Best Practices in Pain Medication Use and Patient Engagement
An RFP for organizations in Kentucky, Ohio, Tennessee and West Virginia

- Since 1999 there have been over 165,000 deaths from overdoses related to opioid pain medication.
- 259 million prescriptions for opioid pain medications were written by healthcare providers in 2012 – enough prescriptions for every American adult to have a bottle of pills.
  (CDC Guidelines for Prescribing Opioids for Chronic Pain – United States 2016)
- “Chronic pain is very prevalent, affecting one-third of the U.S. population or an estimated 100 million Americans.”

Thank you for your interest in the Cardinal Health Foundation Generation Rx Best Practices in Pain Medication Use and Patient Engagement Grants. This RFP is focused on organizations in Kentucky, Ohio, Tennessee and West Virginia.

Since 2009, the Cardinal Health Foundation has invested in partnerships and grants across the country to raise awareness and knowledge about the dangers of prescription drug misuse.

The Cardinal Health Foundation, together with The Ohio State University College of Pharmacy, is committed to educating the public about medication safety and preventing prescription drug misuse through our Generation Rx program.

Generation Rx has focused on educating people of all ages about prescription drug misuse prevention through three simple key messages:
- Take medication exactly as prescribed;
- Store prescription drugs in locked and secure locations and properly dispose of medications that you no longer need; and
- Promote safe medication practices and teach others to do the same.

Each year for the past eight years, we have solicited proposals from community and other organizations across the country to increase awareness and encourage action. This request for proposals is focused on influencing prescribing as well as patient engagement for those who need help managing pain.

Please note: We are also requesting proposals for Community-Level Responses to the Opioid Crisis, and for Prevention Education for Youth programs. Please click here to learn more.

The new prescribing guidelines from the Centers for Disease Control and Prevention as well as many state guidelines provide a unique opportunity to affect change in this area. The Cardinal Health Foundation hopes to be a catalyst for the implementation of these guidelines.
Why influence prescribing and patient engagement?

According to the CDC Guideline for Prescribing Opioids for Chronic Pain – United States 2016, “An estimated 20% of patients presenting to physician offices with non-cancer pain symptoms or pain-related diagnoses (including acute and chronic pain) receive an opioid prescription. In 2012, health care providers wrote 259 million prescriptions for opioid pain medication, enough for every adult in the United States to have a bottle of pills.”

This RFP seeks to achieve one goal: To engage patients and their healthcare providers in reducing the number of opioids prescribed for pain management, while producing better patient outcomes and better pain management.

Objectives:

1. With the patient, develop comprehensive treatment plans that consider all options available prior to prescribing opioids, with a goal of reducing the use of opioids for pain management.
2. For patients who are prescribed opioids as a part of their treatment regimen, encourage patient engagement and ongoing follow-up by a healthcare professional until the use of opioids can be discontinued.
3. Measure progress in terms of morphine equivalents prescribed, pain management, and patient satisfaction.
4. Share best practices and outcomes with healthcare team, patients and caregivers.

The new CDC Guideline for Prescribing Opioids for Chronic Pain should inform this work (see resources, below) as should new state guidelines focused on the prescribing of opioids. We encourage all who apply to review and use the CDC Guideline and other guidelines as they develop a response to this proposal.

Objective 1: Developing comprehensive treatment plans

Ideally, non-opioid therapies are the treatments of choice, with clinicians considering opioid use only after exploring all other options. With the patient, the clinician would explore options and then jointly develop a personalized plan where the patient is fully informed of risks vs. benefits. Realistic goals for pain management and function should be included in the discussions. The plan should also include discussion of long-term options.

The CDC Guideline for Prescribing Opioids for Chronic Pain (https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm) lists valuable resources in its references section. In addition, Geisinger Health System has done some excellent work in their primary care practices, resulting in a 22% decrease in morphine equivalents with 79% of patients reporting a reduction in depressive symptoms and 86% reporting an increase in physical functioning. A link to a summary of that work can be found here.

SAMHSA recently released a decision-support tool to guide clinicians in medication-assisted therapies. Though the intent of this RFP is not treatment, this resource may be helpful for patients needing long-term treatment.
Objective 2: Encouraging patient engagement
Several years ago, patient engagement was identified as the “blockbuster drug of the century,” by health IT strategist Leonard Kish. And, according to health policy journal, *Health Affairs*, “Wherever engagement takes place, the emerging evidence is that patients who are actively involved in their health and health care achieve better health outcomes, and have lower health costs, than those who aren’t.”

That journal and others recommend a team-based approach to better engage patients in their own care. We expect your team will include community health workers, nurses, social workers, pharmacists and/or other healthcare professionals, as appropriate for the patient and the practice.

Below are resources to help guide patient engagement:

The Centers for Disease Control has a policy brief on the use of community health workers to address chronic diseases, available at http://www.cdc.gov/dhdp/docs/chw_brief.pdf. Community health workers, when well-trained, can help educate patients and families about lifestyle changes, establish community-clinical links that create a team to support the patient, help patients solve problems, and support long-term management of the patient’s goals.

Objective 3: Measuring progress
All applicants should describe the quantitative measures they will track. These should include, but do not need to be limited to:
- Current and projected morphine equivalents;
- Current and projected patient perception of pain management;
- Current and projected patient perception of physical functioning; and
- Other quantitative measures appropriate for your practice

This work will also generate qualitative outcomes related to patient and caregiver engagement. We encourage the thoughtful gathering and reporting of such qualitative outcomes that demonstrate patient and caregiver engagement, which can guide future work.

Objective 4: Sharing best practices and outcomes
As a part of the final report, grantees will be asked to describe outcomes as well as their practice models and any interdisciplinary collaborative approaches. We also will ask grantees to share monitoring and support materials that are developed.
Proposal Criteria

Who is eligible to apply?

- Eligible applicants include any 501(c)(3) non-profit organizations in Kentucky, Ohio, Tennessee and West Virginia. Each application should include a link to primary care but we encourage applications from any of the following organizations: community health centers, federally qualified health centers, hospitals or other healthcare institutions, pharmacy, prescriber or healthcare provider associations, and substance misuse prevention groups.

- Organizations are encouraged to collaborate. However, funding can only be given to a 501(c)(3) non-profit organization. A W-9 and IRS Letter of Determination of the organization applying for the grant must be included. The Tax ID listed on the W-9 and the IRS Letter of Determination must match.

- **Level of support:** We anticipate grants of approximately $25,000 for smaller practices and up to $50,000 for system-level work. Please note: If the work described in the proposal cannot be completed for less than the amount requested, please be sure to include this information in the budget narrative. Funding from other sources is encouraged, if needed.

Timeline

- October 24, 2017: Request for Proposals released
- November 1, 2017 (3:00 pm EST): Informational webinar*
- November 6, 2017 (11:00 am EST): Informational webinar*
- January 12, 2018 (11:59 pm EST): Online proposals due
- March or April 2018: Grant awards announced and funds dispersed

Informational webinars

Informational webinars will be held on November 1, at 3:00 pm EST and November 6, at 11:00 am EST to assist prospective grantees in submitting successful proposals and to provide an overview and answer questions regarding the grant program. (Content of both webinars is the same; please attend only one.) *Webinar log-in credentials will be posted here. The presentation will be recorded and made available for those not able to attend the webinar live.

What to include in the grant application

The following provides an overview of each of the three sections that must be included in the grant application. Please limit the overview and proposal (section one) to no more than five pages, single-spaced, no smaller than size 12 font. (This does NOT include a cover letter, the budget template or budget narrative).

Section one: Overview and proposal

- **Organizational capacity** - Include a brief description of your organization with background information about the type of organization, typical patient population(s) and previous community efforts. Also include relevant experience with prescription drug misuse prevention, prior work to address prescribing and patient engagement practices.
• **Supporting organizations** – If your organization is proposing to work with another organization(s), include an overview of the organization(s), provide detail about the specific role of each organization and how your organizations will work together. *Each supporting organization must submit a letter of support as part of the grant application.*

• **Proposal** – Include a detailed description of how you will:
  1. **Modify prescribing and develop comprehensive treatment plans with patients**
     Please be sure to address the CDC or other recommendations for prescribing opioids found in Box 1 of the CDC Guideline for Prescribing Opioids for Chronic Pain. ([https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm))
     Consider including the prescribing of Naloxone if opioids are prescribed.
  2. **Encourage patient engagement**
     Please be sure to include a strong patient engagement component, especially if opioids are prescribed, so patients are supported from day one and on a regular (weekly, bi-weekly) basis by another health professional until an alternative source of relief can be found. See the resources on page 3 of this RFP for evidence-based practices to guide this work.
  3. **Measure progress**
     The online application will ask you to project current and projected changes in morphine equivalents, patient perception of pain management, and patient perception of physical functioning.
  4. **Share best practices and outcomes**
     Please include a general statement regarding how you plan to collect outcomes and identify best practices, and how you will share them with the healthcare team, patients, and caregivers, as well as with any collaborative partners.

• **Timeline** – Provide a detailed timeline for the project

• **Driver diagram** – include a driver diagram to describe the thought process, inputs, outcomes anticipated and over-arching goal

**Section two: Budget and budget narrative**
Submit a budget using the budget template spreadsheet on cardinalhealth.com/community, and a budget narrative. Include all costs associated with the grant, detailing what is requested from the Cardinal Health Foundation and what will be provided by other funders or as in-kind contributions from your organization. Indirect costs should not exceed 15% of the total grant request to the Cardinal Health Foundation.

**Appropriate and eligible costs include (but are not limited to):**
• Salary/hourly funding of healthcare support staff
• Training expenses
• Team meeting expenses
• Expenses associated with creating education and promotion materials (such as consulting costs and printing)
The Cardinal Health Foundation funds may NOT be used for:
- The purchase of products or services that Cardinal Health manufactures or sells
- Capital expenditures

Section three: Attachments
The following documents should be included as attachments to your grant application:
1. Overview and proposal
2. Budget template
3. Budget narrative
4. W-9
5. IRS Letter of Determination
6. Letters of support from the organizations partnering with you on the grant (please combine multiple letters into one PDF document)

Submission information
All proposals must be submitted using the online application by 11:59 pm EST on Friday, January 12, 2018. This application can be accessed, along with the required budget template, at CardinalHealth.com/GenerationRx.

Hard copy or email submissions will NOT be accepted. Proposals submitted after the deadline will not be considered.

If you are submitting for multiple Cardinal Health Foundation grants, a separate application, proposal and corresponding attachments are required for each grant.

Please be patient as we review all grant applications and make funding decisions. Announcements will be made as soon as possible.

Please email questions to the Cardinal Health Foundation: communityrelations@cardinalhealth.com.

Good luck!