

**Pfizer Medical Education Group  
Request for Proposals (RFP)  
Pneumococcal Disease Prevention**

**I. Background**

The mission of the Pfizer Medical Education Group 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 intent of this document is to encourage organizations with a focus in healthcare professional (HCP) 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 new 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 an RFP is issued, it is posted on the Pfizer Medical Education Group website ([www.Pfizermededgrants.com](http://www.Pfizermededgrants.com)) as well as those of other relevant organizations and is sent via e-mail to internal lists of all registered organizations and users in our grants system.

**II. Requirements**

<b>Date RFP Issued:</b>	6/28/2012
<b>Clinical Area:</b>	<b>Pneumococcal Disease Prevention</b>
<b>Specific Area of Interest for this RFP:</b>	<p>It is our intent to support programming focused on addressing the role of the pharmacist in adult immunization including their role as advocates and their link between the patients and the larger healthcare system.</p> <p>Partnerships are encouraged when appropriate. Programs with the highest likelihood to directly impact patient care will be given the highest priority during review.</p>

**Disease Burden Overview:**

In the US in 2010, there were an estimated 39,500 cases of invasive pneumococcal disease and an estimated 4,000 deaths from the disease.<sup>1</sup>

Age (years)	Cases No. (Rate <sup>*</sup> )	Deaths No. (Rate <sup>*</sup> )
<1	142 (31.4)	1 (0.22)
1	112 (24.6)	1 (0.22)
2-4	171(12.6)	2 (0.15)
5-17	111 (2.2)	1 (0.02)
18-34	261(3.7)	18 (0.26)
35-49	670 (10.3)	42 (0.65)
50-64	1,068 (19.5)	102 (1.86)
≥ 65	1,291 (37.0)	196 (5.61)
Total	3,826 (12.8)	363 (1.22)

<sup>\*</sup>Cases per 100,000 population for ABCs areas  
The surveillance areas represent 29,781,697 persons

It is estimated that each year pneumococcal pneumonia is responsible for the deaths of more than 16,000 adults aged greater than 50 years. It is also responsible for hundreds of thousands of outpatient visits and nearly 2 million hospital days each year.<sup>2</sup>

**Recommendations and Target Metrics:**

**Healthy People 2010 Update<sup>3</sup>**

Objective: Decrease the incidence of invasive pneumococcal infections to 42 per 100,000 persons aged 65 and older.

Age (year)	2010 Objective	2010 Rate <sup>*</sup>
≥ 65	42/100,000	37/100,000

<sup>\*</sup>Cases per 100,000 U.S. population < 5 years or ≥ 65 years

**Healthy People 2020 Objectives<sup>4</sup>**

Objective: Increase the percentage of adults vaccinated against pneumococcal disease

	Baseline (2008)	Target
Noninstitutionalized adults: ≥ 65 yrs	60%	90%
Noninstitutionalized high-risk adults: 18-64 yrs	17%	60%
Institutionalized adults: ≥18 yrs in long-term or nursing homes	66%	90%

Objective: Reduce the number of new cases of invasive pneumococcal infection to 31 per 100,000 persons aged 65 and older.

	Cases per 100,000 persons	
	Baseline (2008)	Target
Adults: ≥ 65 yrs	40.4	31

**Recommendations and Target Metrics:**

**ACIP**

Recommends pneumococcal vaccination<sup>5,6</sup> for

- All persons at age 65 (or older, if they have not received a dose since turning 65, or if at least 5 years have passed since receiving one before age 65)
- Persons of other age groups with risk factors

Recommends simultaneous administration of vaccines when possible such as pneumococcal and influenza vaccines.<sup>7</sup>

**Adult Quality Measures for Pneumococcal Vaccines**

Organization	Measures
National Quality Measures Clearinghouse <sup>8</sup>	16
Physician Consortium for Performance Improvement <sup>9</sup>	4
2011 Physician Quality Reporting System <sup>10</sup>	2

**APhA Guidelines for Pharmacy-Based Immunization Advocacy<sup>11</sup>**

Pharmacists should protect their patients' health by being vaccine advocates.

