

Note: The survey will start with a login page, followed by the Public Burden Statement, Introduction, Consent, and Instructions. Then the survey will begin.

Public Burden Statement: This survey is intended to gather information from National Health Service Corps (NHSC) Clinicians participating in the NHSC Loan Repayment Program. The information gathered will contribute to the Bureau of Health Workforce (BHW) Substance Use Disorder (SUD) Evaluation. 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. The OMB control number for this information collection is 0915-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Introduction/Consent

Thank you for participating in our Survey of National Health Service Corps (NHSC) clinicians! **We value your input.**

Your responses will be kept confidential. For all of the data we collect for analysis, we will use unique survey identifiers, not respondents' names. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, all of the data that are collected will be provided to the Health Resources and Services Administration (HRSA).

Instructions

Please use the "Continue" and "Previous" buttons to navigate through the questions in the survey. You must use the "Continue" button on the screen after you have responded to a question in order for your answer to be saved. **Please do not use your browser buttons.**

To exit the survey at any time, use the "Quit" button at the top of each screen. Using the "Quit" button saves your data and allows you to return to the same location later to complete the survey.

You may work at more than one site. Please provide responses about your experiences at the site where you spend most of your time. If you divide your time equally across sites, please provide responses based on your collective experiences across sites.

You may no longer be participating in the **NHSC program**; in this case, please provide responses about your experiences while you were in the program.

Again, we greatly appreciate your time and participation. Let's get started!

<p>Preload variables required for survey administration: Email Address</p>
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A. Background: First, we would like to know about your current and past experiences with the National Health Service Corps (NHSC).

1. Are you currently participating in the NHSC Loan Repayment Program?

- Yes
- No

2. [ASK IF Q1=NO] Did you previously participate in the NHSC Loan Repayment Program?

- Yes
- No → [TERMINATE AND DISPLAY: Those are all of the questions we have for you. Thank you for your participation!]

3. [ASK IF Q1=YES] Which programs did you participate in prior to your current NHSC Loan Repayment Program?
 Please select **ALL** that apply.

- NHSC Loan Repayment Program (not including the Substance Use Disorder or Rural Community Loan Repayment Programs)
- NHSC Substance Use Disorder Loan Repayment Program
- NHSC Rural Community Loan Repayment Program
- NHSC Scholarship
- State loan forgiveness program
- Qualifying payments toward the Department of Education’s Public Service Loan Forgiveness
- Other: please specify _____
- None [DISALLOW IF ANOTHER OPTION SELECTED]

4. [IF Q1=YES, FILL “HAVE YOU PARTICIPATED;” IF Q2=YES, FILL “DID YOU PARTICIPATE”] How many years in total [have you participated/did you participate] in the NHSC Loan Repayment Program?

- Less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Don’t know

5. [ASK IF Q2=YES] Please tell us the reason why you are no longer participating in the NHSC Loan Repayment Program.
 Please select **ALL** that apply.

- Moved away from an NHSC-designated site
- Was not satisfied with the program
- No longer needed loan repayment assistance
- Other: please specify _____

[IF Q5 IS ASKED, DISPLAY THIS TEXT AND TERMINATE SURVEY: Those are all of the questions we have for you. Thank you for your participation!]

Now we have a few questions about your current position.

6. Did you apply to the NHSC Loan Repayment Program while you were in your current position?

Yes
 No

7. [ASK IF Q6=YES] Would you have remained in your current position if you had not been accepted into the NHSC Loan Repayment Program?

Yes
 No
 Don't know

8. How much has the NHSC Loan Repayment Program affected your decision to stay in your current position?

A lot
 Some
 A little
 Not at all
 Don't know

9. How much has the NHSC Loan Repayment Program affected your decision to continue working in an underserved area?

A lot
 Some
 A little
 Not at all
 Don't know

The next set of questions asks about where you grew up and where you went to school.

10. Where did you consider home when you were ages 10 to 18? Please enter the country and, if the United States, enter the ZIP code or city/state.

Country _____ [DROP DOWN OF COUNTRIES - PROGRAM UNITED STATES AT TOP; IF ANY COUNTRY OTHER THAN UNITED STATES IS SELECTED, SKIP TO Q11]

Enter ZIP code **OR** city/state [ALLOWED IF COUNTRY=UNITED STATES]

ZIP code _____ [QC CHECK: LIMIT TO 5 DIGITS; IF ZIP CODE SELECTED, SKIP TO Q11]

City _____/State_____ [DROP DOWN OF STATES] [IF CITY/STATE SELECTED, SKIP TO Q11]

I moved around a lot [DISALLOW IF COUNTRY, ZIP, OR CITY/STATE ENTERED]

11. Do you have a medical, dental, or graduate degree?

- Yes
- No

12. [ASK IF Q11=YES] Where did you receive your degree(s)?

Medical Degree _____ [DROP DOWN OF SCHOOLS] or Other: please specify _____
 City _____ State _____ [DROP DOWN OF STATES]
 Not applicable

Dental Degree _____ [DROP DOWN OF SCHOOLS] or Other: please specify _____
 City _____ State _____ [DROP DOWN OF STATES]
 Not applicable

Graduate Degree _____ [DROP DOWN OF SCHOOLS] or Other: please specify _____
 City _____ State _____ [DROP DOWN OF STATES]
 Not applicable

13. [ASK IF Q11=YES] Where did you complete your internship or residency?

Medical Residency _____ [DROP DOWN OF RESIDENCIES] or Other: please specify _____
 City _____ State _____ [DROP DOWN OF STATES]
 Not applicable

Dental Residency _____ [DROP DOWN OF RESIDENCIES] or Other: please specify _____
 City _____ State _____ [DROP DOWN OF STATES]
 Not applicable

Other Residency _____ [DROP DOWN OF RESIDENCIES] or Other: please specify _____
 City _____ State _____ [DROP DOWN OF STATES]
 Not applicable

B. Motivation: Now we want to learn about your motivation(s) for participating in the NHSC Loan Repayment Program.

14. How did you become aware of the NHSC Loan Repayment Program?
 Please select **ALL** that apply.

- Job fair
- Internet search
- Social media
- Current or past NHSC participant
- Friend or family member
- Colleague or mentor
- School or clinical rotation/residency program
- Online recruitment site: please specify _____
- Other: please specify _____

15. Which **FACTORS**, if any, influenced your decision to apply to the NHSC Loan Repayment Program?

*Please select **ALL** that apply.*

- Financial assistance
- Desire to work in a rural or underserved community
- Desire to work in substance use disorder treatment and prevention
- Prior work or training experience in a rural or underserved community
- Experience living in a rural or underserved community
- Other: please specify _____

16. *[ASK IF Q15 HAS MORE THAN ONE RESPONSE SELECTED]* Which was the **MAIN** influence?

[POPULATE WITH RESPONSES SELECTED IN Q15]

17. Which factors, if any, influenced your decision to apply to your current NHSC site?

*Please select **ALL** that apply.*

- Availability of mentorship or clinical supervision
- Availability of team-based care
- Flexible work hours
- Opportunities to advance in my career
- The population served at the site
- Competitive salary
- Pension or retirement plan
- Bonuses or performance-based compensation
- Research opportunities
- Community factors (e.g., housing, transportation, recreation)
- Other: please specify _____
- Prefer not to answer *[DISALLOW IF ANOTHER OPTION SELECTED]*

18. What types of other financial assistance did you consider when you were applying to the NHSC Loan Repayment program?

*Please select **ALL** that apply.*

- Fellowship or scholarship
- Government grant
- Employer incentive (e.g., tuition reimbursement, bonus)
- State loan repayment assistance
- Research or teaching position with tuition coverage
- Other loan repayment assistance
- None *[DISALLOW IF ANOTHER OPTION SELECTED]*
- Prefer not to answer *[DISALLOW IF ANOTHER OPTION SELECTED]*

C. Preparedness: Now we would like to know more about the training you received in the past and the extent to which you feel prepared to provide a range of services.

19. Please indicate the extent to which you agree or disagree that your training prepared you to perform the following.

Please select a response for **ALL** rows.

