

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



## **Improving Pediatric ADHD Care – Innovative Implementation of a National Guideline**

### **Request for Proposals (RFP)**

#### **The American Academy of Pediatrics (AAP) and Pfizer Independent Grants for Learning & Change (IGLC)**

**April 27, 2017**

### **I. Background**

The American Academy of Pediatrics (AAP) and Pfizer are collaborating to offer a new grant opportunity focused on improving care for children with Attention Deficit Hyperactivity Disorder (ADHD). Selected grantees will be awarded up to \$150,000 to test innovative strategies to improve care based on the AAP's Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of ADHD in Children and Adolescents (AAP ADHD guideline).

The mission of Pfizer Independent Grants for Learning & Change (IGLC) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. "Independent" means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. ADHD is the most common childhood neurobehavioral disorder, affecting 11% of all children aged 4-17 in the United States.<sup>1,2,3</sup> The disorder can continue into adolescence and adulthood, causing prolonged academic, conduct, social and mental health problems.<sup>4</sup>

In 2011, the AAP issued a comprehensive update of its ADHD clinical practice guideline. The revised guideline emphasizes proper evaluation and diagnosis, including documentation of impairment in more than one major setting; assessment for co-existing conditions; recognition that children with ADHD should be treated as children and youth with special health care needs and managed according to the principles of the chronic care model and medical home; and age-appropriate treatment, including proper titration of medication and behavior therapy.<sup>2</sup>

However, despite excellent intentions and pockets of superb care, a major opportunity still exists to improve care for children with ADHD and their families, as much care is still delivered in ways that contrast sharply with AAP recommendations.<sup>5</sup> In a 2014 article, Epstein, et al. reported that parent- and teacher-rating scales were used during ADHD assessment with only about half of patients (56.7% and

55.5%, respectively). The use of DSM-IV criteria was documented in 70.4% of patients. 93.4% of patients with ADHD were prescribed medication, but only 13.0% of patients were receiving or recommended behavior therapy. Less than half of children (47.4%) had a follow-up contact from their provider via visit or phone within the first month, a practice useful for medication titration and monitoring of side effects. Amongst children with any follow-up contact, average time from medication initiation to first follow-up was 72.4 days; per the AAP ADHD guideline, stimulant medications can be titrated on a 3- to 7-day basis.<sup>2</sup> Furthermore, parent- and teacher-ratings were rarely collected to monitor treatment response or side effects (10.8% and 7.5%, respectively). Most variability in pediatrician-delivered ADHD care was accounted for at the patient level; however, pediatricians and practices also accounted for significant variability on specific ADHD care behaviors.<sup>2,5</sup>

The AAP believes that increased exposure to the guideline, coupled with implementation support, will help pediatricians improve care for children with ADHD. The AAP tested this hypothesis from December 2015 to January 2017 through its Chapter Quality Network (CQN) ADHD pilot project.

For the CQN ADHD pilot project, the national AAP partnered with six AAP state chapters to lead teams from outpatient pediatric practices as they focused on improving implementation of the AAP ADHD guideline. Each chapter recruited 10-15 practice teams to improve their care processes using quality improvement (QI) methods (specifically, the Model for Improvement), as well as share data, best practices and challenges across the learning community to accelerate change. Practices participated in a series of in-person and online learning sessions during which they learned about QI methods and tools, as well as clinical topics. Learning sessions were followed by “action periods” during which practices implemented what they learned and tested ways to improve ADHD care. Throughout, the national AAP and the AAP chapter leaders provided QI coaching support, clinical expertise, access to a data collection system and a variety of educational resources.<sup>6</sup> These efforts culminated in a change package that will be available to the selected grantees of this project.

The CQN ADHD pilot project improved upon the rates found in Epstein, et al., but still found many barriers to high-quality care. Obtaining rating scales from parents and, particularly, teachers can be labor-intensive and may fall to the wayside in busy pediatric practices. Community connections with schools and behavior therapy providers are often weak. In many areas, behavior therapy is not available and, where it is available, access may be limited due to long wait-lists. Furthermore, many providers are unaware of what constitutes evidence-based behavior therapy. Pilot leaders also found that providers required significant clinical education to raise their confidence in their ability to diagnose ADHD and comorbidities, titrate medication and manage the condition long-term.<sup>7</sup>

These important findings are incorporated into this Request for Proposal (RFP). The purpose of this RFP is to encourage AAP chapters and/or other types of healthcare-focused organizations (refer to Applicant Eligibility Criteria on page 3) to build upon the pilot findings and test innovative strategies for improving the quality of ADHD care based on the AAP ADHD guideline. Grantees should implement their proposed quality improvement programs in a defined population of clinician participants. Grantees will also be expected to participate in a grantee learning community to accelerate learning and change.

