Partners Improving
Management of Chronic Pain
CAFP | CAPG

California Academy of Family Physicians
CAPG
In cooperation with
Pfizer, Independent Grants for Learning and Change

Improving the Care and Management
within Physician Group and Systems Settings
for Persons Living with Chronic Pain

Section 1: Background

This Request for Proposal (RFP) is issued by the Pfizer Independent Grants for Learning & Change (IGLC). The mission of Pfizer Independent Grants for Learning & Change (IGL&C) is to accelerate the adoption of evidence-based innovations that align the mutual interests of the healthcare professional, patients, and Pfizer, through support of independent professional education activities. The term "independent" means the initiatives funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the initiatives, and only asks for reports about the results and impact of the initiatives in order to share them publicly.

The intent of this document is to encourage organizations with a focus in health care professional education and/or quality improvement to submit letters of intent (LOIs) in response to this Request for Proposal (RFP) that is related to performance improvement in physician group and systems settings focusing on management of patients with chronic pain. Professional education will be included as an aspect of this RFP. The RFP model is a two-stage process: Stage 1 is the submission of the LOI. If, after review, the LOI is accepted, the applicant will be invited to submit a full program proposal. Stage 2 is the submission of the Full Grant Proposal.

Our expectation is that applicants will have an identified need(s), a hypothesis illustrating that the proposed project will make a difference, a methodology to both implement the action plan and measure the project's impact, and a timeline for spread and plan for sustainability. Collaboration and communication with other stakeholders, including community members, are also required and should be outlined in the proposal.

When a RFP is issued, it is posted on the Pfizer IGL&C website (www.pfizer.com/independentgrants) and is sent via e-mail to all registered organizations and users in the Pfizer grants system. Some RFPs may also be posted on the websites of other relevant organizations as deemed appropriate; this RPF will be issued to CAPG members as well.

Section 2: Sponsor and Co-sponsor

The sponsor and funder of this RFP is Pfizer Independent Grants for Learning and Change (IGL&C). The co-sponsor of the RFP is the partnership of the California Academy of Family Physicians and CAPG. The partnership

represents a medical specialty society and a professional association representing physician group practices. Each has significant experience in the design, development, implementation and management of educational initiatives and grants. The partners have education as priorities in their missions, experience in continuing professional education, performance improvement and share a common goal of improving quality of life for patients with chronic pain.

Section 3: Physician Group and Systems Focus

This RFP focuses on the management of chronic pain within a group or health system, with the goals of the Triple Aim and performance improvement as objectives.

Numerous studies and reports document the urgent need to improve care for patients with chronic pain. The needs of all health care clinicians to better understand the assessment and management of chronic pain is also well documented. A literature review for pain management, chronic pain, as well as research on group practice and health care systems approaches to care, provides a baseline for educational initiatives highlighting these areas.

Management of patients with chronic pain must be addressed in a spectrum of activity, from knowledge of the care team and assessment of chronic pain to systems and organizational structures to support care, from pharmacological and non-pharmacological options for pain relief to patient and clinician perceptions of pain. And, while a systems approach is needed, it is also important to stress that group interaction allows the patient to receive multimodal therapy using pharmacologic, OMM/physical therapy/rehabilitative medicine, and behavioral/psychological techniques as part of the treatment plan. [12] The barriers to treatment and management of pain are many, including clinician time, personnel resources, payment and reimbursement, knowledge-competence and system support, confidence in appropriate management of these complex patients, concerns over regulatory/law enforcement scrutiny and fear of medication abuse, diversion or addiction. (NCI.Pain, www.nci.nih.gov). Issues of cultural and health disparities also come into play in chronic pain management.

The Institute for Healthcare Improvement (IHI) birthed the Triple Aim in 2007. [13] According to IHI, organizations and communities that attain the Triple Aim will have healthier populations, in part because of new designs that better identify problems and solutions further upstream and outside of acute health care. Patients can expect less complex and much more coordinated care and the burden of illness will decrease. Importantly, stabilizing or reducing the per capita cost of care for populations will give businesses the opportunity to be more competitive, lessen the pressure on publicly funded health care budgets, and provide communities with more flexibility to invest in activities, such as schools and the lived environment, that increase the vitality and economic wellbeing of their inhabitants. The Triple Aim focuses work to: improve the patient experience of care (including quality and satisfaction); improve the health of populations; and reduce the per capita cost of health care.

