

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

Harold Rogers Prescription Drug Monitoring Program  
West Regional Meeting

# Performance Measures for Prescription Drug Monitoring Programs

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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:

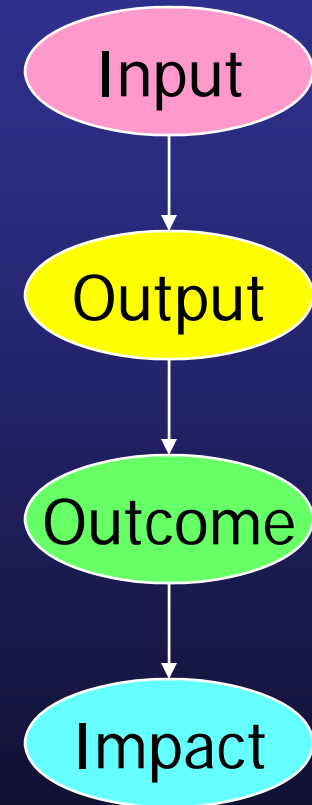
- Alabama
- California
- Kentucky
- Maine
- Nevada
- Ohio
- Virginia

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

# A Model for Evaluation

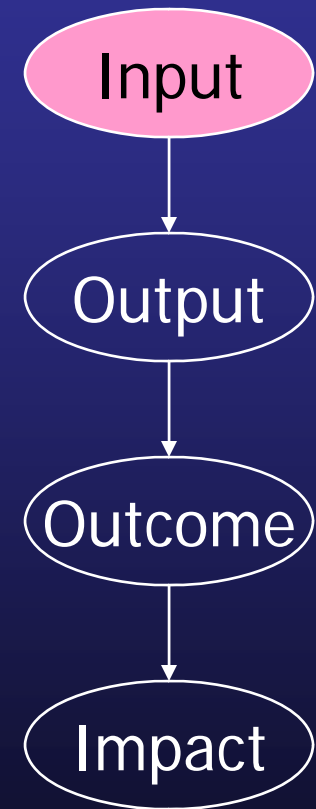
The approach assumes:

