Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

Optimizing Atopic Dermatitis Quality of Care and Best Practice at Local Level

Overview

This competitive program seeks to optimize and continuously improve the quality of care for patients with atopic dermatitis (AD) in provincial, city or county level. Quality improvement initiatives to be supported should be focused on addressing the practical challenges of implementing key quality control (QC) standards[1], Treat to Target (T2T)guidelines[2,3] or doctor-patient Shared Decision-Making (SDM) for AD, optimizing long-term management for adolescent and adult patients with AD.

Geographic Scope

Mainland China

Project Types and Area of Interest

Applicants are encouraged to identify gaps in current practice and implement sustainable solutions to improve AD quality of care across regional healthcare systems. Areas of interest include:

- Strengthening AD clinical practice at provincial, city, or county levels through effective execution of QC standards or T2T guidelines.
- Addressing practical challenges in implementing QC processes to ensure long-term, consistent quality improvement.
- Developing annual reports to track year-over-year progress and sustain ongoing improvements.
- Advancing SDM in AD care through the development and refinement of decision-support tools, workflow integration assessments, and mitigation of implementation barriers.

Key Milestones

Submission Deadline	Anticipated Grant Award Notification	Anticipated Project Start Date/Duration
30 Apr 2026	22 Jul 2026	1 Dec 2026

Funding Range and Project Length

Individual projects requesting up to $50,000-100,000 will be considered.Total budget for this project is around $700,000.

Maximum project length is 1.5 years.

I. Eligibility

Geographic Scope/Location of Project:

- Mainland China

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 Investment Co., Ltd.. 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 Investment Co., Ltd. may be subject to rescission.

II. Requirements

Primary Area of Interest:

- Dermatology - Atopic Dermatitis - QI

General 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.

- Applicants are encouraged to identify gaps in current practice and implement sustainable solutions to improve AD quality of care across regional healthcare systems. Areas of interest include:
  - Strengthening AD clinical practice at provincial, city, or county levels through effective execution of QC standards or T2T guidelines.
  - Addressing practical challenges in implementing QC processes to ensure long-term, consistent quality improvement.
  - Developing annual reports to track year-over-year progress and sustain ongoing improvements.
  - Advancing SDM in AD care through the development and refinement of decision-support tools, workflow integration assessments, and mitigation of implementation barriers.

Target Audience

- Dermatologists and other relevant HCPs that diagnose and treat patients with Atopic Dermatitis (AD)

Disease Burden Overview

- Atopic Dermatitis (AD) is a chronic inflammatory skin condition that significantly impacts patients' quality of life. In China, the prevalence of AD is rising, particularly among adolescents and adults, with estimates suggesting that it affects approximately 20% of children and 2-3% of adults[2]. AD is often associated with

intense itching, dry skin, and visible lesions, which can lead to sleep disturbances, emotional distress, and social stigma.

- The burden of AD is further compounded by its chronic nature, requiring long-term management. Both patients and healthcare providers are dissatisfied with the treatment of AD, and patient adherence is poor[17~18]. While the disease affects both urban and rural populations, disparities in healthcare access and the quality of care provided at the provincial, city and county levels result in uneven disease management outcomes. The lack of standardized practices and guidelines exacerbates the issue, leading to suboptimal treatment and poor long-term outcomes[2].

Recommendations and Target Metrics

- The management of AD should be based on the latest evidence, incorporating Treat to Target (T2T) and Minimal Disease Activity (MDA) strategies. Key recommendations include:
  - Long-term disease management (＞1 year) based on Treat to Target (T2T) [2,3] and Minimal Disease Activity(MDA)[4] guidelines: Achieving clear, measurable goals for disease management, focusing on long-term control and symptom minimization for more than one year.
  - Quality Control (QC) Standards: Adhering to nationally recognized QC standards[1] for AD care, which include clear management indicators for diagnosis, severity assessment, and treatment evaluation. These standards are designed to ensure that all patients with AD receive consistent, evidence-based care that meets defined quality criteria.
  - Shared decision-making (SDM): SDM between patients and healthcare providers involves choosing an acceptable target or a higher treatment goal (MDA).[19]
- Target metrics for these efforts include but not limited to[1-4]:
  - Diagnosis rate: Ensuring timely and accurate diagnosis across all regions.
  - Severity assessment rate: Ensuring patients' disease severity is regularly assessed and categorized.
  - Screening and evaluation rate:Ensuring regular and accurate monitoring and evaluation.
  - Patient-reported outcomes: Choose from the following 6 indicators: Peak Itch NRS, POEM, Sleep NRS, HADS-A or HADS-D, Pain NRS, DLQI (>16 years), CDLQI (4-16 years), or IDQOL (<4 years).[19]
  - Goal-targeting rate for moderate-to-severe AD: Increasing the percentage of patients who achieve target goals during long-term disease management (＞1 year).The Primary Care Guidelines for Atopic Dermatitis (2022) [19] provide clear diagnostic criteria, a stepwise treatment pathway, and referral recommendations, offering a practical framework for standardized management in primary care.