I was prepared to...	Strongly agree	Agree	Disagree	Strongly disagree	Not included in my training
Provide team-based integrated care					
Provide interprofessional care					
Evaluate social determinants of health					
Work in an underserved community					
Provide substance use disorder treatment (EXCLUDING opioid use disorder treatment)					
Provide opioid use disorder treatment, EXCLUDING medication-assisted treatment (MAT) Note: Other terms for medication-assisted treatment (MAT) include medication for opioid use disorder (MOUD) and opioid agonist therapy (OAT). This survey uses 'MAT' to cover all three terms.					
Provide medication-assisted treatment					
Use the state Prescription Drug Monitoring Program					
Understand current national guidelines and standards regarding substance use disorders					
Reduce stigma surrounding behavioral health issues					
Address the behavioral health care needs of children, adolescents, and youth under the age of 26					
Provide clinical services through telehealth					

D. Work Experience: We would like to learn more about your work experiences at your current NHSC site(s).

20. In the past six months, at how many unique NHSC locations have you provided services?

_____ [RANGE 0-20]

[] Don't know

21. Over the past six months, what was the average number of unique patients (i.e., panel size) at your NHSC site(s) on a typical day? Your best guess is acceptable.

_____ [RANGE 0-200]

Don't know

22. Over the past six months, how many patient encounters have you had at your NHSC site(s) on a typical day? Your best guess is acceptable.

_____ [RANGE 0-150]

Don't know

23. Which **CHALLENGES** do you experience while working at your NHSC site(s)?
 Please select **ALL** that apply.

- Challenges with providing substance use disorder treatment services
- Insufficient team-based care
- Limited opportunities for professional advancement
- Long hours
- Difficulties maintaining desired work/life balance
- Rigid or inefficient management practices
- Community factors (e.g., lack of housing, transportation, recreation)
- Other: please specify _____
- No challenges [DISALLOW IF ANOTHER OPTION SELECTED]

24. [ASK IF MORE THAN ONE RESPONSE SELECTED IN Q23]

Which is the **MOST** challenging at your site?

[POPULATE WITH RESPONSES SELECTED IN Q23]

25. [ASK IF Q23=CHALLENGES WITH PROVIDING SUBSTANCE USE DISORDER TREATMENT SERVICES]

Which specific **CHALLENGES** do you face in providing substance use disorder treatment services at your NHSC site(s)?

Please select **ALL** that apply.

- A lack of routine screening for substance use disorder
- Limited treatment resources (e.g., referrals to counselors, detoxification programs)
- Limited capacity to provide telehealth for substance use disorder
- Limited time for one-on-one services
- Limited number of trained staff
- Limited space or poor infrastructure
- Limited integration or coordination with primary health care services
- Limited access to opioid use disorder treatment options (including diagnosis by a licensed professional, addiction counseling, medication-assisted treatment) [IF THIS ITEM SELECTED, DISPLAY NEXT THREE OPTIONS AND "PLEASE SPECIFY WHICH SERVICES YOUR SITE LACKS."]
- Diagnosis by a licensed professional (e.g., clinical drug/alcohol counselor, psychologist)
- Addiction counseling
- Medication-assisted treatment (i.e., buprenorphine, methadone, or naltrexone)
- Other: please specify _____
- Patients reporting that they cannot afford it or do not have health insurance
- Other patient factors that affect treatment adherence (e.g., time, stigma, perceived need)

- Insufficient team-based care
- Other: please specify _____
- No challenges [DISALLOW IF ANOTHER OPTION SELECTED]

E. Substance Use Disorder Specific Care Delivery: The next questions are about substance use disorder treatment.

26. Do you currently have a Drug Addiction Treatment Act of 2000 waiver (i.e., DATA-2000 waiver) to provide medication (i.e., buprenorphine) for opioid use disorder treatment?

- Yes
- No
- No, but I'm currently working on getting one

27. [ASK IF Q26=NO] Are you eligible to obtain a DATA-2000 waiver?

- Yes
- No
- Don't know

28. [ASK IF Q26=YES] Do you currently prescribe buprenorphine for opioid use disorder at your NHSC site(s)?

- Yes
- No

29. [ASK IF Q28=NO] What is (are) the main reason(s) that you do not prescribe buprenorphine? Please select **ALL** that apply.

- Lack of eligible patients
- Eligible patients cannot afford it
- Lack of other mental health services to complement medication use
- Lack of supervision, mentorship, specialist backups, or peer consultation
- Lack of capacity to manage opioid use disorder patients
- Compliance with Drug Enforcement Administration instructions
- Concern about medication diversion or misuse
- Other: please specify _____

30. [ASK IF Q28=YES] Do you encounter any of the following challenges in prescribing buprenorphine? Please select **ALL** that apply.

- Lack of eligible patients
- Eligible patients cannot afford it
- Lack of other mental health services to complement medication use
- Lack of supervision, mentorship, specialist backups, or peer consultation
- Lack of capacity to manage opioid use disorder patients
- Compliance with Drug Enforcement Administration instructions

- Concern about medication diversion or misuse
- Other: please specify _____
- No challenges [DISALLOW IF ANOTHER OPTION SELECTED]

31. Please provide the approximate number of unique patients and patient encounters (i.e., visits, not unique patients) for which you provide (i.e., prescribe or administer) the following each week at your NHSC site(s). Your best guess is acceptable.

If you work at more than one NHSC site, please report the numbers across all sites. Please report a response for ALL rows. [QC CHECK: ONLY INTEGERS WILL BE ACCEPTED AS VALID RESPONSES FOR FIRST TWO COLUMNS]

Service	Total number of patients per week [RANGE 0-300]	Number of patient encounters per week [RANGE 0-500]	Do not provide/prescribe/administer	Don't know
Buprenorphine				
Methadone				
Naltrexone				
Support or peer group meeting facilitation				
One-on-one counseling				
Team-based strategy sessions				

32. What supports or resources are available at your NHSC site(s)?
Please check ALL that apply.

- Mentors/preceptors
- Direct supervision
- Peer support
- Regular weekly meetings with site leadership (e.g., weekly, monthly, quarterly)
- Onboarding/orientation processes
- Other: please specify _____
- No supports or resources are available [DISALLOW IF ANOTHER OPTION SELECTED]

33. In which areas do you receive technical assistance at your NHSC site(s)?
Please select ALL that apply.

- Clinical issues (e.g., safety, quality)
- Health care financing (e.g., managed care payment)
- Workforce development (e.g., building staff skills)
- Site operations (e.g., board member engagement, strategic planning)
- Health information technology and data (e.g., use of electronic health records)

- Social determinants of health
- Peer-to-peer learning
- Health literacy among patients
- Pandemic emergency preparedness
- Other: please specify _____
- None [DISALLOW IF ANOTHER OPTION SELECTED]

34. In which areas do you **NEED** technical assistance at your site?
 Please select **ALL** that apply.

- Clinical issues (e.g., safety, quality)
- Health care financing (e.g., managed care payment)
- Workforce development (e.g., building staff skills)
- Site operations (e.g., board member engagement, strategic planning)
- Health information technology and data (e.g., use of electronic health records)
- Social determinants of health
- Peer-to-peer learning
- Health literacy among patients
- Pandemic emergency preparedness
- Other: please specify _____
- None [DISALLOW IF ANOTHER OPTION SELECTED]

35. Since joining the NHSC Loan Repayment Program, how many times have you transferred between sites?

- _____ [QC CHECK: ENTER NUMBER GREATER THAN 0]
- None

36. [ASK IF Q35 IS > 0] What were your reasons for transferring between sites?
 Please select **ALL** that apply.

- Work hours/schedule
- Salary
- Site leadership
- Available resources
- Community factors (e.g., housing, transportation, recreation)
- Distance from family or friends
- Length of commute
- Other: please specify _____

F. Tenure at Site: Now we would like to know about your future plans.

37. Do you plan to provide direct patient care at an NHSC site(s) after you have fulfilled your NHSC Loan Repayment Program service obligation?

- Yes
- No

Don't know

38. [ASK IF 37=NO OR DON'T KNOW] Do you plan to provide direct patient care in another underserved area (but not at an NHSC site) after you have fulfilled your NHSC Loan Repayment Program service obligation?

- Yes
- No
- Don't know

39. [ASK IF Q37 OR Q38=YES] How long do you plan to provide direct patient care [IF Q37=YES, FILL "AT AN NHSC SITE(S)"; IF Q38=YES, FILL "IN AN UNDERSERVED AREA(S)"] after you have fulfilled your NHSC Loan Repayment Program service obligation?

- Less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more
- Don't know

40. Which factors, if any, contribute to your decision to work (or not work) at an NHSC site(s) or other underserved area(s) after you have fulfilled your NHSC Loan Repayment Program service obligation?

Please select ALL that apply.

- Work hours/schedule
- Salary
- Site leadership
- Available resources
- Community factors (e.g., housing, transportation, recreation)
- Distance from family and friends
- Length of commute
- Change in career plans
- Other: please specify _____

G. COVID-19 Pandemic: *The final set of questions asks about your experiences during the COVID-19 pandemic.*

41. Which of the following did you experience at your NHSC site(s) during the COVID-19 pandemic?
Please select ALL that apply.

- Missed work at my NHSC site(s)
- Became unemployed
- Administered COVID-19 testing
- Provided more acute/urgent care visits, as opposed to well visits
- Provided more care via telehealth for primary care visits
- Provided fewer patient visits overall (including all visit types)

- Worked longer hours
- Changed delivery of behavioral health services
- Faced a lack of personnel or resources (e.g., hospital beds) to meet patient demand
- Had limited access to personal protective equipment (PPE)
- Was not provided with emergency policies/protocols in sufficient time
- Other: please specify _____
- Did not experience any changes at my NHSC site(s) during the COVID-19 pandemic
[DISALLOW IF ANOTHER OPTION SELECTED]

42. [ASK IF Q41=CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How did the delivery of behavioral health services change at your NHSC site during the COVID-19 pandemic?
Please select **ALL** that apply.

- Provided more substance use disorder services through telehealth
- Delayed scheduling visits with new patients for substance use disorder services
- Delayed scheduling routine follow-up visits with patients for substance use disorder services
- Delayed toxicology testing for patients who are prescribed buprenorphine
- Limited ability to provide mental health visits, **excluding** substance use disorder treatment (e.g., took time away from conducting visits, or limited ability to schedule visits)
- Limited ability to provide substance use disorder services
- Limited ability to provide opioid use disorder services, **excluding** medication-assisted treatment (i.e., buprenorphine, methadone, or naltrexone)
- Limited ability to provide medication-assisted treatment
- Changed buprenorphine prescribing practices (e.g., prescribed larger or smaller supply)
- Other: please specify _____

43. [ASK IF Q41=MISSED WORK AT MY NHSC SITE(S)] Why were you unable to provide services at your NHSC sites(s) during the COVID-19 pandemic?
Please select **ALL** that apply.

- Had to self-isolate or self-quarantine
- Volunteered to be away from NHSC-approved site(s) to provide care to patients at a temporary/emergency location
- Required to provide care outside of an NHSC-approved health care facility
- Travel restrictions or guidance prevented return to the site
- The NHSC site(s) where I work closed
- The NHSC site(s) where I work laid off staff or reduced staff hours
- Needed to care for children or other family members
- Other: please specify _____

44. [ASK IF Q41=MISSED WORK AT MY NHSC SITE(S)] Did you experience any of the following as a result of missing work at your NHSC site(s)?
Please select **ALL** that apply.

- Requested a suspension of loan repayment obligations

- Used allotted personal days
- Received approval to shift regular clinical service to telehealth/telemedicine
- Received approval to increase the maximum number of hours of care I can provide in an approved alternative setting
- Was unable to verify service or complete employment verifications due to absence of site Point of Contact
- I did not experience any of the above *[DISALLOW IF ANOTHER OPTION SELECTED]*
- Don't know *[DISALLOW IF ANOTHER OPTION SELECTED]*

[END] That was the last question; thank you again for participating in our survey!

Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed.