

## Attachment XXX: Feasibility Assessment of Health Systems Survey

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### INTRODUCTION

The Centers for Disease Control and Prevention (CDC) is conducting a study to understand the effect of guidelines related to chronic pain management, opioid prescribing or medication-assisted treatment (MAT) for opioid use disorder (OUD) implemented in health systems on key outcomes. For this study, we are seeking to identify systems who HAVE adopted and/or implemented these types of guidelines AND have available secondary or structured data to access the effect on key outcomes of interest.

You are receiving this survey as an AMGA member health system. Thank you in advance for completing this survey and considering participation in this larger study.

Before launching the survey, here are a few things to keep in mind:

- The survey is voluntary.
- This should take no more than 25 minutes to answer; however, one individual in your system may not know all the answers readily. For a print version to review answers before responding to the survey [[click here](#)].
- We are specifically interested in primary care.
- If you participate, you do not have to answer every question. You can also stop answering questions at any time.
- Your answers to this survey will be kept confidential and secure.

Would you like to continue with the survey?

- Yes
- No → GO TO END

## QUESTIONS

### Health System & Primary Care Practice Characteristics

1. What is your health system's name? \_\_\_\_\_
  
2. What is your organizational structure?
  - Independent multi-specialty medical group
  - Independent multi-specialty medical group with health plan
  - Integrated delivery system (with hospitals)
  - Integrated delivery system (with hospitals) and health plan
  - Other \_\_\_\_\_
  
3. In what state(s) is your system located for which you are answering the questions about primary care practices?
  
4. How many total primary care **unique practices** are there in your system?
  
5. How many primary care provider (PCP) FTEs, include MD, DO, APP/APC, does your system employ (or contract on behalf of)?
  - 1 - 49
  - 50 - 149
  - 150 - 249
  - 250 - 499
  - 500 - 999
  - 1,000 or more
  
6. What is the average number of patient visits per full day per primary care provider?

### Primary Care Providers' Opioid Practices

7. Do most primary care providers (PCPs) in your system prescribe opioids for patients with chronic pain?
  - Yes
  - No, most patients are prescribed opioids by pain specialists
  - No, other reason [please specify] \_\_\_\_\_
  - Don't know

8. What proportion of your primary care practices have at least one provider who can prescribe buprenorphine and Suboxone® as medication-assisted therapy (MAT) for OUD (i.e., X-waivered or DATA2000 waiver)?
- None
  - < 10%
  - 10-25%
  - 26-49%
  - > 50%
  - Don't know
9. Please indicate if your health system has the following specialties to refer patients with pain to WITHIN your system (check all that apply).
- pain management
  - addiction specialists
  - behavioral health (other than addiction medicine)
  - non-pharmacological therapy providers (e.g., acupuncture, physical therapy, chiropractic)
10. Has your system conducted an opioid-related quality improvement initiative or effort in the past 2 years?
- Yes
  - No

## Guidelines and Recommendations Related to Chronic Pain, Opioids and MAT

11. Has your system adopted or implemented *any* guidelines, or other forms of guidance related to chronic pain management, opioid prescribing or medication-assisted treatment (MAT) for opioid use disorder (OUD)?
- Yes
  - No (skip to end)
12. For which areas has your system adopted or implemented guidelines, recommendations, or other forms of guidance?
- Chronic pain management
  - Opioid prescribing
  - Medication-assisted treatment (MAT) for opioid addiction/opioid use disorder
  - Other [please specify] \_\_\_\_\_

13. The following ask about guidelines, guidance or recommended practices that your system’s primary care practices may have adopted. ***If you do not know the answers precisely about your system, please make your best guess.***

Focus of guidelines/ recommendations	Check if applicable	When established/ adopted? (month, year)	What proportion of primary care providers are following them?	Do structured data exist for measuring compliance with this guideline?
Limit days’ supply of new opioid prescription for acute pain  [SAMPLE RESPONSE OPTIONS]	X	January 2017	<ul style="list-style-type: none"> <li>• All</li> <li>• Most</li> <li>• Some</li> <li>• Few</li> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Yes, structured data available</li> <li>• Yes, structured data available and we measure</li> <li>• No</li> <li>• Don’t know</li> </ul>
Check prescription drug monitoring program (PDMP) before prescribing opioids and periodically after				
Use “treatment agreement” or “pain contract” with patients on opioids				
Conduct urine drug test of patients before prescribing opioids				
Conduct urine drug test of patients on opioids long-term, at least annually				
Starting opioid therapy with ONLY immediate-release opioids				
Prescribe opioids at lowest effective dose				
Discuss risks and benefits of opioid therapy with patients				
Avoid co-prescribing of opioids and benzodiazepines (or other sedatives)				
Document patients’ co-occurring behavioral or mental health conditions				
Assess patients with pain and their function at least every 6 months				
Assess pain patients’ quality of life periodically				
Have a clear diagnosis for patients’ chronic pain				
Assess patients’ current and past use of benzodiazepines, other sedatives, and/or controlled substances				
Assess patients’ current and past use of alcohol and/or illicit drugs				

Ask patients and/or document their depression and anxiety scores (such as PHQ or GAD scores)				
Use a standard screening process or tool to assess patients' risk of atypical drug-related behaviors				
Calculate patients' daily opioid dosage in mg morphine equivalents				
Use non-opioid pain treatment options (e.g. NSAID's) as first-line therapy				
Use and refer patients to non-pharmacologic therapies for pain				
Counsel patients on the purpose and use of naloxone (Narcan/Evzio)				
Prescribe naloxone to patients who are at high risk of overdose or on opioids				
Assess if risks of high dosage opioids outweigh benefits (dashboard, BPA, etc.)				
Refer patients to pain management or pain specialists				
Assess/screen patients for opioid use disorder (OUD)				
Prescribe medication-assisted treatment (MAT)—(e.g., Suboxone, buprenorphine, methadone, Vivitrol-- for patients with OUD				
Refer patients to addiction treatment or specialists				

## How Guidelines and Recommendations were Implemented

14. Which strategies/approaches<sup>1</sup> are used or have your system used to encourage compliance with any of the guidelines and recommendations listed above in primary care practices? Check all that apply.
- Disseminated guidelines or recommendations to providers or staff
  - Provided education or training to providers or staff (e.g. academic detailing)
  - Assessed/redesigned workflows
  - Created/used templates in the EHR
  - Created/used order sets in the EHR
  - Created/used alerts in EHR prescribing system
  - Used auto-populating fields (e.g., days' supply) in prescribing system
  - Used other clinical decision support tools in EHR

<sup>1</sup> Shoemaker-Hunt SJ. (December 2019). Issue Brief: Implementation Research to Understand Effective Approaches to Opioid Management in Health Systems. AcademyHealth. Available at : <https://www.abtassociates.com/files/Insights/reports/2019/issuebriefshoemakerhuntoioidimplementationresearchdec2019.pdf>

- Used standardized forms
- Built/used registry of patients with chronic pain or taking opioids
- Used academic detailing strategies
- Conducted formal quality improvement (QI) initiative
- Formed a committee or working group
- Practiced facilitation, coaching or support
- Used measures and monitoring
- Audited and provided feedback to providers (e.g., dashboard)
- Other [please describe] \_\_\_\_\_

## Available Secondary Data (business analytics/IT analytics)

15. What data sources does your system have access to [check all that apply]?

- EHR data
- e-Prescribing data
- Pharmacy dispensing data
- Outgoing claims
- Adjudicated medical claims
- Adjudicated pharmacy claims

16. Which of the following utilization and outcome data do you have for your patients?

- Emergency department visit
- Hospital admission
- Overdose (reversed)
- Overdose death
- Suicide
- Death (any cause outside of system)
- Death (any cause within system)
- Other (*ADD based on AMGA analysis of Optum data*)

17. Does your health system participate in risk contracts (e.g., ACO, MSSP, CPC+) that involve primary care patients?

- Yes. If yes, what percentage of primary care patients are under risk contracts (if known)? \_\_ [XX %]
- No
- Don't know

## Electronic Health Record

18. Which electronic health record (EHR) system do your primary care practices use?

Vendor Name \_\_\_\_\_

Date/Version \_\_\_\_\_

19. How long has your system used this EHR (from Q18) in your primary care practices?

- < 1 year
- 1-2 years
- 2-3 years
- >3 years

20. Does your health system have an opioid/pain management module?

- Yes
- No
- Don't know

21. Are all of your primary care practices on the same EHR system?

- Yes
- No
- Don't know

22. Is your hospital and/or ED on the same EHR system as your primary care practices?

- Yes
- No
- Don't know

23. Are there any planned or scheduled changes or significant version upgrades to these EHR systems?  
(e.g., a new vendor, or major version upgrade that will require significant IT preparation and effort)

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24. Can your health system pull reports (extract data) centrally from your primary care practices' EHRs?

- Yes
- No
- Don't know

25. Does your EHR system capture diagnosis with prescriptions?

### Interest in Participating in Study

26. Would your system be interested in participating in the study to examine the effect of implemented opioid-related guidelines on key outcomes of interest with monetary remuneration for some of the costs involved in pulling data (up to \$30K)?

- Yes, very likely
- Yes, potentially
- No
- Don't know

27. Please provide the name and contact information for whom we should contact to follow-up on potential participation.

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### Respondent information

28. What is your role in your health system?

29. Which state(s) are you located in?

**THANK YOU FOR YOUR TIME TODAY**

FOR FURTHER INFORMATION ABOUT THIS STUDY, PLEASE CONTACT....