### **OMB**

## Attachment B: Learning Collaborative Clinical Staff Survey

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

Opioid Management of Older Adults in Primary Care

Attachment B

**Clinical Staff Survey** 

Version: 3.31.20

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.

1.	In the last month, approximately how many <i>patients with chronic pain</i> did you see?	
	O 1 patient	
	O 2-5 patients	
	in the fast month, approximately now many older addit patients with enronce pain di	d
	you see?	
	O 1 patient	
	O 2-5 patients	
	O 6-10 patients	
	O 11-20 patients	
	O More than 20 patients	
3.	Are you licensed to prescribe opioids?	
	O Yes	
	O No	
4.	In the last month, have you prescribed opioids to patients with chronic pain?	
	O Yes	
	O No	
5.	Have you signed up with the state <b>Prescription Drug Monitoring Program (PDMP)?</b>	
٥.	O Yes, as a prescriber	
	O Yes, as a delegate	
	<b>O</b> No	
	O Not applicable	
	O Don't know	

6.	Are y (OUL	ou waivered to prescribe <b>buprenorphine</b> to patients with opioid use disorder 0)?
	O	Yes
	0	$N_0 \rightarrow GO TO #8$
7.	disord	last month, have you prescribed <b>buprenorphine</b> to patients with opioid use der (OUD)? <i>Please select all that apply</i> .
	C	Yes, including for patients aged 18-64
	C	Yes, including for patients aged 65 or older
	C	No

8. When caring for patients <u>aged 65 and older</u> with chronic pain on opioids in the last month, about how often did <u>you or your team conduct these specific aspects of care</u>? *Please answer each item thinking specifically about your patients aged 65 and older.* 

	Always	Often	Sometimes	Rarely	Never
Discuss risks and benefits of opioid therapy with patients	0	0	0	0	0
Discuss a treatment agreement (pain contract)	0	0	0	0	0
Discuss storage and disposal of opioids	0	0	0	0	0
Engage in shared decision making with patients regarding treatment of chronic pain	0	0	0	0	0
Refer patients to physical therapy for pain	0	0	0	0	0
Refer patients to acupuncture for pain	0	0	0	0	0
Refer patients to other non-pharmacologic therapies for pain	0	0	0	0	0
Check patients' records in the Prescription Drug Monitoring Program (PDMP)	0	0	0	0	0
Order and/or interpreting urine drug test results	0	0	0	0	0
Assess for constipation	0	0	0	0	0
Assess for fatigue	0	0	0	0	0
Assess for confusion	0	0	0	0	0
Assess for functional status decline	0	0	0	0	0
Assess for depression and/or anxiety	0	0	0	0	0
Assess for decreased cognition	0	0	0	0	0
Assess for drug-drug interactions	0	0	0	0	0
Assess patients' current and past use of benzodiazepines, other sedatives, and/or controlled substances	0	0	0	0	0
Assess patients' current and past use of alcohol or illicit drugs	0	0	0	0	0
Assess whether patients are taking more opioids than prescribed	0	0	0	0	0
Assess patients for opioid use disorder	0	0	0	0	0
For patients with opioid use disorder, refer to or treat them with medication assisted treatment (MAT)	0	0	0	0	0
Prescribe or refer patients for naloxone (overdose reversal drug)	0	0	0	0	0

9.	Do you	i conduct any of the above aspects of care <b>differently</b> with patients <u>aged 65 and</u>
	<u>older (</u>	i.e., not with patients younger than 65?
	0	No
	0	Yes, please describe:
		-

**Confidence and Awareness** 

Confidence in Caring for Patients with Chronic Pain

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

	1	2	3	4	5
	(Not at all confident)				(Very confident)
Provide care to older adults according to guidelines and regulations for chronic pain and/or on long-term opioid therapy?	0	0	0	0	0

11. On a scale from 1 to 5, how **confident are you in your ability** to conduct each of the following clinical care activities *with patients aged 18 to 64* and *65 or older* with chronic pain on opioids? [Only for providers]

