

NACCHO

National Association of County & City Health Officials

REQUEST FOR APPLICATIONS

LEVERAGING PHARMACIES FOR STI SERVICES AND CARE

National Association of County and City Health Officials (NACCHO)

Release Date: March 31, 2022

Due Date: May 27, 2022*

*If this due date poses a problem for your jurisdiction, please reach out in advance of the deadline to discuss options.

For questions about the Request for Applications (RFA), contact Rebekah Horowitz, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at rhorowitz@naccho.org.

SUMMARY INFORMATION

Project Title: LEVERAGING PHARMACIES FOR STI SERVICES AND CARE

Proposal Due Date and Time: May 27th, 2022, at 11:59pm

Selection Announcement Date: June 10, 2022

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 6NU38OT000306-02-01

CFDA No.: 93.421—Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health

Maximum Funding Amount: \$75,000 per site

Estimated Period of Performance: July 2022-July 2023

I. Overview

The National Association of County and City Health Officials (NACCHO) represents the nation’s nearly 3,000 local health departments (LHDs), which work to protect and improve the health of all people and all communities. NACCHO's HIV, STI, and Viral Hepatitis program aims to strengthen the capacity of LHDs to prevent, control, and manage HIV, STIs, and hepatitis in their communities. NACCHO supports these efforts by providing technical and capacity building assistance, developing, and disseminating tools and resources, facilitating peer information exchange, and providing learning opportunities.

Physical distancing and stay-at-home orders adopted at the national, state, and local levels to control COVID-19 have changed the sexually transmitted infection (STI) care landscape. At the onset of the pandemic, sexually transmitted disease (STD) clinics in several jurisdictions had to reduce or suspend the range of services. Many programs pivoted to telehealth models and syndromic management. Albeit challenging, the pandemic has provided STD programs with opportunities to explore innovative approaches to maintain patient access to STI test and care strategies that may contribute to expanded access to diagnostic and treatment options. For example, pharmacy practices have the potential to serve as important safety nets/access points for the delivery of STI care. Pharmacies already dispense the medications used for treatment of common STIs, and there is also potential for pharmacy staff to conduct sexual history taking, risk assessment, and STI/HIV/PrEP screening. Expanded innovation could entail pharmacists delivering injectable STI antibiotics, pharmacies serving as STI self-testing or lab drop off sites, and pharmacies implementing PrEP delivery models. Additionally, pharmacies could partner with private providers or other medical settings which may not carry medications for certain STI treatments to assure that communities have those medications available—either for pharmacists to administer or for dispensing to another provider (i.e., physician) for administration.

This project will offer essential information about the provision of expanded STI patient care via pharmacy settings. To establish models of practice, NACCHO, with support from the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP) will fund 2-5 health department-pharmacy partnerships up to \$75,000 (per site) to develop, design, and implement a collaborative partnership with local health departments to expand STI services and care. Findings will be shared broadly with STD programs and pharmacies across the country.

II. Problem Statement

CDC estimates that one in five people in the U.S. had a STI on any given day in 2018. Nearly half of newly acquired infections are among individuals aged 15 to 25 years. Frequently reported barriers to accessing timely STI care and treatment through public and private health clinics include inconvenient hours, long wait times, distance to clinic, and confidentiality/privacy concerns. New strategies are needed to expand access and convenience of quality sexual healthcare. The [STI National Strategic Plan \(2021-2025\)](#) highlights the role of pharmacies as non-traditional settings for scale-up of innovative STI service delivery models and in increasing screening and linkage to STI care. Similarly, a CDC commissioned [consensus study](#) published by the National Academy of Sciences, Engineering, and Medicine speaks to the importance of leveraging non-traditional health care systems and practitioners, specifically calling out the role of pharmacists in STD prevention and control. Partnerships with pharmacies can improve efficiency, provide new access points for STI services, and leverage pharmacists' expertise and access to the community.

Pharmacists and Pharmacies

Although pharmacists and pharmacy staff are not specifically trained to provide traditional specialty STI care, pharmacies are well positioned to deliver basic patient care services and clinical referrals, and their roles have expanded over the past 30 years to reflect this need. Practicing pharmacists are highly trained healthcare professionals. They are the most accessible healthcare professional in the United States (95% of Americans live within five miles of a community pharmacy). Pharmacists have a long history of consistently contributing to improved outcomes when included as a full member of the healthcare team. There is a long history of public health engaging pharmacies in TB testing, Hepatitis vaccination, HIV management and care, safe syringe programs, and more recently pre-exposure prophylactics (PrEP) services for HIV prevention and COVID-19 testing and vaccination as well as antiviral dispensing and monoclonal antibody administration. The COVID-19 pandemic has served to showcase the collaboration between public health and pharmacies. To fully embrace a holistic approach to ending the syndemics of HIV, viral hepatitis, substance use disorders, and STIs, pharmacies should consider ways to integrate STI services.

