

# AMGA Feasibility Assessment

## Welcome!

**3**

OMB Control No. 0920-1050  
Exp. Date 05/31/2022

Public reporting burden of this collection of information is estimated to average 25 minutes per respondent. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-1050).

## INTRODUCTION

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.

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. Please feel free to forward the survey link to other representatives within your organization to complete.
- We are specifically interested in primary care.
- You do not need to answer all questions.
- You can stop answering questions at any time.
- Your answers to this survey will be kept confidential and secure.

**4**

Would you like to continue with the survey?

\*

- Yes  
 No

**5**

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

 34

2. What is **YOUR** role in your health system? \*

 6

3. 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)

 7

4. 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
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland

- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington - District of Columbia
- West Virginia
- Wisconsin
- Wyoming

Other - Write In (Required)

\*

**VALIDATION** Must be numeric

**11**

5. How many total primary care **unique practices** are there in your system?

**12**

6. 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
- 250-499
- 500-999
- 1,000 or more

**VALIDATION** Must be numeric

**13**

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

- <10
- 10-19
- 20-29
- 30-39
- 40+

#### **Primary Care Providers' Opioid Practices**

---

**14**

8. 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

 15

9. 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% or greater
- Don't know

 16

10. 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)

 18

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

\*

- Yes
- No
- Don't know

#### Guidelines and Recommendations Related to Chronic Pain, Opioids and MAT

 49

12. 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
- Don't know

61

13. 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)

20

14. 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.***

\*

**EFFECTIVE DOSE**

Discuss risks and benefits of opioid therapy with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>									
Avoid co-prescribing of opioids and benzodiazepines (or other sedatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>									
Document patients' co-occurring behavioral or mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>									
Assess patients with pain and their function at least every 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>									

50

**15. *CONTINUED (2 of 3):*** 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.***

\*

16. **CONTINUED (3 of 3):** 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.**

\*

	Not 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%) - 99%)	Most (75% - 74%)	Some (50% - 49%)	Few (25% - 25%)	Less than 25%	Yes, structured data available and we measure	Yes, structured data available	No
Counsel patients on the purpose and use of naloxone (Narcan/Evzio)	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe naloxone to patients who are at high risk of overdose or on opioids	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess if risks of high dosage opioids outweigh benefits (dashboard, BPA, etc.)	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer patients to pain management or pain specialists	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess/screen patients for opioid use disorder (OUD)	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe medication-assisted treatment (MAT)—(e.g., Suboxone, buprenorphine, methadone, Vivitrol) -- for patients with OUD	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer patients to addiction treatment or specialists	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 21

17. Which strategies/approaches *have* been used by your system 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
- Used measures and monitoring
- Audited and provided feedback to providers (e.g., dashboard)
- Other - Please describe (Required)

\*

#### Available Secondary Data (Business Analytics/IT Analytics)

 22

18. What data sources does your system have access to [check all that apply]?

\*

- EHR data
- e-Prescribing data
- Pharmacy dispensing data
- Outgoing claims
- Adjudicated medical claims
- Adjudicated pharmacy claims

 23

19. 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)
- None of the above

 24

20. 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

## **Electronic Health Record**

---

 68

21. Which electronic health record (EHR) system do your PRIMARY CARE practices use?

\*

- 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

\*

 28

22. How long has your system used your EHR (from Q21) in primary care practices?

\*

- < 1 year
- 1-2 years
- 2-3 years
- > 3 years
- Don't know

 45

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

\*

- Yes
- No
- Don't know

 26

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

\*

- Yes
- No
- Don't know

 27

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

\*

- Yes
- No
- Don't know

 29

26. 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
- Don't know

 30

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

- Yes
- No
- Don't know

 31

28. Does your EHR system capture diagnosis with prescriptions? \*

- Yes
- No
- Don't know

#### Interest in Participating in Study

 32

29. Would your system be interested in participating in the study to examine the effect of implemented opioid-related guidelines on key outcomes of interest with monetary remuneration for some of the costs involved in pulling data (up to \$30K)? \*

- Yes, very likely
- Yes, somewhat likely
- No
- Maybe, I need to speak with my colleagues

 33

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

43

31. Please provide the **CONTACT INFORMATION** for whom we should contact to follow-up on potential participation. \*

**Thank you for your time today!**

---

1

Thank you for your time. Your the information you provided is very important to us.

For further information on this study, please contact Monette McKinnon at MMcKinnon@amga.org