



Who Treats Opioid Use Disorder in Rural America?

Recent WWAMI Rural Health Research Center research has demonstrated the lack of physicians located in rural areas who have a DEA waiver to prescribe buprenorphine as an office-based outpatient treatment for opioid use disorder. More than half of US counties lack even a single provider.

You have been selected to participate because you are one of the rurally-located physicians with a current DEA waiver to prescribe buprenorphine. This project will quantify the availability of office-based buprenorphine treatment for opioid use disorder.

Your answers will remain **COMPLETELY CONFIDENTIAL**. Neither you nor your clinic will be identified when the results of this research study are reported. If you have any questions please feel free to contact Cynthia Coulthard at 206-685-6610 or ccoult@uw.edu.

You can complete this paper survey and return it by mail in the envelope provided or complete it online at: www.ruralhealthsurvey.org

**Thank you very much for taking the time to complete and submit this survey.
Your insight and information are very valuable to us.**

Please feel free to use the space below to provide any additional comments.

Comments: _____

If you'd like to be notified when the results of our study are available please provide your email address below:

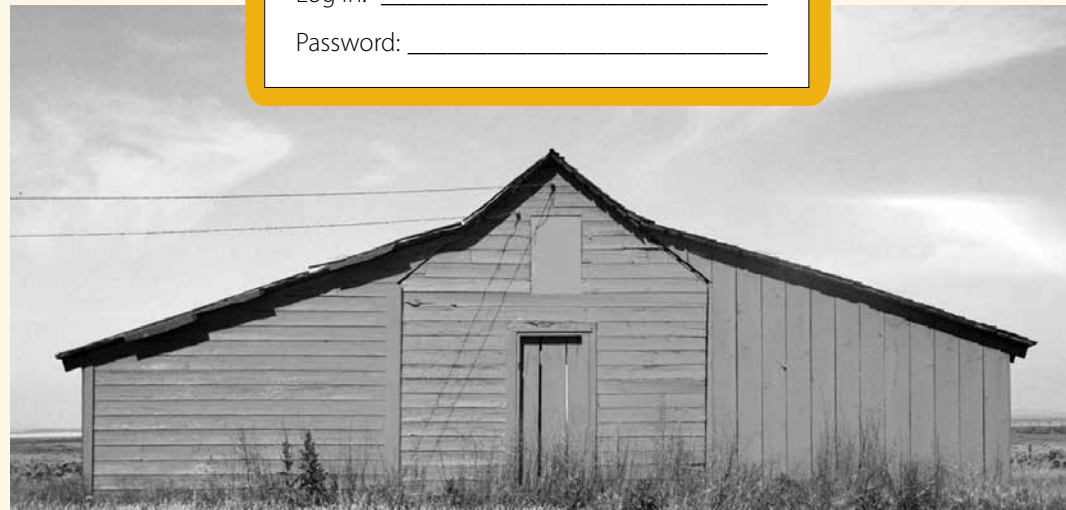
Should you have any further questions or concerns about this survey or any of its questions, please contact Cynthia Coulthard:

Phone: 206-685-6610 • Email: ccoult@uw.edu.

Please return your completed survey in the envelope provided to the University of Washington, Department of Family Medicine, WWAMI, Rural Health Research Center.

Log In: _____

Password: _____



1. Have you ever prescribed buprenorphine for the treatment of opioid use disorder? Yes No

2. Are you currently accepting new patients with opioid use disorder for treatment with buprenorphine? Yes No

3. Approximately how many patients with opioid use disorder are you currently treating with buprenorphine? _____ (if none please enter 0)

4. How many physicians (besides yourself) are in your practice? _____ (if none please enter 0 and skip to Q7)

5. How many other physicians in your clinic (besides yourself) are waived by the DEA to prescribe buprenorphine? _____ (if none please enter 0)

6. How many other physicians in your clinic (besides yourself) are currently treating opioid use disorder with buprenorphine? _____ (if none please enter 0)

7. Please indicate which of the following groups of patients you accept for buprenorphine treatment.

	Yes	No
Patients who are already on your personal panel	<input type="radio"/>	<input type="radio"/>
Patients of other clinicians in your clinic	<input type="radio"/>	<input type="radio"/>
Patients from the community not in your practice	<input type="radio"/>	<input type="radio"/>
Patients outside your community	<input type="radio"/>	<input type="radio"/>

8. What type of reimbursement does your practice accept for buprenorphine treatment? (select all that apply)

- Private insurance Medicare Medicaid
 Workman's compensation Self pay

9. What made you decide to offer buprenorphine treatment in your clinic?

10. Please indicate whether or not each of the following are barriers to incorporating buprenorphine into your practice for the treatment of opioid use disorder.

	Yes	No
Time constraints	<input type="radio"/>	<input type="radio"/>
Lack of patient need	<input type="radio"/>	<input type="radio"/>
Financial/reimbursement concerns	<input type="radio"/>	<input type="radio"/>
Resistance from your practice partners	<input type="radio"/>	<input type="radio"/>
Lack of specialty backup for complex problems	<input type="radio"/>	<input type="radio"/>
Lack of confidence in your ability to manage opioid use disorder	<input type="radio"/>	<input type="radio"/>
Lack of available mental health or psychosocial support services	<input type="radio"/>	<input type="radio"/>
Attraction of drug users to your practice	<input type="radio"/>	<input type="radio"/>
DEA intrusion on your practice	<input type="radio"/>	<input type="radio"/>
Concerns about diversion or misuse of medication	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input type="radio"/>	<input type="radio"/>

11. In what year were you born? _____ (year)

12. What is your gender? Male Female

13. What is the ZIP code of your principal practice? _____

14. What is your clinical specialty? _____

15. Which of the following best describes your clinical practice? (select one)

- Rural Health Clinic Hospital-Sponsored Clinic
 Community Health Clinic Tribal/IHS-Sponsored Clinic
 Private Practice VA Facility
 Other (please describe) _____
