FP Interview Guide

This study explores changes to primary care access and experiences for people with opioid use disorder resulting from the rapid introduction of virtual care. As a physician, we are interested in hearing about your experiences with and perspectives on providing primary care both in person and virtually for people with opioid use disorder.

As a reminder, this interview will be recorded and transcribed. You will not be identified in any report or presentation; your name will be replaced by a participant code and any identifying information will be obscured. Participation is voluntary. You may end the interview at any time or choose not to answer any specific question. Any questions before we begin? Do you have any questions before we begin?

First, I would like to ask some general background questions about you and your practice.

1. How long have you been practicing as a family physician?

2. Can you tell me a little bit about your training?
   Probes:
   a. Medical school within Canada or international?
   b. Completion of the Provincial Opioid Addiction Treatment Support Program, completion of any other addiction medicine certificate or other post-graduate medical training (e.g., addiction medicine fellowship)?

3. Can you describe your current model of practice?
   Probes:
   a. For example, do you provide care in a community-based practice? ED? Long term care home? Hospital as a hospitalist? Home visits? Split between multiple sites?
   b. Can you broadly describe your patient population/the communities you serve?
   c. How is your practice funded – Fee for Service, Alternative Payment Programmes, Rural Practice Programmes, etc.
   d. Are you a clinic owner?
   e. Do you have any non-physician health professionals working in your practice?

4. Do you belong to any organized networks or physician groups? Which ones?

5. Do you have privileges at any hospitals or other facilities?

6. Would you mind sharing with us the gender you identify with/your pronouns?

Next, I'd like to ask about the population of patients you care for.

7. In which communities do you currently practice and how would you describe them in terms of urban or rural?

8. How many patients with OUD do you see per week (for OUD treatment or other primary care)? What percentage of your patient population has OUD?

9. For approximately how many PWOUD do you feel that you serve as a majority source of their care?

Next, I'd like to ask about your use and experiences with virtual care services.

10. To what extent did you use virtual care within your practice prior to the pandemic?
    Probes:
    a. What percentage of care delivered virtually?
    b. Which modalities (phone visits, video visits, other)?
    c. How did you use virtual care specifically for your patients with OUD compared to your other patients?

11. Can you describe the balance of in-person to virtual care for patients with OUD in your practice currently?
    Probes:
    a. How has that proportion changed over the course of the pandemic/since you first implemented virtual care in your practice?
    b. Which modalities (phone visits, video visits, other)?
    c. Are there any differences in which services you provide in person v. those you provide virtually? To what do you attribute these differences (i.e., comfort, positive/negative experiences, sense of efficacy/appropriateness)

12. What supports/resources have helped you deliver primary care services virtually to patients with OUD?
    Probes:
    a. Role of and comfort with using the requisite technologies (EMR, videoconferencing)?
    b. Introduction of regulatory/billing changes during the pandemic?
    c. Longitudinal relationships with patients?
    d. Guidance documents (for virtual care and/or supporting PWOUD)?
    e. Collaborative care/other health care providers (e.g., clinic nurses, outreach workers/services, community pharmacists)

13. What barriers/challenges have you encountered in starting to offer virtual care services for patients with OUD? What barriers do you expect over the long term?
    Probes:
    a. Patient access to requisite communications technology/confidential spaces?
    b. Changes in patient engagement/frequency of missed or cancelled appointments?
    c. Finding the balance between in person/virtual visits?
    d. Issues with undisclosed/unobserved health concerns/deterioration?

14. How has the introduction of virtual visits changed how your patients are accessing OUD medications and your prescribing workflow? What about the impact of virtual visits on lab testing?
    Probes:
    a. Changes to lab referral process?
    b. Changes to patients' access to/frequency of lab testing?
    c. Patient's duration on OAT (i.e., initiated and/or stabilised prior to COVID-19)
        i. What medications (OAT) do you regularly prescribe for patients and how do they influence remote/virtual care?

15. Can you share some examples where virtual care has worked well in your experiences of providing care to patients with OUD?
    Probe: Have you noticed any ways in which virtual modalities are improving care experiences for patients?

