

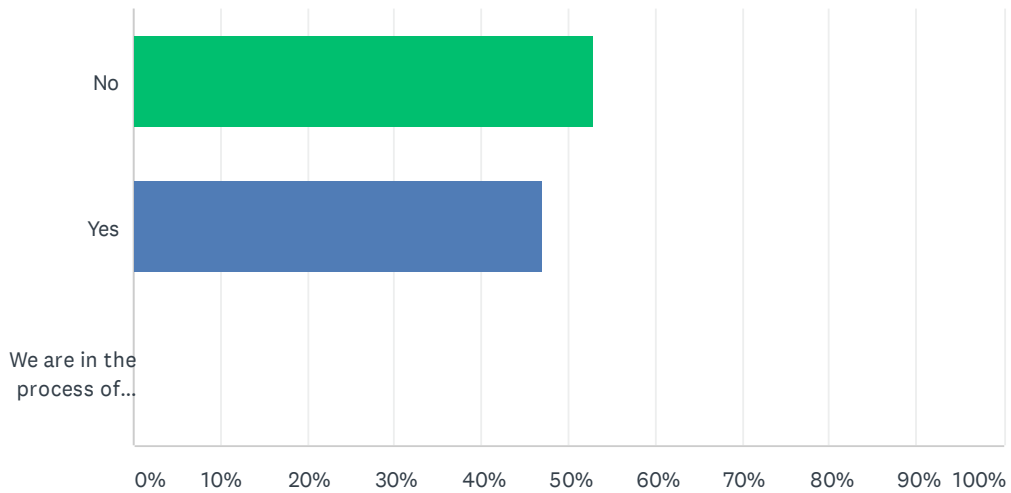
Q2 Your Institution

Answered: 17 Skipped: 0

#	RESPONSES	DATE
1	McLean Hospital	8/20/2020 1:45 PM
2	University of Florida	8/18/2020 7:45 PM
3	UCSF/SFVAHCS	8/18/2020 6:11 PM
4	UT Austin	8/17/2020 3:46 PM
5	CMU	8/13/2020 11:50 AM
6	Emory University	8/11/2020 3:14 PM
7	Brigham and Women's Faulkner Hospital	8/11/2020 2:40 PM
8	University of Cincinnati	8/5/2020 9:10 AM
9	UT Houston	7/27/2020 2:19 PM
10	Indiana University	7/24/2020 3:53 PM
11	JHUSOM	7/22/2020 2:38 PM
12	University of CO Anschutz Medical Center	7/16/2020 2:10 PM
13	University of Michigan	7/16/2020 2:05 PM
14	Ohio State University	7/13/2020 10:04 PM
15	University of Iowa Health Care	7/13/2020 5:20 PM
16	UMass Medical School	7/13/2020 4:37 PM
17	Mayo Clinic	7/13/2020 2:25 PM

Q3 Does your site currently offer intravenous (IV) ketamine for clinical treatment?

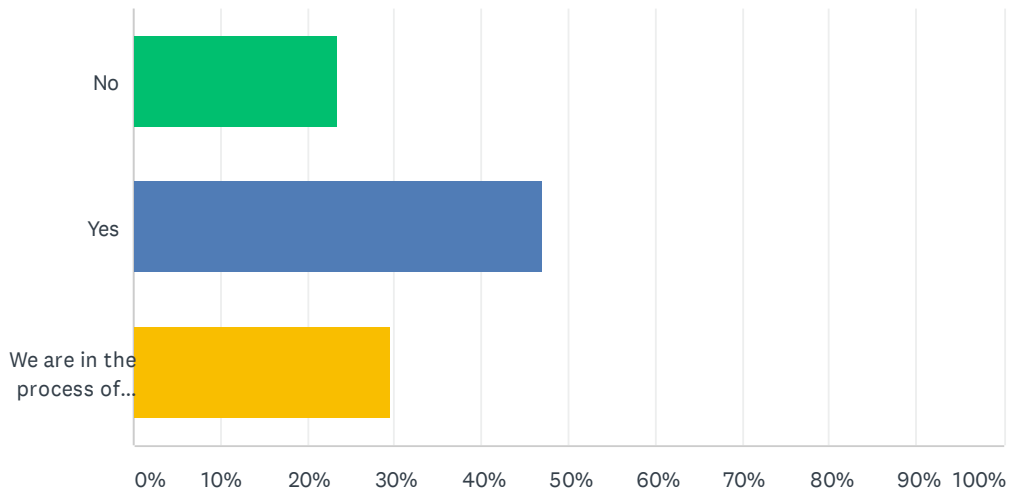
Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	52.94%	9
Yes	47.06%	8
We are in the process of building the service	0.00%	0
TOTAL		17

Q4 Does your site currently offer intranasal (IN) esketamine for clinical treatment?

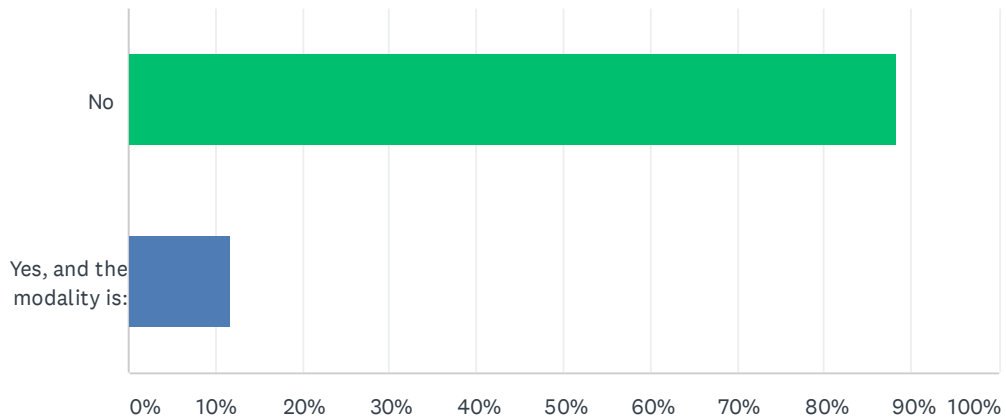
Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	23.53%	4
Yes	47.06%	8
We are in the process of building the service	29.41%	5
TOTAL		17

Q5 Do you offer any other modalities of treatment, eg intranasal ketamine, intramuscular ketamine or oral ketamine?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES
No	88.24% 15
Yes, and the modality is:	11.76% 2
TOTAL	17

#	YES, AND THE MODALITY IS:	DATE
1	oral	7/16/2020 2:05 PM
2	IM ketamine	7/13/2020 10:04 PM

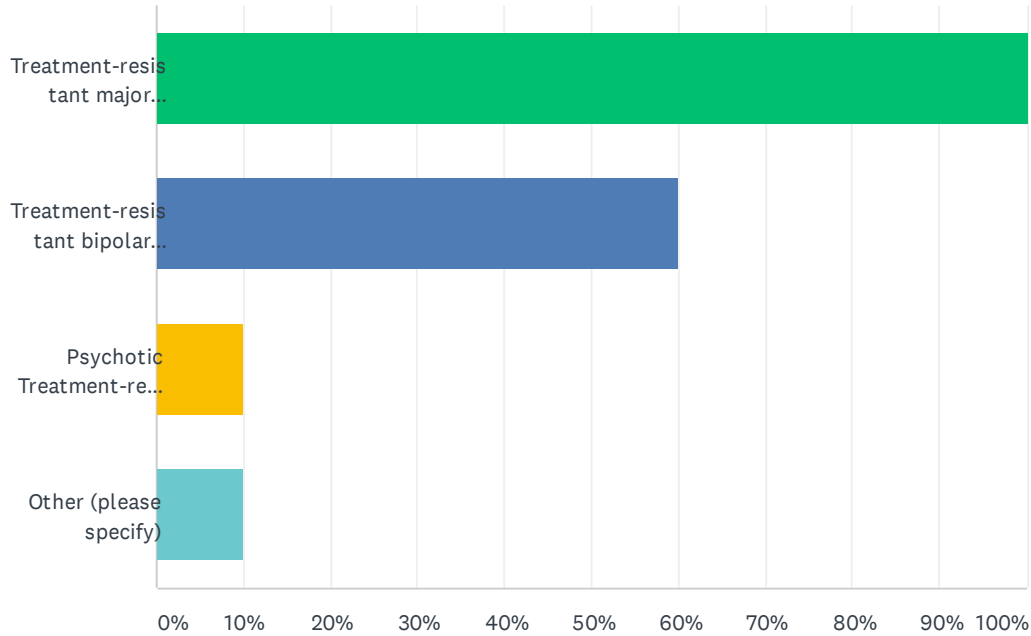
Q6 What is the approximate number of patients seen per week at your clinic?

