

Survey of prescribers' experiences with the COVID-19 OAT guidelines

***Please answer the questions to the best of your ability.**

*** During the survey, you may choose to skip a question by either leaving the question blank or by choosing the “prefer not to respond” option.**

*** Note that you must answer the first question to assess your eligibility for the study.**

1. Are you an OAT prescriber practicing in Ontario?

- Yes
- No → go to thank you page

DEMOGRAPHICS

2. What is your gender identity?

- Male
- Female
- Intersex
- Non-binary
- Gender fluid
- Gender queer
- Two Spirit
- Trans masculine
- Trans feminine
- Questioning
- Not listed, please specify
- Prefer not to respond

3. What type of clinic(s) do you work at? *(Please select all that apply)*

- Hospital-based clinic
- Hospital in-patient setting
- Emergency department
- OAT clinic
- RAAM (rapid access addiction medicine) clinic
- Community health centre
- Family health team
- Family health organization
- Family health group
- Nurse practitioner-led clinic
- Residential treatment program

- Withdrawal Management Program in Hospital
- Not listed, please specify

4. Please indicate the first three digits of the postal code of your main practice location.

□ □ □

5. Please indicate your professional identification: (Please select all that apply)

- Family physician
- Psychiatrist
- Addiction medicine physician
- Emergency Medicine physician
- Physician – other (Please specify)
- Nurse practitioner
- Not listed (please specify)

6. Have you completed any of the following: (Please select all that apply)

- An Addiction Medicine Fellowship
- Certificate of Added Competence in Addiction Medicine
- Other addiction medicine training (please specify) _____

OAT PRACTICE

7. How many years have you been prescribing OAT?

- <1 1-5 6-10 11-15 16-20 20+

8. Currently, how many of your patients are prescribed the following OAT?

- a) Methadone
 none 1-20 21-50 51-100 101-200 200 – 300 >300
- b) Buprenorphine
 none 1-20 21-50 51-100 101-200 200 – 300 >300
- c) Kadian
 none 1-20 21-50 51-100 101-200 200 – 300 >300

9. What proportion of your OAT patients live in the following settings?

	none	1-10%	11-25%	26-50%	51-75%	76- 99%	100%
Urban							
Rural							
Remote							
Reserve							

10. Prior to the COVID-19 pandemic, what proportion of your OAT care was delivered.....

	none	1- 10%	11-25%	26-50%	51-75%	76% - 99%	100%
In-person							
Via telephone							
Via videoconference							

11. Please describe how the COVID-19 pandemic has impacted your OAT practice.

	Increased	Decreased	Not changed	Don't know/Not applicable
The frequency of office visits for each patient has...				
The frequency of urine drug screens per patient has....				
The number of patients receiving only virtual care has.....				
The level of counseling/psychosocial support per patient has.....				
The number of new OAT starts has....				
The number of missed appointments has.....				

12. Have you read the Interim Guidelines on COVID-19 Opioid Agonist Treatment?

- Yes
- No (If no, then skip question 13)

13. Overall, have the Interim Guidelines on COVID-19 Opioid Agonist Treatment resulted in changes in your practices around prescribing carries for at least some of your patients?

- Yes
- No

EXTRA CARRIES FOR OAT

**14. How did you adjust carries for each medication during the COVID-19 pandemic?
(Please select all that apply)**

	Methadone	Buprenorphine	Kadian
Indicate which medications you prescribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I decreased the frequency of carries for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prescribed carries for patients who previously were not prescribed any carries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I increased the frequency of carries prescribed in patients who had some weekly carries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I allowed carries for patients where I was unsure about their social or housing stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prescribed carries only in situations where I felt their social and housing situations were stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What proportion of your patients has received extra carries under the interim Guidelines on COVID-19 Opioid Agonist Treatment?

	0 %	1-10%	11-25%	26-50%	51-75%	76 - 99%	100%	Not applicable/ I don't prescribe
Patients on methadone								
Patients on buprenorphine								
Patients on Kadian								

16. Please indicate the highest number of consecutive carries you have authorized for each of the following situations

	Before the pandemic	During the pandemic	I do not prescribe this medication
Methadone carries			
Buprenorphine carries			
Kadian carries			

17. What proportion of your patients who were initially given extra carries for COVID-19 mitigation, subsequently had their number of carries reduced?

