

## Center for Care Innovations *Addiction Treatment Starts Here: Primary Care* Request for Applications

### Overview

The Center for Care Innovations (CCI) is launching ***Addiction Treatment Starts Here: Primary Care***, a new program to increase access to medication-assisted treatment (MAT) in primary care for patients with opioid use disorder (OUD).

Federal, state, and local attention remains focused 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 methadone, buprenorphine, or naltrexone. Evidence supporting the use of MAT shows mortality among opioid addiction patients being cut in half or more. 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*** seeks 40 primary care health center sites in California to participate in this 18-month learning collaborative, launching in February 2019 and concluding in July 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 opioid use disorders.

The curriculum has been designed by state and national experts and is based on lessons learned from CCI's previous MAT program, *Treating Addiction in the Primary Care Safety Net*, which ended in February 2018. That two-year 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 our evaluation report, [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* is funded through generous grants from the California Department of Health Care Services and Cedars-Sinai.

## Program Components

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

- **Track 1: Planning Stage** – Health center sites 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 and standardize existing programs.
- **Track 2: Expansion Stage** – Health center sites that have MAT programs in place that 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.

Participants on both tracks will have access to all program offerings. Within the program offerings, content and methods will be tailored specifically to each track's needs, given the different stages described above.

*Addiction Treatment Starts Here: Primary Care* will offer training, tools, expertise, and support to design new or expand existing MAT programs at participating organizations. Content will address clinical and operational issues associated with MAT, including:

- Building a culture around treating addiction as a disease.
- Developing or scaling a MAT model for your organization.
- Regulations for confidentiality and MAT operations.
- Buprenorphine, Naltrexone, and Naloxone 101.
- Patient identification and selection.
- Managing buprenorphine inductions, stabilization, and maintenance.
- 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 treatment.
- Managing diversion.
- Addressing stigma.
- Creating financial sustainability for MAT programs.

Over the course of our 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 up to \$50,000 to help offset the costs of participating in in-person events and developing and/or expanding your program.

### **Grant Installment Details**

1. \$30,000 at the time you are accepted into the program.
2. \$10,000 for meeting Deliverable No. 1, which consists of submitting two quarters of data, a program charter, and Plan-Do-Study-Act (PDSA) cycles to date.
3. \$10,000 for meeting Deliverable No. 2, which consists of submitting two quarters of data, a progress report, and a final report.

### **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 (IRC) 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. Each site selected will be eligible for a grant of up to \$50,000. Up to three clinic sites per organization can apply.

If you have questions about whether you qualify, please email [Susannah Brouwer](mailto:susannah@careinnovations.org) at [susannah@careinnovations.org](mailto:susannah@careinnovations.org).

## Timeline

**Addiction Treatment Starts Here: Primary Care** runs from February 2019 to July 2020. Key dates include:

- **Request for Applications Released:** November 15, 2018
- **Informational Webinar:** November 27, 2018 (12-1pm PT)
- **Application Deadline:** December 14, 2018
- **Cohort Announced & Program Start:** February 1, 2019
- **Kick-Off Webinar:** February 13, 2019 (12-1pm PT)
- **In-Person Learning Session 1:** April 10, 2019 – April 11, 2019 (Los Angeles)
- **In-Person Learning Session 2:** September 18, 2019 – September 19, 2019 (Bay Area)
- **In-Person Learning Session 3:** April 15, 2020 – April 16, 2020 (Los Angeles)
- **Program End:** July 31, 2020

## Participant Expectations

By applying to join **Addiction Treatment Starts Here: Primary Care** 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.
- 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.
- 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 six quarters of the program. A data portal will be available for participants to enter numerator and denominator information for each required measure and for optional measures you track (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 current draft description of the measures. The finalized definitions of program measures, including detailed specifications, will be shared during the program's Kick-Off Webinar.

## 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 at your clinic site.
- A clinician champion who is committed to advocate for and provide clinical support to the health center's ***Addiction Treatment Starts Here: Primary Care*** 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 a specific set of 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 Tuesday, November 27, 2018, 12-1 pm to hear a program overview and ask questions. [Register here.](#)

### Step 2: Apply Online

Your proposal [must be submitted online](#) by **Friday, December 14, 2018, 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, February 1, 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 1,000 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 the leadership infrastructure you have in place to support your efforts in *Addiction Treatment Starts Here: Primary Care*, including support from senior leaders, clinical champions, etc.
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 changes do you hope to implement as a result of participating in *Addiction Treatment Starts Here: Primary Care*? And what components of the 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 40 teams for the program. CCI will contact you by February 1, 2019 to let you whether you have been accepted into the program.

## Appendix A

The following are draft measures that are not final. These are to provide potential grantees with a sense of what measures they would most likely report on as a participant in the program. Participants will be asked to report on three required measures and up to two optional measures that they can self-select.

### Measure 1 – three components

- Number of X-waivered clinicians
- Number of X-waivered clinicians prescribing
- Ratio of this to the number of overall medical clinicians that would be eligible for X-waivers

### Measure 2

**Metric Statement:** Proportion of patients with an OUD diagnosis prescribed a medication for OUD

**Numerator:** All patients from the denominator who were offered a medication for OUD

**Denominator:** Patients with an OUD diagnosis

**Definitions:** Offered a medication for OUD can include that the patient was documented to have been offered:

- A prescription for buprenorphine
- An injection of Injectable Extended Release (aka Naltrexone Long Acting Injection)
- *Referral to an opioid treatment program (if this is counted, may need to consider separate process measure for f/u visits)*

Medication should be offered during the visit where OUD dx was documented, or at the immediate next visits with the prescribing clinician

### Measure 3

**Metric Statement:** MAT retention measure

**Numerator:** All patients from the denominator who continued in care for 6 months

**Denominator:** All patients who were prescribed a medication for opioid use disorder

**Definition:**

Visits could be with the following:

1. Medical provider for any dx
2. Medical provider for any SUD
3. Behavioral health provider for any dx
4. Behavioral health provider for any SUD

For those who drop out of treatment (defined as no visits within 30 days), the number of days until the patient's first drop of 30 days.