Advanced Evaluation Services

Bucks County Drug & Alcohol Commission

Prescriber and Consumer Education to Reduce Substance Abuse Initiative

Program Evaluation

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Prescriber and Consumer Education to Reduce Substance Abuse Initiative Program Evaluation

The Bucks County Drug and Alcohol Commission's *Prescriber and Consumer Education to Reduce Substance Abuse* initiative, funded by the Pennsylvania Commission on Crime and Delinquency's Substance Abuse Education Demand Reduction fund, was comprised of a series of project activities that were carried out in the 2017 fiscal year. These activities, designed to increase awareness of the growing opioid crisis and reduce use and abuse of these substances, consisted of:

- Stakeholder Meeting (kickoff event): August 15, 2017
- SCOPE training: February 9, 2018
- Celebrating our Medication Take-Back Success and Moving Forward event: March 1, 2018
- Narcan training: April 28, 2018
- Town Hall-style meetings: November and December, 2017; January, February, March, and May, 2018
- Prescribe to Prevent (P2P) online training: ongoing during the grant period

The following is a report of the findings from each of these activities.

Stakeholder Meeting

The results of the August 15, 2017 Stakeholder Meeting were presented in a prior report and will not be discussed here.

SCOPE Training

The Safe and Competent Opioid Prescribing Education (SCOPE) training program is a continuing education program designed for healthcare professionals who treat patients with chronic pain. The program covers principles related to safe and effective prescribing of opioid medications. At the conclusion of the program, participants completed an evaluation and a post-test, successful completion of the latter leading to the granting of the continuing education certificate. Two months

after completing the course, participants were contacted and asked to complete a follow-up survey.

SCOPE Post-Program Evaluation

The immediate post-program evaluation consisted of 14 questions (see Appendix A) regarding participants' overall perceptions of the program, their anticipated use of information learned in the program, and space for qualitative comments.

The majority of the 70 respondents were nurse practitioners (38%) or medical doctors (34%). About half of the respondents specialized in internal medicine (24%) or in family practice (23%). None of the respondents (0%) perceived any commercial bias in the course. The average knowledge score on the post-test was 88.21% correct.

Participants were asked for their overall rating of the program on a scale from 1 (poor) to 5 (excellent). Results showed that 88.5% of respondents chose either 4 or 5, with a mean rating of 4.47. These positive ratings were mirrored in respondents' perceptions of the quality of each of the three modules, which were rated from 1 (poor) to 5 (excellent). The First Assessing Chronic Pain and Opioid Misuse Risk module received an average quality score of 4.69 out of 5, the Initiating Opioid Therapy Safely received an average quality score of 4.46, and the Assessing and Managing Aberrant Medication Taking Behavior received an average quality score of 4.59.

The three modules of the program received similarly high scores when participants were asked whether the learning objectives for each module were met. The First Assessing Chronic Pain and Opioid Misuse Risk section received an average rating of 4.61 out of 5 with respect to learning objectives being met, the Initiating Opioid Therapy Safely received an average rating of 4.54, and the Assessing and Managing Aberrant Medication Taking Behavior received an average rating of 4.61.

When asked whether they would be making changes in their practice as a result of participation in the program, 74% said yes. Of those who said they would not be making changes, 39% said that they were already engaged in the strategies endorsed by the program, 33% said that the changes were not appropriate for their practice, and another 17% said they were not a prescriber. Thus, no participant stated that they would not be making changes in their practice because they did not see the need or did not feel that the endorsed changes were valuable.

When asked specifically what types of changes they intended to make (see Figure 1), 19% said that they would implement/improve patient education related to opioids, 16% said they would improve patient record documentation regarding opioid prescriptions, and 15% said they would institute/improve "contracts" with patients regarding opioid use. In addition, 11% of respondents stated that they would institute/improve an informed consent procedure for opioids or implement/improve pill counts for monitoring opioid adherence and misuse.

Respondents were asked what barriers they anticipated to being able to make changes to their practice (see Figure 2). Patient resistance to change was the most common answer, noted by 44% of respondents. Other providers' or institutional resistance to change was noted by 15% of respondents. A number of respondents (19%) did not anticipate any barriers.

By and large, the qualitative responses from the respondents indicated their positive perceptions of the SCOPE program. Some sample responses included:

- *An excellent course. I would highly recommend it for all PA physicians.*
- *Well done. Should be mandatory in each state.*
- *Excellent material - try to offer widely.*
- *Informative.*
- *It was a wonderful conference that I really enjoyed. As a new NP, I have a difficult time getting patients to listen to alternate therapies for pain. I use the PDMP all of the time.*
- *Well presented - nothing new for me personally.*
- *I believe every provider should sit through this lecture.*
- *Great program and I would like to receive more educational opportunities.*
- *Excellent, comprehensive conference. Good use of time management. Materials provided were in depth and useful. I wish all conferences were presented like this.*
- *Program was well organized and presented.*
- *Thank you for this informative presentation.*

There were a few responses that indicated the presentation was perhaps less relevant to some participants:

- *We are an addiction specialty practice. I really wanted my legal questions answered.*
- *More training will be beneficial.*
- *I am a physician but practicing Toxicology.*

- *I do not have a DEA license.*

Finally, two respondents offered a constructive criticism for the presenter:

- *Dr. Olsen is easy to understand but recommend not saying "umm."*
- *Dr. Olsen is obviously intelligent but should not be a presenter. Simply put, she says "uhm" and "you know" at a rate of nearly 4/sec.. It is quite distracting....and I clearly have too much free time.*

SCOPE Follow-Up Evaluation

Sixty days after the SCOPE training event, participants were sent a follow-up survey via email. A total of 13 participants (19%) completed this instrument, which consisted of: knowledge questions, designed to gauge how much content participants had retained from the training; questions regarding their clinical experience with chronic pain patients; counseling and communication behaviors that they engage in prior to prescribing opioids; changes in their level of confidence to perform certain behaviors as a result of the SCOPE training; changes they have implemented in their practice as a result of the training; and barriers to making changes that they have experienced.

Of the respondents, 77% are licensed to prescribe schedule II and III opioid analgesics but only 38% said they had prescribed them for longer than 3 months in the past year. On the various knowledge questions, the total number of respondents answering correctly ranged from a low of 38.5% (percent who knew that history of unemployment is not a risk factor for opioid misuse) to a high of 76.9% (percent who correctly matched tools to their use, matched drug effects to their description, and knew when to use ER/LA oxymorphone). The average number of participants responding correctly across the 10 knowledge questions was 63.83%.

On the questions asking about clinical experiences (see Table 1), a few findings are notable. About half (53.8%) of respondents agreed that they cannot get their patients to be truthful about illicit drug use. A large majority (76.9%) agreed or strongly agreed that it was their responsibility and role to discuss with patients not giving away medications to relatives or friends. Participants were divided in their responses to the question asking whether they were unsure that they were effectively assessing opioid misuse risk in their patients (30.8% disagreed, 30.8% neutral, 30.8% agreed).

When asked about their communication with patients (see Table 2), the extent to which prescribers were engaging in counseling/communication activities with patients prior to prescribing opioids varied widely. Although 69.2% said that they inform all their patients about taking medication exactly as prescribed, only 53.8% counsel all of their patients about the risk of respiratory depression and overdose, 38.5% give a counseling document to all of their patients, and only 7.7% sign a Patient-Prescriber agreement with all of their patients.

Respondents showed increased levels of confidence in certain abilities as a result of their participation in the SCOPE program (see Table 3). For example, 76.9% said their confidence in their ability to monitor patients for opioid misuse increased as a result of the program. Likewise, 69.2% said their confidence in their ability to effectively communicate and collaborate with patients around opioid initiation had increased. A sizable number (61.5%) of respondents said that their confidence in their ability to effectively assess potential for misuse of opioids and to assess potential benefit and risk of opioids for patients had increased.

Finally, when asked about changes made in their practice since attending the SCOPE program, 61.5% said they had made changes (see Table 4). The changes reported by the most respondents included improving documentation in patient records related to opioid prescribing (69.3% partially or fully implemented), registering for the Prescription Drug Monitoring Program in their state (61.6% partially or fully implemented), implementing a multi-disciplinary team approach (53.9%), and implementing patient education related to opioids (53.9%).

Celebrating our Medication Take-Back Success and Moving Forward

This event, held on March 1, 2018, consisted of a series of presentations by individuals working at the local, regional, and national levels. The content of the presentations was intended to familiarize the audience with the efforts of the Drug Enforcement Agency (DEA) and the state of Pennsylvania regarding opioid abuse and overdose prevention, as well as to inform the audience of the results of recent local medication take-back events in Bucks County.

At the conclusion of this event, participants completed a 12-question survey (see Appendix B) asking them whether the presentations had increased their familiarity with the material. They were asked to rate their agreement with each statement on a scale from 1 (strongly disagree) to 7 (strongly agree).

Data were analyzed from the 16 respondents who completed the survey. Results indicated that this event was highly successful in increasing the audience's awareness of county, state, and federal initiatives regarding medication takeback events and drug abuse prevention. On each of the 12 survey questions, the majority of responses fell in the "agree" or "strongly agree" categories (see Table 5).

Interestingly, participants' perceived familiarity with the initiatives increased as they moved from the federal to the state to the county level. Participants indicated that they were the least familiar with federal (DEA) activities, with those items resulting in the lowest scores, especially Operation Trojan Horse (64.7% agreed/strongly agreed that the presentation increased their familiarity with this initiative) and Citizen's Academy (75% agreed/strongly agreed). State enterprises, such as the PA Get-Help-Now Hotline and the PA Prescription Drug Monitoring program, received high ratings (87.6% agreed/strongly agreed), but it was the activities in Bucks County that received the highest ratings. After the event, 100% of participants said that they were now familiar with the Bucks County Collection Days and Permanent Boxes, and 88.2% of participants said they were familiar with the Bucks County Volunteers Takeback Participation and Bucks County Clean Streets/Clean Streams Initiative.

Given this pattern of results, it is unclear whether participants perhaps were reporting their *overall level* of familiarity with these initiatives or whether, indeed, there was some variation in the *presentation* of these initiatives that resulted in participants becoming more familiar with local (as opposed to federal) events. In either case, the event organizers should consider this a success, as the majority of participants stated that the presentations resulted in increased familiarity with the material they were intended to convey (83.23% average across all questions agreed/strongly agreed).

Narcan Training

This training, held on April 28, 2018, was offered to 30 participants and focused on risk factors and warning signs of drug overdose, as well as what to do when someone has overdosed. A pre-test consisting of 9 questions was administered prior to the presentation and a post-test consisting of 12 questions was administered after the presentation (see Appendix C).

Prior to the presentation, a small number of respondents knew that Substance Use Disorder is on the rise in older adults (11% correct). Just about half of the participants knew how long Narcan is active in the body (54% correct) and the correct position to put someone in who has overdosed (54% correct). Respondents were more familiar with the signs of drug use, and the risk factors for and signs of drug overdose (63-89% correct).

The post-test results suggest that this presentation was extremely effective, with at least 82% of the audience responding correctly to every question and 90% or more of the audience responding correctly to 7 of the 9 questions (see Table 6 for complete results).

In addition to these knowledge questions, three questions were asked regarding the motivation for attending the event, the perceived effectiveness of the event, and how participants had heard about the event. Most participants (79.2%) had either heard about the event through word of mouth (41.7%) or social media (37.5%), with much smaller numbers having heard about it via email notification (8.3%) or a posted flyer (12.5%). No participants said they had heard about the event from the newspaper or a newsletter (electronic or hardcopy).

A large number of participants (79.2%) stated that they were motivated to attend the event because of the opportunity to receive Narcan or a Pill Pod. Of the 30 participants, 96% rated the presentation as "effective" or "extremely effective."

Addiction and Opioid Awareness Education: What Your Community Needs to Know

A total of 7 town-hall style meetings open to residents of Bucks County were held between October, 2017 and June, 2018 with the title, *Addiction and Opioid Awareness Education: What Your Community Needs to Know*. Of these events, 6 resulted in usable data; technical difficulties resulting in a loss of data were experienced during the remaining event.

At all of the meetings, "clickers" were utilized in order to collect anonymous participant responses to questions that were posed during and after the presentation (see Appendix D). During the presentation, 6-8 multiple-choice questions were asked of the audience to gauge their level of knowledge of topics related to opioid use in Bucks County and in general. At the conclusion, 7-9 multiple-choice questions were asked to determine what information participants

had gleaned from the presentation, along with 1-2 questions regarding the effectiveness of the event.

It is important to note that the post-presentation questions were not all the same as the pre-presentation questions. It was felt that there would be a ceiling effect following the presentation, in which all or most of the participants would be able to choose the correct answer given the type of questions and the distractor items, which would not result in useful data. Further, the same questions were not asked from event to event, with some new questions being added and others omitted as the presentation evolved. Therefore, direct pre-post comparisons are only available for some questions. Data for each meeting will be presented individually, followed by a summary of all of the events.

November 8, 2017

There were 34 attendees at this meeting. On the pre-test questions, the percent of respondents answering correctly ranged from just under 7% to 100%, with the fewest participants knowing that it is illegal to buy K2 or spice (6.9% correct) and that older adults were the fastest growing population with Substance Use Disorder (43% correct). Perhaps not surprisingly, given the implausibility of the distractor items, 100% of the audience knew that MAT stood for Medication-Assisted Treatment. The average percent correct on the pre-test questions was 59%.

On the post-test questions, the percent of respondents answering correctly ranged from 69% to just under 97%, with the average percent correct being 81%.

When asked about the effectiveness of the presentation, 100% of the audience rated it as effective or extremely effective. Likewise, 97% of the participants found the town hall format effective.

December 7, 2017

There were 45 participants at this meeting. On the pre-test, the audience was already fairly familiar with the information, with the percent of respondents answering correctly ranging from 59% (number of Bucks County residents with Substance Use Disorder) to 98% (definition of MAT). The average percent correct on the pre-test questions was 84%.

On the post-test questions, the percent of respondents answering correctly was very high, ranging from 84-100%, with the average percent correct being 96%.

When asked about the effectiveness of the presentation, 100% of the audience rated it as effective or extremely effective. Three quarters (75%) of the participants stated that the opportunity to receive Narcan or a Pill Pod impacted their decision to attend the event.

January 16, 2018

There were 52 participants at this meeting. On the pre-test, the audience was already fairly familiar with the information, with the percent of respondents answering correctly ranging from 69% (household items that can be used to get high) to 98% (definition of MAT). The average percent correct on the pre-test questions was 80%.

On each of the post-test questions, more than 94% of respondents answered each item correctly, with the average percent correct being 96%.

When asked about the effectiveness of the presentation, 90% of the audience rated it as effective or extremely effective. Most participants (88%) had heard about the event either from an email notification (46%), word of mouth (28%), or social media (14%), and 70% stated that the opportunity to receive Narcan or a Pill Pod affected their decision to attend.

Just about half of the participants (57%) had heard of the PA STOP campaign and of those, most had seen flyers (37.5%), banners (20%), or posters (15%).

February 20, 2018

There were 39 participants at this meeting. On the pre-test, the percent of respondents answering correctly ranged from 58% (percent of high school seniors that have used an illegal drug) to 100% (definition of MAT). The average percent correct on the pre-test questions was 75%.

On each of the post-test questions, more than 92% of respondents answered each item correctly, with the average percent correct being 97%.

When asked about the effectiveness of the presentation, 95% of the audience rated it as effective or extremely effective. Most participants had heard about the event through word of mouth (34%), email notification (34%), or social media (21%). Only 27% stated that the opportunity to receive Narcan or a Pill Pod impacted their decision to attend.

March 26, 2018

There were 37 participants at this meeting. On the pre-test, the percent of respondents answering correctly ranged from 59% (number of Bucks County residents with a Substance Use Disorder) to 98% (definition of MAT). The average percent correct on the pre-test questions was 79%.

On the post-test questions, the percent of respondents answering correctly ranged from 80% (fastest growing population with Substance Use Disorder) to 100%, with the average percent correct being 94%.

When asked about the effectiveness of the presentation, 100% of the audience rated it as effective or extremely effective. As was the case with the other sessions, most participants (69%) had heard about the event through social media (23%), word of mouth (26%), or email notification (20%), but 29% of this group stated that they had heard about it from the newspaper. About 44% of participants stated that the opportunity to receive Narcan or a Pill Pod impacted their decision to attend.