- (a) Pharmacists should adopt one of three levels of involvement in vaccine advocacy:
  - (1) Pharmacist as educator (motivating people to be immunized);
  - (2) Pharmacist as facilitator (hosting others who immunize);
  - (3) Pharmacist as immunizer (protecting vulnerable people, consistent with state law).
- (b) Pharmacists should focus their immunization efforts on diseases that are the most significant sources of preventable mortality among the American people, such as influenza, pneumococcal, and hepatitis B infections.
- (c) Pharmacists should routinely determine the immunization status of patients, then refer patients to another appropriate provider for immunization.
- (d) Pharmacists should identify high-risk patients in need of targeted vaccines and develop an appropriate immunization schedule.
- (e) Pharmacists should protect themselves and prevent infection of their patients by being appropriately immunized themselves.

**ASHP Guidelines on the Pharmacist's Role in Immunization<sup>12</sup>**

Addresses the pharmacist's role in

- Promoting and conducting proper immunization of patients in all organized health care settings and
- Promoting disease prevention through participation in community efforts is also discussed.

<p><b>Gaps Between Actual and Target and Possible Reasons for Gaps:</b></p>	<p>When the Healthy People 2010 target goal of 90% pneumococcal vaccination rates among those aged 65 and older were set in 1998 the baseline rate was 46%.<sup>13</sup> While this improved to 60% in 2008 when Health People 2020<sup>4</sup> was established it still fell short of the target of 90%. The rates vary from state to state as well as among racial groups. For example rates of 44% were recorded for blacks and 32% for Hispanics.<sup>13</sup></p> <p>With the advent of healthcare reform and the growing popularity of patient centered medical homes the collaboration of pharmacists with health systems healthcare providers is an important model.<sup>14,15,16</sup></p> <p><b>Pharmacy Interventions</b></p> <p><i>Outpatients</i></p> <p>A study evaluating the impact of pharmacists educating at-risk patients on the importance of receiving a pneumococcal vaccination was able to demonstrate the ability of pharmacist to almost double the number of patients receiving a pneumococcal vaccine.<sup>17</sup> Another pharmacist-led vaccination program for cardiovascular patients resulted in a 40% increase in influenza coverage.<sup>18</sup> One study in an indigent care primary health care clinic found that a dedicated pharmacist immunizer had a significant impact on increasing adult immunization rates and bringing patients current on vaccinations.<sup>19</sup></p> <p><i>Inpatients</i></p> <p>A study found pneumococcal vaccination rates increased following a pharmacist-led screening program in an inpatient setting.<sup>20</sup> One health system, by initiating a pharmacy-based screening program, was able to increase dual pneumococcal and influenza vaccination by 33%.<sup>21</sup></p>
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<p><b>Barriers:</b></p>	<p>A number of barriers have been identified through educational provider reports.<sup>22</sup></p> <p><b>Systems Barriers</b><sup>23,24</sup></p> <ul style="list-style-type: none"> <li>• No system or structure for ensuring vaccination in adults</li> <li>• Lack of regular well-care visits for adults</li> <li>• Ever changing providers and medical plans</li> <li>• Care received from subspecialists who do not consider vaccinations their responsibility</li> <li>• Inconsistent reimbursement</li> <li>• Inadequate on hand supplies and storage difficulties</li> </ul> <p><b>HCP Barriers</b></p> <ul style="list-style-type: none"> <li>• Lack of awareness of current ACIP adult immunization guidelines<sup>24</sup></li> <li>• Many patients fail to receive a recommendation from HCPs regarding adult vaccinations<sup>23, 24, 25, 26</sup></li> <li>• Many HCPs do not assess immunization histories<sup>27</sup></li> <li>• Lack of communication between HCPs regarding missing immunizations<sup>27</sup></li> <li>• Lack of objective performance evaluation<sup>24</sup></li> </ul> <p><b>Patient Barriers</b></p> <ul style="list-style-type: none"> <li>• Discrepancy between physician perception and patients' actual reasons for why they do not receive vaccinations<sup>24, 28</sup></li> <li>• Common myths related to immunizations<sup>29</sup></li> </ul> <p>In recent years state Boards of Pharmacy have altered regulations to allow pharmacists to administer adult vaccinations for diseases such as influenza and pneumococcal disease thereby increasing the number of setting where vaccinations are available.<sup>30,31</sup></p> <p><b>Pharmacy Practice Specific Barriers</b></p> <ul style="list-style-type: none"> <li>• Adequate time for administration<sup>32</sup></li> <li>• Variability in reimbursement, compensation and recognition<sup>32,33</sup></li> <li>• Legal liability<sup>32</sup></li> <li>• Variability in state practice acts<sup>33</sup></li> <li>• Variability in mechanisms for documentation of vaccine services<sup>33</sup></li> <li>• Lack of awareness related to ability of fourth year student pharmacists to immunize in some states and thereby underutilization of student pharmacists to immunize<sup>32</sup></li> </ul> <p>Two key strategies to overcome barriers to vaccine uptake have been documented</p> <ul style="list-style-type: none"> <li>• Strong Provider recommendation for vaccination<sup>34,35</sup></li> <li>• Standing orders that allow nonphysicians to carry out vaccination responsibilities<sup>34, 36-40</sup></li> </ul>
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**Current National Efforts to Reduce Gaps**

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

- 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 ([www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm](http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm))
- 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/Content/NavigationMenu2/PatientCareProjects/OperationImmunization/default.htm>)
- The American College of Physicians Adult Immunization Initiative includes a series of immunization related webinars as well as the ACP Guide to Adult Immunization ([http://www.acponline.org/clinical\\_information/resources/adult\\_immunization/](http://www.acponline.org/clinical_information/resources/adult_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 Disease 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.adultvaccination.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/>)
- US Department of Health and Human Services patient focused educational site (<http://www.vaccines.gov/>)

<b>Target Audience</b>	Pharmacists <i>working with the outpatient population</i>
<b>Geographic Scope:</b>	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International (specify country/countries)_____
<b>Applicant Eligibility Criteria:</b>	<p>Medical, dental, nursing, allied health, and/or pharmacy professional schools, healthcare institutions, professional associations and other not-for-profit entities with a mission related to healthcare improvement may apply. Collaborations between schools 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.</p>
<b>Expected Approximate Monetary Range of Grant Applications:</b>	<p>Individual grants requesting up to \$500,000 will be considered. The total available budget related to this RFP is \$1,000,000.</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>
<b>Key Dates:</b>	<p><b>RFP release date:</b> 6/28/2012</p> <p><b>Questions regarding the RFP are due:</b> 7/12/2012</p> <p><b>Responses to common questions will be posted on the PFE MEG RFP Web site:</b> 7/20/2012</p> <p><b>Letter of Intent due date:</b> 8/9/2012  <i>(Please note you must be registered in the system to submit an LOI. Please attempt to complete this process at least one week prior to submission in order to avoid delays as all registrations must be approved before access to the system is granted).</i></p> <p><b>Anticipated LOI Notification Date:</b> 9/18/2012</p> <p><b>Please note, full proposals can only be submitted following acceptance of an LOI</b></p> <p><b>Full Proposal Deadline:</b> To be communicated on acceptance of an LOI</p> <p><b>Anticipated Full Proposal Notification Date:</b> 12/12/2012</p> <p><b>Anticipated award delivered following execution of fully signed LOA</b></p> <p><b>Period of Performance:</b> 1/2013 to 7/2015</p>

<p><b>How to Submit:</b></p>	<p>Submit LOIs online via the Pfizer Medical Education Group website <a href="http://www.pfizermededgrants.com">www.pfizermededgrants.com</a> Submit LOIs in the clinical area: LOI-RFP Pneumococcal Disease Prevention.</p> <p><b>Requirements for submission:</b> If not already registered, register in the system to submit an LOI. Please attempt to complete this process at least one week prior to submission in order to avoid delays as all registrations must be approved before access to the system is granted.</p> <p>Complete all applicable sections of the online application and upload the completed LOI guidance template. (<i>see Appendix</i>)</p> <p>Note that only certain sections/questions of the application are applicable to the Letter of Intent submission.</p>
<p><b>Questions:</b></p>	<p>If you have questions, please submit them in writing so that if appropriate Questions and Answers can be posted on the website. Send questions to <a href="mailto:MedEdGrants@Pfizer.com">MedEdGrants@Pfizer.com</a> with the subject line “RFP Pharmacy PDP 6/28/12” Responses to common questions will be posted on the PFE MEG RFP Web site.</p> <p>Other communications may also be directed to the Education Director for this clinical area, Susan Connelly, via email (<a href="mailto:Susan.Connelly@pfizer.com">Susan.Connelly@pfizer.com</a>).</p>
<p><b>Mechanism by Which Applicants will be Notified:</b></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>

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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 Medical Education Group website [www.Pfizermededgrants.com](http://www.Pfizermededgrants.com).
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.
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 providers, all communications about the RFP must come exclusively to the Medical Education Group. 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 its medical educational grants and support for medical and patient organizations in the United States. In the case of this RFP, a list of all LOIs selected to move forward will be publicly disclosed. In addition, all approved full proposals, as well as all resulting material (e.g., status updates, outcomes reports etc) will be posted on the 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.*

LOIs will include the following sections

Main Section (not to exceed 3 pages):

A. Title

B. Goal

- Briefly state the overall goal of the intervention

C. Objectives

- List the objectives you plan to meet with your intervention both in terms of learning and expected outcomes

D. Assessment of Need for the Intervention

- 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 describes the problem). Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed.
- Describe the primary audience(s) who will directly utilize or benefit from the project outcomes and how the project outcomes might be broadly disseminated to the primary audience. Describe how you will determine if the target audience was fully engaged in the intervention.

E. Intervention Design and Methods

- Describe the way the intervention planned addresses the established need and produces the desired results. Please provide a rational showing the desired results are feasible using the intervention being proposed

F. Design of Outcomes Evaluation

- Describe how you will determine if the practice gap identified in the needs assessment was 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.
- Identify the method used to control for other factors outside this intervention (e.g., use of a control group)

G. Preexisting Work

- Explain what measures you have taken to assure that this project idea is original and does not duplicate other programs or materials already developed. Describe how this initiative builds upon existing work, pilot projects, or ongoing programs, etc

H. Project Timeline

I. Requested Amount

J. Additional Information

- 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.

**Pfizer Medical Education Group  
Request for Proposals (RFP)  
Pneumococcal Disease Prevention  
Pharmacy Practice**

*Common Questions and Answers*

**Target Audience**

The target audience states “pharmacists working with the outpatient population.” Many questions have been submitted related to this notation. Below are the most common questions and our response.

- ❖ Is an inpatient target audience acceptable?
  - The target audience listed pharmacists working with the outpatient population is intended to represent the body of pharmacists caring for adult patients in the outpatient settings where immunization is recommended. This is not intended to exclude health system pharmacists practicing in outpatient clinics.
- ❖ Are non-pharmacist HCPs acceptable as part of the target audience?
  - Multidisciplinary initiatives that include a variety of HCPs including pharmacists will be considered.

**Geographic Distribution**

A number of questions focused on the size of the program. The RFP itself does not limit the size and requests of a broad range will be considered.

- ❖ Would a state-specific program be acceptable or not? What about a regional program? National program? Local program?
  - The geographic scope of this RFP is only limited to the United States. Programs with national, regional, state, or local focus will all be considered. The impact on patient care will be a deciding factor.
- ❖ Is it more desirable to reach a limited number of learners with particularly low immunization rates and have a great impact on improving those rates; or, to reach a larger number of learners but have an overall smaller impact on raising rates?
  - An interesting question, this is something that should be evaluated based on the needs of the specific population as well as the resources of the applicant. It is our hope that applicants will approach this in the way that best utilizes their resources to make the greatest impact on improving patient care.

## **Educational Partners**

We received one question, in multiple formats, related to educational partners.

- ❖ In reference to the Applicant Eligibility Criteria , can you clarify if is it acceptable for corporations (for-profit organizations) to be involved as partners as long as a not-for-profit organization directly submits the grant?
  - Pfizer's policy regarding the elimination of all direct funding for CME/CE programs by commercial providers remains in effect. MECCs are not eligible to register and should continue to partner with other organizations on collaborative projects.

## **Budget**

- ❖ What will the grant cover? Will it cover the salary, computer expenses, or travel?
  - Institutional overhead and indirect costs can 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.

## **Ongoing Programs**

- ❖ Could we include ongoing interventions that have been implemented? Or does it have to be a future intervention?
  - Pfizer cannot retroactively fund programs that have already been implemented. Pfizer does encourage the use of pre-existing material in future programming if it appropriately addresses the identified need. Programs that build on previous or ongoing interventions will also be considered.

## **Timelines**

- ❖ Is the 7/2015 end date for the funding timeline or educational timeline (e.g., can program evaluation/final reporting extend beyond that date)?
  - The final reporting can extend beyond 7/2015

## Format and Layout

- ❖ The instructions state a 3-page limit to the main section of the LOI. Does this include references?
  - If extensive, references can be included on a separate page.
- ❖ Can an appendix be included within the LOI?
  - No. Aside from references the main section of the LOI should not exceed 3 pages and the organizational detail should not exceed 1 page. *A submission exceeding this limit WILL BE REJECTED and RETURNED UNREVIEWED.*