# Survey of Medicaid Opioid Use Disorder Treatment Providers

**PRA Disclosure Statement** Thank you for participating in our Survey of Medicaid Opioid Use Disorder (OUD) Treatment Providers. We value your input. NORC at the University of Chicago and IBM are conducting this survey on behalf of the Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ). Particiaption is voluntary. Your responses will be kept confidential and responses are de-identified for analyses. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, the de-identified data will be provided to CMS, SAMHSA, and AHRQ, as well as participating state Medicaid agencies and State Opioid Treatment Authorities. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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**Instructions**

Please use the "Previous" and "Continue" 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 for your answer to be saved.

Please do not use your browser buttons. To exit the survey at any time, simply close your internet browser window. Any data you have entered before closing will be saved. Reopening the survey later will allow you to return to the same location and finish completing the survey.

We will ask you to provide your National Provider Identifier number (NPI); you may want to look that up now before you start. This will enable us to reduce the number of questions we ask in this survey by using NPI to link to other data sources to characterize respondents. Again, individual level data will be de-identified after linking, will not be shared outside the analytic team, and responses will only be reported once aggregated.

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

**Provider Background**

Q1.    Do you currently provide SUD services to Medicaid beneficiaries?

- o   Yes
- o   No

Q2.     [ASK IF Q1 = NO] What are the challenges of being a Medicaid provider? Select all that apply.

- o   Reimbursement levels
- o   Provider enrollment process
- o   Stigma associated with serving Medicaid patients
- o   Lack of information available about being a provider/process of participating
- o   Lack of resources available to support SUD treatment
- o   Other (please specify) _____

Q3.     [ASK IF Q1 = NO] Which state-level licensing or regulatory requirements, if any, are barriers to treating individuals with SUD? Select all that apply.

- o   Requirement for additional oversight of some prescribing providers (e.g., NPs)
- o   Limitations on which prescribing providers can treat with MAT (e.g., NPs)
- o   Requirements for counseling that accompany medication-assisted treatment
- o   Take-home medication restrictions
- o   Supervised medication consumption
- o   Mandates on counseling frequency
- o   Mandates on urine testing frequency

[PROGRAMMING NOTE: IF Q1=NO THEN TERMINATE AND DISPLAY: Those are all of the questions we have for you. Thank you for your participation!].

Q4.     What is your occupation?

- o   Physician (MD/DO)
- o   Physician Assistant
- o   Nurse Practitioner
- o   Certified Nurse Midwife
- o   Certified Registered Nurse Anesthetist
- o   Clinical Nurse Specialists
- o   Pharmacist
- o   Other (please specify) _____

Q5.     What is your specialty? Select all that apply [PROGRAMMING NOTE: CREATE DROPDOWN OF SPECIALTIES].

- o   Addiction Medicine
- o   Addiction Psychiatry
- o   Anesthesiology
- o   Dentistry
- o   Emergency Medicine
- o   Family Medicine
- o   Internal Medicine
- o   Nursing
- o   Obstetrics and Gynecology
- o   Ophthalmology
- o   Pain Management
- o   Pain Medicine

- Pediatrics
- Pharmacy
- Psychiatry (PM&R)
- Primary Care
- Psychiatry
- Psychosomatic Medicine
- Substance Use Disorder
- Surgery
- Women's Health Care

Q6.    Have you received specialty training as any of the following? Select all that apply.

- Licensed Addiction Counselor
- Certified Addiction Specialist
- Addiction Medicine Specialist
- Other (please specify) _____

Q7.    What is your National Provider Identifier (NPI)?

_____

- Don't Know

**Provider Setting and Services**

Q8.    In what type of setting do you work? If you work in more than one setting, select the two settings in which you spend most of your time.

- Acute Care Inpatient Hospital (excluding emergency department)
- Acute Care Inpatient Hospital Emergency Department
- Hospital Outpatient Department
- Opioid Treatment Program
- Office-Based Practice
- Federally Qualified Health Center
- Rural Health Center
- Other community based health care or mental health care center
- Tribal Health Facility
- Indian Health Service Facility

Q9. What types of services does your setting provide? Select all that apply

- Screening and assessment
- Withdrawal management
  - [Tool tip: "Withdrawal management" is the preferred term to describe the clinical management or oversight of the biological process of detoxification from any substance, including OUD].
- Residential services for substance use, excluding MAT for OUD
  - Individual counseling
  - Group counseling
- Outpatient services for substance use excluding MAT for opioid use disorder
  - Individual counseling

- Group counseling
  - Medication-Assisted treatment: buprenorphine
  - Medication-Assisted treatment: methadone
  - Medication-Assisted treatment: naltrexone
  - Peer support
  - Treatment coordination

Q10. How many clients does your facility or practice serve? Your best guess is acceptable.

_____

- Don't Know

**Provider Prescribing Characteristics**

Now we'll ask about specific medications you may prescribe, administer, or dispense to patients.

Q11. Do you currently have a Drug Addiction Treatment Act of 2000 waiver (i.e., DATA-2000 waiver) to provide buprenorphine for OUD treatment?

- Yes
- No
- No, but I'm currently working on getting one.
- No, I do not need a DATA-2000 waiver to prescribe buprenorphine.

Q12. [ASK IF Q11 = NO] Are you eligible to obtain a DATA-2000 waiver?

- Yes
- No
- Don't know

Q13. [ASK IF Q11 = YES] According to your waiver, what is your patient limit?

- 30
- 100
- 275
- Don't know

Q14. [ASK IF Q11 = YES or No, I do not need a DATA-2000 waiver to prescribe buprenorphine] In the last month, how many unique patients have you prescribed buprenorphine to?

- _____ (enter number of unique patients here)
- I do not currently treat anyone with buprenorphine

Q15. [ASK IF number of unique patients > 0] How long have you been treating patients using buprenorphine?

- \_\_\_ [enter number of years here]

Q16. [ASK IF number of unique patients > 0] Do you use telehealth for treating patients for whom you prescribe buprenorphine?

o Yes
o No

Q17.   [IF Q9 is blank for buprenorphine OR Q14 = "I do not currently treat…", FILL "prevent you from"] [IF Q14 > 0, FILL "are challenges in"] Which factors [prevent you from/are challenges in] treating patients with buprenorphine? Select all that apply.

o Patients do not want buprenorphine
o Lack of eligible patients
o Eligible patients cannot afford it
o Limited mental health services to complement medication assisted use
o Limited training in prescribing buprenorphine
o Limited supervision, mentorship, specialist backups, or professional peer consultation
o Do not want to treat patients with buprenorphine: prefer non-medication alternatives
o Desire to restrict panel size due to limited capacity to manage OUD patients
o Compliance with Drug Enforcement Administration instructions
o Concern about medication diversion or misuse
o Stigma from other providers for treating patients with buprenorphine
o Stigma about OUD patients
o Other: please specify_____

Q18.   [ASK IF Q9 = Medication-Assisted treatment: methadone] How many unique patients do you currently treat using methadone for OUD (i.e., not pain)?

o ____ enter number here
o I do not currently treat anyone using methadone for OUD (i.e., not pain)

Q19.   [ASK IF number of unique patients > 0] How long have you been treating patients using methadone for OUD (i.e., not pain)?

o ____ [enter number of years here]

Q20.   [ASK IF number of unique patients > 0] Do you use telehealth for treating patients using methadone for OUD (i.e., not pain)?

o Yes
o No

Q21.   [ASK number of unique patients > 0] Do you have the capacity to treat more patients using methadone for OUD (i.e., not pain)?

o Yes
o No
o Don't Know

Q22. [IF Q9 is blank for methadone OR Q18 = "I do not currently treat…", FILL "prevent you from"] [IF Q18 > 0, FILL "are challenges in"] Which factors [prevent you from/are challenges in] treating patients with methadone for OUD (i.e., not pain)? Select all that apply.

o Do not work in an Opioid Treatment Program (OTP)
o Patients do not want methadone for OUD (i.e., not pain)
o Lack of eligible patients

- o   Eligible patients cannot afford it
- o   Limited mental health services to complement medication use
- o   Limited training in prescribing methadone
- o   Limited supervision, mentorship, specialist backups, or professional peer consultation
- o   Do not want to treat patients with methadone: prefer non-medication alternatives
- o   Desire to restrict panel size due to limited capacity to manage OUD patients
- o   Concern about medication misuse
- o   Stigma from other providers for treating patients with methadone
- o   Facility and staff costs to maintain methadone treatment programs
- o   Other (please specify) _____

Q23.   [ASK IF Q9 = Medication-Assisted treatment: naltrexone] How many unique patients do you currently treat using naltrexone?

- o   _____ [enter number here]
- o   I do not currently treat anyone using naltrexone

Q24.   [ASK IF number of patients > 0] How long have you been treating patients using naltrexone?

- o   _____ [enter number here]

Q25.   [ASK IF number of patients > 0] Do you use telehealth for treating patients using naltrexone?

- o   Yes
- o   No

Q26.   [ASK IF number of patients > 0] Do you have the capacity to treat more patients using naltrexone?

- o   Yes
- o   No
- o   Don't Know

Q27.   [IF Q9 is blank for naltrexone OR Q18 = "I do not currently treat…", FILL "prevent you from"] [IF Q18 > 0, FILL "are challenges in"] Which factors [prevent you from/are challenges in] treating patients with naltrexone? Select all that apply.

- o   Patients do not want naltrexone
- o   Lack of eligible patients
- o   Do not want to treat patients with naltrexone: prefer non-medication alternatives
- o   Do not want to treat patients with naltrexone due to a lack of evidence of efficacy in practice
- o   Eligible patients cannot afford it
- o   Lack of other mental health services to complement medication use
- o   Lack of information or training on treatment
- o   Lack of capacity to manage eligible patients
- o   Complexity of ordering and storing naltrexone
- o   Other: please specify_____

Q28.    How confident are you in your ability to treat patients with OUD?

- o   Not at all confident
- o   Somewhat confident
- o   Very confident
- o   Completely confident

**Training and Technical Assistance**

Now we have a few questions about training and technical assistance.

Q29.    In the past three years, has your state Medicaid agency, or have other sources (e.g., other state agencies, non-profits, managed care organizations), offered training or other technical assistance to you on any of the following topics? Please select all that apply.

[Tool tip: Technical assistance includes information and resources, tools and templates, consultation, or site visits.]

| | **Training** | | **Other Technical Assistance** | |
|---|---|---|---|---|
| | State Medicaid Agency | Other Sources | State Medicaid Agency | Other Sources |
| **Behavioral Health/Substance Use Disorder Treatment** | | | | |
| Privacy concerns regarding Electronic Health Records (EHR) | | | | |
| DATA-2000 Waiver (e.g., how to obtain the waiver, how to use the waiver effectively) | | | | |
| Buprenorphine prescribing for OUD | | | | |
| Methadone administration for OUD | | | | |
| Substance use treatment or recovery services, excluding buprenorphine or methadone for OUD | | | | |
| Recruitment and retention of staff trained to treat OUD | | | | |
| Medicaid SUD reimbursement policies (e.g., telehealth reimbursement) | | | | |
| SUD treatment and recovery services to youth and young adults | | | | |
| **General Operations** | | | | |
| Medicaid reimbursement policies (e.g., telehealth reimbursement) | | | | |
| Administrative processes (e.g., record keeping) | | | | |

| | | | | |
|---|---|---|---|---|
| Training (other than privacy concerns) in EHR | | | | |
| Health information technology (HIT) and data use | | | | |
| Enabling services and/or addressing social determinants of health | | | | |
| Operations (funding, emergency preparedness) | | | | |
| Quality improvement methods | | | | |
| Other (please specify) _____ | | | | |

Q30.    [ASK FOR EACH TRAINING TOPIC FROM MEDICAID SELECTED IN Q29] About how many hours of training from your state Medicaid agency did you complete?

- o    ___[enter number here]

Q31.    [ASK FOR EACH TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q29] About how many hours of training from other sources did you complete?

- o    ___[enter number here]

Q32.    [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM MEDICAID SELECTED IN Q29] About how many hours of technical assistance from your state Medicaid agency did you complete?

- o    ___[enter number here]

Q33.    [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM OTHER SOURCES SELECTED IN Q29] About how many hours of technical assistance from other sources did you complete?

- o    ___[enter number here]

Q34.    What resources are available if you need consultation on SUD treatment or recovery services?

- o    Professional peer support within your facility or practice
- o    Mentor/preceptor within your facility or practice
- o    Professional peer support outside of your facility or practice
- o    Mentor/preceptor outside of your facility or practice
- o    Access to specialists via ECHO or other e-consult approach
- o    Other (please specify) _____

Q35.    In the past three years, which adjustments, if any, has your practice or facility made to facilitate treatment of patients with SUD?

- o    Hired additional staff who can prescribe, administer, or dispense medications for OUD treatment
- o    Hired additional staff who can prescribe, administer, or dispense medications for SUD (excluding OUD) treatment

- o Hired additional staff who can provide SUD counseling and behavioral therapies
- o Hired peer counselors
- o Hired staff to support care coordination and/or case management
- o Implemented strategies to improve staff retention (e.g., offered enhanced benefits)
- o Implemented telehealth
- o Integration of treatment resources into EHR
- o Expanded the use of Health Information Technology
- o Initiated programs to address social risks/ social determinants of health
- o Other (please specify) _____

## Medicaid and Regulatory Requirements

We have a couple of questions related to Medicaid and to regulatory requirements.

Q36.    What are the challenges of being a Medicaid provider? Select all that apply.

- o Reimbursement levels
- o Provider enrollment process
- o Stigma associated with serving Medicaid patients
- o Lack of information available about being a provider/process of participating
- o Lack of resources available to support SUD treatment
- o Other (please specify) _____

Q37.    Which state-level licensing or regulatory requirements, if any, are barriers to treating individuals with SUD? Select all that apply.

- o Requirement for additional oversight of some prescribing providers (e.g., NPs)
- o Limitations on which prescribing providers can treat with MAT (e.g., NPs)
- o Requirements for counseling that accompany medication treatment
- o Take-home medication restrictions
- o Supervised medication consumption
- o Mandates on counseling frequency
- o Mandates on urine testing frequency

## COVID-19 Pandemic

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

Q38.    Which of the following have you experienced at your practice or facility during the COVID-19 pandemic? Select all that apply.

- o Missed work
- o Became unemployed
- o Administered COVID-19 testing
- o Provided more acute/urgent care visits, as opposed to well visits
- o Provided more care via telehealth
- o Provided fewer patient visits overall (including all visit types)
- o Worked longer hours
- o Changed delivery of behavioral health services
- o Faced a lack of personnel or resources (e.g., facility beds, including residential treatment beds) to meet patient demand

o Had limited access to personal protective equipment (PPE)
o Was not provided with emergency policies/protocols in sufficient time
o Other: please specify _____
o Did not experience any changes at my practice or facility during the COVID-19 pandemic

Q39.   [ASK IF Q38=CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES]
How has the delivery of behavioral health services changed at your practice or facility during the COVID-19 pandemic? Select ALL that apply.

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

Q40.   [ASK IF Q38=MISSED WORK] Why were you unable to provide services at your practice or facility during the COVID-19 pandemic? Select all that apply.

o Had to self-isolate or self-quarantine
o Volunteered to be away from my practice or facility to provide care to patients at a temporary/emergency location
o Required to provide care away from my practice or facility to provide care to patients at a temporary/emergency location
o Travel restrictions or guidance prevented return to the practice or facility
o My practice or facility closed
o My practice or facility laid off staff or reduced staff hours
o Needed to care for children or other family members
o Other: please specify_____


That was the last question. Please click on the "Submit" button to submit your responses. Once submitted, your answers cannot be changed.

Thank you again for participating in our survey!