Pfizer Medical Education Group

Areas of Interest for Grants in Support of
Healthcare Quality Improvement and Continuing Professional Development

Updated September 2011

The current *Clinical Areas of Interest* and goal statements for the Pfizer Medical Education Group are listed below. A column providing *examples* of metrics for education (quality measures) has been included. The metrics are provided as **examples only** - there are many sources of nationally accepted measures (NCQA, AHRQ, PQRI, JCAHO, NQF, AMA, etc) and individual hospitals and clinics also often establish their own metrics of quality care.

The intent of listing example metrics is to highlight our interest in supporting education in which the provider has carefully identified needs/gaps and has clearly defined expected results.

Across clinical areas, the grants most likely to be funded are those that are designed to improve health care provider performance and patient health status indicators through the integration of educational, systems-based, and quality improvement strategies.

By supporting initiatives that target *measurable improvements* in professional practice we are in alignment with current guidance from the Accreditation Council for Continuing Medical Education (ACCME) which can be found at http://education.accme.org/tags/performance-measures

Pfizer Medical Education

VISION: To Accelerate the Translation of Clinical Science to Quality Patient Care

MISSION: To cooperate with healthcare delivery organizations and professional associations to narrow professional practice gaps in areas of mutual interests through support of learning and change strategies that result in measurable improvement in competence, performance or patient outcomes.

GOAL: To increase the number of patients who receive the highest quality, safe and effective, individualized, and evidence-based care from physicians, other healthcare providers, and the healthcare system.

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
Cardiology	Cardiovascular Risk	[Text removed]	[Text removed]
	Thrombosis Prevention / Anti-coagulation	Decrease the unmet medical needs in the prevention and treatment of venous and arterial thrombosis. **Pfizer and Bristol-Myers Squibb (BMS) are working together on grants in support of thrombosis prevention/anti-coagulation education. All grant applications should be submitted to Bristol-Myers Squibb only. Please refer to the Bristol-Myers Squibb website for information.** http://www.bms.com/responsibility/grants andgiving/independent_medical_education /Pages/default.aspx	Intensive care: number of ventilator days where the patients received deep vein thrombolysis (DVT) prophylaxis. *Joint Commission, The. 2005 Feb. NQMC:002143* Stroke and stroke rehabilitation: percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day 2. *American Academy of Neurology, American College of Radiology National Committee for Quality Assurance, Physician Consortium for Performance Improvement®. 2006 Sep. NQMC:002905* Surgical care improvement project: percent of surgery patients with recommended VTE prophylaxis ordered anytime from hospital arrival to 48 hours after Surgery End Time. *Centers for Medicare & Medicaid Services/The Joint Commission. 2008 Oct. NQMC:004373* Surgical care improvement project: percent of surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery. *Centers for Medicare & Medicaid Services/The Joint Commission. 2008 Oct. NQMC:004374* Postoperative pulmonary embolism or deep vein thrombosis: rate per 1,000 surgical discharges with an operating room procedure. *Agency for Healthcare Research and Quality. 2008 Mar. NQMC:004052* Atrial fibrillation (AF) and atrial flutter: percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter with an assessment of all of the specified thromboembolic risk factors documented. *American College of Cardiology American Heart Association Physician Consortium for Performance Improvement®. 2007 Dec. NQMC:004003* Stroke and stroke rehabilitation: percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
			anticoagulant at discharge. *American Academy of Neurology American College of Radiology National Committee for Quality Assurance Physician Consortium for Performance Improvement®. 2006 Sep. NQMC:002907*
			Thromboprophylaxis: percentage of high-risk medical patients admitted who receive venous thromboembolism (VTE) prophylaxis, during the 6 month time period. *Australian Council on Healthcare Standards. 2007 Dec. [NQMC Update Pending] NQMC:003330*
Genetic Metabolic Disorders	Genetic Metabolic Disorders	Improve the treatment paradigm for Gaucher disease by: - Improving awareness for the value of early diagnosis and treatment of Gaucher disease through education and establishment of newborn screening programs, and - Continuing education programs for healthcare professionals to ensure practitioners know how to monitor and treat patients with Gaucher disease	
Endocrinology	Growth Disorders	Improve and translate the knowledge base of health care providers, educators and third party payers working in the areas of growth, pituitary, and related genetic disorders.	
Infectious Disease	Bacterial	Improve patient care, as measured by appropriate quality indicators, by translating knowledge of the evolving epidemiology and	Reduction of methicillin-resistant Staphylococcus aureus (MRSA) transmission and infection. 5 Million Lives Campaign. Getting Started Kit: Reduce Methicillin-Resistant Staphylococcus aureus (MRSA) Infection How-to Guide. Cambridge, MA:

