

Pfizer Independent Grants for Learning & Change Request for Proposals (RFP)

Disparities in Adult Pneumococcal Vaccination

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.

The intent of this document is to encourage organizations with a focus in healthcare professional education and/or quality improvement to submit a letters of intent (LOI) in response to a Request for Proposal (RFP) that is related to education in a specific disease state, therapeutic area, or broader area of educational need. The RFP model is a two-stage process. Stage 1 is the submission of the LOI. After review of the LOI, you may be invited to submit your Full Grant Proposal. Stage 2 is the submission of the Full Grant Proposal.

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

II. Eligibility

Geographic Scope:	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International(specify country/countries)_____
Applicant Eligibility Criteria:	<p>The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations; and other not-for-profit entities with a mission related to healthcare improvement.</p> <p>More information on organizations eligible to apply directly for a grant can be found at: http://www.pfizer.com/files/IGLC_Organization_Eligibility.pdf.</p> <p>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.</p>

III. Requirements

Date RFP Issued:	1/21/2015
Clinical Area:	Disparities in Adult Pneumococcal Vaccination
Specific Area of Interest for this RFP:	<p>It is our intent to support programs that focus on increasing immunization against pneumococcal disease in the older adult population. Only programs in geographic areas able to document a current adult pneumococcal vaccination rate significantly lower (less than or equal to 50%) than the Healthy People 2020 goal of 90% will be considered. The overall intent of proposed projects should result in sustainable direct patient outcomes improvement and be designed in a fashion that can be portable to other similar settings.</p> <p>As noted in the National Vaccine Advisory Committee's recent report, every health-care provider has a fundamental responsibility to ensure that all patients are up-to-date with respect to recommended immunizations. ¹ With that in mind, multi-disciplinary collaborations, are encouraged when appropriate, but all partners must have a relevant role.</p> <p>There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for providers 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.</p> <p>It is expected that projects will be evidence-based (education and/or quality improvement) and the proposed research/evaluation will follow generally accepted scientific principles. During review the intended outcome of the project is 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. Projects including an educational element can find more information on principals of learning and behavior change for health professionals at www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf.</p> <p><i>It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</i></p>
Target Audience:	Healthcare providers working to immunize the older adult population. Multi-disciplinary team approaches are highly encouraged.

<p>Disease Burden Overview:</p>	<p>Pneumococcal disease remains a substantial burden among older US adults.² In the US in 2013, there were an estimated 33,500 cases of invasive pneumococcal disease and an estimated 3,500 deaths from the disease.³</p> <table border="1" data-bbox="516 373 1328 525"> <thead> <tr> <th data-bbox="516 373 971 464">Age (years)</th> <th data-bbox="971 373 1149 464">Cases No. (Rate*)</th> <th data-bbox="1149 373 1328 464">Deaths No. (Rate*)</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 464 971 525">≥ 65</td> <td data-bbox="971 464 1149 525">1,209 (30.2)</td> <td data-bbox="1149 464 1328 525">173 (4.33)</td> </tr> </tbody> </table> <p>* Cases or deaths per 100,000 population for ABCs areas</p> <p>The surveillance areas represent 30,604,240 persons.</p>	Age (years)	Cases No. (Rate*)	Deaths No. (Rate*)	≥ 65	1,209 (30.2)	173 (4.33)
Age (years)	Cases No. (Rate*)	Deaths No. (Rate*)					
≥ 65	1,209 (30.2)	173 (4.33)					
<p>Recommendations and Target Metrics:</p>	<p>Related Guidelines and Recommendations</p> <ul style="list-style-type: none"> • US Department of Health and Human Services. Healthy People 2020 objective IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.⁴ <ul style="list-style-type: none"> ◦ IID-13: Increase the percentage of adults who are vaccinated against pneumococcal disease.⁴ • CDC’s Adult Immunization Schedules set national recommendations.⁵ • CDC’s Recommended Vaccinations Indicated for Adults Based on Medical and Other Indications⁶ • National Vaccine Advisory Committee’s Standards for Adult Immunization Practices¹ 						
<p>Gaps Between Actual and Target, Possible Reasons for Gaps:</p>	<p>In 2012, the rate of pneumococcal vaccination coverage among adults aged ≥65 years was 59.9% overall⁷, falling short of the Healthy People 2020 goal of 90%.⁴ Coverage was noted as higher in whites (64%) when compared to 41.3% for Asians, 43.4% for Hispanics or Latinos, 46.1% for blacks.⁷</p>						

<p>Barriers:</p>	<p>The National Vaccine Advisory Committee has identified a number of barriers to adult immunization.^{1,8}</p> <p>System Barriers</p> <ul style="list-style-type: none"> • No coordinated public health infrastructure to support an adult immunization program^{8,9} • Vaccines not traditionally provided regularly as part of adult care, systems not well established for doctors to provide them⁹ <ul style="list-style-type: none"> ○ Storage difficulties⁹ • Commitment, time and concern of cost associated with implementing a vaccine SOP^{10,11} <ul style="list-style-type: none"> ○ Legal barriers to implementing SOPs¹² • Care received from subspecialists who do not consider vaccinations their responsibility^{1,8} • Failure of patients to come for regular well-care visits¹³ • Inadequate insurance coverage¹³ <p>HCP Barriers</p> <ul style="list-style-type: none"> • Lack of utilization of reminder or assessment systems^{8,14} • Lack of awareness of current ACIP adult immunization guidelines^{13,15} • Many patients fail to receive a recommendation from HCPs regarding adult vaccinations¹³ • Lack of an effective reminder systems¹³ • Many HCPs do not assess immunization histories¹⁶ <ul style="list-style-type: none"> ○ Accuracy of patient vaccination history¹⁰ • Length of time in examination room¹² <p>Patient Barriers</p> <ul style="list-style-type: none"> • Most adults are NOT aware that they need vaccines.^{1,8} <ul style="list-style-type: none"> ○ Lack of knowledge about need to vaccinate both healthy and high-risk adults^{1,8} • Common myths related to immunizations^{9,17} • Racial/ethnic disparities^{8,18}
-------------------------	---

Current National Efforts to Reduce Gaps:

Many efforts have been made to promote vaccination. Below are some examples of efforts made by various organizations.

- Substantial resources from the CDC, ranging from extensive reports on ACIP recommendations and practical Vaccine Information Statements, patient-focused materials on frequently asked questions, and more (<http://www.cdc.gov/vaccines/pubs/default.htm>)
- CDC Adult Immunization Schedule (<http://www.cdc.gov/vaccines/schedules/index.html>)
- The National Vaccine Advisory Committee (NVAC) has posted tools and resources to help healthcare professionals implement the revised Standards for Adult Immunization Practice (<http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/>)
- “Operation Immunization” is a nationwide immunization awareness campaign that is a collaborative effort of the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) and the Student National Pharmaceutical Association (SNPhA). The goal is to protect the public health by raising awareness about vaccine-preventable viral illnesses and immunizations. (<http://www.pharmacist.com/apha-asp-operation-immunization>)
- The American Medical Association provides a set of adult vaccine indication cards designed as a point-of-care toolkit (<http://www.ama-assn.org/ama/pub/physician-resources/public-health/vaccination-resources/adult-vaccination.page>)
- The College of Physicians of Philadelphia created “The History of Vaccines,” an interactive website that chronicles the historical contribution of vaccines and antibodies to human health, which explains the role of immunization in healthcare. (<http://www.historyofvaccines.org/>)
- The Immunization Action Coalition created a complete guide, “Adults Only Vaccination: A Step-By-Step Guide” (<http://www.immunize.org/guide/>), that covers several competencies and includes provider and patient materials such as Standing Orders for Administering Pneumococcal Vaccine to Adults (<http://www.immunize.org/catg.d/p3075.pdf>)
- The National Foundation of Infectious Diseases hosts a number of resources tailored to specific vaccinations (<http://www.nfid.org/about-vaccines>)
- The National Network for Immunization Information (NNii) provides up-to-date, science-based information to everyone who needs to know the facts about vaccines and immunization. (<http://www.immunizationinfo.org/>)
- US Department of Health and Human Services patient-focused educational site (<http://www.vaccines.gov/>)

