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### Interview Guide

Hello, my name is \_\_\_\_\_ and I am a researcher with a company called EurekaFacts. Thank you for agreeing to speak with me today and answer my questions. I wanted to talk to you today because you recently answered a survey about the use of the CDC Guideline for Prescribing Opioids for Chronic Pain. Now, before we continue, it is important that you know that, as part of the research team, I am neutral on this topic. I am interested in getting your point of view to understand what clinicians are thinking about the CDC Guideline for Prescribing Opioids for Chronic Pain. As a neutral researcher, I am simply trying to learn more about your different views people and organizations may have about the guidelines. Does that make sense?

Please keep in mind that there are no 'right' or 'wrong' answers. We are interested in your perspective. If there are any questions that you don't feel knowledgeable about or don't feel comfortable answering, just let us know and we will move on.

I anticipate that our conversation should last around 30 minutes today. I will be taking notes and also recording our conversation with your permission, but everything that you tell me will be kept confidential and treated in a secure manner. Any data we collect will not be disclosed to anyone other than the researchers working on this project, unless otherwise compelled by law. The information that we share from today's conversation will only indicate that you are a clinician working in the field, but will indicate no further identifying information. Your participation is completely voluntary and you are welcome to refrain from answering questions or withdraw at any time if you wish. Do you have any questions?

Do you agree to voluntarily participate in this interview?

- Yes → If Yes, continue
- No → If No, Excuse and use Script A (at end of document)

Do you consent to having this conversation recorded?

- Yes → If Yes, continue
- No → If No, Excuse and use Script A (at end of document)

Ok, let's get started.

### **Confirm membership to designated segment**

*Note to interviewer: 15 of 18 interviews should be with individuals who were aware of the Guideline. The remaining 3 interviews should be with individuals who were not aware of the Guideline and who reported having patients who were resistant to non-opioid forms of treatment. Prior to asking these confirmation questions, be certain that you know whether your participant had or had not been aware of the Guideline at the time of the survey.*

*If participant had been aware:*

1. Before you took the survey, were you aware of the CDC Guideline for Prescribing Opioids for Chronic Pain?
  - Yes → If Yes, ask Q2
  - No → If No, Recruit 4 and excuse the rest using Script A (at end of document). [NOTE: need 3 per segmentation criteria]
  
2. How familiar are you with CDC Guideline for Prescribing Opioids for Chronic Pain?
  - Very Familiar
  - Somewhat Familiar
  - Somewhat Unfamiliar
  - Very Unfamiliar

*NOTE to Interviewer: record answers to 2*

*If participant had **not** been aware:*

3. Before you took the survey, were you aware of the CDC Guideline for Prescribing Opioids for Chronic Pain?
  - Yes → If No, Excuse and use Script A (at end of document)
  - No → If Yes, ask Q4

### **Information needs**

4. Where do you usually get your information about new developments in the field?
5. What organizations or individuals do you consider to be credible sources of information in your field and why?
  - a. How do you receive information from them (e.g., newsletters from organizations, conference presentations from thought leaders, watercooler talk from peers...)?
  - b. In what format (fact sheets, webinars, journal articles, abstracts) do you *prefer* new information to be presented? Why?
6. Considering the volume of information related to the practice of medicine that you receive over a variety of channels, how do you determine whether a piece of information or news is important or relevant to your work?

[Include participants who are “somewhat familiar and very familiar” with guidelines for Q7]

7. How did you learn about the CDC Guideline for Prescribing Opioids?
  - a. PROBE: How credible is this source of information and why?
  - b. PROBE: When you first learned about the CDC Guideline, how did you assess whether it was relevant or important to your work? What helped you determine that?

### **Patient role in treatment decisions**

*Segment the following by patient resistance to nonopioid treatment through a composite score on Q18. If Respondent is familiar with CDC Guideline for Prescribing Opioids for Chronic Pain (Q26=very familiar and somewhat familiar), ask the following.*

8. Tell us about a time when you recommended a therapy for pain management other than opioids for a patient and they resisted your recommendation. What would have helped you make a compelling case for the nonopioid therapy for that patient?
  - a. PROBE: What information do you think your patients need to make informed decisions about nonopioid treatment options?
  - b. PROBE: What form do you think this material should take?
9. What fears and/or hopes did your patient express regarding the alternative therapy?

### **Perception of Guideline**

10. Let's discuss the issue of guidelines in general. What are some of your thoughts and feelings about using treatment guidelines in general?
  - a. Are there any clinical guidelines that you routinely follow? Tell me about them.
  - b. [If familiar within CDC Guideline, ask (Q26=*very familiar and somewhat familiar*)]: What are the similarities and differences between those other guidelines you just mentioned and the CDC Guideline for Prescribing Opioids?
  - c. What materials have been helpful to you in using the CDC Guideline in general?
    - i. PROBE: How similar or different are these materials compared to the materials from the CDC to support use of the Guideline for Prescribing Opioids?
    - ii. PROBE: What additional materials would be helpful? What form do you think this material should take?

