

# Opioid Use Disorder In the ED Pre-series Survey

## Invitation to Participate in Study

The Extension for Community Health Outcomes Chicago (ECHO-Chicago) has partnered with Southern Illinois University to offer an innovative approach of providing additional training for emergency room (ED) providers in the management of suspected or known opiate use disorder (OUD) via regularly scheduled video-conferences.

We are conducting a study to evaluate the impact of ECHO-Chicago and invite participants to complete a brief survey. The survey consists of three parts: (1) your experience in managing OUD in the emergency department, (2) self-efficacy in managing patients with OUD, and (3) resources you use for more information about OUD. Participation in the study is voluntary. The survey will take about 15 minutes to complete. By completing the survey you are indicating your consent to participate in the study.

You will be asked to complete the survey prior to and immediately following completion of ECHO-Chicago OUD-ED training. We will compare results from the pre- and post-intervention surveys in order to determine if there are changes as a result of participation in ECHO-Chicago.

You will be assigned a unique identifier that allows us to match your pre- and post-survey results. The ECHO-Chicago Project Coordinator is the only member of the project team with access to information that links you to your unique identifier. This information will not be shared with any other members of the ECHO-Chicago team. The results of the surveys will be reported in aggregate; health center data and individual responses will not be shared with anyone. Only the unique identifier will be recorded in the data set.

Please contact the ECHO-Chicago Project Director, Dr. Daniel Johnson at 773-834-0497 or [djohnson@peds.bsd.uchicago.edu](mailto:djohnson@peds.bsd.uchicago.edu), or the OUD-ED Project Coordinator Isa Rodriguez at (773) 322-6941 or [irodriguez@peds.bsd.uchicago.edu](mailto:irodriguez@peds.bsd.uchicago.edu) if you have any questions.

Cohort #

\_\_\_\_\_ (for office use only)

Birth year

\_\_\_\_\_ (Number only, example: 1990)

Gender

- Female  
 Male  
 Gender neutral  
 Transgender FTM  
 Transgender MTF  
 Decline to answer  
 Other

Other gender identity

\_\_\_\_\_

Race (please check all that apply)

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Biracial  
 Other  
 Decline to Answer

Please specify other race:

\_\_\_\_\_

Ethnicity

- Hispanic or Latinx  
 Not Hispanic or Latinx

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Do you work for a hospital and/or a staffing agency?  
Please select all that apply.

- Hospital  
 Staffing agency
- 

Name(s) of your current workplace(s)?

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Zipcode(s) of your current clinical practice (if known)

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Provider type (please select one)

- Physician (MD, DO)  
 Nurse Practitioner (APN, CNP, DNP, FNP, MSN, NP, etc.)  
 Physician Assistant (PA)  
 Nurse (BSN, RN, LPN)  
 Medical Assistant (MA)  
 Clinical Pharmacist (PharmD)  
 Psychologist (PhD, PsyD)  
 Social Worker (MSW, LSW, LCSW)  
 Behavioral Health Provider  
 Case Manager  
 Registered Dietitian/Nutritionist (RD)  
 Other (please specify)
- 

Other provider type / credentials / job title:

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Your clinical specialty

- Primary Care Medicine  
 Family Medicine  
 Pediatrics  
 Emergency Medicine  
 Internal Medicine  
 Psychiatry  
 Behavioral Health  
 Obstetrics gynecology  
 Other  
 Not applicable
- 

Please provide your other specialty:

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Please indicate the year you began practice:

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(Number only, example: 2010)

**Your patient panel**

Have you cared for patients with suspected opioid use disorder (OUD) in the past?

- Yes  
 No

About how often do you see patients with suspected OUD?

- Every shift  
 Every other shift  
 Sometimes, but less than every other shift  
 Rarely

**Please rate your knowledge, skills and/or competencies in the following areas.**

**1, No skill at all**

**2, Vague knowledge, skills, or competence**

**3, Slight knowledge, skills, or competence**

**4, Average**

**5, Competent**

**6, Very competent**

**7, Expert, teach others**

	1 No skill at all	2	3	4	5	6	7 Expert, teach others
Ability to identify appropriate patients and prescribe take home naloxone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to identify OUD patients who should be screened for HIV and HCV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to refer OUD patients to treatment and harm reduction services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to identify OUD patients who should have buprenorphine initiated in the ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to educate ED staff about best practices for OUD patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to deescalate agitated OUD or meth-intoxicated patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to advocate for a departmental standardized protocol for OUD patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reduce return ED visits for patients with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please answer the following OUD knowledge questions (one answer per question):**

ED providers are required to provide the following information to law enforcement officers conducting a criminal investigation in the ED:

- No information without patient consent
- Limited pieces of protected health information in specific circumstances
- Any protected health information that an officer expresses as critical to their current investigation
- Any protected health information relevant to the investigation if the officer has probable cause

Does a patient that overdosed on heroin and was resuscitated with naloxone, either in the field or in the ED, have the right to refuse medical treatment?

