

COVID-19 Changes in Medications for Addiction Treatment (MAT) Practices

Interview Guide

Section A. Telehealth

To begin with, I'd like to ask you a few questions about the use of telehealth in your practice, and how it has changed since the COVID-19 pandemic. As a reminder, we are only asking about your practice as it relates to MAT.

1. In what ways did your practice utilize telehealth for MAT before the COVID-19 pandemic?
 - *Did you utilize telehealth?*
 - *Was telehealth delivered by phone, video, or both?*
 - *What software or technology did you use?*
 - *Were there specific locations providers used to deliver telehealth?*
 - *How frequently did you use telehealth?*
 - *Were there specific types of appointments or patients for whom telehealth was used? (e.g., induction, maintenance, case management, counseling)*
 - *Reimbursement?*
 - *What obstacles to implementing more telehealth prior to COVID-19?*
2. How has your use of telehealth changed as a result of COVID-19?
 - *How much more frequently do you use telehealth?*
 - *Was there a period of time where you stopped seeing patients in person?*
 - *What percentage of appointments are done via telehealth?*
 - *Is telehealth done by phone, video, or both?*
 - *What software or technology do you use? Have you acquired new technology?*
 - *From what location do you provide telehealth (e.g., office, home)?*
 - *Which services are delivered via telehealth (e.g., medication management, case management, counseling)?*
3. Now that the initial wave of the pandemic has passed in New Jersey, have you begun to see patients in-person more frequently again? If so, how do you determine whether to see patients in person or via telehealth?
 - *Does it depend on the patient's level of risk for contracting COVID-19? Clinical need? Type of service, including monthly injection?*
 - *Are you using telehealth for initial evaluations, established patients, or both?*
4. How is your practice handling billing for telehealth services?
 - *How was your practice billing for telehealth prior to COVID-19?*
 - *How has COVID-19 changed billing and/or reimbursement?*
 - *Are services billed as they would be for in-person services?*
5. What do you see as the benefits of using telehealth instead of office-based care for MAT?

6. What do you see as the drawbacks of using telehealth instead of office-based care for MAT?
7. Given the recent service delivery changes, is your clinic conducting drug tests? If so, how is your clinic conducting drug tests?
 - *Are urine or saliva tests being used?*
 - *Are tests done in-person? By what means are tests conducted via telehealth?*
 - *How has drug testing changed as a result of COVID-19?*
 - *Are you conducting more, the same, or fewer drug tests?*
8. What, if anything, did your clinic do to change patient capacity given the COVID-19 pandemic?
 - *Did prescribers in your clinic seek emergency waivers to increase patient cap?*
 - *Did you limit the number of patients you could "see", establish care with, or induce?*

(SKIP Section B if prescriptions are not issued at the clinic/practice, e.g., in an OTP where medications are dispensed rather than prescribed)

Section B: Prescribing Practices

Next, I'd like to ask you some questions about the impact of COVID-19 on prescribing practices in your clinic.

9. What changes were made to procedures for inducing new patients on MAT?
 - *Does your clinic conduct unobserved induction?*
 - *When is treatment initiated via telehealth instead of in-person visits?*
 - *How does your clinic handle situations where another site (e.g. emergency department) initiated treatment and is referring a patient to you for maintenance?*
10. Have there been unintended consequences due to unobserved induction?
 - *From what you know, has it resulted in precipitated withdrawal, diversion or other problems?*
11. Has the COVID-19 pandemic affected the types of medication you prescribe?
 - *For example, have patients been switched from one medication or formulation to another, in order to reduce the frequency of office visits?*
 - *For example, were patients switched from methadone to buprenorphine, or from an oral to an injectable formulation?*
12. What changes were made to the duration of prescriptions for buprenorphine and naltrexone? *(Note to interviewer: questions regarding methadone are in Section X.)*
 - *Were patients prescribed greater days supply?*

(SKIP to Section D if clinic is not an OTP.)

Section C: OTP Practices

This next set of questions refers specifically to practices in opioid treatment programs (OTPs). As you're well aware, state and federal guidelines regarding methadone dispensing were relaxed in response to COVID-19, allowing much greater flexibility in determining the number of take-home doses.

13. Given the new state and federal guidelines, what changes have taken place in your clinic with respect to take-home methadone supply?
 - *Are you following the guidance issued by DMHAS or do you have clinic-specific procedures? What are they?*
14. Approximately what percentage of your patients receive 7-day, 14-day, and 28-day take-home doses? What percentage of patients visit the clinic daily or several times per week?
 - *How does your clinic determine the number of take-home doses a patient is eligible for?*
 - *How does this breakdown compare to before COVID-19?*
15. What steps have you taken to monitor patients and minimize diversion when providing extended take-home supply?
16. How is care being provided for patients who must be quarantined or isolated?
 - *Is medication delivered by staff or picked up by a designee?*

(NOTE to Interviewer: SKIP Section D if fewer than 20 minutes remain for the 60-minute interview.)

Section D: Staffing and Clinic Procedures

The next set of questions asks about changes made to staffing or clinic procedures as a result of COVID-19. These changes do not have to be specific to the way you have changed OBAT/MAT.

17. Please describe the clinic procedures in place to reduce the likelihood of exposure to and transmission of COVID-19.
 - *For example, frequency of cleaning/disinfecting shared spaces; types of PPE available to staff; provision of PPE to patients; removal of reading material from waiting room; changes in office hours; staggered appointments; use of different exam rooms for at-risk or ill patients; requiring patients to remain outside or in vehicles until ready to be seen.*
18. Do you feel these procedures are adequate to reduce the likelihood of exposure to and transmission of COVID-19?
 - *What additional procedures would be helpful?*
19. Please describe any changes to staffing as a result of COVID-19.
 - *Have there been any changes in the number of physicians, mid-level practitioners, nurses, counselors, or navigators?*
20. Are any staff members working remotely, and if so, which positions (e.g., doctors, nurses, counselors)?

21. What arrangements has your clinic made for if a clinic staff member were to fall ill?
- *Are there means in place to address potential shortages?*
 - *Did the clinic make backup arrangements with other providers?*

Section E: Impact of COVID-19

Thank you for sharing in detail the many ways your MAT practice has changed as a result of COVID-19. I'd now like to ask you about how these changes have impacted your practice and patients, and your general impression of the changes you've had to make.

22. Other than the ways you have already discussed, how has the COVID-19 pandemic impacted your clinic or practice, either positively or negatively?
23. Other than the ways you have already discussed, how have the service delivery changes implemented during the pandemic impacted your patients, either positively or negatively?
- *Has the transition to telehealth helped retain patients without reliable transportation?*
 - *Has it been difficult to monitor patients for compliance with treatment?*
 - *Have patients increased their use of other substances?*
 - *Have social distancing requirements placed your patients at greater risk of relapse?*
 - *What are your patients saying, if anything, about these changes?*
24. When the COVID-19 public health emergency ends, what elements of the changes in practice would you like to see continue?
- *Are there benefits you see to changing medication limits, the amount of pts you can see, etc.?*
 - *Has transitioning to increased telehealth benefited your patients, in your view?*
 - *What other elements of telemedicine do you wish would remain?*
25. Even with COVID-19 lifting some regulations, what regulatory or policy barriers remain that interfere with your ability to deliver MAT?
26. Do you have any other thoughts/concerns regarding the change in regulatory practices or OBAT in the context of COVID-19?

Before ending the call, ask the participant if they would like us to share a report, publication, or other materials resulting from this work.