Office Based Opioid Treatment: Partnering with Patients for Success

Opioid use disorders account for numerous issues with morbidity, mortality and antisocial behaviors. With an emphasis on coordinating integrated outpatient care services in treatment of patients with opioid dependence, Office Based Opioid Treatment (OBOT) programs have proven to be effective, confidential, accessible and safe. They have resulted in overall reduced substance use in patients as well as in overall retention in treatment, recovery, and integration in the mainstream. As a certified DEA provider, your leadership in the use of OBOT distinguishes you as a national provider helping to stem the tide against non-medical opioid use.

Like you, the safety and well-being of those in our care are Magellan’s top priorities. The program’s emphasis on patient choice is evidence that we are committed to offering your patients an opioid dependence treatment option that truly makes a difference. And, we value your input.

To develop the most responsive and effective, research-based OBOT strategies, Magellan conducted an initial survey to assess network physicians’ use of the medication buprenorphine for treatment of opioid dependence and ask about their concerns. These physicians explained the various barriers they experienced in implementing and utilizing this non-invasive method for treating opioid dependence. To address the identified obstacles and help physicians effectively treat members with an opioid dependence, Magellan convened a panel of physician experts who had a successful history using OBOT strategies. Based on their vast experience, the panel offered practical ideas to assist in administering opioid dependence programs.

Additionally, in both actual clinical practice and oversight of member outcomes, Magellan’s medical directors have found value in the use of buprenorphine in treatment of opioid use disorders. Buprenorphine’s efficacy (especially with a medication assisted model) also is supported by medical literature, such as the evidenced-based retention percentages documented by the 2003 Kakko study as well as others at Yale, Hopkins and NIDA. Also, buprenorphine has a superior safety profile compared to methadone including a ceiling dose effect and no cardiac arrhythmias.

Helping You Adopt OBOT Techniques

Robert Ciaverelli, M.D., vice president of medical services at Magellan’s Tristate Care Management Center, now serves as a national mentor—providing consultation to those of you using buprenorphine in your provision of OBOT to members. With the assistance of Health Analytics, LLC, his team developed an OBOT online physician resource kit that provides data and information to answer frequently asked questions about buprenorphine usage, diversion, effectiveness, and other issues of concern. The kit explains how to comply with DEA requirements; how to effectively manage the number of OBOT patients; how to locate appropriate local resources for support; how to refer patients to higher levels of care when needed; how to reduce treatment disruption for other patients; and how to access a Magellan OBOT mentor for consultation.

The OBOT toolkit is located at www.magellanprovider.com/obot. You can access additional information on opioid dependence programs at www.samhsa.gov.

The earlier a patient is treated, the greater the likelihood of success. We encourage our network physicians to join—or continue your commitment to—the innovative OBOT program. As always, Magellan welcomes the opportunity to collaborate with you in support of positive treatment outcomes for your patients.