<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>Individual projects requesting up to \$750,000 will be considered. The total available budget related to this RFP is \$1,500,000.</p> <p>The amount of the grant Pfizer will be prepared to fund for any project will depend upon the external review panel's evaluation of the proposal and costs involved, and will be stated clearly in the approval notification.</p>
<p>Key Dates:</p>	<p>RFP release date: 1/21/2015</p> <p>LOI due date: 3/3/2015 <i>Please note the deadline is midnight Eastern Time (New York, GMT -5).</i></p> <p>Review of LOIs by External Review Panel: week of 4/6/2015</p> <p>Anticipated LOI Notification Date: 4/21/2015</p> <p>Full Proposal Deadline: 6/3/2015* *Only accepted LOIs will be invited to submit full proposals <i>Please note the deadline is midnight Eastern Time (New York, GMT -5).</i></p> <p>Review of Full Proposals by External Review Panel: week of 7/6/2015</p> <p>Anticipated Full Proposal Notification Date: week of 7/27/2015</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: August 2015 to December 2017</p>
<p>How to Submit:</p>	<p>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.</p> <p>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.</p> <p>Select the following Area of Interest: Disparities in Adult Pneumococcal Vaccination</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix).</p> <p>If you encounter any technical difficulties with the website, please click the "Need Support?" link at the bottom of the page</p>

Questions:	If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Amanda Stein at (amanda.j.stein@pfizer.com), with the subject line "Disparities in Adult Pneumococcal Vaccination 01/21/2015."
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.

References:

1. National Vaccine Advisory Committee. Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. Public Health Reports. 2014; Volume 129 (115-123)
2. Weycker, D., et al. (2010). "Clinical and economic burden of pneumococcal disease in older US adults." *Vaccine* 28(31): 4955-4960.
3. Centers for Disease Control and Prevention. 2013. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2013. Available at <http://www.cdc.gov/abcs/reports-findings/survreports/spneu13.html>. Accessed November 18, 2014.
4. US Department of Health and Human Services. Healthy People 2020 objectives. Available at: <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives> Accessed November 18, 2014.
5. CDC's Adult Immunization Schedules Available at: <http://www.cdc.gov/vaccines/schedules/hcp/adult.html> Accessed November 18, 2014.
6. CDC. Recommended Vaccinations Indicated for Adults Based on Medical and Other Indications. Available at: <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html> Accessed November 18, 2014.
7. Noninfluenza Vaccination Coverage Among Adults — United States, 2012. MMWR 2014;63(05):95-102. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm>
8. National Vaccine Advisory Committee. A Pathway to Leadership for Adult Immunization: Recommendations of the National Vaccine Advisory Committee. Public Health Reports. 2012 (Suppl 1):1-42.
9. The Robert Wood Johnson Foundation. Adult Immunization: Shots to Save Lives. Washington, DC: February, 2010.
10. Middleton, D. B., et al. (2005). "Overcoming barriers to establishing an inpatient vaccination program for pneumococcus using standing orders." *Infect Control Hosp Epidemiol* 26(11): 874-881.
11. Middleton, D. B., et al. (2008). "Economic evaluation of standing order programs for pneumococcal vaccination of hospitalized elderly patients." *Infect Control Hosp Epidemiol* 29(5): 385-394.
12. Zimmerman, R. K., et al. (2009). "Understanding adult vaccination in urban, lower-socioeconomic settings: influence of physician and prevention systems." *Ann Fam Med* 7(6): 534-541.

13. Johnson DR, Nichol KL, Lipczynski K (2008). "Barriers to adult immunization". Am J Med 121(7 Suppl 2):S28-35.
14. Ledwich L, Harrington TM, Ayoub WT, et al (2009). "Improved influenza and pneumococcal vaccination in rheumatology patients taking immunosuppressants using an electronic health record best practice alert". Arthritis Care Res 61:1505-1510.
15. IDSA Immunization Work Group. Now is the Time to Immunize Adults: Results of an IDSA Survey of Members' Immunization Practices. Available at:
[http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Adult_and_Adolescent_Immunization/Related_Links/Adult%20Immunization%20Commentary%20IDSA7%20012810%20Final\(1\).pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Adult_and_Adolescent_Immunization/Related_Links/Adult%20Immunization%20Commentary%20IDSA7%20012810%20Final(1).pdf). Accessed November 19, 2014.
16. Mergler MJ, Omer SA. Are younger doctors more skeptical of vaccines? Evaluation of a provider cohort effect regarding immunization beliefs. 2011 IDSA Abstract
17. CDC. Vaccines and immunizations: some common misconceptions. Available at:
<http://www.cdc.gov/vaccines/vac-gen/6mishome.htm>. Accessed November 19, 2014
18. Michaelidis, C. I., et al. (2014). "Cost-effectiveness of programs to eliminate disparities in elderly vaccination rates in the United States." BMC Public Health **14**: 718.

IV. Terms and Conditions

1. This RFP does not commit Pfizer or its partners 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.
2. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel this RFP in part or in its entirety, if it determines it is in the best interest of Pfizer to do so.
3. For compliance reasons and in fairness to all applicants, all communications about the RFP must come exclusively to Pfizer IGL&C. Applicants should not contact other departments within Pfizer regarding this RFP. Failure to comply will disqualify applicants.
4. Consistent with its commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific, and patient organizations in the United States. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media. In the case of this RFP, a list of all LOIs selected to move forward may be publicly disclosed. In addition, all approved full proposals, as well as all resulting materials (e.g., status updates, outcomes reports, etc.) may be posted on the IGL&C website and/or any other Pfizer document or site.
5. Pfizer reserves 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.
6. 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).
7. No portion of a Pfizer independent grant may be used for food and/or beverages 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 beverages for learners and/or participants.

8. 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.

Appendix: Letter of Intent Submission Guidance

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 3-page limit in the main section of the LOI. ***LOIs not meeting these standards will not be reviewed.*** It is helpful to include a header on each page listing the requesting organization and project lead.

LOIs should include the following sections

Main Section (not to exceed 3 pages):

A. Title

B. Goal

1. 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).

C. Objectives

1. List the *overall* objectives you plan to meet with your project both in terms of learning and expected outcomes. Do not include individual activity objectives.
 - Objectives should describe the population as well as the outcomes you expect to achieve as a result of conducting the project.

D. Assessment of Need for the Project

1. 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. The RFP includes a national assessment of the need for the project. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis, if appropriate.
2. 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

E. Project Design and Methods

1. Describe the planned project and the way it addresses the established need.
2. If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.

F. Innovation

1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
2. 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.

G. Design of Outcomes Evaluation

1. 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.
 - 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).
2. Quantify the amount of change expected from this project in terms of your target audience.
3. Describe how you will determine if the target audience was fully engaged in the project.
4. Describe how the project outcomes might be broadly disseminated.

H. Anticipated Project Timeline

I. Requested Budget

1. A total amount requested is the only information needed for the LOI stage. Full Budget is not required. This amount can be adjusted at the Full Proposal stage as applicable.
2. The budget amount requested must be in U.S. dollars (USD).
3. While estimating your budget please keep the following items in mind:
 - Institutional overhead and indirect costs may be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional project expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment.
 - The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
 - It should be noted that grants awarded through IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
 - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.

J. Additional Information

1. 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.

Organizational Detail (not to exceed 1 page)

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. Letters of support from partner organizations will be required at the Full Proposal stage only and should not be included with the LOI.

Please note that any project partners listed in this section should also be listed within the online system. Tax-IDs of partner organizations will be requested when entering this information. If a partnership is only proposed, please indicate the nature of the relationship in the Organizational Detail section of your LOI.

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and a 1-page limit for organizational detail. If extensive, references may be included on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

All required sections should be combined in one document (MS Word or Adobe PDF). There is no need to submit the organization detail or references in a document separate from the main section of the LOI.

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED** and **RETURNED UNREVIEWED**.*