**FAQ: “Collaborative Opioid Prescribing” (CoOP)**

**How can my OTP bill for counseling services if we do not provide methadone?**

Counseling services can be billed separately (by group or individual session), and/or in many states through bundled intensive outpatient rates. Check with your state for details regarding authorization, reimbursement, and any licensing.

**How can I find buprenorphine practices in my area?**

SAMHSA has a buprenorphine services locator on their website:

<http://buprenorphine.samhsa.gov/bwns_locator/>

Note that not all physicians listed are actively providing buprenorphine, but offering a collaborative approach to treatment may be just what it takes to convince them to begin. Additionally, note that some providers opt out of inclusion in this database, so other sources of information can be helpful such as your state’s chapter of AATOD or ASAM, or anecdotal information from patients, providers, or payors.

**How can I increase the chances that the physician practice will cooperate?**

OTP and physician practice leadership “buy-in” is critical, so we suggest contacting a physician leader in the practice. We have provided a template you can modify if you like, to make first contact by mail/email – or to use as a guide in making the initial contact by telephone. Once the clinic and practice leadership are committed to collaborative care, pieces can begin to fall into place as details are determined.

**Must I implement the CoOP model provided to me from Dr. Stoller’s program?**

Absolutely not. This model can be edited, or a completely different model used. We do recommend that a consistent and predictable approach be devised, best suited to your practices, and that patients and staff in both sites are well-informed regarding what to expect and how to proceed.

**Dr. Stoller’s model includes periods of buprenorphine dispensing through the OTP. Can OTP’s really do that?**

Yes, effective January 2013, SAMHSA revised its regulations to clearly allow OTP’s to use approved buprenorphine products for opioid maintenance or detoxification treatment (Federal Register Notice/Vol. 77, No. 235). The OTP should modify their registration with the DEA to add Schedule III narcotics to their registration certificates. Other existing regulations regarding OTP services apply to patients on buprenorphine, except that take-home limitations on time in treatment do not apply.

**Do all patients presenting for office-based buprenorphine treatment require counseling in a specialized center?**

Probably not. However, the chronic relapsing nature of addictive disorders makes it useful to have an early connection with a counseling provider. Also, ancillary services typically provided in addiction treatment centers can greatly help patients move forward toward achieving their recovery goals. Most important is that a full continuum of services, from infrequent to more intensive schedules of counseling, be available and matched to patient need.

**How is collaborative care different from a buprenorphine provider simply telling a patient to obtain counseling?**

In order for contingencies involving medication provision, counseling adherence, and toxicology results to be effective in a population with a behavioral disorder, it is critically important for all providers to be sending a consistent message to the patient. This requires OTP and physician practice staff to be in frequent communication and to be in agreement regarding the model of care applied to shared patients. For example, if an unstable patient is required by the OTP to attend counseling, and the OBOT physician is willing to continue prescribing despite (or without knowledge of) counseling nonadherence, OTP-based contingencies become ineffectual.

**What are some online resources that may be useful to our OTP and/or partnering DATA 2000 physicians, in this endeavor?**

* Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT):

<http://pcssmat.org/>

* Providers' Clinical Support System for Opioid Therapies (PCSS-O):

<http://www.pcss-o.org/>

* American Association for the Treatment of Opioid Dependence, Inc. (AATOD):

<http://www.aatod.org/>

* SAMHSA-HRSA Center for Integrated Health Solutions:

<http://www.integration.samhsa.gov/>

* SAMHSA Buprenorphine Physician and Treatment Program Locator:

<http://buprenorphine.samhsa.gov/bwns_locator/>

* SAMHSA TIP 30 - Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction:

<http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf>