Organizational Readiness to Change Assessment (ORCA+) ED (OE2)

Web Version: 1.0; 1.00; 02-09-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

We need your help assessing your and your colleagues' readiness to implement ED-initiated buprenorphine with referral for ongoing medication assisted treatment (MAT) for opioid use disorder in your Emergency Department (ED). By an opioid use disorder we mean patients with uncontrolled use (addiction) of illicit (e.g., heroin) or prescription opioids. By MAT, we mean use of medications for the treatment of an opioid use disorder (i.e., buprenorphine, methadone, naltrexone). By treatment engagement, we mean that the patient is receiving treatment for their opioid use disorder with MAT. In the Evidence section below, we ask you to provide your opinions regarding MAT for patients with an opioid use disorder. In the Context section that follows, we ask some questions about features of your community-based practice/treatment program. Lastly, we ask you about your opinions regarding the new program to promote ED-initiated buprenorphine in your ED with referral for ongoing MAT to community-based practices/programs. Please consider each question carefully and select the answer that best reflects your opinion.

I. EVIDENCE ASSESSMENT

The following set of questions are about the evidence that ED-initiated buprenorphine with referral to community-based practices/programs improves treatment engagement among patients with an opioid use disorder. For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree).

BUPRENORPHINE FOR AN OPIOID USE DISORDER

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
1. In my opinion, ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practices/programs will improve treatment engagement among patients with an opioid use disorder.	*(ORMYIMP)* ☐	☐	☐	☐	☐	☐	☐	☐

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
2. Respected clinical experts in my institution feel that ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practices/programs will improve treatment engagement among patients with an opioid use disorder.	*(OREXPOUT)* ☐	☐	☐	☐	☐	☐	☐	☐

3. Changes to improve and systematize ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practices/programs to promote treatment engagement among patients with an opioid use disorder:

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable

a. are supported by randomized controlled trials (RCTs) or other scientific evidence from my ED.	*(ORRCTPRA)*	☐	☐	☐	☐	☐	☐	☐
b. are supported by randomized controlled trials (RCTs) or other scientific evidence from other health care systems.	*(ORRCTHCS)*	☐	☐	☐	☐	☐	☐	☐
c. should be effective, based on current scientific knowledge.	*(OREFFECT)*	☐	☐	☐	☐	☐	☐	☐

4. ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practices/programs to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. is supported by clinical experience with my ED's patients.	*(OE2LEPRA)*	☐	☐	☐	☐	☐	☐	☐
b. is supported by clinical experiences with patients in other health care systems.	*(OE2LEHCS)*	☐	☐	☐	☐	☐	☐	☐
c. conforms to the opinions of clinical experts in this setting.	*(OREXPERT)*	☐	☐	☐	☐	☐	☐	☐

5. ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practices/programs to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. has been well-accepted by my ED's patients in a pilot study.	*(ORACCEPT)*	☐	☐	☐	☐	☐	☐	☐
b. is consistent with clinical practices that have been accepted by my ED's patients.	*(ORPRACT)*	☐	☐	☐	☐	☐	☐	☐
c. take into consideration the needs and preferences of my ED's patients.	*(ORNEEDPT)*	☐	☐	☐	☐	☐	☐	☐
d. appear to have more advantages than disadvantages for my ED's patients.	*(ORMADVTG)*	☐	☐	☐	☐	☐	☐	☐

II. CONTEXT ASSESSMENT

The following set of questions are about your experience in your ED. For each of the following statements, please indicate how frequently you have observed the following sets of behaviors, from 1 (very infrequently) to 5 (very frequently).

1. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your ED:

2.		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. reward clinical innovation and creativity to improve patient care.	*(ORLREWRD)*	☐	☐	☐	☐	☐	☐	☐

b. solicit opinions of clinical staff regarding decisions about patient care.	*(ORLOPIN)*	☐	☐	☐	☐	☐	☐	☐
c. seek ways to improve patient education and increase patient participation in treatment.	*(ORLEDU)*	☐	☐	☐	☐	☐	☐	☐

3. How frequently have you observed staff members in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. have a sense of personal responsibility for improving patient care and outcomes.	*(ORSRESPN)*	☐	☐	☐	☐	☐	☐	☐
b. cooperate to maintain and improve effectiveness of patient care.	*(ORSFCOOP)*	☐	☐	☐	☐	☐	☐	☐
c. be willing to innovate and/or experiment to improve clinical procedures.	*(ORSINVTE)*	☐	☐	☐	☐	☐	☐	☐
d. be receptive to change in clinical processes.	*(ORSCHANG)*	☐	☐	☐	☐	☐	☐	☐

4. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide effective management for continuous improvement of patient care.	*(ORLMANAG)*	☐	☐	☐	☐	☐	☐	☐
b. clearly define areas of responsibility and authority for clinical managers and staff.	*(ORLRESP)*	☐	☐	☐	☐	☐	☐	☐
c. promote team building to solve clinical care problems.	*(ORLTEAM)*	☐	☐	☐	☐	☐	☐	☐
d. promote communication among clinical services and units.	*(ORLCOMM)*	☐	☐	☐	☐	☐	☐	☐

5. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide staff with information on your ED's performance measures and guidelines.	*(ORLPERFM)*	☐	☐	☐	☐	☐	☐	☐
b. establish clear goals for patient care processes and outcomes.	*(ORLGOAL)*	☐	☐	☐	☐	☐	☐	☐

c. provide staff members with feedback/data on effects of clinical decisions.	*(ORLFEEDB)* ☐	☐	☐	☐	☐	☐	☐
d. hold staff members accountable for achieving results.	*(ORLACCNT)* ☐	☐	☐	☐	☐	☐	☐

6. How frequently have you observed opinion leaders in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. express belief that the current practice patterns can be improved.	*(ORIMPROV)* ☐	☐	☐	☐	☐	☐	☐	☐
b. encourage and support changes in practice patterns to improve patient care.	*(OE2HANGE)* ☐	☐	☐	☐	☐	☐	☐	☐
c. demonstrate willingness to try new clinical protocols.	*(ORTRYNEW)* ☐	☐	☐	☐	☐	☐	☐	☐
d. work cooperatively with senior leadership/clinical management (e.g., medical director) to make appropriate changes.	*(ORWCOOP)* ☐	☐	☐	☐	☐	☐	☐	☐

7. In general in your ED, when there is agreement that change needs to happen, how frequently have you or your colleagues:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. had the necessary support in terms of budget or financial resources.	*(ORSBUDGT)* ☐	☐	☐	☐	☐	☐	☐	☐
b. had the necessary support in terms of training.	*(ORSTRAIN)* ☐	☐	☐	☐	☐	☐	☐	☐
c. had the necessary support in terms of facilities.	*(ORSFACTY)* ☐	☐	☐	☐	☐	☐	☐	☐
d. had the necessary support in terms of staffing.	*(ORSSTAFF)* ☐	☐	☐	☐	☐	☐	☐	☐

III. FACILITATION ASSESSMENT

The following set of questions relate to a recent program (Project ED Health) in your ED to promote ED-initiated buprenorphine with referral for ongoing MAT to community-based practices/programs, to promote treatment engagement among patients with an opioid use disorder. This is referred to as "intervention" below. For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree):

1. For this project, senior leadership/clinical management (e.g., medical director) have:

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable

a. proposed a project that is appropriate and feasible.	*(ORFESBLE)*	☐	☐	☐	☐	☐	☐	☐
b. provided clear goals for improvement in patient care.	*(ORGOALIM)*	☐	☐	☐	☐	☐	☐	☐
c. established a project schedule and deliverables.	*(ORSCHED)*	☐	☐	☐	☐	☐	☐	☐
d. designated a clinical champion for the project.	*(OE2HAMP)*	☐	☐	☐	☐	☐	☐	☐

2. The project clinical champion:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. accepts responsibility for the success of this project.	*(OE2HRESP)*	☐	☐	☐	☐	☐	☐	☐
b. has the authority to carry out the implementation.	*(OE2HAUTH)*	☐	☐	☐	☐	☐	☐	☐
c. is considered a clinical opinion leader.	*(OE2HLEAD)*	☐	☐	☐	☐	☐	☐	☐
d. works well with the intervention team and providers (i.e., providers prescribing buprenorphine and team implementing referrals for ongoing MAT in your ED).	*(OE2HTEAM)*	☐	☐	☐	☐	☐	☐	☐

3. Senior leadership/clinical management/staff opinion leaders:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. agree on the goals for this intervention.	*(ORLDGOAL)*	☐	☐	☐	☐	☐	☐	☐
b. will be informed and involved in the intervention.	*(ORLDINVL)*	☐	☐	☐	☐	☐	☐	☐
c. agree on adequate resources to accomplish the intervention.	*(ORLDRESO)*	☐	☐	☐	☐	☐	☐	☐
d. set a high priority on the success of the intervention.	*(ORLDSUCC)*	☐	☐	☐	☐	☐	☐	☐

4. The implementation team members:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. share responsibility for the success of this project.	*(ORITRESP)*	☐	☐	☐	☐	☐	☐	☐

b. have clearly defined roles and responsibilities.	*(ORITROLE)*	☐	☐	☐	☐	☐	☐	☐
c. have release time or can accomplish intervention tasks within their regular work load.	*(ORITWORK)*	☐	☐	☐	☐	☐	☐	☐
d. have staff support and other resources required for the project.	*(ORITRESO)*	☐	☐	☐	☐	☐	☐	☐

5. The implementation plan for this intervention:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. identifies specific roles and responsibilities.	*(ORIMROLE)*	☐	☐	☐	☐	☐	☐	☐
b. clearly describes tasks and timelines.	*(ORIMTASK)*	☐	☐	☐	☐	☐	☐	☐
c. includes appropriate provider/patient education.	*(ORIMEDUC)*	☐	☐	☐	☐	☐	☐	☐
d. acknowledges staff input and opinions.	*(ORIMOPIN)*	☐	☐	☐	☐	☐	☐	☐

6. Communication will be maintained through:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. regular project meetings with the project champion and team members.	*(OE2MMEET)*	☐	☐	☐	☐	☐	☐	☐
b. involvement of quality management staff in project planning and implementation.	*(OE2MMGMT)*	☐	☐	☐	☐	☐	☐	☐
c. regular feedback to clinical management on progress of project activities and resource needs.	*(OE2MPROG)*	☐	☐	☐	☐	☐	☐	☐
d. regular feedback to clinicians on effects of practice changes on patient care/outcomes.	*(OE2MEFFC)*	☐	☐	☐	☐	☐	☐	☐

7. Progress of the project will be measured by:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. collecting feedback from patients regarding proposed/implemented changes.	*(ORPRPATN)*	☐	☐	☐	☐	☐	☐	☐
b. collecting feedback from staff regarding proposed/implemented changes.	*(ORPRSTAF)*	☐	☐	☐	☐	☐	☐	☐

c. developing and distributing regular performance measures to clinical staff.	*(ORPRPERF)*	☐	☐	☐	☐	☐	☐	☐
d. providing a forum for presentation/discussion of results and implications for continued improvements.	*(ORPRPRES)*	☐	☐	☐	☐	☐	☐	☐

8. The following are available to make the selected plan work:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. staff incentives.	*(ORAVINCE)*	☐	☐	☐	☐	☐	☐	☐
b. equipment and materials.	*(ORAVEQIP)*	☐	☐	☐	☐	☐	☐	☐
c. patient awareness/need.	*(ORAVAWAR)*	☐	☐	☐	☐	☐	☐	☐
d. provider buy-in.	*(ORAVBUY)*	☐	☐	☐	☐	☐	☐	☐
e. intervention team (i.e., providers prescribing buprenorphine and team implementing referrals for ongoing MAT in your ED).	*(ORAVTEAM)*	☐	☐	☐	☐	☐	☐	☐
f. evaluation protocol.	*(ORAVEVAL)*	☐	☐	☐	☐	☐	☐	☐

9. Plans for evaluation and improvement of this intervention include:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. periodic outcome measurement.	*(OREVMEAS)*	☐	☐	☐	☐	☐	☐	☐
b. staff participation/satisfaction survey.	*(OREVSTSV)*	☐	☐	☐	☐	☐	☐	☐
c. patient satisfaction survey.	*(OREVPTSV)*	☐	☐	☐	☐	☐	☐	☐
d. dissemination plan for performance measures.	*(OREVDISS)*	☐	☐	☐	☐	☐	☐	☐
e. review of results by clinical leadership.	*(OREVREVR)*	☐	☐	☐	☐	☐	☐	☐

Comments:*(OE2COMM)*

If you enter comments, select the blue save icon below to save your responses before logging out.

Thank you for taking the time to complete this survey! Please logout prior to closing your browser.

NIDA Clinical Trials Network

Protocol Deviation Review (PDR)

Web Version: 1.0; 2.01; 08-20-18

Date of deviation *(PDDATE)*:

Protocol deviation number *(PDSEQNO)*:

Completed by Protocol Specialist:

1. What section of the protocol does this deviation refer to? *(PDSECTN)*

2. Does the report of this deviation require site staff retraining? *(PDTRAIN)* ☐ No ☐ Yes

   If "Yes", specify plan for retraining:*(PDPLATRA)*

3. Date deviation was discussed with Lead Investigative Team: *(PDDISCDT)* *(mm/dd/yyyy)*

4. Deviation is categorized as:*(PDCATGRY)* ☐ Major ☐ Minor

5. Deviation assessment by Protocol Specialist complete: *(PDPSCMP)* ☐ No ☐ Yes

   Protocol Specialist reviewer:*(PDPSRVID)* (initials)

   Protocol Specialist comments:*(PDRCOMM2)*

Completed by Protocol Monitor:

6. Deviation requires review by Protocol Monitor: *(PDPMREVW)* ☐ No ☐ Yes

7. Corrective action for this deviation was completed and documented on-site as described:*(PDACTDOC)* ☐ No ☐ Yes

   If "No", specify reason:*(PDSITESP)*

8. Deviation was reported to the IRB as required:*(PDIRBRPT)* ☐ No ☐ Yes

   If "No", specify reason:*(PDIRBSP)*

9. Preventive action plan related to this event was completed and documented on-site as described:*(PDPREVNT)* ☐ No ☐ Yes

10. Review by Protocol Monitor is complete:*(PDPMCMP)* ☐ No ☐ Yes

    Protocol Monitor reviewer:*(PDPMRVID)* (initials)

    Protocol Monitor comments:*(PDRCOMM)*

Additional Selection Options for PDR

Protocol deviation number *(PDSEQNO)* (key field):
01-1st Protocol Deviation of the day
02-2nd Protocol Deviation of the day
03-3rd Protocol Deviation of the day
04-4th Protocol Deviation of the day
05-5th Protocol Deviation of the day
06-6th Protocol Deviation of the day
07-7th Protocol Deviation of the day
08-8th Protocol Deviation of the day
09-9th Protocol Deviation of the day
10-10th Protocol Deviation of the day

NIDA Clinical Trials Network

Protocol Deviation (PDV)

Web Version: 1.0; 2.06; 03-12-19

Date of deviation *(PDDATE)*:
Protocol deviation number *(PDSEQNO)*:

1. Is this deviation related to one or more participants?*(PDPPTREL)* ☐ No ☐ Yes

If "Yes", how many participants?*(PDPRELNO)*

01-1
02-2
03-3
04-4
05-5
*Additional Options Listed Below

Select related participants:

Participant ID 1:*(PDPPT01)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 2:*(PDPPT02)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 3:*(PDPPT03)*

Participant ID 4:*(PDPPT04)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 5:*(PDPPT05)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 6:*(PDPPT06)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 7:*(PDPPT07)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 8:*(PDPPT08)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 9:*(PDPPT09)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 10:*(PDPPT10)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 11:*(PDPPT11)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 12:*(PDPPT12)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 13:*(PDPPT13)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 14:*(PDPPT14)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 15:*(PDPPT15)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 16:*(PDPPT16)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 17:*(PDPPT17)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 18:*(PDPPT18)* 9999999999999-DUMMYPARTICIPANTID

Participant ID 19:*(PDPPT19)*

9999999999999-DUMMYPARTICIPANTID

Participant ID 20:*(PDPPT20)*

9999999999999-DUMMYPARTICIPANTID

2. Date deviation identified: *(PDVDATE)*

(mm/dd/yyyy)

3. Deviation type:*(PDTYPE)*

010-INFORMED CONSENT/ASSENT PROCEDURES
01A--- No consent/assent obtained
01B--- Invalid/incomplete informed consent/assent form
01C--- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent/assent
01D--- Non IRB approved/outdated/obsolete informed consent/assent documents used
*Additional Options Listed Below

If "Other", specify:*(PDTYPSP)*

4. Brief description of what occurred: *(PDDESCPT)*

5. Brief description of the actual or expected corrective action for this event:*(PDACTION)*

6. Brief description of the plan to prevent recurrence:*(PDPREVRE)*

7. Is this deviation reportable to your IRB?*(PDIRBREP)* ☐ No ☐ Yes

If "Yes", will the IRB be notified at the time of continuing review?*(PDIRBCON)* ☐ No ☐ Yes

If "Yes", date of planned submission:*(PDIRBPDT)* *(mm/dd/yyyy)*

If "No", date of actual submission:*(PDIRBADT)* *(mm/dd/yyyy)*

Comments:*(PDVCOMM)*

Additional Selection Options for PDV

Protocol deviation number *(PDSEQNO)* (key field):
01-1st Protocol Deviation of the day
02-2nd Protocol Deviation of the day
03-3rd Protocol Deviation of the day
04-4th Protocol Deviation of the day
05-5th Protocol Deviation of the day
06-6th Protocol Deviation of the day
07-7th Protocol Deviation of the day
08-8th Protocol Deviation of the day
09-9th Protocol Deviation of the day
10-10th Protocol Deviation of the day

If "Yes", how many participants?
06-6
07-7
08-8
09-9
10-10
11-11
12-12
13-13
14-14
15-15
16-16
17-17
18-18
19-19
20-20

Deviation type:
01E--- Informed consent/assent process not properly conducted and/or documented
01Z--- Other informed consent/assent procedures issues (specify)
020-INCLUSION/EXCLUSION CRITERIA
02A--- Ineligible participant randomized/inclusion/exclusion criteria not met
02B--- Ineligible participant enrolled/inclusion/exclusion criteria not met
02Z--- Other inclusion/exclusion criteria issues (specify)
040-LABORATORY ASSESSMENTS
04A--- Biologic specimen not collected/processed as per protocol
04Z--- Other laboratory assessments issues (specify)
050-STUDY PROCEDURES/ASSESSMENTS
05A--- Protocol required visit/assessment not scheduled or conducted
05B--- Study assessments not completed/followed as per protocol
05C--- Inappropriate unblinding
05Z--- Other study procedures/assessments issues (specify)
060-ADVERSE EVENT
06A--- AE not reported
06B--- SAE not reported
06C--- AE/SAE reported out of protocol specified reporting timeframe
06D--- AE/SAE not elicited, observed and/or documented as per protocol
06E--- Safety assessment (e.g. labs, ECG, clinical referral to care) not conducted per protocol
06Z--- Other adverse events issues (specify)
070-RANDOMIZATION PROCEDURES
07A--- Stratification error
07Z--- Other randomization procedures issues (specify)
080-STUDY MEDICATION MANAGEMENT
08A--- Medication dispensed to ineligible participant
08B--- Medication dispensed to incorrect participant
08C--- Medication dosing errors (protocol specified dose not dispensed)
08D--- Participant use of protocol prohibited medication
08Z--- Other study medication management issues (specify)
090-STUDY BEHAVIORAL INTERVENTION
09A--- Study behavioral intervention was not provided/performed as per protocol
09Z--- Other study behavioral intervention issues (specify)
100-STUDY DEVICES
10A--- Study devices dispensed to ineligible participant
10Z--- Other study devices issues (specify)
110-SAFETY EVENT
11A--- Safety event not reported
11B--- Safety event reported out of protocol specified reporting timeframe
11C--- Safety event not elicited, observed and/or documented as per protocol
11D--- Safety event assessment not conducted per protocol
11Z--- Other safety event issues (specify)
990-OTHER SIGNIFICANT DEVIATIONS
99A--- Destruction of study materials without prior authorization from sponsor
99B--- Breach of Confidentiality
99Z--- Other significant deviations issues (specify)

NIDA Clinical Trials Network

Readiness Ruler (RRL)

Web Version: 1.0; 1.02; 05-11-18

Segment *(PROTSEG)*: B

Visit number *(VISNO)*:

On a scale from 0 to 10, how prepared are you to provide ED-initiated buprenorphine with referral for ongoing medication assisted treatment (MAT) for the treatment of opioid use disorder, where 0 equals "not prepared at all" and 10 equals "totally prepared?" *(knowledge and ability)*

On a scale from 0 to 10, how prepared is your ED to provide ED-initiated buprenorphine with referral for ongoing medication assisted treatment (MAT) for the treatment of opioid use disorder, where 0 equals "not prepared at all" and 10 equals "totally prepared?" *(knowledge and ability)*

On a scale from 0 to 10, how prepared are you to continue medication assisted treatment (MAT) for patients with an opioid use disorder who have received ED-initiated buprenorphine, where 0 equals "not prepared at all" and 10 equals "totally prepared?" *(knowledge and ability)*

(RRPREP) _____ *(xx.xx)*

On a scale from 0 to 10, how ready are you to provide ED-initiated buprenorphine with referral for ongoing MAT for the treatment of opioid use disorder, where 0 equals "not ready at all" and 10 equals "totally ready?" *(willing to provide)*

On a scale from 0 to 10, how ready is your ED to provide ED-initiated buprenorphine with referral for ongoing MAT for the treatment of opioid use disorder, where 0 equals "not ready at all" and 10 equals "totally ready?" *(willing to provide)*

On a scale from 0 to 10, how ready are you to continue MAT for patients with an opioid use disorder who have received ED-initiated buprenorphine, where 0 equals "not ready at all" and 10 equals "totally ready?" *(willing to provide)*

(RRREADY) _____ *(xx.xx)*

NIDA Clinical Trials Network

Site Characteristics - ED (SC1)

Web Version: 1.0; 1.01; 08-08-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

It is recommended that you complete the paper version of this form before proceeding. After completing on paper, enter your survey responses for the questions below using a computer or iPad. If you have not received this form, please email your site Principal Investigator.

