

ASAM DATA 2000-Qualifying Buprenorphine Training



**Post Survey Results (N=232)
Prepared on 11-3-2011**

CLINICAL TOOLS

Introduction

Upon completion of the Clinical Tools, Inc. (CTI) buprenorphine training program, participants completed a required post-training survey. CTI uses this participant feedback to assess whether the training program has met needs and expectations, and to determine whether modifications are needed to improve the program. Where available, pre-training and preliminary follow-up survey data are also provided to help measure training effects. Survey data was collected between March-October, 2011.

Survey Participant Information

Overall, there were 232 participants that completed the post-survey. Most participants (97%) were physicians. Please continue to learn more.

Buprenorphine Training Program Survey Flow

We followed 232 participants pre- to post-training. We have preliminary follow-up data on 15 participants who completed the optional 6-month follow-up survey (response rate of 10%).

- Pre-Survey- gathers baseline data on current behavior and practice needs
- Post-Training Survey- measures satisfaction with the program and intended behavior
- Follow-up Survey- measures behavior as a result of taking the training program

Pre-Training Survey

Baseline: Taken before 9 hr program

N=232

Data collected March-August 2011

Buprenorphine Training Program Intervention

Post-Training Survey

Taken immediately after 9 hr program

N=232

Data collected March-August 2011

~6 month wait period

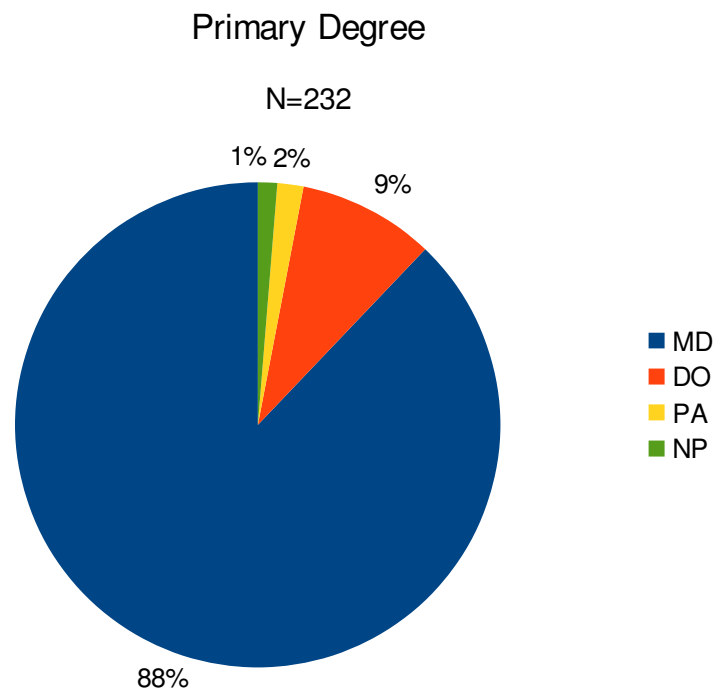
Follow-up Survey (Optional)

Completed ~6 months post-training

N=15

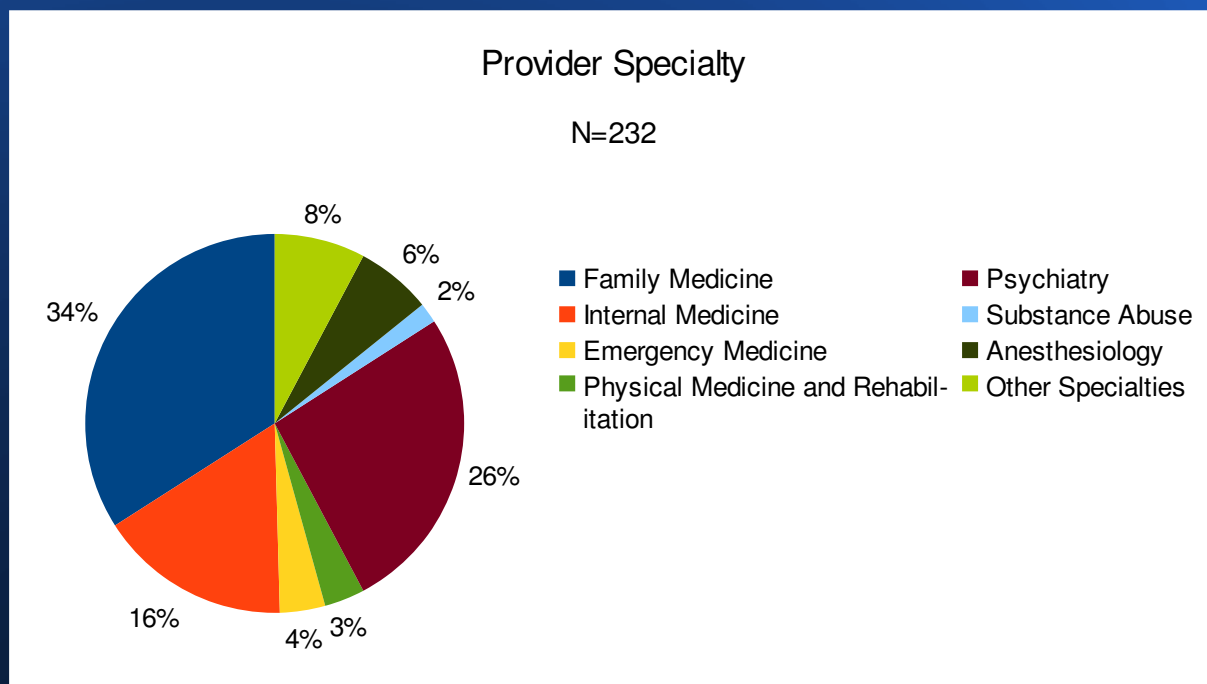
In Progress; Early data collected October 2011

Participant Background: Primary Degree Post Survey (N=232)



Most participants were physicians (**97%**). Eighty-eight percent (88%) of participants listed MD as their primary degree.

Participant Background: Specialty Post Survey (N=232)

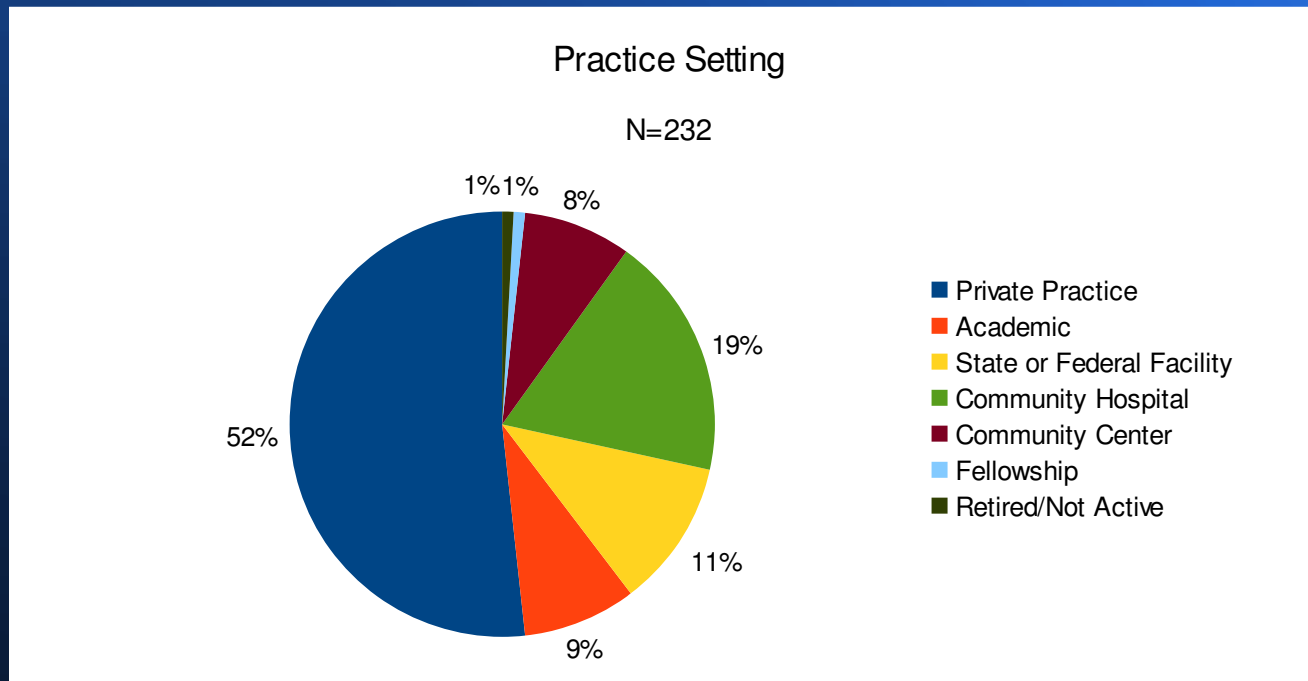


Around **60%** of providers were primary care (this includes providers who specialize in Family Medicine, Internal Medicine, ER, Ob/Gyn, Pediatrics).

Outside of primary care, most providers specialize in psychiatry (**26%**).

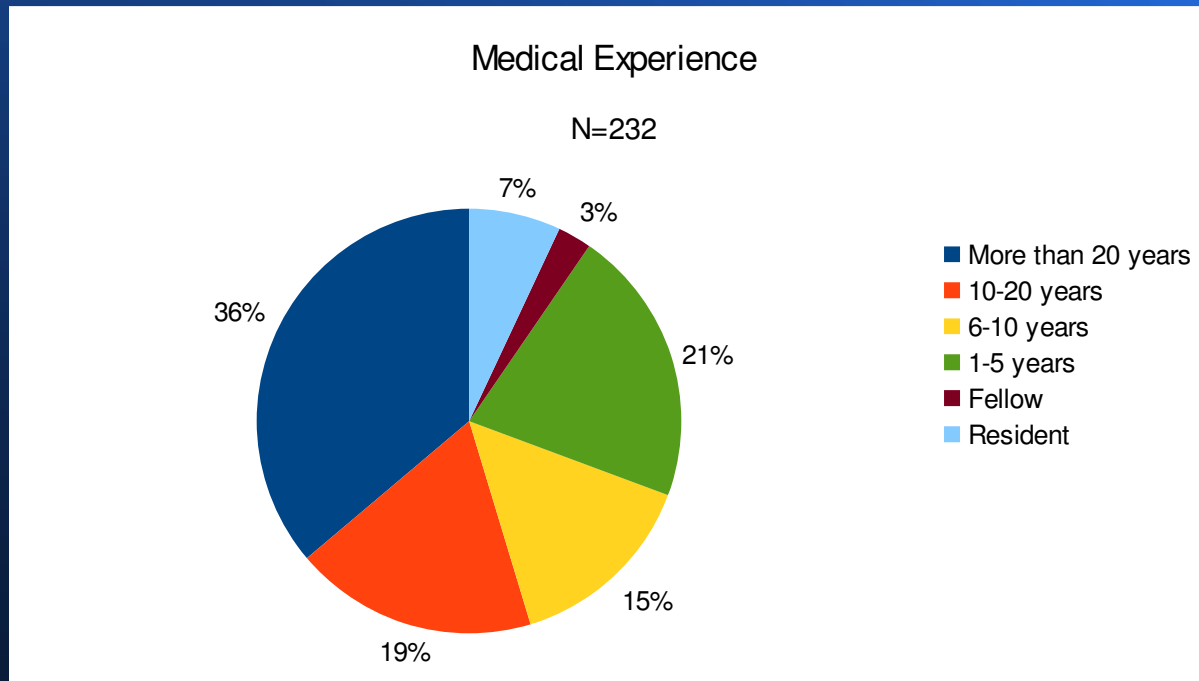
*Note: "Other Specialties" listed above includes fairly equal representations of the following specialties: Ob/Gyn, Pediatrics, Neurology, Urology, Ophthalmology, Pathology, Radiology, Nursing, Orthopaedic Surgery, Neurological Surgery, and Surgery.

Participant Background: Practice Setting Post Survey (N=232)



Around half of participants (**52%**) are in private practice.

Participant Background: Medical Experience Post Survey (N=232)



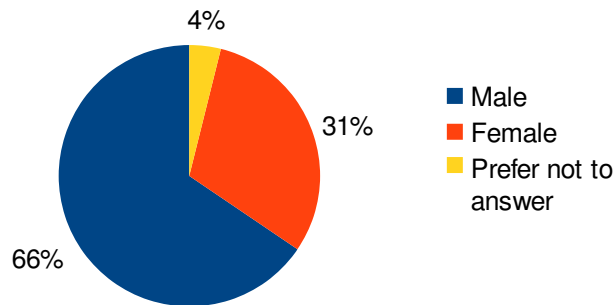
Thirty-six percent (**36%**) of providers have more than 20 years of medical experience.

Participant Background: Gender, Ethnicity & Race

Post Survey (N=232)

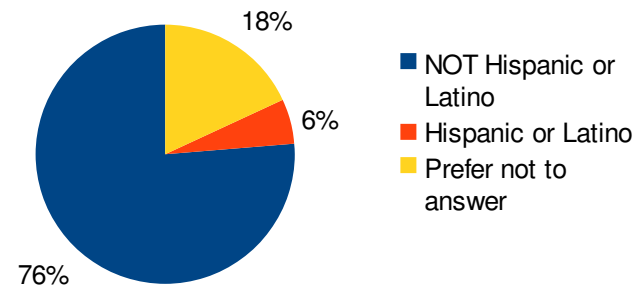
Gender

N=232



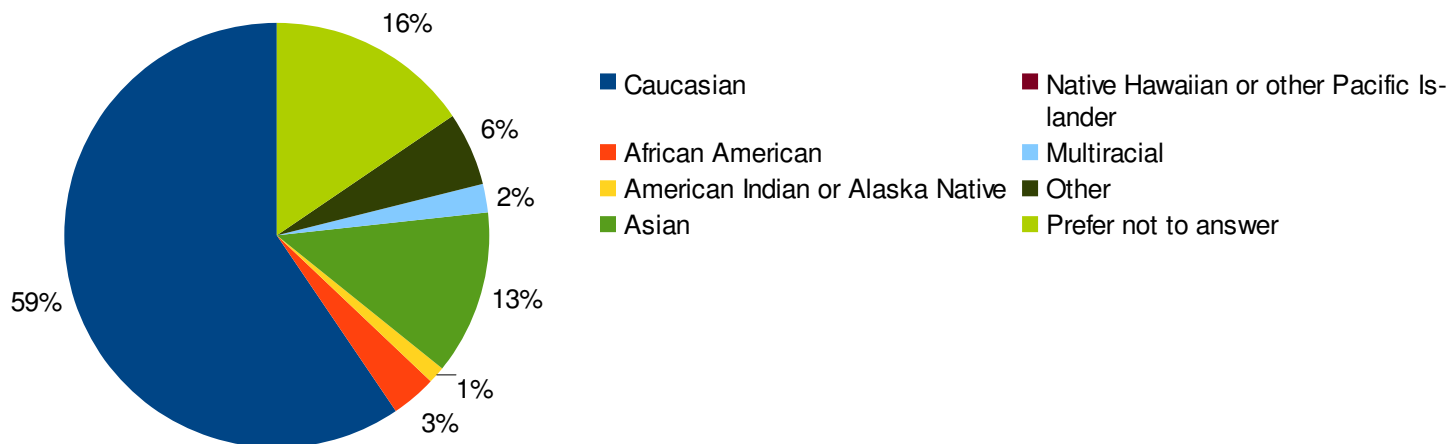
Ethnicity

N=232



Race

N=232



The majority of participants were:

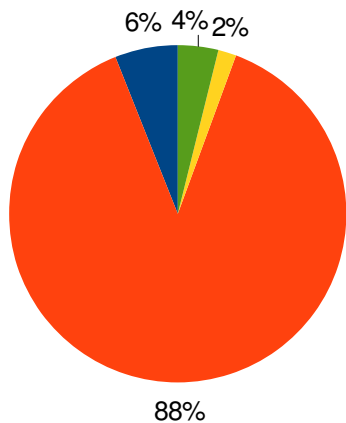
- Male (66%)
- NOT Hispanic or Latino (76%)
- Caucasian (59%)

Prescribing Buprenorphine

Question: Do you currently prescribe buprenorphine?
Pre, Post- & Follow-up Comparison

Pre-Training

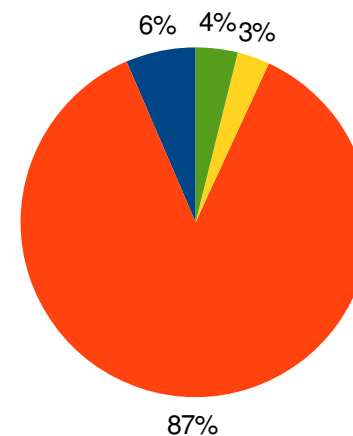
N=232



■ Yes
■ No, but I will prescribe
■ No, and I do not have any plans to prescribe
■ No, I cannot be given a waiver (non-physician/other)

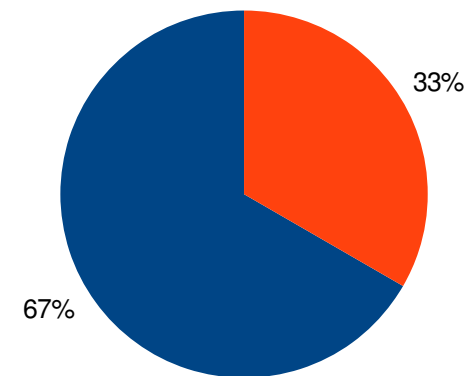
Post-Training

N=232



Follow-up

N=15



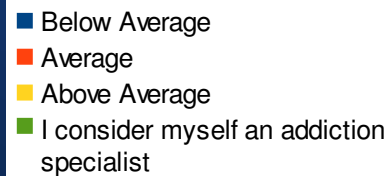
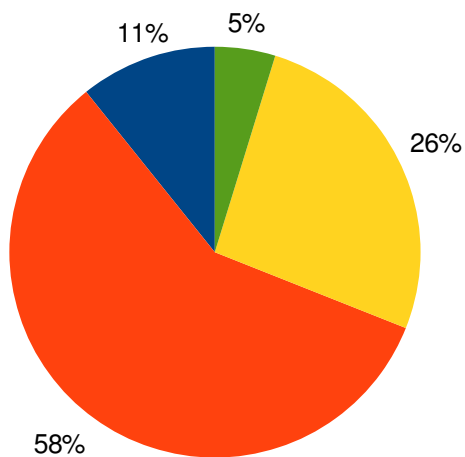
- A large majority of participants (~88%) pre-training and post-training are not current buprenorphine prescribers but will prescribe in the future.
- Early follow-up data show that most participants (67%) prescribe buprenorphine.

