



Pfizer Announces a **Quality Improvement Grant RFP**

Building Capacity to Address Health Disparities in the United States through Antimicrobial Stewardship Telehealth & Tele-mentoring

Competitive Grant Program - internal Pfizer review process

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 general area of interest, sets timelines for review and approval, and uses an internal Pfizer review process to make final grant decisions. Organizations are invited to submit an application addressing the practice gaps as outlined in the specific RFP.

For all independent 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.

II. Eligibility

Geographic Scope:	United States
Applicant Eligibility Criteria	<ul style="list-style-type: none"> • The following may apply: medical, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations and medical societies; and other entities with a mission related to healthcare improvement. • If the project involves multiple departments within an institution and/or between different institutions / organizations / associations, all institutions must have a relevant role, and the requesting organization must have a key role in the project. • For projects offering a component with continuing education credit, the requesting organization must be accredited.

III. Requirements

Date RFP Issued	<ul style="list-style-type: none"> • August 30, 2022
Clinical Area	<ul style="list-style-type: none"> • Antimicrobial stewardship
General Area of Interest for this RFP:	<ul style="list-style-type: none"> • The purpose of this RFP is to solicit proposals to build capacity to address identified health disparities in antimicrobial stewardship in underserved patient populations through telehealth and tele-mentoring services. • Antimicrobial stewardship programs are required for all Joint Commission-accredited hospitals and critical access hospitals, and the percentage of hospitals with antimicrobial stewardship programs in the U.S. has increased from 48% in 2015 to 91% in 2020.^{1,2} However, inappropriate antibiotic prescribing in hospitalized patients remains.³ Furthermore, the negative repercussions of widespread antibiotic use in patients hospitalized with COVID-19 along with diverted antimicrobial stewardship resources during the COVID-19 pandemic have yet to be fully realized.⁴ • The COVID-19 pandemic has shone a light on health disparities in the U.S.⁵, but importantly, these inequities are not limited to COVID-19 patients and existed before the pandemic.⁶ Characteristics such as race, ethnicity, and gender have been associated with differences in antibiotic use as soon as a person is born⁷, and this trend persists throughout life. Studies from around the world have shown inappropriate antibiotic use is associated with the following factors: culture, gender, age, rural residency, education level, marital status, number of children, health

insurance, and poor health care services.⁸

- The COVID-19 pandemic has also led to an increase in telehealth services and acceptance, but antimicrobial stewardship guidance for telehealth is sparse.²
- The Centers for Disease Control and Prevention (CDC) has identified health equity and telehealth as emerging opportunities for antimicrobial stewardship.² This RFP is intended to serve as a catalyst for innovation in the use of telehealth and tele-mentoring to build antimicrobial stewardship capacity, address health disparities, and improve patient outcomes.
- Projects that will be considered for Pfizer support will focus on:
 - Building antimicrobial stewardship capacity in lower-resourced hospital settings
 - Implementation of antimicrobial stewardship interventions using telehealth and tele-mentoring to address identified health disparities
 - Impact of such interventions on a variety of outcome categories, including but not limited to clinical outcomes, population outcomes, collateral damage (e.g., antimicrobial resistance, toxicity/adverse effects, selection of pathogenic organisms such as *Clostridioides difficile*), process measures (e.g., adherence to clinical pathways, time to appropriate therapy), and costs
 - Communities with a high [social vulnerability index](#), high rates of antibiotic use, and / or high rates of antibiotic resistance
 - Healthcare provider training on implicit and explicit bias and health literacy in addition to infectious diseases management, infection prevention, antimicrobial resistance and stewardship, and diagnostic stewardship
 - Use of community advisory boards to infuse the patient perspective into hospital antimicrobial stewardship efforts

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

Projects that encompass systematic and continuous actions that directly impact patient care and include measurable outcomes via a methodologically rigorous approach will be given the highest priority.

More information on Quality Improvement grants can be found here: [Quality Improvement | Pfizer](#)

References

1. [New and Revised Requirements Addressing Antibiotic Stewardship for the Hospital and Critical Access Hospital Programs | The Joint Commission](#)
2. [Current Report | Antibiotic Use | CDC](#)
3. Magill SS, et al. Assessment of the appropriateness of antimicrobial use in US hospitals. *JAMA Netw Open.* 2021;4(3):e212007.

	<ol style="list-style-type: none"> 4. COVID-19 & Antibiotic Resistance CDC 5. covid19-health-disparities.pdf (idsociety.org) 6. Nadimpalli ML, et al. Antibiotic resistance: a call to action to prevent the next epidemic of inequality. <i>Nature Medicine</i>. 2021;27:187-8. 7. Flannery DD, et al. Influence of patient characteristics on antibiotic use rates among preterm infants. <i>J Pediatr Infect Dis Soc</i>. 2021;10(2):97-103. 8. Gebeyehu E, et al., "Inappropriate Use of Antibiotics and Its Associated Factors among Urban and Rural Communities of Bahir Dar City Administration, Northwest Ethiopia," <i>PLoS One</i>. 2015;10(9):e0138179.
<p>Target Audience:</p>	<ul style="list-style-type: none"> • Healthcare institutions that 1) treat underserved patient populations, 2) have identified a health disparity related to antimicrobial stewardship, 3) have well-established antimicrobial stewardship programs with a plan to build or expand telehealth and tele-mentoring services as part of their antimicrobial stewardship programs, AND 4) propose an intervention to address the abovementioned disparity to measurably improve patient outcomes. • Underserved populations are defined as those who experience health disparities due to barriers related to social determinants of health¹ (e.g., economic stability, neighborhood / built environment, education, social context, access to quality healthcare), race, ethnicity, sexual orientation, gender identity, age, language preference, and / or geographic location (e.g., rural). <p>References</p> <ol style="list-style-type: none"> 1) Centers for Disease Control and Prevention. Social determinants of health: know what affects health. Social Determinants of Health CDC. Accessed 23 August 2022.
<p>Expected Approximate Monetary Range of Grant Applications:</p>	<ul style="list-style-type: none"> • We anticipate supporting 3-10 projects representing geographically diverse locations across the United States. Individual projects requesting up to \$100,000 will be considered, but we highly encourage smaller grant amounts. Our intent is to fund as many high-quality projects as possible to maximize impact. The estimated total available budget related to this RFP is \$300,000.
<p>Key Dates:</p>	<ul style="list-style-type: none"> • RFP release date: August 30, 2022 • Grant Application due date: October 6, 2022 Please note the deadline is 23:59 Eastern Standard Time (e.g. New York, GMT -5). • Anticipated Grant Award Notification Date: November 3, 2022 • <i>Grants will be distributed following a fully executed agreement. The agreement must be signed by both parties within 2022 and without change. If your project requires Institutional Review Board approval, this approval documentation must be provided by December 2022.</i> • Anticipated Project Start: on or after December 2022

<p>How to Submit:</p>	<ul style="list-style-type: none"> • Please go to www.cybergrants.com/pfizer/QI and sign in. First-time users should click “Create your password”. <i>[Note: there are individual portals for each grant application type (e.g., knowledge, LOI, research full proposal, and QI full proposal). Please be sure to use the URL above.]</i> • Click the “Start A New Quality Improvement Application” button. • In the application: <ul style="list-style-type: none"> ○ For the question “Competitive Grant?” select Yes ○ Select the following Competitive Grant Program Name: 2022 HOS US: Addressing Health Disparities through AMS Telehealth and Mentoring ○ Select the following Primary Area of Interest: Infectious Disease - General/Non-Specific • Requirements for submission: Complete all required sections of the online application and upload your project proposal (see Appendix) in the Full Proposal Submission field. • If you encounter any technical difficulties with the website, please click the “Technical Questions” link at the bottom of the page. <p>IMPORTANT: Be advised applications submitted after the due date will not be reviewed by the committee.</p>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Jessica Romano (Jessica.Romano@pfizer.com), with the subject line “Building Capacity to Address Health Disparities in the US through AMS Telehealth and Tele-mentoring.”</p>
<p>Grant Agreements:</p>	<ul style="list-style-type: none"> • 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.
<p>Review and Approval Process:</p>	<ul style="list-style-type: none"> • Grant requests received in response to a general RFP are reviewed by Pfizer to make final grant decisions.
<p>Mechanism by which Applicants will be Notified:</p>	<ul style="list-style-type: none"> • All applicants will be notified via email by the dates noted above. • Applicants may be asked for additional clarification during the review period.

Appendix A

Quality Improvement Project Full Proposal

Applications will be accepted via the online portal. Full Proposal documents should be no longer than 10 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	<ul style="list-style-type: none"> 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 <i>overall</i> objectives you plan to meet with your project 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 project.
Assessment of Need for the Project	<ul style="list-style-type: none"> Please include 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 <i>your</i> target area. Describe the source and method used to collect the data. Describe how the data were 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	<ul style="list-style-type: none"> Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population.
Project Design and Methods	<ul style="list-style-type: none"> Describe the planned project and how it addresses the established need. If your methods include educational activities, please describe succinctly the topic(s) and format of those activities. If your methods include use of digital tools, please describe succinctly those tools.
Innovation	<ul style="list-style-type: none"> 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.
Evaluation and Outcomes	<ul style="list-style-type: none"> Measurement of impact and dissemination and publication of results is critical. 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. In

	<p>other words, how will you measure the success and impact of your project? Describe how you will collect and analyze the data.</p> <ul style="list-style-type: none"> • Quantify the amount of change expected from this project. • Describe the sustainability of your project beyond the grant period. How will the project support ongoing antimicrobial stewardship capacity to address health disparities using telehealth and tele-mentoring? • Describe how the project outcomes will be broadly disseminated, including a publication plan.
Anticipated Project Timeline	<ul style="list-style-type: none"> • Provide an anticipated timeline and key milestones for your project including project start/end dates. • Maximum project length is two years, including analysis and reporting of impact of interventions.
Additional Information	<ul style="list-style-type: none"> • If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here.
Organization Detail	<ul style="list-style-type: none"> • Describe the mission, capabilities, and relevant previous activity 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, if applicable.
Budget Detail	<ul style="list-style-type: none"> • The budget amount requested must be in U.S. dollars (USD). • While estimating your budget please keep the following items in mind: <ul style="list-style-type: none"> ○ General organizational running costs such as insurances, heating, lighting, rent, building maintenance may be included. Pfizer does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in project budget. ○ The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP. ○ It should be noted that grants awarded through GMG cannot be used to purchase Pfizer therapeutic agents (prescription or non-prescription). • Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please click here for details.

*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.