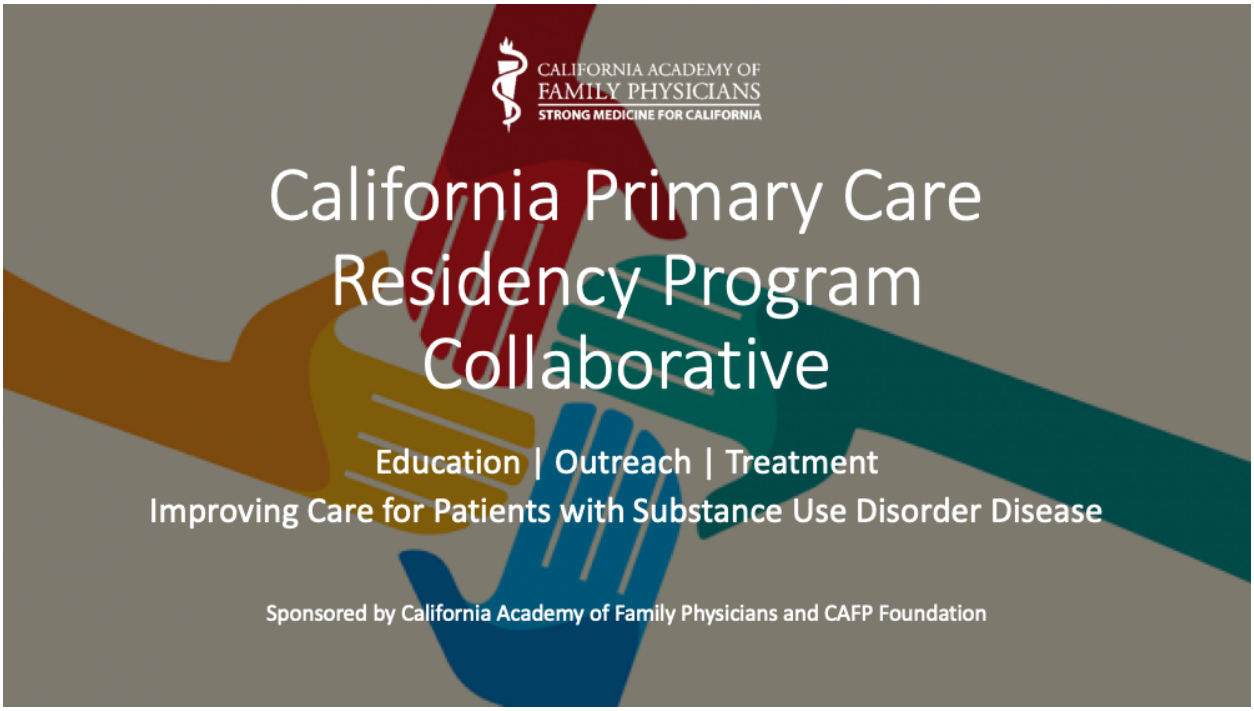
California Academy of Family Physicians and California Academy of Family Physicians Foundation



Education, Outreach and Treatment:
Improving Care of Patients with Substance Use Disorder Disease

Section 1: Background

This Request for Proposal (RFP) is issued by the California Academy of Family Physicians and CAFP Foundation. Our mission is to empower, educate and connect current and future family physicians to improve health care of all Californians. This project is supported by an unrestricted grant from the State of California Department of Health Care Services.

The intent of this Request for Proposal (RFP) is to encourage California primary care residency programs to submit grant proposals in response to improving education, outreach and treatment for patients with substance use disorder disease, with a particular focus on residency education on opioid use disorder and medication assisted treatment of addiction. Professional education will be included as an aspect of this RFP. The RFP model is a two-stage process: Stage 1 is the Expression of Interest; Stage 2 is the submission of the Full Grant Proposal.

For purposes of this RFP, we consider primary care residency programs to be ACGME-accredited programs training physicians in general internal medicine, pediatrics, obstetrics-gynecology and family medicine.

Section 2: Goal and Objectives

The overall goal of this project is to improve education, outreach and treatment for patients with substance use disorder disease, including opioid use disorder, with a focus on medication assisted treatment options. Our goal is to enhance training for primary care physicians while encouraging creative and innovative approaches to meeting program and community needs. Proposals should identify methods to improve or advance the standard of care for patients, demonstrate how best to implement those methods, and evaluate the outcomes of these efforts.

With the broad goal above in mind, we have selected three objectives for this RFP.

1. Advance the training of primary care residents and physicians in the field of substance use disorder disease treatment;
2. Improve the patient experience of care (including quality and satisfaction);
3. Promote care that is patient-centric, engaging the community in the overall management of substance use disorder.

