



Request for Applications:
Opioid Safety Resource Catalog for Health Plans and Health Systems
RFP Release Date: Thursday, January 18, 2018
(revised for clarity on January 22, 2018)
Responses Due: Ongoing

The [California Health Care Foundation](#), in partnership with [Smart Care California](#), is creating a [resource catalog](#) of individuals, companies, and organizations available to assist health plans and providers with implementing opioid safety and addiction-treatment initiatives.

NOTE: This is an opportunity to have you, your firm, and/or organization included in a resource catalog that will be shared with health plans and delivery systems. CHCF is not providing funding to support technical assistance and consulting engagements; however, funding opportunities to support medication-assisted treatment training and technical assistance may be available in the future.

The resource catalog will include three service categories. Applicants may respond to one or more of the following:

1. [Health Plan Technical Assistance](#)
2. [Academic Detailing](#)
3. [MAT Coaching](#)

Background

Smart Care California, a public-private partnership of health care purchasers, plans, and providers, is working to promote safe, affordable care in California and has committed to the opioid epidemic as a top priority, along with lower c-section rates and safer treatment of back pain. Smart Care California (SCC) is funded by the California Health Care Foundation (CHCF) and is led by California's major public purchasers — the California Department of Health Care Services (Medi-Cal), Covered California, and CalPERS — covering more than 16 million lives, or 40% of the state.

SCC has been actively working to identify promising health plan and provider practices to turn the tide of the opioid epidemic: specifically, to lower overprescribing of opioids, increase access to medication-assisted addiction treatment, and increase the use of harm-reduction strategies, such as the dispensing of naloxone, an antidote to opioids that helps prevent overdose deaths.

In its work on the opioid epidemic to date, Smart Care California published [a summary of payer and provider strategies \(PDF\)](#), a payer/purchaser [checklist of best practices \(PDF\)](#), and [results from a survey of health plans \(PDF\)](#) in 2017, to understand what percentage of health plans were implementing these practices. The checklist was based on CHCF's [report and case studies](#) of successful health plan initiatives and [white paper](#) on health plan strategies to build better access to addiction treatment.

Smart Care California identified four key strategies to combat the epidemic:

1. Prevent — Decrease the number of new starts on chronic opioid use.
2. Manage — Identify patients on risky regimens (high-dose opioids, or opioids and sedatives) and work with them to taper to safer doses.
3. Treat — Streamline access to evidence-based treatment for substance use disorders.
4. Stop overdose deaths — Streamline access to naloxone to prevent fatal overdoses.

The Smart Care California conveners — the Department of Health Care Services, Covered California, and CalPERS — are committed to ensuring that all health plans and health systems launch organization-wide opioid initiatives, with the goal of driving down opioid-related morbidity and mortality in California.

Request for Applications

To help execute this work, CHCF is creating a resource catalog of firms, organizations, and consultants with expertise in health plans, delivery system change management, opioid safety, and/or addiction treatment. This resource would address a growing demand for experts to provide consultation, project management, technical assistance, and training to help health plans and delivery systems make organizational changes to improve opioid safety and access to addiction treatment.

NOTE: This is an opportunity to have your services promoted to health plans and/or delivery systems. Executive summaries of each response will be published on the Smart Care California and CHCF websites; detailed application responses will be shared on request with interested health plans and provider organizations. To protect intellectual property, detailed application responses will not be published on websites or shared with competitors.

CHCF is not providing funding to support these engagements; however, funding opportunities to support medication-assisted treatment training and technical assistance may be available in the future.

Firms can apply for listing in one or more categories:

- Consultation and technical assistance to health plans to support plan-wide opioid safety initiatives
- Outreach, education, and/or academic detailing for outlier prescribers
- Technical assistance and training for provider systems implementing medication-assisted treatment programs in primary care and other delivery settings

Objective: Provide California health plans, provider organizations, and delivery systems with a catalog, divided into three topic areas, of consulting firms, organizations, and individuals with relevant expertise to address the opioid epidemic.