This RFP is being issued by both the AAP and Pfizer. The AAP is the lead organization for review and evaluation of applications. A review committee, led by the AAP, will make decisions regarding which proposals receive funding. Grant funding will be provided by Pfizer. Collectively, \$600,000 is available for 4 or more grantees.

## II. Eligibility

<b>Geographic Scope:</b>	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International (specify country/countries) _____
<b>Applicant Eligibility Criteria:</b> <b>Rev 4/28/2017</b>	<p>Applicants must be non-profit organizations with a focus on the pediatric primary care setting.</p> <p>The following types of organizations may apply: healthcare institutions (both large and small); accountable care organizations; professional associations, including AAP chapters; medical societies; government agencies; medical, nursing, and/or allied health professional schools; and other entities with a mission related to healthcare improvement.</p> <p>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 an active role and the requesting organization must have a key role in the project.</p> <p>For programs offering credit, the requesting organization must be the accredited grantee.</p>

## III. Requirements

<b>Date RFP Issued:</b>	April 27, 2017
<b>Clinical Area:</b>	Pediatric Attention Deficit Hyperactivity Disorder (ADHD)
<b>Target Audience:</b>	<p>Providers/teams who provide care for children with ADHD in a primary care setting</p> <p>The requesting organization is responsible for recruiting providers/care teams to participate.</p>
<b>Specific Area of Interest for this RFP:</b>	<p>It is our intent to support organizations focused on designing, implementing and evaluating innovative programs that work to improve the quality of pediatric ADHD care in a primary care setting. Grantees should implement their proposed quality improvement programs in a defined population of clinician participants.</p> <p><b><u>Required Elements</u></b></p> <p>The proposed program must include all the following:</p> <ol style="list-style-type: none"><li>1. Focus on implementation of <b><u>one or more</u></b> of the six recommendations set forth in the American Academy of Pediatrics' Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of ADHD in Children and Adolescents.</li></ol>

	<p>2. Use of scientific quality improvement principles and methods.</p> <ul style="list-style-type: none"> <li>• e.g., Lean, Lean Six Sigma, Model for Improvement, etc.</li> </ul> <p>3. Provision of clinical education for participating clinicians.</p> <ul style="list-style-type: none"> <li>• The curriculum developed and tested during phase 1 of the CQN ADHD pilot project will be made available to grantees for use and/or adaptation.</li> <li>• More information on principals of learning and behavior change for health professionals is available at:  <a href="http://www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf">www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf</a>.</li> </ul> <p>4. A proposed set of metrics to be collected regularly throughout the project for improvement purposes and a detailed data collection plan.</p> <ul style="list-style-type: none"> <li>• The metrics should be tailored to the individual project and the specific data collection capabilities of the grantee, but should also align with the recommendations set forth in the AAP ADHD guideline.</li> <li>• The data collection plan must specify a data collection system and the data collection timeframe. <ul style="list-style-type: none"> <li>○ Data collection should last at least 9 months.</li> <li>○ Grantees should make every effort to begin data collection at the start of the 2017-2018 school year (August/September 2017).</li> <li>○ Data collection must occur on at least a monthly basis. <ul style="list-style-type: none"> <li>▪ Grantees will be required to share aggregated, de-identified data with the AAP leadership team and other grantees on a monthly basis.</li> </ul> </li> <li>○ The data collection plan should address how the grantee will collect “just-in-time” data for ongoing tests of change in the clinical environment (daily or weekly data). <ul style="list-style-type: none"> <li>▪ Grantees <u>will not</u> be required to share data with the AAP or other grantees on a daily or weekly basis.</li> </ul> </li> </ul> </li> <li>• Grantees should collect one cycle of baseline data for proposed metrics.</li> <li>• Measurement of patient outcomes is encouraged, if feasible.</li> </ul> <p>If any requirement under #2, #3 or #4 is not applicable to the proposed project, please include in an explanation and/or supporting data regarding why the proposal does not adhere to these requirements.</p> <p><i>It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</i> Information on how to submit requests for support of clinical research projects can be found at <a href="http://www.Pfizer.com/iir">www.Pfizer.com/iir</a>.</p>
<b>Grantee Scope:</b>	Organizations selected to participate will receive funding and consulting

