Pfizer Independent Grants for Learning & Change and American Academy of Family Physicians Request for Proposals (RFP)

Increasing Adult Pneumococcal Immunization Rates through AAFP State Chapters

I. Background

Pfizer and the American Academy of Family Physicians (AAFP) 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 in accordance with Advisory Committee on Immunization (ACIP) recommendations.

The mission of the American Academy of Family Physicians is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

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 grantee. 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 intent of this document is to encourage organizations with a focus in healthcare professional education and/or quality improvement to submit a proposal in response to a Request for Proposal (RFP) that is related to closing gaps in care in a specific disease state, therapeutic area, or broader area of educational need.

When a RFP is issued, it is posted on the Pfizer IGLC website (www.pfizer.com/independentgrants) in the Request for Proposals section. This RFP is also being distributed by AAFP.

II. Eligibility

Geographic Scope:	United States
Applicant Eligibility	This project is only open to State Chapters of the American
Criteria:	Academy of Family Physicians.
	More information on organizations eligible to apply directly for a grant can be found
	at http://www.pfizer.com/files/IGLC OrganizationEligibility effJul y2015.pdf .

III. Requirements

Date RFP Issued:	July 9, 2018
Clinical Area:	Adult Pneumococcal Vaccination Rates

Specific Area of Interest for this RFP:

It is our intent to support projects that focus on increasing immunization against pneumococcal disease in the older adult population. Applicants should design and plan to implement a quality improvement project; choosing interventions from the Adult Immunization Standards. While projects should address all steps, particular attention should be made to the "Recommend" step. The developed project should assist family physician practices in identifying barriers and developing interventions, strategies and system changes that may address barriers to increase adult pneumococcal immunization rates.

Only AAFP Chapters are eligible to apply. Selected Chapters will be required to send 2 representatives for a day long Kick-off Meeting at AAFP in mid-September and a day long Post-Project meeting after the project. At the Kick-off meeting, Chapters will present an overview of their project, and the projected goals. During the Post-Project meeting, Chapters will present project results along with the intervention, strategies and system changes identified. The travel associated with these meetings can be included in your grant budget.

AAFP will provide Grantees access to a Health Landscape map to identify pneumococcal vaccination rates at the state and local level as well as the online AAFP Adult Immunization Office Champions Quality Improvement model.

It is expected that projects will be evidence-based (education and/or quality improvement). During review the intended outcome of the project is given careful consideration and, if appropriate based on the project goal(s), projects with the maximum likelihood to directly impact patient care will be given high priority. All chapters will present their project and results during the AAFP FMX in 2019.

There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for grantees and patients may be entirely appropriate components in responses to this RFP, projects that include an overt description of system changes will be given high priority.

It is not our intent to support clinical research projects. Projects evaluating 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/iir.

Target Audience:	Healthcare clinicians and their practice team working to immunize adult patients, with a specific focus on adults 65 years and older and those populations in underserved areas.		
Disease Burden Overview:	Pneumococcal pneumonia has high incidence rates and carries a high mortality risk, especially in the elderly. Within the cluster of invasive pneumococcal diseases, pneumonia also represents the most common infectious source. Incidence and mortality rates of both non-invasive and invasive disease have changed as a result of pneumococcal vaccination in children. However, especially elderly patients with comorbidities remain vulnerable to morbidity and mortality caused by pneumococcal disease. ² In the US in 2013, there were an estimated 33,500 cases of invasive		
	pneumococcal disease and an estimated 3,500 deaths from the disease. ³		
Recommendations and Target Metrics:	 National Vaccine Advisory Committee's Standards for Adult Immunization Practices¹ 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 IID-13: Increase the percentage of adults who are vaccinated against pneumococcal disease CDC's Adult Immunization Schedules set national recommendations⁵. CDC's Recommended Vaccinations Indicated for Adults Based on Medical and Other Indications⁶ 		
Gaps Between Actual and Target, Possible Reasons for Gaps:	In 2015, the rate of pneumococcal vaccination coverage among adults aged ≥65 years was 63.6% overall ⁷ , falling short of the Healthy People 2020 goal of 90%. ⁴ Coverage was noted as higher in whites (68.1%) when comparted to 50.2% for blacks, 41.7% for Hispanics, and 49.0% for Asians. ⁷		

Barriers:	The National Vaccine Advisory Committee has identified a number of barriers to adult immunization. 1	
	Some barriers include:	
	 Vaccination remains a low priority for both physicians and patients ^{1,8} 	
	 Lack of awareness of current ACIP adult immunization guidelines ^{1,8,9} 	
	 Most adults are NOT aware that they need vaccines. ^{1,8,9} 	
	 Insufficient time spent communicating the benefits and risks of vaccines to patients⁹ 	
	Costs/Inadequate insurance coverage ^{1, 9}	
Current National Efforts to Reduce	Many efforts have been made to promote vaccination. Below are some examples of efforts made by various organizations.	
Gaps:	 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) The AAFP has posted tools and resources to help healthcare professionals implement the Standards for Adult Immunization Practice (https://www.aafp.org/patient-care/public-health/immunizations.html) 	
Expected	Individual Chapters may request up to \$100,000 to support their	
Approximate	quality improvement (QI) project. The total available budget related to	
Monetary Range of	this RFP is \$300,000.	
Grant Applications:		
	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.	

Key Dates: RFP Release Date: July 9, 2018 Proposals Due: August 17, 2018

Please note the deadline is midnight Eastern Time (New York,

GMT -5).

Anticipated Notification Date: August 30, 2018 **Kick-off Meeting:** week of September 17, 2018

Grants distributed following execution of fully signed Letter of Agreement. Letter of Agreement must be signed before Kick-off Meeting.

