JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

THE OPIOID EPIDEMIC: A NATIONAL SURVEY

Dear Fellow Physician,

Professional societies, pharmaceutical companies, consumer advocates and the media have a lot to say these days about the opioid epidemic. Despite the attention given to the issue, we know little about physicians' views on this important subject. That's why we are conducting this national survey. Please let us know your perspective.

This questionnaire has been approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board as appropriate for use with a national sample of physicians. The questionnaire takes about 12 minutes to complete. We are enclosing a $2 bill as a small token of our appreciation.

Your participation is, of course, voluntary – but you have been randomly selected to ensure that the sample represents physicians nationwide, so your participation is critical. Your responses will be confidential. Investigators will track who has responded to recontact non-respondents; however, your name will not be matched to your answers. If you are not comfortable answering any particular item, leave it blank. To help keep you informed, we will send you a one-page summary of the results at study completion.

We respect your valuable time and greatly appreciate your participation. Your answers will help us better understand physicians' thinking regarding this vital topic and inform the national dialogue on the opioid crisis. If you have any questions, please do not hesitate to contact me using the information below.

Thank you again for your assistance with this important matter.

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1. In your opinion, how big of a problem is the opioid epidemic in <u>your</u> community?

   ☐1 No problem at all
   ☐2 A small problem
   ☐3 A moderate problem
   ☐4 A big problem

2. Please rate your agreement or disagreement with each of the following statements <u>as they currently apply</u> in the United States.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. Opioids are underprescribed for pain	☐1	☐2	☐3	☐4
b. Opioid use disorder is due to bad choices individuals make	☐1	☐2	☐3	☐4
c. People who take opioids as directed won't develop opioid use disorder	☐1	☐2	☐3	☐4
d. Opioids are overused to treat pain	☐1	☐2	☐3	☐4
e. Reducing patients' access to opioids will increase patients' pain	☐1	☐2	☐3	☐4
f. Laws regarding the number of prescription opioids that can be prescribed for acute pain unduly limit access to prescription opioids	☐1	☐2	☐3	☐4
g. Prescription opioids can be safely used in patients with substance use disorders	☐1	☐2	☐3	☐4
h. Insurance policies unfairly limit patients' access to prescription opioids	☐1	☐2	☐3	☐4

3. Please answer the following questions about the opioid epidemic.

	True	False
a. Many patients with opioid use disorder have chronic pain	☐1	☐2
b. If you have legitimate pain, you won't get addicted to opioids	☐1	☐2
c. Opioids are safe and effective for the management of chronic lower back pain	☐1	☐2
d. Opioids are more effective than NSAIDs (e.g., ibuprofen) for acute pain	☐1	☐2
e. Many patients taking opioids daily for chronic pain have opioid use disorder	☐1	☐2
f. All patients who take opioids for chronic pain will develop physical dependence	☐1	☐2

4. Which of the following strategies are effective in reducing opioid-related harms among patients receving opioids for chronic pain? Please select all that apply.

☐1 Prescribing fewer opioids
☐2 Prescribing lower morphine milligram equivalents (MME)
☐3 Not prescribing opioids to high-risk patients (e.g., history of opioid misuse or prior overdose)
☐4 Screening patients for opioid misuse risk prior to prescribing
☐5 Using risk mitigation measures such as urine toxicology testing
☐6 Co-prescribing naloxone
☐7 Don't know

5. To what degree, if at all, do you support each of the following interventions to reduce misuse, injuries and overdose deaths from prescription opioids?