- Yes
- No
- I don't know

Which of the following is a validated score used to quantify the severity of opioid withdrawal?

- CIWA
- COWS
- AUDIT
- DAST
- CAGE

What legal parameters exist for bystanders that respond to someone that overdoses on heroin?

- Use of naloxone on a third party is illegal; bystanders can suffer legal consequences for drug possession
- Use of naloxone on a third party is allowed; bystanders can suffer legal consequences for drug possession
- Use of naloxone on a third party is illegal; bystanders have immunity from criminal prosecution of drug possession
- Use of naloxone on a third party is legal; bystanders have immunity from criminal prosecution of drug possession

What is the best test to screen for HIV in patients that inject drugs?

- Combination Ag/Ab HIV-1/2 test
- HIV 1/2 Ab differentiation immunoassay
- HIV RNA quantitative viral load
- HIV core antibody

**Please read each statement carefully and select the circle below the item that indicates the degree of your agreement or disagreement with each statement. Please use the scale below, and please do not omit any item.**

	Strongly disagree	Disagree	Agree	Strongly agree
I feel uncomfortable around patients who inject drugs or have opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to help people who inject drugs or have opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than half of people who inject drugs or have opioid use disorder dont try hard enough to get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think people who inject drugs or have opioid use disorder are dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid use disorder (addiction) is a chronic disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for opioid use disorder is as effective as treatment for other chronic diseases like hypertension and type 2 diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I struggle to feel compassion for a person who injects drugs or has opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who inject drugs or have opioid use disorder are deceptive and cant be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who use opioids should always be offered naloxone for overdose prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's appropriate for medical providers to recommend syringe service programs to patients who inject drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is appropriate to prescribe buprenorphine to patients who voice interest in reducing opioid use and continue to use other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a patient who injects drugs or has opioid use disorder doesn't want to engage in treatment, they deserve to face criminal penalties such as incarceration for their drug use.

People who inject drugs or who have opioid use disorder should be held responsible for their health problems, including skin infections and overdoses.

People who inject drugs or who have opioid use disorder are a burden on our healthcare and public welfare systems.

I believe people who inject drugs or have opioid use disorder can be good parents.

I believe people who inject drugs or have opioid use disorder can be good employees.

I believe people who inject drugs or have opioid use disorder can be good friends.

The most effective treatment for opioid use disorder is medication.

Strongly agree

Agree

Disagree

Strongly disagree

It is important that law enforcement officers are present when I see patients with opioid use disorder.

There are potential negative consequences to having law enforcement officers present during patient encounters.

**ECHO-Chicago past participation**

Have you participated in ECHO-Chicago in the past?

- Yes  
 No

Please put a check in the boxes next to the series you have participated in. (Check all that apply)

- Pediatric ADHD
- Childhood Obesity
- Resistant Hypertension
- Breast Cancer Survivorship
- Women's Health / Risk-based Approach to Women's Healthcare
- Hepatitis C
- Child and Youth Epilepsy
- Behavioral Health Integration
- Complex Pediatric Asthma
- Geriatrics
- Opioid Use Disorder
- Hepatitis C Case Management
- Comprehensive Care Learning Collaborative
- Serious Mental Illness
- Diabetes
- COVID-Pediatrics
- COVID-Adult
- COVID-SNF/LTD



# Opioid Use Disorder in the ED Post-series Survey

## Invitation to Participate in Study

The Extension for Community Health Outcomes Chicago (ECHO-Chicago) has partnered with Southern Illinois University to offer an innovative approach of providing additional training for emergency room (ED) providers in the management of suspected or known opiate use disorder (OUD) via regularly scheduled video-conferences.

We are conducting a study to evaluate the impact of ECHO-Chicago and invite participants to complete a brief survey. The survey consists of three parts: (1) your experience in managing OUD in the emergency department, (2) self-efficacy in managing patients with OUD, and (3) resources you use for more information about OUD. Participation in the study is voluntary. The survey will take about 15 minutes to complete. By completing the survey you are indicating your consent to participate in the study.