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		morbidity of serious infections caused by MRSA and/or Gram-negative pathogens, including hospital and community-acquired pneumonia, complicated skin and complicated intra-abdominal infections, and • the benefits of appropriate antimicrobial treatment options across the continuum of care.	Institute for Healthcare Improvement; 2008. Available at: http://www.ihi.org/knowledge/Pages/Tools/HowtoGuideReduceMRSAInfection.aspx Emergency medicine: percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed. American College of Emergency Physicians National Committee for Quality Assurance Physician Consortium for Performance Improvement®. 2009 Jan. NQMC:002949 Community-acquired bacterial pneumonia: percentage of patients who were prescribed an appropriate empiric antibiotic. Physician Consortium for Performance Improvement®. 2006 Mar. NQMC:002453 Pneumonia: percent of immunocompetent patients with community-acquired pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines. Centers for Medicare & Medicaid Services. 2008 Oct. [NQMC Update Pending] NQMC:004362 Pneumonia: percent of patients who receive their first dose of antibiotics within 6 hours after arrival at the hospital. Centers for Medicare & Medicaid Services/The Joint Commission. 2008 Oct. [NQMC Update Pending] NQMC:004361 Pneumonia: median time from arrival at the hospital to the administration of the first dose of antibiotic at the hospital. Joint Commission, The. 2008 Oct. [NQMC Update Pending] NQMC:004359 Sepsis: percent of patients with severe sepsis/septic shock who received Vancomycin (or Linezolid) within 24 hours following severe sepsis/septic shock identification. VHA, Inc. 2007 Jan. NQMC:004030 Sepsis: percent of patients with severe sepsis/septic shock who received a recommended broad-spectrum antibiotic within 24 hours following severe sepsis/septic shock identification. VHA, Inc. 2007 Jan. NQMC:004032

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
	Pneumococcal Disease Prevention • Pediatric	Improve patient outcomes by ▪ Increasing awareness of the changing epidemiology of pneumococcal disease in children less than 5 years old, ▪ Narrowing the disparity between family physicians and pediatricians in adherence to recommended childhood vaccination schedule, and ▪ Decreasing the burden of invasive pneumococcal disease	**Pediatric:** Childhood immunization status: percentage of enrolled children who had four diphtheria, tetanus, and acellular pertussis (DTaP), three injectable polio virus (IPV), one measles, mumps, and rubella (MMR), two haemophilus influenza type B (HiB), three hepatitis B, one chicken pox vaccination (VZV) and four pneumococcal conjugate vaccinations by their second birthday (combination #3). *National Committee for Quality Assurance. 2008 Jul. [NQMC Update Pending] NQMC:004217*
Neurology	Dementia • Alzheimer's Disease	Improve patient care by increasing the rate of earlier diagnosis of patients with Alzheimer's disease in both the community and long term care settings as measured by: 1. Effective targeted screening and diagnosis of patients at risk (e.g. age, gender, ethnicity, cardiovascular risk factors) 2. Increased awareness of the importance of screening in special populations such as correctional facilities; 3. Shorter time to diagnosis and treatment; 4. More focused health care practitioner/	Dementia: the percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months. *British Medical Association, National Health System (NHS) Confederation. 2008 Apr. [NQMC Update Pending] NQMC:004174*

