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The National Organization of Alternative Programs Core Measures Set (NOAP-CMS) for Regulatory Substance Use Disorder Monitoring Programs

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Recognition: This project was designed to replicate the National Institute on Drug Abuse (NIDA) Core Outcomes Set for research on the Treatment of Opioid Use Disorder (COS-OUD). The methodology and findings report closely mirrors that of the NIDA project. A special thanks to Dr. Niranjana S. Karnik for providing resources and guidance.

For more information on the e-Delphi methodology refer to the NIDA study protocol and related links [Core outcomes set for research on the treatment of opioid use disorder \(COS-OUD\): the National Institute on Drug Abuse Clinical Trials Network protocol for an e-Delphi consensus study - PMC \(nih.gov\)](#)

Introduction

Alternative to Discipline (ATD) substance use monitoring programs began to be utilized by state nursing boards in the early 1980s. The adoption of an alternative to discipline approach to substance misuse was primarily driven by the recognition of substance use disorder (SUD) as a clinically defined disease, the need to retain skilled nursing professionals, and the realization that public protection was best served when nurses were provided an opportunity for monitored rehabilitation.

Today approximately 42 states have ATD programs in place (as found on the National Council of State Boards of Nursing website). While all have public safety as their primary mission, they take on various forms (compliance focused, peer assistance, health promotion) and have unique relationships with their oversight boards. In addition, state laws and regulations may have significant influence on program structure and policies. The term “monitoring programs” will be used to describe all program iterations.

This wide variation has given root to a common description of ATD programs – “When you have seen one program, you have seen one program”. The common thought is that adoption of best practices and increased standardization across programs will result in better public protection and outcomes (e.g., return to practice and graduation rates). However, without a common language and a shared set of metrics ongoing evaluation and quality improvement has stalled. A literature review found scant comparable research on which to begin building a core performance measures set. In this context a core measures set is defined as “the minimum set of measures that are judged to be most important for program efficacy and should be included in program evaluations and comparison studies”.

In 2011, the National Council of State Boards of Nursing (NCSBN) published *Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*. This remains the primary guidance for nursing ATD and discipline monitoring programs. Recently the NCSBN has taken additional steps by publishing a study assessing program characteristics and completion rates (Smiley), along with a companion paper on the components of state ATD programs (Russell). While the NCSBN resources are of value they suffer a glaring weakness. The inability to conduct strong comparative research and measure outcomes to identify best practices.

The value of Peer Assistance Programs (PSA) is also recognized. PSA programs are typically associated with state nursing associations. PSAs provide peer support services to nursing boards and a “safe haven” for nurses who may be struggling. It is not in the scope of this project to recognize specific performance measures for PSAs.

This project will begin the process of developing formalized guidance on program performance evaluation. Creating a core set of performance measures to be used both internally and comparatively between programs. Adoption of a common set of program measures and shared language will begin to establish informed baselines, mutually accepted best practices, and enhance the standing of ATD programs.

Some ATD and regulatory monitoring programs that serve the nursing profession also serve healthcare professionals (physicians, pharmacists, etc.) in addition to nurses. Therefore, the application of the core performance measures identified in this paper may be applied to other professions as determined by the individual program.

Aims and Research Questions

There is an identified gap in ATD monitoring program's ability to evaluate performance. The project aim is to develop the National Organization of Alternative Programs (NOAP) substance use disorder monitoring program core performance measures set. In addition, the hope is that this project will serve as a springboard to further research, analysis, and coordination between regulatory substance use disorder monitoring programs.

The primary questions this project seeks to address are:

1. What are the core constructs or domains to be included in the CMS?
2. What are the differences in priority and perspective between oversight boards?
3. What measures are rated most important?
4. How should measures be best defined and captured?

Method

This project replicated the modified e-Delphi methodology used in NIDA's Core Outcomes Set for Research on the Treatment of Opioid Use Disorder (Karnik). The process is outlined as follows:

Panel membership and recruitment

A subject matter expert panel was recruited by reaching out to all monitoring programs listed on the National Council of State Boards of Nursing program locator tool [Alternative to Discipline Programs | NCSBN](#) . A total of 16 managers and case managers from 15 programs volunteered to participate in the project.

Assessing domains of measurement

In addition to specific items that have the potential to serve as core measures, broad domains of program function were identified to help define the primary functions of regulatory monitoring programs and contextualize the core measures set.

