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The Centers for Disease Control and Prevention (CDC) is conducting a study to understand the effect of guidelines related to chronic pain management, opioid prescribing or medication-assisted treatment (MAT) for opioid use disorder (OUD) implemented in health systems on key outcomes. For this study, we are seeking to identify systems who HAVE adopted and/or implemented these types of guidelines AND have available secondary or structured data to access the effect on key outcomes of interest.

We are specifically interested in primary care practices within your system.

- The survey is voluntary.
- This should take no more than 25 minutes to answer; however, one individual in your system may not know all the answers readily. For a print version to review answers before responding to the survey [click here](#).
- We are specifically interested in primary care.
- If you participate, you do not have to answer every question. You can also stop answering questions at any time.
- Your answers to this survey will be kept confidential and secure.

Windows taskbar showing the search bar and various application icons (File Explorer, Outlook, Skype, Word, Chrome, PowerPoint). The system clock displays 12:35 AM on 5/14/2020.

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(MAT) for opioid use disorder (OUD) implemented in health systems on key outcomes. For this study, we are seeking to identify systems who HAVE adopted and/or implemented these types of guidelines AND have available secondary or structured data to access the effect on key outcomes of interest.

You are receiving this survey as an AMGA member health system. Thank you in advance for completing this survey and considering participation in this larger study.

We are specifically interested in primary care practices within your system.

Before launching the survey, here are a few things to keep in mind:

- The survey is voluntary.
- This should take no more than 25 minutes to answer; however, one individual in your system may not know all the answers readily. For a print version to review answers before responding to the survey [click here].
- We are specifically interested in primary care.
- If you participate, you do not have to answer every question. You can also stop answering questions at any time.
- Your answers to this survey will be kept confidential and secure.

Again, this survey should take no more than 25 minutes to answer; however, one individual in your system may not know all the answers readily. For a print version to review answers before responding to the survey please enter your email here:

Would you like to continue with the survey?

*
☐ Yes
☐ No

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Slack

Excel

Chrome

Word

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5/14/2020

☐ No

1. What is your health system's name? *

2. What is your organizational structure? *

☐ Independent multi-specialty medical group

☐ Independent multi-specialty medical group with health plan

☐ Integrated delivery system (with hospitals)

☐ Integrated delivery system (with hospitals) and health plan

☐ Other - Write In (Required)

3. In what state(s) is your system located for which you are answering the questions about primary care practices? [check all that apply]

☐ Alabama

☐ Alaska

☐ Arizona

☐ Arkansas

☐ California

☐ Colorado

☐ Connecticut

☐ Delaware

☐ Florida

☐ Georgia

☐ Hawaii

☐ Idaho

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5. How many primary care provider (PCP) FTEs, include MD, DO, APP/APC, does your system employ (or contract on behalf of)?

☐ 1-49

☐ 50-149

☐ 150-249

☐ 250-249

☐ 250-499

☐ 500-999

☐ 1,000 or more

6. What is the average number of patient visits per full day per primary care provider?

☐ <10

☐ 10-19

☐ 20-29

☐ 30-39

☐ 40+

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Primary Care Providers' Opioid Practices

7. Do most primary care providers (PCPs) in your system prescribe opioids for patients with chronic pain?

☐ Yes

☐ No, most patients are prescribed by pain specialists

☐ No, other reason

☐ Don't know

8. What proportion of your primary care practices have at least one provider who can prescribe buprenorphine and Suboxone® as medication-assisted therapy (MAT) for OUD (i.e., X-waivered or DATA2000 waiver)?

☐ None

☐ <10%

☐ 10-25%

☐ 26-49%

☐ >50%

☐ Don't know

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- ☐ 10-25%
- ☐ 26-49%
- ☐ >50%
- ☐ Don't know

9. Please indicate if your health system has the following specialties to refer patients with pain WITHIN your system [check all that apply].

- ☐ pain management
- ☐ addiction specialists
- ☐ behavioral health (other than addiction medicine)
- ☐ non-pharmacological therapy providers (e.g. acupuncture, physical therapy, chiropractic)

10. Has your system conducted an opioid-related quality improvement initiative or effort in the past 2 years?

- ☐ Yes
- ☐ No

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Guidelines and Recommendations Related to Chronic Pain, Opioids and MAT

11. Has your system adopted or implemented **any** guidelines, or other forms of guidance related to chronic pain management, opioid prescribing or medication-assisted treatment (MAT) for opioid use disorder (OUD)?

☐ Yes

☐ No

12. For which areas has your system adopted or implemented policies, guidelines or other forms of guidance? [check all that apply]

☐ Chronic pain management

☐ Opioid prescribing

☐ Medication-assisted treatment (MAT) for opioid addiction/opioid use disorder (OUD)

☐ Other - Please Specify (Required)

13. The following ask about guidelines, guidance or recommended practices that your system's primary care practices may have adopted. *If you do not know the answers precisely about your system, please make your best guess.*

	Check if applicable	When established/adopted? (January, 2017)	What proportion of primary care providers are following them?					Do structured data exist for measuring compliance with this guideline?			
			All (100%)	Most (75% - 99%)	Some (50% - 74%)	Few (25% - 49%)	Less than 25%	Yes, structured data available and we measure	Yes, structured data available	No	Don't know
Check prescription drug monitoring program (PDMP) before prescribing opioids and periodically after	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐



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other sedatives)	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Document patients' co-occurring behavioral or mental health conditions	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess patients with pain and their function at least every 6 months	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess patients with pain quality of life periodically	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Have a clear diagnosis for patients' chronic pain	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess patients' current and past use of benzodiazepines, other sedatives, and/or controlled substances	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess patients' current and past use of alcohol and/or illicit drugs	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ask patients and/or document their depression and anxiety scores (such as PHQ or GAD scores)	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use a standard screening process or tool to assess patients' risk of atypical drug-related behaviors	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Calculate patients' daily opioid dosage in mg morphine equivalents	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use non-opioid pain treatment options (e.g. NSAIDs) as first-line therapy	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Use and refer patients to non-pharmacologic therapies for pain	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Counsel patients on the purpose and use of naloxone (Narcan/Evzio)	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prescribe naloxone to patients who are at high risk of overdose or on opioids	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess if risks of high dosage opioids outweigh benefits (dashboard, BPA, etc.)	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Refer patients to pain management or pain specialists	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Calculate patients' daily opioid dosage in mg morphine equivalents	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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Assess if risks of high dosage opioids outweigh benefits (dashboard, BPA, etc.)	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Refer patients to pain management or pain specialists	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assess/screen patients for opioid use disorder (OUD)	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prescribe medication-assisted treatment (MAT)—(e.g., Suboxone, buprenorphine, methadone, Vivitrol) -- for patients with OUD	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Refer patients to addiction treatment or specialists	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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How Guidelines and Recommendations were Implemented

14. Which strategies/approaches *are used or have* your system used to encourage compliance with any of the guidelines and recommendations listed above in primary care practices? [check all that apply]

- ☐ Disseminated guidelines or recommendations to providers or staff
- ☐ Provided education or training to providers or staff (e.g. academic detailing)
- ☐ Assessed/redesigned workflows
- ☐ Created/used templates in the EHR
- ☐ Created/used order sets in the EHR
- ☐ Created/used alerts in EHR prescribing system
- ☐ Used auto-populating fields (e.g. days' supply) in the prescribing system
- ☐ Used other clinical decision support tools in EHR
- ☐ Used standardized forms
- ☐ Built/used registry of patients with chronic pain or taking opioids
- ☐ Used academic detailing strategies
- ☐ Conducted formal quality improvement (QI) initiative
- ☐ Formed a committee or working group
- ☐ Practiced facilitation, coaching or support

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☐ Assessed/redesigned workflows

☐ Created/used templates in the EHR

☐ Created/used order sets in the EHR

☐ Created/used alerts in EHR prescribing system

☐ Used auto-populating fields (e.g. days' supply) in the prescribing system

☐ Used other clinical decision support tools in EHR

☐ Used standardized forms

☐ Built/used registry of patients with chronic pain or taking opioids

☐ Used academic detailing strategies

☐ Conducted formal quality improvement (QI) initiative

☐ Formed a committee or working group

☐ Practiced facilitation, coaching or support

☐ Used measures and monitoring

☐ Audited and provided feedback to providers (e.g., dashboard)

☐ Other - Please describe (Required)

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16. Which of the following utilization and outcome data do you have for your patients [check all that apply]?
*

☐ Emergency department visit

☐ Hospital admission

☐ Overdose (reversed)

☐ Overdose death

☐ Suicide

☐ Death (any cause outside of system)

☐ Death (and cause within system)

☐ Other (ADD based on AMGA analysis of Optum data)

17. Does your health system participate in risk contracts (e.g., ACO, MSSP, CPC+) that involve primary care patients?
*

☐ Yes - If yes, what percentage of primary care patients are under risk contracts (if known)

☐ No

☐ Don't know

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Electronic Health Record

☐ Epic - Date/Version Number

☐ GE Centricity - Date/Version Number

☐ Cerner - Date/Version Number

☐ Eclinical works - Date/Version Number

☐ NextGen - Date/Version Number

☐ Other - Please specify

☐ < 1 year

☐ 1-2 years

☐ 2-3 years

☐ > 3 years

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☐ > 3 years

20. Does your health system have an opioid/pain management module?

☐ Yes
☐ No
☐ Don't know

21. Are all of your primary care practices on the same EHR system?

☐ Yes
☐ No
☐ Don't know

22. Is your hospital and/or Emergency Department (ED) on the same EHR system as your primary care practices?

☐ Yes
☐ No
☐ Don't know

23. Are there any planned or scheduled changes or significant version upgrades to these EHR systems? (e.g., a new vendor, or major version upgrade that will require significant IT preparation and effort)

☐ No
☐ Yes - Please explain

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Don't know

23. Are there any planned or scheduled changes or significant version upgrades to these EHR systems? (e.g., a new vendor, or major version upgrade that will require significant IT preparation and effort)

No

Yes - Please explain

24. Can your health system pull reports (extract data) centrally from your primary care practice's EHRs?

Yes

No

Don't know

25. Does your EHR system capture diagnosis with prescriptions?

Yes

No

Don't know

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Interest in Participating in Study

☐ Yes, very likely

27. Please provide the **NAME** for whom we should contact to follow-up on potential participation. *

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