Form Approved

OMB No. 0917-0036

Exp. Date XX/XX/20XX

 **Evaluation of Indian Health Service Mandatory Pain and Opioid Training and Prescriber Habits before and after training**

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?
2. Yes
3. No

If No, do not complete this survey.

1. Do you provide clinical services greater than or equal to 50 percent of your time at your assigned facility?
2. Yes
3. No

1. What type of appointment do you currently hold as an employee within IHS?
2. Federal
3. Public Health Officer, Commission Core- Federal site
4. Contractor- Federal site
5. How long have you been in your current appointment?
6. Less than 90 days
7. Greater than 90 days
8. Which IHS Area are you located?
9. Albuquerque
10. Bemidji
11. Billings
12. Great Plains
13. Nashville
14. Navajo
15. Oklahoma
16. Phoenix
17. Portland
18. Did you complete the mandatory “IHS Essential Training on Pain and Addiction”?
19. Yes
20. No

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

1. How did you complete the training?
2. Online
3. Live Webinar
4. Have you taken any similar training on opioid use and pain management prior to completing this training?
5. Yes
6. No

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

1. What is your area of clinical specialty? (to add more specialties)
2. Internal Medicine
3. Family Medicine
4. Surgery
5. Emergency Medicine
6. Hematology
7. Oncology
8. Dentistry
9. Primary Care
10. Pediatrics
11. Neurology
12. Orthopedic Surgery
13. Obstetrics and Gynecology
14. Radiology
15. Cardiology
16. Psychiatry
17. Dermatology
18. Gastroenterology
19. Urology
20. Otolaryngology
21. Pulmonology
22. Endocrinology
23. Neurosurgery
24. Pathology
25. Nephrology
26. Physical Medicine and Rehabilitation
27. Anesthesiology
28. Pain Management and Palliative Care
29. 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:**

1. 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?

1. Yes
2. 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 |  |  |

1. Do you consider opioid overprescribing to be a problem within your facility?

a) Yes

b) No

1. Would you consider yourself aware of your opioid and pain medication prescribing habits?

a) Yes

b) No

**Challenges, Resources, Support:**

1. Did you encounter challenges or barriers in implementing the information learned in the pain and opioid use disorder trainings and/or best practices?
2. Yes
3. No
4. If yes, please select which categorize(s) best describes the types of challenges and barriers:
5. Administrative Support
6. Leadership support at facility or Area-level
7. Lack of Pharmacy Tools and Resources
8. Patient Expectations
9. Cultural/Community Expectations
10. Conflicts with prior training/clinical experience
11. Other (specify)
12. Please describe any resources, tools, or suggestions that would help you succeed in safe opioid prescribing at the facility level.
13. Frequent trainings
14. Additional trainings
15. Improved Self-Monitoring Pharmacy Tools and Resources
16. Enhanced communication regarding Agency available resources
17. Other (specify)
18. Do you have non-pharmacological alternatives available to avoid prescribing opioid medication for pain management?

a) Yes

b) No

1. Do you have non-opioid alternatives available to avoid prescribing opioid medication for pain management?

a) Yes

b) No

1. Which of the following resources do you use to guide your opioid prescribing practices?
2. IHS guidelines
3. CDC guidelines
4. VA guidelines
5. Facility -level guidelines
6. State-based guidelines
7. Specialty society guidelines
8. Other trainings
9. 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

1. If yes, what support would be helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Are you aware of the IHS pain Management website, https://www.ihs.gov/painmanagement/

a) Yes

b) No

1. Are you aware of the IHS Medication Assisted Training website <https://www.ihs.gov/odm/mat/> ?

a) Yes

b) No

1. Are you aware of IHS policy on prescribing guidelines for Chronic Non-Cancer Pain, <https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_pc_p3c30> ?

a) Yes

b) No