Knowledge/Skills about Addiction Medicine

Question: My knowledge/skills about addiction medicine (pre) / As a result of taking this program, my knowledge/skills about addiction medicine are (post & follow-up)
Pre, Post & Follow-up Comparison

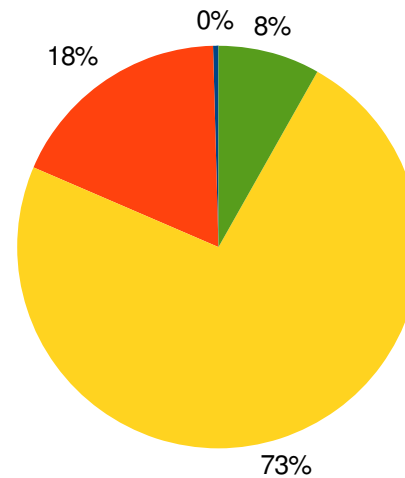
Pre-training

N=232



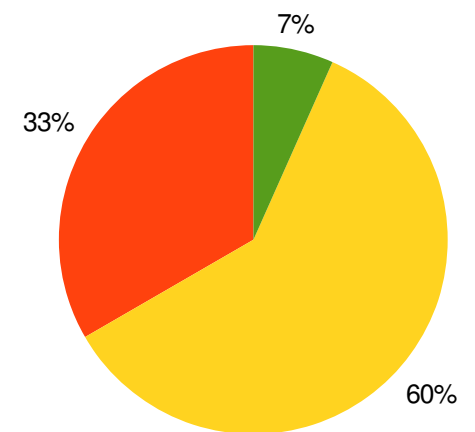
Post-Training

N=232



Follow-up

N=15

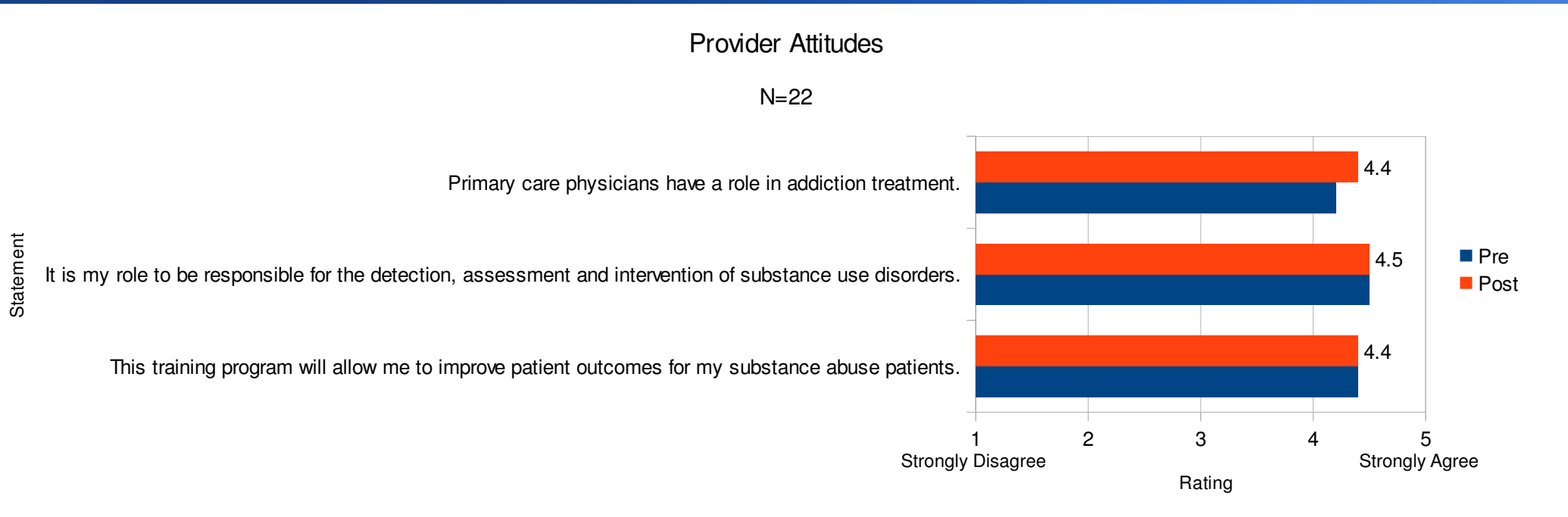


Compared to pre-training, a majority of participants at post-training and follow-up felt that their knowledge/skills about addiction medicine were **above average**.

Attitudes

**Question: Please rate the following statements
Pre & Post Comparison**

Note:* This question was asked on a separate recent post-survey (N=22)



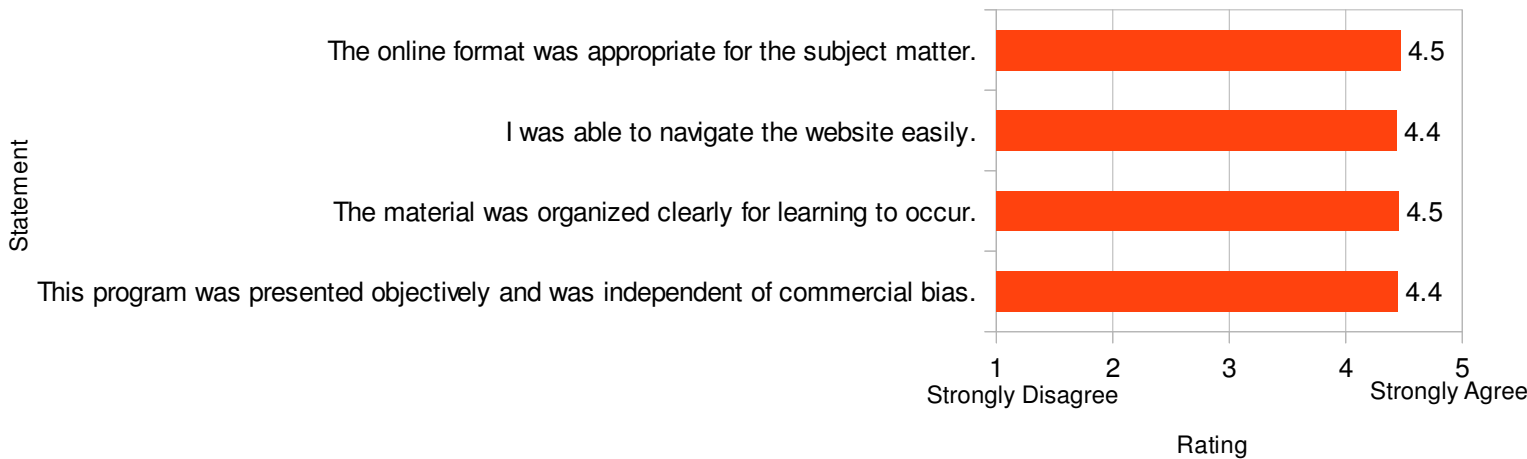
Post-training, there was a slight increase in providers' attitudes that primary care physicians have a role in addiction treatment (increased from 4.2 pre to 4.4 post).

Program Satisfaction

Post-Training Question: Please rate the following regarding program satisfaction

Post-Training Program Satisfaction

N=232

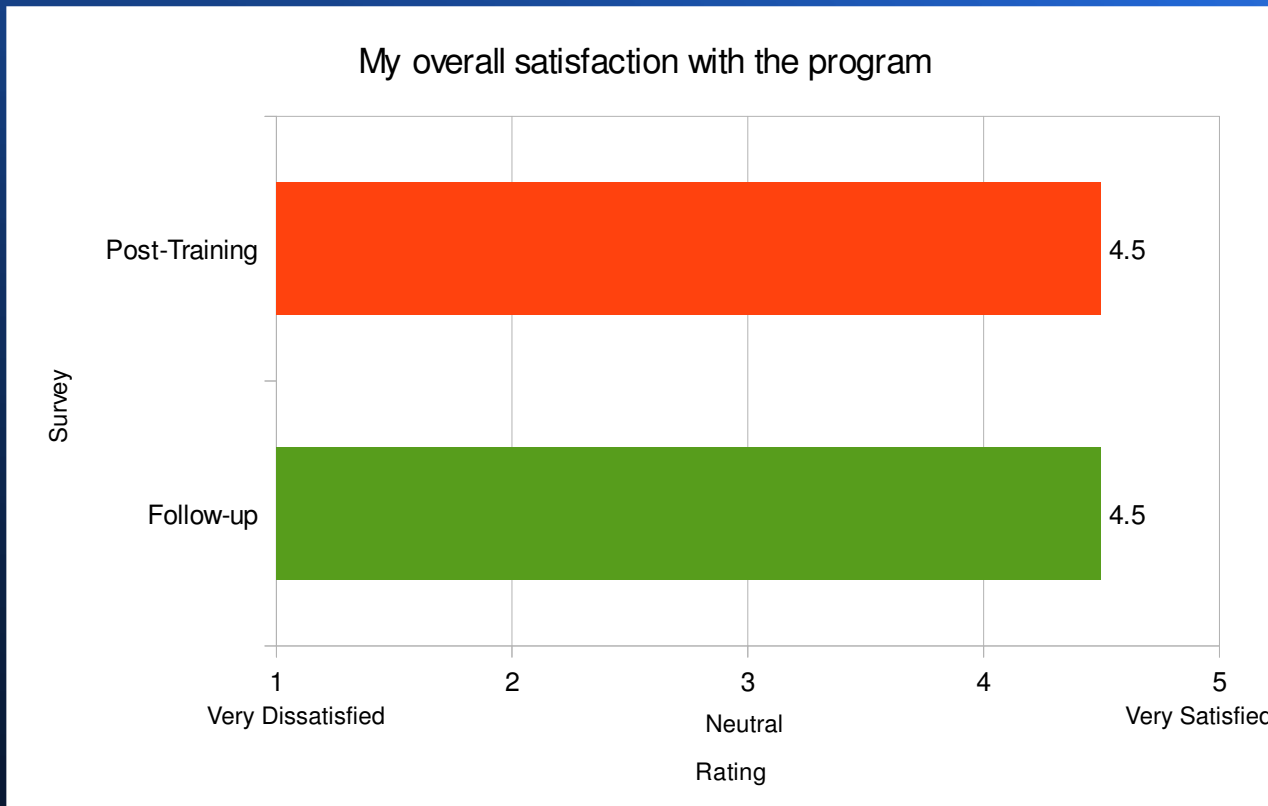


Learner satisfaction with the program was uniformly high, with ratings 4.4-4.5/5 (where 1=Strongly Disagree, 5=Strongly Agree).

Statement	% Strongly Disagree or Disagree	% Strongly Agree or Agree
The online format was appropriate for the subject matter.	1%	94%
I was able to navigate the website easily.	2%	92%
The material was organized clearly for learning to occur.	2%	95%
This program was presented objectively.	1%	94%

Program Satisfaction

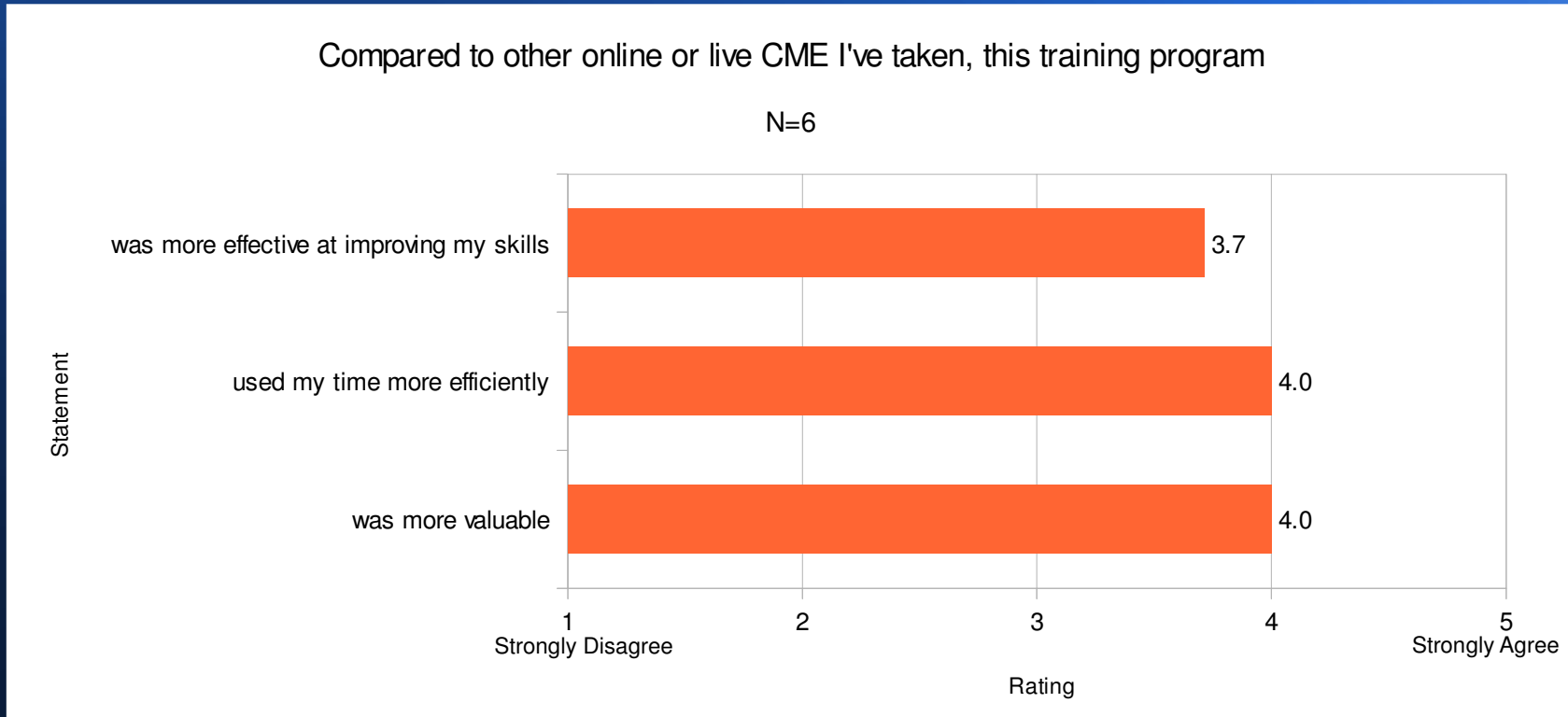
**Question: Please rate your overall satisfaction with the program
Post-Training & Follow-up Comparison**



On average, satisfaction was rated 4.5/5, both at post-training and follow-up (where 1=Very dissatisfied, 5=Very satisfied).

CME Comparison (Follow-up)

Follow-up Question: Compared to other online or live CME, this training program



Compared to other online or live CME, follow-up participants agreed that the buprenorphine training program used time more efficiently and was more valuable (rated 4.0/5).

Referring the Training Program

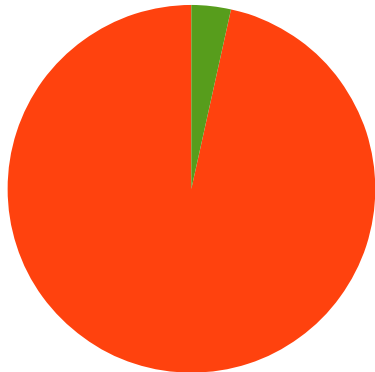
Question: Would you refer this training program to your colleagues interested in prescribing buprenorphine?

