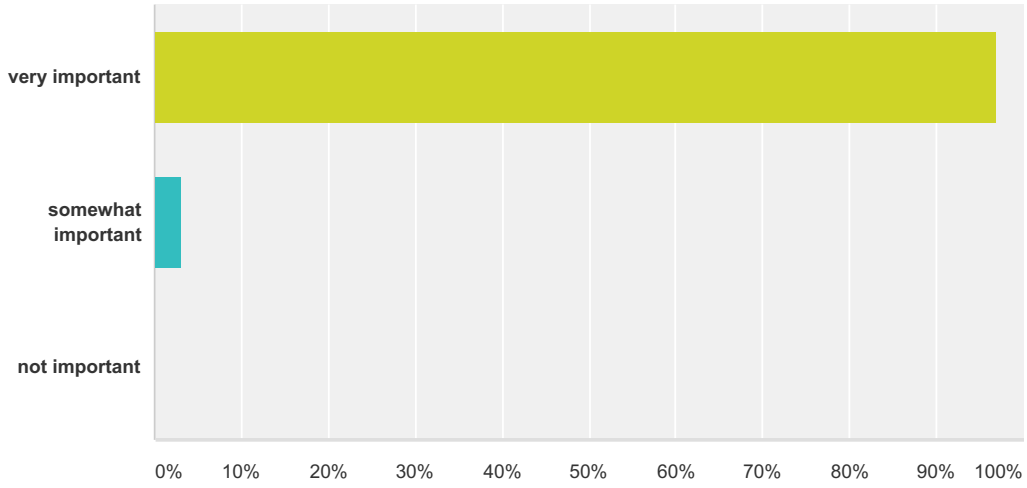
Q1 How important is it to train your residents about the appropriate use of opioid in the treatment of pain?

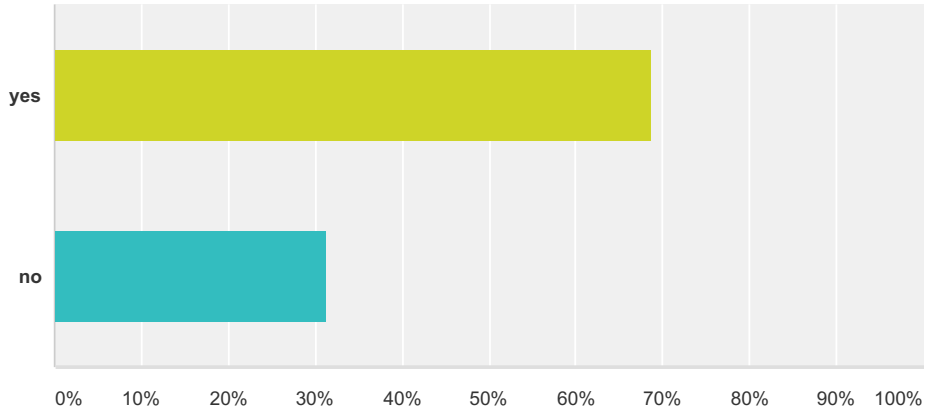
Answered: 223 Skipped: 0



Answer Choices	Responses	
very important	**96.86%**	216
somewhat important	**3.14%**	7
not important	**0.00%**	0
Total		**223**

Q2 Do you have a formal process (curriculum, training modules, etc.) for training residents on the appropriate use of opioids beyond general experience in the clinic or on rotations?

Answered: 223 Skipped: 0



Answer Choices	Responses	
yes	**68.61%**	153
no	**31.39%**	70
Total		**223**

Q3 What resources are you currently using (NIDA, CDC, etc.)?

Answered: 173 Skipped: 50

#	Responses	Date
1	WA state interagency guidelines on opioid prescribing	7/5/2016 1:52 PM
2	University of Washington materials. AAFP	7/5/2016 12:22 PM
3	We have our own curriculum that incorporates national standards	7/4/2016 4:44 PM
4	CDC	7/3/2016 6:02 PM
5	CDC	7/1/2016 2:10 PM
6	CDC and have a Suboxone outpatient treatment program, rotations with hospice and palliative care as well as Addiction Med. in addition to traditional rotations.	6/30/2016 1:00 PM
7	Military online resources required for all prescribers plus lectures by clinical pharmacy and pain management physicians in our facility.	6/30/2016 8:30 AM
8	Local expert faculty	6/29/2016 9:11 PM
9	Scope of Pain from Boston University. SAM module on Pain Management. Had previously used webcasts on AAFP website, but those are gone now.	6/29/2016 9:02 PM
10	CDC, AAFP	6/29/2016 6:37 PM
11	Starting to use CDC	6/29/2016 5:59 PM
12	CDC guidelines, created own curriculum, have task force working to improve processes in clinic	6/29/2016 5:56 PM
13	We are in the process of creating a curriculum.	6/29/2016 5:31 PM
14	AAFP, CDC	6/29/2016 3:36 PM
15	state system GCOAT / Smart Rx	6/29/2016 2:08 PM
16	CDC guideline	6/29/2016 11:40 AM
17	N/A	6/29/2016 11:24 AM
18	We have gasket trained in addiction medicine well versed in opioid use and management.	6/29/2016 9:06 AM
19	Online course, didactic lectures, cdc guidelines, annual SAM conference materials,	6/29/2016 7:39 AM
20	CDC, Arkansas Prescription Monitoring Program	6/29/2016 7:27 AM
21	CDC, state medical board	6/29/2016 7:23 AM
22	CDC, others	6/29/2016 5:46 AM
23	Not sure	6/28/2016 11:17 PM
24	don't remember the name of it- 6 hours of didactics	6/28/2016 7:56 PM
25	cdc, locally developed resources by FM faculty and pain specialists	6/28/2016 7:40 PM
26	We have created our own standard process within the clinic, including panel management of those with chronic pain syndromes. There are regularly scheduled lectures and a ongoing quality group working on process improvement.	6/28/2016 7:39 PM
27	We have an addiction specialist at our institution and he does a general lecture series on treating pain and addiction	6/28/2016 6:49 PM
28	CDC	6/28/2016 6:13 PM
29	NIDA and pain management didactics	6/28/2016 6:01 PM
30	CDC, pharmacists.	6/28/2016 4:31 PM
31	CDC	6/28/2016 4:22 PM
32	Addiction medicine specialist	6/28/2016 4:12 PM