	Patient age	1 Not at all	2	3	4	5 Very
	group	confident				confident
Provide care according to regulations and	18-64	0	0	0	0	0
guidelines for patients with chronic pain on opioids	65+	0	0	0	0	0
Develop a <i>taper</i> plan collaboratively with the	18-64	0	0	0	0	0
patient when appropriate	65+	0	0	0	0	0
Engage in difficult conversations with patients	18-64	0	0	0	0	0
(e.g., tapering, urine drug test or prescription drug monitoring program results)	65+	0	0	0	0	0
Diagnose co-occurring behavioral or mental health	18-64	0	0	0	0	0
conditions among patients with chronic pain on opioids	65+	0	0	0	0	0
Identify patients with chronic pain on opioids who	18-64	0	0	0	0	0
are misusing opioids	65+	0	0	0	0	0
Diagnose opioid use disorder	18-64	0	0	0	0	0
(OUD), distinguishing it from physical dependence, among patients with chronic pain on opioids	65+	0	0	0	0	0
Prescribe or refer patients for medication-assisted	18-64	0	0	0	0	0
treatment (MAT) like buprenorphine/naloxone or naltrexone	65+	0	0	0	0	0

#### **Observations of Patients**

#### Observations of Patients with Chronic Pain

12. When caring for patients with chronic pain on opioids during the last three months, how often have you observed the following *with patients aged 18 to 64 and 65 or older*?

	Patient age group	Always	Often	Sometimes	Rarely	Never
Misuse of opioids <sup>1</sup>	18-64	0	0	0	0	0
wilsuse of opioids	65+	0	0	0	0	0
Challenges with side-effects related	18-64	0	0	0	0	0
to opioids <sup>2</sup>	65+	0	0	0	0	0
Datient experiencing confusion	18-64	0	0	0	0	0
Patient experiencing confusion	65+	0	0	0	0	0
Datient aumoriancing fatigue	18-64	0	0	0	0	0
Patient experiencing fatigue	65+	0	0	0	0	0
Patient is willing to try non-	18-64	0	0	0	0	0
pharmacologic therapy for pain	65+	0	0	0	0	0

<sup>1.</sup> Misuse of opioids can include taking too much medicine, taking someone else's medicine, taking it in a different way than you are supposed to, or taking the medicine to get high. Citation: National Library of Medicine (NLM), MedlinePlus. "Opioid Misuse and Addiction."

#### Clinic-Level

#### **Policies and Supports**

13.	Does your practice or	health ca	ire system	have <u>pol</u>	icies or §	<u>guidelines</u> r	elated to	o providi	ng
	care for patients with o	chronic p	ain on opi	oids?					
	_								

O Yes

O No → GO TO #15

O Don't know  $\rightarrow$  GO TO #15

14. Does your practice or health care system have <u>policies or guidelines</u> related to providing care for patients with chronic pain on opioids **that are specific to adults aged 65 and older**?

O Yes

O No

O Don't know

<sup>2.</sup> Side-effects related to opioids can include drowsiness, mental fog, nausea, constipation, and slowed breathing. Citation: National Library of Medicine (NLM), MedlinePlus. "Opioid Misuse and Addiction.

_	your practice or health care system have a <u>standardized treatment agreement</u> (pain ct) for patients with chronic pain on opioids?
0	Yes
0	$No \rightarrow GO TO #17$
0	Don't know → GO TO #17
	your practice or health care system have a <u>standardized treatment agreement</u> (pain ct) for patients with chronic pain on opioids <b>specific to adults aged 65 and older</b> ?  Yes
0	No
0	Don't know
Ü	Don't know
templa pain o	your practice or health care system have electronic health record tools (e.g., notes ates, alerts, clinical decision-support tools) to support care for patients with chronic n opioids?
0	Yes
0	No
0	Don't know
	your practice or health care system use a <u>registry</u> or other tracking system to help or patients with chronic pain on opioids?  Yes  No  Don't know
	your practice or health care system provide financial or administrative support to ans to apply for a buprenorphine waiver? Please select all that apply.
0	Yes, financial support
0	Yes, administrative support
0	No
0	Don't know
Measu	res and Monitoring

