2017 Physician Prescription Drug Survey

***Prepared for**: Stark County Health Department*

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Table of Contents

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Executive Summary

A total of 90 Stark County physicians of various specialties provided feedback for this assessment.

OHIO AUTOMATED RX REPORTING SYSTEM (OARRS)

- More than three-quarters of physicians, 78%, were at least somewhat familiar with OARRS or the Ohio Automated Rx Reporting System with 48% being very familiar. Those who prescribe opiates daily were almost three times as likely to be very familiar with OARRS than physicians who prescribe opiates less than weekly (85% compared to 30%).
- More than two-thirds of physicians, 68%, currently use OARRS. Most practices that prescribe opiates weekly or more often, 94%, use OARRS.
  - When Physicians who currently don't use OARRS were asked why they don't use it, the most common response, given by 71%, of non-users was that they either don't or rarely prescribe controlled substances.
  - Physicians who do use OARRS were asked a series of follow up questions.
    - Nearly all who use OARRS, 97%, find the system very (61%) or somewhat (36%) useful.
    - Nearly a third of OARRS users, 30%, have dismissed patients from their practice based on OARRS reports.
    - A small percentage of OARRS users, 15%, reported using OARRS to decide whether to accept new patients. The same percentage indicated that they have encountered errors with their OARRS reports. The most common errors that were encountered were having wrong physician or patient contact information.
- More than a quarter of physicians, 29%, have written procedures in place to check OARRS reports. A smaller percentage, 19%, have written procedures in place for printing OARRS reports.

On what like best about OARRS-

"(OARRS) has really helped me in ensuring I do not overprescribe. It is also useful to determine if patients are going to multiple providers."

Stark County Physician

On what makes OARRS Difficult to Use-

"Is not necessarily difficult, but adds time to what is generally a very busy, tight schedule. "

Stark County Physician

- When physicians were asked what they liked best about OARRS, the most common responses given were having access to the history of a patient's prescriptions which helps them detect misuse and that it is easy to access and use.
- User names and passwords and the signing in process as well as the time it takes to access OARRS reports were the two things mentioned most often in terms of difficulties using OARRS.
- When asked what, if anything, would make them more likely to use OARRS in the future, a significant portion, 69%, did not provide a response to this question. The most common responses were if OARRS were easier to access and if OARRS were integrated into their systems/EMR.

Summary: OARRS			
		% of respondents	*# of respondents*
Familiarity with OARRS	Very familiar	47.8%	90
	Somewhat familiar	30.0%	
	Not at all familiar	22.2%	
Practice Currently Use OARRS	Yes	67.8%	90
	No	32.2%	
Usefulness of OARRS *(If use)*	Very useful	60.7%	61
	Somewhat useful	36.1%	
	Not at all useful	3.3%	
Has/Does Practice . . .	Dismissed any patients based on OARRS reports	29.5%	61
	Use OARRS reports to decide whether to accept new patients	14.8%	61
	Encountered any errors with OARRS reports	14.8%	61
	Have written procedures in place to check OARRS reports	28.9%	90
	Have written procedures in place about printing reports	18.9%	90
What Like Best About OARRS *(open ended)*	History of patient's prescriptions/detects misuse	48.2%	56
	Easy to access/use	21.4%	
	Helps with decision making	10.7%	
What Makes It Difficult to Use OARRS *(open ended)*	User names and passwords/Signing in	26.7%	45
	Time consuming/don't have time to use	26.7%	
	When website goes down	13.3%	
What Makes It More Likely to Use OARRS *(open ended)*	Easier accessibility	32.1%	28
	If integrated with current systems/EMR	28.6%	
	More education on OARRS and its uses	21.4%	

SMART RX TRAINING

- Only a small percentage of physicians, 10%, had heard of Smart RX Training, with only 2% having completed the training.
- More than half of physicians, 56%, had not heard of Smart RX Training but said that they would consider taking it once given a short description of the training.
- The remaining 34% of physicians had not heard of the training and would not consider taking it in the future.
- The most common reason for not considering the training was that the practice doesn't currently prescribe medications or controlled substances.

Summary: Smart RX Training			
		% of respondents	*# of respondents*
Heard of Smart RX Training	Yes, and completed training	2%	90
	Yes, but not completed training	8%	
	No, but would consider taking it in future	56%	
	No, and would not consider taking it in future	34%	

On why would not consider training-

"The absolute last thing I need to do is have more 'training' on how to be a doctor. I speak for myself as well as many colleagues that we are drowned in 'training.' We all did graduate from medical school & accredited residency programs for advanced training. Beyond the yearly CE, CPR, ACLS, Board Certification/recertification, EMR required training, employee/employer training, hospital requirements, etc, etc... the amount and costs of 'training' is out of control."-

Stark County Physician

GUIDELINES

- Most physicians, 85.4%, were at least someone familiar with Ohio's Opiate Prescribing guidelines with 26% being very familiar and 60% being somewhat familiar. A quarter, 26%, of physicians who prescribe opiates daily reported being very familiar with the guidelines compared to 44% of those who prescribe weekly, but not every day, being very familar.
- Less than a quarter of physicians, 24%, have written protocols and procedures in place for using Ohio's Prescribing guidelines.
- The thing that physicians felt made it more difficult to use the guidelines was that they were unfamiliar with the guidelines. More training or education on how to use the guidelines was what was most frequently mentioned to help physicians use the guidelines more often.

Summary: Guidelines			
		% of respondents	*# of respondents*
Familiarity with Ohio's opiate Prescribing Guidelines	Very familiar	25.8%	89
	Somewhat familiar	59.6%	
	Not at all familiar	14.6%	
Have Written Protocols for Using Guidelines	Yes	24.4%	90
	No	75.6%	
What Makes It Difficult to Use Guidelines *(open ended)*	Don't know much about guidelines	20.0%	35
	Too many rules/too complicated	11.4%	
	They change/keeping up with them	11.4%	
	All patients are different	11.4%	
What Makes It More Likely to Use Guidelines *(open ended)*	Training/More education	54.5%	22
	If they were simplified/summarized	27.3%	
	Four answers with one response	-	

On why difficult to use Guidelines:

"Every patient is different. Patients do not fall into the system neatly. Lastly, any abuse of narcotics by a patient also opens significant liability and criticism for me for either 'over-prescribing' or 'under-prescribing'."

