Quality Improvement Grant Request for Proposals
Enhancing Patient-Centered Outcomes in Emergency Department Migraine Management

Overview

Pfizer and the American College of Emergency Physicians (ACEP) are collaborating to offer a new grant opportunity seeking proposals for quallity improvement initiatives that will promote the safe management of patients diagnosed with migraine in the emergency department setting. We seek to support projects focused on clinical program development that overcome barriers to safe, evidence-based management, disposition, and follow up of this patient population. Funded projects will describe the proposed clinical initiative's efficacy with outcome measures that demonstrate improved management of migraine patients, patient safety, physician satisfaction, and/or patient satisfaction.

Potential applicants are encouraged to pinpoint and tackle obstacles and deficiencies concerning migraine management in the emergency department (ED). This may include: Improving patient experience of ED care for patients with migraine; Outcomes associated with novel approaches to acute migraine treatment in the ED; Improving access to prompt follow-up with primary care providers.

This 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. ACEP will select the Expert Review Panel (ERP) to make final grant decisions, create a community of practice for the selected Grantees and share existing knowledge and tools. Organizations are invited to submit an application addressing the knowledge gaps 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.

About American College of Emergency Physicians (ACEP)

ACEP represents more than 38,000 emergency physicians, emergency medicine residents and medical students. ACEP promotes the highest quality of emergency care and is the leading advocate for emergency physicians and their patients, and the public. Learn more at https://www.acep.org/.

Geographic Scope

United States

Key Milestones

Submission Deadline	Anticipated Grant Award	Anticipated Project Start Date
29 SEP 2025	31 OCT 2025	JAN 2026

Funding Range and Project Length

Individual projects requesting up to $200,000 USD will be considered (inclusive of all direct, overhead, and in-direct cost). It is our intent to support 3 to 4 projects.

Maximum project length is 2 years.

I. Eligibility

Geographic Scope:

- United States

Applicant Eligibility Criteria

- The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional organizations; government agencies; and other entities with a mission related to healthcare improvement.
- Only organizations are eligible to receive grants, not individuals or medical practice groups (i.e., an independent group of physicians not affiliated with a hospital, academic institution, or professional society).
- Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions / organizations / associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project.
- The applicant must be the Project Lead/Principal Investigator (PI) or an authorized designee of such individual (e.g., Project Lead/PI's grant/research coordinator).
- The Project Lead/PI must be an employee or contractor of the requesting organization.
- Requesting organization must be legally able to receive award funding directly from Pfizer Inc. We strongly recommend that applicants confirm this with their organization or institution prior to submitting an application. Grants awarded to organizations that are subsequently found to be unable to accept funding directly from Pfizer Inc. may be subject to rescission.

II. Requirements

Primary Area of Interest:

- Migraine

Specific Area of Interest for this RFP:

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

- It is our intent to support projects that focus on improving quality of care of patients with migraines in the emergency department setting, including, but not limited to, decreased cost, decreased length of stay, decreased return visits, improved pain control, improved time to pain control, or decreased testing.
- Multi-disciplinary collaborations, are encouraged when appropriate, but all partners must have a relevant role.
- It is expected that projects will be evidence-based (education and/or quality improvement) and the proposed research/evaluation will follow generally accepted scientific principles. During review the intended outcome of the project is given careful consideration and, if appropriate based on the project goal, projects with the maximum likelihood to directly impact patient care will be given high priority. Projects including an educational element can find more information on principals of learning and behavior change for health professionals [here](#).

- There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for grantees and patients may be entirely appropriate components in responses to this RFP, projects that include an overt description of system changes will be given high priority.

Target Audience

- Emergency Physicians treating adult patients presenting with symptoms of migraine in the ED.

Disease Burden Overview

- Migraine affects about 15% of the U.S. population and is the second most disabling condition worldwide in terms of years lived with disability. It affects all aspects of life and quality of life, including work and personal disruptions. In the ED setting, roughly 1–2% of all visits are for headache, making this the fourth to fifth leading cause of presentation to the ED with migraines comprising most of these presentations. Women, especially of reproductive age, are disproportionately affected, representing approximately 82% of ED migraine visits. While most patients are discharged, a notable minority experience recurrent visits or are admitted due to severe or refractory symptoms. Most individuals suffering severe headaches do not use the ED over the course of a single year. Many ED visits for severe headache are accounted for by a small subset of all ED users.

