Application of Interest

Kansas Overdose Data to Action Program

Overview

The Kansas Healthcare Collaborative (KHC), in partnership with the Kansas Department of Health and Environment (KDHE), is soliciting applications from hospitals and clinics interested in participating in clinical quality improvement projects related to preventing and/or decreasing harms associated with controlled substances, such as opioids, as well as Substance Use Disorder (SUD).

Outcomes of the project are to:

1) Increase provider and health system awareness of and support for guidelines-concordant opioid prescribing and increase use of non-opioid medications and non-pharmacological treatments
2) Decrease high risk opioid and/or high risk-controlled substance prescribing, including but not limited to, anti-psychotics, psychostimulants, and other psychotropic medications.
3) Support the development of clinical quality improvement around substance use disorder screening, referral, overdose management and linkage to care for patients presenting in the clinic or ED.

Background

The Kansas Overdose Data to Action Program (OD2A) is rooted in a three-year cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The cooperative agreement focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. KDHE is a recipient of this CDC-funded agreement and has contracted with KHC as the quality improvement organization in Kansas to support 8 projects in 2022. Whereas, under the KDHE agreement, KHC has agreed to support pilot projects to support training, education and implementation of quality improvement projects in Kansas hospitals and clinics, including technical assistance with change concepts, policy development, implementation and evaluation processes.

Eligibility:

Clinics and/or hospitals identified as serving a high-risk population with a need for education, training, and technical assistance as they engage in quality improvement cycles, change concepts, policy development and implementation, and evaluation around safe prescribing, screening processes, and increasing referrals to evidence-based treatment and other community-based resources (e.g., pain management or alternative pain treatments prior to initiating opioid therapy; or, if an SUD is suspected, implement SBIRT and coordinate referral to SUD treatment and/or support services). For inpatient (medical and surgical floors), this may include examining over sedation event data and implementing processes to decrease incidence.

Hospital/Clinic Responsibility

1) Assign a point of contact for QI Initiatives and meet regularly with assigned KHC staff via in person or virtual meetings during the project period
2) Work with KHC to implement quality improvement cycles, change concepts, policy development and implementation, and evaluation around safe prescribing, screening processes, and/or increasing referrals to evidence-based treatment and other community-based resources to promote safer prescribing and reduction in opioid-involved harms, including the use of KTRACs.
3) Agree to collect data, share details of the QI Project, and create a Storyboard, with the assistance of KHC staff, to be shared with KDHE and potentially other Kansas practices.
4) Develop an action plan within 30 days of application approval with a focus on Strategy 7

KHC Responsibility

1) Identify resources and provide technical assistance for QI projects related to opioid strategies
2) Assist in evaluation of current workflows and practice processes for Substance Use Disorder (SUD), Overdose (OD) prevention and linkages to care.
3) Meet regularly with staff via in person or virtual meetings during the project period and assist the practice/hospital with developing a Storyboard to share the details of their QI Project with KDHE and other Kansas practices.
4) Remit payment for completing a QI Cycle focused on applicable focus areas.

Strategy 7, please select an option below:

☐ **Strategy 7:** KHC will facilitate clinical quality improvement projects within hospitals and/or clinics located in high-burden areas. QI initiatives will be based on organizations' needs for promoting safer controlled substance prescribing and/or decreasing risk of harm caused by opioids and other controlled substance medications (e.g., reducing prescribing variability, reducing over sedation, and increasing non-pharmacologic therapies, and other emphases as approved by KDHE).

Select Area of Focus:
☐ Decrease providers' self-reported opioid and/or other controlled substance prescribing rates
☐ Increase the number of patients receiving non-pharm treatments
☐ Decrease problematic co-prescribing of controlled substances (e.g. concurrent benzodiazepines and opioids)
☐ Increase providers' self-reported access to Kansas's Prescription Drug Monitoring Program, KTRACS

Other: [   ]

Review Criteria
The proposal will undergo an initial administrative review by KHC and will be scored based on documented need, hospital and provider leadership support, data collection and reporting, and budget justification. Consideration will be given to letters of support documenting commitment of the board and staff to the project and commitment of collaborating organizations.

Data Resources:
Drug overdose deaths—including those involving opioids—continue to increase in the United States. Information regarding the overdose epidemic, including Kansas-specific data may be found here:
- CDC general information: www.cdc.gov/drugoverdose/data/analysis.html
- CDC prescribing rate by county: https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html
- KDHE data resources: www.preventoverdoseks.org/kpdo_data.htm

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Proposed Project Timeline

Please note a projects should be underway by June 1, 2022. A later start date may be considered if an Action Plan is initiated and the entity has the means to execute the Action plan in the given amount of time.

Application Period:	Accepted on a first come basis, as funding is available.
Last Date to Start:	June 1, 2022
Wrap Up Period:	August 31, 2022

Contact Information

Organization's legal name	
Contact name and title	
Street address	
Mailing address (if different)	
Phone number	
Email address	
Tax ID	
Date of Application	

Patient Population

Total Number of Patients	
Number Patients age 13yr-17yrs	
Number of Patients 18yr-24yrs	
Number of Patients age 25yrs and Older	

Payer Mix

Insurance	Number/Percentage of Patients
Medicare	
Medicaid	
Commercial	
Private/Self Pay	

Demographics

Demographic	Number of Patients/Percentage
White/Caucasian	
African American/Black	
Asian	
Hispanic	
Native Hawaiian or other Pacific Islander	
American Indian or Alaskan Native	
Other	

Background Information on Organization

Describe the geographic area served and the need within the community for this project.

Describe the administrative structure of the organization—including key staff who will conduct the project and their training and expertise. Staff assigned to project shall include at a minimum a project lead and a provider leader.

Describe key elements that show organizational capacity to implement a strategy 7 project (e.g. promote safer controlled substance prescribing and/or decrease risk of opioid involved harms (e.g. reducing prescribing variability, reducing in-patient over sedation events, and increasing non-pharmacologic therapies).

Describe current programs and services your organization provides and the organization's capacity to serve the targeted population.

Please attach an organizational chart to include staff that will have a key role in project.

Complete Appendix A Proposed Budget