

**Pfizer Independent Grants for Learning & Change
Request for Proposals (RFP)
Attention-Deficit/Hyperactivity Disorder (ADHD)**

I. Background

The mission of Pfizer Independent Grants for Learning & Change (IGL&C) is to accelerate the adoption of evidence-based innovations that align the mutual interests of the healthcare professional, patients, and Pfizer, through support of independent professional education activities. The term “independent” means the initiatives funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the initiatives, and only asks for reports about the results and impact of the initiatives 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 letters of intent (LOIs) 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. If, after review, your LOI is accepted, then you are invited to submit your full program 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) and is sent via e-mail to internal lists of all registered organizations and users in our grants system. Some RFPs may also be posted on the websites of other relevant organizations as deemed appropriate.

This RFP is specifically focused on the knowledge and understanding of the individual clinician as it relates to diagnosing and caring for patients with Attention-Deficit/Hyperactivity Disorder (ADHD). Subsequent RFPs are planned for release in 2014 that will look at broader issues of systems and teams.

II. Requirements

Date RFP Issued:	08/14/13
Clinical Area:	Attention-Deficit/Hyperactivity Disorder (ADHD)
Specific Area of Interest for this RFP:	<p>Responses should focus on improving the clinician’s understanding of the appropriate diagnosis and management of ADHD in the primary care setting.</p> <p>Please note, data suggests that traditional methods of promoting changes (e.g. grand rounds, seminars, toolkits) alone are ineffective means for promoting evidence-based practices in the practice community. ¹</p> <p>It is expected that interventions will be evidence-based (education and/or quality improvement) and that the proposed research/evaluation will follow</p>

	<p>generally accepted scientific principles. During review the intended outcome of the program is given careful consideration and, if appropriate based on the program goal, programs with the highest likelihood to directly impact patient care will be given the highest priority.</p>
<p>Disorder Burden Overview:</p>	<p>Attention-deficit/hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and can profoundly affect the academic achievement, well-being, and social interactions of children ²</p> <p>The percentage of children with a parent-reported ADHD diagnosis increased by 22% between 2003 and 2007. ³</p> <ul style="list-style-type: none"> • Approximately 9.5% of children 4-17 years of age (5.4 million) have been diagnosed with ADHD as of 2007. <ul style="list-style-type: none"> ○ High rates of ADHD noted among multiracial children (14.2%) and children covered by Medicaid (13.6%) <p>When left untreated, ADHD has a significant impact on a child’s development specifically his/her peer relationships.³ Children and adolescents with untreated ADHD are at higher risk for incarceration, school failure, substance abuse and social problems.^{4,5,6,7}</p> <p>Treatments can relieve many of the disorder's symptoms, but there is no cure. With treatment, most people with ADHD can be successful in school and lead productive lives.⁸</p>
<p>Related Guidelines/ Recommendations for Diagnosis and Treatment of ADHD:</p>	<ul style="list-style-type: none"> • DSM-5 Diagnostic Criteria (fifth edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders) • The American Academy of Pediatrics (AAP) clinical practice guidelines for the diagnosis, evaluation and treatment of ADHD in children and adolescents² <ul style="list-style-type: none"> ○ The AAP process-of-care algorithm for implementing the key action statements in the clinical practice guidelines⁹

Gaps Between Actual and Target and Possible Reasons for Gaps:

The program should aim to address the following gaps:

Studies show that pediatricians believe they should be responsible for identifying and treating/managing ADHD in patients but only 48% report inquiring about and treatment/managing the condition.¹⁰

Adherence to the evidence-based guidelines for pediatric attention-deficit/hyperactivity disorder (ADHD) in community-based settings has been problematic¹¹ Despite AAP efforts and physician awareness, it is evident that the AAP recommendations are not being reliably implemented in the community. Implementing the AAP ADHD guidelines in a community practice is a complicated process that involves multiple steps and requires coordination of personnel on multiple levels.¹²

