OMB

Attachment D: Learning Collaborative Staff Interview

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*Opioid Management for Older Adults in Primary Care*

**Staff Interview Guide**

Version: 3.31.20

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

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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 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.

**Oral Consent**

Before we begin, I want to read a few points about this interview:

* 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 \_\_\_\_\_

**Role**

1. Please describe your role at your practice and how long you’ve been in this role.

**Strategies Implemented**

1. Which strategies did your practice implement to address opioid use and misuse in older adult patients?
2. How did your practice make or support these changes?
   1. PROBES:
      1. Policies
      2. Treatment agreement
      3. Workflows
      4. Monitoring systems
      5. Education for providers, staff, patients
      6. Availability of behavioral health, OUD treatment
3. Were you involved in implementing these changes? If so, please describe your involvement.
4. If you provide or support care of older adult patients, how was your care of older adult patients with pain/long-term opioid therapy (LTOT) affected? Please describe.

**Effect of Changes**

1. What, if any, benefits of these changes/strategies implemented have you observed?
2. For the practice overall?
3. For providers?
4. For staff?
5. For patients?
6. Have there been any unintended consequences of these changes or strategies used?
7. For the practice overall?
8. For providers?
9. For staff?
10. For patients?
11. How have the changes that your practice has made influenced your attitudes toward your patients with chronic pain and/or on long-term opioid therapy?

**Implementation Experiences**

1. How did you and/or your practice do with implementing these strategies to improve care for older adults?
2. What helped your practice succeed in implementing these strategies? Please describe.
3. What has made implementing these changes into your daily work difficult or challenging?
4. How did you work through these difficulties?
5. What did you need to work through these difficulties that you weren’t given through this project?
6. Where are you still facing challenges implementing these changes in your daily work?
7. 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?
9. Which, if any, of the changes were very simple to implement in your daily practice?
10. What surprised you as these changes in the practice or in your daily work started to be implemented?
    1. PROBES:
       1. Patient or staff reactions?
       2. What were unintended positive benefits?

**Context**

1. 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?
   1. Probes: changes in leadership, staff turnover, changes to EMR/EHR, changes in state prescribing laws
   2. Have the impacts been positive or negative?

**Sustainability**

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

**Closing**

1. Based on your experience, what would you say is critical for other primary care practices who want to improve the care of older adults with chronic pain?
   1. Initiating opioid therapy
   2. LTOT
2. Is there anything else that would be helpful for understand about your experience?