

Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

Advancing Multidisciplinary Care in Hemophilia

Overview

Multidisciplinary care is essential to the delivery of high-quality, guideline-concordant hemophilia care. With the growing use of innovative therapies, including non-factor therapies, hemophilia management is becoming increasingly complex, creating a greater need for multidisciplinary assessment, coordinated care, and collaboration across healthcare institutions.

This competitive grant program aims to support Quality Improvement (QI) projects that strengthen multidisciplinary care capabilities and advance the coordinated, standardized, and sustainable implementation of locally adapted care models in real-world practice in China, with the ultimate goal of improving the quality and consistency of hemophilia care and achieving better patient health outcomes.

Geographic Scope

Mainland China

Project Types and Area of Interest

This RFP supports evidence-based, implementation-focused QI projects that advance multidisciplinary hemophilia care in the era of innovative therapies, including non-factor therapies. Projects should address defined practice gaps through multidisciplinary care models, collaborative approaches, or standardized pathways that can be integrated into routine practice.

Priority areas include, but are not limited to: breakthrough bleeding, joint assessment, rehabilitation and exercise, pain management, perioperative care, laboratory testing, nursing care, and collaboration across hemophilia centers.

Key Milestones

Submission Deadline	Anticipated Grant Award Notification	Anticipated Project Start Date/Duration
28 Jan 2027	Apr 2027	Jul 2027

Funding Range and Project Length

Individual projects requesting up to **USD 20,000** will be considered, the estimated total available budget related to this RFP is **USD 100,000.**

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 designer 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.

We intend to support projects addressing clearly defined practice gaps in one or more of the following areas, with measurable improvements and sustainable implementation:

- **Breakthrough bleeding:** Bleed recognition and assessment, individualized hemostatic treatment, and subsequent treatment adjustment.
- **Joint assessment:** Ongoing assessment of joint structure, function, and mobility.
- **Rehabilitation and exercise:** Individualized rehabilitation, physical activity, and exercise guidance based on bleeding risk and joint function.
- **Pain management:** Standardized pain assessment, cause identification, and multimodal management.
- **Laboratory testing:** Inhibitor assessment and monitoring to support clinical decisions across treatments and special clinical scenarios.

- **Nursing care:** Patient education, self-management support, risk identification, follow-up assessment, and MDT coordination.
- **Perioperative care:** Preoperative assessment, hemostatic and thrombotic risk management, postoperative rehabilitation, and follow-up.
- **Collaboration across hemophilia centers:** Bidirectional referral, remote support, and coordinated tiered care.

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

- **Primary Audience**

  Healthcare professionals and care coordinators involved in multidisciplinary hemophilia care, including but not limited to hematology, orthopedics, rehabilitation medicine, laboratory medicine, and nursing professionals, as well as administrators and coordinators from hemophilia centers and affiliated care networks.

- **Target Patient Population**

  People living with hemophilia receive multidisciplinary hemophilia care.

Disease Burden Overview

- Hemophilia is a lifelong inherited bleeding disorder. In China, prevalence is estimated at 2.73–3.09 per 100,000. Approximately 36.7% of patients with hemophilia A and 22.8% with hemophilia B have severe disease, and 30%–40% experience delayed diagnosis or treatment initiation.[1–3]
- Recurrent joint and muscle bleeding can cause pain, target joints, hemophilic arthropathy, functional impairment, and disability. A recent national survey found that regular replacement therapy was received by only 40.7% of pediatric patients and 21.2% of adults. Among adults, 77.5% had target joints, 83.9% had hemophilic arthropathy, and 69.5% reported severe difficulty in at least one daily activity. These burdens substantially affect daily life, education, employment, and social participation.[4]
- Extended half-life factor products, non-factor therapies, and gene therapy have ushered hemophilia into a new treatment era. The Chinese Guidelines on the Treatment of Hemophilia (2025) emphasize joint preservation, prevention of disability and life-threatening bleeding, and quality of life comparable to the general population. The guidelines recommend tiered care, multidisciplinary collaboration, comprehensive management, and long-term follow-up.[5]

Recommendations and Target Metrics

Proposals should provide quantitative baseline data, and set measurable improvement targets, and define key metrics, data sources, and assessment time points. Metrics should align with the project objectives, interventions, and target population and may include:

- Implementation: Adoption and expected delivery of multidisciplinary care models, collaborative approaches, or standardized pathways. Measures may include pathway adoption, patient coverage, completion of core steps, adherence to the defined approach, and tool use.
- Quality of multidisciplinary care and coordination: Completeness, timeliness, continuity, and standardization of multidisciplinary care. Measures may include comprehensive care plan completion, timeliness of MDT assessment or consultation, implementation of MDT recommendations, completion

of relevant assessments, interventions, and follow-up, and completion of cross-department or cross-center referrals and feedback.

- Patient outcomes: Relevant clinical, functional, and patient-reported outcomes. Measures may include bleeding and related complications, joint health, range of motion, physical function, pain, physical activity, treatment burden, self-management, care experience, satisfaction, and health-related quality of life.
- Sustainability and balancing measures: Integration and sustained delivery in routine practice, resource needs, and unintended effects. Measures may include sustained implementation, integration into institutional procedures or workflows, staffing and resource requirements, and potential increases in waiting time, healthcare professional workload, or patient burden.

Gaps Between Actual and Target, Possible Reasons for Gaps

Despite established requirements for multidisciplinary care and tiered collaboration, implementation may vary across institutions. Key gaps may include:

- Limited integration of multidisciplinary care: Assessments may not consistently inform coordinated, actionable, and trackable care plans.
- Inconsistent management of key clinical scenarios: Perioperative care and breakthrough bleeding management may vary across institutions and treatment settings.
- Insufficient integration of joint, rehabilitation, and pain management: These services may not be routinely incorporated into follow-up and treatment decisions.
- Limited integration of laboratory testing into clinical decisions: Test selection, interpretation, and clinical application may require further standardization.
- Variable integration of comprehensive nursing care: Nursing involvement in patient education, home treatment, self-management, follow-up, and multidisciplinary coordination may vary.
- Incomplete cross-center coordination: Referral, specialist support, information exchange, and coordinated follow-up may lack consistent, trackable pathways.

Potential contributing factors include variations in expertise and resources, limited standardized pathways and role clarity, gaps in information exchange, and insufficient monitoring and feedback mechanisms.

Barriers

Potential barriers to standardized multidisciplinary hemophilia care may include:

- Organization and coordination: Unclear team composition, roles, coordination mechanisms, and criteria for initiating multidisciplinary review may limit consistent collaboration.
- Processes and information flow: Assessment, consultation, referral, feedback, and follow-up processes may lack standardization, with gaps in information sharing and care transitions across departments and centers.
- Expertise and resources: Staffing, laboratory support, rehabilitation services, complex case management capabilities, and experience with novel therapies may vary across institutions.
- Data and QI capacity: Limited baseline data, quality measures, and patient outcome data may hinder process monitoring, feedback, and continuous improvement.

Current National Efforts to Reduce Gaps

China has continued to strengthen hemophilia guidelines, center development, and patient registration, providing a foundation for multidisciplinary care and QI:

- Guidelines and consensus: National guidance covers hemophilia treatment, inhibitor management, perioperative care, emergency bleeding, and musculoskeletal complications. The 2025 guidelines further emphasize tiered care, multidisciplinary collaboration, long-term follow-up, laboratory support, complication management, and outcome assessment.
- Hemophilia center system: A three-tier system defines the clinical care, laboratory, rehabilitation, follow-up, referral, and specialist support responsibilities of different levels of hemophilia centers.
- Registry and data infrastructure: The National Hemophilia Registry supports patient registration, clinical data management, epidemiologic research, and policy development, although data completeness and follow-up updates remain areas for improvement.

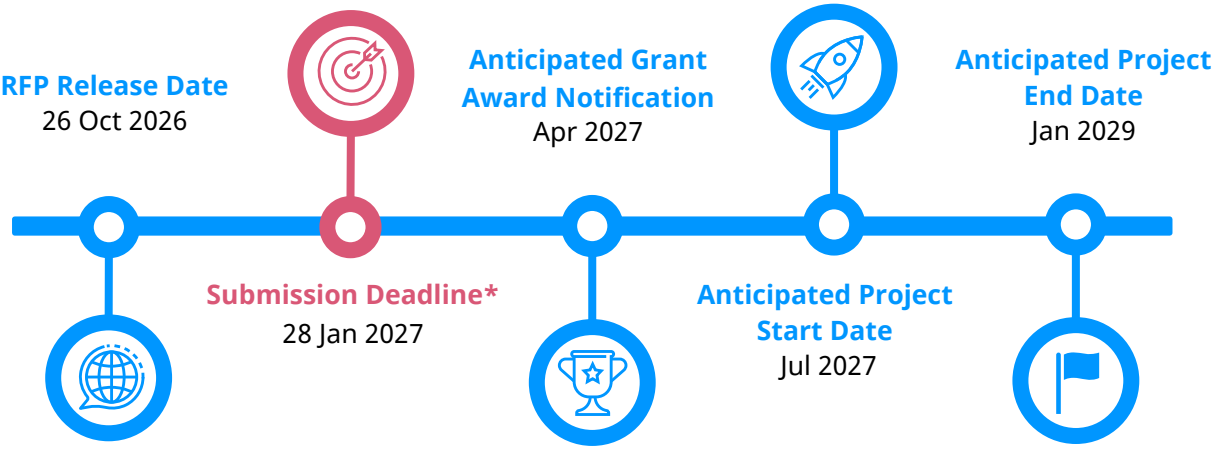
Further efforts are needed to translate these frameworks into standardized care pathways, sustainable multidisciplinary collaboration, clear cross-center referral and feedback processes, and measurable QI indicators.

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 20,000** will be considered. The estimated total available budget related to this RFP is **USD 100,000**. 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.

- Click here to navigate to this Competitive Grant Program's unique Program Application Form.
  - First-time users should create a Requester Portal account by clicking **Not a member?**
- OR
- Navigate to: https://pfizermarcie.my.site.com/pfzrequester and sign in.
- In the upper navigation bar, click **Grant Programs** to see all available programs.
- Select **Quality Improvement**
- Click **Apply** on the **2027 RD CN Hemophilia MDT QI** to open the Program Application Form.
- Requirements for submission:
  - Complete all required sections of the online application
  - **IMPORTANT:** Upload proposal (see Appendix) in the Proposal/Protocol field.
  - For more information on navigating Pfizer's new grant management system (MARCIE), please refer to this helpful User Guide.

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, Juan Liu (GMGChina@pfizer.com), with the subject line "Advancing Multidisciplinary Care in Hemophilia – 26Oct2026"

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 (6,7). 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) (8).

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 (9). 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 (10). The risk of participation in QI is the same as the risk of receiving standard clinical care (11) 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 (9). 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 (11).

References

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2. Zhang L, Zhang P, Chen W. Overview of Patients with Hemophilia in China: Demographics, Diseases, Treatment, and Health Status. Patient Prefer Adherence. 2024;18:101-109. Published 2024 Jan 13. doi:10.2147/PPA.S441873.
3. Song X, Xue F, Chen L, et al. Disease Burden and Treatment Patterns Amongst Patients with Haemophilia A in China: A Retrospective Database Analysis Study. Adv Ther. 2025;42(8):3708-3725. doi:10.1007/s12325-025-03151-5.Hemophilia Treatment Center Collaborative Network of China;

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5. Thrombosis and Hemostasis Group, Chinese Society of Hematology, Chinese Medical Association; Hemophilia Treatment Center Collaborative Network of China. Zhonghua Xue Ye Xue Za Zhi. 2025;46(8):681-690. doi:10.3760/cma.j.cn121090-20250729-00354.
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8. Centers for Medicare & Medicaid Services, Page Last Modified: 09/10/2024.
9. Jackson C, Research Quality Manager, Office of Research and Scholarship University of Maryland, Baltimore School of Nursing.
10. Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.
11. Newhouse et al., J Nurs Adm, 2006.ibliography of relevant references

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