



Request for Applications:

Care Integration for Opioid-Dependent High Utilizers (Planning Grants)

Application Deadline: Monday, December 7, 2015, 9:00 AM

Overview

CHCF will support a six-month planning process for up to eight teams (each team consists of a Medi-Cal plan and a care provider organization) to develop a plan for a financially sustainable, integrated care model aimed at lowering emergency department (ED) utilization and improving outcomes for opioid-dependent high utilizers.

About the California HealthCare Foundation

The California HealthCare Foundation (CHCF) is an independent, nonprofit, philanthropic organization. Created in 1996, CHCF's mission is to promote the availability of and access to quality, affordable health care for the people of California, especially those not well served by the current system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system. For more information, visit www.chcf.org.

Background

Health systems and payers are challenged to address the needs of frequent utilizers of emergency departments (EDs), a high percentage of whom are dependent on prescription opioids or other substances. As part of CHCF's initiative to reduce the impact of the opioid epidemic, CHCF responded to a request from Medi-Cal plans to set up a learning collaborative for interested plans and providers to pilot solutions for opioid-dependent high utilizers.

Project Description

Building on the evidence base of integrated addiction treatment models across the United States, this grant will support collaborative planning efforts between Medi-Cal health plans (public or private) and provider organizations. During the six-month grant period, each

plan/provider partnership will develop a care model and payment model supporting patient-centered and cost-effective care of high-utilizing patients with opioid dependence, including integration of medical care (primary care and basic pain management), medication-assisted addiction treatment (MAT), mental health counseling, and care coordination. CHCF will support up to eight plan/provider teams in development of joint implementation plans.

Care model components to be defined in the implementation plans:

- How to identify and engage high ED utilizers with opioid use disorder or problematic opioid use
- Communication and care coordination processes between plan and provider
- Strategy for clinical data exchange between plan and provider
- Staffing model for an integrated care team, including at minimum a prescriber (to provide primary and urgent care, basic non-opioid pain management strategies, and the full range of medical addiction treatment when indicated), a behavioral health specialist (providing basic mental health and substance use counseling), and a care coordinator (coordinating needed clinical and social services). Other team members may vary based on care setting and population needs.
- How to measure and report clinical and/or patient-centered outcomes
- How the care model would be piloted, building on current staffing and infrastructure

(Note: At minimum, the care model must address the needs of high ED utilizers with opioid use disorder or problematic opioid use, but need not be restricted to this population.)

Financial model components to be developed in the implementation plans:

- How to measure and report return on investment (e.g., measuring actual cost of care, or inferring cost of care based on changes in ED, hospital, and/or prescription utilization)
- How to achieve a sustainable payment model. Examples of potential models (alone or in combination):
 - Enhanced capitation rates
 - Annual case rates
 - Care management fees
 - Grants for start-up costs
 - Shared savings
 - Outcomes-based payments (P4P)
 - Blended payer model (accounting for external funds that may include HRSA substance use grants, drug Medi-Cal payments, county mental health plan funds, 2703 Health Home payments, etc.)

Resources for Grantees

Participants in the planning grants will receive:

- 1. Funding:** Up to \$50,000 per plan/provider team will be awarded to cover staff time, project management, data analysis, meeting costs, and travel costs.
- 2. Teaching and coaching from expert faculty:** Corey Waller, MD, and Shelly Virva, LMSW, from the Center for Integrative Medicine (CIM) in Grand Rapids, Michigan, will serve as primary expert faculty for this initiative. CIM is part of Spectrum Health, a not-for-profit health system, and was created to provide comprehensive care for people with frequent ED use.¹ In addition to teaching grantees about their model, Waller and Virva will coach teams to help them develop care models and financial models. Teams will be exposed to other California and national models through convenings and webinars. A CHCF coach/consultant will help grantees develop implementation plans and access information and resources as needed.
- 3. Peer-to-peer learning:** Teams will have the opportunity to learn from peers during two in-person convenings and four webinars.
- 4. Online resources and tools:** Teams will have access to a technical assistance and training website with information and tools on care models, Lean workflows, business plans, and payment models related to the Center for Integrative Medicine and other leading models.

Deliverables: At the end of the six-month grant period, each plan/provider team will submit an implementation plan that details how they would identify the target population, strategies for outreach and engagement, the care model and staffing, and metrics for outcomes, savings, and return on investment. Grantees will also submit a financial plan to describe how they would cover start-up costs, and how the pilot program would sustain itself financially over time.

Implementation grants will be considered in 2016, based on the outcomes of the planning grants. Such support would be at a level similar to that for the planning grants (around \$50,000 per team) but may be adjusted. However, no promise of future funding is made or implied.

¹ The Center for Integrative Medicine is nationally known for its innovative model, which combines biopsychosocial care (excellence in medical care, mental health services, addiction treatment, pain management, and connection to social services) with Lean/Six Sigma principles. The center focuses on patients with 10 or more ED visits for two out of the last three years, and has been able to drop ED visits by more than 50%. For details, [see the materials](#) from a recent conference.

In-Person Training – Available to All Applicants

An in-person training by Corey Waller and Shelly Virva from the Center for Integrative Medicine will be held in Oakland, California, on January 12, 2016, available to the public. This training will be **required** for grantees, and is also open to applicants who are not selected (however, travel costs are not covered for non-grantees).

Applicants should register at least one person from each partner organization (up to five from each organization). This training will fill quickly, so we recommend registering soon. See materials from a related training in September 2015.

The first grantee-only meeting will be on January 13 (see below). Travel costs for all grantee meetings should be built into the proposed grant budget.

Timeline and Grant Requirements

RFA announcement	October 8, 2015
Optional informational webinars	<p>October 14, 2015, 12:00-1:30 PM Pacific https://chcfevents.webex.com/chcfevents/onstage/g.php?MTID=e2cbbfca7429e1dc00b38249103311ab6 Event password: chcf <i>*After you join the online conference you will be prompted to enter your phone number and receive a call back. If you prefer to call in separately or will join by phone only, call 1-877-668-4493 and enter access code 666 914 940.</i></p> <p>November 3, 2015, 8:00-9:00 AM Pacific https://chcfevents.webex.com/chcfevents/onstage/g.php?MTID=e076879444546c307ab859b55cecd7d48 Event password: chcf <i>*After you join the online conference you will be prompted to enter your phone number and receive a call back. If you prefer to call in separately or will join by phone only, call <u>1-877-668-4493</u> and enter access code 669 218 012.</i></p>
Applications due	December 7, 2015 by 9:00 AM Pacific
CHCF announces participants	December 18, 2015

In-person convening (Oakland)	<p>January 12-13, 2016</p> <p>Jan 12: Training by Corey Waller and Shelly Virva (required for grantees; open to the public)</p> <p>Jan 13: Grantee meeting (grantees only)</p> <p>Note: Please register participants from your organization for the January 12 training ASAP, as we expect this training to fill quickly. We want to ensure there is enough space for your team, and the program will be promoted widely to the public after October 20. If your application is not funded, we will confirm if you want to still attend.</p> <p>https://www.eventbrite.com/e/care-integration-for-opioid-dependent-high-utilizers-tickets-18676643343</p>
Webinars (four total)	Specific dates TBD (February, March, April, June)
In-person convening (likely in Southern California)	May 4, 2016
Draft plans due	May 13, 2016
Final plans due	July 15, 2016

Eligibility and Selection Criteria

CHCF will award up to eight six-month planning grants to plan/provider partners through a competitive application process.

The planning grant is intended to support the collaboration of two distinct organizations, a care provider organization and a Medi-Cal health plan.

- Eligible provider organizations could include primary care clinics, primary care complex care programs, behavioral health centers with integrated primary care, or other providers with the potential capacity to develop an integrated model.
- Eligible managed care plans may be private or public, and must serve a Medi-Cal population.

Note: If a Medi-Cal plan wants to build and run its own clinic, instead of partnering with an existing clinic, they may apply alone. *(Please contact CHCF in advance to discuss details for this type of RFA response before applying.)*

Each applicant team must identify one lead organization, either the plan or the provider, to serve as the CHCF grant recipient and to distribute funding as appropriate. A project director from the lead organization will serve as the primary contact for CHCF staff and consultants. A Medi-Cal managed care plan may apply with more than one provider partner, but applicants should consider the feasibility of working with more than one other organization during a short six-month planning process.