Post-Training & Follow-up Comparison

Post-Training

N=232

3%

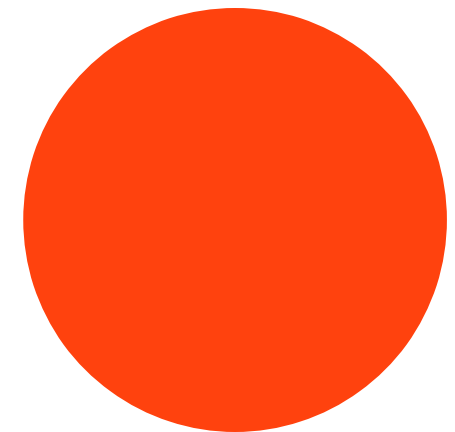


97%

Yes
No

Follow-up

N=15

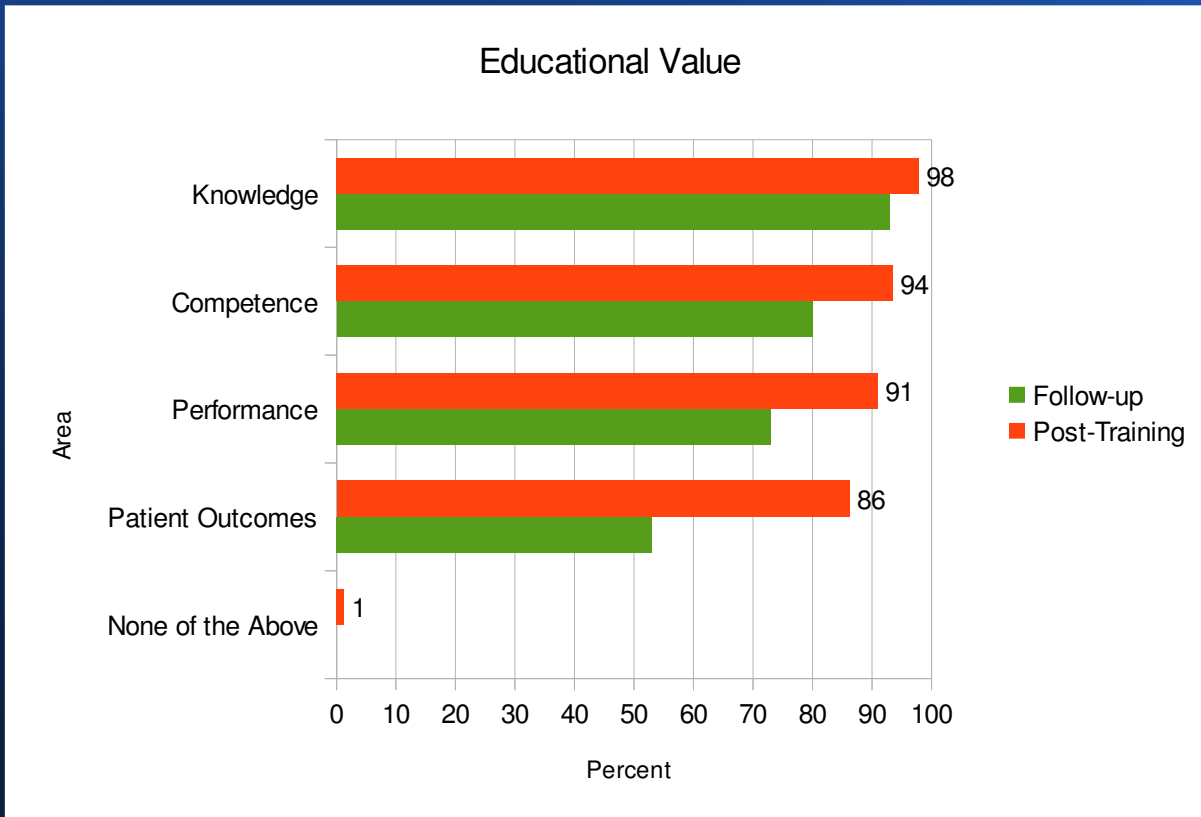


100%

- Ninety-seven percent (97%) of post-training learners would refer colleagues interested in prescribing buprenorphine to this program.
- 100% of follow-up participants would refer this training program.

Educational Value

Question: This program will assist in the improvement of – Check all that apply (post) /This program improved my – Check all that apply (follow-up)
Post-Training & Follow-up Comparison



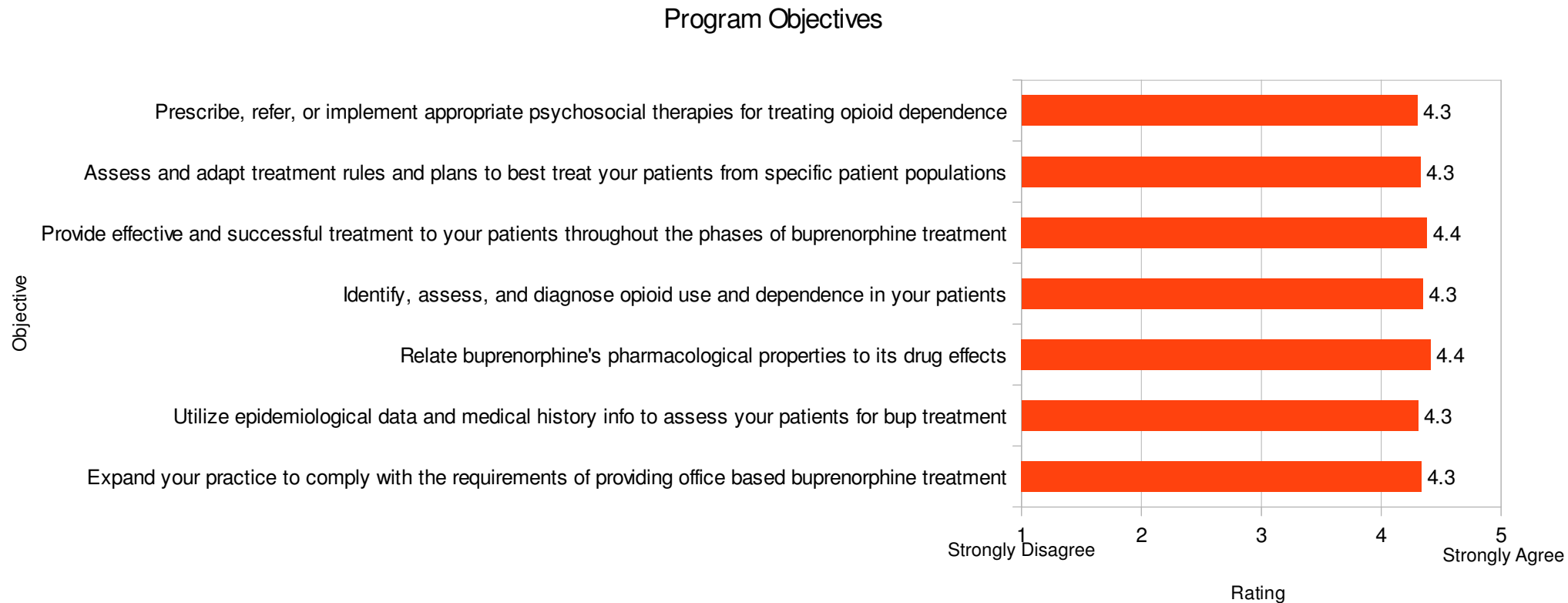
The majority of post-training participants agreed that the program will assist in the improvement of:

- Knowledge (98%)
- Competence (94%)
- Performance (91%) and
- Patient outcomes (86%).

A majority of participants on follow-up (>50%) indicate that our program improved these areas.

Educational Objectives

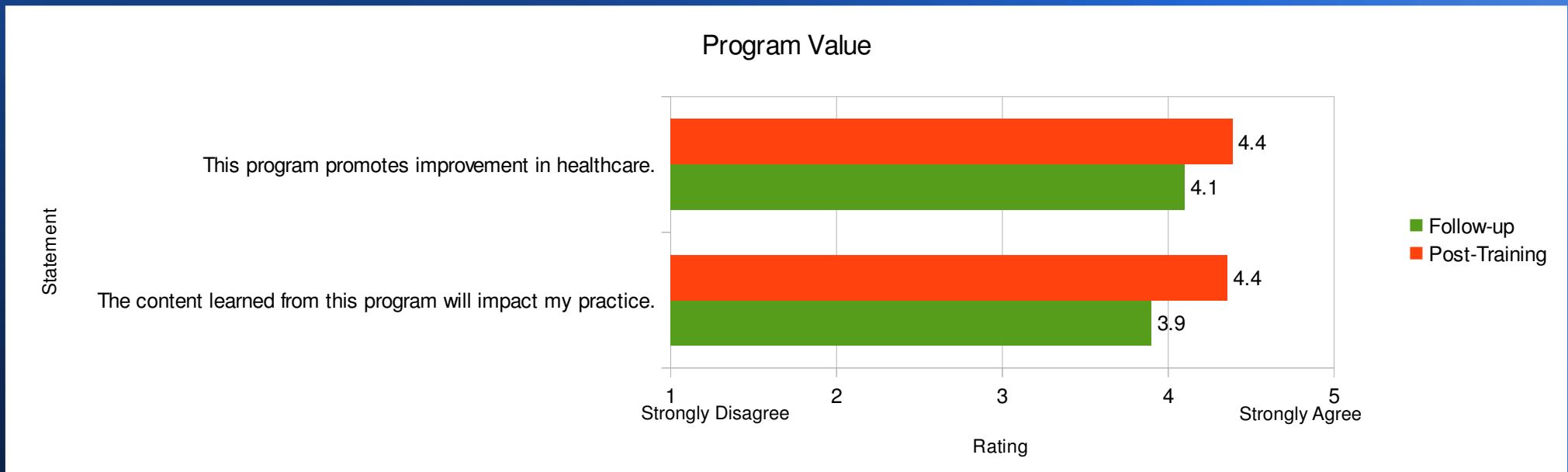
Post-Training Question: This program supported achievement of each of the learning objectives



On the average, there was agreement (4.3-4.4/5) that the program supported achievement of all core learning objectives.

Program Value

**Question: Please rate the following
Post-Training & Follow-up Comparison**



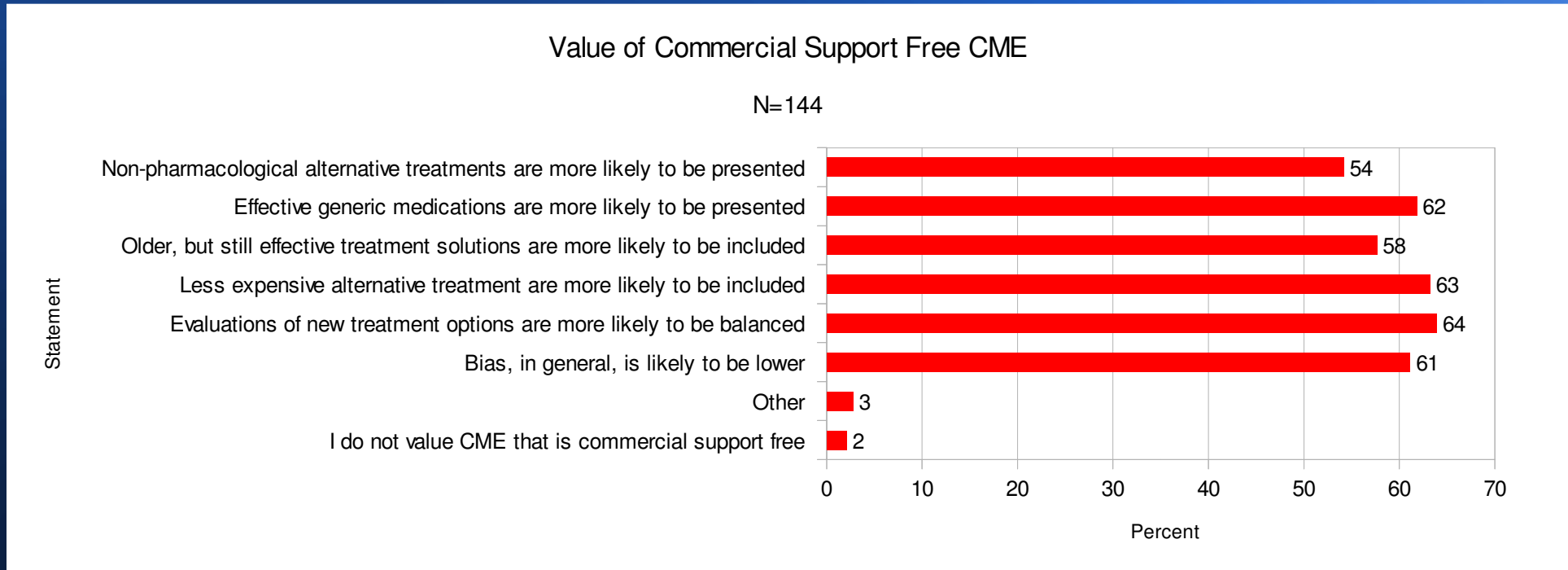
Post-training, there was agreement on the average by learners that:

- the program promotes improvement in healthcare (4.4/5)
- the content learned from this program would impact their practice (4.4/5)

Commercial Support Free CME

Post-Training Question: I value CME that is commercial support free because I believe (Check all that apply)

Note:* This question was asked on a separate recent post-survey (N=144)



An impressive 98% of learners indicated they valued commercial support free CME.

Top reasons learners value Commercial Support Free CME:

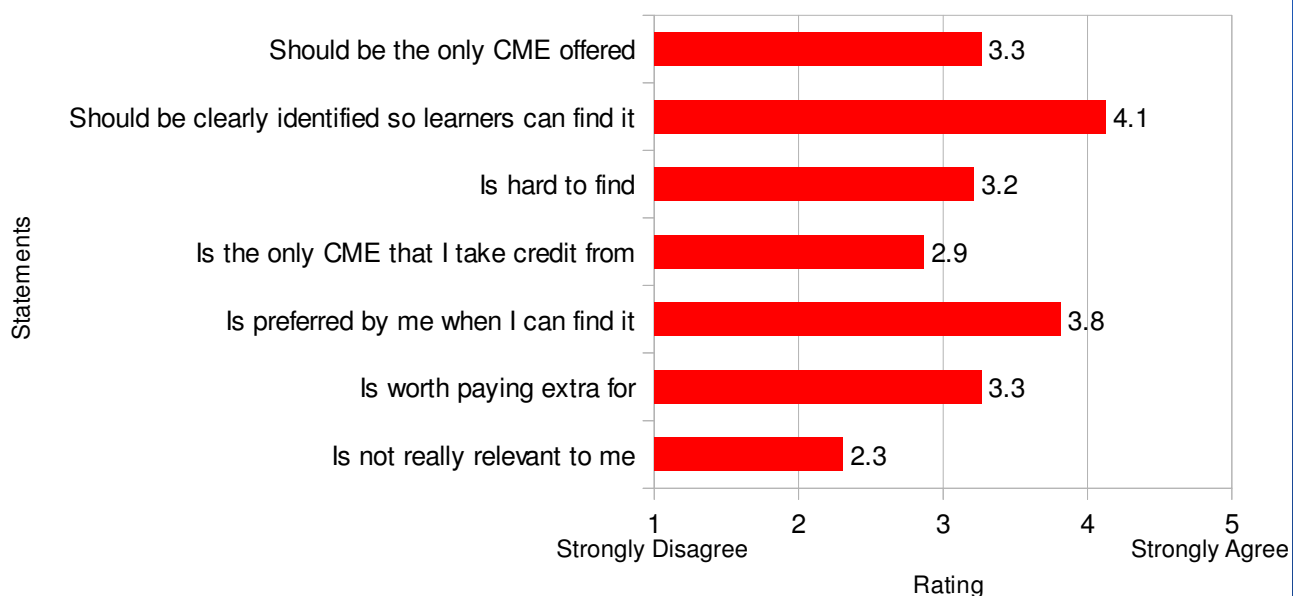
- evaluations of new treatment options are more likely to be balanced (64%)
- less expensive alternative treatments are more likely to be included (63%)
- effective generic medications are more likely to be presented (62%) and
- bias, in general, is likely to be lower (61%).