This was accomplished by reviewing mission statements posted on program websites and identifying common domains. The following common domains were identified:

1. Patient/public safety
2. Intervention and referral to treatment
3. Monitoring and case management
4. License retention and return to practice
5. Outreach and education

Survey process and evaluation

A set of 32 initial measures for consideration were identified by reaching out to monitoring programs asking them to share their performance measures. A series of three surveys were sent to the panel members allowing for two weeks to complete each survey. Panel members ranked the importance of each measure on a 1–9 scale (1–3 rated “not important for inclusion”; 4–6 rated “important but not critical”; 7–9 rated “critical for inclusion”). To move to the next survey round at least 70% of the panel must score a measure between 7 and 9, and fewer than 15% score it 1–3. Panel members were also able to recommend additional measures for consideration throughout the survey process.

The panel reviewed the final set of measures and discussed these during two on-line consensus meetings. Feedback was incorporated into the final core set operational description for each measure.

The initial survey along with the set of 32 initial measures for consideration can be found here:

[NOAP Core Measures Set Project \(jotform.com\)](https://www.jotform.com)

Results

At the end of the third survey 16 measures attained consensus. These items and the overall results of survey 3 were brought forward to the panel for review and discussion. In addition to individual measure strength the panel was asked to consider the following administrative issues:

- Excess number of measures may hinder universal adoption.
- Consider the administrative burden attached to each measure.
- Current lack of an agreed upon, shared database may limit core measures to those where general consensus already exists.
- The existence of varied policies, definitions, and analytics among programs will require further work to fully integrate any recommendations.
- Be aware of individual board philosophies and potential reticence to engage in coordinated activity.

The NOAP-CMS measures were finalized with feedback from the expert panel and NOAP Research Committee. For the NOAP-CMS nine measures were selected – two patient/public safety; two intervention and referral to treatment; three case management; and two return to practice. No measures reached consensus under the outreach and education domain.

Core Measures Set and Definitions		
Domain	Measure	Definition
Patient/public safety	Practice oversight	Clients are removed from practice due to safety concerns within established timeframes.
	Contract non-adherence reports	Board reports (contract non-adherence) are completed within established time frames.
Intervention and referral to treatment	Intake completion	The amount of time between initial client/program interaction and intake completion is completed within established time frames.
	Care engagement	Effective tracking of client engagement in care activities e.g., treatment, peer support, and self-help (may include both substance use and mental health) attendance.
Monitoring and case management	External service coverage	Sufficient statewide service coverage - collection sites, evaluation & treatment services, peer support groups, specialty services (e.g., psychiatry, pain management).
	Toxicology testing	Positive drug tests and anomalies (e.g., missed check-ins, dilutes) are addressed within established time frames.
	Client feedback	Evaluating program satisfaction with client satisfaction surveys, exit surveys, and community/key stakeholder satisfaction surveys.
License retention and return to practice	Clients actively practicing	Delineating the number, return time frames, and practice areas of clients who successfully return to practice.
	Graduation numbers	Program completion rates by license type, diagnosis, and practice specialty.

Discussion

The NOAP-CMS project is the first of its kind effort to invite all state monitoring programs to participate in a structured self-reflection and begin the effort to chart a path forward. The immediate success was creating the opportunity for monitoring programs to freely interact and establish working relationships.

The e-Delphi ordinal ranking method and consensus deliberations presented challenges to the panel. The process drew many reactions such as “all of these measures are important” and the converse “We do report on many of these measures but mostly because our board requests the numbers”.

During final discussions the panel continued to struggle to 1) identify the “core” measures that address the defining functions of a regulatory monitoring program (necessary for the adoption of best practices), 2) develop measures that would convey something more meaningful than just numbers, and 3) envision how currently used and proposed measures would drive improvement actions. This is demonstrated by the lack of consensus on the outreach and education domain measure. The general feeling was “We provide presentations and report the numbers, but we have no idea whether these result in increased referrals”.

We feel the NOAP-CMS reflects a strong effort to define the core functions and measures of nurse-centric regulatory monitoring programs as they stand today. That said, we acknowledge the measures and definitions remain somewhat vague yet reflect our effort to begin working from consensus. Work remains on coming to consensus on data capture, accounting for policy variations (e.g., three-year vs five-year programs), agreeing on common definitions (what constitutes “relapse” and how is it defined – a clinical or policy definition).

It is our hope that in time a consolidated database and crosswalks can be created to establish data capture consistency and a research well. This would require a coordinated stakeholder effort (monitoring programs, disciplinary boards, third party administrators, etc.) along with funding.

For the time being this study will strengthen the ability of NOAP, monitoring programs, and regulatory boards to begin taking their place as drivers in advancing knowledge and establishing true best practices. It is evident that there is much work to do and NOAP invites all stakeholders and interested parties to participate.

Contact NOAP

NOAP welcomes all questions and comments regarding this paper, further research, and the association – inquiries can be sent to

administration@alternativeprograms.org

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