

NACCHO

National Association of County & City Health Officials

REQUEST FOR APPLICATIONS

LEVERAGING RETAIL HEALTH CLINICS AND PHARMACIES FOR STI SERVICES AND CARE

National Association of County and City Health Officials (NACCHO)

Release Date: March 15, 2021

Due Date: April 30, 2021*

*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 RETAIL HEALTH CLINICS AND PHARMACIES FOR STI SERVICES AND CARE

Proposal Due Date and Time: April 30, 2021 at 11:59 Pacific.

Selection Announcement Date: Mid-May

Source of Funding: Centers for Disease Control and Prevention, Division of STD Prevention

NOA Award No.: 5 NU38OT000306-03-00

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

Estimated Period of Performance: May 2021-July 2022

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. In several jurisdictions, sexually transmitted disease (STD) clinics have closed or reduced the range of services and some programs are using telehealth and syndromic management. Amidst the pandemic, STD programs are exploring innovative approaches to maintain patient access to STI care. Both pharmacies and retail health clinics have the potential to serve as important safety nets/access points for the delivery of STI care. Retail Health Clinics (also known as convenient care clinics; herein after RHCs) are defined as clinics located within a retail setting, primarily staffed by a nurse practitioner or physician’s assistant (e.g., MinuteClinic), and provide affordable, accessible episodic care. Many of these RHCs currently provide STI testing and diagnosis, and treatment for uncomplicated STI cases, and the pharmacies where many of these clinics are co-located dispense the medications used to treat commons STIs.

This project will offer essential information about the development of expanded STI patient care provided in retail health or 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 2-4 health departments up to \$75,000 (per site) to develop, design, and implement a collaborative partnership with these entities to expand STI services and care. Findings will be shared broadly with STD programs across the country.

II. Problem Statement

CDC estimates that 1 in 5 people in the U.S. have a STI on any given day in 2018. Nearly half of newly acquired infections are among individuals aged 15-25 years. Frequently reported barriers to accessing timely STI care and treatment include inconvenient hours, long wait times, distance to clinic, and confidentiality/privacy concerns. New strategies are needed to increase access and improve convenience to quality sexual healthcare. The [STI National Strategic Plan \(2021-2025\)](#) includes both RHCs and pharmacies among its strategies for STI prevention and control. The Plan highlights their role as non-traditional settings for scale-up of innovative STI service delivery models and in increasing screening and linkage to STI care. Partnerships with RHCs and pharmacies can provide new access points for STI services.

Retail Health Clinics

Today, there are an estimated 3,000 RHCs throughout the United States, located in 44 states and the District of Columbia, with more than 50% of the US population within a 10-minute drive of an RHC. RHC operators are commonly found in convenient locations such as drugstores, food stores, and other retail settings. RHCs record approximately 50 million patients, annually. Clinics are generally open seven days a week, with extended weekday hours, appointments are not necessary, and visits take 15-20 minutes with usual wait times less than 10-minutes. Most RHC visits are walk-ins with two-thirds of patients reporting not having a primary care provider (PCP). Young and middle-aged adults are among the most seen (ages 18-44). Some research suggests that patients choose retail clinics over traditional PCPs because of difficulty accessing PCPs and the appeal of lower costs.

RHCs are primarily staffed by highly qualified advanced practice nurses, including nurse practitioners, as well as by physician assistants. Most STI conditions can often be fully evaluated and treated within the retail health setting. Large clinic chains have reported that the number of patients with STI conditions utilizing RHCs has more than doubled since 2012. Clinics provide comprehensive STI evaluation for patients and/or the partners of patients for conditions including: bacterial vaginosis, chlamydia, gonorrhea, hepatitis, herpes, HIV/AIDS, human papillomavirus (HPV), pelvic inflammatory disease (PID), syphilis, trichomoniasis, and other STIs. Urine and swab tests are available, but STI testing via self-collection is not offered. The availability of 3-site testing is expanding, but not available everywhere due to limited capabilities. Some clinics can conduct a blood draw for HIV, syphilis, and Hepatitis B, but all blood testing is sent to a lab. For more complex cases, patients are referred out. Partner therapy is encouraged, but expedited partner therapy is not practiced – partners are physically required to come into the clinic. Some RHCs do have age restrictions that impact their ability to offer care to minors; many states require parental oversight to seek care.

Preliminary mapping suggests that when comparing states with higher rates of STIs, there appears to be a correlation with a higher number of RHCs. As a result, RHCs are well-positioned with significant capacity to support and respond to the nation's STI epidemic. RHC leaders have

expressed potential and desire to collaborate more closely with health departments on increased demand for STI services, referrals, and data information and sharing. There is also strong interest in the billing, cost-sharing, and expansion of 340B pricing to RHCs so their patients (especially those referred by health departments) can afford the treatment they need.

Pharmacies

There are approximately 70,000 community pharmacies in the United States, of which retail chain and independent pharmacies account for 40% and 35%, respectively. More than 90% of the US population lives within 5 miles of a community pharmacy and those in more urban areas live less than 2 miles from one. Although staff are not 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.

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. 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. Some pharmacy practices have moved to more patient-centered care approaches and trained providers to deliver counseling and offer clinical referrals for a variety of health conditions. Pharmacy practices with a private and confidential space/room could offer STI/HIV risk reduction counseling, specialty referrals, and STI 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 48 states. 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, Penicillin G benzathine). Pharmacies may also contribute to better community-based STI surveillance – data sharing could help monitor trends in STI therapies and their sequelae. Models for the necessary infrastructures regarding billing and reimbursement, health information technology, data sharing, training, and physical settings are needed.

Need for Collaborative and Innovative STI Care Models

A variety of models are needed to address these considerations and expand STI services and care in retail health and pharmacy settings. Several 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 their communities.**

Scenario 1: Health department A partners with RHC B to refer asymptomatic patients for STI services. The RHC could also consider piloting express services with self-collected specimens and/or 3-site testing. Deliverables/outcomes could include MOUs, standard operating procedures, protocols for delivery of result, cost-sharing, etc.

Scenario 2: 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 3: RHC B wants to pilot the introduction of injectables and explore training of NPs/PAs and partners with Health Department A for technical assistance, training, and to take on referrals. Deliverables/outcomes could include standard operating procedures and protocols for medication storage and administration and NP/PA education and training.

Scenario 4: A model could focus solely on coverage of costs and transference of 340B pricing or cost-sharing among RHCs. STD programs interested in partnering with a RHC, would need to establish a separate agreement between the STD program and the retail clinic(s)¹ and develop protocols for order receiving, record keeping, test result delivery, and reporting.

Other possibilities could include expansion of: STI and sexual health care training, STI services for patients under the age of 18 years, partner services, and EHRs and data sharing to monitor trends.

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 RHCs or 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 RHC/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;

¹ As it stands, patients that have health insurance or Medicaid can seek services directly at a RHC but are not eligible for 340B drugs. However, if the patients are referred by a STD clinic provider and there is an auditable record of the referral in the STD clinic, this patient may be eligible for 340B drugs. For uninsured patients, cost sharing would need to be negotiated locally between the STD program and the clinic.

- Assess the ability to implement an STI express testing model with self-collected specimens (including extragenital testing) in the RHC/pharmacy setting; and
- Assess ability of RHCs/pharmacies to provide STI care to those under 18 years old.

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

IV. Scope of Work and Requirements

This funding is open to local health departments (LHDs) that have at least one RHC or pharmacy with a committed interest to partnering to expand STI services in that jurisdiction.

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

The RHC or 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, data or cost sharing capabilities.

A letter of agreement between the LHD and the RHC or pharmacy detailing mutual roles and responsibilities under this partnership is required.

Applicants must demonstrate need by providing chlamydia, gonorrhea, and syphilis case counts and positivity rates among important populations in the jurisdiction (e.g., adolescents, racial/ethnic minorities, and sexual and/or gender minorities). Applicants should also note if they are in an [Ending the HIV Epidemic](#) (EHE) jurisdiction.

Expansion of STI services into retail health and 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 stakeholders are aware of the project, engaged, and informed appropriately throughout the duration of the funding period.
- Finalize a partnership and implementation model and plan to leverage RHC/pharmacies 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 RHC/Pharmacy project and assess short-term outcomes proposed in 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 as well as site visit(s) (virtual or in person) and any project dissemination meetings, as appropriate.
- Submit final project deliverables.

Summary of required project deliverables

- Final project model and implementation plan
- Final evaluation plan
- Clean summaries of all data collected based on evaluation plan
- A minimum of 3 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 MOUs, 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.

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 RHC/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 RHC/pharmacy
 - New patient visit
 - 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
- Provide input and feedback on intervention protocols, workflows, work plan, and evaluation plan.
- Analysis of reported data
- Provision of templates for interim and final reports and dissemination/summary products
- 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 retail health/pharmacy stakeholders across the country.

VII. Funding and Timeframe

Selected sites will be awarded up to \$75,000 (depending on the number of sites awarded) to design, pilot, and evaluate a collaborative model for providing STI services (testing, treatment, partner notification services) between a RHC/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 test kits, STI treatment, IT equipment, 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 (except as allowed by law) and generally, funding should not be used to purchase furniture and equipment. Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

KEY DATES

EVENT	DATE
RFA RELEASE	MARCH 15, 2021
INFORMATIONAL WEBINAR FOR POTENTIAL APPLICANTS	MARCH 30, 2021
APPLICATION SUBMISSION DEADLINE	APRIL 30, 2021
TELEPHONE INTERVIEWS WITH FINALISTS (IF NEEDED)	WEEK OF MAY 3, 2021
ANTICIPATED AWARD NOTIFICATION	MID-MAY 2021
ANTICIPATED CONTRACT EXECUTION	LATE MAY 2021
IMPLEMENTATION AND EVALUATION PERIOD	JUNE 2021-JUNE 2022
DISSEMINATION OF LESSONS LEARNED	(AFTER PROJECT PERIOD)

VIII. Eligibility and Contract Terms

Eligible applications must include a local health department in addition to meeting criteria specified below in the selection criteria. See the Requirements section on page 3 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 the 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.

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 and Project Abstract

Provide a cover sheet that includes the applicant's contact information. Include project title, applicant organization name and address, project director name and contact information (telephone and email), requested funding amount, and 250-word (maximum) project summary.

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 RHC(s), 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. Note if you are an [EHE priority jurisdiction](#).
- b. Describe the current STI services offered by the RHC/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 with project goals, objectives, and proposed outcomes, including estimated timeline for deliverables and completion.

- 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-RHC/pharmacy relationship will change/expand because of this joint initiative.
 - d. Describe how your project aligns with recommendations set forth the in the CDC’s QCS recommendations and/or STD Treatment Guidelines.
 - e. 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 plan to sustain these services after the project is completed.
- E. Monitoring and Evaluation (~1 pages)**
- a. Describe 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 project overall, their role, and relevant experience
 - b. Proposed key staff to implement the project, their role, and relevant experience
 - c. Proposed key staff to evaluate the project, their role, and relevant experience
 - d. Description and relationship to any partners critical to implementing the innovation or improvement
 - i. Include letter(s) of agreement between the LHD and the RHC/pharmacy detailing mutual roles and responsibilities under this partnership (as an attachment)
 - e. Description and relationship to any partners critical to evaluating the innovation or improvement
- G. Attachments - Required**
- a. Proposed budget, with justification
 - b. Proposed project work plan
 - c. Letters of support from any key partners critical to the project
 - d. [Vendor Information Form](#)
 - e. [Certification of Non-Debarment](#)
 - f. [W-9](#)
 - g. [FFATA data collection form](#)
- 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 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 for impact (potential for substantial positive impact on the need described in the RFA and whether the impact is likely to be long-term) – (20 points)
- Jurisdictional capacity to implement the project (prior experience with, and capacity for, managing and implementing this sort of 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. Telephone interviews may be conducted with finalists. Interviews would be conducted in early May 2021.

XI. Submission Instructions

The deadline to submit applications is **April 30, 2021** by 11:59 PM Pacific Daylight Time (PDT). If this deadline poses an issue, please reach out to discuss options. Proposals should be submitted as a single PDF in an email to rhowitz@naccho.org with subject line: "LHD/RHC/Pharmacy Partnership RFA."

*An informational webinar will be hosted for potential applicants on March 30, 2021 at 1-2PM ET. Please note that **advanced registration is not required**, simply click on the link below at the time of the webinar. Questions may be submitted in advance to rhowitz@naccho.org and will be accepted until 11:59PM Pacific Daylight Time (PDT) on March 29, 2021.*

Webinar URL: <https://naccho.zoom.us/j/2159647452>. Audio: +1 301 715 8592, Meeting ID: 2159647452

XII. Additional Information and Resources

- [Convenient Care Association](#)
- [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](#)
- [State-by-State Guide to Laws Regulating Physician Assistant Authority](#)

XIII. Appendices

[Sample Contract Language](#)

[Budget Template](#)

For questions, contact:

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