A Quality Improvement Grant Request for Proposals (RFP) Addressing Social Health Needs in Chronic and Preventative Disease

A grant opportunity for 3-5 integrated delivery networks to participate in a learning and action network convened by the Institute for Healthcare Improvement (IHI) and funded by Pfizer.

April 15, 2021

I. Background

Pfizer Global Medical Grants (GMG) supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies.

Pfizer's GMG competitive grant program involves a publicly posted Request for Proposal (RFP) that provides detail regarding a specific area of interest, sets timelines for review and approval, and uses an external review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in practice as outlined in the specific RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization based in Boston, Massachusetts, USA. For more than 25 years, IHI has used improvement science to advance and sustain better outcomes in health and health systems across the world. IHI brings awareness of safety and quality to millions, catalyzes learning and the systematic improvement of care, develops solutions to previously intractable challenges, and mobilizes health systems, communities, regions, and nations to reduce harm and deaths. IHI collaborates with a growing community to spark bold, inventive ways to improve the health of individuals and populations. IHI generates optimism, harvests fresh ideas, and supports anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

II. RFP Intent

The intent of this RFP is to encourage proposals to join a Learning and Action Network (LAN) to support the journey of health care organizations seeking to integrate social care into health care delivery in pursuit of improved health, well-being, and equity for their populations. The LAN will focus on the social care integration work of 3-5 integrated delivery networks (IDNs) in the United States, also known as health systems - organizations that own and operate a network of one or more health care facilities. Each selected IDN will set 12-month goals specific to their contexts. Participants will test social care integration strategies with their patient populations and share their results both with one another and stakeholders in their own IDNs to enhance the rate of learning and improvement. This LAN will be convened by IHI and funded by Pfizer.

III. Eligibility

Geographic Scope:	Integrated delivery networks (IDNs) in the United States

Applicant Eligibility Criteria	• Only organizations are eligible to receive grants, not individuals or medical practice groups.
	
	• Integrated delivery networks (IDNs) in the United States, also known as health systems - organizations that own and operate a network of one or more health care facilities and are early in their social care integration journey. Priority will be given to organizations that would benefit most significantly from participation in the Learning and Action Network (LAN).
	
	Participation Includes:
	
	• Required continuous participation of a team (see below) for approximately 15 months, including three Learning Sessions (two virtual, one in-person) and Action Period calls or webinars.
	
	• Receipt of coaching and guidance from nationally recognized expert faculty and group coaching from an improvement advisor.
	
	• Funding to support team participation.
	
	Expectations for Grant Recipients:
	
	• Have an Executive Sponsor (C-suite level) within the IDN, a dedicated Project Manager or Day-to-Day Leader, a Data/Measurement Lead, as well as a multi-disciplinary project team, with population health and Electronic Health Record team representation, for the work.
	
	    o Achieving your aims for the LAN and sustaining the program beyond the 15 months of work will best be supported if the work is clearly aligned with your organization's strategic priorities and understood by leadership. The Executive Sponsor for the LAN will serve as a liaison between the team and the executive leadership at your organization.
	
	• Implement identified initiative, projects, test changes, and implement strategies for development of infrastructure and relationships necessary to drive and sustain results.
	
	    o Over the course of the LAN, teams will engage in between 3 -7 projects, some in sequence, some in parallel, within their identified initiative.
	
	• Team attendance at three Learning Sessions (two virtual, one in-

person).

- Team members join Action Period webinars (with video) twice monthly.

- Adopt a shared measurement strategy to track progress in the learning and action network on a shared platform.

- Share data (baseline, incremental, and final) and learning with faculty and other participating teams in monthly reports, Action Period calls, and at Learning Sessions.

- Contribute to a report documenting the final results of their initiative.

IV.Requirements

Date RFP Issued	• April 15, 2021
Clinical Area	• Chronic illness and preventive care (e.g., cardiovascular and metabolic disease, chronic pain, inflammatory bowel disease, etc.)
Specific Area of Interest for this RFP:	**Learning and Action Network (LAN) Aim:** Pfizer is supporting a new LAN run by IHI) that aims to support health care organizations seeking to integrate social care into health care delivery in pursuit of improved health, well-being, and equity for their populations. The LAN will support the social care integration work of 3-5 integrated delivery networks (IDNs) in the United States. IDNs are also known as health systems and further defined as organizations that own and operate a network of one or more health care facilities. **Areas of Focus & Programmatic Work:** The LAN will focus in five key domains of activity that are needed for a system-wide approach to the integration of social care into health care delivery, including: 1. **Screening and Referral System Implementation**: This includes the exploration, identification, and implementation of the most appropriate systems and tools for screening for social health needs (whether it be activating screening tools already available to the IDN such as the EPIC Social Determinants of Health (SDOH) module or implementing a paper screener in the interim while systems are built). This also includes alignment of SDOH screening with other pre-visit screening efforts (e.g., PHQ2), and e-referral vendor contracting and initial build out of community resource inventory/collaborations (e.g.,

NOWPOW, Unite Us, etc.).

2. **Data Analysis**: This includes reflection on currently available data to better understand a chosen population in order to characterize patients and individuals' social health needs where able, begin to understand root causes of inequity, and deploy specific social care programs and interventions and other targeted community projects and community-based supplier contracting to meet the needs of the population. This would include an in-depth review of the Community Health Needs Assessment and Implementation Plan and understanding where the attributed lives are located across the IDN's catchment areas.

3. **Identification and Implementation of Social Care Models and Interventions**: Depending on the state of social health needs screening implementation, some IDNs may be ready to implement specific social care models and interventions within the LAN. Care model definition will be specific and tailored to the clinical populations that each IDN serves and plans to prioritize using a Targeted Universalist approach. This work includes reviewing relevant data, as well as evidence around current care models for SDOH integration, weighing the risks and benefits of specific choices, from expected impact to staffing and information system choices (e.g., contracting with a Community Health Worker program to support training and capacity building of Community Health Workers or implementing a post-discharge medically-tailored meals intervention.)

4. **Internal Institutional and Infrastructure Changes**: This work would be targeted toward the leadership strategy, measurement infrastructure, workforce, and contracting considerations. This might include how to select and deploy the needed information assets and technologies, how to train and develop competency in the clinical workforce.

5. **Building and Sustaining Community Partnerships**: Given the extent to which health outcomes are determined by factors occurring outside of the health care delivery system, strong relationships that can build linkages between health care and community-based services and partners (including government, faith-based, and non-profit supplied) are essential to improving outcomes for those in the population experiencing the most medical and social health need complexity and inequities. This area of work includes the asset mapping, identification, vendor partnerships, development and/or deepening of relationships with community partners needed to support—

and in some cases drive-- successful implementation of social health needs and SDOH interventions for priority populations identified by each IDN.

IDN applicants will propose a specific social care integration initiative that they will undertake as part of the LAN. Selected participating IDNs will establish a formal charter with an overall approach for implementation of their initiative and will identify a set of three to five pilot projects from within

one or more of these five domains.

Each IDN will be supported in setting 12-month goals for their work specific to their contexts as well as choosing the highest leverage set of rapid-cycle pilot projects to advance those goals (60-120 days). Participants will then use quality improvement, innovation, and implementation methods to test their strategies within their organizations and with their patient populations to achieving those goals and share their results both with one another and stakeholders in their own IDNs to enhance the rate of learning, improvement, results that will facilitate implementation and ultimately, sustainability and scale-up.

- *It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic pharmaceutical regimens will not be considered.*

Target Audience:	- Adults 18+
Disease Burden Overview:	In this time of rapid transformation of health care systems across the country, leaders are seeking and creating new value-based care models for populations that are increasingly heterogeneous and complex. To keep the promise of the Triple Aim of better care, at lower costs, for more of the population, leaders are redesigning care systems to include partnerships and service models that directly address both the social determinants of health (SDOH - the conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect health outcomes and risks, functioning, and quality-of-life) as well as social health needs (the needs that arise in particular individuals or populations as a consequence of those social determinants). Studies indicate that SDOH account for up to 55% of health outcomes[1]. Accounting for social risk factors is vital to improving both primary prevention and the treatment of acute and chronic illness.
Recommendations and Target Metrics:	While 15 months may not be enough time to produce substantive changes in population outcomes, participating IDNs should be able to successfully build or enhance a robust infrastructure for social care integration; define and advance key projects within a portfolio of activities, projects, and investments to support their overall strategy; and begin to see process level measures improve for key areas of their social care integration work (at least among some IDNs). This LAN is designed to set the IDNs to achieve results for the long-haul of their population health and social care integration journey. Within 15 months each participating IDN will be able to do the following: - Define and develop a clear guiding vision for their social care

	integration strategy, one that is relevant in the short-term and sets up the IDN for meeting the long-term population needs. • Identify and understand the available assets, infrastructure, and partnerships that each IDN already has and that can be deployed to meet the needs of specific high-risk populations which experience the most medical and social health need complexity and inequities. Finalize strategy and disseminate to stakeholders with RASCI (or RASCI like) roles and responsibilities. • From this guiding vision, develop a strategic approach including expected aims (for 15 months and beyond), dashboard measures, a small set of three to five priority projects, some in sequence, some in parallel, and where able, anticipated business results for social care integration for specific high-risk populations. • Describe and document strategy and implementation plan to internal and external stakeholders to gain feedback and secure the necessary support and resources for the strategy. • Identify and begin to implement a social health needs screening and referral system and associated protocols. • Engage in community partnerships to implement social care models, establishing contractual vendor relationships where needed and appropriate. • Based upon readiness of the IDN, begin to identify or begin to implement evidence-based, effective social care models with an associated understanding of the investments required to deliver this care model and the returns that can be expected from that investment.
Gaps Between Actual and Target, Possible Reasons for Gaps:	While understanding the social conditions in which a person lives, works, and plays is critical to health, only 24% of hospitals and 16% of physician offices report screening for SDOH[2]. More and more health systems are recognizing the imperative of understanding the social health needs of their patients and helping to resolve unmet social health needs that directly impact health, well-being, and equity, and yet more work needs to be done to understand the most impactful approach(es) to addressing SDOH.
Barriers:	While value-based care models are shifting to create better reimbursement structures to support social care, comprehensive payment pathways remain elusive. Organizations also often lack the resources, support, and/or knowledge to develop effective SDOH strategies. Our goal with this LAN is to break through some of the existing barriers to support IDNs in standing up successful and sustainable SDOH initiatives which may serve as models for future work.

Current National Efforts to Reduce Gaps:	To respond to this growing national imperative, in 2019 The National Academies of Sciences, Engineering, and Medicine (NASEM), released a report entitled, "Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health." The report outlines five goals: 1. Design health care delivery to integrate social care into health care, guided by the five health care system activities—awareness, adjustment, assistance, alignment, and advocacy. 2. Build a workforce to integrate social care into health care delivery. 3. Develop a digital infrastructure that is interoperable between health care and social care organizations. 4. Finance the integration of health care and social care. 5. Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.
Expected Approximate Monetary Range of Grant Applications:	• Individual projects requesting up to $250,000 will be considered. The total available budget related to this RFP is $1,000,000. • The amount of the grant Pfizer will be prepared to fund for any project will depend upon the external review panel's evaluation of the proposal and costs involved, and will be stated clearly in the approval notification.
Key Dates:	• RFP release date: April 15, 2021 • Full Proposal Deadline: June 3, 2021 Please note the deadline is 23:59 Eastern Time (New York, GMT -5). • Review of Full Proposals by External Review Panel: July 30, 2021 • Anticipated Full Proposal Notification Date: August 2021 • Grants distributed following execution of fully signed Letter of Agreement: September 1, 2021 • Anticipated Initiative Start and End Dates: September 1, 2021 to December 31, 2022
How to Submit:	• Please go to www.cybergrants.com/pfizer/QI and sign in. First-time users should click "REGISTER NOW". • Select the following Competitive Grant Program Name: <mark>2021 IM L: Addressing Social Health Needs (IHI)</mark> • Requirements for submission: Complete all required sections of the online application and upload the completed proposal template (see Appendix). • If you encounter any technical difficulties with the website, please click

	the "Technical Questions" link at the bottom of the page. **IMPORTANT:** Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.
Questions:	• If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Jessica Romano at jessica.romano@pfizer.com, and IHI Director Mary Deane at mdeane@ihi.org with the subject line "Addressing Social Health Needs in Chronic and Preventative Disease April 15 2021"
Grant Agreements:	• If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement. • Pfizer has drafted the terms of these agreements to be balanced and reasonable and to further the goals of both parties. Negotiating grant agreements requires significant resources, so please ensure that your institution (including your legal department) is able and willing to abide by these terms before proceeding with submission of your application as they will need to be accepted in their entirety.
Review and Approval Process	• A specific grant program RFP uses an expert review panel (ERP) to make final grant decisions. • The panels are comprised of professionals from the medical community with advanced degrees and expertise in particular clinical areas, or specific needs of a geographic region/learner group, or expertise in research, continuing professional development or quality improvement.
Mechanism by which Applicants will be Notified:	• All applicants will be notified via email by the dates noted above. • Applicants may be asked for additional clarification during the review period.

References:

1. Booske BC, Athens JK, Kindig DA, Park H, Remington PL. County health rankings working paper. Different perspectives for assigning weights to determinants of health. University of Wisconsin Population Health Institute. www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf.

2. Fraze TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. *JAMA Netw Open.* 2019;2(9):e1911514. doi:10.1001/jamanetworkopen.2019.11514

Appendix A

Quality Improvement Project Full Proposal

Applications will be accepted via the online portal. Full Proposal documents should be no longer than 10-15 pages in length (12-point font and 1-inch margins) excluding Organization Detail and References. When uploading your Full Proposal please ensure it addresses the following*:

Goals and Objectives	- Briefly state the overall goal of the initiative. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s). - List the *overall* objectives you plan to meet with your initiative both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the initiative. - What does your organization hope to accomplish as a participant in this learning and action network? This should include a description of a specific social integration initiative that you plan to undertake within the Learning and Action Network that aligns to one or more of the five domains addressed in the LAN - Please select the relevant domains your initiative will address (select all that apply) - Screening and Referral System Implementation - Data Analysis - Identification and Implementation of Social Care Models and Interventions - Internal Institutional and Infrastructure Changes - Building and Sustaining Community Partnerships
Assessment of Need for the Project	- Please submit: - A current inventory of your resources, initiatives, public commitments, and investments related to SDOH and meeting patients' social health needs. - In what ways has your organization demonstrated a commitment to equity and reducing/eliminating equity gaps? - A quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in *your* target area. - Include any social health needs data you currently collect as well as the current relevant vendors/platforms you might be using and how you are using them. - Describe the source and method used to collect the data. - Describe how the data was analyzed to determine that a gap existed. - If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.
Target Audience	- Describe the primary audience(s) targeted for this initiative. Also indicate whom you believe will directly benefit from the initiative outcomes. Describe the overall population size as well as the size of your sample population. - Please select the population segment you wish to impact with this initiative:

	o All patients o Specific segment of patients: defined by geography (specify geography) o Specific segment of patients: defined by payer (specific payer/contract) o Specific segment of patients: defined by disease state (specify disease state) o Specific segment of patients: defined by age (e.g., older adults over the age of 65+; children) o Other segment: please define
Project Design and Methods	• Describe the planned initiative and the way it addresses the established need. • If your methods include educational activities, please describe succinctly the topic(s) and format of those activities
Innovation	• Describe how your initiative is innovative and, if applicable, builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this initiative.
Evaluation and Outcomes	• In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data. • Quantify the amount of change expected from this initiative in terms of your target audience. • Describe how the initiative outcomes will be broadly disseminated.
Anticipated Initiative Timeline	• Provide an anticipated timeline for your initiative including initiative start/end dates.
Additional Information	• If there is any additional information you feel Pfizer should be aware of concerning the importance of this initiative, please summarize here.
Organization Detail	• Describe the attributes of the institutions / organizations / associations that you are confident can and will support and facilitate the execution of the initiative and the leadership of the proposed initiative. Articulate the specific role of each partner in the proposed initiative. As mentioned in the RFP, please provide a letter of support from your executive sponsor (C-suite level).
Budget Detail	• Please include a budget narrative that describes in greater detail the line items specified in the budget submitted within the application. • The budget amount requested must be in U.S. dollars (USD). • While estimating your budget please keep the following items in mind: o Institutional overhead and indirect costs may be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional project expenses such as costs for publication, IRB / IEC review

	fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment.
	o The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
	o It should be noted that grants awarded through GMG cannot be used to purchase therapeutic agents (prescription or non-prescription).
	• Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects

*The online application also includes the fields noted above. The text in those fields should be the same text that is included in your Full Proposal document.