

Center for Care Innovations

Addiction Treatment Starts Here: Primary Care, Wave 2

Request for Applications

Overview

The Center for Care Innovations (CCI) is launching the second wave of our ***Addiction Treatment Starts Here: Primary Care*** learning collaborative. The second wave of this program aims to increase access to Medication Assisted Treatment (MAT) in primary care for patients with opioid use disorder (OUD).

This RFA is designed to build on federal, state, and local attention that has focused efforts on combatting opioids, the deadliest drug epidemic in US history. In addition to the devastating effects on the health of communities, OUD is also a major driver of high-cost service utilization, such as inpatient and emergency department care; the result is an enormous economic burden on health systems.

MAT is one approach to address and manage OUD. It combines psychological and behavioral therapy with FDA-approved medications, including methadone, buprenorphine, or naltrexone. Evidence demonstrates that patients with OUD who use MAT reduce their risk of all-cause mortality by half. Yet despite overwhelming evidence that administration of methadone, naltrexone and buprenorphine are considered the gold standard of treatment, only 10 percent of people across the country receive this specialty treatment for OUD.

Health centers are natural collaborators for identifying substance use disorders and for coordinating effective treatment and recovery services. Primary care is usually the first point of contact for identifying and treating behavioral health conditions, including substance use disorders; therefore, health centers are well positioned to screen, triage, and treat addiction. However, while patients may receive behavioral therapy and counseling on medications to treat OUD, they typically do not have access to MAT.

Addiction Treatment Starts Here: Primary Care, Wave 2 seeks 20 primary care health center sites in California to participate in this 15-month learning collaborative, launching in August 2019 and concluding in September 2020. The program will provide methods and tools to guide grantees through designing new or expanding existing MAT programs in the primary care setting with a primary focus on OUD.

The curriculum has been designed by state and national experts and is based on lessons learned from the first wave of *Addiction Treatment Starts Here: Primary Care* that began in February 2019 and from CCI's previous MAT program, *Treating Addiction in the Primary Care Safety Net (TAPC)*, which ended in February 2018. The TAPC program, coupled with other efforts, enabled 25 participating health centers to add 70 new X-waivered prescribers and to triple the number of patients receiving MAT services. Results and key lessons learned in this program can be found in

[Treating Addiction In The Primary Care Safety Net: Implementing Medication-Assisted Treatment and the Lessons Learned](#). You can also learn about Marin City Health and Wellness Center's participation in CCI's programming and the transformation patients have experienced because of MAT by watching [this video](#).

Building upon this previous work, ***Addiction Treatment Starts Here: Primary Care, Wave 2*** is funded through a generous grant from the California Department of Health Care Services.

Program Components

Addiction Treatment Starts Here: Primary Care, Wave 2 is designed to meet the needs of MAT program design, implementation, or expansion through two separate participant tracks.

- ***Track 1: Planning Stage*** – Health centers that do not have a MAT program in place or are in the early stages of development with a small number of patients receiving treatment and a small number of X-waivered clinicians. These sites are looking to design new programs, or refine, formalize and/or standardize existing programs.
- ***Track 2: Expansion Stage*** – Health centers with MAT programs in place and are managing the care of a consistent number of MAT patients. These sites are focused on the optimization, scale, and sustainability of their current program.

Addiction Treatment Starts Here: Primary Care, Wave 2 (ATSH:PC, Wave 2) will offer training, tools, expertise and access to all program offerings across both tracks. Within the program offerings, content and methods will be tailored specifically to each track's needs, given the different stages described above. Content will address clinical and operational issues associated with MAT, including:

- Building an organizational culture around treating addiction as a disease.
- Clinician and staff engagement strategies to address stigma around addiction and other attitudes and beliefs that can impact the success of your program.
- Developing or scaling a MAT model.
- Regulations for confidentiality and MAT operations.
- Buprenorphine, Naltrexone, and Naloxone 101.
- Patient identification and selection.
- Managing buprenorphine inductions, stabilization, and maintenance, including in-home and office-based care.
- Assessing levels of care and building strong referrals to specialty care and community services.
- Building partnerships to promote collaboration across health care transition points, such as the emergency department and hospital.
- Effective strategies for tapering patients on long-term opioid therapy.
- Managing complex chronic pain and harm reduction.
- Contingency management.

- Managing diversion.
- Understanding the key drivers of financial sustainability for MAT programs.

Over the course of the ATSH:PC, Wave 2 program, we will offer to both tracks:

- Three, two-day in-person learning sessions to share and learn from peers and experts.
- Case consultations with clinical experts.
- Webinars, including a mix of expert- and peer-led sharing on topics participants identify as challenges.
- An online forum and resource center.
- Grants of \$50,000 to help offset the costs of participating in the in-person events and developing and/or expanding your MAT program.

Grant Installment Details

1. 5,000 at the time you are accepted into the program.
2. \$25,000 for meeting Deliverable No. 1, which consists of submitting two quarters of data, a program charter, and attending convening #1
3. \$10,000 for meeting Deliverable No. 2, which consists of submitting one quarter of data, submitting a progress report, and attending convening #2.
4. \$10,000 for meeting Deliverable No. 3, which consists of submitting two quarters of data, a final report and attending convening #3.

Eligibility

Safety net health care organizations in California that provide comprehensive primary care services to underserved populations are eligible to apply. Organizations must be non-profit and tax-exempt under 501(c)(3) of the Internal Revenue Service Code or a governmental, tribal, or public entity. This includes:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes.
- Community clinics, rural health clinics, and free clinics.
- Ambulatory care clinics owned and operated by public hospitals.
- Indian Health Services clinics.

CCI will accept applications from multiple clinic sites within the same organization. Each prospective site must have its own project team and submit a separate application. If a site is participating in wave 1 of the Addiction Treatment Starts Here: Primary care, they are not eligible to apply for wave 2. Sites from a participating organization in the Addiction Treatment Starts Here: Primary Care are eligible to apply if the applicant site is not a current participant in wave 1. Each site selected will be eligible for a grant of up to \$50,000. Up to three clinic sites per organization can apply. For organizations that provide services other than primary care (e.g., specialty mental health, outpatient substance use disorder), your application should clearly define how you are planning to integrate MAT into primary care. Organizations

interested in integrated MAT into non-primary care based services are **not eligible** for this program.

If you have questions about whether you qualify, please email [Tammy Fisher](mailto:tammy@careinnovations.org) at tammy@careinnovations.org.

Timeline

Addiction Treatment Starts Here: Primary Care, Wave 2 runs from August 2019 to September 2020. Key dates include:

- **Request for Applications Released:** July 1, 2019
- **Informational Webinar:** July 12, 2019 (12-1pm PT)
- **Application Deadline:** July 24, 2019
- **Cohort Announced & Program Start:** August 23, 2019
- **Kick-Off Webinar:** September 4, 2019 (12-1pm PT)
- **In-Person Learning Session 1:** November 6-7, 2019 (location TBD)
- **In-Person Learning Session 2:** April 15-16, 2020 (Los Angeles)
- **In person Learning Session 3:** August 6, 2020 (location TBD)
- **Program End:** September 2020

Participant Expectations

By applying to join ***Addiction Treatment Starts Here: Primary Care, Wave 2*** applicants agree they will:

- Develop a team of 4-6 individuals who will participate in program activities and work on implementation and/or expanding activities within their health center. Teams should include at a minimum:
 - A program lead who is responsible for day-to-day activities of the program.
 - At least one x-waivered clinician.
 - A clinical leader, such as a Behavioral Health Director, Medical Director or Chief Medical Officer.
 - At least one or more additional team members. This can include administrative leaders, such as the Chief Executive Officer, Executive Director, or Chief Operating Officer. It can also include care team members providing SUD services, such as addiction treatment counselors, nurses, licensed social workers, and quality improvement analysts.
- Attend all three in-person learning sessions, with at least three of the same members of your core team joining each. Please note that the learning sessions will likely be held in both Northern and Southern California. We will finalize the locations once we finalize the cohort.

- Share challenges, opportunities, bright spots and questions with your fellow program participants. This includes your team participating in all three in-person learning sessions and additional sharing opportunities with other teams.
- Submit a project charter and quarterly program updates, including your progress and challenges in meeting your goals.
- Participate in various landscape assessment and pre-work activities, including work to evaluate your current state, as well as network and learn more from teams about their current state and challenges.
- Submit quarterly data in a timely manner on a standardized program measure set. Participants will submit data on three required measures and up to two optional measures for all five quarters of the program. A data portal will be available for participants to enter numerator and denominator information (no patient-level information will be entered into the data portal). Your organization will be able to download run charts to review your progress in real time. See Appendix A for a description of the measures.

