Form Approved
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*Evaluating and Implementing the Six Building Blocks Team Approach to Improve Opioid Management in Primary Care*

Attachment A

**Clinical Staff Survey**

Version: December 12, 2019

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

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## Individual Characteristics

1. What is your primary role in this clinic (select ONE answer)?
* Primary care provider (MD, DO, NP, PA)
* Registered nurse (RN)
* Licensed practical nurse (LPN or LVN)
* Medical assistant (MA)
* Pharmacist
* Behavioral health provider (e.g., psychologist, psychiatrist, mental health counselor)
* Social worker (LCSW)
* Community health worker or patient navigator
* Administrative or clinical support staff (e.g., front desk staff)
* Clinic administrator (e.g., practice manager)
* Physical therapist
* Occupational therapist
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How long have you worked in your current position?
* Less than one year
* 1-5 years
* More than 5 years

## Clinic Environment and Burnout

The following questions ask about the working environment in your clinic, how your clinic addresses change, and burnout or stress from work.

1. Please indicate how strongly you agree or disagree with the following statements regarding your clinic:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Unsure** |
| Mistakes have led to positive changes here. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| I have many opportunities to grow in my work. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| People in our practice actively seek new ways to improve how we do things. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| People at all levels of this office openly talk about what is and isn't working. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Leadership strongly supports practice change efforts. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| After trying something new, we take time to think about how it worked. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Most of the people who work in our practice seem to enjoy their work. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| It is hard to get things to change in our practice. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| This practice is a place of joy and hope. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| This practice learns from its mistakes. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Practice leadership promotes an environment that is an enjoyable place to work. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| People in this practice operate as a real team. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| When we experience a problem in the practice we make a serious effort to figure out what's really going on. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Leadership in this practice creates an environment where things can be accomplished. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |

1. Overall, based on your definition of burnout, how would you rate your level of burnout? Please select one.
	* I enjoy my work. I have no symptoms of burnout.
	* Occasionally I am under stress, and I don’t feel I always have as much energy as I once did, but I don’t feel burned out.
	* I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
	* The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.
	* I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
2. In the last month, how much did caring for of patients with chronic pain who are on long-term opioid therapy contribute to your overall level of stress at work? (please select one):
	* Not at all
	* Very little
	* Somewhat
	* Moderately
	* Extremely

## Care Provided to Patients on Long-Term Opioids

1. In the last month, about how often did you participate in caring for patients with chronic pain on long-term opioid therapy?
* Always
* Often
* Sometimes
* Rarely
* Never 🡪 GO TO END
1. When caring for patients with chronic pain on long-term opioid therapy the last month, about how often did you participate in these specific aspects care?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| Asking patients to sign a patient agreement/contract. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Discussing risks and benefits of opioid therapy with patients. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Developing a treatment agreement (e.g., opioid contract) in collaboration with patients. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Documenting patients’ co-occurring behavioral or mental health conditions. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Assessing patients’ pain and function. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Assessing patients’ quality of life. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Having a clear diagnosis for patients’ chronic pain. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Assessing patients’ current and past use of benzodiazepines, other sedatives, and/or controlled substances. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Assessing patients’ current and past use of alcohol or illicit drugs. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Asking patients and/or documenting their depression and anxiety scores (such as PHQ-9 or GAD scores). | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Using a standard screening process or tool to assess patients’ risk of atypical drug-related behaviors. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Assessing patients for opioid use disorder. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| For patients with opioid use disorder, referring to or treating them with medication assisted treatment (MAT). | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Calculating patients’ daily opioid dosage (in morphine equivalents). | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Checking patients’ records in the Prescription Drug Monitoring Program (PDMP). | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Administering or ordering urine drug tests on patients. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Interpreting urine drug test results | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Referring patients to non-pharmacologic therapy for pain. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Counseling patients on the purpose and use of naloxone (Narcan/Evzio). | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Prescribing patient or referring patients for naloxone (Narcan/Evzio). | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |

## Opioid Prescribing

1. Are you licensed to prescribe opioids?
* Yes
* No 🡪 GO TO #11
1. In the last month, have you prescribed opioids to patients with chronic pain?
* Yes
* No 🡪 GO TO #11
1. In the last month, approximately how many patients with chronic pain did you prescribe opioids for?
* 1 patient
* 2-5 patients
* 6-10 patients
* 11-20 patients
* More than 20 patients
1. Have you signed up with the state Prescription Drug Monitoring Program (PDMP)?
* Yes, as a prescriber
* Yes, as a delegate
* No
* Not applicable
* Don’t know
1. Are you waivered to prescribe buprenorphine to patients with opioid use disorder?
	* Yes
	* No 🡪 GO TO #14
2. In the last month, have you prescribed buprenorphine to patients with opioid use disorder?
	* Yes
	* No

