

Academic Detailing Visit: Brief Provider Evaluation

| Key Messages for Opioid Safety | I have used these initiatives before: | | | | I will try this in the future: |
|---|---------------------------------------|-----------|------------|--------|--------------------------------|
| | Never | Sometimes | Frequently | Always | |
| Prescribe non-opioid medications | | | | | |
| Start any opioid medications at low dose & go slow | | | | | |
| Review the state PDMP before prescribing | | | | | |
| Avoid concurrent prescribing with benzodiazepines | | | | | |
| Link patient to opioid use disorder treatment | | | | | |
| Co-prescribing naloxone | | | | | |
| Offering MAT (Medication-Assisted Treatment) | | | | | |
| Other: | | | | | |

1. What aspect of this education session did you find most useful? (Please circle all that apply)

Interactive dialogue

Opioid-specific clinical content

Clinical tools and resources

Studies/literature

Efficiency/fit into my schedule

Data

Patient-facing tools

Other: _____

2. What aspects of this education session were least useful?

Interactive dialogue

Opioid-specific clinical content

Clinical tools and resources

Studies/literature

Efficiency/time from my schedule

Data

Patient-facing tools

Other: _____

3. What topics related to pain or opioids would you like to know more about?

4. What's the best way to follow up with you in the future? *(Please include preferred way to reach you, e.g. email address or phone number)*