Answered: 10 Skipped: 7

#	RESPONSES	DATE
1	Wide variation with Covid. Volume starting to pick up. Total Esketa and Ket encounters of all types this week will prob be around 15.	8/20/2020 1:50 PM
2	18	8/18/2020 6:13 PM
3	16	8/11/2020 3:15 PM
4	1	8/11/2020 2:46 PM
5	6	8/5/2020 9:12 AM
6	4	7/22/2020 2:40 PM
7	0.5	7/16/2020 2:07 PM
8	5	7/13/2020 10:06 PM
9	0.25 (1/month)	7/13/2020 5:29 PM
10	10	7/13/2020 2:25 PM

Q7 What are the main indications for treatment?(Please indicate all that apply, and feel free to share any ICD-10 codes that you find helpful for billing purposes under "Other" below.)

Answered: 10 Skipped: 7

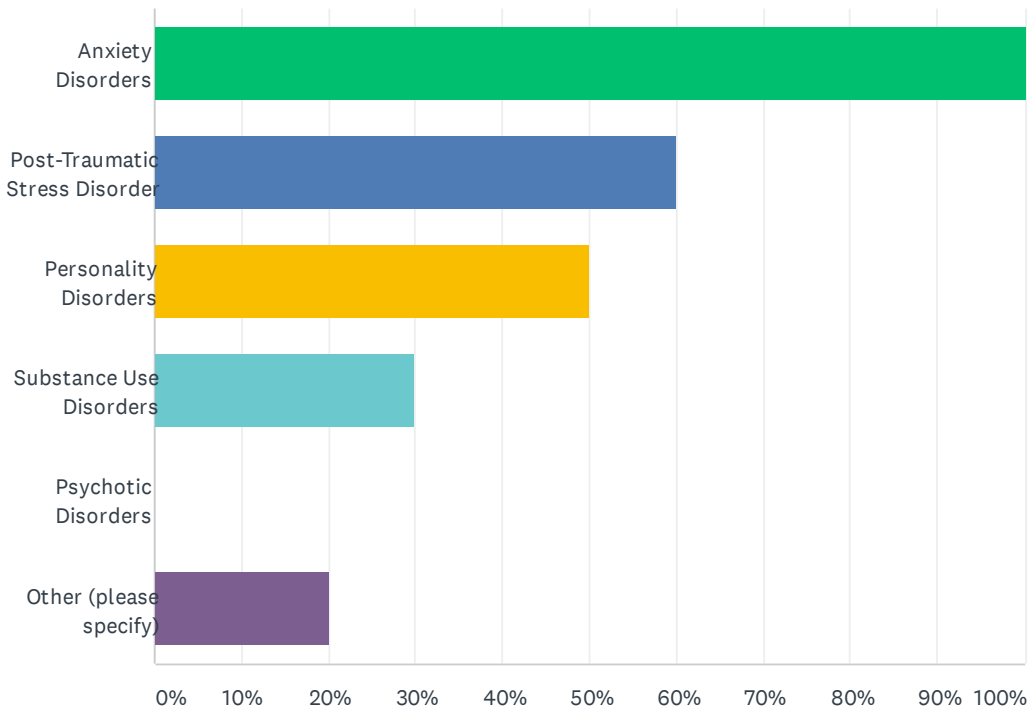


ANSWER CHOICES	RESPONSES
Treatment-resistant major depressive disorder (MDD)	100.00% 10
Treatment-resistant bipolar disorder	60.00% 6
Psychotic Treatment-resistant depression (MDD or bipolar)	10.00% 1
Other (please specify)	10.00% 1
Total Respondents: 10	

#	OTHER (PLEASE SPECIFY)	DATE
1	Dx of MDD or trMDD (depending on Keta/Esketa) is a mandatory prerequisite; other conditions for which there is evolving evidence.research, in the ascent of MDD, trMDD, are not -- as of this writing -- sufficient without comorbid MDD or trMDD.	8/20/2020 1:50 PM

Q8 What co-morbidities do you frequently encounter in your clinic?(Please indicate all that apply.)

Answered: 10 Skipped: 7

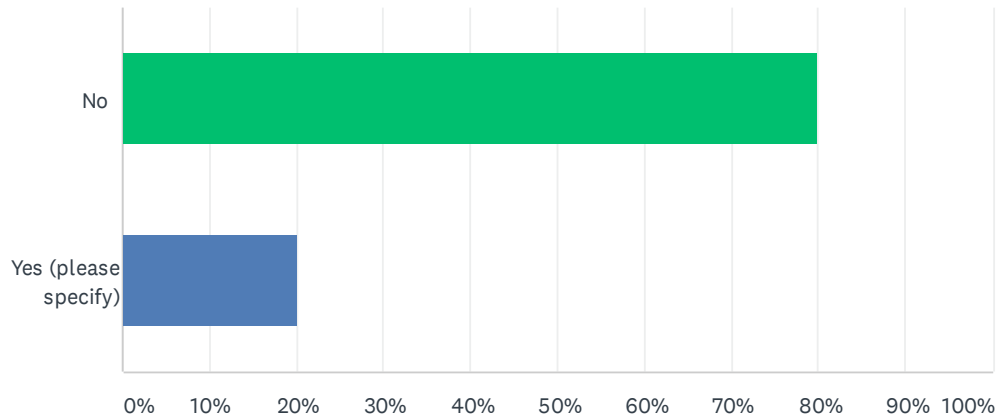


ANSWER CHOICES	RESPONSES
Anxiety Disorders	100.00% 10
Post-Traumatic Stress Disorder	60.00% 6
Personality Disorders	50.00% 5
Substance Use Disorders	30.00% 3
Psychotic Disorders	0.00% 0
Other (please specify)	20.00% 2
Total Respondents: 10	

#	OTHER (PLEASE SPECIFY)	DATE
1	Substance use and psychotic disorders are exclusions	7/22/2020 2:40 PM
2	We exclude psychotic disorder, substance use disorders that are not in remission, and primary personality disorders	7/13/2020 2:25 PM

Q9 Have you had any concerns about worsening addictive behaviors?