	<p>services. Following notification of selection, grantees will be required to:</p> <ol style="list-style-type: none"> <li>1. Participate in a 90-minute call with the national quality improvement coach <b>on the week of July 17, 2017</b>. The call will be used to assess the grantee team’s quality improvement skills in preparation for the project kick-off meeting. All members of the grantee leadership team must attend. The call will be scheduled around the leadership team’s availability.</li> <li>2. Participate in a one-day in-person kick-off meeting. All members of the grantee leadership team should attend (up to 4 people, clinician leader and project manager must attend; see Appendix A for details). Transportation expenses for the training will be covered by the AAP through a separate administrative budget; they will not be taken out of grantee funds. <ul style="list-style-type: none"> <li>• <b>Training Save the Date: Friday, August 4, 2017, in the Chicago area.</b></li> </ul> </li> <li>3. Participate in the grantee learning community via monthly conference calls through the end of the project.</li> <li>4. With the assistance of the AAP national team, guide participating providers/teams through the proposed project. This includes providing clinical education.</li> <li>5. Participate in a close-out call to present key learnings and outcomes. Specific date TBD.</li> <li>6. Use grant funds in accordance with the following regulations: <ul style="list-style-type: none"> <li>• Up to 28% of the grant may be allocated for general administrative expenses.</li> <li>• In compliance with Pfizer IGLC policy, no grant funds may be used for food and beverage expenditures.</li> <li>• No grant funds may be used to pay for healthcare subsidies for individuals or therapeutic agents (prescription or non-prescription).</li> </ul> </li> </ol>
<b>Evaluation Criteria</b>	<p>The review committee convened by the AAP will evaluate projects based on the following factors:</p> <ol style="list-style-type: none"> <li>1. Adherence to required elements</li> <li>2. Scope, scalability and sustainability of the proposed project <ul style="list-style-type: none"> <li>• How many providers will participate in the project and how many patient lives could potentially be affected?</li> <li>• Could the proposed project model be disseminated and implemented beyond the scope of the proposed project?</li> <li>• Are the proposed interventions sustainable once the project concludes?</li> </ul> </li> <li>3. Feasibility and effectiveness of the proposed interventions <ul style="list-style-type: none"> <li>• Strategic, tactical and fiscal factors will be considered when assessing</li> </ul> </li> </ol>

	<p>feasibility.</p> <ul style="list-style-type: none"> <li>Supporting evidence that builds a case for the effectiveness of the proposed interventions and implementation strategy will be considered when assessing effectiveness.</li> </ul> <ol style="list-style-type: none"> <li>Magnitude of assessed need in target population</li> <li>Robustness of the proposed process measures and data collection methods</li> <li>Innovativeness of the implementation strategy being tested</li> <li>Robustness of grantee’s quality improvement infrastructure</li> <li>Strength of team’s experience with comparable implementation models</li> <li>Strength of the project leadership team <ul style="list-style-type: none"> <li>Inclusion of a family representative on the project team is encouraged.</li> </ul> </li> <li>Strategic partnerships with local pediatricians or organizations <ul style="list-style-type: none"> <li>e.g., AAP state chapter, local behavior therapy providers, local school systems, payers, etc.</li> <li>All partners must have an active role.</li> </ul> </li> </ol>
<p><b>Recommendations and Target Metrics:</b></p>	<p><b>Related Guidelines and Recommendations</b></p> <ul style="list-style-type: none"> <li>2011 AAP Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of ADHD in Children and Adolescents:  <a href="http://pediatrics.aappublications.org/content/pediatrics/early/2011/10/14/peds.2011-2654.full.pdf">http://pediatrics.aappublications.org/content/pediatrics/early/2011/10/14/peds.2011-2654.full.pdf</a></li> </ul> <p><b>Guidance Regarding Metrics</b></p> <ul style="list-style-type: none"> <li>Please refer to required element #4 in the section above entitled “Specific Area of Interest for this RFP.”</li> <li>Metrics used in the CQN ADHD pilot project are included in Appendix B for reference; use of these exact metrics is optional.</li> </ul>
<p><b>Expected Approximate Monetary Range of Grant Applications:</b></p>	<p>Individual projects requesting up to \$150,000 will be considered. The total available budget related to this RFP is \$600,000.</p> <p>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.</p>
<p><b>Key Dates:</b></p>	<ul style="list-style-type: none"> <li>RFP released: <b>April 27, 2017</b></li> <li>Proposals (including budget) due: <b>May 26, 2017</b>   5pm Central Time</li> <li>Notification of Decisions: on or about <b>June 30, 2017</b> <ul style="list-style-type: none"> <li>Grants distributed following execution of fully signed Letter of Agreement</li> </ul> </li> <li>90-minute call with National QI Coach: <b>Week of July 17, 2017</b></li> <li>Grantee Kick-Of Meeting: <b>August 4, 2017</b></li> <li>Grantees should make every effort to begin data collection at the start of the 2017-2018 school year (August/September 2017)</li> <li>Grantee Close-Out Call: TBD</li> </ul>

