

Appendix Figure 1. Pre-Intervention Survey

Note: Only italicized and bolded questions were analyzed. These remained identical, pertained to knowledge and comfort with buprenorphine, and used five-point Likert scale responses.

1. What is your current level of training [PGY1, PGY-2, PGY-3, PGY-4+]
2. Where is your longitudinal care clinic? [JHOC, EBMC]
3. What is your residency track? [Categorical, Urban Health/Primary Care (IM or Med/Peds)]
4. How many times have you initiated buprenorphine in the hospital as maintenance therapy for opioid use disorder? [Never, 1-2 times, 3-5 times, 5-10 times, >10 times]
5. What are the barriers to starting buprenorphine maintenance for inpatients at JHH? (Please check all that apply) [Medical team uses a taper instead of starting maintenance therapy, Patients do not want to start maintenance, Patients leave AMA before maintenance can be started, Physician's fear of precipitating withdrawal, Discomfort with dosing, Concern that patients will divert after discharge, No discharge plan, There is no order-set to help me do it, I don't know how, Treating opioid use disorder is futile, Suboxone replaces one addiction with another]
6. I feel comfortable identifying opioid use disorder (OUD) in admitted patients. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
7. ***I know when and how to start buprenorphine to prevent precipitated withdrawal. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
8. ***I feel comfortable dosing buprenorphine. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
9. Patients fake withdrawal to get higher doses of buprenorphine. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
10. ***It is easy to set up follow-up for an inpatient new to buprenorphine maintenance therapy. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
11. ***I feel comfortable counseling patients about buprenorphine for either withdrawal management or maintenance therapy. By counseling, we mean describing its purpose, side effects, and expected length of treatment. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
12. When counseling a patient with OUD who is not familiar with buprenorphine, how long would you encourage them to remain on buprenorphine? [1-2 days (a taper, enough to prevent withdrawal), For the length of hospitalization, Indefinitely (generally only stopped by an outpatient provider after the patient is stable in recovery)]
13. ***Buprenorphine maintenance is effective for reducing mortality in patients with opioid use disorder. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
14. A patient already on buprenorphine cannot be given other opioids for pain. [True, False, Unsure]
15. Compared to patients with OUD on methadone or buprenorphine maintenance, patients who attain sobriety with abstinence-only approaches are _____ likely to maintain sobriety [Less, Equally, More]
16. ***Formal drug counseling (eg., CBT, peer recovery coaches, NA meetings, SMART Recovery meetings) is needed for buprenorphine maintenance treatment to be effective. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***

Post-Intervention Survey

Note: Only italicized and bolded questions were analyzed. These remained identical, pertained to knowledge and comfort with buprenorphine, and used five-point Likert scale responses.

1. What is your current level of training [PGY1, PGY-2, PGY-3, PGY-4+]
2. Where is your longitudinal care clinic? [JHOC, EBMC]
3. What is your residency track? [Categorical, Urban Health/Primary Care (IM or Med/Peds)]
4. Over the past 6 months, how many times have you initiated buprenorphine in the hospital as maintenance therapy for opioid use disorder? [Never, 1-2 times, 3-5 times, 5-10 times, >10 times]
5. Please select and rank all barriers to starting buprenorphine maintenance for inpatients at JHH. [Medical team uses a taper instead of starting maintenance therapy, Patients do not want to start maintenance, Patients leave AMA before maintenance can be started, Physician's fear of precipitating withdrawal, Discomfort with dosing, Concern that patients will divert after discharge, No discharge plan, There is no order-set to help me do it, I don't know how, Treating opioid use disorder is futile, Suboxone replaces one addiction with another]
6. [Question 6 from Pre-Intervention Survey was removed]
7. ***I know when and how to start buprenorphine to prevent precipitated withdrawal. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
8. ***I feel comfortable dosing buprenorphine. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
9. Patients fake withdrawal to get higher doses of buprenorphine. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]
10. ***It is easy to set up follow-up for an inpatient new to buprenorphine maintenance therapy. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
11. ***I feel comfortable counseling patients about buprenorphine for either withdrawal management or maintenance therapy. By counseling, we mean describing its purpose, side effects, and expected length of treatment. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
12. When counseling a patient with OUD who is not familiar with buprenorphine, how long would you encourage them to remain on buprenorphine? [1-2 days (a taper, enough to prevent withdrawal), For the length of hospitalization, Indefinitely (generally only stopped by an outpatient provider after the patient is stable in recovery)]
13. ***Buprenorphine maintenance is effective for reducing mortality in patients with opioid use disorder. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
14. A patient already on buprenorphine cannot be given other opioids for pain. [True, False, Unsure]
15. Patients who attain sobriety with abstinence-based approaches are ___ likely to stay sober compared to patients on buprenorphine or methadone maintenance. [Less, Equally, More]
16. ***Formal drug counseling (eg., CBT, peer recovery coaches, NA meetings, SMART Recovery meetings) is needed for buprenorphine maintenance treatment to be effective. [Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree]***
17. Did you complete the last survey on buprenorphine from January? [Yes, No, I don't remember]