Commercial Support Free CME

Post-Training Question: CME that is commercial support free

Note:* This question was asked on a separate recent post-survey (N=144)

Commercial Support Free



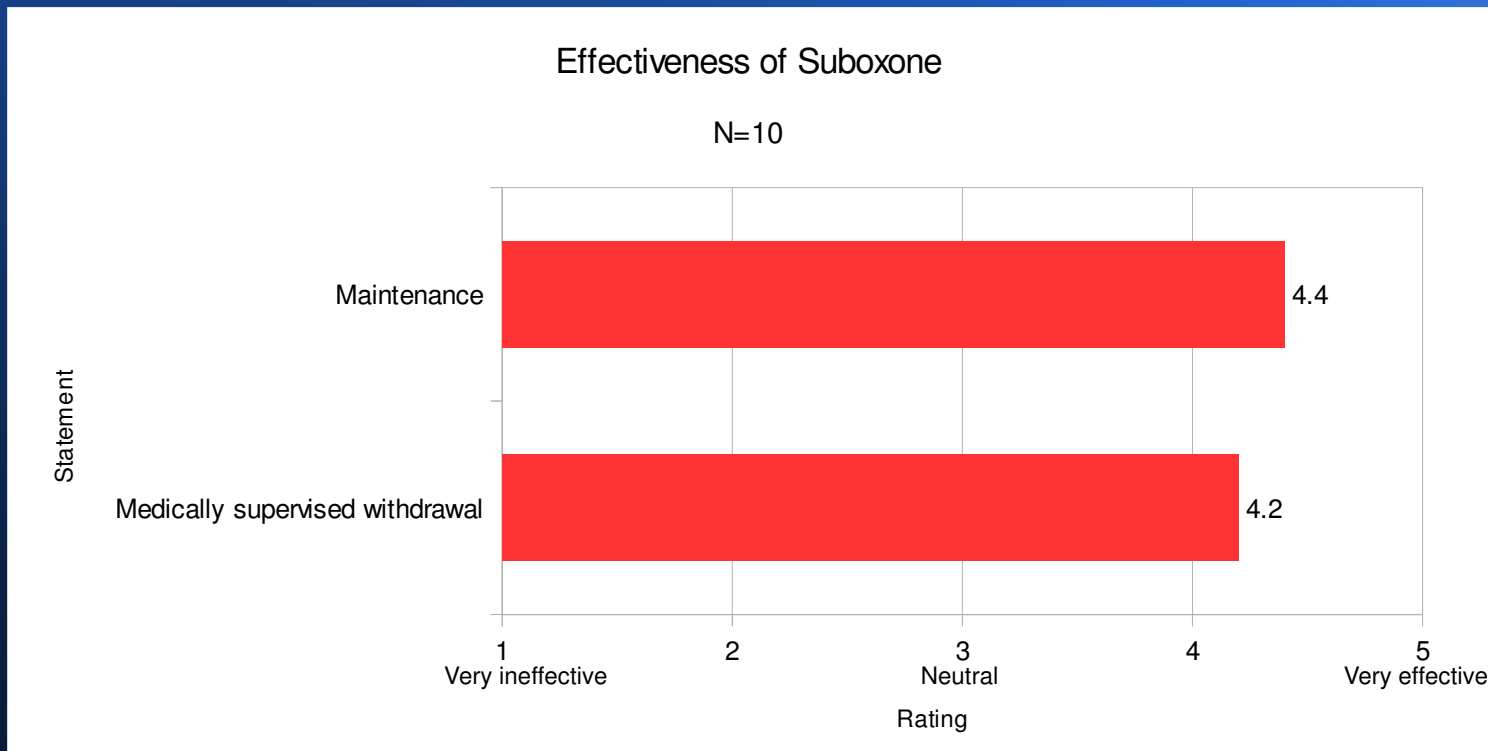
Statement	% Strongly Agree or Agree
Should be the only CME offered	44%
Should be clearly identified so learners can find it	83%
Is hard to find	34%
Is the only CME that I take credit from	22%
Is preferred by me when I can find it	67%
Is worth paying extra for	38%
Is not really relevant to me	10%

Commercial Support Free:

- 83% of learners agreed or strongly agreed that it should be clearly identified so learners can find it
- 67% of learners agreed or strongly agreed that it is preferred by me when they can find it

Effectiveness of Suboxone (Follow-up)

Follow-up Question: Based on your own experience with prescribing Suboxone products for the treatment of opioid dependence, please rate its effectiveness for



There was agreement on the average by current buprenorphine prescribers that suboxone is effective for (where 1=Very ineffective, 5=Very effective):

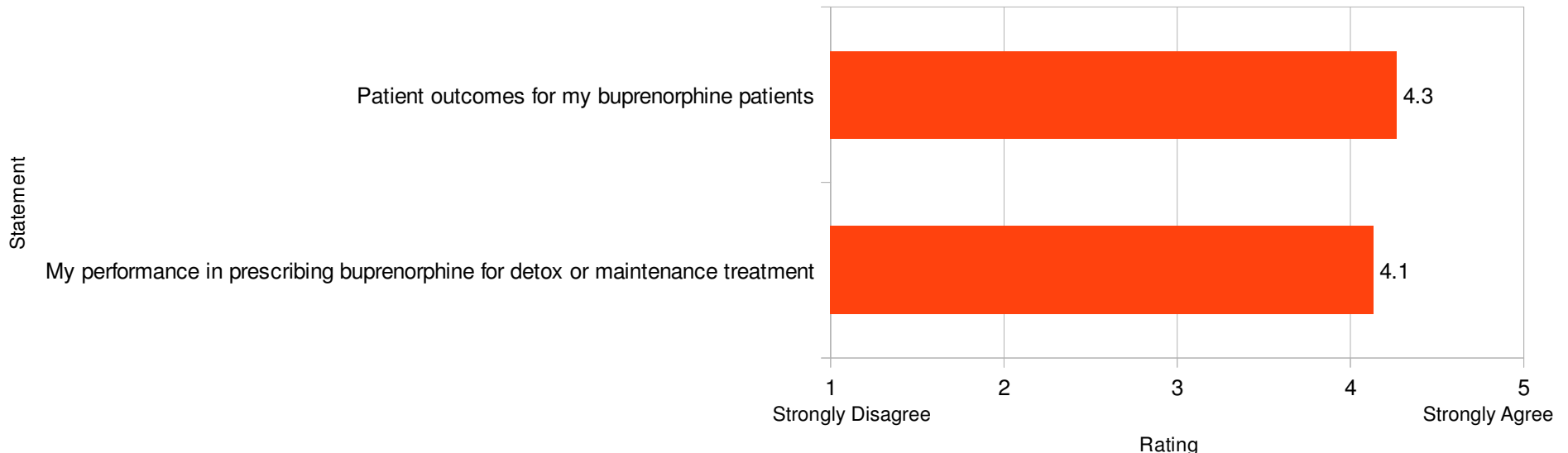
- Maintenance (4.4/5)
- Medically supervised withdrawal (4.2/5)

Current Buprenorphine Prescribers: Patient Outcomes and Performance

Post-Training Question: Participation in this program will assist in the improvement of

Post-Training: Current Buprenorphine Prescribers Only

N=15

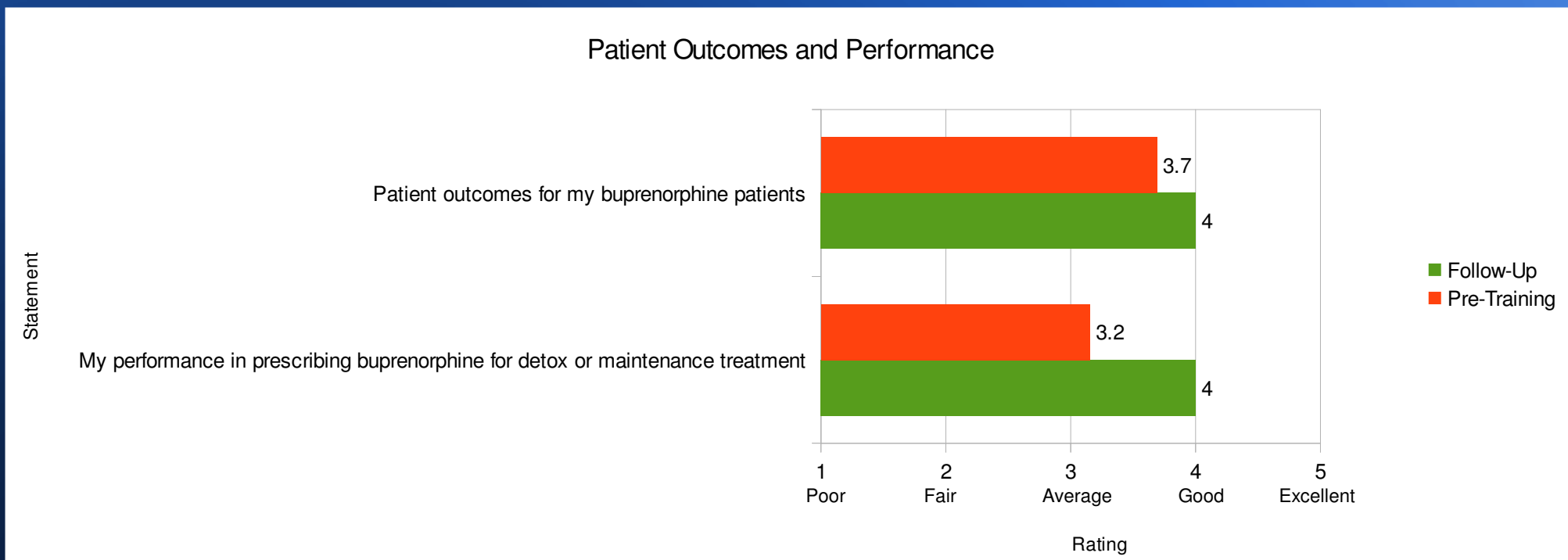


Post-training, current buprenorphine prescribers felt that our program will assist in the improvement of (where 1=Strongly Disagree, 5=Strongly Agree):

- Patient outcomes for their buprenorphine patients (4.3/5)
- Performance in prescribing buprenorphine for detox and maintenance treatment (4.1/5)

Current Buprenorphine Prescribers: Patient Outcomes and Performance

Question: Please rate the following (pre) / Please rate the following -As a result of taking this training program (follow-up)
Pre (N=13) & Follow-Up (N=10) Comparison

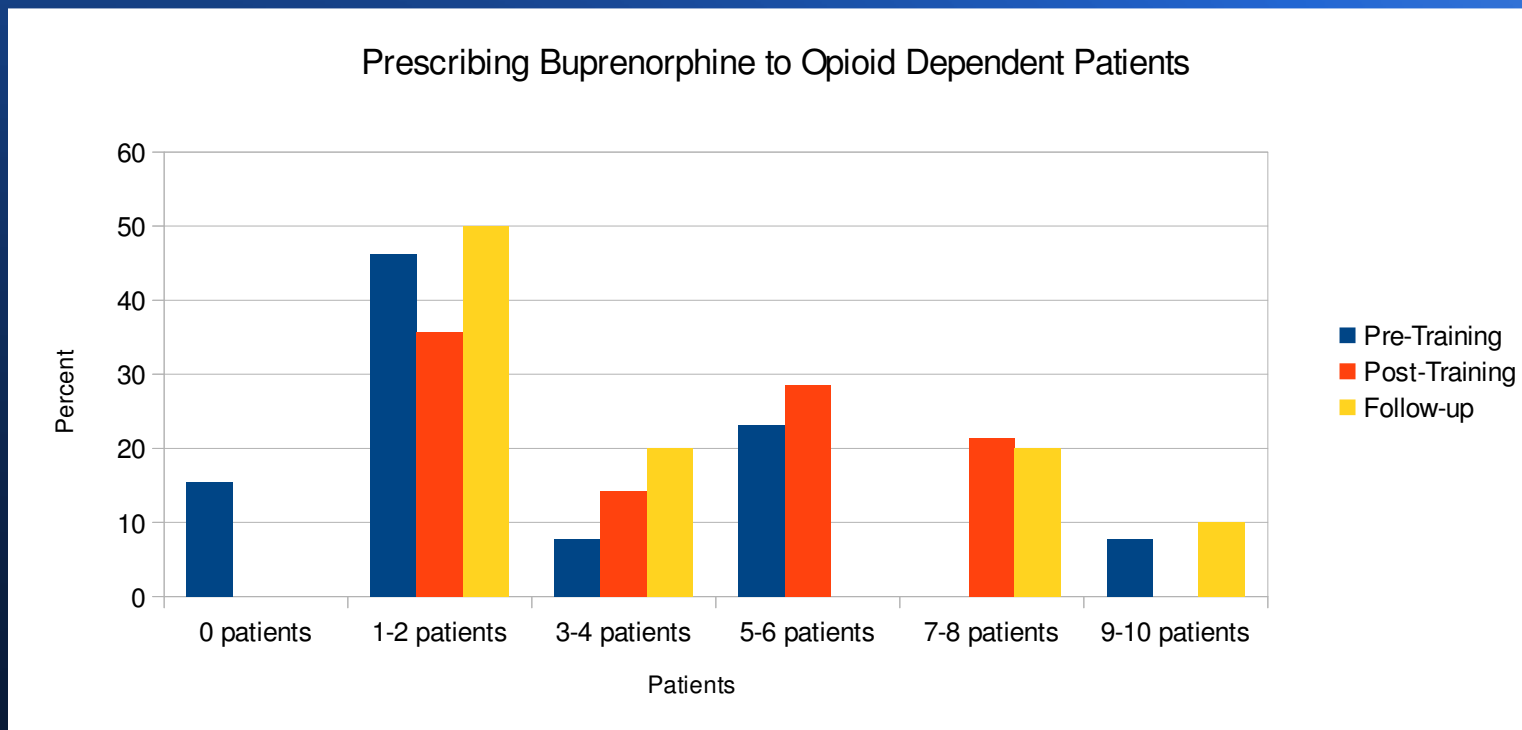


At follow-up, buprenorphine prescribers indicated improved patient outcomes and performance (where 1=Poor, 5=Excellent):

- Patient outcomes for my buprenorphine patients (increased from 3.7 pre to 4 follow-up)
- My performance in prescribing buprenorphine for detox or maintenance treatment (increased from 3.2 pre to 4 follow-up)

Current Bup Prescribers Only: Prescribing Buprenorphine to Opioid Dependent Patients

Question: For every 10 opioid-dependent patients I see I (pre and followup) / I will (post):
Pre (n=13), Post (n=14) & Follow-up (n=10) Comparison

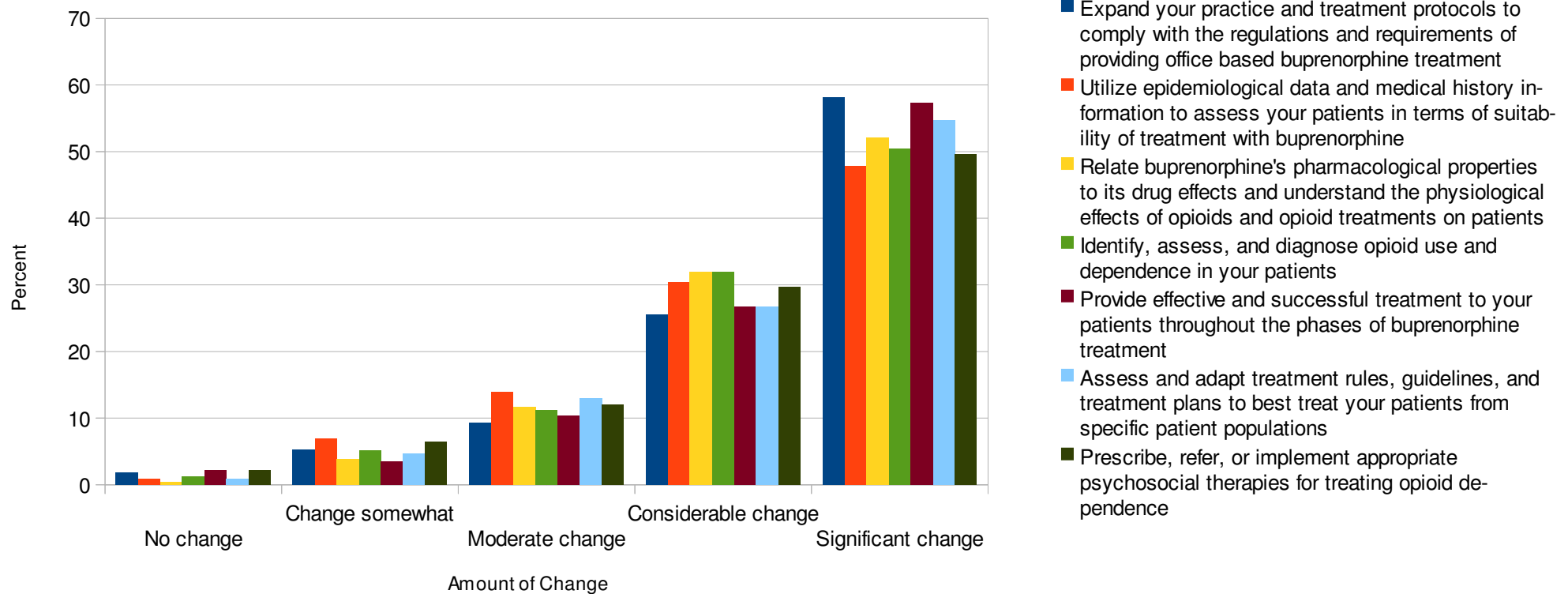


At follow-up, half of participants prescribe buprenorphine to only 1-2 patients.

Post- Intended Behavior Changes

Post-Training Question: After completing this program, how much of a practice change are you planning in the following areas?

