CHCF RFP for Opioid Safety Toolkit and Resource Guide

Questions and Answers from Informational Webinar
February 5, 2018

Q: What is the purpose of the resource guide?

A: To connect health plans, delivery systems, practices, and clinics with resources and experts available to help them fight the opioid epidemic. CHCF is unable to fund use of these consultants, but we think it is useful to connect experts with those needing help.

Q: Who is the audience for this work?

A: For the toolkit and two of the resource catalogs (in technical assistance for opioid safety initiatives and academic detailing), the audience is health plans or other risk-bearing managed care organizations, such as medical groups. The MAT-implementation audience is UCLA (which is also running training and technical assistance for the California hub-and-spoke system [PDF]), CHCF and other California funders supporting MAT integration projects, and clinics or delivery systems wanting help in starting MAT programs.

This work should align with that of other national health plan efforts, such as Shatterproof's new SUD taskforce, where 16 health plans representing 158 million lives committed to a set of 19 principles to ensure access to high-quality addiction treatment.

Q: How many plans do you expect to participate in using the toolkit?

A: We cannot speculate. We hope it's used broadly across California and nationally.

Q: Will health plans and delivery systems be available to engage for input?

A: Absolutely. We are committed to leveraging our connections with health plans to make sure the finalist gets the information needed to make a great product.

Q: Applying to be part of the guide simply includes us in the catalog, correct?

A: Yes. CHCF is unable to fund consultants at present; however, we are planning future MAT technical assistance (TA) work, cooperating with the state and other funders, and we anticipate that we may fund MAT TA in the future. We expect that inclusion in the catalog will lead to business opportunities, as Smart Care California will be actively encouraging plans and providers to implement opioid safety initiatives. Inclusion in the toolkit does not commit you to taking on work.

Q: When is the expected project completion date for the toolkit? What is driving this date?

A: Ideally, the toolkit would be published and ready for distribution by the fall. We understand that it takes time to create an excellent product, but there is a need for this toolkit now. The sooner it is created, without compromising quality, the better.

Q: Are you expecting training on the use of the toolkit?

A: We would expect the toolkit creators to host one or two webinars explaining the toolkit and how to use it. The toolkit should be designed to be useful to health plans on its own (e.g., by including tools that plans can use to assess their current state, their ideal future state, and to create a workplan to get there). The toolkit should be published in a form that can be customized and adapted by the plan. Some

plans may hire other consultants to help them implement an opioid safety initiative, and we hope the toolkit is useful in that case as well. The toolkit should be modular so health plans can select which components they will find useful.

Q: Do you expect that plans will be willing to share information, approaches, and metrics with each other?

A: We have found this to be true. The opioid epidemic is creating a public health mindset among public and private plans; we have seen plans be willing to share approaches freely. For example, Optum shared the dashboard in Health Affairs that they used to track the success of their opioid safety work.

Q: Is this opportunity restricted to California-based companies?

A: No, anyone can apply regardless of geography. We want the toolkit to be designed to be useful to California and national health plans.

Q: What federal or state legislation is likely to affect this project?

A: The toolkit should not be predicated on changing legislation; it should be comply with current law.

Q: We understand that the Smart Care California checklist (PDF) for health plans provides the framework for the toolkit. Do you expect the grantee to research the efficacy and relative value of each approach? Do you expect the grantee to develop one or more toolkit items for each approach — 48 total?

A: CHCF commissioned two papers that researched the literature, surveyed plans, and summarized available evidence: Changing Course: The Role of Health Plans in Curbing the Opioid Epidemic and Why Health Plans Should Go to the "MAT" in the Fight Against Opioid Addiction. We do not expect the grantees to repeat this research; it is difficult to find evidence on each individual approach since most plans are doing several interventions at once, and very few health plans are publishing their outcomes.

We expect the toolkit to include the checklist items in each of the four categories (prevent new starts, manage patients with chronic pain on high-risk regimens, treat addiction, and stop deaths through harm reduction), and organize the self-assessment and implementation tools by health plan department (e.g., member services, case management, pharmacy). The toolkit can contain far more than the checklist, based on what is learned from experts in an advisory process.

Q: Does CHCF believe that the current literature referenced in the RFP adequately addresses the role of health plans in the opioid crisis and the best strategies to combat it, or is additional prospective research expected?

A: We think it is incontrovertible that health plans have a role in curbing the epidemic: they pay for opioids (whether used appropriately or inappropriately), they incur the costs of untreated addiction, and their policies can facilitate or create barriers to addiction treatment. The paper Why Health Plans Should Go to the "MAT" in the Fight Against Opioid Addiction reviews research on the ROI for MAT. However, there is not research on each intervention in the checklist, and it is unlikely they are efficacious in isolation. Health plans implementing comprehensive, systemwide, patient-centered approaches (including prevention, pain management, addiction treatment, and harm reduction) have shown encouraging results to date. We don't expect the creators of the toolkit to do additional research; however, we do expect an advisory process with experts to bring in additional tools or viewpoints for inclusion.

Q: For distribution, are you anticipating electronic, hard copy, or combination?

A: We are anticipating electronic distribution.

Q: Is this opportunity for the development of a toolkit, the dissemination of the toolkit, or both?

