



Office Based Opioid Treatment (OBOT)—the Workforce Treating Opioid Use Disorder

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Abstract

- ◆ **Background:** The current opioid crisis in the United States is a recognized national health emergency. The number of opioid-related deaths has more than quadrupled since 1999. Over 42,000 individuals died from opioid use in 2016 alone. To combat this epidemic, primary care providers are expanding clients' access to care, particularly to medication-assisted treatment (MAT) programs, also referred to as office-based opioid treatment (OBOT). As primary care office-based treatment expands, understanding the workforce needed to effectively deploy this model of care is critical.
- ◆ **Objective:** This exploratory analysis had three primary research questions:
 1. Which professionals comprise the workforce that provides MAT in primary care?
 2. How do OBOT teams communicate about patient care?
 3. What are the behavioral components of MAT provided in primary care settings?
- ◆ **Methods:** We conducted 20-minute interviews with professionals working in expert OBOT teams across the United States and Health and Human Services regions. Twelve experts from 11 outpatient primary care clinics in several Northeast, mid-Atlantic, Southeast and Midwest states agreed to interviews.
- ◆ **Results & discussion:** While every OBOT team must include a DEA-waivered medical provider and there were a few consistent trends in roles, we also found significant variation in team composition and workforce. The primary team components we found were prescriber, behavioral health provider, MAT registry coordinator, other team members and operation staff. Every team had a team member serving as behavioral health provider, most often a social worker (MSW/ LCSW). The most commonly employed psychosocial interventions echoed Fraser and colleagues' (2018) identification of three primary roles performed by social workers on integrated behavioral health teams: individual behavioral health treatment (i.e., motivational interviewing, CBT), case management and referral services. For OBOT teams to function most effectively, purposeful, structured communication and defined meeting times can help ensure well-coordinated team-based MAT from the various professions included on the OBOT team.
- ◆ **Policy implications:** As the treatment needs of people with OUD continue to warrant national attention, efforts will need to be targeted toward developing the diverse, team-based workforce needed to address the complexities of collaborative OUD treatment. Improving MAT across primary care settings will require workforce researchers, health systems and educators to recognize how the services provided by different behavioral health providers contribute individually and collectively to comprehensive OBOT practices. Effectively incorporating behavioral health providers' skill sets will require greater understanding of the unique contributions of various types of behavioral health providers, from peer-support specialists to LCSWs.