Recommendations from IOM's 2001 publication, *Crossing the Quality Chasm* included integrating core competencies into accreditation and credentialing processes across the health professions to create an outcome-based education system that prepares clinicians to meet their patients' needs as well as the requirements of a changing health system. That report identified five core competencies that are common across professions and that foster achievement of the stated vision for health professions' education. Each of

the IOM's core competencies can be tied to this chronic pain project. [14] These can also be tied to the overall goal of the Triple Aim, to improve care, improve patient satisfaction, and reduce cost.

In a subsequent publication, the IOM recommended education targeted to pain assessment and treatment in primary care, including safe and effective opioid prescribing. The IOM also supported collaboration between primary care providers and pain management specialists, especially when primary care providers have exhausted their expertise and the patient's pain persists (IOM, 2011).

Two in-depth national needs assessments by the Collaborative on REMS Education (CO*RE) August 2011 and May 2014 identified learning needs in every dimension of pain management including assessment, pathophysiology, treatment, and use of validated instruments for clinical evaluation in both primary care provider groups (physician, NP and PA) and pain management specialties. (www.core-rems.org)

In addition to a more traditional look at group practice care, a systems approach to chronic pain management might also be investigated. Similar to systems support for patients with diabetes, patients involved in systems for chronic pain support have shown improvement in overall health outcomes. Pain management resources, whether from organizations such as the American Chronic Pain Association or Arthritis Foundation, or community services such as pain clinics or local pain networks could be integrated into these proposals.

Definition of Terms: It is also important in this RFP and in the subsequent project proposals that we define the term health care delivery system. For purposes of this RFP, we consider health care delivery systems to be those systems that provide integrated continuous, comprehensive multi-modality care, with multiple sites/places, interprofessional teams, and coordination between and among the practice-based components. Primary care is key to the system, with the tenets of patient centeredness, population management and EHR capabilities identified. While the system may have a hospital affiliation, hospital affiliation is not required. ACOs, health plans and hospital-only systems are not eligible for this project.

Section 4: Goal and Objectives

The overall goals of this project are to improve clinical outcomes, enhance quality of life for patients with chronic pain, and ensure value in health care delivery through team, group and systems-based care. Proposals should identify methods to improve or advance the standard of care for chronic pain patients, demonstrate how best to implement those methods, and evaluate the outcomes of these efforts.

With the broad goal above in mind, we have selected objectives that reflect the Triple Aim for this RFP.

1. Improve the patient experience of care (including quality and satisfaction);
    a. Reduce pain interference in the lives of patients with chronic pain
    b. Promote care that is patient-centric, engaging the community in the overall management of chronic pain

2. Improve the health of populations;
    a. Measurable clinical improvement in patient's quality of life resulting from improvements in functionality, reduced pain symptom burden and minimization of treatment related adverse events;
    b. Promote health professional education and systems that raise the level of care for persons with chronic pain

3. Reduce the overall cost of care.
    a. Create and implement as a set of practical, relevant, scalable, practice-based activities to drive improvement in both care and cost effectiveness

We encourage grantees to use SMART goals/objectives in their proposals. SMART criteria are commonly attributed to Peter Drucker's management by objectives concept. The first-known use of the term occurs in the November 1981 issue of *Management Review* by George T. Doran. The principal advantage of SMART objectives is that they are Specific, Measurable, Achievable, Realistic and Time-Bound.

Section 5: Scope

This RFP will support initiatives and demonstration projects designed to improve, sustain or advance the standard of care for chronic pain patients and test how best to implement such improvements. The patient population may include adults, adolescents and children with chronic pain. Applicants will design and implement a comprehensive learning and change strategy for an educational initiative/project that addresses care and management of chronic pain, with a concentration on team-group-systems-based approach to improving patient experiences.

Our expectation is that applicants will have an identified need(s), a hypothesis illustrating that the proposed project will make a difference, a methodology to both implement the action plan and measure the project's impact, and a timeline for spread and plan for sustainability. Collaboration and communication with other stakeholders, including community members, are also required and should be outlined in the proposal.

We also encourage projects that may already have funding, or multi-support projects, including support from the pharmaceutical industry, government agencies, foundations, and organizations. Internal organizational support, including in-kind support, and community engagement will be important factors in successful proposals.

The total grant for this initiative is $2 million. Grant ranges will vary, but each applicant's budget should not exceed $300,000.

Proposals should include knowledge dissemination, linking learning and practice, exploring how best to integrate learning for practice improvement employing the practice team; address network systems-level changes or practice redesign that would promote improved care of the chronic pain patient; and encourage engagement of a community that works across the care spectrum. Innovation in design, delivery, and measurement is also highly encouraged.

All chronic pain types are within scope of this RFP (such as persistent pain from surgery or injuries, fibromyalgia, neuropathic and centralized neuropathic pain due to peripheral sensitization or central sensitization, non-cancer chronic pain, cancer-remission related pain, and pain caused by musculoskeletal conditions). Pain associated with palliative/end-of-life, hospice, active cancer or advanced illness is not included in the scope of this project.

Section 6: Grant Applicants

For this initiative, eligible organizations include, but are not limited to, physician groups, IPAs, or other health care delivery systems. Grantees who are selected to participate in this initiative will receive funding for their project and will be required to participate in a facilitated collaborative experience described below.

Section 7: Collaboration

Following notification of selection, grantees will be expected to sign a separate Letter of Agreement with Pfizer that will require them to:

Select at least one or two members of the grantee organization to participate in a 1½ day live kick-off meeting. This meeting will introduce the grantees, partnership members, work plans and collaborative activities. Clinical updates may also be included. "Project Leaders" will be identified and will participate in on-going consultation, in the form of teleconferences and check-ins.

Participate in collaborative activities, including check-in calls (bi-monthly, 30-60 minutes), conference calls and/or webinars (quarterly, 60 minutes) during the duration of the project.

At the end of the project, up to two members of the grantee organization will regroup for a 1-day face-to-face meeting to present project/initiative results and participate in a session to capture the lessons learned. The results of this project will be distributed to the broader CME/CPD/CE enterprise to spread the best practices learned as part of this project.

[Expenses for two members per grantee to attend these meetings will be covered by the Partnership and should not be included in the grantee's budget; other members of the grantee's team are encouraged to participate, but support for these additional attendees must be included in the grantee's budget.]

Section 8: Disease Burden Overview

According to the 2011 *IOM Report on Pain*, as many as 100 million adults in the US report a common chronic pain condition, exceeding the number affected by heart disease, cancer, and diabetes.[1] When chronic pain is poorly managed, patients report a substantial burden of illness regardless of the type of pain condition.[2,3] Continuous, unrelieved pain can have negative effects on the immune, cardiovascular, gastrointestinal, and renal systems and can reduce patient mobility. It can lead to anxiety disorders including panic, generalized anxiety and post-traumatic stress disorder.[3,4] On-going and unrelieved pain can create a cycle of increased anxiety and depression which, in turn, can amplify the pain.[4] Patients with greater pain severity report increased difficulties with daily functioning, sleep, and overall health status. Finally, inadequately managed pain can lead to unfavorable physical and psychological outcomes not only for individual patients, but also for their families.[3] The economic burden of pain to society is staggering. The 2011 *IOM Report on Pain* suggests that the annual health economic impact of pain represents a $560 to $635 billion burden in the US (in 2010 dollars).[1]

Management of chronic pain can be considered within the context of a chronic care model, where improved outcomes are achieved when patients are informed and engaged in their care, providers are proactive, care is patient-centric and collaborative, and community and other resources are appropriately accessed. As with other chronic conditions such as diabetes, hypertension, and COPD, patient education and coordination of care are essential and need to be integrated with the diagnosis and continued throughout chronic pain management.