33	cdc; guest speakers.	6/28/2016 4:03 PM
34	Scope of Pain via Boston University	6/28/2016 3:40 PM
35	CDC	6/28/2016 3:34 PM
36	CDC ICSI	6/28/2016 3:28 PM
37	Program Director - Dr. Munzing - is a national expert and lectures nationally to physicians as well as to state and federal law enforcement and prosecutors	6/28/2016 3:24 PM
38	Didactics specific to pain management,	6/28/2016 3:23 PM
39	Internal policy created through state requirements based on sources from CDC	6/28/2016 3:22 PM
40	CDC	6/28/2016 3:11 PM
41	Cdc	6/28/2016 3:04 PM
42	CDC Program in development that includes the institution, hospital outpatient network	6/28/2016 2:57 PM
43	We have developed policy based on a combination of best practices, including the most recent CDC guidelines.	6/28/2016 2:48 PM
44	all of the above	6/28/2016 2:42 PM
45	CDC, NIH, AAFP, STFM Behavioral Medicine resources, ALBME	6/28/2016 2:41 PM
46	faculty teaching	6/28/2016 2:38 PM
47	CDC, department policies on prescribing controlled substances, and at least once academic half-day conference per year focused on treatment of chronic pain/use of controlled substances	6/28/2016 2:34 PM
48	AAFP CDC	6/28/2016 2:33 PM
49	Didactics sessions, precepted encounters,	6/28/2016 2:29 PM
50	CDC, REMS	6/28/2016 2:25 PM
51	CDC	6/28/2016 2:24 PM
52	NIDA	6/28/2016 2:23 PM
53	No formal training but we do have clinic polices that require any use of narcotics to be discussed with the team leader before agreement is signed. We perform periodic checks of our prescription monitoring program and with random urine drug screens. We accept no excuse for lost, stolen, etc. prescriptions. They are educated on their need to protect controlled substances if we agree to write them.	6/28/2016 2:23 PM
54	CDC	6/28/2016 2:20 PM
55	CDC, homegrown	6/28/2016 2:19 PM
56	State medical board rules, CDC guidelines	6/28/2016 2:17 PM
57	REMS	6/28/2016 2:17 PM
58	CDC	6/28/2016 2:16 PM
59	CDC	6/28/2016 2:15 PM
60	we have a block rotation that integrates various guidelines in, but also we use the pain management SAM. We are required in our state to do an approved controlled substance training for all residents and luckily the SAM counts so 2 birds with 1 stone	6/28/2016 1:54 PM
61	Pain management module - ABFM	6/28/2016 1:18 PM
62	expert presenters	6/28/2016 1:05 PM
63	Internal	6/28/2016 12:17 PM
64	neither	6/28/2016 12:12 PM
65	CDC	6/28/2016 11:46 AM
66	NIDA, CDC, University of Washington	6/28/2016 11:46 AM
67	NIDA, CDC, International Opioid conference	6/28/2016 11:30 AM
68	Our own internal curriculum, utilizing information from both NIDA, CDC and others.	6/28/2016 10:56 AM

69	Lectures by our addiction medicine faculty Case conference on difficult patients. Offer them online course for buprenorphine tx training	6/28/2016 9:59 AM
70	In house resources developed by pharmacy faculty and medical group which use CDC guidelines	6/28/2016 9:37 AM
71	CDC	6/28/2016 9:00 AM
72	1.IOM (Institute of Medicine) Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Washington, DC: The National Academies Press; 2011. 2.CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999 – 2008. Morbidity and Mortality Weekly Report 2011: 60(43); 1487-1492. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w#fig2 3.Demystifying opiod conversion calculations: A guide for effective dosing by Mary Lynn McPherson 4.PAFP project – Primary care pain management in Pennsylvania: Optimizing Treatment, Minimizing Risk 5.Draft CDC guideline for Prescribing Opiods for Chronic Pain: 2016 http://www.cdc.gov/drugoverdose/prescribing/guideline.html 6.Addressing prescription drug abuse in the United States: current activities and future opportunities. Washington, DC: Department of Health and Human Services, Behavioral Health Coordinating Committee Prescription Drug Abuse Subcommittee, 2013 (http://www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf) and in addition we have developed our own curriculum, office policies, residency lectures series and workshop to train our residents	6/28/2016 8:42 AM
73	We have a pain specialist who helps develop curriculum with various resources.	6/28/2016 8:18 AM
74	CDC	6/28/2016 7:38 AM
75	CDC; local experts/policies	6/28/2016 7:32 AM
76	- Policy and contract for chronic pain. - Access and regular use of state controlled substance database Will start using this year: -West Virginia required opioid CME for physicians -In-house WVU CME web lectures http://medicine.hsc.wvu.edu/ce/web-courses/prescribing-opioids-for-chronic-pain-balancing-safety-and-efficacy/ - Opioid Guideline from Washington Agency Medical Directors' Group http://www.agencymeddirectors.wa.gov/guidelines.asp	6/28/2016 7:26 AM
77	HPM rotation in PGY-1 year Academic Day Lectures AAFP ER/LA Opioids module	6/28/2016 6:46 AM
78	CDC	6/28/2016 12:30 AM
79	No specific resource.	6/27/2016 10:52 PM
80	CDC	6/27/2016 10:52 PM
81	A combination of CDC guidelines, local and state guidelines.	6/27/2016 9:57 PM
82	We have a pain management committee that reviews DEA/CDS regulations and makes office policy. We have contracts and templates in our EMR.	6/27/2016 8:52 PM
83	Didactics; plus state law requires 5 hrs CME every 2 years.	6/27/2016 8:51 PM
84	We developed our own protocols following evidence that I cannot quote as I was not on the committee and this occurred a few years ago.	6/27/2016 8:47 PM
85	CDC, AAFP	6/27/2016 8:37 PM
86	Our hospital institutions pain management group, flow sheets, protocols.	6/27/2016 8:19 PM
87	VA/DoD guidelines	6/27/2016 8:16 PM
88	CDC	6/27/2016 8:06 PM
89	CDC	6/27/2016 7:43 PM
90	Workshop on Pain Curriculum, taught during inpatient medicine service	6/27/2016 7:40 PM
91	We have a Long-Term Opiate Therapy (LTOT) program that we all utilize in the FMC. It is protocol driven with committee oversight and with Pain Management and Addiction Medicine collaboration.	6/27/2016 7:20 PM
92	CDC, some NIDA	6/27/2016 7:10 PM
93	we have a chronic pain clinic embedded in our residency site manned by a specialist in pain managment--this is new for us	6/27/2016 7:06 PM
94	We have providers trained to prescribe Suboxone, have a chronic pain program, and recently received a SASE grant and will two staff.	6/27/2016 6:57 PM

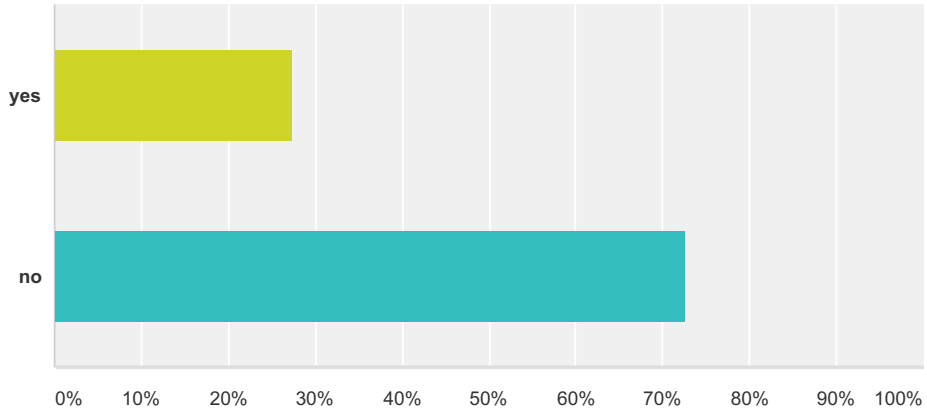
95	Faculty have developed a chronic pain management protocol based on national guidelines and best practices. There are policies such as "no opioids on the first visit," validated assessment tools built into the "pain packet" that the patient fills out in between the first and second visit and a chronic opioid informed consent document which explains the R/B/A/I.	6/27/2016 5:57 PM
96	CDC, NIDA	6/27/2016 5:40 PM
97	cdc	6/27/2016 5:35 PM
98	CDC guidelines	6/27/2016 5:29 PM
99	online REMS course, suboxone training, clinic policies	6/27/2016 5:27 PM
100	AAFP, CDC, NIDA	6/27/2016 5:21 PM
101	Washington State Dept of Health web module is required We have a chronic opiate policy for our organization with templates in the EHR (EpiCare)	6/27/2016 5:20 PM
102	Those supplied by our state board; CDC.	6/27/2016 5:19 PM
103	American Academy of Addiction Psychiatry-MAT Training 8 hours Washington St. DOH on line Opioid addiction CME Inhouse	6/27/2016 5:12 PM
104	NIDA	6/27/2016 5:11 PM
105	NIDA, CDC,	6/27/2016 5:01 PM
106	CDC. AAFP	6/27/2016 4:58 PM
107	Washington state medical directors guidelines	6/27/2016 4:55 PM
108	California Healthcare Foundation Opiod Training Project. We were part of a grant to train residents in safe opiod prescribing.	6/27/2016 4:55 PM
109	AZCSPMP clinic policy	6/27/2016 4:51 PM
110	CDC	6/27/2016 4:47 PM
111	Pain management contracts Pain management rotation	6/27/2016 4:43 PM
112	Faculty lectures	6/27/2016 4:38 PM
113	CDC, Resources developed by Maine public health department.	6/27/2016 4:37 PM
114	CDC	6/27/2016 4:20 PM
115	CDC	6/27/2016 4:17 PM
116	Internal resources such as Pharm D, controlled substance agreements, policies, committee, etc.	6/27/2016 4:03 PM
117	CDC, NIDA, AAFP,	6/27/2016 3:55 PM
118	CDC, Society of Addition Medicine	6/27/2016 3:49 PM
119	Internally-created CME required by the organization for all physicians, materials from the State of Washington	6/27/2016 3:49 PM
120	lecture resources from individual faculty including lectures on chronic pain and the use of opiates and that venue Follow-up of SBIRT training from previous Grant Review of narcotic protocols in clinic review of the ability to make pain management referrals	6/27/2016 3:45 PM
121	ABFM Pain Managment SAM	6/27/2016 3:44 PM
122	state guidelines-Alabama	6/27/2016 3:40 PM
123	Our own developed curriculum	6/27/2016 3:30 PM
124	We have a monthly conference with our drug an alcohol counselors to review our co-managed cases	6/27/2016 3:28 PM
125	CDC	6/27/2016 3:28 PM
126	Developed internal policy using national and state guidelines. Our major QI project this year was on appropriately documenting (review state drug database, have narcotic contract on file, etc) FMC patients with chronic opioid therapy.	6/27/2016 3:24 PM
127	CDC	6/27/2016 3:24 PM
128	CDC	6/27/2016 3:19 PM
129	CDC and home grown from various sources	6/27/2016 3:18 PM

130	We received a sizeable grant from Pfizer, being administered through IPMA, for a QI project to provide education re: appropriate use of opioids, to look at our current practices, and define ways we can reduce inappropriate use and prescribing.	6/27/2016 3:16 PM
131	State of Oregon and CDC guidelines, enhanced by local organization working enhancements	6/27/2016 3:13 PM
132	Nothing specific	6/27/2016 3:08 PM
133	cdc	6/27/2016 3:02 PM
134	modified from CDC	6/27/2016 3:00 PM
135	CDC, Palliative care,	6/27/2016 3:00 PM
136	NIDA, CDC	6/27/2016 3:00 PM
137	CDC	6/27/2016 2:59 PM
138	CDC	6/27/2016 2:58 PM
139	about to implement Univ Wi system - http://projects.hsl.wisc.edu/GME/PainManagement/ and we have pain specialists lecture in didactics	6/27/2016 2:57 PM
140	CDC	6/27/2016 2:55 PM
141	Currently requiring subuxone training for all residents (like ACLS, ALSO, etc). Trying to get all residents to have several patients in their regular panel on MAT with faculty partnership.	6/27/2016 2:54 PM
142	Health network policies, state policies, use of formal scales (SOAPP DIRE etc), small group learning sessions, one on one teaching sessions	6/27/2016 2:53 PM
143	Home grown curriculum which incorporates content from CDC	6/27/2016 2:53 PM
144	Local experts, CDC	6/27/2016 2:51 PM
145	We are using our own evidence-based resources.	6/27/2016 2:49 PM
146	CDC Guidelines (March 2016)	6/27/2016 2:47 PM
147	Cdc Nida for sbirt training Lectures as a routine part of core curriculum Palliative care rotation	6/27/2016 2:47 PM
148	CDC, Pain.edu	6/27/2016 2:46 PM
149	CDC, WV Board of Medicine	6/27/2016 2:45 PM
150	DEA, CDC, State Medical Board resources	6/27/2016 2:43 PM
151	Developed our own program, using the SOAPP, COMM, DIRE, contracts, treatment plan with behavioral components. Have developed our own teaching resources. (Behavioral Scientists are awesome and do so much!)	6/27/2016 2:42 PM
152	We train them on our internal process	6/27/2016 2:42 PM
153	CDC. Lectures. Pain management team.	6/27/2016 2:41 PM
154	CDC and in-house faculty trained in pain mgt and opiate use	6/27/2016 2:40 PM
155	Suboxone course AOBFP NIDA	6/27/2016 2:40 PM
156	didactic training in appropriate prescribing of long-acting vs short-acting; review and frequent update and monitoring of our controlled substances agreement. Also building curriculum and exposure to alternative methods of chronic pain mgmt.	6/27/2016 2:39 PM
157	NIDA, CDC, SAHMSA, CSAT, Pain society, ASAM	6/27/2016 2:38 PM
158	Lectures	6/27/2016 2:37 PM
159	didactic presentations a couple of days at a local drug addiction clinic few faculty now have suboxone training and residents can elect to get certified.	6/27/2016 2:36 PM
160	Rotation at a Addiction Medicine Recovery Program and other outpt counseling programs, Computer based learning	6/27/2016 2:36 PM
161	We developed our own resources. Our faculty have conducted webinar trainings for faculty in residency programs around California and have co-led a year long series designed to help other programs develop strong curricula in this area. We developed our materials using an SBIRT grant from NIDA. We also teach the ASAM buprenrophine waiver training in our program.	6/27/2016 2:35 PM
162	Stanford online curriculum SBIRT screening 1 week pain mgmt. Planning to offer suboxone training	6/27/2016 2:33 PM

