Organizations involved with survey creation and distribution

Organization	Listserv Subscribership[a]
American Academy of Addiction Psychiatry (AAAP)	50,000[b]
American Society of Addiction Medicine (ASAM)	6,300[c]
American Medical Association (AMA)	80,000[c]
Addiction Technology Transfer Centers (ATTC)	20,695[c]
American Psychiatric Association (APA)	
American Osteopathic Academy of Addiction Medicine (AOAAM)	
Association for Multidisciplinary Education and Research in Substance use and Addiction (AMERSA)	
Boston Medical Center/Boston University Medical School	
Columbia University/New York State Psychiatric Institute, Division on Substance Use Disorders	
University of Missouri-Kansas City School of Nursing and Health Studies	
Yale Program in Addiction Medicine	

[a] Listserve subscribership includes all listserv members only for organizations who distributed the survey
[b] Approximately 40% of AAAP listserv subscribers are physicians or advanced practice providers (NP or PA)
[c] Percentage of listserv subscribers who are physicians or advanced practice providers is unknown

Pairwise correlations between variables measuring organizational practices/experiences

		No staff changes	Had layoffs/ furloughs or reduced hours	Most staff work at home	Staff sick with COVID-19	Meet as a group to check-in	Feel supported by organization
Had layoffs/furloughs or reduced hours	r	-0.46	-	-	-	-	-
	p	**< 0.01**	-	-	-	-	-
Most staff work at home	r	-0.10	0.01	-	-	-	-
	p	**< 0.01**	0.83	-	-	-	-
Staff sick with COVID-19	r	-0.21	0.21	0.21	0.06	-	-
	p	**< 0.01**	**< 0.01**	**< 0.01**	0.08	-	-
Meet as a group to check-in on staff wellness	r	0.03	0.04	0.04	0.08	0.13	-
	p	0.39	0.21	0.21	**0.02**	**< 0.01**	-
Feel supported by organization	r	-0.01	0.08	0.08	0.09	0.13	0.30
	p	0.69	**0.03**	**0.03**	**0.01**	**< 0.01**	**< 0.01**
Feel closer to patients	r	< 0.01	0.00	0.07	0.03	0.19	0.17
	p	0.93	0.94	0.06	0.42	**< 0.01**	**< 0.01**

OUD Provider COVID-19 Survey

1. **What best describes the setting of your primary clinical practice? (*Select all that apply*)**
    a. Veterans Health Administration, Indian Health Service, private practice, academic medical center, Opioid Treatment Program (OTP), primary care, specialty clinic, emergency setting, prison/jail, Federally Qualified Health Center (FQHC), other__
    b. Rural, urban, suburban, other___
    c. Select: State (Connecticut, etc.)

2. **Which health insurance does the majority of your patients on treatments for opioid use disorder use? (*Choose one*)**
    a. Medicaid
    b. Medicare
    c. Private insurance
    d. Self-pay
    e. Uninsured
    f. Veterans Affairs (VA)
    g. Indian Health Service
    h. Other (e.g. prison)

3. **Select your clinical profession. (*Select all that apply*)**
    a. Psychiatrist
    b. Internal medicine physician
    c. Family medicine physician
    a. Pediatrician
    d. Emergency medicine physician
    e. Physician assistant/associate
    f. Advanced Practice Nurse, Advanced Practice Registered Nurse, or Advanced Registered Nurse Practitioner
    g. Other____

4. **In what year did you complete your medical education?**

5. **Are you board certified in addiction?**
    a. Yes
    b. No

6. **Which medications did you prescribe/order before the COVID-19 (1/31/2020) pandemic to treat opioid use disorder? (*Select all that apply*)**
    a. Methadone, Buprenorphine-naloxone or Buprenorphine mono product, Buprenorphine extended release injection, Buprenorphine implants, Naltrexone extended release injection

7. **Which of these medications for treating opioid use disorder do you currently prescribe/order during the pandemic? Select all that apply. (how do they check off— is this a drop down?)**
    a. Methadone, Buprenorphine-naloxone or Buprenorphine mono product, Buprenorphine injection, Buprenorphine implants, Naltrexone injection, oral naltrexone

8. **How many years have you been treating patients with opioid use disorder with medications?**
    a. 0-5
    b. 6-10
    c. 11-15
    d. >15 years

9. **On average, how many patients did you treat opioid use disorder with medications per month before the pandemic?**
    a. Fewer than 25
    b. 26- 50
    c. 51- 100
    d. More than 100

10. **During the pandemic, how many patients per month are you treating with medications for opioid use disorder?**
    a. Fewer than 25
    b. 26- 50
    c. 51- 100
    d. More than 100

