**Questionnaire**

***Prescription Drug Monitoring Programs in Clinical Practice: A Survey of Alaskan Nurse Practitioners***

1. Have you heard about the Prescription Drug Monitoring Program, also known as PDMP?

 Yes

 No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. How often do you prescribe the following classes of drugs for your patients?
 | Never | I do rarely (1/month) | I do occasionally(1‒5/week) | I do frequently(5+/week) |
| Opioids |  |  |  |  |
| Benzodiazepines |  |  |  |  |
| Amphetamine-like drugs |  |  |  |  |
| Sleep medications |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. If you are a registered user, to what extent are the following a barrier to your use of the PDMP?
 | Not a barrier | Rarely a barrier | Somewhat a barrier | Significantbarrier |
| Lack of training on how to access or use the PDMP |  |  |  |  |
| Concerns about scrutiny by law enforcement |  |  |  |  |
| Concerns about scrutiny by professional licensing board  |  |  |  |  |
| Time constraints to access PDMP during patient visits |  |  |  |  |
| I cannot designate someone to access the system on my behalf |  |  |  |  |
| Cumbersome registration process |  |  |  |  |
| Not comfortable using computer or Internet |  |  |  |  |
| Concerns for loss of business |  |  |  |  |
| Concerns related to poor patient satisfaction scores |  |  |  |  |
| List other barriers here: |

|  |
| --- |
| 1. If you are not registered as a user, which of the following describe the reason you have not registered? (check all that apply)
 |
| I’m not aware that I could register as a user |  |
| There is no Internet access at work |  |
| I’m too busy |  |
| I don’t think there would be any benefits |  |
| I’m not allowed to share the account with my support staff |  |
| I rarely, if ever, prescribe controlled substances |  |
| I ethically and/or morally object to surveillance of patient medication habits / prescriptions |  |
| Limited funds/resources to do anything with the information returned (e.g., referral to substance abuse treatment) |  |
| Other reason (please specify):  |

|  |
| --- |
| 1. What would make the PDMP easier to use?
 |
| Training on how to use the system |  |
| Training on how to incorporate PDMP into clinical workflow |  |
| Ability to authorize someone else to access system on my behalf (e.g., Medical Assistant) |  |
| Having the state send reports to me automatically when patient patterns suggest potential misuse or diversion |  |
| Other (please specify): |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. What would make the PDMP more useful to you in clinical practice?
 | Not useful | Somewhat useful | Very useful |
| Training on how to interpret the data |  |  |  |
| Training to communicate PDMP findings in non-confrontational manner |  |  |  |
| Training on how to respond to PDMP information (e.g., resources for managing addiction problems; other resources within my community) |  |  |  |
| Faster entry and display of prescriptions in database (currently up to one month lag) |  |  |  |
| Unique patient identifier to avoid mistaken identity or use of aliases |  |  |  |
| Linking state PDMP systems (i.e., Washington, California) |  |  |  |
| Other (please specify): |

1. What is your age? Under 30 30‒39 40‒49 50‒59 60 or older
2. What is your gender? Female Male
3. How many years have you practiced as a Nurse Practitioner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How would you categorize your area of practice (i.e., Family practice, Surgery)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How would you classify the area in which you practice?
* Urban Rural Rural off road

Thank you for taking the time to complete this questionnaire.

For more information or to enroll in the Alaska PDMP please go to: http://www.alaskapdmp.com/