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		patient/caregiver dialog concerning treatment expectations 5. Enhanced awareness of the multifactorial process of Alzheimer's disease, including beta amyloid, tau, and mitochondria, etc.	
	Mental Health • Depression	Improve patient care, as measured by appropriate quality indicators of adults newly diagnosed with depression and adhere to prescribed treatment.	Bipolar disorder: the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment. *STABLE Project National Coordinating Council. 2007 Jan. NQMC:003505*
Neurodegenerative Diseases	• Multiple Sclerosis	Increase the number of patients who are able to maintain their functional status and quality of life while living with multiple sclerosis by increasing health care practitioners' understanding of MS diagnostic criteria, methods for effectively counseling patients and caregivers and options that are available to treat disease symptoms or modify the course of the disease.	
Pain	• Arthritic Pain • Chronic Pain • Diabetic Neuropathy • Neuropathic Pain • Fibromyalgia	Advance patient management by setting goals that address: 1) Primary treatment (i.e., pain reduction) 2) Secondary treatment (i.e., sleep) 3) Improve awareness of appropriate evidence-based treatment as well as the management of patient expectations in improving patient outcomes.	Pain management in the long-term care setting: percentage of patients with documented care plan for acute or chronic pain. *American Medical Directors Association. 2004 Jan. NQMC:001421* Care for older adults (COA): percentage of adults 65 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment and pain screening. *National Committee for Quality Assurance. 2008 Jul. NQMC:004224*

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		Facilitate the translation of knowledge regarding the underlying neurological basis and emerging science of fibromyalgia to application in patient care. Through continuing professional education improve patient care by increasing the knowledge, competence, and performance of clinicians who are treating or considering treatment of pain with opioids. • Reduce practitioner knowledge gaps by improving access to and comprehension of the evidence for the use of opioids. • Improve knowledge of opiate abuse including reward seeking behavior, intentional diversion, recreational use and misuse of legally prescribed medications. • Educate physicians regarding prevalence and types of opiate misuse, abuse and diversion in their patient population • Improve upon the quality and increase the knowledge about and use of practice tools to adequately risk-assess patients being considered for opioid therapy. • Develop tools and communication strategies that would help patients who are taking opiate therapy to decrease environmental risks they may not be aware of such as people in their home who might steal their drugs	Diabetes mellitus: the percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months. *British Medical Association, National Health System (NHS) Confederation. 2008 Apr. [NQMC Update Pending] NQMC:004139* Diabetes mellitus: percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a lower extremity neurological exam performed at least once within 12 months. *American Podiatric Medical Association. 2007 Aug. NQMC:004195* Adequate assessment of pain, using validated tools appropriate to the population or individual. *Br J Anaesth. 2008 Jul;101(1):17-24. Epub 2008 May 16.*

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		for ingestion or deterrence • Increase the number of patients who are receiving appropriate assessment, initiation, maintenance and discontinuation of opioid analgesics for the treatment of chronic pain • Increase the number of patients who receive appropriate and effective communication about the benefits and risks associated with opioid medications and the need for close monitoring • Improve health care professionals' ability to distinguish between addiction and pseudo-addiction in their patients with pain by enhancing communication with those patients receiving opioid treatment who are suspected of misuse. • Improve awareness of state and federal regulations regarding opioid prescribing and documentation strategies to meet best practice standards and medico-legal requirements related to opioid prescribing • Investigate the long-term effectiveness against pain be provided by abuse resistant formulations Increase the use of appropriate diagnostic tools to appropriately identify fibromyalgia patients	

