REVISED: EXTENDED TIMELINE

REQUEST FOR APPLICATIONS (RFA)

HOSPITAL DEMONSTRATION PROJECT

MEDICATION FOR OPIOID USE DISORDER (MOUD) AND NALOXONE DISPENSING

A.   Introduction

The Illinois Public Health Institute (IPHI) is seeking applications from Alliance for Health Equity (AHE) member hospitals to participate in a medication for opioid use disorder (MOUD)/naloxone demonstration project[1]. The intent of the demonstration project is to advance hospital engagement and partnerships to initiate MOUD and naloxone dispensing in hospital settings in the city of Chicago and suburban Cook County. Applicants may apply for projects to support adoption in emergency departments (EDs) and/or inpatient units.

IPHI, as the backbone organization for AHE, is coordinating the selection of three Hospital Demonstration Projects through this RFA. Additionally, IPHI has issued a separate invitation to hospitals in Chicago and suburban Cook County to participate in the associated learning collaborative (see section C on page 2). Funding support for both the demonstration projects and learning collaborative is provided by the Otho S.A. Sprague Memorial Institute and the Chicago Department of Public Health.

B.   Hospital Demonstration Project Overview

In the 2019 Community Health Needs Assessment (CHNA), the AHE identified mental health and substance use disorders as key priorities that require collective action. The Hospital Demonstration Project is designed to implement goals set by the AHE Mental Health and Substance Use Disorders Committee to systematically address the opioid epidemic in Chicago and suburban Cook County.

Demonstration projects will focus on expanding capacity and implementing programs within hospital emergency departments (ED) and/or inpatient units to support the following:

1. Initiation of medication for opioid use disorder (MOUD)
2. Naloxone dispensing
3. Care transitions to outpatient settings through warm handoffs, bridge programs, and/or community partnerships

The demonstration projects will explore various models to support these goals. The demonstration projects may feature different program designs that might include components such as: inpatient or ED initiation of MOUD and linkage to continuing community-based care; development of bridge clinics to support follow-up from discharge; standardization of naloxone dispensing; and others.

---

[1] Previously funded hospital demonstration sites are not eligible for this round of grants.

C.   Learning Collaborative Overview

Hospitals selected for the Hospital Demonstration Project will be expected to participate in the concurrent Hospital Opioid Treatment and Response Learning Collaborative (HOTR-LC) and are not require to fill out the Registration Form for the Learning Collaborative. The HOTR-LC will bring hospitals from across Chicago and suburban Cook County together to support and facilitate conversation around best practices, implementation, and quality improvement as it relates to caring for people with opioid use disorder and/or those who are at risk for opioid overdose. The goal of the HOTR-LC is for all participating hospitals to move toward initiation of MOUD with linkage to care and/or naloxone dispensing over the course of the six-month collaborative. Hospitals not funded under this RFA are both eligible, and encouraged, to participate in the HOTR-LC.

There will be a total of six meetings starting in July 2020. The HOTR-LC will be open to any hospitals in Chicago and Cook County. The three demonstration sites are required to attend all six meetings and fully engage in the HOTR-LC.

- Kickoff webinar: The kickoff meeting will be a foundational webinar. Participants will gain an understanding of the scope of the Chicago and suburban Cook County opioid problem, the logistics of the learning collaborative, and the clinical best practices as they relate to working with people with opioid use disorder. The webinar will be recorded, and it is expected that all demonstration site hospital teams attend or watch the webinar.

- **4 Clinical meetings** will focus on clinical implementation and will discuss workflows, operational challenges and solutions, and staff training. Each meeting will cover a different topic. The topics are naloxone dispensing, MOUD, linkage to care, and stigma and peer workforce.
  Suggested attendees: Emergency Medicine Department Chair, Emergency Department Nursing Director/Clinical Director, Internal Medicine, Family Medicine or Psychiatry Department Chair (depending on which service would be managing on the inpatient side); Pharmacy Director; Supervisor of any behavioral health staff (social workers, etc.) in the emergency department, and Clinical Supervisor/Manager of hospital-based substance use disorder treatment services (where applicable).

- Final report-out meeting: The December meeting will be an opportunity for participating hospital teams to report on their progress from the learning collaborative and demonstration site funding and to discuss challenges and barriers to implementing opioid treatment and response initiatives. It is expected that at least one team member will present on the hospital project during the December meeting.

D.   Funds Available and Uses

A total of $105,000 is available to fund demonstration project sites at three hospitals. Each hospital is eligible for up to $35,000 in support starting in July 2020.

Funding may be used to support staff time for workflow development and implementation, quality improvement projects related to MOUD initiation and/or naloxone dispensing, change management activities to build internal support, partnership development and integration activities, training, and other infrastructure and capacity building efforts.

E.   Eligibility

The following eligibility criteria must be met to be deemed eligible for funding under this RFA:

- Alliance for Health Equity member hospital. The full list can be found at http://allhealthequity.org/our-partners/.
- Commitment of leadership and clinical champions, as well as hospital team members, to participate in associated HOTR-LC.
- Letter of support from a community-based MOUD provider who may serve as a referral site.
- If the hospital is applying for funding for an emergency department-focused project and ED medical services are provided by an outside contractor, a letter of support and commitment from the ED physician group, including commitment that one ED physician will participate in the learning collaborative.

- Only one application per hospital will be considered.

- Hospital has not been previously funded as a demonstration site

F.   Submission of Application

Submit applications via email to: Hospital Demonstration Project
Illinois Public Health Institute
Email: MATDemo@iphionline.org

Application deadline: June 30, 2020
5:00pm Central Standard Time

Applications must be submitted via email only to MATDemo@iphionline.org. Hard copies of applications will not be accepted. Applications received after the above deadline may not be considered.

G.   Timeline

IPHI intends to follow the timeline below for review and awarding of funds under this RFA:

RFA released	March 10, 2020
Application deadline	June 30, 2020, 5:00pm CST
Sites notified of results	July 10, 2020
Learning Collaborative Kickoff	July 17, 2020 12:30 – 2pm

***Timeline has been adjusted due to COVID-19 pandemic

The above timeline is subject to change to best meet programmatic needs and funder requirements, as applicable.

H. Application Review

IPHI has convened a Hospital Opioid Treatment and Response Planning Committee to provide expert guidance for planning and implementation of project deliverables, and to coordinate and align with other local resources and efforts. The committee will review complete and timely applications submitted in response to this RFA.

The committee intends to select a cohort with the greatest potential to inform practice and respond to the epidemic. The following criteria will be used to evaluate applications for the demonstration project cohort:

- Volume of patients with opioid-related ED and hospital visits
- Description of staff who will deliver services
- Description of existing behavioral health staff to support the project
- Description of existing relationships with community-based providers who prescribe buprenorphine
- Presence of residency program(s) or other clinical training site(s)
- Proposed use of funds, including leveraging of existing resources
- Description of existing activities that relate to naloxone dispensing, and initiation of MOUD for treatment of opioid use disorder in the emergency department or inpatient setting
- Anticipated project impact
- Organizational capacity, internal champions, and supportive environment
- Agreement to participate in the HOTR-LC, which will be held concurrent with the hospital demonstration projects
- Agreement to complete the site baseline assessment, and participate in evaluation activities

I. Questions

All questions pertaining to this RFA must be submitted via email to MATDemo@iphionline.org.

Potential applicants are encouraged to submit any questions at least a week in advance of the application deadline to ensure resolution. If applicable, IPHI will issue an amendment to this RFA with responses to all questions received, including any applicable adjustments to the RFA requirements.