- Studies show gaps in communication between physicians and their patients with ADHD.¹² While national guidelines prioritize shared decision-making (SDM) in ADHD, challenges to implementing the process persist. To support SDM in ADHD, modifications are needed at the practice and policy levels, including clinician training, incorporations of decisional aides and improved strategies to facilitate communication and efforts to ensure that evidenced-based treatment is accessible¹³
- Successful implementation of guidelines often requires changes in office procedures
 - Investigation to identify community resources might be necessary to successfully implement the guidelines²
 - Incorporating chronic care components into office operations has been shown to decrease variation in practice¹
 - The collaborative consultation model (between community-based physicians and mental health professionals (e.g. child & adolescent psychiatrists/psychologists with ADHD expertise)) has increased the use of some evidence-based ADHD treatment strategies among community pediatricians¹⁴

Barriers:

- Lack of time for medical providers to adequately assess and, if necessary, establish a treatment plan and follow-up for patients ¹⁵
- Lack of training for medical providers in diagnosis and treatment of ADHD ¹²
- Difficulties inherent in working collaboratively with schools regarding diagnosis and treatment ^{9,15}
- Difficult for families to navigate the health care system¹³
- Difficulty accessing mental health services, such as behavioral therapy, and limited insurance coverage ^{15,17}
- Poor reimbursement for treatment ^{11,18}

Current National Efforts to Reduce Gaps

- AAP developed a suggested process-of-care algorithm <http://pediatrics.aappublications.org/content/suppl/2011/10/11/peds.2011-2654.DC1/zpe611117822p.pdf>
- National Institute for Children’s Health Quality (NICHQ) partnered with North Carolina’s Center for Child Health Improvement and the American Academy of Pediatrics to develop toolkits for clinicians http://www.nichq.org/areas_of_focus/adhd_topic.html
- Cincinnati Children’s Center for ADHD has created an ADHD web portal to help primary care physicians incorporate the AAP evidence-based guidelines for ADHD care into a routine process for assessing and managing patients with ADHD <http://www.cincinnatichildrens.org/service/c/adhd/hcp/portal-improvement/>
- The Reach Institute hosts a number of resources on ADHD for both healthcare professionals and parents/patients www.thereachinstitute.org
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) publishes a variety of printed materials to keep members and professionals current on research advances, medications and treatments affecting individuals with ADHD <http://www.chadd.org/>
- The National Resource Center on ADHD, a program of Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), provides a number of resources for patients and caregivers <http://www.help4adhd.org/>
- US Department of Health and Human Services fact sheet (information on ADHD, including facts, help for families, and resources) <http://store.samhsa.gov/shin/content//SMA05-4059/SMA05-4059.pdf>

Target Audience	<p>Pediatricians and primary care physicians, as well as other care team members involved in the management of children with ADHD. Proposals involving practices that have adopted a patient-centered medical home model will be reviewed favorably. The patient centered medical home (PCMH) is a model for strengthening primary care delivery through the reorganization of existing practices to provide patient-centered, comprehensive, coordinated, and accessible care that is continuously improved through a systems-based approach to quality and safety. ¹⁹</p>
Geographic Scope:	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International (specify country/countries)_____
Applicant Eligibility Criteria:	<p>Medical, nursing, allied health, and/or pharmacy professional schools, healthcare institutions, for-profit health systems, professional associations and other not-for-profit entities may apply. Collaborations between organizations are encouraged. Inter-professional collaborations that promote teamwork among institutions/organizations/associations are also encouraged.</p>
Expected Approximate Monetary Range of Grant Applications:	<p>Individual grants requesting up to \$500,000 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 full proposal will depend upon Pfizer’s evaluation of the proposal and costs involved and will be clearly stated in the grant approval notification.</p>
Key Dates:	<p>RFP release date: 08/14/13</p> <p>Letter of Intent due date: 09/09/13</p> <p>Anticipated LOI Notification Date: 10/15/13</p> <p>Please note, full proposals can only be submitted following acceptance of an LOI</p> <p>Full Proposal Deadline: 11/11/13</p> <p>Anticipated Full Proposal Notification Date: 12/15/13</p> <p>Anticipated grant delivered following execution of fully signed LOA</p> <p>Period of Performance: 1/2014 to 12/2015</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”.</p> <p>You will be prompted to take the <i>Eligibility Quiz</i> to determine the type of support you are seeking.</p> <p>Submit LOIs in the area of interest: ADHD</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed letter of intent template. (<i>see Appendix</i>)</p>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to the Grant Officer for this clinical area at(IGLC@pfizer.com), with the subject line “RFP ADHD”</p>
<p>Mechanism by Which Applicants will be Notified:</p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Providers may be asked for additional clarification or to make a summary presentation during the review period.</p>

References:

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3. Centers for Disease Control and Prevention. Attention Deficit / Hyperactivity Disorder (ADHD): Data & Statistics. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncbddd/adhd/index.html>. Accessed May 17, 2013.
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10. Ruth E.K. Stein, Sarah McCue Horwitz, Amy Storfer-Isser, Amy M. Heneghan, Kimberly Eaton Hoagwood, Kelly J. Kelleher, Karen G. O'Connor, and Lynn Olson . Attention-Deficit/Hyperactivity Disorder: How Much Responsibility Are Pediatricians Taking? *Pediatrics* January 2009; 123:1 248-255; doi:10.1542/peds.2007-3198
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Consultation Treatment Service by Community-Based Pediatricians: A Cluster Randomized Trial. Arch Pediatr Adolesc Med. 2007;161(9):835-840.
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III. Terms and Conditions

1. Complete TERMS AND CONDITIONS for Certified and/or Independent Professional Healthcare Educational Activities are available upon submission of a grant application on the Independent Grants for Learning & Change website
www.pfizer.com/independentgrants.
2. This RFP does not commit Pfizer to award a grant, or to pay any costs incurred in the preparation of a response to this request.
3. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel in part or in its entirety this RFP, if it is in the best interest of Pfizer to do so.

4. 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.
5. For compliance reasons and in fairness to all providers, all communications about the RFP must come exclusively to Independent Grants for Learning and Change (IGLC) group at Pfizer. Failure to comply will automatically disqualify providers.
6. Pfizer reserves the right to share the title of your proposed project, and the name, address, telephone number and e-mail address of the requestor for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations).

IV. Transparency

Consistent with our commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific and patient organizations in the United States. 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 Pfizer IGLC website.

Appendix: Letter of Intent Submission Guidance

LOIs should be single spaced using Calibri 12-point font and 1-inch margins. Note that the main section of the LOI has a 3-page limit. ***Any proposals not meeting these standards will not be considered.***

LOIs will include the following sections

Main Section (not to exceed 3 pages):

- A. Title
- B. Goal
 - 1. Briefly state the overall goal of the intervention
- C. Objectives
 - 1. List the *overall* objectives you plan to meet with your intervention both in terms of learning and expected outcomes. Do not include learner objectives.
- D. Assessment of Need for the Intervention
 - 1. Please include quantitative baseline data summary, initial metrics (e.g., quality measures), or 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 intervention. Please do not repeat this information within the LOI (you may reference the RFP if needed). Only include information that impacts your specific intervention, linking regional or local needs to those identified on the national basis if appropriate.
 - 2. Describe the primary audience(s) targeted for this intervention. Also indicate who you believe will directly benefit from the project outcomes..
- E. Intervention Design and Methods
 - 1. Describe the planned intervention and the way it addresses the established need.
 - 2. Describe the overall population size as well as the size of your sample population.
- F. Innovation
 - 1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other programs or materials already developed.
 - 2. Describe how this initiative builds upon existing work, pilot projects, or ongoing programs, etc developed both by your institution or other institutions related to this program

G. Design of Outcomes Evaluation

1. Describe how you will determine if the practice gap identified in the needs assessment were addressed for the target group in terms of the metrics used for the needs assessment.
 - Identify the sources of data that 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 intervention (e.g., use of a control group, comparison with baseline data)
2. Quantify the amount of change expected from this intervention in terms of your target audience
3. Describe how you will determine if the target audience was fully engaged in the intervention.
4. Describe how the project outcomes might be broadly disseminated.

H. Project Timeline

I. Requested Budget

J. Additional Information

1. If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please note 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 intervention.

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 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).

*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.***