

CDC-2022-64844

Sources Sought Notice

This notice shall not be construed as a RFP or as any commitment or obligation on the part of the Government to issue a solicitation. The Government does not intend to award a contract on the basis of this request, so proposals will not be considered. No reimbursement will be made for any costs associated with providing information in response to this synopsis or any follow-up information requests.

As permitted by FAR Part 10, this is a market research tool being utilized for informational and planning purposes. Your responses will assist the Government in the development of its acquisition strategy for a possible Request for Proposal (RFP), to be issued at a later date, and in determining whether any type of small business set-aside is possible for this procurement or whether full and open competitive procedures should be utilized.

This is strictly market research and the Government will not entertain any questions.

1.1. Background

Opioid Rapid Response Program (ORRP) is an interagency, coordinated federal effort to mitigate drug overdose and other risks among patients impacted by law enforcement actions that disrupt access to prescription opioids or medication assisted treatment/medication for opioid use disorder (MAT/MOUD). ORRP supports care continuity and risk reduction for patients by coordinating federal law enforcement actions and public health risk mitigation.

ORRP is coordinated by:

- The Office of the Assistant Secretary for Health (OASH)
- U.S. Centers for Disease Control and Prevention (CDC)
- The Office of the Inspector General within the US Department of Health and Human Services (HHS OIG)

ORRP grew out of the Appalachian Region Prescription Opioid Strike Force (ARPO), which began in 2018 to combat the opioid overdose epidemic by identifying, investigating, and effectively and efficiently prosecuting medical professionals involved in the illegal prescription and distribution of opioids in six states: Ohio, West Virginia, Virginia, Kentucky, Tennessee, and Alabama. In coordination with ARPO, ORRP (then known as Opioid Rapid Response Teams) was founded to help state and local authorities ensure that patients dependent on pain medications, who lost access to a prescriber due to ARPO efforts, were directed to reputable professionals and addiction treatment providers.

Today, ORRP supports all 50 US states and the District of Columbia. The program leverages relationships across federal, state, and local agencies to facilitate timely communication, care coordination, risk reduction, and other overdose prevention interventions. ORRP coordinators within CDC's Division of Overdose Prevention and HHS OIG work closely with law

enforcement agents involved in each action to ensure that sensitive information remains confidential, and the integrity of an investigation is not compromised.

ORRP has four strategic components:

1. Coordination of federal law enforcement actions with state public health
2. State and local preparedness
3. Training and workforce development
4. Program process and outcome monitoring

This proposed Opioid Rapid Response Patient Absorption Scoping Project relates to ORRP's preparedness and workforce development strategic components.

2. The Challenge

CDC works with states to coordinate responses to disruptions in patient access to opioids and other controlled substances. A challenge the ORRP staff observed when working with state health officials was their difficulty identifying clinicians willing and able to absorb displaced patients, particularly those patients who had been receiving high dose long-term opioid therapy or combinations of medications that are contraindicated such as benzodiazepines and opioids.

Recent studies indicate that 40% of primary care clinics and up to 55% of pain clinics may not accept new patients who are already taking opioids for chronic pain.^{1,2} When patients cannot find access to a new clinician, they may be at risk of seeking relief from withdrawal or pain in the illicit market. There they are at risk of encountering dangerous counterfeit pills that could contain fentanyl.^{3,4,5} In addition, patients with chronic pain are also at risk of suicide.^{6,7}

The needs of patients who abruptly lose access to their prescriber due to law enforcement actions can be particularly challenging because what led to the law enforcement action often includes the prescription of medication regimens outside the scope of common or recommended clinical practice. As a result, clinicians not only need to be willing to accept a new patient; they also may need to initially prescribe a medication regimen that they otherwise might not endorse. This is because the alternative may go against CDC's opioid prescribing guideline of avoiding forced or rapid tapering as well as SAMHSA's recovery-oriented systems of care (ROSC), which endorses rapport building with the patient, motivational interviewing and patient-centered care. Because a primary goal of ORRP is to facilitate care continuity for patients impacted by disrupted access to opioid prescriptions, CDC needs to better understand ways to support states and encourage adoption of displaced patients on long-term opioid therapy (also known as "legacy" opioid patients) by clinicians and health systems.

2.1. Objective and Scope

This Statement of Work (SOW) seeks to rapidly uncover salient personal and systems-level factors limiting the absorption of legacy opioid patients and identify ways to influence greater absorption of these patients. Factors to be explored should include individual-level beliefs, perceptions, attitudes, and practices as well as health system policies, rules, and regulations.

2.1.1. Objective

The objectives of this work are three-fold and include the following:

- 1) identify salient individual and systems-level barriers contributing to the abandonment of patients taking long-term opioid therapy (LTOT) for chronic pain;
- 2) identify possible strategies to address the barriers to the absorption of patients receiving LTOT for chronic pain; and
- 3) develop and test one or more of the strategies identified.

The information obtained will be used to inform program planning specifically related to federal, state and local response efforts and strategies to facilitate care continuity for patients experiencing a disruption in access to care.

A variety of types of health system administrators to be interviewed include but are not necessarily limited to

- Federally Qualified Health Centers
- Pain management centers of excellence
- University-based medical centers
- Private health systems and private practices

Types of clinicians to be interviewed include pain management specialists as well as family medicine/primary care physicians, including those who readily accept patients taking long-term opioid therapy and those who do not.

1.2.2 Scope

This technical approach involves three primary phases: 1) formative research, including background document review and interviews with health care administrators and physicians; 2) creative strategy identification to address identified systems-level and individual-level barriers; 3) OPTIONAL creative strategy development and testing.

1. Formative research should include the following:

- a) Environmental Scan (literature and policies): related to barriers in access to care for patients taking LTOT, with and without substance use disorders; a review of state policies and laws limiting prescribing of opioids that might impact absorption of patients already taking LTOT; a review of other possible beliefs, behaviors, or policies among health care providers, their service system administrators, or reimbursement practices that might impact patient abandonment
- b) Interviews with health care providers and administrators (total number of interviews should not exceed 30) about opinions, beliefs, behaviors, and health systems-level policies impacting the absorption of patients already receiving LTOT

- c) A possible site visit to a clinic where specialists in pain management and substance use disorder commonly care for patients taking LTOT for chronic pain

2. Creative strategy identification should be guided by findings from the formative research and should address the barriers or motivators most likely to increase absorption of patients receiving LTOT. Possible strategies for consideration might be clinical training, communications campaigns, messaging from regulatory or law enforcement agencies, health system policy or regulatory modifications.

3) For the OPTIONAL creative strategy development and testing, the contractor will recruit health systems and clinicians with which specific strategies can be implemented and evaluate the impact of the strategies on health systems' (and clinicians') willingness to absorb displaced patients taking LTOT. Depending on the timing and circumstances of this phase, the CDC's Opioid Rapid Response Program might be used to identify communities in which disrupted access to prescription opioids is occurring and patients are in need of immediate care continuity.

The CDC is conducting this Sources Sought to identify contractors who possess the capabilities to rapidly provide services for all three phases as specified in the objectives above and to determine their availability and capability. Because this work is related to a rapid response emergency program and needed urgently for program improvement, rapid data collection and synthesis is needed for all three phases. If your firm may be interested in this requirement and has performed similar projects, please submit your response in accordance with the submission instructions below.

Based on the responses to this Sources Sought Notice, this requirement may be set-aside for small business or procured through full and open competition.

Submission Instructions:

Responses via electronic mail (email) are due on or before 04/26/2022 at 2pm Eastern Time to Lakisha Aldridge at qya0@cdc.gov and must include the information requested below. Only emailed responses will be accepted. Responses greater than 15 pages double-sided pages (including all attachments) will not be considered. Late responses will not be accepted.

The North American Industry Classification System (NAICS) Code for this Sources Sought Notice is 541690 Other Scientific and Technical Consulting Services with a size standard of \$16.5M.

Qualified firms shall submit a statement of interest on company letterhead demonstrating the firm's qualifications to perform the defined work. Responses must be complete and sufficiently detailed to address the specific information. The documentation shall address, at a minimum, the following:

A. Company Profile to include:

1. Company name and address;
2. Two points of contact (names, titles, phone numbers and email addresses);

3. Unique Entity ID, DUNS number, and CAGE Code, as registered in the System for Award Management (SAM) at <http://www.Sam.gov>.

4. Business designation/status (must correlate with SAM registration):

_____ Small business _____ HUBZone _____ WOSB
_____ 8(a) _____ VOSB _____ SDVOSB

_____ Small Disadvantaged Business _____ Large business

B. Documentation, in detail, of the company's capability:

- a. Staff expertise, including availability, experience, and formal and other training;
- b. Completed projects in the last 5 years of similar size and scope;
- c. Corporate experience and management capability;
- d. Examples of prior completed Government contracts, reference, and other related information;

C. Comments or opinions pertaining to the difficulty and/or feasibility of the potential requirement or proposed acquisition, possible solutions and/or approaches that may currently exist in the marketplace, and information regarding innovative ideas or concepts.

D. Proposed NAICS code:

- a. Recommendations for a different NAICS code. If so, please explain?

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Confidentiality – No proprietary, classified, confidential, or sensitive information should be included in the response. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s).

Response is strictly voluntary - it is not mandatory to submit a response to this notice to participate in any formal RFP process that may take place in the future. However, it should be noted that information gathered through this notice may significantly influence our acquisition strategy. All interested parties will be required to respond separately to any solicitations posted as a result of this sources sought notice.

We appreciate your interest and thank you in advance for responding to the Sources Sought.

¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2737896>

² <https://pubmed.ncbi.nlm.nih.gov/32378013/>

³ <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requiring-boxed-warning-updated-improve-safe-use-benzodiazepine-drug-class>

⁴ <https://www.proquest.com/docview/894195436?accountid=26724>

⁵ <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>

⁶ Racine M. Chronic pain and suicide risk: A comprehensive review. *Prog Neuropsychopharmacol Biol Psychiatry*. 2018;87(Pt B):269-280. doi:10.1016/j.pnpbp.2017.08.020

⁷ Hassett AL, Aquino JK, Ilgen MA. The risk of suicide mortality in chronic pain patients. *Curr Pain Headache Rep*. 2014;18(8):436. doi:10.1007/s11916-014-0436-1