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Interview template for “Practice Champion” (providers and medical directors) Interviews

Today we are conducting an interview to understand how your practice currently uses the Screening, Brief Intervention, and Referral for Treatment (SBIRT) process for your reproductive-aged patients.

Participation in this interview is voluntary at all times. You may choose not to participate or to withdraw your participation at any time. You may also choose not answer any questions you do not wish to answer, or choose to answer a question off the record.

Do I have your permission to record our conversation today?

Interview Questions:

1. We are so glad your practice decided to participate in this program to incorporate SBIRT into OB/GYN practice. What factors contributed to your practice’s decision to participate?
2. Before this program, could you describe the process your practice used to identify reproductive-age patients with substance use disorder (SUD)?
3. Before this program, where did your practice refer your patients with SUD?
4. How did your practice integrate SBIRT into your clinic flow? Why did your practice decide on this organizational flow?
5. Currently, what is your approach to screening patients with SUD?
 - a. [Probe]: How much do you rely on tests like urine toxicology tests in your screening?
 - b. [Probe]: Which screening tools does your practice use? What determined this choice of screening tool?

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6. How has your practice you engaged clinic staff into this process?
 - a. [Probe]: Who administers SBIRT to patients in your practice?
7. Currently, how regularly are you using the SBIRT process in your practice? [Probe: If they are not using SBIRT regularly, why not?]
8. Where are your patients being referred?
9. What challenges have you encountered in implementing SBIRT into your practice?
10. What are some of the ways that your practice is addressing these challenges?
11. Do you believe that patients in your practice are benefiting because of SBIRT? Why/why not?¹
12. What challenges do you face in caring for your patients who are having problems with substance use disorder, especially opioids?
13. (How) has the SBIRT process affected the amount of time you spend with the patient?¹
14. (How) has the SBIRT process affected your engagement with the patient?¹
15. Has SBIRT implementation affected staff's perception of (or attitude toward) patients struggling with substance use disorder? If so, how?
16. Has SBIRT implementation affected staff work satisfaction and teamwork? In what ways?
17. What advice would you give providers at another practice who are considering using SBIRT for their pregnant and reproductive age female patients?
18. What suggestions do you have for improving this program? Is there anything that is working well that should not be changed?
19. Is there anything else you would like to add to our conversation today?
20. Could you recommend anyone else in your practice involved with implementing SBIRT whom we could briefly interview? This could be a nurse, a social worker or an office administrator (doesn't have to be a physician).

Questions adapted from:

1. R D. Experiences with Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Community Healthcare. *J Community Med Health*. 2016;6(1).