Date survey completed:*(SC1ASMDT)*

Hospital Information

1. What is your hospital's bed capacity?*(SCBEDCAP)* beds
2. What is the population size of your catchment area? *(SCPOPSIZ)* people

ED Information

3. For each of the following, indicate how many providers and staff currently work in your ED on a regular basis: *(exclude moonlighters or casual per diem)(enter 0 if none)*

		Total Number
a. Attending physicians	*(SCATPHYS)*	
Emergency Medicine (EM)	*(SCEDMED)*	
Psychiatry	*(SCPSCTRY)*	
Other	*(SCOTATPH)*	*(xxxxx)*
If "Other", specify:	*(SCOTPHSP)*	
b. Resident physicians	*(SCRSPHYS)*	
Emergency Medicine (EM)	*(SCRESEM)*	
Rotating specialty physician	*(SCRTPHYS)*	
c. Emergency Medicine (EM) fellows	*(SCFELLOW)*	
d. Nurse practitioners	*(SCNURSPR)*	
e. Physician assistants	*(SCPHYSAT)*	
f. Social workers	*(SCSOCWRK)*	
g. Nurses	*(SCNURSES)*	
h. Medical assistants/technicians	*(SCMATECH)*	

i. Clinical pharmacists *(SCCLPHRM)*

j. Substance use counselors/health promotion advocates (on-site hospital employee) *(SCSCOUNS)*

k. Recovery coaches/peer consults (not on-site hospital employee) *(SCRCOACH)*

l. Other *(SCOTPROV)* *(xxxxx)*

If "Other", specify: *(SCOTPRSP)*

4. What is the annual census of your ED?*(SCEDCENS)* people

5. Indicate the percentage of patients in your ED of each gender: *(sum=100%)*
   a. Male*(SCMALE)* %
   b. Female*(SCFEMALE)* %

6. Indicate the percentage of patients in your ED of each race: *(sum=100%)*
   a. White*(SCWHITE)* %
   b. Black or African American*(SCBLACK)* %
   c. Asian*(SCASIAN)* %
   d. Native Hawaiian or Other Pacific Islander*(SCPACISL)* %
   e. American Indian or Alaska Native*(SCAMEIND)* %
   f. Prefer not to answer*(SCRFRACE)* %

7. Estimate the percentage of patients in your ED of each ethnicity: *(sum=100%)*
   a. Hispanic or Latino*(SCHISPNC)* %
   b. Not Hispanic or Latino*(SCNOHSPC)* %

8. Estimate the percentage of patients in your ED who are **non**-English speaking: *(sum=100%)*
   a. Spanish-speaking only*(SCSPKSPN)* %
   b. Only speak a language that is not English or Spanish*(SCNOENSP)* %

9. Indicate the patient payer mix: *(sum=100%)*
   a. Self-pay*(SCSLFPAY)* %
   b. Medicare: include Medicare managed care*(SCMDCARE)* %
   c. Medicaid: include Medicaid managed care*(SCMDCAID)* %
   d. Managed care/commercial: HMOs, PPOs, Blues, and other private insurance*(SCMNGCRE)* %
   e. Other/workers comp: including other government, unknown*(SCOTINCR)* %

   If "Other", specify:*(SCOTICSP)*

10. Emergency Severity Index (ESI)/Triage Level (%) in the past 12 months: *(sum=100%)*
    a. Level 1*(SCESI1)*

		%
b. Level 2*(SCESI2)*		%
c. Level 3*(SCESI3)*		%
d. Level 4*(SCESI4)*		%
e. Level 5*(SCESI5)*		*(xxx)* %

11. Median length of stay for treated and released patients:*(SCSTAYHR)* hours *(SCSTAYMN)*/ minutes

12. What is the current number of providers in your ED who have a DEA waiver that allows them to prescribe buprenorphine (e.g., Suboxone) for the treatment of opioid use disorder?*(SCDEAWVR)* providers

    What is the number of providers who are currently prescribing buprenorphine (e.g., Suboxone) in your ED for the treatment of opioid use disorder?*(SCPRSBUP)* providers

13. What are the current treatment-related services provided **on-site** in your ED to address opioid use disorder *(select all that apply)*:

a. Substance abuse counseling/health education*(SCSBEDUC)*	☐ No	☐ Yes
b. Social work*(SCSCLWRK)*	☐ No	☐ Yes
c. Addiction specialist for consultation*(SCADCSPE)*	☐ No	☐ Yes
d. Peer recovery*(SCPRRECV)*	☐ No	☐ Yes
e. Other*(SCOTOSTE)*	☐ No	☐ Yes

If "Other", specify:*(SCOTSTSP)*

14. What are the current treatment-related services provided **off-site** (i.e., outside of your ED) to address opioid use disorder *(select all that apply)*:

a. Outpatient opioid treatment program*(SCOUTTRT)*	☐ No	☐ Yes
b. Office-based addiction treatment provider*(SCOBPRVD)*	☐ No	☐ Yes
c. Case management for substance use*(SCCSEMGM)*	☐ No	☐ Yes
d. Other*(SCOTFSTE)*	☐ No	☐ Yes

If "Other", specify:*(SCOTFSP)*

15. Which best describes the process by which your patients get into treatment to address their opioid use disorder provided **off-site** (i.e., outside of your ED): *(select one)*

a. They are given a list of potential sites by providers*(SCLSTSTE)*	☐ No	☐ Yes
b. They are given a list of potential sites and advice about programs by providers*(SCLSTPRV)*	☐ No	☐ Yes
c. They are consistently given advice and a direct referral (specific appointment time and place for follow-up) by providers*(SCADVICE)*	☐ No	☐ Yes
d. When a counselor or health educator is available, they are given advice and a direct referral (specific appointment time and place for follow-up) *(SCEDURFR)*	☐ No	☐ Yes
e. There is no consistent process*(SCNOPRC)*	☐ No	☐ Yes
f. Other*(SCOTCMBO)*	☐ No	☐ Yes

If "Other", specify*(SCOTCSP)*

16. How would you describe your ED's current approach to providing treatment for opioid use disorder: *(select one)*

a. Each clinician in the ED provides treatment for opioid use disorder*(SCPRVTRT)*	☐ No	☐ Yes
b. A small group of the current clinicians in the ED are appointed as the opioid use disorder treatment specialists (i.e., providers have received training on treatment for opioid use disorder and all patients with opioid use disorder are assigned to these specific providers)*(SCGRPSPC)*	☐ No	☐ Yes
c. An opioid use disorder treatment specialist is brought into the ED to provide treatment for opioid use disorder as needed from elsewhere in the hospital (i.e., consultation)*(SCOPISPC)*	☐ No	☐ Yes
d. No providers in the ED receive training or provide treatment for opioid use disorder on site; rather, patients are referred outside the practice*(SCNOPROV)*	☐ No	☐ Yes
e. Other*(SCOTAPR)*	☐ No	☐ Yes
If "Other", specify:*(SCOTASP)*		

17. Number of pharmacies relative to ED location:

Number within:	Number	Open	Close	Number that are accessible via public transportation
		^2 Hours of operation		
1 mile	*(SCNMLE01)*	*(SCHROP01)*	*(SCHRCL01)*	*(SCTRNS01)*
5 miles	*(SCNMLE05)*	*(SCHROP05)*	*(SCHRCL05)*	*(SCTRNS05)*
10 miles	*(SCNMLE10)*	*(SCHROP10)*	*(SCHRCL10)*	*(SCTRNS10)*

18. Prevalence of opioid use disorder and opioid-related overdose (poisoning) events (fatal and non-fatal), past 12 months: Complete **Table 1** (All Opioid Poisoning) and **Table 2** (Opioid Dependence and Abuse) located at the end of survey.

Table 1: All Opioid Poisoning

Provide the number of unique patients assigned the following ICD-10 codes in the past 12 months

ICD-10	ICD-10 Description	Number of Unique Patients
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter	*(SCT40X1A)*
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter	*(SCT40X2A)*
T40.0X3A	Poisoning by opium, assault, initial encounter	*(SCT40X3A)*
T40.0X4A	Poisoning by opium, undetermined, initial encounter	*(SCT40X4A)*
T40.0X1D	Poisoning by opium, accidental (unintentional), subsequent encounter	*(SCT40X1D)*
T40.0X2D	Poisoning by opium, intentional self-harm, subsequent encounter	*(SCT40X2D)*
T40.0X3D	Poisoning by opium, assault, subsequent encounter	*(SCT40X3D)*

T40.0X4D	Poisoning by opium, undetermined, subsequent encounter	*(SCT40X4D)*	
T40.0X1S	Poisoning by opium, accidental (unintentional), sequela	*(SCT40X1S)*	
T40.0X2S	Poisoning by opium, intentional self-harm, sequela	*(SCT40X2S)*	
T40.0X3S	Poisoning by opium, assault, sequela	*(SCT40X3S)*	
T40.0X4S	Poisoning by opium, undetermined, sequela	*(SCT40X4S)*	
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter	*(SCT41X1A)*	
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter	*(SCT41X2A)*	
T40.1X3A	Poisoning by heroin, assault, initial encounter	*(SCT41X3A)*	
T40.1X4A	Poisoning by heroin, undetermined, initial encounter	*(SCT41X4A)*	
T40.1X1D	Poisoning by heroin, accidental (unintentional), subsequent encounter	*(SCT41X1D)*	
T40.1X2D	Poisoning by heroin, intentional self-harm, subsequent encounter	*(SCT41X2D)*	
T40.1X3D	Poisoning by heroin, assault, subsequent encounter	*(SCT41X3D)*	
T40.1X4D	Poisoning by heroin, undetermined, subsequent encounter	*(SCT41X4D)*	
T40.1X1S	Poisoning by heroin, accidental (unintentional), sequela	*(SCT41X1S)*	
T40.1X2S	Poisoning by heroin, intentional self-harm, sequela	*(SCT41X2S)*	
T40.1X3S	Poisoning by heroin, assault, sequela	*(SCT41X3S)*	
T40.1X4S	Poisoning by heroin, undetermined, sequela	*(SCT41X4S)*	
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter	*(SCT42X1A)*	
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter	*(SCT42X2A)*	
T40.2X3A	Poisoning by other opioids, assault, initial encounter	*(SCT42X3A)*	
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter	*(SCT42X4A)*	
T40.2X1D	Poisoning by other opioids, accidental (unintentional), subsequent encounter	*(SCT42X1D)*	
T40.2X2D	Poisoning by other opioids, intentional self-harm, subsequent encounter	*(SCT42X2D)*	
T40.2X3D	Poisoning by other opioids, assault, subsequent encounter	*(SCT42X3D)*	
T40.2X4D	Poisoning by other opioids, undetermined, subsequent encounter	*(SCT42X4D)*	
T40.2X1S	Poisoning by other opioids, accidental (unintentional), sequela	*(SCT42X1S)*	
T40.2X2S	Poisoning by other opioids, intentional self-harm, sequela	*(SCT42X2S)*	

T40.2X3S	Poisoning by other opioids, assault, sequela	*(SCT42X3S)*	
T40.2X4S	Poisoning by other opioids, undetermined, sequela	*(SCT42X4S)* *(xxxxx)*	
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter	*(SCT43X1A)*	
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter	*(SCT43X2A)*	
T40.3X3A	Poisoning by methadone, assault, initial encounter	*(SCT43X3A)*	
T40.3X4A	Poisoning by methadone, undetermined, initial encounter	*(SCT43X4A)*	
T40.3X1D	Poisoning by methadone, accidental (unintentional), subsequent encounter	*(SCT43X1D)*	
T40.3X2D	Poisoning by methadone, intentional self-harm, subsequent encounter	*(SCT43X2D)*	
T40.3X3D	Poisoning by methadone, assault, subsequent encounter	*(SCT43X3D)*	
T40.3X4D	Poisoning by methadone, undetermined, subsequent encounter	*(SCT43X4D)*	
T40.3X1S	Poisoning by methadone, accidental (unintentional), sequela	*(SCT43X1S)*	
T40.3X2S	Poisoning by methadone, intentional self-harm, sequela	*(SCT43X2S)*	
T40.3X3S	Poisoning by methadone, assault, sequela	*(SCT43X3S)*	
T40.3X4S	Poisoning by methadone, undetermined, sequela	*(SCT43X4S)*	
T40.4X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter	*(SCT44X1A)*	
T40.4X2A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter	*(SCT44X2A)*	
T40.4X3A	Poisoning by other synthetic narcotics, assault, initial encounter	*(SCT44X3A)*	
T40.4X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter	*(SCT44X4A)*	
T40.4X1D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter	*(SCT44X1D)*	
T40.4X2D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter	*(SCT44X2D)*	
T40.4X3D	Poisoning by other synthetic narcotics, assault, subsequent encounter	*(SCT44X3D)*	
T40.4X4D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter	*(SCT44X4D)*	

Provide the number of unique patients assigned the following ICD-10 codes in the past 12 months

T40.4X1S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela	*(SCT44X1S)*	
T40.4X2S	Poisoning by other synthetic narcotics, intentional self-harm, sequela	*(SCT44X2S)*	
T40.4X3S	Poisoning by other synthetic narcotics, assault, sequela	*(SCT44X3S)*	
T40.4X4S	Poisoning by other synthetic narcotics, undetermined, sequela		

g y y , , q

T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter	*(SCT4601A)*	
T40.602A	Poisoning by unspecified narcotics, intentional self-harm initial encounter	*(SCT4602A)*	
T40.603A	Poisoning by unspecified narcotics, assault initial encounter	*(SCT4603A)*	
T40.604A	Poisoning by unspecified narcotics, undetermined initial encounter	*(SCT4604A)*	
T40.601D	Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter	*(SCT4601D)*	
T40.602D	Poisoning by unspecified narcotics, intentional self-harm subsequent encounter	*(SCT4602D)*	
T40.603D	Poisoning by unspecified narcotics, assault subsequent encounter	*(SCT4603D)*	
T40.604D	Poisoning by unspecified narcotics, undetermined subsequent encounter	*(SCT4604D)*	
T40.601S	Poisoning by unspecified narcotics, accidental (unintentional), sequela	*(SCT4601S)*	
T40.602S	Poisoning by unspecified narcotics, intentional self-harm sequela	*(SCT4602S)*	
T40.603S	Poisoning by unspecified narcotics, assault sequela	*(SCT4603S)* *(xxxxx)*	
T40.604S	Poisoning by unspecified narcotics, undetermined sequela	*(SCT4604S)*	
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter	*(SCT4691A)*	
T40.692A	Poisoning by other narcotics, intentional self-harm initial encounter	*(SCT4692A)*	
T40.693A	Poisoning by other narcotics, assault initial encounter	*(SCT4693A)*	
T40.694A	Poisoning by other narcotics, undetermined initial encounter	*(SCT4694A)*	
T40.691D	Poisoning by other narcotics, accidental (unintentional), subsequent encounter	*(SCT4691D)*	
T40.692D	Poisoning by other narcotics, intentional self-harm subsequent encounter	*(SCT4692D)*	
T40.693D	Poisoning by other narcotics, assault subsequent encounter	*(SCT4693D)*	
T40.694D	Poisoning by other narcotics, undetermined subsequent encounter	*(SCT4694D)* *(xxxxx)*	
T40.691S	Poisoning by other narcotics, accidental (unintentional), sequela	*(SCT4691S)*	
T40.692S	Poisoning by other narcotics, intentional self-harm sequela	*(SCT4692S)*	
T40.693S	Poisoning by other narcotics, assault sequela	*(SCT4693S)*	
T40.694S	Poisoning by other narcotics, undetermined sequela	*(SCT4694S)*	

Table 2: Opioid Dependence and Abuse

Provide the number of unique patients assigned the following ICD-10 codes in the past 12 months

ICD-10	ICD-10 Description		Number of Unique Patients	
F11.20	Opioid dependence, uncomplicated	*(SCF1120)*		
F11.21	Opioid dependence, in remission	*(SCF1121)*		
F11.220	Opioid dependence with intoxication, uncomplicated	*(SCF11220)*		
F11.221	Opioid dependence with intoxication, delirium	*(SCF11221)*		
F11.222	Opioid dependence with intoxication with perceptual disturbance	*(SCF11222)*		
F11.229	Opioid dependence with intoxication, unspecified	*(SCF11229)*		*(xxxxx)*
F11.23	Opioid dependence with withdrawal	*(SCF1123)*		
F11.24	Opioid dependence with opioid-induced mood disorder	*(SCF1124)*		
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusion	*(SCF11250)*		
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucination	*(SCF11251)*		
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	*(SCF11259)*		
F11.281	Opioid dependence with opioid-induced sexual dysfunction	*(SCF11281)*		
F11.282	Opioid dependence with opioid-induced sleep disorder	*(SCF11282)*		
F11.288	Opioid dependence with other opioid-induced disorder	*(SCF11288)*		
F11.29	Opioid dependence with unspecified opioid-induced disorder	*(SCF1129)*		
F11.10	Opioid abuse, uncomplicated	*(SCF1110)*		
F11.120	Opioid abuse with intoxication, uncomplicated	*(SCF11120)*		
F11.121	Opioid abuse with intoxication, delirium	*(SCF11121)*		
F11.122	Opioid abuse with intoxication with perceptual disturbance	*(SCF11122)*		
F11.129	Opioid abuse with intoxication, unspecified	*(SCF11129)*		
F11.14	Opioid abuse with opioid-induced mood disorder	*(SCF1114)*		
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions	*(SCF11150)*		*(xxxxx)*
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucination	*(SCF11151)*		
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified	*(SCF11159)*		
F11.181	Opioid abuse with opioid-induced sexual dysfunction	*(SCF11181)*		
F11.182	Opioid abuse with opioid-induced sleep disorder	*(SCF11182)*		
F11.188	Opioid abuse with other opioid-induced disorder	*(SCF11188)*		

F11.119 Opioid abuse with unspecified opioid-induced disorder *(SCF1119)*

Comments:*(SC1COMM)*

NIDA Clinical Trials Network

Site Characteristics - OTP Page 1 (SC2)

Web Version: 1.0; 3.00; 08-30-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

It is recommended that you complete the paper version of this form before proceeding. After completing on paper, enter your survey responses for the questions below using a computer or iPad. If you have not received this form, please email your site Principal Investigator.