We encourage grantees to use SMART goals/objectives in their proposals. SMART criteria are commonly attributed to Peter Drucker's management by objectives concept. The first known use of the term occurs in the November 1981 issue of *Management Review* by George T. Doran. The principal advantage of SMART objectives is that they are Specific, Measurable, Achievable, Realistic and Time Bound.

Section 3: Scope

This RFP supports initiatives and demonstration projects designed to improve, sustain or advance the standard of care for is patient-centric, engaging the community in the overall management of substance use disorder care, including medication assisted treatment and test how best to implement such improvements. The patient population may include adults, adolescents and children. The target audience is primary care residency program faculty and trainees. Applicants will design and implement a comprehensive learning and change strategy for an educational initiative/project that addresses resident education and patient care and management, with a concentration on meeting residency trainee and community needs.

Our expectation is that applicants will have an identified need(s), a hypothesis illustrating that the proposed project with measurable outcomes, a methodology to both implement the action plan and measure the project's impact, and a timeline for spread and plan for sustainability. Collaboration and communication with other stakeholders, including community members, are also encouraged and should be outlined in the proposal.

We also encourage projects that may already be addressing the topic, have other funding, or multi-support projects, including support from the pharmaceutical industry, government agencies, foundations, and organizations. Internal organizational support, including in-kind support, and community engagement will be important factors in successful proposals.

The total grant for this initiative is $2 million. Grant ranges could vary, but each applicant's budget should not exceed $50,000.

Proposals should include knowledge dissemination, linking learning and practice, exploring how best to integrate learning for improved patient care. Innovation in design, delivery, and measurement is also highly encouraged.

Section 4: Grant Applicants
For this initiative, eligible organizations include, ACGME-accredited primary care residency programs in California. Grantees who are selected to participate in this initiative will receive funding for their project and will be required to participate in a facilitated collaborative experience described below.

Section 5: Collaboration
Following notification of selection, grantees will be expected to sign a separate Letter of Agreement with CAFP Foundation/CAFP that will require them to:

Select at least one or two members of the grantee organization to participate in a 1-day kick-off meeting. This meeting will introduce the grantees, partnership members, work plans and collaborative activities. Clinical updates may also be included. "Project Leaders" will be identified and will participate in on-going consultation, in the form of webinars, teleconferences and check-ins.

Participate in collaborative activities, including check-in calls, conference calls and/or webinars (quarterly, 60 minutes) during the duration of the project.

At the end of the project, up to two members of the grantee organization will regroup for a 1-day face-to-face meeting to present project/initiative results and participate in a session to capture the lessons learned. The results of this project will be distributed to the broader ACGME enterprise to spread the best practices learned as part of this project.

[Expenses for two members per grantee to attend these meetings will be covered by the grant and need not be included in the grantee's budget; other members of the grantee's team are encouraged to participate, but support for these additional attendees must be included in the grantee's budget.]

Section 6: Disease Burden Overview
The opioid epidemic is a serious public health issue in California. Opioid overdose deaths have increased in California from 1,784 in 2008 to 2,196 in 2017. In 2017 alone, 4,281 people visited California emergency rooms for opioid overdose treatment. Neonatal abstinence syndrome and neonatal opioid withdrawal syndrome in California has also drastically increased in the last decade, with 15,616 newborns affected between 2013 and 2016. Women who used opioids during pregnancy experienced higher rates of depression, anxiety, and chronic medical conditions. After adjusting for confounders, opioid use was associated with increased odds of threatened preterm labor, early onset delivery, poor fetal growth, and stillbirth. Extensive work remains to adequately address the opioid epidemic and treat all those affected in California.

Most opioid overdose deaths in California are due to prescription opioids such as methadone, oxycodone, and hydrocodone, but the epidemic has shifted toward illicit drugs such as fentanyl and heroin. Deaths due to fentanyl alone quadrupled in the last four years.

Not all of California has been impacted equally by the opioid epidemic. Rural counties have the highest rates per 100,000 population of death due to opioid overdose, while more densely populated counties have the greatest number of opioid overdose deaths. California counties with the highest rates of opioid-related death include Humboldt, Lake, Mendocino, Plumas, and Siskiyou. These counties and 17 other mostly rural counties had opioid prescription rates above the national average in 2017. Los

Angeles, San Diego, Orange, Riverside, and San Francisco counties consistently report the greatest number of deaths due to opioids.

Ethnicity: Native Americans in California have been among the most severely impacted by the opioid epidemic. While they have similar rates of non-fatal ED visits for opioid overdose (excluding heroin) to Caucasians and African Americans, Native Americans have the highest rates of death from prescription opioids and heroin per 100,000 population. White Californians die in greatest number due to opioids, followed by Latinos and then African Americans. Additionally, Caucasians visit the ED for heroin overdose treatment at the highest rate per 100,000 residents, followed by Native Americans and African Americans.

