Physicians' Institute for Excellence in Medicine and Pfizer's Independent Grants for Learning and Change

Request for Proposals (RFP): Community-based Strategies for the Management of Chronic Pain

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, you will be 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 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.

Sponsor and Co-sponsor

The sponsor and funder of this request for proposal (RFP) is Pfizer Independent Grants for Learning and Change (IGL&C). The mission of the IGL&C is to accelerate the adoption of evidence-based innovations that align the mutual interests of healthcare professionals, patients, and Pfizer through support of independent professional education activities. The co-sponsor of the RFP is The Physician's Institute for Excellence in Medicine (PIEM, www.physiciansinstitute.org). PIEM is a 501c3 subsidiary of the Medical Association of Georgia. PIEM has more than seven years' experience designing and administering programs that offer and manage grants to healthcare organizations. The mission of PIEM is to provide information and tools that assist physicians and other healthcare providers to continuously improve outcomes and care processes and to sponsor education and evaluation initiatives focusing on practical methods for improving the quality of medical care. The sponsors share a common goal of improving QOL for patients with chronic pain.

Patient-Centered Medical Home Focus

In 2007, representatives from the American College of Physicians, American Academy of Pediatrics, American Academy of Family Physicians, and the American Osteopathic Association met and developed a definition and guidelines for what would be considered a "Patient Centered Medical Home (PCMH)." These groups agreed that a PCMH would address:

- access to a personal physician who leads the care team within a medical practice
- a whole-person orientation to providing patient care
- integrated and coordinated care
- focus on quality and safety

Later, three organizations: the Joint Commission, URAC (formerly the Utilization Review Accreditation Commission), and the National Committee for Quality Assurance (NCQA) developed processes for the recognition of practices as Patient Centered Medical Homes.

The focus of this RFP is on management of chronic pain within a Medical Home context. A 2008 study found that only 39% of family physicians were offering pain management services to their patients.[1] However, studies estimate that over 100 million Americans suffer from chronic pain.[2] Given that the PCMH model is designed to offer comprehensive, and team-based approaches to the diagnosis and treatment of chronic conditions, the Medical Home may be an ideal model to test effective approaches to chronic pain management in primary care.

The report released in 2013 by The Patient-Centered Primary Care Collaborative cites a number of positive results from PCMH implementation, based on research from implemented projects and data reported by insurers. Specific to the issues of comprehensive and coordinated care, were lower hospitalization rates, lower ED utilization, and increased utilization of their primary care providers by patients with chronic diseases (from once a year to up to four times a year).[3]

Scope

Applicants will design and implement a comprehensive learning and change strategy for a community-based Patient Centered Medical Home (PCMH) model, targeting the entire care team, that assess the impact of a medical education/Performance Improvement-based program and EMR technologies and tools, as measured by improvement in (a) clinical patient outcomes and/or (b) health economic outcomes for pain management interventions.

All chronic pain types are within scope of this RFP including nociceptive pain, fibromyalgia, neuropathic and centralized "neuropathic-like" pain.

Successful proposals will demonstrate a quality improvement plan to generate evidence of an impact in clinical (e.g., pain scales or other patient reported outcomes), or health economic (e.g., per patient cost or overall direct & indirect cost) outcomes. Proposals must include a diagnostic component but may address either or both types of outcomes as principal endpoint measures. Every effort should be made to incorporate and or complement previously established diagnostic tools (e.g., Fibromyalgia Identification & Diagnosis "FM.ID,"). Programs

must describe how they directly impact patient care and provide evidence of scalability (i.e., integration with an electronic medical record system) and a plan for extension beyond the proposed organizations and practices.

PIEM Model for Grants

PIEM has developed a unique system known as Collaborative Educational Grants (CEG). For this initiative, eligible organizations are Primary Care Specialty societies, including FPs, IMs, DOs, NPs and PAs. Primary Care Specialty societies will recruit practices and will provide management and supportive services to their practices to engage in performance improvement projects in the area of chronic pain management. In this partnership with the Pfizer IGLG team, organizations who are selected to participate in these CEGs will not only receive funding but will be required to participate in the facilitated part of the CEG model. Following notification of selection, grantees will be expected to sign a separate Letter of Agreement with PIEM that will require them to:

1. Select at least two members of the grantee organization to participate in a 2½ day live training on PCMH principles, effective chronic pain management strategies in primary care, and quality improvement techniques. Trainees will later serve as "guides" to the participating practices. Transportation expenses for the training should be included in the grant proposal. "Project Leaders" will participate in on-going consultation, in the form of teleconferences featuring PCMH experts, will be provided to grantees.
2. Recruit and select 5-10 multi-provider practices to engage in the project, which can last up to 14 months. The practices must be involved in some stage (beginning, middle, or post) of the PCMH recognition process governed by one of the three recognizing entities (NCQA, URAC, The Joint Commission).
3. Guide the practices, with the assistance of PIEM consultants, through their "chronic pain management in primary care" project. It is not necessary that every practice utilize the same approach to effective pain management. Freedom is given to choose the type of pain and the improvement approach. The type of pain to be addressed may be related to a chronic condition (i.e. diabetes) or may be a chronic condition itself.
4. Grant funds may be used for additional learning experiences, to purchase additional consultant help, to fund practice coaches or for other education and facilitation-related expenses. Up to 15% of the grant may be allocated for general administrative expenses. In compliance with Pfizer policy, no grant funds may be used for food and beverage expenditures. No grant funds may be used to pay for patient treatment or for any treatment-related items. Grantees will be asked to participate in an overall project evaluation to be designed by PIEM.
5. At the end of the project, up to five practices will be chosen as "best in class," and will be asked to travel to Atlanta, Georgia to participate in a recording session to capture the lessons learned. This session will be distributed free of charge to spread the effect of this project. Travel expenses will be covered for the chosen practices.

Disease Burden Overview:

According to the 2011 IOM Report on Pain, as many as 100 million adults in the US report having a common chronic pain condition, exceeding the number affected by heart disease, cancer, and diabetes.[4] When chronic pain is poorly managed, patients report a substantial burden of illness regardless of the type of pain condition.[5,6] Continuous, unrelieved pain can have negative effects on 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.[6,7] , On-going and unrelieved pain can create a cycle of increased anxiety and depression which, in turn, can amplify the pain.[7] Patients with greater pain severity report increased difficulties with functioning, sleep, and overall health status.[9] Finally, inadequately managed pain can lead to unfavorable physical and psychological outcomes not only for individual patients, but also for their families.[6]The economic burden of pain to society is staggering. The 2011 IOM Report on Pain suggests that annual health economic impact of pain represents a $560 to $635 billion burden in the US (in 2010 dollars).[4]

Management of chronic pain can be considered within the context of a chronic care model, where improved outcomes are achieved when patients are informed and engaged in their care, providers are proactive, care is patient-centric and collaborative, and community and other resources are appropriately accessed. As with other chronic conditions such as diabetes, hypertension and COPD, patient education and coordination of care are essential and need to be integrated with the diagnosis and continued throughout chronic pain management. Integration of non-pharmacologic treatment approaches early in the assessment and treatment plan helps to reinforce the importance of the patient's role in his or her own care.[10]

Diagnosis of the underlying pain condition can be guided by the patient's descriptions of the pain as well as by the use of diagnostic tools. Selection of the *initial* pharmacological treatment should be guided by the underlying pain pathology(s) and use of evidence-based guidelines that have been developed for specific chronic pain conditions such as osteoarthritis, low back pain, fibromyalgia and different neuropathic pain conditions. As chronic pain often involves multiple symptom domains in addition to pain the assessment and treatment plan should be individualized to reflect the individual patient's underlying chronic pain disorder, the particular mix of symptoms, the patient's priorities and preferences, cognitive / emotional and social support, and financial circumstances.

The Department of Defense's Pain Management Task Force, has recommended that the Patient Centered Medical Home provides an excellent structure for the treatment of chronic pain, commenting that, "The solution to this issue begins with a health care organization that is designed to provide a integrated, patient-centric approach to the full spectrum of primary patients including those – and most especially- with chronic disease, such as chronic pain. The Military Health Service is currently piloting the Patient Centered Medical Home (PCMH), which provides a comprehensive, integrated approach to primary care.[11]

Gaps and Possible Reasons for Gaps:

A number of barriers to effective pain care involve the attitudes and training of the providers of care. First, health professionals may hold negative attitudes toward people reporting pain and may regard pain as not worth their serious attention. Second, the profession and culture of medicine generally focus on biological rather than psychosocial causes and effects of illnesses.

Third, although pain is one of the most common reasons people seek treatment; clinicians may not ask about or thoroughly investigate pain. Fourth, while evidence-based protocols and guidelines exist to assist primary care practitioners in treating people with chronic pain these protocols are used only rarely to treat pain in primary care practice. Finally, while interdisciplinary, team approaches can facilitate high-quality pain care such team approaches are not consistently used in pain care.

Debono and colleagues have provided an analysis of what is currently done and what is being omitted in the primary care management of chronic pain.[12] Various authors[13] have identified treatment gaps regarding uniform screening; lack of team-based care; negative attitudes of caregivers regarding patients who complain of pain; and the absence of referral networks. It would seem that the Patient-Centered Medical Home, which is designed to address all of these gaps, would be a structure rich in improvement potential for improved clinical care of patients who experience chronic pain.

Recommendations and Target Metrics:

The impact of the program on improving the diagnosis and management of chronic pain should be assessed including an increase in utilization of guideline-recommended treatment options. The impact of the program on patient outcome should be assessed including reduction in pain severity, and/or improvement in function.

Other suggested metrics include assessment of the impact of the educational initiative on the following:

Outcome Measures:

1. Clinical outcome measures:
    a. Objective measure of improvement in quality of life
    b. Patient reported outcome of satisfaction
    c. Increase used of EMR to track access of tools to aid diagnosis, guide treatment, monitor response, assess risk of misuse & abuse etc.
2. Process measures
    a. Use of a Chronic Pain screening tool
    b. Define a patient population for screening
    c. Apply guideline(s)

Specific Area of Interest for this RFP:

It is our intent to support programs that demonstrate utilization of patient reported, process, or clinical outcome measures in the management of patients with chronic pain who are patients of primary care practices which are beginning, or have completed, PCMH recognition. Specifically, the intent is to support programs in which chronic pain patients are being assessed and monitored as part of an overall treatment plan.

Patient-reported outcomes should be measured using validated standardized measures at different points of time in a continuum of caring for patients, so that it is evident in the patient's medical record that the information from these measures is being utilized in the assessment of patients and to monitor their response to an overall treatment plan. Proposals are encouraged that utilize and organized, team-based approach to practice improvement and that report results in both quantitative and qualitative approaches that take into account both the clinical and patient experiences.

Please note the intent of this RFP is not to support programs to develop or validate new disease activity measures or to develop or validate new patient-reported outcome measures. The use of one or more validated measures, and use of one or more validated questionnaires/tools to assess patient-reported outcomes would be appropriate and within the scope of this RFP.

Partnerships are encouraged when appropriate. During review the intended outcomes of the program are given careful consideration and, if appropriate based on the program goal, programs with the highest likelihood to directly and successfully impact patient care will be given the highest priority.

RFP Key Information

Total Awards	Up to $1M is available to fund grants for this RFP. Grant requests should not exceed $250K. Individual projects can be funded for up to a maximum of 14-months' duration.
Specific Area of Interest	Community-based strategies for the Management of Chronic Pain
Target Settings	The focus of the program should be generating meaningful change in primary care providers (such as family medicine, internists, nurse practitioners, and physician assistants), patients, and healthcare systems.
Geographic Scope	United States only
Recommended Format	All formats are acceptable, but must include a performance improvement project. Professional CE credit is optional.
Eligible Applicants	• State chapters of Primary Care Provider Organizations in the areas of Family Medicine, and General Internal Medicine (MDs and DOs) State Nurse Practitioner and Physician Assistant organizations may apply assuming that NPs or PAs may practice independently in that state. • Must be engaged or ready to be engaged with the PCMH recognition process • Practices need to have certified EMR/Registry

	already installed
Grantee Responsibilities	• Identify 5-10 multi-provider practices to participate • Identify at least two organizational representatives to be the project leaders within the organization. These project leaders will receive training regarding the project. • Practices must form a QI team and complete at least one PDSA cycle • Must participate in a common evaluation strategy
Selection Criteria	Applicant organizations will be evaluated on the basis of • Knowledge of and experience with the area • Capability of carrying out the work • Collaboration if appropriate • Potential effect and expected outcomes of the project • Dissemination strategies
Key Dates/Deadlines	**August 28, 2013**—RFP released **September 26, 2013—**Letters of Intent Due **October 11, 2013—**Applicants notified via email; invited to submit full proposal **November 21, 2013—**Full Proposals Due **December 13, 2013**—Notification of decisions **January 1, 2014**—Funded programs start

How to Submit:

Please go to the website at www.pfizer.com/independentgrants and click on the button "Go to the Grant System".

If this is your first time visiting this site in 2013 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.

Select the following Area of Interest: **Chronic Pain Care in PCMH**

Requirements for submission:

Complete all required sections of the online application and upload the completed LOI template. (*see Appendix)*

Letter of intent:
The LOI is a brief concept document that describes the proposed project at a high level. The Proposal Review Committee will select letters of intent that are best aligned with the purpose of the RFP. All applicants will be notified with either an acceptance or a declination. Successful applicants will be asked to submit a full grant proposal for funding consideration.

Appendix: Letter of Intent Submission Guidance

Submission requirements

1. The letter of intent should be no more than three (3) pages, single spaced, using Calibri 12-point font and 1-inch margins. It should contain the following information about the proposed project:
    a. Project title
    b. Organization(s) involved
    c. Principal investigator
    d. High-level project description, including
        i. Primary goal(s)
        ii. Description of how the proposal builds on existing work, projects, or programs
        iii. Anticipated challenges and solutions
        iv. Expected outcome and how the impact of the project will be evaluated
    e. Deliverables and dissemination strategies
2. A letter of intent longer than three pages will be **RETURNED UNREVIEWED**
3. Submit the letter of intent online via the Pfizer IGL&C website
    a. Please go to the website at www.pfizer.com/independentgrants and click on the button "Go to the Grant System."
    b. If this is your first time visiting this site in 2013 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.
    c. Submit your letter of intent in the Symptomatic VVA clinical area.
4. Complete all required sections of the online application and upload the completed letter of intent template

Full proposals

A limited number of applicants will be invited to submit for consideration a full proposal of no more than 10 pages, accompanied by a line-item budget. The full proposal format will be shared with the invitation to submit.

Questions

If you have questions regarding this RFP, please direct them in writing to the Grant Officer for this clinical area, Robert Kristofco at robert.kristofco@pfizer.com with the subject line, **"Community-based Strategies for the Management of Chronic Pain".**

Terms and conditions

1. Complete **TERMS AND CONDITIONS** for Certified and/or Independent Professional Healthcare Educational Activities are available on submission of a grant application on the Pfizer's Independent Grants for Learning and Change website at 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 ensures transparency, such as on the Pfizer website, in presentations, and/or in other public media.
5. For compliance reasons and in fairness to all applicants, all communications about this RFP must come exclusively from the Pfizer's Independent Grants for Learning and Change. Failure to comply will automatically disqualify applicants.
6. All output (eg, products, research, data, software, tools, processes, papers, and other documents) from funded projects will reside in the public domain.

Transparency

Consistent with our commitment to openness and transparency, Pfizer publicly reports its medical educational grants and support for medical and patient organizations in the United States. A list of all letters of intent selected to move forward may be publicly disclosed, and whatever emanates from this RFP is in the public domain. In addition, all approved full proposals, as well as all resulting materials (eg, status updates, outcomes reports, etc) may be posted on the website. Grantees will be required to submit periodic quarterly reports and/or updates.

Issued RFPs are posted on the Pfizer IGL&C website at www.pfizer.com/independentgrants and are emailed to all registered organizations and users in our grants system.

V. References

1. Bazemore AW, Petterson S, Johnson, N, et al. What services do family physicians provide in a time of primary care transition? JABFM. 2011:24; 10:635-636.

2. Debono D, Hokesema L, Hobbs R. Caring for patients with chronic pain: pearls and pitfalls. Journal of the American Osteopathic Association.2013: 113:5; 620-627.
3. Neilsen M, Langer B, Zema C, et al. Benefits of implementing the primary care patient centered medical home: a review of cost and quality results, 2012. Patient-Centered Primary Care Collaborative, Washington, DC, 2012.
4. Committee on Advancing Pain Research, C.a.E. and M. Institute of, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*: The National Academies Press.
5. Cole BE. Pain Management: Classifying, understanding, and treating pain. Hosp Physician. 2002; 38:23-30.
6. Winterowd C, Beck AT, Gruener, D. Cognitive Therapy for Chronic Pain Patients. New York: Springer Publishing Company; 2003.
7. 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.
8. Wells N, Pasero C, McCaffery M. Improving the Quality of Care through Pain Assessment and Management. In: Hughes RG, ed. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville, MD: Agency for Healthcare Research and Quality (US); 2008.
9. Hoffman DL, Sadosky A, Dukes EM, Alvir J. How do changes in pain severity levels correspond to changes in health status and function in patients with painful diabetic peripheral neuropathy? Pain. 2010; 149:194-201.
10. Argoff CE, Albrecht P, Irving G, Rice F. Multimodal analgesia for chronic pain: rationale and future directions. Pain Med. 2009; 10 (Suppl 2):S53-66.
11. United States Department of Defense, Pain Management Task Force Final Report 2010, 48-50.
12. Debono D, Hokesema L, Hobbs R. Caring for Patients with Chronic Pain: Pearls and Pitfalls. Journal of the American Osteopathic Association. 2013: 113:5; 620-627.
13. Evans, L, Whitham, J, Trotter, D, Fritz, K. An evaluation of family medicine residents' attitudes before and after a pcmh intervention for patients with chronic pain. Fam Med. 2011; 43(10):702-11.