

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

**Creating a Platform for Training Providers and Educating Patients
to Optimize Healthcare Utilization for Patients with Chronic Pain**

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)_____
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Applicant Eligibility Criteria:	<p>The following may apply: Not-for-profits, for-profits, or public-private partnerships (with leadership by either entity) with a mission related to creating capabilities that have widespread reach for healthcare improvement.</p> <p>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 key role in the project.</p> <p>Applicant organizations will be evaluated according to</p> <ul style="list-style-type: none">• knowledge of and experience with the area,• capability of carrying out the proposed work,• collaboration,• potential effect and expected outcomes of the project, and• dissemination strategies.
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III. Requirements

Date RFP Issued:	01/21/2015
Clinical Area:	Patient Empowerment in Chronic Pain
Specific Area of Interest for this RFP:	<p>Applicants should propose how they would create a platform that would facilitate healthcare providers more effectively interacting with patients and facilitate patients more effectively interacting with healthcare providers related to their chronic pain. The platform should be web-based and contain resources that are freely available and/or open-source. The overall goal is to create core capabilities and tools that others can utilize directly and/or build upon. The platform should enable capabilities among those prioritized below from highest to lowest (i.e., number 1 indicates highest priority):</p> <ol style="list-style-type: none"> 1. Resources that support healthcare provider and interprofessional skill development (e.g., engaging less activated patients to help them be more activated, motivational interviewing, and others); 2. Resources that support patient skill development to become more effective (activated) in interacting with clinicians and achieving self-efficacy regarding their chronic pain care; 3. Resources for analyzing patient-reported information and plan for linking that to physiological phenomena; 4. Resources for enabling collaborative patient-centered research and implementation efforts; 5. Resources for providing open access and training for patients, for providers, and for other stakeholders interested in better integration of improved outcomes of patient and provider interactions; 6. Resources for <i>enabling technologies</i> and approaches (e.g., crowdsourcing) to enable addressing of chronic pain-related care challenges. <p>We are seeking creative, innovative solutions focusing on the patient with chronic pain that have the potential to have a notable impact on provider behavior, patient behavior, interprofessional interactions, patient outcomes, health plan/health care delivery factors all uniting to improve patient outcomes.</p> <p>Finally, any patient empowerment platform must be relevant for patients and include their worldviews; therefore, inclusive in the platform development, applicants will be expected to take into account patient experiences and perspectives along with those of clinicians and other potential end-users of the platform. Increased relevance is hypothesized to improve uptake and improve the likelihood that patients will achieve the potential health outcomes benefits associated with use of the platform.</p>

	<p>Similar in many ways to the Patient Centered Outcomes Research Institute (PCORI)'s efforts, support for including the patients in this education and training effort is based on the belief that "incorporating the patient perspective is inherently valuable" and that "including the end user in the process enhances usefulness and speeds the uptake into practice."¹</p>
Target Audience:	<p>The target audiences for the platform should be patients, health professionals, and others who seek to enable meaningful positive change across various stakeholders and settings in the care of chronic pain patients.</p>
Disease Burden Overview:	<p>According to the 2011 IOM Report on Pain, as many as 100 million adults in the US report having common, chronic pain; that is more than the number of people affected by heart disease, cancer, and diabetes.² Regardless of the type of pain condition, patients report a substantial illness burden when chronic pain is poorly managed.^{3,4} Continuous, unrelieved pain can negatively affect 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.^{4,5} Ongoing and unrelieved pain can create a cycle of increased anxiety and depression which, in turn, can amplify the pain.⁶ Patients with greater pain severity report increased difficulties with functioning and sleep and overall poorer health.⁷ Inadequately managed pain can lead to unfavorable physical and psychological outcomes for individual patients and their families.⁴</p> <p>Pain's economic burden on society is great. Health economists from Johns Hopkins University writing in <i>The Journal of Pain</i> reported the annual cost of chronic pain is as high as \$635 billion a year, which is more than the yearly costs for cancer, heart disease and diabetes.⁸</p>
Recommendations and Target Metrics:	<p>The successful applicant will be expected to have done a careful evaluation of need and to describe the gaps, opportunities or issues their efforts will address as well as to have developed a plan for rigorous assessment of the outcomes of their efforts. The focus of such an assessment should center on patient care improvement, patient satisfaction of care and/or enhancement of practitioner performance or health resource utilization by empowering the patient (e.g., patient activation).</p>
Gaps Between Actual and Target, Possible	<p>Based on a national mail survey of primary care physicians, pain specialists, chiropractors, and acupuncturists primary-care physicians</p>

<p>Reasons for Gaps:</p>	<p>treat the majority of chronic pain patients in the US.⁹ The primary-care practitioner’s response may be crucial to providing timely relief and preventing acute or early chronic pain from progressing to a persistent or severe chronic state.¹⁰ However, there are sparse efforts to educate primary-care physicians on pain and pain management. Based on their own self-report, primary-care physicians believe they do not receive enough pain management education and training.^{2, 11} In addition, a large number of U.S. medical schools do not teach pain or pain management, or devote fewer than 5 hours to the topic.⁸</p> <p>There have been some recent efforts that show some promise in addressing these gaps, however: the development of simple, evidence-based frameworks designed to enhance the understanding and management of chronic pain by focusing on pathophysiologic pain types and mechanisms which in various combinations reflect the majority of clinical presentations of chronic pain patients. These pathophysiologic pain types have been described as being nociceptive, neuropathic, or sensory hypersensitivity in nature, and an understanding of which of these combined mechanisms may predominate could be useful and effective in guiding the selection of appropriate and individualized pain treatment.</p>
<p>Barriers:</p>	<p>Regulatory, legal, financial, and other barriers limit the availability of pain care and contribute to the disparities found among some groups.²</p> <p>According to Kirsh and others, “The souring of the regulatory and legal climates surrounding pain management creates fear, and fear widens the gulf between doctor and patient”^{12, 13} and detracts from empathetic patient care.^{12, 13}</p> <p>Another system-related barrier is the lack of adequate reimbursement by third party payers resulting in lower attention to and interest in pain management.^{13, 14}</p> <p>“There are also patient-centered barriers that, to a significant degree, mirror the clinician-related problems of ignorance and fear concerning the use of opioids in pain management.”¹³ According to the results of the Mayday Fund Survey, patients worry about becoming too dependent on medication and that medication will be less effective if used too often.¹⁵</p> <p>In 2011, The Health Management Academy (The Academy) conducted a survey of chronic pain management in 50 Large Integrated Health Systems and found that the top 5 most significant barriers preventing progress in chronic pain management were:</p>

	<ul style="list-style-type: none"> • Lack of chronic pain training for physicians, nurses, and Advanced Practice Nurses (APNs), • Physician engagement/adoption of protocols, • Lack of performance measures and benchmarks specifically for chronic pain, • Payers’ reimbursement policy for chronic pain treatments, and • Translating research into practice to develop standards of care.¹⁶
<p>Current National Efforts to Reduce Gaps:</p>	<p>Many state medical board policies, and the model policy of the Federation of State Medical Licensing Boards, admonish physicians that effective pain management is an essential feature of quality patient care. Failure to provide such care, or to refer a patient to a clinician who can provide it, can constitute the basis for disciplinary action and/or malpractice liability.</p> <p>Organizations such as the American Academy of Pain Medicine and the American Pain Society promulgated clinical practice guidelines to assist clinicians in fulfilling their responsibilities to all patients with pain.</p> <p>In 2011, the Institute of Medicine released a report entitled “<i>Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.</i>”² In it, a committee offered a blueprint transforming pain prevention, care, education, and research. Recommendations included developing a comprehensive strategy for reducing barriers in care, supporting collaboration between pain specialists and primary care clinicians, and designating a lead institute at the NIH that is responsible for moving pain research forward.</p>
<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 \$2,000,000.</p> <p>The grant amount that Pfizer will be prepared to fund depends upon the external review panel’s evaluation of the proposal(s) and costs involved and will be stated clearly in the approval notification.</p>

<p>Key Dates:</p>	<p>RFP release date: 01/21/2015</p> <p>LOI due date: 03/06/2015</p> <p>Review of LOIs by external review panel: April 2015 Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated LOI notification date: 04/30/2015</p> <p>Full proposal deadline: * 06/09/2015 *Only accepted LOIs will be invited to submit full proposals Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of full proposals by external review panel: July 2015</p> <p>Anticipated full proposal notification date: 08/02/2015</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: September 2015 to June 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: Patient Empowerment in Chronic Pain 2015</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>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to the grant officer, Robert E. Kristofco, at (Robert.Kristofco@pfizer.com), with the subject line "Creating a Platform for Training Providers and Educating Patients to Optimize Healthcare Utilization for Patients with Chronic Pain."</p>

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.
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References:

1. Frank L, et al., for the Patient-Centered Outcomes Research Institute. “The PCORI Perspective on Patient-Centered Outcomes Research.” JAMA 2014; 312 (15): 1513-14.
2. Committee on Advancing Pain Research, Care, and Education. Institute of Medicine, Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research: The National Academies Press.
3. Cole BE. Pain Management: Classifying, understanding, and treating pain. Hosp Physician. 2002;38:23-30.
4. Winterowd C, Beck AT, Gruener, D. Cognitive Therapy for Chronic Pain Patients. New York: Springer Publishing Company; 2003.
5. 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.
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8. Mezei N, Murinson B, Johns Hopkins Pain Curriculum Development Team. Pain education in north american medical schools. J Pain. 2011;12:1199-1208.
9. Breuer B, Cruciani R, Portenoy RK. Pain management by primary care physicians, pain physicians, chiropractors, and acupuncturists: a national survey. South Med J. 2010 Aug;103:738-47.
10. Dobkin PL, Boothroyd LJ. Organizing health services for patients with chronic pain: when there is a will there is a way. Pain Med. 2008; 9:881-9
11. Pizzo PA, Clark NM. Alleviating suffering 101 – pain relief in the United States. N Engl J Med. 2012;366:197- 199.
12. Passik SD, Kirsh KL. Fear and loathing in the pain clinic. Pain Med. 2006; 7(4):363–4.
13. Kirsh KL, Passik SD, Rich BA. Failure to treat pain. In: Deer TR, Leong MS, Buvanendran A, et al, eds. Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches. The American Academy of Pain Medicine Textbook on Patient Management. New York, NY: Springer; 2013.
14. Hoffman DE. Pain management and palliative care in the era of managed care: issues for health insurers. J Law Med Ethics. 1998; 26:267–89.

15. Bostrom M. Summary of the mayday fund survey: public attitudes about pain and analgesics. *J Pain Symptom Manage.* 1997; 13:166–8.
16. *Profiling Best Practices: Chronic Pain Management in the Leading Health Systems.* The Health Management Academy Benchmarking Series. A White Paper. Reporting on a survey of chronic pain management in Large Integrated Health Systems. Conducted by The Health Management Academy with financial support from Pfizer.

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.***