

United States Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

Harold Rogers Prescription Drug Monitoring Program
South Regional Meeting

Performance Measures for Prescription Drug Monitoring Programs

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Simeone Associates, Inc.

Review

Federal Mandates

Performance measurement is required by executive law and by the federal budgetary process:

- The Government Performance and Results Act (GPRA)
- The Office of Management and Budget (OMB) Program Assessment Rating Tool (PART)

Developing Measures

The Bureau of Justice Assistance (BJA) and its consultants worked with representatives from the following states:

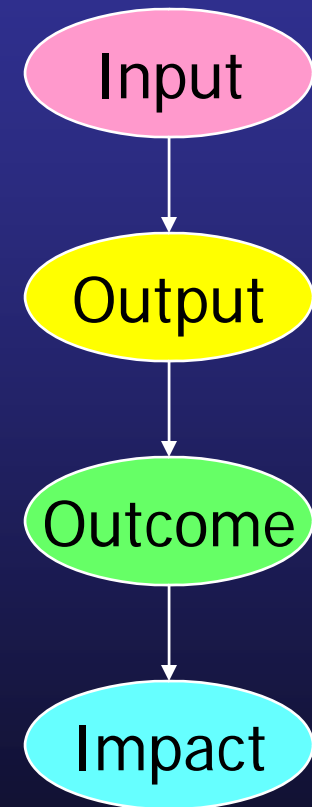
- Alabama
- California
- Kentucky
- Maine
- Nevada
- Ohio
- Virginia

Together we developed a model for evaluation and associated performance measures.

A Model for Evaluation

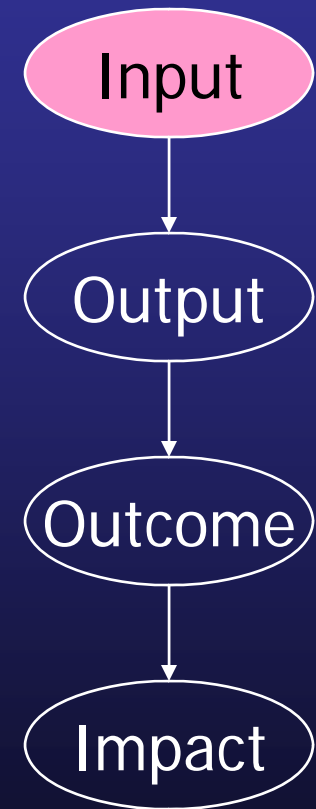
The approach assumes:

- That there is an underlying process with four components
- That each component depends on preceding components
- That impact is the ultimate indicator of success



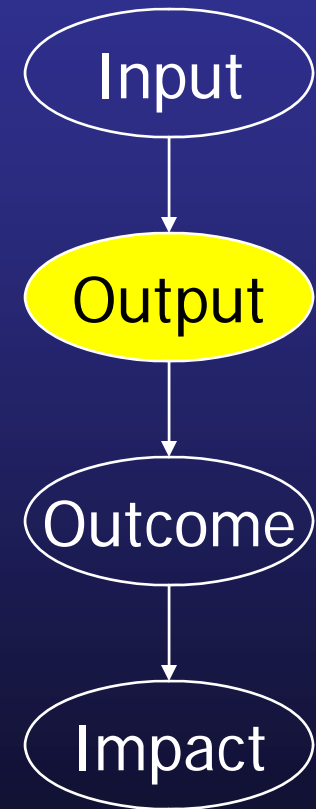
A Model for Evaluation: Input

- Inputs are the “ingredients” of the system that allow it to do its work. Formal and informal training are very important inputs.



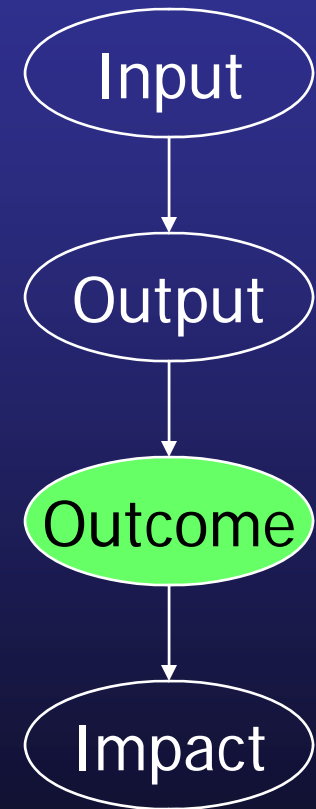
A Model for Evaluation: Output

- Outputs are the actual work done by the system. Solicited and unsolicited reports are examples of outputs.



