

Attachment B

Exploring Barriers to Buprenorphine Access for Opioid Use Disorder

Screenener

OMB Control Number 0910-0695

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Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 provides that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0695. The time required to complete this information collection is estimated to average 2 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov

The survey we are conducting is on behalf of the U.S. Food and Drug Administration (FDA).

[Programing Instructions in Blue]

The U.S. Food and Drug Administration (FDA) has asked Sermo to conduct this short survey to gain health care professionals' perspectives on buprenorphine-containing products for the treatment of opioid use disorder (OUD). Your input is extremely valuable.

S1. Which of the following best describes your profession?

- a. Physician [At least 50%]
- b. Physician Assistant [At least 10%]
- c. Nurse Practitioner [At least 20%]
- a. Other [screen out]

S2. In which areas are you board certified or licensed to practice medicine? Select all that apply.

General/Family Practice	
Emergency Medicine	
Internal Medicine	
Urgent Care Medicine	
Neurology	
Pain Medicine	
Psychiatry	
Obstetrics & Gynecology	
Pediatrics	
Other: Specify _____	

S3. What is your experience prescribing **any** buprenorphine-containing product(s) **to treat OUD**?

- a. I do not have a DEA license to prescribe controlled substances. [screen out]
- b. I have a DEA license to prescribe controlled substances, and I have prescribed a buprenorphine-containing product to treat OUD. [At least 25%]
- c. I have a DEA license to prescribe controlled substances, and I have not prescribed a buprenorphine-containing product to treat OUD. [At least 25%]
- d. I have a DEA license to prescribe controlled substances, but I'm not sure whether I have prescribed a buprenorphine containing product to treat OUD. [screen out]

S4. In a typical month, about what percentage of your time is spent doing the following. **Responses are not mutually exclusive.**

- a. Caring for patients (regardless of setting)? [screen out if <5%]
- b. providing patient care via telemedicine? [At least 20% of sample should be >0%]
- c. treating patients with OUD? [at least 20% say >0%]

S5. To the best of your knowledge, what percentages of your patient population are the following. **Responses are not mutually exclusive.**

Pregnant Women	
Children/Adolescents	
People of Color	
Unhoused/homeless	
Enrolled in Medicaid	
Veterans	
People living in rural areas	
Enrolled in Medicare	
Incarcerated or presently in the correctional system	

S6. What is your sex?

Male	
Female	

S7. **What is your race and/or ethnicity?**

Select all that apply and enter additional details in the spaces below.

- American Indian or Alaska Native** - Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

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- Asian** - Provide details below.

- Chinese Asian Indian Filipino
- Vietnamese Korean Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

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- Black or African American** - Provide details below.
 - African American Jamaican Haitian
 - Nigerian Ethiopian Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

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- Hispanic or Latino** - Provide details below.
 - Mexican Puerto Rican Salvadoran
 - Cuban Dominican Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

-
- Middle Eastern or North African** - Provide details below.
 - Lebanese Iranian Egyptian
 - Syrian Iraqi Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

-
- Native Hawaiian or Pacific Islander** - Provide details below.
 - Native Hawaiian Samoan Chamorro
 - Tongan Fijian Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

-
- White** - Provide details below.
 - English German Irish
 - Italian Polish Scottish

Enter, for example, French, Swedish, Norwegian, etc.
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S8. Select those that apply to you:

Years in practice: Less than 10 years	
Years in practice: 10 – 19 years	
Years in practice: 20 – 29 years	
Years in practice: 30 years or more	
Practice location(s): Urban	
Practice location(s): Suburban	
Practice location(s): Rural	