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



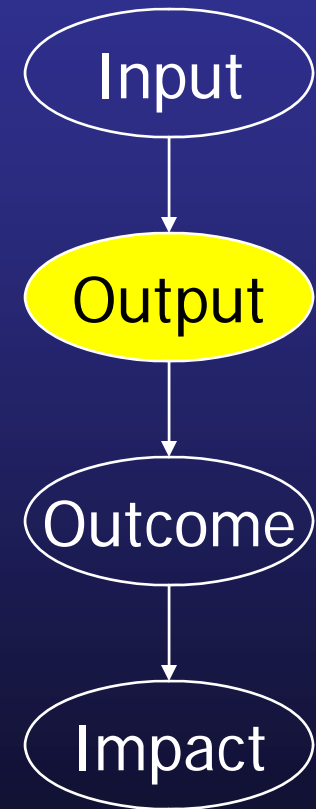
# A Model for Evaluation: Input

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



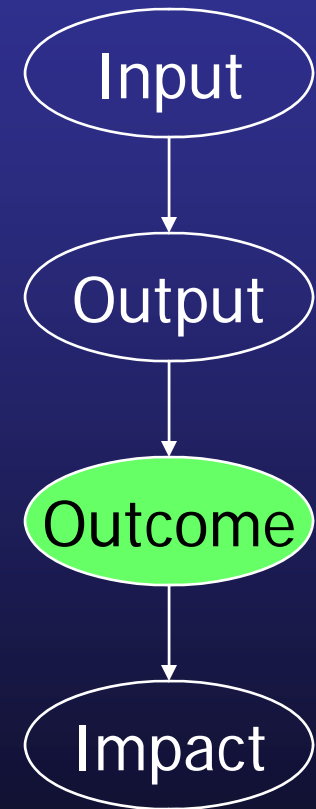
# A Model for Evaluation: Output

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



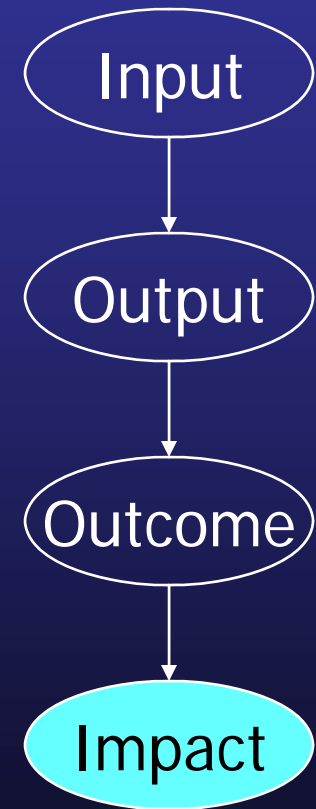
# A Model for Evaluation: Outcome

- 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

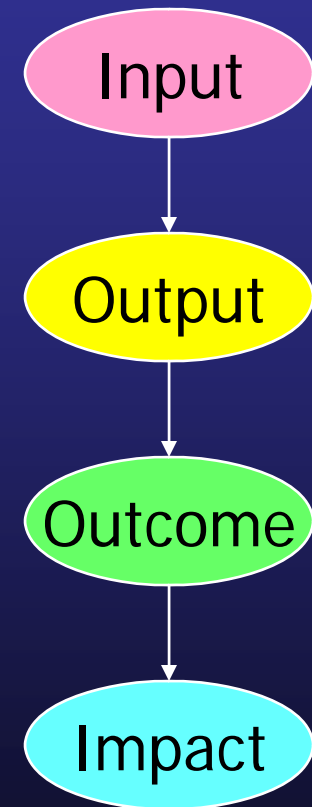
- Impacts are the ultimate results. One impact is a reduction in the prevalence of “non-medical prescription drug use”.



# Performance Measures

The approach assumes:

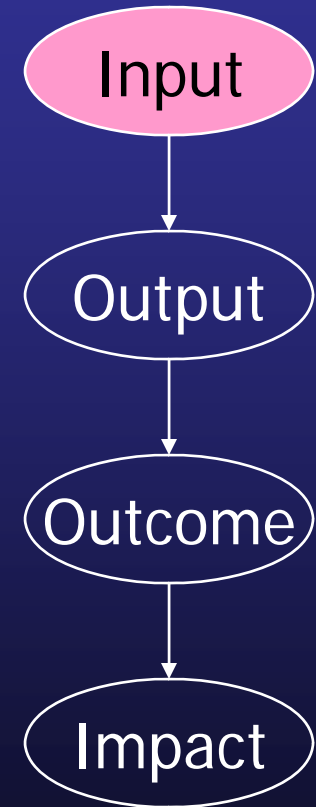
- That each component has one or more measures
- That these measures are valid indicators of program performance
- That grant recipients report on the measures regularly



# Performance Measures: Input

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

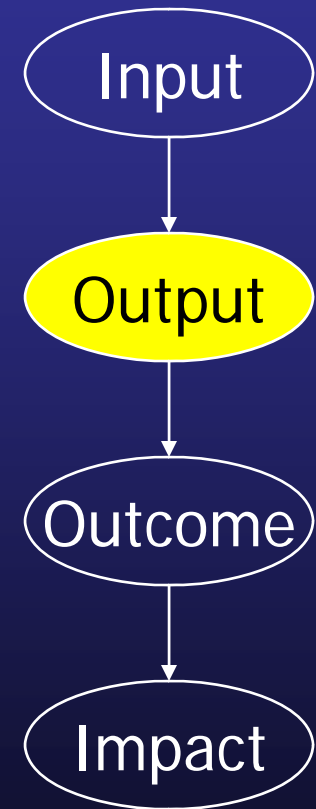
- The proportion trained formally during the current reporting period
- The proportion trained informally during the current reporting period



# 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

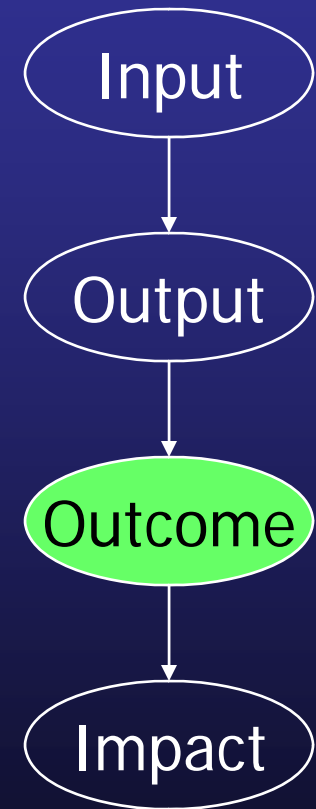


# Performance Measures: Outcome

Suspect cases include measures for three cumulative schedule categories:

- Schedule II
- Schedule II or III
- Schedule II, III or IV

This scheme is necessary because coverage varies across states.

