

Public Health Informatics Institute (PHII)

REQUEST FOR PROPOSAL (RFP)

The MATernaL and Infant NetworK to Understand Outcomes Associated with Treatment for Opioid Use Disorder during Pregnancy (MAT-LINK) Project

THE MATERNAL AND INFANT NETWORK TO UNDERSTAND OUTCOMES ASSOCIATED WITH TREATMENT FOR OPIOID USE DISORDER DURING PREGNANCY (MAT-LINK)

Public Health Informatics Institute (PHII)

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Date: September 25, 2019

REQUEST FOR PROPOSAL
THE MATERNAL AND INFANT NETWORK TO UNDERSTAND OUTCOMES ASSOCIATED WITH
TREATMENT FOR OPIOID USE DISORDER DURING PREGNANCY (MAT-LINK)
Decatur - Georgia

SUBMISSION DEADLINE: November 15, 2019, 5:00 PM EST

QUESTION SUBMISSION DEADLINE: October 4, 2019

PRE-PROPOSAL WEBINAR: October 10, 2019

All questions may be submitted in written form to:

RFP Contact Name: Juneka Rembert
Contact Address: 325 Swanton Way
Decatur, Georgia 30030
Telephone Number: 404-592-1436
Email Address: MAT-LINK@phii.org

After the pre-proposal webinar, all questions and answers can be found at <https://www.phii.org/blog>

INTRODUCTION

The Public Health Informatics Institute (PHII) invites and welcomes proposals for the MATernal and Infant Network to Understand Outcomes Associated with Treatment for Opioid Use Disorder during Pregnancy (MAT-LINK) project. All proposals submitted for consideration must be received by the time as specified above under the "SUBMISSION DEADLINE."

APPLICANTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THE BID SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS.

PROJECT AND LOCATION

The bid proposal is being requested for the MAT-LINK project which is or shall be located at the selected sites locations.

PROJECT CONTACT INFORMATION

The following individual(s) are the assigned contacts for the following: For questions or information regarding project information, contact:

Name: Juneka Rembert
Title: MAT-LINK Project Director
Phone: 404-592-1436
Email: Jrembert@taskforce.org

Name: Michael DeMayo
Title: MAT-LINK Project Manager
Phone: 404-592-1409
Email: mdemayo@taskforce.org

BACKGROUND

From 1999-2014, the prevalence of opioid use disorder (OUD) among pregnant women in the United States quadrupled from 1.5 to 6.5 per 1,000 delivery hospitalizations.¹ Opioid use during pregnancy can cause neonatal abstinence syndrome (NAS) in the exposed infant, and recent evidence suggests that children who are born with NAS may be at increased risk of developmental delays.^{2,3} Additionally, opioid use during pregnancy has been associated with other serious health effects, including poor fetal growth, preterm birth, stillbirth and specific birth defects.⁴ The developmental trajectory of children with NAS and these other adverse health outcomes has not been systematically studied. The American College of Obstetricians and Gynecologists recommends that pregnant women with OUD be offered an opioid agonist (methadone, buprenorphine) to treat OUD during pregnancy. In some clinical settings, pregnant women may also be offered medically supervised withdrawal (opioid detoxification).⁵ There is limited information, however, comparing maternal, infant, and child health outcomes associated with these different treatment regimens during pregnancy.

Public health surveillance and the timely identification of emerging threats that affect pregnant women and infants enables federal, state, tribal, territorial, and local health departments to effectively respond to and prevent adverse pregnancy, infant, and childhood outcomes. Establishing the linkage between maternal, infant and child health records is critical in order to understand the complete characterization of the impact of health threats that pregnant women and their infants face.⁶

In light of the opioid epidemic and its impact on pregnant women and infants, the Public Health Informatics Institute (PHII), in collaboration with the Centers for Disease Control and Prevention (CDC), is developing MAT-LINK which is a surveillance network of clinical sites. MAT-LINK sites will collaboratively improve our understanding of the spectrum of maternal, infant, and child health outcomes following treatment for OUD during pregnancy and help inform best practices for clinical care. MAT-LINK is expected to include clinical sites that are leaders in the field of OUD treatment of

¹ Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid use disorder documented at delivery hospitalization – United States, 1999–2014. *MMWR Morb Mortal Wkly Rep.* 2018;67:845-849.