The opioid epidemic has affected a wide age range in California. Since 2013, 55-59-year-olds have had the highest opioid overdose death rates in California, followed by 22-29-year-olds and 60-64-year-olds. The greatest number of opioid overdose deaths occurs in 25-29-year-olds followed by 55-59, and 30-34-year-olds. Men are more than twice as likely to die from an opioid overdose than women.

Section 7: Medication-Assisted Treatment

Medication Assisted Treatment (MAT) is an FDA approved method of treating Opioid Use Disorder (OUD) that couples counseling and behavioral therapies with medication. Three medications are available for MAT: Buprenorphine, Methadone, and Naltrexone. These medications give patients the ability to maintain a sober state of mind and reduce their physical dependence on opioids, allowing them to focus on recovery.

MAT is one of the most effective treatment options available for people with OUD. MAT has been shown to significantly increase recovery rate and therapy retention for those with an OUD; maintenance on methadone or buprenorphine cuts the overdose death rates in half. Moreover, pregnant women with OUD are more likely to continue addiction treatment and prenatal care and to have lower rates of overdose deaths while receiving MAT.

Despite the numerous studies demonstrating the effectiveness of MAT, only 1/3 of Californians getting treatment for an OUD receive MAT. This is partially an accessibility issue. Outpatient treatment facilities make up the majority of care offered to those with a substance use disorder (SUD), but only 23 percent of these California facilities offered MAT in 2015. Physicians are able to provide MAT support by prescribing naltrexone and buprenorphine, but in 2016, only 2,800 physicians had a buprenorphine waiver.

More treatment options and greater MAT accessibility are needed in order to help the people and communities most affected by the opioid epidemic. Primary care physicians have an important role to play in facilitating the care and treatment for OUD. Part of this care involves MAT and increasing the number of buprenorphine physicians with a buprenorphine waiver.

In order to become waivered, physicians must complete an 8-hour training course through Providers Clinical Support System (PCSS). Other courses are also available, for example through the American Academy of Addiction Psychiatry and the American Society of Addiction Medicine. Licensed residents registered with the DEA are also able to complete this course and qualify for a waiver. Once approved for their waiver physicians are able to prescribe buprenorphine to 30 patients in their first year and may apply for increases in the following years.

It must be stressed however, that increasing the numbers of physicians with MAT waivers will not solve the problems of access to treatment. Physicians who obtain waivers must also have system, community and institution support to provide these services and assist patients.

Section 8: Recommendations and Target Metrics
Given the objectives listed in Section 2, proposals submitted should demonstrate how their project will specifically support one or more of these objectives.

Section 9: RFP Key Information

Activity	Clarification
Total Award	Up to $2 million is available to fund grants for this RFP. Grant requests should not exceed $50,000. Individual projects can be funded for up to a maximum of 12-months' duration, including final reconciliation of the project.
Specific Areas of Interest	Addiction medicine, opioid addiction, medication assisted treatment for addiction.
Focus Setting	Residency training programs
Geographic Scope	California only

Recommended Format

- All formats are acceptable, including research, professional CME/CE education, and performance/quality improvement.
- Projects should be sustainable, scalable and replicable.
- Eligible Applicants include all California ACGME-accredited primary care residency programs: general internal medicine, pediatrics, obstetrics-gynecology, and family medicine.
- Grantee Responsibilities
    - Complete an LOA and milestone document/agreement with CAFP Foundation; CAFP-F will provide the grants for these projects in milestone payment structure.
    - Select 1-2 representatives to attend the face-to-face meetings.
    - Participate in a series of collaborative activities during 2019-2020.
    - Attend a final convocation to share/report initiative results and dissemination strategies.
    - Participate in an overall initiative outcomes process.
    - See Section 5: Collaboration
- Selection Criteria/Grantee Criteria:
    - Knowledge and experience with health care professional education/CME/CE or performance improvement
    - Knowledge and experience with systems approaches to care delivery
    - Capability to carry out the work
    - Collaborative/community support

Project Criteria:
Project is clear, well-defined, with appropriate partners identified; educational design is appropriate for the projected learners; clear and attainable outcome measures

Bonus points for:

- Innovation
- Focus on high-need areas
- Sustainability, scalability and replicability
- Key Dates/Deadlines
    - May 6, 2019 – RFP Released
    - May 8, 2019 – RFP Conference Call for Interested Applicants
    - May 24, 2019 – Deadline for Expression of Interest
    - July 14, 2019 – Deadline for Full Grant Proposal
    - August 14, 2019 – Notification of Awards and Approval of Grant LOA/Milestone documents
    - October 19, 2019 – Location TBD – Face-to-face Project Launch meeting
    - 2019-2020 – Collaborative conference calls, webinars and check-ins
    - September 11, 2020 – Location TBD – Face-to-face Convocation
    - September 29, 2020 – Final report/reconciliation complete

Section 10: Submission Instructions and Requirements

The Expression of Interest can be made at: https://www.surveygizmo.com/s3/4996242/PC-Residency-Program-Collaborative

The expression does not obligate the residency program to submit a proposal but gives CAFP an estimate of the number of proposals it should expect to receive.