We are evaluating the outcomes of patients with opioid use disorder who have received treatment in the Emergency Department. Since patients may receive care in your program we would like to know more about your setting. Your responses will be kept confidential and we will only share a summary of these findings with others so that we can try to improve the treatment of patients with opioid use disorder in the Emergency Department. Note, completing this form requires input from both clinical and administrative personnel.

We would like to start by asking about the characteristics of your program and your experiences in general with clients who have opioid use disorder.

Site facility name:*(SC2FACPR)*

Date survey completed: *(SC2ASMDT)*

PROVIDER INFORMATION (PERSON COMPLETING THIS SURVEY)

1. Which title below most accurately describes your current role at your program?*(SCCRTRLE)*
   - 01-Executive director
   - 02-Medical director
   - 99-Other

   If "Other", specify:*(SCROLESP)*

GENERAL PROGRAM INFORMATION

2. For each of the following, indicate how many providers and staff currently work in your program on a regular basis: *(exclude moonlighters or casual per diem)(enter 0 if none)*

		Total Number	
a. Board eligible or certified physicians	*(SCCTPHYS)*		
Internal medicine	*(SCINTMED)*		
Board-certified addiction medicine	*(SCIMCERT)*		
Pediatrics	*(SCPEDPHY)*		
Board-certified addiction medicine	*(SCPDCERT)*		
Family medicine	*(SCFAMMED)*		
Board-certified addiction medicine	*(SCFMCERT)*		
Psychiatrists	*(SCPSYCH)*		
Board-certified addiction psychiatrist	*(SCPSCERT)*		
b. Resident physicians	*(SCRSPHYS)*		
c. Fellow physicians	*(SCFELLOW)*		
d. Nurse practitioners	*(SCNURSPR)*		
e. Physician assistants	*(SCPHYSAT)*		
f. Social workers	*(SCSOCWRK)*		
g. Nurses	*(SCNURSES)*		
h. Medical assistants	*(SCMEDAST)*		
i. Clinical pharmacists	*(SCCLPHRM)*		*(xxxxx)*
j. Counselor/health educators	*(SCCOUEDU)*		*(xxxxx)*
k. Other	*(SCOTPPRV)*		
If "Other", specify:	*(SCOTPOSP)*		

3. What is the zip code for your program?*(SCZIPCDE)*
4. What is the total number of unique patients seen at your program, on average, in a given year? *(SCUNQPTS)* *(xxxxx)* patients
5. During your last normal week, approximately how many program encounters did you have at this program location?*(SCVISENC)* encounters

6. Indicate the percentage of clients in your program of each gender: *(sum=100%)*
   a. Male*(SCMALE)* %
   b. Female*(SCFEMALE)* *(xxx)* %

7. Indicate the percentage of clients in your program of each race: *(sum=100%)*
   a. White*(SCWHITE)* %
   b. Black or African American*(SCBLACK)* %
   c. Asian*(SCASIAN)* %
   d. Native Hawaiian or Other Pacific Islander*(SCHAWAII)* %
   e. American Indian or Alaska Native*(SCAMEIND)* %
   f. Prefer not to answer*(SCRACERF)* %

8. Estimate the percentage of clients treated in your program of each ethnicity: *(sum=100%)*
   a. Hispanic or Latino*(SCHISPNC)* %
   b. Not Hispanic or Latino*(SCNOHSPC)* %
9. Estimate the percentage of clients treated in your program who are **non**-English speaking: *(sum=100%)*
   a. Spanish-speaking only*(SCSPKSPN)* %
   b. Only speak a language that is not English or Spanish*(SCNOENSP)* %

10. Of clients in your current active program, of working age, what percentage would you estimate are unemployed? *(enter 0 if none) (SCUNEMPL)* %
11. Indicate the percentage of clients treated in your program with each of the following types of insurance: *(sum=100%)*
    a. Medicare*(SCMDCARE)* %
    b. Medicaid*(SCMDCAID)* %
    c. Private*(SCPRIVTE)* %
    d. Self-Pay*(SCSLFPAY)* %
    e. Veteran Affairs*(SCVTAFFR)* %
    f. Other*(SCOTINSR)* %

    If "Other", specify: *(SCOTINSP)*

12. Is your program owned by:
    a. Physician/physician group*(SCOWNPHY)* ☐ No ☐ Yes
    b. Insurance company, health plan, or HMO*(SCOWNINS)* ☐ No ☐ Yes
    c. Community health center*(SCCOMCTR)* ☐ No ☐ Yes
    d. Medical/academic health center*(SCOWNMED)* ☐ No ☐ Yes
    e. Other health care corporation*(SCOTHCOW)* ☐ No ☐ Yes
    f. Other*(SCOTOWN)* ☐ No ☐ Yes

    If "Other", specify: *(SCOTOWSP)*

13. Is your program operated by the federal government?*(SCOPFGOV)* ☐ No ☐ Yes
14. Is your program certified as a patient-centered medical home?*(SCPATCTR)* ☐ No ☐ Yes ☐ Unknown
15. Which of the **following accreditations or licenses** does your program currently have:
    a. JCAHO (Joint Commission on Accreditation of Healthcare

Organizations)*(SCJCAHO)*

0-No
1-Yes
97-Unknown
98-Refused

b. CARF (Commission on Accreditation of Rehabilitation Facilities)*(SCCARF)*

0-No
1-Yes
97-Unknown
98-Refused

c. NCQA (National Committee for Quality Assurance)*(SCNCQA)*

0-No
1-Yes
97-Unknown
98-Refused

16. Roughly, what percentage of the client care revenue received by this practice comes from managed care contracts?*(SCMNGREV)* %

17. Roughly, what percentage of your client care revenue comes from each of the following methods of payment: *(revenue sources should sum close to 100%)*

a. Fee-for-service*(SCSRVFEE)* %

b. Capitation*(SCCAPTN)* %

c. Case rates (e.g., package pricing/episode of care) *(SCCSERTE)* %

d. Other*(SCOTHREV)* %

18. What percentage of total revenues did your program receive directly from the **following sources:**

a. State block grants*(SCBLKGRT)* %

b. Medicaid fee-for-service*(SCMCDFEE)* %

c. Medicaid managed care*(SCMCDCRE)* %

d. Medicare fee-for-service*(SCMCRFEE)* %

e. Medicare managed care*(SCMEDCRE)* %

f. From other public sources*(SCPUBSRV)* %

g. Private or commercial fee-for-service insurance*(SCPRFEIN)* %

h. Private or commercial managed care insurance*(SCPRMCIN)* %

i. Patient/self-pay (not including co-pays)*(SCPRSLFP)* %

j. Patient co-pay*(SCPCOPAY)* %

k. Other sources not listed*(SCOTSREV)* %

If "Other", specify:*(SCOTSRSP)*

19. Does your program:

a. Provide professional coverage for patient medical emergencies during hours when the program is closed.*(SCCOVRGE)* ☐ No ☐ Yes

b. Provide access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services.*(SCCSEMSV)* ☐ No ☐ Yes

c. Use health technology (health IT) systems such as electronic health records, if otherwise required to use these systems in the program setting. Health IT means the electronic systems that health care professionals and patients use to store, share, and analyze health information.*(SCHLTTEC)* ☐ No ☐ Yes

d. Accept third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, ☐ No ☐ Yes

or Federal health benefits.
(SCTHRPYM)

20. Is your program registered for your state Prescription Drug Monitoring Program (PDMP) where operational and in accordance with Federal and State law?*(SCPDMP)* ☐ No ☐ Yes

21. To what extent does your program have staff members who work specifically on the prevention of HIV/AIDS?*(SCHIVPRV)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

22. During the last complete fiscal year how many clients in treatment in your OUTPATIENT program received HIV testing?
(enter 0 if none) (SCHIVTST) _____ patients

23. During the last complete fiscal year how many clients in treatment in your OUTPATIENT program received Hepatitis C testing?
(enter 0 if none) (SCHPCTST) _____ patients

24. Of the total number of clients at your program treated in the most recent complete fiscal year, what percentage:
(enter 0 if none)

a. Have a diagnosis of chronic Hepatitis C*(SCCHPHPC)* _____ %
b. Were taking Hepatitis C medications upon entry into treatment at your program*(SCHPCMED)* _____ %
c. Were diagnosed with HIV*(SCDXHIV)* _____ %
d. Were taking HIV medications upon entry into treatment at your program*(SCHIVMED)* _____ %
e. Were taking psychotropic medication upon entry into treatment at your program*(SCPSYMED)* _____ %
f. Were veterans*(SCVETERN)* _____ %

GENERAL ADDICTION SERVICES INFORMATION

25. Indicate the percentage of clients treated in your program who use the following substances:

a. Tobacco/nicotine*(SCTOBACC)* _____ %
b. Alcohol*(SCALCOHL)* _____ %
c. Cocaine or "crack"*(SCCOCCRK)* _____ %
d. Amphetamine, crystal meth, ice or ecstasy*(SCAMPTHM)* _____ %
e. Other stimulants (Ritalin, Adderall) *(SCSTIMLT)* _____ %
f. Heroin*(SCHEROIN)* _____ %
g. Prescription opioids*(SCOPIOID)* _____ %
h. Marijuana*(SCMARIJU)* _____ %
i. Benzodiazepines*(SCBENZO)* _____ %
j. Other*(SCOTHSUB)* _____ %

If "Other", specify: _____
(SCOTSBSP)

26. What was the percentage of clients at your program in the most recent complete fiscal year whose use of drugs involved **injection with needles**? _____ %
(enter 0 if none)(SCINJNED)

27. What are the current treatment services provided **on-site** in your program to address: *(select all that apply)*

	Medication		Counseling	
Opioid Use Disorder	*(SCMEDOPI)* ☐ No	☐ Yes	*(SCCNSOPI)* ☐ No	☐ Yes
Alcohol Use Disorder	*(SCMEDALC)* ☐ No	☐ Yes	*(SCCNSALC)* ☐ No	☐ Yes
Tobacco Use Disorder	*(SCMEDTOB)* ☐ No	☐ Yes	*(SCCNSTOB)* ☐ No	☐ Yes

28. What are the levels of service (as designated by the American Society of Addiction Medicine) provided by your program: *(select all that apply)*

Level I: Outpatient treatment
This level of care includes treatment that occurs in regularly scheduled sessions usually totaling fewer than 9 contact hours per week.*(SCSLVL01)*

☐ No ☐ Yes

Level II: Intensive outpatient treatment (Intensive Outpatient and Partial Hospitalization)
This level of care includes treatment that occurs in regularly scheduled sessions totaling 9 to 19 hours of skilled treatment services per week.*(SCSLVL02)*

☐ No ☐ Yes

Level III: Residential/inpatient treatment
This level of care includes 24-hour observation, monitoring, and treatment. A multidisciplinary staff functions under medical supervision.*(SCSLVL03)*

☐ No ☐ Yes

Level IV: Medically managed intensive inpatient treatment
This level of care includes addiction professionals and clinicians who provide a planned regimen of 24-hour medically directed evaluation, care, and treatment in an acute care inpatient setting.*(SCSLVL04)*

☐ No ☐ Yes

29. Does your program offer supervised withdrawal (detox) treatment, either inpatient or outpatient?*(SCSUPDTX)*

01-Inpatient only
02-Outpatient only
03-Both
04-No

a. Does your program offer short-term inpatient treatment? (**DEF**: ASAM Level III.3, less than 30 days inpatient)*(SCSHRTRT)* ☐ No ☐ Yes

b. Does your program offer long-term residential treatment? (**DEF**: ASAM Level III.3 or III.5, 30 or more days inpatient)*(SCLGRTRT)* ☐ No ☐ Yes

30. Does your OUTPATIENT program offer partial hospitalization treatment? (**DEF**: ASAM Level II.5, at least 20 hours of skilled treatment services per week)*(SCPHOSP)* ☐ No ☐ Yes

31. Does your OUTPATIENT program offer intensive outpatient therapy? (**DEF**: ASAM Level II.1, 9 to 19 hours of skilled treatment services per week)*(SCINOUT)* ☐ No ☐ Yes

32. Does your OUTPATIENT program offer standard outpatient therapy? (**DEF**: ASAM Level I, less than 9 hours of skilled treatment services per week)*(SCSTOUT)* ☐ No ☐ Yes

33. Does your OUTPATIENT program offer opioid maintenance therapy (therapeutic use of specialized opioids, such as methadone, to occupy opiate receptors in the brain and establish a maintenance state)? *(SCOPIMTN)* ☐ No ☐ Yes

34. Does your OUTPATIENT program offer outpatient aftercare services (less than 1 hour of skilled treatment services per week to clients stable in their recovery)?*(SCAFTCRE)* ☐ No ☐ Yes

35. To what extent is the Alcoholics Anonymous or Narcotics Anonymous 12-step model of treatment effective with patients who use substances? *(SCAAEFFT)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

36. What percentage of all paid staff members in outpatient and inpatient services have a prior history of addiction?*(SCPRHIST)* ____ %

37. To what extent do the managers in your program support the effectiveness of abstinence

approaches to recovery? *(SCSABSTN)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

OPIOID USE DISORDER CHARACTERISTICS

38. What is the average number of clients per month seen at your program who meet criteria for an opioid use disorder?*(SCAVGMTH)* ____ patients

39. What percentage of your program's OUTPATIENT substance abuse clients currently receive opioid maintenance therapy? *(enter 0 if none) (SCOPITRT)* ____ *(xxx)* %

40. Currently, how many people are waiting to receive treatment for opioid use disorder from your program? *(enter 0 if none](SCPLWAIT)* ____ *(xxxx)* people

    How many days, on average, do these people have to wait to begin treatment?*(SCDYWAIT)* ____ days

41. In the last complete fiscal year, what percentage of your clients with opioid use disorder received a first treatment session within 14 days after their initial assessment?*(SCFRSTRT)* ____ %

42. Which best describes the process by which your clients get into treatment at your program to address their opioid use disorder?*(SCOPIPRC)*

01-They are provided advice and information about community resources
02-They are provided a written referral to our program
03-An addiction appointment (intake or program slot) is set-up during a clinical visit
04-We have a client navigator or case manager who facilitates linkage to addiction treatment
99-Other

    If "Other", specify:*(SCOTPCSP)* ____

43. What medication does your program provide for the treatment of opioid use disorder: *(select all that apply)*

Buprenorphine or buprenorphine/naloxone - sublingual film or tablets, buccal film (e.g., Suboxone, Bunavail, Zubsolv)*(SCBUPFLM)*	☐ No	☐ Yes
Buprenorphine implants (e.g., Probuphine)*(SCBUPIMP)*	☐ No	☐ Yes
Methadone*(SCMDMTH)*	☐ No	☐ Yes
Naltrexone - oral (e.g., Revia) *(SCNALTXO)*	☐ No	☐ Yes
Extended-release naltrexone - injectable (e.g., Vivitrol) *(SCNALTXI)*	☐ No	☐ Yes
Other*(SCMEDOT)*	☐ No	☐ Yes

    If "Other", specify:*(SCMDOTSP)* ____

METHADONE PROGRAM CHARACTERISTICS

44. Does your OUTPATIENT program provide methadone treatment services?*(SCMTHTRT)* ☐ No ☐ Yes

    If "Yes", in the most recent complete fiscal year, what was the total number of clients in your outpatient program who were methadone clients? *(enter 0 if none)(SCMTHCLT)* ____ clients

45. For how many clients is your program licensed to provide methadone? *(SCLISMTH)* ____ clients

46. What is your program's client/counselor **ratio**?*(SCPRATIO)* ____ (xxx:1)

47. What is the number of clients in your program who are receiving methadone?*(SCRECMTH)* ____ clients

48. Thinking only about OUTPATIENT methadone clients who have received the same dose of methadone for at least two weeks, what percentage of these clients receive: *(enter 0 if none) (sum=100%)*

    a. under 40 milligrams of methadone*(SCMTHL40)* ____ %

    b. 40-59 milligrams of methadone*(SCMTHL59)* ____ %

c. 60-99 milligrams of methadone*(SCMTHL99)* %

d. 100-149 milligrams of methadone*(SCMTL149)* %

e. 150-199 milligrams of methadone*(SCMTL199)* %

f. 200 or more milligrams of methadone*(SCMTM200)* %

49. To what extent does your program encourage OUTPATIENT clients to **detoxify from maintenance**? *(SCMDTOX)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

How long after clients are admitted to your OUTPATIENT program are they typically encouraged to **detoxify from maintenance**?*(SCMLGDTX)*

01-Under 3 months
02-3-6 months
03-7-12 months
04-13-18 months
05-19-24 months
*Additional Options Listed Below

50. Does your program allow **take-home dosages** of methadone?*(SCMHOME)* ☐ No ☐ Yes

What percentage of methadone clients use this option? *(enter 0 if none)(SCMCHOME)* %

51. Is the use of methadone a covered benefit in the state's Medicaid plan? *(SCMCOVER)*

0-No
1-Yes
97-Unknown
98-Refused

52. Does your program offer or refer your methadone clients for: *(select all that apply)*

a. Concurrent substance use counseling (individual or group)

Offered onsite*(SCMOFCOU)* ☐ No ☐ Yes

Referred off-site*(SCMRFCOU)* ☐ No ☐ Yes

b. Mental health/psychiatric care (as appropriate)

Offered onsite*(SCMOFMHT)* ☐ No ☐ Yes

Referred off-site*(SCMRFMHT)* ☐ No ☐ Yes

c. Urine drug testing

Offered onsite*(SCMOFUDS)* ☐ No ☐ Yes

Referred off-site*(SCMRFUDS)* ☐ No ☐ Yes

1. For what percentage of your current clients receiving methadone do you perform urine drug testing?*(SCUDSMTH)* %
2. What is the typical number of urine drug tests per month per **client**? *(SCUDSMTM)* tests

53. Among patients receiving methadone, which drug metabolites do you routinely test for?

a. Alcohol (e.g. Ethyl glucuronide/ethyl sulfate) *(SCMTHALC)* ☐ No ☐ Yes

b. Amphetamines *(SCMTHAMP)* ☐ No ☐ Yes

c. Benzodiazepines 54. *(SCMTHBNZ)* ☐ No ☐ Yes

a. Cocaine *(SCMTHCOC)* ☐ No ☐ Yes

b. Marijuana/THC *(SCMTHTHC)* ☐ No ☐ Yes

c. Opiates *(SCMTHOPI)* ☐ No ☐ Yes

d. Oxycodone *(SCMTHOXY)* ☐ No ☐ Yes

e. Methadone *(SCMTHMTH)* ☐ No ☐ Yes

f. Buprenorphine *(SCMTHBUP)* ☐ No ☐ Yes

g. Psychedelics *(SCMTHPSY)* ☐ No ☐ Yes

55. On average, how many consecutive weeks of positive urine tests will lead *(xx)* consecutive weeks *(SCMNODIS)*OR ☐ No discharge based on urine drug test results

to discharge from your program?
(SCMPSUDS)

Additional Selection Options for SC2

How long after clients are admitted to your OUTPATIENT program are they typically encouraged to detoxify from maintenance?
06-25 months or more

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

BUPRENORPHINE PROGRAM CHARACTERISTICS

1. For how many clients is your program allowed to provide buprenorphine?*(SCPATBUP)* _____ *(xxxxx)* clients
2. What is the current number of providers in your program who have a DEA waiver that allows them to prescribe buprenorphine (e.g. Suboxone) for the treatment of opioid use disorder?*(SCDEAWVR)* _____ providers
3. What is the number of providers who are currently prescribing buprenorphine (e.g., Suboxone) in your practice for the treatment of opioid use disorder? *(SCBPRSCB)* _____ providers

4. What percentage of clients receiving buprenorphine were prescribed/received:
   a. Generic form of buprenorphine*(SCBUPGEN)* _____ %
   b. Rapid-dissolve form (i.e., film)*(SCBUPDSL)* _____ %
   c. Implanted buprenorphine*(SCIMPBUP)* _____ %

5. What is the number of prescribers currently prescribing buprenorphine at your program? *(SCBNPSCR)* _____ *(xxxxx)* prescribers
   a. What number of prescribers are onsite? *(SCPRONST)* _____ prescribers
   b. What number of prescribers are off-site? *(SCPROFST)* _____ *(xxxxx)* prescribers
6. What was the date that this program first started to utilize buprenorphine?*(SCBUSEDT)* _____

7. About how many clients has your program *ever* treated with buprenorphine for opioid addiction under the Waiver Program:

		All or almost all	Most	About half	A few	None	I don't know	Not applicable
a.	Were already in your program	*(SCBALRDY)* ☐	☐	☐	☐	☐	☐	☐
b.	Sought you out on their own initiative because you could provide buprenorphine treatment	*(SCBSOUGH)* ☐	☐	☐	☐	☐	☐	☐

8. On average, about how many times does the client make an office visit:

	Approximate # visits/week	Additional contact made by phone or email	Approximate # visits/month	Additional contact made by phone or email
a. During buprenorphine induction	*(SCBIVSWK)* _____	*(SCBNOIVS)* ☐ Yes ☐ Not		

		applicable		
b. While undergoing medically supervised withdrawal (detoxification) from opioids using buprenorphine	*(SCBMSVW)*	*(SCBNOMVW)* ☐ Yes ☐ Not applicable	*(SCBMSVM)*	*(SCBNOMVM)* ☐ Yes ☐ Not applicable
c. While taking buprenorphine for an extended period (at least 3 months)	*(SCBEXPVW)*	*(SCBNOEVW)* ☐ Yes ☐ Not applicable	*(SCBEXPVM)*	*(SCBNOEVM)* ☐ Yes ☐ Not applicable

9. Has your program provided long-term buprenorphine treatment lasting for periods of *at least 3 months* under the Waiver Program?*(SCBLTWPG)* ☐ No ☐ Yes

If "No", why not: *(select all that apply)*

- The program wants to but has *not* yet had the opportunity*(SCBNOOPT)* ☐ No ☐ Yes
- The program prefers detoxification and "abstinence only" (drug-free) treatment*(SCBDETOX)* ☐ No ☐ Yes
- The program doesn't want to provide long-term buprenorphine treatment*(SCBNLTRM)* ☐ No ☐ Yes
- The program needs more knowledge about long-term buprenorphine treatment to feel comfortable*(SCBKNWLG)* ☐ No ☐ Yes
- Clients' inability to pay for treatment/medication costs needed for long-term treatment*(SCBNOPAY)* ☐ No ☐ Yes
- Limited third party reimbursement for buprenorphine medication/treatment*(SCBLIMIT)* ☐ No ☐ Yes
- Providing shorter treatment allows the program to treat more clients (due to the client limits)*(SCBSHRTT)* ☐ No ☐ Yes
- Other*(SCBOTWPR)* ☐ No ☐ Yes
  - If "Other", specify:*(SCBOTWSP)*

10. Thinking only about OUTPATIENT buprenorphine clients who have received the same dose of buprenorphine for at least two weeks, what percentage of these clients receive: *(enter 0 if none) (sum=100%)*

- a. 4 milligrams or less of buprenorphine*(SCBUPL04)* %
- b. 5-7 milligrams of buprenorphine*(SCBUPL07)* %
- c. 8-12 milligrams of buprenorphine*(SCBUPL12)* %
- d. 13-15 milligrams of buprenorphine*(SCBUPL15)* %
- e. 16-23 milligrams of buprenorphine*(SCBUPL23)* %
- f. 24-31 milligrams of buprenorphine*(SCBUPL31)* %
- g. 32 milligrams or more of buprenorphine*(SCBUPM32)* %

11. From which of the following payor/funding sources have you received reimbursement for providing buprenorphine treatment: *(select all that apply)*

- Public funds (e.g., Medicaid, State, Veterans Affairs)*(SCBPFUND)* ☐ No ☐ Yes
- Private insurers*(SCBPRINS)* ☐ No ☐ Yes
- Patients (or families) pay for treatment out-of-pocket*(SCBPTPAY)* ☐ No ☐ Yes
- Other*(SCOTFBUP)* ☐ No ☐ Yes

If "Other", specify:*(SCOTFBSP)*

I don't know*(SCBIDKFD)* ☐ No ☐ Yes

12. To what extent does your program encourage OUTPATIENT clients to **taper off from buprenorphine maintenance**?*(SCBENCRG)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

How long after clients are admitted to your OUTPATIENT program are they typically encouraged to taper off from buprenorphine? *(SCBTAPTM)*

1-Under 3 months
2-3-6 months
3-7-12 months
4-13-18 months
5-19-24 months
*Additional Options Listed Below

13. Is the use of buprenorphine a covered benefit in this state's Medicaid plan?*(SCBCOVER)*

0-No
1-Yes
97-Unknown
98-Refused

14. Does your program offer or refer your buprenorphine clients for: *(select all that apply)*

a. Concurrent substance use counseling (individual or group)

Offered onsite*(SCBOFCOU)* ☐ No ☐ Yes

Referred off-site*(SCBRFCOU)* ☐ No ☐ Yes

b. Mental health/psychiatric care (as appropriate)

Offered onsite*(SCBOFMHT)* ☐ No ☐ Yes

Referred off-site*(SCBRFMHT)* ☐ No ☐ Yes

c. Urine drug testing

Offered onsite*(SCBOFUDS)* ☐ No ☐ Yes

Referred off-site*(SCBRFUDS)* ☐ No ☐ Yes

1. For what percentage of your current clients receiving buprenorphine do you perform urine drug testing?*(SCUDSBUP)* ____ %
2. What is the typical number of urine drug tests per month **per client**?*(SCUDSMTB)* ____ tests

15. Among clients receiving buprenorphine, which drug metabolites do you routinely test for?

a. Alcohol (e.g. Ethyl glucuronide/ethyl sulfate) *(SCBUPALC)* ☐ No ☐ Yes

b. Amphetamines *(SCBUPAMP)* ☐ No ☐ Yes

c. Benzodiazepines 16. *(SCBUPBNZ)* ☐ No ☐ Yes

a. Cocaine *(SCBUPCOC)* ☐ No ☐ Yes

b. Marijuana/THC *(SCBUPTHC)* ☐ No ☐ Yes

c. Opiates *(SCBUPOPI)* ☐ No ☐ Yes

d. Oxycodone *(SCBUPOXY)* ☐ No ☐ Yes

e. Methadone *(SCBUPMTH)* ☐ No ☐ Yes

f. Buprenorphine *(SCBUPBUP)* ☐ No ☐ Yes

g. Psychedelics *(SCBUPPSY)* ☐ No ☐ Yes

17. On average, how many consecutive weeks of positive urine tests will lead to discharge from your program? *(SCBPSUDS)* _____ *(xx)* consecutive weeks *(SCBNODIS)* OR ☐ No discharge based on urine drug test results

Additional Selection Options for SC3

How long after clients are admitted to your OUTPATIENT program are they typically encouraged to taper off from buprenorphine?
6-25 months or more

Site Characteristics - OTP Page 3 (SC4)

Web Version: 1.0; 1.01; 05-10-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

NALTREXONE PROGRAM CHARACTERISTICS

1. What is the number of providers who are currently prescribing naltrexone in your program for the treatment of an opioid use disorder?*(SCNPRSCB)* ____ providers

2. About how many clients has your program *ever* treated with naltrexone for opioid addiction:

		All or Almost All	Most	About Half	A Few	None	I Don't Know	Not Applicable
a.	Were already in your program	*(SCNALRDY)* ☐	☐	☐	☐	☐	☐	☐
b.	Sought you out on their own initiative because you could provide naltrexone treatment	*(SCNSOUGH)* ☐	☐	☐	☐	☐	☐	☐

3. On average, about how many times does the client make an office visit:

		Approximate # visits/week	Additional contact made by phone or email
a.	During naltrexone initiation	*(SCNIVWK)* ____ *(xx)*	*(SCNNOVW)* ☐ Yes ☐ Not applicable
b.	While taking naltrexone for an extended period (at least 3 months)	*(SCNEXPVW)* ____ *(xx)*	*(SCNONEVW)* ☐ Yes ☐ Not applicable

4. Has your program provided naltrexone treatment lasting for periods of at *least 3 months*?*(SCPRVNAL)* ☐ No ☐ Yes

   If "No", why not: *(select all that apply)*

   - The program wants to but has *not* yet had the opportunity*(SCNNOOPT)* ☐ No ☐ Yes
   - The program prefers "abstinence only" (drug-free) treatment*(SCNABSTN)* ☐ No ☐ Yes
   - The program doesn't want to provide long-term naltrexone treatment*(SCNNLTRM)* ☐ No ☐ Yes
   - The program needs more knowledge about long-term naltrexone treatment to feel comfortable*(SCNLKNWG)* ☐ No ☐ Yes
   - Clients' inability to pay for treatment/medication costs needed for long-term treatment*(SCNNOPAY)* ☐ No ☐ Yes
   - Limited third party reimbursement for naltrexone medication/treatment*(SCNLIMIT)* ☐ No ☐ Yes
   - Providing shorter treatment allows the program to treat more clients (due to the client limits)*(SCNSHORT)* ☐ No ☐ Yes
   - Other*(SCOTNLTT)* ☐ No ☐ Yes

If "Other", specify*(SCOTNRSP)*

5. From which of the following payor/funding sources have you received reimbursement for providing naltrexone treatment: *(select all that apply)*

Public funds (e.g., Medicaid, State, Veterans Affairs)*(SCNPFUND)*	☐ No ☐ Yes
Private insurers*(SCNPRINS)*	☐ No ☐ Yes
Patients (or families) pay for treatment out-of-pocket*(SCNPTPAY)*	☐ No ☐ Yes
Other*(SCOTFNAL)*	☐ No ☐ Yes
If "Other", specify:*(SCOTFNSP)*	
I don't know*(SCNIDKFD)*	☐ No ☐ Yes

6. To what extent does your program encourage clients to taper off of naltrexone?*(SCNTAPR)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

How long after clients are admitted to your program are they typically encouraged to taper off of naltrexone?*(SCNLGTPR)*

01-Under 3 months
02-3-6 months
03-7-12 months
04-13-18 months
05-19-24 months
*Additional Options Listed Below

7. Is the use of naltrexone a covered benefit in this state's Medicaid plan?*(SCNCOVER)*

0-No
1-Yes
97-Unknown
98-Refused

8. Does your program offer or refer your naltrexone clients for: *(select all that apply)*

a. Concurrent substance use counseling (individual or group)

Offered onsite*(SCNOFCOU)*	☐ No ☐ Yes
Referred off-site*(SCNRFCOU)*	☐ No ☐ Yes

b. Mental health/psychiatric care (as appropriate)

Offered onsite*(SCNOFMHT)*	☐ No ☐ Yes
Referred off-site*(SCNRFMHT)*	☐ No ☐ Yes

c. Urine drug testing

Offered onsite*(SCNOFUDS)*	☐ No ☐ Yes
Referred off-site*(SCNRFUDS)*	☐ No ☐ Yes
1. For what percentage of your current patients receiving naltrexone do you perform urine drug testing?*(SCUDSNAX)*	*(xxx)* %
2. What is the typical number of urine drug tests per month **per patient**?*(SCUDSMT)*	*(xxx)* tests

9. Among clients receiving naltrexone, which drug metabolites do you routinely test for:

a. Alcohol (e.g. Ethyl glucuronide/ethyl sulfate)	*(SCNALALC)* ☐ No ☐ Yes
b. Amphetamines	*(SCNALAMP)* ☐ No ☐ Yes

c. Benzodiazepines *(SCNALBNZ)* ☐ No ☐ Yes

d. Cocaine *(SCNALCOC)* ☐ No ☐ Yes

e. Marijuana/THC *(SCNALTHC)* ☐ No ☐ Yes

f. Opiates *(SCNALOPI)* ☐ No ☐ Yes

g. Oxycodone *(SCNALOXY)* ☐ No ☐ Yes

h. Methadone *(SCNALMTH)* ☐ No ☐ Yes

i. Buprenorphine *(SCNALBUP)* ☐ No ☐ Yes

j. Psychedelics *(SCNALPSY)* ☐ No ☐ Yes

10. On average, how many consecutive weeks of positive urine tests will lead to discharge from your program? *(SCNPSUDS)* _____ *(xx)* consecutive weeks *(SCNNODIS)*OR

☐ No discharge based on urine drug test results

Comments:*(SC4COMM)*

Additional Selection Options for SC4

How long after clients are admitted to your program are they typically encouraged to taper off of naltrexone?
06-25 months or more

Site Characteristics - Community Page 1 (SC5)

Web Version: 1.0; 2.00; 08-30-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

It is recommended that you complete the paper version of this form before proceeding. After completing on paper, enter your survey responses for the questions below using a computer or iPad. If you have not received this form, please email your site Principal Investigator.

We are evaluating the outcomes of patients with an opioid use disorder who have received treatment in the Emergency Department. Since patients may receive care in your practice we would like to know more about your setting. Your responses will be kept confidential and we will only share a summary of these findings with others so that we can try to improve the treatment of patients with opioid use disorder in the Emergency Department. Note, completing this form requires input from both clinical and administrative personnel.

*We would like to start by asking about the characteristics of your clinic/facility/institution or practice (hereafter referred to as **"practice"**), then questions related to your addiction services provided by your practice and lastly, specific buprenorphine and naltrexone practice characteristics.*

Site facility name:*(SC5FACPR)*

Date survey completed:*(SC5ASMDT)*

PROVIDER INFORMATION (PERSON COMPLETING THIS SURVEY)

1. Which title below most accurately describes your current role at your practice?*(SCCRTRLE)*
   - 01-Executive director
   - 02-Clinician administrator (e.g., Medical director)
   - 03-Medical provider
   - 99-Other

   If "Other", specify:*(SCROLESP)*

GENERAL PRACTICE INFORMATION

2. For each of the following, indicate how many providers and staff currently work in your practice on a regular basis: *(exclude moonlighters or casual per diem)(enter 0 if none)*

		Total Number	
a. Board eligible or certified physicians	*(SCCTPHYS)*		
Internal medicine	*(SCINTMED)*		
Board-certified addiction medicine	*(SCIMCERT)*		
Pediatrics	*(SCPEDPHY)*		
Board-certified addiction medicine	*(SCPDCERT)*		
Family medicine	*(SCFAMMED)*		
Board-certified addiction medicine	*(SCFMCERT)*		
Psychiatrists	*(SCPSYCH)*		
Board-certified addiction psychiatrist	*(SCPSCERT)*		
b. Resident physicians	*(SCRSPHYS)*		
c. Fellow physicians	*(SCFELLOW)*		
d. Nurse practitioners	*(SCNURSPR)*		
e. Physician assistants	*(SCPHYSAT)*		
f. Social workers	*(SCSOCWRK)*		
g. Nurses	*(SCNURSES)*		
h. Medical assistants	*(SCMEDAST)*		
i. Clinical pharmacists	*(SCCLPHRM)*		*(xxxxx)*
j. Counselor/health educators	*(SCCOUEDU)*		*(xxxxx)*
k. Other	*(SCOTPPRV)*		
If "Other", specify:	*(SCOTPOSP)*		

3. What is the zip code for your practice? *(SCZIPCDE)*
4. What is the total number of unique patients seen at your practice, on average, in a given year?*(SCUNQPTS)* *(xxxxx)* patients
5. During your last normal week of practice, approximately how many office visit encounters did you have at this office location?*(SCVISENC)* encounters

6. Indicate the percentage of patients in your practice of each gender: *(sum=100%)*
   a. Male*(SCMALE)* %
   b. Female*(SCFEMALE)* *(xxx)* %

7. Indicate the percentage of patients in your practice of each race: *(sum=100%)*
   a. White*(SCWHITE)* %
   b. Black or African American*(SCBLACK)* %
   c. Asian*(SCASIAN)* %
   d. Native Hawaiian or Other Pacific Islander*(SCHAWAII)* %
   e. American Indian or Alaska Native*(SCAMEIND)* %
   f. Prefer not to answer*(SCRACERF)* %

8. Estimate the percentage of patients treated in your practice of each ethnicity: *(sum=100%)*
   a. Hispanic or Latino*(SCHISPNC)* %
   b. Not Hispanic or Latino*(SCNOHSPC)* %

9. Estimate the percentage of patients treated in your practice who are **non**-English speaking: *(sum=100%)*
   a. Spanish-speaking only*(SCSPKSPN)* %
   b. Only speak a language that is not English or Spanish*(SCNOENSP)* %

10. Of patients in your current active practice, of working age, what percentage would you estimate are unemployed? *(enter 0 if none) (SCUNEMPL)* %

11. Indicate the percentage of patients treated in your practice with each of the following types of insurance: *(sum=100%)*
   a. Medicare*(SCMDCARE)* %
   b. Medicaid*(SCMDCAID)* %
   c. Private*(SCPRINSR)* %
   d. Self-Pay*(SCSLFPAY)* %
   e. Veteran Affairs*(SCVTAFR)* %
   f. Other*(SCOTINSR)* %
   If "Other", specify:*(SCOTINSP)*

12. Choose ALL of the type(s) of settings that describe your office: *(select up to 3)*
   - Private solo or group practice*(SCPRIVAT)* ☐ No ☐ Yes
   - Freestanding clinic/urgent care center (not part of a hospital outpatient department)*(SCURGCRE)* ☐ No ☐ Yes
   - Hospital outpatient department*(SCHOSPOT)* ☐ No ☐ Yes
   - Mental health center*(SCMNTLCN)* ☐ No ☐ Yes
   - Non-federal government clinic (e.g., state, county, city, maternal and child health, etc.)*(SCNONGOV)* ☐ No ☐ Yes
   - Family planning clinic (including Planned Parenthood)*(SCFAMPLN)* ☐ No ☐ Yes
   - Federal government operated clinic (e.g., VA, military, etc.)*(SCFEDGOV)* ☐ No ☐ Yes
   - Health maintenance organization or other prepaid practice (e.g., Kaiser Permanente)*(SCHLTHMT)* ☐ No ☐ Yes
   - Faculty practice plan*(SCPRCPLN)* ☐ No ☐ Yes
   - Community Health Center (e.g., Federally Qualified Health Center (FQHC), federally funded clinics or 'look alike' clinics)*(SCCOMCTR)* ☐ No ☐ Yes

