



*Bridging Health and Health Care*

**Interorganizational Relationships, Infrastructure  
Variation, and Public Health System  
Efforts to Address Prescription Drug Abuse**

Research In Progress Webinar

*Wednesday, April 13, 2016 12:00-1:00pm ET/ 9:00-10:00am PT*

*Funded by the Robert Wood Johnson Foundation*

# Agenda

**Welcome:** **Rick Ingram, DrPH**, RWJF [Systems for Action](#) National Coordinating Center, Assistant Professor, College of Public Health, University of Kentucky

Interorganizational Relationships, Infrastructure Variation, and Public Health System Efforts to Address Prescription Drug Abuse

**Presenters:** **Lainie Rutkow, JD, PhD, MPH**, Associate Professor of Health Policy & Management [lrutkow@jhu.edu](mailto:lrutkow@jhu.edu) and **Katherine C. Smith, PhD, MA**, Associate Professor of Health, Behavior & Society [katecsmith@jhu.edu](mailto:katecsmith@jhu.edu), Johns Hopkins University School of Public Health

**Commentary:** **Corey Davis, JD, MSPH**, Southeastern Region Network for Public Health Law [davis@healthlaw.org](mailto:davis@healthlaw.org) and **Jeanette L. Manning, JD**, National Assn. of Attorneys General [jmanning@naag.org](mailto:jmanning@naag.org)

Questions and Discussion

# Presenters



## Lainie Rutkow, JD, PhD, MPH

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Assistant Director, Center for Law and the Public's  
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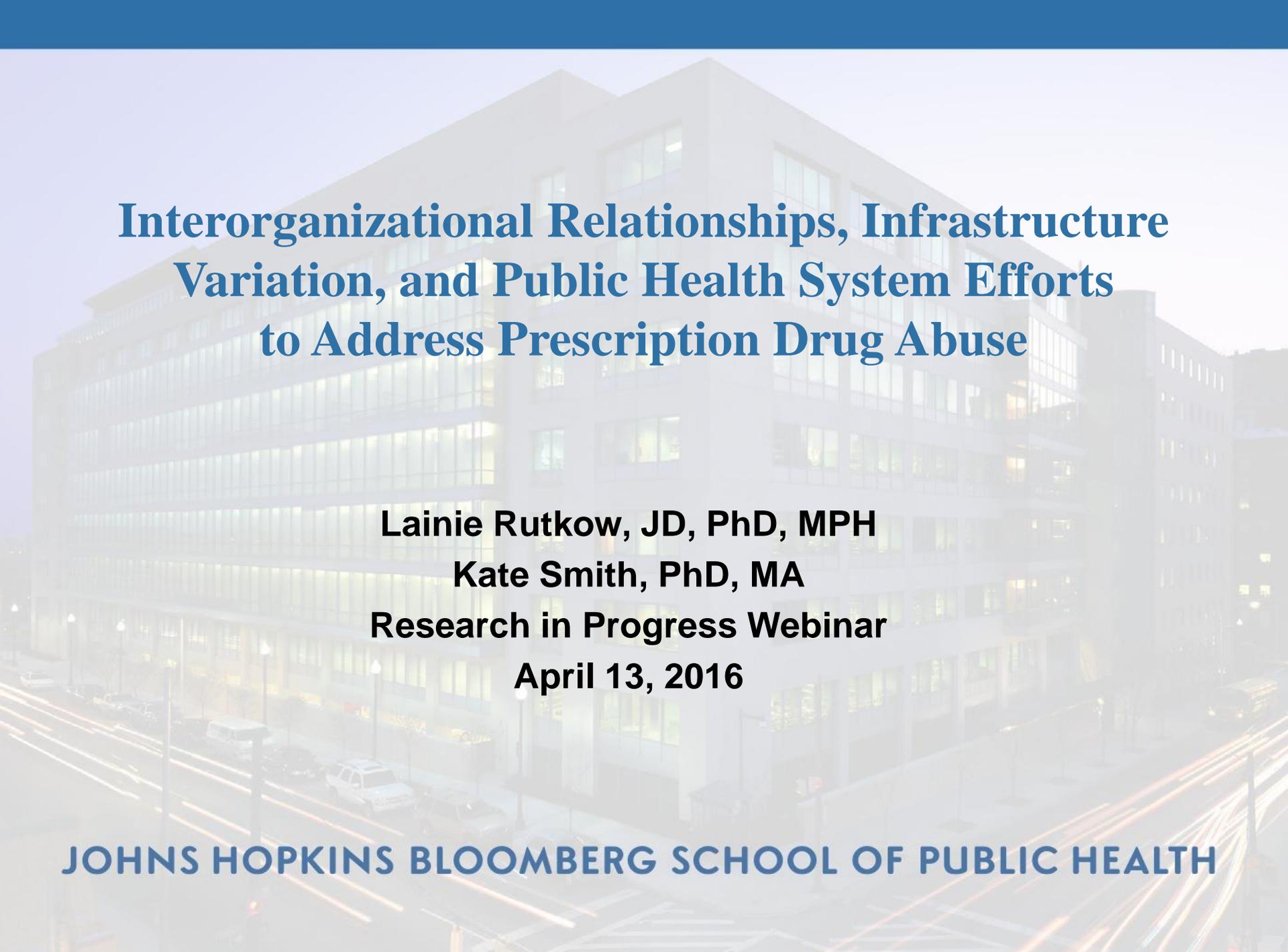
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# **Interorganizational Relationships, Infrastructure Variation, and Public Health System Efforts to Address Prescription Drug Abuse**

**Lainie Rutkow, JD, PhD, MPH**

**Kate Smith, PhD, MA**

**Research in Progress Webinar**

**April 13, 2016**

**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH**

# Study Team

Lainie Rutkow, JD, PhD, MPH (PI)

Kate Smith, PhD, MA (Co-PI)

Caleb Alexander, MD, MS (Co-I)

Jon Vernick, JD, MPH (Co-I)

Beata Debinski, MHS (RA)

## Advisory Group

- Corey Davis, JD, MSPH (Network for Public Health Law)
- Jeanette Manning, JD (National Association of Attorneys General)
- PDMP Center of Excellence at Brandeis University

## Acknowledgement

This research is supported by the Robert Wood Johnson Foundation, Public Health Services and Systems Research.



# Prescription Drug Abuse: A Public Health Challenge

Obama Steps Up U.S.  
Effort to Fight Abuse of  
Heroin and Painkillers

- *New York Times*, Mar. 29, 2016

CDC Warns Doctors about  
the Dangers of Prescribing  
Opioid Painkillers

- *Washington Post*, Mar. 15, 2016

Prescription Drug Abuse  
Growing Among Nation's  
Young

- *NBC Nightly News*, Mar. 27, 2016

Federal Officials,  
Advocates Push Pill-  
Tracking Databases

- *Baltimore Sun*, Mar. 28, 2016



# Prescription Drug Abuse: A Public Health Challenge

- Benefits and drawbacks of prescription opioids
  - Improve quality of life for those with certain acute or chronic medical conditions
  - High potential for abuse; life-threatening adverse effects
- Drug overdose is the **leading cause of injury-related death**
  - Five-fold increase from 1980 to 2008
  - Prescription opioids involved in over 16,000 deaths in 2013
- Over 2 million Americans are addicted to prescription opioids
  - Likely an under-estimate
- Increases in non-medical use are a consequence of increases in prescription use



# Prescription Drug Abuse: A Public Health Challenge

- Why is prevention of abuse and diversion so difficult?
  - “Doctor shopping”: Individuals seek out opioids from numerous sources due to inadequate pain treatment and/or addiction
  - Rise of “pill mills”: Indiscriminate prescription of opioids
  - Varied interests and incentives

Health insurers

Prescribers

Pharmacies

Patients

Pharmaceutical  
companies

Health departments

Law enforcement  
agencies

Substance abuse  
treatment agencies

Licensing boards



# Prescription Drug Abuse and the Public Health System

- Prescription Drug Monitoring Programs (PDMPs)
  - Established in 49 states
  - Collect, analyze, and report information about prescribing and utilization of controlled substances
  - **Primary goal: reduce prescription drug abuse and diversion**
- Created via state-level laws
  - With variation among the states, PDMP data may be accessed by:

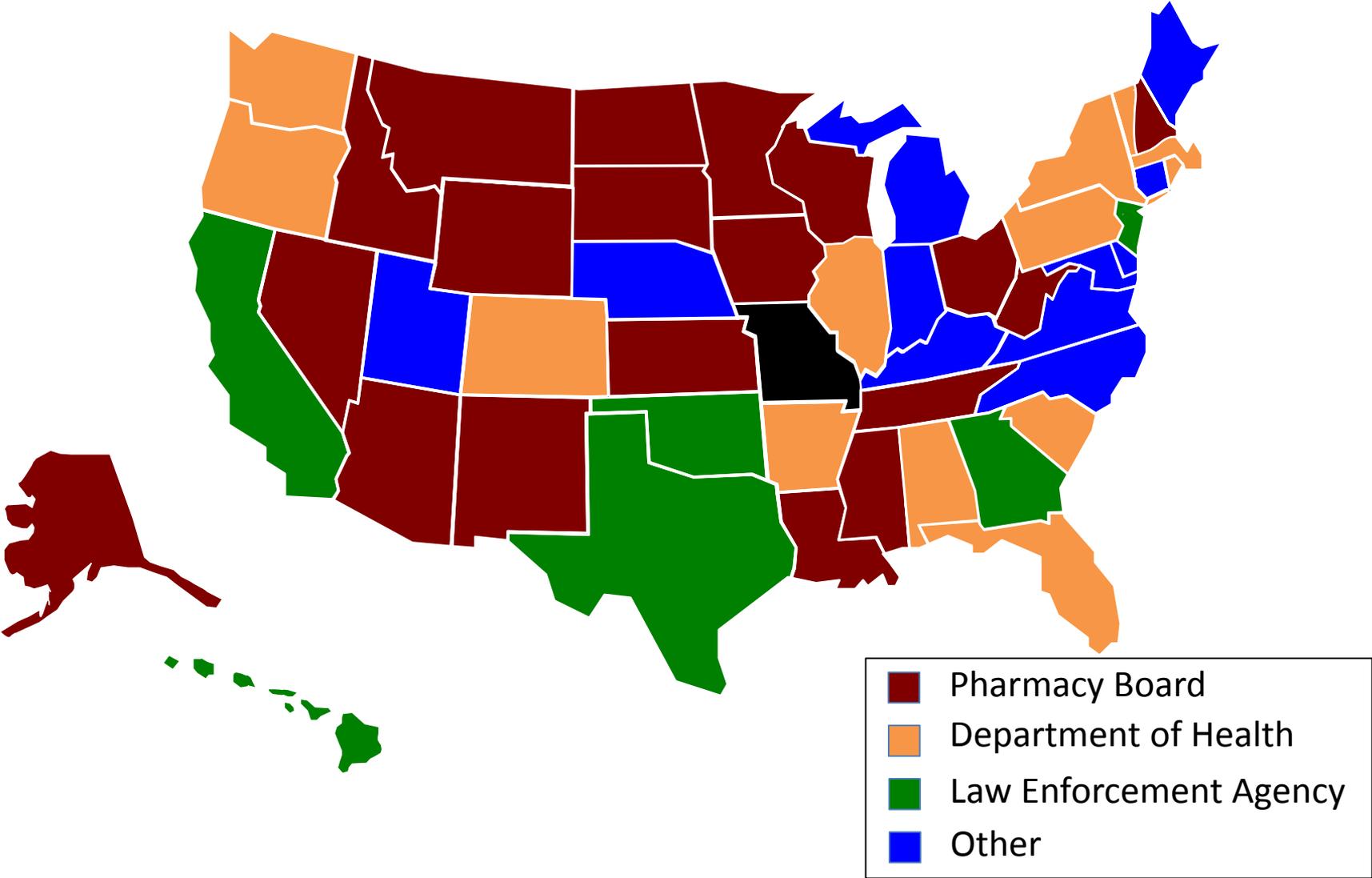


# Prescription Drug Abuse and the Public Health System

- Research about PDMPs
  - Primarily quantitative to measure effectiveness in terms of:
    - Impact on prescribing and dispensing practices
    - Program participation among prescribers and dispensers
    - Identification of doctor shoppers
    - Identification of trends in opioid abuse
- To date, most research has not accounted for the **natural experiment** in legal and structural variation among PDMPs
  - E.g., home agency within the public health system
  - Who may access PDMP data
  - Whether they are proactive or reactive
- Assumption of effective PDMP program function has not yet been explored



# States by Home Agency for PDMP



A CENTURY OF SAVING LIVES—MILLIONS AT A TIME 1916/2016

# Specific Aims

- **Aim 1:** To examine how interorganizational relationships among states' public health, substance abuse, and criminal justice agencies affect the structure and operations of PDMPs.
- **Aim 2:** To assess how the scope and clarity of the legal powers specified in authorizing legislation, enforcement authority, and assigned duties of PDMPs affect their ability to function effectively within the public health system.
- **Aim 3:** To determine how PDMPs' infrastructure affects their ability to address diversion of prescription drugs and associated morbidity and mortality.
- *Influenced by questions from **PHSSR Research Agenda** re: cross-jurisdictional models; legal powers and duties; and interorganizational relationships*

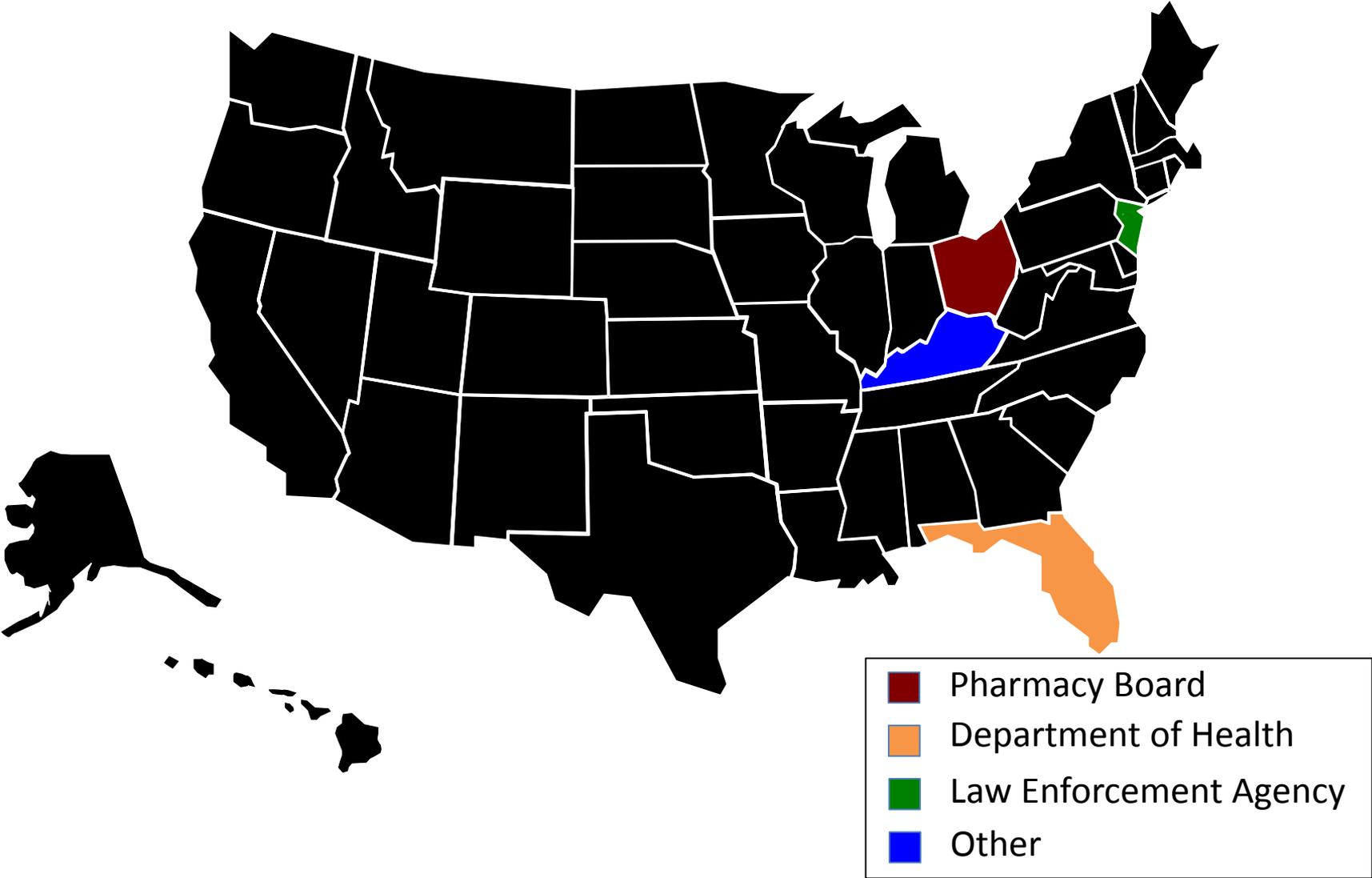


# Methods

- *Analytic goal*: better understand the role of complex state-level public health system factors that contribute to the ability of PDMPs to serve as an effective solution to the policy problem of prescription drug abuse and diversion
- *Case selection*:
  - Purposive selection of four states to reflect a range of PDMP infrastructure, interorganizational relationships, and intra- and inter-state information sharing arrangements
  - Sampling characteristics:
    - Duration of PDMP
    - Agency housing PDMP
    - Proactive or reactive PDMP
    - Access to PDMP data
    - Funding for PDMP
    - State population



# States by Home Agency for PDMP



A CENTURY OF SAVING LIVES—MILLIONS AT A TIME 1916/2016

# Methods: Interviews

- Semi-structured interviews in each case state
  - Sample: PDMP stakeholders
    - Purposeful sampling (AG's Office; PDMP administrator)
    - Snowball sampling
  - Interviews conducted until data saturation
  - With permission, interviews are recorded and transcribed
- Development of interview guide
  - Domains
    - PDMPs and the problem of prescription drug abuse
    - Interorganizational relationships
    - Information sharing
    - Impact of legal structure
    - Infrastructure and resources
  - Advisory group



# Methods: Interviews

- Semi-structured interviews: analysis
  - Coding transcript data
    - Staged approach
  - Initial codes based on:
    - Literature review
    - A priori knowledge
    - Early data collection
  - Development and refinement of codes
    - Participation of full research team
    - Double-code sub-set of transcripts
  - Qualitative software
  - Identification of themes within and across states



# Preliminary Results: Interviews

## Interview sample:

- *Florida*: 9 individuals interviewed
  - Health-oriented (4)
  - Law enforcement-oriented (4)
  - Other (1)
- *Kentucky*: 8 individuals interviewed
  - Health-oriented (3)
  - Law enforcement-oriented (2)
  - Other (3)
- *Ohio*: 9 individuals interviewed
  - Health-oriented (4)
  - Law enforcement-oriented (3)
  - Other (2)
- *New Jersey*: On-going



# Preliminary Results: Interviews

- *Interorganizational relationships*
  - Legislatively mandated collaborations
  - Informal partnerships
  - E.g., interdisciplinary advisory council for PDMP
- *Scope and clarity of legal powers*
  - Requirements for prescriber registration and use of PDMP data
  - Required registration vs. required use
  - Can delegates access PDMP data?
- *Infrastructure and function*
  - Tool for health care providers
  - Assistance for law enforcement
  - Data-sharing arrangements



# Why study news coverage of PDMPs?

*News media shape people's interpretation of the world – especially health issues with which they have little first hand experience*

Holmes (2008)

- News coverage of health and health policy can serve to draw people's attention to an issue. Topics that get covered tend to become seen as important. **(Agenda Setting Theory)**
- How an issue is presented (what aspects are included, what gets left out, who gets to talk on an issue, what topics it is related to) shapes how people understand the nature of the problem. **(Framing Theory)**
- How an issue is presented (see above) shapes what people come to see as possible and plausible solutions. **(Framing Theory)**



# Creating the news sample (I)

- Newspapers still serve as a good proxy for media coverage of health and health policy issues (at the state level)
- Pragmatic sample: 1 major newspaper with a publicly available, searchable archive selected per state
  - **Tampa Bay Times** (FL)
  - **Lexington Herald** (KY)
  - **Cleveland Plain Dealer** (OH)
  - **Newark Star-Ledger** (NJ)



**The Star-Ledger**



## Creating the news sample (II)

- Time frame for coverage collection depends on when PDMP was introduced:
  - Kentucky (1997-2015)
  - Ohio (2002-2015)
  - New Jersey (2007-2015)
  - Florida (2008-2015)
- Key words: some common (e.g. PDMP) and some state-specific (e.g. Kasper)



# Coding news: Process

- Article sample cleaned to remove stories that do not discuss the PDMP in any depth
- Mixture of inductive and deductive codes
- Coding framework initially developed around Florida coverage and refined over next 2 states
- The article is the unit of analysis
- Coding developed by team of 3 and applied by 2 coders independently



# Coding news: Content

- What event spurred news coverage?
- Is coverage neutral, supportive or oppositional (towards PDMP)?
- Mention of agencies running PDMP?
- Mention of data sharing?
- Mention of privacy concerns?
- Framing of issue as an 'epidemic' and mention of # of pills prescribed or of overdoses/deaths?
- Discussion of national problem or other states as context?
- Mention of specific drugs; drug manufacturers; online prescribing?
- Mention of Board of Medical Licensure or Pharmacy
- Quotes from politicians, civil servants, law enforcement & judiciary, physicians or pharmacists



# Coding News: *Emergent* Results

Commonalities	Differences
Concern with prescription drug use epidemic	Extent to which PDMP is a political/politicized issue
Consideration of state problem and strategies within the context of other states and the nation as a whole	Concern with privacy of patients
Discussion of PDMP is often alongside other strategies (e.g. Pill Mill laws, educational campaigns)	Focus on named drugs and specific manufacturers in framing of problem
Budgetary challenges for establishment, maintenance and upgrading of PDMP system	



# Next Steps

- Next steps for research
  - Complete New Jersey interviews
  - Finalize interview codebook and code transcript data
  - Analyze transcript data
  - Complete media analysis
- Next steps for translation and dissemination
  - Translation
    - Peer-reviewed publications
    - Webinar in conjunction with NAAG
    - Conference presentations
  - Dissemination
    - Project website
    - Blog posts
    - Social media



# Anticipated Impact

- Anticipated impact
  - Findings may assist:
    - State-level policymakers to revisit PDMP's legally established infrastructure
    - State-level executive branch leadership to refine information sharing arrangements or interorganizational linkages
    - PDMP administrators and staff as they implement their programs and advocate for more resources or authority
- Questions
  - Lainie Rutkow ([lrutkow@jhu.edu](mailto:lrutkow@jhu.edu))
  - Kate Smith ([ksmit103@jhu.edu](mailto:ksmit103@jhu.edu))
- Thank you!



# Commentary



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## Questions and Discussion

# Webinar Archives & Upcoming Events

go to: <http://www.publichealthsystems.org/phssr-research-progress-webinars>

## Upcoming Webinars

Thurs, April 21 (1-2p ET/ 10-11a PT)

**CROSS JURISDICTIONAL SHARING ARRANGEMENTS BETWEEN TRIBES AND COUNTIES FOR EMERGENCY PREPAREDNESS READINESS**

Maureen A. Wimsatt, PhD, MSW, Director, California Tribal Epidemiology Center and Manager of Epidemiology, California Rural Indian Health Board

May 4, 2016 (12-1p ET/ 10-11a MT)

**HOSPITAL INVESTMENT AND INTERACTION IN PUBLIC HEALTH SYSTEMS**

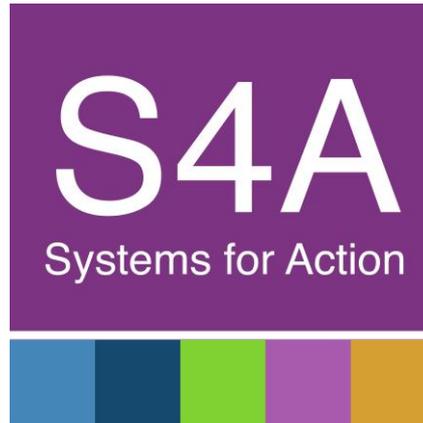
Danielle Varda, PhD, University of Colorado, and Lisa VanRaemdonck, MPH, MSW, Colorado Association of Local Public Health Officials

May 11, 2016 (12-1p ET/ 9-10a PT)

**IMPROVING THE EFFICIENCY OF NEWBORN SCREENING FROM COLLECTION TO TEST RESULTS**

Beth Tarini, MD, MS, University of Iowa College of Medicine, and Lisa Prosser, PhD, University of Michigan Medical School

Thank you for participating in today's webinar!



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# Speaker Bios

**Lainie Rutkow, JD, PhD, MPH**, is an Associate Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health and the Assistant Director of the Johns Hopkins Center for Law and the Public's Health. She is jointly appointed in the School's Department of Health, Behavior and Society, core faculty of the School's Office of Public Health Practice and Training, and is affiliated with the School's Public Health Preparedness Programs. Dr. Rutkow's work concerns the use of law as a tool to protect and promote the public's health in areas such as emergency preparedness, injury prevention, food and obesity policy, and the regulation of industries. She has published numerous articles in these and related areas, and is affiliated with the Eastern Region of the Network for Public Health Law.

**Katherine Clegg Smith, PhD, MA**, is an Associate Professor of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health and Co directs the MHS in Social Factors in Health program. Dr. Smith also directs the Center for Qualitative Studies in Health and Medicine. She is a sociologist with research interests around the social determinants of health behavior. Her particular area of expertise is communication of health information, and much of her research is organized around individual and collective understanding of health issues and experiences. Dr. Smith was an author of the NIH Best Practices in Mixed Methods Research for the Health Sciences.

**Corey Davis, JD, MSPH**, serves as the deputy director at the Network for Public Health Law's Southeastern Region and staff attorney at the National Health Law Program. His experience prior to joining NHeLP included employment rights direct legal representation as well as education, outreach and strategic advocacy, as well as research and management experience with the North Carolina Institute of Medicine, the University of Pennsylvania and the Drug Control and Access to Medicines Consortium.

**Jeanette Manning, JD**, is the National Attorneys General Training and Research Institute (NAGTRI) program counsel, where she coordinates and conducts trainings on an array of topics, develops relationships with key stakeholders to achieve the objectives of NAGTRI and attorneys general offices, conducts research, and writes and edits related publications. She is the NAGTRI liaison to the NAAG Midwest Region and also assists with organizing many of NAGTRI's international programs.