When assessing proposals, the review committee will consider proposed partnership goals; strength of partner resources; and relevant experience. Other factors may include geographic distribution of projects and potential impact based on population and rates of opioid-related ED visits in that county.

All funding decisions are made by CHCF, in consultation with external experts.

Application Process

Applications must be delivered as a single PDF file by email with the subject line “Care Integration Planning Grants RFA” to Glenda Pacha, Program Associate (gpacha@chcf.org) by Monday, December 7, 2015, at 9:00 AM Pacific. Applications will be acknowledged by a return email within 72 hours. *Hard copies will not be accepted.*

- 1. Proposal cover sheet:** Available at www.chcf.org/grants/submitting-a-proposal. The cover sheet should identify a lead organization for the partnership that will receive funding and be responsible for managing funds within the partnership. The project director noted on the cover sheet will serve as CHCF’s primary point of contact for the planning grant.
- 2. Tax ID information for the lead organization**
Nonprofit organizations should submit a copy of their IRS determination letters. For-profit entities should submit completed W9 forms.
- 3. Application narrative:** The narrative portion should be no more than eight pages of text with double-spaced lines in a 12-point font. The narrative should include the following:
 - A. *Partnership organizations.* Describe each organization in the partnership, and how this initiative fits within each organization’s overall vision and goals.
 - B. *Partner collaboration.* Describe why your organizations are interested in this initiative. Also describe any existing or prior collaborative efforts between these organizations and (if any) what has been accomplished to date.

- C. *Services*: Describe what services (if any) are already provided to high-utilizing and/or opioid-dependent patients at the plan and the provider level (such as primary care, urgent care, 24/7 call coverage, mental health services, addiction treatment, care coordination/management, and social services).
 - D. *Staffing*: What are your current clinical staffing model(s)? What types of providers are currently employed? Indicate physicians, nurse practitioners, physician assistants, nurses, social workers, therapists, plan or provider case managers, care coordinators, substance use counselors, peers, and others.
 - E. *Early planning*. Describe your vision for what an integrated care model would look like for your team. (The model may change during the planning grant.) How would you identify high utilizers and/or opioid dependence? What services are missing from your current model, and how might you fill the gap?
 - F. *Assessing outcomes*. What systems do you have to measure outcomes for specific high-utilizing and/or chronic users of opioids? How would you measure changes in utilization and results over time? Is any information now shared between partners? From what data sources?
 - G. *Payment models*. Briefly describe at a high level the current payment model between the partners, if any (such as capitation or fee for service). Is there any other funding already in place, such as care management fees, case rates, P4P, or grants?
 - H. *Potential challenges*. Describe the greatest challenges you anticipate for this project and how you might address them.
4. **Partnership lead qualifications**: Identify the project director for the lead organization, as well as any key team members (at minimum, the lead from each organization). Please provide a brief bio (one or two paragraphs) of each team participant (not a CV), including their role within the organization, why they were chosen to participate in this project, and any experience managing multi-stakeholder initiatives, quality improvement projects, or development of new services and programs. This section may be included in an appendix.
5. **Budget**: Each team should develop an agreed-upon budget for up to \$50,000 over six months. Funding is intended to support staff time for partner organizations to develop operational and financial plans, project management and data analysis, local meeting costs,

and travel costs to attend two in-person convenings, one in Oakland (January 12 and 13), and one likely to be in Southern California (May 4). Complete a budget using the appropriate budget template for your organization type (available at www.chcf.org/grants/submitting-a-proposal). Include the name, role, and organizational affiliation for any staffing line items. If there are specific budget considerations you want to highlight, you may include a budget narrative as an appendix. If in-kind staff are listed, it is not necessary to include their salaries in the budget.

6. Register for the January 12 convening per instructions on pages 4-5.

For More Information

For questions about the application process, please contact Glenda Pacha, Program Associate, at gpacha@chcf.org.

For questions about the grant content, please contact Kate Meyers, Project Manager and Coach, at kateshmeyers@gmail.com or Kelly Pfeifer, MD, Director, High-Value Care, at kpfeifer@chcf.org or (510) 587-3133.