	Strongly Support	Somewhat Support	Somewhat Oppose	Stongly Oppose	Don't know
a. Urine testing for chronic opioid therapy patients	☐1	☐2	☐3	☐4	☐5
b. Prohibiting companies from marketing opioids for pain	☐1	☐2	☐3	☐4	☐5
c. Prohibiting companies from marketing opioids above 90 mg morphine equivalents daily	☐1	☐2	☐3	☐4	☐5
d. Prohibiting companies from marketing opioids for use for more than a 90-day duration	☐1	☐2	☐3	☐4	☐5
e. Requiring prescribers to use state Prescription Drug Monitoring Program databases	☐1	☐2	☐3	☐4	☐5
f. Changing insurer policies to make opioids less accessible	☐1	☐2	☐3	☐4	☐5
g. Changing insurer policies to make non-opioid pain treatments more accessible	☐1	☐2	☐3	☐4	☐5
h. Increasing naloxone access	☐1	☐2	☐3	☐4	☐5
i. Using patient agreements or "contracts"	☐1	☐2	☐3	☐4	☐5

6. How much do you agree or disagree with the following statements about prescribing opioids for chronic non-cancer pain.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. Opioids are inherently risky drugs	☐1	☐2	☐3	☐4
b. Opioids are a reasonable treatment for chronic pain as long as the patient does not have a history of substance use disorder	☐1	☐2	☐3	☐4
c. Patients can be effectively screened for risk of misuse or overdose	☐1	☐2	☐3	☐4

7. Which of the following statements best represents your opinion about abuse-deterrent formulations (ADF)?

☐1 An ADF of a drug will have a lower addictive potential than a non-ADF of the same drug
☐2 An ADF of a drug will have the same addictive potential as a non-ADF of the same drug
☐3 An ADF of a drug will have a higher addictive potential than a non-ADF of the same drug

Next, a few questions about your use of opioids and treatment of pain in clinical practice.

8. In the past year, approximately what percentage of patients in your practice were treated for chronic, non-cancer pain? (Please provide percent between 0-100%) |__|__|__|

9. In the past year, approximately what percentage of patients with chronic, non-cancer pain did you prescribe an opioid? (Please provide percent between 0-100%) |__|__|__|

10. How comfortable are you performing each of the following:

	Very comfortable	Somewhat comfortable	Not very comfortable	Not at all comfortable	Not applicable
a. Managing complex chronic pain	☐1	☐2	☐3	☐4	☐5
b. Prescribing opioids for chronic non-cancer pain	☐1	☐2	☐3	☐4	☐5
c. Tapering opioids when clinically indicated	☐1	☐2	☐3	☐4	☐5

11. How often, if ever, do you recommend each of the following non-pharmacologic therapies before starting opioids for chronic, non-cancer pain?

	Never	Rarely	Sometimes	Often	Always
a. Massage	☐1	☐2	☐3	☐4	☐5
b. Accupuncture	☐1	☐2	☐3	☐4	☐5
c. Hypnosis	☐1	☐2	☐3	☐4	☐5
d. Yoga	☐1	☐2	☐3	☐4	☐5
e. Physical therapy	☐1	☐2	☐3	☐4	☐5
f. Cognitive behavioral therapy	☐1	☐2	☐3	☐4	☐5

12. What barrier(s), if any, prevent you from recommending non-pharmacologic therapies such as those identified above before starting opioids for chronic, non-cancer pain? Select all that apply.

- ☐1 Clinicians who can provide these services are not available in my community
- ☐2 Non-pharmacologic treatments are not covered by my patients' insurance
- ☐3 My patients expect to receive opioids to treat their pain
- ☐4 Non-pharmacologic therapies aren't generally effective for chronic, non-cancer pain

13. What barrier(s), if any, prevent you from tapering opioids when clinically indicated? Select all that apply.

- ☐1 Opioid tapering is complicated
- ☐2 Patients on long-term opioids are resistant to having their doses decreased
- ☐3 I do not have the clinical skills to taper opioids
- ☐4 My patients who may need tapering were started on opioids by another prescriber
- ☐5 Tapering opioids will drive patients to use heroin or fentanyl
- ☐6 There are no alterantive treatments to transition patients to when tapering opioids