HOSPITAL DEMONSTRATION PROJECT
GRANT APPLICATION

Applicant Information	
Healthcare Organization Legal Name	
Street Address	
City, State, Zip Code	
Primary Contact for the Application (one of the individuals identified below)	**Name:** **Title:** **Email:** **Phone:**
Applicant Representatives	
Clinical Champion (Individual leading the implementation)	**Name:** **Title:** **Email:** **Phone:**
Leadership Champion (Individual with leadership and decision-making authority for hospital)	**Name:** **Title:** **Email:** **Phone:**
Authorized Signatory (Individual authorized to sign on behalf of the hospital)	**Name:** **Title:** **Email:** **Phone:**
Contract Representative (Individual responsible for agreement processing and negotiations)	**Name:** **Title:** **Email:** **Phone:**

Hospital Information	YES	NO
Does your hospital sponsor a residency program(s) that will be impacted by this project? If yes, identify the residency type: _____		
Are emergency department medical services provided through a contracted entity?		
If medical (physician and mid-level provider) ED services are provided through a contracted entity, please provide the name of the entity:		
If the proposed intervention is in the inpatient setting, describe medical staffing model and describe who would offer MOUD initiation:		
What electronic health record does the hospital use?		

I.   Project Rationale

1. In 1-2 sentences, describe why your hospital is interested in the demonstration project. Identify if the project will focus on emergency department and/or inpatient units.

II.   Patient Characteristics

1. Briefly describe (1 paragraph) the patient population served by the hospital and their needs related to opioid use/opioid use disorder. Discuss the various demographic groups this work may impact.

2. What is the payor mix in the hospital?

3. Provide the following information about the volume of opioid-related cases (Please see appendix for description of how to calculate and report these).

    a. Number of ED visits for opioid-related diagnoses (Calendar Year 2019): _____

    b. Number of opioid-related overdoses presented in ED (Calendar Year 2019): _____

    c. Number of opioid-related hospital admissions (Calendar Year 2019): _____

III.   Readiness Assessment and Evaluation

Please provide information about your hospital's state of readiness. Because funding under this RFA is intended to address implementation, applicants are not expected to have all of the following elements in place to apply. Responses will be considered as described in Section E "Application Review" in the RFA announcement.

	YES	NO
Is your hospital currently using SBIRT (Screening, Brief Intervention, and Referral to Treatment) for substance use disorders in the ED?		
Is buprenorphine on the formulary?		
Is buprenorphine in Pyxis?		
Are there hospital providers with a buprenorphine waiver? If yes, how many? _____		
Is methadone on the formulary?		
Is your emergency department currently dispensing naloxone?		
Do you currently have systems in place to support naloxone dispensing (for example, clinical decision support in EHR)?		
Is your hospital a state-certified drug overdose prevention program (DOPP)?		
Do you currently have any staff in the ED who help with care navigation? This could include community health workers, peer health workers, care coordinators, etc.		
Do you currently have any staff in the hospital who help with care navigation? This could include community health workers, peer health workers, care coordinators, etc.		
Do you have existing relationships with external buprenorphine providers in community who will accept all payment types? (e.g. federally qualified health centers)		
Do you have existing relationships with opioid treatment programs (OTPs- licensed methadone providers)?		

Readiness Assessment and Evaluation (continued)

	YES	NO
Do you agree to complete a baseline assessment for your site with a tool provided by the Hospital Opioid Treatment and Response Planning Committee, and participate in cross-site evaluation activities?		
AHE is continuing to develop resources for this initiative. If additional funding becomes available to the duration of this project, would you be prepared to expand the scope of your proposed project (e.g., moving from planning to implementation?)		

IV.   Project Description

Please provide brief responses (1 paragraph) to each of the questions in the narrative sections A-E below.

A.   Hospital Team

1.   Who will be involved in the planning process? In a table below, list team member names and roles. In addition to the clinical and leadership champions identified above, the team must include, at minimum, a prescriber from the emergency department and/or inpatient unit (depending on where intervention is being proposed), a staff member who focuses on ED/inpatient operations, and a pharmacist. Other members may include, IT, behavioral health providers, quality improvement and other staff.