Integration of non-pharmacologic treatment approaches early in the assessment and treatment plan helps to reinforce the importance of the patient's role in his or her own care.[5]

Diagnosis of the underlying pain condition can be guided by the patient's descriptions of the pain as well as by the use of diagnostic tools. Selection of the *initial* pharmacological treatment should be guided by the underlying pain pathology(s) and use of evidence-based guidelines that have been developed for specific chronic pain conditions such as osteoarthritis, low back pain, fibromyalgia and different neuropathic pain conditions. As chronic pain often involves multiple symptom domains in addition to pain, the assessment and treatment plan should be individualized to reflect the individual patient's underlying chronic pain disorder, the particular mix of symptoms, the patient's priorities and preferences, cognitive/emotional and social support, and financial circumstances.

Section 9: Gaps and Possible Reasons for Gaps

A number of barriers to effective pain care involve the attitudes and training of the providers of care. First, health professionals may hold negative attitudes toward people reporting pain and may regard pain as not worth their serious attention. Second, the profession and culture of medicine generally focus on biological rather than psychosocial causes and effects of illnesses. Third, although pain is one of the most common reasons people seek treatment, clinicians may not ask about or thoroughly investigate pain. Fourth, while evidence-based protocols and guidelines exist to assist primary care professionals in treating people with chronic pain these protocols are used only rarely to treat pain in primary care practice. Finally, while practice team approaches can facilitate high-quality pain care such team approaches are not consistently used in pain care.[6]

Debono and colleagues have provided an analysis of what is currently done and what is being omitted in the primary care management of chronic pain.[6] Various authors have identified treatment gaps regarding uniform screening; lack of team-based care; negative attitudes of caregivers regarding patients who complain of pain; and the absence of referral networks.[7]

Section 10: Recommendations and Target Metrics

Given the objectives listed in Section 4, proposals submitted should demonstrate how their project will specifically support one or more of these objectives. Examples are provided below, but applicants are encouraged to develop additional metrics specific to their systems.

Practice-Group-Systems educational activities should show:

- How the activities involve and impact multiple professions involved in management of chronic pain. Special consideration will be given to how the activity optimizes team management of chronic pain.
- Project development and educational impact at knowledge level and/or higher (competence, performance, patient health status) should include consideration of the Moore scale. (http://www.sacme.org/Resources/Documents/Virtual%20Journal%20Club/Moore_evaluation_article.pdf)

Systems changes or resources developed and/or implemented should show:

- Specific types of resources intended to be developed and why there is a need for these resources.
- Which gaps in practice they are intended to fill.
- How changes or resources will be implemented in the clinical systems environment.

- What systems barriers will be mediated.
- What measures will be used to assess the impact of resource utilization.
- Expected impact if the resources are fully implemented.
- Plans for sustainability (within the system) and/or scalability/spread (transfer to other systems).

Practice-based activities should show:

- Patient-care and/or cost-efficiency gaps the activities are intended to fill.
- What measures would be used to assess the impact of the activities.
- Expected impact of the activities based on clinician performance, patient health status, and/or cost-reduction.
- Plans for sustainability, scalability/spread, and replicability.

Section 11: RFP Key Information

Total Awards	Up to $2 million is available to fund grants for this RFP. Grant requests should not exceed limits outlined in Section 5. Individual projects can be funded for up to a maximum of 20-months' duration, including final reconciliation of the project. Individual grants are limited to $300,000.
Specific Areas of Interest	Improved management of patients with chronic pain through professional education and performance improvement with a focus on teams, systems change, and innovation.
Focus Settings	The focus of the activities should be the practice-group-systems based team, in primary care or non-pain specialties. Practice setting may include urban, suburban, rural or frontier areas.
Geographic Scope	United States only
Recommended Format	All formats are acceptable, including research, professional CME/CE education, and performance/quality improvement. Projects should be sustainable, scalable and replicable.
Eligible Applicants	Applicants may include, but are not limited to, primary care or multi-specialty physician groups, IPAs, or other health care systems. Pfizer reviews all applicants to ensure that they are not subject to Medicare F/A, under current investigation/sanction, delinquent in reconciliation of a previous grant, etc.
Grantee Responsibilities	▪ Complete an LOA and milestone document/agreement with Pfizer; Pfizer will provide the grants for these projects in single or payment per milestone payment structure. ▪ Select 1- 2 representatives to attend a kick-off face-to-face