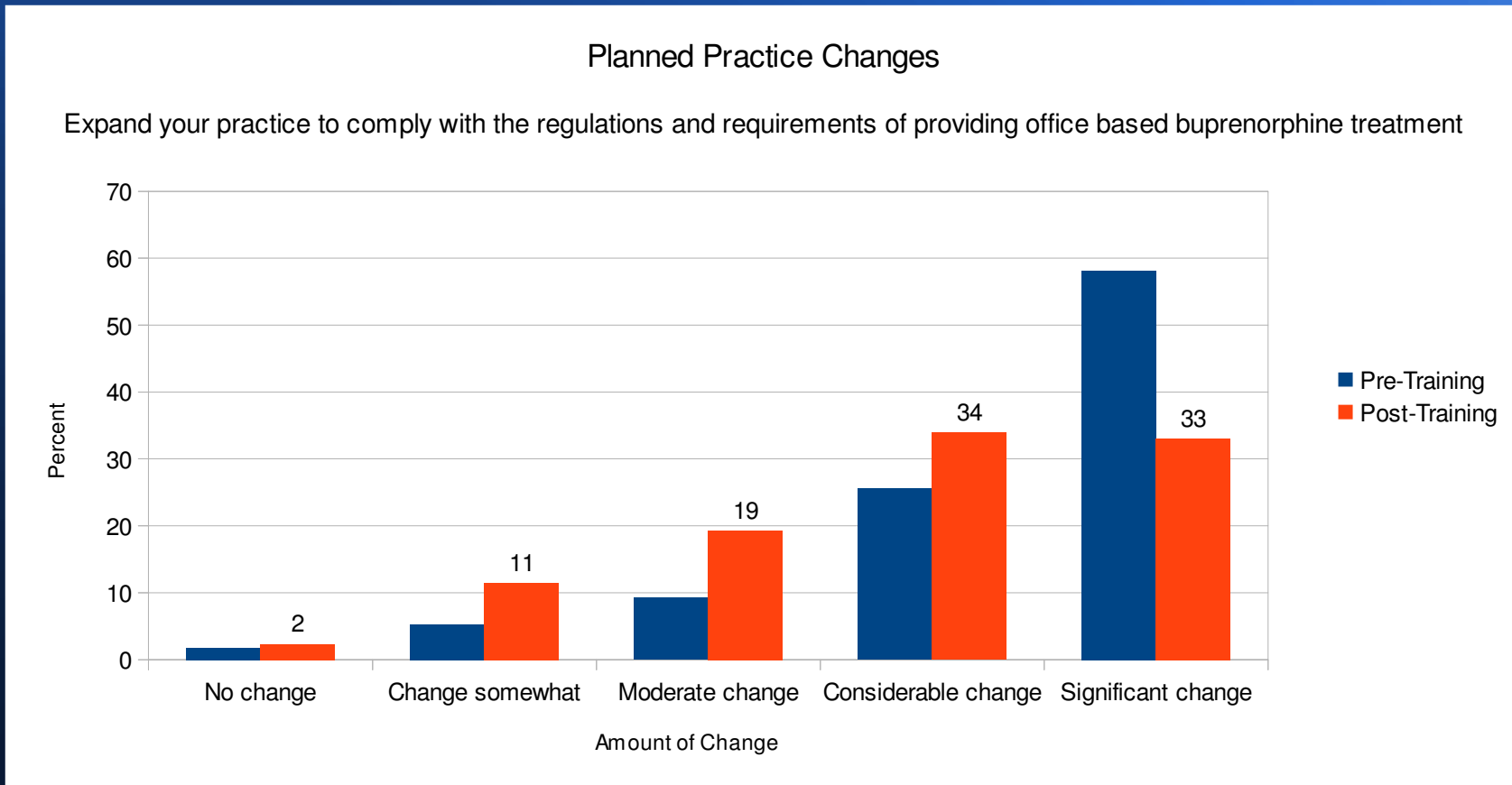
Planned Practice Changes



At post-training, a majority of participants (>60%) intended on making considerable or significant changes for each of the practice areas listed.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

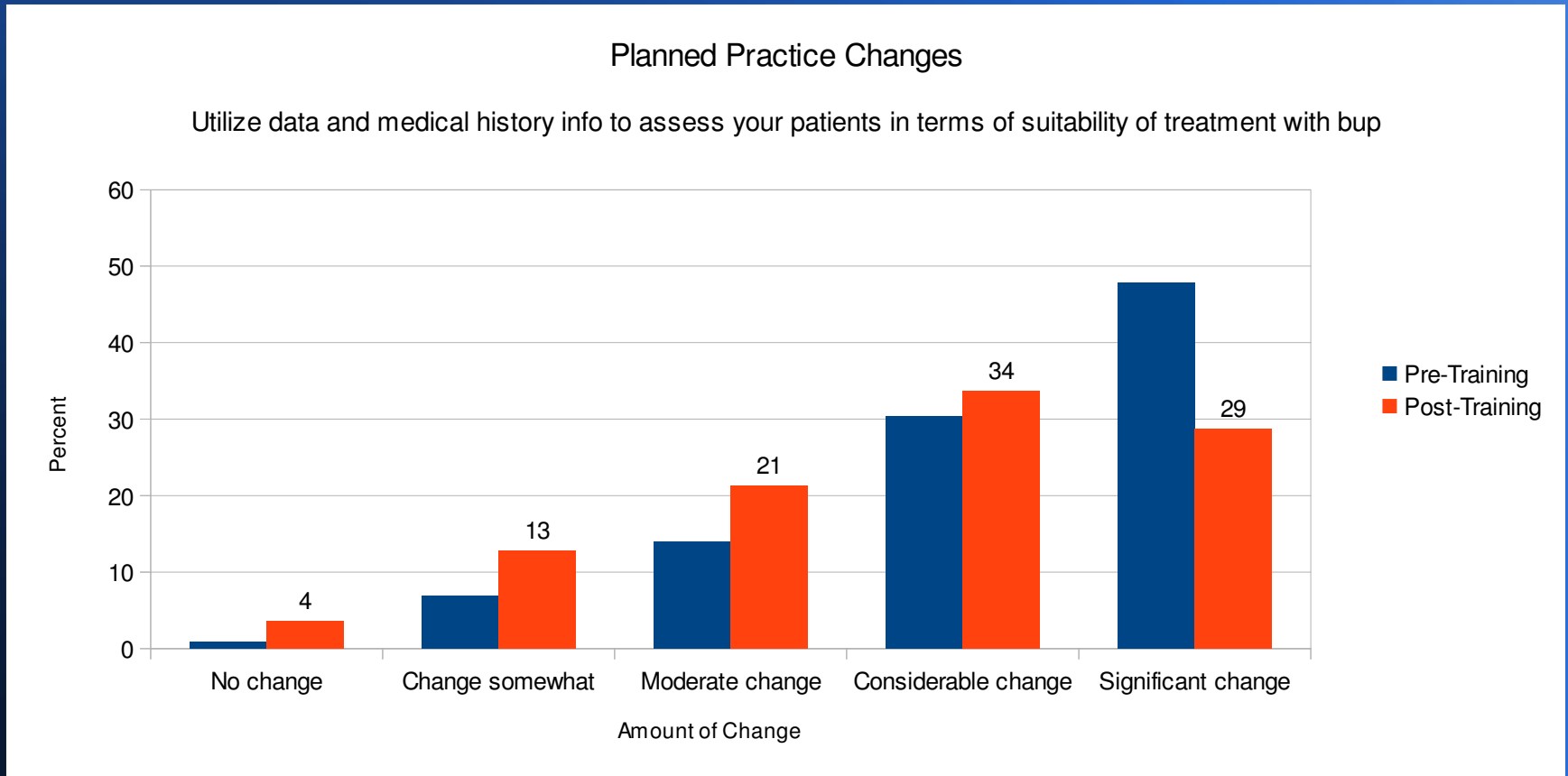
**Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=227) to Post (N=218) Comparison**



At post-training, a majority of participants (67%) intended on making considerable or significant changes in the area of expanding their practice to comply with the requirements of providing office-based buprenorphine treatment.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

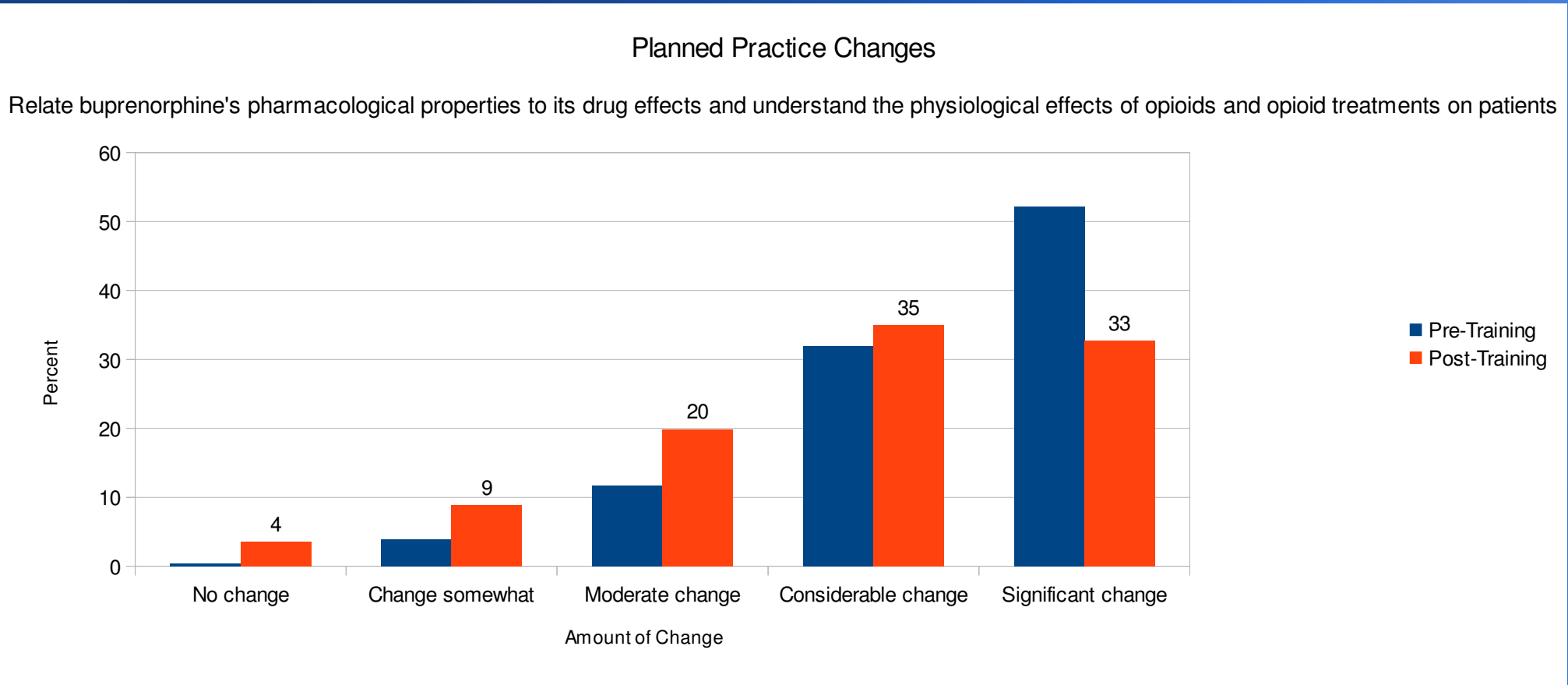
**Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=230) to Post (N=226) Comparison**



At post-training, a majority of participants (63%) intended on making considerable or significant changes in the area of utilizing epidemiological data and medical history information to assess patients in terms of suitability with buprenorphine.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

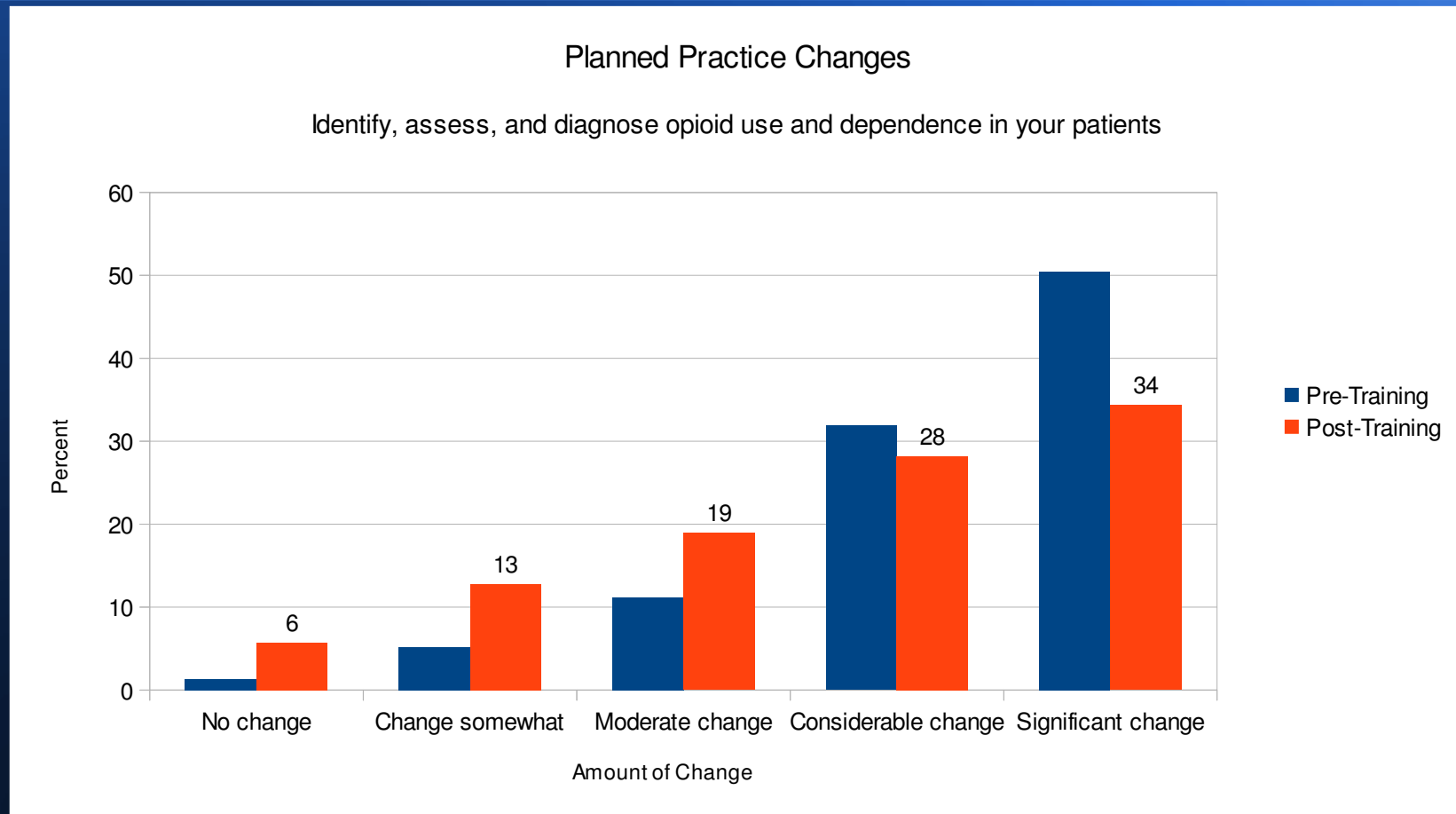
**Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=232) to Post (N=226) Comparison**



At post-training, a majority of participants (68%) intended on making considerable or significant changes in the area of relating buprenorphine's pharmacological properties to its drug effects and understanding the physiological effects of opioids and opioid treatments on patients.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

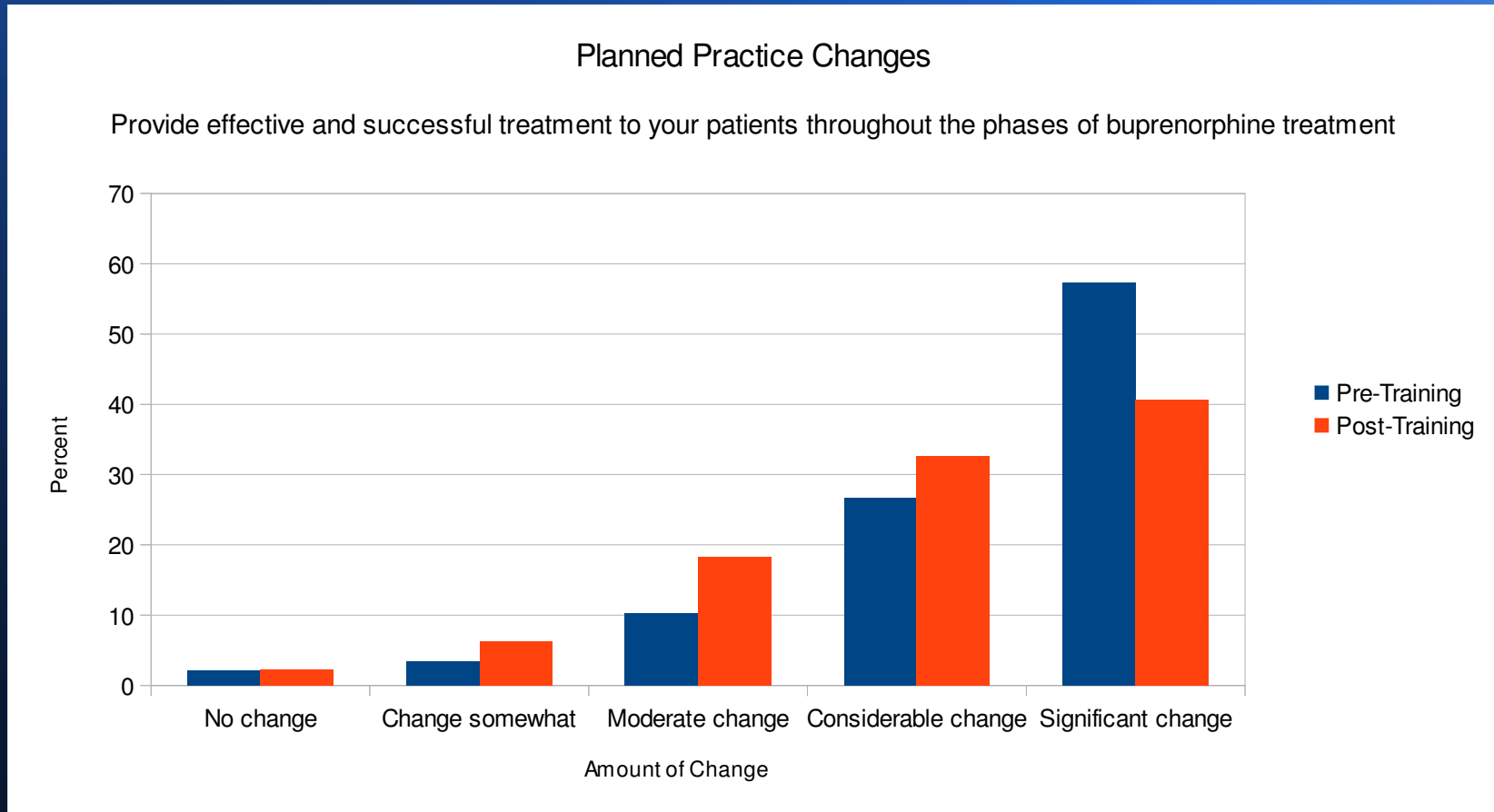
**Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=232) to Post (N=227) Comparison**



