

Attachment 8. Provider Focus Group Guide

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Qualitative provider focus groups will occur annually starting in Year 2 of the project and ending in year 4. Below we provide examples of questions that will be addressed in the focus group. As focus groups are discussions among the participants, some domains may be discussed more or less than others within a given group, depending on the composition of that group. Also, in several places, we indicate “[insert relevant treatment].” Here the facilitator would refer to either BUP and NAL, MMT, or COUN depending on which group is convening. Similarly, we have noted when questions would be asked of only one group type.

Provider Focus Group Questions:

Moderator will guide questions to capture data across the various domains.

Introduction

Thank you all for taking the time to meet with us today. I am [MODERATOR NAME] and will be moderating this discussion. [NOTE TAKER NAME] will be taking notes. Our team has been hired by the Centers for Disease Control and Prevention (CDC) to conduct an evaluation of medication-assisted treatments for opioid use disorder (OUD), which we refer to as the MAT Study. Although we are funded by CDC, we are not part of that federal agency (or any other federal agency). We are independent evaluators.

You are being asked to participate in this virtual focus group because your organization is participating in the MAT Study, and you provide OUD treatment to individuals in need.

Information gathered from this virtual focus group will help us to better understand MAT for OUD in the United States and the challenges of providing MAT. Your participation in this focus group is completely voluntary. Your name and title will not appear in any report. Although we are taking detailed notes, we would also like to audio record the session in case we need to verify our notes. No visual (camera) recording will be done. The audio recording will only be used to ensure that our notes are complete and that we are accurately capturing your input. Recordings will be deleted after our notes are verified. Is this OK with everyone?

Finally, we also ask that each of you recognize the importance of keeping information discussed in the focus group confidential and to respect each other's privacy. *[Moderator will ask each participant to verbally agree to keep everything discussed in the room confidential, and will remind them at the end of the focus group not to discuss the material outside.]*

We expect this session will take no more than 90 minutes. During the focus group, I want to encourage you to talk to each other rather than to me. It is okay to disagree with what others have said or to give a different opinion. I am interested in hearing everyone's unique experiences. I may redirect the discussion if I feel that others opinions are not being heard. I will let you know when we are near the end of our time. Are there any questions before we begin?

Domain 1. Current practice environment/organizational structure where participant works

First, we want to discuss a bit about your organization and its practices.

Tell me about where you work and deliver *[insert relevant treatment]* to OUD clients.

Tell me about other treatments that are available at your facility for opioid addiction.

Do you and your colleagues discuss different MAT modalities and consult with each other on patients' treatment plans? Do you consult with other types of service providers as well? If so, how?

Do you use electronic health records at your site? Why or why not?

How does billing for your *[insert relevant treatment]* services work?

MAT providers only: What factors influence how many clients you have on buprenorphine (methadone, naltrexone)?

Can you describe your treatment facility's catchment area? Can you describe any transportation challenges people face when trying to meet their daily treatment requirements, particularly those who live in rural areas or those that live outside the facility's immediate proximity?

Rationale: This will provide an overall description of the practice.

Domain 2. Background with MAT or counseling

Next, we want to discuss a bit about your backgrounds and experiences with OUDs and their treatment. Approximately how long have you been providing [*insert relevant treatment*] or have you been involved in other ways?

MAT providers only: Tell me about the training you received around treating OUD and MAT prescribing?

Have you participated in any specialized training around prescribing MAT for OUD?

What [*other*] training do you have in treating OUD? {all providers, insert *other* for the MAT providers}

MAT providers only: How much of your time is spent on MAT training annually?

How much of your time is spent on *other* training for OUD? {all providers, insert *other* for the MAT providers}

What types of training for OUD treatment have you found most useful?

Are there any specific trainings that you think would be useful for treating OUD, but have not received yet? Facilitator probe on types on training, reasons why not received.

Rationale: This will allow us to get know the providers and to provide context for the rest of focus group.

Domain 3. Barriers and facilitators to treating OUD clients

Are there certain types of clients who are more likely to do well on:

- methadone?
- buprenorphine?
- naltrexone?
- counseling without MAT?

How do you decide which treatment would be best for your client?

What practices and/or policies would make it easier for you to treat more clients and enhance treatment for your current clients with [*insert relevant treatment*]?

What are some examples of community characteristics that contribute to successful and unsuccessful treatment outcomes?

What are some of challenges or barriers that make it difficult to appropriately treat individuals with OUDs? Probe for both individual level challenges as well as institutional, cultural, familial, environmental...

What things do you think would encourage other providers to prescribe MAT?

Do you think the public's opinions have changed regarding opioid addiction and its treatment over the last five years? Where do we stand now?

Rationale: This will provide information on challenges in implementing MAT or other treatments for clients with OUDs.

Domain 4: Provider beliefs on Effective Treatment for OUD

In a perfect world, what would be different in terms of the way the system works for providing OUD treatment?

What systemic changes do you think would be needed to change or improve opioid treatment?

What systemic changes do you think would be needed to curb the current opioid epidemic?