

APPENDIX B

SURVEY INSTRUMENTS

Margaret Chase Smith Policy Center, University of Maine
Prescription Monitoring Program (PMP)
 PRESCRIBER LICENSEE SURVEY

This survey is designed to learn about potential barriers and advantages to using the Prescription Monitoring Program (PMP) online service. For those who have already registered online to request patient history reports, this survey asks how you use PMP data and what impact PMP use has had on your practice. For those who have not registered, the survey asks how you use the quarterly patient threshold notification reports provided by PMP. Survey results will be shared with the Office of Substance Abuse to help them improve the program and participation rates.*

The survey will take approximately 5 minutes to complete. If you do not wish to answer a question, you may leave the question blank and continue. All responses are confidential, and your name will not be connected to your answers. Please return completed surveys using the postage-paid business reply envelope provided for your convenience.

Please fill in the circle completely for each of your responses below.

**This survey expands on a pilot study administered to Maine General Medical Center staff in Fall 2008.*

1. Within the past year, for approximately what percent of your patients have you prescribed controlled substances?
- 0%
 - Between 1% and 25%
 - Between 26% and 50%
 - Between 51% and 75%
 - 76% or more

2. In your practice, approximately what percent of your patients fall into the following categories:

	0%	1% - 25%	26%- 50%	51%- 75%	76% or more
a. Cancer patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chronic pain patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Patients being treated for substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Patients being treated for anxiety and/or sleep disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Patients being treated for ADD/ADHD and related disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Surgery patients with post-operative pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

➔ **IF YOU DO NOT PRESCRIBE** controlled substances, please skip to Question 9 on last page

PATIENT THRESHOLD NOTIFICATION REPORTS: *The PMP sends quarterly notification reports to prescribers when threshold numbers of prescribers and pharmacies have been reached or exceeded by any of their patients, or when acetaminophen thresholds have been reached. (Note: PMP patient threshold notification reports are not the same as MaineCare "Chronic Narcotic Usage" reports).*

3. Within the past year, have you received a PMP threshold notification report?
- Yes
 - No
 - Don't know

➔ **IF YOU ANSWERED "NO",** skip to Question 5

4. Within the past year, how often have you taken the following actions after receiving a patient threshold notification report?

	Very Rarely/ Never	Occasionally	Usually/ Always
a. Call other prescribers listed in the threshold report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Look up patient history in PMP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discuss the situation with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Call the pharmacist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Add this information to the patient's file	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Establish a controlled substances agreement ("narcotics contract")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Conduct a substance abuse screening and brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Refer the patient to a licensed substance abuse treatment professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Discharge the patient from the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other, please explain			

PATIENT HISTORY REPORTS: Prescribers who have registered online with the Prescription Monitoring Program can request a patient history report for their own patients. As of January 5, 2009, previously registered data requesters were asked to reset their passwords and verify their information when logging in to the PMP system.

5. Have you registered online with the PMP to request patient history reports?

a. I registered prior to January 2009

- Yes
 No
 Don't Know

b. I registered after January 2009

- Yes
 No
 Don't Know

➔ **IF YOU HAVE NOT REGISTERED**, go to Question 6

➔ **IF YOU ARE REGISTERED**, but currently do not use the PMP, go to Question 7

➔ **IF YOU ARE REGISTERED**, and use the PMP, go to Question 8

6. **I HAVE NOT REGISTERED** online with the PMP to request patient history reports. Please explain.

(Choose all that apply)

- Have not attempted to enroll
 Attempted to enroll but PMP crashed my computer
 Attempted to enroll but my network at work did not allow me to use PMP
 Organization policy barriers
 System design problems at the PMP's end, please specify: _____
 Forgot user name or password
 Inconvenient to have timely access
 Unsure how to use computer
 Do not have internet access at work
 Do not have an email address that only I can access
 Unsure how to use PMP system
 Unsure how I would use information about "doctor shopping"
 Other, please explain

➔ **please skip to Question 9 on last page.** (Online registration is available at www.maine.gov/pmp)

7. **I AM REGISTERED AND DO NOT USE** the PMP to request patient history reports. Please explain. (Choose all that apply)