Pharmacies, already highly integrated into vaccination and disease testing, are well positioned to consider innovative ways to contribute to addressing STI prevention and care. A growing evidence base consistently demonstrates that patient-centered, team-based care that includes pharmacists consistently improves patient health, with less fragmented, well integrated care and reduced costs for care over time. Some pharmacy practices have moved to more patient-centered care approaches where trained providers deliver counseling and offer clinical referrals for a variety of health conditions. Through a framework of collaboration, coordination, and communication, pharmacy practices can offer sexual health solutions by improving access to STI care and diverse treatment options and referring patients to other safety net and community resources.

Pharmacy practices with a private and confidential space/room could offer STI/HIV risk reduction counseling, specialty referrals, and testing via self-collection (point-of-care testing is possible if a pharmacy has a valid CLIA waiver). Pharmacist-prescriber collaborative practice agreements, enabling an array of patient care services, are permitted in 49 states. Optimizing these partnership relationships promises improved patient care and outcomes. Pharmacists are well positioned for every phase of this collaborative care model, from primary prevention through vaccination, to early disease detection through testing, to timely treatment interventions to prevent the sequelae and the spread of disease, all the way to linking people to appropriate public health and clinical medical providers. When within their legal scope of practice, pharmacists can administer vaccines, including non-vaccine injectables, thus providing opportunity for administration of injectable antibiotics for some STIs (e.g., ceftriaxone,

Benzathine penicillin G), as well as for PrEP (Apretude [cabotegravir extended-release injectable suspension]). Pharmacies may also contribute to better community-based STI surveillance – data sharing could help monitor trends in STI therapies and their sequelae. New infrastructure will be critical to future success including addressing cost, billing, reimbursement, health information technology, digital data sharing, and communication. Additionally, new, and enhanced health care professional training and patient care settings will be key factors for optimizing care.

Need for Collaborative and Innovative STI Care Models

A variety of innovative models are needed to address how best to optimize collaborative STI services and care between LHDs and pharmacy settings. These efforts can focus on primary or secondary prevention or infrastructure building. Several possible scenarios/examples are set forth below, although these are not exhaustive. **Potential applicants are encouraged to think beyond these examples and submit innovative ideas for models that can be beneficial to STI programs, industry partners, and communities.**

Scenario 1: Health Department A partners or contracts with Pharmacy C where STI patients and sex partners exposed to infection can receive injectable antibiotics and other treatment administered by the pharmacist. Deliverables/outcomes could include standard operating procedures and protocols for medication storage and administration and pharmacist education and training.

Scenario 2: A model could focus solely on coverage of costs and transference of 340B pricing or cost-sharing. STD programs interested in partnering with a pharmacy would need to establish an agreement between the STD program and the pharmacy and develop protocols for order receiving, record keeping, test result delivery, and reporting.

Scenario 3: Health Department A partners or contracts with Pharmacy B to help develop and/or operationalize a private and confidential space for STI/HIV/PrEP screening and referrals for patients unlikely to visit the Health Department. Health Department provides technical assistance and works with the National Network of STD Prevention Training Centers to deliver adequate training.

Scenario 4: Health Department C partners with Pharmacy A to trigger the offer of a free screening/referral/self-collected test for STIs and HIV (depending on facility capacity) and referral for PrEP if indicated through screening process when certain purchases are made (e.g., prenatal vitamins, condoms, UTI test, pregnancy test, alcohol purchase).

Other possibilities could include expansion of: STI/HIV and sexual health care training, STI/HIV services for patients under the age of 18 years, partner services (including expedited partner therapy), electronic health records (EHRs), and data sharing to monitor trends, or incorporating care into existing comprehensive screening packages and/or wraparound services.