<p><b>How to Submit:</b></p>	<p>Please go to <a href="http://www.cybergrants.com/pfizer/loi">www.cybergrants.com/pfizer/loi</a> and sign in. First-time users should click “REGISTER NOW”.</p> <p>Select the following Area of Interest: Improving Pediatric ADHD Care</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed proposal (see Appendix A).</p> <p>Be advised the system is designed for a two-stage submission process: 1) Letter of Intent and 2) Full Proposal. However, for this RFP, we are not using a Letter of Intent. Instead, the only stage will be submission of the Full Proposal. Complete all required sections of the online application. In the “Required Uploads” section, please follow the table below</p> <table border="1" data-bbox="443 801 1345 913"> <thead> <tr> <th data-bbox="443 801 906 842">For Field Name:</th> <th data-bbox="906 801 1345 842">Please Upload:</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 842 906 882">Letter of Intent</td> <td data-bbox="906 842 1345 882">Full Proposal</td> </tr> <tr> <td data-bbox="443 882 906 913">LOI Additional Required Uploads</td> <td data-bbox="906 882 1345 913">Budget</td> </tr> </tbody> </table> <p>If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page.</p> <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>	For Field Name:	Please Upload:	Letter of Intent	Full Proposal	LOI Additional Required Uploads	Budget
For Field Name:	Please Upload:						
Letter of Intent	Full Proposal						
LOI Additional Required Uploads	Budget						
<p><b>Questions:</b></p>	<p>If you have questions regarding this RFP, please direct them in writing to Suzanne Emmer, Director, Division of Chapter Quality Improvement Initiatives at the American Academy of Pediatrics (<a href="mailto:semmer@aap.org">semmer@aap.org</a>). Please copy Jessica Romano (<a href="mailto:jessica.romano@pfizer.com">jessica.romano@pfizer.com</a>). The subject line should be: “Improving Pediatric ADHD Care”</p>						
<p><b>Mechanism by which Applicants will be Notified:</b></p>	<p>All applicants will be notified via email by the date noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>						

References:

1. Visser SN, Danielson ML, Bitsko RH, et al. Trends in the Parent-Report of Health Care Provider-Diagnosis and Medication Treatment for ADHD: United States, 2003—2011. *J Am Acad Child Adolesc Psychiatry*. 2014;53(1): 34-46.
2. The American Academy of Pediatrics. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/ Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2011;128:000.
3. Attention-Deficit/Hyperactivity Disorder (ADHD). Centers for Disease Control and Prevention. <http://www.cdc.gov/ncbddd/adhd/data.html>. Accessed March 19, 2015.
4. Molina BSG, Hinshaw SP, Swanson JM, Arnold LE, Vitiello B, Jensen PS, et al. The MTA at 8 years: Prospective follow-up of children treated for combined type ADHD in the multisite study. *J Am Acad Child Adolesc Psychiatry*. Online ahead of print March 2009.
5. Epstein JN, Kelleher KJ, Baum R, et al. Variability in ADHD Care in Community-Based Pediatrics. *Pediatrics*. 2014;134:1136-1143.
6. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. Available at: <http://www.ihl.org/resources/pages/ihlwhitepapers/thebreakthroughseriesihiscollaborativemodelforachievingbreakthroughimprovement.aspx>
7. Chapter Quality Network, American Academy of Pediatrics. Findings from the CQN ADHD pilot project. Presented at internal AAP meeting on December 14, 2016.



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

1. This RFP does not commit Pfizer or its partners to award a grant or a grant of any particular size if one is awarded, nor to pay any costs incurred in the preparation of a response to this request.
2. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel this RFP in part or in its entirety, if it determines it is in the best interest of Pfizer to do so.
3. For compliance reasons and in fairness to all applicants, all communications about the RFP must come exclusively to Pfizer IGLC. Applicants should not contact other departments within Pfizer regarding this RFP. Failure to comply will disqualify applicants.
4. Consistent with its commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific, and patient organizations in the United States. 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. 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 IGLC website and/or any other Pfizer document or site.
5. Pfizer reserves the right to share with organizations that may be interested in contacting you for further information (e.g., possible collaborations) the title of your proposed project and the name, address, telephone number, and e-mail address of the applicant from the requesting organization.
6. To ensure compliance with applicable local law, Pfizer may publicly disclose the support it provides. Pfizer may disclose in any lawful manner the terms of the letter of agreement, the support or funding that Pfizer is providing under the letter of agreement, and any other related information, to the extent necessary for Pfizer to meet its obligations under those laws, regulations and industry codes that require Pfizer to report payments or other transfers of value to certain healthcare professionals and teaching hospitals (collectively, the "Transparency Laws"). Transparency Laws include, without limitation, section 6002 of the U.S. Affordable Care Act and the EFPIA Code on Disclosure of Transfers of Value. Disclosures may include identifying information for organizations and U.S. physicians, such as name, business address, specialty, National Provider Identifier (NPI), and licensure numbers. Grantee will agree to (and will cause other agents, employees and contractors to) reasonably cooperate with Pfizer in Pfizer's collection and disclosure of information to fulfill its Transparency Law obligations. Grantee will provide Pfizer with complete and accurate information about payments or other transfers of value reportable under Transparency Laws.

Frequently Asked Questions related to IGLC's Sunshine Act Reporting Requirements are available on our website ([http://www.pfizer.com/files/IGLCsunshineFAQ\\_updatedJan2016.pdf](http://www.pfizer.com/files/IGLCsunshineFAQ_updatedJan2016.pdf)).

7. No portion of an independent grant may be used for food and/or beverages for learners and/or participants in any capacity. Grantee will be required to certify during the reconciliation process and/or the periodic collection of Sunshine reporting that funds were not used for food and/or beverages for learners and/or participants.

8. In the performance of all activities related to an independent grant, the Grantee and all participants must comply with all applicable Global Trade Control Laws. "Global Trade Control Laws" include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.
9. For all Dissemination and Implementation research projects the institution(s) must agree to assume all responsibilities as sponsor of the study as outlined in the proposal, which includes:
  - Obtaining institutional review board (IRB)/independent ethics committee (IEC) approval for studies involving human subjects or human tissue and obtaining a subsequent renewal of this approval as required by local regulations (e.g., yearly, biannually, etc.). In addition, obtaining any IRB/IEC approval for amendments to protocol as they pertain to the research.
  - Obtaining all required personal data privacy or informed consent documentation (as appropriate).
  - Obtaining all required regulatory approval(s) per local regulations.
  - Assuming all reporting obligations to local regulatory authorities.
  - A statement that the research will be conducted in compliance with relevant provisions of the International Conference on Harmonisation, Good Clinical Practice, or Good Pharmacoepidemiology Practice guidelines and all applicable local legal and regulatory Requirements

## **Appendix A: Full Proposal Submission Guidance**

Proposals must be single-spaced, using Calibri 12-point font and 1-inch margins. Note that the main section of the proposal has a 10-page limit and the organization detail (section E, below) has a 3-page limit. Tables and Figures should be included in the main section of your proposal and do count in the page limit.

**Please limit the number of attachments uploaded in the system.** Only sample forms or other full page documents can be included as an appendix. Please consult with the Grant Officer before submitting such additional documents.

All required sections (aside from the budget) should be combined in one document (MS Word or Adobe PDF). There is no need to submit the organization detail or references in a document separate from the main section of the full proposal. Budgets should be submitted in a separate excel file.

All proposals must follow the outline detailed below.

**A. Cover Page** (not to exceed 1 page):

1. **Title:** Please include the project title and main collaborators.
2. **Abstract:** Please include a summary of your proposal including the overall goal, target participants, and core project components. Please limit this to 250 words.

**B. Table of Contents** (no page limit)

**C. Main Section of Proposal** (not to exceed 10 pages)

1. **Goal and Objectives:**

- i. Briefly state the overall goal of the project.
  - Identify the recommendation(s) from the AAP ADHD guideline that aligns with your goal(s).
  - Describe how this goal aligns with the focus of this RFP and the goals of the applicant organization(s).
- ii. List the specific objectives you plan to meet with your project.
  - Objectives should support attainment of the overall project goal.

2. **Current Assessment of Need:**

- i. Discuss the need for this project in your organization, target participants or patient population.
- ii. Include data to support your answer:
  - Baseline data from your organization, target participants or patient population is preferred, if available.
  - A discussion of the burden of ADHD in your project's patient population is also acceptable.

3. **Target Participants and Recruitment:**

- i. Describe the primary participant(s) targeted for this project.
- ii. Describe your recruitment plan for engaging participants in the project, if applicable.
- iii. Describe the level of commitment from the potential participants.
- iv. Describe who will directly benefit from the project outcomes.

- In this description, please address scalability and sustainability.
  1. Beyond the project, who or what other types of organizations could potentially benefit from the project, should its model or learnings be disseminated and replicated/expanded upon?
  2. Are the proposed interventions sustainable once the project concludes?

**4. Project Design and Measurement Strategy**

- i. Provide a detailed description of the implementation and measurement strategy for the planned project
- ii. Please discuss the way the project will address the established need.
- iii. Your description should include specific details about how your project will incorporate the required elements (“Specific Area of Interest for this RFP,” Section III).
- iv. Please also consider the evaluation criteria that the review committee will use to evaluate your project (“Evaluation Criteria,” Section III).
- v. *NOTE: if any required element is not applicable to the proposed project, please include an explanation and/or supporting data regarding why the proposal does not adhere to these requirements.*

**5. Existing Projects:**

- i. If applicable, show how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

**6. Anticipated Project Timeline**

- i. Please consider the following:
  - Project kick-off meeting: August 4, 2017
  - Grantees should make every effort to begin data collection at the start of the 2017-2018 school year (August/September 2017)
  - Project close-out: Summer/Fall 2018

**7. Dissemination of Results:**

- i. Describe how you plan for the project outcomes to be disseminated at the national, regional and local levels.

**8. Additional Information:**

- i. If there is any additional information the selection committee should be aware of concerning this project, please summarize it in within the page limitations.

**D. References** (no page limit)

**E. Organizational Detail** (not to exceed 3 pages)

**1. Organizational Capability:**

- i. Describe the attributes of the organization(s) that will support and facilitate the execution of the project. If applicable, articulate the specific role of each partner in the proposed project.
- ii. Please discuss any existing quality improvement infrastructure and/or experience with similar projects.

**2. Leadership and Staff Capacity:**

- i. Identify the project leadership team for the proposed project, which should include:
  - Project manager

1. Whether a current staff member or new hire, this role is essential to the execution of the work outlined in your proposal.
2. Demonstrate project manager's availability, commitment, and capability to plan, recruit participants, and manage the proposed project; describe how the project manager will oversee the project activities, including ensuring that tasks are accomplished as planned.
  - Clinician leader
    1. This person should be a clinician and will partner with the project manager to lead the project. Leadership skills, sufficient time to lead the project and experience in and enthusiasm for QI are important.
  - List other key staff members proposed on the project, if applicable.
    1. Key roles to consider: ADHD content advisor/expert, family representative, evaluator, data analyst, etc.
- ii. Provide a brief explanation of why each person is an appropriate choice for their designated team role. Include the following information:
  - Organizational affiliation
  - Experience
  - Expertise
  - How they will contribute to the project goals
- iii. When listing staff, please include first name, last name, professional credentials and city/state of residence.
- iv. Confirm that the identified project leaders are able to attend the project kick-off meeting on August 4, 2017. Up to 4 people may attend.

**F. Detailed Budget** (complete [Budget Template](#); no page limit for Excel file)

1. Individual projects requesting up to a total of \$150,000 will be considered.
2. The following items should be accounted for in your budget, where applicable:
  - i. Salaries for project staff and/or honoraria for leadership team members
  - ii. Costs associated with conducting educational activities
  - iii. Travel costs for faculty for educational activities
  - iv. Meeting materials and AV equipment
  - v. Costs associated with conferencing tools to communicate with participants throughout process
  - vi. Costs associated with accreditation (if opting to accredit educational activities)
  - vii. Travel costs for participants
3. Upload a detailed budget, using the Excel template which can be accessed here: [www.cybergrants.com/pfizer/docs/Track1BudgetTemplate2015.xls](http://www.cybergrants.com/pfizer/docs/Track1BudgetTemplate2015.xls). Applicants are expected to customize the budget for their proposal, adding additional details and deliverables as appropriate.
  - i. Please ensure you complete Column C ("Description") for each line item. Provide a brief explanation of each cost element proposed, including a justification for all personnel indicating the percentage of time allocated to the project. The budget should demonstrate appropriate and reasonable costs for project expenses.

4. Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.
  - i. Institutional Overhead Costs: Costs to the institution for the support of your project. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance.
5. Some examples of what awarded funds may not be used for are listed below:
  - i. Office equipment (e.g., furniture, computers)
  - ii. Registration and travel costs for professional development meetings or courses not related to this project
  - iii. Health care subsidies for individuals
  - iv. Construction or renovation of facilities
  - v. Therapeutic agents (prescription or non-prescription)
  - vi. Food and/or beverages for learners and/or participants in any capacity
  - vii. Lobbying

**G. Letters of Commitment** (no page limit)

1. Letter(s) must be provided from all organizations listed in section E documenting their support and commitment to the project. Letters should be issued from an institutional authority or authorities and collaborators guaranteeing access, resources and personnel (as the case may be) for proposed project.