Abt Associates

20. Does your clinic use <u>regular reports</u> to monitor patients on opioids?

- O Yes
- O No
- O I don't know

21. What r	neasures are included in the reports? [check all that apply]:
0	Number of patients on long-term opioid therapy
0	Number of patients with chronic pain on long-term opioid therapy
0	Patients' opioid dosages (e.g., $\underline{M}$ orphine $\underline{E}$ quivalent $\underline{D}$ ose or Morphine Milligram Equivalents)
0	Prescription refills
0	Patient pain and function (e.g., PEG scores)
0	Self-reported quality of life
0	Date of last urine drug test
0	Date of last Prescription Drug Monitoring (PDMP) check
0	Co-prescribing of benzodiazepines
0	Whether treatment/pain agreement is up-to-date
0	Other (please specify):
=	our practice capture any measures specific to older adults with chronic pain or opioids?
_	No
_	Yes. Please describe

### **Implementation**

The following questions relate to the strategies and tools your practice used to improve care of older adult patients with chronic pain and/or on long-term opioid therapy as part of AHRQ Opioids in Older Adults Learning Collaborative.

Intervention Characteristics: Acceptability, Appropriateness and Feasibility

24. Please rate your agreement with the following statements about the [INSERT INTERVENTION] on a scale from 1 to 5, with 1 being completely disagree to 5 being completely agree.<sup>1</sup>

Acceptability of Intervention Measure (AIM)	Completel y disagree	Disagre e	Neither agree nor disagree	Agree	Completel y agree
1. (INSERT INTERVENTION) meets my approval.	0	2	3	4	(5)
2. (INSERT INTERVENTION) is appealing to me.	0	2	3	4	(5)
3. I like (INSERT INTERVENTION).	0	2	3	4	(5)
4. I welcome (INSERT INTERVENTION).	0	2	3	4	(5)

Intervention Appropriateness Measure (AIM)	Completel y disagree	Disagre e	Neither agree nor disagre e	Agree	Completel y agree
1. (INSERT INTERVENTION) seems fitting for care of older adults with chronic pain and/or on long-term opioid therapy (LTOT).	0	2	3	4	(5)
2. (INSERT INTERVENTION) seems suitable for care of older adults with chronic pain and/or on LTOT.	①	2	3	4	(5)
3. (INSERT INTERVENTION) seems applicable for care of older adults with chronic pain and/or on LTOT.	0	2	3	4	(5)
4. (INSERT INTERVENTION) seems like a good match for care of older adults with chronic pain and/or on LTOT.	①	2	3	4	(5)

<sup>&</sup>lt;sup>1</sup> These are validated items for evaluating implementation outcomes. Weiner, B. J., Lewis, C. C., Stanick, C., Powell, B. J., Dorsey, C. N., Clary, A. S., ... & Halko, H. (2017). Psychometric assessment of three newly developed implementation outcome measures. Implementation Science, 12(1), 108. Note: these measures were adapted, specifically the AIM measure.

**Abt Associates** 

Feasibility of Intervention Measure (FIM)	Completel y disagree	Disagre e	Neither agree nor disagre e	Agree	Completel y agree
1. (INSERT INTERVENTION) seems implementable.	①	2	3	4	(5)
2. (INSERT INTERVENTION) seems possible.	1	2	3	4	(5)
3. (INSERT INTERVENTION) seems doable.	0	2	3	4	(5)
4. (INSERT INTERVENTION) seems easy to use.	0	2	3	4	(5)

# Improvement Effort [Post only]

23. In the last <u>12-15 months</u> , have the strategies/intervention your practice has used for
opioid misuse, abuse and overdose among older adults impacted your day-to-day work
with older adult patients with chronic pain or on long-term opioid therapy?