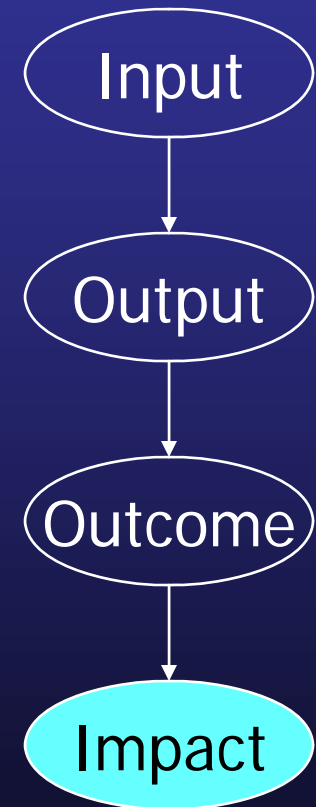
A Model for Evaluation: Outcome

- Outcomes are the most immediate consequences of the work done by the system. A reduction in "doctor shopping" is one such outcome.



A Model for Evaluation: Impact

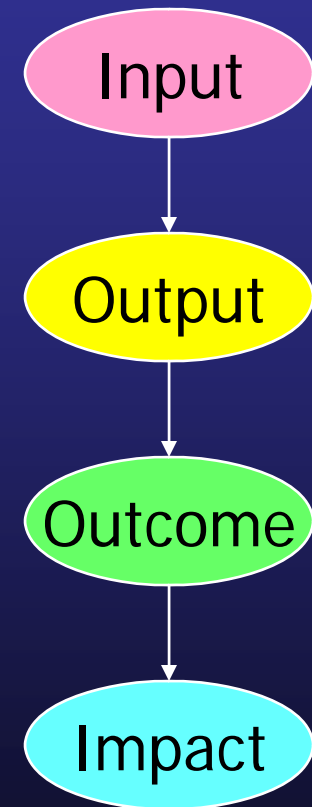
- Impacts are the ultimate results. One impact is a reduction in the prevalence of “non-medical prescription drug use”.



Performance Measures

The approach assumes:

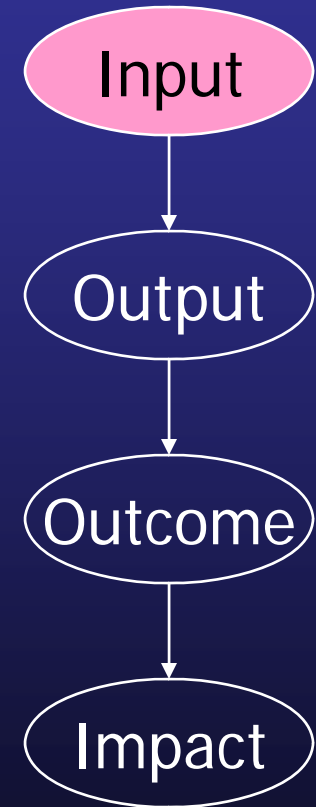
- That each component has one or more measures
- That these measures are valid indicators of program performance
- That grant recipients report on the measures regularly



Performance Measures: Input

Separately for “prescribers”,
“dispensars”, and “individuals
authorized to conduct investigations”:

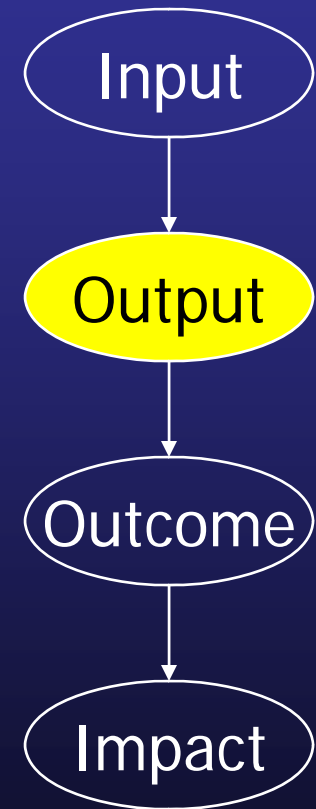
- The proportion trained formally during the current reporting period
- The proportion trained informally during the current reporting period