² Fill MA, Miller AM, Wilkinson RH, Warren MD, Dunn JR, Schaffner W, et al. Educational disabilities among children born with neonatal abstinence syndrome. *Pediatrics.* 2018;124(3).

³ Oei JL, Melhuish E, Uebel H, Azzam N, Breen C, Burns L, et al. Neonatal abstinence syndrome and high school performance. *Pediatrics.* 2017;139(2).

⁴ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm#opioids>

⁵ American College of Obstetricians and Gynecologists. Opioid use and opioid use disorder in pregnancy. Committee opinion No. 711. *Obstet Gynecol.* 2017;130(2): e81-94.

⁶ Frey MT, Meaney-Delman D, Bowen V, Yazdy MM, Watkins SM, Thorpe PG, Honein MA. Surveillance for emerging threats to pregnant women and infants. *Journal of Women's Health.* Aug 2019
<http://doi.org/10.1089/jwh.2019.7943>

pregnant women, and the sites will be instrumental in providing data to inform updated clinical guidance for the care of pregnant women and their infants. Results from MAT-LINK can improve policies, clinical practice recommendations, and clinical decision-making.

PROJECT OBJECTIVE

MAT-LINK will establish a surveillance network, consisting of 3-5 outstanding clinical sites, to collect existing data on maternal, infant, and child health outcomes associated with treatments for OUD during pregnancy. The sites will join an established project team with PHII and CDC as well as federal agency representatives and clinical and public health partners to collaborate on linked maternal and infant health data collection approaches and analytical priorities. The overall objectives of the project are to:

- Develop a data platform to collect linked maternal and infant data among women treated for OUD during pregnancy; and
- Analyze and disseminate preliminary results to inform patient-centered care for pregnant women with OUD and for infants and children with prenatal opioid exposure.

SITE SELECTION CRITERIA

Three to five outstanding clinical sites providing treatment to pregnant women with OUD will be selected to participate in the MAT-LINK surveillance project. Sites are expected to be selected by December 2019.

Site Definition

A site is defined as any entity that has access and authority to share linked maternal, infant, and child health data.

Inclusion Criteria for Eligibility:

- Demonstrate access to clinical data from pregnant women treated for OUD (medication-assisted treatment (MAT) or detoxification);
- Demonstrate ability to capture data on duration, frequency, and intensity of maternal OUD treatment;
- Demonstrate ability to access and review pertinent demographic, health, referral, medical and other records;
- Demonstrate existing or previously successful linkage or integration of maternal, prenatal, delivery, and newborn hospitalization records;
- Demonstrate authority to share, provide authorization to access, and collaborate on public health surveillance activities;
- Provide data on a minimum of 75 mother-infant dyads;
- Demonstrate ability to provide data on mother-infant dyads that includes a time period not older than deliveries in 2014; and
- Demonstrate licensure or certification of the treatment program.

FUNDING

PHII anticipates awarding between 3 - 5 sites with a range of funding per recipient of \$300,000 - \$500,000, for a total amount of \$1,600,000. These awards will have an 18-month project and budget period at initial award. Applicants are encouraged to submit separate budgets based on the following budget periods:

Budget Period 1 (6 months)	March 1, 2020 – August 31, 2020
Budget Period 2 (12 months)	September 1, 2020 – August 31, 2021

PUBLIC HEALTH INFORMATION CONFIDENTIALITY REGULATIONS

CDC has submitted a request for an Assurance of Confidentiality, consistent with Section 308(d) of the Public Health Service Act (42 U.S.C. Section 242m(d)), to protect identifiable or potentially identifiable data shared by clinical sites. An Assurance of Confidentiality is a formal confidentiality protection for projects conducted by CDC staff or contractors that involve the collection or maintenance of sensitive identifiable or potentially identifiable information. This protection allows CDC programs to assure individuals and institutions involved in research or non-research projects that those conducting the project will protect the confidentiality of the data collected to the greatest extent possible. The legislation states that no identifiable information may be used for any purpose other than the purpose for which it was supplied unless such institution or individual has consented to that disclosure.

SCHEDULED TIMELINE

The following timeline has been established to ensure that our project objective is achieved; however, the following project timeline shall be subject to change when deemed necessary by management.

