

*Evaluating and Implementing the Six Building Blocks Team Approach to Improve  
Opioid Management in Primary Care*

Attachment C

**Staff Interview Guide – Additional Staff**

Version: December 12, 2019

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## Introduction

Hello, I'm (NAME) from Abt Associates. Thank you for taking the time to speak with us. I have [insert name(s)] on the phone with me.

As a reminder, Abt Associates is working with the Agency for Healthcare Research and Quality (AHRQ) to support implementation of the Six Building Blocks model for safe opioid prescribing. This 60-minute

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- Your participation is voluntary.
- This interview will last approximately 60 minutes.
- Your name and affiliation will be shared with AHRQ and included in the acknowledgements in any report or publication; however, we will not attribute our findings to you or your organization explicitly.
- You can decline to answer any question, without affecting your continued participation in the interview or your relationship with the AHRQ.
- The researchers do not foresee any possible risks from participating in this interview.

We also would like to record the interview so we do not miss anything. The recording will not be shared with anyone outside Abt Associates or AHRQ.

- Do you have any questions before we get started?
- May we record this interview? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Please describe your role at your practice and how long you've been in this role.
  - a. What is your experience with quality improvement?
2. Thinking back over the past few months, what are the major changes that your practice has made in the management of patients on long-term opioid therapy for their chronic pain?
  - a. Policies
  - b. Patient agreement
  - c. Workflows
  - d. Monitoring systems
  - e. Education for providers, staff, patients
  - f. Availability of behavioral health, OUD treatment
3. To what extent have you been involved in implementing these changes? In what way have you been involved?
4. Tell me about how the changes affect your daily work. What do you do differently now?
5. Reflecting on these changes that your practice has made in the management of patients on long-term opioid therapy for their chronic pain, what do you see as the key benefits?
  - a. For the practice overall?
  - b. For providers?
  - c. For staff?
  - d. For patients?
6. Have there been any unintended consequences of these changes that your practice has made in the management of patients on long-term opioid therapy for their chronic pain?
  - a. For the practice overall?
  - b. For providers?
  - c. For staff?
  - d. For patients?
7. What has made implementing these changes into your daily work difficult or challenging?
  - a. How did you work through these difficulties?
  - b. What did you need to work through these difficulties that you weren't given through this project?
  - c. Where are you still facing challenges implementing these changes in your daily work?
  - d. What further resources or support are still needed to implement these changes in your daily work progress?
8. What has made implementing these changes in your daily work easier?
  - a. Which, if any, of the changes were very simple to implement in your daily practice?
9. What surprised you as these changes in the practice or in your daily work started to be implemented?
  - a. Patient or staff reactions? What were unintended positive benefits?

10. What will help these changes in the practice or in your daily work continue?
11. What could make the changes in the practice or in your daily work fade over time?
12. How have the changes that your practice has made influenced your attitudes toward your patients on long-term opioid therapy?

#### 6BBs How-To-Guide

1. Are you familiar with the 6BBs How-To-Guide? [*NOTE to interviewer: If yes, ask the following questions. If no, this completes the interview.*]
2. To what extent have you, or your organization used the How-To-Guide?
  - a. What are your experiences with using it to date?
3. When you reflect on the How-To-Guide, what parts stand out as particularly helpful for the work you are doing and why?
  - a. Which parts are not all that helpful? Why?
4. If you were able to make your own adaptations to the How-To-Guide, how would you change it?
  - a. Would adding case studies of clinics that have implemented the 6BBs be helpful for illustrating how to use the guide?
5. What areas or sections of the guide left you feeling like you needed more guidance, resources or information?