**Appendix B: CQN ADHD Phase 1 Measures Table**

Measure Name/Type	Measure Definition	Source of Measure	Measure Calculation (Numerator/Denominator)	Measure Exclusion	Data Source/Collection Tool	Measure Benchmark	Measure Target/Goal (%)
<p>Proper ADHD Diagnosis</p> <p><i>Process measure</i></p>	<p>% of patients who were assessed for ADHD using a validated instrument (i.e., Vanderbilt assessment scale) across multiple major settings</p>	<p>CHIPRA Pediatric Quality Measures Program Centers of Excellence under grant number U18 HS20498.</p> <p>Evaluates pediatricians' adherence to key action statements 1 and 2 of the AAP ADHD Guidelines.</p>	<p>Target Population: All patients ages 4-17 years assessed for ADHD</p> <p>Numerator: Number of patients who:</p> <ul style="list-style-type: none"> <li>• Have an ADHD assessment initiated at least 30 days ago</li> <li>• Received Vanderbilt assessments across more than 1 major setting (typically parent and teacher)</li> </ul> <p>Denominator: Number of patients who have an ADHD assessment initiated at least 30 days ago</p>	<p>Patients assessed for ADHD less than 30 days ago</p>	<p>NICHQ Vanderbilt assessment scale, mehealth for ADHD portal</p>	<p>83% of patients had a parent assessment completed and 83% of patients had a teacher assessment completed during the diagnosis process in a study that aimed to determine the effectiveness of a QI project that included use of the mehealth for ADHD portal.</p> <p>Epstein JN, Langberg PK, Altaye M and Simon JO. Use of an Internet Portal to Improve Community-Based Pediatric ADHD Care: A Cluster Randomized Trial. <i>Pediatrics</i>. 2011; 128:5 e1201-e1208. Published ahead of print October 17, 2011.</p>	<p>90%</p>

Measure Name/Type	Measure Definition	Source of Measure	Measure Calculation (Numerator/Denominator)	Measure Exclusion	Data Source/Collection Tool	Measure Benchmark	Measure Target/Goal (%)
Parent Diagnosis Education  <i>Process measure</i>	% of patients diagnosed with ADHD whose physician documented giving the parent an educational ADHD Booklet	Measure developed by project leadership to evaluate adherence to key action statement 4 of the AAP ADHD Guideline.	Target Population: All patients ages 4-17 years diagnosed with ADHD  Numerator: Number of patients who: <ul style="list-style-type: none"> <li>• Are diagnosed with ADHD</li> <li>• Received an educational ADHD Booklet at the diagnosis visit</li> </ul> Denominator: Number of patients who are diagnosed with ADHD	N/A	mehealth for ADHD portal	While similar measures are currently being developed by other organizations, no benchmark was uncovered in the literature.  Similar process measures, such as the CQN Asthma Action Plan measure, have had success setting a goal of 90%, as the measure has increased to more than 80% in each phase of the project.	90%
Appropriate Treatment (Behavior Therapy)  <i>Process measure</i>	% of diagnosed patients who are prescribed behavior therapy	Related to CHIPRA Pediatric Quality Measures Program Centers of Excellence under grant number U18 HS20498.  Evaluates adherence to key action statement 5a/b/c of the AAP ADHD Guideline.	Target Population: All patients ages 4-17 years diagnosed with ADHD  Numerator: Number of ADHD patients who were prescribed behavior therapy minus patients who do not have access to behavior therapy.  Denominator: Number of patients who are diagnosed with ADHD minus patients who do not have access to behavior therapy.	Patients who do not have access to behavior therapy.	mehealth for ADHD portal	According to CDC data collected in 2009 and 2010, 44% of pediatric ADHD patients received behavior therapy. Participants will be tasked with identifying resources.  <a href="http://www.cdc.gov/ncbddd/adhd/features/adhd-keyfindings-treatment-special-needs-children.html">http://www.cdc.gov/ncbddd/adhd/features/adhd-keyfindings-treatment-special-needs-children.html</a>	80%



Measure Name/Type	Measure Definition	Source of Measure	Measure Calculation (Numerator/Denominator)	Measure Exclusion	Data Source/Collection Tool	Measure Benchmark	Measure Target/Goal (%)
Medication Titration Follow-Up  <i>Process measure</i>	% of patients whose medication initiation is followed up by Vanderbilt assessment scales from multiple sources within 30 days	Measure developed by project leadership to ensure patients are properly monitored after medication initiation. Evaluates adherence to key action statement 6 of the AAP ADHD Guideline.	Target Population: All patients ages 4-17 years diagnosed with ADHD  Numerator: Number of patients who: <ul style="list-style-type: none"> <li>Initiated ADHD medication at least 30 days ago</li> <li>Have Vanderbilt assessments completed across multiple settings (typically parent and teacher) within 30 days of medication initiation</li> </ul> Denominator: Number of patients who initiated ADHD medication at least 30 days ago	Patients not taking medication	NICHQ Vanderbilt assessment scale, mehealth for ADHD portal	According to NCQA, approximately 40% of pediatric ADHD patients receive follow-up care after treatment initiation.  <a href="http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents/ADHD.aspx">http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents/ADHD.aspx</a>	60%
Medication Maintenance  <i>Process measure</i>	% of patients whose medication maintenance is properly monitored by multiple sets of Vanderbilt assessment scales across multiple settings	Measure developed by project leadership to ensure patients on medications are properly monitored. Evaluates adherence to key action statement 4 of the AAP ADHD Guideline.	Target Population: All patients ages 4-17 years prescribed ADHD medication  Numerator: Number of patients who: <ul style="list-style-type: none"> <li>Initiated ADHD medication at least 180 days ago</li> <li>Have at least 2 Vanderbilt assessments each from a parent and a teacher within 180 days of medication initiation</li> </ul> Denominator: Number of patients who initiated ADHD medication at least 180 days ago	Patients not taking medication	NICHQ Vanderbilt assessment scale, mehealth for ADHD portal	According to NCQA 45-47% of pediatric ADHD patients receive follow-up care after treatment initiation. This rate varies slightly by type of insurance.  <a href="http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents/ADHD.aspx">http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents/ADHD.aspx</a>	60%

Measure Name/Type	Measure Definition	Source of Measure	Measure Calculation (Numerator/Denominator)	Measure Exclusion	Data Source/ Collection Tool	Measure Benchmark	Measure Target/ Goal (%)
Total Symptom Score (TSS) Reduction for Assessment-to-Treatment Patients – Parent  <i>Outcome Measure</i>	Average percent reduction in ADHD total symptom score, as rated by parent	NICHQ Vanderbilt assessment scale. The 25% threshold was developed by NICHQ.	Target Population: All patients ages 4-17 years diagnosed with ADHD  Average percent reduction in ADHD total symptom score from initial assessment to most recent follow-up assessment, as rated by parent	Patients who were not assessed in mehealth	NICHQ Vanderbilt assessment scale, mehealth for ADHD portal	Research has shown an approximate decrease of 40% in TSS, according to parent ratings, 3 months after initiation of treatment.  <a href="http://archpedi.jamanetwork.com/article.aspx?articleid=382770#RESULTS">http://archpedi.jamanetwork.com/article.aspx?articleid=382770#RESULTS</a>	25% reduction in TSS
Total Symptom Score (TSS) Reduction for Assessment-to-Treatment Patients – Teacher  <i>Outcome Measure</i>	Average percent reduction in ADHD total symptom score, as rated by teacher	NICHQ Vanderbilt assessment scale. The 25% threshold was developed by NICHQ.	Target Population: All patients ages 4-17 years diagnosed with ADHD  Average percent reduction in ADHD total symptom score from initial assessment to most recent follow-up assessment, as rated by teacher	Patients who were not assessed in mehealth	NICHQ Vanderbilt assessment scale, mehealth for ADHD portal	Research has shown an approximate decrease of 45% in TSS according to teacher ratings 3 months after initiation of treatment.  <a href="http://archpedi.jamanetwork.com/article.aspx?articleid=382770#RESULTS">http://archpedi.jamanetwork.com/article.aspx?articleid=382770#RESULTS</a>	25% reduction in TSS
Patients Registered  <i>Participation Measure</i>	Number of patients registered on the mehealth for ADHD portal each month	Designed by project leadership to measure meaningful participation.	Count of patients entered each month.	N/A	mehealth for ADHD portal	Goal is based on experience of previous CQN projects.	An average of 5 encounters in at least 9 of 11 data collection months.

### **Balancing Measures**

To ensure the changes made during the project were sustainable, it was important to consider the workload burden being placed on the practice team throughout implementation. The project surveyed the practices once an action period to monitor the morale of the practice teams. These surveys were administered through SurveyMonkey and results were reported qualitatively.