Answered: 10 Skipped: 7

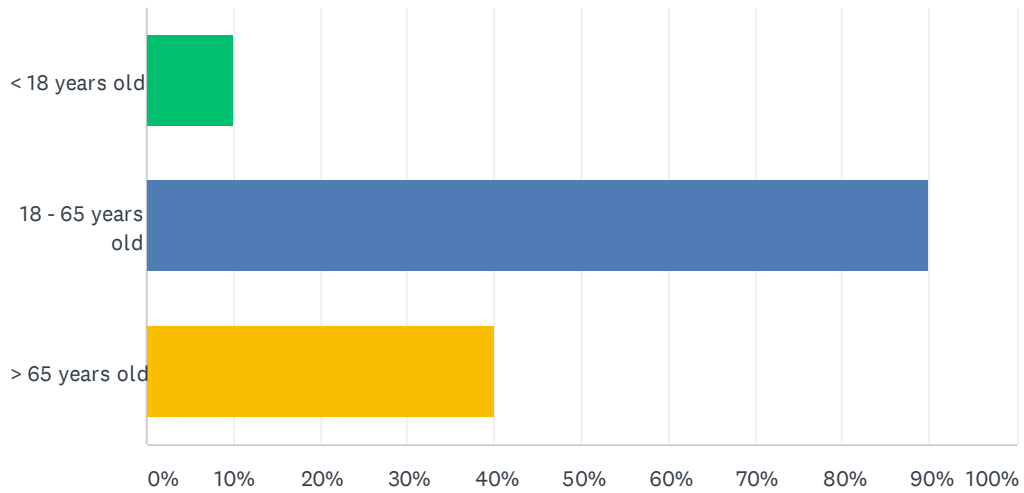


ANSWER CHOICES	RESPONSES
No	80.00% 8
Yes (please specify)	20.00% 2
TOTAL	10

#	YES (PLEASE SPECIFY)	DATE
1	I am always concerned, but we have no evidence to date of any gateway effects or abuse in our cohort. That said, screening criteria are conservative, and pretreatment probability is probably therefore lower than for a cohort of all-comers.	8/20/2020 1:50 PM
2	One patient had a relapse and reported that the relapse was triggered by the intoxicating effects of ketamine.	8/11/2020 2:46 PM

Q10 What ages are you currently treating?(Please select all that apply)

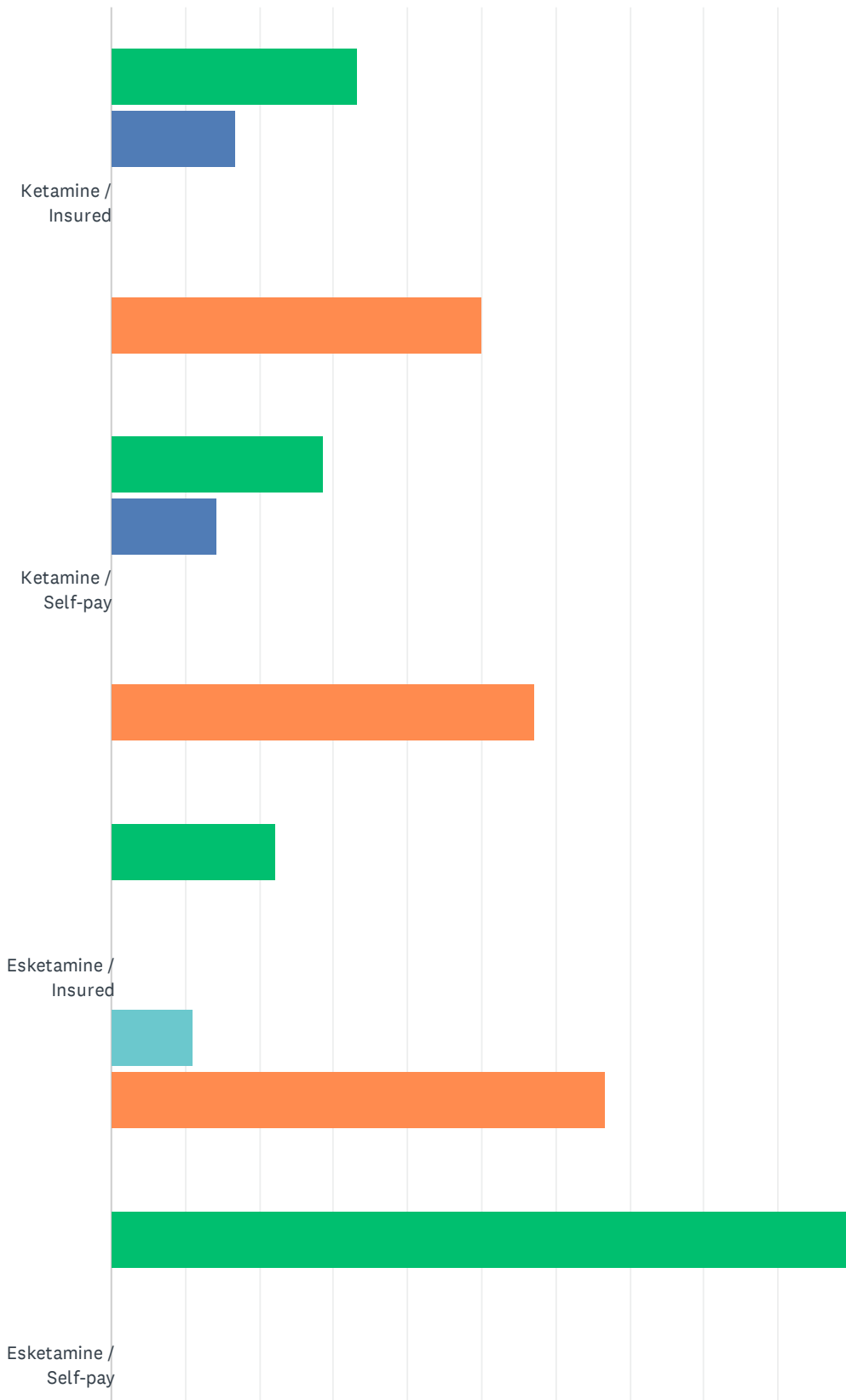
Answered: 10 Skipped: 7



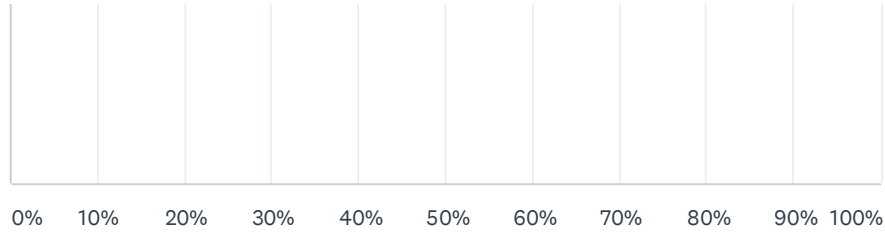
ANSWER CHOICES	RESPONSES
< 18 years old	10.00% 1
18 - 65 years old	90.00% 9
> 65 years old	40.00% 4
Total Respondents: 10	

Q11 Of your patients receiving ketamine or esketamine, please indicate the payer source for the treatments in approximate percentages:

Answered: 10 Skipped: 7



Ketamine Site Survey

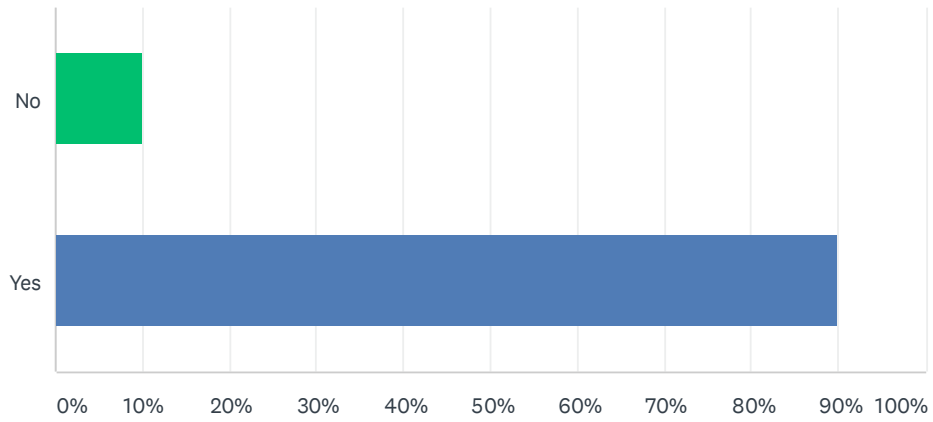


■ 0-20%
 ■ 21-40%
 ■ 41-60%
 ■ 61-80%
 ■ 81-100%

	0-20%	21-40%	41-60%	61-80%	81-100%	TOTAL
Ketamine / Insured	33.33% 2	16.67% 1	0.00% 0	0.00% 0	50.00% 3	6
Ketamine / Self-pay	28.57% 2	14.29% 1	0.00% 0	0.00% 0	57.14% 4	7
Esketamine / Insured	22.22% 2	0.00% 0	0.00% 0	11.11% 1	66.67% 6	9
Esketamine / Self-pay	100.00% 5	0.00% 0	0.00% 0	0.00% 0	0.00% 0	5

Q12 Does/will your clinic include a research component?

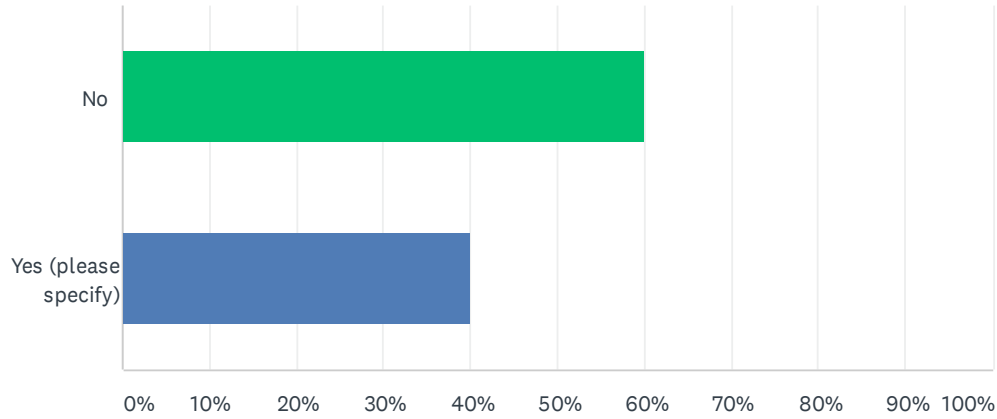
Answered: 10 Skipped: 7



ANSWER CHOICES	RESPONSES
No	10.00% 1
Yes	90.00% 9
TOTAL	10

Q13 Does your clinic support any active industry-sponsored trials (eg, long-term clinical trial of intranasal esketamine)?

Answered: 10 Skipped: 7

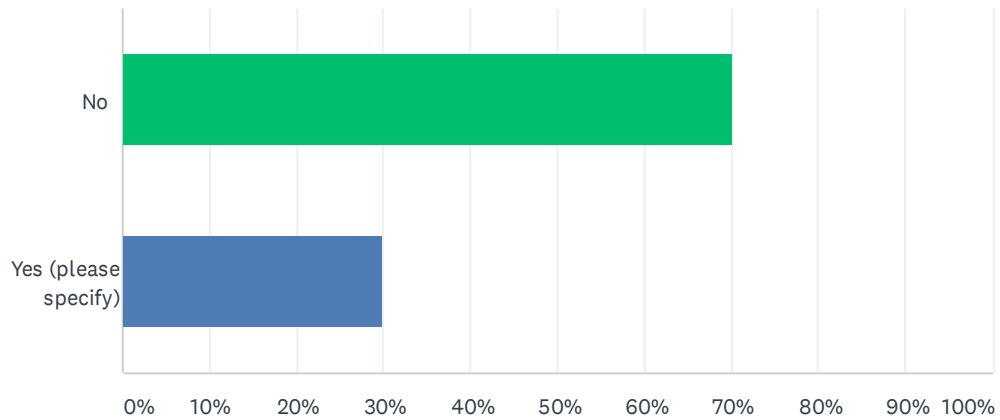


ANSWER CHOICES	RESPONSES	
No	60.00%	6
Yes (please specify)	40.00%	4
TOTAL		10

#	YES (PLEASE SPECIFY)	DATE
1	One underway	8/20/2020 1:50 PM
2	Long-term safety trial of Esketamine (TRD3008 by Janssen)	7/22/2020 2:40 PM
3	trying to join esketamine trial	7/16/2020 2:07 PM
4	Dr. William Coryell continues to follow a long-term intranasal esketamine trial participant.	7/13/2020 5:29 PM

Q14 Does your clinic have any active federally or foundationally funded ketamine-related grants/awards?

Answered: 10 Skipped: 7

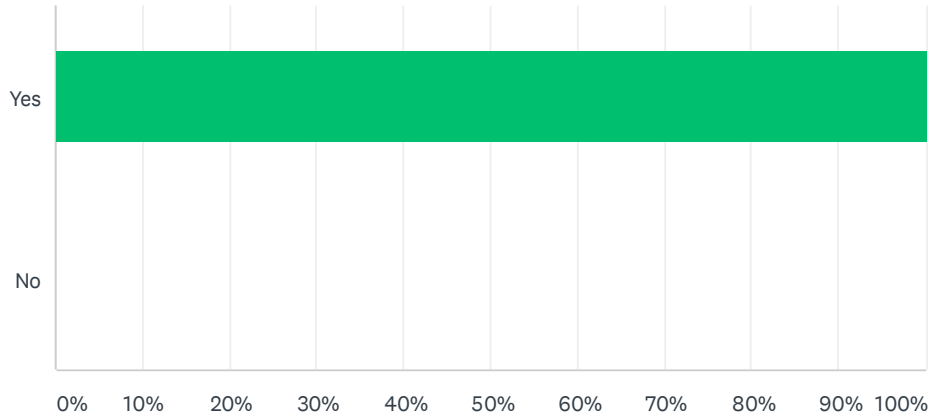


ANSWER CHOICES	RESPONSES
No	70.00% 7
Yes (please specify)	30.00% 3
TOTAL	10

#	YES (PLEASE SPECIFY)	DATE
1	NIH CTSI UCSF Research Allocation Program	8/18/2020 6:13 PM
2	Bio-K trial	7/16/2020 2:07 PM
3	Dr. Mark Niciu has a K99R00 Pathway to Independence award (5R00AA024142) to study alcohol-related biomarkers of antidepressant response in treatment-resistant major depressive disorder.	7/13/2020 5:29 PM

Q15 Are you willing to continue this survey by answering 14 more questions regarding intravenous (IV) and intranasal (IN) ketamine administration?

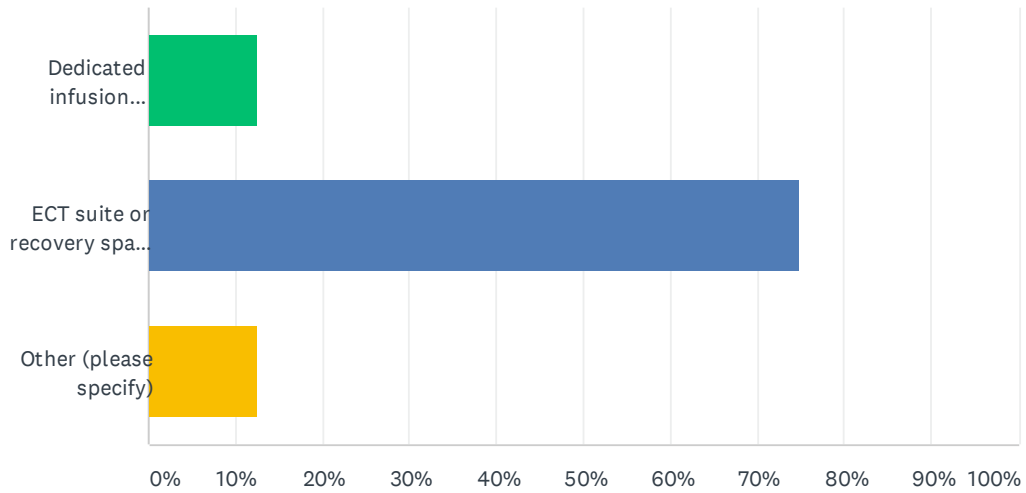
Answered: 10 Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes	100.00%	10
No	0.00%	0
TOTAL		10

Q16 Where are the infusions administered?