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		Translate knowledge of the consequences of Diabetic Peripheral Neuropathy (DPN) into effective treatment strategies that are appropriate in the context of overall diabetes management. Increase physician urgency to treat DPN aligned with relevant quality indicators. Improve awareness of appropriate evidence-based treatment as well as the management of patient expectations in improving patient outcomes	
Oncology/ Hematology	Hemophilia	Improve positive outcomes in patients with hemophilia by facilitating enhanced coordination of care and communication between the patients and doctors, and ensuring practitioners know how to safely treat and monitor hemophilia patients.	
	Oncology-Solid Tumors • Breast Cancer • Gastrointestinal Stromal Tumors • Lung Cancer • Renal Cell Carcinoma • Pancreatic Neuroendocrine Tumors • Hematologic	Advance the application of correlative science and translational medicine with diagnostic assessment and patient identification in the cancer. Maximize treatment efficacy and increase management of tolerability of treatment through improved management guidelines for mitigating overall side effects more efficiently. Improve patient outcomes by incorporating	Example measures for oncology can be found on the website of the American Society of Clinical Oncology: http://www.asco.org/qualitymeasures and also as part of The Quality Oncology Practice Initiative: http://qopi.asco.org/Methodology

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
	Malignancies (CML) • Oncology Other/Multi-topic	adherence strategies and guidelines into individualized treatment plans Enhance the communication, understanding and implementation of various advances in cancer care with the community oncology setting and identify barriers that may hinder adoption of these advances. Enhance translation of novel cancer therapies, overcome clinical gaps, understand their mechanism of action (anti-angiogenesis, signal transduction, cytotoxic potentiators and immunotherapy), efficacy, safety and potential clinical applicability to practice in the care of cancer patients. Enhance to all involved healthcare providers communications within the treatment paradigm to ensure optimal patient results, applying a multidisciplinary approach to the continuum of care (i.e. Physician/Nurse coordination of adverse event management).	
	Breast Cancer	Identify new biomarker or gene expression for the development of novel treatment approaches in women with breast cancer.	
	Gastrointestinal Tumors	Improve monitoring of metastatic disease progression allowing for adjustment of therapeutic strategy, incorporating risk	

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		assessment and mutational analysis into general workup to align most appropriate therapy to individual patients increasing success rates.	
	Lung cancer	Improve patient diagnosis and prognosis of lung cancer through the incorporation of pharmacogenomic profiling and prognostic assessment into the treatment paradigm highlighting molecular characteristics that are pre-indications to efficacy and early proof of mechanism, genetic factors and association with disease, gender differences, never smokers vs. smoking differences and consideration in the elderly, allowing healthcare providers to tailor multimodal treatments. Enhance healthcare provider communications to ensure optimal patient results applying multidisciplinary team approach to the diagnosis, treatment, and monitoring of patients with lung cancer.	
	Renal Cell Carcinoma	Improve patient outcomes by enhancing the understanding of evidence based targeted therapy patient management strategy and interventions among healthcare providers. including adverse event, patient safety, and QOL management. Increase survival rates among patient with	

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		RCC through predictive factors that distinguish patients who are more likely to benefit from various treatment options Enhance healthcare provider communications within treatment paradigm to ensure optimal patient results applying multidisciplinary team approach to the continuum of care including mid-level practitioners. Support outreach to community healthcare providers to educate and share best practices and evidence-based experience in treatment and adverse event management.	
	Pancreatic Neuroendocrine Tumors	Enhance translation of novel cancer therapies, applicability of anti-angiogenesis and mTOR inhibition and evolving treatment landscape for localized disease, regional spread, distant spread, and recurrence of pancreatic neuroendocrine tumors.	
	Hematologic Malignancies (CML)	Increase outcomes for patients with CML, including through the identification and use of prognosis factors that distinguish patients who are more likely to benefit from various treatment options. Improve patient outcomes by implementing and enhancing evidence-based targeted therapy patient	

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		management strategies and interventions among healthcare providers. including optimization of patient outcomes as well as adverse event, patient safety, QOL and other modalities of therapy management. Enhance translation of novel cancer therapies as applied to hematologic malignancies, optimized application of their mechanisms of action (signal transduction, cytotoxic potentiators and immunotherapy) to maximize efficacy along with optimized adverse event prevention and management to best assure safe use and potential clinical applicability to practice in the care of cancer patients with these malignancies.	
Respiratory	Chronic Obstructive Pulmonary Disease (COPD)	[Text removed]	[Text removed]
	Pulmonary Hypertension	Reduce symptoms, improve quality of life, and improve outcomes in patients with pulmonary arterial hypertension as evidenced by delaying disease progression and mortality by increasing awareness of evidence based treatment options and increasing the competence and performance of healthcare professionals.	
	Smoking Cessation	Increase the number of patients who stop smoking by improving the frequency and	Smoking cessation: percentage of members 18 years of age and older who are current smokers, who were seen by a health plan practitioner during the