- Organization policy barriers
- Do not have internet access at work
- Do not have an email address that only I can access
- System design problems at the PMP's end, please specify: _____
- Forgot user name or password
- Inconvenient to have timely access
- Unsure how to use computer
- Unsure how to use PMP system
- Unsure how I would use information about "doctor shopping"
- Enrolled but have not yet had the opportunity to use PMP
- Other, please explain

➔ Please skip to Question 9 on last page (Online help is available at www.maine.gov/pmp)

8. **I AM REGISTERED AND USE** the PMP to request patient history reports.

a. Within the past year, how often have you used the PMP service for the following:

	Very Rarely/Never	Occasionally	Usually/Always
a. To check history for a new patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To monitor a current patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To check suspicions of "doctor shopping"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other, please explain			

b. Within the past year, for approximately what percent of your patients have you used the PMP service?

- 0%
- Between 1% and 25%
- Between 26% and 50%
- Between 51% and 75%
- 76% or more

c. If you find through PMP that a patient is receiving prescriptions from multiple providers, how often do you take the following actions?

	Very Rarely/Never	Occasionally	Usually/Always
a. Call other prescribers listed in PMP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Look up patient history in PMP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discuss the situation with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Call the pharmacist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Add this information to the patient's file	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Establish a controlled substances agreement ("narcotics contract")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Conduct a substance abuse screening and brief intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Refer the patient to a licensed substance abuse treatment professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Discharge the patient from the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other, please explain			

➔ please continue to Question 9 on last page.

Please take a moment to provide us with information about your practice:

9. What is your specialty? (Choose all that apply)

- | | | |
|--------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Addiction Medicine | <input type="radio"/> Infection Disease | <input type="radio"/> Pain Management |
| <input type="radio"/> Advanced Practice Nurse | <input type="radio"/> Internal Medicine | <input type="radio"/> Pathology |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Nephrology | <input type="radio"/> Pediatrics |
| <input type="radio"/> Cardiovascular Diseases | <input type="radio"/> Neurology | <input type="radio"/> Physical Medicine/Rehab |
| <input type="radio"/> Dental Surgery | <input type="radio"/> Nurse Anesthetist | <input type="radio"/> Physician Assistant |
| <input type="radio"/> Dentistry, General | <input type="radio"/> Nurse Midwife | <input type="radio"/> Podiatry |
| <input type="radio"/> Dermatology | <input type="radio"/> Obstetrics/Gynecology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Occupational Medicine | <input type="radio"/> Pulmonary Diseases |
| <input type="radio"/> Family Medicine/General Practice | <input type="radio"/> Oncology | <input type="radio"/> Radiology |
| <input type="radio"/> Family Nurse Practitioner | <input type="radio"/> Ophthalmology | <input type="radio"/> Surgery |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Orthopedics | <input type="radio"/> Urology |
| <input type="radio"/> Geriatrics | <input type="radio"/> Osteopathic Manipulative Medicine | |
| <input type="radio"/> Hematology | <input type="radio"/> Otorhinolaryngology | <input type="radio"/> Other, please specify |

10. How many years have you been in practice?

- 1-10 years
- 11-20 years
- Over 20 years

11. What is the zip code for the town in which you have your practice? _____

12. Please comment on how the Prescription Monitoring Program has affected your practice.

13. Please share any suggestions for improving the Prescription Monitoring Program online service.

Thank you for your response.
Please return the completed questionnaire in the postage-paid envelope provided.

Margaret Chase Smith Policy Center, University of Maine
Prescription Monitoring Program (PMP)
PHARMACIST SURVEY

This survey is designed to learn about potential barriers and advantages to using the Prescription Monitoring Program (PMP) online service. For those who have already registered to request reports online, this survey asks how you use PMP data and what impact PMP use has had on your practice. Survey results will be shared with the Office of Substance Abuse to help them improve the program and to improve participation rates.

The survey will take approximately 5 minutes to complete. If you do not wish to answer any question, you may leave the question blank and continue. All responses are confidential, and your name will not be connected to your answers. Please return completed surveys using pre-paid business envelope provided for your convenience.

Please fill in the circle completely for each of your responses below.

PATIENT HISTORY REPORTS: Prescribers who have registered online with the Prescription Monitoring Program can request a patient history report for their own patients. As of January 5, 2009, previously registered data requesters were asked to reset their passwords and verify their information when logging in to the PMP system.

5. Have you registered online with the PMP to request patient history reports?

a. I registered prior to January 2009

- Yes
- No
- Don't Know

b. I registered after January 2009

- Yes
- No
- Don't Know

2. If you **ARE NOT** registered to request patient history reports from the Prescription Monitoring Program, please explain.
(Choose all that apply)

- Have not attempted to enroll
- Attempted to enroll but PMP crashed my computer
- Attempted to enroll but my network at work did not allow me to use PMP
- Organization policy barriers
- System design problems at the PMP's end (specify: _____)
- Forgot user name or password
- Inconvenient to have timely access
- Unsure how to use computer
- Do not have internet access at work
- Do not have an email address that only I can access
- Unsure how to use PMP system
- Unsure how I would use information about "doctor shopping"
- Other, please explain

3. If you **ARE** registered online but currently do not use the PMP to look up patient information, please explain.
(choose all that apply)

- Organization policy barriers
- Do not have internet access at work
- Do not have an email address that only I can access
- System design problems at the PMP's end (specify: _____)
- Forgot user name or password
- Inconvenient to have timely access
- Unsure how to use computer
- Unsure how to use PMP system
- Unsure how I would use information about "doctor shopping"
- Enrolled but have not yet had the opportunity to use PMP
- Other, please explain

4. For questions a-c below: Within the past year, how often have you used the PMP service for the following:

	Very Rarely/Never	Occasionally	Usually/Always
a. To check history for a new patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To monitor a current patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To check suspicions of "doctor shopping"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Other, please explain

5. Within the past year, for approximately what percentage of your patients do you check PMP?

- 0%
- Between 1% and 25%
- Between 26% and 50%
- Between 51% and 75%
- 76% or more

6. For questions a-e below: If you find through PMP that a patient is receiving prescriptions from multiple providers, how often do you take the following actions?

	Very Rarely/Never	Occasionally	Usually/Always
a. Call prescribers listed in PMP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Look up patient history in PMP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discuss the situation with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Call other pharmacist(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Add this information to the patient's file	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f. Other (please specify)

Please take a moment to provide us with information about you and your pharmacy.

7. For what type of pharmacy do you work?

- Mail order
- Chain
- Independent
- Other, please specify

8. How many years have you been in practice?

- 1-10
- 11-20
- Over 20

9. What is the zip code for the town in which you

have your pharmacy? _____

10. Please comment on how the Prescription Monitoring Program has affected your practice.

11. Please share any suggestions for improving the PMP online service.

APPENDIX C

LETTERS AND INFORMED CONSENT

Letter to Prescribers

(prescribers not MD or Osteopathic received letter with Marcella Sorg signature only)

May 11, 2009

RE: Maine Office of Substance Abuse Prescription Monitoring Program (PMP)

The enclosed survey of Maine licensed prescribers is being administered by the Margaret Chase Smith Policy Center, under the guidance of a prescription drug task force that includes representatives of the medical licensee boards, the Maine Medical Association, the Maine Office of Substance Abuse, MaineCare, MDEA, DEA, and other experts. The task force was convened by the Office of the U.S. Attorney to consider ways to improve Maine's efforts to prevent prescription drug abuse. The survey is funded by a contract with the U.S. Department of Justice.

This survey will take approximately 5 minutes to complete and participation is voluntary. All responses are confidential, no individual data will be used, and information will be de-identified before reporting. Results will be submitted in the aggregate to the Office of Substance Abuse in order to help them improve the program and participation rates.

We urge you to take a few minutes to complete the survey and return it in the postage-paid envelope provided. Your opinion is important to understanding how the Prescription Monitoring Program is being used as well as potential barriers and advantages to the online service.

The complete Informed Consent for this project is printed on the back of this letter. If you have any questions or concerns about the survey or your participation, please contact Marcella Sorg at (207) 581-2596, marcella.sorg@umit.maine.edu.

Sincerely,

Marcella H. Sorg, PhD, RN
Research Associate,
Margaret Chase Smith Policy Center
University of Maine

Randal C. Manning, MBA
Executive Director
Maine Board of Licensure
in Medicine

Susan E. Strout,
Executive Secretary
Maine Board of Osteopathic
Licensure

Letter to Pharmacists

May 11, 2009

RE: Maine Office of Substance Abuse Prescription Monitoring Program (PMP)

The enclosed survey of Maine pharmacists and prescribers is being administered by the Margaret Chase Smith Policy Center, under the guidance of a prescription drug task force that includes representatives of the medical licensee boards, the Maine Medical Association, the Maine Office of Substance Abuse, MaineCare, MDEA, DEA, and other experts. The task force was convened by the Office of the U.S. Attorney to consider ways to improve Maine's efforts to prevent prescription drug abuse. The survey is funded by a contract with the U.S. Department of Justice.

This survey will take approximately 5 minutes to complete and participation is voluntary. All responses are confidential, no individual data will be used, and information will be de-identified before reporting. Results will be submitted in the aggregate to the Office of Substance Abuse in order to help them improve the program and participation rates.

We urge you to take a few minutes to complete the survey and return it in the postage-paid envelope provided. Your opinion is important to understanding how the Prescription Monitoring Program is being used by pharmacists, beyond their role in submitting data, particularly the potential barriers to and advantages of using the online service.

The complete Informed Consent for this project is printed on the back of this letter. If you have any questions or concerns about the survey or your participation, please contact Marcella Sorg at (207) 581-2596, marcella.sorg@umit.maine.edu.

Sincerely,

Marcella H. Sorg, PhD, RN
Research Associate,
Margaret Chase Smith Policy Center
University of Maine

Informed Consent to all participants

Margaret Chase Smith Policy Center, University of Maine Prescription Monitoring Program (PMP) Prescriber and Pharmacist Survey

Information about the Prescription Monitoring Program

Maine's Prescription Monitoring Program (PMP) is a database of all prescriptions for controlled substances dispensed by Maine-licensed pharmacists. The Maine Office of Substance Abuse maintains the database, as well as free online access to it for prescribers and dispensers. PMP online access is a tool that health care providers can use to improve patient care, and to prevent and intervene against misuse and diversion of prescription drugs. Participation is voluntary, and is available by signing up to use the password-protected database. Prescribers and dispensers can look up their patient in order to see any prescriptions the patient has had dispensed to them.

Purpose of the Survey

The enclosed survey asks about your participation (or non-participation) in the Maine Prescription Monitoring Program (PMP) online database. It is for all licensees who dispense or prescribe controlled substances. This survey is designed to learn about potential barriers and advantages to using the PMP's online service. For those that already have registered to use the online service, the survey asks briefly how you use PMP data, and what impact PMP use has had on your practice. Survey results will be used to improve the PMP design and to improve participation rates.

Voluntary Participation and Risk/Benefits

Completion of the survey is entirely voluntary, and you may decline to answer any questions. Except for your time and inconvenience, there are no foreseeable risks to you in participating in this study. There are no personal benefits to you, but your responses may help improve the PMP design and participation rates, thus potentially improving the quality of prescriber-patient relationships and helping prevent prescription drug abuse.

Responses to the survey are confidential. Only the investigators will have access to primary data from the survey. The data will be secured on the investigator's computers and held during the course of the project, until December 31, 2009. The aggregate results of the survey that are specific to participant medical specialty, substate region, or practice type may be reported as such in the study report, but no individual data will be used.

Estimated Time Required

The survey will take approximately 5 minutes to complete. You may submit your survey by mail using the pre-paid business envelope provided.

Project Personnel/Contact Information

Principal Investigator for the project is Marcella H. Sorg, PhD, Margaret Chase Smith Policy Center, University of Maine. If you have any questions or concerns about the survey or project, you may contact Dr. Sorg at 581-2596 (or e-mail: marcella.sorg@umit.maine.edu). If you have any questions as to your rights as a research participant, you may contact Gayle Jones, Assistant to the University of Maine's Protection of Human Subjects Review Board at 581-1498 (or e-mail: gayle.jones@umit.maine.edu).