

Pfizer Medical Education Group
Request for Proposals (RFP)
Chronic Pain: Assessing the Impact of Diagnostic Tools

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 a RFP is issued, it is posted on the Pfizer Medical Education Group website (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

Date RFP Issued:	5/8/12
Clinical Area:	Chronic Pain
Specific Area of Interest for this RFP:	<p>Assess the impact of a medical education-based program consisting of diagnostic treatment algorithms, EMR technologies and tools, as measured by improvement in (a) clinical patient outcomes and/or (b) health economic outcomes in primary care medicine for pain management interventions.</p> <p>Pain types that are within scope include nociceptive pain, fibromyalgia, and centralized “neuropathic-like” pain. Neuropathic pain is not within the scope of this RFP.</p> <p>Successful proposals will demonstrate a 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 institution.</p>

Provider Attitudes and Training

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. A *third* important barrier to pain care is the need for expanded formal training in medical, nursing, and other health professions educational programs, as well as enhanced continuing education. There are inadequate opportunities in the professional education system for interdisciplinary education about pain.

Additionally, although pain is one of the most common reasons people seek treatment; clinicians may not ask about or thoroughly investigate pain. *Fourth*, evidence-based protocols and guidelines exist to assist primary care practitioners in treating people with chronic pain. The American College of Physicians and American Pain Society have issued a general guideline for treating low back pain (Chou et al., 2007). Guidelines on specific forms of treatment, such as medications for older patients, also are available to primary care practitioners (American Geriatrics Society, 2009). However, such protocols are used only rarely to treat pain in primary care practice. *Finally*, interdisciplinary, team approaches can facilitate high-quality pain care. Despite their demonstrated benefits, however, such team approaches are not consistently used in pain care.

Insurance Coverage

Costly team care, expensive medications, and procedural interventions—all common types of treatment for pain—are not readily obtained by the 19 percent of Americans under age 65 who lack health insurance coverage (Holahan, 2011) or by the additional 14 percent of under-65 adults who are underinsured (Schoen et al., 2008). Together, these groups make up one-third of the nation's population. Lack of insurance coverage also may contribute to disparities in care.

(Adapted from Barriers to Effective Pain Care from IOM (Institute of Medicine). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Wash, DC: The National Academies Press.

³ Darer JD et al, 2004; Academic Medicine 79(6):541-548.

Recommendations and Target Metrics:

- 1) Clinical outcome measures
 - a) Pain rating scale reduction (e.g., VAS, NRS, etc), either a total reduction value or percentage value (e.g., 50% from baseline rating)
 - b) Objective measure of return to normal function
 - c) Patient reported outcome of satisfaction
- 2) Cost measures
 - a) Total pain related healthcare utilization and costs, including but not limited to inpatient, ER, outpatient, pharmacy, and physical therapy expenses
 - b) Total pain related indirect costs due to lost productivity, absenteeism, presenteeism, etc
 - c) Total healthcare costs for a specific proposal institution
- 3) Secondary measures of scalability may include
 - a) Measurement of EMR-enabled pain diagnoses (e.g., percentage of patients diagnosed with a pain assessment tool)
 - b) Reduction of patient total visits until final pain diagnosis

Gaps Between Actual and Target and Possible Reasons for Gaps:

Chronic pain among older people often goes unreported and untreated, or undertreated.⁴ Many older people, as well as health care professionals, assume that aging makes persistent pain unavoidable. It is estimated that 45-80% of elderly patients in nursing homes have substantial pain that is undertreated.²

Unrelieved pain can negatively affect the endocrine, metabolic, cardiovascular, gastrointestinal, and immune systems⁵. It may lead to higher depression rates and other psychological issues, greater levels of disability, decreased quality of life and increased risk of hospitalization.² Few studies have been conducted to directly assess the relationship between pain assessment tools and clinical outcomes.^{6,7}

According to national practice guidelines and systematic reviews of pain management research, a thorough comprehensive pain assessment is a requirement for informed clinical decision making and intervention. Notably, the Centers for Medicare and Medicaid Services (CMS) include a pain indicator as a mandatory publicly reported outcome for home health agencies. For each Medicare/Medicaid certified agency, the CMS Web site Home Health Compare (<http://www.medicare.gov/HHCompare>) reports the percentage of home health patients who experience less pain when moving around by discharge from care.

⁴ Wells N et al. Improving the Quality of Care through Pain Assessment and Management (Chapter 17). In Hughes RG, ed. Patient

Current Models of Pain Care	<p>The current state of pain medical intervention may be compared in part to the 1980s when cardiovascular disease treatments lacked uniform diagnostic approaches and risk models that were widely utilized in primary care. With the advent of the Framingham risk score for CVD and estimation of CHD, clinical decision aids for cardiovascular risk ascertainment became available. Today, incorporation of the Framingham models are essential components in the USPSTF recommendations for the clinical management of heart disease risk. Many pharmaco-economic studies have shown the healthcare cost reductions associated with the adoptions of the risk-based model of assessment in cardiovascular care.</p> <p>Pain models lack the incorporation of existing diagnostic tools into treatment model, and its quantified benefit to healthcare costs.</p>
Target Audience	Primary Care Providers
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, for-profit health systems, professional associations and other not-for-profit entities may apply. Collaborations between organizations are encouraged.
Expected Approximate Monetary Range of Grant Applications:	<p>Individual grants requesting up to \$1,000,000 will be considered. Preference will be given to applications requesting \$500,000 or less in order to permit support for more than one proposal. 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>

Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville MD: AHRQ Publication; 2008

⁵ Pasero C et al. Basic Mechanisms Underlying the Causes and Effects of Pain. In: McCaffery M, Pasero C. Pain: Clinical manual. 2nd Ed. St. Louis, MO: Mosby; 1999; p. 15-34

⁶ Breen et al. BMC Musculoskeletal Disorders 2011, 12:28

⁷ Pain Medicine 2011; 12: 1490–1501; Wiley Periodicals, Inc.

<p>Key Dates:</p>	<p>RFP release date: 5/8/12</p> <p>Questions regarding the RFP are due: 5/18/12</p> <p>Responses to common questions will be posted on the PFE MEG RFP Web site: 5/31/12</p> <p>Letter of Intent due date: 6/15/12</p> <p>Anticipated LOI Notification Date: 7/13/12</p> <p>Please note, full proposals can only be submitted following acceptance of an LOI</p> <p>Full Proposal Deadline: 8/17/12</p> <p>Anticipated Full Proposal Notification Date: 9/14/12</p> <p>Anticipated award delivered following execution of fully signed LOA</p> <p>Period of Performance: 9/2012 to 9/2014</p>
<p>How to Submit:</p>	<p>Submit LOIs online via the Pfizer Medical Education Group website www.pfizermededgrants.com</p> <p>Submit LOIs in the clinical area: LOI-RFP Pain</p> <p>In the Program Name Field, please include the reference “RFP Chronic Pain 5/8/12”</p> <p>Requirements for submission: Complete all applicable sections of the online application and upload the completed LOI template. (<i>see Appendix A</i>)</p> <p>Note that only certain sections/questions of the application are applicable to the Letter of Intent submission.</p>
<p>Questions:</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 MedEdGrants@Pfizer.com with the subject line “RFP Chronic Pain 5/8/12” 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, Robert Kristofco, via email (Robert.Kristofco@pfizer.com).</p>
<p>Date Grant Award Decisions Will Be Made:</p>	<p>9/14/12</p>

Mechanism by Which Applicants will be Notified:	All applicants will be notified via email on or before 9/14/12. Providers may be asked for additional clarification or to make a summary presentation during the review period.
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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.
2. This RFP does not commit Pfizer to award a grant, or to pay any costs incurred in the preparation of a response to this request.
3. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel in part or in its entirety this RFP, if it is in the best interest of Pfizer to do so.
4. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media.
5. For compliance reasons and in fairness to all providers, all communications about the RFP must come exclusively to the Medical Education Group. Failure to comply will automatically disqualify providers.

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 A: 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:

- A. Project Title
- B. Description of process, quality measure(s) or practice gap that will be implemented or improved
- C. Quantitative baseline data summary, initial metrics, or project starting point (please cite data on gap analyses or relevant patient-level data that describes the problem)
- D. Technical Approach: provide a program summary where you describe the development, implementation, dissemination, and evaluation of the project
- E. Explain why you believe this project will make a unique and profound contribution to the field of Chronic Pain and what that contribution would be
- F. 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
- G. Describe 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
- H. Explain how the impact of the project outcomes might be evaluated both quantitatively and qualitatively
- I. 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.
- J. Project Timeline
- K. Requested Amount

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.