May 22, 2018

There were 50 participants at this meeting. On the pre-test, the percent of respondents answering correctly ranged from 52% (older adults being the fastest growing population with Substance Use Disorder) to 98% (definition of MAT). The average percent correct on the pre-test questions was 77%.

On the post-test questions, the percent of respondents answering correctly ranged from 69% (older adults being the fastest growing population with Substance Use Disorder) to 98%, with the average percent correct being 89%.

When asked about the effectiveness of the presentation, 100% of the audience rated it as effective or extremely effective. Nearly all of these participants (89%) had heard about the event through social media (26%), word of mouth (52%), or email notification (11%) and 67% said that the opportunity to receive Narcan or a Pill Pod affected their decision to participate.

Just under 40% of participants in this session stated that they had heard of the PA STOP campaign and of those, most had seen banners (42%) or flyers (25%), or had heard ads on the radio (11%).

Town Halls: Overall Results

The *Addiction and Opioid Awareness Education: What Your Community Needs to Know* meetings reached more than 250 individuals. Taken together, the

results of the post-tests indicate that these presentations were quite successful (see Table 7). The pre-test and post-test scores for the participants at the first presentation in November were somewhat lower than those who attended later sessions, which could indicate something particular about that audience but more likely represents an artifact of the presenters becoming more familiar with their material with repeated practice and, therefore, being able to convey it more effectively.

On the pre-test, there was no particular pattern to the results, though audiences were slightly less knowledgeable about the risk of Substance Use Disorder in older adults and about the number of Bucks County residents with Substance Use Disorder. On the post-test, participants at all sessions except the first one scored very high (90% or more respondents choosing the correct answer, on average), indicating that they had absorbed the material.

Participants across all sessions gave the presentations very high effectiveness ratings, 98% overall. The number of participants who attended, at least in part, because of the opportunity to receive Narcan or a Pill Pod varied from 27% to 75% across the 5 sessions where that question was asked, with an average of 56%. Most individuals had heard of the events through word of mouth, email notification, or social media. In the 2 sessions that asked about the PA STOP campaign, about half of the participants had heard of it and most had seen flyers, banners, or posters, with some hearing about it on the radio.

Prescribe to Prevent (P2P)

Prescribe to Prevent (P2P) is an online, continuing education program developed to assist healthcare providers who prescribe opioid medications in educating their patients about overdose risk and overdose prevention. The program provides information and resources for prescribers regarding how to prescribe these medications and also how to educate patients about and distribute naloxone rescue kits. Individuals who completed the program and received a score of at least 70% correct on the post-test received continuing education credit. Upon completion of the program, participants were asked to complete an evaluation of the program (see Appendix E).

A total of 53 individuals completed the P2P program during the grant period. The data presented below represent the results from 45 individuals for whom post-test and post-program evaluations were available.

All but one of the 45 participants currently reside in Pennsylvania. About one-third (34%) of the program completers were medical doctors, 23% were pharmacists, and 19% were nurses. Of those who are prescribers, 19.4% noted that they had previously prescribed a naloxone rescue kit. Slightly more pharmacists (22.2%) stated that they had previously filled a prescription for a naloxone rescue kit. The average score for these participants on the post-test was 85%.

When asked about their overall perception of the P2P program, 93.3% of respondents rated it "excellent" or "very good." No respondent gave the program a rating of less than "good." All but one respondent stated that they did not perceive any commercial bias in any of the presentations. The overwhelming majority (97-100%) of respondents indicated that each of the 4 program objectives had been met, that the activities were based on the best information available, and that the information presented was timely and relevant to their practice. Most respondents (89%) felt that they did not need further education on the topic upon completing the program.

Six areas of competency were presented and respondents were asked to indicate any and all areas that they felt had been improved by participating in the program (see Figure 3). The two areas noted most often were patient care (chosen by 80% of respondents) and medical knowledge (chosen by 69%), followed by practice-based learning (51%) and communication skills (38%). System-based practice (31%) and professionalism (26%) were chosen least often.

About 71% of respondents stated that they intended to make changes to their practice as a result of participating in the program. By far, the most commonly mentioned change anticipated was the providing of naloxone kits (noted by 45% of those intending to alter their practice). The second most common change noted was the intention to improve communication with and education of patients (noted by 35% of those intending to alter their practice). Of the 6 respondents who answered the question regarding perceived barriers to making changes to their practice, two anticipated patient resistance, two worried about insurance coverage or cost to the patient of naloxone kits, and one worried that there would not be enough time for proper patient counseling. One prescriber noted that it is difficult to "change old habits," but it was unclear whether this referred to habits of the patient or the prescriber.

When asked how they had heard about the P2P program, 29% had heard about it from their employer or a colleague, 18% had received mail or email about it or had

found it through an online search, 16% heard about it through school, and 11% had seen the program mentioned on a licensing board website.

Overall Summary

The findings from this evaluation indicate that all components of the Prescriber and Consumer Education to Reduce Substance Abuse Initiative were highly effective.

The **SCOPE training** increased awareness of opioid misuse risks and provided prescribers with strategies for reducing opioid misuse and abuse. Both quantitative and qualitative data obtained from SCOPE participants indicated that they perceived this program to be effective and of high quality. About 75% of participants indicated an intention to make changes to their practice upon conclusion of the program and at the 2-month follow-up, 61.5% of respondents indicated that they had followed through on changes such as better documentation in patient medical records and registration for the Prescription Drug Monitoring Program.

The **Celebrating Medication Take-Back Success** event increased awareness of federal, state, and local initiatives related to opioid abuse prevention and armed community members with knowledge about opioid risks, with the vast majority of participants showing an increase in such knowledge at the conclusion of the event.