III. Objectives

At minimum, one of the following objectives must be a key objective in the development and implementation of the partnership models. The objectives of this project include, but are not limited to:

- Design and pilot a model for health departments and pharmacies to collaborate to serve the community's needs for STI testing and treatment jointly. Examples would be the definition and

piloting of referral systems for testing, treatment, or disease intervention/partner notification services in the pharmacy setting;

- Assess the feasibility of cross-organizational cost coverage and transference of 340B pricing as well as coordination of order receiving, record keeping, tracking system of 340B drugs, test result delivery, and reporting;
- Determine protocols and procedures necessary for stocking Penicillin G benzathine on site to treat syphilis patients and ceftriaxone to treat gonorrhea, including adequate refrigeration space for these injectables and training of staff on drug administration;
- Assess the ability to implement an STI express testing model with self-collected specimens (including extragenital testing) in the pharmacy setting.

This is a demonstration and evaluation effort to identify replicable models and best practices for local health departments and pharmacies to work together.

IV. Scope of Work and Requirements

This funding is open to health departments to work with at least one pharmacy with a committed interest in partnering to expand STI services in the jurisdiction. The applicant is the health department.

The applicant must have the organizational and project management capacity over the project period to design and implement a model that creates a network between the pharmacy and the health department.

The pharmacy should be able to expand capacity to provide at a minimum STI treatment *or* testing plus at least one of the following: STI testing, treatment, STI injectable antibiotics, partner treatment (e.g., expedited partner therapy [EPT]) or referral for treatment, or data or cost sharing capabilities.

A letter of agreement between the LHD and the pharmacy detailing mutual roles and responsibilities under this partnership is required. Applicants should also note if they are in an [Ending the HIV Epidemic \(EHE\)](#) jurisdiction.

Expansion of STI services into pharmacies should reflect elements laid out in the CDC's [Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020 \(STD QCS\)](#). Screening and treatment protocols should reflect guidelines/recommendations from the CDC STD Treatment Guidelines and/or USPSTF.

Applicants will have flexibility in how project approaches are designed and are encouraged to propose and apply approaches that are sustainable and can be expanded (scalable). Applicants may also consider innovative approaches to challenging issues, such as logistics or third-party/healthcare insurance reimbursement.

During the project period, awardees will:

- Ensure that relevant local collaborators are aware of the project, engaged, and informed appropriately throughout the duration of the funding period;
- Finalize a partnership and implementation model with pharmacies to leverage the relationship for STD services and care;

- Finalize a plan to evaluate implementation of the project with process and outcome measures to answer the primary evaluation questions stated in Section V;
- Implement the pharmacy project and assess short-term outcomes proposed in the implementation plan;
- Collaborate with NACCHO to collect, analyze, interpret, and synthesize findings;
- Collaborate with NACCHO during and post-project period to share ongoing lessons learned and findings through reports, conference abstracts, webinars, and limited 1:1 technical assistance with other areas interested in learning more about the approach and lessons learned;
- Participate in project conference calls, site visit(s) (virtual or in person), and any project dissemination meetings, as appropriate; and
- Submit final project deliverables.

Summary of required project deliverables

- Final written project model and implementation plan.
- Final evaluation plan.
- Clean summaries of all data collected based on evaluation plan.
- A minimum of three progress reports summarizing project status, completed deliverables, and next steps.
- Electronic copies of any materials developed to implement the model, including standard operating and reporting procedures, a referring patient and treatment algorithm, sample lab requisition forms, educational material for patients, training modules, sample memorandum of understanding (MOU), data sharing, cost sharing, and other legal agreements between the entities.
- Final report documenting methods, results, conclusions, and lessons learned. This also should include documentation of the partnership development process with a partnership logic model (including the results of the evaluation plan).

V. Evaluation Guidance and Requirements

The awardees will be expected to answer the following evaluation questions using scientific methods:

- How operationally feasible was it to expand STI services/referrals in the pharmacy setting?
- What barriers and facilitators affected implementation?
- How feasible and successful was the partnership itself?
- To what extent will the partnership be sustained beyond the funding period?

Applicants should propose a basic evaluation design in their application. Applicants are encouraged to provide as much detail as possible in their applications to facilitate project timelines upon funding. Various types of data are needed to create a multi-dimensional description of feasibility, replicability, facilitators, and barriers. NACCHO and CDC are committed to working with funded jurisdictions to develop process and short-term outcomes with both quantitative and qualitative methods for the evaluation and provide support as otherwise needed.

