



**Pfizer and the ACAAI Announce**  
***Translating the Atopic Dermatitis (AD)***  
***Yardstick into Practice***  
***Competitive Grant Program- using External Review Panel***

**I. Background**

Pfizer and the American College of Asthma, Allergy, and Immunology (ACAAI) are collaborating to offer a new grant opportunity focused on translating the College’s Atopic Dermatitis (AD) Yardstick into practice in patients in the US.

Pfizer Global Medical Grants (GMG) supports the global healthcare community’s independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer’s medical and/or scientific strategies.

The American College of Allergy, Asthma, and Immunology promotes excellence in the practice of the subspecialty of allergy and immunology. The College and its members are dedicated to improving patient care in allergy, asthma, and immunology through research, education, and advocacy.

Pfizer’s GMG competitive grant program involves a publicly posted Request for Proposal (RFP) that provides detail regarding a specific area of interest, sets timelines for review and approval, and uses an external review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in practice as outlined in the specific RFP.

## II. Eligibility

<b>Geographic Scope:</b>	United States
<b>Applicant Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>• Only organizations are eligible to receive grants, not individuals or medical practice groups.</li> <li>• The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional associations; government agencies; and other entities with a mission related to healthcare improvement.</li> <li>• More information on organizations eligible to apply directly for a grant can be found at <a href="http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf">http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf</a>.</li> <li>• Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions / organizations / associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project.</li> <li>• For programs offering credit, the requesting organization must be the accredited grantee.</li> </ul>

## III. Requirements

<b>Date RFP Issued</b>	<ul style="list-style-type: none"> <li>• July 25, 2019</li> </ul>
<b>Clinical Area</b>	<ul style="list-style-type: none"> <li>• Atopic Dermatitis (AD)</li> </ul>
<b>Specific Area of Interest for this RFP:</b>	<p>The intent of this document is to inform organizations with a focus in healthcare provision or quality improvement about this grant opportunity and invite them to submit a <b>Full Proposal</b> that is related to the <b>implementation and translation of the AD Yardstick into practice</b>. Appropriate projects <b>may include but are not limited</b> to the following:</p> <ol style="list-style-type: none"> <li>1. Physician-directed tools:             <ol style="list-style-type: none"> <li>a. Development of (or a revision to) a tool to facilitate the diagnosis and treatment of AD patients based on the Yardstick recommendations</li> <li>b. Validation of a new or existing tool to diagnose AD and determine and document disease severity and burden</li> <li>c. Outcomes measures: Does regular documentation of an AD score at each visit result in meaningful change and improve outcomes?</li> <li>d. Tools to help physicians and HCPs understand and comply with stepwise treatment of AD, such as the Health Medical Record (HMR) Treatment Ladder, and measure impact on outcomes</li> <li>e. Implementation of proposed tool. Since measures/tools are not used in clinical practice and pose a barrier to care, some attempt to measure</li> </ol> </li> </ol>

	<p>implementation of a proposed treatment ladder as published in the Yardstick</p> <ol style="list-style-type: none"> <li>2. “Patients/parents” attitude towards AD treatments             <ol style="list-style-type: none"> <li>a. Does using the AD Shared Decision Making (SDM) tool improve compliance with AD care regimen?</li> <li>b. Does SDM decrease steroid phobia?</li> <li>c. Does SDM improve outcomes?</li> <li>d. Does SDM using a mutual care plan (for AD) improve outcomes?</li> </ol> </li> <li>3. Patient Education:             <ol style="list-style-type: none"> <li>a. Development of a tool for patient education</li> <li>b. Development and/or validation of an AD action plan</li> <li>c. Does providing a written AD Action Plan improve adherence or outcomes?</li> </ol> </li> </ol> <p>The RFP model typically follows a two-stage process; however, this RFP is a <b>one-step</b> submission of a Full Proposal.</p> <p>When a RFP is issued, it is posted on the Pfizer GMG website (<a href="http://www.pfizer.com/independentgrants">www.pfizer.com/independentgrants</a>) in the Request for Proposals section and is sent via e-mail to all registered users in our grants system. Some RFPs may also be posted on the websites of other relevant organizations, as deemed appropriate.</p>
<p><b>Target Audience:</b></p>	<p>The target audience for the projects should include: HCPs who treat AD, including primary care practitioners (PCPs), pediatricians, allergists, dermatologists, and nurse practitioners and physician assistants in these practice areas. Projects that include caregivers for patients living with atopic dermatitis and patients living with atopic dermatitis will also be considered.</p>
<p><b>Disease Burden Overview:</b></p>	<p>Atopic dermatitis (AD) is a chronic, relapsing, pruritic inflammatory skin disease that has an age-specific typical morphology and distribution. (1) In the US, the prevalence of eczema is approximately 13% in children (2) and 7% in adults. (3, 4) The incidence of AD has been increasing during the past few decades, especially in industrialized countries. (5) Childhood AD may persist into adulthood in 20% to 50% of cases. (6, 7) Adult-onset or recurrent AD are also commonly reported with approximately 1 in 4 adults with AD reporting adult-onset of their AD worldwide. (8) AD is associated with a high burden and significant impact on patient quality of life (QoL). (4,9-11)</p>
<p><b>Recommendations and Target Metrics:</b></p>	<p><b>Related Guidelines and Recommendations</b></p> <p>Below is a list of guidelines, recommendations, and materials that should provide a framework on the gap at hand and potential solutions. Please review these when developing your project:</p> <ul style="list-style-type: none"> <li>• <a href="#">Atopic dermatitis yardstick: Practical recommendations for an evolving therapeutic landscape</a></li> <li>• <a href="#">Atopic Dermatitis: A practice parameter updated 2012</a></li> <li>• <a href="#">Atopic dermatitis: the updated practice parameter and beyond 2014</a></li> <li>• <a href="#">Guidelines of care for the management of atopic dermatitis: Section 1 2014</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">European Academy of Dermatology - Guidelines</a></li> <li>• <a href="#">Eichenfield LF, Tom WL, Chamlin SL, et al. Guidelines of care for the management of atopic dermatitis: section 1. Diagnosis and assessment of atopic dermatitis. J Am Acad Dermatol 2014; 70:338.</a></li> <li>• <a href="#">Eichenfield LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. J Am Acad Dermatol 2014; 71:116.</a></li> <li>• <a href="#">Sidbury R, Davis DM, Cohen DE, et al. Guidelines of care for the management of atopic dermatitis: section 3. Management and treatment with phototherapy and systemic agents. J Am Acad Dermatol 2014; 71:327.</a></li> <li>• <a href="#">Wollenberg A, Oranje A, Deleuran M, et al. ETFAD/EADV Eczema task force 2015 position paper on diagnosis and treatment of atopic dermatitis in adult and paediatric patients. J Eur Acad Dermatol Venereol 2016; 30:729.</a></li> <li>• Practice Guidelines <a href="#">Management of Atopic Dermatitis: Guideline from the American Academy of Dermatology. Am Fam Physician. 2014 Dec 1;90(11):798-799</a></li> <li>• Atopic Dermatitis: Skin-Directed Management <a href="https://pediatrics.aappublications.org/content/134/6/e1735">https://pediatrics.aappublications.org/content/134/6/e1735</a></li> </ul>
<p><b>Gaps Between Actual and Target, Possible Reasons for Gaps:</b></p>	<p>Currently, there are quite a few discrepancies in the guidelines and resources that govern the treatment of AD. This is further complicated by the many different clinicians who treat patients with AD, including primary care/pediatricians, allergists, and dermatologists.</p> <p>Current guidance documents recommend a “control-based” and “risk-based” model of disease management in which an initial diagnosis is followed by treatment according to categorization of severity (12-15). Current validated measures to assess severity are not commonly used in the clinic, making it difficult to assess the impact of treatment and monitor <a href="#">disease progression</a>. Current validated tools include EASI, SCORAD and POEM. These are difficult to use, time consuming, impractical and cumbersome for clinical practice. Simpler scoring systems such as IGA score are more likely to be completed by providers but are not validated.</p> <p>To close this gap, we seek to support projects that develop new or test existing tools that will aid in the diagnosis and management of AD in clinical practice. For example, in asthma, the New York State Consensus Asthma Guideline Expert panel developed a pocket size tool that physicians use as a clinical guideline for the evaluation, and management of adults and children with asthma. There is no current tool for atopic dermatitis.</p>
<p><b>Expected Approximate Monetary Range of Grant Applications:</b></p>	<ul style="list-style-type: none"> <li>• Individual projects requesting up to \$350,000 will be considered. The total available budget related to this RFP is \$700,000.</li> <li>• The amount of the grant Pfizer will be prepared to fund for any project will depend upon the external review panel’s evaluation of the proposal and costs involved and will be stated clearly in the approval notification.</li> </ul>

<b>Key Dates:</b>	<ul style="list-style-type: none"> <li>RFP release date: July 25, 2019</li> <li>Full Proposal Deadline: September 10, 2019 Please note the deadline is midnight Eastern Time (New York, GMT -5).</li> <li>Review of Full Proposals by External Review Panel: October 2019</li> <li>Anticipated Full Proposal Notification Date: October 31, 2019</li> <li>Grants distributed following execution of fully signed Letter of Agreement</li> <li>Anticipated Project Start and End Dates: December 31, 2019 to December 30, 2021</li> </ul>
<b>How to Submit:</b>	<ul style="list-style-type: none"> <li>Please go to <a href="http://www.cybergrants.com/pfizer/QI">www.cybergrants.com/pfizer/QI</a> and sign in. First-time users should click “REGISTER NOW”.</li> <li>Select the following Competitive Grant Program Name: <i>Translating the Yardstick into Practice</i></li> <li>Requirements for submission: Complete all required sections of the online application and upload the completed Full Proposal template (see Appendix).</li> <li>If you encounter any technical difficulties with the website, please click the “Technical Questions” link at the bottom of the page.</li> </ul> <p><b>IMPORTANT:</b> Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</p>
<b>Questions:</b>	<ul style="list-style-type: none"> <li>If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Amanda Solis (<a href="mailto:amanda.solis@pfizer.com">amanda.solis@pfizer.com</a>)</li> </ul>
<b>Review and Approval Process</b>	<ul style="list-style-type: none"> <li>A specific grant program RFP uses an external review panel (ERP) to make final grant decisions.</li> <li>The panels are comprised of professionals from the medical community with advanced degrees and expertise in clinical areas, or specific needs of a geographic region/learner group, or expertise in research, continuing professional development or quality improvement</li> </ul>
<b>Mechanism by which Applicants will be Notified:</b>	<ul style="list-style-type: none"> <li>All applicants will be notified via email by the dates noted above.</li> <li>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</li> </ul>

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#### **IV. Terms and Conditions**

Please take note every Request for Proposal (RFP) released by Pfizer Independent Grants for Learning & Change (IGLC), as well as a RFP released jointly with a Partner(s), is governed by specific terms and conditions. Click [here](#) to review these terms and conditions.

## Appendix A

### Full Proposal Requirements

The Full Proposal will be accepted via the online application. When answering the questions in the application please keep the following in mind:

<p><b>Goals and Objectives</b></p>	<ul style="list-style-type: none"> <li>Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s).</li> <li>List the <i>overall</i> objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project.</li> </ul>
<p><b>Assessment of Need for the Project</b></p>	<ul style="list-style-type: none"> <li>Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in <i>your</i> target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information. The RFP includes a national assessment of the need for the project. Please do not repeat this information within the proposal (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis, if appropriate.</li> </ul>
<p><b>Target Audience</b></p>	<ul style="list-style-type: none"> <li>Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population</li> </ul>
<p><b>Project Design and Methods</b></p>	<ul style="list-style-type: none"> <li>Describe the planned project and the way it addresses the established need.</li> <li>If your methods include educational activities, please describe succinctly the topic(s) and format of those activities</li> </ul>
<p><b>Innovation</b></p>	<ul style="list-style-type: none"> <li>Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.</li> <li>Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.</li> </ul>

<p><b>Evaluation and Outcomes</b></p>	<ul style="list-style-type: none"> <li>• 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. Describe how you expect to collect and analyze the data.</li> <li>• Quantify the amount of change expected from this project in terms of your target audience.</li> <li>• Describe how the project outcomes will be broadly disseminated.</li> </ul>
<p><b>Anticipated Project Timeline</b></p>	<ul style="list-style-type: none"> <li>• Provide an anticipated timeline for your project including project start/end dates</li> </ul>
<p><b>Additional Information</b></p>	<ul style="list-style-type: none"> <li>• If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here</li> </ul>
<p><b>Organization Detail</b></p>	<ul style="list-style-type: none"> <li>• Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project. Letters of support from partner organizations will be required at the Full Proposal stage</li> </ul>
<p><b>Budget Detail</b></p>	<ul style="list-style-type: none"> <li>• The budget amount requested must be in U.S. dollars (USD).</li> <li>• While estimating your budget please keep the following items in mind:             <ul style="list-style-type: none"> <li>○ 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 project 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.</li> <li>○ The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.</li> <li>○ It should be noted that grants awarded through GMG cannot be used to purchase therapeutic agents (prescription or non-prescription).</li> </ul> </li> <li>• Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects</li> </ul>