The **Narcan training** increased participants' awareness of the rates of Substance Use Disorder and overdose, as well as imparted specific information about the uses of Narcan, what to do (and not do) when someone overdoses, and the signs and risk factors for overdose.

The series of **town hall-style meetings** titled *Addiction and Opioid Awareness Education: What Your Community Needs to Know,* and attended by more than 250 individuals, resulted in significant gains in knowledge regarding the risk factors and warning signs of overdose, substance use prevalence, and what to do if someone overdoses.

For the town hall meetings and the Narcan training, the number of participants who indicated that they attended, at least in part, because of the opportunity to receive Narcan or a Pill Pod ranged from 25-75%, averaging around 56%. This

suggests that there is a sizeable portion of the population in Bucks County who desires to have this treatment available to them.

Most individuals had heard of the town hall events through word of mouth, email notification, or social media, suggesting that these avenues are where marketing and publicity efforts are best concentrated; almost no participants had heard about the events from the newspaper or newsletters. At the 2 sessions that asked about the PA STOP campaign, about half of the participants had heard of it and most had seen flyers, banners, or posters, with some hearing about it on the radio.

Finally, the **Prescribe To Prevent** program, completed by a group comprised mainly of medical doctors, pharmacists, and nurses, was rated highly overall and was described by participants as timely, relevant, and based on the best information available. Participants felt the program achieved objectives related to understanding the current overdose epidemic, the need to educate patients about overdose prevention, and the rationale and legal issues related to naloxone kit distribution. Upon completion of the program, respondents also felt that they had improved their patient care and medical knowledge. As a result of participating in the program, about two-thirds of the respondents stated that they intended to change their practice to incorporate what they had learned, particularly providing naloxone kits to patients and improving education of, and communication with, patients.

The findings from this evaluation, taken together, indicate a highly successful, multi-faceted approach to the growing problem of opioid abuse and overdose that significantly impacted more than 400 community members and healthcare providers. Community members showed increased awareness of the problem and initiatives that are underway to address it, they learned about what to do in the event of an overdose, and some were provided with naloxone kits. The results from the activities with healthcare providers suggest that the knowledge they acquired has led directly to changes in their practice that will make prescribing safer and will educate patients about proper use of medications, overdose risks, and what to do in the event of an overdose. The increased awareness and education that these activities have created is an important step towards reducing the dangers associated with the use/misuse of opioid medications.

TABLE 1
SCOPE Follow-Up: Clinical Experiences

Question	Percent Agree/Completely Agree*
15. I trust that most of my chronic pain patients are able to provide an accurate self-assessment of their pain.	38.5
16. There is no reliable way to identify those of my patients who are drug-seekers.	30.8
17. Treating and managing patients with chronic pain is time-consuming and frustrating.	61.6
18. I trust that available pain scales provide reliable assessment of pain in my patients.	38.5
19. I will never prescribe ER/LA opioids to a patient with a history of mental health issues.	15.4
20. I cannot get my patients to be truthful about illicit drug use.	69.2
21. It is my responsibility and role to discuss with my patients to not give away their medications to relatives or friends.	76.9
22. I am uncomfortable communicating an unexpected urine drug test result to my patients.	15.4
23. I am unsure that I am effectively assessing opioids misuse risk in my patients with chronic pain on ER/LA opioids.	61.6
24. I am comfortable responding to family calls about my patients' possible misuse of opioids.	53.9
25. I suspect there is more I should be doing in the treatment and management of my patients who report chronic pain.	46.2
26. I prefer to stop seeing/following a patient who has misused his/her opioid prescription.	69.3
27. I would only ask for a urine drug test from a patient that I thought was abusing the opioid prescription.	23.1

*Indicates the percent of respondents choosing 4 or 5 from a 5-point scale with "Completely Agree" as the anchor on point 5

TABLE 2
SCOPE Follow-Up: Counseling and Communication

Question	Percent All/Most*
28. Talk with my patients' previous primary care providers and review prior medical records.	61.6
29. Implement and co-sign a Patient-Prescriber agreement (including informed consent and plan of care).	23.1
30. Inform my patients about taking medication exactly as prescribed (e.g., don't increase dose; don't crush tablets, etc.).	84.6
31. Educate my patient about proper storage and disposal of ER/LA opioids.	76.9
32. Counsel my patients about risk of respiratory depression and overdose.	76.9
33. Give my patients a patient counselling document and tools as part of the discussions with them when prescribing opioid analgesics.	53.9
34. Refer my patient to a pain management specialist.	46.2
35. Explain to my patient the methods I use to monitor opioid misuse (i.e., urine drug tests and/or pill counts).	38.5

*Indicates the percent of respondents stating that they engage in this behavior with all or most of their pain patients

TABLE 3
SCOPE Follow-Up: Confidence

Question	Percent Increased*
36. Effectively and efficiently assess pain in a new patient.	69.2
37. Efficiently assess the potential benefit and the potential risk of opioids for chronic pain in a new patient.	61.5
38. Effectively communicate and collaborate with your patients around opioid initiation.	69.2
39. Monitor patients on chronic opioid therapy for opioid misuse, including addiction and diversion.	76.9
40. Effectively and efficiently assess your patients for potential misuse of opioids.	61.5
41. Effectively communicate with your patients when treatment has shown no benefit.	38.5

*Indicates the percent of respondents stating that their confidence in their ability to engage in this behavior has increased since they attended the SCOPE program

