Request for Proposals
Essential Hospital Office-Based Addiction Treatment Learning Collaborative
Introduction

This funding opportunity will support up to 12 members of America’s Essential Hospitals as they participate in the Essential Hospitals Office-Based Addiction Treatment Learning Collaborative to improve access to office-based addiction treatment (OBAT) for opioid use disorder (OUD). In partnership with the CVS Health Foundation, Essential Hospitals Institute will facilitate this learning collaborative to educate participants on how to implement an OBAT program, an evidence-based program that has supported patients with OUD.1-3 OBAT uses a collaborative care model that relies on nurse care managers to ensure delivery of high-quality addiction treatment while effectively and efficiently using physicians to prescribe buprenorphine.

This learning collaborative will help reduce barriers to addiction treatment for marginalized populations by increasing access to addiction treatment and enhancing hospital capabilities to provide such treatment. The continued care and support offered by the care coordinator in this OBAT program will not only assist providers but also help educate patients about addiction and addiction treatment to increase health literacy and reduce stigma.

I. Scope of Work

PROJECT BACKGROUND AND SIGNIFICANCE

OUD is a devastating public health crisis—more than 130 people die from an overdose every day.4 Hospitals are on the front lines fighting this epidemic daily. In contrast to other hospitals, essential hospitals see at least 15 percent more patients with OUD.5 Despite the availability of emergency care for overdosed patients and harm reduction efforts, only about half of those affected receive treatment for heroin use disorder and only one in five people experiencing prescription drug misuse receive treatment.6

Adding to the low rates of addiction treatment, structural barriers to care exist for racially marginalized populations. Negative representations of substance use disorder in commonly used language and the media perpetuate the stereotyping and stigma of OUD in marginalized populations. Intergenerational substance misuse or polysubstance abuse combined with well-founded fears of legal consequences prevent many from seeking help. Finally, the help that many people of color receive can sometimes be “separate and unequal.”7 The treatment disparity between white patients and patients of color calls for systemic changes to addiction treatment.

Access to medications for OUD remains low for several reasons. From a patient perspective, less than half of people with OUD seek treatment due to cost, lack of access, lack of providers able to dispense medications, and continued stigmatization.8,9 Patients are concerned the medications are harmful, inconsistent with being drug-free, or ineffective.10 Secondly, from a provider perspective, it is difficult to refer patients because treatment sites differ in eligibility or might not have availability, delaying access to treatment. Providers might not understand the best options for a patient or provide a warm hand-off to other providers.11 Regulatory challenges also exist. Federally, providers must have a Drug Enforcement Administration waiver to prescribe necessary medications; the number of waivered providers is improving, but gaps in provider availability remain.12 Federal regulations restrict record-sharing, hindering care coordination for people with OUD.13 State regulations, in some cases, require prior authorization for medications, hindering timely access to OBAT.14
America’s Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all, including people who face barriers to equity and opportunity. We support our more than 300 members with advocacy, policy development, research, and education. Essential Hospitals Institute is the research, education, dissemination, and leadership development arm of America’s Essential Hospitals. Working with members of the association, the Institute identifies promising practices from the field, conducts research, disseminates innovative strategies, and helps essential hospitals improve organizational performance.

Our member hospitals are distinctly positioned to make a real and lasting impact on the most disadvantaged, including those living with OUD or in communities where the opioid epidemic is rampant. Essential hospitals provide services to a variety of patients and communities, many of which face high rates of poverty, the effects of structural racism, and other barriers to good health. In 2019, three-quarters of essential hospitals’ patients were uninsured or covered by Medicaid or Medicare. Fifty-one percent of essential hospitals’ discharges are people of color.\textsuperscript{15} In communities served by essential hospitals, an estimated 22.3 million individuals live below the federal poverty line, and more than 14.4 million are uninsured.\textsuperscript{16} To address this, many essential hospitals offer medical respite or permanent housing assistance programs, partnering with community-based organizations to provide food to improve the health of their patients. Without our hospitals’ commitment to these patients, many would have nowhere to turn for critical health care needs. Our hospitals see at least 15 percent more patients with OUD than other U.S. hospitals.\textsuperscript{17} Thus, America’s Essential Hospitals sees firsthand the harm caused by OUD and seeks to create innovative programs to educate their patients, treat patients already affected by an OUD, and offer long-term solutions.\textsuperscript{18}

