

## Online Appendix 1. Moderator Guide

### RE: Pharmacists' counseling related to prescription opioids

May 8-10, 2018

#### I. INTRODUCTION (10 min.)

- A. Thank you for taking the time to be here today. We'll be talking today about your role in dispensing controlled substance prescriptions such as opioids.
- B. Introduce myself—-independent consultant, experience with all different industries—hospital, banks, oil companies—worked with physicians, executives, to 8 year olds.  
NO need to please me
- C. Disclosures and Guidelines
  - 1. Express what you believe--No right or wrong—make any positive or negative comment
  - 2. Confidential/Most important is to be candid—no names will be used in report
  - 3. Audio and video taped—for me to help write the report
  - 4. You must honor that after this focus group is completed, you will not share any of this information or discussion with anyone. If anyone cannot comply with that we will have to excuse you.
  - 5. Session will last for approx. 1 ½ hours. In the interest of time, I may have to interrupt you to move forward.
  - 6. Talk one at a time
  - 7. Everyone Talk
  - 8. Say what is true for you
- D. Respondent Intro's—Go around the room and introduce yourself, where you work, how long you've been a pharmacist.

## **II. NEW PRESCRIPTION COUNSELING (15 minutes)**

- A.** If you could estimate, among the total number of new prescriptions that enter your pharmacy in a given period of time, what would you say is the percentage of new prescriptions that you are able to counsel on?  
(Write numbers of Board)
- B.** For those that you do, what are the reasons or situations in which you do?
- C.** For those that you don't, what would you say are the top few reasons or barriers?
- D.** On a scale from 1 to 10, with 1 being least and 10 being most, rate how confident you are in your general new prescription counseling skills.

PROBE--Tell me more about why you rate yourself (low) or (high)

## **III. OPIOID COUNSELING (40 min.)**

- A.** Now, I'd like to talk about how you feel generally about approaching patients for counseling about prescription opioids?
- B.** Among the total number of new opioid prescriptions that enter your pharmacy in a given period, can you estimate what percentage you approach for counseling. (Write on Board)
- C.** Is your decision to counsel different if patient has multiple controlled substance prescriptions—e.g. an opioid and benzodiazepine? If different, why did you say that?
- D.** When you do approach for counseling for opioid prescriptions, what are the top few reasons or triggers that prompt you to do so?
- E.** When you do approach for counseling, please describe your strategy – in other words, how do you bring the topic up or make the request to talk with the patient?
- F.** When you do not approach for counseling, what would you say are the top few reasons or barriers?

PROBE if reasons include inadequate knowledge or time constraints.

- G.** How would you rate your confidence level for approaching patients to counsel about an opioid prescription? On a scale from 1 to 5, with 1 being least and 5 being most, rate your level of confidence for making the approach to a patient to counsel on an opioid prescription.  
(MARK on Board)

Tell me why you scored yourself that way.

What would help to increase your confidence level?

- H.** If you were to counsel a patient on their opioid prescription, what are the main topic areas that need to be discussed about the medication and its handling?

If not mentioned, follow-up and probe for:

- a. What are your thoughts about counseling for 'safe use'?
  - b. How important is it to discuss safe storage?
  - c. How often have you discussed safe disposal? (Probe--never, rarely, sometimes, usually and always)
- I.** What have you heard, if anything, about disposal packs or pouches that deactivate drugs and can be given along with prescriptions for controlled substances?
- Are you aware of or do you use special disposal packs or pouches such as the one by Dettera<sup>®</sup> drug deactivation system or Disposal Rx<sup>®</sup>?
- J.** What prompts you to check a PMP report? When do you check, for whom, and for what reasons do you check a PMP?
- K.** How do you proceed or engage patients that you suspect may be misusing after reviewing the PMP patient report?
- L.** How often has a patient encounter about their controlled prescription use led you to make a referral or suggestion for them to seek substance abuse treatment?
- a. If you did, why did you decide to do that?
  - b. Did you refer to a specific resource? Which ones? How were you informed of these?

#### **IV. TRAINING FOR OPIOID COUNSELING (20 min.)**

**A.** Now, I'd like to get your thoughts on training for opioid counseling. What training do you think would be most helpful in increasing how often you counseled on opioid prescriptions/controlled prescriptions—including safe use, storage, disposal and making referrals for those suspected of misusing?

**a. Knowledge/education about the medications and their handling**

**b. Training in communication skills, including how to start the conversation for counseling and/or referral for treatment**

**c. Both Knowledge and Skills Training**

**B.** What would be your preferred method to obtain that training?

Online Modules?

Hand out cards?

Other?

PROBE--What other effective methods have been used for professional training for other skills?

**C.** Academic detailing is a term used to describe having a peer bring one-on-one evidence-based education into the practice site of a health care provider. IN this case, he/she would discuss the details of how to approach and maintain these conversations with patients. What are your thoughts about having a peer engage academic detailing with you in your pharmacy setting?

On a scale from 1 to 10, with 1 being least and 10 being most, how likely would you be to take time out to talk with an academic detailer who arrived at your site to discuss these topics with you?

If so, how much time would you be willing or able to step away for this type of encounter?

If appropriate, PROBE--Does this seem like an effective way to handle opioid counseling training?

**Any other final observations or suggestions to help pharmacists in counseling and referring patients with opioid prescriptions**

***Thank each participant for their time and cooperation!***