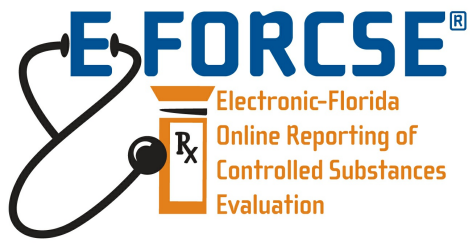
	No	Yes, somewhat	Yes, definitely
Prescribers inside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribers outside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacists inside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacists outside your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. As a result of using E-FORCSE, which of the following topics do you communicate MORE about with other health care practitioners? (check all that apply)

- Drug-drug interactions
- Substance abuse treatment
- Pain management
- Doctor shopping
- Mental health issues
- Prescribing guidelines for controlled substances
- Safe use of controlled substances and indicators of abuse
- Safe disposal of controlled substances
- Prescription drug diversion
- I don't communicate more
- Something else (please specify)

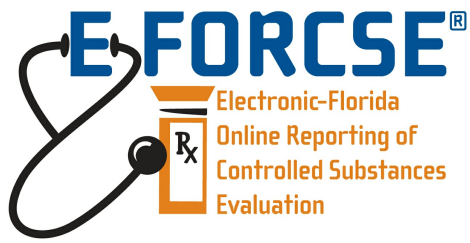
28. As a result of using E-FORCSE, which of the following topics do you communicate MORE about with patients? (check all that apply)

- Drug-drug interactions
- Substance abuse treatment
- Pain management
- Doctor shopping
- Mental health issues
- Safe use of controlled substances and indicators of abuse
- Safe disposal of controlled substances
- Prescription drug diversion
- I don't communicate more
- Something else (please specify)



29. Which of the following is a barrier(s) that keeps you from using E-FORCSE more? (check all that apply)

- No barrier
- Limitations with internet access at work
- Not enough time
- Support staff not being allowed to access the system under my account
- Lack of training on how to access the PDMP
- Frequent password change
- Other (please specify)



30. E-FORCSE was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the state of Florida. To what extent do you agree or disagree with this statement: "E-FORCSE has altered patterns of prescribing for Schedule II opioid pain relievers in a manner beneficial to public health"?

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Don't know

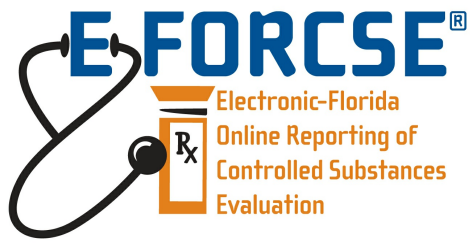


31. Why do you disagree with this statement: "E-FORCSE has altered patterns of prescribing for Schedule II opioid pain relievers in a manner beneficial to public health"?



32. In your opinion, about what percentage of your patients are misusing opioid pain relievers? (Misuse is defined as use more than prescribed, or use in a manner other than the prescribed route.)

33. In your opinion, about what percentage of your patients are using opioid pain relievers AND abusing illicit opioids (e.g., heroin)?



34. How useful would any of the following topics be as additional resources on the E-FORCSE website?

	Not Useful	Somewhat Useful	Very Useful
Guidelines around pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice for dealing with mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendations for seeing patients with substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice for seeing patients dually diagnosed with mental health and substance abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making referrals for substance abuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with patients using E-FORCSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anything else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered "Anything else", please specify:

35. What one thing, if any, would improve E-FORCSE?

36. Would you recommend peers in your profession use E-FORCSE?

Yes

No

37. What do you like most about E-FORCSE?

38. What do you like least about E-FORCSE?



39. May we contact you?

Yes

No



40. Please enter your contact information:

Name

Address

City

State

ZIP/Postal Code

Email Address

Phone Number