- 0% (skip next question)
- 1-10%
- 11-25%
- 26-50%
- 51-75%
- 76-99%
- 100%
- Not applicable

18. Among your patients who had extra carries during the COVID-19 pandemic, what proportion reported the following?

	0 %	1-10%	11-25%	26-50%	51-75%	76 - 99%	100%	Don't know/ not applicable
Lost/stolen carries								
Early refill requests								
Shared their carries with others								
Increased opioid use								
Increased use of other substances (alcohol, cocaine, other stimulants, etc.)								
Decreased stability/wellbeing								
Decreased opioid use								
Decreased use of other substances (alcohol, cocaine, other stimulants, etc.)								
Increased stability/wellbeing								

19. Please indicate any of the following incidents that you are aware of among your patients who received extra carries:

	Methadone	Buprenorphine	Kadian	Don't know/ not applicable
Non-fatal overdoses (with or without emergency department visit)				
Deaths due to overdose				
Emergency department visits because of substance use				
Hospital admissions because of substance use				

20. Please rank the relative importance of each of the following factors in your decisions about adjusting carries for your patients during the COVID-19 pandemic? (format will be drag and drop in order or forced single rank for each item where 1/top if dragged is the most important)

- Extent to which client is practicing physical distancing
- Client's housing stability
- Client's ability to safely store their medication
- Client's mental health stability
- Client's other health issues
- Client's safety
- My professional responsibility if something goes wrong
- Concerns that the COVID-19 interim guidelines were too different from the usual CPSO MMT standards
- Client's preference
- Dose of OAT medication
- Lack of familiarity with client's history
- Felt uncomfortable

Other important reasons that you considered when deciding whether to adjust the number of carries for some of your patients: _____

21. Please rate the extent of your agreement with the following statements regarding the interim Guidelines on COVID-19 Opioid Agonist Treatment

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know/ Not applicable
Its recommendations were reasonable and balanced.						
The guidelines provided too much leeway for prescribers to make decisions about carries.						
It provided the right amount of structure for prescribers to use their clinical judgement in making decisions about carries						
Its recommendations have lowered my patients' exposure to COVID-19.						
Providing increased carries during COVID-19 has improved my relationship with my patients.						
Patients appreciated our efforts to protect them from COVID-19.						

Please provide suggestions on changes or additions to the interim Guidelines in the space below.

PERCEPTIONS ABOUT VIRTUAL CARE

22. Please rate the extent of your agreement with the following statements:

	Strongly disagree	Strongly agree	Neither agree nor disagree	Agree	Strongly agree	Did not provide virtual care
The inability to see my patients in-person impaired my ability to provide care						
Overall, I am satisfied with virtual care.						

Comments:

PERCEPTIONS ABOUT POST-PANDEMIC OPIOID AGONIST TREATMENT PRACTICE

23. Please rate the extent of your agreement with the following statements:

After the pandemic....	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Prescribers should return to previous CPSO MMT guidelines for visit frequency						
Prescribers should return to previous CPSO MMT guidelines for UDS frequency						
Prescribers should return to previous CPSO MMT guidelines for carry protocols						
Prescribers should continue to have flexibility in giving carries for methadone						
Prescribers should continue to have flexibility in giving carries for buprenorphine						
The interim guidelines are safe						
The interim guidelines are effective						

****** Thank you page for those who are not eligible for the OAT prescriber survey:**

Thank you for your interest in our study. We appreciate your interest. Unfortunately, you are not eligible to complete the survey. If you know anyone who is an OAT prescriber in Ontario, please forward the link to them.

To view the latest COVID-19 OAT Guidelines, click here: <https://www.camh.ca/-/media/files/covid-19-modifications-to-opioid-agonist-treatment-delivery-pdf.pdf>

To receive a copy of the results (once published), please email: Kelly.suschinsky@theroyal.ca

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