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		effectiveness of smoking cessation intervention, including treatment, counseling and support, by healthcare providers.	measurement year for whom smoking cessation medications were recommended or discussed. *National Committee for Quality Assurance. 2008 Jul.* Smoking cessation: percentage of members 18 years and older who were current smokers, who were seen by a health plan practitioner during the measurement year for whom smoking cessation methods or strategies were recommended or discussed. *National Committee for Quality Assurance. 2008 Jul.* Preventive care and screening: percentage of patients 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user. *Physician Consortium for Performance Improvement®. 2008 Sep.* NQMC:004462 Heart failure: percent of patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay. *Centers for Medicare & Medicaid Services/The Joint Commission. 2008 Oct. NQMC:004353* Acute myocardial infarction: percent of patients with a history of smoking cigarettes who receive smoking cessation advice or counseling during the hospital stay. Centers for Medicare & Medicaid Services/The Joint Commission. 2008 Oct. NQMC:004340
Rheumatology	Rheumatoid Arthritis	Improve the care of Rheumatoid Arthritis patients: 1. Through implementation of new and effective strategies (e.g., the use of objective measures, outcome directed therapy, and educational tools) for screening, referral, diagnosis, and management, as measured by appropriate quality measures, 2. By establishing treatment goals that aim at reaching a target of remission or	Rheumatoid arthritis: percentage of patients with rheumatoid arthritis who are newly prescribed a disease-modifying antirheumatic drug (DMARD) for whom appropriate baseline studies are documented within an appropriate period of time from the original prescription. *Arthritis Foundation* *RAND Health. 2005 Jan. NQMC:002195* Rheumatoid arthritis: percentage of patients with rheumatoid arthritis who are being treated with a disease-modifying antirheumatic drug (DMARD) and report worsening of symptoms over a six-month period of time and have evidence of active disease (synovitis) for whom one of the following are done: dose or route of DMARD administration is changed, DMARD is changed, an additional DMARD

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		low disease activity as soon as possible in every patient, and 3. Through understanding the pathophysiology of Rheumatoid Arthritis and its implications for mechanism of action of emerging DMARD therapies	is added, or dose of glucocorticoids is started or increased. *Arthritis Foundation RAND Health. 2005 Jan. NQMC:002184* Rheumatoid arthritis: percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD). National Committee for Quality Assurance. 2009 Jul. NQMC:005298 Rheumatoid arthritis: percentage of patients with established treatment with a disease-modifying antirheumatic drug (DMARD) or glucocorticoids for whom monitoring for drug toxicity is performed. *Arthritis Foundation RAND Health. 2005 Jan. NQMC:002196* Rheumatoid arthritis: percentage of patients newly prescribed any of the following drugs: non-steroidal anti-inflammatory drugs (NSAIDs) (selective or non-selective), disease-modifying antirheumatic drugs (DMARDs), glucocorticoids, or narcotics for whom a discussion with the patient about the risks versus benefits of the chosen therapy is documented. *Arthritis Foundation RAND Health. 2005 Jan. NQMC:002198*
Transplantation	Kidney Transplant	Increase long-term positive outcomes for renal transplant patients by improving community healthcare provider's knowledge, competence, and evidence-based performance.	Advanced chronic kidney disease (CKD): percent of patients who have been referred for a transplant evaluation. Renal Physicians Association. 2002 Oct. NQMC:000363 Advanced chronic kidney disease (CKD): percent of patients with documentation that education was provided. Renal Physicians Association. 2002 Oct. NQMC:00036
Urology	Overactive Bladder	Increase positive outcomes for both male and female patients with overactive bladder by improving the healthcare provider's knowledge, attitude, communication skills, and resources to provide behavioral modification support	Management of urinary incontinence in older adults: percentage of Medicare members 65 years of age and older who reported having a urine leakage problem in the past six months and who received treatment for their current urine leakage problem. *National Committee for Quality Assurance. 2007 Jul. [NQMC Update Pending] NQMC:002808* Geriatrics: percentage of female patients aged 65 years and older who were