The next 2 questions ask about changes in your opioid prescribing during the past five years. If you have been a practicing physician for fewer than 5 years, **PLEASE SKIP TO QUESTION 16.**

14. Are you less likely to prescribe an opioid today compared to 5 years ago?

☐1 No **[SKIP TO QUESTION 16]**
☐2 Yes

15. To what degree, if at all, have the following factors influenced you to prescribe fewer opioids?

	Not at all	A little bit	Somewhat	A lot
a. Change in patient case mix	☐1	☐2	☐3	☐4
b. Change in patient demand for prescription opioids	☐1	☐2	☐3	☐4
c. Increased recognition of the risks of opioids	☐1	☐2	☐3	☐4
d. Increased recognition of deceptive marketing practices by opioid manufacturers	☐1	☐2	☐3	☐4
e. Increased insurance barriers preventing patient access to needed treatments	☐1	☐2	☐3	☐4
f. Increased knowledge of other pain treatment modalities	☐1	☐2	☐3	☐4
g. State or health system restrictions on opioid prescribing	☐1	☐2	☐3	☐4
h. Potential for malpractice litigation	☐1	☐2	☐3	☐4
i. Potential action by law enforcement	☐1	☐2	☐3	☐4
j. Increased use of Prescription Drug Monitoring Programs	☐1	☐2	☐3	☐4
k. Increased recognition of lack of benefit in many settings where opioids have been commonly used	☐1	☐2	☐3	☐4
l. Recommendations from the CDC Guideline for Prescribing Opioids for Chronic Pain	☐1	☐2	☐3	☐4

16. To what degree, if at all, do you think your colleagues' opioid prescribing during the past decade has been influenced by marketing and promotion by pharmaceutical manufacturers?

☐1 Not at all
☐2 A little bit
☐3 Somewhat
☐4 A lot

17. To what degree, if at all, do you think your opioid prescribing during the past decade has been influenced by marketing and promotion by pharmaceutical manufacturers?

☐1 Not at all
☐2 A little bit
☐3 Somewhat
☐4 A lot

Next, a few questions about addiction and treatment of opioid use disorder.

18. How comfortable are you performing each of the following:

	Very comfortable	Somewhat comfortable	Not very comfortable	Not at all comfortable
a. Screening patients for opioid use disorder	☐1	☐2	☐3	☐4
b. Diagnosing patients with opioid use disorder	☐1	☐2	☐3	☐4
c. Treating patients with opioid use disorder using medications	☐1	☐2	☐3	☐4

19. In the past year, about how many unique patients have you seen in your clinical practice that have opioid use disorder? (enter number of patients) |__|__|__|__|

20. In the past year, have you treated anyone with opioid use disorder?

☐1 No **[SKIP TO QUESTION 23]**
☐2 Yes

21. Think about the most recent patient that you have treated with an opioid use disorder. Which of the following did you do with respect to their opioid use disorder? Select all that apply.

☐1 Manage their opioid use disorder within the practice
☐2 Refer them or co-manage them with an addiction specialist
☐3 Treat them with buprenorphine for opioid use disorder
☐4 Treat them with methadone for opioid use disorder
☐5 Treat them with naltrexone for opioid use disorder
☐6 Encourage them to utilize a 12-step program (e.g., Narcotics Anonymous)

22. How confident are you regarding the quality of care that your patients receive for opioid use disorder?

	Very confident	Somewhat confident	Not very confident	Not at all confident	Not applicable
a. Timeliness	☐1	☐2	☐3	☐4	☐5
b. Patient-centeredness	☐1	☐2	☐3	☐4	☐5
c. Effectiveness	☐1	☐2	☐3	☐4	☐5
d. Safety	☐1	☐2	☐3	☐4	☐5
e. Comprehensiveness	☐1	☐2	☐3	☐4	☐5

23. In the past year, about how many unique patients have you seen who have lost a family member or friend to an opioid overdose? (please enter number of patients) |__|__|__|

