**“Collaborative Opioid Prescribing” (CoOP)
A OTP/OBOT collaborative care model currently in use at Johns Hopkins Medicine**

(Stoller, K.B., 2015. A collaborative opioid prescribing (CoOP) model linking opioid treatment programs with office-based buprenorphine providers. Addict Sci Clin Pract 10, A63.)

**GOAL**: To support the availability and efficacy of office-based buprenorphine maintenance through enhancement with concurrent psychosocial treatment, collaborative stepped care, and expert consultation.

**OVERVIEW**: Physician practice provides office-based opioid treatment (OBOT) via buprenorphine prescriptions, typically in the context of ongoing somatic or psychiatric treatment. Opioid Treatment Program (OTP) partner concurrently provides non-pharmacologic addiction treatment, and when needed, assumes medication dispensing. Step-wise collaborative process matches treatment intensity, pharmacotherapy, delivery method/setting, and supportive treatments to indicators of patient stability. OBOT and OTP closely coordinate substance abuse and somatic/psychiatric care throughout duration of treatment.

**STRUCTURE**:

* Concurrent treatment at a specialized addiction treatment program with an OTP component available, and community DATA 2000 waivered physician practice.
* Comprehensive addiction evaluation and individualized treatment plan instituted at the OTP.
* Buprenorphine induction and initial stabilization either at the OTP or physician practice, based on provider and/or patient preference.
* If induction is done at the OTP, buprenorphine provision transferred to physician practice when initial clinical stabilization is achieved.
* OTP and physician practice maintain frequent communication regarding treatment process, adherence and response.
* Stepped care system uses indicators of treatment response (adherence and toxicology results) to adjust (bi-directionally):
1) intensity of scheduled OTP counseling sessions, and
2) source and schedule of buprenorphine dosing – ranging from monthly physician practice prescriptions to daily on-site OTP dispensing.
* Patients not responding to the highest level of care are offered methadone maintenance at the OTP (temporary or indefinite duration depending on patient preference, response).

**OTP SERVICES OFFERED:**

* Comprehensive substance use disorder evaluation
* Buprenorphine induction
* Buprenorphine or methadone maintenance
* Group and individual counseling ranging from once per month to 10 hours weekly
* Case management services
* Collaboration with community-based medical and psychiatric providers
* Expert telephone/email consultation with OTP Medical Director available to collaborating OBOT clinicians
* Wrap-around services (e.g., recovery housing, peer recovery advocates, integrated psychiatric evaluation/treatment, co-management of chronic medical disorders, on-site occupational therapy)

**STEPPED CARE SYSTEM (shaded cells indicate intensified elements):**



Step 1 - “***Stable OBOT”***: (Patient stable in treatment)

* + Physician practice: Long prescription fill duration as indicated
	+ OTP: Low-level counseling services

Step 2: “***Intensive OBOT***”: (Patient begins to destabilize in Step 1)

* + Physician practice: Decrease prescription fill duration (e.g., to once weekly)
	+ OTP: Intensify treatment (increase counseling frequency; may add other elements such as involve drug-free support person, support productive activity, consider disulfiram, etc.)

Step 3: ***OTP buprenorphine***: (Did not stabilize in Step 2)

* + Physician practice: Stop OBOT prescriptions.
	+ OTP: Start opioid maintenance treatment. Dispense buprenorphine daily through the dispensary until stabilization occurs. Continue intensive counseling schedule.

Step 4: ***OTP methadone***: (Did not stabilize in Step 3)

* + Physician practice: Still no OBOT prescriptions
	+ OTP: Offer methadone maintenance. (Alternatives: AMA buprenorphine taper or more intensive treatment level such as residential/inpatient or partial hospitalization.)