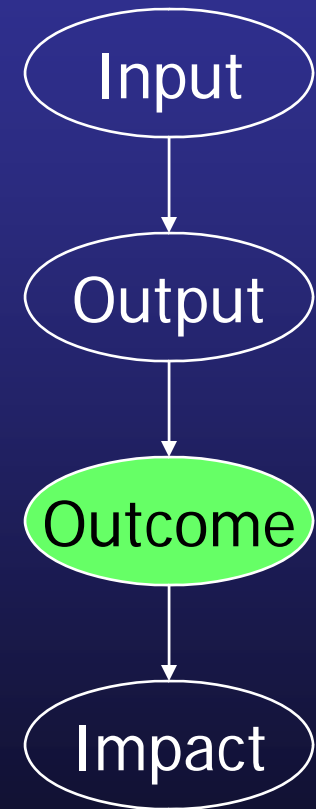


# Performance Measures: Outcome

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

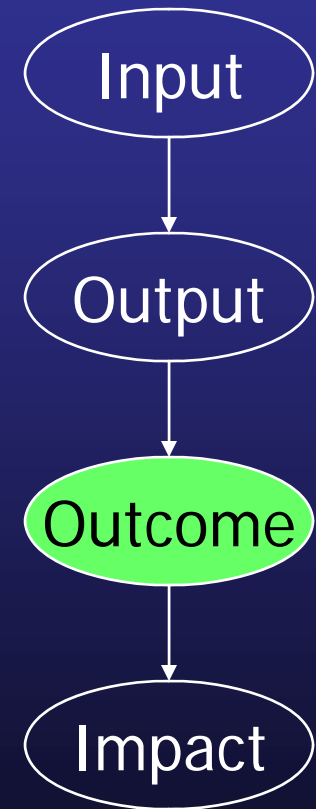
The thresholds are arbitrary.  
Only a case investigation can offer confirmation.



# Performance Measures: Outcome

For each cumulative schedule category and threshold:

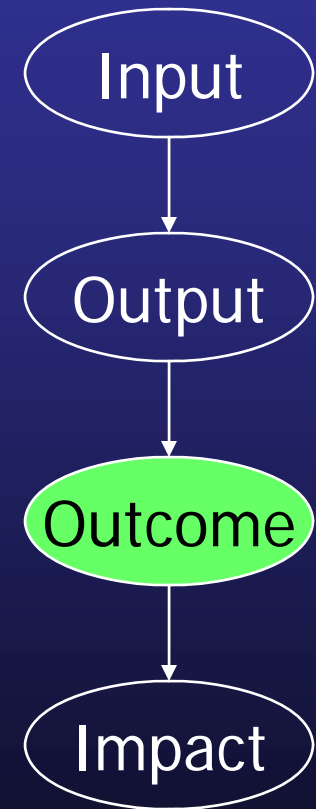
- The rate at which suspect cases occur
- The rate at which suspect doses are dispensed by drug class



# Performance Measures: Outcome

Drug classes include:

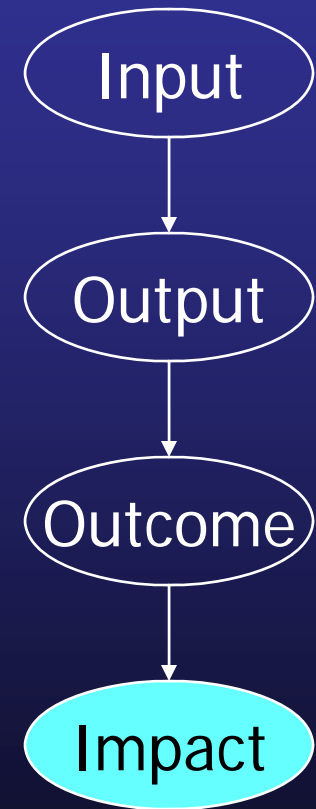
- Pain relievers
- Tranquilizers
- Stimulants
- Sedatives



# Performance Measures: Impact

For each drug class:

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

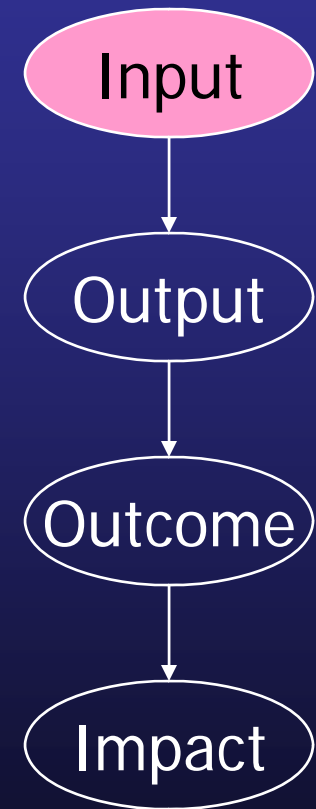


Status

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.

