

## Transitions of Care Qualitative Interview Guide

Summer 2019

**Target Audience:** Surgical care providers at Michigan Medicine (surgeons, residents, APPs).

**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. What % of your patients would you say currently use opioids prior to surgery?
4. What % of your patients would you say have a history or suspected current OUD?
5. What % of your patients would you say have developed new persistent opioid use after surgery?

### Identifying clinical course for surgical patients

6. How do you typically identify your surgical patients' preoperative opioid use?
7. Can you describe a specific example of how you *preoperatively* managed a surgical patient who you felt would likely require complex postoperative care due to their current opioid use and/or history?
8. More broadly, what is your typical *preoperative* course for surgical patients: (*Clarify if needed: how do you preoperatively optimize your patients who...*)
  - a. who currently use opioids?
  - b. with a past, current, or suspected OUD diagnosis
9. Overall, what challenges do you face when caring for surgical patients:
  - a. who currently use opioids
  - b. with a past, current, or suspected OUD diagnosis

### Identifying practices and attitudes about screening patients

10. During the surgical consult, what best describes your role in addressing patient risk as it relates to opioid use?
  - a. I don't address
  - b. Others address: Anesthesiologists, APPs, RNs, MAs
  - c. I tell the patient to follow up with their usual prescriber.
  - d. If the patient brings it up, I will discuss the risk factors.
  - e. I communicate with their usual prescriber/PCP (*ask how they communicate: email, call, letter*)
  - f. Other:

11. How do you think your practice compares to that of other surgeons? (*Clarify if needed: what might be some challenges that your practice faces versus that of other surgeons' practice. (e.g., patient population, case mix, - more complex patients, more complex pain management issues, etc.)*)
12. What, in your opinion, constitutes a high risk patient?
13. What, if any, *value* exists in knowing preoperatively if your patient is at high risk of poor opioid-related outcomes (poor postoperative pain control, new persistent use, chronic dose escalation, overdose)?

**Identifying practices and attitudes about resources**

14. What factors would influence you to seek help, preoperatively, in caring for patients with chronic opioid use or at high risk of poor opioid-related outcomes?
15. 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?
16. What resources do you feel *are needed* when caring for patients with new persistent use, chronic opioid use or at high risk?
17. What *preoperative* role, if any, should a patient's usual prescriber or primary care provider play in managing these patients?

**Understanding attitudes about the proposed TOC pathway**

[Explain Transitions of Care Pathway Project]

- Patient completes screening questionnaire through patient portal
  - Clinician reviews – can override based on clinical expertise
  - Algorithm will stratify into groups
  - Clinical recommendations per group
18. How would a screening tool with the ability to identify patients at risk for poor opioid-related outcomes (i.e., uncontrolled pain, new persistent use, chronic dose escalation, overdose) compel you to do anything differently than previously stated?
  19. How do you envision the necessary *logistics* to completing this tool?
  20. When do you feel would be the best point in the preoperative phase to perform the screening tool?
  21. What would you perceive as a *challenge* to screening patients?
  22. Who should get the screening tool *results*?
  23. What would be *your* preferred method to receive the screening tool results?
    - a. MiChart In-basket message
    - b. Email
    - c. Other
  24. Overall, is there anything else that would help you feel better equipped or informed when caring for this patient population during the perioperative journey?
  25. Any other thoughts or concerns that were not covered in this interview?