Public reporting burden of this collection of information is estimated to average 1 hour per respondent. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-1050).

Interview Protocol

The following are the research questions guiding the interview protocols developed for each type of key informant:

1. What **factors affect access to care for patients on long-term opioid therapy (LTOT) abruptly displaced from care, as well as other patients on LTOT (i.e., "legacy" patients)**, including individual-level factors (e.g., clinicians' beliefs and attitudes), system-level factors (e.g., health systems) and legal/regulatory/policy-level factors (e.g., boards of medicine)?
2. What are the **incentives and disincentives** for ensuring abruptly displaced LTOT patients are accepted by new care providers? At the individual provider level? Health system level? Social or political level?
3. Which **entities are involved and how** in facilitating – directly or indirectly – the care and continued access to opioid prescriptions for patients displaced by a shuttered clinic or provider unable to continue providing care due to enforcement actions?
4. What **strategies, policies, and approaches** (i.e., formal and informal) are and/or have been used to increase/encourage the continuity of care for patients on LTOT once a clinic or provider is no longer available to prescribe opioids due to enforcement actions? To what extent have those strategies been effective? What strategies, policies, and approaches are needed to increase/encourage care continuity for patients on LTOT?
5. What is the **feasibility of implementing and adopting** identified strategies by health systems or clinics, decision-makers and policy makers in geographic areas experiencing recent clinic/clinician closures? Which **strategies (and aspects of strategies) work for whom and in which circumstances**?
6. What are the **ROI and other considerations** (i.e., cost of displaced patients using emergency rooms vs primary care, incentives/disincentives, barriers) that influence the uptake of those strategies?

Exhibit 1 provides a list of interview questions by domain for each of three key informant types.

Exhibit 1. Interview Protocol Questions for Each Domain by Key Informant Type

Domains	Clinicians or Organizations that Represent Them (e.g., state primary care association)	Health Systems or Clinic Leaders (e.g., NACCHO, health center network)	State/Local Health Agency Officials or Orgs that Represent Them (e.g., NACHO, ASTHO, etc.)
Role	What is your role in your organization? What clinical care involving opioids do you provide (i.e., prescribing opioids, care for patients on long-term opioid therapy (LTOT), inheriting patients on LTOT, prescribing MOUD)? What is or has been your role related to patients on LTOT affected by closed clinics?	What is your role in your organization? What is or has been your role related to patients on LTOT affected by closed clinics?	What is your role in your organization? What is or has been your role related to patients on LTOT affected by closed clinics?
Experience with ORRP Actions or Related Action	What is your experience with legal actions against providers/clinics resulting in patients on LTOT being displaced? If you have had such experience or familiarity, what do you think went well in responding to the closure of the clinic(s) and what do you see as the key issues or challenges for all involved?	What is your experience with Opioid Rapid Response Program (ORRP) or related actions of patients being displaced by closed clinics? If you have experience or familiarity, what do you think has gone well in responding to the closure of the clinic(s) and what do you see as the key issues or challenges for a health system like yours? What about issues for others involved (e.g., clinicians, state officials)?	Have you had any experience with ORRP or related actions? Are you aware of any instances where your agency was involved in responding to a situation where a clinic was closed? If so, what do you think went well in responding to the closure of the clinic(s)? What do you see as the key challenges for those involved?
Factors affecting access to care for patients affected by ORRP/related actions **-Individual** **-System** **-Policy**	As a clinician (or representing clinicians), what is your sense of clinicians' attitudes and beliefs about providing care for patients on LTOT who are displaced from clinics that were closed? In your opinion, do those attitudes or beliefs affect access for those displaced patients needing care and continuation of LTOT? Have you or your clinic inherited patients on LTOT either due to a clinic closure, a retiring clinician, or other reason? What is the current approach at your clinic/health system to absorb LTOT patients in need of care? What policies or guidelines in your clinic/health system (or many clinicians' systems in your state) impact the feasibility of inheriting patients from closed clinics (e.g., not accept new patients on opioids, unallowed to prescribe high dosage MMEs for patients)?	What is your sense of clinicians' attitudes and beliefs about providing care to patients on LTOT who are displaced from clinics that were closed? Does your system have any policies or guidelines that impact the feasibility of inheriting displaced patients from closed clinics (e.g., not accept new patients on opioids, not allowed to prescribe high dosage MMEs for patients)? What are they? Do you know of such policies at other health systems? What barriers exist- either for providers or patients- that keep patients on LTOT from accessing new care providers when they are displaced?	What is your sense of clinicians' or health systems' attitudes and beliefs about providing care to patients on LTOT who are displaced from clinics that were closed? What, if any, policies, programs, or guidelines does your agency have in place related to absorbing patients who are displaced following clinic closures? Do they support patients and/or providers/clinics? If so, what kind of support do they provide providers/clinics? What policies, programs or guidelines have you encountered or know of in health systems that have had an impact (beneficial or harmful) on displaced patients? Could any of these be applied state/community-wide? What barriers exist- either for providers or patients- that keep patients on LTOT from accessing new care providers when they are displaced?