At post-training, a majority of participants (62%) intended on making considerable or significant changes in the area of identifying, assessing and diagnosing opioid use and dependence in patients.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

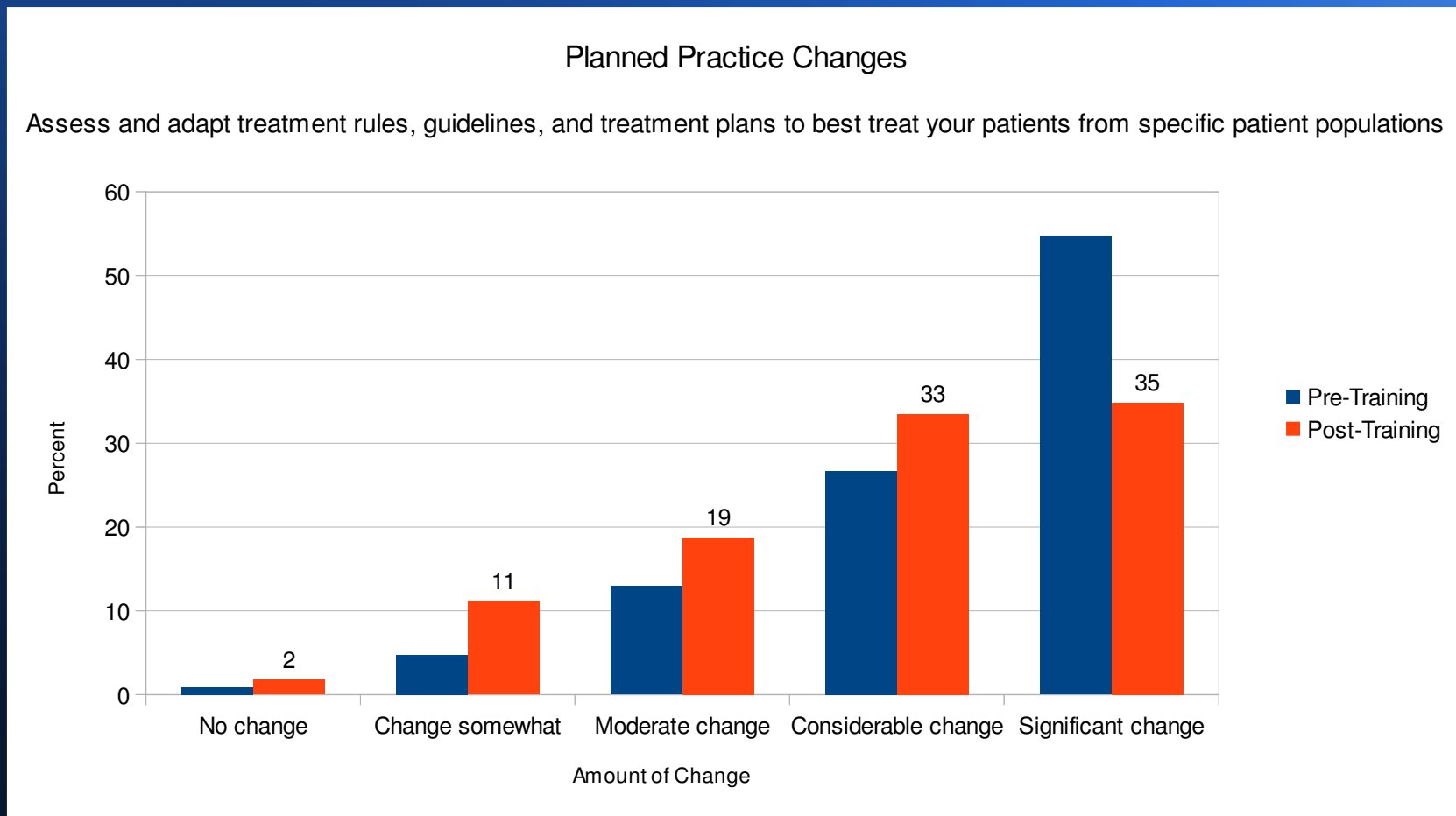
Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=232) to Post (N=224) Comparison



At post-training, a majority of participants (74%) intended on making considerable or significant changes in the area of providing effective and successful treatment to patients throughout the phases of buprenorphine treatment.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

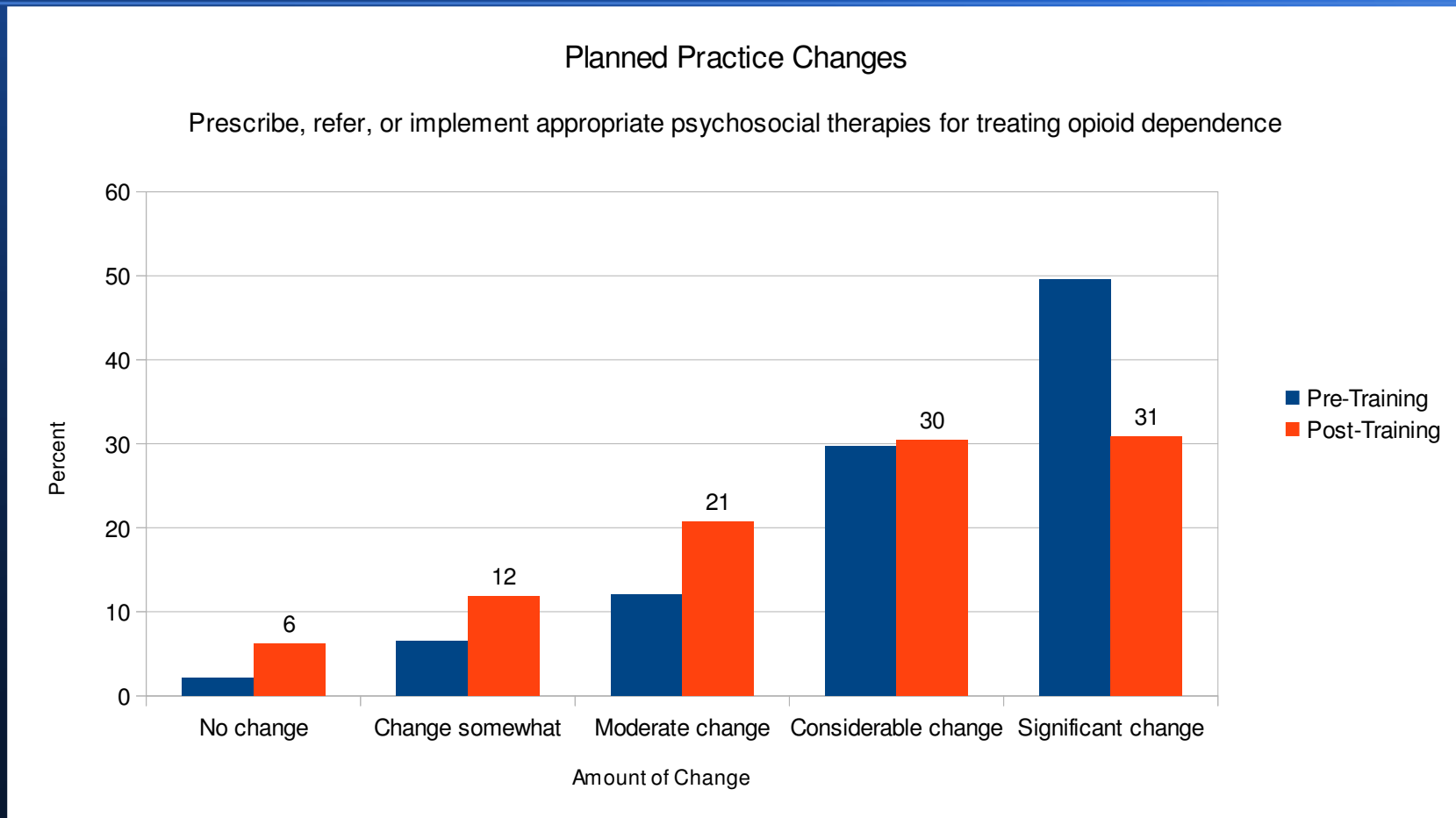
**Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=232) to Post (N=224) Comparison**



At post-training, a majority of participants (68%) intended on making considerable or significant changes in the area of assessing and adapting treatment rules, guidelines and treatment plans to best treat patients from specific patient populations.

Pre- Desired Behavior Change to Post- Intended Behavior Change (Continued)

**Question: How much of a practice change are you planning from this training (pre)... / After completing this program, how much of a practice change are you planning? (post)...
Pre (N=232) to Post (N=227) Comparison**



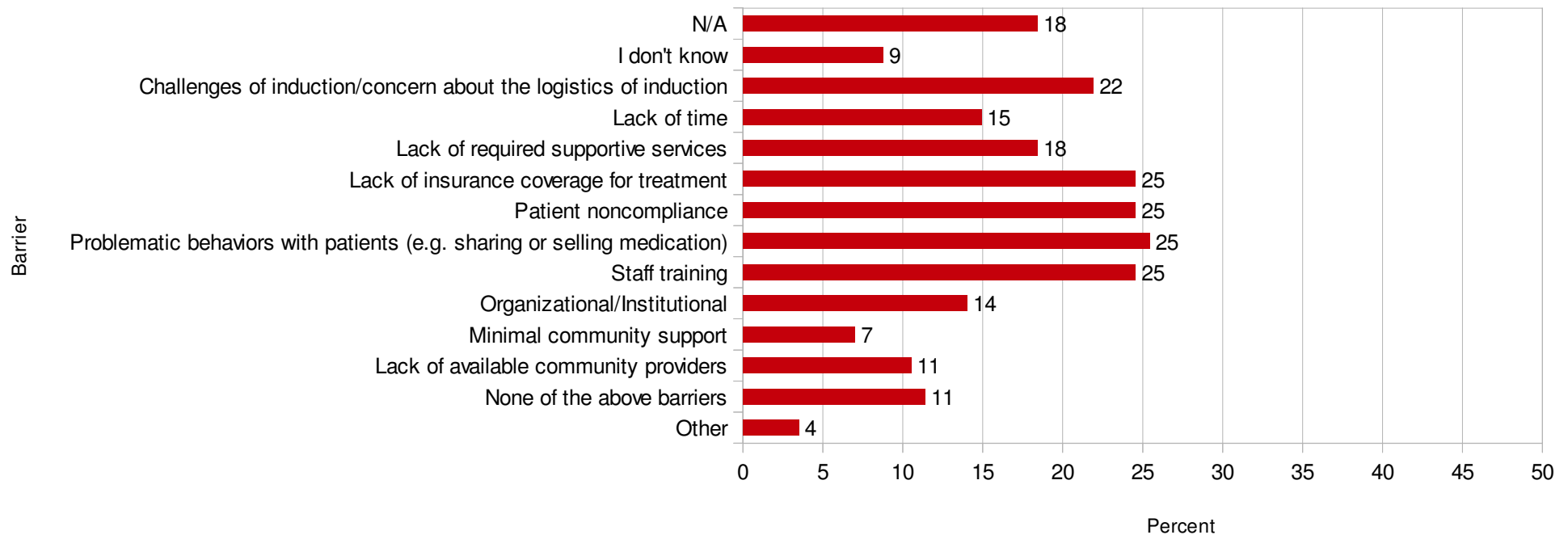
At post-training, a majority of participants (61%) intended on making considerable or significant changes in the area of prescribing, referring or implementing appropriate psychosocial therapies for treating opioid dependence.

Barriers to Implementing Practice Changes (Post-Training)

Post-Training Question: What are the barriers in your current practice that may impact implementing practice changes to improve patient outcomes? (Check all that apply)

Barriers to Implementing Practice Changes

N=114

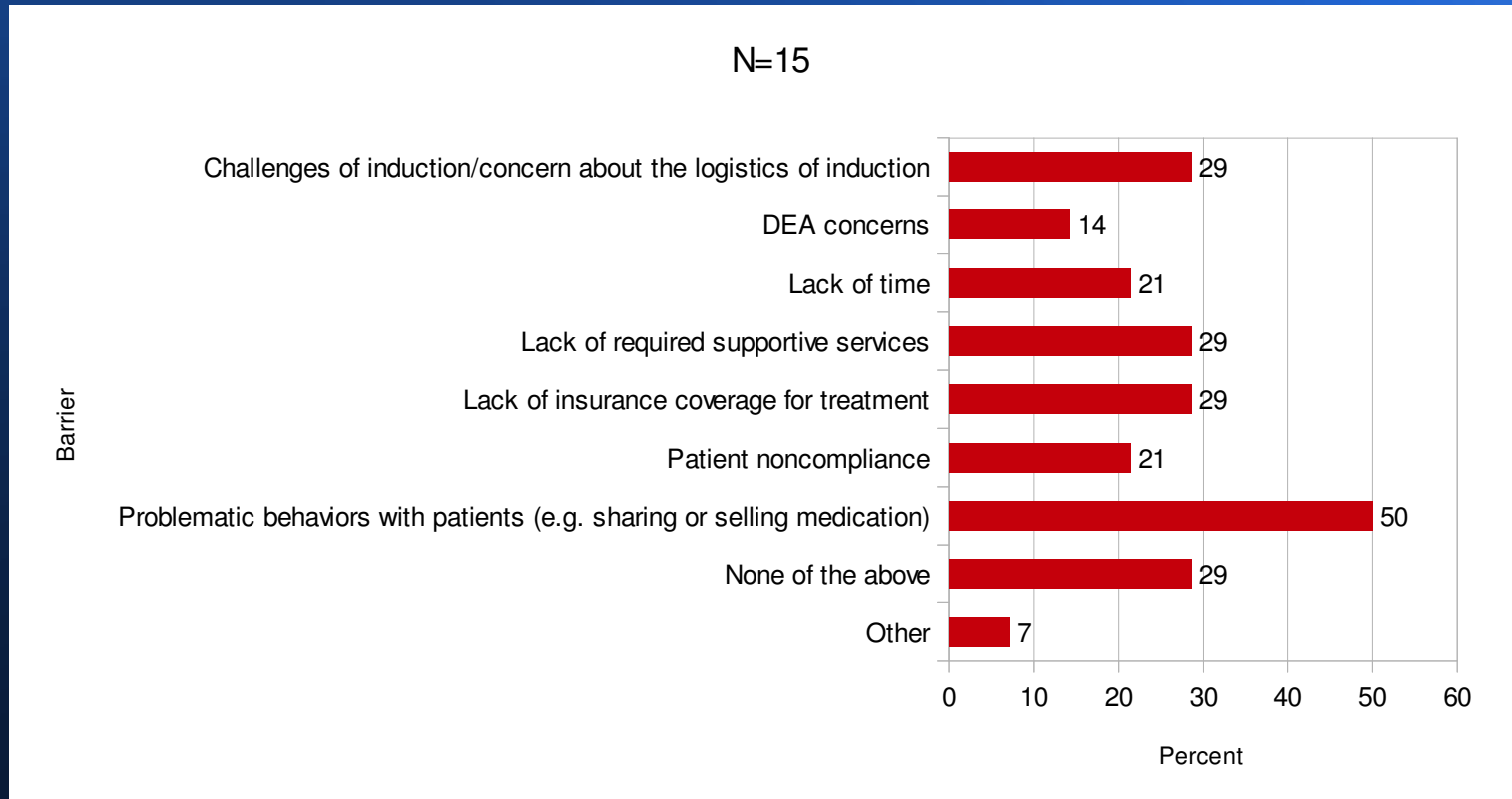


Post-training, the top four perceived barriers to implementing practice changes were:

- lack of insurance coverage for treatment (25%)
- patient noncompliance (25%)
- problematic behaviors with patients (25%) and
- staff training (25%)

Barriers to Implementing Practice Changes (Follow-up)

Follow-up Question: What are the barriers in your current practice that affect implementing practice changes? (Check all that apply)



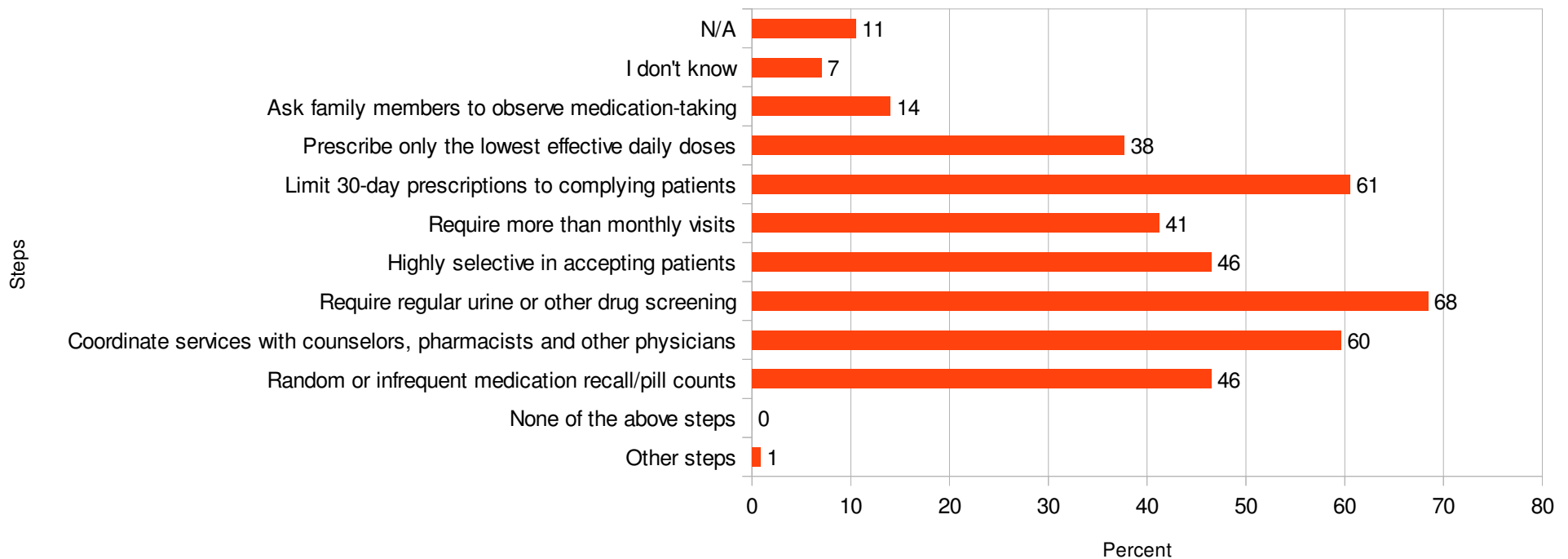
At follow-up, 50% of participants indicated that patients' problematic behaviors were a barrier that affected implementing practice changes.

