Form Approved OMB No. 0917-0036 Exp. Date XX/XX/20XX

<u>Evaluation of Indian Health Service Mandatory Pain and Opioid Training and Prescriber</u> <u>Habits before and after training</u>

Purpose: To collect information from clinicians who completed the Mandatory Pain and Opioid Use Disorder Training from February 2015 – December 2017.

- 1. Are you a prescribing health provider working in an Indian Health Service federal health facility?
 - a) Yes
 - b) No
 - If No, do not complete this survey.
- 2. Do you provide clinical services greater than or equal to 50 percent of your time at your assigned facility?
 - a) Yes
 - b) No
- 3. What type of appointment do you currently hold as an employee within IHS?
 - a) Federal -
 - b) Public Health Officer, Commission Core- Federal site
 - c) Contractor- Federal site
- 4. How long have you been in your current appointment?
 - a) Less than 90 days
 - b) Greater than 90 days
- 5. Which IHS Area are you located?
 - a) Albuquerque
 - b) Bemidji
 - c) Billings
 - d) Great Plains
 - e) Nashville
 - f) Navajo
 - g) Oklahoma
 - h) Phoenix
 - i) Portland

- 6. Did you complete the mandatory "IHS Essential Training on Pain and Addiction"?
 - a) Yes
 - b) No

6 (b) If yes, when did you complete training? _____ (Month, year)

- 7. How did you complete the training?
 - a) Online
 - b) Live Webinar
- 8. Have you taken any similar training on opioid use and pain management prior to completing this training?
 - a) Yes
 - b) No

If yes, when did you complete this training? _____ (Month, Year)

- 9. What is your area of clinical specialty? (to add more specialties)
 - a) Internal Medicine
 - b) Family Medicine
 - c) Surgery
 - d) Emergency Medicine
 - e) Hematology
 - f) Oncology
 - g) Dentistry
 - h) Primary Care
 - i) Pediatrics
 - j) Neurology
 - k) Orthopedic Surgery
 - l) Obstetrics and Gynecology
 - m) Radiology
 - n) Cardiology
 - o) Psychiatry
 - p) Dermatology
 - q) Gastroenterology
 - r) Urology
 - s) Otolaryngology
 - t) Pulmonology
 - u) Endocrinology
 - v) Neurosurgery
 - w) Pathology
 - x) Nephrology
 - y) Physical Medicine and Rehabilitation
 - z) Anesthesiology

aa) Pain Management and Palliative Carebb) Other (Specify) ______

The questions below are designed to better understand perceived support and/or challenges among prescribers within IHS facilities regarding the knowledge and implementation of best practices described in the Pain and Addiction, Opioid Use Disorder training modules.

Background:

- 10. In the table below, select whether you found each module useful or not useful. Do you think the pain and opioid use disorder training was useful?
 - a) Yes
 - b) No

Modules	Useful	Not Useful
Overview of the Public		
Health Crises of Chronic		
Pain and Unintentional		
Overdose Deaths		
Screening for Addiction		
Non-Opioid		
Pharmacotherapy for		
Patients with Chronic Pain		
Safe(r) Opioid Prescribing		
Pediatric Pain		
Naloxone as a Harm		
Reduction Tool for Patients		
at Risk for Opioid Overdose		
and How Patients can safely		
contain and dispose of their		
Opioid Analgesics		
Controlled Substances		
Vignette		
Pain and Psychological		
Comorbidities Vignette		

- 11. Do you consider opioid overprescribing to be a problem within your facility?
 - a) Yes b) No

- 12. Would you consider yourself aware of your opioid and pain medication prescribing habits?
 - a) Yes b) No

Challenges, Resources, Support:

- 13. Did you encounter challenges or barriers in implementing the information learned in the pain and opioid use disorder trainings and/or best practices?
 - a) Yes
 - b) No
- 14. If yes, please select which categorize(s) best describes the types of challenges and barriers:
 - a) Administrative Support
 - b) Leadership support at facility or Area-level
 - c) Lack of Pharmacy Tools and Resources
 - d) Patient Expectations
 - e) Cultural/Community Expectations
 - f) Conflicts with prior training/clinical experience
 - g) Other (specify)
- 15. Please describe any resources, tools, or suggestions that would help you succeed in safe opioid prescribing at the facility level.
 - a) Frequent trainings
 - b) Additional trainings
 - c) Improved Self-Monitoring Pharmacy Tools and Resources
 - d) Enhanced communication regarding Agency available resources
 - e) Other (specify)
- 16. Do you have non-pharmacological alternatives available to avoid prescribing opioid medication for pain management?
 - a) Yes b) No
- 17. Do you have non-opioid alternatives available to avoid prescribing opioid medication for pain management?
 - a) Yes b) No
- 18. Which of the following resources do you use to guide your opioid prescribing practices?
 - a) IHS guidelines

- b) CDC guidelines
- c) VA guidelines
- d) Facility -level guidelines
- e) State-based guidelines
- f) Specialty society guidelines
- g) Other trainings
- 19. In your opinion, should your health facility do more to support physicians in their effort to prevent opioid overprescribing, abuse and misuse?
 - a) Yes b) No

20. If yes, what support would be helpful? ______

- 21. Are you aware of the IHS pain Management website, <u>https://www.ihs.gov/painmanagement/</u>
 - a) Yes b) No
- 22. Are you aware of the IHS Medication Assisted Training website <u>https://www.ihs.gov/odm/mat/</u>?
 - a) Yes b) No
- 23. Are you aware of IHS policy on prescribing guidelines for Chronic Non-Cancer Pain, <u>https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_pc_p3c30</u> ?
 - a) Yes b) No