

**Pfizer Independent Grants for Learning & Change
Request for Proposals (RFP)
*Disparities in Adult Immunizations***

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, 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.

II. Eligibility

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| Geographic Scope: | <input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International(specify country/countries)_____ |
| Applicant Eligibility Criteria: | Medical, dental, nursing, allied health and/or pharmacy professional schools, healthcare institutions (both large and small), professional associations and other not-for-profit entities with a mission related to healthcare improvement may apply. Collaborations within institutions, as well as between different institutions/organizations/associations, are encouraged. Inter-professional collaborations that promote teamwork among institutions/organizations/associations are also encouraged. |

III. Requirements

| Date RFP Issued: | 12/19/2013 | | | | |
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| Clinical Area: | Disparities Adult Immunizations | | | | |
| Specific Area of Interest for this RFP: | <p>It is our intent to support programs that focus on increasing immunization against pneumococcal disease in the at-risk adult population. Programs focusing on disparities of care resulting from the geographic distribution of healthcare services will be given priority in the review process.</p> <p>Multi-disciplinary collaborations, are encouraged when appropriate. It is expected that interventions will be evidence-based (education and/or quality improvement) and the proposed research/evaluation will follow generally accepted scientific principles. During review the intended outcome of the program is given careful consideration and, if appropriate based on the program goal, programs with the maximum likelihood to directly impact patient care will be given the highest priority.</p> <p>One other aspect should be stressed. Existing studies have determined that educational efforts alone—targeted at healthcare providers and/or patients—while potentially useful/necessary, are not sufficient in and of themselves to produce substantial increases in vaccination rates.¹ There is a considerable amount of interest in receiving responses from programs that utilize system-based changes. Although educational efforts for providers and patients may be entirely appropriate components in responses to this RFP, programs that include an overt description of system changes will be given the highest priority.</p> | | | | |
| Target Audience: | Healthcare providers working to immunize the outpatient population. Applications targeting underserved populations in rural settings and those practicing outside the East Coast will be given priority. | | | | |
| Disease Burden Overview: | <p>The burden of vaccine-preventable disease in adults is substantial. The benefits of prevention can extend beyond prevention of infection to the prevention of other clinically significant conditions that may develop post-infection.²</p> <p>Below is a recent estimate of pneumococcal disease burdens in adults.²</p> <table border="1"> <thead> <tr> <th>Disease</th> <th>Morbidity</th> </tr> </thead> <tbody> <tr> <td>Pneumococcal disease</td> <td>38.7/100,000 population rate of invasive pneumococcal disease in 2009 in adults ≥ 65 yrs</td> </tr> </tbody> </table> | Disease | Morbidity | Pneumococcal disease | 38.7/100,000 population rate of invasive pneumococcal disease in 2009 in adults ≥ 65 yrs |
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| <p>Recommendations and Target Metrics:</p> | <p>Related Guidelines and Recommendations</p> <ul style="list-style-type: none"> ● US Department of Health and Human Services. Healthy People 2020 objective IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.² ● CDC’s Adult Immunization Schedules set national recommendations.³ ● CDC’s Recommended Vaccinations Indicated for Adults Based on Medical and Other Indications⁴ |
| <p>Gaps Between Actual and Target, Possible Reasons for Gaps:</p> | <p>In 2011, the rate of pneumococcal vaccination coverage among adults aged \geq 65 yrs was 62.3% overall⁵, falling short of the HP2020 goal of 90%.² Coverage was noted as higher in whites (66.5%.1%) when compared to 43.1% for Hispanics, 40.3% for Asians and 47.6% for blacks.⁵</p> <p>The rate of pneumococcal vaccination coverage among adults aged 19-64 yrs at high risk was 20.1% overall⁵, falling short of the HP2020 goal of 60%.² Coverage was noted as higher in whites (20.1%) when compared to 18.3% for Hispanics and 12% for Asians. Coverage was not significantly different for other racial/ethnic groups.⁵</p> |

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| <p>Barriers:</p> | <p>The National Vaccine Advisory Committee has identified a number of barriers to adult immunization.¹</p> <p>Systems Barriers^{1,6,7}</p> <ul style="list-style-type: none"> • No system or structure for ensuring vaccination in adults • Lack of regular well-care visits for adults • Lack of access to, and utilization of, healthcare services by adults • Ever-changing providers and medical plans • Care received from subspecialists who do not consider vaccinations their responsibility • Inconsistent reimbursement • Inadequate on-hand supplies and storage difficulties <p>HCP Barriers</p> <ul style="list-style-type: none"> • Lack of awareness of current ACIP adult immunization guidelines⁷ • Many patients fail to receive a recommendation from HCPs regarding adult vaccinations^{1,6,7,8} • Many HCPs do not assess immunization histories⁹ • Lack of communication between HCPs regarding missing immunizations^{1,9} • Lack of objective performance evaluation⁷ • Younger doctors may be more skeptical of vaccines⁹ • Some HCPs have difficulties identifying high-risk patients in need of vaccination¹ • Ethical issues faced by HCPs caring for elderly patients^{10,11} • Legal barriers to implementing SOPs^{13,14} <p>Patient Barriers</p> <ul style="list-style-type: none"> • Discrepancy between physician perception and patients' actual reasons for why they do not receive vaccinations^{1,10,11} • Health literacy and lack of public knowledge¹ <ul style="list-style-type: none"> ○ Some at-risk populations may not recognize the risk¹ • Common myths related to immunizations^{1,12,13} • Concern about adverse events¹ • Racial/ethnic disparities¹ <ul style="list-style-type: none"> ○ Patient race and age may be independent variables for whether or not they received a vaccine¹⁴ <p>Blacks and Hispanics were less likely to receive pneumococcal vaccination compared to Whites^{15,16}</p> |
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Current National Efforts to Reduce Gaps:

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

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

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| | <ul style="list-style-type: none"> US Department of Health and Human Services patient-focused educational site (http://www.vaccines.gov/) |
| Expected Approximate Monetary Range of Grant Applications: | <p>Individual grants requesting up to \$1,000,000 will be considered. The total available budget related to this RFP is \$2,000,000.</p> <p>The amount of the grant Pfizer will be prepared to fund for any full proposal will depend upon the external review panel'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: 12/19/2013</p> <p>Letter of Intent due date: 2/14/2014</p> <p>Review of LOIs by External Review Panel: 2/15/2014-3/20/2014</p> <p>Anticipated LOI Notification Date: 3/21/2014</p> <p>Full Proposal Deadline: 4/25/2014*</p> <p>*Only accepted LOIs will be invited to submit full proposals</p> <p>Review of Full Proposals by External Review Panel: 4/26/2014-6/19/2014</p> <p>Anticipated Full Proposal Notification Date: 6/20/2014</p> <p>Anticipated award delivered following execution of fully signed Letter of Agreement</p> <p>Period of Performance: 7/2014 to 12/2016</p> |
| How to Submit: | <p>Please go to the website at www.pfizer.com/independentsupport and click on the button "Go to the Grant System".</p> <p>If this is your first time visiting this site you will be prompted to take the Eligibility Quiz to determine the type of support you are seeking. Please ensure you identify yourself as a first-time user.</p> <p>Select the following Area of Interest: Disparities in Adult Immunizations</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix).</p> |
| Questions: | <p>If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Susan Connelly at (susan.connelly@pfizer.com), with the subject line "RFP Adult Disparities 12-19-13."</p> |