Stark County Physician

OPIATES

- Most all physicians, 98%, feel that opiate addiction is a serious problem in Stark County with 78% rating addiction as a very serious issue and 20% rating it as a moderately serious problem.
- Only one of the physicians that participated in the study currently prescribes Naloxone when prescribing opiates. A third of physicians, 33%, indicated that they would consider prescribing Naloxone when prescribing opiates in the future.
- Nearly two-thirds of physicians, 66%, know someone who has suffered from addiction to Opioids.
- Almost half of physicians, 48%, have reduced or stopped prescribing opiates in the past two years. Nearly three-quarters, 70%, of physicians who prescribe opiates daily have reduced the number of opiates they prescribe in the past two years.
- Physicians were given a list of five tactics and asked which one was the most important tactic to curb opiate abuse. Three tactics had more than one-fifth of the responses each. They were, in order of importance: more education for patients at risk for addiction, more education for physicians on proper opioid prescribing, and increased access to addiction treatment programs.

On other tactics:

"Educating physicians and patients about supported non-drug alternatives that have already been recommended by multiple guidelines like chiropractic, acupuncture, massage, etc."

Stark County Physician

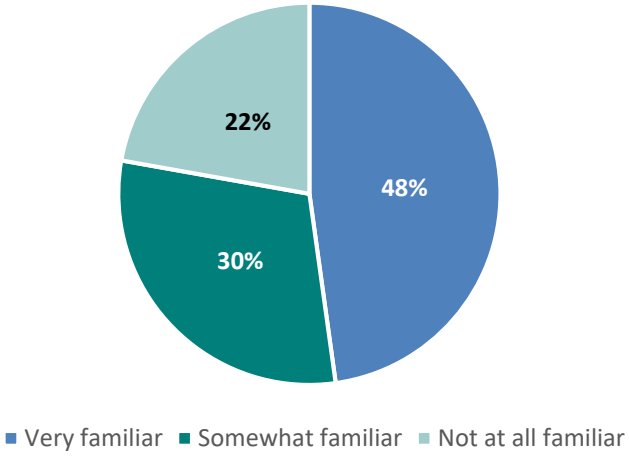
- Only 6% of physicians currently screen patients for a family history of addiction using SBIRT.
  - Of the five physicians using SBIRT, one rated it as very useful while the remaining 4 rated it as somewhat useful.
  - Most physicians, 92%, who don't currently use SBIRT are not at all familiar with the program.
  - Once given the explanation that SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs, more than two-thirds, 69%, of respondents who don't currently use SBIRT would consider using it in the future.
- Most physicians, 90%, indicated that they were at least somewhat prepared to identify opiate misusers with 35% reporting that they were very prepared and 55% reporting that they were somewhat prepared.

Summary: Opiates			
		% of respondents	*# of respondents*
How Big an Issue is Opiate Addiction in Stark County	Very serious	77.8%	90
	Moderately serious	20.0%	
	Not too serious	2.2%	
	Not really a problem	0.0%	
Currently Prescribe Naloxone when Prescribing Opiates	Yes	1.1%	90
	No	98.9%	
Would Ever Consider Prescribing Naloxone *(if no)*	Yes	33.0%	88
	No	67.0%	
Know Someone Who Suffered from Addiction to Opioids	Yes	65.6%	90
	No	34.4%	
Amount of Opiates Prescribed in Past Two Years	Reduced	42.7%	89
	Stopped	5.6%	
	Increased	1.1%	
	No Change	50.6%	
Most Important Tactic to Curb Opiate Abuse	More education for patients at risk of addiction	29%	90
	More education for physicians on proper opioid prescribing	24%	
	Increased access to addiction treatment programs	21%	
	Broader use of prescription drug monitoring programs like OARRS	17%	
	Increased access to naloxone/Narcan	1%	
	Other	13%	
Screen Patients for Family History of Addiction using SBIRT	Yes	5.6%	90
	No	94.4%	
How Useful is SBIRT *(if yes)*	Very Useful	20.0%	5
	Somewhat Useful	80.0%	
	Not at all Useful	0.0%	
Familiarity with SBIRT *(if no)*	Very familiar	0.0%	85
	Somewhat familiar	8.2%	
	Not at all familiar	91.8%	
Would Consider Using SBIRT in the Future *(if no)*	Yes	69.4%	85
	No	30.6%	
How Prepared to Identify Opiate Misusers	Very prepared	34.8%	89
	Somewhat prepared	55.1%	
	Not at all prepared	10.1%	

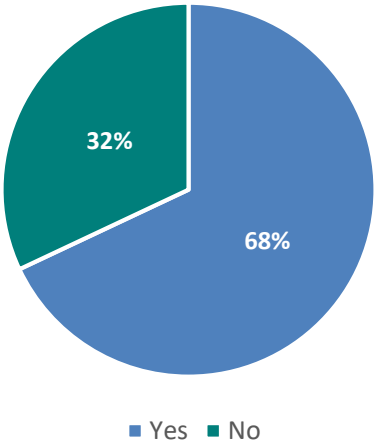
Survey Results

OARRS

Familiarity with OARRS



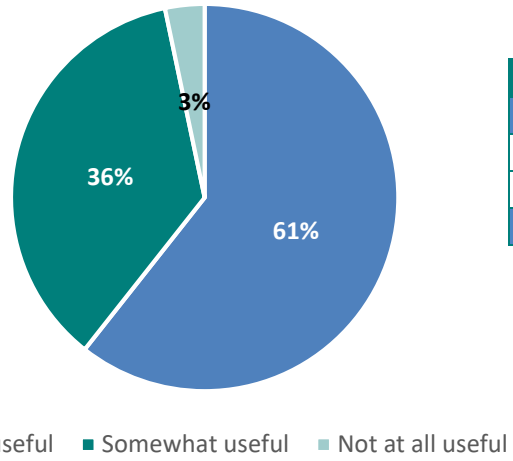
Practice Currently Use OARRS



Why Not Use OARRS?			
	#	% of non-users	% of all respondents
Don't/Rarely prescribe controlled substances	20	71.4%	22.2%
Didn't know about it	4	14.3%	4.4%
Not registered/set up yet	3	10.7%	3.3%
Very time consuming	1	3.6%	1.1%
	28	(n=28)	(n=90)

