

*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

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Individual Characteristics

1. What is your current position in your clinic? (Select ONE)

- 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 _____

2. 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.

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

4. 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.
5. 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

6. 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
7. 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discussing risks and benefits of opioid therapy with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a treatment agreement (e.g., opioid contract) in collaboration with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documenting patients' co-occurring behavioral or mental health conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing patients' pain and function.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing patients' quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a clear diagnosis for patients' chronic pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing patients' current and past use of benzodiazepines, other sedatives, and/or controlled substances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing patients' current and past use of alcohol or illicit drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking patients and/or documenting their depression and anxiety scores (such as PHQ-9 or GAD scores).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a standard screening process or tool to assess patients' risk of atypical drug-related behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing patients for opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For patients with opioid use disorder, referring to or treating them with medication assisted treatment (MAT).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculating patients' daily opioid dosage (in morphine equivalents).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking patients' records in the Prescription Drug Monitoring Program (PDMP).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administering or ordering urine drug tests on patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting urine drug test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring patients to non-pharmacologic therapy for pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling patients on the purpose and use of naloxone (Narcan/Evzio).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescribing patient or referring patients for naloxone (Narcan/Evzio).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Opioid Prescribing

- 8. Are you licensed to prescribe opioids?
 - Yes
 - No → GO TO #11

- 9. In the last month, have you prescribed opioids to patients with chronic pain?
 - Yes
 - No → GO TO #11

- 10. 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

- 11. 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

- 12. Are you waived to prescribe buprenorphine to patients with opioid use disorder?
 - Yes

No → GO TO #14

13. In the last month, have you prescribed buprenorphine to patients with opioid use disorder?

Yes

No

Confidence in Caring for Patients with Chronic Pain

14. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. [**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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor patients with chronic pain on long-term opioid therapy according to guidelines and regulations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnose co-occurring behavioral or mental health conditions among patients with chronic pain on long-term opioid therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Develop a taper plan collaboratively with the patient when appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in difficult conversations with patients (e.g., tapering, urine drug test or PDMP results).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify patients with chronic pain on long-term opioid therapy who are misusing opioids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnose opioid use disorder (OUD) among patients with chronic pain on long-term opioid therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe patients medication-assisted treatment (MAT) like buprenorphine/naloxone or naltrexone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinic-Level Policies and Practices Related to Opioids

16. 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
17. 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
18. 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
19. 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
20. Does your clinic use regular reports to monitor patients on opioids?
- Yes
 - No → GO TO #22

I don't know → GO TO #22

21. 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): _____

22. 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

23. 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]

24. 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

25. 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

26. 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): _____

27. 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]