

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Opioids Older Adults

Attachment C

Champion Interview Guide

Version: 3.31.20

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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 safer opioid prescribing for older adults. This 60-minute interview aims to get a better understanding of your organization's experiences with implementing the Six Building Blocks and progress toward making changes within your organization

Or
Bef



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 _____

BASELINE QUESTIONS

Role

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?
 - b. How does this project fit into your role at the practice?

Patient Panel, Opioid Prescribing and QI Efforts Prior to LC

2. Please briefly describe your older adult population and those with chronic pain that your organization cares for.
3. Please briefly describe your practice's current approach to managing patients with chronic pain.
 - a. Patients with chronic pain on LtOT?
 - b. What differences, if any, are there for older adult patients?
4. What do you consider to be the most important or effective prescribing and monitoring practice(s) for patients with chronic pain on LtOT and where do you think there is room for improvement?
5. Has your practice pursued improvement efforts related to opioids, chronic pain or your older adults patients?
6. Can you talk a little about how the work you're doing under the LC fits within other initiatives your clinic/organization has going on?
 - a. How is it complementary; how is it different?

Strategy Implementation Plan

7. Which strategies is your practice going to implement to address opioid use and misuse in older adult patients?
8. How will you make and/or support these changes?
 - a. PROBES:
 - i. Policies
 - ii. Treatment agreement
 - iii. Workflows
 - iv. Monitoring systems
 - v. Education for providers, staff, patients
 - vi. Availability of behavioral health, OUD treatment
9. What will be your role in implementing these strategies in your practice? Who else will be involved, and in what role?

QI Measures

10. Do you currently have QI measures related to opioid prescribing and management available?
 - a. What specifically do you measure and how?
 - b. What data do you use? Where do those data come from? Where are those data stored or captured?
 - c. How regularly are the data collected/updated? How regularly are the data measured?

- d. What measures would you like to monitor but have not been able to? Why not?
- 11. Do you have the resources and/or staff skills to build QI measures from your electronic health record (EHR) to measure your practice's improvements over time? If yes, why? If no, why not?
- 12. What do you think are critical resources for primary care practices to have for successfully implementing the strategies your practice pursued?
- 13. Is there anything else that we haven't covered that you think would be helpful for us to know as your practice embarks on improving use and misuse of opioids among older adults?

POST-IMPLEMENTATION QUESTIONS

Strategies Implemented

- 1. Please describe how you have been using the "strategies" in your practice?
- 2. We know you've been working on [insert initiatives from check-in calls]. Walk us through how you and your organization have been implementing these changes.
 - a. Strategies used, processes implemented
 - b. Changes to the EHR
 - c. Specific opioid management interventions implemented
- 3. What sorts of things helped to move the work forward?
 - i. Probes: external incentives; resource allocation; organizational culture/climate around change and QI; knowledge and beliefs around recommended opioid management practices
- 4. What held it back?
 - ii. What methods and/or strategies were used to overcome barriers?

QI Measures

- 5. What was your experience with building and using QI measures to monitor improvements over time?
 - a. Any issues producing the measures?
 - b. Lessons?

Effect of Changes

- 6. What, if any, benefits of these changes/strategies implemented have you observed?
 - a. For the practice overall?
 - b. For providers?
 - c. For staff?

- d. For patients?
7. Have there been any unintended consequences of these changes or strategies used?
- a. For the practice overall?
 - b. For providers?
 - c. For staff?
 - d. For patients?
8. How have the changes that your practice has made influenced attitudes of clinic staff toward your patients on long-term opioid therapy?

Role of Learning Collaborative

9. What role, if any, did your practice's participation in the LC play in your practice's experience and successes (or lack thereof)? Please explain.

Implementation Experiences

10. How did you and/or your practice do with implementing these strategies to improve care for older adults?
11. What helped your practice succeed in implementing these strategies? Please describe.
12. 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?
13. 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?
14. What surprised you as these changes in the practice or in your daily work started to be implemented?
- a. PROBES:
 - i. Patient or staff reactions?
 - ii. What were unintended positive benefits?
15. How do you think attitudes toward patients on LtOT have changed through the implementation of this quality improvement initiative?
- a. Among the medical providers?

- b. Among the staff?
- c. For you?

Sustainability

- 16. What will help these changes in the practice or in your daily work continue?
- 17. What might make the changes in the practice or in your daily work fade over time?

Context

- 18. Have there been any significant changes over the course of your organization's participation in the Learning Collaborative in your state, system, or practice that have impacted what you have been able to accomplish? If so, what are they and how are they impacting your organization?
 - a. Probes: changes in leadership, staff turnover, changes to EMR/EHR, changes in state prescribing laws
 - b. Have the impacts been positive or negative?

Lessons Learned

- 19. What are the key lessons you would share with other primary care clinics considering using these tools to better care for older adults with pain and/or on opioids?
- 20. If you were starting this initiative over again, what would you do differently?
 - a. What additional support, guidance, assistance, or information would have been needed to support this work?
- 21. What do you think are critical resources for primary care practices to have for successfully implementing the strategies your practice pursued?
- 22. Is there anything else that we haven't covered that you think would be helpful for us to know?