

**Table A.** Exemplar quotes for results

Question	Category	Exemplar(s)
<i>In what ways did Indiana's Opioid ECHO sessions not meet your expectations?</i>	Timing/Scheduling	<p>“It was hard for me to get to all of them since 12N was over my lunch hour and sometimes I ran over seeing patients and couldn't participate.”</p> <p>“Through no fault of their own, I have simply had a schedule change that has prevented me from attending more sessions.”</p>
	Didn't Match Expertise	<p>“Sometimes, the expert inputs seemed a little simplistic.”</p> <p>“I didn't feel like I benefited. I had no experience in treatment of opioid abuse.”</p>
	Other	<p>“Would prefer to be a passive participant but active participation is encouraged.”</p> <p>“Occasional non-medical, general time consuming talk.”</p>
<i>Please tell us the primary reasons why you stopped attending the Indiana Opioid ECHO.</i>	Timing/Scheduling	<p>“My FT position started doing Wednesday weekly huddle meetings at the same time so I could no longer spend my lunch break tuning in.”</p> <p>“I just cannot block my schedule for the 90 min session at this point; however, I will continue to try to find a creative solution so that I can attend again. I really miss these.”</p>
	Other	<p>“I did not feel that I had enough knowledge to contribute to the group.”</p>
<i>What changes, if any, could have been made to the Indiana Opioid ECHO that would have increased your likelihood of continuing to attend?</i>	Different or Shorter Timeframe for Sessions	<p>“When it is offered. For me, early morning or late afternoon would work better.”</p> <p>“Make less frequent and ideally choose a different time.”</p>
	Allow Asynchronous Review	<p>“If the meetings could be archived so I could watch later in case I couldn't attend that day.”</p> <p>“Different times [cross-coded with above] or recorded sessions to tune in and watch later.”</p>
	Other	<p>“Maybe a group for those just beginning and wanting to learn more about management of opioid abuse.”</p> <p>“Review of pharmacology of medications at each meeting, brief synopsis, and any change in guidelines.”</p> <p>“Patient specific treatment presentations are useful; treating methamphetamine addiction is a huge issue: no suboxone equivalent for meth, it's behavioral and prevalent; difficulty obtaining psychiatric referrals for many psychiatric co-morbid disorders; no psychiatrists available in [Redacted].”</p>