



PA OPIOID OVERDOSE REDUCTION

Stigma Reduction Initiative

Baseline Survey of Medical Professionals

**Medical Professionals Behavior Assessment in Relation to
Opioid Use Disorder and Opioid Related Overdoses**

Practice Behavior Assessment

**Implementing the Pennsylvania Prescription Drug Monitoring Program
in Any Healthcare Site**

Pennsylvania Department of Health

DEMOGRAPHICS

A. Background

A.1 Please indicate the date of survey:

____/____/____
MM DD YYYY

A.2 Please indicate your age:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

A.3 Please indicate your gender

- Male
- Female
- Non-binary/third gender
- Prefer to self-describe:
- Prefer not to answer

A.4 Please indicate your race:

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black/African American
- Hispanic
- White/Caucasian
- Other

A.5 Please indicate your healthcare discipline:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse
- Pharmacist

A.6 Please indicate where you practice (select more than one if applicable):

- Primary Care
- Emergency Medicine
- Inpatient Hospital
- Hospital Pharmacy
- Community Pharmacy

A.7 Please describe the majority of your shifts (select more than one if applicable):

- Daytime Weekdays
- Daytime Weekends
- Nighttime Weekdays
- Nighttime Weekends

A.8 Please indicate the best description of the area in which you serve:

- Urban
- Suburban
- Rural
- Mixed

A.9 Please indicate your length of time serving as a healthcare professional: [Click here to enter text.](#) years

A.10 Please indicate your zip code of residence: [Click here to enter text.](#)

BASELINE SURVEY OF MEDICAL PROFESSIONALS

Medical Professionals Behavior Assessment in Relation to Opioid Use Disorder and Opioid Related Overdoses

The following survey will help the Lackawanna Opioid Coalition understand the type and amount of stigma currently residing in the attitudes and behaviors of physicians and other healthcare providers in our community. Your answers from this survey will be kept confidential and will only be reported as a group. The answers will indicate the type of training and education that will best reduce present stigma relating to opioid use disorder and overdoses amongst medical professionals.

B. Glossary

Administer: to provide or apply¹

Medication Assisted Treatment (MAT): Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies²

Naloxone: is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose³

Overdose: Injury to the body that happens when a drug is taken in excessive amounts. An overdose can be fatal or non-fatal⁴

Prescription Opioid: medications that can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer⁵

Substance Use Disorder: disorder caused by the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home⁶

Viable: capable of working, functioning, or developing adequately⁷

¹ <https://www.merriam-webster.com/dictionary/administer>

² <https://www.cdc.gov/drugoverdose/opioids/index.html>

³ <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

⁴ <https://www.cdc.gov/drugoverdose/opioids/index.html>

⁵ <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

⁶ <https://www.samhsa.gov/disorders/substance-use>

⁷ <https://www.merriam-webster.com/dictionary/viable>

C. Confidence in Practice

Please indicate how confident you are in applying the following in your clinical practice:

Clinical Behavior	1 No Confidence	2 A little Confidence	3 Average Confidence	4 Confident	5 Very Confident
C.1 Conducting an evidence-based screen for potential substance use disorder with any patient.					
C.2 Understanding how to have a conversation with a patient that would likely motivate the patient to engage in healthier behavior such as reduce their drinking or access substance use disorder assessment or treatment services.					
C.3 Properly treating an individual who experienced an overdose.					
C.4 Communicating with a patient who is irritated about the questions you are asking.					
C.5 Providing a patient with a referral to substance use disorder treatment services that involves a “warm hand off”.					
C.6 Using national guidelines when determining when and how to prescribe opioids to your patient.					
C.7 Understanding the different approaches that can be used to effectively treat pain in patients that do not involve prescribing opioids to them.					
C.8 Understanding the role of your county’s Single County Authority (SCA) in assisting patients’ access to substance use disorder treatment.					
C.9 Understanding who to contact in your county that can help your patient access substance use disorder treatment.					
C.10 Knowing the number and type of substance use disorder treatment programs in your county.					
C.11 Knowing how to effectively and safely taper a patient off of a prescribed opioid.					

C.12 Knowing the typical percentage of patients within your practice with an opioid/substance use disorder.					
C.13 Knowing what Screening, Brief Intervention and Referral to Treatment (SBIRT) is.					
C.14 Understanding how confidentiality is handled in Pennsylvania in the sharing of clinical information between entities such as managed care organizations and substance use disorder treatment providers with patients that have a substance use disorder.					
C.15 Knowing why a patient may seek to take a sedative who is regularly using opioids either legitimately (via a prescription) or illicitly.					
C.16 Understanding the recommended patient behaviors that will support or sabotage his/her recovery.					

D. Attitudes in Practice

Please indicate the degree to which you agree with the following statements:

Attitude	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
D.1 If a person is addicted to a prescription opioid they can stop using it if they really want to.					
D.2 An individual with a substance use disorder is irresponsible.					
D.3 Increasing access and utilization of naloxone is a good solution to the current opioid epidemic.					
D.4 Increasing access to naloxone provides individuals with a substance use disorder an excuse to continue use.					
D.5 Substance use disorder treatment isn't very effective.					
D.6 Not everyone can become addicted to pain medications.					
D.7 An individual with a substance use disorder is selfish.					
D.8 I would willingly administer naloxone in an overdose situation.					
D.9 Naloxone should be administered to every individual who is experiencing an overdose.					
D.10 If a patient is resistant to what you are saying, you cannot motivate them to change their mind or behavior.					
D.11 I'd rather patients who are misusing alcohol or drugs or who are addicted go to other providers for care.					
D.12 An overdose related to prescription medications is different than an overdose related to heroin.					
D.13 I can easily spot a patient in my practice who is suffering from substance use disorder.					
D.14 A substance use disorder is not a real illness.					

D.15 I would be embarrassed to tell anyone that I treat individuals with substance use disorders.					
D.16 Medication-assisted treatment (i.e. Methadone, Suboxone, Vivitrol) is a viable form of treatment for substance use disorder.					
D.17 My patients will benefit from regular follow-ups with me in regard to their substance use disorder.					
D.18 I am willing to treat patients who were referred to me with a substance use disorder.					
D.19 If I thought my friend had a substance use disorder I would stay away from them.					
D.20 Individuals with a substance use disorder are likely to be dangerous.					
D.21 An individual with a substance use disorder should have the same right to a job as anyone else.					
D.22 It is important for individuals with a substance use disorder to be part of a supportive community.					
D.23 Substance use disorders only affects adults.					
D.24 It is more important to spend money on treating conditions like diabetes and heart disease instead of substance use disorders.					
D.25 Abstinence based therapy is the only successful form of treatment for Substance Use Disorder.					
D.26 Using words like 'addict', 'junkie', and 'abuser' are harmless. No one gets hurt.					
D.27 There should be a limit to how many times an individual can receive naloxone for an overdose.					
D.28 I would not willingly live in the same neighborhood as an individual with substance use disorder.					
D.29 Substance use disorders only affect individuals with low incomes.					

PRACTICE BEHAVIOR ASSESSMENT

Implementing the Pennsylvania Prescription Drug Monitoring Program in Any Healthcare Site

The following survey will help the Lackawanna Opioid Coalition understand the type and amount of training it will need to ensure optimal implementation of the new Prescription Drug Monitoring Program (PDMP). Your answers from this survey will be kept confidential and will only be reported as a group. The answers will indicate the type of training that will best support PDMP use among providers/practitioners.

E. Confidence in Practice Implementing the PA PDMP

Please indicate how confident you are in applying the following in your clinical practice:

Clinical Behavior	1 No Confidence	2 A little Confidence	3 Average Confidence	4 Confident	5 Very Confident
E.1 Understanding how to use the Prescription Drug Monitoring Program (PDMP) to identify potential drug/medication misuse or use disorder.					
E.2 Understanding why each practitioner using the PDMP is important to Pennsylvania population health.					
E.3 Understanding how to use the PDMP to identify patient safety problems (i.e., patient receiving more opioids than what would be considered safe, patient receiving a contraindicated combination of medications; etc.).					
E.4 Understanding how to use the PDMP to best treat patient pain.					
E.5 Understanding how to integrate the PDMP into your workflow.					
E.6 Explaining to a colleague why it is important to use the PDMP with every eligible patient.					
E.7 Answering questions that a colleague may have about how to use the PDMP in his/her every day practice.					
E.8 Knowing how different populations such as the elderly, women, adolescents, and persons with mental health problems respond differently to the medications that are reflected within the PDMP.					

E.9 Knowing how to conduct batch inquiries with the PDMP.					
E.10 Knowing what a delegate is and how a delegate can access information within the PDMP.					

F. Attitudes in Practice related to the PDMP

Please indicate the degree to which you agree with the following statements:

Attitude	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
F.1 The PDMP is not a necessary practice when providing care to my patients.					
F.2 My patients will lose trust in me if I use the PDMP when they are seeking care from me.					
F.3 I don't typically have patients that would require my use of the PDMP.					
F.4 It is difficult to integrate the PDMP into the workflow of my practice.					
F.5 Using the PDMP will by and large not improve my patients' health.					
F.6 I'm not expecting that using the PDMP will highlight many problems with my patients.					
F.7 I'm going to use the PDMP if I have time; otherwise, if I don't have time, providing patient care is more important.					
F.8 Most of my colleagues are okay with not using PDMP in their practices.					
F.9 My organization strongly doesn't support the use of the PDMP as required by Pennsylvania law.					