

Supplemental Materials - Table S1

Patient and Provider Interview Guides Pre and Post-Pandemic Periods

Patient Interview Guides - Questions Asked Related to Telehealth
<ol style="list-style-type: none">1. Over the past several years, the VA has offered Telehealth services. This may include a Veteran at their CBOCs where a doctor from a VA hospital will examine a Veteran patient through a camera that is set up in the CBOC and transmitted to the doctor at the hospital. Another type of telehealth involves seeing doctors via an app on your phone. With Telehealth services, the doctor that you see may be someone that you have seen in person before in the same state that you are in. Telehealth may involve seeing a VA doctor from a different state whom you may have never met in person.2. Do you use Telehealth for visits related to your headaches? Or a Doctor on a computer screen examine you without being in the same room as you? If you have used Telehealth to engage with healthcare providers, would you share with us your experience?3. If you have not used Telehealth services for the management of your headache, is this something that you think you and other Veterans would be open to trying?4. If you have not used Telehealth for headache, have you used it for any other types of appointments?5. Another type of health care service is delivered through Interactive Voice Response (IVR). IVR is an automated telephone system technology that interacts with the callers, prompts the caller for information, and provides recorded therapist information that provides feedback to the callers. With IVR, the Veteran does not have to travel to a VAMC or CBOC. The Veteran uses the convenience of a telephone and time of day to access. Is this something you think you and other Veterans would be open to trying? Why or why not? Would you prefer a mixture of IVR plus some face to face appointments at your VAMC or CBOC? Why or why not?6. The VA is increasingly using electronic, or e-Consults, to help with patient care. This involves a doctor that you likely have not met before reviewing your chart and making treatment recommendations to a doctor who you see regularly. Have you ever had an e-Consult done for your care? How do you feel about the idea of e-Consults?7. How has the recent/current COVID-19 pandemic affected the way your doctor manages your headache care [treatments provided]?8. If you had to stop using one type of headache treatment because of the COVID-19 pandemic (e.g. Botox injections), did your provider(s) offer you any alternatives? If yes, what alternative did they offer? How did you feel about this alternative? Did you decide to accept this substitute treatment? [prompt: Did you doctor recently make any changes to your headache treatments? Which? Why?]9. An alternative to driving to the VA hospital or clinic is having a Telehealth visit with your healthcare provider through an electronic device connection

like a computer, an IPAD or tablet where the provider is on the screen talking with you. Have you ever had a Telehealth visit with your provider?

- a. If you have not used Telehealth services for the management of your headache, is this something that you think you and other Veterans would be open to trying?
 - b. When was your first Telehealth visit?
 - c. Have you had more Telehealth appointments than you used to because of the COVID-19 pandemic?
 - d. If you have used Telehealth to engage with healthcare providers, would you share with us your experience?
 - e. How satisfied are you with the care that you receive through Telehealth? Please explain.
 - f. On a scale from 1-7 where 7 represents extremely satisfied and 1 not at all satisfied, how satisfied would you say you are with your headache care delivered by Telehealth? Why this rating?
 - g. Would you be interested in continuing to receive your headache-related care via Telehealth, even after the pandemic is over?
10. Have you attended any group Telehealth visits for headache care? This would be where other Veterans are on the call at the same time with the provider, [such as a support group]? If yes what was the group about? Migraine headache support group?
11. Is there any service that you need to access during the COVID-19-pandemic for your headache care that you have **NOT** been able to access? What was this service?
12. What suggestions do you have for health care providers caring for Veterans with headache through Telehealth visits during the COVID-19 pandemic?

Provider Interview Guides - Questions Asked Related to Telehealth

1. When sharing information about Veteran patients with headaches with primary care physicians, what types of communication modalities do you typically use: phone, fax, email, text, instant messaging, face to face meeting, video conferencing, teleconferencing, informally meet, or other?
- 2.
3. “Obtain equipment to support virtual care delivery (for the ongoing management and follow up for Veterans with headaches)” is another HCoE charge. How is virtual care used in your VAMC, broadly speaking? How has it been used in the management of headache? How do you envision using virtual care for headache management? What do you consider your virtual care catchment area?
4. Has how you deliver headache care to Veterans changed or been modified due to the COVID19 pandemic?
5. How has the recent/current COVID19 pandemic changed or modified what treatment modalities you provide?

- a. How has it modified the setting in which you see patients with headache disorders?
 - b. One delivery model of care to reach Veteran patients is through Telehealth visits through VA Video Connect (VVC). Are you using VVC to deliver headache care directly to the Veteran?
 - i. Did you use VVC for headache care prior to the COVID19 pandemic? If not, how difficult was it for you to get set up to deliver Telehealth?
 - ii. How difficult is it for you to deliver headache care through Telehealth? Why?
 - iii. How acceptable is VVC for you to provide care to your patients? Why?
 - iv. How acceptable is VVC for your patients?
 - c. Are you using other platforms to deliver virtual headache care besides the VVC? If yes, what are you using? How is this working out for you and your patients?
 - d. For what type of services would you provide care by telephone only?
 - i. How acceptable is the use of telephone visits for you to provide care to your patients?
 - ii. How acceptable are telephone visits for your headache patients?
 - e. During the COVID19 Pandemic are you still providing any headache care in person (outpatient or inpatient care services)? If so, what care are you providing and where (which clinic, etc.)?
 - f. If you can no longer offer certain treatments to patients (e.g., Botox, nerve blocks, acupuncture, other procedures, etc.), have you offered them alternatives (e.g., CGRPs, neuromodulation devices)? Why or why not? If yes, how receptive were your patients to these alternatives?
 - i. In what ways has your VA pharmacy changed criteria for treatments that patients can administer themselves at home, such as CGRPs and neuromodulation devices?
6. How has the recent/current COVID-19 pandemic affected your workflow? Referrals, treatments, schedule, other
 7. Do you have any suggestions for headache care providers working during the COVID-19 pandemic? (e.g., use of telehealth; what considerations should be given when Veterans have been receiving injections for their headache)
 8. Are there any changes that you have made to headache care now that you plan to integrate into your standard of care after the pandemic is over? (e.g., adding telehealth clinic days, standard use of E-consults, etc.)