13. Is your practice owned by:
   a. Physician/physician group*(SCOWNPHY)* ☐ No ☐ Yes

b. Insurance company, health plan, or HMO*(SCOWNINS)* ☐ No ☐ Yes

c. Community health center*(SCOWNCOM)* ☐ No ☐ Yes

d. Medical/academic health center*(SCOWNMED)* ☐ No ☐ Yes

e. Other hospital*(SCOWOTHP)* ☐ No ☐ Yes

f. Other health care corporation*(SCOTHCOW)* ☐ No ☐ Yes

g. Other*(SCOTOWN)* ☐ No ☐ Yes

If "Other", specify:*(SCOTOWSP)*

14. Is your practice operated by the federal government?*(SCOPFGOV)* ☐ No ☐ Yes

15. Is your practice certified as a patient-centered medical home?*(SCPATCTR)* ☐ No ☐ Yes ☐ Unknown

16. Which of the **following accreditations or licenses** does your practice currently have:

a. JCAHO (Joint Commission on Accreditation of Healthcare Organizations)*(SCJCAHO)*

b. CARF (Commission on Accreditation of Rehabilitation Facilities)*(SCCARF)*

c. NCQA (National Committee for Quality Assurance)*(SCNCQA)*

0-No
1-Yes
97-Unknown
98-Refused

17. Roughly, what percentage of your patient care revenue comes from: *(revenue sources should sum close to 100%)*

a. Medicare*(SCRVMCRE)* %

b. Medicaid*(SCRVMCDE)* %

c. Private insurance*(SCRVPINS)* %

d. Patient payments*(SCRVPPAY)* %

e. Other (including charity, research, Tricare, VA, etc.)*(SCRVOT)* %

18. Roughly, what percentage of the patient care revenue received by this practice comes from managed care contracts? *(SCMNGREV)* %

19. Roughly, what percentage of your patient care revenue comes from each of the following methods of payment: *(revenue sources should sum close to 100%)*

a. Fee-for-service*(SCSRVFEE)* %

b. Capitation*(SCCAPTN)* %

c. Case rates (e.g., package pricing/episode of care)*(SCCSERTE)* %

d. Other*(SCOTHREV)* %

20. What percentage of total revenues did your practice receive directly from the **following sources:**

a. State block grants*(SCBLKGRT)* %

b. Medicaid fee-for-service*(SCMCDFEE)* %

c. Medicaid managed care*(SCMCDCRE)* %

d. Medicare fee-for-service*(SCMCRFEE)* %

e. Medicare managed care*(SCMEDCRE)* %

f. From other public sources*(SCPUBSRV)* %

g. Private or commercial fee-for-service insurance*(SCPRFEIN)* %

h. Private or commercial managed care insurance*(SCPRMCIN)* %

i. Patient/Self-Pay (not including co-pays) *(SCPRSLFP)* %

j. Patient co-pay*(SCPACPAY)* %

k. Other sources not listed*(SCOTSREV)* %

If "Other", specify:*(SCOTSRSP)*

21. Does your practice:

a. Provide professional coverage for patient medical emergencies during hours when the practitioner's practice is closed*(SCCOVRGE)* ☐ No ☐ Yes

b. Provide access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services*(SCCSEMSV)* ☐ No ☐ Yes

c. Use health technology (health IT) systems such as electronic health records, if otherwise required to use these systems in the practice setting. Health IT means the electronic systems that health care professionals and patients use to store, share, and analyze health information*(SCHLTTEC)* ☐ No ☐ Yes

d. Accept third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or federal health benefits*(SCTHRPYM)* ☐ No ☐ Yes

22. Is your practice registered for your state Prescription Drug Monitoring Program (PDMP) where operational and in accordance with federal and state law? *(SCPDMP)* ☐ No ☐ Yes

23. To what extent does your practice have staff members who work specifically on the prevention of HIV/AIDS?*(SCHIVPRV)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

24. During the last complete fiscal year how many patients in treatment in your practice received HIV testing? *(enter 0 if none)* *(SCHIVTST)* _____ patients

25. During the last complete fiscal year how many patients in treatment in your practice received Hepatitis C testing? *(enter 0 if none)* *(SCHVCTST)* _____ patients

26. Of the total number of patients at your practice treated in the most recent complete fiscal year, what percentage: *(enter 0 if none)*

a. Have a diagnosis of chronic Hepatitis C*(SCCHRHVC)* _____ %

b. Were taking Hepatitis C medications upon entry into treatment at your practice*(SCHVCMED)* _____ %

c. Were diagnosed with HIV*(SCDXHIV)* _____ %

d. Were taking HIV medications upon entry into treatment at your practice*(SCHIVMED)* _____ %

e. Were taking psychotropic medication upon entry into treatment at your practice*(SCPSYMED)* _____ %

f. Were veterans*(SCVETERN)* _____ %

ADDICTION SERVICES INFORMATION

27. Indicate the percentage of patients treated in your practice who use (not prescribed) the following substances:

a. Tobacco/nicotine*(SCTOBACC)* _____ %

b. Alcohol*(SCALCOHL)* _____ %

c. Cocaine or "crack"*(SCCOCCRK)* _____ %

d. Amphetamine, crystal meth, ice or ecstasy*(SCAMPTHM)* _____ %

e. Other stimulants (Ritalin, Adderall) *(SCSTIMLT)* _____ %

f. Heroin*(SCHEROIN)* _____ %

g. Prescription opioids*(SCOPIOID)* _____ %

h. Marijuana*(SCMARIJU)* _____ %

i. Benzodiazepines*(SCBENZO)* _____ %

j. Other*(SCOTHSUB)* _____ %

If "Other", specify:*(SCOTSBSP)* _____

28. What percentage of patients at your practice in the most recent complete fiscal year whose use of drugs involved _____ %

injection with needles? *(enter 0 if none)* *(SCINJNED)*

29. What are the current treatment services provided **on-site** in your practice to address: *(select all that apply)*

		Medication			Counseling		
a.	Opioid Use Disorder	*(SCMEDOPI)*	☐ No	☐ Yes	*(SCCNSOPI)*	☐ No	☐ Yes
b.	Alcohol Use Disorder	*(SCMEDALC)*	☐ No	☐ Yes	*(SCCNSALC)*	☐ No	☐ Yes
c.	Tobacco Use Disorder	*(SCMEDTOB)*	☐ No	☐ Yes	*(SCCNSTOB)*	☐ No	☐ Yes

30. What are the levels of service (as designated by the American Society of Addiction Medicine) provided by your practice:

Level I: Outpatient treatment
This level of care includes treatment that occurs in regularly scheduled sessions usually totaling fewer than 9 contact hours per week.*(SCSLVL01)* ☐ No ☐ Yes

Level II: Intensive outpatient treatment (Intensive Outpatient and Partial Hospitalization)
This level of care includes treatment that occurs in regularly scheduled sessions totaling 9 to 19 hours of skilled treatment services per week. *(SCSLVL02)* ☐ No ☐ Yes

Level III: Residential/inpatient treatment
This level of care includes 24-hour observation, monitoring, and treatment. A multidisciplinary staff functions under medical supervision.*(SCSLVL03)* ☐ No ☐ Yes

Level IV: Medically managed intensive inpatient treatment
This level of care includes addiction professionals and clinicians who provide a planned regimen of 24-hour medically directed evaluation, care, and treatment in an acute care inpatient setting.*(SCSLVL04)* ☐ No ☐ Yes

31. What is the average number of patients per month seen at your practice who meet criteria for an opioid use disorder? *(SCAVGMTH)* _____ patients

32. What percentage of your practice's patients with an opioid use disorder are prescribed opioid agonist treatment? *(enter 0 if none)* *(SCOPITRT)* _____ *(xxx)* %

33. Currently, how many people are waiting to receive treatment for opioid use disorder from your practice? *(enter 0 if none]* *(SCPLWAIT)* _____ *(xxxx)* people

How many days, on average, do these people have to wait to begin treatment?*(SCDYWAIT)* _____ days

34. In the last complete fiscal year, what percentage of your patients with opioid use disorder received a first treatment session within 14 days after their initial assessment?*(SCFRSTRT)* _____ %

35. Which best describes the process by which your patients get into treatment at your practice to address their opioid use disorder?*(SCOPIPRC)*

- 01-They are provided advice and information about community resources
- 02-They are provided a written referral to our practice
- 03-An addiction appointment (intake or practice slot) is set-up during a clinical visit
- 04-We have a patient navigator or case manager who facilitates linkage to addiction treatment
- 99-Other

If "Other", specify:*(SCOTPCSP)* _____

36. To what extent is the Alcoholics Anonymous or Narcotics Anonymous 12-step model of treatment effective with patients who use substances? *(SCAAEFFT)*

- 0-No extent
- 1-A little extent
- 2-Some extent
- 3-A great extent
- 4-A very great extent

37. What medication does your practice provide for the treatment of opioid use disorder: *(select all that apply)*

Buprenorphine or buprenorphine/naloxone - sublingual film or tablets, buccal film (e.g., Suboxone, Bunavail, Zubsolv) *(SCBUPFLM)* ☐ No ☐ Yes

Buprenorphine implants (e.g., Probuphine)*(SCBUPIMP)* ☐ No ☐ Yes

Naltrexone - oral (e.g., Revia) *(SCNALTXO)* ☐ No ☐ Yes

Extended-release naltrexone - injectable (e.g., Vivitrol)*(SCNALTXI)* ☐ No ☐ Yes

Other*(SCMEDOT)* ☐ No ☐ Yes

If "Other", specify:*(SCMDOTSP)*

BUPRENORPHINE PRACTICE CHARACTERISTICS

38. For how many patients is your practice allowed to provide buprenorphine? *(SCPATBUP)* _____ *(xxxxx)* patients

39. What is the current number of providers in your practice who have a DEA waiver that allows them to prescribe buprenorphine (e.g. Suboxone) for the treatment of opioid use disorder?*(SCDEAWVR)* _____ providers

40. What is the number of providers who are currently prescribing buprenorphine (e.g., Suboxone) in your practice for the treatment of opioid use disorder? *(SCBPRSCB)* _____ providers

41. What was the date that this practice first started to utilize buprenorphine? *(SCBUSEDT)* _____

42. About how many patients has your practice *ever* treated with buprenorphine for opioid addiction under the Waiver Program:

		All or almost all	Most	About half	A few	None	I don't know	N/A
a.	Were already in your practice	*(SCBALRDY)* ☐	☐	☐	☐	☐	☐	☐
b.	Sought you out on their own initiative because you could provide buprenorphine treatment	*(SCBSOUGH)* ☐	☐	☐	☐	☐	☐	☐

43. On average, about how many times does the patient make an office visit:

	Approximate # visits/week	Additional contact made by phone or email	Approximate # visits/month	Additional contact made by phone or email
a. During buprenorphine induction	*(SCBIVSWK)* _____	*(SCBNOIVS)* ☐ Yes ☐ Not applicable		
b. While undergoing medically supervised withdrawal (detoxification) from opioids using buprenorphine	*(SCBMSVW)* _____	*(SCBNOMVW)* ☐ Yes ☐ Not applicable	*(SCBMSVM)* _____	*(SCBNOMVM)* ☐ Yes ☐ Not applicable
c. While taking buprenorphine for an extended period (at least 3 months)	*(SCBEXPVW)* _____	*(SCBNOEVW)* ☐ Yes ☐ Not applicable	*(SCBEXPVM)* _____	*(SCBNOEVM)* ☐ Yes ☐ Not applicable

44. Has your practice provided long-term buprenorphine treatment lasting for periods of *at least 3 months* under the Waiver Program?*(SCBLGWPG)* ☐ No ☐ Yes

If "No", why not: *(select all that apply)*

- The practice wants to but has *not* yet had the opportunity*(SCBNOOPT)* ☐ No ☐ Yes
- The practice prefers detoxification and "abstinence only" (drug-free) treatment*(SCBDETOX)* ☐ No ☐ Yes
- The practice doesn't want to provide long-term buprenorphine treatment*(SCBNLTRM)* ☐ No ☐ Yes
- The practice needs more knowledge about long-term buprenorphine treatment to feel comfortable*(SCBKNWLG)* ☐ No ☐ Yes
- Patients' inability to pay for treatment/medication costs needed for long-term treatment*(SCBNOPAY)* ☐ No ☐ Yes
- Limited third party reimbursement for buprenorphine medication/treatment*(SCBLIMIT)* ☐ No ☐ Yes
- Providing shorter treatment allows the practice to treat more patients (due to the patient limits) *(SCBSHRTT)* ☐ No ☐ Yes
- Other*(SCBOTWPR)* ☐ No ☐ Yes

If "Other", specify: *(SCBOTPSP)* _____

45. Thinking only about patients receiving buprenorphine who have received the same dose of buprenorphine for at least two weeks, what percentage of these patients receive: *(enter 0 if none) (sum=100%)*

a. 4 milligrams or less of buprenorphine*(SCBUPL04)* _____ %

b. 5-7 milligrams of buprenorphine*(SCBUPL07)* _____ %

c. 8-12 milligrams of _____ %

buprenorphine*(SCBUPL12)*

d. 13-15 milligrams of buprenorphine*(SCBUPL15)* ____ %

e. 16-23 milligrams of buprenorphine*(SCBUPL23)* ____ %

f. 24-31 milligrams of buprenorphine*(SCBUPL31)* ____ %

g. 32 milligrams or more of buprenorphine*(SCBUPL32)* ____ %

46. What percentage of patients receiving buprenorphine were prescribed/received:

a. Generic form of buprenorphine*(SCBUPGEN)* ____ %

b. Rapid-dissolve form (i.e., film) *(SCBUPDSL)* ____ %

c. Implanted buprenorphine*(SCIMPBUP)* ____ %

47. Does your practice offer or refer your buprenorphine patients for: *(select all that apply)*

a. Concurrent substance use counseling (individual or group)

Offered onsite*(SCBOFCOU)* ☐ No ☐ Yes

Referred off-site*(SCBRFCOU)* ☐ No ☐ Yes

b. Mental health/psychiatric care (as appropriate)

Offered onsite*(SCBOFMHT)* ☐ No ☐ Yes

Referred off-site*(SCBRFMHT)* ☐ No ☐ Yes

c. Urine drug testing

Offered onsite*(SCBOFUDS)* ☐ No ☐ Yes

Referred off-site*(SCBRFUDS)* ☐ No ☐ Yes

1. For what percentage of your current patients receiving buprenorphine do you perform urine drug testing? *(SCUDSBUP)* ____ %

2. What is the typical number of urine drug tests per month **per patient**?*(SCUDSMTB)* ____ tests

48. Among patients receiving buprenorphine, which drug metabolites do you routinely test for?

a. Alcohol (e.g., Ethyl glucuronide/ethyl sulfate) *(SCBUPALC)* ☐ No ☐ Yes

b. Amphetamines *(SCBUPAMP)* ☐ No ☐ Yes

c. Benzodiazepines 49. *(SCBUPBNZ)* ☐ No ☐ Yes

a. Cocaine *(SCBUPCOC)* ☐ No ☐ Yes

b. Marijuana/THC *(SCBUPTHC)* ☐ No ☐ Yes

c. Opiates *(SCBUPOPI)* ☐ No ☐ Yes

d. Oxycodone *(SCBUPOXY)* ☐ No ☐ Yes

e. Methadone *(SCBUPMTH)* ☐ No ☐ Yes

f. Buprenorphine *(SCBUPBUP)* ☐ No ☐ Yes

g. Psychedelics *(SCBUPPSY)* ☐ No ☐ Yes

50. On average, how many consecutive weeks of positive urine tests will lead to discharge from your practice?*(SCBPSUDS)* ____ *(xx)* consecutive weeks OR *(SCBNODIS)*

☐ No discharge based on urine drug test results

51. From which of the following payor/funding sources have you received reimbursement for providing buprenorphine treatment: *(select all that apply)*

Public funds (e.g., Medicaid, State, Veterans Affairs)*(SCBPFUND)* ☐ No ☐ Yes

Private insurers*(SCBPRINS)* ☐ No ☐ Yes

Patients (or families) pay for treatment out-of-pocket*(SCBPTPAY)* ☐ No ☐ Yes

Other*(SCOTFBUP)* ☐ No ☐ Yes

If "Other", specify:*(SCOTFBSP)* ____

I don't know*(SCBIDKFD)* ☐ No ☐ Yes

52. To what extent does your practice encourage patients to taper off of buprenorphine?*(SCBTAPR)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

How long after patients are admitted to your practice are they typically

encouraged to taper off of buprenorphine?*(SCBLGTPR)*

01-Under 3 months
02-3-6 months
03-7-12 months
04-13-18 months
05-19-24 months
*Additional Options Listed Below

53. Is the use of buprenorphine a covered benefit in this state's Medicaid plan? *(SCBCOVER)*

0-No
1-Yes
97-Unknown
98-Refused

Survey continued on next page.

Additional Selection Options for SC5

How long after patients are admitted to your practice are they typically encouraged to taper off of buprenorphine?
06-25 months or more

NIDA Clinical Trials Network

Site Characteristics - Community Page 2 (SC6)

Web Version: 1.0; 1.01; 05-10-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

NALTREXONE PRACTICE CHARACTERISTICS

1. What is the number of providers who are currently prescribing naltrexone in your practice for the treatment of an opioid use disorder?*(SCNPRSCB)* _____ providers

2. About how many of the patients has your practice *ever* treated with naltrexone for opioid addiction:

		All or almost all	Most	About half	A few	None	I don't know	Not applicable
a. Were already in your practice	*(SCNALRDY)*	☐	☐	☐	☐	☐	☐	☐
b. Sought you out on their own initiative because you could provide naltrexone treatment	*(SCNSOUGH)*	☐	☐	☐	☐	☐	☐	☐

3. On average, about how many times does the patient make an office visit:

	Approximate # visits/week	Additional contact made by phone or email
During naltrexone initiation	*(SCNIVWK)* _____ *(xx)*	*(SCNNOVW)* ☐ Yes ☐ Not applicable
While taking naltrexone for an extended period (at least 3 months)	*(SCNEXPVW)* _____ *(xx)*	*(SCNONEVW)* ☐ Yes ☐ Not applicable

4. Has your practice provided naltrexone treatment lasting for periods of at *least 3 months*?*(SCPRVNAL)* ☐ No ☐ Yes

If "No", why not: *(select all that apply)*

- The practice wants to but has *not* yet had the opportunity*(SCNNOOPT)* ☐ No ☐ Yes
- The practice prefers "abstinence only" (drug-free) treatment*(SCNABSTN)* ☐ No ☐ Yes
- The practice doesn't want to provide long-term naltrexone treatment*(SCNNLTRM)* ☐ No ☐ Yes
- The practice needs more knowledge about long-term naltrexone treatment to feel comfortable*(SCNLKNWG)* ☐ No ☐ Yes
- Patients' inability to pay for treatment/medication costs needed for long-term treatment*(SCNNOPAY)* ☐ No ☐ Yes
- Limited third party reimbursement for naltrexone medication/treatment*(SCNLIMIT)* ☐ No ☐ Yes
- Providing shorter treatment allows the practice to treat more patients (due to the patient limits)*(SCNSHORT)* ☐ No ☐ Yes
- Other*(SCOTNLTT)* ☐ No ☐ Yes

If "Other", specify*(SCOTNRSP)*

5. Does your practice offer or refer your naltrexone patients for: *(select all that apply)*
   a. Concurrent substance use counseling (individual or group)
      Offered onsite*(SCNOFCOU)* ☐ No ☐ Yes
      Referred off-site*(SCNRFCOU)* ☐ No ☐ Yes
   b. Mental health/psychiatric care (as appropriate)
      Offered onsite*(SCNOFMHT)* ☐ No ☐ Yes
      Referred off-site*(SCNRFMHT)* ☐ No ☐ Yes
   c. Urine drug testing
      Offered onsite*(SCNOFUDS)* ☐ No ☐ Yes
      Referred off-site*(SCNRFUDS)* ☐ No ☐ Yes
      1. For what percentage of your current patients receiving naltrexone do you perform urine drug testing?*(SCUDSNAL)* ____ %
      2. What is the typical number of urine drug tests per month **per patient**? *(SCUDSMTN)* ____ tests

6. Among patients receiving naltrexone, which drug metabolites do you routinely test for:
   a. Alcohol (e.g., Ethyl glucuronide/ethyl sulfate) *(SCNALALC)* ☐ No ☐ Yes
   b. Amphetamines *(SCNALAMP)* ☐ No ☐ Yes
   c. Benzodiazepines *(SCNALBNZ)* ☐ No ☐ Yes
   d. Cocaine *(SCNALCOC)* ☐ No ☐ Yes
   e. Marijuana/THC *(SCNALTHC)* ☐ No ☐ Yes
   f. Opiates *(SCNALOPI)* ☐ No ☐ Yes
   g. Oxycodone *(SCNALOXY)* ☐ No ☐ Yes
   h. Methadone *(SCNALMTH)* ☐ No ☐ Yes
   i. Buprenorphine *(SCNALBUP)* ☐ No ☐ Yes
   j. Psychedelics *(SCNALPSY)* ☐ No ☐ Yes

7. On average, how many consecutive weeks of positive urine tests will lead to discharge from your practice? *(SCNPSUDS)* ____ *(xx)* consecutive weeks OR *(SCNNODIS)*
   ☐ No discharge based on urine drug test results

8. From which of the following payor/funding sources have you received reimbursement for providing naltrexone treatment: *(select all that apply)*
   Public funds (e.g., Medicaid, State, Veterans Affairs)*(SCNPFUND)* ☐ No ☐ Yes
   Private insurers*(SCNPRINS)* ☐ No ☐ Yes
   Patients (or families) pay for treatment out-of-pocket*(SCNPTPAY)* ☐ No ☐ Yes
   Other*(SCOTFNAL)* ☐ No ☐ Yes
      If "Other", specify:*(SCOTFNSP)*
   I don't know*(SCNIDKFD)* ☐ No ☐ Yes

9. To what extent does your practice encourage patients to taper off of naltrexone?*(SCNTAPR)*

0-No extent
1-A little extent
2-Some extent
3-A great extent
4-A very great extent

How long after patients are admitted to your practice are they typically encouraged to taper off of naltrexone?*(SCNLGTPR)*

01-Under 3 months
02-3-6 months
03-7-12 months
04-13-18 months
05-19-24 months
*Additional Options Listed Below

10. Is the use of naltrexone a covered benefit in this state's Medicaid plan?*(SCNCOVER)*

0-No
1-Yes
97-Unknown
98-Refused

Comments:*(SC6COMM)*

Additional Selection Options for SC6

How long after patients are admitted to your practice are they typically encouraged to taper off of naltrexone?
06-25 months or more

NIDA Clinical Trials Network

Focus Group Demographics (D69)

Web Version: 1.0; 2.01; 05-25-18

Focus group number *(FGNUM)*:
Participant number *(PPTNUM)*:

1. What is your date of birth? *(DEBRTHDT)* _____ *(mm/dd/yyyy)*
2. What is your sex?*(DESEX)* ☐ Male ☐ Female ☐ Don't know ☐ Refused to answer
3. Do you consider yourself to be Hispanic/Latino?*(DEHISPNC)* ☐ No ☐ Yes ☐ Don't know ☐ Refused to answer

   If "Yes", indicate the group that represents your Hispanic origin or ancestry:*(DEHISPSP)*

   1-Puerto Rican
   2-Dominican (Republic)
   3-Mexican/Mexican American
   5-Chicano
   6-Cuban/Cuban American
   *Additional Options Listed Below

4. What race do you consider yourself to represent? (Check all that apply)

   - American Indian or Alaska Native:*(DEAMEIND)* ☐
   - Asian:*(DEASIAN)* ☐
     - Asian Indian:*(DEASAIND)* ☐
     - Chinese:*(DECHINA)* ☐
     - Filipino:*(DEFILIPN)* ☐
     - Japanese:*(DEJAPAN)* ☐
     - Korean:*(DEKOREA)* ☐
     - Vietnamese:*(DEVIETNM)* ☐
     - Specify other Asian: *(DEASIAOT)* _____
   - Black or African American: *(DEBLACK)* ☐
   - Native Hawaiian or Pacific Islander:*(DEHAWAII)* ☐
     - Native Hawaiian: *(DENATHAW)* ☐
     - Guamanian or Chamorro: *(DEGUAM)* ☐
     - Samoan:*(DESAMOAN)* ☐
     - Specify other Pacific Islander:*(DEPACISO)* _____
   - White:*(DEWHITE)* ☐
   - Some other race:*(DERACEOT)* ☐ Specify:*(DERACESP)* _____

   -or-

   - Don't know:*(DERACEDK)* ☐
   - Refused:*(DERACERF)* ☐

5. What is the highest grade or level of school you have completed or the highest degree you have received?*(DEEDUCTN)*

00-Never attended / kindergarten only
01-1st grade
02-2nd grade
03-3rd grade
04-4th grade
*Additional Options Listed Below

6. What is your current employment status?*(DEJOB)*

01-Working now
02-Only temporarily laid off, sick leave, or maternity leave
03-Looking for work, unemployed
04-Retired
05-Disabled, permanently or temporarily
*Additional Options Listed Below

If "Other", specify:*(DEJOBSP)*

7. What is your current job title? *Please select N/A for patient focus group participants.(DETITLE)*

11-Physician - attending/permanent
12-Physician - temporary (e.g., locums)
13-Physician - resident
14-PA, APRN
03-Nurse (RN)
*Additional Options Listed Below

If "Other", specify:*(DETITLSP)*

8. What is your current marital status?*(D69ARTL)*

01-Married
02-Widowed
03-Divorced
04-Separated
05-Never married
*Additional Options Listed Below

Comments:*(D69COMM)*

Additional Selection Options for D69

Focus group number *(FGNUM)* (key field):

01-1
02-2
03-3
04-4
05-5
06-6
07-7
08-8
09-9
10-10
11-11
12-12
13-13
14-14
15-15
16-16
17-17
18-18
19-19
20-20
21-21
22-22
23-23
24-24
25-25
26-26
27-27
28-28
29-29
30-30
31-31
32-32
33-33
34-34
35-35
36-36
37-37
38-38
39-39
40-40
41-41
42-42
43-43
44-44
45-45
46-46
47-47
48-48
49-49
50-50
51-51
52-52
53-53
54-54
55-55
56-56
57-57
58-58
59-59
60-60
61-61
62-62
63-63
64-64
65-65
66-66

67-67
68-68
69-69
70-70
71-71
72-72
73-73
74-74
75-75
76-76
77-77
78-78
79-79
80-80
81-81
82-82
83-83
84-84
85-85
86-86
87-87
88-88
89-89
90-90
91-91
92-92
93-93
94-94
95-95
96-96
97-97
98-98
99-99

Participant number *(PPTNUM)* (key field):
01-1
02-2
03-3
04-4
05-5
06-6
07-7
08-8
09-9
10-10
11-11
12-12
13-13
14-14
15-15
16-16
17-17
18-18
19-19
20-20

If "Yes", indicate the group that represents your Hispanic origin or ancestry:
8-Central or South American
9-Other Latin American
99-Other Hispanic or Latino
98-Refused
97-Don't know

What is the highest grade or level of school you have completed or the highest degree you have received?
05-5th grade
06-6th grade
07-7th grade
08-8th grade
09-9th grade
10-10th grade

11-11th grade
12-12th grade, no diploma
13-High school graduate
14-GED or equivalent
15-Some college, no degree
16-Associate's degree: occupational, technical, or vocational program
17-Associate's degree: academic program
18-Bachelor's degree (e.g., BA, AB, BS, BBA)
19-Master's degree (e.g., MA, MS, MEng, MEd, MBA)
20-Professional school degree (e.g., MD, DDS, DVM, JD)
21-Doctoral degree (e.g., PhD, EdD)
98-Refused
97-Don't know

What is your current employment status?
06-Keeping house
07-Student
99-Other

What is your current job title? ***Please select N/A for patient focus group participants.***
04-Social worker
05-Medical assistant/technician
06-Clinical pharmacist
07-Substance use counselor/health promotion advocate(on-site hospital employee)
08-Administrator-non clinician
09-Administrative staff
10-Recovery coach/peer consult (not on-site hospital employee)
96-N/A
99-Other

What is your current marital status?
06-Living with partner
98-Refused
97-Don't know

NIDA Clinical Trials Network

Introduction - START HERE (WEL)

Web Version: 1.0; 2.02; 05-29-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Richard Rothman (rrothma1@jhmi.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Richard Rothman (rrothma1@jhmi.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Lynne Richardson (lynne.richardson@mountsinai.org) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Michael Lyons (lyonsme@ucmail.uc.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Lauren Whiteside (laurenkw@u.washington.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department

and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrows at the bottom of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Richard Rothman (rrothma1@jhmi.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrows at the bottom of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Lynne Richardson (lynne.richardson@mountsinai.org) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrows at the bottom of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Michael Lyons (lyonsme@ucmail.uc.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your Emergency Department and models of care for treating opioid use disorder with buprenorphine. This survey should take you approximately 10 minutes to complete. By clicking the forward arrows at the bottom of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Lauren Whiteside (laurenkw@u.washington.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your practice/program and models of care for treating opioid use disorder. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Robert Schwartz (rschwartz@friendsresearch.org) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your practice/program and models of care for treating opioid use disorder. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received

Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Richard Rosenthal (richard.rosenthal@mountsinai.org) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your practice/program and models of care for treating opioid use disorder. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Christine Wilder (wildercn@ucmail.uc.edu) with any questions or concerns.

The purpose of this study is to learn some basic characteristics of the providers and staff working at your practice/program and models of care for treating opioid use disorder. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from Western Institutional Review Board (WIRB) and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop. Please contact Dr. Judith Tsui (tsuij@uw.edu) or Dr. Jared Klein (jaredwk@uw.edu) with any questions or concerns.

The purpose of this study is to learn about what is needed to sustainably introduce Emergency Department-initiated buprenorphine in various settings in ways that are acceptable to patients, providers, and other stakeholders. This survey should take you approximately 10 minutes to complete. By clicking the forward arrow at the bottom right of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the New York University School of Medicine and has received Institutional Review Board (IRB) approval from Biomedical Research Alliance of New York (BRANY), New York University School of Medicine and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role. Browsers at work may have different security settings.

You will receive a $5 incentive for completion of the ORCA and Change Rulers.

A description of this clinical trial will be available on www.ClinicalTrials.gov, as required by U.S. law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

There are minimal risks associated with this survey. While there is no direct benefit to you from your participation in this study, we think that what we learn will be of real benefit to others in the future.

If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. We also recommend that you complete this survey on a desktop computer or laptop.

Please contact Sarah Meyers-Ohki (sarah.meyers-ohki@nyumc.org) with any questions or concerns.

Please contact Kathleen Bell (Kathleen.Bell@dartmouth.edu) with any questions or concerns.

Please contact Mara Robinson (Mara.A.Robinson@dartmouth.edu) with any questions or concerns.

Please enter the date you are completing this survey (today's date):*(WELASMDT)* _____ *(mm/dd/yyyy)*

NIDA Clinical Trials Network

Demographics (DEM)

Web Version: 1.0; 4.06; 12-04-17

1. Date of birth:*(DEBRTHDT)* _____ *(mm/dd/yyyy)*
2. Age:*(DEAGE)* _____ *(xx)*
3. Sex:*(DESEX)* ☐ Male ☐ Female ☐ Don't know ☐ Refused to answer
4. Does the participant consider him or herself to be Hispanic/Latino? *(DEHISPNC)* ☐ No ☐ Yes ☐ Don't know ☐ Refused to answer

   If "Yes", indicate the group that represents his or her Hispanic origin or ancestry:*(DEHISPSP)*

   1-Puerto Rican
   2-Dominican (Republic)
   3-Mexican/Mexican American
   5-Chicano
   6-Cuban/Cuban American
   *Additional Options Listed Below

5. What race does the participant consider him or herself to represent? (Check all that apply)

   - American Indian or Alaska Native:*(DEAMEIND)* ☐
   - Asian:*(DEASIAN)* ☐
     - Asian Indian:*(DEASAIND)* ☐
     - Chinese:*(DECHINA)* ☐
     - Filipino:*(DEFILIPN)* ☐
     - Japanese:*(DEJAPAN)* ☐
     - Korean:*(DEKOREA)* ☐
     - Vietnamese:*(DEVIETNM)* ☐
     - Specify other Asian: *(DEASIAOT)* _____
   - Black or African American: *(DEBLACK)* ☐
   - Native Hawaiian or Pacific Islander:*(DEHAWAII)* ☐
     - Native Hawaiian: *(DENATHAW)* ☐
     - Guamanian or Chamorro: *(DEGUAM)* ☐
     - Samoan:*(DESAMOAN)* ☐
     - Specify other Pacific Islander:*(DEPACISO)* _____
   - White:*(DEWHITE)* ☐
   - Some other race:*(DERACEOT)* ☐ Specify:*(DERACESP)* _____

   -or-

   - Don't know:*(DERACEDK)* ☐
   - Refused:*(DERACERF)* ☐

6. What is the highest grade or level of school the participant has completed or the highest degree they have received?*(DEEDUCTN)*

00-Never attended / kindergarten only
01-1st grade
02-2nd grade
03-3rd grade
04-4th grade
*Additional Options Listed Below

7. We would like to know about what the participant does -- is he/she working now, looking for work, retired, keeping house, a student, or what?*(DEJOB)*

01-Working now
02-Only temporarily laid off, sick leave, or maternity leave
03-Looking for work, unemployed
04-Retired
05-Disabled, permanently or temporarily
*Additional Options Listed Below

If "Other", specify:*(DEJOBSP)*

8. Is the participant currently married, widowed, divorced, separated, never married, or living with a partner?*(DEMARTL)*

01-Married
02-Widowed
03-Divorced
04-Separated
05-Never married
*Additional Options Listed Below

Comments:*(DEMCOMM)*

Additional Selection Options for DEM

If "Yes", indicate the group that represents his or her Hispanic origin or ancestry:
8-Central or South American
9-Other Latin American
99-Other Hispanic or Latino
98-Refused
97-Don't know

What is the highest grade or level of school the participant has completed or the highest degree they have received?
05-5th grade
06-6th grade
07-7th grade
08-8th grade
09-9th grade
10-10th grade
11-11th grade
12-12th grade, no diploma
13-High school graduate
14-GED or equivalent
15-Some college, no degree
16-Associate's degree: occupational, technical, or vocational program
17-Associate's degree: academic program
18-Bachelor's degree (e.g., BA, AB, BS, BBA)
19-Master's degree (e.g., MA, MS, MEng, MEd, MBA)
20-Professional school degree (e.g., MD, DDS, DVM, JD)
21-Doctoral degree (e.g., PhD, EdD)
98-Refused
97-Don't know

We would like to know about what the participant does -- is he/she working now, looking for work, retired, keeping house, a student, or what?
06-Keeping house
07-Student
99-Other

Is the participant currently married, widowed, divorced, separated, never married, or living with a partner?
06-Living with partner
98-Refused
97-Don't know

NIDA Clinical Trials Network

0079IB (ENR)

Web Version: 1.0; 1.00; 05-11-18

1. Date baseline survey distributed:*(R11DS1DT)* *(mm/dd/yyyy)*

   If applicable, reason baseline survey not completed:*(R11DISP1)*

   01-Refused
   02-Not employed
   03-Unable to contact
   99-Other

2. Was the participant paid for completion of the baseline survey?*(R11PD1SY)*

   0-No
   1-Yes
   92-Opt Out

   If "Yes", amount paid: *(R11YS1PD)* *(xx)*

3. Date follow-up survey distributed:*(R11DS2DT)* *(mm/dd/yyyy)*

   If applicable, reason follow-up survey not completed: *(R11DISP2)*

   01-Refused
   02-Not employed
   03-Unable to contact
   99-Other

4. Was the participant paid for completion of the follow-up survey?*(R11PD2SY)*

   0-No
   1-Yes
   92-Opt Out

   If "Yes", amount paid: *(R11YS2PD)* *(xx)*

Survey distributed to:

5. Name:*(R11NAME)*

6. Position:*(R11POSTC)*

   01-Physicians
   02-Mid-levels (PAs, APRNs)
   03-Nursing (RN)
   04-Social workers
   05-Medical assistants/technicians
   06-Clinical pharmacist
   07-Substance use counselor/health promotion advocate (on-site hospital employee)
   08-Administrator-non clinician
   09-Administrative staff
   10-Recovery coach/peer consult (not on-site hospital employee)
   99-Other

   If "Other", specify: *(R11POSSP)*

   If "Physicians", physician position:*(R11PHPOS)*

01-Attending/permanent
03-Fellow
04-Resident
05-Temporary (e.g., locums)

7. Title:*(R11TITLE)*
8. Email:*(R11EMAIL)*
9. Community facility ID number: *(R11COMFC)* *(xxxx)*
10. Provider type:*(R11PVTP2)* ☐ ED prescriber ☐ ED non-prescriber ☐ Community
11. Required to complete Site Characteristics CRFs: *(R11SCHAR)* ☐ No ☐ ED ☐ OTP ☐ Community

Comments:*(R11COMM)*

NIDA Clinical Trials Network

Focus Group Tracking (FGP)

Web Version: 1.0; 1.00; 06-21-18

Focus group number *(FGNUM)*:

1. Focus group date:*(FGPFGDT)* *(mm/dd/yyyy)*

2. Focus group type:*(FGPFGTP)*

01-ED
02-Community
03-Patient
04-Individual interview

If focus group type is individual, specify participant type: *(FGPFGPOS)*

01-Patient
02-ED provider/staff
03-Community treatment program
04-Community stakeholder
05-Site hospital leadership
*Additional Options Listed Below

3. Focus group leader:*(FGPFGLDR)*

01-Kate Hawk
99-Other, specify in comments

Comments:*(FGPCOMM)*

Additional Selection Options for FGP

Focus group number *(FGNUM)* (key field):
01-1
02-2
03-3
04-4
05-5
06-6
07-7
08-8
09-9
10-10
11-11
12-12
13-13
14-14
15-15
16-16
17-17
18-18
19-19
20-20
21-21
22-22
23-23
24-24
25-25
26-26
27-27
28-28
29-29
30-30
31-31
32-32
33-33
34-34
35-35
36-36
37-37
38-38
39-39
40-40
41-41
42-42
43-43
44-44
45-45
46-46
47-47
48-48
49-49
50-50
51-51
52-52
53-53
54-54
55-55
56-56
57-57
58-58
59-59
60-60
61-61
62-62
63-63
64-64
65-65
66-66

67-67
68-68
69-69
70-70
71-71
72-72
73-73
74-74
75-75
76-76
77-77
78-78
79-79
80-80
81-81
82-82
83-83
84-84
85-85
86-86
87-87
88-88
89-89
90-90
91-91
92-92
93-93
94-94
95-95
96-96
97-97
98-98
99-99

If focus group type is individual, specify participant type:
99-Other

NIDA Clinical Trials Network

Individual Characteristics (IC2)

Web Version: 1.0; 1.00; 02-22-19

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

Which title most accurately describes your current role in your Emergency Department (ED) (not academic role)?*(I2ROLE)*

- 01-Nursing leadership (e.g., administrators, charge nurses)
- 03-MD leadership
- 04-Administrator (non-clinician)
- 05-Physician
- 06-Nurse practitioner
- 07-Physician assistant
- 08-Social worker
- 09-Nurse (staff)
- 12-Medical assistant/technician
- 13-Clinical pharmacist
- 14-Substance use counselor
- 99-Other

What is your specialty?*(I2PSPECL)*

- 01-Emergency medicine
- 02-Psychiatry
- 99-Other

Specify specialty:*(I2PSPSP)*

Indicate your current position:*(I2PPOS)*

- 01-Attending/permanent
- 03-Fellow
- 04-Resident
- 05-Temporary (e.g., locums)

In the past year, did you attend a conference/lecture on treatment of opioid use disorder with buprenorphine (e.g., Suboxone)?*(I2CONFER)*

☐ No ☐ Yes

In the past year, did you attend or complete a DATA 2000 training on buprenorphine prescribing that would allow you to obtain a DEA waiver?*(I2CTRAIN)*

☐ No ☐ Yes

Do you have a DEA waiver that allows you to prescribe buprenorphine for the treatment of opioid use disorder?*(I2WAIVER)*

☐ No ☐ Yes ☐ Current regulations do not allow for my clinician category to obtain such a waiver

Estimate how long ago you obtained this waiver: *(I2WAVTMY)*

years: _____ *(xx)* or *(I2WAVTMM)months:* _____ *(xx)*

Estimate the number of patients with opioid use disorder you have prescribed buprenorphine to **in the past year**:*(I2CRXBPY)*

_____ *(xxxx) patients*

Estimate the number of patients with opioid use disorder you have prescribed buprenorphine to **in your life**:*(I2CRXBPL)* *(xxxxx) patients*

Estimate the number of patients you have given buprenorphine to in the ED **in the past year**: *(I2CGVBPY)* *(xxxx) patients*

Estimate the number of patients you have given buprenorphine to in the ED **in your life**:*(I2CGVBPL)* *(xxxxx) patients*

How long have you worked at your ED?*(I2WORKYR)* *years:* *(xx)* or *(I2WORKMO)months:* *(xx)*

In what year did you or will you complete your clinical training?*(I2DEGYR)* *(xxxx)*

Indicate the amount of time per week you spend working in your ED:*(I2WORKHR)* *(xxx) hours*

In your opinion, which approach do you think would be most feasible to improve treatment for opioid use disorder in your ED? *(Select one)(I2APPRCH)*

- ☐ Each clinician in the ED provides treatment for opioid use disorder
- ☐ A small group of the current clinicians in the ED are appointed as the opioid use disorder treatment
- ☐ An opioid use disorder treatment specialist is brought into the ED to provide treatment for opioid u
- ☐ No providers in the ED receive training or provide treatment for opioid use disorder on site; rather
- ☐ Other

Specify approach:*(I2ITOTSP)*

With which gender do you identify?*(I2GENDER)*

☐ Male ☐ Female ☐ Gender neutral ☐ Prefer not to answer

What year were you born?*(I2BRTHYR)* *(xxxx)*

What is your ethnicity?*(I2ETHNIC)*

☐ Hispanic or Latino ☐ Not Hispanic or Latino

What is your race? *(select all that apply)*

		No	Yes
White	*(I2WHITE)*	☐	☐
Black or African American	*(I2BLACK)*	☐	☐
Asian	*(I2ASIAN)*	☐	☐
Native Hawaiian or other Pacific Islander	*(I2HAWISL)*	☐	☐
American Indian or Alaskan Native	*(I2INDALA)*	☐	☐
Prefer not to answer	*(I2RACERF)*	☐	☐

What are the current treatment-related services provided **on-site** in your ED to address opioid use disorder *(select all that apply)*:

a. Substance abuse counseling/health education*(I2SBEDUC)* ☐ No ☐ Yes

b. Social work*(I2SCLWRK)* ☐ No ☐ Yes

c. Addiction specialist for consultation*(I2ADCSPE)* ☐ No ☐ Yes

d. Peer recovery*(I2PRRECV)* ☐ No ☐ Yes

e. Other*(I2OTOSTE)* ☐ No ☐ Yes

If "Other", specify:*(I2OTSTSP)*

What are the current treatment-related services provided **off-site** (i.e., outside of your ED) to address opioid use disorder *(select all that apply)*:

a. Outpatient opioid treatment program*(I2OUTTRT)* ☐ No ☐ Yes

b. Office-based addiction treatment provider*(I2OBPRVD)* ☐ No ☐ Yes

c. Case management for substance use*(I2CSEMGM)* ☐ No ☐ Yes

d. Other*(I2OTFSTE)* ☐ No ☐ Yes

If "Other", specify:*(I2OTFSP)*

Which best describes the process by which your patients get into treatment to address their opioid use disorder provided **off-site** (i.e., outside of your ED): *(select one)*

a. They are given a list of potential sites by providers*(I2LSTSTE)* ☐ No ☐ Yes

b. They are given a list of potential sites and advice about programs by providers*(I2LSTPRV)* ☐ No ☐ Yes

c. They are consistently given advice and a direct referral (specific appointment time and place for follow-up) by providers*(I2ADVICE)* ☐ No ☐ Yes

d. When a counselor or health educator is available, they are given advice and a direct referral (specific appointment time and place for follow-up) *(I2EDURFR)* ☐ No ☐ Yes

e. There is no consistent process*(I2NOPRC)* ☐ No ☐ Yes

f. Other*(I2OTCMBO)* ☐ No ☐ Yes

If "Other", specify:*(I2OTCSP)*

How would you describe your ED's current approach to providing treatment for opioid use disorder: *(select one)*

a. Each clinician in the ED provides treatment for opioid use disorder*(I2PRVTRT)* ☐ No ☐ Yes

b. A small group of the current clinicians in the ED are appointed as the opioid use disorder treatment specialists (i.e., providers have received training on treatment for opioid use disorder and all patients with opioid use disorder are assigned to these specific providers)*(I2GRPSPC)* ☐ No ☐ Yes

c. An opioid use disorder treatment specialist is brought into the ED to provide treatment for opioid use disorder as needed from elsewhere in the hospital (i.e., consultation)*(I2OPISPC)* ☐ No ☐ Yes

d. No providers in the ED receive training or provide treatment for opioid use disorder on site; rather, patients are referred outside the practice*(I2NOPROV)* ☐ No ☐ Yes

e. Other*(I2OTAPR)* ☐ No ☐ Yes

If "Other", specify:*(I2OTASP)*

NIDA Clinical Trials Network

Individual Characteristics (ICH)

Web Version: 1.0; 2.01; 05-11-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

Which title most accurately describes your current role in your Emergency Department (ED) (not academic role)?*(ICROLE)*

01-Nursing leadership (e.g., administrators, charge nurses)
03-MD leadership
04-Administrator (non-clinician)
05-Physician
06-Nurse practitioner
07-Physician assistant
08-Social worker
09-Nurse (staff)
12-Medical assistant/technician
13-Clinical pharmacist
14-Substance use counselor
99-Other

Which title most accurately describes your current role in your program?*(ICROLE)*

02-Nursing leadership
03-MD leadership
04-Administrator (non-clinician)
05-Physician
06-Nurse practitioner
07-Physician assistant
08-Social worker
10-Nurse
11-Counselor
12-Medical assistant/technician
13-Clinical pharmacist
15-Administrative staff (scheduling, check patients in for their visits, etc.)
99-Other

Specify role:*(ICROLSP)*

What is your specialty?*(ICPSPECL)*

01-Emergency medicine
02-Psychiatry
99-Other

What is your specialty?*(ICPSPECL)*

02-Psychiatry
03-Internal medicine
04-Medicine - Pediatrics
05-Family practice
99-Other

Specify specialty:*(ICPSPSP)*

Are you board certified in Addiction

☐ No ☐ Yes

Medicine/Psychiatry?*(ICBCAMP)*

Are you board certified in Addiction Medicine?*(ICBCAM)* ☐ No ☐ Yes

Indicate your current position:*(ICPPOS)*

01-Attending/permanent
03-Fellow
04-Resident
05-Temporary (e.g., locums)

In the past year, did you attend a conference/lecture on treatment of opioid use disorder with buprenorphine (e.g., Suboxone)?*(ICCONFER)* ☐ No ☐ Yes

In the past year, did you attend or complete a DATA 2000 training on buprenorphine prescribing that would allow you to obtain a DEA waiver?*(ICCTRAIN)* ☐ No ☐ Yes

Do you have a DEA waiver that allows you to prescribe buprenorphine for the treatment of opioid use disorder?*(ICWAIVER)* ☐ No ☐ Yes ☐ Current regulations do not allow for my clinician category to obtain such a waiver

Estimate how long ago you obtained this waiver:*(ICWAVTMY)* *years:* _____ *(xx)* or *(ICWAVTMM)months:* _____ *(xx)*

Estimate the number of patients with opioid use disorder you are prescribing buprenorphine to **currently**:*(ICCPTRXB)* _____ *(xxx) patients*

Estimate the number of patients with opioid use disorder you have prescribed buprenorphine to **in the past year**: *(ICCRXBPY)* _____ *(xxxx) patients*

Estimate the number of patients with opioid use disorder you have prescribed buprenorphine to **in your life**:*(ICCRXBPL)* _____ *(xxxxx) patients*

Have you ever prescribed injectable (e.g., Vivitrol) or oral naltrexone to treat opioid use disorder?*(ICNALTRX)* ☐ No ☐ Yes

Estimate the number of patients you have prescribed injectable or oral naltrexone to treat opioid use disorder in **the past year**: *(ICNALXYR)* _____ *(xxxx) patients*

Estimate the number of patients you have prescribed injectable or oral naltrexone to treat opioid use disorder **in your life**: *(ICNALXLF)* _____ *(xxxxx) patients*

How long have you worked at your ED? *(ICWORKYR)* *years:* _____ *(xx)* or *(ICWORKMO)months:* _____ *(xx)*

How long have you worked at your practice/program?*(ICWORKYR)* *years:* _____ *(xx)* or *(ICWORKMO)months:* _____ *(xx)*

How long have you been in your current role at your ED?*(ICROLEYR)* *years:* _____ *(xx)* or *(ICROLEMO)months:* _____ *(xx)*

How long have you been in your current role at your practice/program?*(ICROLEYR)* *years:* *(xx)* or *(ICROLEMO)months:* *(xx)*

In what year did you or will you complete your clinical training?*(ICDEGYR)* *(xxxx)*

In what year did you or will you complete your clinical degree?*(ICDEGYR)* *(xxxx)*

Indicate the amount of time per week you spend working in your ED:*(ICWORKHR)* *(xxx) hours*

Indicate the amount of time per week you spend working at your practice/program caring for patients:*(ICWORKHR)* *(xxx) hours*

In your opinion, which approach do you think would be most feasible to improve treatment for opioid use disorder in your ED? *(Select one)(ICAPPRCH)*

☐ Each clinician in the ED provides treatment for opioid use disorder ☐ A small group of the current clinicians in the ED are appointed as the opioid use disorder treatment ☐ An opioid use disorder treatment specialist is brought into the ED to provide treatment for opioid u ☐ No providers in the ED receive training or provide treatment for opioid use disorder on site; rather ☐ Other

In your opinion, which approach do you think would be most feasible to improve treatment for opioid use disorder in your practice/program for patients referred from your local ED? *(Select one)(ICAPPRCH)*

☐ Each clinician in the practice/program provides treatment for opioid use disorder to patients referr ☐ One or a small group of the current clinicians in the practice/program is/are appointed as the opioi ☐ An opioid use disorder treatment specialist is brought into the practice/program to provide treatmen ☐ No providers in the practice/program receive training or provide treatment for opioid use disorder o ☐ Other

Specify approach:*(ICITOTSP)*

Do you think it would be appropriate for patients initiating treatment for OUD in the ED to receive an injection of extended-release BUP that would last for 1 week? *(ICBUP1WK)*

☐ No ☐ Yes

Do you think it would be appropriate for patients initiating treatment for OUD in the ED to receive an injection of extended-release BUP that would last for 1 month? *(ICBUP1MN)*

☐ No ☐ Yes

With which gender do you identify? *(ICGENDER)*

☐ Male ☐ Female ☐ Gender neutral ☐ Prefer not to answer

What year were you born?*(ICBRTHYR)* *(xxxx)*

What is your ethnicity?*(ICETHNIC)*

☐ Hispanic or Latino ☐ Not Hispanic or Latino

What is your race? *(select all that apply)*

		No	Yes
White	*(ICWHITE)*	☐	☐
Black or African American	*(ICBLACK)*	☐	☐
Asian	*(ICASIAN)*	☐	☐

Native Hawaiian or other Pacific Islander	*(ICHAWISL)*	☐	☐
American Indian or Alaskan Native	*(ICINDALA)*	☐	☐
Prefer not to answer	*(ICRACERF)*	☐	☐

NIDA Clinical Trials Network

Organizational Readiness to Change Assessment (ORCA) Community (OC1)

Web Version: 1.0; 1.01; 03-14-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

We need your help assessing your and your colleagues' readiness to continue medication assisted treatment (MAT) for patients with an opioid use disorder who have received ED-initiated buprenorphine. By an opioid use disorder we mean patients with uncontrolled use (addiction) of illicit (e.g., heroin) or prescription opioids. By MAT, we mean use of medications for the treatment of an opioid use disorder (i.e., buprenorphine, methadone, naltrexone). By treatment engagement, we mean that the patient is receiving treatment for their opioid use disorder with MAT. In the Evidence section below, we ask you to provide your opinions regarding MAT for patients with an opioid use disorder. In the Context section that follows, we ask some questions about features of your community-based practice/treatment program. Please consider each question carefully and select the answer that best reflects your opinion.

I. EVIDENCE ASSESSMENT

The following set of questions are about the evidence that ED-initiated buprenorphine with referral to community-based practices/programs improves treatment engagement among patients with an opioid use disorder. For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree).

BUPRENORPHINE FOR AN OPIOID USE DISORDER

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
1. In my opinion, ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/programs will improve treatment engagement among patients with an opioid use disorder.	*(ORMYIMP)* ☐	☐	☐	☐	☐	☐	☐	

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
2. Respected clinical experts in my institution feel that ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program will improve treatment engagement among patients with an opioid use disorder.	*(OREXPOUT)* ☐	☐	☐	☐	☐	☐	☐	

3. Changes to improve and systematize ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. are supported by randomized controlled trials	*(ORRCTPRA)*	☐	☐	☐	☐	☐	☐	

(RCTs) or other scientific evidence from my practice/program.							
b. are supported by randomized controlled trials (RCTs) or other scientific evidence from other health care systems.	*(ORRCTHCS)*						
c. should be effective, based on current scientific knowledge.	*(OREFFECT)*						

4. ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. is supported by clinical experience with my practice's/program's patients.	*(ORCLEPRA)*							
b. is supported by clinical experiences with patients in other health care systems.	*(ORCLEHCS)*							
c. conforms to the opinions of clinical experts in this setting.	*(OREXPERT)*							

5. ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. has been well-accepted by my practice's/program's patients in a pilot study.	*(ORACCEPT)*							
b. is consistent with clinical practices that have been accepted by my practice's/program's patients.	*(ORPRACT)*							
c. take into consideration the needs and preferences of my practice's/program's patients.	*(ORNEEDPT)*							
d. appear to have more advantages than disadvantages for my practice's/program's patients.	*(ORMADVTG)*							

II. CONTEXT ASSESSMENT

The following set of questions are about your experience in your community-based practice/treatment program. For each of the following statements, please indicate how frequently you have observed the following sets of behaviors, from 1 (very infrequently) to 5 (very frequently).

1. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your practice/program:

2.		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. reward clinical innovation and	*(ORLREWRD)*							

creativity to improve patient care.		☐	☐	☐	☐	☐	☐
b. solicit opinions of clinical staff regarding decisions about patient care.	*(ORLOPIN)*	☐	☐	☐	☐	☐	☐
c. seek ways to improve patient education and increase patient participation in treatment.	*(ORLEDU)*	☐	☐	☐	☐	☐	☐

3. How frequently have you observed staff members in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. have a sense of personal responsibility for improving patient care and outcomes.	*(ORSRESPN)*	☐	☐	☐	☐	☐	☐	☐
b. cooperate to maintain and improve effectiveness of patient care.	*(ORSFCOOP)*	☐	☐	☐	☐	☐	☐	☐
c. be willing to innovate and/or experiment to improve clinical procedures.	*(ORSINVTE)*	☐	☐	☐	☐	☐	☐	☐
d. be receptive to change in clinical processes.	*(ORSCHANG)*	☐	☐	☐	☐	☐	☐	☐

4. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide effective management for continuous improvement of patient care.	*(ORLMANAG)*	☐	☐	☐	☐	☐	☐	☐
b. clearly define areas of responsibility and authority for clinical managers and staff.	*(ORLRESP)*	☐	☐	☐	☐	☐	☐	☐
c. promote team building to solve clinical care problems.	*(ORLTEAM)*	☐	☐	☐	☐	☐	☐	☐
d. promote communication among clinical services and units.	*(ORLCOMM)*	☐	☐	☐	☐	☐	☐	☐

5. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide staff with information on your practice's/program's performance measures and guidelines.	*(ORLPERFM)*	☐	☐	☐	☐	☐	☐	☐

b. establish clear goals for patient care processes and outcomes.	*(ORLGOAL)*	☐	☐	☐	☐	☐	☐	☐
c. provide staff members with feedback/data on effects of clinical decisions.	*(ORLFEEDB)*	☐	☐	☐	☐	☐	☐	☐
d. hold staff members accountable for achieving results.	*(ORLACCNT)*	☐	☐	☐	☐	☐	☐	☐

6. How frequently have you observed opinion leaders in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. express belief that the current practice patterns can be improved.	*(ORIMPROV)*	☐	☐	☐	☐	☐	☐	☐
b. encourage and support changes in practice patterns to improve patient care.	*(ORCHANGE)*	☐	☐	☐	☐	☐	☐	☐
c. demonstrate willingness to try new clinical protocols.	*(ORTRYNEW)*	☐	☐	☐	☐	☐	☐	☐
d. work cooperatively with senior leadership/clinical management (e.g., medical director) to make appropriate changes.	*(ORWCOOP)*	☐	☐	☐	☐	☐	☐	☐

7. In general in your practice/program, when there is agreement that change needs to happen, how frequently have you or your colleagues:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. had the necessary support in terms of budget or financial resources.	*(ORSBUDGT)*	☐	☐	☐	☐	☐	☐	☐
b. had the necessary support in terms of training.	*(ORSTRAIN)*	☐	☐	☐	☐	☐	☐	☐
c. had the necessary support in terms of facilities.	*(ORSFACTY)*	☐	☐	☐	☐	☐	☐	☐
d. had the necessary support in terms of staffing.	*(ORSSTAFF)*	☐	☐	☐	☐	☐	☐	☐

Comments:*(OC1COMM)*

If you enter comments, select the blue save icon below to save your responses before logging out.

Thank you for taking the time to complete this survey! Please logout prior to closing your browser.

Organizational Readiness to Change Assessment (ORCA+) Community (OC2)

Web Version: 1.0; 1.00; 02-07-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

We need your help assessing your and your colleagues' readiness to continue medication assisted treatment (MAT) for patients with an opioid use disorder who have received ED-initiated buprenorphine. By an opioid use disorder we mean patients with uncontrolled use (addiction) of illicit (e.g., heroin) or prescription opioids. By MAT, we mean use of medications for the treatment of an opioid use disorder (i.e., buprenorphine, methadone, naltrexone). By treatment engagement, we mean that the patient is receiving treatment for their opioid use disorder with MAT. In the Evidence section below, we ask you to provide your opinions regarding MAT for patients with an opioid use disorder. In the Context section that follows, we ask some questions about features of your community-based practice/treatment program. Lastly, in the Facilitation section, we ask you about your opinions regarding the new program to promote ED-initiated buprenorphine with referral for ongoing MAT to community-based practices/programs, including your program/practice. Please consider each question carefully and select the answer that best reflects your opinion.

I. EVIDENCE ASSESSMENT

The following set of questions are about the evidence that ED-initiated buprenorphine with referral to community-based practices/programs improves treatment engagement among patients with an opioid use disorder. For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree).

BUPRENORPHINE FOR AN OPIOID USE DISORDER

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
1. In my opinion, ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/programs will improve treatment engagement among patients with an opioid use disorder.	*(ORMYIMP)* ☐	☐	☐	☐	☐	☐	☐	☐

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
2. Respected clinical experts in my institution feel that ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program will improve treatment engagement among patients with an opioid use disorder.	*(OREXPOUT)* ☐	☐	☐	☐	☐	☐	☐	☐

3. Changes to improve and systematize ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable

a. are supported by randomized controlled trials (RCTs) or other scientific evidence from my practice/program.	*(ORRCTPRA)* ☐	☐	☐	☐	☐	☐	☐
b. are supported by randomized controlled trials (RCTs) or other scientific evidence from other health care systems.	*(ORRCTHCS)* ☐	☐	☐	☐	☐	☐	☐
c. should be effective, based on current scientific knowledge.	*(OREFFECT)* ☐	☐	☐	☐	☐	☐	☐

4. ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. is supported by clinical experience with my practice's/program's patients.	*(OC2LEPRA)* ☐	☐	☐	☐	☐	☐	☐
b. is supported by clinical experiences with patients in other health care systems.	*(OC2LEHCS)* ☐	☐	☐	☐	☐	☐	☐
c. conforms to the opinions of clinical experts in this setting.	*(OREXPERT)* ☐	☐	☐	☐	☐	☐	☐

5. ED-initiated buprenorphine with referral for ongoing MAT to my community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. has been well-accepted by my practice's/program's patients in a pilot study.	*(ORACCEPT)* ☐	☐	☐	☐	☐	☐	☐
b. is consistent with clinical practices that have been accepted by my practice's/program's patients.	*(ORPRACT)* ☐	☐	☐	☐	☐	☐	☐
c. take into consideration the needs and preferences of my practice's/program's patients.	*(ORNEEDPT)* ☐	☐	☐	☐	☐	☐	☐
d. appear to have more advantages than disadvantages for my practice's/program's patients.	*(ORMADVTG)* ☐	☐	☐	☐	☐	☐	☐

II. CONTEXT ASSESSMENT

The following set of questions are about your experience in your community-based practice/treatment program. For each of the following statements, please indicate how frequently you have observed the following sets of behaviors, from 1 (very infrequently) to 5 (very frequently).

1. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your practice/program:

2.	Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable

a. reward clinical innovation and creativity to improve patient care.	*(ORLREWRD)*	☐	☐	☐	☐	☐	☐	☐
b. solicit opinions of clinical staff regarding decisions about patient care.	*(ORLOPIN)*	☐	☐	☐	☐	☐	☐	☐
c. seek ways to improve patient education and increase patient participation in treatment.	*(ORLEDU)*	☐	☐	☐	☐	☐	☐	☐

3. How frequently have you observed staff members in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. have a sense of personal responsibility for improving patient care and outcomes.	*(ORSRESPN)*	☐	☐	☐	☐	☐	☐	☐
b. cooperate to maintain and improve effectiveness of patient care.	*(ORSFCOOP)*	☐	☐	☐	☐	☐	☐	☐
c. be willing to innovate and/or experiment to improve clinical procedures.	*(ORSINVTE)*	☐	☐	☐	☐	☐	☐	☐
d. be receptive to change in clinical processes.	*(ORSCHANG)*	☐	☐	☐	☐	☐	☐	☐

4. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide effective management for continuous improvement of patient care.	*(ORLMANAG)*	☐	☐	☐	☐	☐	☐	☐
b. clearly define areas of responsibility and authority for clinical managers and staff.	*(ORLRESP)*	☐	☐	☐	☐	☐	☐	☐
c. promote team building to solve clinical care problems.	*(ORLTEAM)*	☐	☐	☐	☐	☐	☐	☐
d. promote communication among clinical services and units.	*(ORLCOMM)*	☐	☐	☐	☐	☐	☐	☐

5. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide staff with information on your practice's/program's	*(ORLPERFM)*	☐	☐	☐	☐	☐	☐	☐

performance measures and guidelines.							
b. establish clear goals for patient care processes and outcomes.	*(ORLGOAL)* ☐	☐	☐	☐	☐	☐	☐
c. provide staff members with feedback/data on effects of clinical decisions.	*(ORLFEEDB)* ☐	☐	☐	☐	☐	☐	☐
d. hold staff members accountable for achieving results.	*(ORLACCNT)* ☐	☐	☐	☐	☐	☐	☐

6. How frequently have you observed opinion leaders in your practice/program:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. express belief that the current practice patterns can be improved.	*(ORIMPROV)* ☐	☐	☐	☐	☐	☐	☐	☐
b. encourage and support changes in practice patterns to improve patient care.	*(OC2HANGE)* ☐	☐	☐	☐	☐	☐	☐	☐
c. demonstrate willingness to try new clinical protocols.	*(ORTRYNEW)* ☐	☐	☐	☐	☐	☐	☐	☐
d. work cooperatively with senior leadership/clinical management (e.g., medical director) to make appropriate changes.	*(ORWCOOP)* ☐	☐	☐	☐	☐	☐	☐	☐

7. In general in your practice/program, when there is agreement that change needs to happen, how frequently have you or your colleagues:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. had the necessary support in terms of budget or financial resources.	*(ORSBUDGT)* ☐	☐	☐	☐	☐	☐	☐	☐
b. had the necessary support in terms of training.	*(ORSTRAIN)* ☐	☐	☐	☐	☐	☐	☐	☐
c. had the necessary support in terms of facilities.	*(ORSFACTY)* ☐	☐	☐	☐	☐	☐	☐	☐
d. had the necessary support in terms of staffing.	*(ORSSTAFF)* ☐	☐	☐	☐	☐	☐	☐	☐

III. FACILITATION ASSESSMENT

The following set of questions relate to a recent program (Project ED Health) in your local ED to promote ED-initiated buprenorphine with referral for ongoing MAT to community-based practices/programs, including your practice/program, to promote treatment engagement among patients with an opioid use disorder. This is referred to as "intervention" below. For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree):

1. For this project, senior leadership/clinical management (e.g., medical director) have:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. proposed a project that is appropriate and feasible.	*(ORFESBLE)*	☐	☐	☐	☐	☐	☐	☐
b. provided clear goals for improvement in patient care.	*(ORGOALIM)*	☐	☐	☐	☐	☐	☐	☐
c. established a project schedule and deliverables.	*(ORSCHED)*	☐	☐	☐	☐	☐	☐	☐
d. designated a clinical champion for the project.	*(OC2HAMP)*	☐	☐	☐	☐	☐	☐	☐

2. The project clinical champion:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. accepts responsibility for the success of this project.	*(OC2HRESP)*	☐	☐	☐	☐	☐	☐	☐
b. has the authority to carry out the implementation.	*(OC2HAUTH)*	☐	☐	☐	☐	☐	☐	☐
c. is considered a clinical opinion leader.	*(OC2HLEAD)*	☐	☐	☐	☐	☐	☐	☐
d. works well with the intervention team and providers (i.e., providers prescribing buprenorphine and team implementing referrals for ongoing MAT to your practice/program).	*(OC2HTEAM)*	☐	☐	☐	☐	☐	☐	☐

3. Senior leadership/clinical management/staff opinion leaders:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. agree on the goals for this intervention.	*(ORLDGOAL)*	☐	☐	☐	☐	☐	☐	☐
b. will be informed and involved in the intervention.	*(ORLDINVL)*	☐	☐	☐	☐	☐	☐	☐
c. agree on adequate resources to accomplish the intervention.	*(ORLDRESO)*	☐	☐	☐	☐	☐	☐	☐
d. set a high priority on the success of the intervention.	*(ORLDSUCC)*	☐	☐	☐	☐	☐	☐	☐

4. The implementation team members:

	Strongly Disagree	Disagree (2)	Neither Agree nor	Agree (4)	Strongly Agree	Don't Know	Not Applicable

		(1)		Disagree (3)		(5)		
a. share responsibility for the success of this project.	*(ORITRESP)*	☐	☐	☐	☐	☐	☐	☐
b. have clearly defined roles and responsibilities.	*(ORITROLE)*	☐	☐	☐	☐	☐	☐	☐
c. have release time or can accomplish intervention tasks within their regular work load.	*(ORITWORK)*	☐	☐	☐	☐	☐	☐	☐
d. have staff support and other resources required for the project.	*(ORITRESO)*	☐	☐	☐	☐	☐	☐	☐

5. The implementation plan for this intervention:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. identifies specific roles and responsibilities.	*(ORIMROLE)*	☐	☐	☐	☐	☐	☐	☐
b. clearly describes tasks and timelines.	*(ORIMTASK)*	☐	☐	☐	☐	☐	☐	☐
c. includes appropriate provider/patient education.	*(ORIMEDUC)*	☐	☐	☐	☐	☐	☐	☐
d. acknowledges staff input and opinions.	*(ORIMOPIN)*	☐	☐	☐	☐	☐	☐	☐

6. Communication will be maintained through:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. regular project meetings with the project champion and team members.	*(OC2MMEET)*	☐	☐	☐	☐	☐	☐	☐
b. involvement of quality management staff in project planning and implementation.	*(OC2MMGMT)*	☐	☐	☐	☐	☐	☐	☐
c. regular feedback to clinical management on progress of project activities and resource needs.	*(OC2MPROG)*	☐	☐	☐	☐	☐	☐	☐
d. regular feedback to clinicians on effects of practice changes on patient care/outcomes.	*(OC2MEFFC)*	☐	☐	☐	☐	☐	☐	☐

7. Progress of the project will be measured by:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. collecting feedback from patients regarding	*(ORPRPATN)*							

proposed/implemented changes.		☐	☐	☐	☐	☐	☐	☐
b. collecting feedback from staff regarding proposed/implemented changes.	*(ORPRSTAF)*	☐	☐	☐	☐	☐	☐	☐
c. developing and distributing regular performance measures to clinical staff.	*(ORPRPERF)*	☐	☐	☐	☐	☐	☐	☐
d. providing a forum for presentation/discussion of results and implications for continued improvements.	*(ORPRPRES)*	☐	☐	☐	☐	☐	☐	☐

8. The following are available to make the selected plan work:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. staff incentives.	*(ORAVINCE)*	☐	☐	☐	☐	☐	☐	☐
b. equipment and materials.	*(ORAVEQIP)*	☐	☐	☐	☐	☐	☐	☐
c. patient awareness/need.	*(ORAVAWAR)*	☐	☐	☐	☐	☐	☐	☐
d. provider buy-in.	*(ORAVBUY)*	☐	☐	☐	☐	☐	☐	☐
e. intervention team (i.e., providers prescribing buprenorphine and team implementing referrals for ongoing MAT to your practice/program).	*(ORAVTEAM)*	☐	☐	☐	☐	☐	☐	☐
f. evaluation protocol.	*(ORAVEVAL)*	☐	☐	☐	☐	☐	☐	☐

9. Plans for evaluation and improvement of this intervention include:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. periodic outcome measurement.	*(OREVMEAS)*	☐	☐	☐	☐	☐	☐	☐
b. staff participation/satisfaction survey.	*(OREVSTSV)*	☐	☐	☐	☐	☐	☐	☐
c. patient satisfaction survey.	*(OREVPTSV)*	☐	☐	☐	☐	☐	☐	☐
d. dissemination plan for performance measures.	*(OREVDISS)*	☐	☐	☐	☐	☐	☐	☐
e. review of results by clinical leadership.	*(OREVREVR)*	☐	☐	☐	☐	☐	☐	☐

Comments:*(OC2COMM)*

If you enter comments, select the blue save icon below to save your responses before logging out.

Thank you for taking the time to complete this survey! Please logout prior to closing your browser.

NIDA Clinical Trials Network

Organizational Readiness to Change Assessment (ORCA) ED (OE1)

Web Version: 1.0; 1.01; 03-14-18

Segment *(PROTSEG)*: B
Visit number *(VISNO)*:

We need your help assessing your and your colleagues' readiness to implement ED-initiated buprenorphine with referral for ongoing medication assisted treatment (MAT) for an opioid use disorder in your Emergency Department (ED). By an opioid use disorder we mean patients with uncontrolled use (addiction) of illicit (e.g., heroin) or prescription opioids. By MAT, we mean use of medications for the treatment of an opioid use disorder. (i.e., buprenorphine, methadone, naltrexone). By treatment engagement, we mean that the patient is receiving treatment for their opioid use disorder with MAT. In the Evidence section below, we ask you to provide your opinions regarding buprenorphine. In the Context section that follows, we ask some questions about features of your ED. Please consider each question carefully and select the answer that best reflects your opinion.

I. EVIDENCE ASSESSMENT

The following set of questions are about the evidence that ED-initiated buprenorphine with referral to community-based practices/programs improves treatment engagement among patients with an opioid use disorder. For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree).

BUPRENORPHINE FOR AN OPIOID USE DISORDER

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
1. In my opinion, ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practice/programs will improve treatment engagement among patients with an opioid use disorder.	*(ORMYIMP)* ☐	☐	☐	☐	☐	☐	☐	☐

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
2. Respected clinical experts in my institution feel that ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practice/program will improve treatment engagement among patients with an opioid use disorder.	*(OREXPOUT)* ☐	☐	☐	☐	☐	☐	☐	☐

3. Changes to improve and systematize ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. are supported by randomized controlled trials (RCTs) or other scientific evidence from my ED.	*(ORRCTPRA)* ☐	☐	☐	☐	☐	☐	☐	☐

b. are supported by randomized controlled trials (RCTs) or other scientific evidence from other health care systems.	*(ORRCTHCS)*	☐	☐	☐	☐	☐	☐	☐
c. should be effective, based on current scientific knowledge.	*(OREFFECT)*	☐	☐	☐	☐	☐	☐	☐

4. ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. is supported by clinical experience with my ED's patients.	*(ORCLEPRA)*	☐	☐	☐	☐	☐	☐	☐
b. is supported by clinical experiences with patients in other health care systems.	*(ORCLEHCS)*	☐	☐	☐	☐	☐	☐	☐
c. conforms to the opinions of clinical experts in this setting.	*(OREXPERT)*	☐	☐	☐	☐	☐	☐	☐

5. ED-initiated buprenorphine in my ED with referral for ongoing MAT to community-based practice/program to promote treatment engagement among patients with an opioid use disorder:

		Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Don't Know	Not Applicable
a. has been well-accepted by my ED's patients in a pilot study.	*(ORACCEPT)*	☐	☐	☐	☐	☐	☐	☐
b. is consistent with clinical practices that have been accepted by my ED's patients.	*(ORPRACT)*	☐	☐	☐	☐	☐	☐	☐
c. take into consideration the needs and preferences of my ED's patients.	*(ORNEEDPT)*	☐	☐	☐	☐	☐	☐	☐
d. appear to have more advantages than disadvantages for my ED's patients.	*(ORMADVTG)*	☐	☐	☐	☐	☐	☐	☐

II. CONTEXT ASSESSMENT

The following set of questions are about your experience in your ED (project ED Health). For each of the following statements, please indicate how frequently you have observed the following sets of behaviors, from 1 (very infrequently) to 5 (very frequently).

1. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your ED:

2.		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. reward clinical innovation and creativity to improve patient care.	*(ORLREWRD)*	☐	☐	☐	☐	☐	☐	☐
b. solicit opinions of clinical staff regarding decisions about patient care.	*(ORLOPIN)*	☐	☐	☐	☐	☐	☐	☐

c. seek ways to improve patient education and increase patient participation in treatment.	*(ORLEDU)*	☐	☐	☐	☐	☐	☐	

3. How frequently have you observed staff members in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. have a sense of personal responsibility for improving patient care and outcomes.	*(ORSRESPN)*	☐	☐	☐	☐	☐	☐	
b. cooperate to maintain and improve effectiveness of patient care.	*(ORSFCOOP)*	☐	☐	☐	☐	☐	☐	
c. be willing to innovate and/or experiment to improve clinical procedures.	*(ORSINVTE)*	☐	☐	☐	☐	☐	☐	
d. be receptive to change in clinical processes.	*(ORSCHANG)*	☐	☐	☐	☐	☐	☐	

4. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide effective management for continuous improvement of patient care.	*(ORLMANAG)*	☐	☐	☐	☐	☐	☐	
b. clearly define areas of responsibility and authority for clinical managers and staff.	*(ORLRESP)*	☐	☐	☐	☐	☐	☐	
c. promote team building to solve clinical care problems.	*(ORLTEAM)*	☐	☐	☐	☐	☐	☐	
d. promote communication among clinical services and units.	*(ORLCOMM)*	☐	☐	☐	☐	☐	☐	

5. How frequently have you observed senior leadership/clinical management (e.g., medical director) in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. provide staff with information on your ED's performance measures and guidelines.	*(ORLPERFM)*	☐	☐	☐	☐	☐	☐	
b. establish clear goals for patient care processes and outcomes.	*(ORLGOAL)*	☐	☐	☐	☐	☐	☐	
c. provide staff members with feedback/data on effects of clinical decisions.	*(ORLFEEDB)*	☐	☐	☐	☐	☐	☐	

d. hold staff members accountable for achieving results.	*(ORLACCNT)* ☐	☐	☐	☐	☐	☐	☐	☐

6. How frequently have you observed opinion leaders in your ED:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. express belief that the current practice patterns can be improved.	*(ORIMPROV)* ☐	☐	☐	☐	☐	☐	☐	☐
b. encourage and support changes in practice patterns to improve patient care.	*(ORCHANGE)* ☐	☐	☐	☐	☐	☐	☐	☐
c. demonstrate willingness to try new clinical protocols.	*(ORTRYNEW)* ☐	☐	☐	☐	☐	☐	☐	☐
d. work cooperatively with senior leadership/clinical management (e.g., medical director) to make appropriate changes.	*(ORWCOOP)* ☐	☐	☐	☐	☐	☐	☐	☐

7. In general in your ED, when there is agreement that change needs to happen, how frequently have you or your colleagues:

		Very Infrequently (1)	Infrequently (2)	Neither Frequently nor Infrequently (3)	Frequently (4)	Very Frequently (5)	Don't Know	Not Applicable
a. had the necessary support in terms of budget or financial resources.	*(ORSBUDGT)* ☐	☐	☐	☐	☐	☐	☐	☐
b. had the necessary support in terms of training.	*(ORSTRAIN)* ☐	☐	☐	☐	☐	☐	☐	☐
c. had the necessary support in terms of facilities.	*(ORSFACTY)* ☐	☐	☐	☐	☐	☐	☐	☐
d. had the necessary support in terms of staffing.	*(ORSSTAFF)* ☐	☐	☐	☐	☐	☐	☐	☐

Comments:*(OE1COMM)*

If you enter comments, select the blue save icon below to save your responses before logging out.

Thank you for taking the time to complete this survey! Please logout prior to closing your browser.