163	On of our Faculty Members is part of the IN Opioid Rxing Task Force and has been instrumental in creating a flow sheet which we utilize. In encompasses most of the national tools.	6/27/2016 2:33 PM
164	curriculum	6/27/2016 2:33 PM
165	CDC	6/27/2016 2:33 PM
166	Scope of Pain	6/27/2016 2:32 PM
167	NIDA, CDC, FSMB	6/27/2016 2:32 PM
168	CDC	6/27/2016 2:32 PM
169	our pharmacist, behaviorist and following our relative new (2014) mandated state guidelines	6/27/2016 2:32 PM
170	CDC mainly.	6/27/2016 2:31 PM
171	CDC, Journal of FM	6/27/2016 2:30 PM
172	My PharmD faculty does our didactic teaching. We are using the CDC guidelines as references.	6/27/2016 2:30 PM
173	Free REMS courses provided by our state medical association	6/27/2016 2:29 PM

Q4 Do you offer training in medication-assisted treatment (buprenorphine, methadone, and naltrexone)?

Answered: 223 Skipped: 0



Answer Choices	Responses	
yes	**27.35%**	61
no	**72.65%**	162
Total		**223**

Q5 What are you hearing from your residents about their practice plans, if anything, regarding opioid prescribing?

Answered: 194 Skipped: 29

#	Responses	Date
1	Most who have prescribed buprenorphine in residency intend to continue to do so after graduation	7/5/2016 1:52 PM
2	Want and need more information and training.	7/5/2016 12:22 PM
3	most have plans for limited treatment	7/5/2016 9:27 AM
4	They feel comfortable with their approach to opioid use by the time of graduation	7/4/2016 4:44 PM
5	Many of our residents prescribe buprenorphine in their practices when they graduate (all complete the waiver training as residents).	7/4/2016 12:35 PM
6	They are worried they will get in trouble for doing it	7/1/2016 2:10 PM
7	ambivalent, but most will likely prescribe.	7/1/2016 1:08 PM
8	The residents appreciate the CDC March 2016 guidelines being encorporated as policy, updated agreements, designated pharmacy, only one provider able to prescribe per patient, 50 Morphine equivalant max dosing limitation on resident. They appreciate being able to follow guidelines.	6/30/2016 1:00 PM
9	Don't hear much. Most are very hesitant to take the courses offered in medication-assisted treatment because they do not wish to become the focal points for large numbers of chronic opioid users and the perception is that THAT is how they will be used if they have the training. This, to my knowledge, holds water and is in fact true, which will offer a substantial barrier to actually getting providers trained.	6/30/2016 8:30 AM
10	Most plan to prescribe opiates but will be very selective about who. Most residents will seek to avoid treating non-cancer chronic pain. There is high interest in alternative treatments for chronic pain, acupuncture, OMT etc.	6/29/2016 9:11 PM
11	Not much, other than they will be very cautious about prescribing.	6/29/2016 9:02 PM
12	They plan to avoid it as much as possible.	6/29/2016 5:59 PM
13	Most understand the need to balance appropriate treatment of pain with the risk of these dangerous drugs. I haven't heard any residents recently say that they wouldn't prescribe opiates at all, which was the knee jerk reaction I used to commonly hear a few years ago.	6/29/2016 5:56 PM
14	Hearing a lot of confusion! How do you treat pain adequately but not use opiates?	6/29/2016 5:31 PM
15	they are very hesitant to get involved in chronic pain patients. But I would love to add a training program in buprenorphine to our curriculum	6/29/2016 3:58 PM
16	They will continue to prescribe as they have been trained in Residency	6/29/2016 3:36 PM
17	Many hope to avoid having to prescribe opioids for chronic pain in future practice as they do so much in residency and it is obviously challenging.	6/29/2016 2:08 PM
18	Most don't want to do it but appreciate learning to manage this patients appropriately. They tend to be pretty draining.	6/29/2016 11:40 AM
19	There is heightened awareness of the issues as of late.	6/29/2016 11:24 AM
20	most want to feel comfortable with it.	6/29/2016 10:49 AM
21	They want to avoid opioid use in general. Sometimes to the point of withholding appropriate cate of severe acute pain. We try to balance our residents training about pain management but the negative connotation of opioids currently in the national mindset in some cases appears to be backfiring.	6/29/2016 9:06 AM
22	while they say they want to avoid chronic opioid prescribing, the reality is they will inherit all kinds of patients on chronic controlled substances. We focus a lot on how to manage these patients over the long haul.	6/29/2016 8:22 AM
23	Most would like to avoid or minimize caring for patients who require option prescribing! I am not aware of any who are planning to pursue MAT	6/29/2016 7:39 AM
24	Some express that they will not prescribe ANY controlled medications upon entry into their practices.	6/29/2016 7:27 AM

