

NIDA Clinical Trials Network

Buprenorphine Education Feedback (BEF)

Web Version: 1.0; 1.01; 10-05-17

Segment (PROTSEG): B

Visit number (VISNO):

Date of assessment:(BEFASMDT)

(mm/dd/yyyy)

1. Overall how satisfied are you with the quality of the buprenorphine education offered?(BEOVRSAT)

5-Very satisfied
4-Satisfied
3-Neither satisfied nor dissatisfied
2-Dissatisfied
1-Very dissatisfied

2. Do you feel a training process like this one is sufficient to help the pharmacist evaluate opioid use disorder (OUD) patients and assist with treatment?(BETRNSUF)

1-Strongly disagree
2-Disagree
3-Neither agree nor disagree
4-Agree
5-Strongly agree

Coaching

3. As preparation for delivering the study treatment:

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

a. The coaching approach is useful:

(BEHCUSE) [checkbox] [checkbox] [checkbox] [checkbox] [checkbox]

b. The coaching approach is informative:

(BEHCINF) [checkbox] [checkbox] [checkbox] [checkbox] [checkbox]

c. The coaching process makes the learning process easier:

(BECHCLRN) [checkbox] [checkbox] [checkbox] [checkbox] [checkbox]

d. The coaching process helps physician-pharmacist communication:

(BECHCCOM) [checkbox] [checkbox] [checkbox] [checkbox] [checkbox]

4. Can you suggest alternative/better coaching methods?(BECHCBTR)

[checkbox] 0-No [checkbox] 1-Yes

If "Yes", specify up to 3 methods:(BEHC1SP)

[text input]
[text input]
[text input]

(BEHC2SP)

(BEHC3SP)

Educational Modules from the Providers' Clinical Support System (PCSS) for Medication Assisted Treatment (MAT)

5. As preparation for delivering the study treatment:

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

a. The educational modules were useful:

(BEEMUSE) [checkbox] [checkbox] [checkbox] [checkbox] [checkbox]

b. The information offered in the educational modules was sufficient:

(BEEMSUFF) [checkbox] [checkbox] [checkbox] [checkbox] [checkbox]

6. Which of the training modules did you find the most useful?(BEEMMSTU)

1-Module 1
2-Module 2
3-Module 3
4-Module 4
5-Module 5

7. Which of the training modules did you find the least useful?(BEEMLSTU)

1-Module 1
2-Module 2
3-Module 3
4-Module 4
5-Module 5

8. Did you feel that any subjects were underrepresented/missing in the training modules?(BEEMMISS)

[checkbox] 0-No [checkbox] 1-Yes

If "Yes", specify up to 5 subjects:(BEEMM1SP)

[text input]

(BEEMM2SP)

(BEEMM3SP)

(BEEMM4SP)

(BEEMM5SP)

Study Materials

9. As preparation for delivering the study treatment:

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

a. The information offered is sufficient:

(BESMINSU)

b. The information offered is clear:

(BESMCLEA)

c. The information offered is appropriate in the coaching phase:

(BESMAPPR)

Comments:(BEFCOMM)

--

NIDA Clinical Trials Network

Coaching Training Completion (CTC)

Web Version: 1.0; 1.01; 10-05-17

Segment (PROTSEG): B

Visit number (VISNO):

Date of assessment:(CTCASMDT)

 (mm/dd/yyyy)

1. Number of coaching meetings completed:(CTMTGCOM)

 (xx) /10

2. Number of PCSS educational modules completed:(CTMODCOM)

 (x) /5

3. Post-test passing score:(CTTSTSCR)

 (x) /5

4. Non-required training completed (please list):(CTNRQTRN)

5. Was optional educational module 6 completed?(CTMODSIX)

 0-No 1-Yes

6. Webinar/educational modules/CMEs completed in the previous 6 months:
Write the title and provenience/author.(CTWEBCOM)

7. Is training completed?(CTTNCOM)

 0-No 1-Yes Date completed:(CTTNCMDT)
(mm/dd/yyyy)

Comments:(CTCCOMM)

NIDA Clinical Trials Network

0075SB (ENR)