TABLE 4
SCOPE Follow-Up: Change in Practice

Question	Percent Partially or Fully*
44. Institute or improve Patient-Prescriber Pain "Agreements" (contracts) with patients.	23.1
45. Institute or improve opioid informed consent procedures.	15.4
46. Implement or improve urine drug testing for monitoring opioid adherence and misuse.	23.1
47. Implement or improve pill counts for monitoring opioid adherence and misuse.	23.1
48. Implement or improve patient education or communication relating to opioids.	53.9
49. Improve documentation in patient medical records relating to opioid prescribing.	69.3
50. Institute or improve office-wide policies and procedures.	38.5
51. Implement or improve a multi-disciplinary team approach.	53.9
52. Register for or begin using the Prescription Drug Monitoring Program (PDMP) in your state if applicable.	61.6

*Indicates the percent of respondents stating that they have either partially or fully implemented this procedure in their practice as a result of participating in the SCOPE program

TABLE 5
Celebrating Our Medication Take-back Success & Moving Forward Event Evaluation Results

As a result of this event, I have become more familiar with:	% Agree / Strongly Agree
1. Bucks County Partners/Volunteers Takeback Participation	88.2
2. Bucks County Clean Streets/Clean Streams Initiative	88.2
3. Bucks County Collection Days and Permanent Boxes	100
4. DEA 360	81.3
5. DEA's Citizens Academy	75
6. DEA's Operation Trojan Horse	64.7
7. PA Prescription Drug Monitoring Program	87.6
8. PA Warm Hand-Off process	81.3
9. PA Get-Help-Now Hotline	87.6
10. Drug Deactivation and Disposal bags	82.3
11. DHS Centers of Excellence	81.3
12. Governor's Disaster Declaration	81.3
OVERALL AVERAGE	**83.23**

TABLE 6
Narcan Training
Pre/Post-Test Results

Question	Pre-Test*	Post-Test*
1. What is the fastest growing population with a Substance Use Disorder?	11.1	81.8
2. What does co-occurring mean?	N/A	87
3. What is a sign of drug use?	87.5	100
4. Which are the 3 signs of drug overdose?	62.9	91.7
5. Which of these is a risk factor for overdose?	89.3	100
6. How long will Narcan stay active in the body?	53.8	95.8
7. The ideal recovery position involves laying the person who has overdosed:	53.6	100
8. Which of these should you NOT do to a person who has overdosed?	N/A	92
9. What does SCARED mean?	62.9	92

*Indicates the percent of respondents answering correctly to the item

TABLE 7
Addiction and Opioid Awareness Education: What Your Community Needs to Know
Comparison Across Meetings

Meeting date	Pre-test average*	Post-test average*	Effectiveness**
November 8	59%	81%	100%
December 7	84%	96%	100%
January 16	80%	96%	90%
February 20	75%	97%	95%
March 26	79%	94%	100%
May 22	77%	89%	100%
Average	**76%**	**92%**	**98%**

*Represents the percent of *respondents* answering correctly averaged across all questions