Project measures could include, but are not limited to:

- Systems-level data – documentation of the partnership process:
 - Number of members, roles, and responsibilities
 - Partner participation rate
 - Proportion of partners engaged

- Meetings and trainings held
- Objectives met
- Resources leveraged
- Adopted or refined policies
- Intervention-level:
 - Number of referrals
 - Number screened
 - Number of positive STI cases
 - Number of STI cases successfully treated
 - Duration between diagnosis and treatment
 - Number of trainings conducted
 - Staff experience with implementing the intervention
 - Lessons learned and opportunities for scalability
- Patient-level data:
 - Patient demographics
 - Patient sexual behavior
 - STI history
 - Reason for choosing pharmacy
 - New patient visit
 - Primary care provider home
 - Assessment of patient satisfaction with the experience and likelihood of returning

Project deliverables/outcomes must include documentation and evaluation of the partnership process, including a partnership logic model as part of the final report. Any tools and materials developed to implement the project will also be required project deliverables. These may also include but are not limited to toolkits that describe standard operating and reporting procedures, a referring patient and treatment algorithm, sample lab requisition forms, educational material for patients, training modules, sample MOUs, data sharing, cost sharing, and other legal agreements between the entities.

VI. Support and Technical Assistance

NACCHO will provide ongoing support to awardees in the form of:

- Technical assistance via conference call and/or webinar to facilitate project planning, implementation, data collection and analysis, and reporting;
- In-person and/or virtual site visits to observe the program model, review and discuss implementation plans and evaluation data, and provide technical assistance, as applicable;
- Input and feedback on intervention protocols, workflows, workplan, and evaluation plan;
- Analysis of reported data;
- Provision of templates for interim and final reports and dissemination/summary products; and
- Coordination of dissemination back to recipients and to the broader community of STD Programs.

Additionally, NACCHO will develop resources and materials based on project findings to disseminate broadly to LHDs and other STI and pharmacy stakeholders across the country.

VII. Funding and Timeframe

Selected sites will be awarded up to \$75,000 (each) depending on the number of sites awarded and the proposed budget of the sites to design, pilot, and evaluate a collaborative model for providing STI services (testing, treatment, partner notification services) between a pharmacy and a health department. The selection of sites will be determined through demonstrated background need, site capacity as described in their application, and feasibility of the proposed approach.

Funding should be used to support costs for personnel, training, educational materials, STI/HIV testing, IT equipment, purchasing of treatments, and contractual support for surveillance or public health information systems enhancements. Funds may be used to support a full-time employee with the organizational capacity to conduct and oversee program activities. Funding may not be used for research or clinical care (including the delivery of treatments) and generally, funding should not be used to purchase furniture and equipment (limited equipment items costing less than \$5,000 may be allowable but will require prior approval). Recipients may use funds only for reasonable program purposes, including for personnel, travel, supplies, and services. See [budget guidance](#) for more information.

KEY DATES

EVENT	DATE
RFA RELEASE	MARCH 31, 2022
INFORMATIONAL WEBINAR FOR POTENTIAL APPLICANTS	APRIL 14, 2022
APPLICATION SUBMISSION DEADLINE	MAY 27, 2022
ANTICIPATED AWARD NOTIFICATION	JUNE 10, 2022
ANTICIPATED IMPLEMENTATION AND EVALUATION PERIOD	JULY 1, 2022- JULY 31, 2023
DISSEMINATION OF LESSONS LEARNED	YEAR FOLLOWING PROJECT PERIOD

VIII. Eligibility and Contract Terms

Eligible applications are the health department but must include a connection to at least one pharmacy setting (including a memorandum of understanding or other formal agreement to work together) in addition to meeting criteria specified below in the selection criteria. See the Requirements section for additional information about eligibility.

Applicants should plan for approximately 12 months of project implementation. Projects will begin on the date of contract execution. NACCHO will pay the selected project areas upon receipt of deliverables per the payment schedule identified in the scope of work. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary. ***All projects must be completed by July 31, 2023.***

IX. Proposal Format

The application should be single-spaced and use Times New Roman 12-point font, not to exceed eight (8) pages in length, and should include the following sections in this order:

A. [Cover page](#)

B. Background and Need (~2 pages)

- a. Describe your site population including an overview of your service area and community, number and socio-demographic description of clients seen/tested annually by the health department and any already seen in the pharmacy setting, and sociodemographic description of STI positivity and rates.
 - i. Provide the chlamydia, gonorrhea, and syphilis case counts and positivity rates overall and among important populations (e.g., adolescents, racial/ethnic minorities, and sexual and/or gender minorities) for the past two years (pre-COVID and currently).
 - ii. Indicate in which [EHE priority jurisdiction](#) you are located, if applicable.
- b. Describe the current STI services offered by the pharmacy and LHD in the jurisdiction.
- c. Describe the STI testing, treatment, and referral gaps, and needs in your community that could be addressed by this joint initiative.
- d. Describe how will this project help eliminate health disparities in your community.