11. **What challenges has your practice/program faced in providing medications to patients with opioid use disorder due to the COVID-19 pandemic? (*Select all that apply*)**
    a. Shortage of prescribers of medications for opioid use disorder
        i. Due to (**dropdown menu** illness, furlough, layoff, clinical demands elsewhere, inadequate network, prior authorization by payer)
    b. Shortage of non-prescriber clinical staff members to support patients/prescribers
        i. Due to (**dropdown menu** illness, furlough, layoff, clinical demands elsewhere)
    c. Reduced clinical funding (e.g. due to fewer patient visits, reduced reimbursement)
    d. Patients with barriers to using telephone (e.g. limited cell phone minutes, connectivity or bandwidth, lack of phones) or knowledge using technology
    e. Patients with unstable housing
    f. Patients lost to follow-up
    g. Difficulty obtaining urine toxicology screens
    h. Clinics with limited virtual visit capabilities (ie. No confidential space, no protocols in place, need for social distancing)
    i. Changes in local drug supply

j. Other____
k. N/A

12. **What aspects of your clinical practice have been on hold or markedly reduced due to the pandemic? (*Select all that apply*)**
    a. In person visits
    b. In person observed medication administration
    c. Urine toxicology screens
    d. Initiation of medications for opioid use disorder in new patients
    e. Providing injectable medications for opioid use disorder (e.g. naltrexone, buprenorphine)
    f. Other__
    g. No changes

13. **Which of these practices would you like to partially/fully resume after the pandemic? Select all that apply.**
    a. In person visits
    b. In-person observed medication administration
    c. Urine toxicology screens
    d. Initiation of medications for opioid use disorder in new patients
    e. Other__
    f. N/A

14. **Before the pandemic, did you use any of the following clinical practices? (*Select all that apply*)**
    (in person = in clinic; virtual = phone or video)
    a. Virtual visits to initiate medications for opioid use disorder
    b. Virtual visits to maintain medications for opioid use disorder
    c. Virtual behavioral health and/or counseling visits
    d. Observed medication administration through video
    e. Urine toxicology screens via mail
    f. Street teams to assess patients/other mobile services
    g. Reimbursement for virtual visit services
    h. Medications mailed to patients
    i. Partnering with a patient surrogate (e.g. for medication pickup)
    j. Naloxone prescription
    k. Online mutual help groups (e.g. AA)
    l. Smartphone counseling apps
    m. Online counseling sites
    n. Other ____
    o. N/A

15. **During the pandemic, which practices have you been using to provide medications for opioid use disorder? (in person = in clinic; virtual = phone or video). (*Select all that apply*)**
    a. Virtual visits to initiate medications for opioid use disorder

b. Virtual visits to maintain medications for opioid use disorder
c. Virtual behavioral health and/or counseling visits
d. Observed medication administration through video
e. Urine toxicology screens via mail
f. Expanded access to take-home methadone
g. Providing longer durations/more refills of prescriptions of medications for opioid use disorder
h. Street teams to assess patients/other mobile services
i. Expanded reimbursements for virtual visit services
j. Expanded use of injectable/implantable buprenorphine or injectable naltrexone
k. Medications mailed to patients
l. Partnering with a patient surrogate (e.g. for medication pickup)
m. Expanded Naloxone prescription
n. Online mutual help groups (e.g. AA)
o. Smartphone counseling apps
p. Online counseling sites
q. Other _____
r. No changes

16. Which of these innovations would you like to see continued or expanded after the pandemic? (in person = in clinic; virtual = phone or video). (*Select all that apply*)
a. Virtual visits to initiate medications for opioid use disorder
b. Virtual visits to maintain medications for opioid use disorder
c. Virtual behavioral health and/or counseling visits
d. Observed medication administration through video
e. Urine toxicology screens via mail
f. Expanded access to take-home methadone
g. Providing longer durations/more refills of prescriptions of medications for opioid use disorder
h. Street teams to assess patients/other mobile services
i. Expanded reimbursements for virtual visit services
j. Expanded use of injectable/implantable buprenorphine or injectable naltrexone
k. Medications mailed to patients
l. Partnering with a patient surrogate (e.g. for medication pickup)
m. Expanded Naloxone prescription
n. Online mutual help groups (e.g. AA)
o. Smartphone counseling apps
p. Online counseling sites
q. Other _____
r. No changes
s. N/A

17. **As a provider, which pandemic-related clinical practice changes are you satisfied with? (*Select all that apply*)**
a. Virtual visits to initiate medications for opioid use disorder
b. Virtual visits to maintain medications for opioid use disorder

c. Virtual behavioral health and/or counseling visits
d. Observed medication administration through video
e. Urine toxicology screens via mail
f. Expanded access to take-home methadone
g. Providing longer durations/more refills of prescriptions of medications for opioid use disorder
h. Street teams to assess patients/other mobile services
i. Expanded reimbursements for virtual visit services
j. Expanded use of injectable/implantable buprenorphine or injectable naltrexone
k. Medications mailed to patients
l. Partnering with a patient surrogate (e.g. for medication pickup)
m. Expanded Naloxone prescription
n. Online mutual help groups (e.g. AA)
o. Smartphone counseling apps
p. Online counseling sites
q. Other ____
r. No changes

18. **Which pandemic-related changes do you perceive your patients are satisfied with?** (*Select all that apply)*
a. Virtual visits to initiate medications for opioid use disorder
b. Virtual visits to maintain medications for opioid use disorder
c. Virtual behavioral health and/or counseling visits
d. Observed medication administration through video
e. Urine toxicology screens via mail
f. Expanded access to take-home methadone
g. Providing longer durations/more refills of prescriptions of medications for opioid use disorder
h. Street teams to assess patients/other mobile services
i. Expanded reimbursements for virtual visit services
j. Expanded use of injectable/implantable buprenorphine or injectable naltrexone
k. Medications mailed to patients
l. Partnering with a patient surrogate (e.g. for medication pickup)
m. Expanded Naloxone prescription
n. Online mutual help groups (e.g. AA)
o. Smartphone counseling apps
p. Online counseling sites
q. Other ____
r. No changes
s.

19. **What do you perceive your patients have found beneficial or helpful when providing medications for opioid use disorder during the pandemic? Please describe. (Optional)_____**

20. **Have your patients experienced any of the following adverse events due to pandemic-related changes in clinical practice? (*Select all that apply*)**

a. Medication diversion
b. Underdosed/missed medication
c. Medications not taken as prescribed
d. Increased substance use
e. Mental health distress
f. Missed or reduction in time of behavioral health appointments
g. Overdose
h. Loss of follow-up
i. Other____
j. None

21. **Describe the most common adverse event(s) (Optional) ____**

22. **Which of the pandemic-related federal policy changes or new policy changes would you like to be continued after the pandemic? (*Select all that apply*)**
   a. Medications for opioid use disorder prescriptions (except for initiation of methadone) can be made without requirement of an in-person medical evaluation
   b. Penalties waived for providers that do that comply with HIPAA compliant virtual visit technologies/devices
   c. Providers can prescribe medications for opioid use disorder in states where they do not have an associated medical license
   d. OTP patients may receive 28 days of Take-Home doses of methadone when clinically stable
   e. NPs and PAs can prescribe medications for opioid use disorder in the event a supervising provider can no longer provide supervision
   f. Expanded virtual visit/telehealth privileges and billing
   g. The opportunity for patients to receive office-based methadone
   h. Other____

23. **Provide any changes to staffing and provider wellness you have experienced as a result of COVID-19. (*Select all that apply*)**
   a. We have not made any changes to the number of staff working at our clinic
   b. We have had some layoffs/furloughs at our clinic
   c. We have reduced some staff hours but no layoffs
   d. All staff work onsite as usual
   e. Most staff work at home
   f. We have had staff members get sick with COVID-19
   g. My anxiety level about COVID-19 has impacted my functioning at home and/or work
   h. I am having a more difficult time than usual balancing work and home life
   i. We meet as a group to check-in on staff wellness
   j. I feel supported by our organization during the COVID-19 pandemic
   k. I feel closer to my patients
   l. Other__
   m. No changes

24. What of the following resources/organizations have been helpful to your clinical practice during the pandemic? (*Select all that apply*)
   a. Addiction Technology Transfer Centers (ATTC)
   b. American Academy of Addiction Psychiatry (AAAP)
   c. American Association for the Treatment of Opioid Dependence (AATOD)
   d. American Osteopathic Academy of Addiction Medicine (AOAAM)
   e. American Psychiatric Association (APA)
   f. American Society of Addiction Medicine (ASAM) guidelines
   g. Association for Multi-disciplinary Education and Research in Substance use and Addiction (AMERSA)
   h. Center for Disease Control (CDC)
   i. Drug Enforcement Administration (DEA)
   j. Listservs/group emails
   k. National Institute on Alcohol Abuse and Alcoholism (NIAAA)
   l. National Institute on Drug Abuse (NIDA)
   m. Opioid Response Network (ORN)
   n. Provider Clinical Support Systems (PCSS)
       i. Clinical roundtables and webinars
       ii. Mentoring
   o. Provider colleagues
   p. State or local government agencies
   b. Substance Abuse and Mental Health Services Administration (SAMHSA) COVID-19 guidelines
   c. Twitter/social media
   d. Websites (please specify) _____
   e. Other___

25. What year did you complete your medical education (e.g. from nursing, PA, medical school)? ___

26. Select your age in years
   a. <30
   b. 30-39
   c. 40-49
   d. 50-59
   e. 60-69
   f. >70

27. Select your gender
   a. Woman
   b. Man
   c. Non-binary/third gender
   d. Transgender
   e. Prefer to self-describe_____
   f. Prefer not to say

28. Select your race/ethnicity. (*Select all that apply*)
   a. Asian
   b. Black or African American
   c. Caucasian
   d. Hispanic, Latino or Spanish origin
   e. Middle Eastern or North African
   f. Native American or Alaska Native
   g. Native Hawaiian Pacific Islander
   h. Prefer to self -describe _____
   i. Prefer not to answer

29. If you have experienced any positive experiences in your clinical practice during the pandemic-as a result in policy changes we ask that you share. What lessons have you learned that you would like to share with others? (Optional)

30. If you have negative experiences you have had with the pandemic-related policy changes to your clinical practice we ask that you share those. (Optional)

31. For the future if you have any policy changes or innovations to expand or improve access to medications for opioid use disorder indicate here. (Optional)