Practice Survey for: _____

Practice Type:

- ☐ Community Health Center/FQHC
- ☐ FQHC Look-Alike
- ☐ Private ownership – one clinic
- ☐ Private ownership – one of several clinics
- ☐ Hospital or health system owned clinic
- ☐ Academic
- ☐ Other: _____

Practice Status:

- ☐ Profit
- ☐ Not-for-profit

Names of those completing this survey: _____

1) What is the total size of the practice's panel (the number of patients cared for by the practice whether or not they regularly come in for care), number of patients seen during the past 12 months, and total # of patient visits during the past 12 months based on the UDS definition of a visit (qualifying billing encounter with provider)?

Response: 1) Number of patients on practice panel:
2) Number of patients seen during the past 12 months:
3) Number of patient visits during the past 12 months:

2) What fraction of your panel is covered by Medicare?

Response as %:

3) What fraction of your panel is covered by Medicaid?

Response as %:

4) What is the practice National Committee for Quality Assurance - Patient Centered Medical Home (NCQA PCMH) status?

- ☐ Not participating
- ☐ In planning
- ☐ Participating

5) What is the vendor/name of your electronic health record and what year was it installed?

Response:

6) What depression screening tools do your providers regularly use, if any?

- ☐ PHQ2
- ☐ PHQ9
- ☐ Other: _____

7) What risk assessment tools related to opioid prescribing do your providers regularly use, if any?

Initial risk assessment tools:
☐ Opioid Risk Tool: ORT
☐ Screener and Opioid Assessment for Patients with Pain: SOAPP (any version)
☐ Diagnosis, Intractability, Risk, and Efficacy assessment: DIRE
☐ Chronic Pain Assessment Algorithm: CPAA

Ongoing risk assessment tools
☐ Current Opioid Misuse Measure: COMM
☐ 5As: analgesia, activity, adverse effects, aberrant/concerning behavior, affect
☐ Other: _____

8) Patients treated with opioids are usually given an informed consent and a treatment agreement at start of treatment. Are these two separate documents or one single document in your practice? Something else?

Response:

9) What measures of pain or functionality do your providers generally use, if any?

☐ Pain, Enjoyment, General activity: PEG
☐ Routine Assessment of Patient Index Data 3: RAPID3
☐ Patient-Reported Outcomes Measurement Information System: PROMIS (any pain measure version)
☐ Other: _____

10) List the provider names in your practice so that we can identify them consistently. These names will NOT be shared outside your practice.

Response:

11) List the non-medical roles that are part of your practice, for example, psychologist, social worker, pharmacist, physical therapist, etc. For each role, identify the number of people in that role.

Response:

Thank you so much!