Alliance for Continuing Education in the Health Professions and Pfizer Announce

Improving Pneumococcal Immunization of Adults with Immunocompromising Conditions - Competitive Grant Program

I. Background

The Alliance for Continuing Education in the Health Professions (Alliance) and Pfizer are collaborating to offer a new grant opportunity focused on supporting quality improvement (QI) initiatives that will result in an increase in pneumococcal vaccination uptake in adults with Immunocompromising Conditions in accordance with Advisory Committee on Immunization (ACIP) recommendations.

The mission of the Alliance for Continuing Education in the Health Professions is to promote best practices in continuing professional development by empowering the community of health education professionals.

The mission of Pfizer Global Medical Grants (GMG) is to support 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.

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. As noted below, the Alliance will be managing the ERP for this RFP. Organizations are invited to submit an application addressing the specific gaps in practice as outlined in the specific RFP.

The Alliance's support of this competitive grant program involves administrative and operational services in oversight of the grant submission process, the review of the grant request using an Alliance established external review panel (ERP) specifically for this competitive grant program. In addition, the Alliance will establish an expert advisory panel (EAP) who will advise, coach and mentor grantees, be the grantor and grantees liaison, provide specific grant program process education to promote successful project completion, and outcome reporting.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

II. Eligibility

Geographic Scope	United States
Applicant Eligibility Criteria	• The following may apply: healthcare institutions (both large and small); medical, dental, nursing, allied health, and/or pharmacy professional schools. • The applicant/submitter must be a Hospital and Health System or Medical Schools Section Alliance member. • If the project involves multiple departments within an institution and/or between different institutions / organizations / associations all must have a relevant role and the requesting organization must have a key role in the project. The requesting Alliance member must be the project leader. • For programs offering credit, the requesting organization must be the accredited grantee.

III. Requirements

Date RFP Issued	• January 22, 2019
Clinical Area	• Pneumococcal Immunization
Specific Area of Interest for this RFP:	It is our intent to support projects that focus on increasing immunization of adults aged 19-64 years with immunocompromising conditions who are at increased risk for pneumococcal disease. Applicants should design and plan to implement a quality improvement project that incorporates one or more of the following: • Engagement of interdisciplinary and interprofessional team collaboration with relevant roles in the care and management of patients • Create knowledge and build capabilities and capacity integrating performance and quality improvement with continuing education • Evidence-based education and/or quality improvement and follow generally accepted scientific principles • Utilization of system-based changes • Educational efforts for grantees and patients which demonstrate public health improvement activities around immunization. During review, the intended outcome of the project is given careful consideration and, if appropriate based on the project goal, projects with the maximum likelihood to directly impact patient care will be given high priority. (Projects including an educational element can find more information on

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<td>principals of learning and behavior change for health professionals at www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFew Principles.pdf.)

The efficacy of therapeutic or diagnostic agents will not be considered. Information on how to submit requests for support of clinical research projects can be found at www.Pfizer.com/isr.</td>
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<td>**Target Audience:**</td>
<td>• Healthcare clinicians and their practice team working to immunize adults aged 19-64 with immunocompromising conditions</td>
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<td>**Disease Burden Overview:**</td>
<td>• Adults with immunocompromising conditions are at a greater risk of pneumococcal disease versus those without any such conditions. [1]
• In 2016, a total of 30,400 invasive pneumococcal disease (IPD) cases and 3,690 IPD-related deaths were estimated to have occurred in the U.S. Adults aged 18–64 years accounted for 53% of cases and 50% of deaths.[2]</td>
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<td>**Recommendations and Target Metrics:**</td>
<td>**Related Guidelines and Recommendations**
• National Vaccine Advisory Committee's Standards for Adult Immunization Practices[3]
• US Department of Health and Human Services. Healthy People 2020 objective IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.[4]
    o IID-13.2: Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease[4]
• Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine for adults with immunocompromising conditions: recommendations of the Advisory Committee on Immunization Practices (ACIP) [5]</td>
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<td>**Gaps Between Actual and Target, Possible Reasons for Gaps:**</td>
<td>• Reported pneumococcal vaccination coverage among adults aged 19–64 years at increased risk for pneumococcal disease was 23.0%[6], falling short of the Healthy People 2020 goal of 60%[4]. Coverage among whites aged 19–64 years at increased risk was higher (24.0%) compared with Hispanics (19.4%) but did not differ for other racial/ethnic groups compared with whites[6].</td>
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<td>**Barriers:**</td>
<td>The National Vaccine Advisory Committee has identified a number of barriers to adult immunization.[3]

Some barriers include:
• Vaccination remains a low priority for both physicians and patients [3,7]
• Lack of awareness of current ACIP adult immunization guidelines [3,7,8]
• Most adults are NOT aware that they need vaccines. [3,7,8]
• Insufficient time spent communicating the benefits and risks of vaccines</td>
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	to patients[3,7,8] • Costs/Inadequate insurance coverage[2,8]
Current National Efforts to Reduce Gaps:	Many efforts have been made to promote vaccination. Below are some examples of efforts made by various organizations. • The National Vaccine Advisory Committee (NVAC) has posted tools and resources to help healthcare professionals implement the Standards for Adult Immunization Practice (https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html) • Substantial resources from the CDC, ranging from extensive reports on ACIP recommendations and practical Vaccine Information Statements, patient-focused materials on frequently asked questions, and more (https://www.cdc.gov/vaccines/index.html) • CDC Adult Immunization Schedule (http://www.cdc.gov/vaccines/schedules/index.html) • HealthyPeople.gov https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives
Expected Approximate Monetary Range of Grant Applications:	• The total available budget related to this RFP is $550,000. We anticipate supporting 8-10 projects.

