



**To:** IEHP Pain Management Providers  
**From:** IEHP – Provider Relations  
**Date:** April 10, 2020  
**Subject:** **IEHP Pain Management Provider Survey**

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Inland Empire Health Plan (IEHP) is in the process of building a strong community pain management network which supports physical and mental health.

In order to better understand our current Pain Management Network, IEHP is asking for your assistance in identifying more Providers with experience and competency in providing holistic pain management health care services. Please complete the pain management survey by using one of the following methods below:

1. Go to: [https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV\\_07cJEwdl2HJzptj](https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV_07cJEwdl2HJzptj)
2. Scan the below code with your phone:



3. If you experience difficulties with accessing the link or code, you may complete the attached version of the survey and email to Joshua Crouch at [Crouch-J@iehp.org](mailto:Crouch-J@iehp.org).

Please respond to this survey on or before **Friday, April 24, 2020**. Your feedback is extremely important!

In addition, IEHP is reaching out to X-Licensed, Medication Assisted Treatment (MAT) Providers via telephone to identify more detailed background on the MAT Provider network. Some of you may be receiving phone calls, we encourage to complete this survey as well.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: Total Pain Care (TPC) Network Survey



Inland Empire Health Plan

## TOTAL PAIN CARE (TPC) NETWORK SURVEY

Please take a few minutes to fill out this pain management services survey. Your responses will help IEHP better understand our Pain Management Provider Network and make any necessary improvements. We appreciate your time and thank you in advance.

NPI #: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

1. What pain management services do you currently provide to IEHP Members? (Select all that apply)

a) Alternative treatment/therapy:

\_\_\_\_\_

b) Integrated mental and physical health service model

c) Interventional treatment/injections

d) Medication Assisted Treatment (MAT)

e) Medication Management

f) Opioid Tapering

g) Physical Reconditioning

h) Substance use supports

i) Other: \_\_\_\_\_

j) None of the above

2. If you selected “Medication Management” in the Question 1, what type of medication management do you currently provide to IEHP Members?

a) Epidural Injection Procedures

b) Selective Nerve Root Blocks

c) Paravertebral Facet Injection/Nerve Block/Neurolysis

d) Regional Sympathetic Nerve Block

e) Sacroiliac Joint Injections

f) Spinal Cord Stimulators

g) Nerve Surgery

h) Other: \_\_\_\_\_

3. If you DID NOT select “Medication-Assessment Treatment (MAT)” in Question 1, are you interested in providing MAT services to IEHP Members?

a) Yes

b) No

c) Not Applicable

4. If you're interested in providing MAT services, but currently do not, please select all that apply:
  - a) I don't have access to medical personnel with expertise in delivering MAT
  - b) I don't have enough funding to support the implementation of MAT
  - c) I don't have adequate MAT training to implement it in my office
  - d) I don't have the necessary support staff in my office
  - e) I haven't been able to engage Members in treatment
  - f) I don't know how to identify Members who need MAT
  - g) I currently provide MAT services to IEHP Members
  - h) Other: \_\_\_\_\_
  
5. Do you currently prescribe buprenorphine, naltrexone, methadone, or naloxone?
  - a) Yes
  - b) No
  
6. If yes, please select all that apply:
  - a) Buprenorphine
  - b) Naltrexone
  - c) Methadone
  - d) Naloxone
  
7. What pain management training have you received? (Select all that apply)
  - a) Board Certified
  - b) Pain Management Specialist
  - c) X-License
  - d) CME Event. Please list associated CME organization: \_\_\_\_\_
  - e) Other: \_\_\_\_\_
  - f) None
  
8. Do you currently have an active X-License?
  - a) Yes
  - b) No
  
9. Please select all clinical practice guidelines you use in providing pain management care:
  - a) APS Opioid Guidelines
  - b) CDC Opioids for Chronic Pain
  - c) Kaiser Permanente – Washington
  - d) Oregon Health Science University
  - e) Oregon Pain Guidance
  - f) State of Washington
  - g) VA/DOD Opioid Therapy for Chronic Pain
  - h) Other: \_\_\_\_\_
  
10. If you have additional comments, please enter them below:  
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