Pfizer Innovation Challenge: Patient Preference Database Blueprint Request for Proposals (RFP)

June 8, 2021
Due Date: August 2, 2021

I. Background

Patient preference information is considered an important component to inform future decision-making across the medical product life cycle. However, there is a lack of effective access to preference data that is representative of diverse populations and it is not routinely considered one of the requirements for decision-making in healthcare and drug development.[1] A database that will allow for review of existing/secondary patient preference data will allow for informed decisions that focus on patient-centric healthcare.

Currently, most patient preference studies are designed to be fit-for-purpose for a single decision. As a result, the results of each study are often published, possibly used to support a decision or describe patients' preferences in a specific situation and then forgotten. Although the results of a patient preference study may be cited in future publications to describe what may be known about patient preferences in a particular disease area or with regard to a particular type of health decision, the quantitative results are rarely used to inform other preference-sensitive decisions or to identify trends, or develop insights that help to inform future strategies. A few examples of the synthesis of patient preference results exist[2,3]. However, these are exceptions.

Through this RFP Pfizer seeks to support and/or enable an independent third-party to create a blueprint or plan to develop and host a searchable database of quantitative patient preference results that can be used effectively as secondary data in research, develop and execute a plan to engage other organizations to populate the database, and sustain the maintenance and upkeep. A key element of the repository will be the ability of users to search contents and extract results that can be used effectively to weight outcomes in decision models. This will require that the database be more than a repository of existing patient preference studies, but rather that it be designed in such a way that data can be organized and extracted in a usable format.

II. Purpose

This Innovation Challenge RFP seeks to solicit proposals to develop a blueprint for collating, organizing, and storing publicly available results from multiple patient preference studies such as may be found in publications or study reports in a single database, organizing results by disease, treatment class (JAK inhibitors in multiple diseases), patient type, etc. or any other categorization scheme and propose a method for extracting and synthesizing available data so that the existing quantitative preference estimates can be used as weights in decision-analytic models as an alternative to de novo primary data collection. The preference results in the database can be the result of any stated preference method (e.g., discrete-choice experiment, threshold technique, swing weighting, etc.) that provides quantitative estimates of marginal utility or relative importance of multiple disease and treatment attributes.

This is not meant to just be a catalog of existing publications. The ultimate end goal is a searchable database that allows interested parties to extract quantitative data on patient preferences based on an inputted query.

III. Specific Area of Interest for this RFP

Quantitative patient preference studies tend to be one-offs designed for a specific purpose (i.e., program evaluation, product differentiation, benefit-risk tradeoffs). Therefore, it is difficult to leverage the results of existing studies to support additional uses. The use of published patient preference results as secondary data in decision analysis is limited by the fact that results of patient preference studies are often context specific and not easily generalizable to other contexts or situations. While there are literature reviews summarizing methods (DCE lit reviews[4], threshold technique lit reviews[5], BWS lit reviews[6]) and a few summarizing the patient preference literature in a given disease area, there are few examples of studies in which the data from multiple studies have been summarized in such a way as to be useful in later research. Two exceptions are psoriasis (Gonzalez 2018 in The Patient) and solid tumors (Raphael et al., 2019 in JAMA oncology). This shows that information can be useful beyond a specific study and potentially generalizable. However, these syntheses, while interesting, do not appear to have been developed for the purpose of using synthesized results as inputs into decision models.

We intend to support a proposal which lays out a plan to create a blueprint to address this issue. The design plan must include the information noted in Appendix A.

Applicants are encouraged to consider how new digital technologies might address challenges of synthesizing and utilizing existing preference data. Applicants are also encouraged to consider principles for advancing equity in the collection and synthesis of preference data.

IV. Outcomes and metrics

The selected awardee will submit a detailed blueprint for collating, organizing, and storing results from multiple patient preference studies in a single database, organizing results by disease, treatment class (e.g. JAK inhibitors in multiple diseases), patient type, etc. or any other categorization scheme and propose a method for extracting and synthesizing available data so that the existing quantitative preference estimates can be leveraged to inform models and decisions as an alternative to de novo primary data collection. The detailed blueprint should be immediately actionable and submitted to Pfizer by January 2022. This blueprint must include:

- A plan for collating, organizing, and storing results from existing patient preference studies
- A plan for updating the database with results from new patient preference studies as they become available
- A plan for searching the data by content of patient preference information, source or patient preference information, area of applications (e.g., disease, disease category, treatment, treatment type, sample)
- A plan for summarizing and outputting patient preference information in a format that will enable the patient preference information to be used to weight outcomes in decision modeling.
- Definition and qualifiers that define the impact, value and sustainability of preference database
- Successes in building national databases/registries and international collaborations
- Data features and quality requirements for participating databases

- Desirable dimensions of data for assuring analysis validity when linking databases with other relevant data sources and tools

Ultimately the blueprint will be reviewed by Pfizer to determine next steps, including database creation budget implications, in addition to negotiation with awardee to engage in a collaboration to advance the full implementation of the repository.

V. RFP key information

Total award	Up to $50,000 will be awarded to meritorious proposal
Specific area of interest	Support for Health Outcomes
Geographic scope	Global
Selection criteria	Applicant submissions will be evaluated on: • Understanding of the need for and intended use of the database • The database development plan • The development team • Execution plan and feasibility
Key dates/deadlines	**June 8, 2021** – RFP released **August 2, 2021** – Proposals due **September 2021** – Applicants notified; proposal chosen **January 2022** – Resulting blueprint submitted to Pfizer

VI. How to Apply

Submission requirements

1. The Proposal requirements are noted in **Appendix A**. Please follow details in Appendix A (starting on Page 6) to ensure your submission includes the required information.

2. Submit the proposal online via the Pfizer's Grant Management System
   a. Please go to the website at www.cybergrants.com/pfizer/Research

3. Complete all required sections of the online application. Guidance on certain questions:

   a. Project Type: Select **General Research: Health Services Research**

   b. Primary Area of Interest: Select **Support for Health Outcomes**

   c. Competitive Grant Program Name: Select **2021 GMG- Patient Preference Database Blueprint**

d. Research Setting: Select **Single Site**

e. Primary Country Site: Select **Location of your Organization**

f. Total Subject Enrollment: Enter **0**

g. Budget Details: The budget amount requested must be in U.S. dollars (USD) and focus on how the funding will be used to create the blueprint

VII. Questions

If you have questions regarding this RFP, please direct them in writing to the Grant Officer for this clinical area Amanda Stein (amanda.j.stein@pfizer.com) with the subject line, "Patient Preference Database Blueprint"

References

1. Whichello C, Bywall KS, Mauer J, Stephen W, Cleemput I, Pinto CA, et al. An overview of critical decision-points in the medical product lifecycle: where to include patient preference information in the decision-making process? Health Policy (Amst Neth). 2020. https://doi.org/10.1016/j.healthpol.2020.07.007(Epub2020/08/26)

2. Gonzalez, 2018 [Gonzalez JM. Evaluating Risk Tolerance from a Systematic Review of Preferences: The Case of Patients with Psoriasis. Patient. 2018 Jun;11(3):285-300. doi: 10.1007/s40271-017-0295-z. PMID: 29332301.]

3. Raphael et al., 2019 [The Value of Progression-Free Survival as a Treatment End Point Among Patients with Advanced Cancer: A Systematic Review and Qualitative Assessment of the Literature

4. Soekhai V, de Bekker-Grob EW, Ellis AR, Vass CM. Discrete Choice Experiments in Health Economics: Past, Present and Future. Pharmacoeconomics. 2019 Feb;37(2):201-226. doi: 10.1007/s40273-018-0734-2. PMID: 30392040; PMCID: PMC6386055.

5. Hauber B, Coulter J. Using the Threshold Technique to Elicit Patient Preferences: An Introduction to the Method and an Overview of Existing Empirical Applications. Appl Health Econ Health Policy. 2020 Feb;18(1):31-46. doi: 10.1007/s40258-019-00521-3. PMID: 31541362.

6. Cheung KL, Wijnen BF, Hollin IL, Janssen EM, Bridges JF, Evers SM, Hiligsmann M. Using Best-Worst Scaling to Investigate Preferences in Health Care. Pharmacoeconomics. 2016 Dec;34(12):1195-1209. doi: 10.1007/s40273-016-0429-5. PMID: 27402349; PMCID: PMC5110583.

Appendix A

Proposal Requirements

The Proposals will be accepted via the online application. Project Proposals should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. Please include the following:

Goals and Objectives	• Briefly state the overall goal of the project. 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 blueprint.
Assessment of Need for the Project	• Please describe the overarching need for a systematic approach to collating, organizing, and storing preference data from existing published sources.
Target Audience	• Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes.
Project Design and Methods	• Describe the planned project and the way it addresses the established need. • Describe how technology will be leveraged to execute the database
Innovation	• Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed. • Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.
Anticipated Project Timeline	• Provide an anticipated timeline for your project including project start/end dates

Additional Information	• If there is any additional information you feel Pfizer should be aware of please summarize here
Organization Detail	• Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project.

Budget Detail	• The budget amount requested must be in U.S. dollars (USD) and focus on how the funding will be used to create the blueprint
	
	  • Up to $50,000 will be awarded to meritorious proposal
	  • Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects
	
	• The resulting blueprint from the Organization selected will include a proposal on how much funding would be needed to develop and maintain a database based on the blueprint developed in this project