



Project Office-Based Opioid Treatment (OBOT) in North Carolina is a program developed by the North Carolina Medical Society Foundation. The Foundation’s overall mission is to improve and increase access to care for all North Carolinians.

Opioid Addiction is a treatable disease but it requires significant care coordination and collaboration among providers and care resources. Providers given proper training and surrounded with professionals to share in their patients’ treatment strategy can successfully treat those suffering Opioid Use Disorder (OUD). With the formation of Project OBOT, the NCMSF has established a coalition of organizations including: the NC Association of Health Directors, LabCorp, The Recovery Platform, UNC School of Public Health, Project Echo, and MAHEC to facilitate the expansion of Medication Assisted Treatment (MAT).

It is understood that the patient’s medical home is their Primary Care Physician (PCP), therefore by assisting the PCP to become MAT certified, and remove the obstacles of them treating OUD patients, we possess the only solution to fighting this epidemic. Likewise, pain management doctors must also accept the role of caring for both the abusers of illicitly obtained, and physician prescribed opioids. By establishing a number of pilots to perform opioid treatment and recovery, Project OBOT aims to provide increased access in a variety of location types and patient populations with a treatment-specific platform.

The Facts:

Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them **and** between 8 and 12 percent develop an opioid use disorder. Additionally, an estimated 4 to 6 percent who misuse prescription opioids transition to heroin.

<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

Primary care physicians (PCPs) see roughly 52% of the chronic pain patients receiving treatment in the U.S , subsequently they are responsible for about half of opioid pain relievers dispensed. (*Daubresse M, Chang H, Yu Y, Viswanathan S, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000 – 2010. Medical Care 2013; 51(10): 870-878. <http://dx.doi.org/10.1097/MLR.0b013e3182a95d86>*)

Less than 3% of practicing, licensed physicians in the state of North Carolina have obtained the necessary certification to provide Medication Assisted Treatment (MAT).

OBOT Focus:

1. Physician, PA and NP Compliance
2. Quality of Care
3. Patient Access
4. Cost Containment
5. Patient Privacy

OBOT Actions:

1. Provide appropriate training, a network of care team collaborators, and an automation platform with a visual dashboard indicating areas of patient non-compliance.
2. Coordinating care through collaboration of the patient's treatment plan by capturing all pertinent information collected by members of the care team, including mental health physicians, lab results, and drug counselors.
3. Utilize mobile technology, including telemedicine, to increase engagement and access to care, allowing for anonymity and addressing the stigma of being publicly labeled an "addict".
4. No-show appointments will be reduced by 1) allowing patients to self-schedule their visits 2) enabling access to providers and counselors using telemedicine services on a computer or mobile device.
5. The platform, delivered with the joint efforts of the Coalition, allows providers to monitor and analyze the PDMP, view automated SAMHSA-compliant workflows, order tests and obtain results directly from LabCorp, and view a reporting dashboard to quickly understand a patient's progress with treatment.

OBOT Results:

- Increase Patient Access and Privacy
 - Increase Patient Engagement in their own Treatment
 - Increase Patient Retention
 - Adoption of telemedicine and mobile technology
 - Decrease Recidivism
- Improve Treatment Compliance of the MAT practicing provider
 - Deliver a Training process and certifying of providers consistent with SAMHSA guidelines
 - Regular review of PDMP system
 - Randomized drug screens
- Reduce and Contain Cost for MAT Treatment
 - Increase Treatment productivity and efficiency
- Enhance Quality of Care
 - Engage in Communication and Information sharing with Care Team
 - Provide effective After Care
 - Develop an Opioid and Buprenorphine Medication Tapering Process
 - Create Lab ordering Algorithms to assist with Clinical Decisions
- Provide Patient Care coordination of basic needs and services
 - Food
 - Housing
 - Jobs
- Make available MAT care entry points for:
 - Hospitals
 - Rehab Centers
 - Public Health Clinics
 - Behavioral Health Clinics
 - Drug Courts, Jails, Prisons
 - Social Services
 - Schools
 - Churches
 - Physician practices

Want to Learn More?

Reserve a spot at the Medical Society sponsored upcoming Webinar (click below for calendar)

www._____ .com/OBOT