

# **Pfizer Independent Grants for Learning & Change Request for Proposals (RFP) *Barriers to Adult Immunizations***

## **I. Background**

Pfizer Independent Grants for Learning & Change (IGL&C) is the unit within Pfizer that provides independent grants to facilitate patient care improvements by supporting initiatives aimed at exploring approaches to closing gaps in clinical practice. 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.

A gap in clinical practice is considered to be the difference between what is currently happening and what should be happening to meet the highest optimal standard of care. Gaps may relate to:

- the ability or competencies of the healthcare professionals themselves,
- the capabilities of the systems in which they work to promote or allow proper management, and
- other factors related to the external environment or patient population.

Pfizer IGL&C posts RFPs related to addressing gaps in practice in order to identify and support initiatives designed to impact these gaps. RFPs generally identify a clinical challenge and encourage applicants to address this challenge using strategies that deal with the development, adoption and/or integration of evidence-based health interventions to impact practice within specific settings. *Examples of approaches might include:*

- Identification of strategies to encourage provision and use of effective health services
- Identification of strategies to promote the integration of evidence into policy and program decisions.
- Appropriate adaptation of interventions according to population and setting
- Identification of approaches to scale-up effective interventions
- Development of innovative approaches to improve healthcare delivery
- Setting up an impact evaluation for a population based intervention

Pfizer is particularly interested in supporting programs that develop and implement interventions that are followed by rigorous assessment of the “efficacy” of the intervention; examining outcomes that may include both short and long term improvements in physician behavior and patient care.

The intent of this RFP is to encourage organizations with a focus in healthcare professional learning and change strategies, and quality improvement to submit a Letter of Intent (LOI) related to the gaps described on the following pages. ***Successful applicants will be able to describe the specific quality gaps or problems in practice that exist for their own learners/ system/ community, and describe what they will do to close these gaps or solve these problems.***

This RFP model employs 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](http://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.

**II. Requirements**

<b>Date RFP Issued:</b>	6/11/2013
<b>Clinical Area:</b>	Barriers to Adult Immunizations
<b>Specific Area of Interest for this RFP:</b>	<p>It is our intent to support programs that focus on increasing immunization against influenza and pneumococcal disease in the at risk older adult population. There are many barriers [<i>see Barriers</i>] impacting this population, disparities being not the least among them.</p> <p>Partnerships, including 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.<sup>1</sup> There is 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>

<p><b>Disease Burden Overview:</b></p>	<p>The burden of vaccine-preventable disease in adults is substantial and the benefits of prevention can extend beyond prevention of infection to the prevention of other clinically significant conditions that may develop post infection.<sup>2</sup></p> <p>Below are recent estimates of influenza and pneumococcal disease burdens in adults.<sup>2</sup></p> <table border="1" data-bbox="516 464 1347 646"> <thead> <tr> <th>Disease</th> <th>Morbidity</th> </tr> </thead> <tbody> <tr> <td>Influenza</td> <td>15.2 million annual cases of clinical influenza infection in adults ≥ 18 yrs</td> </tr> <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	Influenza	15.2 million annual cases of clinical influenza infection in adults ≥ 18 yrs	Pneumococcal disease	38.7/100,000 population rate of invasive pneumococcal disease in 2009 in adults ≥ 65 yrs
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<p><b>Recommendations and Target Metrics:</b></p>	<p><b>Related Guidelines and Recommendations</b></p> <ul style="list-style-type: none"> <li>• US Department of Health and Human Services. Healthy People 2020 objective IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.<sup>3</sup></li> <li>• CDC’s Adult Immunization Schedules set national recommendations.<sup>4</sup></li> <li>• CDC’s Recommended Vaccinations Indicated for Adults Based on Medical and Other Indications<sup>5</sup></li> </ul>						
<p><b>Gaps Between Actual and Target, Possible Reasons for Gaps:</b></p>	<p>A report comparing data from the 2011 National Health Interview Survey (NHIS) with 2010 data summarizing pneumococcal vaccine, tetanus toxoid–containing vaccines, and hepatitis A, hepatitis B, herpes zoster (shingles), and human papillomavirus (HPV) vaccines, by selected characteristics found modest increases in Tdap vaccination (among persons aged 19–64 years) and HPV vaccination (among women), but only little improvement in coverage for the other vaccines among adults in the United States.<sup>6</sup> The report highlights that the vaccines listed specifically in Healthy People 2020<sup>3</sup> are still well below their respective target levels and that little progress was made in improving adult coverage in the past year.<sup>6</sup></p>						

<b>Barriers:</b>	<p>The National Vaccine Advisory Committee has identified a number of barriers to adult immunization.<sup>2</sup></p> <p><b>Systems Barriers</b><sup>2,7,8</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>• Lack of access to, and utilization of, health-care services by 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>8</sup></li><li>• Many patients fail to receive a recommendation from HCPs regarding adult vaccinations<sup>2,7,8</sup></li><li>• Many HCPs do not assess immunization histories<sup>9</sup></li><li>• Lack of communication between HCPs regarding missing immunizations<sup>3,10</sup></li><li>• Lack of objective performance evaluation<sup>8</sup></li><li>• Younger doctors may be more skeptical of vaccines<sup>10</sup></li><li>• Some HCPs have difficulties identifying high-risk patients in need of vaccination<sup>2</sup></li><li>• Ethical issues faced by HCPs caring for elderly patients<sup>11,12</sup></li><li>• Legal barriers to implementing SOPs<sup>13,14</sup></li></ul>
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	<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>2,8,15</sup></li> <li>● Health literacy and lack of public knowledge<sup>2</sup> <ul style="list-style-type: none"> <li>○ Some at-risk populations may not recognize the risk<sup>2</sup></li> </ul> </li> <li>● Common myths related to immunizations<sup>2,16</sup></li> <li>● Concern about adverse events<sup>2</sup></li> <li>● Racial/ethnic disparities<sup>2</sup> <ul style="list-style-type: none"> <li>○ Patient race and age may be independent variables for whether or not they received a vaccine<sup>17</sup></li> <li>○ Blacks and Hispanics were less likely to receive pneumococcal vaccination compared to Whites<sup>18,19</sup></li> <li>○ Elders living in the American Indian community may not receive pneumococcal vaccinations in accordance with age and risk recommendations.<sup>20</sup></li> </ul> </li> </ul>
<p><b>Current National Efforts to Reduce Gaps:</b></p>	<p>Many efforts have been made to promote vaccination. Below are some examples of efforts made by various organizations both public and private. Many more exist.</p> <ul style="list-style-type: none"> <li>● Substantial resources from the CDC, ranging from extensive reports on ACIP recommendations and practical Vaccine Information Statements to <i>The Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases</i>, patient-focused materials on frequently asked questions, and more (<a href="http://www.cdc.gov/vaccines/pubs/default.htm">http://www.cdc.gov/vaccines/pubs/default.htm</a>)</li> <li>● CDC Adult Immunization Schedule (<a href="http://www.cdc.gov/vaccines/schedules/index.html">http://www.cdc.gov/vaccines/schedules/index.html</a>)</li> <li>● 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. (<a href="http://www.pharmacist.com/Content/NavigationMenu2/PatientCareProjects/OperationImmunization/default.htm">http://www.pharmacist.com/Content/NavigationMenu2/PatientCareProjects/OperationImmunization/default.htm</a>)</li> </ul>

	<ul style="list-style-type: none"> <li>• The American Medical Association provides a set of adult vaccine indication cards designed as a point-of-care toolkit (<a href="http://www.ama-assn.org/ama/pub/physician-resources/public-health/vaccination-resources/adult-vaccination.page">http://www.ama-assn.org/ama/pub/physician-resources/public-health/vaccination-resources/adult-vaccination.page</a>)</li> <li>• 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. (<a href="http://www.historyofvaccines.org/">http://www.historyofvaccines.org/</a>)</li> <li>• The Immunization Action Coalition created a complete guide, Adults Only Vaccination: A Step-By-Step Guide (<a href="http://www.immunize.org/guide/">http://www.immunize.org/guide/</a>), that covers several competencies and includes provider and patient materials such as Standing Orders for Administering Pneumococcal Vaccine to Adults (<a href="http://www.immunize.org/catg.d/p3075.pdf">http://www.immunize.org/catg.d/p3075.pdf</a>)</li> <li>• The National Foundation of Infectious Diseases hosts a number of resources tailored to specific vaccinations (<a href="http://www.nfid.org/index.html">http://www.nfid.org/index.html</a>) as well as a patient focused educational website (<a href="http://www.adolescentvaccination.org/">http://www.adolescentvaccination.org/</a>)</li> <li>• 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. (<a href="http://www.immunizationinfo.org/">http://www.immunizationinfo.org/</a>)</li> <li>• US Department of Health and Human Services patient focused educational site (<a href="http://www.vaccines.gov/">http://www.vaccines.gov/</a>)</li> </ul>
<b>Target Audience:</b>	Healthcare providers working to immunize the outpatient population
<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 (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.</p>

<p><b>Expected Approximate Monetary Range of Grant Applications:</b></p>	<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>
<p><b>Key Dates:</b></p>	<p><b>RFP release date:</b> 6/11/2013</p> <p><b>Letter of Intent due date:</b> 7/18/2013</p> <p><b>Anticipated LOI Notification Date:</b> 9/6/2013</p> <p><b>Full Proposal Deadline*:</b> 10/11/2013  <b>*Only accepted LOIs will be invited to submit full proposals</b></p> <p><b>Anticipated Full Proposal Notification Date:</b> 12/15/2013</p> <p><b>Anticipated award delivered following execution of fully signed Letter of Agreement</b></p> <p><b>Period of Performance:</b> 1/2014 to 7/2016</p>
<p><b>How to Submit:</b></p>	<p>Please go to the website at <a href="http://www.pfizer.com/independentsupport">www.pfizer.com/independentsupport</a> and click on the button "Go to the Grant System".</p> <p>If this is your first time visiting this site in 2013 you will be prompted to take the <i>Eligibility Quiz</i> 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: <b>Barriers to Adult Immunizations</b></p> <p><b>Requirements for submission:</b>  Complete all required sections of the online application and upload the completed LOI template. (see Appendix)</p>
<p><b>Questions:</b></p>	<p>If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Susan Connelly at (<a href="mailto:susan.connelly@pfizer.com">susan.connelly@pfizer.com</a>), with the subject line "RFP Adult Barriers 6-11-13"</p>

<b>Mechanism by which Applicants will be Notified:</b>	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.
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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.
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16. 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.
17. King D, Morgan R. Giving influenza vaccination to all elderly people would raise ethical issues. BMJ. 1997 February 1; 314(7077): 373.
18. Simonsen L, Taylor RJ, Viboud C, Miller MA, Jackson LA. Mortality benefits of influenza vaccination in elderly people: an ongoing controversy. Lancet. 2007;7:658-666.



19. Bardenheier B, Shefer A, Gravenstein S, Furlow C, Rowland Hogue CJ. Influential Authorities for Vaccination Policies and Barriers to Implementing Standing Orders for Influenza Vaccination among Nursing Facilities in 14 States, 2000-2002. Am J Theoretical App Stat. 2012; 1: 1-11.
20. Yonas MA, Nowalk MP, Zimmerman RK, Ahmed F, Albert SM. Examining Structural and Clinical Factors Associated with Implementation of Standing Orders for Adult Immunization. Journal for Healthcare Quality. 2012;34:34-42.

### **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](http://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 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).

### **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 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 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 necessary). 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 whom 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 either 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 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.
  - Explain the method used to control for other factors outside this intervention (e.g., use of a control group, comparison with baseline data).
- b. Quantify the amount of change expected from this intervention in terms of your target audience.
- c. Describe how you will determine if the target audience was fully engaged in the intervention.
- 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 requested at this time.
2. While estimating your budget please keep the following items in mind:
  - 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.
  - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and initiatives. If your institution has a preexisting and published indirect overhead rate that exceeds this amount, you will be asked to provide the appropriate documentation if you are later invited to submit a full proposal. Exceptions may be reviewed on an initiative by initiative basis, but we cannot guarantee approval.

#### 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).

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.***