16. Can you share some examples where virtual care has posed a barrier to accessing your patients or has not worked well for in your care of patients with OUD?
    Probes: Have you identified any barriers to care that virtual modalities have introduced for your patients?

17. Overall, what impact has telemedicine had on the quality of your interactions with your patients with OUD?
    Probe:
    a. Better/worse/same quality of interpersonal connection?

18. How have your patients (with opioid use disorder) responded to the switch to telemedicine?
    Probe:
    a. Differences by OAT medication taking, age, length of relationship
    b. Other medications/ongoing primary care management of co-morbidities
    c. What are you doing if patients refuse virtual visits or do not have the ability to attend a virtual visit?

19. When the pandemic is over, do you think you will return to your normal (pre-pandemic) practice patterns or do you think you will offer telemedicine services more often? Why?

20. If you are planning to continue offering remote care, are there any policy or regulatory changes that you would like to see to support your provision of virtual care to PWOUD?
    Probe:
    a. Any (temporary) policies/changes introduced in response to COVID-19 that should be retained/extended?

That's all the questions I have. Is there anything important we have left out of the discussion to inform our understanding of use of virtual care for patients with OUD?

Thank you so much for your time today. As a reminder, we may contact you in the future to verify the accuracy of certain statements once we've transcribed the recording of this interview.

PWOUD Interview Guide

In this study, we want to gain a better understanding of the impact of virtual models of care on people with opioid use disorder. We are interested in how virtual models impact access to and quality of care for PWOUD, as well as their impact on access to opiate agonist therapies and any treatment for other health conditions.

As a reminder, this interview will be recorded and transcribed. You will not be identified in any report or presentation; your name will be replaced by a participant code and any identifying information will be obscured. Your participation is voluntary. You may end the interview at any time or choose not to answer any specific question. Do you have any questions before we begin?

First, I would like to ask some general background questions.

1. Can you tell me a bit about yourself?
   Probes:
   a. In which community do you live and would you describe it as urban or rural?
   b. How old are you?
   c. Would you mind sharing with us the gender you identify with/your pronouns?
   d. Are you currently on any OAT medications and, if so, which one(s)?
      i. How long have you been on this medication (i.e., were you initiated/stabilised pre-COVID?)
      ii. How often do you currently have to see your physician in-person to receive your OAT meds?
   e. Do you have a regular source of income (formal or informal)?
      i. Does your source of income ever effect your access to primary care/your care provider? (e.g., work hours, access to time off, extended health insurance)
      ii. Do you face any financial barriers in obtaining OAT? (e.g., pharmacy-imposed fees, access to provincial health insurance/coverage)
   f. Has your race, ethnicity, Indigeneity, culture, or preferred language every impacted your experiences with or access to primary care/treatment for opioid use disorder?
   g. Do you have regular/consistent access to a phone (your own number) or a computer with the internet?

Next, I'd like to get a sense of your routine interactions with health services

2. To start, can you describe for me (as much as you are comfortable) any routine interactions you have with health services?

Note: If appropriate, take this opportunity to distinguish between interactions with primary care and other (e.g., acute) health care needs with the participant

3. Is there one doctor's group, health centre, or clinic you usually go to for most of your medical care?
   a. *If yes, ask:* At that location, is there one doctor, nurse, or health care provider that you normally see?
      Probe

    i. Approximately how long have you been going to this place/seeing this individual (physician/nurse/provider) for your medical care?
b. *If no, ask:* When you need to receive non-urgent medical care, where do you go?
   Probe
    i. Walk-in clinic, urgent care, harm reduction service, community organisation, hospital/emergency department

4. In an average month, how frequently would you estimate that you seek professional medical care or consult with a family doctor?

5. What methods do you normally use to consult with physicians (e.g., in person/virtual visit)
    a. (If in-person) How far do you have to travel to visit [a/your family doctor/clinic]? Do you have access to a car or public transportation?
    b. (If virtual) Telephone/video consultation?

In the next set of questions, I'd like to discuss your health service experiences during the COVID19 pandemic. As you may recall, in March 2020, the government of BC introduced a stay-at-home closure. During that time, health services were instructed to minimise their in-person visits as much as possible and virtual care was widely adopted. Since that initial closure, most doctors have welcomed patients back for in-person visits to varying degrees, but virtual care has also continued.

6. Have you [seen your family doctor/sought primary care] since the pandemic was declared?
   Probes:
    a. How frequently?
    b. How? (in person, virtually)

7. Can you tell me about any changes in accessing your family doctor/regular primary care (clinic) that you've encountered during the pandemic?
   Probes:
    a. Positive changes? Negative changes?
    b. Any impacts on health/wellbeing?
    c. What role has virtual care played in this?

8. Can you tell me about any experience(s) during the past two years when you had an appointment with your doctor that did not happen in-person?
   Probes:
    a. Was it by phone/video?
    b. How frequently?
    c. Only virtual, or interspersed with in-person appointments?
    d. Scheduled appointment or ad hoc?
    e. What did you like/not like about your virtual appointment?

9. Has there ever been a time during the pandemic where your physician wanted to meet with you by phone or video, but you wanted to meet in-person or you didn't have the capacity for a virtual visit (for example, if you couldn't access a phone/computer/internet/mobile data)?
   Probes:
    a. Alternatively, have you ever had issues accessing your family physicians because no virtual care option was provided?

b. Can you share with me how that was resolved? (e.g., appointment cancelled/no-show, alternative arrangements made)
c. Can you tell me how that made you feel?

[For participants who have experiences with virtual primary care]
Next, I'd like to focus on your experiences with telephone/video consultations with your family doctor/primary care provider – for short, I'll refer to these as virtual interactions.

10. When you think about your virtual interactions with your doctor, how do those experiences compare to in-person visits you've had with the same physician/clinic?
Probes:
    a. Better/worse/same quality of interpersonal connection?
    b. Length of visit?

11. Do you feel that you are able to fully address your health care needs during a virtual interaction?
Probes:
    a. Ability to address multiple issues in a single visit?
    b. Any differences in efficacy of virtual visit to address different health concerns?
    c. Are there any health issues that you aren't comfortable discussing through a virtual interaction or that you might not mention to a physician if they didn't see/ask about?

12. Are there any resources or supports that have influenced your experiences with virtual care?

13. Once the pandemic is over and normal health care services resume, what role do you think virtual services should play in (your) primary care?
Probe
    a. How would you feel about a remote viewing system to witness your daily dose of methadone/suboxone – would that be preferrable to a daily witness by a pharmacist?

[For participants who have not experienced virtual primary care]
Next, I'd like to hear your thoughts on telephone/video consultations with family doctors/primary care providers. You've already mentioned that you haven't had any experiences with these, but I'm interested in hearing any thoughts you may have about this option.

14. How do you feel about the idea of accessing primary care/a family physician virtually?
Probes:
    a. If interested/positive, preference for phone/video?
    b. How frequently would you want to consult with health services virtually v. in person?
    c. Why do you think this would be something you'd like?
    d. How might it improve your health/wellbeing?
    e. How does the pandemic inform how you feel about the idea of virtual care? (e.g., outside of a pandemic, would you still be interested in accessing care virtually?)
    f. If there were a remote viewing system to witness your daily dose of methadone/suboxone, would you prefer that over the daily witness by a pharmacist?

15. What challenges, if any, might you face if your regular care provider/primary care clinic were to introduce virtual consultations to their practice?

Probes:

a. Technologies (phone, phone number, computer, internet)?
b. Longitudinal relationship with a family physician/primary care clinic team?
c. Private/secure space?

16. What supports would you need to be able to (comfortably) consult with your doctor virtually?
Probes:
    a. Technologies (phone, phone number, computer, internet)?
    b. Longitudinal relationship with a family physician/primary care clinic team?
    c. Private/secure space?

That's all the questions I have today. Is there anything important we have left out of this discussion to inform our understanding of virtual care for individuals with an opioid use disorder?

Thank you so much for your time today. As a reminder, we may contact you in the future to verify the accuracy of certain statements once we've transcribed the recording of this interview.