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| 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. National Vaccine Advisory Committee. A Pathway to Leadership for Adult Immunization: Recommendations of the National Vaccine Advisory Committee. Public Health Reports. 2012 (Suppl 1):1-42.
2. US Department of Health and Human Services. Healthy People 2020 objectives. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/Immunization.pdf>. Accessed February 19, 2013.
3. CDC's Adult Immunization Schedules Available at: <http://www.cdc.gov/vaccines/schedules/hcp/adult.html> Accessed May 10, 2013.
4. CDC. Recommended Vaccinations Indicated for Adults Based on Medical and Other Indications. Available at: <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html> Accessed May 10, 2013
5. Noninfluenza Vaccination Coverage Among Adults — United States, 2011. MMWR 2013;62(04):66-72. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6204a2.htm?s_cid=mm6204a2_w
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7. Johnson DR, Nichol KL, Lipczynski K. Barriers to adult immunization. Am J Med. 2008;121(7 Suppl 2):S28-35.
8. IDSA Immunization Work Group. Now is the Time to Immunize Adults: Results of an IDSA Survey of Members' Immunization Practices. Available at: [http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Adult_and_Adolescent_Immunization/Related_Links/Adult%20Immunization%20Commentary%20IDSA7%20012810%20Final\(1\).pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Adult_and_Adolescent_Immunization/Related_Links/Adult%20Immunization%20Commentary%20IDSA7%20012810%20Final(1).pdf). Accessed February 21, 2013.
9. Mergler MJ, Omer SA. Are younger doctors more skeptical of vaccines? Evaluation of a provider cohort effect regarding immunization beliefs. 2011 IDSA Abstract
10. High KP. Overcoming barriers to adult immunization. J Am Osteopath Assoc. 2009;109(6 Suppl 2):S25-28.
11. Johnson DR, Nichol KL, Lipczynski K. Barriers to adult immunization. Am J Med. 2008;121(7 Suppl 2):S28-35.
12. CDC. Vaccines and immunizations: some common misconceptions. Available at: <http://www.cdc.gov/vaccines/vac-gen/6mishome.htm>. Accessed January 26, 2012.
13. Ledwich L, Harrington TM, Ayoub WT, et al. Improved influenza and pneumococcal vaccination in rheumatology patients taking immunosuppressants using an electronic health record best practice alert. Arthritis Care Res 2009;61:1505-1510.
14. Zimmerman RK, et al. Understanding adult vaccination in urban, lower-socioeconomic settings: influence of physician and prevention systems. Ann Family Med. 2009;7(6):534-541.
15. Hausmann LR, et al. Racial and ethnic disparities in pneumonia treatment and mortality. Medical Care. 2009;47(9):1009-1017.
16. Ross JS, et al. Use of stroke secondary prevention services: are there disparities in care? Stroke. 2009;40(5):1811-9.

IV. 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 determines 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 applicants, all communications about the RFP must come exclusively to Pfizer Independent Grants for Learning & Change. Failure to comply will automatically disqualify applicants.
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 applicant for the requesting organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations).

V. 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 IGL&C website.

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.***

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 program
- C. Objectives
 1. List the *overall* objectives you plan to meet with your program both in terms of learning and expected outcomes. Do not include learner objectives.
- D. Assessment of Need for the Program
 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 program. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific program, linking regional or local needs to those identified on the national basis, if appropriate.
 2. Describe the primary audience(s) targeted for this program. Also indicate whom you believe will directly benefit from the project outcomes.
- E. Program Design and Methods
 1. Describe the planned program 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 either by your institution or other institutions related to this program.
- 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 program (e.g., use of a control group, comparison with baseline data).

- b. Quantify the amount of change expected from this program in terms of your target audience.
- c. Describe how you will determine if the target audience was fully engaged in the program.
- d. Describe how the project outcomes might be broadly disseminated.

H. Project Timeline

I. Requested Budget

1. A total amount requested is the only information needed at this time.
2. 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 initiative 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.
 - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and initiatives.

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 program.

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).

Make every effort to submit as **few** documents as possible—you are encouraged to include all required sections in one document. There is no need to submit the organization detail or references in a separate document 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**.*