Performance Measures: Output

Separately for “prescribers”,
“dispensers”, and “individuals authorized
to conduct investigations”:

- The rate of solicited reporting based on all cases
- The rate of unsolicited reporting based on all cases
- The rate of solicited reporting based on suspect cases
- The rate of unsolicited reporting based on suspect cases

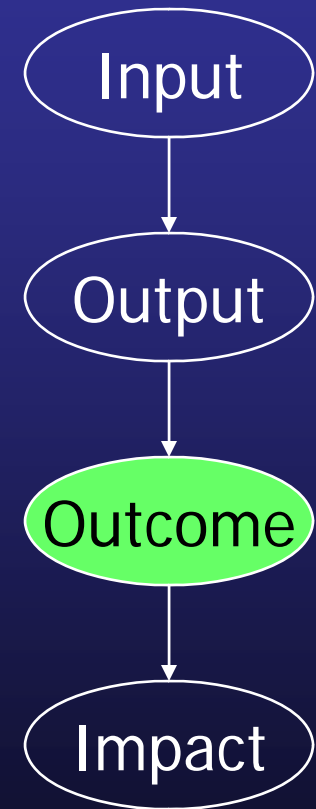


Performance Measures: Outcome

Suspect cases include measures for three cumulative schedule categories:

- Schedule II
- Schedule II and III
- Schedule II, III and IV

This scheme is necessary because coverage varies across states.

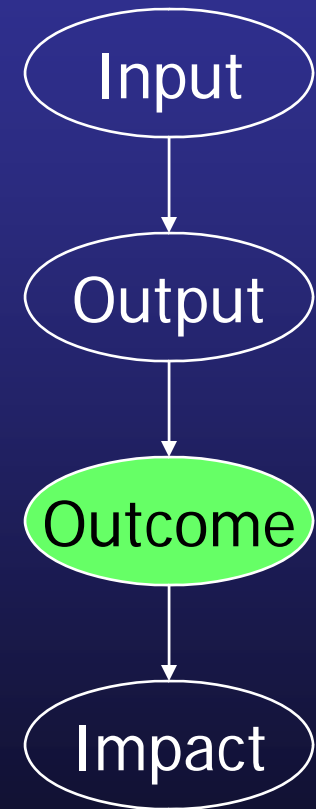


Performance Measures: Outcome

There are three thresholds associated with each cumulative schedule category:

- 5 doctors and 5 pharmacies
- 10 doctors and 10 pharmacies
- 15 doctors and 15 pharmacies

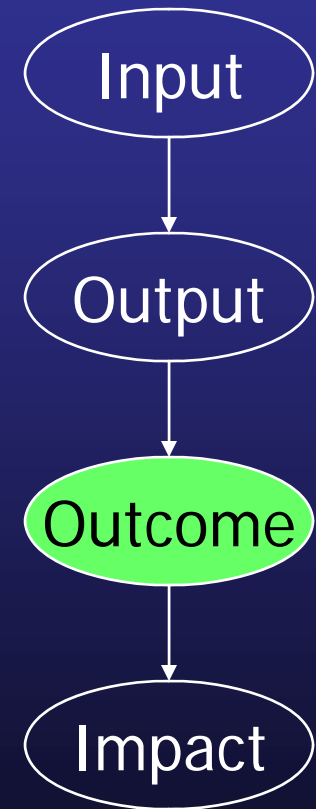
The thresholds are arbitrary.
Only a case investigation can offer confirmation.