MILESTONES

DATE

RFP Release Date:	September 25, 2019
RFP Pre-Proposal Webinar Questions Submission Deadline:	October 4, 2019
RFP Pre-Proposal Webinar:	October 10, 2019
Letter of Intent (<i>encouraged</i>):	October 11, 2019
Completed proposals/applications due from sites:	November 15, 2019
Conduct interviews with sites/applicants:	December 6, 2019
Complete RFP evaluation and site ratings:	December 13, 2019
Select Sites:	December 20, 2019
Contract Negotiation Period Ends:	February 29, 2020
Execute contract with selected sites:	March 1, 2020

PRE-PROPOSAL WEBINAR

PHII will conduct a pre-proposal webinar on October 10, 2019 to:

- Discuss the background, purpose, scope, terms and conditions and other provisions in the RFP
- Explain the eligibility and application requirements
- Describe the application review process
- Provide an opportunity for interested parties to ask questions

MAT-LINK Surveillance Project 2019-2021

Interested applicants can submit questions at any time to MAT-LINK@phii.org and are encouraged to submit any proposal-related questions by October 4, 2019 to be answered during the pre-proposal webinar.

Further details about the pre-proposal webinar – including the date, time, and instructions for joining – are available at: <https://phii.org/blog/notice-future-funding-opportunity>

PROPOSAL BIDDING REQUIREMENTS

Project Proposal Expectations

PHII shall award the contract to the proposal that best accommodates the various project requirements. PHII reserves the right to award any contract prior to the proposal deadline stated within the "Scheduled Timeline" or prior to the receipt of all proposals, award the contract to more than one Bidder, and refuse any proposal or contract without obligation to either PHII or to any Bidder offering or submitting a proposal.

Intent to Submit Proposal

While not required, all applicants are encouraged to submit a "Letter of Intent" no later than October 11, 2019 informing PHII of their intent to either submit or decline to submit a proposal.

Deadline to Submit Proposal

All proposals must be emailed to PHII at MAT-LINK@phii.org no later than **5:00 PM EST on November 15, 2019** for consideration in the project proposal selection process.

Proposal Selection Criteria

Only those proposals received by the stated deadline will be considered. All proposals submitted by the deadline will be reviewed and evaluated based upon information provided in the submitted proposal. In addition, consideration will be given to cost and performance projections. Furthermore, the following criteria will be given considerable weight in the proposal selection process:

- Proposals received by the stipulated deadline must be in the correct format.
- Applicant's performance effectiveness of their proposal's solution regarding the Project Objective of PHII.
- Applicant's performance history and ability to timely deliver proposed services.
- Applicant's ability to provide and deliver qualified personnel having the knowledge and skills required to effectively and efficiently execute proposed services.
- Overall cost effectiveness of the proposal.

PHII shall reserve the right to cancel, suspend, and/or discontinue any proposal at any time they deem necessary or fit without obligation or notice to the proposing Bidder/contractor.

In addition, funding preference may be given to select sites to maximize the value of the surveillance system for the following:

- Ability to link to existing data sources to gather early childhood information up to two years of age on children born to women treated for OUD to evaluate early child health outcomes;
- Ability to link to data on maternal engagement in counseling, psychosocial, or other nonpharmacological services;
- Ability to capture postpartum maternal treatment data;
- Experience with REDCap and/or Epi Info;
- Diversity of patient population (e.g., socioeconomic, racial/ethnic) / sample size;
- Opioid use burden in local community;
- Geographic diversity across sites (e.g., region of country, rural vs urban, etc);

- Clinic diversity across sites such as size and inpatient vs. outpatient;
- A high percentage of Medicaid clients to reflect the patient population;
- Treatments offered across sites in order to achieve sufficient sample size for comparisons of methadone and buprenorphine, +/- detoxification; and
- Data quality and completion (% data missing for key variables).

PROPOSAL SUBMISSION FORMAT

The following is a list of information that the applicant should include in their proposal submission:

Summary of Applicant Background

- Applicant's name(s)
- Applicant's address
- Applicant's contact information (and preferred method of communication)
- Legal form of bidder (e.g. sole proprietor, partnership, corporation)
- Date applicant's institution formed
- Description of applicant's clinical site in terms of size, range and types of services offered and clientele
- Name of applicant's contractor authorized representative(s)
- Applicant's Federal Employee Identification Number (FEIN)
- Evidence of legal authority to conduct business in healthcare (e.g., license number, etc.)
- Demonstrate access to clinical data from pregnant women treated for opioid use disorder (OUD) (medication-assisted treatment (MAT) or detoxification)
- Demonstrate ability to capture data on duration, frequency, and intensity of maternal OUD treatment;
- Demonstrate ability to access and review pertinent demographic, health, referral, medical and other records
- Demonstrate existing or previously successful linkage or integration of maternal, prenatal, delivery, and newborn hospitalization records
- Demonstrate authority to share, provide authorization to access, and collaborate on public health surveillance activities
- Provide data on a minimum of 75 mother-infant dyads
- Demonstrate ability to provide data on mother-infant dyads that includes a time period not older than deliveries in 2014
- Demonstrate licensure or certification of the treatment program
- Organization chart showing key personnel that would provide services to PHII

Financial Information

- State whether the applicant or its parent organization (if any) has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code.
- State whether the applicant or its parent organization (if any) has ever received any sanctions or is currently under investigation by any regulatory or governmental body.
- Ability to comply with federal financial management requirements and exercise proper stewardship over Federal funds by ensuring that all costs charged to the award agreement are allowable, allocable, and reasonable.

Equipment, Service, or Technology

List any or equipment or services required of a subcontractor, along with a brief explanation.

List any accommodation, services, or space required from PHII, along with a brief explanation.

Cost Proposal Summary and Breakdown

A detailed list of any and all expected costs or expenses related to the proposed project for the years 2020-2022.

Summary and explanation of any other contributing expenses to the total cost.

Brief summary of the total cost of the proposal.

**MATernal and Infant Network to Understand Outcomes Associated with
Treatment for Opioid Use Disorder during Pregnancy (MAT-LINK)
Request for Proposal Questionnaire**

The Public Health Informatics Institute (PHII) is a program within the Task Force for Global Health, an Emory University affiliate. Our mission is “Improving health worldwide by transforming health practitioners’ ability to use information effectively”. PHII has partnered with the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD) to establish a surveillance network consisting of 3-5 clinical sites to collect data on maternal, infant, and child health outcomes associated with treatment for opioid use disorder (OUD) during pregnancy. The purpose of the RFP is to award clinical sites who have the ability to integrate or link maternal, infant, and child health data and the authority to access and share these data with the CDC.

Questionnaire

Below are questions regarding current OUD treatment and medication-assisted treatment (MAT) informatics and surveillance processes for mothers and infants. Please complete each question to the best of your knowledge and submit responses to PHII by the RFP deadline of **November 15, 2019, 5:00 PM EST**.

Please feel free to send any questions to **MAT-LINK@phii.org**

We greatly appreciate your participation!

Please list a contact responsible for the RFP questionnaire responses

Name: Click or tap here to enter text.

Title/ Role: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Date questionnaire completed [click here](#)

General:

1. What city and state/jurisdiction is your health facility located?
2. Please describe the population and demographics in your catchment area related to opioid use disorder and pregnancy, including number of births per year, geographic location (urban or rural), percentage of Medicaid patients, racial and ethnic composition of patients, and other socioeconomic indicators.
3. Please describe your facility's ability and success in OUD treatment to pregnant women (e.g., publications, collaborations with other treatment centers, or innovative techniques in treatment regimens, etc.).
4. How do you currently gather, analyze and/or exchange maternal and infant health information related to the treatment of OUD? How do you define OUD? Please describe.
5. Please describe the types of treatment (e.g., MAT (methadone, buprenorphine, naltrexone) and/or detoxification) your health facility offers pregnant women with OUD and specify inpatient and outpatient options for each treatment.
6. Please describe all other resources that your health facility offers pregnant women with OUD (e.g., counseling, child welfare services, referral to other care, etc.).

Resources:

7. Please provide a staffing plan for current and potential personnel that would support MAT-LINK at your health facility, including names, qualifications, roles, and percentage of time commitment for each person. Please include CVs (limited to 2 pages each) for key personnel as well as your organizational chart with your final proposal submission.
 - a. Specify the roles/titles of individuals responsible for data management (e.g., surveillance manager, IT/informatics specialist, data entry, reporting, quality assurance, etc.).
8. What are the roles of the relevant external stakeholders associated with requesting, processing, and receiving maternal-infant health data associated with OUD treatment from your health facility? Please list.

Information Tools:

9. Does your institution have an existing information tool for collecting maternal and infant health information associated with OUD treatment for pregnant women (e.g., Electronic Health Records, Surveillance System)?
 - a. If a tool exists, please list its name and describe the current functions of the tool.
 - b. Who has access to the tool?
10. Does your organization host the tool internally or use an external cloud provider hosting service?
11. Do you have the ability to link infant health records with the records of the pregnant women who received OUD treatment at your health facility?
 - a. If so, how is this done (e.g., does the tool automatically create a linked dependent record to the mother record or are records manually linked using an external analysis tool or some other process?)?
12. Do you have the ability to link infant or early childhood health records with the records of the pregnant women who received OUD treatment at your health facility?
 - b. If so, how is this done (e.g., does the tool automatically create a linked dependent record to the mother record or are records manually linked using an external analysis tool or some other process?)?
 - c. Up to what age is child health records linked?
 - d. What data sources are linked that capture birth outcomes or services after the initial birth hospitalization?
13. If applicable, please describe your facility's experience in using REDCap and/or Epi Info.
14. What external systems (current or future) integrate with the tool? Please list all tool types and names (e.g., EHR, ELR, eCIR, etc.).
15. What tool(s) are currently being used to collect, aggregate, and link OUD treatment data and mother and infant and child health outcomes (e.g., EHR, SAS, MS Access, etc.)? Please list them and what they are used for.

- a. How often is this information updated?

Data:

16. In total, how many beds are available at your health facility for your OUD treatment program?
Please specify inpatient/outpatient.

- a. How many beds are available for OUD treatment for pregnant women?

17. On average, how many pregnant patients in total do you see monthly?

18. On average, how many OUD patients do you see monthly?

- b. Of the total OUD patients, how many are pregnant women?

19. Do you have the ability to pull retrospective linked maternal-infant data?

- c. If so, how many maternal-infant dyads records do you have access to for each year from 2014 (date of delivery) until present?

20. Which data variables do you collect or have access to? Please see example variables below and check all that apply.

Maternal health (Prenatal and postpartum)	Obstetrical (At delivery)	Newborn/Infancy (Up to 6 months)	Infant/Early Childhood (≤2 years of age)
<input type="checkbox"/> Date of birth	<input type="checkbox"/> Parity, gravidity	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Clinical diagnoses
<input type="checkbox"/> Types of treatment (e.g., MAT and/or detox)	<input type="checkbox"/> Prenatal care	<input type="checkbox"/> NAS diagnosis	<input type="checkbox"/> Well child visits
<input type="checkbox"/> Duration, frequency, and intensity of treatment	<input type="checkbox"/> Pregnancy loss	<input type="checkbox"/> Birth weight	<input type="checkbox"/> Referrals to specialty care services
<input type="checkbox"/> Dates of admission and discharge	<input type="checkbox"/> Preterm birth	<input type="checkbox"/> Birth defects	<input type="checkbox"/> Emergency department visits
<input type="checkbox"/> Dates of treatment	<input type="checkbox"/> Mode of delivery	<input type="checkbox"/> Neonatal intensive care unit admission	<input type="checkbox"/> Growth and developmental

milestones

- | | | |
|---|---|---|
| <input type="checkbox"/> Concurrent substance use | <input type="checkbox"/> Length of hospital stay | <input type="checkbox"/> Documented behavioral concerns |
| <input type="checkbox"/> Comorbidities | <input type="checkbox"/> Prescription medications | <input type="checkbox"/> Prescription medications |
| <input type="checkbox"/> Prescription medications | <input type="checkbox"/> Re-hospitalization | |

a. Please list other variables that are not already included in the above list.

21. How are these variables stored (electronically, paper, both)? Please explain.

22. Do you have any data quality and data control procedures in place? Please explain.

23. Do you collect any information about related long-term outcomes for mothers, infants, or both? Please explain.

Data governance/data sharing:

24. Please describe your current licensure or certification of the treatment program. Please provide documentation.

25. Do you have the ability to electronically share linked maternal-infant health information? If so, which file type do you usually use for data sharing (e.g., XLS, CSV)?

26. Do you currently share linked records with the state health department, CDC, or any external entities? If so, please list.

d. If yes, how often are data shared?

27. Are there any data governance regulations in place that may restrict or constrain sharing these data (e.g., state laws, institutional regulations, federal regulations)? Please describe.

28. Have you previously established data use or sharing agreements with internal or external partners, including CDC?

a. If so, please describe the process and how long it took.

29. Please describe any anticipated challenges in accessing or sharing data.