# Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

## *Shared Decision Making in Hemophilia Patient Care*

### Overview

Shared Decision Making (SDM) plays a vital role in the interaction between people living with hemophilia (PlwH), their caregivers, and the multidisciplinary teams at hemophilia treatment centers. This competitive grant program aims to support Quality Improvement (QI) projects that integrate SDM tools and care algorithms into hemophilia patient care.

### Geographic Scope

Mainland China

### Project Types and Area of Interest

This RFP seeks proposals that advance SDM in hemophilia clinical practice through evidence-based QI initiatives. Projects should aim to strengthen collaboration between PlwH, caregivers, and multidisciplinary care teams. The areas of interest focus on:

- Development, Modification or Optimization of SDM Tools:

  Design, adapt, or refine tools, resources, or decision aids that can be integrated into routine hemophilia care to promote collaborative discussions during clinic visits.

- Implementation of SDM Tools and Integration into Care Algorithms:

  Evaluate feasibility of incorporating SDM-focused management algorithms within clinical workflows.

- Identification of Drivers and Barriers to SDM:

  Assess and characterize factors that facilitate or hinder effective SDM between PlwH/caregivers and clinicians, including structural, procedural, and communication-related elements.

### Key Milestones

| Extended Submission Deadline | Anticipated Grant Award Notification | Anticipated Project Start Date/Duration |
|---|---|---|
| 10 Apr 2026 | 13 Jul 2026 | 8 Oct 2026 |

### Funding Range and Project Length

Individual projects requesting up to **USD 30,000** will be considered, the estimated total available budget related to this RFP is **USD 140,000**.

Maximum project length is **1.5** years.

# I. Eligibility

## Geographic Scope/Location of Project:

- Mainland China

## Applicant Eligibility Criteria

- The institution and Principal Investigator (PI) must be based in Mainland China.
- The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations and medical societies; medical education companies; and other entities with a mission related to healthcare professional education and/or 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:

- Hemophilia

## 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.*

Shared Decision Making (SDM) is an important aspect of the interaction between people living with hemophilia (PlwH) or their caregivers and the multidisciplinary team at the hemophilia treatment center.[1,2]

The SDM process fosters effective communication with empathy, allowing the person living with hemophilia and the multidisciplinary team (MDT) to collaboratively determine the most comprehensive management of care. This involves making informed treatment decisions based on clinical evidence, assessing available treatment options, benefits, efficacy, and safety, while considering the values and preferences of the PlwH.[1,3,4]

Regarding hemophilia, various tools and guidelines already exist to assist people living with hemophilia (PlwH) in navigating discussions and establishing clear health goals. For instance, the WFH SDM tool is available. However, healthcare disparities remain a significant issue for underserved populations.[5,6]

With this in mind, it is our intent to support projects that focus on:

- Implementing shared decision making (SDM) tools and/or management of care algorithms into hemophilia patient care. Multi-disciplinary collaborations are encouraged when appropriate, but all partners must have a relevant role.
- Identifying and addressing significant barriers that contribute to geographic and access healthcare disparities impacting the Hemophilia community. The goal is to enhance early detection and determine targeted interventions that address these challenges with focus on SDM.
- Exploring empowering strategies that enable patients to actively participate in their care, as well as in making informed decisions regarding disease management options, systematically assessing and documenting patient's view on their treatment & its burden to be considered as a data point in the SDM discussion.
- 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 conducive to integration of SDM into existing clinic workflows and care pathways will be given high priority.

## Target Audience

- People living with hemophilia, caregivers and members of multidisciplinary teams that care for Hemophilia patients including but not limited to Hematologists, Pharmacists, Specialty Nurses, Orthopedists, Physical Therapists, and other Physicians.

## Disease Burden Overview

- Hemophilia in China imposes a substantial and multifaceted disease burden, with recent estimates suggesting a prevalence of roughly 2.73 - 3.09 per 100,000 population and about 5.5/100,000 (HA 70.97% and HB 16.13%) in men, which is significantly lower than that reported internationally, reflecting major underdiagnosis and underreporting.[7] Registry and claims-based studies show that 36.7% of HA and 22.8% of HB patients have severe disease (<1% of normal), with around 30 - 40% experiencing significant delays in diagnosis and treatment initiation, contributing to recurrent joint and muscle bleeding, medically unattended chronic pain, disability from hemophilic arthropathy, and overall reduced health-related quality of life.[7,8] Limited use of long-term prophylaxis and persistent reliance on on-demand factor replacement, particularly among patients with hemophilia A and B, are associated with high annual bleeding rates, frequent hospitalizations, and impaired work and school productivity.[9] Although hemophilia is one of the few rare diseases covered by basic medical insurance in all provinces, disparities in benefit packages and high factor concentrate costs - average annual medical expenditures per patient in the tens of thousands of CNY - generate considerable out-of-pocket spending and financial hardship for families.[10]

## Recommendations and Target Metrics

- To strengthen shared decision making (SDM) and reduce hemophilia care disparities in China, QI projects should prioritize creation, modification or adaptation of evidence-based SDM tool and its implementation within routine clinical workflows, along with documentation of ongoing attempts to encourage patients or caregivers' contemplation on values, preferences, treatment goals, and prophylaxis strategy.
- Target metrics may include, but are not limited to[11]:
  1) percentage of eligible patients receiving SDM-based consultations using validated tools;
  2) any evidence of improvement in patient activation, confidence, satisfaction or other established patient-reported outcome measures (PROM);
  3) any evidence of objective clinical improvement among participating patients; and

4) number of clinicians or Hemophilia Treatment Centers practicing SDM and guideline-concordant prophylaxis recommendations.