You will be asked to complete the survey prior to and immediately following completion of ECHO-Chicago OUD-ED training. We will compare results from the pre- and post-intervention surveys in order to determine if there are changes as a result of participation in ECHO-Chicago.

You will be assigned a unique identifier that allows us to match your pre- and post-survey results. The ECHO-Chicago Project Coordinator is the only member of the project team with access to information that links you to your unique identifier. This information will not be shared with any other members of the ECHO-Chicago team. The results of the surveys will be reported in aggregate; health center data and individual responses will not be shared with anyone. Only the unique identifier will be recorded in the data set.

Please contact the ECHO-Chicago Project Director, Dr. Daniel Johnson at 773-834-0497 or [djohnson@peds.bsd.uchicago.edu](mailto:djohnson@peds.bsd.uchicago.edu), or the OUD-ED Project Coordinator Isa Rodriguez at (773) 322-6941 or [irodriguez@peds.bsd.uchicago.edu](mailto:irodriguez@peds.bsd.uchicago.edu) if you have any questions.

**Now that you have participated in the ECHO-Chicago Opioid Use Disorder in the Emergency Department series, what were the benefits of participating? Please rate the following benefits that apply to you.**

	Not a benefit	Minor benefit	Moderate benefit	Major benefit	Maximum benefit
Enhanced knowledge about the diagnosis, treatment, and management of OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased collaboration with ED colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CME credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge gained about appropriate referrals for OUD patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better understanding of the pharmacology relevant to treatment of patients with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collegial discussions with peers about OUD patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other benefit

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**Please rate your knowledge, skills and/or competencies in the following areas.**

**1, No skill at all**

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**3, Slight knowledge, skills, or competence**

**4, Average**

**5, Competent**

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Ability to refer OUD patients to treatment and harm reduction services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to identify OUD patients who should have buprenorphine initiated in the ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to educate ED staff about best practices for OUD patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to deescalate agitated OUD or meth-intoxicated patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to advocate for a departmental standardized protocol for OUD patient care	<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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	Strongly disagree	Disagree	Agree	Strongly agree
I feel uncomfortable around patients who inject drugs or have opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to help people who inject drugs or have opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than half of people who inject drugs or have opioid use disorder dont try hard enough to get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think people who inject drugs or have opioid use disorder are dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid use disorder (addiction) is a chronic disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I struggle to feel compassion for a person who injects drugs or has opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who inject drugs or have opioid use disorder are deceptive and cant be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who use opioids should always be offered naloxone for overdose prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's appropriate for medical providers to recommend syringe service programs to patients who inject drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is appropriate to prescribe buprenorphine to patients who voice interest in reducing opioid use and continue to use other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a patient who injects drugs or has opioid use disorder doesn't want to engage in treatment, they deserve to face criminal penalties such as incarceration for their drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who inject drugs or who have opioid use disorder should be held responsible for their health problems, including skin infections and overdoses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who inject drugs or who have opioid use disorder are a burden on our healthcare and public welfare systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people who inject drugs or have opioid use disorder can be good parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people who inject drugs or have opioid use disorder can be good employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people who inject drugs or have opioid use disorder can be good friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The most effective treatment for opioid use disorder is medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Agree	Disagree	Strongly disagree
It is important that law enforcement officers are present when I see patients with opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are potential negative consequences to having law enforcement officers present during patient encounters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Now, we would like to ask you a few questions about your experience participating in ECHO-Chicago. Thinking about the series, please rate each statement below according to the scale at the right.**

	Poor	Fair	Good	Very Good	Excellent
Stated objectives were met: Educate ED healthcare providers in OUD diagnosis, treatment, and management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stated objectives were met: Inform participants of changes in best practices in OUD care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stated objectives were met: Expand patient access to OUD expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content was evidence-based, balanced, and objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had opportunities to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sessions were well-paced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sessions were well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter communicated clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presentations were useful to me for my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback provided on case presentations was useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was the activity fair, balanced, and free of commercial bias?

- Yes  
 No

If No, please provide additional comment (please be as specific as possible):

\_\_\_\_\_

What did you like most about the series? Please select all that apply

- Presentations by OUD experts  
 Discussions with other ED providers  
 Opportunities to present patient cases  
 Opportunities to learn about OUD in the ED  
 Meeting colleagues from other EDs  
 Other

If other, please specify

\_\_\_\_\_

How can we improve the series?

\_\_\_\_\_

Do you feel part of a knowledge network where you can consult other ED colleagues now that you have participated in ECHO-Chicago?

- Yes  
 No

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Has participation in ECHO-Chicago increased your collegiality with other ED providers?

- Yes  
 No
- 

Can you walk us through one change, if any, that you have made in your practice based on what you learned in the ECHO-Chicago series?

\_\_\_\_\_

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Would you please tell us about one change your department has made as a result of your taking part in ECHO-Chicago OUD-ED?

\_\_\_\_\_

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Have you increased the number of patients to whom you prescribe take-home naloxone?

- Yes  
 No
- 

Have you completed or signed up for an "X-waiver" course to allow you to prescribe buprenorphine?

- Completed  
 Scheduled  
 I do not have the ability to prescribe medication  
 I am a prescriber, but I have neither completed or signed up for an X-waiver course



### What barriers you have encountered in making changes to implement best practice care at your health center?

	Not a barrier	Minor barrier	Moderate barrier	Major barrier	Maximum barrier
There isn't enough time in an ED encounter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There isn't support for expanding OUD care from administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers are unwilling or do not have access to complete the X-waiver course that allows them to prescribe buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many patient problems that demand my attention. OUD is of less importance to manage and treat than other patient problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reimbursement for management and treatment of OUD is inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of inpatient substance abuse treatment in my hospital and surrounding areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of outpatient substance abuse treatment in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUD treatment is not affordable for most patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacies in my area do not carry buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify

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ECHO-Chicago series provide advanced training for health professionals in the diagnosis and management of common diseases. Please list any additional disease areas that you would like to see in an ECHO-Chicago series.

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## Implementation questions

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
Providing OUD care in my emergency department meets my approval.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department is appealing to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the idea of providing comprehensive HCV care in my clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I welcome providing OUD care in my emergency department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems fitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems suitable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems applicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems like a good match.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems implementable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems doable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems easy to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# OUD-ED Postseries Survey 6 Months Post

Please complete the survey below.

Thank you!

## **ECHO-Chicago Provider Survey Invitation to Participate in Study**

**The Extension for Community Health Outcomes Chicago (ECHO-Chicago) has partnered with Southern Illinois University to offer an innovative approach of providing additional training for emergency room (ED) providers in the management of suspected or known opiate use disorder (OUD) via regularly scheduled video-conferences.**

**We are conducting a study to evaluate the impact of ECHO-Chicago and invite participants to complete a brief survey. The survey consists of three parts: (1) your experience in managing OUD in the emergency department, (2) self-efficacy in managing patients with OUD, and (3) resources you use for more information about OUD. Participation in the study is voluntary. The survey will take about 15 minutes to complete. By completing the survey you are indicating your consent to participate in the study.**

**You will be asked to complete the survey prior to and immediately following completion of ECHO-Chicago OUD-ED training. We will compare results from the pre- and post-intervention surveys in order to determine if there are changes as a result of participation in ECHO-Chicago.**

**You will be assigned a unique identifier that allows us to match your pre- and post-survey results. The ECHO-Chicago Project Coordinator is the only member of the project team with access to information that links you to your unique identifier. This information will not be shared with any other members of the ECHO-Chicago team. The results of the surveys will be reported in aggregate; health center data and individual responses will not be shared with anyone. Only the unique identifier will be recorded in the data set.**

**Please contact the ECHO-Chicago Project Director, Dr. Daniel Johnson at 773-834-0497 or [djohnson@peds.bsd.uchicago.edu](mailto:djohnson@peds.bsd.uchicago.edu), or the OUD-ED Project Coordinator Isa Rodriguez at (773) 322-6941 or [irodriguez@peds.bsd.uchicago.edu](mailto:irodriguez@peds.bsd.uchicago.edu) if you have any questions.**

**Please rate your knowledge, skills and/or competencies in the following areas.**

**1, No skill at all**

**2, Vague knowledge, skills, or competence**

**3, Slight knowledge, skills, or competence**

**4, Average**

**5, Competent**

**6, Very competent**

**7, Expert, teach others**

	1 No skill at all	2	3	4	5	6	7 Expert, teach others
Ability to identify appropriate patients and prescribe take home naloxone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to identify OUD patients who should be screened for HIV and HCV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to refer OUD patients to treatment and harm reduction services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to identify OUD patients who should have buprenorphine initiated in the ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to educate ED staff about best practices for OUD patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to deescalate agitated OUD or meth-intoxicated patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to advocate for a departmental standardized protocol for OUD patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reduce return ED visits for patients with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please answer the following OUD knowledge questions (one answer per question):**

ED providers are required to provide the following information to law enforcement officers conducting a criminal investigation in the ED:

- No information without patient consent
- Limited pieces of protected health information in specific circumstances
- Any protected health information that an officer expresses as critical to their current investigation
- Any protected health information relevant to the investigation if the officer has probable cause

Does a patient that overdosed on heroin and was resuscitated with naloxone, either in the field or in the ED, have the right to refuse medical treatment?

- Yes
- No
- I don't know

Which of the following is a validated score used to quantify the severity of opioid withdrawal?

- CIWA
- COWS
- AUDIT
- DAST
- CAGE

What legal parameters exist for bystanders that respond to someone that overdoses on heroin?

- Use of naloxone on a third party is illegal; bystanders can suffer legal consequences for drug possession
- Use of naloxone on a third party is allowed; bystanders can suffer legal consequences for drug possession
- Use of naloxone on a third party is illegal; bystanders have immunity from criminal prosecution of drug possession
- Use of naloxone on a third party is legal; bystanders have immunity from criminal prosecution of drug possession

What is the best test to screen for HIV in patients that inject drugs?

- Combination Ag/Ab HIV-1/2 test
- HIV 1/2 Ab differentiation immunoassay
- HIV RNA quantitative viral load
- HIV core antibody

**Please read each statement carefully and select the circle below the item that indicates the degree of your agreement or disagreement with each statement. Please use the scale below, and please do not omit any item.**

	Strongly disagree	Disagree	Agree	Strongly agree
I feel uncomfortable around patients who inject drugs or have opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to help people who inject drugs or have opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than half of people who inject drugs or have opioid use disorder dont try hard enough to get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think people who inject drugs or have opioid use disorder are dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid use disorder (addiction) is a chronic disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for opioid use disorder is as effective as treatment for other chronic diseases like hypertension and type 2 diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I struggle to feel compassion for a person who injects drugs or has opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patients who inject drugs or have opioid use disorder are deceptive and cant be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients who use opioids should always be offered naloxone for overdose prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's appropriate for medical providers to recommend syringe service programs to patients who inject drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is appropriate to prescribe buprenorphine to patients who voice interest in reducing opioid use and continue to use other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a patient who injects drugs or has opioid use disorder doesnt want to engage in treatment, they deserve to face criminal penalties such as incarceration for their drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who inject drugs or who have opioid use disorder should be held responsible for their health problems, including skin infections and overdoses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who inject drugs or who have opioid use disorder are a burden on our healthcare and public welfare systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people who inject drugs or have opioid use disorder can be good parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people who inject drugs or have opioid use disorder can be good employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people who inject drugs or have opioid use disorder can be good friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The most effective treatment for opioid use disorder is medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Agree	Disagree	Strongly disagree

It is important that law enforcement officers are present when I see patients with opioid use disorder.

There are potential negative consequences to having law enforcement officers present during patient encounters.

Can you walk us through one change, if any, that you have made in your practice based on what you learned in the ECHO-Chicago series?

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Would you please tell us about one change your department has made as a result of your taking part in ECHO-Chicago OUD-ED?

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**What barriers you have encountered in making changes to implement best practice care at your health center?**

	Not a barrier	Minor barrier	Moderate barrier	Major barrier	Maximum barrier
There isn't enough time in an ED encounter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There isn't support for expanding OUD care from administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers are unwilling or do not have access to complete the X-waiver course that allows them to prescribe buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many patient problems that demand my attention. OUD is of less importance to manage and treat than other patient problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reimbursement for management and treatment of OUD is inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of inpatient substance abuse treatment in my hospital and surrounding areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of outpatient substance abuse treatment in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>	<p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p> <p> <input type="radio"/> <input type="radio"/> <input type="radio"/> </p>
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If other, please specify

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	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
Providing OUD care in my emergency department meets my approval.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department is appealing to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the idea of providing OUD care in my emergency department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I welcome providing OUD care in my emergency department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems fitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems suitable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems applicable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems like a good match.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems implementable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing OUD care in my emergency department seems doable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Providing OUD care in my  
emergency department seems  
easy to do.