Answered: 8 Skipped: 9

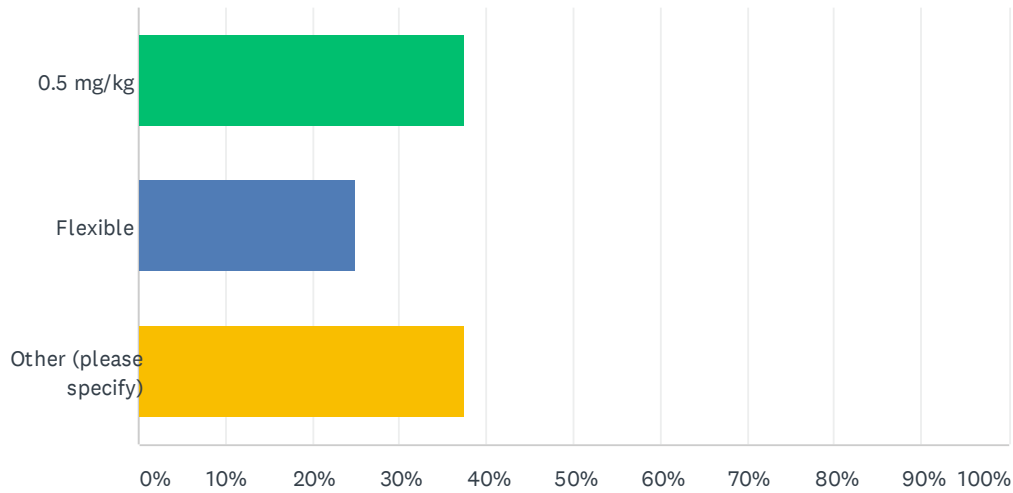


ANSWER CHOICES	RESPONSES
Dedicated infusion room/space	12.50% 1
ECT suite or recovery space in surgical post-operative care unit (PACU)	75.00% 6
Other (please specify)	12.50% 1
TOTAL	8

#	OTHER (PLEASE SPECIFY)	DATE
1	Immediately adjacent to high-volume ECT treatment area	8/20/2020 1:56 PM

Q17 What IV dosing is used at your site?

Answered: 8 Skipped: 9

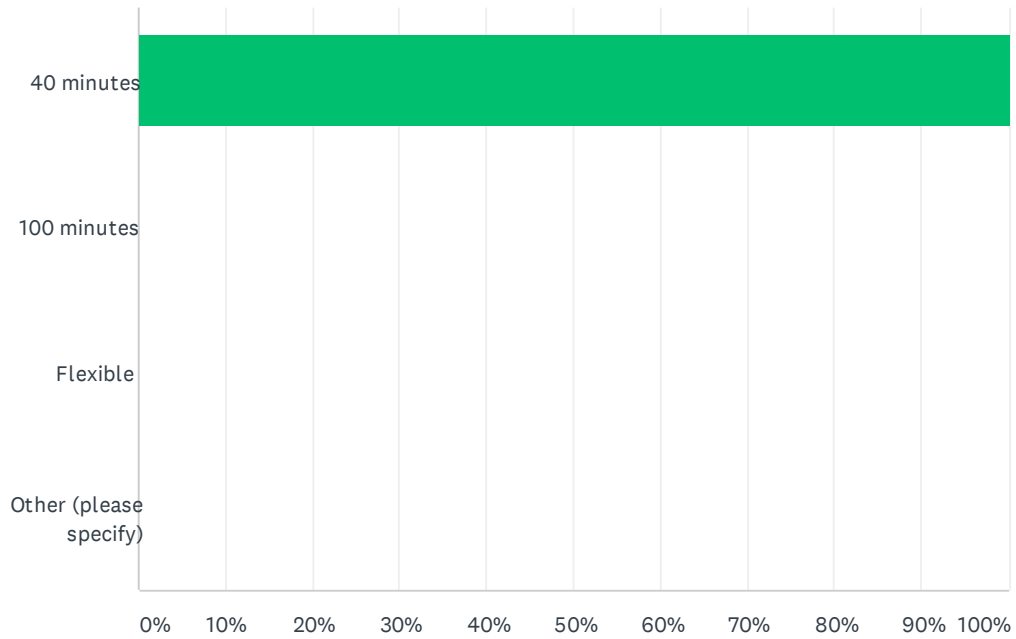


ANSWER CHOICES	RESPONSES
0.5 mg/kg	37.50% 3
Flexible	25.00% 2
Other (please specify)	37.50% 3
TOTAL	8

#	OTHER (PLEASE SPECIFY)	DATE
1	Generally .5 mg / kg - 1 mg / kg	8/20/2020 1:56 PM
2	All patients start at 0.5mg/kg. We titrate by increments of 0.1 mg/kg based on clinical response (and dissociation). Our max dose is 1.0mg/kg	8/18/2020 6:15 PM
3	starting at 0.5 mg/kg, we can titrate up to 0.8 mg if we determine insufficient response	8/11/2020 3:18 PM

Q18 What IV duration is used in your facility?

Answered: 8 Skipped: 9

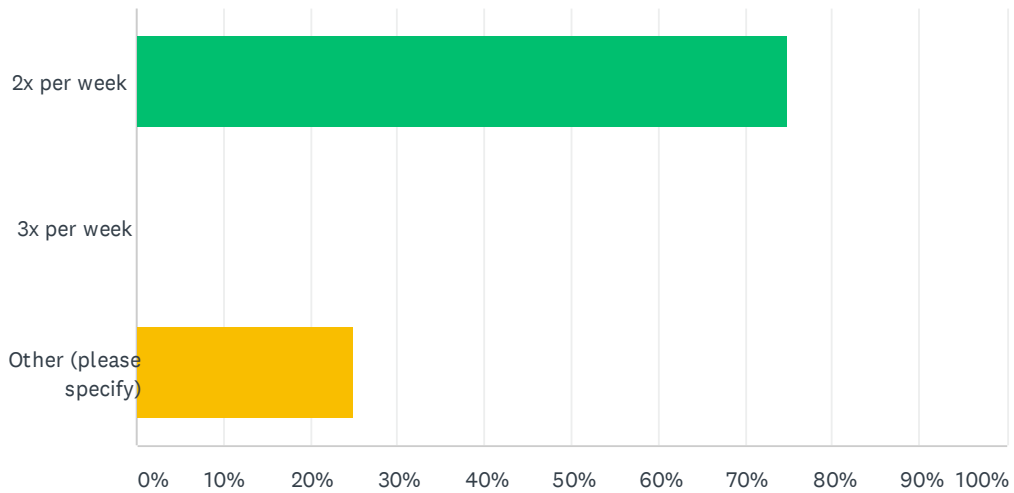


ANSWER CHOICES	RESPONSES	
40 minutes	100.00%	8
100 minutes	0.00%	0
Flexible	0.00%	0
Other (please specify)	0.00%	0
TOTAL		8

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q19 What is your site's standard frequency of IV administration during the acute/index phase of treatment?

Answered: 8 Skipped: 9

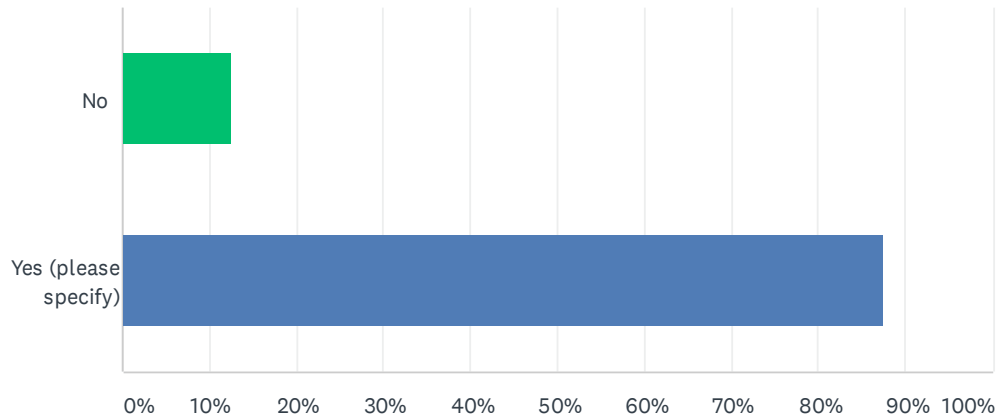


ANSWER CHOICES	RESPONSES
2x per week	75.00% 6
3x per week	0.00% 0
Other (please specify)	25.00% 2
TOTAL	8

#	OTHER (PLEASE SPECIFY)	DATE
1	Inductional and Acute Phase is twice weekly; thereafter, protocol depends on evidence to date for the specific situation.	8/20/2020 1:56 PM
2	2-3x per week	8/11/2020 2:49 PM

Q20 Does your facility offer maintenance ketamine infusions?

Answered: 8 Skipped: 9

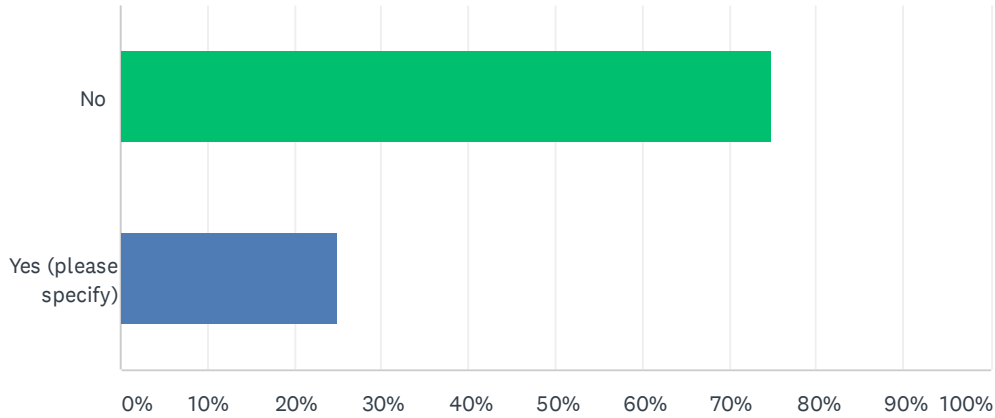


ANSWER CHOICES	RESPONSES
No	12.50% 1
Yes (please specify)	87.50% 7
TOTAL	8

#	YES (PLEASE SPECIFY)	DATE
1	We actively try to avoid maint. with IV, but on rare occasions we have agree (ie to bridge / stabilize through VOCID era). If maint appears necessary, prefer to pivot to Spravato	8/20/2020 1:56 PM
2	we generally so maintenance at q 3 weekly intervals	8/18/2020 6:15 PM
3	increasing intervals until once a month	8/11/2020 3:18 PM
4	weekly to monthly as requested by patients	8/11/2020 2:49 PM
5	Every 2 weeks or monthly	7/13/2020 10:09 PM
6	We theoretically offer maintenance ketamine infusions, but, as of survey completion (07/13/2020), no one has expressed interest, with lack of adequate antidepressant response and/or escalating out-of-pocket expenses being the most significant limitations.	7/13/2020 5:42 PM
7	We have a continuation, optimization, and maintenance phase	7/13/2020 2:26 PM

Q21 Is an anesthesia provider present during portions or all of the infusion (eg, staff anesthesiologist, anesthesia resident and/or certified registered nurse anesthetist [CRNA])?

Answered: 8 Skipped: 9

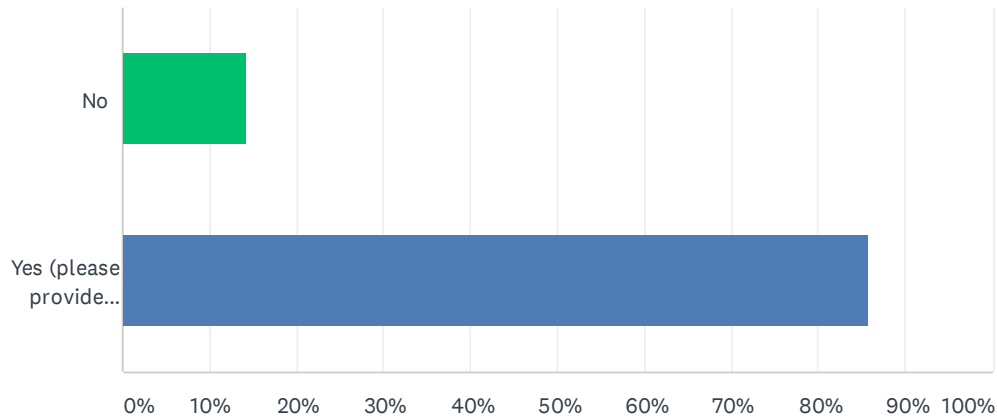


ANSWER CHOICES	RESPONSES
No	75.00% 6
Yes (please specify)	25.00% 2
TOTAL	8

#	YES (PLEASE SPECIFY)	DATE
1	Anesthesiologist	8/20/2020 1:56 PM
2	Anesthesiologist or CRNA	8/18/2020 6:15 PM

Q22 Is a psychiatrist present DURING the infusion?

Answered: 7 Skipped: 10

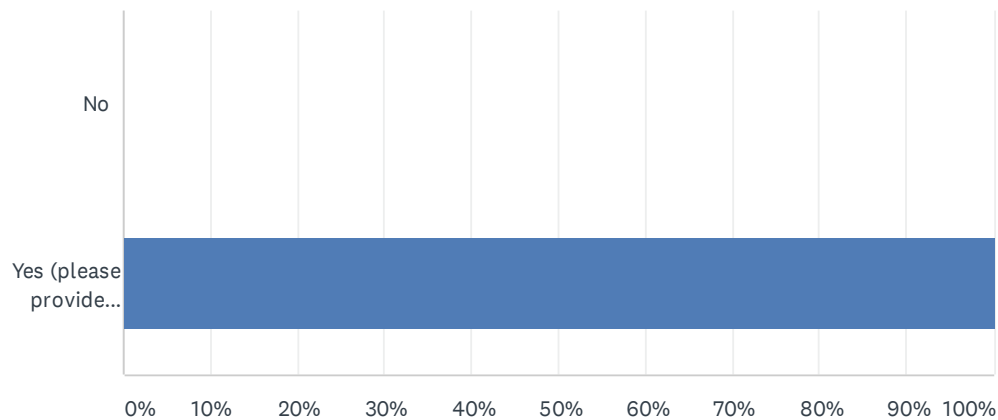


ANSWER CHOICES	RESPONSES	
No	14.29%	1
Yes (please provide additional details about the psychiatrist's role during infusion)	85.71%	6
TOTAL		7

#	YES (PLEASE PROVIDE ADDITIONAL DETAILS ABOUT THE PSYCHIATRIST'S ROLE DURING INFUSION)	DATE
1	1:1 psychiatric nursing throughout infusion. MD evaluation at every Eketamine and Ketamine encounter.	8/20/2020 1:56 PM
2	present in the ECT area. Starts the infusion, stays in the area until 40- minutes after the infusion.	8/11/2020 3:18 PM
3	I am in house - usually outside the infusion space, sometimes in my office.	8/11/2020 2:49 PM
4	Frequent monitoring and admission and discharge orders	7/16/2020 2:08 PM
5	Psychiatrist is present along with RN	7/13/2020 10:09 PM
6	Psychiatry used to be present during the infusion. However, we are now available by pager in house.	7/13/2020 2:26 PM

Q23 Is a psychiatrist present AFTER ketamine administration (ie, post-infusion monitoring)?