C. Project Design and Potential for Impact (~2 pages)

- a. Scope of work including a narrative with goals and activities and a bulleted timeline of major activities to be completed each quarter.
- b. Describe how you propose to accomplish project objectives and any specific determinations about what patient population(s) you will reach may be included.
- c. Describe how the current LHD-pharmacy relationship will change/expand because of this joint initiative.
- d. Describe the potential for substantial positive impact on the need described in the RFA and whether the impact is likely to be long-term.

D. Capacity to Implement Project and Plans for Long-term sustainability (~1 pages)

- a. Describe your experience with, and capacity for, managing and implementing this sort of project.
- b. Describe the plan to sustain these services after the project is completed.

E. Monitoring and Evaluation (~1 pages)

- a. Describe your plan to measure progress against stated project goals, objectives, and outcomes.

F. Key Staff and Partners (~1 pages)

- a. Proposed key staff to manage the overall project, their roles, and relevant experience. Please identify the staff that will champion the project from both the health department and the pharmacy.
- b. Proposed key staff to implement the project, their roles, and relevant experience.
- c. Proposed key staff to evaluate the project, their roles, and relevant experience.
- d. Description of and relationship to any partners critical to implementing the innovation or improvement.

- i. Include letter(s) of agreement between the LHD and the pharmacy detailing mutual roles and responsibilities under this partnership (as an attachment).
- e. Description of and relationship to any partners critical to evaluating the innovation or improvement.

G. Attachments – Required

- a. [Proposed budget with a separate budget narrative document](#) (funding going to collaborating pharmacy(s) must be highlighted)
- b. Letters of support from any key partners critical to the project
- c. [Vendor Information Form](#)
- d. [Certification of Non-Debarment](#)
- e. [W-9](#)
- f. [FFATA data collection form](#)
- g. [Proof of an active registration with SAM.gov](#)

H. Attachments – Optional

- a. Resumes/CVs of Key Staff

The cover page, budget with justification, resumes/CVs, and other optional attachments do not count against the total page limit. All pages, charts, figures, tables, and any additional information/attachments should be numbered.

Before a contract can be entered, proof of active registration with SAM.gov in accordance with an active DUNS/Unique Entity Identification number must be obtained. Registration can be done [here](#).

X. Selection Criteria

Applications will be reviewed and scored in accordance with the following criteria (out of 100 points):

- Evidence of need/burden – (20 points)
- Project design (ingenuity and feasibility of concept) – (20 points)
- Potential that pharmacy delivered services can expand access/convenience of STI services in the community – (20 points)
- Capacity to implement the project – (20 points)
- Monitoring and evaluation – (10 points)
- Relevant experience of key staff/partners responsible for carrying out project activities – (10 points)

NACCHO reserves the right to award jurisdictions that do not have the highest raw score to account for factors such as geography or population size.

XI. Submission Instructions

The deadline to submit applications is May 27, 2022, by 11:59 PM Pacific Time (PT). Proposals should be submitted as a single PDF in an email to rhowitz@naccho.org with subject line: “LHD/Pharmacy Partnership RFA.” Separate attachments for contracting and budgeting forms/narrative are allowed.

*An informational webinar will be hosted for potential applicants on April 14, 2022, from 3:00-4:00PM Eastern. Please note that **advanced registration is required**, simply click on the link below to register: <https://naccho.zoom.us/meeting/register/tZEucu-vqzksGNaokDlayEBk03NMANhqB-il>. Questions may be submitted in advance to rhowitz@naccho.org.*

XII. Additional Information and Resources

- [American Pharmacists Association](#)
- [National Community Pharmacists Association](#)
- [Methods and Resources for Engaging Pharmacy Partners](#)
- [Partnering with Pharmacies in the Prevention and Control of Chronic Diseases](#)

Scope of Practice Resources

- [Pharmacist Authority to Administer Medications](#)
- [COVID-19 information – compilation of state actions affecting pharmacy](#)
- [Nurse Practitioner Scope of Practice Laws](#)

XIII. Appendices

[Sample Contract Language](#)

[Budget Narrative Template](#)

[Contract Coversheet](#)

For questions, contact:

Rebekah Horowitz, JD/MPH

Senior Analyst, HIV, STI, and Viral Hepatitis

rhowitz@naccho.org