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\textbf{ACTIVITY} & \textbf{DATE} \\
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RFP Announced & January 19, 2022 \\
Informational Webinar & February 1, 2022 \\
Final Questions & February 25, 2022, at 8 pm ET \\
Notice of Intent & March 2, 2022, at 8 pm ET \\
Proposal Due & March 16, 2022, at 8 pm ET \\
Notification of Awards & May 2022 \\
Project Begins & June 1, 2022 \\
Project Ends & May 31, 2023 \\
Amount of Award & Up to $50,000 \\
Number of Awards & Up to 12 \\
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\caption{KEY INFORMATION}
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\textbf{OVERVIEW OF OFFICE-BASED ADDICTION TREATMENT}

OBAT is an evidence-based addiction treatment for office-based settings that uses sustainable models of care. In this learning collaborative, the model folds in telehealth in response to the ongoing COVID-19 pandemic. The care coordinator is central to the OBAT model. The care coordinator usually is the initial contact for patients seeking treatment and acts as the primary liaison between the patient and the physician throughout the treatment process (see Figure 2). The care coordinator screens the patient, obtaining medical, social, and psychiatric history; educates patients about the process and expectations, and specifically about buprenorphine; obtains informed consent; performs lab testing; and provides ongoing care and referrals. With COVID-19, as appropriate, some interactions will use telehealth.
OVERVIEW OF THE LEARNING COLLABORATIVE

Essential Hospitals Institute will facilitate the learning collaborative to support essential hospitals’ implementation of OBAT in one or more ambulatory care clinics. Each participating hospital will be asked to perform the functions outlined below.

**Prepare for the learning collaborative.** Upon acceptance into the learning collaborative, hospitals will provide information about their capacity, staffing, and faculty available to support organizations as they implement the OBAT model. In addition, the Institute will interview each hospital to assess its training needs.

To prepare, hospitals will attend a 75-minute virtual introduction facilitated by Institute staff. The meeting will introduce participants, provide an overview of OBAT, set the pace for upcoming learning collaborative activities, and introduce the measures for the learning collaborative. Metrics for the collaborative include:

- number of hospitals that successfully implement an OBAT program into their hospital;
- number of people directly and indirectly impacted;
- screening at least 80 percent of patients who present to an office with a substance use disorder for appropriateness for OBAT for OUD, using either the hospital system’s current screening method or a validated tool;
- identification of treatment obstacles and support needs for OBAT for all patients who are candidates for such treatment;
- implementation of feasible measures related to OBAT access;
- for 80 percent of patients who present to an office with symptoms of OUD to complete an OBAT referral, be offered Narcan for harm reduction, and/or initiative buprenorphine during a visit.

**Attend workshops.** The project leader and care coordinator from each participating
organization is expected to attend workshops during the learning collaborative. The workshops will cover how to apply OBAT in their hospital office(s).

Implement OBAT. Over a year, hospitals will implement OBAT. This will include, but is not limited to:
- setting up procedures and processes to implement an OBAT program;
- completing additional education related to obtaining a waiver, addiction treatment, overdose treatment, and other special topics; and
- collecting data to understand performance and identify next steps.

Participate in OBAT Chats. To support hospitals, the Institute and experts will hold monthly hour-long virtual meetings in which hospitals discuss facilitators and challenges and experts provide guidance.

Data collection. Teams will provide baseline, interim, and final data (described in the next section) to measure progress. Organizations are required to provide interim data every month.

II. Eligibility Criteria
Eligible participants are member hospitals of America’s Essential Hospitals who are committed to improving access to OUD treatment in office settings.

Eligible hospitals should have at least one clinician who has a waiver to prescribe buprenorphine.