**Represents the percent of respondents stating that the presentation was "effective" or "extremely effective"

FIGURE 1
SCOPE Post-Program Evaluation: Planned Changes to Practice

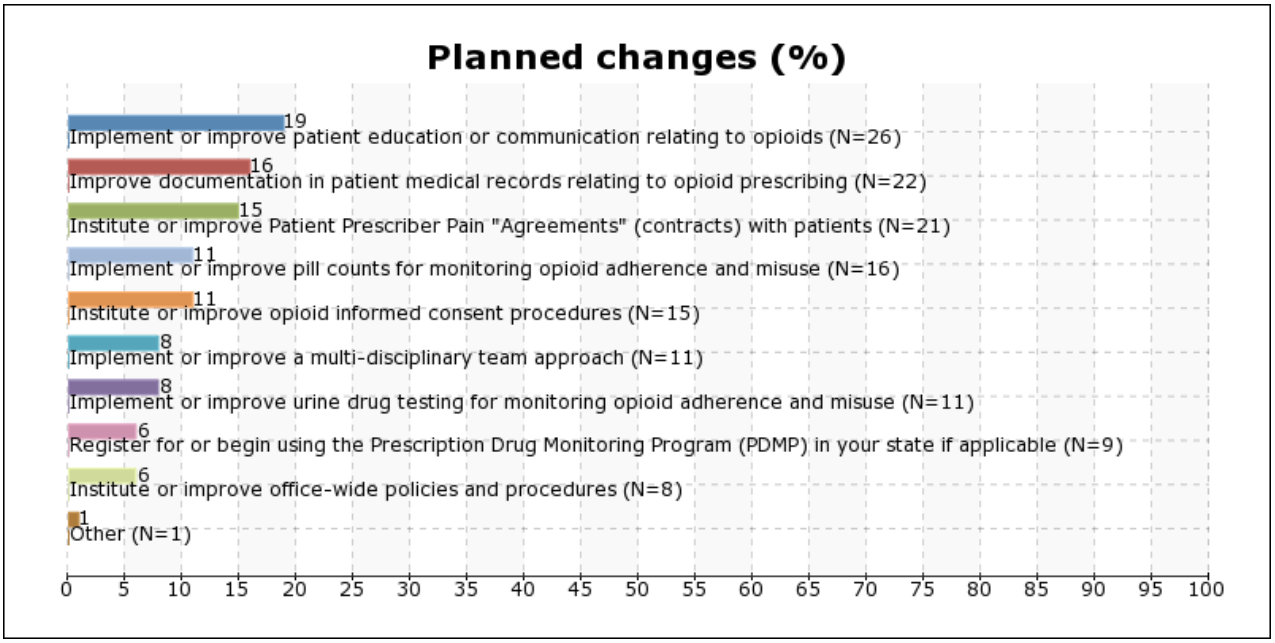


FIGURE 2
SCOPE Post-Program Evaluation: Anticipated Barriers to Practice Changes

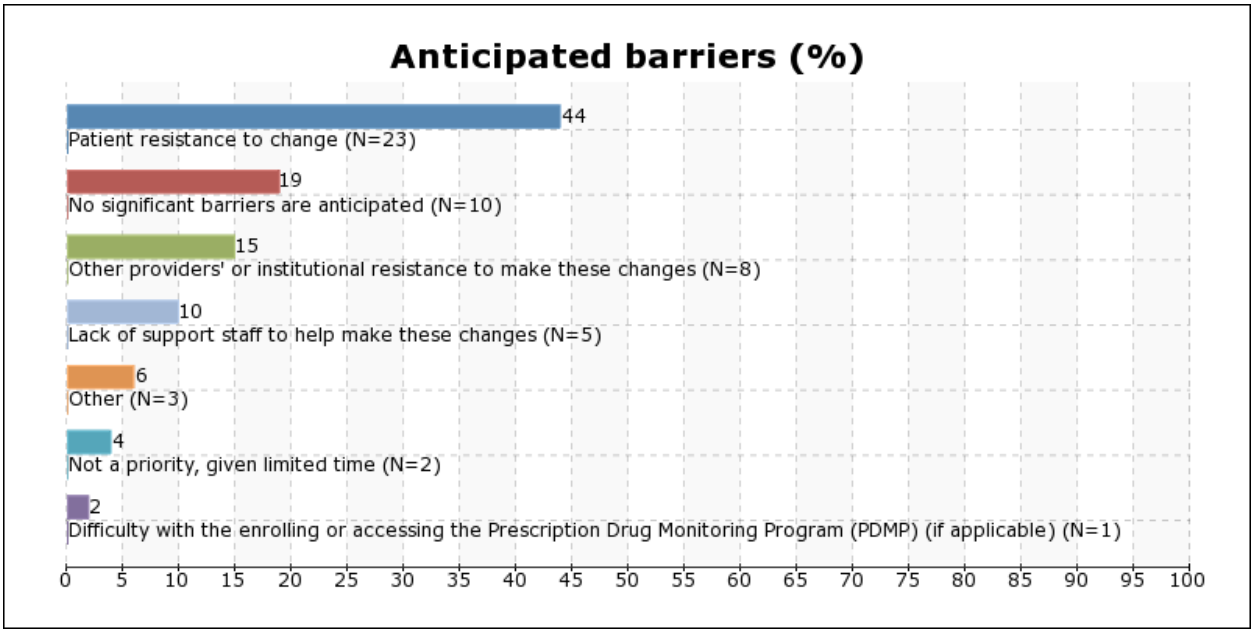
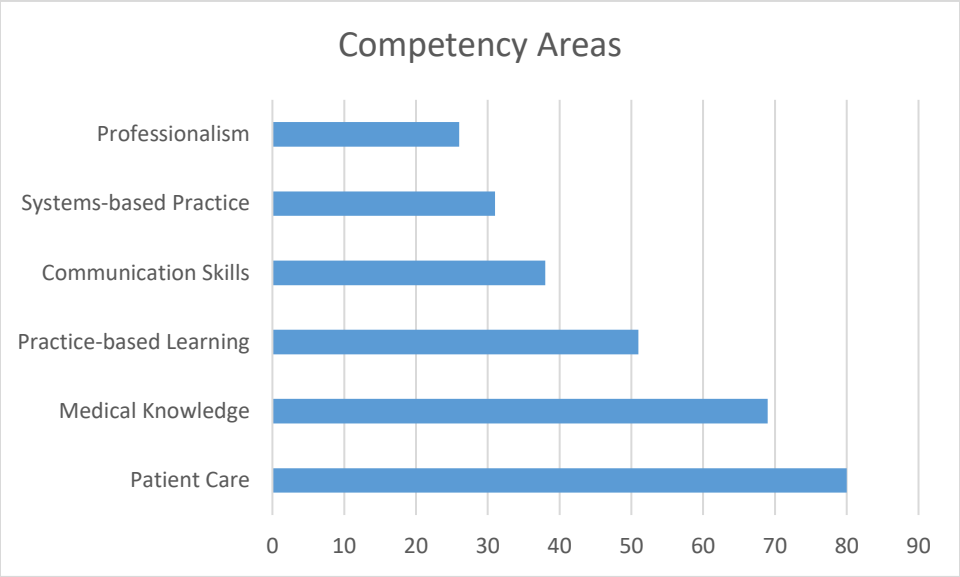


FIGURE 3
Areas of Competency Improved by Participation in P2P Program



APPENDIX A
SCOPE Post-Program Evaluation Instrument

1. How would you rate this activity overall?
2. Did you feel that there was commercial bias (regarding pharmaceuticals, medical device companies, or other medical products) in this activity? If yes, please explain
3. First Assessing Chronic Pain and Opioid Misuse Risk - Learning objectives were met
4. First Assessing Chronic Pain and Opioid Misuse Risk – Quality of presentation
5. Initiating Opioid Therapy Safely - Learning objectives were met
6. Initiating Opioid Therapy Safely – Quality of presentation
7. Assessing and Managing Aberrant Medication Taking Behavior - Learning objectives were met
8. Assessing and Managing Aberrant Medication Taking Behavior – Quality of presentation
9. Do you plan to make any changes in your practice based on what you learned in this activity? If no, please specify by selecting the most significant reason
10. Please select at least one change that you plan to make in practice as a result of this activity.
11. What barriers, if any, do you anticipate encountering as you make changes in your practice?
12. Comments