5) These metrics align with international SDM frameworks and hemophilia management guidelines emphasizing individualized, evidence-based, preference-sensitive and collaborative approach to comprehensive care.

## Gaps Between Actual and Target, Possible Reasons for Gaps

- Despite guideline recommendations advocating early diagnosis, long-term regular prophylaxis, and systematic SDM, substantial gaps remain: many Chinese hemophilia patients continue to rely on on-demand therapy, experience delayed diagnosis and treatment initiation, and lack consistent, structured involvement in treatment planning. Current registry and claims studies show persistent underdiagnosis, inconsistent adoption of prophylaxis, and limited integration of structured SDM processes into routine care.[7-9] Contributing factors include uneven distribution of specialized healthcare resources and expertise across regions, limited time for structured clinician-patient dialogue, variable provider familiarity with SDM, suboptimal patient health literacy, and financial or insurance constraints that limit treatment options-even when SDM processes are initiated.[7–10]

## Barriers

- Major barriers to achieving SDM and guideline-concordant hemophilia care include structural challenges (regional disparities in treatment centers, inequitable availability of MDT capacity, inconsistent SDM proficiency among MDT members and limited access to physiotherapy or patient education services), procedural obstacles (lack of standardized SDM workflows, insufficient documentation systems, and inadequate integration of tools into electronic medical records), and communication-related issues, such as suboptimal health literacy, cultural norms that overlook patient involvement, and insufficient consultation time.[1–6,10] Additionally, insurance variation across provinces limits treatment choices and may restrict the feasibility and real-world utility of cultivating jointly owned decisions that align with patient preferences, thereby weakening both adherence and clinical outcomes.[7–10]

## Current National Efforts to Reduce Gaps

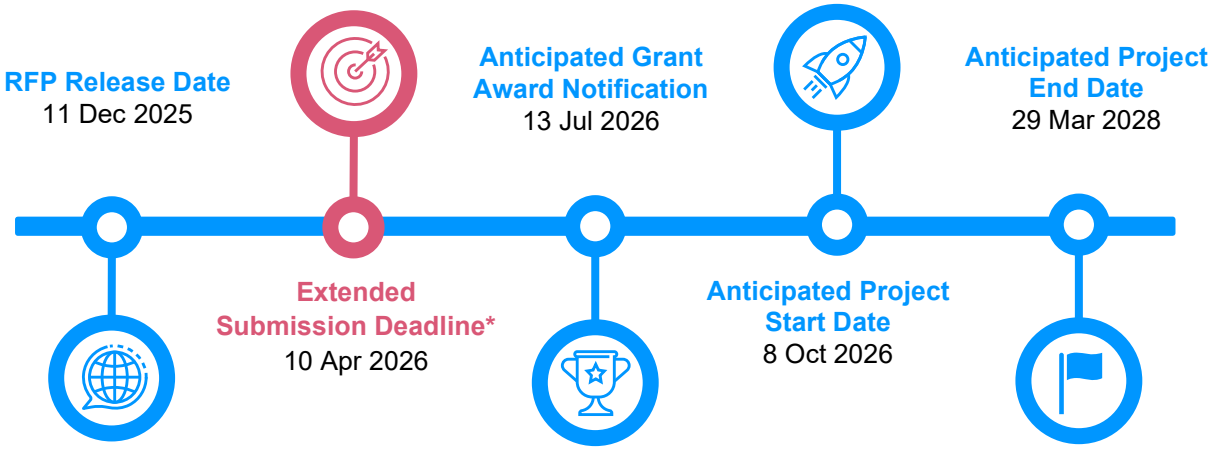
- China has undertaken several national initiatives that indirectly support improved SDM and hemophilia care quality, including expansion of rare disease insurance coverage, incorporation of hemophilia into the National Rare Disease List, enhancement of provincial reimbursement schemes, continuing development of standardized diagnostic/treatment guidelines, and efforts to strengthen national and provincial hemophilia registries to reduce underreporting.[7–10] Additionally, policy efforts by the National Healthcare Security Administration (NHSA) to optimize payment models and reduce economic burden, combined with increasing national support for MDT establishment in tertiary hospitals, create an enabling environment for integrating SDM framework, improving prophylaxis adoption, and enhancing equitable access to care.

## 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 USD 30,000 will be considered, the estimated total available budget related to this RFP is USD 140,000. Pfizer anticipates awarding 5 grants.
- Award amounts include direct costs, institutional overhead costs (capped at 28% per Pfizer policy), and indirect costs.
- Note: grant requests for drug/compound are not in scope of this RFP.

## 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: **Genetics – Hemophilia – QI**
  - Select the following Competitive Grant Program Name: **2025 RD CN Hemophilia 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 "Shared Decision Making in Hemophilia Patient Care - Dec 11, 2025"

## 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[12,13]. 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)[14].

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[15]. 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[16]. The risk of participation in QI is the same as the risk of receiving standard clinical care[17] 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[15]. 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[17].

## References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16. Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.
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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