III. Proposal Instructions and Information

SUBMISSION INSTRUCTIONS

Questions. Please send questions through https://research.zarca.com/survey1.aspx?k=RQsUQYRsWTSsPsPsP&lang=0. Questions submitted on Friday typically will be answered by the following Wednesday. The last date to submit questions is Friday, February 25, 2022.

Notice of Intent. Please provide an intent to submit a proposal to https://research.zarca.com/r/obatnoi by Wednesday, March 2. These notices are nonbinding and do not require a hospital to submit a proposal.

Proposal. All proposals should be submitted by email to EssentialOBAT@essentialhospitals.org by Wednesday, March 16, 2022. Please note “OBAT Proposal from [name of organization]” in the subject line of the email.

The Institute team overseeing this collaborative includes Kalpana Ramiah, DrPH, MSc; Elizabeth Frentzel, MPH; and Tomi Sontan, MS. They can be reached at EssentialOBAT@essentialhospitals.org.

Applicants will be notified about the awards in May 2022.

TECHNICAL INSTRUCTIONS
Please use the Microsoft Word template to draft your proposal.
• The total proposal narrative section may not exceed five pages. The executive letter of support should be included in this section but does not count as part of the five pages.
• Please use the template. Keep the margins at one inch, 8-point after each paragraph, and body text font as 12-point Times New Roman, black. Please leave the header fonts as is.
• Insert the applicant organization name and short project title in the header of each page, as noted in the template.
• Save and submit your final proposal narrative as a PDF document with file name “Organization_Last name of project lead_OBAT.” Acronyms or short names can be used in place of full organization names.
• The following documents should be included as appendices. These are not part of the page count but should be included in the PDF:
  o letter of support from executive leadership; and
  o references (if any).

The template includes seven sections, which should be completed using the guidance below.

• The Title should be revised to be the title of your project.
• **Key Information** includes the legal name of applicant organization; the principal investigator name, title, and email; the grant officer’s name, title, and email; and the name, title and email of the person signing the letter of support.
• In the **Overview of Hospital Offices** section, briefly describe the offices that will be involved and the reason for including them. Please note that emergency departments should not be included.
• The **Potential Reach** section should use the table to describe the potential reach of the program. Describe how you plan to engage patients, providers, and other stakeholders (if appropriate).
  o In column 1, estimate the number and types of offices expected to participate in the learning collaborative.
  o In column 2, estimate the number of patients with OUD in each of the offices in the past six months. For systems that do not screen patients, estimate the number, and describe the method for obtaining the estimate below the table.
  o In column 3, estimate the number of patients of color with OUD in each of the offices in the past six months. Again, for systems that do not screen patients, estimates are acceptable. Systems with capacity to provide more specificity are encouraged to provide a race and ethnicity breakdown of patients.
  o In column 3, estimate the number and types of clinicians in your offices who have a waiver to prescribe buprenorphine.
• The **Inclusion, Diversity, and Equity Plan** will describe current activities and planned strategies to advance inclusion, diversity, and equity for patients experiencing OUD.
• For the **Management Plan**, identify staff by name and title, any partners or collaborators if applicable, and describe their roles and responsibilities. In addition, describe potential risks and challenges and how you intend to overcome them.
• **Appendices.** The following appendices are not part of the five-page proposal narrative limit.
  o For **Executive Support** (required), please include a letter of support from your CEO, chief medical officer, chief nursing officer, chief quality officer, or
chief operating officer or other relevant leadership in the C-suite. It should be addressed to Kalpana Ramiah, Vice President of Innovation and Director of Essential Hospitals Institute. It should also include a statement that the organization agrees to keep its indirect rate at 15 percent.

- References may be included.

Budget Information
The total award value is up to $50,000 and there will be up to 12 awards. No budget or budget narrative is requested. However, as you consider your project, please note that indirect costs cannot exceed 15 percent and this must be acknowledged in the letter of support. In addition, the award amount should not fund staff.

IV. Selection Criteria
Reviewers will consider these criteria for each submission in recommending awards:

- potential reach;
- adequate plan for engaging patients, providers, and other stakeholders;
- plan for inclusion, diversity, and equity;
- reasonableness of project plan, including sustainability; and
- leadership support.

References