2.   What is the commitment of the team to the overall goals of the project? Describe the team's readiness and/or willingness to lead efforts to increase access to MOUD and/or naloxone for patients with opioid use disorders. Describe possible barriers to engaging colleagues in this effort.

3.   How are you including diverse voices and broader perspectives to inform your project?

Learning Collaboration Participation	YES	NO
Have the clinical champion(s) and clinical team members committed to attending the four Clinical meetings of the learning collaborative?		
Have the clinical and leadership team members committed to attending the introductory webinar and the closing meeting?		
If you are not selected for funding as a hospital demonstration project, do you wish to participate in the learning collaborative?		
If you are not selected for funding as a hospital demonstration project, do you wish to be considered for participation in the learning collaborative?		

B. Approach

1. Describe your overall strategy and plan for accomplishing the goal of the project.

2. Describe SMART (specific, measurable, achievable, relevant, and timebound) objectives that you will accomplish over the nine-month project. How do these build on any activities currently underway?

C. Work Plan

1. Provide a work plan, including key steps and timeline, to achieve your SMART objectives.

D. Partnerships and Continuity Plan

1. Describe your continuity plan. For example, does the hospital have an existing outpatient partner, or does it plan to establish a relationship with a community-based MOUD provider? Does the hospital have an interest in establishing a bridge clinic, and if so, what work has been completed to date? How will the hospital link patients to community providers to continue MOUD after discharge?

2. How did you develop this approach?

E. Resources and Sustainability

1. How does the hospital propose to use the $35,000 available for the hospital demonstration project? Please note eligible uses of funds in the RFA announcement under Section D "Funds Available and Uses."

2. What resources (if any) do you currently have to fund this work? If an investment is currently underway, how will $35,000 supplement existing investment/funds?

V. Required attachments

1. Letter of support from a community-based MOUD provider who may serve as a referral site.

2. If the hospital is applying for funding for an emergency department-focused project and ED medical services are provided by an outside contractor, a letter of support and commitment from the ED physician group, including commitment that one ED physician will participate in the Learning Collaborative.

VI.   Signatory Page

I certify that to the best of my knowledge that the information included in this application is complete and accurate.

Authorized Signatory	
Signature:	
Name and title:	**Date:**

Leadership Champion	
Signature:	
Name and title:	**Date:**

Clinical Champion	
Signature:	
Name and title:	**Date:**

Appendix

Please use the diagnoses described below to calculate the number of visits/hospitalizations reported in Section II.3 of this application.

Number of ED visits for opioid-related diagnoses other than overdose (Calendar Year 2019)

ED discharges that include any ICD-10 CM code of F11.XXX should be included except F11.21 (opioid use disorder in remission)

Number of ED encounters for opioid overdoses (Calendar Year 2019)

ED discharges that include any of the following diagnosis codes should be included in this total:

T40.0X1A-T40.0X4A, T40.1X1A-T40.1X4A, T40.2X1A-T40.2X4A, T40.3X1A-T40.3X4A, T40.4X1A-T40.4X4A, T40.601A-T40.604A, T40.691A-T40.694A

Number of opioid-related hospital admissions (Calendar Year 2019)

Any hospital discharges that include the following codes should be included:

Any F11.XXX except F11.21 (opioid use disorder in remission)

Any ICD-9-CM: 965.00, 965.01, 965.02, 965.09, E850.0, E850.1, E850.2

Any ICD-10-CM: T40.0X1A-T40.0X4A, T40.1X1A-T40.1X4A, T40.2X1A-T40.2X4A, T40.3X1A-T40.3X4A, T40.4X1A-T40.4X4A, T40.601A-T40.604A, T40.691A-T40.694A

*Some patients may have both a T-code and an F-code. They should not be double-counted.