APPENDIX B
Celebrating Our Medication Take-back Success & Moving Forward Event Evaluation Instrument

Please rate your level of agreement with the following statements using the scale below:

1 2 3 4 5 6 7
Strongly disagree Strongly agree

As a result of this event, I have become more familiar with (circle one number per question):

1. Bucks County Partners/Volunteers Takeback Participation	1	2	3	4	5	6	7
2. Bucks County Clean Streets/Clean Streams Initiative	1	2	3	4	5	6	7
3. Bucks County Collection Days and Permanent Boxes	1	2	3	4	5	6	7
4. DEA 360	1	2	3	4	5	6	7
5. DEA's Citizens Academy	1	2	3	4	5	6	7
6. DEA's Operation Trojan Horse	1	2	3	4	5	6	7
7. PA Prescription Drug Monitoring program	1	2	3	4	5	6	7
8. PA Warm Hand-Off process	1	2	3	4	5	6	7
9. PA Get-Help-Now Hotline	1	2	3	4	5	6	7
10. Drug Deactivation and Disposal bags	1	2	3	4	5	6	7
11. DHS Centers of Excellence	1	2	3	4	5	6	7
12. Governor's Disaster Declaration	1	2	3	4	5	6	7

APPENDIX C
Narcan Training Questions

Pre-Test

1. What is the fastest growing population with a Substance Use Disorder?
2. What does co-occurring mean?
3. What is a sign of drug use?
4. Which are the 3 signs of drug overdose?
5. Which of these is a risk factor for overdose?
6. How long will Narcan stay active in the body?
7. The ideal recovery position involves laying the person who has overdosed:
8. Which of these should you NOT do to a person who has overdosed?
9. What does SCARED mean?

Post-Test

1. What is the fastest growing population with a Substance Use Disorder?
2. What does co-occurring mean?
3. What is a sign of drug use?
4. Which are the 3 signs of drug overdose?
5. Which of these is a risk factor for overdose?
6. How long will Narcan stay active in the body?
7. The ideal recovery position involves laying the person who has overdosed:
8. Which of these should you NOT do to a person who has overdosed?
9. What does SCARED mean?
10. How did you hear about this event?
11. Did the opportunity to receive Narcan or a Pill Pod support your decision to attend this event?
12. How effective was today's presentation?

APPENDIX D
Addiction and Opioid Awareness Education: What Your Community Needs to Know Knowledge Questions

Pre-Test

1. Out of the 625,249 residents in Bucks County, how many have a Substance Use Disorder (SUD)?
2. According to the National Institute of Drug Abuse, by the time kids are high school seniors, how many have used an illegal drug?
3. What is one of the fastest growing populations with Substance Use Disorder?
4. How many people in the United States have both a mental health disorder and a substance use disorder?
5. What household item can be used to get high?
6. Is it illegal to buy K2 or spice?
7. How many overdose reversals with the police have there been in Bucks County?
8. What does MAT stand for?

Post-Test

1. Out of the 625,249 residents in Bucks County, how many have a Substance Use Disorder (SUD)?
2. Which of the following is NOT an effect of opiates on the brain?
3. What percent of individuals with co-occurring substance use and mental health disorders do NOT receive treatment?
4. Which of these is a social sign of drug use?
5. How many drug overdose deaths were there in Bucks County in 2014?
6. Which of these is a sign of drug overdose?
7. Which of these is a risk factor for overdose?
8. How effective was today's presentation?
9. How useful was the town hall format?

APPENDIX E
Prescribe to Prevent Post-Program Evaluation

1. How would you rate this activity overall?

(5 = excellent, 1 = poor, please circle one) 5 4 3 2 1

2. Did you perceive commercial bias in any of the presentations? ☐ Yes ☐ No

Explain: _____

3. Do you plan on making any changes in your practice as a result of this activity?

☐ Yes If yes, please explain:
☐ No

May we contact you in the future to determine if you made changes? ☐ Yes ☐ No

4. What barriers, if any, do you anticipate encountering as you make changes in your practice?

_____

5. If you are a prescriber, have you ever prescribed a naloxone rescue kit?

☐ Yes
☐ No

6. If you are a pharmacist, have you ever filled a prescription for a naloxone rescue kit?

☐ Yes
☐ No

5. Do you feel each of the following objectives was met?

Explain the epidemiology of overdose	☐Yes ☐No ☐Partially ☐N/A
Explain the rationale for and scope of overdose prevention education and naloxone rescue kit distribution	☐Yes ☐No ☐Partially ☐N/A
Incorporate overdose prevention education and naloxone rescue kits into medical and pharmacy practice by educating patients about overdose risk reduction and furnishing naloxone rescue kits	☐Yes ☐No ☐Partially ☐N/A
Explain the legal issues for furnishing naloxone rescue kits.	☐Yes ☐No ☐Partially ☐N/A

6. Do you feel that the information in this activity was based on the best evidence available?

☐ Yes If no, please explain:
☐ No

7. Which of the following competency areas do you feel have been improved as a result of this activity? (Mark all that apply)

☐ Patient Care ☐ Professionalism ☐ Practice Based Learning

☐ Medical Knowledge ☐ System Base Practice ☐ Communication Skills

APPENDIX E, continued

8. Do you feel you need further education on this topic?

☐ Yes If yes, please specify:
☐ No

9. Do you have any suggestions for future activity?

_____

10. Please rate the content of this activity? (5 = excellent, 1 = poor, please circle one)

10a. Timely, up to date?	5	4	3	2	1
10b. Relevant to your practice?	5	4	3	2	1

11. General Comments:_____