Answered: 8 Skipped: 9

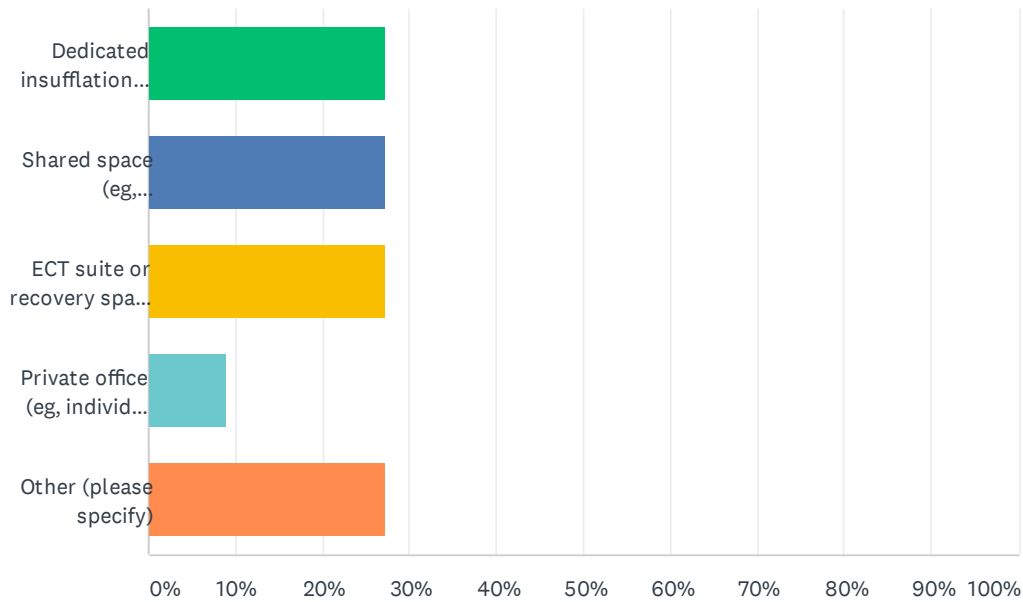


ANSWER CHOICES	RESPONSES
No	0.00% 0
Yes (please provide additional details about the psychiatrist's role in post-infusion monitoring)	100.00% 8
TOTAL	8

#	YES (PLEASE PROVIDE ADDITIONAL DETAILS ABOUT THE PSYCHIATRIST'S ROLE IN POST-INFUSION MONITORING)	DATE
1	Yes. Monitoring is 1:1 RN, then transfer to monitoring area for additional post-infusion monitoring by staff. Psychiatry is generally less active toward the latter portion of monitoring because there is little clinical need once the patient reaches this stage of recovery.	8/20/2020 1:56 PM
2	We check out with patients about how things went, confirm baseline mental status prior to discharge.	8/18/2020 6:15 PM
3	checking return to baseline mental status	8/11/2020 3:18 PM
4	I check everyone out to make sure they are ok.	8/11/2020 2:49 PM
5	seen prior to discharge	7/16/2020 2:08 PM
6	Physically present in the suite if needed on individual patients but available on site in general	7/13/2020 10:09 PM
7	The psychiatrist on-service from the Interventional Psychiatry Service clinically monitors the patient for at least one hour in the post-infusion period. This consists of an evaluation of vital signs and clinical status, e.g. sedation, dissociation, and psychotomimesis. If the psychiatrist believes that the patient has sufficiently returned to his, her or their pre-infusion baseline, the psychiatrist is responsible for discharging the patient from the ECT suite (adequate transportation in place). The psychiatrist also documents salient aspects of the infusion as a procedure note.	7/13/2020 5:42 PM
8	Patients who are new to ketamine will be checked on intermittently during the infusion and after the infusion.	7/13/2020 2:26 PM

Q24 Where are/will you administer insufflations?(Please select all that apply.)

Answered: 11 Skipped: 6

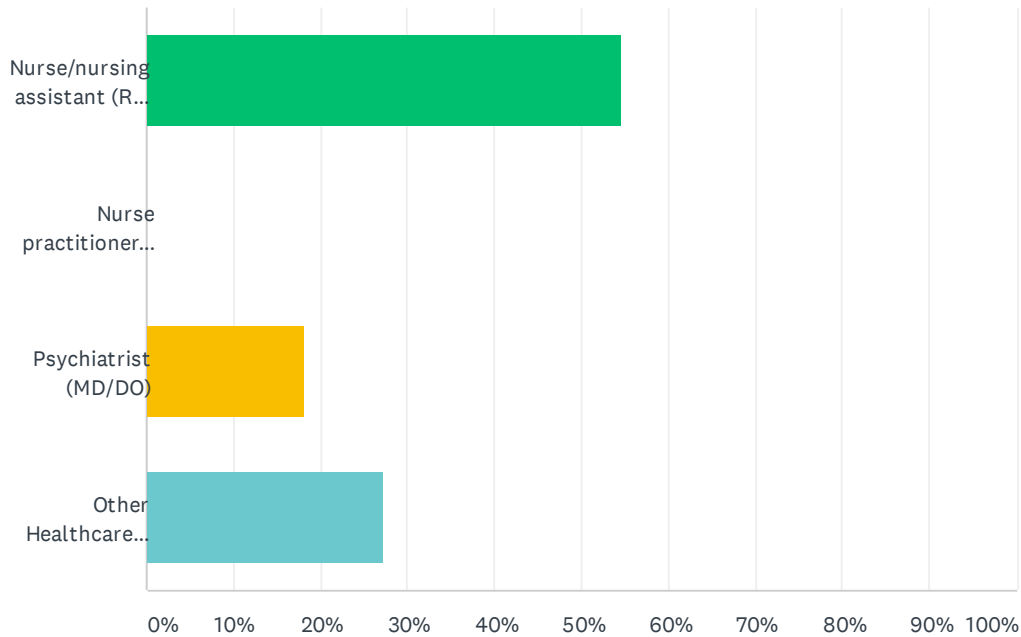


ANSWER CHOICES	RESPONSES
Dedicated insufflation space/room	27.27% 3
Shared space (eg, transcranial magnetic stimulation [TMS] treatment room)	27.27% 3
ECT suite or recovery space in surgical post-operative care unit (PACU)	27.27% 3
Private office (eg, individual clinician's offices)	9.09% 1
Other (please specify)	27.27% 3
Total Respondents: 11	

#	OTHER (PLEASE SPECIFY)	DATE
1	Treatment rooms for "ketamine" service are used for both eskers and ketamine administrations	8/20/2020 1:58 PM
2	Oupatient infusion clinic	8/11/2020 2:50 PM
3	Depending on time of day, we will use the IV ketamine room. Otherwise we will use shared space.	7/13/2020 2:28 PM

Q25 Who are you/will you have monitor insufflations at your institution?

Answered: 11 Skipped: 6

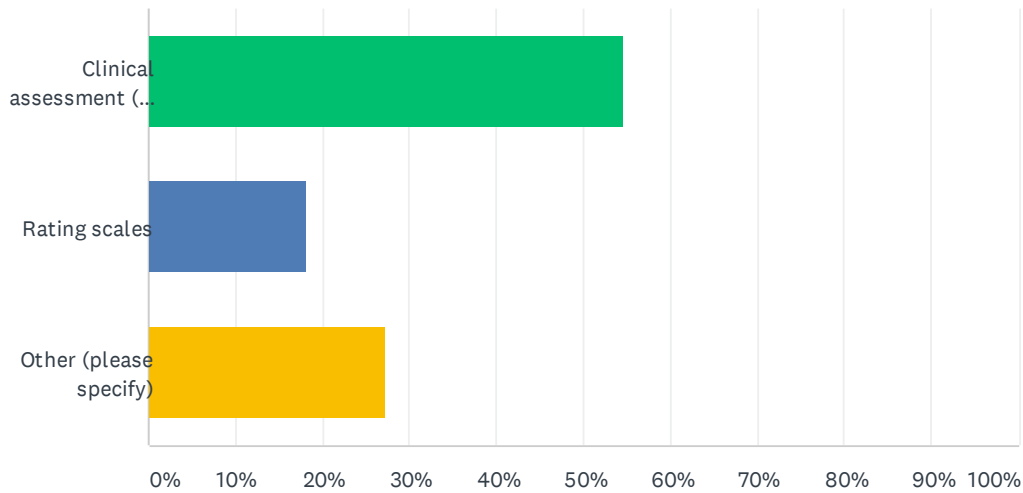


ANSWER CHOICES	RESPONSES	
Nurse/nursing assistant (RN and/or CNA)	54.55%	6
Nurse practitioner (ARNP)	0.00%	0
Psychiatrist (MD/DO)	18.18%	2
Other Healthcare Practitioner (please specify title, degree and/or training)	27.27%	3
TOTAL		11

#	OTHER HEALTHCARE PRACTITIONER (PLEASE SPECIFY TITLE, DEGREE AND/OR TRAINING)	DATE
1	.	8/20/2020 1:58 PM
2	Initial doings are with psychiatrist, and subsequent with Nurse/Nursing Assistant	7/22/2020 2:42 PM
3	Our clinic is new, right now we are using a psychiatrist. This is done in conjunction with an RN.	7/13/2020 2:28 PM

Q26 How are you monitoring or plan to monitor REMS-related and other side effects during and in the mandatory 2 hour post-insufflation period?