Web Version: 1.0; 1.00; 07-27-17

What is your provider type:(R9PROVTP)

1-Clinician 2-Pharmacist

NIDA Clinical Trials Network

Organizational Readiness (ORP)

Web Version: 1.0; 1.02; 05-28-19

Segment (PROTSEG): B

Visit number (VISNO):

1. What year did you start working at your current pharmacy?(ORSTRTYP)

 (xxxx)

2. What year did you start working at your current clinic?(ORSTRTYC)

 (xxxx)

3. What is your age?(ORAGE)

 (xx) years old

4. What is your gender?(ORGNDR)

1-Male 2-Female 97-Don't know 98-Refused to answer

5. What is your race? (Check all that apply)

American Indian or Alaska Native:(ORAMEIND)

Asian:(ORASIAN)

Asian Indian:(ORASAIND)

Chinese:(ORCHINA)

Filipino:(ORFILIPN)

Japanese:(ORJAPAN)

Korean:(ORKOREA)

Vietnamese:(ORVIETNM)

Specify other Asian:(ORASIASP)

Black or African American:(ORBLACK)

Native Hawaiian or Pacific Islander:(ORHAWAII)

Native Hawaiian:(ORNATHAW)

Guamanian or Chamorro:(ORGUAM)

Samoan:(ORSAMOAN)

Specify other Pacific Islander:(ORPACISP)

White:(ORWHITE)

Some other race:(ORRACEOT)

Specify:(ORRACESP)

-or-

Don't know:(ORRACEDK)

Refused:(ORRACERF)

6. Are you Hispanic or Latino?(ORETHNIC)

 1- 1-

0-No 1-Yes 97-Don't know 98-Refused to answer

7. Do you have an academic appointment with an affiliated university?(ORACDAPT)

0-No 1-Yes

8. What is your role?(ORROLEP)

1-Owner
2-Manager
3-Staff pharmacist
4-Clinical pharmacist
5-Clinical coordinator
6-Pharmacy technician
99-Other

If "Other", specify:(ORROLPSP)

9. What is your role?(ORROLEC)

1-MD/DO
2-NP/PA
3-Practice manager/Healthcare administrator
4-RN/LPN/CMA
99-Other

If "Other", specify:(ORROLCSP)

10. What is your specialty?(ORMDSPEC)

- 1-Family medicine
- 2-General internal medicine
- 3-Preventative/public health medicine
- 4-Primary care/general practice
- 5-Psychiatry
- 6-Addiction medicine
- 99-Other

If "Other", specify:(ORMDSP)

11. What is your highest level of education completed?(ORHGHEd)

- 1-BS pharmacy
- 2-PharmD degree
- 99-Other

If "Other", specify:(ORHGEdSP)

12. Indicate whether or not you have completed any of the following postgraduate training or certificate programs.

a. Pharmacy residency:

No	Yes	Length of Residency	Type
(ORRESID)	<input type="checkbox"/>	(ORRESYR)	(ORRESTYP)
<input type="checkbox"/>		<input type="text"/> (xx) years	<input type="text"/>

b. Pharmacy fellowship:

(ORFELLOW)	<input type="checkbox"/>	N/A	(ORFELTYP)
<input type="checkbox"/>			<input type="text"/>

c. Board certification:

(ORBOARD)	<input type="checkbox"/>	N/A	(ORBRDTYP)
<input type="checkbox"/>			<input type="text"/>

d. MTM certificate training program:

(ORMTM)	<input type="checkbox"/>	N/A	N/A
<input type="checkbox"/>			

e. Other, specify:(ORPTCPSP)

(ORPTCPOT)	<input type="checkbox"/>	N/A	N/A
<input type="checkbox"/>			

13. What year did you graduate from pharmacy school?(ORGRADPS)

 (xxxx)

14. What year did you graduate from medical school?(ORGRADMD)

 (xxxx)

15. How many years have you been in practice (after residency, if applicable)?(ORPYPRAC)

 (xx) years

16. How many years have you been in practice (after residency)?(ORCYPRAC)

 (xx) years

17. What is your pharmacy practice setting?(ORPHSET)

- 1-Acute care or health-system inpatient facility
- 2-Ambulatory care clinic/practice
- 3-Chain - regional
- 4-Chain - national
- 5-Community health center
- *Additional Options Listed Below

If "Other", specify:(ORSETPSP)

18. What type of clinic setting do you practice at?(ORCLNSET)

- 1-Academic/University health system
- 2-Physician group practice
- 3-Federally-qualified health center
- 4-Health maintenance organization
- 5-Veterans affairs medical center/clinic
- *Additional Options Listed Below

If "Other", specify:(ORSETCSP)

19. On average, how many hours per week do you work?(ORHRSWRC)

 (xxx) hours

20. On average, how many hours per week do you work?(ORHRSWRP)

 (xxx) hours

21. On average, what percentage of time do you spend on the following activities?

a. Medication distribution:(ORPCTMD)

 (xxx) %

b. Patient care:(ORPCTPCC)

 (xxx) %

c. Patient care:(ORPCTPCP)

 (xxx) %

d. Administrative work:(ORPCTAWC)

 (xxx) %

e. Administrative work:(ORPCTAWP)

 (xxx) %

f. Teaching:(ORPCTTHC)

 (xxx) %

g. Teaching:(ORPCTTHP)



27. In general in my organization, when there is agreement that change needs to happen (resources):	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know/Not Applicable
a. We have the necessary support in terms of budget or financial resources:	(OBUDGET) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have the necessary support in terms of training:	(OTRAIN) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We have the necessary support in terms of facilities:	(OFACILT) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We have the necessary support in terms of staffing:	(OSTAFF) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Indicate whether or not you think each item listed below is a <u>benefit</u> of a physician-pharmacist collaborative care approach to medication-assisted treatment (MAT), in particular using buprenorphine.	No	Yes
a. Regular communication between physician and pharmacist on medication adherence and drug-related problems:	(ORBNCOMM) <input type="checkbox"/>	<input type="checkbox"/>
b. Cooperation and dependence on each other in caring for opioid use disorder (OUD) patients:	(ORBNCOOP) <input type="checkbox"/>	<input type="checkbox"/>
c. Improved patient outcomes and satisfaction as a result of coordinated care:	(ORBNCOOR) <input type="checkbox"/>	<input type="checkbox"/>
d. Prevention of diversion, abuse, and/or overdose:	(ORBNPREV) <input type="checkbox"/>	<input type="checkbox"/>
e. Sharing the burden of treatment:	(ORBNSHAR) <input type="checkbox"/>	<input type="checkbox"/>
f. Fully utilizing skills and training about collaborative relationships with physicians which were taught in pharmacy school:	(ORBNSKIL) <input type="checkbox"/>	<input type="checkbox"/>
g. Other, specify:(ORBNTSP) <input style="width: 200px;" type="text"/>	(ORBNTOT) <input type="checkbox"/>	<input type="checkbox"/>

29. Indicate whether or not you think each item listed below is a <u>barrier</u> to a physician-pharmacist collaborative care approach to medication-assisted treatment (MAT).	No	Yes
a. Too much time spent learning how to provide collaborative MAT:	(ORBRTIME) <input type="checkbox"/>	<input type="checkbox"/>
b. Difficult to share clinical information between the physician and pharmacist:	(ORBRSAR) <input type="checkbox"/>	<input type="checkbox"/>
c. Difficult to keep an open, two-way communication:	(ORBRTWCO) <input type="checkbox"/>	<input type="checkbox"/>
d. Difficult to trust each other (physician or pharmacist) professionally:	(ORBTRST) <input type="checkbox"/>	<input type="checkbox"/>
e. Difficult to share decision making responsibilities between the physician and pharmacist:	(ORBDRMR) <input type="checkbox"/>	<input type="checkbox"/>
f. Difficult to find reimbursement for care:	(ORBREIM) <input type="checkbox"/>	<input type="checkbox"/>
g. Distance from the clinic and pharmacy (i.e., not co-located):	(ORBDRDIST) <input type="checkbox"/>	<input type="checkbox"/>
h. Difficult to integrate these services into my workflow:	(ORBRRINSV) <input type="checkbox"/>	<input type="checkbox"/>
i. Other, specify:(ORBRSRSP) <input style="width: 200px;" type="text"/>	(ORBROT) <input type="checkbox"/>	<input type="checkbox"/>

