# Guidance for Harold Rogers Prescription Drug Monitoring Program (PDMP) Grantees on Responding to Performance Measures

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## Background

The Government Performance Results Act (GPRA) requires all Federal agencies to develop a mission statement and a set of related goals and objectives. Progress toward these goals and objectives must be monitored and should be linked to measurements taken at the program level. A related process mandated by the Office of Management and Budget (OMB) involves a review of the clarity with which program objectives have been stated, the thoroughness with which program implementation has been monitored, and the success with which program objectives have been achieved. The Program Assessment Rating Tool (PART) is used for this purpose.

Over the past three years a group of state representatives and Bureau of Justice Assistance (BJA) consultants have worked together to develop performance measures for Prescription Drug Monitoring Programs (PDMPs). The scheme that has been adopted is consistent with federal reporting requirements mandated by GPRA and associated with completion of the PART. Measures were developed in each of four areas:

- **Inputs** are the ingredients of the system that allow it to do its work. Training is a very important input, and measures in this area therefore relate to training of prescribers, dispensers and individuals authorized to conduct investigations.

- **Outputs** are the actual work performed by the system. The solicited and unsolicited reports generated by the PDMP are essential to its success. In this area measures therefore relate to solicited and unsolicited reports provided to prescribers, dispensers, and individuals authorized to conduct investigations.

- **Outcomes** are the immediate effects attributable to the system. There are many possible outcomes, but for now the focus is on consumers who fill prescriptions in a manner that may indicate inappropriate use of prescription drugs. Measures therefore relate to the number of individuals who exceed each of several thresholds, and to the number of doses of drugs associated with these individuals.

- **Impacts** are the ultimate results that the system seeks to achieve. The principal impact measure that has been proposed is the rate at which members of the general population use prescription drugs inappropriately. This will be provided by the National Survey on Drug Use and Health (NSDUH) and will place no additional burden on the state.

## Instructions for Completing Performance Metrics Questions

- Grantees are required to provide data in their semiannual progress reports.
- All questions in the Performance Metrics section must be answered in the fields provided.
- Please do not answer the questions in another section or attachment.
- Some questions may require a numerical answer; please provide the number only in the field.
- Any supporting text can be provided as an attachment or in the narrative field.
- If a question does not apply to the program, grantees should answer with the number 0 and explain in the narrative section.

The answers that you provide under the performance metrics section should provide sufficient detail to accurately reflect the progress made towards implementing your grant and achieving your goals and objectives. Attachments should only contain supporting and supplemental information. If the instructions are not followed, progress reports will not be approved and will be returned for corrections. Your responses to the questions under the Performance Metrics section will satisfy the progress report requirement, unless a grant program/solicitation specifically requests additional information.

On the following pages, common definitions and guidance related to the performance metrics questions are provided. This information was compiled based on an analysis of the data submitted from previous reporting periods and extensive grantee interviews.

## Measures Related to Training

### Q. How do you define "formal" and "informal" training?

**A**. Training is defined by the format in which it is provided:

- Formal training is usually provided in-person and involves the use of some form of structured presentation. While formal training often occurs in a classroom setting it may also take place at a doctor's office, at a hospital, or at some other kind of facility. Formal training may also include web-based training if such training: requires enrollment, follows a well-defined curriculum, and provides some form of certification indicating that the training has been completed successfully.

- Informal training ordinarily involves the provision of informational materials by mail (or by email). Informational materials may also be provided at professional conferences or trade shows. Each time an individual downloads materials on the operation of a PDMP system this constitutes an informal training "event" and may be counted as such.

### Q. How do you define "prescribers", "dispensers" and "individuals authorized to conduct investigations"?

**A.** Prescribers (physicians, physician's assistants, veterinarians, and some nurses) and dispensers (typically pharmacists) are individuals licensed by the state to prescribe or dispense controlled substances. Individuals authorized to conduct investigations have enduring (as is often true for members of licensing boards) or case-specific (as is often true for law enforcement personnel) access to PDMP records.

- Include all prescribers and dispensers in your counts. If prescribers are authorized to also dispense drugs in your state then they should be counted as prescribers only. Please note that prescribers and dispensers are defined as *individuals*.

- Include in your counts of individuals authorized to conduct investigations all members of licensing boards and all law enforcement personnel *currently authorized to access PDMP records*. Authorization may be defined either by statute or de facto by virtue of registration.