Area of Medicine	Clinical Areas of Interest[1]	Goal Statement	Quality Measure(s), if applicable[2]
		and optimal medical treatment.	assessed for the presence or absence of urinary incontinence within 12 months. *American Geriatrics Society National Committee for Quality Assurance Physician Consortium for Performance Improvement®. 2007 Aug. NQMC:002924*
Women's Health	Women's Health	Through continuing professional education and practice-improvement initiatives, enable primary care providers to focus the dialogue with their adult female patients and advance the individualized care and treatment for conditions that are traditionally under-discussed and more prevalent in women: • depression • fibromyalgia and pain management • menopause – vasomotor symptoms and other related health-effects • urogenital atrophy, urinary incontinence and bladder infections • sexual health	Menopause and hormone therapy (HT): collaborative decision-making and management: percentage of women in menopause who have had a bone mineral density (BMD) measurement a year after cessation of HT. *Institute for Clinical Systems Improvement. 2008 Oct. NQMC:004455* Osteoporosis: percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months. *American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American Association of Clinical Endocrinologists, American College of Rheumatology National Committee for Quality Assurance Physician Consortium for Performance Improvement® The Endocrine Society. 2006 Oct. NQMC:002955*

In addition to the clinical areas listed above, Pfizer also provides education grant support under the heading of "Healthcare Improvement & Leadership" to supplement and encourage innovative healthcare professional education initiatives or educational research:

Healthcare Improvement & Leadership	Patient Medication Safety • CV Risk of Cancer Therapies • Risk/Benefit of NSAID Therapies • Any clinical area mentioned elsewhere in this document	Accurately and completely reconciling medications across the continuum of care. *JCAHO Goal 8 for long term care facilities* Annual Monitoring for Patients on Persistent Medications *HEDIS 2010*
	Healthcare Disparities	Improve any quality measure identified elsewhere in this set of goals that also incorporate strategies to improve cultural competency and/or address specific healthcare disparities performance gaps.
	Adherence	Improve patient adherence to healthcare provider care management plan aligned with any of the clinical areas identified elsewhere in this set of goals. Previously Funded Resource Note: A useful set of tools and needs assessment resources previously supported by Pfizer can be found at the Interstate Postgraduate Medical Association link below: http://www.ipmameded.org/needs-assessment/patient-adherence
	Value-based Health Initiatives	Implement strategies for incorporating value-based benefit design principles into the management of chronic diseases through quality improvement initiatives that encourage early recognition and treatment of illnesses to reduce future economic costs.
	Health Literacy	
	Patient-Centered Medical Home	
	Pharmacy Clinical Care Model	
	Interprofessional Education	
	Healthcare Technology	
	CME/CPD Professional Competency and Research	Improve CME/CPD professional competency and/or research skills as measured by any of the 8 core competency measures identified by the Alliance for CME. 1. Adult/Organizational Learning Principle 2. Educational Interventions 3. Performance Measurement 4. Systems Thinking

Notes:

1. Each of the 29 Underlined Areas listed in the document correspond to application categories in the online Grant Management System

2. Quality Measures. The listed metrics are provided as **examples only**. There are many sources of nationally accepted measures (NCQA, AHRQ, PQRI, JCAHO, NQF, AMA etc) and individual hospitals and clinics also often establish their own metrics of quality care.

3. This listing of Clinical Areas of Interest and goal statements does not commit Pfizer to award a grant, or to pay any costs incurred in the preparation of a grant in response to this listing. Pfizer reserves the right to accept or reject any applications received as a result of this posting or to change in part or in its entirety the Clinical Areas of Interest and goal statements throughout the year.