Let's discuss the CDC Guideline specifically. [Include participants who are “somewhat familiar and very familiar” with guidelines for Q11 to 13]

11. How clear are the specific recommendations within the CDC Guideline? Do they provide sufficient guidance on how to successfully treat the chronic pain patients that you see at your practice?
  - a. PROBE: Does the Guideline provide sufficient guidance on how to treat patients with complex histories or comorbidities?
  - b. PROBE: How likely do you think patients are to misuse opioid medications?

- c. PROBE: How useful do you think the CDC communication materials and decision aids to support the guideline are, for example, the mobile application?
12. Do you believe that following the CDC Prescribing Guideline will lead to appropriate pain management and fewer instances of opioid misuse, abuse, or overdose? Please explain.
- a. PROBE: What do you believe are the potential **benefits** in using the CDC Guideline, if any? What is the best-case scenario? What do you believe are the potential **risks** in using the CDC Guideline, if any? What is the worst-case scenario? If not mentioned ask about increase in time spent with the patient, insufficient resources/knowledge/self-efficacy for physicians, reimbursement issues.
13. Have you ever attempted to address an instance of suspected misuse or abuse of prescription opioids among a patient in the past? Tell me about that.
- a. PROBE: How did it turn out?
- b. PROBE: What skills, knowledge, or support from others would have made the situation easier or smoother? What tools or material might have help you?
14. [ASK ALL] Let's review some of the recommendations about screening patients for possible opioid misuse, monitoring patients, and use of nonopioid therapies. I will read some of the recommendations and then ask you a few questions after.  
*Select random start among Question 14a to 14d. Consequently sequences questions after the random start in twos (e.g., if random start is 14c, the sequence will be 14c 14d; 14e, 14a; 14a, 14b; and so on). Assign each sequence to participants in order. Ask about two recommendations determined by the sequence.*  
*Read appropriate Guideline recommendation:*
- a. "#8: Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use, are present."
- i. Do you take these actions? Why or why not?
1. PROBE: What makes it challenging to take these actions?
2. PROBE: What makes it easy to take these actions?
- ii. What additional material or tools can help you in implementing these actions or recommendations or to convince you that taking these actions will benefit your patients?
- b. "#9: Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for

chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.”

- i. Do you take these actions? Why or why not?
    - 1. PROBE: What makes it challenging to take these actions?
    - 2. PROBE: What makes it easy to take these actions?
  - ii. What additional material or tools can help you in implementing these actions or recommendations or to convince you that taking these actions will benefit your patients?
- c. “#10: When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.”
- i. Do you take these actions? Why or why not?
    - 1. PROBE: What makes it challenging to take these actions?
    - 2. PROBE: What makes it easy to take these actions?
  - ii. What additional material or tools can help you in implementing these actions or recommendations or to convince you that taking these actions will benefit your patients?
- d. “#11: Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.”
- i. Do you take these actions? Why or why not?
    - 1. PROBE: What makes it challenging to take these actions?
    - 2. PROBE: What makes it easy to take these actions?
  - ii. What additional material or tools can help you in implementing these actions or recommendations or to convince you that taking these actions will benefit your patients?
- e. “#12: Clinicians should offer or arrange evidence-based treatment (usually medication assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.”
- i. Do you take these actions? Why or why not?
    - 1. PROBE: What makes it challenging to take these actions?
    - 2. PROBE: What makes it easy to take these actions?
  - ii. What additional material or tools can help you in implementing these actions or recommendations or to convince you that taking these actions will benefit your patients?

15. *Ask if Q8 was not discussed.* Great, now I'm going to read one last recommendation and then ask you a few questions about it.

"#1: Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate."

- a. What are your thoughts about recommending alternative therapies?
- b. Do you take these actions? Tell me a little bit more about that.
  - a. PROBE What makes it challenging to take these actions? What makes it easy to take these actions?
- c. What factors help you decide what nonopioid therapy you recommend to a patient?
- d. What additional material or tools can help you in implementing these actions or to convince you that taking these actions will benefit your patients? What type of information should they convey? What type of material information do you think your patient may need or want?

### **Conclusion**

We are just about wrapped up here. Do you have anything else you would like to share with me before we conclude?

Thank you so much for your time and insight, your input is very important and useful to us. Again, your responses will be kept confidential. You have been very helpful and I appreciate it. Have a great day.

### **Script A - Termination.**

Thank you so much for agreeing to talk with me today. Since all of my questions have to do with the CDC Guideline for Prescribing Opioids for Chronic Pain, I need to speak with people who are familiar with it. I appreciate your willingness to answer my questions, and those are all the questions I have at the moment. Have a great day.