Performance Measures: Outcome

For each cumulative schedule category and threshold:

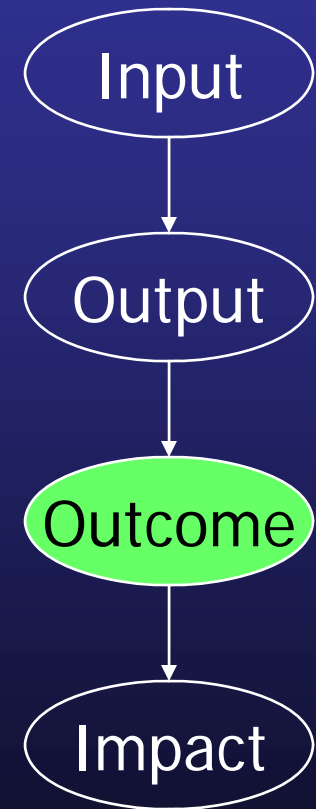
- The rate at which suspect cases occur
- The rate at which suspect doses are dispensed by drug class



Performance Measures: Outcome

Drug classes include:

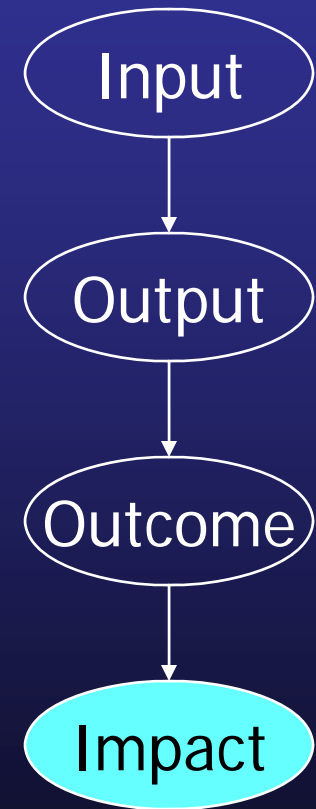
- Pain relievers
- Tranquilizers
- Stimulants
- Sedatives



Performance Measures: Impact

For each drug class:

- The population prevalence of prescription drug abuse
- The treatment prevalence of prescription drug abuse

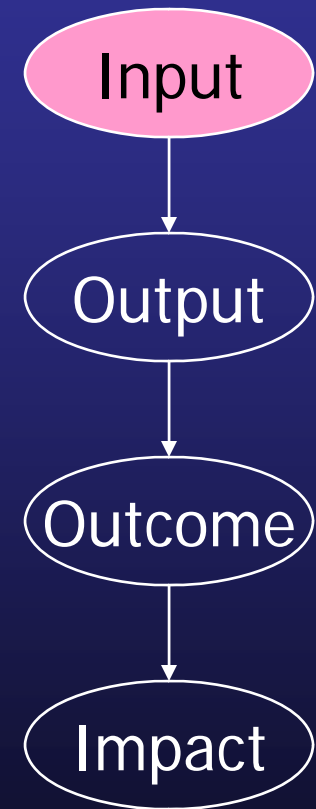


Status

In December 2008 BJA consultants conducted an assessment of grantees ability to report on the performance measures that had been selected. Seventeen states participated in the exercise.

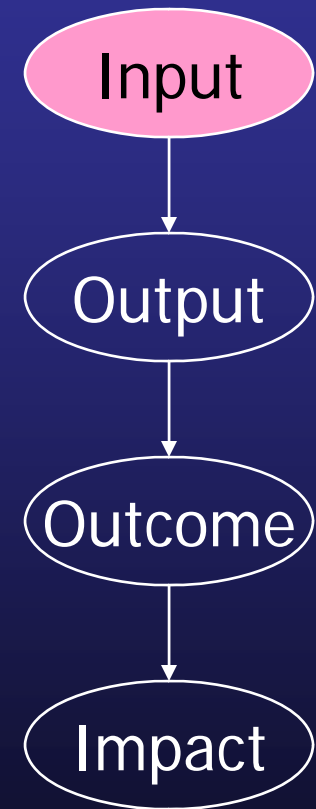
A Model for Evaluation: Input

- 17 of 17 states were able to differentiate between formal and informal training
- 16 of 17 states were able to differentiate among "prescribers", "dispensers", and "individuals authorized to conduct investigations"
- States sometimes relied upon external sources of information
- Definition of "individuals authorized to conduct investigations" required clarification



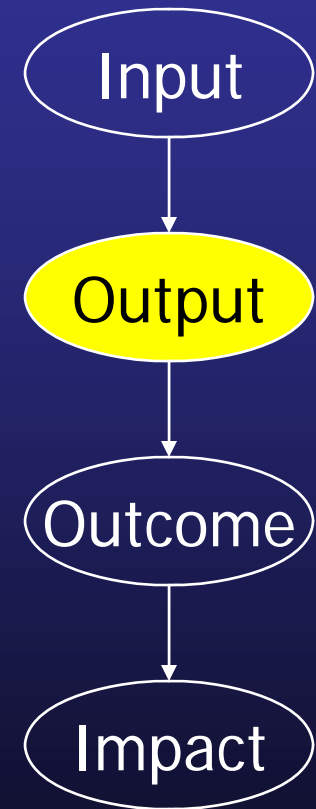
A Model for Evaluation: Input

- 7 of 7 SOUTH states were able to differentiate between formal and informal training
- 7 of 7 SOUTH states were able to differentiate among "prescribers", "dispensers", and "individuals authorized to conduct investigations"
- States sometimes relied upon external sources of information
- Definition of "individuals authorized to conduct investigations" required clarification



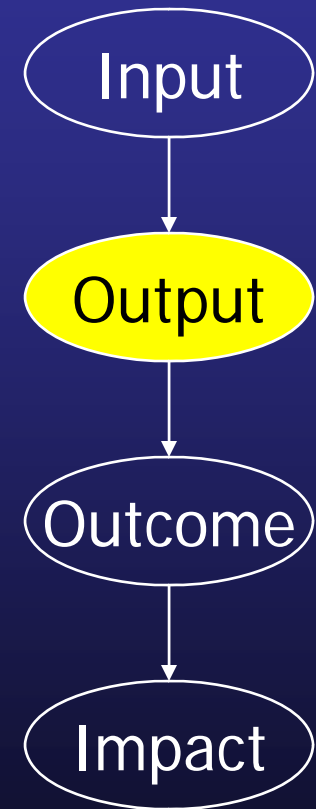
A Model for Evaluation: Output

- 17 of 17 states were able to distinguish between solicited and unsolicited reporting
- 16 of 17 states provided solicited reports
- 9 of 17 states provided unsolicited reports
- 8 of 17 states provided both



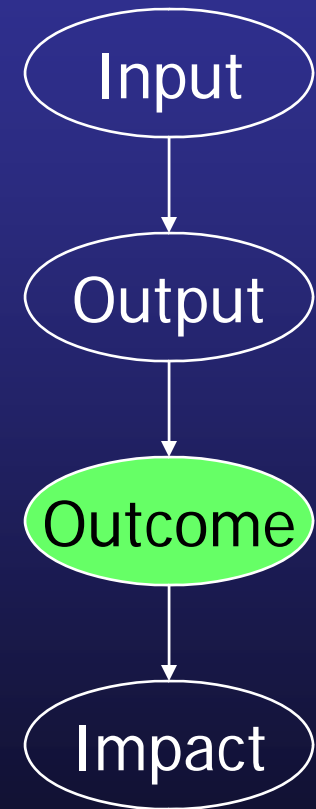
A Model for Evaluation: Output

- 7 of 7 SOUTH states were able to distinguish between solicited and unsolicited reporting
- 7 of 7 SOUTH states provided solicited reports
- 3 of 7 SOUTH states provided unsolicited reports
- 3 of 7 SOUTH states provided both



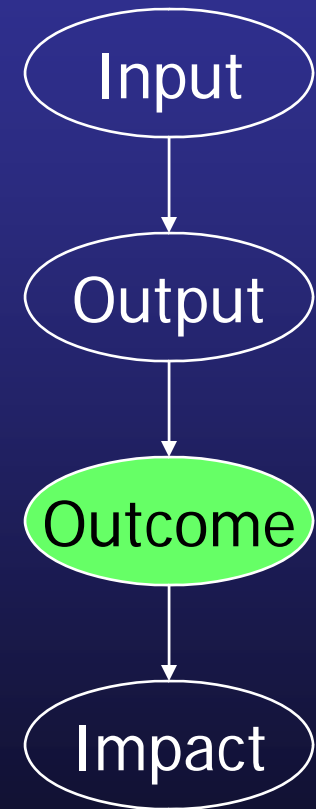
A Model for Evaluation: Outcome

- 12 of 17 states made use of some kind of “grouping” procedure to identify individuals
- 11 of 17 states were able to report on doses associated with individuals in a manner consistent with BJA specifications
- 11 of 17 states made use of a grouping procedure, were able to associate doses with individuals in a manner consistent with BJA specifications, and do this separately for Schedule II, II-III, and II-IV drugs