	meeting. ▪ Participate in a series of collaborative activities during 2015-2017. ▪ Attend a final convocation to share/report initiative results and dissemination strategies. ▪ Participate in an overall initiative outcomes process. See Section 7: Collaboration
Selection Criteria	1. Grantee Criteria: ▪ Knowledge and experience with health care professional education/CME/CE or performance improvement ▪ Knowledge and experience with systems approaches to care delivery ▪ Capability to carry out the work ▪ Collaborative/community support 2. Project Criteria: Project is clear, well-defined, with appropriate partners identified; educational design is appropriate for the projected learners; clear and attainable outcome measures Bonus points for: ▪ Innovation ▪ Focus on high-need areas ▪ Incorporate systems change as well as provider/clinician education ▪ Development or integration of a chronic pain registry ▪ Sustainability, scalability and replicability
Key Dates/Deadlines	▪ April 1, 2015 – RFP Released ▪ April 10, 2015 -- RFP Conference Call for Interested Applicants ▪ May 1, 2015 – Deadline for receipt of Letter of Interest ▪ June 1, 2015 – Request for Full Grant Proposal ▪ July 1, 2015 – Deadline for Full Grant Proposal ▪ August 3, 2015 – Notification of Awards and Approval of Grant LOA/Milestone documents ▪ October 2015 – TBD – Face-to-face Project Launch meeting ▪ 2015-2017 – Collaborative conference calls, webinars and check-ins ▪ April 2017 – TBD – Face-to-face Convocation and final report/reconciliation complete

Section 12: Submission Instructions

1. Go to website, www.pfizer.com/indepedentgrants.
2. Click on "Go to the Grant System."
   If this is your first time visiting this site in 2014 you will be prompted to take the Eligibility Quiz to determine the type of support you are seeking. If you are a first-time applicant you will need to complete the registration process.

a. Select the following Area of Interest: Improving Care of Chronic Pain – Physician Groups and Health Systems

Section 13: Requirements for Submission

1. The LOI submission must include two pieces: a one-page cover/abstract and the three-page LOI concept document. Both should be single-spaced, using Calibri 12-point font and 1-inch margins.

FIRST: Applicants will complete a cover sheet/abstract of no more than one page that describes:

1. Project Title:
2. Your statement of need in chronic pain management.
3. The stated goal(s) of your project (no more than 5); be concise and specific:
   a.
   b.
   c.
   d.
   e.
4. The methodology you will use to implement your project.
5. The assessment strategy you will use to measure your impact.
6. The stakeholders, including the community members, you are including in your proposal.

SECOND: The LOI is a brief concept document that describes the proposed project at a high level. The Independent Review Committee will select letters of intent that are best aligned with the purpose of the RFP. All applicants will be notified with either an acceptance or a declination. Successful applicants will be asked to submit a full grant proposal for funding consideration.

Complete all required sections of the online application and upload the completed LOI template.

2. The letter of intent should be no more than three (3) pages, single-spaced, using Calibri 12-point font and 1-inch margins.
3. It should contain the following information about the proposed project:
   a. Project title
   b. Organization(s) involved, name, address, phone, URL
   c. Principal contact, credentials, title, contact information
   d. High-level project description, including
      i. Primary goal(s)
      ii. Project Description (overview)
      iii. Description of how the proposal builds on existing work, projects, or programs
      iv. Anticipated challenges and solutions

v. Expected outcomes and how the impact of the project will be evaluated
vi. Deliverables and dissemination strategies

4. A letter of intent longer than three pages will be RETURNED UNREVIEWED
5. Submit the letter of intent online via the Pfizer IGL&C website
6. Complete all required sections of the online application, abstract and upload the completed letter of intent template

Section 14: Full Proposals

A limited number of applicants will be invited to submit for consideration a full proposal of no more than 15 pages, accompanied by a line-item budget. The full proposal template will be shared with the invitation to submit. Proposals may also include attachments, not to exceed 15 pages: Partner/participant descriptions (1 page), budget justification/narrative (1 page), references/recommendations (1 page), confirmation that all parties included in the proposal are fully engaged and ready to work, etc.