25	Worry, concern. Some NOT wanting to deal with "those" patients	6/29/2016 7:23 AM
26	Some say they will not prescribe it, period.	6/29/2016 5:46 AM
27	Wide variety of responses. Some residents are phobic, and will not even prescribe narcotics for ACUTE pain, which we discourage., others want to learn suboxone and plan to use in practice. Others plan to do palliative care, and want to know opioid prescribing at end of life.	6/28/2016 11:17 PM
28	Mixed. Some are burnt out and no narcotics, others have developed patterns and feel comfortable with use	6/28/2016 10:12 PM
29	mixed- many want to prescribe buprenorphine, but some would like to avoid opioid prescribing altogether	6/28/2016 7:56 PM
30	all over the place	6/28/2016 7:40 PM
31	They are starting to ask for training in medication-assisted treatment and so we are looking at who in the faculty should be trained to lead the effort.	6/28/2016 7:39 PM
32	Most want to avoid altogether but some realize they will and want a process for how they can safely.	6/28/2016 6:49 PM
33	Most plan on doing as little of it as possible. One is doing a suboxone clinic.	6/28/2016 6:13 PM
34	Not hearing discussion specifically regarding opioid prescribing	6/28/2016 6:01 PM
35	They are wanting alternatives to therapy for when current practices are not helping.	6/28/2016 5:15 PM
36	some are looking at system that do not prescribe chr opiods. some are burnt out about the amount of patients on chr opioids and the challenges in some of those patients. Many still feel that it is appropriate to prescribe opiods for patients with chr non cancer pain	6/28/2016 4:45 PM
37	Unfortunately, Opioids now have a stigma, and many residents state "I'm just not going to prescribe them when I'm in practice" which is unrealistic. There is appropriate opioid prescribing, and the pendulum is swinging back to restricted use due to the "opioid epidemic".	6/28/2016 4:34 PM
38	Residents would like to have training and experience in treating opioid addiction issues, not necessarily to do it full time. Some of them are interested in Addiction Medicine. We would like to be able to offer Buprenorphine training and have a Suboxone clinic for the residents. We need the $$ to get the faculty trained and start teaching this stuff. Family Medicine should OWN the Suboxone, methadone, naltrexone curriculum, clinics, guidelines, etc. It is a shame to leave it to more limited specialties or general practitioners. It is time the AAFP step up and own this field.	6/28/2016 4:33 PM
39	They are quite reluctant to do so.	6/28/2016 4:31 PM
40	We are a new residency and to be honest, the residents haven't thought that far ahead.	6/28/2016 4:22 PM
41	Limited prescribing due to community they will setve	6/28/2016 4:12 PM
42	Residents are going to be cautious	6/28/2016 4:03 PM
43	One of my residents wants to become an addictionist. the majority of my residents have acknowledged there is a problem and want to help fix it.	6/28/2016 3:40 PM
44	Very cautious	6/28/2016 3:34 PM
45	Will prescribe per recommended guidelines.	6/28/2016 3:28 PM
46	Resident prescribing is now in tune with national and state guidelines. When they have a question, they have experts in prescribing to guide them.	6/28/2016 3:24 PM
47	Most see it as a necessity, although are worried about how to manage it, prevent diversion, etc...	6/28/2016 3:23 PM
48	Currently they do not plan on treating addiction outpatient, and typically plan to manage chronic opiates primarily with the assistance of pain management clinics	6/28/2016 3:22 PM
49	Limited prescribing with use of pain management specialists as well	6/28/2016 3:11 PM
50	Residents dislike dealing with chronic pain and will likely avoid it like the plaque at all possible.	6/28/2016 2:57 PM
51	Many are looking to create "no opioid" or more specifically "no oxycodone" policies moving forward-- we've had a series of lectures by a local pain specialist that makes a strong argument that not only are opioids unsafe, but also lack proven efficacy for the treatment of chronic pain. Both residents and faculty still struggle with patients who come to us on opioids already. I think we are good at avoiding the initial opioid scripts, but trying to take someone off opioids who has been on them for years and highly resistant to changing at all, is another story entirely. I hear a lot of complaints about opioid patients being able to fill out Press Ganey surveys-- residents and faculty voice pressure to "give patients what they want" in future practice because customer service is becoming such an important outcome measure in primary care.	6/28/2016 2:48 PM

52	Most feel they will steer clear of prescribing. About 25% have an interest in being a suboxone prescriber.	6/28/2016 2:45 PM
53	They will offer standard of care pain management for chronic pain including opioids	6/28/2016 2:42 PM
54	In the past, many did not want to offer this service to their patients. However, since we have implemented educational resources, workshops, and strict parameters in clinic, many are seeing that it can be "do-able" to meet patients needs but also keep them safe.	6/28/2016 2:41 PM
55	Most are comfortable with the training they get here, and will take it with them into practice.	6/28/2016 2:38 PM
56	They prefer not to prescribe or want to minimize it due to the extra work involved in monitoring	6/28/2016 2:34 PM
57	Most would prefer to avoid opiod prescribing in their private practices if at all possible. Chronic pain management to be provided by chronic pain MD's as consultants for a patient while the FM physician manages their chronic HTN, DM, etc.	6/28/2016 2:33 PM
58	Most plan to use for terminal pain	6/28/2016 2:29 PM
59	One graduate plans to get X waiver in order to possibly work at an inpatient addiction facility. In general our graduates are conservative with prescribing of controlled substances, with one notable exception whom I fear greatly for.	6/28/2016 2:25 PM
60	Need a strong training in pain management	6/28/2016 2:24 PM
61	They are clamoring for a formal policy and protocol regarding chronic opioid use within our FMC that they can use as they go out into practice after graduation	6/28/2016 2:24 PM
62	A few took the course and are pursuing treatment as part of their jobs.	6/28/2016 2:23 PM
63	I've heard nothing specific other than many do not write for controlled substance when they get out. These typically have pain management physicians in their areas.	6/28/2016 2:23 PM
64	New Program.	6/28/2016 2:23 PM
65	An occasional resident has asked about it. Our faculty members have not pursued it. I have not heard any feedback from graduates that they really needed it to get transitioned to practice.	6/28/2016 2:21 PM
66	very interested in this and see it as a priority, some pursuing suboxone certification.	6/28/2016 2:19 PM
67	Some of them will no prescribe at all others have no specifics on what they will or won't do.	6/28/2016 2:17 PM
68	Most are planning to rx opioids but only under strict guidelines.	6/28/2016 2:17 PM
69	Most will continue to provide acute pain relief with about half practinimg some chronic pain managememt if indicated. Most will also utilize referral to pain specialists.	6/28/2016 2:15 PM
70	plans to avoid	6/28/2016 2:14 PM
71	pretty much none want to do methadone- and we don't really want them to do that unless they become addiction specialists beyond what we do. We have an active buprenorphine training program and many continue prescribing once they graduate. We also care for a population of substance dependent pregnant women so they get it in our maternal child health curriculum as well including using subutex during pregnancy. We're in a poor state and this is a key part of the key we provide.	6/28/2016 1:54 PM
72	Some are very reluctant to prescribe any opioids even in residency with supervision. Too many patients that seem to be gaming the system. Most are ok with basic prescribing.	6/28/2016 1:18 PM
73	some wish to be able to provide medication-assisted treatment and we offer elective time to do this training	6/28/2016 1:08 PM
74	worried about the need to start doing and the headaches assocaited with monitoring, diversion, and misuse	6/28/2016 1:05 PM
75	50/50 regarding MAT programs; all over the place on opioid prescribing	6/28/2016 12:17 PM
76	nothing	6/28/2016 12:12 PM
77	Reducing Opiods	6/28/2016 11:46 AM
78	Buprenorphine	6/28/2016 11:46 AM
79	They are becoming more reluctant to prescribe long term opioids for nonmalignant pain.	6/28/2016 11:30 AM
80	Most of our graduates are very frustrated with opioid prescribing by the time that they graduate. They often associate it with patients who show addictive behaviors, which can be difficult for physicians and office staff. Most of our graduates understand that a part of caring for the whole patient and communities of patients includes managing patients with chronic pain, many of whom take opioids. Therefore, most plan to continue opioid prescription beyond residency.	6/28/2016 10:56 AM