A: We are expecting to fund the development of the toolkit and one or two webinars, all of which we would make publicly available. We expect the dissemination would be through CHCF and Smart Care California, but the toolkit creator could of course disseminate through other channels as well.

Q: For the toolkit, will the CHCF copyediting and communications team be involved in editing, layout, and the publication process? Do they have a timeframe in which they expect it to be completed?

A: CHCF's communications team will be involved in editing, layout, and publishing. We anticipate a six-week turnaround from time of submission to publication.

Q: For the resource guide, has Smart Care California tested interest from plans and if so, what are some key competencies/criteria it has expressed interest in?

A: Plans have been working closely with Smart Care California and Shatterproof on these efforts, and have expressed support for creating a resource catalog and a compendium of best practices (toolkit/change package). We know plans are already contracting with some consultant groups for help with opioid safety initiatives. Many are particularly interested in helping build better addiction treatment networks and streamlining access, which motivated them to sign on to Shatterproof's 19 principles (PDF).

Q: Is CHCF looking for broad expertise beyond just clinical practice support?

A: See application for details. For the toolkit, expertise with managed care and project implementation is important. For the resource catalog, the expertise depends on the topic — for example, MAT expertise is needed to provide MAT support.

Q: The instructions don't say that bios or resumes are part of the application. However, can we include them under Section 4 "Project team and their experience" in the project narrative section?

A: Bios and resumes do not count toward the page limit for the toolkit, but they do count toward the page limit for all three topics in the resource catalog.

Q: What role will CHCF and/or Smart Care California play in promoting and deploying the toolkit?

A: We will promote it widely and encourage health plans to implement some or all of it to move their opioid initiatives forward. CHCF will broadcast the toolkit in our newsletters, through webinars, and perhaps by presenting at conferences. Smart Care California purchasers will share with all their plans.

Q: Do you want to see examples of work for the resource guide, Application 3, MAT TA?

A: Yes, as long as you stay within the 10-page limit. You can always link to additional work or publications.

Q: Can we include any experience we have with strategies that are not listed in the checklist?

A: Absolutely! We do not have all the answers and are hoping to work with people who bring new ideas to the table.

Q: What is the balance of focus of the toolkit — preventing new starts, treating existing long-term users, or MAT?

A: The toolkit should encompass all four components of the checklist. The harm-reduction section will most likely be smaller, as there are fewer health plan levers for this approach, but the first three sections should be robust.

Q: Resource Catalog Topic 2 (academic detailing) says the California Department of Public Health (CDPH) and the San Francisco Department of Public Health (SFDPH) will share training and educational materials, and that they may also be able to train contractors interested in doing the work. What discussions have been had with CDPH and SFDPH on this topic, and what degree of educational material and training support has been agreed to? What kind of contractor training would this entail?

A: The CDPH and SFDPH have broadly agreed that this is work they are not considering proprietary and that they are willing to share materials and offer training. We are still in conversation regarding details.

Q: Can I apply for the RFP as an individual practitioner?

A: Toolkit: Anyone can apply for this RFP, but we will favor those with experience working directly with health plans and with experience creating and publishing a toolkit or change package.

Technical assistance: Absolutely. We welcome applications from individuals, especially for academic detailing and MAT technical assistance.

Q: Would this RFP be a fit for a private practice clinic interested in launching a MAT program?

A: No. We are looking for people to advise health plans and practices on how to address the epidemic.

Q: Can we have a private meeting with you to discuss the RFP?

A: No. To maintain fairness, we will not meet with applicants individually, but will answer questions via email and share answers on our website.

Q: Will CHCF's communications team be actively involved in the design and format of the toolkit?

A: Yes, for your budgeting purposes, CHCF communications officers will work closely with your team on the look and feel of the toolkit.

Q: Can you provide more information on what the deliverable toolkit is expected to include or look like?

A: We will collaborate with the finalists to determine the look of the toolkit and its components. The toolkit will be produced in a format that works for a variety of health plans with opioid initiatives in different stages. It should include an assessment tool that could be used by a plan in each of its departments to understand what is already in place and what is needed to better address the opioid epidemic. Sample implementation plans for the most important items on the Smart Care California opioid checklist for health plans (PDF) would be very helpful. The toolkit should cover the four priority areas in opioid safety: prevention, safer pain management, addiction treatment, and harm reduction, although not all categories have equal weight. For example, the relative weight might be 20%, 30%, 40%, 10%, but this would be something we would work out together.

Shatterproof, a national nonprofit, has a similar effort focused specifically on SUD treatment. CHCF has talked with Shatterproof and wants to align with its efforts. We aim to fill a gap in the field — we don't want to duplicate or be out of sync with other national efforts.

Q: How is the toolkit expected to be used? Are there any restrictions on the use of the finished product (e.g., who owns the intellectual property)?

A: Our philosophy is that what is foundation-funded should be open source. We would expect the grantee to brand the product, but it should be available at no cost to any health plan. We expect that any tools developed (e.g., assessment tools, maturity models, draft implementation plans) would be in a format that could be easily modified and adapted by plans, as opposed to in PDFs that are more difficult to adapt. However, you may also use what you develop for your own purposes.

Q: Does the awardee need to be a 501(c)(3), or are there any other required organizational characteristics?

A: No.