Medical Countermeasure Distribution and Dispensing Composite Measure

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Medical Countermeasure Distribution and Dispensing (MCMDD) Capability

- Mitigation of public health threat depends on the outcome of multiple processes.

- Goal of achieving countermeasure distribution requires:
  - coordinated response between state and local jurisdictions
  - cooperation of activities and performance at multiple levels

- Need to improve collection of representative data and value of the existing indicators.
Capability Assessment

- Previously defined by individual components
  - Technical Assistance Reviews, Drill Submissions, Exercise After Action Reports

- Limits to ability to apply data for collective assessment of distribution and dispensing functions at project areas and CRI levels

- Need to narrow gaps in performance at state and local levels, i.e. distribution and dispensing

- A composite measure improves collective assessment of functional activities and capabilities
Countermeasure Response Composite Considerations

- Individual state and local indicators often insufficient to measure capabilities of PHEP-funded project areas
- Multiple jurisdictions contribute to overall performance
- Current assessment defined by planning and operational components
- Be able to use existing indicators to define collective view of project area
- Maintain ability to define and assess program level functions by jurisdictional planning levels
Existing Tools and Measures

- **Technical Assistance Reviews**
  - State (Distribution) and local/Cities Readiness Initiative (Dispensing)
  - Annual requirement

- **Drills**
  - Eight (8) standardized tools
  - Three (3) performed per planning jurisdiction
  - Annual requirement

- **Exercise**
  - Distribution and Dispensing focus
  - Annual requirement

- **Programmatic Standards**
  - Point of Dispensing (POD) Standard (2008)
  - Annual application requirement
  - Distribution Standards* new to 2011-2012

* Release Date Summer 2011
## Capability Assessment Tools
### PHEP History

<table>
<thead>
<tr>
<th>BP</th>
<th>TARs-Planning</th>
<th>Drills and Ex</th>
<th>Standards</th>
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<td><strong>State, 4 directly funded localities (DFL) – 1 Distribution</strong> FSE in 5yrs</td>
<td><strong>Distribution Standards</strong> <strong>- Data submission</strong></td>
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Building a Countermeasure Response Capability Composite Indicator

**Distribution Component**

- **Planning Distribution**
  - 100 pts Max
  - State/DFL/Island TAR

- **Operational**
  - 100 pts Max
  - Exercise
    - Distribution AAR and Data (50 pts)
  - Distribution Standards
    - Distribution AAR and Data Submission (50 pts)

**Dispensing Component**

- **Planning Dispensing**
  - 100 pts Max
  - Local/DFL/Island TAR

- **Operational**
  - 100 pts Max
  - Drill Submission (3 required)
    - Submission (25pts)
  - Drill Measures (3 required)
    - Data (25pts)
  - POD Standards
    - Operational Data Submission (25 pts)
  - Exercise
    - Dispensing AAR and Data (25 pts)

\( \bar{x} = \text{mean} \)
Overall MCMDD Composite Measure
Island/Territorial

- Overall MCMDD Composite Benchmark BP1 = 25
- Minimum annual performance requirement for TAR and 3 drills
- All submitted activities will contribute to overall composite score
- Exercise performance is optional

* New to 2011-2012
Overall MCMDD Composite Measure
Directly Funded Localities

- Overall MCMDD Composite Benchmark = 46
- Minimum annual performance requirement for TAR and 3 drills
- All submitted activities will contribute to overall composite score
- Exercise score credit maintained once performed
Overall MCMDD Composite Measure

State

Distribution Composite

Overall CRI

Dispensing Composite*

\[ \bar{x} \]

100 pts Max

• Exercise Distribution

• Distribution Standards

100 pts Max

Local TARs

100 pts Max

• Drill Submission (3 required)
• Drill Measures (3 required)
• POD Standards
• Exercise Dispensing

100 pts Max

* Public Health system dependent

• Overall MCMDD Composite Benchmark = 43
• Minimum annual performance requirement for TAR and 3 drills per planning jurisdiction
• All submitted activities will contribute to overall composite score
• Exercise score credit maintained once performed
• An overall state composite score will only contain elements from jurisdictions within that state
Cities Readiness Initiative Areas Dispensing Capabilities

- CRI areas are defined by single or multiple planning jurisdiction organization

Overall CRI Dispensing Composite

1. CRI$_1$
   - CRI$_1$ Planning Jurisdiction
   - Dispensing Planning
   - Operational

2. CRI$_2$
   - CRI$_2$ Planning Jurisdiction 1
   - Dispensing Planning
   - Operational
   - CRI$_2$ Planning Jurisdiction 2
   - Dispensing Planning
   - Operational
Example Composite Score Calculation
Based on minimum performance of state and local TARs and drill submission

\[ \bar{x} = 49.5 \]

\[ \text{State Composite} = 39.5 \]
\[ \text{State TAR} = 79 \]
- Distribution Standards (0)
- Exercise (0)

\[ \text{Local Composite} = 59.5 \]

\[ \text{CRI}_1 \text{ Composite} = 59.5 \]
\[ \text{CRI}_n \text{ Composite} = 59.5 \]

\[ \bar{x} = 59.5 \]

\[ \text{Local TAR}_{1a} = 69 \]
- Drill Submission (25)
  - Drill Metrics (25)
  - POD Standards (0)
  - Exercise (0)

\[ \bar{x} = \text{mean} \]
MCMDD Composite Strategy Benefits

- Realigns view of overall capability to match response expectations
- Provides a collective assessment of dependent processes
- Improves ability to identify gaps to better meet functional area needs
- Allows for collection of standardized data to measure operational processes
- Maintains ability to deconstruct performance down to individual jurisdictions
MCMDD Composite Strategy Summary

- Provides a better representation of overall project area performance and capability
- Includes contributions from distribution and dispensing
- Utilizes existing performance expectations, measures and tools
- Benchmarks established using existing PHEP requirements and thresholds
- Exercise requirements aligned to assist in HSEEP* multiyear capability building process standards

* Homeland Security Exercise and Evaluation Plan
Questions?

For more information please contact Centers for Disease Control and Prevention

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Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov  Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.