Steps to Minimize Inappropriate Use and Diversion (Post-Training)

Post-Training Question: What steps are you planning to take to reduce the inappropriate use or diversion of buprenorphine? (Check all that apply)

Steps to Reduce Inappropriate Use or Diversion of Buprenorphine

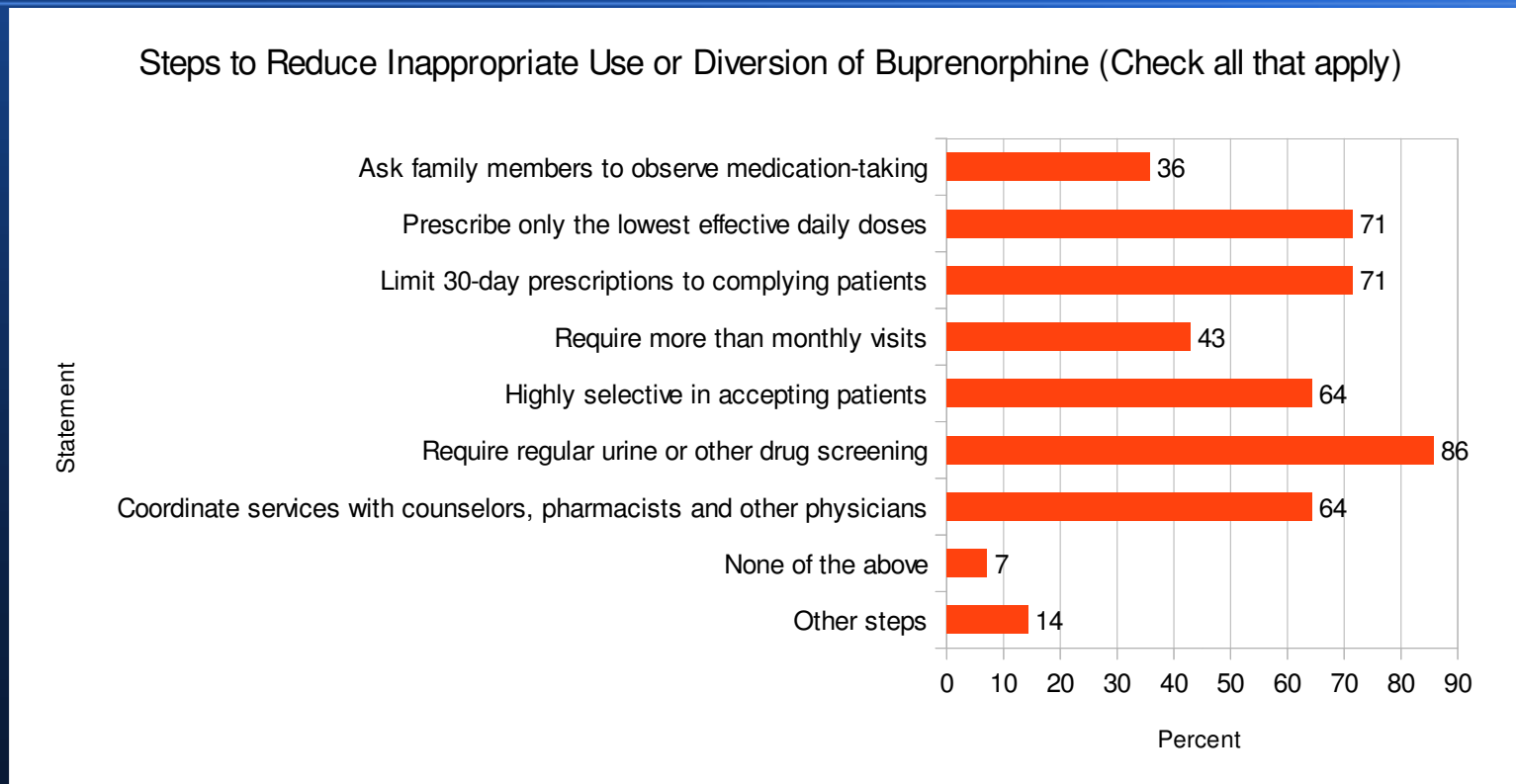
n=114



A majority of participants (>60%) will limit 30-day prescriptions to complying patients, require regular urine drug screening, and coordinate services with counselors and other physicians as steps to reduce the inappropriate use or diversion of buprenorphine.

Steps to Minimize Inappropriate Use and Diversion (Follow-up)

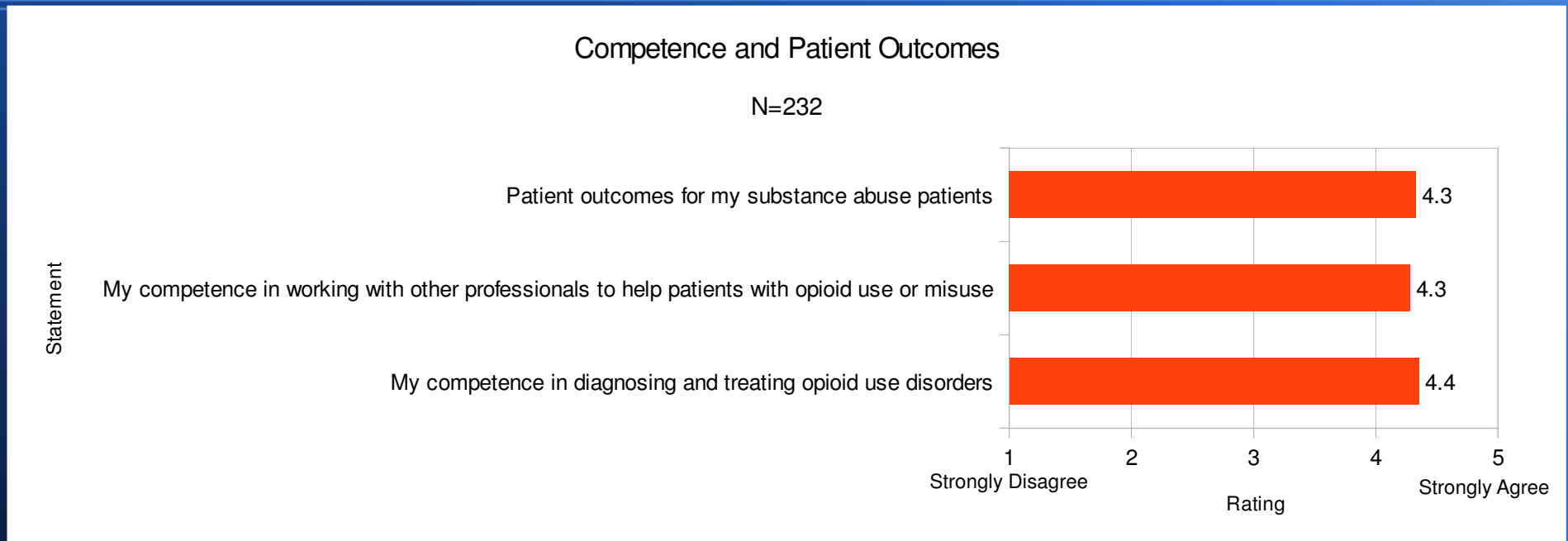
Follow-up Question: What steps do you take to reduce the inappropriate use or diversion of buprenorphine? (Check all that apply)



A large majority of follow-up participants indicated that they require regular urine or other drug screening (86%).

Competence and Patient Outcomes (Post-Training)

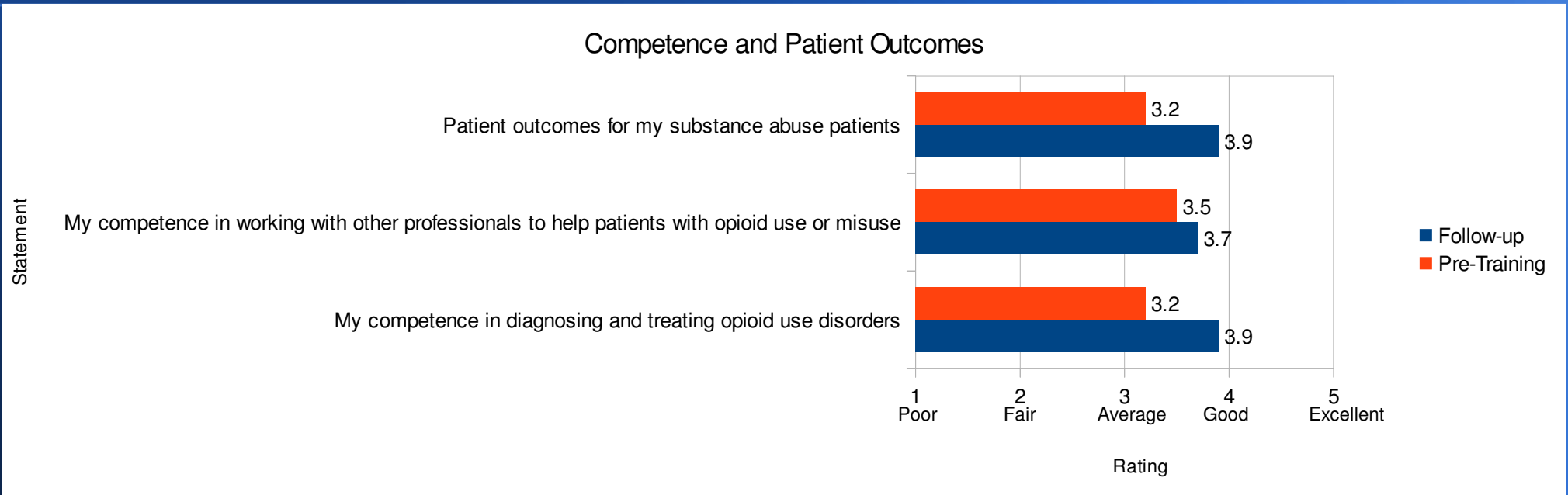
Post-Training Question: Participation in this program will assist in the improvement of



There was agreement on the average that the program will assist in the improvement of patient outcomes and competence, with ratings from 4.3-4.4 out of 5 (where 5=Strongly Agree).

Competence and Patient Outcomes (Pre & Follow-up)

Question: Participation in this program will assist in the improvement of Pre & Follow-up Comparison



At follow-up, learners indicated improved patient outcomes and performance (where 1=Poor, 5=Excellent):

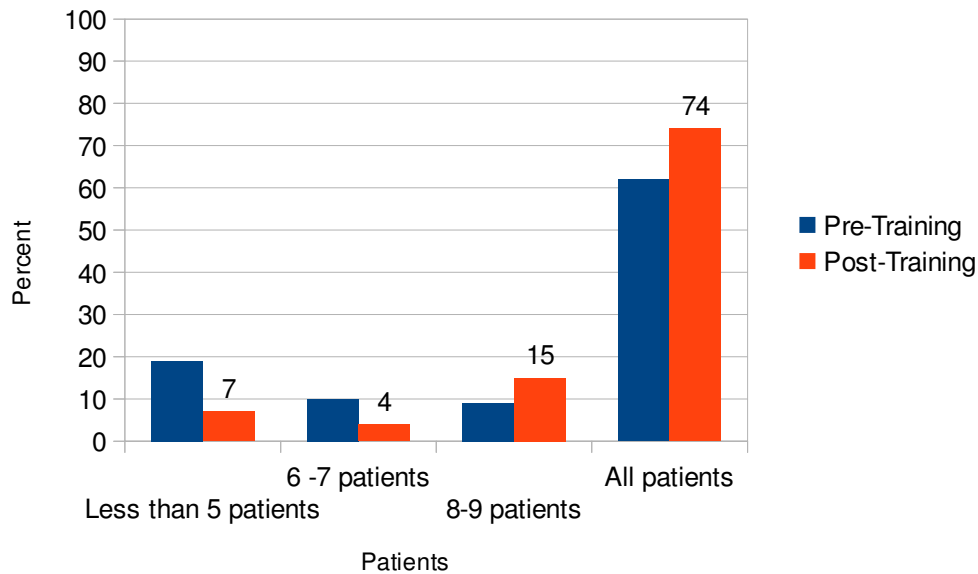
- Patient outcomes for my substance abuse patients (increased from 3.2 pre to 3.9 follow-up)
- My competence in working with other professionals to help patients with opioid use or misuse (increased from 3.5 pre to 3.7 follow-up)
- My competence in diagnosing and treating opioid use disorders (increased from 3.2 pre to 3.9 follow-up)

Screening for Past and Current Substance Use

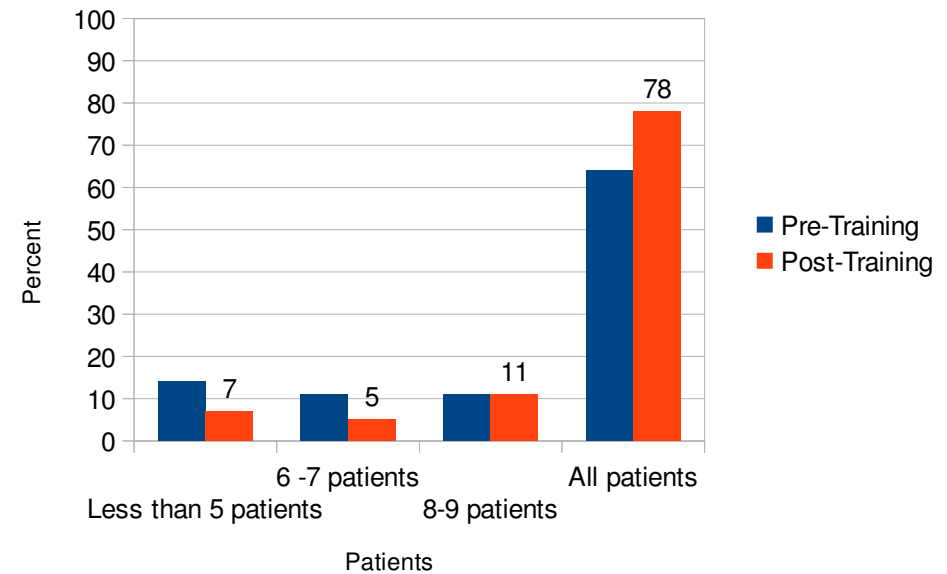
Question: For every 10 patients you see in your typical clinical practice, how many patients do you (pre) / will you (post)

Pre (N=228) to Post (N=227) Comparison

Screen for PAST substance use



Screen for CURRENT substance use



A majority of post-training participants plan on screening all patients for:

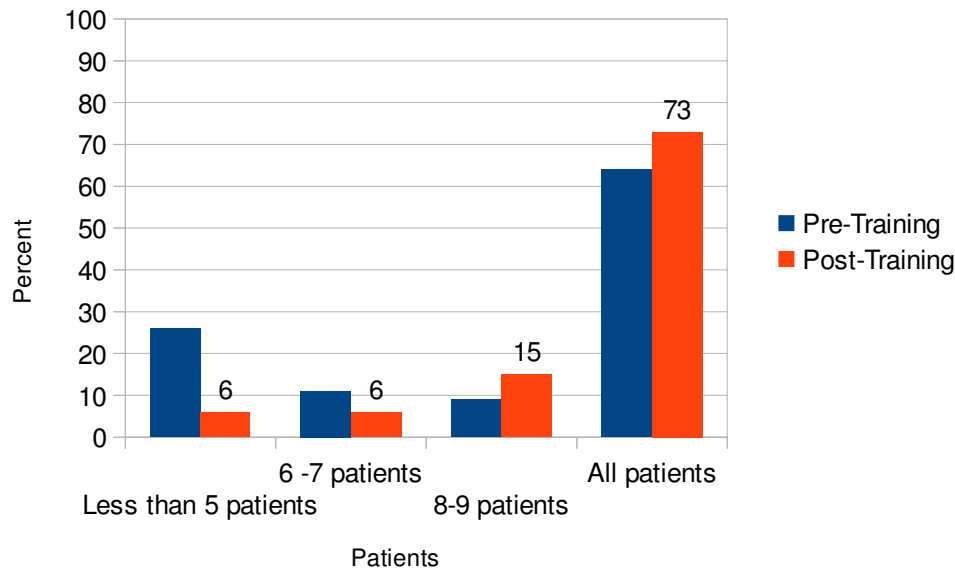
- PAST substance use (74%)
- CURRENT substance use (78%)