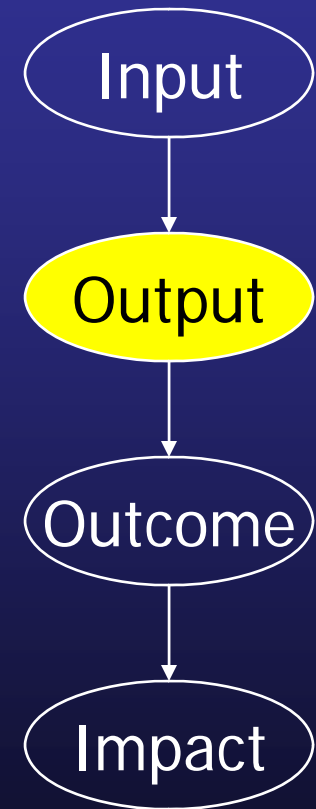
# A Model for Evaluation: Input

- 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



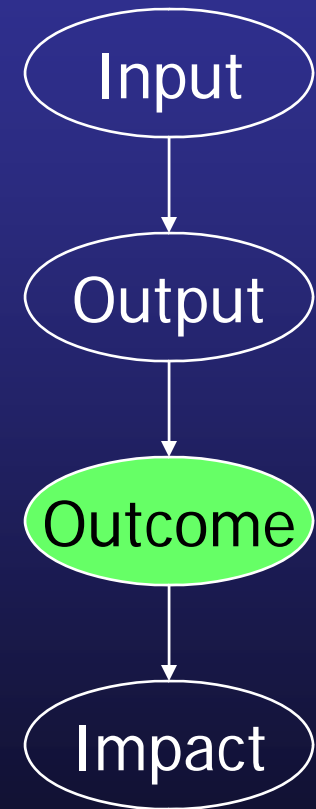
# A Model for Evaluation: Output

- 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: 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



# 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        | 319,735     | 83       | 0.0259590 |
| Hawaii         | 41,938      | 6        | 0.0143068 |
| Kentucky       | 257,650     | 27       | 0.0104793 |
| Maine          | 119,936     | 0        | 0.0000000 |
| Massachusetts  | 741,413     | 94       | 0.0126785 |
| North Carolina | 714,304     | 148      | 0.0207195 |
| North Dakota   | 33,825      | 9        | 0.0266075 |
| Ohio           | 712,092     | 82       | 0.0115154 |
| Virginia       | 525,505     | 88       | 0.0167458 |

# The Rate of Doctor Shopping

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

| State          | Total Doses | Shoppers Doses | Percent   |
|----------------|-------------|----------------|-----------|
| Alabama        | 33,662,478  | 17,107         | 0.0508192 |
| Hawaii         | 971,796     | 7,486          | 0.7703263 |
| Kentucky       | 35,639,612  | 176,872        | 0.4962793 |
| Maine          | 19,627,136  | 0              | 0.0000000 |
| Massachusetts  | 65,780,889  | 47,428         | 0.0721000 |
| North Carolina | 85,219,206  | 66,487         | 0.0780188 |
| North Dakota   | 794,824     | 3,406          | 0.4285225 |
| Ohio           | 115,700,603 | 94,883         | 0.0820074 |
| Virginia       | 901,066     | 2,513          | 0.2788919 |

# The Rate of Doctor Shopping

(Schedule II 15 prescribers 15 dispensers - individuals)

| State          | Individuals | Shoppers | Percent   |
|----------------|-------------|----------|-----------|
| Alabama        | 319,735     | 18       | 0.0056297 |
| Hawaii         | 41,938      | 0        | 0.0000000 |
| Kentucky       | 257,650     | 9        | 0.0034931 |
| Maine          | 119,936     | 0        | 0.0000000 |
| Massachusetts  | 741,413     | 28       | 0.0037766 |
| North Carolina | 714,304     | 33       | 0.0046199 |
| North Dakota   | 33,825      | 1        | 0.0029564 |
| Ohio           | 712,092     | 11       | 0.0015447 |
| Virginia       | 525,505     | 21       | 0.0039962 |

# The Rate of Doctor Shopping

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

| State          | Total Doses | Shoppers Doses | Percent   |
|----------------|-------------|----------------|-----------|
| Alabama        | 33,662,478  | 6,608          | 0.0196302 |
| Hawaii         | 971,796     | 0              | 0.0000000 |
| Kentucky       | 35,639,612  | 149,461        | 0.4193676 |
| Maine          | 19,627,136  | 0              | 0.0000000 |
| Massachusetts  | 65,780,889  | 15,893         | 0.0241605 |
| North Carolina | 85,219,206  | 16,172         | 0.0189769 |
| North Dakota   | 794,824     | 5              | 0.0006291 |
| Ohio           | 115,700,603 | 13,197         | 0.0114062 |
| Virginia       | 901,066     | 817            | 0.0906704 |

# 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