

Provider Survey: Chronic Pain Spread Network

PREAMBLE/INTRODUCTION

We want to know about your experiences providing care to patients with chronic pain in your community. Please take a few minutes to complete this survey. Your answers will help to inform improvements to the way patients with chronic pain are cared for locally.

WHY ARE WE ASKING?

Shared Care has initiated a Chronic Pain Spread Network to improve access and coordination of care for patients with chronic pain. Spread networks will enable providers to support one another in sharing resources, tools and successful approaches among communities. The goal is to create opportunities for good work to spread efficiently and make it easier for successful models to be shared and adapted to local needs.

As part of the Chronic Pain Spread Network, we are surveying healthcare providers in order to help us to develop actions locally to improve your experience as a provider and for patients with chronic pain.

HOW DO WE PROTECT YOUR INFORMATION?

We are asking for your consent to participate in this survey. Your participation will provide us with valuable information that will be used to improve the primary health care system in our community. Your responses are totally anonymous and no one will be able to link your answers back to you. It is important that you know that you may withdraw from the survey at any time. By completing this form, you are giving us consent to collect demographic information.

If you have any questions, concerns or comments about this survey, please contact [\[insert local division information here\]](#).

EXPERIENCE & SATISFACTION

1. Thinking about providing care *to patients with chronic pain*, how satisfied are you with:

	Very satisfied	Satisfied	Acceptable	Dissatisfied	Very dissatisfied	Prefer not to say	Doesn't apply to me
your community as a PLACE to provide care?							
the QUALITY care provided in your community?							
providing care for patients with chronic pain overall?							
the balance between your personal and professional commitments?							

2. Thinking about providing care *to patients with chronic pain*, how strongly do you agree with:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Prefer not to say	Doesn't apply to me
I am confident managing care for <i>patients with chronic pain</i> .							
I can communicate with specialists about my <i>patients with chronic pain</i> easily.							
I know how to access appropriate community resources.							
I am aware of available resources to support my <i>patients with chronic pain</i> .							
I am confident prescribing opioids for <i>patients with chronic pain</i> .							
I am confident providing resources/referrals to my <i>patients with chronic pain</i> .							
I am confident providing resources/referrals to my <i>patients with chronic pain with mental health issues</i> .							
I am confident providing resources/referrals to my <i>patients with chronic pain with substance use issues</i> .							

ACCESS TO CARE

3. During the past six months, how often did you:

	Always	Frequently	Half the time	Rarely	Never	Prefer not to say	Doesn't apply to me
Delay care or turn away to a <i>patient with chronic pain</i> due to capacity concerns?							
Provide care to a <i>patient with chronic pain</i> who experienced problems due to suboptimal care coordination?							
Provide care to a <i>patient with chronic pain</i> who was unable to access care from another provider in a timely manner?							
Provide care to a <i>patient with chronic pain</i> who was unable to access care for <i>mental health issues</i> in a timely manner?							
Provide care to a <i>patient with chronic pain</i> who was unable to access care for <i>substance use issues</i> in a timely manner?							

APPROPRIATENESS/EFFECTIVENESS:

4. What is needed to improve care for *patients with chronic pain* in your community/the area where you provide care?

5. What is needed to improve care for *patients with chronic pain with mental health and/or substance use issues* in your community/the area where you provide care?

INTEGRATION/CONTINUITY: COLLABORATION

6. For patient care, please indicate how satisfied you are with the following:

	Very satisfied	Satisfied	Acceptable	Dissatisfied	Very dissatisfied	Prefer not to say	Doesn't apply to me
How colleagues understand each other's roles and scopes of practice?							
How colleagues communicate with one another?							
How colleagues respect and support each other?							
Your overall relationship with other care providers in your community?							

7. What do you need to improve collaboration for care in your community?

CHRONIC PAIN SERVICES

8. Please indicate the frequency you provide or recommend the following resources to your *patients with chronic pain*.

	Frequent	Occasionally	Never	Not available in my area
Medication				
In-office counselling				
Education/ Patient self-management				
Group medical visits				
Private counselling				
Pain management support group				
Crisis line				
Emergency department				
Physician who will provide narcotic substitution prescriptions				
Traditional medicine (herbal medicine)				
Acupuncture				
Thermotherapy				
Exercise				
Massage				
Nutritional regime				
Meditation				
Other. Please specify:				

9. Please indicate which of the following barriers limit your ability to provide care for your *patients with chronic pain*. Select all that apply.

Patient-related

- Additional costs to patients to access recommended treatment (i.e. costs of medications)
- Additional time required for patients to do recommended treatments (i.e. time for exercise or relaxation, conflicting priorities like family responsibilities)
- Patient psychological factors (e.g., depression, anxiety)
- Patient will not adhere to their treatment recommendations
- Patient occupational factors (i.e., cannot change jobs, cannot make work accommodations)
- Patient is invested in secondary gains of illness
- Language barriers (e.g., patient's first language is different from provider's)

Provider and practice system related

- Difficulty coordinating or adding on chronic pain management/treatment with management of other chronic diseases (e.g., diabetes, asthma, obesity)
- Lack of evidence-based guidelines
- Lack of professional education to care for patients with chronic pain
- Time/tracking systems for regular follow-up
- Difficulty assessing pain levels
- Time for a careful differential diagnosis

10. Please indicate which of the following barriers that limit you from prescribing opioid medication to *patients with chronic pain*. Select all that apply.

Patient-related

- Efficacy of opioids
- Side effects of opioids
- Potential for the patient to sell the opioid on the illegal market
- Potential for patients to become addicted to opioids
- Safety of opioids (i.e. respiratory depression)
- Patient preference

Provider or practice system related

- Unsure of appropriateness of opioids
- Lack of systems to monitor patient compliance (i.e., contracts, blood/urine tests)
- Regulatory/law enforcement monitoring of opioid prescribing
- The hassle and time required to track and refill prescription.

11. Thinking about your *patients with chronic pain*:

	Number <i>per month</i>	Percent <i>per month</i>	Doesn't apply to me
Approximately, how many of your patients are you treating for chronic pain?			
Of your patients with chronic pain, approximately, how many patients require additional support for mental health issues?			
Of your patients with chronic pain, approximately, how many patients require additional support for substance use issues?			

ABOUT YOU

Demographics

- 1. Gender:
 - Female
 - Male
 - X
 - Prefer not to say

- 2. Age (years):
 - < 25
 - 25-35
 - 36-45
 - 46-55
 - 56-65
 - > 65

- 3. Years in practice (post-residency or training): _____

- 4. What hospital(s) are you affiliated with? _____

- 5. Current role:
 - Family Physician
 - Nurse Practitioner
 - Nurse
 - Alternative therapist. Please specify: _____
 - Specialist Physician, please specify: _____
 - Other, please specify: _____

- 6. Current practice status:
 - Practicing full-time
 - Practicing part-time
 - No longer practicing
 - Other, please specify: _____