



**Overdose and Disparity Reduction Quality Improvement Projects
REQUEST FOR APPLICATIONS (RFA)**

1.0 INTRODUCTION:

The Salt Lake County Health Department (SLCoHD) Overdose Data to Action (OD2A) team desires to collaborate with healthcare clinics to improve patient care and health outcomes based on the Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain. Through the implementation of quality improvement projects, clinics will establish interventions that improve outcomes for their patients specific to current recommendations for prescribing opioids to improve pain management and patient safety. Funding will be granted upon completion of these projects, as described throughout this RFA and resulting contract.

2.0 PROGRAM GOALS:

- i. Improve communication between clinicians and patients.
- ii. Empower patients to make informed, person-centered decisions related to pain care.
- iii. Use of Teach-Back Method when prescribing opioids.
- iv. Improve appropriate opioid prescribing practices while minimizing opioid-related risks.
- v. Improve appropriate evaluation of patients with pain to identify potentially reversible causes of pain.
- vi. Establish diagnoses and measurable treatment outcomes that focus on optimizing patients function and quality of life.
- vii. Improve health system infrastructure to ensure culturally and linguistically appropriate concordant care to reduce instances of overdose in target populations.

3.0 APPLICATION INSTRUCTIONS:

- a. Complete application including:
 - i. clinic information
 - ii. additional staff contact

Exhibit 1

- iii. specific populations served
- b. Choose up to \$5,000.00 in projects by marking the boxes of the project(s) your clinic would like to work on.
- c. Email the completed application form to CARE@saltlakecounty.gov
 - i. You will receive an email confirmation that your application was received. **If you do not receive this email within 48 hours, email jpuder@saltlakecounty.gov to ensure your application was received.**

4.0 GENERAL EXPECTATIONS FOR CLINICS:

- a. Complete an improvement plan using the Plan, Do, Study, Act (PDSA) worksheet.
- b. Implement an improvement plan, evaluate the effectiveness of strategies, and adapt accordingly.
- c. Have regular contact (in person, virtual, phone, or email correspondence) with a Salt Lake County OD2A team member, at least monthly.
- d. Submit at least one success story of how your project has improved your clinic.
- e. Provide pre- and post-data corresponding to your chosen project, including data broken down by race/ethnicity and, where possible, low-income and/or insurance status.
- f. Provide follow-up data for up to 5 years upon request.
- g. Follow the Timeline as listed in this Section 6.0 of this RFA.
- h. See project-specific details for additional requirements.

5.0 ELIGIBILITY AND SELECTION CRITERIA:

- a. All clinics that provide health care services in Salt Lake County (SLCo) are eligible to apply.
- b. We are eager to support and work with several clinics in Salt Lake County. Funding is limited. If more applications/funding requests are submitted than can be accommodated by funding, recipients will be chosen primarily based on the clinic location and populations served.
 - i. Priority areas include Glendale, Rose Park, West Valley, South Salt Lake, Midvale, Kearns, Taylorsville, and Magna. (84119,84111,84101, 84047, 84118, 84044, 84128, 84123, 84129 zip codes).
 - ii. Priority populations include those who are low-income, under-resourced, communities of color, people with limited English proficiency, refugees, asylees, immigrants, and people with poor mental health.
- c. Once submitted, a staff member from the SLCoHD OD2A team will meet with the clinic

Exhibit 1

project team to mutually finalize project activities.

- d. If received, funding CAN pay for time spent on planning, implementing, disseminating, and evaluating projects.
- e. Funding CANNOT pay for research, incentives, co-pay fees, or medication.

6.0 TIMELINE:

- a. Complete and email the Overdose Disparity and Reduction Program Quality Improvement Project application to CARE@saltlakecounty.gov.
- b. Meet with the OD2A team.
 - i. Complete and email the formal contract to the OD2A team.
- c. Kick-off meeting.
- d. Within one month of kick-off meeting: turn in baseline data for projects.
- e. Within three months of project implementation: complete and turn in at least one PDSA worksheet per project with supporting implementation documentation.
- f. Within six months of project implementation: continue to work on PDSA cycles and projects.
- g. Wrap-up meeting.
- h. Within two weeks of the wrap-up meeting (and no later than): turn in updates, success story, supporting documentation, and outcome evaluation.



**Overdose and Disparity Reduction Program
QUALITY IMPROVEMENT PROJECT APPLICATION**

CLINIC INFORMATION:

Name of clinic:

Clinic address:

Applicant name:

Applicant job title:

Project role of applicant:

Applicant phone number:

Applicant email:

INFORMATION OF OTHER STAFF WHO WILL BE INVOLVED:

Name(s):

Role(s):

Email(s):

Phone Number(s):

SPECIFIC POPUALATIONS SERVED:

If applicable, please briefly explain any of the priority populations you serve. This includes low-income, under-resourced communities, communities of color, asylees, refugees, immigrants, and patients with limited English proficiency, and people with poor mental health.

PROJECTS

□ Nonopioid Therapies = \$3,000

Project Goal: To create and implement processes and establish policies to maximize the use of nonopioid and nonpharmacologic therapies for subacute and chronic pain before determining if opioids are needed.

- **Evaluation**

- **Primary Outcomes (must include at least one):**

- Policies implemented or improved for evidence-based substance use disorder (SUD) treatment
 - Policies implemented or improved for evidence-based SUD referrals
 - Clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain
 - Description of what policies have been impactful in improving access to care for people who use drugs

- **Secondary Outcomes (can include but are not limited to examples below):**

- Naloxone kits distributed
 - Increased patient satisfaction from treatment
 - Increased patient confidence in understanding of treatment plan

- **Summary of activities:** Clinicians will maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider opioid therapy for subacute or chronic pain if benefits are anticipated to outweigh risks to the patient. Before starting opioid therapy for subacute or chronic pain, clinicians will discuss with patients the realistic benefits and known risks of opioid therapy, will work with patients to establish treatment goals for pain and function, and will consider how opioid therapy will be discontinued if benefits do not outweigh risks.

□ Initiating Opioids = \$3,000

Project Goal: To determine what opioid is needed for treatments and to select the appropriate dosage for the patient.

- **Evaluation**

- **Primary Outcomes (must include at least one):**

- Policies implemented or improved for evidence-based substance use disorder (SUD) treatment
 - Policies implemented or improved for evidence-based SUD referrals

Exhibit 2

- Clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain
- Description of what policies have been impactful in improving access to care for people who use drugs

Secondary Outcomes (can include but are not limited to examples below):

- Patient satisfaction with treatment provided
 - Naloxone kits distributed
 - Patient knowledge around opioids
 - Opioid prescription rates
- **Summary of activities:** When starting opioid therapy, clinicians will prescribe immediate release opioids instead of extended-release and long-acting opioids and provide education on reasoning behind it. Clinicians will prescribe the lowest effective dosage for patients with acute, subacute, or chronic pain. If opioids are continued for subacute or chronic pain, clinicians will use caution when prescribing opioids at any dosage, will carefully evaluate individual benefits and risks when considering increasing dosage, and will avoid increasing dosage above levels likely to increase the risks.

□ **Care Coordination = \$3,000**

Project Goal: To improve the safety and effectiveness of opioid prescribing practices, enhance shared decision making regarding the duration of initial opioid prescriptions, and optimize follow-up assessments for patients receiving opioid therapy for acute and chronic pain.

● **Evaluation**

Primary Outcomes (must include at least one):

- Policies implemented or improved for evidence-based substance use disorder (SUD) treatment
- Policies implemented or improved for evidence-based SUD referrals
- Clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain
- Description of what policies have been impactful in improving access to care for people who use drugs

Secondary Outcomes (can include but are not limited to examples below):

- Patient knowledge around opioids
 - Patient satisfaction with treatment
 - Naloxone kits distributed
- **Summary of activities:** Through the implementation of standardized protocols, care team

Exhibit 2

education, enhanced patient engagement strategies, and multidisciplinary care coordination, measurable improvements can be made in determining the duration of initial opioid prescriptions and monitoring patients on long-term opioid therapy. These systems will also allow for timely follow-up and reevaluation to confirm or revise the initial diagnosis and adjust the treatment plan and pain management accordingly.

☐ **Harm Reduction = \$1,000**

Project Goal: Clinicians will evaluate the risk for opioid-related harms and discuss these risks with patients. Clinicians will incorporate strategies to mitigate risk including naloxone training and distribution

- **Evaluation**

- **Primary Outcomes (must include at least one):**

- Policies implemented or improved for evidence-based substance use disorder (SUD) treatment
 - Policies implemented or improved for evidence-based SUD referrals
 - Clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain
 - Description of what policies have been impactful in improving access to care for people who use drugs

- **Secondary Outcomes (can include but are not limited to examples below):**

- Naloxone kits distributed
 - Number of patients trained on Naloxone
 - Patient knowledge around Naloxone
 - Patient knowledge around opioids

- **Summary of activities:** Create a list of high-risk conditions and history of substance use disorder to decide if opioid prescription is the right choice for the patient. Discuss planned use of precautions to reduce risk and introduce naloxone for overdose reversal to patients. During the project, naloxone shall be offered to patients for free at the discretion of the provider. The patient will receive education on the potential risk of opioids as well as the potential for non-medical use among other persons. Education will include instructions on:
 - Safe use
 - Safe storage
 - Safe disposal (including drug collection box locations)

☐ **Stigma Reduction = \$1,000**

Exhibit 2

Project Goal: Clinicians will review the patients' history of controlled substance prescriptions using tools such as the State Prescription Drug Monitoring Program (PDMP) data to determine if the patient is receiving opioid dosages or combinations that can lead to an overdose. Clinic will implement stigma reduction training for prescribers and care team to improve patient safety and communication.

- **Evaluation**

- **Primary Outcomes (must include at least one):**

- Policies implemented or improved for evidence-based substance use disorder (SUD) treatment
 - Policies implemented or improved for evidence-based SUD referrals
 - Clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain
 - Description of what policies have been impactful in improving access to care for people who use drugs

- **Secondary Outcomes (can include but are not limited to examples below):**

- Customer satisfaction with provider care/communication
 - Customer stigma around opioid use/treatment

- **Summary of activities:** Clinicians will utilize tools such as PDMP data, toxicology screenings and DSM-5 criteria to determine if the patient is receiving multiple opioid medications and if there is a presence of opioid use disorder. Stigma reduction training will be taken to improve patient safety and communication when discussing results and opioid risks.