Screening for Past and Current Opioid Use

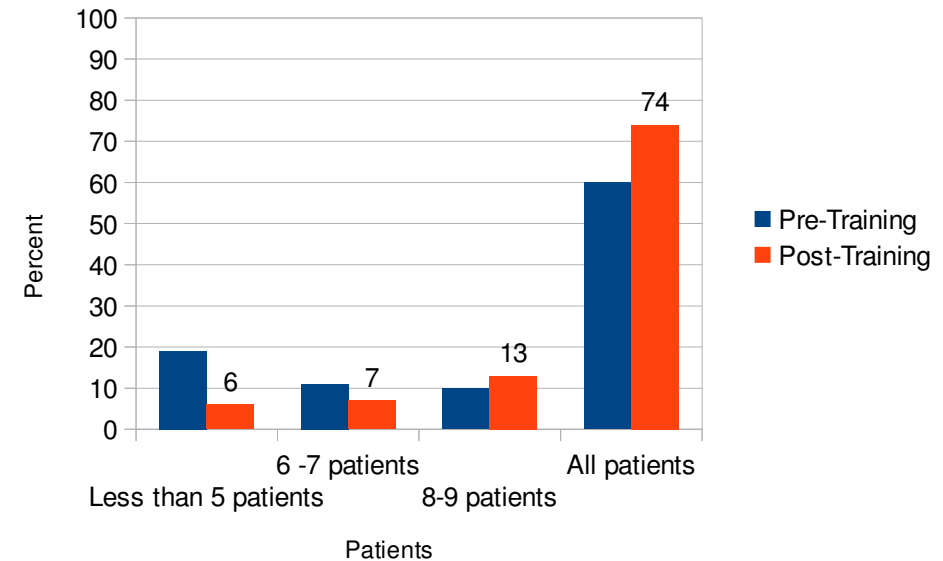
Question: For every 10 patients you see in your typical clinical practice, how many patients do you (pre) / will you (post)

Pre (N=228) to Post (N=227) Comparison

Screen for PAST opioid use



Screen for CURRENT opioid use

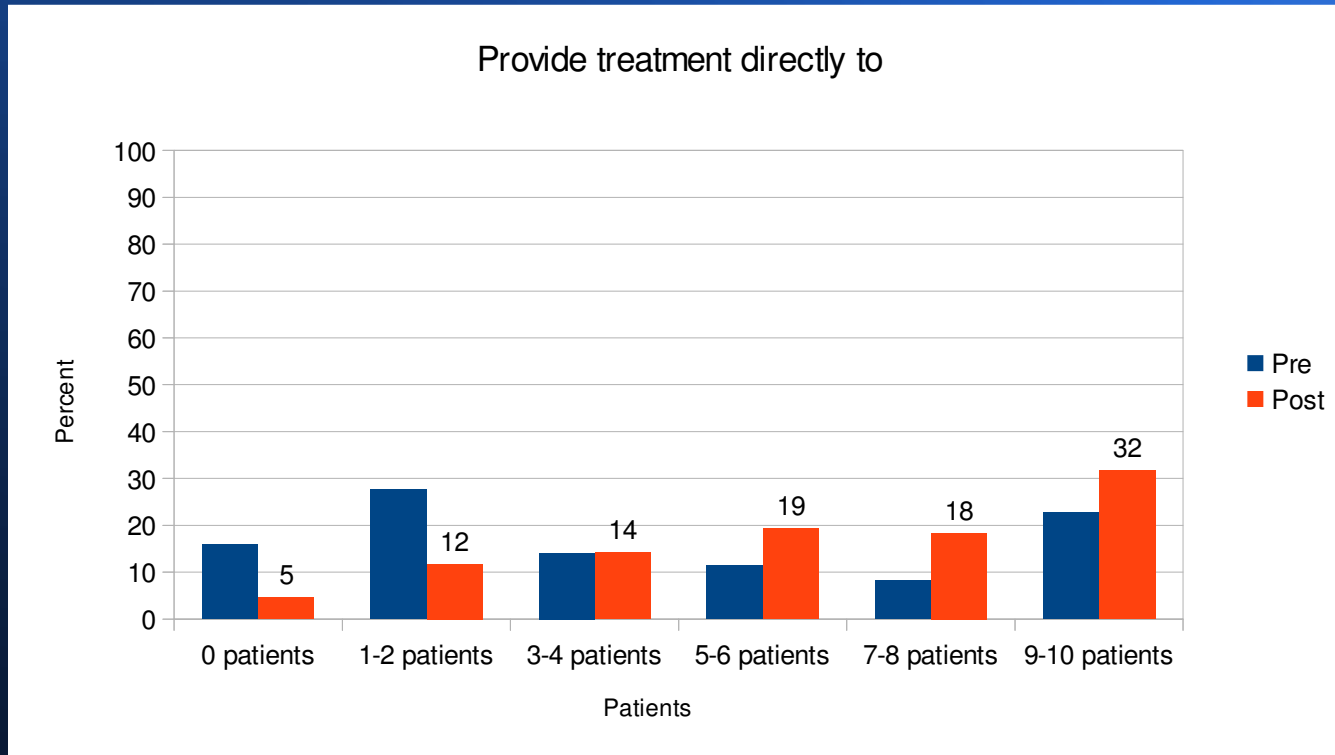


A majority of post-training participants plan on screening all patients for:

- PAST opioid use (73%)
- CURRENT opioid use (74%)

Providing Treatment to Patients with Substance Abuse or Misuse

Question: For every 10 patients you see, how many patients with ANY SUBSTANCE (alcohol and other drugs) abuse or misuse do you provide treatment directly to (pre) / will you (post)
Pre (N=220) to Post (N=199) Comparison

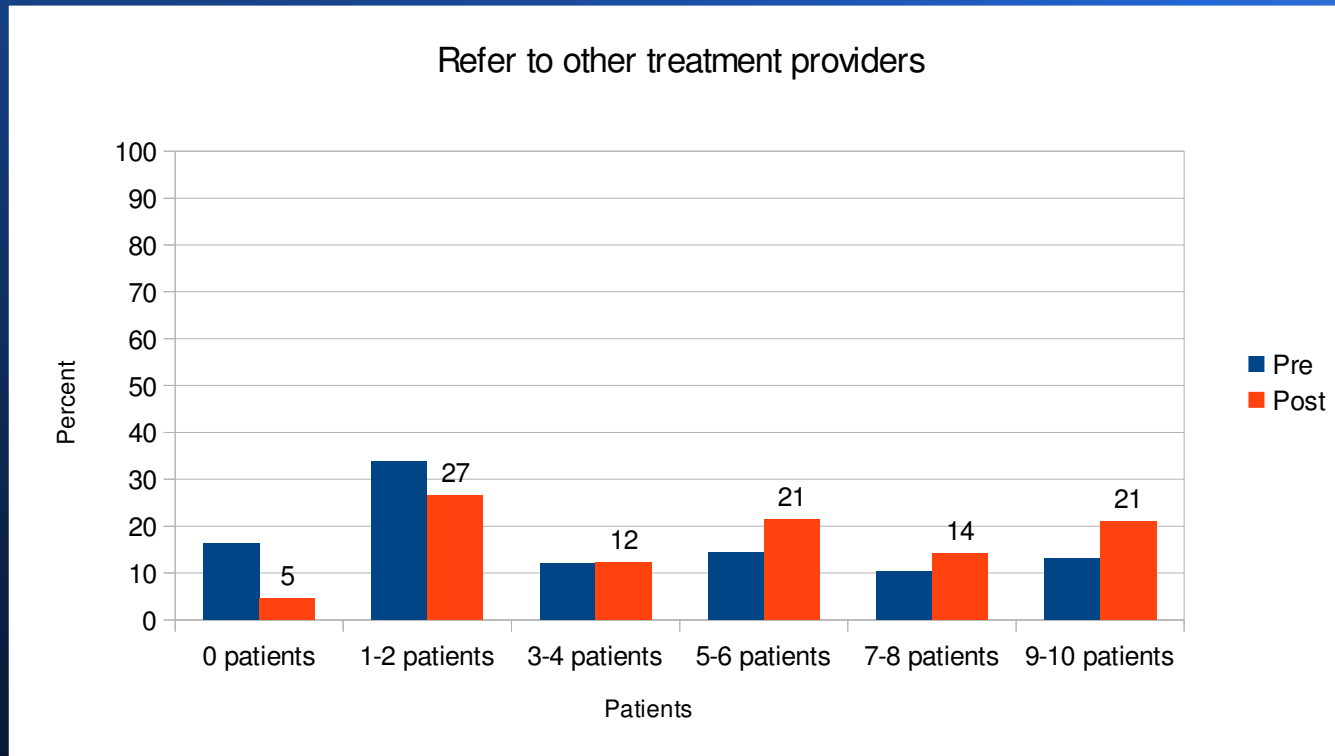


A majority of post-training participants indicated they will provide treatment directly to most or all patients with any substance abuse or misuse.

Referral Practice for Patients with Substance Abuse or Misuse

Question: For every 10 patients you see, how many patients with ANY SUBSTANCE (alcohol and other drugs) abuse or misuse do you refer to other treatment providers (pre) / will you (post)

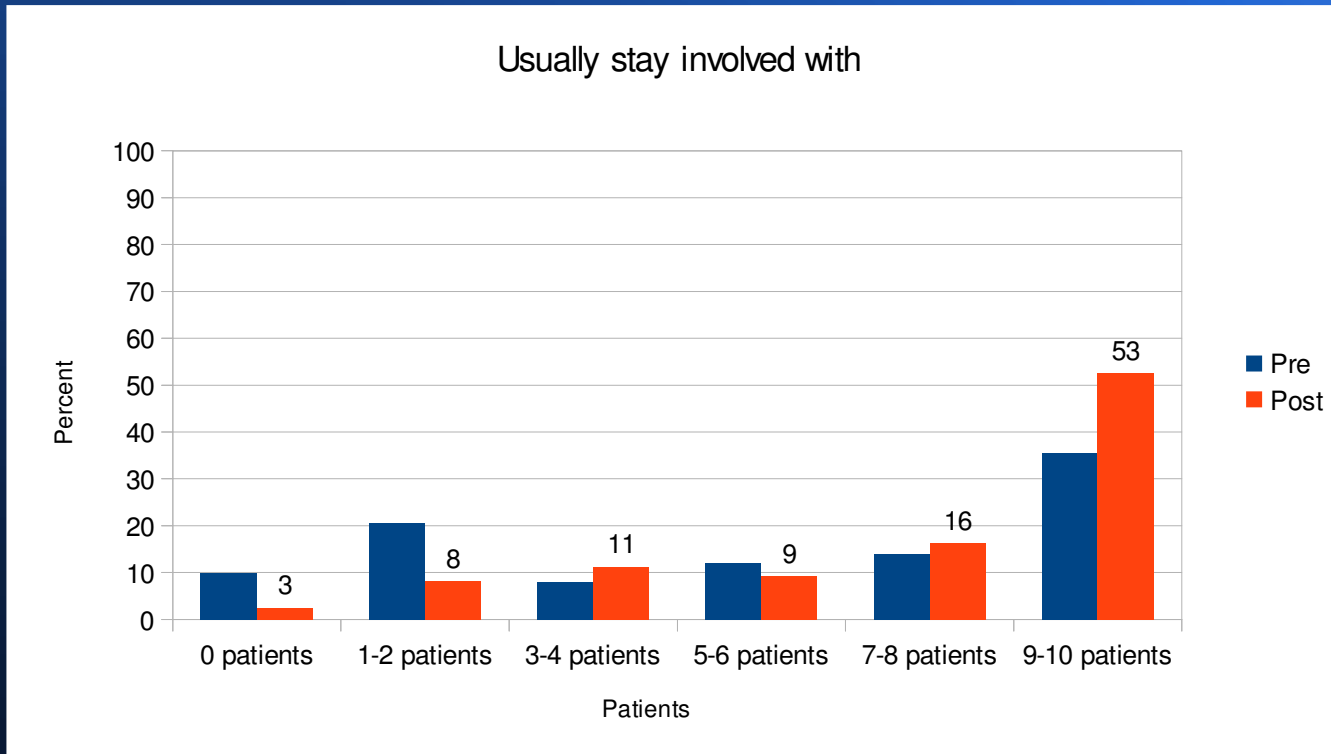
Pre (N=222) to Post (N=199) Comparison



At post-training, 27% of participants would refer only a few patients with substance abuse or misuse to other providers. A majority of participants plan on referring many to most of their patients with substance abuse or misuse.

Staying Involved with Patients with Substance Abuse or Misuse

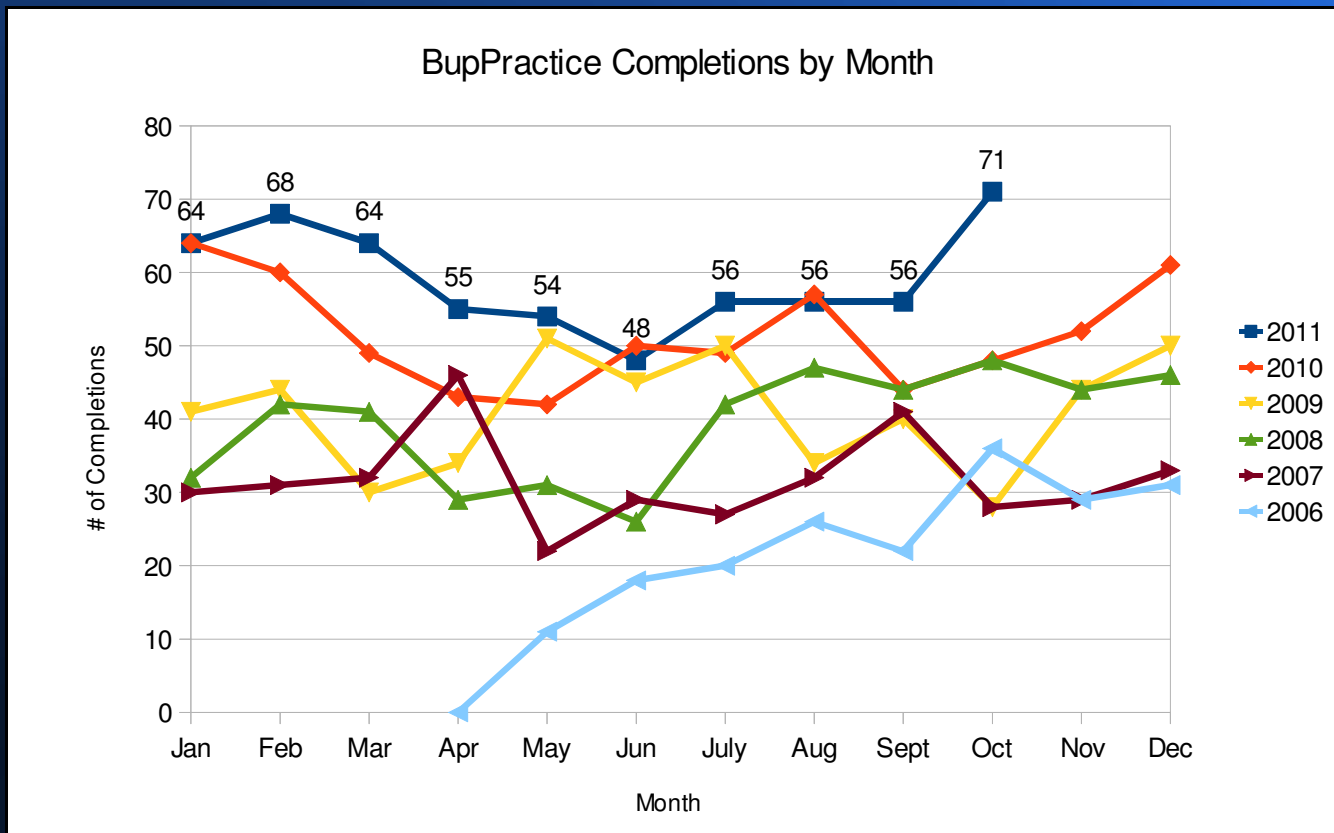
Question: For every 10 patients you see, how many patients with ANY SUBSTANCE (alcohol and other drugs) abuse or misuse do you usually stay involved with (pre) / will you (post)
Pre (N=223) to Post (N=199) Comparison



A majority of post-training participants indicated they will stay involved with most or all patients with any substance abuse or misuse.

Buprenorphine Training Program Completions by Month Data collected through October 2011

As of Oct. 2011, the buprenorphine training program has over 2,800 completions (>95% of those completions are from physicians). There were 71 total completions in Oct. 2011.



Thank you!

Thank you for reviewing these results!