81	Most of them say they will not manage chronic pain with opioids. Rarely are they interested in treating opioid dependent patients.	6/28/2016 9:59 AM
82	most will avoid prescribing unless for acute pain	6/28/2016 9:37 AM
83	most prefer to avoid it	6/28/2016 9:00 AM
84	Almost two years ago, the residents approached the faculty with the concern that there was no consistent management of chronic pain patients in the clinic. They also felt they did not receive adequate training in this area of curriculum. In addition, the clinic did not have a clearly described policy or a streamlined work flow for handling chronic pain patients. To accomplish better education and training we partenered with PAFP initiative- “Primary Care Pain Management in Pennsylvania: Optimizing Treatment, Minimizing risk” to achieve the goals of improved care for chronic pain patients and containment of abuse and misuse of opiods. Over the last 18 months, we have improved the office flow. We educated all office staff and triage nurses on the rules of opiod prescription, devised a office policy, and a controlled substance aggrement for implementation. Our residents receive didactic lecture series on chronic pain managment and opiod prescription. Some of the topic covered include: 1.Prevalence of Pain in PA and US 2.Etiology and Types of Chronic Pain 3.Evidence-based Assessment of Patients with Chronic Pain 4.Team based approach to pain management 5.Practical consideration of analgesic selection 6.Pharmacology of pain medications 7.Pain management SAM Part IV module We did and pre and post provider survery of our residency patients as a part of this QI intitiative. Additionally, patient were surveyed for their satisfaction. This whole assigment has helped the resident and providers in their comfort level in dealing with chronic pain patients and opiod prescription and streamlined our office flow.	6/28/2016 8:42 AM
85	Most if not all will prescribe opioids. A few have taken elective training regarding naltrexone.	6/28/2016 8:27 AM
86	Judicious; we have an extensive issue with addiction in our county	6/28/2016 8:18 AM
87	Due to the burden, the patient population, increasing regulations, many will not be Rx'ing opioids. Very sadly, many learners get a very jaded view, and look skeptically at anyone with pain. Thus, many pain patients - the majority of which have "legitimate" pain - get poor care. The lack of specialty backup (especially for medical assistance) makes this that much harder. And so-called [ain management physicians often just do injections and nothing else. A real challenge on many levels, but sadly, makes most want to avoid the issue altogether.	6/28/2016 7:32 AM
88	Decreasing prescribing of opioids for chronic pain and duration for acute pain since CDC guidelines; Not starting new patients on chronic pain medication Stressful to balance pain management and appropriateness	6/28/2016 7:26 AM
89	They plan to prescribe opioids but have a very structured approach, including pain contracts, use of pain management, non-opioid approaches, and a willingness to not prescribe opioids.	6/28/2016 6:46 AM
90	Many are interested in caring for vulnerable populations with the best tools possible. they would like more partnership from addiction specialists in non medical fields to help be part of the team, particularly in rural communities	6/28/2016 12:30 AM
91	None	6/27/2016 10:52 PM
92	Most will likely end up prescribing some chronic opioids in practice. Many would choose to not formally incorporate prescribing of opioids for chronic pain into their practices if that were to be an option due to the dangers to patients inherent in this practice. Some are interested in learning to prescribe buprenorphine.	6/27/2016 10:52 PM
93	None	6/27/2016 10:01 PM
94	They want to avoid opiate prescribing due to the huge hassle factor.	6/27/2016 9:57 PM
95	They will not prescribe narcotics long term. Short term narcotics for injury/post op only. Terminal cancer pain will be treated with narcotics.	6/27/2016 8:52 PM
96	Most don't have interest in incorporating pain management into their future practices	6/27/2016 8:51 PM
97	They all anticipate prescribing with protocols. None plan to use methadone or buprenorphine at this time.	6/27/2016 8:47 PM
98	Most avoid it as much as possible. A few have chronic opioid users and are naloxone enthusiasts.	6/27/2016 8:37 PM
99	They plan to not make it routine practice to prescribe opioids.	6/27/2016 8:19 PM
100	they don't like to prescribe them. period.	6/27/2016 8:16 PM
101	Will only use opioids for acute pain when necessary since our state laws discourage non-pain management specialists from prescribing opioids.	6/27/2016 8:06 PM
102	They dont want to bother with prescribing opiods.	6/27/2016 7:43 PM
103	That the pendulum is now swinging back, to more restrictive use of opioids.	6/27/2016 7:40 PM
104	Many reflect the frustration of dealing with the patient requiring LTOT.	6/27/2016 7:20 PM

105	Most get plenty of experience with our underserved populations.	6/27/2016 7:11 PM
106	I believe most will model their practice on ours - very limited prescribing, with rigorous monitoring, for patients with chronic non-malignant pain for whom all other modalities have failed, with use of chronic narcotics in the context of a medication "contract" or agreement.	6/27/2016 7:10 PM
107	they are overwhelmed, undertrained and frustrated	6/27/2016 7:06 PM
108	The range - "I'll never have a chronic pain patient on opioids again" "I had a family member with addiction who couldn't get treatment, for my elective I need to learn to prescribe so some other family won't go through what I went through."	6/27/2016 6:57 PM
109	I have heard very little.	6/27/2016 6:41 PM
110	Most want to avoid chronic pain management in practice after residency	6/27/2016 5:57 PM
111	They hate that so much of their practice is comprised of patients with chronic pain	6/27/2016 5:57 PM
112	limited prescribing	6/27/2016 5:40 PM
113	they want to learn this	6/27/2016 5:29 PM
114	varies, some planning to include, some choosing jobs that don't require it. they feel qualified to do it.	6/27/2016 5:27 PM
115	None thus far, will ask during exit interviews though, thanks for the friendly reminder :)	6/27/2016 5:21 PM
116	they would like less of it	6/27/2016 5:20 PM
117	Our state has come down hard on this issue due to our large opioid and heroin abuse/deaths. It's almost gotten to the point that physicians are looking over their shoulder and are afraid to prescribe. As our residents are prime targets, we emphasize the importance of proper prescribing of opioids, the importance of monitoring (medical management agreement, OARRS reporting, and urine drug screens.	6/27/2016 5:19 PM
118	Very happy to have the training	6/27/2016 5:12 PM
119	Residents feel competent to manage chronic pain with opioids if needed, and most are planning to use all of the tools, protocols and resources to provide this option safely. Residents feel they have many alternatives to opioids in the management of chronic pain and plan to follow guidelines in the use of adjuncts and other modalities prior to prescribing opioids.	6/27/2016 5:11 PM
120	Limited prescribing of narcotics for management of chronic pain.	6/27/2016 5:01 PM
121	Strong need for a formal curriculum re opioid prescribing	6/27/2016 4:59 PM
122	They get strong training in our FMC as all preceptors are on board w supporting the CDC guidelines and our chronic pain policy.	6/27/2016 4:58 PM
123	OK with prescribing some medications for pain and buprenorphine. Using naltrexone for overdose prevention. Using WA state Rx tracking data to identify potential abusers. Concern about not identifying people who are abusing meds and they are not aware.	6/27/2016 4:55 PM
124	Mixed. However, many do want training in the use of suboxone.	6/27/2016 4:55 PM
125	Most plan not to do chronic opioid management.	6/27/2016 4:51 PM
126	Many don't want to use any opioids in the future	6/27/2016 4:47 PM
127	Most are very hesitant to prescribe, know to go to the surveillance site offered by Illinois and use contracts, Most are not prescribing opiates to new patients which they learn with us	6/27/2016 4:43 PM
128	Some are interested in expanded scope of practice regarding MAT, others are not. Either way, all are concerned about the impact opioids have on the experience of clinical practice and the health of our communities	6/27/2016 4:40 PM
129	They want to avoid it if they can	6/27/2016 4:38 PM
130	Several of our residents are planning to incorporate buprenorphine treatment in their practice.	6/27/2016 4:37 PM
131	Trying not to prescribe them	6/27/2016 4:18 PM
132	They all prefer not to prescribe opioids.	6/27/2016 4:17 PM
133	Most are reluctant to use much opiods	6/27/2016 4:03 PM
134	Most will prescribe opiates as part of their practice. Long term opiate use will be less with more emphasis on non-opiate management of pain	6/27/2016 3:55 PM
135	Most are willing to utilize but will only do it in a very structured and regimented manner to try and limit misuse/abuse and hopefully decrease risk of accidental deaths.	6/27/2016 3:50 PM

136	They are looking to minimize narcotic use in their practice due to the challenges of prescribing and monitoring use.	6/27/2016 3:49 PM
137	This was was the most frustrating portion of their practice Opioid users frequently dominate the majority of their clinic time Markedly improved after specific dot phrases for Epic and specific requirements were instituted	6/27/2016 3:45 PM
138	Due to the fact that New Mexico ranks among the states with the highest amount of prescriptive opiate overdose and abuse, our residents deeply understand the value of this education. In addition the state require 5 hours of opiate and pain management education for all physicians.	6/27/2016 3:44 PM
139	nothing.	6/27/2016 3:40 PM
140	Some are not planning to prescribe opiods, but most are. We don't have a formal curriculum but we include this as a regular topic in our didactics.	6/27/2016 3:37 PM
141	N/A	6/27/2016 3:30 PM
142	they are planning to prescribe with increasing caution. Some are considering suboxone prescribing.	6/27/2016 3:28 PM
143	Most are planning to do opioid prescribing on a very limited basis.	6/27/2016 3:28 PM
144	Not buprenorphine In our state, methadone for treatment of drug addiction can only be prescribed by addiction specialist. My residents know they can use methadone for chronic pain - but few do. We are gearing up to teach about naltrexone. Our state (NC) just approved naltrexone without a prescription.	6/27/2016 3:24 PM
145	Many are planning to simply not prescribe given the difficulties with the current opioid epidemic.	6/27/2016 3:19 PM
146	Most would like to practice in a place where they don't write chronic opioids.	6/27/2016 3:18 PM
147	They recognize the difficult issue that opiate prescribing has become, and recognize the challenges in that regard they face both as residents and future practicing physicians. Our hope is that our program will help prepare them to be more appropriate prescribers and utilizers of opioid medications.	6/27/2016 3:16 PM
148	Good understanding of the importance of safe prescribing of opioids, included very limited use for chronic pain. Our clinics have strict protocols for chronic prescribing and monitoring. Minority are interested in directly providing medication-assisted therapy but appropriate training is available.	6/27/2016 3:13 PM
149	Residents plan to avoid any long term opiate prescribing and refer patients to pain management clinicians.	6/27/2016 3:08 PM
150	Trying to avoid it at all costs.	6/27/2016 3:03 PM
151	Most dislike narcotic prescribing, it is a difficult patient population to handle in their opinion they would prefer to stay away from it.	6/27/2016 3:02 PM
152	they also view this area as very important. Strong interest in addictions medicine	6/27/2016 3:00 PM
153	They need more training, especially those residents that were not involved in our Palliative care track.	6/27/2016 3:00 PM
154	They don't seem very interested in this problem even though we are inner-city and treat underresourced patients. They were not interested in the STFM grant $$ offered last winter for setting up an opioid education program in our residency. We have three providers in our group who do suboxone and our FQHC (where the residents rotate at) just got a renewable HRSA grant for treating addiction so more to come on this.	6/27/2016 3:00 PM
155	Most don't want to do it.	6/27/2016 2:59 PM
156	they hate the confusion and the ambivalent message "pain is the 5th vital sign (but no measurable) patient satisfaction with pain control is very important. Drug seeking behavior is a problem. Confrontation is a problem. Most importantly the lack of a clear compact approach to what is also a societal problem that no one wants to be responsible for so primary care will have it dumped on them for solution after the pain management people have made it worse and run out of chargeable procedures so they send them back worse.	6/27/2016 2:58 PM
157	treat pain appropriately - no intention of using methadone or other specialty drugs	6/27/2016 2:57 PM
158	They do not want to prescribe opiates at all- because of all of the requirements and hoops they feel they have to jump though. They are now scared to treat pain for fear of addicting folks.	6/27/2016 2:56 PM
159	Nothing much	6/27/2016 2:55 PM
160	Not much yet	6/27/2016 2:54 PM
161	A few plan to stop prescribing completely but those are in the minority	6/27/2016 2:53 PM
162	Most are planning to follow new guidelines, but none are interested in prescribing Suboxone	6/27/2016 2:53 PM
163	they are concerned about managing appropriately and not having patients angry at them.	6/27/2016 2:51 PM

164	Despite having a formal curriculum and well-developed clinic policy for narcotic use, most residents are admittedly under-treating acute AND chronic pain and "scared to death" to prescribe narcotics. And, most say they will take that attitude into their practice.	6/27/2016 2:49 PM
165	most do not want to prescribe opiates. We do not prescribe chronic opiates in the FMC. Surveys of graduates show that they wish their future practices did not prescribe chronic opiates because of the legalities and complications	6/27/2016 2:48 PM
166	None of our present residents plan to do fellowship training in addiction medicine or receive additional training in medication-assisted treatment. Residents plan to rx opioids as appropriate for their clinic patients as part of their ongoing chronic disease management.	6/27/2016 2:47 PM
167	We encourage this as it is part of the core needs all family physicians should address. Would help if pain management doctors followed their own guidelines and did pain management for high risk patients	6/27/2016 2:47 PM
168	Most don't want to deal with prescribing in the future due to the hassles and patient population involved.	6/27/2016 2:46 PM
169	They plan no opioid prescribing or very limited prescribing. No medication assisted treatment.	6/27/2016 2:45 PM
170	Concern about chronic opioid use in non malignant pain patients.	6/27/2016 2:43 PM
171	Despite having a well developed pain management program, we still hear residents say things like I "will never prescribe narcotics." Our training goal was to help them learn when and why to prescribe and how to not prescribe when it was not in the best interests of the patient. The goal was also to educate physicians on the full spectrum of pain management beyond just narcotics, including behavioral strategies..	6/27/2016 2:42 PM
172	They are happy to not rx opiods	6/27/2016 2:42 PM
173	concern	6/27/2016 2:41 PM
174	NA, new program	6/27/2016 2:40 PM
175	Our graduates are planning to continue to prescribe suboxone as a regular part of their practice plans. They are well trained and equipped to do this following two years of prescribing under direct supervision during residency. Residents also receive extensive training on using opioids for acute, chronic, and end of life pain - and most will continue to use opioids in their practices.	6/27/2016 2:40 PM
176	- mixed. Some recognize scope of problem and want to be part of appropriate, comprehensive care. Some moonlight in rehab facilities and may end up doing addiction rx. A few don't want to touch prescribing narcotics at all, which I think is unrealistic and inappropriate.	6/27/2016 2:39 PM
177	they are planning a organized approach to opiate prescribing and refilling of opiates. Also, two faculty prescribe buprenorphine and naltrexone so the residents get a lot of exposure to MAT with their own patients. Those interested get training in prescribing. Would be happy to talk further with you regarding our processes Brad Miller at Williamsport Family Medicine Residency in Williamsport, PA. bmiller@susquehannahealth.org	6/27/2016 2:38 PM
178	Most of them are probably going to be sending their chronic pain patients to Pain management specialists. In light of the CDC work and other things that have happened nationally , we are referring our chronic pain patients to Pain Management specialists.	6/27/2016 2:37 PM
179	Suboxone training certification is the biggest add on to improve their ability to treat patients going forward.	6/27/2016 2:36 PM
180	None are planning to do Addiction Medicine, Buprenorpnine or other in their practices. We are growing this part of our curriculum, so may change in the future. We just developed an Addcition Med rotation to our curriculum to start this September 2016, so will be interesting to see how this goes as a result of training.	6/27/2016 2:36 PM
181	worried about it	6/27/2016 2:33 PM
182	Almost all are very satisfied with the training and understanding of safe and appropriate opioid prescribing and most are interested in additional training on MAT and other inter-professional options for assisting patients with addiction.	6/27/2016 2:33 PM
183	Not much	6/27/2016 2:33 PM
184	We will be beginning to roll out a new curriculum this summer. Not all residents will receive the training, however. Our ambulatory training takes place in an FQHC that has received a grant to train providers who are interested and offer a new line of services.	6/27/2016 2:33 PM
185	Varies but most are willing to prescribe but with controlled situations	6/27/2016 2:33 PM
186	They would like more training	6/27/2016 2:32 PM
187	Reluctance to prescribe due to the increasingly restrictive legal environment.	6/27/2016 2:32 PM
188	Our residents are well trained in responsible opioid prescribing and following protocols. They would like to continue this practice. I hope this is the case.	6/27/2016 2:32 PM

189	many feel the burden is such....they would rather someone other than they deal with it....like referring to pain management?	6/27/2016 2:32 PM
190	Most realize that opioids are way over prescribed and to use them judiciously	6/27/2016 2:31 PM
191	Over the last 2 years we have made tremendous efforts to understand our opioid prescribing as a clinic. The toughest part continues to be difficult discussions with patients on chronic opioids who we are trying to wean.	6/27/2016 2:31 PM
192	Most plan to limit use and refer to pain management.	6/27/2016 2:30 PM
193	Nothing specific. Pain mgmt is now essentially part of primary care for all physicians.	6/27/2016 2:30 PM
194	They are not sure what they want to do.	6/27/2016 2:29 PM