	Have you heard of such policies at other health systems? What barriers exist- either for providers or patients- that keep patients on LTOT from accessing new care providers when they are displaced?		
Incentives and Disincentives	Are there incentives and/or disincentives for clinicians absorbing patients on LTOT? If so, what are they? Are there any conditions or stipulations? What is needed for you as a clinician to consider inheriting displaced patients on LTOT (possibly on high opioid dosages) from a closed clinic? What do you think other clinicians would need, if different than your conditions? Are you aware of any existing incentive policies that, in your opinion, are NOT effective?	Are there incentives and/or disincentives for absorbing patients on LTOT? If so, what are they? Are there any conditions or stipulations? What is needed for health systems to consider inheriting displaced patients on LTOT (possibly on high opioid dosages) from a closed clinic? What is needed for your clinicians to consider inheriting displaced patients from a closed clinic (and likely on high opioid dosages)? What do you think other clinicians would need, if different than those conditions? Are you aware of any existing incentive policies that, in your opinion are NOT effective?	Does your state/community have policies to incentivize clinicians/clinics/health systems to absorb displaced LTOT patients? What are other existing barriers/disincentives? In addition to existing policies/incentives, what are some additional incentives that you feel would be beneficial to offer clinicians/clinics/health systems?
Understanding entities involved in actions in state/county/city	In the event of a closed clinic or a provider no longer able or willing to treat patients, who is involved – entities and individuals – in disseminating information about the situation and/or facilitating (directly or indirectly) the continued care of affected patients? Is there anyone else or other entities that are not involved that should be? Who and why?	In the event of a closed clinic, who is involved – entities and individuals – in disseminating information about the situation and/or facilitating (directly or indirectly) the continued care of affected patients? Is there anyone else or other entities that are not involved that should be? Who and why?	What role does or could your agency play in supporting absorption of large groups of patients displaced by a closure? • At the time of/following a closure • In anticipation of future closures/large displacement actions Do you have any relationship with your state/municipal PDMP? Are there established policies to support patient absorption? What agencies could you/do you coordinate with to facilitate health care system uptake of displaced patients?
Strategies, policies, approaches and implementation	What strategies or approaches have you seen or been part of for getting displaced patients on LTOT into care after a clinic closes? What implementation strategies did you use or would you	What kind of strategies, policies or approaches are needed to address the issue of clinicians or systems caring for and taking in patients displaced by clinic closures?	What levers does your agency have to facilitate health care system uptake of displaced patients? • Policy levers • Contractual/partnership levers (who else can you

	recommend for supporting continuity of care for displaced patients? • Training/education? • Partnership/coalition forming? • Incentives? • Electronic health record (EHR) and/or clinical decision support (CDS) tools development support? What kind of strategies, policies or approaches are needed to encourage or facilitate clinicians/health systems to assume care of displaced LTOT patients? Would these policies be best implemented at the clinic/health system level or at the state/community level?	What levers does your system have for requiring clinicians to accept displaced patients, if any? If your clinic/health system HAS already implemented policies to facilitate LTOT patient absorption, what implementation strategies did you use or would you recommend for supporting continuity of care for displaced patients? • Training/education? • Partnership/coalition forming? • Incentives? • Electronic health record (EHR) and/or clinical decision support (CDS) tools development support?	bring to the table) • Financial levers • Educational levers What implementation strategies did you use or would you recommend for supporting continuity of care for displaced patients? • Training/education? • Partnership/coalition forming? • Incentives? • Electronic health record (EHR) and/or clinical decision support (CDS) tools development support?
Unintended Consequences or Benefits	What have been the unintended or unexpected consequences for clinicians and/or health systems for taking in displaced patients on LTOT due to clinic closures – both positive and negative? Are there specific populations that are more adversely affected by closures in your community? Are there policies to facilitate patient absorption that fail to support specific populations, or even make absorption of specific LTOT patients MORE DIFFICULT?	Are there specific populations that are more adversely affected by closures in your community, or policies that exist to facilitate patient absorption that fail to support specific populations?	To what extent have there been unintended or unexpected consequences for clinicians and/or health systems related to the absorption of legacy LTOT patients? • Positive consequences • Negative consequences What, if any, equity considerations could be or have been taken into account with regards to absorbing patients on LTOT?
Return on Investments	What are the costs to your practice/health system of accepting displaced patients on LTOT? For example: • Cost of displaced patients using emergency rooms • Displacement of current primary care patients • Monetary or staff costs associated with incentives/disincentives, barriers? Have you experienced, or have you heard from other clinicians, other negative impacts associated with absorption of LTOT patients?	What are the costs to your health system for taking in displaced patients on LTOT? For example: • Cost of displaced patients using emergency rooms • Displacement of current primary care patients • Monetary or staff costs associated with incentives/disincentives, barriers? Has your health system or community/state made efforts to absorb those costs? • Would it reduce the burden/barriers if there were state/federal programs to address these	What are the costs of any policies in your jurisdictions associated with supporting displaced LTOT patients and/or supporting the absorption of patients into other clinics? For example: If health officials have been involved in the response to a clinic closure in your community, what have been the costs to your agency or your staff in this response?

		costs?	
Resources	Do you have any resources (e.g., sample letters, communications, tools, materials used by involved entities) related to actions for displaced patients from closed clinics that you could share?	Do you have any resources (e.g., sample letters, communications, tools, materials used by involved entities) related to actions for displaced patients from closed clinics that you could share?	Do you have any resources (e.g., sample letters, communications, tools, materials used by involved entities) related to actions for displaced patients from closed clinics that you could share?