Gaps Between Actual and Target, Possible Reasons for Gaps

- While progress has been made, several gaps remain between the actual state of AD care and the recommended targets:
  - Insufficient Patient Satisfaction: AD patients receive inadequate systemic treatment interventions, with a severe impact on daily life and unsatisfactory control outcomes.[20]
  - Inconsistent Care Quality[2]: There are significant variations in the quality of care provided across different regions. Rural and provincial areas may lack access to specialized dermatological care, leading to misdiagnosis and suboptimal treatment.
  - Adherence to Guidelines[5]: The implementation of T2T guidelines and QC standards is inconsistent across regions. Many healthcare professionals in provincial, city or county-level clinics may not be sufficiently trained or equipped to follow these protocols.
  - Data Collection and Monitoring[7]: There is a lack of robust data collection systems to track and measure the progress of AD care, making it difficult to monitor improvements or identify areas needing attention. Management of AD in county-level hospitals remains inadequate, often relying on empirical diagnosis with insufficient use of assessment tools, short-term treatment approaches, and limited patient education. Data show that diagnosis rates, assessment rates, and standardized treatment rates in secondary hospitals are notably lower than in tertiary hospitals.

- Possible reasons for these gaps include:
  - Limited Access to Resources[5]: Provincial, city and county-level healthcare facilities may lack the necessary infrastructure, medical staff, or training programs to ensure high-quality care.
  - Knowledge and Training Gaps[6]: Healthcare professionals may not be fully aware of or trained in the latest AD management strategies, such as T2T, MDA and SDM.
  - Insufficient Expression of Patient Needs[21]: There are differences between AD patients and dermatologists in assessing disease severity and treatment needs, suggesting that patients' needs are not fully expressed. There should be improved communication between doctors and patients.
  - Healthcare System Barriers8: The fragmented nature of healthcare in China, with different levels of care and varying standards, contributes to disparities in AD management.

Barriers

- Several barriers hinder the optimal management of AD, particularly at the provincial, city and county levels:
- Infrastructure Challenges[5]: Some healthcare facilities may lack the necessary resources, such as dermatology specialists, AD specialized clinics or diagnostic/management tools, to provide timely and accurate diagnoses and management.
- Healthcare Disparities[6]: Patients in some areas may not have access to advanced treatments or the latest management guidelines.
- Lack of Standardized Protocols[7]: Variations in clinical practice and inconsistent implementation of AD care guidelines lead to suboptimal patient outcome.
- Inadequate Doctor-Patient Communication and Education[22~23]: Doctors and patients have unequal roles in medical decision-making, and patients have insufficient knowledge about the disease.
- Financial Constraints[10]: The cost of AD treatments can be a barrier for patients in some areas, limiting access to necessary therapies.

Current National Efforts to Reduce Gaps

- Several national efforts aim to reduce the gaps in AD care and improve quality of care at the provincial, city and county levels:
- Guideline Development[1-4]: National bodies, such as the Quality Control Committee for Atopic Dermatitis Subspecialty, have developed comprehensive AD QC standards and management indicators to standardize care across China. These guidelines help to ensure that all healthcare professionals follow evidence-based practices.
- Implementation Science Frameworks[5,6]: The use of implementation science frameworks, such as the Consolidated Framework for Implementation Research (CFIR) and the EPIS (Exploration, Preparation, Implementation, Sustainment) framework, is being promoted to improve the uptake of evidence-based practices in AD management. These frameworks help identify the key factors that influence the implementation of quality improvement strategies, enabling tailored solutions that address local challenges. They also guide continuous improvement processes, ensuring that successful interventions are sustained over time.
- Shared Decision-Making[24~25]: Both domestic and international guidelines recommend that clinicians should make clinical decisions in collaboration with patients, considering their values and preferences. The ultimate treatment goal for AD should be to achieve patient satisfaction and minimize the impact on quality of life.
- Training Programs: National initiatives are being implemented to provide healthcare professionals with training in the latest AD management techniques and guidelines. These training programs aim to increase consistency and improve adherence to clinical guidelines.
- Research and Monitoring: National surveys and research projects are being conducted to better understand the disease burden of AD, as well as to evaluate the effectiveness of current interventions and identify areas of improvement.

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 $50,000-100,000 will be considered. The estimated total available budget related to this RFP is $700,000.
- Award amounts include direct costs, institutional overhead costs (capped at 28% per Pfizer policy), and indirect costs.

Key Dates:

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: **Dermatology - Atopic Dermatitis – QI**
  - Select the following Competitive Grant Program Name: **2026 I&I CN Optimizing AD Quality of Care and Best Practice 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, Juan Liu (GMGChina@pfizer.com), with the subject line "2026 I&I CN Optimizing AD Quality of Care and Best Practice QI – Feb 14, 2026"

Review and Approval Process

- Grant requests received in response to a general RFP are reviewed by Pfizer to make final grant decisions.

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 Investment Co., Ltd. and, if approved the payment will be issued by a Pfizer China based legal entity.

About Pfizer Grants

- Pfizer 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 competitive grant program involves a publicly posted general 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 research 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 Pfizer 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 (13,14). 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) (15).

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 (16). 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 (17). The risk of participation in QI is the same as the risk of receiving standard clinical care (18) 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 (16). 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 (18).

References

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Appendix

IMPORTANT: RFP Submission Requirements

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.

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 Detail

- The budget amount requested must be in Chinese YUAN (CNY).
- 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 ER&G 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