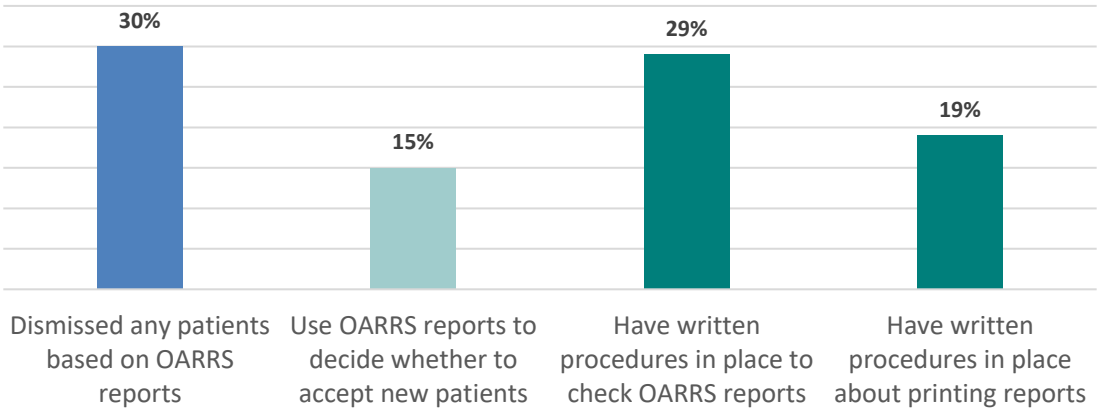
Usefullness of OARRS

For those who use it



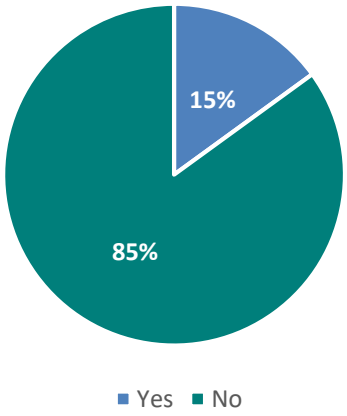
Why OARRS Not Useful		
	#	%
Use an internal tracking system	1	50.0%
Only prescribe opiates for a small time	1	50.0%
	2	(n=2)

Has/Does Practice:



Encountered Errors with OARRS

(Those who use it)



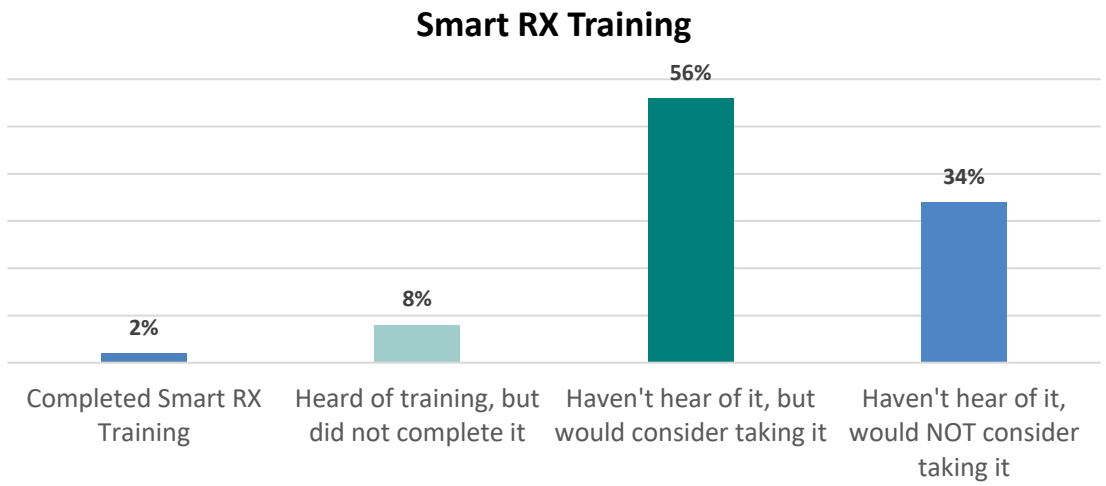
Errors that were Encountered with OARRS	#	%
Wrong physician/patient information	4	36.4%
Pharmacies don't always list prescriptions they filled	2	18.2%
Site down/Inability to access report	2	18.2%
Unaware that refills need new OARRS to be compliant	1	9.1%
Error when adjusting DEA registration	1	9.1%
Errors with number of time doctor accessed OARRS	1	9.1%
	11	(n=11)

What Like Best about OARRS	#	% of answerers	% of all respondents
History of patient's prescriptions/detects misuse	27	48.2%	30.0%
Easy to access/use	12	21.4%	13.3%
Helps with decision making	6	10.7%	6.7%
Comprehensive/Concise	4	7.1%	4.4%
Accurate	3	5.4%	3.3%
Includes very useful information on patients	3	5.4%	3.3%
Interfaces with practice's software	1	1.8%	1.1%
	56	(n=56)	(n=90)

What Makes it Difficult to Use OARRS?	#	% of answerers	% of all respondents
User names and passwords/Signing in	12	26.7%	13.3%
Time consuming/don't have time to use	12	26.7%	13.3%
When website goes down	6	13.3%	6.7%
Doesn't integrate with other systems	4	8.9%	4.4%
Having to submit request to view report/not automatic	3	6.7%	3.3%
The requirement to check every patient being prescribed opiates	2	4.4%	2.2%
Getting used to new system	1	2.2%	1.1%
Getting staff set up	1	2.2%	1.1%
Takes 1-2 weeks for recently fill RX to show up	1	2.2%	1.1%
No easy way to document when done other than printing reports	1	2.2%	1.1%
Asks for too much information/many layers	1	2.2%	1.1%
Only covers Ohio	1	2.2%	1.1%
	45	**(n=45)**	**(n=90)**

What Makes You More Likely to Use OARRS?	#	% of answerers	% of all respondents
Easier accessibility	9	32.1%	10.0%
If integrated with current systems/EMR	8	28.6%	8.9%
More education on OARRS and its uses	6	21.4%	6.7%
Faster	2	7.1%	2.2%
Being able to create own user-name	1	3.6%	1.1%
Ability input data in system at end of day for established patients	1	3.6%	1.1%
Mandatory use before all prescriptions	1	3.6%	1.1%
	28	**(n=28)**	**(n=90)**

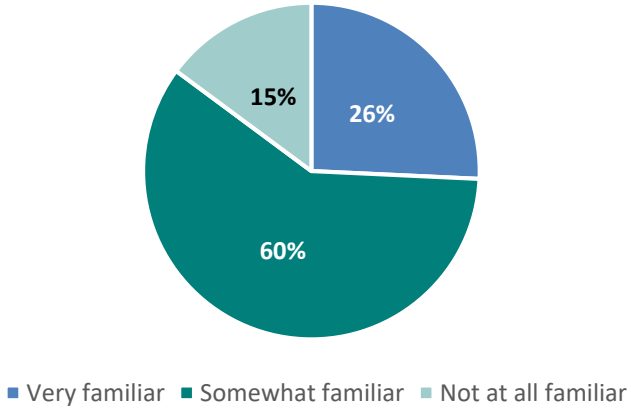
SMART RX TRAINING



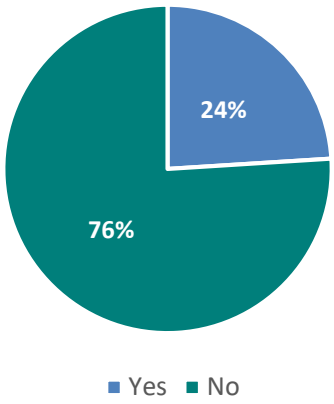
Why Not Consider Training?	#	% of answerers	% of all respondents
Don’t currently prescribe medications/controlled substances	14	56.0%	15.6%
Don’t have time for training	5	20.0%	5.6%
Keep up to date on information from reading	4	16.0%	4.4%
Have no need because of type of practice	2	8.0%	2.2%
Have too much training already	1	4.0%	1.1%
	25	**(n=25)**	**(n=90)**

