



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

**Section 1: Background**

This Request for Application (RFA) is issued by the California Academy of Family Physicians (CAFP) and CAFP Foundation for work to be completed between April 2021-August 2022. Our mission is to empower, educate and connect current and future physicians in family medicine, internal medicine, obstetrics-gynecology, emergency medicine, pediatrics and psychiatry to improve health care for 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 Application (RFA) is to encourage California primary care residency programs to submit grant proposals with the goal of increasing expertise and capacity to serve patients with substance use disorder (SUD), including stimulant use disorder, and opioid use disorder. We expect submissions to include education, outreach and treatment for patients experiencing SUD, with a particular focus on proposals to increase provider Medication Assisted Treatment (MAT) certification and support to ensure effective MAT implementation.

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

We do not expect residencies to go it alone. This project is built using the Institute for Healthcare

Improvement's Breakthrough Series Collaborative model. This means the grantees will work individually on their own projects and collaboratively as a learning unit. The model encourages sharing of ideas, wins, barriers, strategies, tools, and resources. The project also supports extensive practice/program transformation support, including quality improvement (QI) education, coaching, resources, and tools to help implement change. The overall transformation process provides a structure for awardees as they work through implementation of their projects. The collaborative framework of the overall project promotes sharing among residencies even as specific implementation and challenges vary.

The RFA model is a two-stage process:

- Stage 1 is the Expression of Interest (due February 12, 2021); and
- Stage 2 is the submission of the Full Grant Proposal (due March 3, 2021).

The practice/program transformation (QI) portion of this project includes an ABMS-approved Maintenance of Certification Part IV module. While not required, this MOC module is offered free of charge to all grantees. It is delivered in an online team-based format and includes 20 *AMA PRA Category 1TM* or AAFP Prescribed credits for the entire team. CME credit will also be provided for this initiative's collaborative meetings and webinars.

The total grant for this initiative is \$2 million. Grant ranges to the residency programs may vary, but each applicant's budget should not exceed \$63,000.

## **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 stimulant and opioid use disorder, with a focus on increasing capacity for effective MAT implementation. Our goal is to enhance training, while encouraging creative and innovative approaches to meeting program and community needs. You could choose for example, if appropriate, to take advantage of new developments in health care delivery, such as telemedicine and managing OUD in the context of social determinants of health that are captured during the course of clinical care and/or in the electronic health record, etc. 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 RFA.

1. Advance the training of primary care residents and physicians in the field of substance use disorder disease screening, diagnosis, and treatment;
2. Improve the patient experience of care (including quality and satisfaction);
3. Promote care that is patient-centric, and evidence-based, 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 objective 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 RFA supports initiatives and demonstration projects designed to improve, sustain, or advance the standard of care for patients experiencing SUD, engage the community in the overall management of SUD care, including MAT, and identify 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 with an action plan and 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 to apply. Internal organizational support, including in-kind support, and community engagement, will be important factors in successful proposals.

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. Grantees can choose to collaborate with another residency program/s to submit one proposal or each may submit a proposal toward a common goal.

### **Section 5: Collaboration**

Following notification of selection, grantees will be expected to sign a separate Letter of Agreement and Milestones document with CAFP Foundation/CAFP that will require them to:

1. Select at least two members of the grantee organization to participate in a one-day kick-off meeting. This meeting will introduce the grantees, partnership members, outcomes measures, 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.
2. 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, at least two members of the grantee organization will regroup for a one-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.

### **Section 6: Disease Burden Overview**

The opioid epidemic is a serious public health issue in California, and has only gotten worse with the advent of COVID-19. Opioid overdose deaths have increased in California from 1,784 in 2008 to 2,400 in 2018. Among opioid-involved deaths, the largest increase involved synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) with a more than 60 percent increase from 536 in 2017 to 865 in 2018. In San Francisco alone, a record 621 people died of drug overdoses so far this year, a staggering number that far outpaces the 173 deaths from COVID-19 the city has seen thus far. Extensive work remains to adequately address the opioid epidemic and treat all those affected in California.

### **Section 7: Medication-Assisted Treatment**

Medication Assisted Treatment (MAT) is a pharmacologic method of treating Substance Use Disorders. Data shows that coupling counseling and behavioral therapies with MAT increases chances of successful treatment. Currently, there are three FDA approved medications available for OUD: Buprenorphine, Methadone, and Naltrexone. These medications support patients in their ability 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.

More treatment options and greater MAT accessibility are needed 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.

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: RFA Key Information

Activity	Clarification
Total Award	Up to \$2 million is available to fund grants for this RFA. Grant requests should not exceed \$63,000.  Individual projects can be funded for up to a maximum of 16-months' duration, including final reconciliation of the project.
Specific Areas of Interest	Addiction medicine, opioid addiction, stimulant 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: emergency medicine, family medicine, general internal medicine, obstetrics-gynecology, pediatrics, and psychiatry.
- Grantee Responsibilities
  - Complete an LOA and milestone document/agreement with CAFPF Foundation; CAFPF-F will provide the grants for these projects based on milestones achieved.
  - Select 1-2 representatives to attend the face-to-face meetings.
  - Participate in a series of collaborative activities during 2021-2022.
  - Report applicable data as described below (Data Collection)
  - Attend a final convocation to share/report initiative results and dissemination strategies.
  - 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
- Data Collection: The California Department of Health Care Services is requiring the CAFPF Foundation to collect and report data monthly. Grantees must report data monthly using an online form using a process outlined at the first collaborative meeting. We realize not all programs will be collecting all data points below, but we will be reporting on these markers:
  - Number and discipline of individuals receiving training
  - Number of clinical/administrative/other professionals receiving technical assistance
  - Documentation of outreach efforts and recipients (i.e., # of outreach materials and ads developed; materials distributed, impressions from media sources, # of website views)

- Number of naloxone units purchased and distributed
- Overdose reversals reported
- Individuals screened for mental health
- Individuals screened for SUD
- Individuals referred for SUD treatment services
- Individuals referred for SUD recovery services
- Individuals referred for housing support services

**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:**

- February 1, 2021 – RFA Released
- February 3, 2021 – RFA Conference Call for Interested Applicants
- February 12, 2021 – Deadline for Expression of Interest
- March 3, 2021 – Deadline for Full Grant Proposal
- By April 12, 2021 – Notification of Awards and Approval of Grant LOA/Milestone documents
- April 17, 2021 – Project Launch virtual meeting
- 2021-2022 – Collaborative conference calls, webinars, and check-ins
- August 12, 2022 – Location TBD – Face-to-face Convocation
- August 26, 2022 – Final report/reconciliation complete

**Section 10: Submission Instructions and Requirements**

The Expression of Interest should be made **by February 12th** at:

<https://survey.alchemer.com/s3/6099242/21-22-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.

All proposals will be scored using the criteria above by our Expert Advisory Panel. The interdisciplinary panel will provide applicants, both accepted and unaccepted, with feedback on the proposals. The panel members will also be available during the run of the project to serve as faculty and advisors.

## 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 12 pages, accompanied by a simple line-item budget (template available but you may use your own), 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 17 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.

### Section 11: Questions

We will host an informational conference call for all interested parties on Wednesday, February 3, 2021 from noon-1:00 pm via Zoom: <https://us02web.zoom.us/j/88962025311>. The meeting will be recorded for those not able to attend.

If you have additional questions regarding this RFA, please direct them in writing to Jerri Davis, [jdavis@familydocs.org](mailto:jdavis@familydocs.org).

### Section 12: Terms and Conditions

This RFA 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 because of this request or to cancel in part or in its entirety this RFA, if it is in the best interest of DHCS to do so.

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

For compliance reasons and in fairness to all applicants, all communications about this RFA 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.

**Expert Advisory Panel members include:**

Name	Specialty/Constituency
Carol Havens, MD, FAAFP, FASAM EAP Chair	Family Medicine and Addiction Medicine Chair, CAFP’s Committee on Continuing Professional Development
Thomas C. Bent, MD, FAAFP	Family Medicine CAFP Foundation Board of Trustees
Toni Brayer, MD	Internal Medicine, Large systems
Condessa Curley, MD, MPH, FAAFP	Family Medicine, Public Health
Tipu V. Khan, MD, FAAFP, FASAM	Family Medicine and Addiction Medicine with emphasis in Obstetrics
Keith Loring, MD	Emergency Medicine and Addiction Medicine
Aimee Moulin, MD	Emergency Medicine and Addiction Medicine
Heyman Oo, MD	Pediatrics
Michael Potter, MD, FAAFP	Family Medicine, Practice based research
Lee Ralph, MD	Family Medicine and Sports Medicine
Melanie Thompson, MD	Pediatrics
David Tran, MD, MPH	Family Medicine and Palliative-Hospice Medicine
Jerri L. Davis, CHCP	CAFP Staff
TBD	CAFP Foundation Staff
Shelly Rodrigues, CAE	Consultant