Key Dates:	• RFP release date: January 22, 2019
	  ○ Alliance Hospital and Health System and Medical School Sections and Health System Section announcement: Wednesday, January 23, 2019
	• LOI due date: March 18, 2019
	  Please note the deadline is midnight Eastern Time (New York, GMT -5).
	• Review of LOIs by External Review Panel: week of April 8th
	• Anticipated LOI Notification Date: week of April 15th
	• Full Proposal Deadline: *May 31, 2019
	  *Only accepted LOIs will be invited to submit full proposals
	  Please note the deadline is midnight Eastern Time (New York, GMT -5).
	• Review of Full Proposals by External Review Panel: week of June 24th
	• Anticipated Full Proposal Notification Date: week of July 1st
	• Grants distributed following execution of fully signed Letter of Agreement
	• Anticipated Project Start and End Dates: August 2019 to January 2021

How to Submit:	• Please go to www.cybergrants.com/pfizer/loi and sign in to submit your Letter of Intent. First-time users should click "Create your password". • Requirements for submission:

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	• Select the following Competitive Grant Program Name: Improving Pneumococcal Immunization of Adults with Immunocompromising Conditions • Select the following Primary Area of Interest: Vaccine Preventable Diseases – Pneumococcal • Complete all required sections of the online application and upload the completed LOI template (see Appendix). • If you encounter any technical difficulties with the website, please click the "Technical Questions" link at the bottom of the page. **IMPORTANT:** Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.
Questions:	• If you have questions regarding this RFP, please direct them in writing to Laurie Kendall-Ellis (lkendall-ellis@acehp.org) and Amanda Stein (amanda.j.stein@pfizer.com), with the subject line "***Improving Pneumococcal Immunization***"
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 during the review period.

References:

1. Weycker D, Farkouh RA, Strutton DR, Edelsberg J, Shea KM, Pelton SI. Rates and costs of invasive pneumococcal disease and pneumonia in persons with underlying medical conditions. BMC Health Serv Res. 2016;16:182. doi:10.1186/s12913-016-1432-4

2. Centers for Disease Control and Prevention. 2016. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2016.

3. National Vaccine Advisory Committee. Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. Public Health Reports. 2014; Volume 129 (115-123)

4. US Department of Health and Human Services. Healthy People 2020 objectives. Available at: http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives. Accessed January 4, 2019.

5. Centers for Disease Control and Prevention. Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine for adults with immunocompromising conditions: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Morb Mortal Wkly Rep. 2012;61(40):816-819.

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6. Williams WW, Lu P, O'Halloran A, et al. Surveillance of Vaccination Coverage among Adult Populations — United States, 2015. MMWR Surveill Summ 2017;66(No. SS-11):1–28. DOI: http://dx.doi.org/10.15585/mmwr.ss6611a1Wick JY. Pharmacy Times. Roll up your sleeves: adult immunizations. Available at: www.pharmacytimes.com/publications/issue/2013/march2013/roll-up-your-sleeves-adult-immunizations. Accessed June 1, 2018

7. Wick JY. Pharmacy Times. Roll up your sleeves: adult immunizations. Available at: www.pharmacytimes.com/publications/issue/2013/march2013/roll-up-your-sleeves-adult-immunizations. Accessed June 1, 2018

8. Ventola CL. Immunization in the United States: Recommendations, Barriers, and Measures to Improve Compliance: Part 2: Adult Vaccinations. *Pharmacy and Therapeutics*. 2016;41(8):492-506

IV. Terms and Conditions

Please take note every Request for Proposal (RFP) released by Pfizer Global Medical Grants, 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
Letter of Intent Requirements

The Letter of Intent (LOI) will be accepted via the online application. When answering the LOI questions in the application please keep the following in mind:

Goals and Objectives	• 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) • List the *overall* 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
Assessment of Need for the Project	• 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 *your* target area. Describe the source and method used to collect the data. Describe how the data were 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
Target Audience	• 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
Project Design and Methods	• Describe the planned project and the way it addresses the established need. • If your methods include educational activities, please describe succinctly the topic(s) and format of those activities
Innovation	• Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed • 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

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Evaluation and Outcomes	• 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 • Quantify the amount of change expected from this project in terms of your target audience • Define outcomes through scholarly activities, quality improvement, established benchmarks and data • Describe how the project outcomes will be broadly disseminated as well as disseminated within your institution. The Alliance will provide the following outcomes support: • Publish a series of articles in Almanac (Alliance's e-publication) • Encourage Journal of Continuing Education in the Health Professions (JCEHP) submission for possible acceptance and publication • Work with all Grantees to publish a project compendium • Present findings at the Alliance Annual Conference by providing an educational session and/or poster
Anticipated Project Timeline	• Provide an anticipated timeline for your project including project start/end dates
Additional Information	• If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here
Organization Detail	• 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 only and should not be included with the LOI

Budget Detail	• A total amount requested is the only information needed for the LOI stage. Full Budget is not required.
	• This amount can be adjusted at the Full Proposal stage as applicable
	• The budget amount requested must be in U.S. dollars (USD)
	• While estimating your budget please keep the following items in mind:
	    o 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.
	    o The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP

	o It should be noted that grants awarded through GMG cannot be used to purchase therapeutic agents (prescription or non-prescription) • Overhead rates of up to 28% of the total proposed project budget may be supported by Pfizer