

Emergency Department Provider Opioid Prescribing Survey

1. Consent Statement

Emory University
Consent to be a Research Subject

Title: Emergency Department Provider Opioid Prescribing Survey Study

Principal Investigator: Brent Morgan, MD, Department of Emergency Medicine
Co-Investigator: Adam Pomerleau, MD, Department of Emergency Medicine

Funding Source: None

Introduction

You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study. You can skip any questions that you do not wish to answer.

Before making your decision:

- Please carefully read this form or have it read to you
- Please ask questions about anything that is not clear

You can print a copy of this consent form, to keep. Feel free to take your time thinking about whether you would like to participate. By signing this form you will not give up any legal rights.

Study Overview

The purpose of this study is to gain insight into the attitudes and opioid prescribing practices of providers in the Emory Department of Emergency Medicine. We hope the results of the current survey will provide baseline information about our current practice as a department in anticipation of the forthcoming Georgia Prescription Drug Monitoring Program (GPMP), so that we can study how this program affects our future opioid prescribing practice. We also hope to learn what factors influence residents' education regarding opioid prescribing.

Procedures

We ask that you complete two online questionnaires, one now and a second approximately six months after the GPMP becomes operational. We anticipate each questionnaire will take approximately 10-15 minutes to complete. To evaluate how GPMP affects our opioid prescribing patterns we will track how survey responses change after the introduction of the program. For this reason, and to ensure proper follow-up sampling, we need to link your email address to your survey responses. However, your information will be deidentified for data analysis and all results will be reported in aggregate.

Risks and Discomforts

The primary risk you face by participating in this study is a lack of anonymity regarding your responses to the survey questions, which mostly pertain to your attitudes and prescribing habits around opioid medication. We do not anticipate that a loss of confidentiality, if one were to occur, will affect your employability, insurability, or social standing.

Benefits

This study is not designed to benefit you directly. This study is designed to learn more about emergency medicine provider opioid prescribing habits. The study results may be used to help others in the future.

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Compensation

You will not be offered payment for being in this study. However, you will have the chance to participate in a sweepstakes raffle to win a \$100 gift card. You must choose to enroll in the sweepstakes and will not be enrolled automatically. To enroll you must submit your email address.

Confidentiality

Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include the Emory Institutional Review Board, and the Emory Office of Research Compliance. Emory will keep any research records we create private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Study records can be opened by court order. They may also be produced in response to a subpoena or a request for production of documents.

Voluntary Participation and Withdrawal from the Study

You have the right to leave a study at any time without penalty. You may refuse to answer any questions that you do not wish to answer; any answers you do complete on the survey will be analyzed.

Contact Information

Contact Brent Morgan, MD or Adam Pomerleau, MD at (404) 616-9237:

- if you have any questions about this study or your part in it, or
- if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.

You may also let the IRB know about your experience as a research participant through our Research Participant Survey at <http://www.surveymonkey.com/s/6ZDMW75>.

***1. Please indicate your desire whether to participate.**

- Yes, I have read the consent and agree to participate.
- No, I do not wish to participate.

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2. Demographic Information I

2. What is your age?

Age in years

3. What is your gender?

Female

Male

4. On average, how many hours per month do you spend working clinical shifts?

Number of hours

5. Do you have any additional training in palliative care medicine?

Yes

No

6. What is your role in the ED?

Attending

Associate Provider

PGY1

PGY2

PGY3

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3. Demographic Information II

7. How many years have you been in clinical practice since graduating from school including residency training (if relevant)?

Number in years

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4. Resident Education

8. Please indicate the importance of each of the following factors influencing the evolution of your clinical use and prescribing of opioid medications in the ED:

	Not Important	Little Importance	Moderate Importance	Important	Very Important
Clinical experience based on patient encounters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending role modeling/Pattern of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didactic teaching sessions during residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journal club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical school education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing culture of the clinical sites where you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5. Current Prescribing Practices for ED Discharge Prescriptions

9. Upon ED discharge, how often do you prescribe opioid medications for:

	Never	Occasionally	Sometimes	Often	Always
Acute pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic noncancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute exacerbations of chronic noncancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. When prescribing an opioid medication, how do you typically indicate a quantity on the prescription?