24. Is anyone in your practice, whether yourself or a colleague, waivered to prescribe buprenorphine?

☐1 No **[PLEASE SKIP TO QUESTION 27]**
☐2 Yes

25. Do you or your practice accept insurance for buprenorphine treatment?

☐1 No
☐2 Yes

26. What barrier(s), if any, prevent your practice from prescribing more buprenorphine? Select all that apply.

- ☐1 Poor reimbursement or other insurance barriers (e.g., prior authorization, step therapy)
- ☐2 Lack of access to addiction, behavioral health or psychiatric co-management
- ☐3 Too little experience treating opioid use disorder
- ☐4 Lack of eligible patients with opioid use disorder within the practice
- ☐5 Preference not to be inundated with requests for buprenorphine
- ☐6 Concern about the risk of buprenorphine misuse or diversion
- ☐7 Requirements for eight hour training to obtain buprenorphine "waiver"
- ☐8 Presence of better treatments for OUD than buprenorphine
- ☐9 Resistance from practice partners, staff or lack of institutional support
- ☐10 Federal or state regulations related to buprenorphine

27. If you are not waivered to prescribe buprenorphine, what barriers prevent you from obtaining a buprenorphine waiver? Select all that apply.

- ☐1 Poor reimbursement or other insurance barriers (e.g., prior authorization, step therapy)
- ☐2 Lack of access to addiction, behavioral health or psychiatric co-management
- ☐3 Too little experience treating opioid use disorder
- ☐4 Lack of eligible patients with opioid use disorder within the practice
- ☐5 Preference not to be inundated with requests for buprenorphine
- ☐6 Concern about the risk of buprenorphine misuse or diversion
- ☐7 Requirements for eight hour training to obtain buprenorphine "waiver"
- ☐8 Presence of better treatments for OUD than buprenorphine
- ☐9 Resistance from practice partners, staff or lack of institutional support
- ☐10 Federal or state regulations related to buprenorphine

28. Do you have a referral relationship with any providers that offer addiction treatment?

- ☐1 Yes
- ☐2 No

Finally, a few questions about you and your practice.

29. Do you consider yourself a primary care physician?

- ☐1 Yes
- ☐2 No

30. In a typical month about how many patients do you see, regardless of the conditions or treatments you use? (enter number of patients) |__|__|__|

31. Including yourself, how many physicians and nurse practitioners work at your primary practice site? (enter number of physicians and nurse practitioners) |__|__|__|__|

32. Approximately what percent of your annual pay from your medical practice depends upon the number of patients you see? (enter percent of annual pay) |__|__|__|%

33. Do you work in an academic medical center or teaching hospital?

☐ 1 Yes
☐ 2 No

34. Please indicate your type of practice setting(s) (Check all that apply)

☐ 1 Solo or small group practice
☐ 2 Managed care organization
☐ 3 Academic medical center based practice
☐ 4 Federally Qualified Health Center (FQHC)
☐ 5 Public or government based practice (e.g., county, state, federal)
☐ 6 Other (specify):

35. In what type of community is your primary site of clinical practice located?

☐ 1 Urban
☐ 2 Suburban
☐ 3 Rural

36. Do pharmaceutical representatives visit your primary site of clinical practice?

☐ 1 Yes
☐ 2 No

37. Do you consider yourself to be Hispanic or Latino?

☐ 1 Yes
☐ 2 No

38. How would you classify your race? [**CHECK ONLY ONE**]

☐ 1 Asian
☐ 2 Black or African-American
☐ 3 American Indian or Alaskan Native
☐ 4 White or Caucasian
☐ 5 Other (please specify) _____

39. Is there is anything else you would like to tell us about this survey, prescription opiold abuse, or about prescribing opioids? (Please use extra sheets of paper as necessary)

Please return this survey in the enclosed, postage-paid envelope.
Thank you for participating!