What Makes a Strong Application

CCI is looking for applicants with the following characteristics:

- Commitment to work to build and/or scale a MAT program within primary care at your clinic site.
- A clinician champion who is committed to advocate for and provide clinical support to the health center's ATSH:PC, Wave 2 program team.
- A strong leadership commitment to supporting team participation in program activities, as well as ensuring protected time for team members to design and implement MAT program changes. This is evidenced by having a senior-level clinical or administrative leader on your team who is present at learning sessions and is meeting with your team at least monthly.
- Willingness to openly share approaches and lessons learned with other participating teams.
- Ability to submit quarterly data on the specific set of required measures.

To apply for one or more of your clinic sites, please read through the instructions on the next page thoroughly.

How to Apply

Step 1: Attend Informational Webinar (Optional)

Interested organizations are encouraged to participate in an informational webinar on Friday, July 12, 2019, 12-1 pm to hear a program overview and ask questions.

[Register here.](#)

Step 2: Apply Online

Your proposal [must be submitted online](#) by **Wednesday, July 24, 2019, at 5 pm PT**. **If multiple clinic sites from one organization are applying, each site must complete a separate application.** The program cohort will be announced by Friday, August 23, 2019.

Applications should include the following:

1. [Application Form](#)
2. 501(c)3 tax status documentation
3. Narrative response – see the narrative questions below
4. Budget proposal, using CCI's budget template ([download](#))
5. Letter of support from your leadership
 - o This letter should be from a senior leader that will be involved in your project (i.e.; CMO) and should be no more than 1 page.

Application Narrative Questions

Please respond to the following seven questions in a Word or PDF document and upload it to the [Application Form](#). In total, your response must be limited to 1,500 words.

1. Describe your current state of MAT implementation, including whether you are (1) in the planning phase for a new program, (2) looking to refine an existing program, or (3) preparing to scale your program in order to serve more patients.
2. Who is on your core team for delivering MAT services to your patients for opioid use dependence and/or addiction and what are their roles?
3. Describe the infrastructure you have in place (current processes or activities) around identifying and managing patients with opioid use disorder in primary care.
4. Describe which leaders will be involved in the project and their specific roles to support your efforts in **Addiction Treatment Starts Here: Primary Care, Wave 2**, including support from senior leaders and clinical champions.
5. What are the three biggest challenges your site faces in implementing or expanding MAT for treating opioid use disorder?

6. What are your three proudest accomplishments when it comes to strengthening your capability to provide quality addiction treatment services to your patients?
7. What specific and measurable changes do you hope to implement as a result of participating in *ATSH:PC, Wave 2*? Your response should describe measurable changes (e.g., goals for staff training and education, number of prescribers to receive the X-waiver, targets for number of patients to receive treatment, etc.). What components of the ATSH program do you believe would support your site in making these changes?

Next Steps

Upon reviewing applications, we may request follow-up information or schedule a phone call with your team. We intend to select 20 teams for the program. CCI will contact you by August 23, 2019 to let you whether you have been accepted into the program.

Appendix A

Participants will be required to report on three required measures and up to two optional measures that you may self-select. The required measures are listed below.

Measure 1 – Adoption

- Number of X-waivered prescribers
- Number of X-waivered prescribers actively prescribing
- Percent of X-waivered prescribers of all eligible prescribers in practice
- Ratio of X-waivered prescribers actively prescribing to the clinic's total patient panel size

Measure 2 – Reach

- Number of patients prescribed buprenorphine
- Number of patients prescribed naltrexone long acting injection
- Percent of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD

Measure 3 – Retention

- Number of patient prescribed buprenorphine or naltrexone long acting injection 6 months prior who have adhered to this medication continuously for 6 consecutive months
- Percent of patients prescribed buprenorphine or naltrexone long acting injection 6 months prior who have continued in treatment for 6 consecutive months of all patients prescribed buprenorphine or naltrexone long acting injection 6 months prior