Ob-Gyn Perceptions and Practices regarding PDMPs

ACOG District XII Committee on Health Care for Underserved Women and researchers at the University of Florida are evaluating physician perceptions and utilization of state Prescription Drug Monitoring Programs (PDMPs). The information collected in this survey will be used to describe current perceptions and PDMP usage by obstetricians and gynecologists. Your responses will be anonymous, and your name will not be used in any report. You may skip any question that you do not wish to answer. Thank you for your participation.

Q1 In what state do you **primarily** practice?

▼ Alabama (1) ... US Virgin Islands (57)

Q2 Are you registered with your state’s Prescription Drug Monitoring Program (PDMP)?

* Yes (1)
* No (2)
* I cannot access the PDMP (3)

Skip To: End of Block If Are you registered with your state’s Prescription Drug Monitoring Program (PDMP)? = No

Skip To: End of Block If Are you registered with your state’s Prescription Drug Monitoring Program (PDMP)? = I cannot access the PDMP

Q3 When did you last use the PDMP?

* I cannot access the PDMP (1)
* I have never used the PDMP (2)
* Within the last week (3)
* Within the last month (4)
* Within the last 6 months (5)
* Within the last year (6)
* Longer than one year ago (7)

Q4 When do you **primarily** use the PDMP?

* I cannot access the PDMP (1)
* Never (2)
* For all patients (3)
* For patients I suspect of drug abuse (4)
* For patients who are currently using opioid analgesics (5)
* For patients who are currently using methadone or buprenorphine (6)
* Other *(please specify)*: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q5 Which of the following actions have you taken as a result of using the PDMP?    
*(Check all that apply)*

* I cannot access the PDMP (1)
* Spoken with patients about their controlled substance use (2)
* Contacted other providers or pharmacies (3)
* Confirmed patient was filling prescriptions as prescribed (4)
* Confirmed patient was doctor shopping (5)
* Established a controlled substance agreement (“opioid contract” with patient) (6)
* Reduced or eliminated controlled substance prescriptions for a patient (7)
* Changed controlled substance prescriptions to non-controlled substance prescriptions for a patient (8)
* Dismissed patient from practice (9)
* Referred or recommended for substance abuse treatment (10)
* Referred or recommended for pain management (11)
* Referred or recommended for psychiatric management (12)
* Referred or recommended for high-risk OB services (13)
* Referred or recommended to Child Protective Services (14)
* Referred to law enforcement (15)
* Other *(please specify)*: (16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 In your opinion, what is the **primary** purpose of a PDMP?

* To identify patients who are using medications that they haven't disclosed to their current provider (1)
* To identify patients who are "doctor shopping" for medications (2)
* To allow the physician to verify medications that the patient is being prescribed (3)
* Other purpose *(please specify)*: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7 PDMPs provide information on which of the following:  *(Check all that apply)*

* Prescribed medication type (1)
* The quantity of medications dispensed (2)
* Name of provider on prescription (3)
* The pharmacy dispensing medication (4)
* The PDMP will tell me the primary reason why the medication is prescribed (5)
* None of the above (6)

Q8 Select your level of agreement with the following statement: Mandating physician use of the PDMP is a good idea.

* Strongly Agree (1)
* Agree (2)
* Neutral or Unsure (3)
* Disagree (4)
* Strongly Disagree (5)

Q9 The PDMP can be used as a primary prevention tool for…  
 *(Check all that apply)*

* Neonatal abstinence syndrome (1)
* Drug abuse and diversion (2)
* Chronic opioid use (3)
* Opioid use disorder or addiction (4)
* Opioid overdose (5)
* Doctor shopping (6)
* None of the above (7)

Q10 What percentage of your patients do you suspect misuse or abuse opioids?

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Q11 Which best describes your current practice setting?

* Academic/University affiliated medicine (1)
* Private practice (2)
* Hospital based practice (3)
* Federally qualified health center (4)
* Other (*please specify*): (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q12 Which best describes your practice type?

* Obstetrics only (1)
* Gynecology only (2)
* General obstetrics and gynecology (3)
* Maternal/fetal medicine (4)
* Reproductive Endocrinology/Infertility (5)
* Gynecologic Oncology (6)
* Urogynecology (7)
* Other *(please specify)*: (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q13 What is your level of training?

* Resident physician (1)
* Attending (completed training) (2)
* Fellow (3)
* Other *(please specify)*: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q14 How many years have you been in practice post-residency?

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Q15 What is your current gender identity?

* Male (1)
* Female (2)
* Transgender Male / Trans Man / FTM (3)
* Transgender Female / Trans Woman / MTF (4)
* Non-binary (5)
* Prefer to self-describe *(please specify)* (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer (7)

Q16 What racial/ ethnic group do you most identify with?   
(*Check all that apply*)

* American Indian or Alaskan Native (1)
* Asian (2)
* Black or African American (3)
* Hispanic or Latino (4)
* Native Hawaiian or Other Pacific Islander (5)
* White (6)
* Other *(please specify)*: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_