NOTE: CHCF will not vet or rank responses, or fund proposals. The responses will be shared with all health plans serving California's Medi-Cal, Covered California, and CalPERS programs, and executive summaries will be posted on the Smart Care California website. The proposals will also be shared with interested provider organizations and delivery systems.

Applicants may apply to one, two, or all three topics of the resource catalog. Respondents should complete an executive summary and narrative for each of the three topics and submit to CHCF. The three topics and their application specifics are detailed in the following pages.

Application Instructions

[Topic 1: Health Plan Technical Assistance](#)

The executive summary should be your proposal at a glance: one or two pages that describe why health plans or delivery systems should hire you to help them execute opioid safety initiatives across their organizations.

The project narrative should be no more than 10 pages of text, double-spaced (tables and graphics can be single-spaced), no smaller than 11-point font and answer these questions:

1. What is the role of health plans in the opioid crisis and what are the best strategies to combat it? Consider policy, clinical, legal, regulatory, and community perspectives. If you responded to "Item #1: Implementation Toolkit," you may resubmit your answer here.
2. How would you approach assessing a health plan's current opioid strategies and identifying gaps and opportunities to strengthen its strategies?
3. How would you approach working with a health plan to implement best practices to curb the opioid epidemic, in each of the plan departments, based on [the checklist \(PDF\)](#) and the Smart Care California priorities outlined earlier?
4. Please briefly describe your firm's experience with:
 - Providing strategic planning and technical assistance to health plans
 - Supporting clinical quality-improvement programs and changing clinical practice
 - Performing gap/readiness/opportunity assessments
 - Legal and compliance risk assessment, mitigation, and management work
 - If relevant, please provide references to white papers and other intellectual capital relevant to this topic (total submission should not exceed 10 pages).
5. Optional: What other relevant services and subject matter expertise do you offer?
6. Who specifically would serve as the team, and what relevant experience do they bring? Please provide names, a summary of relevant expertise, and links to full biographies.

Application Submission: The application should be emailed to Challen Clarke, challenclarke@chcf.org. Please include "Opioid Safety Resource Catalog Application" in the subject line. Preferred formats for documents is Adobe PDF or Microsoft Word. Proposals will be acknowledged by a return email within 72 hours. Questions? Contact Challen Clarke.

[Topic 2: Academic Detailing](#)

Background: The 80/20 rule applies to opioids — most opioids are prescribed by a small minority of prescribers, many of them well-meaning, but without the needed skills to have difficult conversations with patients about safer choices for acute and chronic pain. Academic detailing is a technique that builds upon the successful pharmaceutical practice of brief, in-person visits with prescribers, using talking points and compelling visual materials. The San Francisco Department of Public Health (SFDPH) developed an [academic detailing protocol \(PDF\)](#) and educational materials, and proved that brief, in-person visits focused on coprescribing naloxone, an opioid antidote, dropped opioid-related emergency department visits by 47%. This work is described in a CHCF webinar, [Changing Prescriber Behavior Through Brief, In-Person Encounters](#). As a result, the California Department of Public Health (CDPH) contracted with SFDPH to deliver academic detailing trainings in rural and urban areas and also runs training programs for detailers through a [CDC-funded program](#). [The National Resource Center for Academic Detailing](#) also has such training available.

Health plans and delivery systems have a strong interest in identifying and addressing unsafe prescribing in their network, but often do not have the internal staff resources to provide successful outreach. While the SFDPH and CDPH programs have excellent written materials, they do not have the staff or resources to reach every outlier prescriber in the state.

CHCF is seeking to link experts in provider outreach, education, and academic detailing to health plans interested in hiring contractors to provide these services.

Materials do not need to be created from scratch: CDPH and SFDPH will share training and educational materials, and may also be able to train contractors interested in doing this work.

CHCF does not plan to fund this work: Our role is to match consultants with interested plans and delivery systems through a resource catalog.

Interested? Please complete an executive summary and narrative, and submit to CHCF.