## Measures related to Solicited and Unsolicited Reporting

### Q. What do you mean by solicited and unsolicited reporting?

**A.** We are making a distinction based upon the circumstances that lead a report to be generated. If a prescriber, dispenser, or individual authorized to conduct investigations queries the records associated with (respectively) their patient, customer, or open case then the resulting report is *solicited*. If program personnel query records and identify patterns of suspicious behavior of their own accord then the resulting reports are *unsolicited*. We would like counts of the numbers of solicited and unsolicited reports that were produced by (or for) prescribers, dispensers, and individuals authorized to conduct investigations.

## Measures Related to "Doctor Shopping"

### Q. Why do we report on prescriptions within four drug categories?

**A.** Categorizing drugs as "pain relievers", "tranquilizers", "stimulants" and "sedatives" will allow relationships to be examined between your responses and population prevalence rates for non-medical use of prescription drugs as estimated by the NSDUH.

### Q. What drugs does the NSDUH place in each of these four categories?

**A.** Generally narcotic analgesics are pain relievers, benzodiazepines are tranquilizers, amphetamines are stimulants and barbiturates are sedatives. More specifically:

- **Pain relievers** includes all narcotic analgesics: buprenorphine (Buprenex®); codeine (Tylenol with Codeine®); dextropropoxyphene (Darvocet®, Darvon®); hydrocodone (Hycomine®, Lorcet®, Lortab®, Lortab ASA®, Vicodin®, Vicoprofen®); hydromorphone (Dilaudid®, Palladone®); meperidine (Demerol®, Mepergan®); morphine (MS-Contin®, Oramorph SR®, MSIR®, Roxanol®, Kadian®, RMS®); methadone (Dolophine®); oxycodone (OxyContin®, OxyIR®, Percocet®, Percodan®, Tylex®); and pentazocine (Talacen®, Talwin®, Talwin Nx®).

- **Tranquilizers** includes longer-acting benzodiazepines, chlordiazepoxide and meprobromate: alprazolam (Xanax®), chlordiazepoxide (Librium®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), halazepam (Paxipam®), lorzepam (Ativan®), oxazepam (Serax®), prazepam (Centrax®), quazepam (Doral®); chlordiazepoxide (Librium®, Limbitrol®); and meprobromate (Miltown®, Equanil®).

- **Stimulants** includes all amphetamines, methylphenidate and anorectics: amphetamine (Adderall®, Biphetamine®, Dexedrine®, Dextrostat®), methamphetamine (Desoxyn®); methylphenidate (Concerta®, Methylin®, Provigil®, Ritalin®); benzphetamine (Didrex®), diethylproprion (Tenuate®, Tepanil®), mazindol (Sanorex®, Mazanor®), phendimetrazine (Bontril®, Plegine®, Prelu-27®), and phentermine (Ionamin®, Lonamin®, Fastin®, Adipex®).

- **Sedatives** includes all barbiturates, chloral hydrate, and shorter-acting benzodiazepines: amobarbital (Amytal(®), aprobarbital (Alurate®), butabarbital (Butisol®,Tuinal®), butalbital (Fiorinal®), mephobarbital (Mebaral®), methohexital (Brevital®), pentobarbital (Nembutal®), phenobarbital (Luminal®), secobarbital (Seconal®), talbutal (Lotusate®), thiamyl (Surital®), thiopental (Pentothal®); chloral hydrate, (Aquachloral®, Noctec®); estazolam (ProSom®), flurazepam (Dalmane®), temazepam (Restoril®), triazolam (Halcion®); zolpidem (Ambien®) and zaleplon (Sonata®).

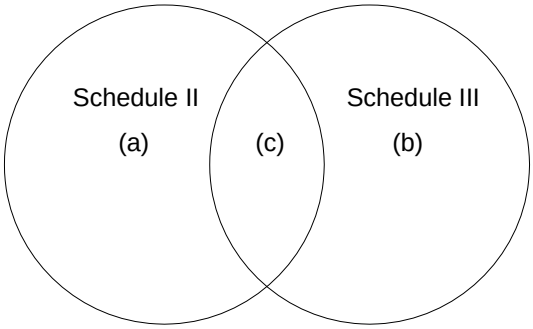
## Q. Why do we report on the prescription measures three times: once for Schedule II, once for Schedule II or III, and once for Schedule II, III or IV?

**A.** Not all states regulate all controlled substances. We structure reporting in this way so that we can make comparisons among states that have similar coverage. When we ask about the number of individuals who filled prescriptions for Schedule II drugs then only the number of individuals who filled prescriptions for Schedule II drugs should be reported. Selection code should be written as “Schedule =II.”

When we ask about the number of individuals who filled prescriptions for Schedule II or III drugs then a sum should be reported as depicted in Figure 1: (a) the number of individuals who filled prescriptions for Schedule II drugs only + (b) the number of individuals who filled prescriptions for Schedule III drugs only + (c) the number of individuals who filled prescriptions for both Schedule II and III drugs. Selection code should be written as “Schedule = II OR Schedule = III.”

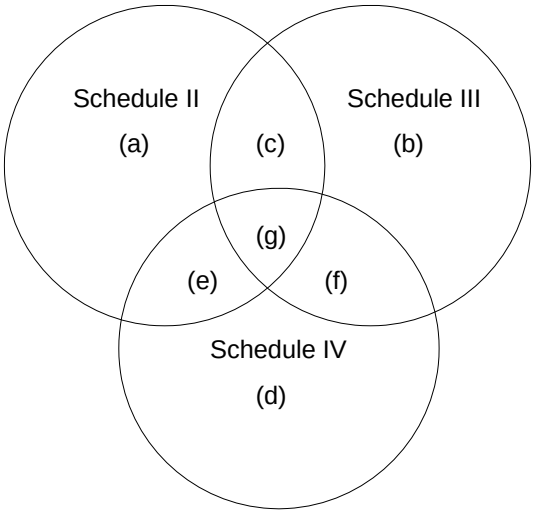
**Figure I**

**Number of individuals who filled prescriptions for Schedule II or III drugs**




When we ask about the number of individuals who filled prescriptions for Schedule II, III or IV drugs then a sum should be reported as depicted in Figure 2: (a) the number of individuals who filled prescriptions for Schedule II drugs only + (b) the number of individuals who filled prescriptions for Schedule III drugs only + (c) the number of individuals who filled prescriptions for Schedule II and III (but not IV) drugs + (d) the number of individuals who filled prescriptions for Schedule IV drugs only + (e) the number of individuals who filled prescriptions for Schedule II and IV (but not III) drugs + (f) the number of individuals who filled prescriptions for Schedule III and IV (but not II) drugs + (g) the number of individuals who filled prescriptions for Schedule II, III and IV drugs. Selection code should be written as "Schedule = II OR Schedule = III OR Schedule = IV."

**Figure 2**
**Number of individuals who filled prescriptions for Schedule II, III or IV drugs**



## Q: And then the information on prescriptions is broken down by drug type?

**A.** Yes. For convenience prescription drugs are classified by type (pain relievers, tranquilizers, stimulants and sedatives) and schedule in Tables I – IV below.

### Table I: Pain Relievers

| Drug | Schedule II | Schedule III | Schedule IV | Schedule V |
|---|---|---|---|---|
| buprenorphine | | x | | |
| Buprenex® | | x | | |
| codeine | x | | | |
| Tylenol with Codeine® | | x | | |
| dextropropoxyphene | x | | | |
| Darvocet® | | | x | |
| Darvon® | | | x | |
| fentanyl | x | | | |
| Actiq® | x | | | |
| Duragesic® | x | | | |
| Oralet® | x | | | |
| Sublimaze® | x | | | |
| hydrocodone | x | | | |
| Hycomine® | | x | | |
| Lorcet® | | x | | |
| Lortab® | | x | | |
| Lortab ASA® | | x | | |
| Vicodin® | | x | | |
| Vicoprofen® | | x | | |
| hydromorphone | x | | | |
| Dilaudid® | x | | | |
| Palladone® | x | | | |
| levorphanol | x | | | |
| Levo-Dromoran® | x | | | |
| meperidine | x | | | |
| Demerol® | x | | | |
| Mepergan® | x | | | |
| methadone | x | | | |
| Dolophine® | x | | | |
| morphine | x | | | |
| Kadian® | x | | | |
| MS-Contin® | x | | | |
| MSIR® | x | | | |
| Oramorph SR® | x | | | |
| RMS® | x | | | |
| Roxanol® | x | | | |
| oxycodone | x | | | |
| OxyContin® | x | | | |
| OxyIR® | x | | | |
| Percocet® | x | | | |
| Percodan® | x | | | |
| Tylox® | x | | | |
| oxymorphone | x | | | |
| Opana ER® | x | | | |
| pentazocine | | | x | |
| Talacen® | | | x | |
| Talwin® | | | x | |
| Talwin Nx® | | | x | |

## Table II: Tranquilizers

| Drug | Schedule II | Schedule III | Schedule IV | Schedule V |
|---|---|---|---|---|
| alprazolam | | | x | |
| Xanax® | | | x | |
| chlordiazepoxide | | | x | |
| Librium® | | | x | |
| Limbitrol® | | | x | |
| clonazepam | | | x | |
| Klonopin® | | | x | |
| clorazepate | | | x | |
| Tranxene® | | | x | |
| diazepam | | | x | |
| Valium® | | | x | |
| halazepam | | | x | |
| Paxipam® | | | x | |
| lorazepam | | | x | |
| Ativan® | | | x | |
| meprobamate | | | x | |
| Equanil® | | | x | |
| Miltown® | | | x | |
| oxazepam | | | x | |
| Serax® | | | x | |
| prazepam | | | x | |
| Centrax® | | | x | |
| quazepam | | | x | |
| Doral® | | | x | |

