Independent Grants for Learning & Change (IGLC)
Track 2 - Call for Grant Applications (CGA)
Management of Non-Communicable Diseases (NCD) for Primary Care Physicians

I. Background

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.

Through this CGA we encourage organizations to submit grant requests that, if funded, will support education in a specific disease state, therapeutic area, or broader area of educational need. Educational activities should not be focused on products specific to Pfizer.

When a CGA is issued, it is posted on the IGL&C website in the *Grants Process* section and is sent via e-mail to all registered users in our grants system. Some CGAs may also be posted on the websites of other relevant organizations.

II. Eligibility

Geographic Scope:	☑ APAC Region: Australia, India, Indonesia, Malaysia, New Zealand, Pakistan, Philippines, Singapore, South Korea, Thailand, and Vietnam
Applicant Eligibility Criteria:	The following may apply: medical, professional schools; healthcare institutions (both large and small); professional associations and medical societies; medical education companies; and other entities with a mission related to healthcare professional education and/or healthcare improvement. More information on organizations eligible to apply directly for a grant can be found at http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf. Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions/organizations/associations, are encouraged. All partners must have a relevant role, and the requesting organization must have a leadership role.

Date CGA Issued:	May 15, 2018
Clinical Area/Topic:	The evidence-based management of chronic conditions that are commonly seen in primary care with a focus on chronic pain (arthritides); mood disorders (depression & anxiety); cardiovascular risk and the prevention of morbidity & mortality; and erectile dysfunction
Specific Area of Interest for this CGA:	Non-communicable diseases (NCDs) caused about 40 million deaths in 2015, equivalent to 70% of all deaths globally. More than 75% of these "premature" deaths in 2015 occurred in low- and middle-income countries with about 48% of the deaths occurring in persons < 70 yrs of age.[1] A Global target of a 25% relative reduction in the risk of premature mortality from NCDs by 2025[2], and the SDG (Sustainable Development Goals) target of a one-third reduction in premature deaths from NCDs and to promote mental well-being by 2030 has been recommended.[3] Optimal and early management of NCDs such as major depression/anxiety disorders, cardiovascular risk leading to morbidity and chronic pain are needed to achieve the goals set by the World Health Organisation and the Agenda for Sustainable Development by world leaders.[2,3] A framework developed by the Royal Australian College of General Pratctitioners (RACGP), considers GP training to be conducted across five domains, which include professional knowledge and skills, communication skills between a doctor and patient and the prevention of disease.[4] A needs assessment was conducted in 2017 by the California Academy of Family Physicians and Healthcare Performance Consulting in association with the World Organisation of Family Doctors (WONCA) in selected countries of the Asia Pacific region to understand and quantify the educational requirements of Primary Care Physicians. The results of this assessment demonstrated a clear need **for communication** of disease processes and **management of NCDs**. Of particular note was that there is a need for continuing medical education with a focus on hands-on training workshops to increase efficiency of delivery of care. A preference for live programs was observed over internet-based (virtual) programs.[5] It is our intention to support multiple grants in response to this CGA posting. Organizations may develop proposals towards either gap listed below or provide a comprehensive grant that address both: **1) Continuing Professional Development / Medical Education Program** that seeks to foster scientific exchange between experts and primary care providers / family physicians in the Asia Pacific region in association with a world renowned medical education provider in partnership with a local/regional Medical Society **2) Initiative to enhance the communication skills** needed for shared decision making between GPs, other healthcare providers (HCP) and patients to foster optimal management and prevention of NCDs. The proposal needs to address the **medical education** of NCDs for PCPs/GPs and/or address the **communication skills needed for shared decision** making by GPs with other relevant HCPs for engaging patients in the medical management of NCDs:

A. **Components of the Continuing Professional Development / Medical Education Program:**

- The content needs to be on Non Comminicable Diseases (NCDs) with a focus on leading causes of morbidity and mortality. i.e. Mental Health (Mood Disorders; depression and anxiety); Cardiovascular (CV) Health; primary and secondary prevention of CV risk; Chronic Pain (osteoarthritis, rheumatoid arthritis, and chronic back pain); Men's Health (erectile dysfunction)
- Bridge gaps in knowledge and inform on advances in clinical practice to result in:
  a. Improved utilization of Clinical Practice Guideline recommendations
  b. Optimal therapy for NCDs through better understanding of the evidence
  c. Improvement in physician-facilitated patient adherence to therapy through the learning and adoption of effective approaches
  d. Reproducible metrics of learning & change
- Stepwise approach to delivery:
  a) Patient-centred approach to education (eg. discussion of diabetes together with possible co-morbidities such as hypertension, dyslipidemia, depression, neuropathy, erectile dysfunction)
  b) Pre-program assessment
  c) Live face-to-face meeting in a capital city with the potential of broadcast to wider audiences
  d) Continued program with a series of virtual classrooms
  e) Post program assessment

B. **Components of the program to address communication skills for shared decision making between GPs, other HCPs and patients:**
  a) Interviewing skills to engage patient in a shared decision making process
  b) Patient centered communication skills to improve understanding of disease, rationale for the management of disease, importance of medication compliance/adherence and follow up
  c) Skills required in the discussion of prevention and management of disease with patients, the patients' family and the wider population

References:
1. WHO Global Health Observatory (GHO) data. http://www.who.int/gho/ncd/mortality_morbidity/en/ Accessed on 19 March 2018.
2. WHO Non communicable Disease and Mental Health. http://www.who.int/nmh/events/ncd_action_plan/en/ Accessed on 19 March 2018.
3. Sustainable Development Goal 3. https://sustainabledevelopment.un.org/sdg3 Accessed on 19 March 2018.
4. Morgan S, Ingham G. Random Case Analysis – a new framework for Australian general practice training. *Australian Family Physician* 2013;42(1):69-73
5. Needs Assessment of General Practitions in Asia Pacific (APAC) by the California Academy of Family Physicians and Healthcare Performance Consulting with the World Organisation of Family Doctors

Expected Approximate Monetary Range of Grant Applications:	Individual projects requesting up to $250,000 will be considered. Larger grants may be considered depending on scope and merit of proposal. The grant amount Pfizer will be prepared to fund will depend upon the evaluation of the proposal and costs involved and will be stated clearly in the approval notification.
Key Dates:	CGA release date: May 15, 2018 Grant application due date: June 26, 2018 Please note the deadline is midnight Eastern Time (New York, GMT -5). Anticipated Grant Award Notification Date: August 14, 2018 Grants distributed following execution of fully signed Letter of Agreement Period of Performance: August 2018 to August 2020
How to Submit:	Please go to the specific application log-in page. First-time users should click "REGISTER NOW". If you have already registered, simply log in and enter the invitation code below. **Invitation Code: 86286MV5SL** Select the following Educational Area: APAC Management of NCDs **Requirements for submission:** Complete all required sections of the online application and upload the completed CGA template (see Appendix). If you encounter any technical difficulties with the grant management system, please click the "Need Support?" link at the bottom of the page. **IMPORTANT:** Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.
Questions:	If you have questions regarding this CGA, please direct them in writing to Angelo Carter, at (angelo.carter@pfizer.com), with the subject line "APAC Management of NCDs "
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 or to make a summary presentation during the review period.

IV. Terms and Conditions

Please take note every Call for Grant Applications (CGA) released by Pfizer Independent Grants for Learning & Change (IGLC) is governed by specific terms and conditions. These terms and conditions can be reviewed here: **http://www.pfizer.com/files/PfizerIGLC_CGA_TermsandConditions_2017Nov.pdf**

Appendix: CGA Grant Submission Template

Grant Applications should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a **15-page limit** exclusive of references. Please include the following:
   A.   Title

B. Organizational Detail: Describe the attributes of the institutions/organizations that will support and facilitate the execution of the project, the leadership of the proposed project, and the specific role of each partner in the proposed project.
C. Goal: Briefly state the overall goal of the project.
D. Objectives: List the objectives you plan to meet with your project, in terms of learning and expected outcomes.
E. Assessment of Need: Include a quantitative baseline data summary, initial metrics, 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.
F. Target Learner Audience: Describe the primary audience(s) targeted for this project. 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.
G. Project Design and Methods: Describe the planned project, the educational approach, and the way the planned methods address the established need.
H. 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.
I. Outcomes Evaluation: In terms of the metrics used for the needs assessment, describe how you will determine if the gap was addressed for the target group. Identify the sources of data you anticipate using to make the determination. Describe how you expect to collect and analyze the data. Explain the method used to control for other factors outside this project (e.g., use of a control group or comparison with baseline data). Quantify the amount of change expected from this project in terms of your target audience. Describe how you will determine if the target audience was fully engaged in the project.

   Impact assessment may include the following elements: [6]
   - Participation – no. of learners
   - Satisfaction – expectations met with regard to content and delivery of program
   - Knowledge – based on information uptake
   - Competence – based on information diseemination
   - Performance – based in practice setting
   - Patient outcomes

J. Dissemination Plan: Describe how the project may have extended benefit beyond the grant. Will the teaching materials be made available to others to use? Will there be tools or resources that are made publicly available beyond the initial project. Describe how the project outcomes might be broadly disseminated.
K. Timeline
L. Additional Information: If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize it in within the page limitations.
M. References (outside the 15-page limit)
   - There is no designated format for references
N. Budget (See template available in application)
   - While estimating your budget please keep the following items in mind:
     - Grants awarded by IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
     - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for projects.
     - A separate Excel file should be uploaded. This does not count toward the page limit.
       - An example of the budget template can be found here: http://cybergrants.com/pfizer/docs/KnowledgeGapBudgetTemplate2015.xls
       - At the conclusion of your program, a reconciliation of expenses is required using the original budget file submitted.

Grant Applications should be single-spaced using Calibri 12-point font and 1-inch margins. There is a **15-page limit** exclusive of references. If extensive, references may be included on 1-2 additional pages.