## Confidence in Caring for Patients with Chronic Pain

1. On a scale from 1 to 5, how **confident are you in your** **care team’s ability** to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1(Not at all confident) | 2 | 3 | 4 | 5(Very confident) |
| Provide care according to guidelines and regulations to patients with chronic pain on long-term opioid therapy? | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |

1. [**Only for providers- Response to #1 = “Primary care provider”**] On a scale from 1 to 5, how **confident are you in your ability** to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1(Not at all confident) | 2 | 3 | 4 | 5(Very confident) |
| Prescribe opioids to patients with chronic pain in accordance with guidelines and regulations.  | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Monitor patients with chronic pain on long-term opioid therapy according to guidelines and regulations. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Diagnose co-occurring behavioral or mental health conditions among patients with chronic pain on long-term opioid therapy. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Develop a taper plan collaboratively with the patient when appropriate. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Engage in difficult conversations with patients (e.g., tapering, urine drug test or PDMP results).  | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Identify patients with chronic pain on long-term opioid therapy who are misusing opioids. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Diagnose opioid use disorder (OUD) among patients with chronic pain on long-term opioid therapy. | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |
| Prescribe patients medication-assisted treatment (MAT) like buprenorphine/naloxone or naltrexone  | ⚪ | ⚪ | ⚪ | ⚪ | ⚪ |

## Clinic-Level Policies and Practices Related to Opioids

1. Does your clinic have standardized policies related to providing care for patients with chronic pain on long-term opioid therapy?
	* Yes
	* No
	* I don’t know
2. Does your clinic have a standardized treatment agreement (pain contract) for patients with chronic pain on long-term opioid therapy?
	* Yes
	* No
	* I don’t know
3. Does your clinic have electronic health record tools (e.g., templates, alerts, clinical decision-support tools) to support care for patients with chronic pain on long-term opioid therapy?
	* Yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* No
	* I don’t know
4. Does your clinic use a registry or other tracking system to help care for patients with chronic pain on long-term opioid therapy?
	* Yes
	* No
	* I don’t know
5. Does your clinic use regular reports to monitor patients on opioids?
	* Yes
	* No 🡪 GO TO #22
	* I don’t know 🡪 GO TO #22
6. What measures are included in the reports? [check all that apply]:
	* Number of patients on long-term opioid therapy
	* Patients’ opioid dosages (e.g., Morphine Equivalent Dose)
	* Prescription refills
	* Patient pain and function (e.g., PEG scores)
	* Self-reported quality of life
	* Date of last urine drug test
	* Date of last Prescription Drug Monitoring (PDMP) check
	* Co-prescribing of benzodiazepines
	* Whether treatment/pain agreement is up-to-date
	* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. In the last 6 months, have there been any changes in your clinic related to caring for patients with chronic pain on long-term opioid therapy?
	* Yes
	* No 🡪 GO TO #26
	* I don’t know 🡪 GO TO #26
8. Please describe the changes your clinic has made in the last 6 months related to caring for patients with chronic pain on long-term opioid therapy.

[INSERT TEXT BOX]

1. In the last 6 months, have these changes impacted your day-to-day work with patients with chronic pain on long-term opioid therapy?
	* Yes
	* No 🡪 GO TO #26
	* I don’t know 🡪 GO TO #26
2. How have these changes impacted your day-to-day work with patients with chronic pain on long-term opioid therapy?
	* Positively
	* Somewhat positively
	* Neither positively or negatively
	* Somewhat negatively
	* Negatively

## Challenges

1. In the last 6 months, which of the following made it difficult for you to provide care aligned with current guidelines and regulations for patients with chronic pain on long-term opioid therapy? Please check all that apply.
	* + Insufficient time in office with patients with chronic pain
		+ Patient resistance to considering changes to opioid prescriptions
		+ Poor or limited tools within the electronic health record (EHR)
		+ Limited access to non-opioid or non-pharmacological therapies
		+ Poor or no coverage of non-pharmacologic therapies by insurance
		+ Limited access to medication-assisted treatment (MAT) for opioid use disorder
		+ Other providers abandoning patients on long-term opioids
		+ Working with new patients already on opioids long-term
		+ Limited confidence/experience in having difficult conversations with patients
		+ Patients turning to illicit opioids
		+ Not knowing if and/or when a patient overdosed on opioids
		+ Social determinants of health factors (such as poverty, food insecurity, homelessness) affecting patients
		+ Too many other initiatives taking place that compete for time and/or resources
		+ Not enough resources to change my practice
		+ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there anything else that would be helpful to understand about your experience providing care to patients on long-term opioid therapy?

[INSERT TEXT BOX]

END OF SURVEY

Thank you for completing this survey! Your input is greatly appreciated!!

[\*POTENTIALLY ASK EMAIL ADDRESS FOR GIFT CARD]