GUIDELINES

Familiarity with Ohio's Opiate Prescribing Guidelines



Having Written Protocols for Using Guidelines

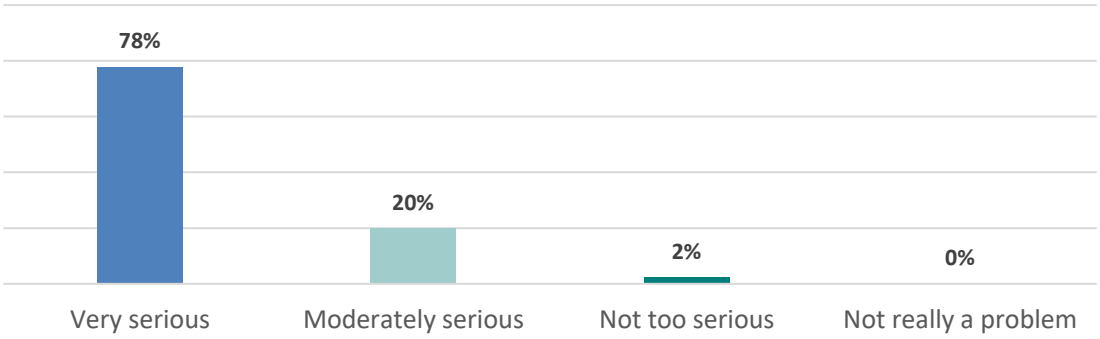


What Makes It Difficult to Use Guidelines?	#	% of answerers	% of all respondents
Don't know much about guidelines	7	20.0%	7.8%
Too many rules/too complicated	4	11.4%	4.4%
They change/keeping up with them	4	11.4%	4.4%
All patients are different	4	11.4%	4.4%
Time consuming	3	8.6%	3.3%
Takes a long time for patients to get into pain management	3	8.6%	3.3%
Guidelines are unclear	2	5.7%	2.2%
Guidelines not appropriate for practice	2	5.7%	2.2%
Patient preferences	2	5.7%	2.2%
Miscellaneous	2	5.7%	2.2%
Adhering to guidelines	1	2.9%	1.1%
Some guidelines are out of date	1	2.9%	1.1%
	35	**(n=35)**	**(n=90)**

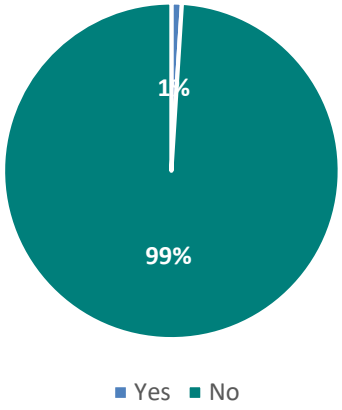
What Makes You More Likely to Use Guidelines?	#	% of answerers	% of all respondents
Training/More education	12	54.5%	13.3%
If they were simplified/summarized	6	27.3%	6.7%
Make it so can't be used in malpractice suites	1	4.5%	1.1%
Incentives/Penalties	1	4.5%	1.1%
Too much compliance things to do already	1	4.5%	1.1%
Miscellaneous	1	4.5%	1.1%
	22	**(n=22)**	**(n=90)**

OPIATES

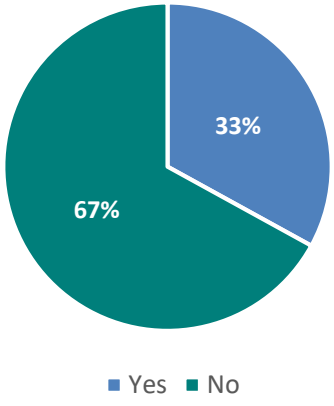
How Big of an Issue is Opiate Addiction in Stark County



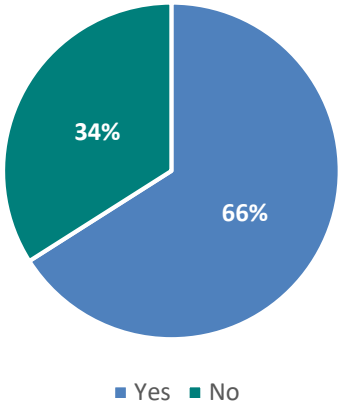
Currently Prescribe Naloxone when Prescribing Opiates



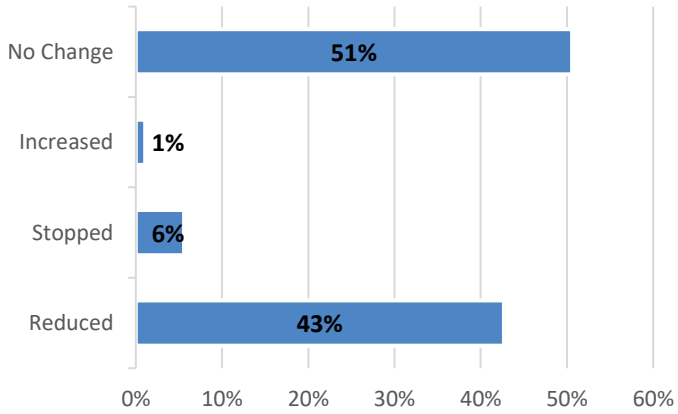
Would Ever Consider Prescribing Naloxone *(if not prescribing)*



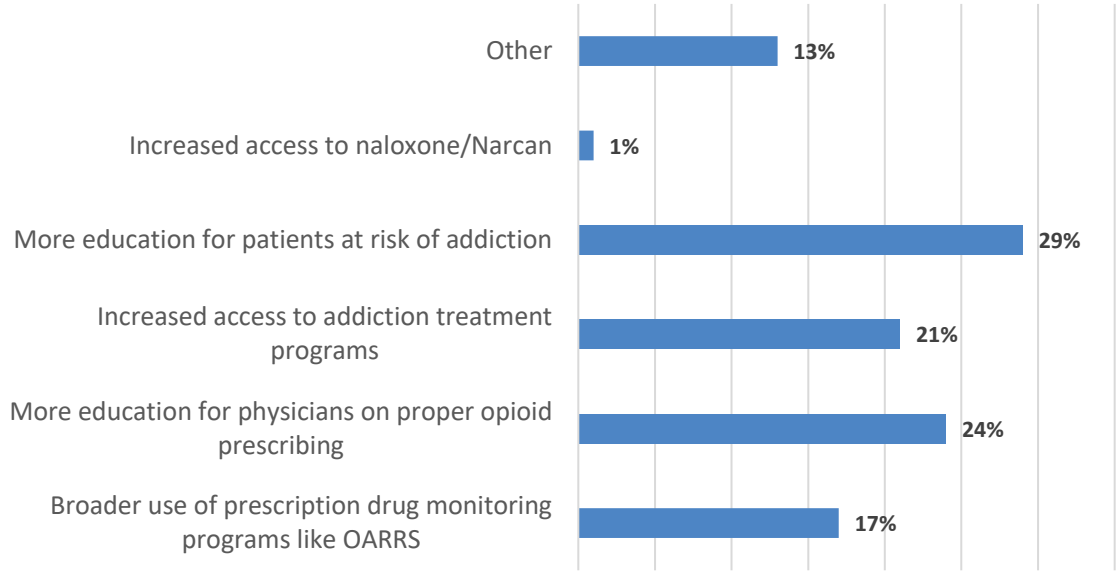
Know Someone who Suffered from Addiction to Opioids



Amount of Opiates Prescribed in Past Two Years

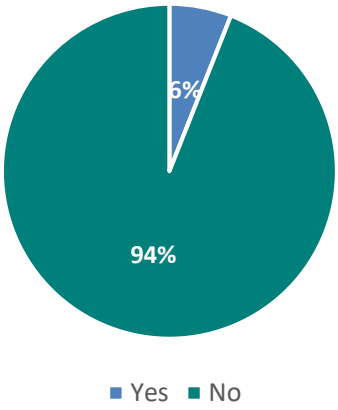


Most Important Tactic to Curb Opiate Abuse



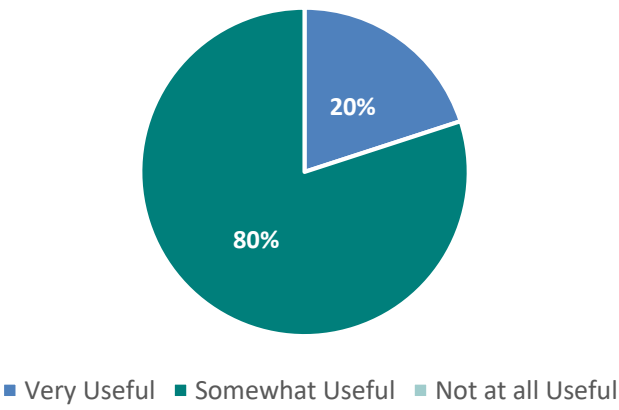
'Other' Most Important Tactics	#	% of answerers	% of all respondents
Use other forms of pain control first/non-drug options	8	66.7%	8.9%
Create a process for patients needing opiates	1	8.3%	1.1%
More education of youth	1	8.3%	1.1%
Harsher punishment for illegal drug dealers	1	8.3%	1.1%
Address the societal and personal issues that lead to drug use	1	8.3%	1.1%
	12	(n=12)	(n=90)

Screen Patients for Family History of Addiction using SBIRT

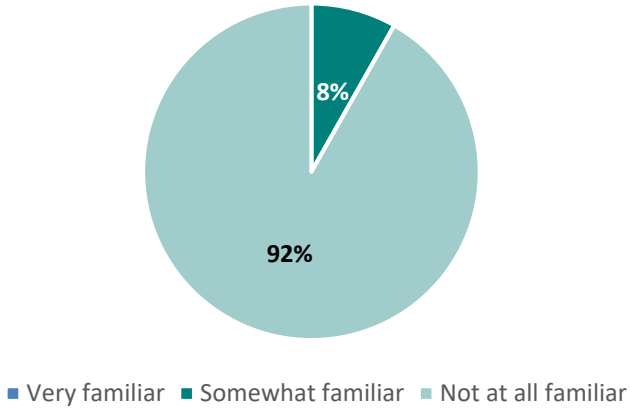


How Useful is SBIRT

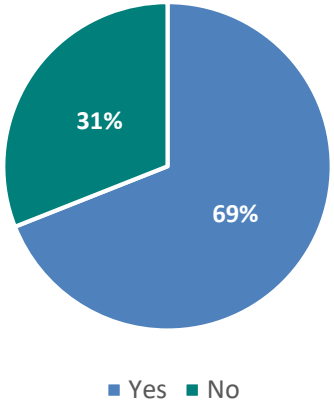
Of those who use it



Familiarity with SBIRT
For those who DO NOT use it

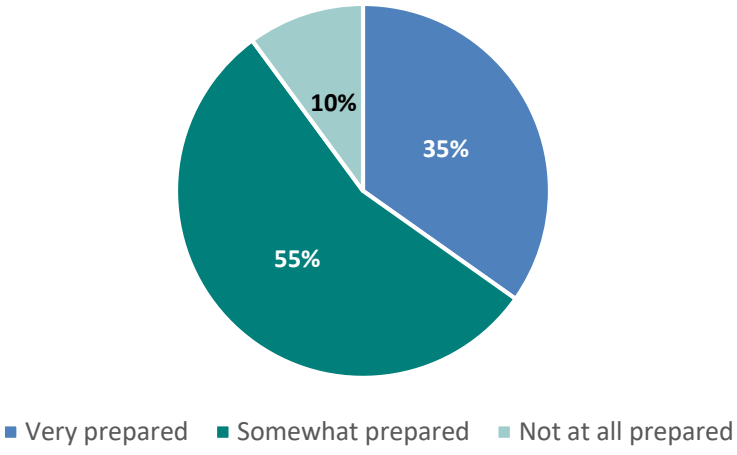


Consider Using SBIRT in Future
For those who DO NOT use it



Why Not Consider Using SBIRT in Future	#	% of answerers	% of all respondents
Already limit prescriptions for Opiates/Don't prescribe opiates	5	38.5%	5.6%
Practice prescribes meds for a certain type of pain	5	38.5%	5.6%
Too time consuming	2	15.4%	2.2%
Use OARRS	1	7.7%	1.1%
	13	(n=13)	(n=90)

How Prepared to Identify Opiate Misusers



Survey Results by How Often Prescribe

Summary: OARRS				
		Less than weekly	Weekly	Daily or more
Familiarity with OARRS*	Very familiar	30.2%	62.5%	85.0%
	Somewhat familiar	34.0%	37.5%	15.0%
	Not at all familiar	35.8%		
Practice Currently Use OARRS*	Yes	50.9%	93.8%	95.0%
	No	49.1%	6.3%	5.0%
Usefulness of OARRS *(If use)*	Very useful	59.3%	60.0%	63.2%
	Somewhat useful	37.0%	40.0%	31.6%
	Not at all useful	3.7%		5.3%
Has/Does Practice . .	Dismissed any patients based on OARRS	25.9%	40.0%	26.3%
	Use OARRS to decide to accept new patients	7.4%	20.0%	21.1%
	Encountered any errors with OARRS reports	14.8%	20.0%	10.5%
	Have written procedures in place to check OARRS	24.5%	18.8%	50.0%
	Have written procedures about printing reports	17.0%	25.0%	20.0%
	Total Sample Size	**53**	**16**	**20**

Summary: Smart RX Training				
		Less than weekly	Weekly	Daily or more
Heard of Smart RX Training	Yes	11.3%	12.5%	5.0%
	No	88.7%	87.5%	95.0%
Completed Smart RX Training *(if yes)*	Yes		50.0%	100.0%
	No	100.0%	50.0%	
Would Consider Taking Smart RX Training* *(if no)*	Yes	57.4%	78.6%	63.2%
	No	42.6%	21.4%	36.8%
Total Sample Size		**53**	**16**	**20**

Summary: Guidelines				
		Less than weekly	Weekly	Daily or more
Familiarity with Ohio's opiate Prescribing Guidelines*	Very familiar	18.9%	43.8%	26.3%
	Somewhat familiar	58.5%	56.3%	68.4%
	Not at all familiar	22.6%		5.3%
Have Written Protocols for Using Guidelines	Yes	20.8%	31.3%	30.0%
	No	79.2%	68.8%	70.0%
	Total Sample Size	**53**	**16**	**20**

**Indicates a statistically significant relationship*

Summary: Opiates				
		Less than weekly	Weekly	Daily or more
How Big an Issue is Opiate Addiction in County	Very serious	77.4%	75.0%	80.0%
	Moderately serious	18.9%	25.0%	20.0%
	Not too serious	3.8%		
	Not really a problem	-	-	-
Currently Prescribe Naloxone	Yes	56.6%	81.3%	75.0%
	No	43.4%	18.8%	25.0%
Consider Prescribing Naloxone *(if no)*	Yes	32.7%	33.3%	35.0%
	No	67.3%	66.7%	65.0%
Know Opioid Addict	Yes	56.6%	81.3%	75.0%
	No	43.4%	18.8%	25.0%
Opiates Prescribed in Past 2 yrs.*	Reduced	30.2%	50.0%	70.0%
	Stopped	9.4%		
	No change	60.4%	50.0%	25.0%
	Increased			5.0%
Most Important Tactic to Curb Opiate Abuse	Broader use of prescription monitoring programs	11.3%	12.5%	30.0%
	More education for physicians on proper opioid prescribing	24.5%	31.3%	15.0%
	Increased access to addiction TX programs	18.9%	18.8%	20.0%
	More education for patients at risk of addiction	30.2%	25.0%	20.0%
	Increased access to naloxone/Narcan	-	-	-
	Other	15.1%	12.5%	15.0%
Screen Patients using SBIRT	Yes	5.7%	12.5%	
	No	94.3%	87.5%	100.0%
How Prepared to Identify Opiate Misusers	Very prepared	30.2%	31.3%	50.0%
	Somewhat prepared	52.8%	68.8%	50.0%
	Not at all prepared	17.0%		
	Total Sample Size	**53**	**16**	**20**

**Indicates a statistically significant relationship*

Survey Results by Doctor Specialty

**Indicates a statistically significant relationship*

Summary: OARRS		Chiro-practor	Dentistry	Emerg. Med	Family /Peds	Gastro	Surgery	Internal Med	OB	Eyes	Podiatry	Other
Familiarity with OARRS*	Very familiar	0%	27%	100%	89%	75%	40%	67%	50%		50%	46%
	Somewhat familiar	20%	47%		11%	25%	60%	17%	50%	43%	50%	31%
	Not at all familiar	80%	27%					17%		57%		23%
Practice Currently Use OARRS*	Yes		60%	100%	94%	100%	80%	83%	75%	29%	100%	69%
	No	100%	40%		6%		20%	17%	25%	71%		31%
Usefulness of OARRS *(If use)*	Very useful	-	44%	75%	88%	75%	50%	60%	67%		50%	33%
	Somewhat useful	-	56%	25%	12%	25%	25%	40%	33%	100%	50%	56%
	Not at all useful	-					25%					11%
Has/Does Practice:	Dismissed any patients based on OARRS reports*	-	0%	25%	59%	25%	0%	60%	0%	0%	0%	33%
	Use OARRS reports to decide whether to accept new patients	-	0%	25%	35%	0%	0%	20%	0%	0%	0%	11%
	Encountered any errors with OARRS reports	-	0%	25%	29%	0%	0%	40%	33%	0%	0%	0%
	Have written procedures in place to check OARRS reports*	0%	13%	25%	61%	50%	40%	33%	0%	14%	0%	39%
	Have written procedures in place about printing reports	0%	0%	0%	33%	50%	20%	33%	0%	14%	25%	31%
	Total Sample Size	**10**	**15**	**4**	**18**	**4**	**5**	**6**	**4**	**7**	**4**	**13**

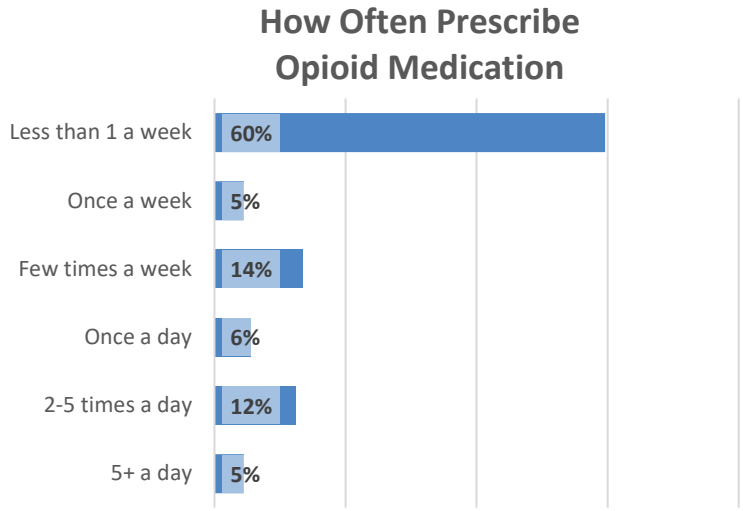
Summary: Smart RX Training												
		Chiro-practor	Dentistry	Emerg. Med	Family /Peds	Gastro	Surgery	Internal Med	OB	Eyes	Podiatry	Other
Heard of Smart RX Training	Yes	10%	7%	25%	11%	25%	0%	0%	25%	14%	0%	8%
	No	90%	93%	75%	89%	75%	100%	100%	75%	86%	100%	92%
(if yes) **Completed Smart RX Training**	Yes	0%	100%	100%	0%	0%	-	-	0%	0%	-	0%
	No	100%	0%	0%	100%	100%	-	-	100%	100%	-	100%
(if no) **Would Consider Taking Smart RX Training***	Yes	22%	79%	0%	81%	100%	20%	83%	67%	67%	50%	58%
	No	78%	21%	100%	19%	0%	80%	17%	33%	33%	50%	42%
Total Sample Size		**10**	**15**	**4**	**18**	**4**	**5**	**6**	**4**	**7**	**4**	**13**

Summary: Guidelines												
		Chiro-practor	Dentistry	Emerg. Med	Family /Peds	Gastro	Surgery	Internal Med	OB	Eyes	Podiatry	Other
Familiarity with Ohio's opiate Prescribing Guidelines*	Very familiar	10%	33%	100%	24%	25%	20%	0%	0%	0%	50%	39%
	Somewhat familiar	50%	60%	0%	77%	50%	60%	100%	75%	57%	50%	46%
	Not at all familiar	40%	7%	0%	0%	25%	20%	0%	25%	43%	0%	15%
Have Written Protocols for Using Guidelines*	Yes	0%	20%	75%	39%	0%	0%	50%	0%	14%	0%	39%
	No	100%	80%	25%	61%	100%	100%	50%	100%	86%	100%	61%
	Total Sample Size	**10**	**15**	**4**	**18**	**4**	**5**	**6**	**4**	**7**	**4**	**13**

Summary: Opiates												
		Chiro-practor	Dentistry	Emerg. Med	Family /Peds	Gastro	Surgery	Internal Med	OB	Eyes	Podiatry	Other
How Big an Issue is Opiate Addiction in County	Very serious	90%	87%	100%	72%	75%	60%	67%	100%	57%	50%	85%
	Moderately serious	0%	13%	0%	28%	25%	40%	33%	0%	43%	50%	8%
	Not too serious	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	8%
	Not really a problem	-	-	-	-	-	-	-	-	-	-	-
Currently Prescribe Naloxone	Yes	0%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%
	No	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%
(if no) **Ever Consider Prescribing Naloxone**	Yes	0%	40%	0%	50%	25%	20%	67%	50%	14%	25%	39%
	No	100%	60%	100%	50%	75%	80%	33%	50%	86%	75%	61%
Know Opioid Addict	Yes	70%	87%	100%	61%	75%	60%	50%	75%	14%	100%	54%
	No	30%	13%	0%	39%	25%	40%	50%	25%	86%	0%	46%
Amount of Opiates Prescribed in Past 2 yrs.*	Reduced	0%	40%	75%	50%	75%	60%	67%	25%	14%	75%	39%
	Stopped	0%	13%	0%	11%	0%	0%	17%	0%	0%	0%	0%
	No change	100%	47%	0%	39%	25%	40%	17%	75%	86%	25%	62%
	Increased	0%	0%	25%	0%	0%	0%	0%	0%	0%	0%	0
	Total Sample Size	**10**	**15**	**4**	**18**	**4**	**5**	**6**	**4**	**7**	**4**	**13**

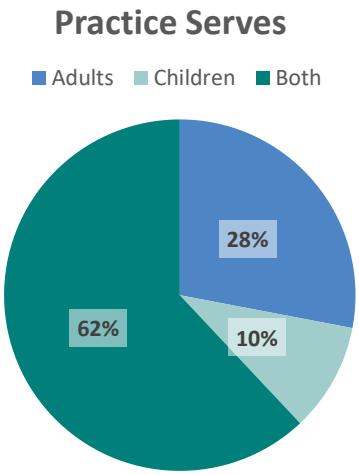
Summary: Opiates		Chiro-practor	Dentistry	Emerg. Med	Family /Peds	Gastro	Surgery	Internal Med	OB	Eyes	Podiatry	Other
Most Important Tactic to Curb Opiate Abuse	Broader use of prescription monitoring programs	0%	13%	50%	22%	25%	20%	17%	0%	14%	0%	15%
	More ed for physicians on proper opioid prescribing	20%	20%	25%	17%	50%	0%	33%	25%	29%	50%	23%
	Increased access to addiction TX programs	0%	20%	25%	28%	0%	20%	17%	25%	0%	25%	31%
	More ed for patients at risk of addiction	20%	40%	0%	22%	0%	20%	17%	50%	57%	25%	23%
	Increased access to naloxone/Narcan	-	-	-	-	-	-	-	-	-	-	-
	Other	60%	7%	0%	11%	25%	40%	17%	0%	0%	0%	8%
Screen Patients using SBIRT	Yes	0%	7%	0%	6%	0%	0%	17%	25%	0%	0%	8%
	No	100%	93%	100%	94%	100%	100%	83%	75%	100%	100%	92%
How Prepared to Identify Opiate Misusers*	Very prepared	0%	73%	100%	28%	25%	60%	17%	0%	0%	50%	31%
	Somewhat prepared	56%	27%	0%	72%	75%	40%	83%	100%	71%	50%	46%
	Not at all prepared	44%	0%	0%	0%	0%	0%	0%	0%	29%	0%	23%
	Total Sample Size	**10**	**15**	**4**	**18**	**4**	**5**	**6**	**4**	**7**	**4**	**13**

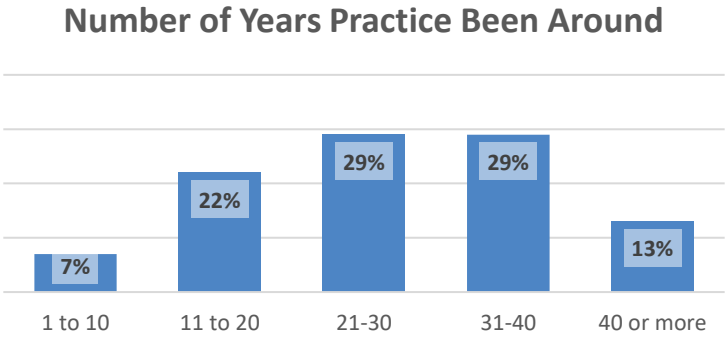
Respondent Characteristics



	#	%
5+ a day	4	4.5%
2-5 times a day	11	12.4%
Once a day	5	5.6%
Few times a week	12	13.5%
Once a week	4	4.5%
Less than 1 a week	53	59.6%
Total	**89**	**100.0%**

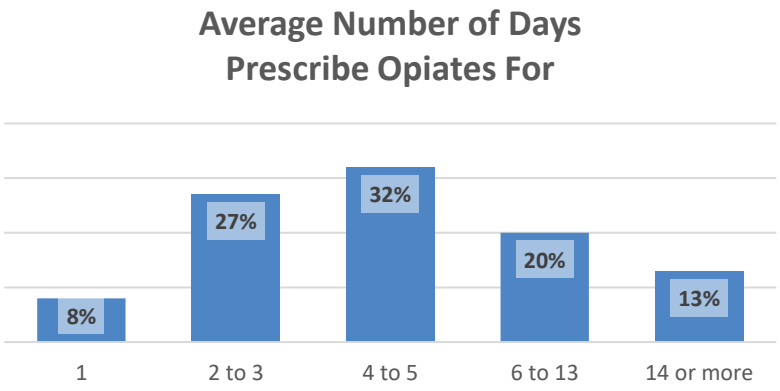
	#	%
Adults	25	27.8%
Children	9	10.0%
Both	56	62.2%
Total	**90**	**100.0%**

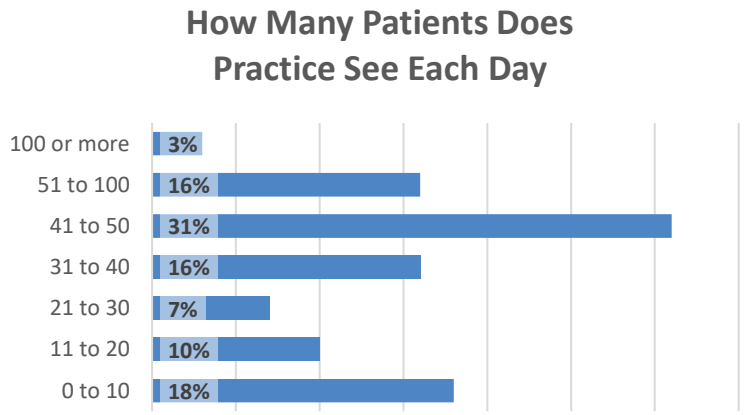




Years	#	%
1-10	6	6.7%
11-20	20	22.2%
21-30	26	28.9%
31-40	26	28.9%
40 or more	12	13.3%
Total	**90**	**100.0%**

Days	#	%
1	5	8.3%
2 to 3	16	26.7%
4 to 5	19	31.7%
6 to 13	12	20.0%
14 or more	8	13.3%
Total	86	100%





	#	%
0 to 10	3	3.3%
11 to 20	14	15.6%
21 to 30	28	31.1%
31 to 40	14	15.6%
41 to 50	6	6.7%
51 to 100	9	10.0%
100 or more	16	17.8%
Total	90	100.0%

Doctor Specialty		
Family Practice/Pediatrics	18	20.0%
Dentistry/Orthodontist	15	16.7%
Chiropractor	10	11.1%
Ophthalmology/Optometry	7	7.8%
Internal Medicine	6	6.7%
Surgery	5	5.6%
Emergency Medicine	4	4.4%
Gastroenterology	4	4.4%
Obstetrics & Gynecology	4	4.4%
Podiatry	4	4.4%
Cardiology	2	2.2%
Endocrinology	2	2.2%
Infectious Disease	2	2.2%
Urology	2	2.2%
Oncology	1	1.1%
Neonatology	1	1.1%
Neurology	1	1.1%
Otolaryngology	1	1.1%
Total	90	100.0%

Survey Instrument

OARRS

- How familiar are you with OARRS or the Ohio Automated Rx Reporting System? Very familiar, somewhat familiar, not at all familiar?
- Does your practice currently use the OARRS? (or Does your practice have an internal tracking system for scheduled substances?)
    a. If no: Why not?
    b. If yes:
        i. How useful of a tool do you think OARRS is? Very useful, somewhat useful, not at all useful?
        ii. Have you dismissed any patients from your care based on OARRS reports?
        iii. Do you use OARRS reports to decide whether to accept a new patient?
        iv. Have you encountered any errors with OARRS reports? If yes: What would that be?
- Does your practice have written procedure in place to check OARRS reports? Does your practice have a written procedure in place about printing OARRS reports?
- What do you like best about OARRS?
- What makes it difficult to use OARRS?
- What, if anything, would make you more likely to use OARRS?

SMART RX

- Have you heard of Smart RX Training?
    a. If yes: Have you completed Smart RX Training?
    b. If no: (Explanation) Would you consider taking the Smart RX Training?

GUIDELINES

- How familiar are you with Ohio's Opiate Prescribing guidelines?
- Do you have written protocols and procedures in place for using Ohio's Prescribing guidelines?
- What makes it difficult to use Ohio's Prescribing guidelines?
- What would make you more likely to use Ohio's Prescribing guidelines?

OPIATES

- How big of an issue do you think opiate addiction is in Stark County? Would you say that opiate addiction is a very serious problem in Stark County today, a moderately serious problem, not too serious or not really a problem at all?
- Do you currently prescribe naloxone when prescribing opiates?
    a. If no: Would you ever consider prescribing naloxone when prescribing opiates?
- Do you personally know someone who has suffered from addiction to opioids?
- In the past 2 years, has the amount of opioids prescribed by your practice been reduced, stopped, or has there been no change?
- What do you think is the most important tactic to curb opioid abuse?
    a. Broader use of prescription drug monitoring programs like OARRS?
    b. More education for physicians on proper opioid prescribing
    c. Increased access to addiction treatment programs
    d. More education for patients at risk of addiction
    e. Increased access to naloxone/Narcan

- Do you currently screen patients for a family history of addiction using SBIRT *If asked: SBIRT stands for Screening, Brief Intervention, and Referral to Treatment.*
    a. If no:
        i. How familiar are you with SBIRT? Very familiar, somewhat familiar, or not at all familiar?
        ii. Would you consider using SBIRT in the future?
            1. those who are not at all familiar, will be given this explanation before this question: SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
            2. If they would not consider using it in the future, ask: Why not?
- How prepared do you feel you are to identify opiate misusers or abusers who are seeking opiate-based pain medication from you? Very well prepared, somewhat well prepared, not at all prepared

DEMOGRAPHICS

- How often do you prescribe or recommend some form of opioid pain medication?
- On average, about how many days do you (or your practice) prescribe opioid medication for?
- How many years has your practice been around?
    a. 1-10
    b. 11-20
    c. 21-30
    d. 31-40
    e. 40 or more
- On average, about how many patients does your practice see each day?
    a. 0-10
    b. 11-20
    c. 21-30
    d. 31-40
    e. 41-50
    f. 51-100
    g. 100 or more
- Does the practice serve:
    a. Adults
    b. Children
    c. Both

Research Methodology

CMOR conducted the 2017 Physician Survey on behalf of the Stark County Health Department between March 29 and May 5, 2017. CMOR collaborated with the Health Department in the development of the survey instrument. A total of 90 surveys were completed over the telephone and on-line. Physicians were given the choice of which mode was most convenient to them. The on-line survey was optimized for mobile devices. More than one-tenth (15.6%) of surveys were completed on a mobile device.