## Table III: Stimulants

| Drug | Schedule II | Schedule III | Schedule IV | Schedule V |
|---|---|---|---|---|
| amphetamine | x | | | |
| Adderall® | x | | | |
| Biphetamine® | x | | | |
| Dexedrine® | x | | | |
| Dextrostat® | x | | | |
| benzphetamine | | x | | |
| Didrex® | | x | | |
| cocaine | x | | | |
| diethylpropion | | | x | |
| Tenuate® | | | x | |
| Tepanil® | | | x | |
| mazindol | | x | | |
| Mazanor® | | | x | |
| Sanorex® | | | x | |
| methamphetamine | x | | | |
| Desoxyn® | x | | | |
| methylphenidate | x | | | |
| Concerta® | x | | | |
| Methylin® | x | | | |
| Ritalin® | x | | | |
| phendimetrazine | | x | | |
| Bontril® | | x | | |
| Plegine® | | x | | |
| Prelu-27® | | x | | |
| phentermine | | | x | |
| Adipex® | | | x | |
| Fastin® | | | x | |
| Ionamin® | | | x | |

## Table IV: Sedatives

| Drug | Schedule II | Schedule III | Schedule IV | Schedule V |
|---|---|---|---|---|
| amobarbital | x | | | |
| Amytal® | x | | | |
| Tuinal® | x | | | |
| aprobarbital | | x | | |
| Alurate® | | x | | |
| butabarbital | | x | | |
| Butisol® | | x | | |
| butalbital | | x | | |
| Fiorina® | | x | | |
| chloral hydrate | | | x | |
| Aquachloral® | | | x | |
| Noctec® | | | x | |
| estazolam | | | x | |
| ProSom® | | | x | |
| flurazepam | | | x | |
| Dalmane® | | | x | |
| mephobarbital | | | x | |
| Mebaral® | | | x | |
| methohexital | | | x | |
| Brevital® | | | x | |
| pentobarbital | x | | | |
| Nembutal® | x | | | |
| phenobarbital | | | x | |
| Luminal® | | | x | |
| secobarbital | x | | | |
| Seconal® | x | | | |
| talbutal | | x | | |
| Lotusate® | | x | | |
| temazepam | | | x | |
| Restoril® | | | x | |
| thiamylal | | x | | |
| Surital® | | x | | |
| thiopental | | x | | |
| Pentothal® | | x | | |
| triazolam | | | x | |
| Halcion® | | | x | |
| zaleplon | | | x | |
| Sonata® | | | x | |
| zolpidem | | | x | |
| Ambien® | | | x | |

## Q. Where do the thresholds identified for doctor shopping come from?

**A.** They were defined arbitrarily by stakeholders. The same threshold values are used for states with Schedule II only, Schedule II-III only and Schedule II-IV systems. Under this scenario the number of individuals scoring above threshold will increase as the system becomes more inclusive. But it will allow all states to be compared relative to Schedule II behavior, a smaller number to be compared relative to Schedule II-III behavior and a smaller number still to be compared relative to Schedule II-IV behavior.

**Q. Is there a crosswalk between the drug types and National Drug Codes (NDCs)?**

**A.** BJA has not developed software for extracting its performance measures from prescription records that make use of NDCs. But products are available from Optimum Technology, Health Information Design, and other vendors for this purpose. Source code may also be available from states with PDMP systems that have this capability and we anticipate establishing "user groups" to facilitate the exchange of such information.

## Measures Related to Coroner's Reports

**Q. What do we do if we do not have access to information on coroner's reports for the current reporting period?**

**A.** We understand that grantees have difficulty reporting on this measure. Please provide the most recent information that you have from the coroners or medical examiners in your state and indicate the time period to which it applies as well as its limitations.

## Technical Assistance

**Q. What technical assistance on performance measures is available?**

**A.** Yes. BJA maintains a comprehensive technical assistance program that can include services related to performance measures (such as remote and on-site consultation, statistical programming, data analysis, and report generation). Currently, as questions arise regarding performance measures, please contact Ron Simeone directly at ron@simeoneassociates.com or (518) 436-1394 or contact Rebecca Rose at BJA at Rebecca.Rose@usdoj.gov or (202) 514-0726.