The executive summary should be your proposal at a glance: one or two pages that would describe why health plans or delivery systems should hire you to help them with outreach, education, and/or academic detailing to outlier prescribers, summarizing the project narrative.

The project narrative should be no more than 10 pages of text, double-spaced (tables and graphics can be single-spaced), no smaller than 11-point font. CVs and bios do count toward the page limit. The narrative should answer the following questions:

1. What is your understanding of the challenges and opportunities in addressing outlier opioid prescribing behaviors, and the role of training and academic detailing to change behavior?
2. How would you approach changing prescribing patterns? Consider:
 - Identification of outlier prescribers (through health plan data, provider group data, or CURES).

- Development and dissemination of educational content, key messages, and other resources to promote evidence-based prescribing practices (SFDPH and CDPH materials can be used).
 - Outreach to practices. We are particularly interested in the academic detailing model, under which plans could hire expert academic detailers. Please share your thoughts on this and other potential outreach models. Would you be able to provide health plans with contracted detailers to visit outlier prescribers in person for brief educational interactions? Or would you offer other approaches?
3. Please briefly describe your relevant experience and expertise to execute your proposed approach. Do you (or your staff) have experience with provider training and/or academic detailing? If not, how do you envision filling this need?
 4. Who specifically would serve as the team for an engagement, and what relevant expertise do they bring?

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[Topic 3: MAT Coaching](#)

Background: It is estimated that only 1 in 10 people needing treatment for opioid addiction can access it, and large areas of California have insufficient treatment resources to meet the demand. While there are three medications approved by the FDA to treat opioid addiction (methadone, buprenorphine, and naltrexone), many practice settings do not offer any of these options, or may only offer one, leaving patients without access to all effective treatment options. CHCF is also working with partners across the state to support integration of medication-assisted treatment (MAT) in primary care through a [health center learning collaborative](#), [payer/provider partnerships](#), and a [publication](#). We also support integration in other settings such as [emergency departments](#) and [hospitals](#). Finally, we are partnering with large statewide initiatives to build new treatment resources, such as the Drug Medi-Cal Organized Delivery System, providing access to all American Society of Addiction Medicine levels of care, for all addiction, for low-income Californians, and the hub-and-spoke system, which aims to create networks of specialty opioid treatment programs (hubs) with primary care settings and other sites (spokes) that can manage patients with buprenorphine and behavioral services.

Most clinicians did not receive training in addiction medicine, and most practice settings currently do not have the workflows or staff in place to manage large volumes of patients needing addiction treatment. CHCF frequently receives requests for experts in MAT, and the demand continues to increase.

Objective: CHCF seeks to create a resource list of clinical and operational experts available to help primary care practices and other practice settings integrate MAT into care.

CHCF does not plan to fund this work: Our role is to match experts with interested plans and delivery systems through a resource catalog. However, funding opportunities may arise in the future, and CHCF would use this resource list to link experts with programs.

Interested? Please complete an executive summary and narrative, and submit to CHCF.

The executive summary should be your proposal at a glance: one or two pages that would describe why health plans or delivery systems should hire you to help integrate MAT services into primary care or other settings.

The project narrative should be no more than 10 pages of text, double-spaced (tables and graphics can be single-spaced), no smaller than 11-point font. CVs and bios do count toward the page limit. The narrative should answer the following questions:

1. What is your understanding of the challenges and opportunities in integrating MAT into primary care and other practice settings?
2. What experience do you (or your staff) have in providing the following services for practices? Please be specific about where you have worked and what services you have provided, such as:
 - Coaching clinician leaders
 - Coaching administrative leaders in implementing new programs (e.g., working on staffing, reimbursement, training needs, workflows, policies, protocols and procedures, etc.)
 - Providing clinical training in MAT
 - Providing staff training in MAT, trauma-informed care, motivational interviewing, or other relevant topics
 - Helping leaders develop readiness assessments and build workplans
3. Who specifically would serve as the team, and what relevant expertise do they bring?
4. Anything else we should know about the services you can provide?

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