O Yes

**O** No  $\rightarrow$  GO TO #XX

**O** I don't know  $\rightarrow$  GO TO #XX

24. How have these changes impacted your day-to-day work with patients with chronic pain on long-term opioid therapy?

**O** Positively

**O** Somewhat positively

**O** Neither positively or negatively

**O** Somewhat negatively

**O** Negatively

# Challenges [Post only]

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

### **Clinic Environment**

### **Practice Capacity**

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

27. Please indicate how strongly you agree or disagree with the following statements regarding your clinic:<sup>2</sup>

	Strongly agree	Agree	Disagree	Strongly disagree	Unsure
Mistakes have led to positive changes here.	0	0	0	0	0
I have many opportunities to grow in my work.	0	0	0	0	0
People in our practice actively seek new ways to improve how we do things.	0	0	0	0	0
People at all levels of this office openly talk about what is and isn't working.	0	0	0	0	0
Leadership strongly supports practice change efforts.	0	0	0	0	0
After trying something new, we take time to think about how it worked.	0	0	0	0	0
Most of the people who work in our practice seem to enjoy their work.	0	0	0	0	0
It is hard to get things to change in our practice.	0	0	0	0	0
This practice is a place of joy and hope.	0	0	0	0	0
This practice learns from its mistakes.	0	0	0	0	0
Practice leadership promotes an environment that is an enjoyable place to work.	0	0	0	0	0
People in this practice operate as a real team.	0	0	0	0	0
When we experience a problem in the practice we make a serious effort to figure out what's really going on.	0	0	0	0	0
Leadership in this practice creates an environment where things can be accomplished.	0	0	0	0	0

<sup>&</sup>lt;sup>2</sup> Adaptive reserve instrument to measure practice capacity. See: Miller WL, Crabtree BF, Nutting PA, Stange KC, Jaén CR. Primary care practice development: a relationship-centered approach. Ann Fam Med. 2010;8 Suppl 1:S68-79; S92.

### **Major Disruptions**

28. Have there been any of the following major changes in your practice in the last 12 months?<sup>3</sup>

	No major disruption	One major disruption	More than one major disruption
New electronic health record (EHR) system	0	0	0
Moved to new location	0	0	0
Lost one or more clinicians	0	0	0
Lost one or more office managers or head nurses	0	0	0
Been purchased by or affiliated with a larger organization	0	0	0
New billing system	0	0	0
COVID-19 pandemic had significant impact on our practice. Please describe	0	0	0
Other	0	0	0

<sup>&</sup>lt;sup>3</sup> This item was used in AHRQ's EvidenceNOW initiative, although the COVID-19 item was added. See: Balasubramanian BA, Marino M, Cohen DJ, Ward RL, Preston A, Springer RJ, Lindner SR, Edwards S, McConnell KJ, Crabtree BF, Miller WL. Use of quality improvement strategies among small to medium-size US primary care practices. The Annals of Family Medicine. 2018 Apr 1;16(Suppl 1):S35-43.

# Respondent

### Burnout

		erall, based on your definition of burnout, how would you rate your level of burnout? use select one.			
	0	I enjoy my work. I have no symptoms of burnout.			
	Ο	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.			
	0	I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.			
	0	The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.			
	0	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.			
	Stre	ss			
30.	30. In the last month, how much did caring for older adult patients with chronic pain who are on long-term opioid therapy or for whom you are considering initiating opioid therapy contribute to your overall level of stress at work? (please select one):				
	0	Not at all			
	0	Very little			
	0	Somewhat			
	0	Moderately			
	0	Extremely			

# Respondent Characteristics

31. Wh	at is your primary role in this clinic (select ONE answer)?
0	Primary care provider (MD, DO, NP, PA)
0	Registered nurse (RN)
Ο	Licensed practical nurse (LPN or LVN)
Ο	Medical assistant (MA)
Ο	Pharmacist
Ο	Behavioral health provider (e.g., psychologist, psychiatrist, mental health counselor)
0	Social worker (Licensed Clinical Social Worker)
0	Community health worker or patient navigator
Ο	Administrative or clinical support staff (e.g., front desk staff)
Ο	Clinic administrator (e.g., practice manager)
0	Physical therapist
0	Occupational therapist
Ο	Other, please specify
32 Hov	w long have you worked in your current position?
_	Less than one year
_	1-5 years
0	More than 5 years
33. Do <b>O</b>	you have a specialty in or are you credentialed in geriatrics?  Yes
0	No
J	110
	en caring for patients aged 65 or older, are you able to <u>consult in-person or by phone</u> , <u>needed</u> , with the following staff <b>working at your practice</b> ? <i>Please select all that bly</i> .
C	
C	Clinical pharmacist
C	Pain management specialist
$\mathbf{C}$	Addiction specialist

O Mental health clinicians (e.g., therapists, psychologists, psychiatrists)
END OF SURVEY
Thank you for completing this survey! Your input is greatly appreciated!!