

Improving Access to and Quality of Care for Dermatologic Patients through Education, Information Collection and Strategy Development

Request for Proposals

Pfizer Independent Grants for Learning & Change and American Academy of Dermatology

August 27, 2015

I. Background

Pfizer and the American Academy of Dermatology (AAD) are collaborating to offer a new grant opportunity focused on approaches to dealing with access to care including educating and informing patients, developing new approaches to access for dermatologic care and treatment, and the development of teams to provide care.

The AAD, with a membership of more than 19,000, is the largest, most influential and most representative dermatology group in the United States and is committed to promoting excellence in patient care through education, research and advocacy. One of the Academy's long-standing goals, and a priority within its Strategic Framework, has been to close gaps in patient access to dermatologic care.

The mission of Pfizer Independent Grants for Learning & Change (IGL&C) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. "Independent" means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

This Request for Proposals (RFP) is being issued by both organizations. The AAD is the lead organization for review and evaluation of applications. A review committee, led by the AAD, and with representation from Pfizer, will make decisions on which proposals will receive funding. Grant funding will be provided by Pfizer. Collectively, up to \$1.5 million is available for the program with grant levels capped according to specific project scope and duration.

II. Purpose

The intent of this document is to encourage regional, state, and/or local dermatologic societies to submit proposals, either independently or collaboratively with other organizations, that are related to programs that would educate and inform patients and/or collect information and/or develop strategies for addressing issues related to patient access to dermatologic care and treatment for patients with moderate to severe dermatologic

conditions. Partnering and collaboration is strongly encouraged; however, only the dermatology member societies may submit applications in response to this RFP. Dermatology societies interested in responding to this RFP should bring into their project appropriate partner organizations such as patient societies or other associations.

Successful proposals will identify a specific demonstrated (evidence-based) or perceived gap in/barrier to patient access to dermatologic care including the impact on patients, providers, and/or the healthcare system, and outline a concept for design and implementation of a program that could help to close that gap or overcome that barrier toward the betterment of patient care.

Successful programs will include a plan to generate evidence that the intervention has had an effect on either provider, institutional or patient behavior.

III. Specific Areas of Interest for this RFP

It is our intent to support projects that improve access to dermatologic care for patients with moderate to severe dermatologic conditions. According to the National Institutes of Health and the Royal Society of Medicine, facilitating access is concerned with helping people to command appropriate health care resources in order to preserve or improve their health. For purposes of this RFP, a gap in patient access to dermatologic care is considered to be any delay in appropriate evaluation, diagnosis and treatment due to myriad reasons including, but not exclusive to, one or more of the following:

- patients' socioeconomic status (potentially related to a geographic area)
- availability of dermatologists in a particular area due to workforce shortages, insurance coverage or health plan networks
- health system organization (care processes, preauthorization, limited drug formularies)
- absence of understandable patient information about how/where to access appropriate treatment (potentially due to cultural differences)
- delayed or inappropriate referrals from primary care or other providers

While the Academy has long been challenged with both ensuring an awareness of the value of dermatologic services provided by a board-certified dermatologist, and with facilitating patient access to those services, the complexity of the United States health care system, the movement toward coordinated and integrated health care, the increasing costs of prescription drugs, and the increase in aging patients with comorbidities, among other factors has exacerbated those efforts.

With more than 3,000 discrete skin diseases, each with its own associated care plans and treatments, timely and appropriate care and treatment is essential to positive outcomes, quality of life, and in some cases survival.

IV. Eligibility Criteria

To apply for a grant, state, local and regional dermatologic societies must meet the following criteria:

1. The state, local or regional society must be located within the United States.
2. The state, local or regional society must be a bona fide dermatologic society. As defined and adopted by the AAD/A Board of Directors, a bona fide dermatologic society must:
 - be incorporated as a 501(c)3 or 501(c)6 not-for-profit organization with an individual physician membership;
 - have a majority of its members who are certified or eligible to be certified by the American Board of Dermatology (ABD), the Royal College of Physicians and Surgeons of Canada (Royal College), or a foreign board of its licensing equivalent or who satisfy educational and professional requirements of the ABD or the Royal College;
 - provide, as its primary mission, continuing medical education for dermatologists, public education related to dermatologic concerns, professional development programs for dermatologists or support for research in dermatology; and
 - derive its revenues principally from member dues and contributions, member service programs, annual meeting fees, or unrestricted educational grants from multiple commercial sources.
3. Academy members must comprise at least fifty percent (50%) of the membership of the state, local or regional society.

State, local and regional dermatologic societies are encouraged to collaborate with patient advocacy or other organizations to develop and implement programs to be funded through this opportunity; however, the application for grant funding must be submitted by a state, local or regional dermatologic society to be considered eligible.¹

V. Potential Questions to Consider

1. Is there a demonstrated or perceived problem with access to dermatologic care and/or specific dermatologic drugs/treatments by patients, dermatologists, or other health care providers in your regional/state/locality?
2. To provide patient support and education, how can the society promote the use of independent, evidence-based resources for patient education to assist appropriate patients access to doctors and treatment?
3. Through what mechanisms could patient access to dermatologists be improved? (consider socioeconomic, geographic, workforce and other issues)

¹ If a project includes a component that is certified for CME/CE credit, the application must be submitted by a CME/CE-accredited organization. In this case, if the state, local or regional society that is taking the lead on the project is not CME/CE-accredited, the patient advocacy or other organization that is partnering with the state, local or regional society must submit the application, and the application must state clearly that the organization is partnering with an eligible state, local or regional society.

4. How can communications between dermatologists, patients and other members of the health care team, including primary care physicians be improved to assist appropriate patients access to dermatologic care?
5. Would educational outreach support patient engagement in assessing the severity of their dermatologic condition symptoms and impact of their condition on their function and quality of life?
6. Is there a demonstrated or perceived problem in getting patients with worrisome lesions in to see a dermatologist? Is there a plan for teaching these patients guidelines for assessing their symptom severity or impact of their condition on quality of life or functionally or impact on lost work days.?
7. Would it be beneficial to develop plans for patients with severe disease that streamline access and allow referred patients to return to their original dermatologist for long term care?

VI. Submission Requirements: [Proposal Submission Guidance](#) available on the AAD website

VII. Categories for Submission

Pfizer Independent Grants for Learning and Change (IGLC) is offering a total of \$1.5 million in grant opportunities. The Individual grant levels will be considered based on the size and need of the project. Grants may range from \$10K to \$400K depending on the proposal, whether it is an individual society or a joint project with other societies.

VIII. 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 IGLC Website at www.pfizer.com/independentgrants.
2. This RFP does not commit Pfizer or the AAD to award a grant or a grant of any particular size if one is awarded, nor to pay any costs incurred in the preparation of a response to this request.
3. AAD and Pfizer reserve 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 interests of AAD and Pfizer to do so.
4. AAD and Pfizer reserve the right to announce the details of successful grant application(s) by whatever means ensures transparency, such as on their websites, 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 to the IGLC team at Pfizer or to AAD. Members of the Advisory Panel may not be contacted directly. Applicants should not contact other departments within Pfizer regarding this RFP. Failure to comply will 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.
7. Pfizer and AAD reserve the right to share with organizations that may be interested in contacting you for further information (e.g., possible collaborations)

the title of your proposed project and the name, address, telephone number, and e-mail address of the applicant from the requesting organization.

8. To comply with 42 U.S.C. § 1320a-7h and 42 C.F.R. §§ 403.900-.914 (the Sunshine Act), Provider (sponsor) must provide to Pfizer specific information for the U.S.-licensed physicians and U.S. teaching hospitals (“Covered Recipients,” as defined by applicable law) to whom the Provider (sponsor) furnished payments or other transfers of value from the original independent grant awarded by Pfizer. Those payments or transfers-of-value include compensation, reimbursement for expenses, and meals provided to faculty (planners, speakers, investigators, project leads, etc.) and “items of value” (items that possess a discernible value on the open market, such as textbooks) provided to faculty and participants, if those faculty and/or participants meet the definition of Covered Recipient. Provider (sponsor) must submit the required information during the reconciliation process or earlier, upon Pfizer’s request, so Pfizer can meet Sunshine Act reporting commitments. Be advised Pfizer will not make any payments to any individuals; grant funding shall be paid directly to Provider (sponsor).

Frequently Asked Questions related to IGLC’s Sunshine Act Reporting Requirements are available on our website

(http://www.pfizer.com/files/IGLC_SunshineFAQ_Oct2014.pdf).

9. No portion of a Pfizer independent grant may be used for food and/or beverage for learners and/or participants in any capacity. Provider (sponsor) will be required to certify during the reconciliation process and/or the periodic collection of Sunshine reporting that funds were not used for food and/or beverage for learners and/or participants.
10. In the performance of all activities related to an independent grant, the Provider (sponsor) and all participants must comply with all applicable Global Trade Control Laws. “Global Trade Control Laws” include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department’s Office of Foreign Assets Control.

IX. Transparency

Consistent with our commitment to openness and transparency, Pfizer publicly reports education grants provided to medical, scientific, and patient organizations in the United States. A list of all proposals 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 quarterly reports and/or updates.

X. Key Dates and Timelines

Project Phase	Date
RFP Released	August 28
Conference calls held with interested applicants	September 14 – September 25
Proposals Due Date (stage 1)	October 12
Review Panel evaluates proposals and requests add'l info; applications are returned to applicants.	October 19-23
Resubmission Due Date (stage 2) including responses to questions from Review Panel	Nov 3
Review Panel meets to select proposals for funding	Nov 20
Successful applicants are notified	No later than November 30
Projects funded (following fully executed Letter of Agreement)	After December 15

XI. HOW TO SUBMIT

Please go to the website at www.pfizer.com/independentgrants and click on the button “Go to the Grant System”. Registered users should select the LOI link under Track 1 – Learning & Change.

If this is your first time visiting this site you will be prompted to take the Eligibility Quiz to determine the type of support you are seeking. Please ensure you identify yourself as a first-time user.

Select the following Area of Interest: Dermatologic Patient Access to Care

Requirements for submission: [Proposal Submission Guidance is available on the AAD website](#). Be advised the system is designed for a two-stage submission process: 1) Letter of Intent and 2) Full Proposal. However, for this RFP, we are not using a Letter of Intent. Instead, the first stage will be submission of the Full Proposal followed by the second stage where you will provide additional information requested by the review panel. Complete all required sections of the online application. In the “Required Uploads” section, please follow the table below.

For Field Name:	Please upload:
Letter of Intent	Full Proposal
LOI Additional Required Uploads	Budget

If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page

XII. Questions

If you have technical questions regarding the RFP, please direct them in writing to the AAD's Senior Manager, State Society Relations, Linda Ayers at layers@aad.org with the subject line "RFP Dermatologic Patient Access to Care."

In addition, Ms. Ayers may be contacted by phone 847-240-1251 for assistance in preparing the proposal. Questions may include helping applicants to understand what the Review Panel is looking for, identifying what questions they need to answer, etc. The AAD and Pfizer are not available to write any aspect of an RFP, but may be able to provide direction and/or guidance.