Answered: 11 Skipped: 6

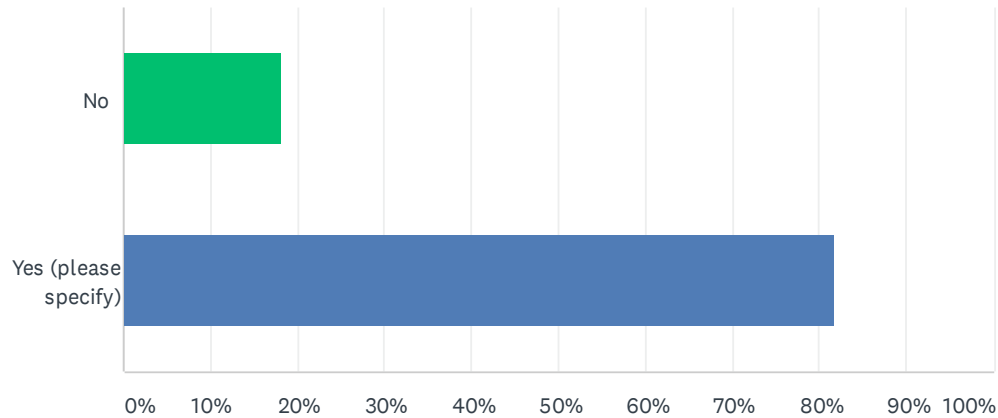


ANSWER CHOICES	RESPONSES	
Clinical assessment (eg, presence/absence of sedation or dissociation)	54.55%	6
Rating scales	18.18%	2
Other (please specify)	27.27%	3
TOTAL		11

#	OTHER (PLEASE SPECIFY)	DATE
1	QIDS, BASIS24, VS, SE's, MS	8/20/2020 1:58 PM
2	both	7/22/2020 2:42 PM
3	We use a combination of clinical assessment and rating scales.	7/13/2020 2:28 PM

Q27 Is/will a psychiatrist be present after insufflation (eg, during the 2 hour post-treatment monitoring)?(Please provide any additional comments about post-insufflation monitoring below.)

Answered: 11 Skipped: 6

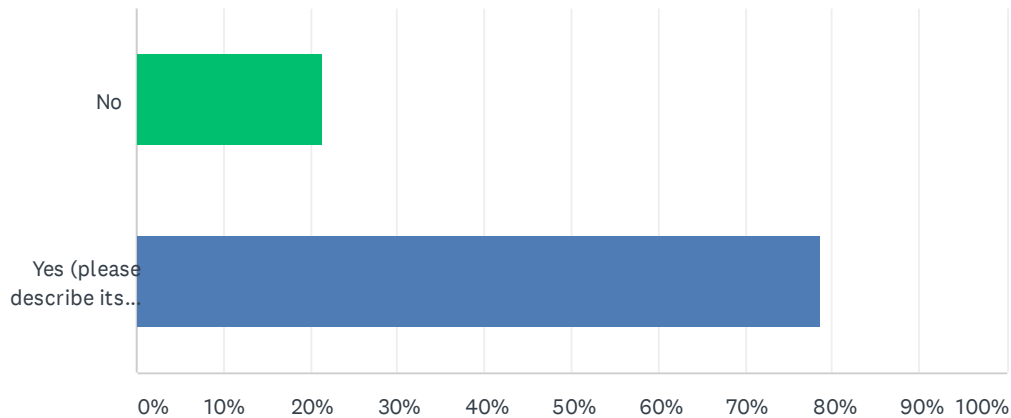


ANSWER CHOICES	RESPONSES	
No	18.18%	2
Yes (please specify)	81.82%	9
TOTAL		11

#	YES (PLEASE SPECIFY)	DATE
1	.	8/20/2020 1:58 PM
2	We check out with patients after treatment, confirm recovery a baseline mental status and debrief any other issues.	8/18/2020 6:16 PM
3	Psychiatrist visits patient 2-3 times and at discharge for monitoring.	8/5/2020 9:14 AM
4	RN responsible for routine monitoring but Psychiatrist in office during full 2 hours. Also plan is for psychiatrist to evaluate at each visit.	7/24/2020 3:54 PM
5	But as noted above, only during initial 1 or two dosings and then likely only for the first 30-40 minutes.	7/22/2020 2:42 PM
6	On site	7/13/2020 10:10 PM
7	The psychiatrist will be available on-call for post-infusion monitoring.	7/13/2020 5:43 PM
8	Psychiatrist available in our outpatient clinic	7/13/2020 4:39 PM
9	Given our clinic is new, the psychiatrist is checking in frequently.	7/13/2020 2:28 PM

Q28 Has the COVID-19 pandemic affected your ketamine clinical services?

Answered: 14 Skipped: 3



ANSWER CHOICES	RESPONSES	
No	21.43%	3
Yes (please describe its impact)	78.57%	11
TOTAL		14

#	YES (PLEASE DESCRIBE ITS IMPACT)	DATE
1	Initial drop in volume, now picking up again	8/20/2020 1:59 PM
2	IV treatments were greatly curtailed during the early months of the pandemic as they are done in the hospital and all "elective procedures" were canceled. Since May we have increased our flow almost back to normal.	8/18/2020 6:18 PM
3	We were planning a ketamine clinic and this has been put on hold.	8/13/2020 11:57 AM
4	We closed down the clinic for three months as ketamine infusions were deemed non-essential.	8/11/2020 2:50 PM
5	Screening needed before hand.	8/5/2020 9:14 AM
6	We had to interrupt esketamine administration	7/27/2020 2:21 PM
7	Slowed down launch of potential esketamine service	7/24/2020 3:56 PM
8	Had to suspend IV ketamine for several months.	7/16/2020 2:08 PM
9	Temporary hold on IV Ketamine for outpt. Just started IN Ketamine last week	7/13/2020 10:11 PM
10	We suspended our clinical ketamine infusion service for ~1 month during a clinical ramp-down of elective procedures. Additionally, the COVID-19 pandemic slowed down progress on establishing our intranasal esketamine service, which, at the time of completion of this survey (07/23/2020), remains several weeks away from a go-live/launch date.	7/13/2020 5:47 PM
11	Delayed opening of esketamine clinic	7/13/2020 4:39 PM

Q29 Are there any further comments or questions that you would like to add?

Answered: 8 Skipped: 9

#	RESPONSES	DATE
1	Thank you.	8/20/2020 1:59 PM
2	Just to add re: payor issues. Since we are VA we do not have issues around payment. This has greatly increased our ability to grow the clinic.	8/18/2020 6:18 PM
3	no	8/11/2020 3:21 PM
4	Very interested in how other sites are handling esketamine billing, as this is our major stumbling block to starting a service.	7/24/2020 3:56 PM
5	We hope to build a ketamine/esketamine service in the relatively near future and are interested in the experience of other sites, dos/don'ts, practical advice, etc.	7/16/2020 2:11 PM
6	I have no further comments or questions.	7/13/2020 5:47 PM
7	No	7/13/2020 4:39 PM
8	None	7/13/2020 2:28 PM