Quality Improvement Grant Request for Proposals

Improving Venous Thromboembolism (VTE) Diagnosis and Treatment with Primary Care Settings- A Quality Improvement Project

Overview

Pfizer/Bristol-Myers Squibb Alliance and the American Academy of Family Physicians (AAFP) are collaborating to offer a new grant opportunity seeking proposals for quality improvement initiatives that will help family physicians and other primary care clinicians implement evidence-based tools and practical strategies to improve venous thromboembolism (VTE) recognition, reduce diagnostic delays, initiate appropriate treatment, and improve patient adherence and persistence.

Grants will be awarded to family medicine settings seeking to enhance primary care clinicians' knowledge, competence, and performance in the prevention, identification, and management of venous thromboembolism (VTE). Proposed projects should demonstrate the potential to translate education into measurable improvements in clinical practice, optimize patient care, reduce preventable harm, and decrease VTE-related hospitalization and mortality. Projects should also aim to improve patient understanding of VTE risk factors, prevention strategies, and the importance of treatment adherence/persistence.

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. AAFP will select the Expert Review Panel (ERP), manage the grant review committee and coordinate the final grant decisions. 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 and BMS must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

About American Academy of Family Physicians

The American Academy of Family Physicians (AAFP) is the national professional association representing family physicians. The AAFP's mission is to improve the health of patients, families, and communities by serving the needs of its members with professionalism, innovation, and leadership.

Family physicians play a critical role in the prevention, diagnosis, treatment, and long-term management of venous thromboembolism (VTE). As frontline healthcare professionals, they are uniquely positioned to implement evidence-based recommendations for VTE care across diverse patient populations and care settings. Through targeted educational and quality improvement initiatives, primary care clinicians can strengthen their ability to identify patients at risk, ensure timely diagnosis and treatment, optimize long-term management strategies, and achieve measurable improvements in clinical practice and patient outcomes.

About Pfizer/ Bristol-Myers Squibb Alliance

Pfizer and Bristol-Myers Squibb (BMS) are collaborating to provide grant support for Quality Improvement programs in the areas of atrial fibrillation and venous thromboembolism. We are committed to supporting innovative projects that promote the safe outpatient management of patients diagnosed with venous thromboembolism (VTE) in the primary care setting.

Pfizer Global Medical Grants 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 medical and/or scientific strategies.

Geographic Scope

United States

Key Milestones

Funding Range and Project Length

Individual projects requesting up to $250,000 USD will be considered.

Maximum project length is 24 months.

I. Eligibility

Geographic Scope

United States

Applicant Eligibility Criteria

- The following may apply: Family medicine practices across healthcare institutions, academic medicine, community health, large and multi-specialty groups.
- 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

Venous Thromboembolism

Specific Area of Interest for this RFP

It is our intent to support quality improvement project in family medicine settings and primary care settings that focuses on the following:

- Strengthen primary care clinicians' knowledge, competence, and performance in the prevention, early identification, diagnosis, treatment, and ongoing management of VTE.
- Translation of evidence-based education into measurable improvements in clinical practice, including more consistent risk assessment and use of diagnostic pathways, timely and appropriate treatment initiation, effective follow-up and care coordination, and support for treatment adherence/persistence.
- Proposals should seek to optimize patient care, reduce preventable harm, and decrease VTE-related hospitalizations and mortality, while improving patients' understanding of VTE risk factors, signs and symptoms, prevention strategies, and the importance of adhering to the agreed treatment plan. Multidisciplinary collaborations are encouraged when appropriate; all partners must have a relevant role in the project.
- Multi-disciplinary collaborations are encouraged when appropriate, but all partners must have a relevant role.
- It is expected that projects will be evidence-based (quality improvement and/or education) and the proposed QI project will follow generally accepted scientific principles of QI methods.
- During review the intended outcome of the project will be 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.

- 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.

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

Target Audience

Family Medicine

Disease Burden Overview

Venous thromboembolism (VTE), encompassing deep vein thrombosis (DVT) and pulmonary embolism (PE), remains a significant public health challenge associated with substantial morbidity, mortality, long-term complications, and healthcare utilization. Although thrombosis broadly—including both arterial and venous thrombotic disease—contributes substantially to global mortality, this broader burden should be distinguished from VTE-specific mortality.[10]

In the United States, the annual economic burden associated with incident VTE has been estimated at approximately $7 billion to $10 billion in direct medical costs, underscoring the importance of continued efforts to improve prevention, early recognition, diagnosis, treatment, and patient education.[11]

Accurate and timely diagnosis is critical, as missed or delayed diagnoses can result in serious adverse outcomes, while unnecessary anticoagulation treatment may expose patients to avoidable risks, inconvenience, and healthcare costs.

Evidence-based clinical guidelines provide recommendations to support patients, clinicians, and healthcare professionals in the diagnosis and management of VTE. However, persistent gaps in awareness, knowledge, and implementation continue to hinder optimal care. Educational initiatives that improve understanding of guideline-based prevention, diagnosis, treatment, and patient engagement are essential to advancing patient outcomes and reducing the clinical and economic burden of VTE.[12]

Recommendations

Validated clinical decision rules play a critical role in stratifying VTE risk and guiding the appropriate use of diagnostic testing. Established tools include the Wells criteria for pulmonary embolism (PE) and deep vein thrombosis (DVT), the Geneva score for PE, and the Constans score for upper extremity DVT. These evidence-based assessment tools help clinicians estimate pretest probability, improve diagnostic accuracy, and support efficient use of healthcare resources.
The Wells criteria have been validated in both inpatient and outpatient settings, while the Geneva score has been validated primarily in outpatient populations and the Constans score in inpatient populations. Despite the availability of these tools, challenges remain in their consistent application across clinical settings. Furthermore, no validated clinical decision rule currently exists for the assessment of recurrent VTE, requiring clinicians to rely on expert opinion and clinical judgment when evaluating suspected recurrence.

Improving clinician awareness, understanding, and implementation of evidence-based risk assessment strategies is essential to enhancing diagnostic accuracy, reducing unnecessary testing, and supporting timely identification and treatment of VTE. Educational interventions that reinforce guideline-based approaches to VTE risk stratification can help ensure more consistent, patient-centered care and improved clinical outcomes.[13]

Target Metrics

Grant seekers should propose a concise set of measurable target metrics that directly address the identified quality gap and align with current evidence-based guidelines. Metrics should specifically relate to measurable improvements in the diagnosis, treatment, or management of VTE. For each metric, applicants should provide the baseline performance, data source, target population, desired level of improvement, measurement timeframe, and method of data collection and analysis. Metrics should include relevant process and outcome measures and should be realistic, attributable to the proposed intervention, and suitable for assessing sustainability beyond the grant period.

Gaps Between Actual and Target, Possible Reasons for Gaps

In the United States, up to 900,000 people are affected by venous thromboembolism (VTE) each year. An estimated 60,000 to 100,000 Americans die from VTE annually, and many others experience long-term complications.[7] These data underscore the importance of timely recognition, accurate diagnosis, appropriate treatment, and longitudinal management in primary care settings.[8] Despite the availability of evidence-based guidelines, gaps persist in clinician competence and performance related to VTE risk assessment, diagnosis, treatment initiation, and ongoing management, contributing to delays in care and preventable complications.

Barriers

Family physicians and other primary care clinicians face numerous challenges in implementing evidence-based guidelines for the prevention, diagnosis, treatment, and management of venous thromboembolism (VTE). Although clinicians may be familiar with VTE guidelines and understand the associated recommendations, this knowledge does not consistently translate into changes in clinical practice. Furthermore, even when protocols and care pathways are established, effective implementation can be difficult within the complex, resource-constrained environments in which many primary care practices operate. These barriers contribute to persistent gaps in VTE care and highlight the need for targeted educational and practice-improvement interventions designed to support guideline adoption and improve patient outcomes.[9]

Current National Efforts to Reduce Gaps

- National efforts to reduce gaps in VTE care include public-health education and surveillance activities addressing VTE risk factors, signs and symptoms, prevention, and outcomes, as well as the development and dissemination of evidence-based clinical guidance by professional societies. Recent national guidance includes the 2026 multisociety guideline for the evaluation and management of acute pulmonary embolism. Proposed projects should build upon existing national resources and focus on measurable local implementation gaps in family medicine and primary care settings.[7,14]
- CDC maintains current VTE surveillance/public-health resources, and the multisociety PE guideline was issued in 2026.

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.

Organizations must obtain approval from an Institutional Review Board (IRB) for their proposal to be eligible to receive the grant award if IRB approval is required for study execution. It is not mandatory to have IRB approval at the time of proposal submission. However, organizations are anticipated to secure an IRB evaluation subsequent to the award notification and must ensure that the approval is in place prior to the 1st of December 2026.

- Individual projects requesting up to $250,000 will be considered. The estimated total available budget related to this RFP is $250,000.
- 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

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

*Please note the deadline is 11:59 p.m. Eastern Time (e.g., New York, GMT -5)

How to Submit: More information to come

- System Downtime: Our current grant management system, CyberGrants, will be temporarily offline between July and August as we migrate to a new, upgraded platform this summer.
- No Impact on Deadlines: This planned maintenance will not affect your ability to apply; the transition is timed to ensure a smooth transition for all submitters.
- New Instructions Coming: An updated RFP with detailed, step-by-step instructions for submitting proposals in the new system will be released at least two weeks prior to the application deadline.

Questions

- 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, Talita Honorato-Rzeszewicz (Talita.honorato-rzeszewicz@pfizer.com) or the AAFP Program & Evaluation Strategist, Shelby Wiesner (swiesner@aafp.org) with the subject line "2026 IM US AAFP VTE Diagnosis and Treatment QI".

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 expert review panel members are selected by AAFP.

- 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. 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).

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:

Budget Detail

- 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 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.

Project Aim Statement

What are you trying to accomplish? Please write a specific, measurable, and time-bound goal statement that answers: What outcome you want to improve, how much (from baseline X to target Y), by when (specific date), where, and for whom.

Problem Statement & Context

Briefly describe the problem, performance gap, or unmet need that the project seeks to address. Include relevant background information about the affected population and the setting in which the project will occur. This information should help explain why the project is needed and the context in which improvement efforts will take place.

Target Audience

Please describe the population that will be directly affected by or benefit from this project. Include relevant characteristics such as disease or condition, age group, care setting, geographic location, and any other defining features of the population.

Measurement & Tracking

Please describe how you will measure and monitor the success of your project. Include what outcomes or indicators you will measure, how the data will be collected, how often progress will be reviewed, and how you will determine whether the project achieved its aims. Measurements should align with the project's stated goals and help demonstrate whether meaningful improvement has occurred.