

**Clatsop County**  
**Department of Public Health**

*Request for Proposals:*

Oregon Prescription Drug Monitoring Program  
Project Coordinator

*Proposals due:*

When: July 11, 2016, 5 p.m.

Where: Clatsop County Department of Public Health  
820 Exchange St., Suite 100  
Astoria, OR 97103

## **TO APPLICANTS:**

This is a request for proposal (RFP) from a contractor to coordinate the Prescription Drug Monitoring Program project, whose goal is to educate and enroll prescription providers into the database PDMP system. The attachment has details on the expected scope of the project. When writing the proposal please take into consideration all of the expectations addressed in the scope of work document. This is a competitive process. The RFPs are due to this office by 5 p.m., July 11, 2016. The project commences as soon as possible, ideally by mid-July.

### Requirements of the RFP:

- Submit a narrative. The narrative shall state how the project will be coordinated among providers, health care agencies, and county health departments. It shall include a work plan outlining who, what, and when the steps in the project will be completed. Please keep the narrative to a maximum of 5 pages.
- Submit a budget. The budget shall not exceed \$25,430. The budget shall include personnel costs not to exceed \$19,500 (state hourly wages, hours per week or month, and total number of hours deemed necessary to complete the project). The budget shall include reimbursed travel costs not to exceed \$4,130 (mileage reimbursed at federal rate, \$0.575 per mile; overnight hotel, no more than 4@\$120 per night; meals for overnight trips 4@\$50 per day). The budget shall include reimbursed supplies costs not to exceed \$1800 (include printing and any costs associated with accessing the internet from a remote location using a "hotspot").
- Please include a cover letter and résumé.

Please note that this is a temporary project. Federal funds are being used and the project period ends on September 30.

Thank you in advance for your proposal. If you have questions, please contact:

Brian Mahoney, Director  
Clatsop County Department of Public Health  
820 Exchange St., Suite 100  
Astoria, OR 97103  
(503) 325-8500

## NW Oregon Project Narrative and Budget

### Oregon Prescription Drug Monitoring Program Project Coordinator

A Project Coordinator is needed to contract with Clatsop County to do the work as stated below.

- A. Project Period: July, 2016 - September 30, 2016
- B. Proposed Funding Amount Not to Exceed: \$25,430

Primary Project Objective: Increase the percentage of “top prescribers” registered to use the Prescription Drug Monitoring Program to 95% in the Columbia Pacific Coordinated Care Organization (CPCCO) area, including Clatsop, Columbia and Tillamook Counties by September 30, 2016.

C. Background:

Project partnerships: Northwest Oregon consists of three counties: Clatsop, Columbia and Tillamook. Clatsop County will be the lead agency among the counties. All three counties are covered under the Columbia Pacific Coordinated Care Organization (CPCCO). CPCCO is a prime partner in the project, and has already laid significant groundwork. It hosted the North Coast Opioid Summit on April 28, 2016, where this project was introduced. CPCCO will assist by providing a physician who will do peer-to-peer education to prescribers. Three non-profit hospitals are in the region and all have provider/staff meetings where presentations can be made. Each county has policy advisory groups and leaders who are interested in advancing the goals of this project. A panel discussion, “The Opioid and Heroin Epidemic,” was presented at a January 26, 2016 Connect the Dots meeting in Astoria. The Federally Qualified Health Centers in the region each have policies to assist with prevention and management of opioids. The purpose is to monitor all patients who have opioid prescriptions. The FQHCs engage with patients to sign agreements on opioid use.

Clatsop, Columbia and Tillamook Counties’ Public Health Administrators are partners in the effort. Their access to local prescribers in their counties will enable more providers to be signed up. The counties will help identify key partners with whom the project coordinator could work. The project coordinator will familiarize him/herself with current work within the communities, and with current policies and practices, e.g., Clinic Policy and Procedure, current “taper targets” and local data to have informed conversations. Much of this data, in aggregate, may be obtained from CPCCO. A key staff contact at each clinic is to be identified to facilitate this work. CPCCO will plan on holding regular regional meeting for providers; this project will be used as a starting point for continued meetings.

Prescription Drug Monitoring Program Project Contract Deliverables Final (2)

D. Project activities:

Set up education and sign-up events in all three counties. The effort will be to “inform providers/prescribers about the monitoring program and offer them assistance to begin using it.” Registering the “top prescribers” is the primary goal. There are about 140 prescribers in the three counties that remain to be signed up. About 16 of them are among the “top prescribers.” The secondary goal is to register the rest of the prescribers.

Steps to do this will entail the following:

- a. Obtain a list from the state PDMP office of every prescriber in the three counties that is not already in the database;
- b. The coordinator will plan meeting dates and venues; will monitor the list of those who can enroll; will make the invitations to the planned education and enrollment meetings; will monitor and evaluate the success of the project;
- c. The coordinator will host or visit sites where enrollment takes place, and assist with enrollment processes;
- d. Via CPCCO, ensure that their physician, who is well-versed in the uses and benefits of the PDMP database, is scheduled to be at events where other prescribers are given education and access to enroll in the program. That physician will be the primary educator and motivator for the process;
- e. Establish metrics that will drive the work; share data and best practices with the state and others who are involved in similar efforts;
- f. Create “How-to-Sign-up” materials for distribution;
- g. Follow up enrollment to verify whether the system is being used appropriately (in time and for a purpose); troubleshoot problems.

The education and enrollment activities will take place at times and locations convenient to the prescribers. For hospital and clinic-based providers, this would be at those locations during time set aside for grand rounds, staff updates, and training. Other venues, times, and convenient locations for the prescriber community will be identified, such as medical community events. Venues and incentives, such as light refreshments, for attending after normal working hours to help entice prescribers to attend will be available, funded by the County.

Communications to the prescribers will include mail, email, fax, phone calls, and notices through other selected means (hospital and health system announcements, etc.). For those who work for hospitals and health systems, a discussion with the administration will lead to policies to require practitioners to register (if the policy is not already in place).

For one-on-one assistance to the “top prescribers,” direct phone calls and scheduled appointments will be made. For others who do not come to the shared venues, the one-on-one method will also be used.

Promotion and education will take place at work sites: dental clinics, family practice clinics, hospitals, and surgical centers. The coordinator will have a computer, printer-copier, and Wi-Fi available at all sites and gatherings to aid in the education and enrollment of providers. Other methods will be assessed, such as a web-based training (with research-basis) format in one-hour increments or less with related CME that might be feasible for providers and other managers.

Education will consist of providing data and information on:

- The opioid overdose and death statistics in the community, which are some of the highest in the state;
- The numbers of opioid prescriptions written on average in the community;
- Pain-awareness discussions, with emphasis on acute versus chronic pain;
- Primary care treatment alternatives to opioid prescriptions;
- Dose escalation and adverse outcomes;
- The community as the patient; opioid prescriptions' impact on community health;
- Opioid Pain Guidance guidelines; recommendations;
- Resources for providers, patients, and the public;
- Support services for pain sufferers.

E. Evaluation: By the end of the project in September 2016, the project will report on these measures:

1. Formative:

- a. Number of counties participating. Target: 3
- b. Number of hospitals participating. Target: 3
- c. Number of other clinics participating: 15

2. Process:

- a. Number of education and sign-up events held. Target: 15
- b. Number of "top prescribers" registered. Target: 16
- c. Number of other prescribers registered. Target: 124
- d. Number of one-on-one sign-up meetings. Target: 20

3. Impact:

- a. Number of prescribers who registered and use the system. Target: 140
- b. Number of prescribers who registered who do not have problems using it. Target: 125