- Number of pills
- Number of days of treatment
- Other (please specify)

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6. Current Prescribing Practices for ED Discharge Prescriptions II

11. How many pills do you typically prescribe for:

	None	One dose	1-5 tablets	5-10 tablets	10-15 tablets	15-20 tablets	20-30 tablets	>30 tablets
Acute pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic noncancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute exacerbations of chronic noncancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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7. Current Prescribing Practices for ED Discharge Prescriptions III

12. How many days of opioid medication do you typically prescribe for:

	None	One dose	1-3 days	4-7 days	8-14 days	5-30 days	>30 days
Acute pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic noncancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute exacerbations of chronic noncancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. Current Prescribing Practices for ED Discharge Prescriptions IV

13. Upon ED discharge, do you ever prescribe long-acting or extended release opioid medications such as fentanyl patches, methadone, or Oxycontin?

- No
- Yes, based on my clinical judgment
- Yes, only if patient known to be currently taking
- Yes, under the following condition: (please specify)

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9. Current Prescribing Practices for ED Discharge Prescriptions V

14. If yes, on average how often do you prescribe long-acting or extended release opioid medications? (Please select the option that most closely describes your practice.)

- Once per 10 patients
- Once per 100 patients
- Once per 1000 patients
- Less than once per 1000 patients
- Other (please specify)

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10. Rank List Part I

15. Please indicate the importance of each of the following factors in your decision whether or not to prescribe opioid medications upon ED discharge. Try to consider each factor in isolation from others:

	Not Important	Little Importance	Moderate Importance	Important	Very Important
Diagnosis thought to be cause of patient's pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's reported pain scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's vital signs and physical exam findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's apparent level of distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory or imaging results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's opioid prescription history (if known)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's other current medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient history of substance abuse or dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient requests opioid prescription on discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's overall satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount and type of opioid medication given in the ED that was required to control the patient's pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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11. Rank List Part II

16. Please indicate the importance of each of the following factors in your decision whether or not to prescribe opioid medications upon ED discharge. Try to consider each factor in isolation from others:

	Not Important	Little Importance	Moderate Importance	Important	Very Important
Your clinical gestalt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing culture of the clinical sites where you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about side effects of the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about promoting addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about medication diversion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about doctor shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about unsafe use of the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about nonmedical use of the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your concern about medication overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Prescribing Tools/Guidelines

17. Do you routinely use any tools to determine what type or quantity of opioid pain medication to prescribe?

- Yes
- No

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13. Prescribing Tools/Guidelines II

18. If yes, what tool(s) do you use?

19. Do you attempt to adhere to any opioid medication prescribing guidelines promulgated by a professional or medical organization such as the American College of Emergency Physicians or American Pain Society?

- Yes
- No
- I am unaware of any such guidelines

14. Prescribing Tools/Guidelines III

20. If yes, what guidelines do you follow?

21. If yes, what level of importance do you give the guidelines as a factor in your prescribing decisions?

Not Important

Little Importance

Moderate Importance

Important

Very Important

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15. Prescription Drug Monitoring Programs

A prescription drug monitoring program (PDMP) is a state administered program designed to track certain types of DEA scheduled controlled substances for surveillance by physicians, pharmacists, and law enforcement with the purpose of improving patient safety and public health. The information available in a PDMP varies by state. In some states, physicians may access and query a database containing information about prescriptions given to a specific patient including the type of medication, number of pills dispensed, name of provider giving prescription, date on which prescription was filled, and pharmacy where the prescription was filled.

22. Are you aware that Georgia is planning to initiate a prescription drug monitoring program?

- Yes
- No

23. Would you use the Georgia Prescription Monitoring Program when it becomes available for providers to access?

- Yes
- No
- It depends

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16. Prescription Drug Monitoring Programs II

24. If you answered, “it depends” please state why.

25. What would you use the Georgia Prescription Monitoring Program for? (check all that apply)

- Suspicion of medication diversion
- Suspicion of doctor shopping
- Suspicion of non-medical use
- Concern for unsafe use (overdose or adverse effects)
- Other (please specify)

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17. Attitudes

26. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Emergency department (ED) providers are a significant source of opioid medications that are used nonmedically or diverted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED providers should consider the public health effects of opioid medications when writing a prescription for any given patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ED providers can impact the public health problems due to opioid medications by changing their prescribing practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can accurately identify patients who are doctor shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can accurately identify patients who are addicted to or dependent on opioid medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to give more opioid medications on discharge than my colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would rather over-prescribe and risk some medication diversion or nonmedical use, than under-prescribe and not treat a patient's pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My prescribing practice is influenced by my observations of friends and family members experience with prescription opioids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My prescribing practice is influenced by the prescribing culture of the clinical sites where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Final Question

27. Have you ever taken a prescription opioid medication for relief of pain?

- Yes
- No
- Decline to state

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19. Final Page

Thank you for completing this research survey.

If you have any questions or concerns regarding the survey, please contact the investigators:

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