- Many ED patients with migraine report severe, function-limiting pain, and a substantial proportion experience inadequate relief with standard first-line medications. Migraine disproportionately affects women and individuals of lower socioeconomic status, further contributing to disparities in care.

- Despite the prevalence and impact, migraine care in the ED often shows significant variability with medication choices, unnecessary imaging, admissions, and return visits.

Recommendations and Target Metrics

- Workup of treatment for headache in the Emergency department is highly variable and therapeutic practices are not congruent with current guidelines, especially for patients with severe symptoms.

- Guidelines from the American Headache Society (AHS) and American College of Emergency Physicians (ACEP) recommend first-line treatment with non-opioid analgesics. However, adherence to published guidelines is low, and recurrence is common with up to 1/3 of patients having ongoing moderate to severe headache 24 hours after discharge. From a recent migraine management needs assessment survey of ACEP members, efficiency and simplicity of acute management treatment options were ranked within the top 5 biggest area for improvement in migraine care in the ED.

- Thus, our recommended target metrics are:
    - Improving quality of care of patients in the ED with migraine including, but not limited to decreased cost, decreased length of stay, decreased return visits, improved pain control, improved time to pain control, decreased testing
    - Improving access to prompt follow-up
    - Improving patient experience of ED care for patients with migraine
    - Barriers to implementing migraine specific therapies from the Emergency Department
    - Identifying any bias- implicit or systemic when caring for migraine patients in the ED (based off recs from needs assessment)

American College of Emergency Physicians®

Gaps Between Actual and Target, Possible Reasons for Gaps

- As mentioned above, up to 1/3 of patients have ongoing moderate to severe headache 24 hours after discharge. Further, contrary to most national guidelines, opioids are still used in treating 5-8% of patients with acute migraine and as high as 25% in some locales, albeit improving in recent years. One study noted that "therapeutic practices are not congruent with current guidelines, especially for patients with severe symptoms. Efforts to improve and sustain compliance with existing management best practices are required urgently."

- The following 3 topics were identified as the biggest areas for improvement in the ED regarding arrangement and accessibility for follow-up post ED-care (2025 needs assessment survey):
    - Access to neurology consultations
    - Ensuring timely follow-up with primary care physicians, nurses, physician assistants, and/or neurologists
    - Clear protocols for urgent versus routine follow-up

Barriers

- Several potential barriers to optimal management of migraine in the Emergency Department exist, which are supported by the 2025 needs assessment survey:
    - Knowledge gaps or discomfort prescribing phenothiazines, anti-dopaminergic, or CGRP-inhibitor medication.
    - Time constraints in busy EDs limit nuanced headache assessment and non-opioid administration.
    - Patient expectations for opioid relief and lack of awareness regarding effective alternatives.
    - Operational barriers: varying ED protocols, limited prompt access to migraine-specific therapies.

Current National Efforts to Reduce Gaps

- AHS and ACEP have produced guidelines, evidence-based reviews, and educational outreach targeting Emergency Clinicians.
- Reducing opioid prescriptions for migraine has been submitted as a MIPS quality metric by some groups and data registries (2021 ECPR 46)
- Several sites and institutions have developed Clinical decision support tools embedded in EMRs encourage use of antiemetics and discourage opioids.

Expected Approximate Monetary Range of Grant Applications

IMPORTANT: Grants will be distributed following a fully executed agreement and submission of Final Protocol, Documentation of IRB/IEC Approval, Regulatory Approval (if applicable), Exemption or Waiver.

- Individual projects requesting up to $200,000 USD will be considered. The estimated total available budget related to this RFP is $600,000 USD.
- Award amounts include direct costs, institutional overhead costs (capped at 28% per Pfizer policy), and indirect costs.
- The amount of the grant Pfizer will be prepared to fund for any project will depend upon the expert review panel's evaluation of the proposal and costs involved, and will be stated clearly in the grant agreement.

Key Dates:

RFP Release Date
06 AUG 2025

Anticipated Grant Award Notification
31 OCT 2025

Anticipated Project End Date
JAN 2028

Submission Deadline*
29 SEP 2025

Anticipated Project Start Date
JAN 2026

IMPORTANT: Be advised applications submitted after the due date will not be reviewed.

*Please note the deadline is 23:59 Eastern Standard Time (e.g., New York, GMT -5)

How to Submit:

IMPORTANT: Please read this section carefully since applications submitted not following these instructions will not be accepted and will be cancelled.

- Please go to www.cybergrants.com/pfizer/QI and sign in.
  - Note: there are individual portals for each grant application type. Please be sure to use the URL above.
  - First-time users should click "Create your password".
- Click the "Start A New Quality Improvement Grant Application" button.
- Requirements for submission:
  - Complete all required sections of the online application
  - IMPORTANT: Upload proposal (see Appendix) in the Proposal/Protocol field.
- In the application:
  - For the question "Competitive Grant?" select "Yes"
  - Select the following Primary Area of Interest: Migraine
- Select the following Competitive Grant Program Name: 2025 IM US ACEP Migraine QI

Questions:

- If you encounter any technical difficulties with the website, please click here or the "Technical Questions" link at the bottom of the page in cybergrants.
- Please click here to view "Frequently Asked Questions" regarding the Competitive Grant Program.
- If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Sue Lee (sue.lee@pfizer.com), with the subject line "2025 IM US ACEP Migraine QI and August 2025"

Review and Approval Process

- Grant requests received in response to a specific RFP are reviewed by 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.

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.
- Under Pfizer's competitive grant program, modifications to grant agreements will not be reviewed unless a genuine conflict exists as between applicable law and the terms of the relevant grant agreement. Applicant is encouraged to share the core terms with counsel for approval prior to submitting an application.
- Except where prohibited by applicable law and, in any case, subject to review by Pfizer Legal, payment of grant funding may only be paid to the grantee organization.
- This RFP is supported by Pfizer Inc./Pfizer International LLC and, if approved the payment will be issued by a Pfizer US based legal entity.

About QI Grants

Quality improvement (QI) projects are systematic, data-guided, sustainable activities designed to bring about immediate, positive changes in the delivery of healthcare in particular setting (1,2). Quality improvement seeks to standardize structure and processes to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital. Process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training) (3).

QI projects systematically apply what is already known into the local practice, intended to quickly improve patient care within a specific setting. The goal of QI projects is to close a gap in performance at a specific health care system. The "performance" is a standard in health care that is not efficiently/appropriately/consistently being done (4). For these reasons, QI focuses on translating existing knowledge into programs or practices to immediately improve the quality of services to individuals and populations within a local institution or setting (5). The risk of participation in QI is the same as the risk of receiving standard clinical care (6) since the standard of care remains the same for all patients.

In contrast, research projects use a systematic approach to discover something that is unknown. Research projects add new knowledge to what was previously unknown in literature through testing of a hypothesis or a scientific question (4). Research aims to generate knowledge with broad applications, often through controlled studies. The subjects may or may not benefit directly from the knowledge gained. Research studies aim to evaluate an innovation, study something new, or analyze a process not yet rigorously studied (6).

QI References

1. Baily MA, et al., Hastings Cent Rep, 2006.
2. Lynn J, et al., Ann Intern Med, 2007.
3. Centers for Medicare & Medicaid Services, Page Last Modified: 09/10/2024.
4. Jackson C, Research Quality Manager, Office of Research and Scholarship University of Maryland, Baltimore School of Nursing.
5. Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.
6. Newhouse et al., J Nurs Adm, 2006.ibliography of relevant references.

References

Disease Burden Overview

- Friedman BW, et al. Headache-related ED visits: epidemiology and trends. *Am J Emerg Med*. 2009;27(4):391–395.
- Minen MT, et al. Emergency department treatment of migraine: an evidence-based review. *Headache*. 2014;54(7):1131–1145.
- Schwedt TJ. Acute treatment of migraine in the emergency department. *Headache*. 2013;53(3):447–458.
- Vinson DR, et al. Opioid use for migraine in U.S. EDs: clinical implications. *Cephalalgia*. 2017;37(9):807–816.
- Rowe BH, et al. Evidence-based treatment of acute migraine in the emergency department. *Ann Emerg Med*. 2017;69(4):474–482.
- Friedman BW, et al. Recurrence of primary headache disorders after ED discharge. *Neurology*. 2008;70(6):457–463.
- Lim JH, Karimi L, Wijeratne T. An Evaluation of Medication Prescribing Patterns for Acute Migraine in the Emergency Department: A Scoping Review. *J Clin Med*. 2021; 10(6):1191.
- Domitrz I, Golicki D. Health-Related Quality of Life in Migraine: EQ-5D-5L-Based Study in Routine Clinical Practice. *J Clin Med*. 2022;11(23):6925. Published 2022 Nov 24.
- Burch R, Rizzoli P, Loder E. The Prevalence and Impact of Migraine and Severe Headache in the United States: Figures and Trends From Government Health Studies. *Headache*. 2018;58(4):496-505.
- Lucado J, Paez K, Elixhauser A. Headaches in U.S. Hospitals and Emergency Departments, 2008. In: *Healthcare Cost and Utilization Project (HCUP) Statistical Briefs*. Rockville (MD): Agency for Healthcare Research and Quality (US); May 2011.
- Friedman BW, Serrano D, Reed M, Diamond M, Lipton RB. Use of the emergency department for severe headache. A population-based study. *Headache*. 2009;49(1):21-30. doi:10.1111/j.1526-4610.2008.01282.x

Recommendations and Target Metrics

- Kelly AM, Kuan WS, Chu KH, et al. Epidemiology, investigation, management, and outcome of headache in emergency departments (HEAD study)-A multinational observational study. Headache. 2021;61(10):1539-1552.

- Kuan WS, Kumar R, Yau YW, et al. Headache in the Emergency Department: A Multicenter Observational Study from Singapore. Medicina (Kaunas). 2023;59(7):1340. Published 2023 Jul 21.
- Wijeratne T, Kuan WS, Kelly AM, et al. Migraine in the Emergency Department: A Prospective Multinational Study of Patient Characteristics, Management, and Outcomes. Neuroepidemiology. 2022;56(1):32-40.
- Orr SL, Friedman BW, Christie S, et al. Management of Adults With Acute Migraine in the Emergency Department: The American Headache Society Evidence Assessment of Parenteral Pharmacotherapies. Headache. 2016;56(6):911-940.
- Peretz A, Dujari S, Cowan R, Minen M. ACEP Guidelines on Acute Nontraumatic Headache Diagnosis and Management in the Emergency Department, Commentary on Behalf of the Refractory, Inpatient, Emergency Care Section of the American Headache Society. Headache. 2020;60(3):643-646.
- Lim JH, Karimi L, Wijeratne T. An Evaluation of Medication Prescribing Patterns for Acute Migraine in the Emergency Department: A Scoping Review. J Clin Med. 2021;10(6):1191. Published 2021 Mar 12.
- Friedman BW, Hochberg ML, Esses D, et al. Recurrence of primary headache disorders after emergency department discharge: frequency and predictors of poor pain and functional outcomes. Ann Emerg Med. 2008;52(6):696-704.
- Migraine Care in ED Needs Assessment Survey, 2025. Analyzed July 12, 2025.

Gaps Between Actual and Target, Possible Reasons for Gaps

- Friedman BW, Hochberg ML, Esses D, et al. Recurrence of primary headache disorders after emergency department discharge: frequency and predictors of poor pain and functional outcomes. Ann Emerg Med. 2008;52(6):696-704.
- Lim JH, Karimi L, Wijeratne T. An Evaluation of Medication Prescribing Patterns for Acute Migraine in the Emergency Department: A Scoping Review. J Clin Med. 2021;10(6):1191. Published 2021 Mar 12.
- Yang S, Orlova Y, Lipe A, et al. Trends in the Management of Headache Disorders in US Emergency Departments: Analysis of 2007-2018 National Hospital Ambulatory Medical Care Survey Data. J Clin Med. 2022;11(5):1401. Published 2022 Mar 3.
- Wijeratne T, Kuan WS, Kelly AM, et al. Migraine in the Emergency Department: A Prospective Multinational Study of Patient Characteristics, Management, and Outcomes. Neuroepidemiology. 2022;56(1):32-40.
- Migraine Care in ED Needs Assessment Survey, 2025. Analyzed July 12, 2025.

American College of Emergency Physicians®

Appendix

Applications will be accepted via the online portal listed in the How to Submit section. Project Proposals/Protocols should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. When uploading your Full Proposal please ensure it addresses the following sections:

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 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
- 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 your target area. 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 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
- Describe the planned project 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
- 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
- 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 project in terms of your target audience.
- Describe how the project outcomes will be broadly disseminated.

Anticipated Project Timeline
- Provide an anticipated timeline for your project including project start/end dates.

American College of Emergency Physicians®

Additional Information

- If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, 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 Details

- 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.

- The budget amount requested must be in U.S. dollars (USD).

- While estimating your budget please keep the following items in mind:

    - General organizational running costs such as legal fees, insurance, heating, and lighting etc. should be included in an Institutional Overhead (if required). These costs are not specific to a grant request and therefore, should not appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items.

    - The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.

    - 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.

    - It should be noted that grants awarded through Pfizer 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.

Required Documents

- Project Plan or Proposal

American College of Emergency Physicians®

Pfizer