A Model for Evaluation: Outcome

- 4 of 7 SOUTH states made use of some kind of "grouping" procedure to identify individuals
- 4 of 7 SOUTH states were able to report on doses associated with individuals in a manner consistent with BJA specifications
- 4 of 7 SOUTH states made use of a grouping procedure, were able to associate doses with individuals in a manner consistent with BJA specifications, and do this separately for Schedule II, II-III, and II-IV drugs



What Are The Findings

The Rate of Doctor Shopping

(Schedule II 5 prescribers 5 dispensers - individuals)

State	Individuals	Shoppers	Percent
Alabama	319,735	1,350	0.422225
Hawaii	41,938	43	0.102532
Kentucky	257,650	468	0.181642
Maine	119,936	7	0.005836
Massachusetts	741,413	1,515	0.204340
North Carolina	714,304	2,341	0.327732
North Dakota	33,825	204	0.603104
Ohio	712,092	2,087	0.293080
Virginia	525,505	1,118	0.212748

The Rate of Doctor Shopping

(Schedule II pain relievers 5 prescribers 5 dispensers – doses)

State	Total Doses	Shoppers Doses	Percent
Alabama	33,662,478	291,440	0.865771
Hawaii	971,796	47,600	4.898147
Kentucky	35,639,612	548,581	1.539245
Maine	19,627,136	7,277	0.037076
Massachusetts	65,780,889	619,554	0.941845
North Carolina	85,219,206	99,543	0.116808
North Dakota	794,824	84,360	10.613670
Ohio	115,700,603	1,724,320	1.490329
Virginia	901,066	16,747	1.858576

The Rate of Doctor Shopping

(Schedule II 10 prescribers 10 dispensers - individuals)

State	Individuals	Shoppers	Percent
Alabama	319735	83	0.025959
Hawaii	41938	6	0.014307
Kentucky	257650	27	0.010479
Maine	119936	0	0.000000
Massachusetts	741413	94	0.012678
North Carolina	714304	148	0.020719
North Dakota	33825	9	0.026608
Ohio	712092	82	0.011515
Virginia	525505	88	0.016746

The Rate of Doctor Shopping

(Schedule II pain relievers 10 prescribers 10 dispensers – doses)

State	Total Doses	Shoppers Doses	Percent
Alabama	33662478	17107	0.050819
Hawaii	971796	7486	0.770326
Kentucky	35639612	176872	0.496279
Maine	19627136	0	0.000000
Massachusetts	65780889	47428	0.072100
North Carolina	85219206	66487	0.078019
North Dakota	794824	3406	0.428523
Ohio	115700603	94883	0.082007
Virginia	901066	2513	0.278892

The Rate of Doctor Shopping

(Schedule II 15 prescribers 15 dispensers - individuals)

State	Individuals	Shoppers	Percent
Alabama	319735	18	0.005630
Hawaii	41938	0	0.000000
Kentucky	257650	9	0.003493
Maine	119936	0	0.000000
Massachusetts	741413	28	0.003777
North Carolina	714304	33	0.004620
North Dakota	33825	1	0.002956
Ohio	712092	11	0.001545
Virginia	525505	21	0.003996

The Rate of Doctor Shopping

(Schedule II pain relievers 15 prescribers 15 dispensers – doses)

State	Total Doses	Shoppers Doses	Percent
Alabama	33662478	6608	0.019630
Hawaii	971796	0	0.000000
Kentucky	35639612	149461	0.419368
Maine	19627136	0	0.000000
Massachusetts	65780889	15893	0.024161
North Carolina	85219206	16172	0.018977
North Dakota	794824	5	0.000629
Ohio	115700603	13197	0.011406
Virginia	901066	817	0.090670

What Do The Findings Tell Us

Doctor Shopping Measures

- All things considered “doctor shopping” is a relatively uncommon behavior
- It is unlikely that the variability we see in rates of non-medical prescription drug use across states is attributable in to doctor shopping alone
- Comparisons across states must be made with caution; considering variability in population risk factors and in the ability of PDMP systems to detect suspicious behavior

Next Steps

Continued Refinement

- Increased standardization of measures
- Development of vendor-based user groups
- Increased sharing of data definitions and code
- Simplification of reporting procedures