30. Indicate whether or not you believe each solution listed below would address the <u>barriers</u> you previously indicated.	No	Yes
a. Access to common electronic health records (e.g., clinical notes, labs):	(ORSLEHR) <input type="checkbox"/>	<input type="checkbox"/>
b. Regular in-person meetings to discuss patient panel:	(ORSLMEET) <input type="checkbox"/>	<input type="checkbox"/>
c. Regular communication by e-mail, fax, or telephone of post-visit summaries:		

- d. Ability to reach physician or pharmacist immediately for urgent issue: (ORSLCOMS)
- e. Reimbursement of pharmacist for coordinated care with providers: (ORSLURGT)
- f. Reimbursement of providers for coordinated care with pharmacists: (ORSLRCCP)
- g. Reimbursement of pharmacists for MAT-related patient care services: (ORSLRPHY)
- h. Support by my health system or pharmacy organization leadership for training and other resources: (ORSLRMAT)
- i. Assistance with communication by a third party (e.g., another physician or clinical pharmacist): (ORSLSUPT)
- j. Assistance with communication by a third party (e.g., another physician or clinical pharmacist): (ORSLASST)
- k. Co-location of clinic and pharmacy: (ORSLCLOC)
- k. Other, specify:(ORSLSP) (ORSLCLOC)

31. **Indicate whether or not the partnerships/resources listed below would need to be established in order to support a physician-pharmacist collaborative care approach to medication-assisted treatment (MAT).** No Yes

- a. List of physicians and pharmacists trained to do MAT: (ORPRLIST)
- b. Policies and procedures and patient education materials: (ORPRPPEM)
- c. Public support of professional societies (e.g., American Medical Association, American Pharmacists Association): (ORPRSOCI)
- d. Meetings with trained physicians and pharmacists to build collaborations and work out operational details: (ORPRMEET)
- e. No partnership, just need more time: (ORPRTIME)
- f. Other, specify:(ORPRSP) (ORPRTIME)

32. Would you be willing to share the results of the study (CTN-0075)?(ORSHARE) 0-No 1-Yes

- a. If "Yes", indicate how broadly you would share the results. No Yes
 - 1. Within my clinical or pharmacy practice: (ORSHPHAR)
 - 2. Within my local health system or community: (ORSHHSCO)
 - 3. Within my state professional society or organization: (ORSHSORG)
 - 4. Within my national professional societies or organization: (ORSHNORG)
 - 5. Other, specify:(ORSHSP) (ORSHOT)
- b. If "Yes", indicate what methods you would use to disseminate this information. No Yes
 - 1. Mail or e-mail study newsletter with link to website posting the study results: (ORDSLINK)
 - 2. Presentation at a local, regional, or national meeting: (ORDSMEET)
 - 3. Presentation to health system or pharmacy organization leadership: (ORDSHSLD)
 - 4. Webinar to a local, regional, or national audience: (ORDSWEBN)
 - 5. Press release/story for newspaper or online news source: (ORDSPRES)
 - 6. Brochures in the waiting areas, clinic room, or given to opioid use disorder (OUD) patients: (ORDSBROC)
 - 7. Other, specify:(ORDSSP) (ORDSOT)

33. What information would you need to give your organization's leadership to support participation in a physician-pharmacist collaborative care approach to medication-assisted treatment?

- a. Executive summary of study findings: No Yes (ORINSUMM)
- b. Patient stories of those who experienced the collaborative care approach: (ORINSTOR)

c. Financial impact analyses (resources, return on investment, reimbursement models): (ORINFIA)

d. Other, specify:(ORINSP) (ORINOT)

34. How many patients could potentially be enrolled into a physician-pharmacist collaborative care approach to medication-assisted treatment if this program was implemented outside of a study setting at your pharmacy?(ORPATNUM) (xxxx) patients

35. How many patients could potentially be enrolled into a physician-pharmacist collaborative care approach to medication-assisted treatment if this program was implemented outside of a study setting at your clinic?(ORPATNUM) (xxxx) patients

Is this number estimated, or based on electronic health or pharmacy records?
(ORNUMSOU)

- 1-Estimated number
- 2-Number based on electronic health or pharmacy records

Comments:(ORPCOMM)

Additional Selection Options for ORP

What is your pharmacy practice setting?

- 6-Federal (DOD, PHS, VA) pharmacy
- 7-Health-system outpatient facility
- 8-Independent community (1 to 4 locations under common ownership)
- 9-Independent consultant
- 10-Long-term care/assisted living
- 11-Managed care (HMO, integrated managed care organization)
- 12-Mass merchandiser
- 13-Pharmacy benefits manager (PBM)
- 14-Physician office practice
- 15-Supermarket pharmacy
- 99-Other

What type of clinic setting do you practice at?

- 99-Other

NIDA Clinical Trials Network

Treatment Satisfaction (TS2)

Web Version: 1.0; 2.00; 04-20-18

Segment (PROTSEG): B

Visit number (VISNO):

Date of assessment:(TS2ASMDT)

 (mm/dd/yyyy)

Think about your study experience since 03/28/2018.

Think about your study experience since 04/02/2018.

Think about your study experience in the past calendar month.

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	N/A
1. Overall, how satisfied are you with your experience in this study? (TS2ATEXP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Overall, how satisfied are you with the quality of treatment offered in this study? (TS2ATTRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How difficult do you think it made it for the treatment to be transferred from the physician's office to the pharmacy?(T2TRTPTP)	<div style="border: 1px solid gray; padding: 2px;"> 0-Not difficult at all ▲ 1-Somewhat difficult 2-Very difficult 3-Extremely difficult ▼ </div>					
4. How useful/convenient do you think it is to hold buprenorphine visits in the same place the medication is dispensed?(T2CONVBT)	<div style="border: 1px solid gray; padding: 2px;"> 0-Not at all useful/convenient ▲ 1-Somewhat useful/convenient 2-Moderately useful/convenient 3-Very useful/convenient 4-Extremely useful/convenient ▼ </div>					
5. Indicate whether you found the following aspects of study treatment to be less effective, equally effective, or more effective when compared to receiving regular office based buprenorphine treatment:	Less Effective	No Difference in Effectiveness		More Effective		
a. Having more than one health professional figure involved: (T2ASMOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Time spent in each visit: (T2ASTVST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Time to release buprenorphine prescription: (T2ASTBRX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Efficiency of treatment delivery: (T2ASDELV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Other, specify:(T2SASPSP) <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If you had to do it all over again, would you still choose to participate in the study?(T2DOOVER)	<div style="border: 1px solid gray; padding: 2px;"> 4-Definitely participate ▲ 3-Probably participate 2-Probably not participate 1-Definitely not participate ▼ </div>					
7. Indicate whether each of the following would influence your decision to participate again:						
a. I like the compensation:(T2YPACMP)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				
b. My participation may help to improve and expand treatment delivery/options:(T2YPAEXP)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				
c. Pharmacy is the right location for this type of treatment:(T2YPAPHR)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				
d. The treatment offered was of better quality than the usual treatment: (T2YPAQUL)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				
e. It was easy to understand/distinguish patient, physician, and pharmacist roles:(T2YPAROL)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				
f. Other:(T2YPAOT)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				
1. If "Other", specify:(T2YPASP)	<input style="width: 150px;" type="text"/>					
8. Indicate whether each of the following would influence your decision not to participate again:						
a. I would rather be part of the usual treatment process:(T2NPAUST)	<input type="checkbox"/> 0-No	<input type="checkbox"/> 1-Yes				

b. It was difficult to find time to be part of this treatment process (time consuming):(T2NPATC)

0-No 1-Yes

c. Pharmacy is inconvenient for confidentiality purpose:(T2NPACON)

0-No 1-Yes

d. There are too many procedures/visits are too long:(T2NPAPRV)

0-No 1-Yes

e. It was difficult to understand/distinguish patient, physician, and pharmacist roles:(T2NPADRL)

0-No 1-Yes

f. Other:(T2NPAOT)

0-No 1-Yes

1. If "Other", specify:(T2NPASP)

Comments:(TS2COMM)