Full Project Proposal:

Applicants will complete a cover sheet/abstract of no more than one page that describes:

1. Project Title:
2. Your statement of need in addiction/MAT education or training.
3. The stated goal(s) of your project (no more than 5); be concise and specific:
    a.
    b.
    c.
4. The stakeholders, including the community members, you are including in your proposal.

The full proposal of no more than 10 pages, accompanied by a simple line-item budget. The full proposal should include:

- Project title
- Organization(s) involved, name, address, phone, URL
- Principal contact, credentials, title, contact information
- High-level project description, including
- Primary goal(s)
- Project Description (overview)
- Description of how the proposal builds on existing work, projects, or programs
- Anticipated challenges and solution

- Expected outcomes and how the impact of the project will be evaluated
- Deliverables and dissemination strategies

Proposals may also include attachments, not to exceed 15 pages: Partner/participant descriptions (1 page), budget justification/narrative (1 page), references/recommendations (1 page), confirmation that all parties included in the proposal are fully engaged and ready to work, etc.

Submit the letter of intent to Shelly Rodrigues, CAE, CAFP, srodrigues@familydocs.org by July 14, 2019.

Section 11: Questions
We will host an informational conference call for all interested parties on Wednesday, May 8, 2019, noon-1:00 pm via Zoom: https://zoom.us/j/277928046. The meeting will be recorded for those not able to attend.

If you have additional questions regarding this RFP, please direct them in writing to Shelly Rodrigues, srdorigues@familydocs.org.

Section 12: Terms and Conditions
This RFP does not commit CAFP Foundation to award a grant or to pay any costs incurred in the preparation of a response to this request.

CAFP-F reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this RFP, if it is in the best interest of Pfizer to do so.

CAFP-F reserves the right to announce the details of successful grant application(s) by whatever means ensures transparency, such as on the Pfizer website, in presentations, and/or in other public media.

For compliance reasons and in fairness to all applicants, all communications about this RFP must come exclusively from the CAFP Foundation. Failure to comply will automatically disqualify applicants.

All output (e.g., products, research, data, software, tools, processes, papers, and other documents) from funded projects will reside in the public domain. All output (e.g., products, research, data, software, tools, processes, papers, and other documents) must also include an acknowledgment of CAFP Foundation's support of the Project.

References:

California Health Care Almanac. (2018, Oct). *Substance Use in California: A Look at Addiction and Treatment* [PDF file]. Retrieved from https://www.chcf.org/wp-content/uploads/2018/09/SubstanceUseDisorderAlmanac2018.pdf

California Opioid Overdose Surveillance Dashboard. *California Dashboard* [Data file]. (2017). Retrieved from https://discovery.cdph.ca.gov/CDIC/ODdash/

Center for Disease Control and Prevention. *Drug Overdose Deaths*. (2018, Dec 19). Retrieved from https://www.cdc.gov/drugoverdose/data/statedeaths.html

Clemans-Cope, L., Epstein, M., Wissoker, D. (2018, Feb 15). *County Data Snapshots Highlight Increased Need for Medication-Assisted Treatment*. Retrieved from

https://www.chcf.org/publication/county-data-snapshots-spotlight-increased-need-medication-assisted-treatment/

Henry J Kaiser Family Foundation. (2017). *Opioid Overdose Deaths and Opioid Overdose Deaths as Percent of All Drug Overdose Deaths.* Retrieved from https://www.kff.org/other/state-indicator/opioid-overdose-deaths

National Institute on Drug Abuse. *Effective Treatments for Opioid Addiction*. (2016, Nov). Retrieved from https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction

Mascola, M., Borders, A., Terplan, M. (2017, Aug.). *Opioid Use and Opioid Use Disorder in Pregnancy*. Retrieved from https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy

Masters, B., Rainwater, M. (2016, March). *Recovery Within Reach: Medication-Assisted Treatment of Opioid Addiction Comes to Primary Care.* Retrieved from https://www.chcf.org/wp-content/uploads/2017/12/PDF-RecoveryReachMAT.pdf

Substance Abuse and Mental Health Services Administration. (2019). *Number of DATA Waived Practitioners Newly Certified Per Year*. Retrieved from https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/certified-practitioners

Rich, J.J. (2018, Dec 14). *Examining CDC's State-by State Data on Drug and Opioid Overdose Deaths.* Retrieved from https://reason.org/commentary/cdc-drug-mortality-data-drug-opioid-overdose-deaths

Treatment Approaches for Drug Addiction. (2019, Jan). Retrieved from https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction