Overview of Successes and Outcomes from CDC’s Prevention for States (PfS) Program Evaluation

CDC’s Prescription Drug Overdose: Prevention for States (PfS) program funded state health departments to prevent prescription opioid overdoses.

Cohort 1 included 16 recipients funded in 2015, and Cohort 2 included 13 recipients funded in 2016, as shown in the Prevention for States Program Cohorts map. Recipients were selected based on the burden of opioid overdose experienced in their state. PfS ended in Fall 2019 for all recipients (n=29). This document summarizes PfS program strategy evaluation findings.

Evaluation data included in this report came from 2016-2019 annual progress reports submitted by state health department staff and the IQVIA Xponent dataset.
Applying Pfs Strategies Resulted in Notable Successes

The four prevention strategies highlighted below were identified by CDC and included in the Pfs notice of funding opportunity. Pfs funded recipients were required to implement the first two strategies, and implementation of the remaining two was optional.

<table>
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<th>STRATEGY</th>
<th>EXAMPLE ACTIVITIES</th>
<th>SUCCESSES</th>
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| Enhance and maximize a state prescription drug monitoring program (PDMP). | • Improve universal registration and use of PDMPs.  
• Facilitate use of and access to PDMPs.  
• Improve timeliness of PDMP data.  
• Expand and improve proactive reporting of PDMP data.  
• Conduct surveillance with PDMP data and publicly disseminate surveillance reports. | • Established and strengthened partnerships to support monitoring of prescriber and dispenser practices.  
• Improved coordination with state stakeholders working to reduce prescription opioid misuse.  
• Enhanced data quality for long-term public health efforts. |
| Implement community or insurer/health system interventions to prevent prescription drug overdose and abuse. | • Identify and provide technical assistance to disproportionately affected communities.  
• Implement or improve opioid prescribing interventions for insurers, health systems, or pharmacy benefit managers.  
• Enhance uptake of evidence-based opioid prescribing guidelines. | • Made local data available to communities to improve overdose prevention efforts.  
• Integrated multiple data sources—such as toxicology data, medical examiner’s data, and emergency medical services data—to create more comprehensive surveillance systems to better understand the various drivers of the overdose epidemic.  
• Built infrastructure for and collaborations between local community groups. |
| Conduct a rigorous evaluation of a law, policy, or regulation to prevent prescription opioid misuse or overdose. | • Evaluate Good Samaritan Laws.  
• Monitor PDMP adherence.  
• Assess naloxone standing orders. | • Educated key stakeholders involved in policy decision-making to leverage key partnerships.  
• Formed new working relationships with key partners to develop long-standing collaborations.  
• Acquired data from multiple sources, providing a more comprehensive understanding of the impact of policies on preventing opioid overdose. |
| Develop and implement rapid response projects. | • Establish partnerships with external organizations.  
• Provide resources to communities and external organizations such as implementing overdose fatality reviews.  
• Expand access to harm reduction services.  
• Create connections between sectors. | • Increased access to data (ex. EMS and state laboratory) to assess changes in overdoses.  
• Expanded data-driven decision-making to focus efforts in disproportionately affected communities.  
• Expanded access to training and naloxone distribution to prevent fatal opioid overdoses. |
Common Challenges

Evaluation findings highlighted common challenges to implementing the PfS program strategies, which included:

- Securing and maintaining skilled and experienced staff with the capacity to implement prevention strategies.
- Contracting challenges, such as delays with external vendors and contracts with subgrantees.
- Legal hurdles, such as delays in implementation of data use agreement/memorandum of understanding, and legal barriers to data sharing.
- Technological hurdles, such as system interoperability issues and PDMP vendor changes (e.g., communication across different technology platforms).
- Community resistance and stigma associated with various routes to recovery from opioid use disorder.

PfS Recipients Experienced Improvements in Opioid Prescribing Patterns

IQVIA\(^1\) prescribing data from 2014 to 2019 demonstrated that PfS recipient states experienced decreases in morphine milligram equivalents (MME) per capita and high-dose prescribing rates per 100 residents.

PfS Impacts

Overall, PfS activities established and strengthened key partnerships that can support program goals, such as reducing the burden of opioid overdose morbidity and mortality. PfS activities, which maximized the utility of state PDMPs and implemented health system interventions, were associated with reductions in high-dose opioid prescribing. The improvements in opioid prescribing practices have the potential to reduce overdose related deaths. Future efforts to improve prescribing may reduce the number of people exposed to opioids and the number of people at increased risk for overdose or opioid use disorder.

\(^1\)IQVIA Xponent is based on a sample of 49,900 retail pharmacies, which dispense approximately 92% of all retail pharmacy prescriptions in the United States.