Section 15: Questions

We will host an informational conference call for all interested parties on Friday, April 10, 2015, noon-1:00 pm EDT. **[1-800-371-9219 / 3704316#]**. If you have additional questions regarding this RFP, please direct them in writing to the Grant Officer for this clinical area, Robert Kristofco at robert.kristofco@pfizer.com with the subject line**, "*Improving the Care and Management within Physician Group and Systems Settings for Persons Living with Chronic Pain.*"** Mr. Kristofco will triage the questions and refer them to the appropriate party for feedback and response.

Section 16: Terms and Conditions

1. Complete TERMS AND CONDITIONS for Certified and/or Independent Professional Healthcare Educational Activities are available on submission of a grant application on the Pfizer's Independent Grants for Learning and Change website at www.pfizer.com/independentgrants.
2. This RFP does not commit Pfizer to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. Pfizer reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this RFP, if it is in the best interest of Pfizer to do so.
4. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means ensures transparency, such as on the Pfizer website, in presentations, and/or in other public media.
5. For compliance reasons and in fairness to all applicants, all communications about this RFP must come exclusively from the Pfizer's Independent Grants for Learning and Change and the Consortium. Failure to comply will automatically disqualify applicants.
6. All output (e.g., products, research, data, software, tools, processes, papers, and other documents) from funded projects will reside in the public domain. All output (e.g., products, research, data, software, tools, processes, papers, and other documents) must also include an acknowledgment of Pfizer's support of the Project.

Section 17: Transparency

Consistent with our commitment to openness and transparency, Pfizer publicly reports its medical educational grants and support for medical and patient organizations in the United States. A list of all letters of intent selected to move forward may be publicly disclosed, and whatever emanates from this RFP is in the public

domain. In addition, all approved full proposals, as well as all resulting materials (e.g., status updates, outcomes reports, etc.) may be posted on the website. Grantees will be required to submit periodic quarterly reports and/or updates.

Issued RFPs are posted on the Pfizer IGL&C website at www.pfizer.com/independentgrants and are emailed to all registered organizations and users in our grants system. The RPF and invite will also be sent to members of CAPG.

References:

1. Committee on Advancing Pain Research, C.a.E. and M. Institute of, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*: The National Academies Press.
2. Cole BE. Pain Management: Classifying, understanding, and treating pain. Hosp Physician. 2002; 38:23-30.
3. Winterowd C, Beck AT, Gruener, D. Cognitive Therapy for Chronic Pain Patients. New York: Springer Publishing Company; 2003.
4. Buenaver LF, Edwards RR, Haythornthwaite JA. Pain-related catastrophizing and perceived social responses: interrelationships in the context of chronic pain. Pain. 2007; 127:234-42.
5. Argoff CE, Albrecht P, Irving G, Rice F. Multimodal analgesia for chronic pain: rationale and future directions. Pain Med. 2009; 10 (Suppl 2):S53-66.
6. Debono D, Hokesema L, Hobbs R. Caring for Patients with Chronic Pain: Pearls and Pitfalls. Journal of the American Osteopathic Association. 2013: 113:5; 620-627.
7. Evans, L, Whitham, J, Trotter, D, Fritz, K. An evaluation of family medicine residents' attitudes before and after a pcmh intervention for patients with chronic pain. Fam Med. 2011; 43(10):702-11.
8. Balmer, JT. The transformation of continuing medical education (CME) in the United States. Adv in MedEd and Prac. 2103:4:171-182
9. Core Competencies for Interprofessional Collaborative Practice. Interprofessional Education Collaborative. May 2011.
10. Fishman, S. et al. Core Competencies for Pain Management: Results of an Interprofessional Consensus Cmte. Pain Med. 2013; 14:971-981.
11. Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009;29(1):1-15.
12. Argoff, C et al. Multimodal Analgesia for Chronic Pain: Rationale and Future Directions. Pain Med. 2009; 10 (S53)
13. Institute for Healthcare Improvement, http://www.ihi.org/search/pages/results.aspx?k=Triple+Aim and http://content.healthaffairs.org/content/27/3/759.long
14. Institute of Medicine, Crossing the Quality Chasm, 2001, http://www.iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx)