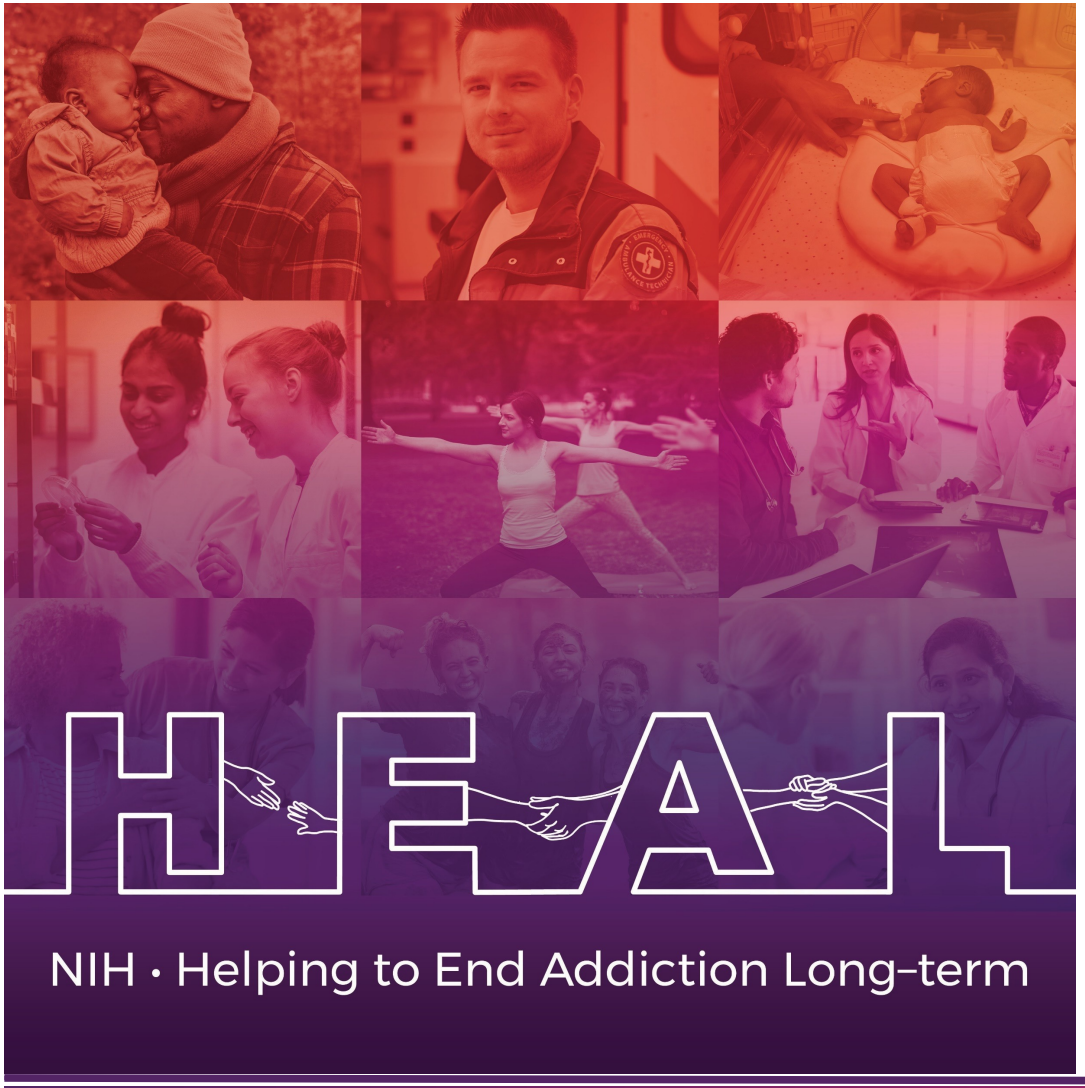


MIRHIQL Technical Assistance Webinar

- RFA-DA-23-041 HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy (MIRHIQL) (R01 Clinical Trial Required)
- RFA-DA-23-042 HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy (MIRHIQL): Resource Center (U24- Clinical Trial Optional)

Brief Technical Orientation

NIH HEAL INITIATIVE

- This webinar is being recorded.
- All participants, except NIH staff, have been muted.
- Questions will be taken at the end and read by a moderator. Submit questions to “All Hosts” using the Q&A feature.
- We will answer questions about eligibility, technical requirements, and budget requirements.
- **We will not answer questions about specific designs or study ideas. Please email POs to set up a time to discuss such questions.**
- Today’s slides and a recording will be posted here.
- If you experience technical difficulties during the webinar, please send a chat to Tamara Haegerich. If no response, email tamara.haegerich@nih.gov.

Agenda

NIH HEAL INITIATIVE

- MIRHIQL R01 RFA
- MIRHIQL U24 RFA
- Coordination with HEAL IMPOWR Network
- Q&A

MIRHIQL R01 & U24 Key Dates

NIH HEAL INITIATIVE

• Earliest Submission Date	Aug 27, 2022
• Letter of Intent Due Date	Aug 27, 2022
• Application Due Date	~~**Sept 27, 2022**~~ **Oct 3, 2022**
• Scientific Merit Review	Mar 2023
• Advisory Council Review	May 2023
• Earliest Start Date	July 2023

MIRHIQL: R01 Research Projects

Background

NIH HEAL INITIATIVE

Approximately 13 million Americans with CP continue to be prescribed long-term opioid therapy (LTOT)

For some, LTOT provides continued benefit over risk. For others, LTOT may have iatrogenic consequences.

There have been reports of aggressive and forced tapering, inconsistent with clinical recommendations, which has contributed to this cohort of patients with adverse outcomes

Requires effective interactions between patients and clinicians and between providers and health system leadership, in the context of supportive health system policies.

MIRHIQL Research Projects

NIH HEAL INITIATIVE

- **FOA#:** RFA-DA-23-041
- **Title:** HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy (MIRHIQL)
- **Clinical Trial:** Required
- **Expected # of Awards:** 6-7
- **Budget Limit:** $750,000 Direct Cost/year
- **Award Period:** 5 years
- **Funding Mechanism:** R01

Study Design & Intervention Selection

NIH HEAL INITIATIVE

- Interventions must be patient-facing, provider/pharmacist-facing, or health systems-facing.
  - If interventions are targeting providers or health systems, the application must include patient-level data collection
- Outcomes of interest (PI must justify outcome selection):
  - Chronic pain: HEAL Chronic Pain Common Data Elements
  - Opioid related harms (e.g., fatal/nonfatal overdoses, use of illicit substances/overuse of licit drugs, suicide thoughts, risk for OUD)
  - Quality of Life (disease state and physical symptoms, functional status, psychological and emotional functioning, social functioning)
  - All awardees will harmonize common data elements in Fall 2023, prior to protocol launch.
- Health care settings proposed for this funding opportunity should consistently serve a high volume of patients on LTOT.

Partner Involvement

NIH HEAL INITIATIVE

- Applications must include a minimum of two patients with lived experience or representatives from patient advocacy groups.
- The applicant must detail how their expertise will be integrated throughout the research process, including research design, conduct, and dissemination of study findings.
- Budgetary support might include allowable salary support or honorarium, travel, and per diem costs for the two patients with lived experience.

Non-Responsiveness Criteria

NIH HEAL INITIATIVE

- Applications that do not include a population on long-term opioid treatment (>90 days of use) for whom adverse opioid risks outweigh therapeutic benefit. The selected population should target a broad range of chronic pain conditions.
- Applications that do not measure chronic pain, reduced opioid-related harms and improved quality of life.
- Applications that do not evaluate an intervention that targets patients on LTOT for whom opioid risks outweigh harms, providers (inclusive of pharmacists), or health systems.
- Applications that do not include a minimum of two persons with lived experience in the research team
- Research sites with communities outside the US and its territories

PIs who do not commit at least 2.0 person months of effort to the application per year for the

Letters of Support

NIH HEAL INITIATIVE

1) Letters from all clinical research sites proposed
   - In general, it is expected that applicants will be able to pre-specify their expected clinical research sites. If there is a compelling reason why this cannot or should not be done, applicants should provide similar details on the potential sites and what criteria will be used for selecting sites. No letters of support will be required for this scenario.

2) A minimum of two letters from representatives from patient organizations and/or PWLE are **encouraged, but not required**. Describe how these individuals will contribute to the research projects.

MIRHIQL: U24 Resource Center

MIRHIQL Resource Center

NIH HEAL INITIATIVE

- **FOA#:** RFA-DA-23-042
- **Title:** HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy (MIRHIQL)
- **Clinical Trial:** Optional
- **Expected # of Awards:** 1
- **Budget Limit:** $1,500,000 Direct Cost/year
- **Award Period:** 5 years
- **Funding Mechanism:** U24
- **Research Strategy:** **15 pages**, not 12 pages

MIRHIQL Resource Center Key Responsibilities

NIH HEAL INITIATIVE

1. Provide coordination and communication for R01 projects and Resource Center Community Steering Committee; serve as a liaison with the IMPOWR network
   - Provide logistical support and hosting quarterly meetings between awardees and patients with lived experience under R01 projects
   - Facilitate harmonizing common data elements and any data collection procedures across awardees under R01 projects
     - Start Fall 2023 and continue throughout first year of grant award
   - Applicants will be programming harmonized CDEs into RedCap as a shared resource for the research projects
   - Provide coordination and logistical support for the Community Steering Committee.
   - Serve as a liaison between MIRHIQL and the IMPOWR network.
   - Assist the IMPOWR Coordination & Dissemination Center with other infrastructure activities to support data harmonization and network collaborations.

MIRHIQL Resource Center Key Responsibilities

NIH HEAL INITIATIVE

2. Create a risk-benefit decision tool to assist providers in determining when opioids should be continued, tapered, or tapered and discontinued.
   - The creation of this decision tool should integrate multidisciplinary perspectives from clinicians, researchers, and patient communities.
   - Applicants are encouraged to identify clear behaviors that represent continued benefit and emerging harms.
   - If appropriate, applicants are encouraged to collaborate with awardees under R01 projects who propose similarly themed projects.
   - **Activity guided by Community Steering Committee**

MIRHIQL Resource Center Key Responsibilities

NIH HEAL INITIATIVE

3. Identify ways to formally conceptualize this population on LTOT for whom opioid risks outweigh benefits for research and clinical practice.
   - ✓ Create a clinical definition for this complex population.
   - ✓ Identify a list of symptoms and/or behaviors that occur in this population.
   - ✓ Create a screening assessment that would identify patients who would meet this new conceptual clinical definition.
   - Across these 3 goals, applicants are encouraged to attend to chronic pain, opioid-related harms and quality of life outcomes.
   - Applicants are encouraged to use Delphi technique, qualitative interviewing, surveys, and other innovative approaches to seek a wide range of expert opinions.
   - Applicants may have the option to engage in activities that would move the research field and clinical practice towards the development and acceptance of a new diagnosis (e.g., ICD code creation)

   Activity guided by Community Steering Committee

MIRHIQL Resource Center Key Responsibilities

NIH HEAL INITIATIVE

4. Validate the new clinical definition, associated symptoms/behaviors, and screening assessment in an independent cohort study.
   - Population: Participants must be on long term opioid therapy for at least 90 days and exhibit behaviors suggesting that harms of continued opioid use may outweigh the benefits of continued opioid use. This cohort should target a broad range of chronic pain conditions.
   - Applicants must characterize the reliability, sensitivity, and validity of the clinical definition, symptoms/behaviors, and screening assessment.
     - Follow up assessments may be appropriate to determine the stability of this clinical definition and associated behaviors and symptoms.
     - Specificity to this population vs individuals with OUD.
   - Applicants should attend to the generalizability of the clinical definition, symptoms/behaviors, and screening assessment across sex/gender, racial/ethnic groups, and rural/urban communities.
   - **Activity guided by Community Steering Committee**

     At the conclusion, applicants may revise the clinical definition, associated behaviors and symptoms, and screening assessment based on findings from the cohort study

MIRHIQL Resource Center: Steering Committee

NIH HEAL INITIATIVE

- Aside from the first key responsibility, this program will be governed by a Community Steering Committee.
- This committee will consist of investigators, NIH program staff, patients with lived experience, bioethicists, and a range of health care providers which may include pain specialists and/or addiction medicine providers.
- This committee will oversee development of consensus policies, protocols, and procedures for study-wide activities such as clinical coordination, data collection, and resource sharing.
- It is expected that reoccurring meetings, virtually or in-person, will occur to support these activities.
- Budget should include travel and salary support for Community Steering Committee Chair; PD(s)/PI(s) and relevant key team members, and as many support staff as needed to coordinate all in-person Steering Committee meetings.

Non-Responsiveness Criteria

NIH HEAL INITIATIVE

- Applications that do not provide administrative and data harmonization support and coordination for awardees funded under MIRHIQL R01 announcement and the IMPOWR network.
- Applications that do not create a risk-benefit decision tool to assist providers in determining when opioids should be continued, tapered, or tapered and discontinued.
- Applications that do not address a plan for creating a clinical definition for patients on LTOT for whom opioid risks outweigh benefits.
- Applications that do not address a plan for identifying associated symptoms/behaviors for patients on LTOT for whom opioid risks outweigh benefits.
- Applications that do not address a plan for creating a screening assessment for this new clinical definition.
- Applications that do not validate the new clinical definition, associated symptoms/behaviors, and screening assessment in an independent cohort study.

PIs who do not commit at least 2.0 person months of effort to the application per year for the life of the award

Letters of Support

NIH HEAL INITIATIVE

1) Letters from all clinical research sites proposed (for validation cohort)
   - In general, it is expected that applicants will be able to pre-specify their expected clinical research sites. If there is a compelling reason why this cannot or should not be done, applicants should provide similar details on the potential sites and what criteria will be used for selecting sites. No letters of support will be required for this scenario.

Cooperative Agreement Terms

NIH HEAL INITIATIVE

1) PI responsibilities
   - Determining research approaches, designing protocols, and setting project milestones, and conducting research.
   - Assessing and disseminating data, protocols, and methods developed for or derived from within the program to external stakeholders.
   - Serving as a member of the Community Steering Committee and participating in required activities, including primary responsibility for organizing regular conference calls and 1-2 annual face-to-face meetings.

Cooperative Agreement Terms

NIH HEAL INITIATIVE

2) Program responsibilities
   - The NIH Project Scientist(s) will work closely with the PD(S)/PI(S) and the Community Steering Committee through appointment of a science officer and a program officer
     - The assigned Project Scientist(s) will be responsible for: (1) providing advice and guidance to the resource center to assure the study is run in accordance with NIH policies and procedures, and is consistent with the mission of the NIH to improve public health and (2) serving as a point of contact for investigators with the NIH.
   - Monitoring the operations of the U24 and making recommendations on overall project directions
   - Assisting in coordinating collaborative research efforts involving researchers supported by NIH or other state or federal entities;
   - The NIH Program Official will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the award notice.

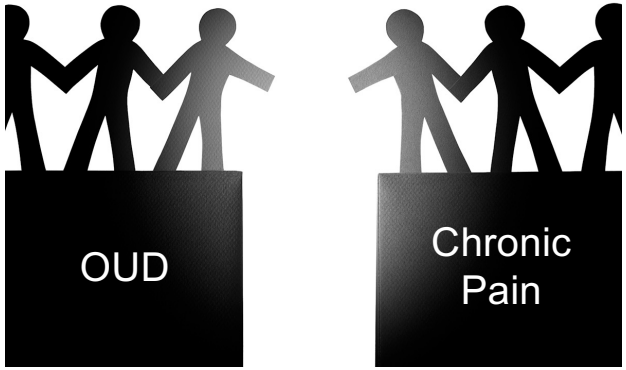
Cooperative Agreement Terms

NIH HEAL INITIATIVE

3) Areas of Joint responsibilities
   - The Community Steering Committee is the primary governing body of the Cooperative. Steering Committee membership will be determined in the first year and agreed upon between the PD/PI(s) of the resource center and NIH Project Scientist.
   - The Community Steering Committee will only govern activities executed by the Resource Center. **It will not advise on activities supported by RFA-DA-23-041 (R01 projects).**
   - The Community Steering Committee reviews and approves the research agenda, develops and monitors policies and procedures guiding the research activities, and oversees communications. Awardees agree to abide by the procedures and policies established by the Community Steering Committee.

Coordination with IMPOWR Network

Treatment Challenge



- Lack of evidence-based integrated treatments for both
- Service provision for patients with both CP and OUD is fragmented
- Limited resources, expertise, and communication leave patients behind
- COVID-19 impact on overdoses

Research Opportunities

- Discover cost-effective interventions that integrate CP + OUD treatment
- Determine the best approaches for integrated care delivery for CP + OUD.
- Identify barriers and solutions towards implementing these innovations in a sustainable manner.

★ = underserved populations

MOST project has ESI co-lead

Behavioral Pain Tx

Primary Care (Bup)	Pain self-management & Bup inductions
	Pittsburgh (Merlin) ★
OTP (Bup)	Acceptance Commitment Therapy + Mindfulness
	UNM (Witkiewitz)
OTP (Methadone)	Yoga vs Physical Therapy vs TAU
	Einstein (Starrels) ★

Care Delivery Models

OTP (Both)	Multimodal stepped care
	Yale (Becker)
Primary Care (Both)	Implementation strategies for AI/AN tailored MI
	UNM (Witkiewitz) ★
Primary Care: VA (Bup)	Pharmacist-Physician Collaborative Care
	Yale (Becker)
Primary Care: FQHC (Bup)	Acceptance Commitment Therapy + Care management
	Einstein (Starrels) ★

MOUD Dosing

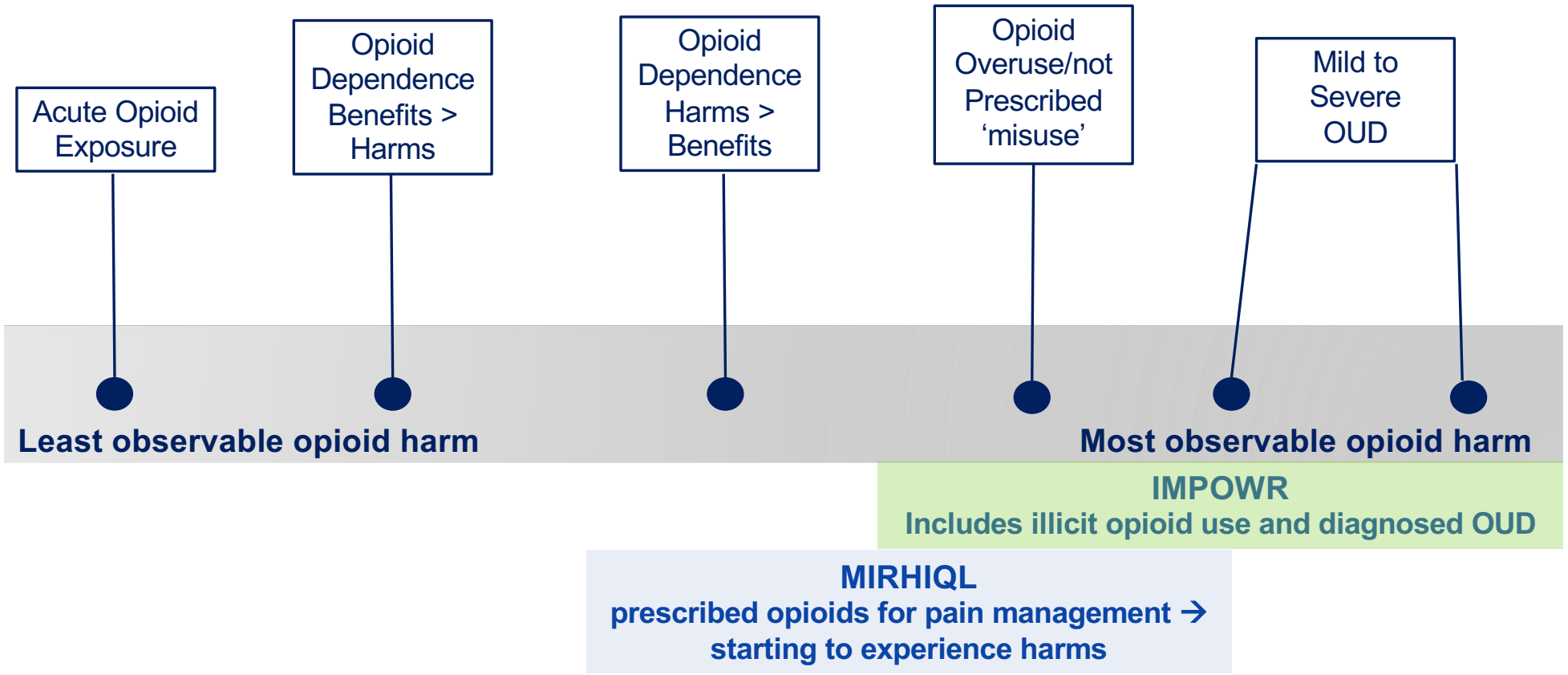
Primary Care (Bup)	Pain self-management & flexible bup dosing
	Pittsburgh (Merlin) ★
Hospital (Bup)	Microdosing vs standard induction
	Einstein (Starrels) ★
OTP (Methadone)	Standard vs 2X/daily dosing
	Hopkins (Dunn)

Coordination & Dissemination Center

- Create composite screening instrument
- Develop educational materials, including stigma

MIRHIQL & IMPOWR Synergy

NIH HEAL INITIATIVE



MIRHIQL & IMPOWR Synergy

NIH HEAL INITIATIVE

- When appropriate, expected activities of coordination with the IMPOWR networks include but are not limited to:
  - harmonized data collection with IMPOWR
  - participation at annual in-person meetings
  - data sharing with IMPOWR
  - participation on IMPOWR workgroups
- Applicants must share data & metadata with the IMPOWR coordination center (Wake Forest University; PI: Meredith Adams).

Domain	Common Data Element
Chronic Pain	• Chronic Pain categorization • Michigan Body Map • PGIC • PEG • PCS-6 • Pain Interference • Pain Intensity • PROMIS Physical Functioning
SDOH	• Social Risk Assessment Questionnaire
Quality of Life	• PROMIS PROPr • Multidimensional Scale of Perceived Social Support (MSPSS)
Co-Occurring Conditions	• PC-PTSD-5 (PTSD/Trauma) • GAD-2 (GAD) • PHQ3 (MDD)

Domain	Common Data Element
Substance Use	• Addiction Severity Index • Opioid Misuse • TAPS-1 • Tobacco/E-cig Use • Cannabis use • Alcohol Use (AUDIT-US-C) • MOUD Use • Overdose • Social Drug Use
Discrimina-tion/Stigma	• Substance Use Stigma Mechanism Scale • Perceived Discrimination Scale
Cost Effective-ness Analysis	• Health Service Utilization

HEAL Policies

Compliance with HEAL Policies

NIH HEAL INITIATIVE

- Compliance with HEAL Data Sharing Policy
- Annual HEAL PI meeting
- Attendance at annual meeting that brings together early-career pain researchers funded at NIH and their mentors.
  - Coordinating Center for National Pain Scientists Career Development (CCNPS) – under review

Questions?

NIH HEAL INITIATIVE

PIs are encouraged to schedule individual consultation calls with NIH program staff. Please email MIRHIQL@mail.nih.gov.

Applications are due Sept 27, 2022.