

## Transitions of Care Qualitative Interview Guide

April 2019

**Target Audience:** Primary Care providers at Michigan Medicine.

**Future Plans:** Use learned knowledge to inform surgical patients' transitions of care.

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### Introduction:

- The purpose of this semi-structured interview is to understand current practices and attitudes towards screening surgical patients for high risk opioid behaviors in the preoperative phase.
- This semi-structured interview will take approximately 30 minutes.
- It will be recorded, with your permission, to permit data aggregation and analysis.
- All of your responses will be kept strictly confidential and will be de-identified for the purposes of data analysis and interpretation.

### Demographics of provider and their patient population

1. Provider specialty
2. Years in independent practice
3. Of your patients needing surgery, what % would you say currently use opioids?
4. Of your patients needing surgery, what % would you say have a history of, or suspected current OUD?
5. Of your patients that *had* surgery, what % would you say developed new persistent opioid use after surgery?

### Identifying clinical course for surgical patients

1. For your surgical candidate patient, how do you typically identify their preoperative opioid use?
2. Can you describe a specific example of how you *preoperatively* managed a surgical candidate patient whom you felt would likely require complex postoperative care due to their current opioid use and/or history?
3. More broadly, what is your typical *preoperative* course for your surgical candidate patients: (*Clarify if needed: how do you preoperatively optimize patients who...*)
  - a. who currently use opioids
  - b. with a past, current, or suspected OUD diagnosis
4. Overall, what concerns do you have about transitioning your patients for surgery when they:
  - a. currently use opioids
  - b. have a past, current, or suspected OUD diagnosis

### Identifying practices and attitudes about screening patients

5. When your patient is determined to be a surgical candidate, what best describes your role in addressing patient risk as it relates to opioid use?
  - a. I don't address
  - b. Others address: Surgeons, Anesthesiologists, APPs, RNs, MAs
  - c. I tell the patient to inform their surgeon.
  - d. If the patient brings it up, I will discuss the risk factors.
  - e. I communicate with their surgeon (*ask how they communicate: email, call, letter*)
  - f. Other:
6. How do you think your practice compares to that of other Primary Care practices? (*Clarify if needed: what might be some challenges that your practice faces versus that of other primary care physicians' practice. (e.g., patient population, case mix, - more complex patients, more complex pain management issues, etc.)*)
7. What, in your opinion, constitutes a high risk patient?
8. What, if any, *value* exists in knowing that your patient is at high risk of poor opioid-related outcomes (e.g., poor postoperative pain control, new persistent use, chronic dose escalation, overdose) after surgery?

#### **Identifying practices and attitudes about resources**

1. What factors would influence you to seek help for your surgical candidate patients with chronic opioid use or at high risk of poor opioid-related outcomes?
2. Currently, what resources *are available* to you when caring for patients with new persistent use, chronic opioid use or at high risk of poor opioid-related outcomes?
3. What resources *do you feel are needed* when caring for patients with new persistent use, chronic opioid use or at high risk?
4. What *preoperative* role, if any, should a patient's usual prescriber or primary care provider play in managing these surgical candidate patients?

#### **Understanding attitudes about the proposed TOC pathway**

[Explain Transitions of Care Pathway Project]

5. How would a screening tool with the ability to identify patients at risk for poor opioid-related outcomes (i.e., poor postoperative pain control, new persistent use, chronic dose escalation, overdose) compel you to do anything differently than previously stated?
6. How do you envision the necessary *logistics* to completing this tool?
7. When do you feel would be the best point in the preoperative phase to perform the screening tool?
8. What would you perceive as a *challenge* to screening patients?
9. Who should get the screening tool *results*?
10. What would be *your* preferred method to receive the screening tool results?
  - a. MiChart In-basket message
  - b. Email
  - c. Other

11. Overall, is there anything else that would help you feel better equipped or informed when caring for this patient population prior to surgery?
12. Any other thoughts or concerns that were not covered in this interview?