Project Period of Performance: December 2018 - March 2020

How to Submit:

Please go to <u>www.cybergrants.com/pfizer/loi</u> and sign in. First-time users should click "REGISTER NOW".

Select the following Area of Interest: Adult Pneumococcal Immunization QI

Requirements for submission:

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

For field name	Please upload
Letter of Intent	Full Proposal
LOI Additional Uploads	Budget
	(https://www.cybergrants.co
	m/pfizer/docs/BudgetTemplat
	<u>e2017.xls</u>)

See Appendix for details on requirements for the Full Proposal.

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 Pam Carter (PCarter@aafp.org) and Amanda Stein (amanda.j.stein@pfizer.com), with the subject line "Increasing Adult Pneumococcal Immunization Rates Through AAFP State Chapters."	
Mechanism by which	All applicants will be notified via email by the notification date	
Applicants will be	indicated above in the key dates section.	
Notified:		
	Applicants may be asked for additional clarification or to make a	
	summary presentation during the review period.	

References:

- National Vaccine Advisory Committee. Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. Public Health Reports. 2014; Volume 129 (115-123)
- J.J.C. Drijkoningen, G.G.U. Rohde, Pneumococcal infection in adults: burden of disease, Clinical Microbiology and Infection, Volume 20, Supplement 5, 2014, Pages 45-51, ISSN 1198-743X, https://doi.org/10.1111/1469-0691.12461.
- 3. Centers for Disease Control and Prevention. 2013. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2013. Available at http://www.cdc.gov/abcs/reports-findings/survreports/spneu13.html. Accessed June 1, 2018
- 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 May 17, 2018.
- CDC's Adult Immunization Schedules Available at: http://www.cdc.gov/vaccines/schedules/hcp/adult.html Accessed May 17, 2018.
- Recommended Immunization Schedule for Adults Aged 19 Years or Older by Medical Conditions and Other Indications, United States, 2018. Available at: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions-compliant.html Accessed May 17, 2018.
- 7. 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.ss6611a1
- 8. 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
- 9. 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 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: Proposal Submission Guidance

Proposals should be <u>single-spaced</u> using <u>Calibri 12-point font</u> and <u>1-inch margins</u>. Note there is a <u>10-page limit</u> in the main section of the proposal. **Proposals not meeting these standards will not be reviewed.** It is helpful to include a header on each page listing the requesting organization.

Proposal requirements will include the following sections:

- A. Cover Page (do not exceed 1 page):
 - 1. **Title**: Please include the project title, Grant ID number and main collaborators.
 - 2. **Abstract**: Please include an abstract summary of your proposal including the overall goal, target population, methods and assessment. Please limit this to 250 words.
- **B.** Main Section of the proposal (not to exceed 10 pages):
 - 1. **Overall Goal & Objectives:** Describe the overall goal for this project. Describe how this goal aligns with the focus of the RFP, the goals of the applicant organizations and the proposed project. List the **key** objectives and how they are intended to address the established need for this project.
 - 2. Current Assessment of need in target area
 - a. Describe the need for this project in your target area. Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis if appropriate. Describe the need for your project in terms of "what is" versus "what should be".
 - b. Please include quantitative baseline data summary, initial metrics (e.g., quality measures), or project starting point (please cite data on gap analyses or relevant patient-level data that describes the problem) in **your** target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed.
 - 3. Target Audience: Describe the primary audience(s) targeted for this project.
 - Describe the level of commitment from the potential participants including your plan for recruitment as necessary.
 - b. Demonstrate how the scope of your target audience has a potential to impact the goal established in this proposal.
 - c. Describe who will directly benefit from the project outcomes. Include in this description whom, beyond the primary target, would potentially benefit from the project in terms of this being a model for others to replicate or expand.

- 4. **Project Design and Methods:** Describe your project design and methods.
 - a. Include a description of the overall strategy, methodology and analysis linking them to the goal of the project.
 - b. Describe the way the project planned addresses the established need and produces the desired results.
 - c. Indicate how you will determine if the target audience was fully engaged in the project.
 - d. If your project includes the development of tools note if they be available publically at no cost.

5. Innovation

- a. Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
- b. 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.

6. Evaluation Design

- a. In terms of the metrics used to assess the need for this project, describe how you will determine if the practice gap was addressed for the target group.
 - Identify the sources of data that you anticipate using to make the determination.
 - Describe how you expect to collect and analyze the data.
 - Describe how you will determine if the results evaluated are directly related to the intervention described in this proposal
- b. Quantify the amount of change expected from this project in terms of your target audience (e.g., a 10% increase over baseline or a decrease in utilization from baseline between 20-40%)
- c. Describe how you plan for the project outcomes to be broadly disseminated.
- 7. **Detailed Workplan and Deliverables Schedule**: Include a narrative (which counts toward the10-page limit) describing the workplan and outlining how the project will be implemented over the 12-18 month period. Using a table format (no page limit), list the deliverables and a schedule for completion of each deliverable.

C. References (no page limit)

- **D.** Organizational Detail (not to exceed 3 pages)
 - Organizational Capability: Describe the attributes of the institution(s)/organization(s)/association(s) that will support and facilitate the execution of the project.
 - 2. Leadership and Staff Capacity: Include the name of the person(s) responsible for this project (PI/ project lead (PL) and/or project manager). The project manager, whether a current staff member or someone to be hired, is essential to the work outlined in your proposal. Demonstrate the PI/PL and project manager's availability, commitment, and capability to plan, implement, and evaluate the proposed project; describe how the project manager will oversee the project activities, including ensuring that tasks are accomplished as planned.
 - a. List other key staff members proposed on the project (e.g., healthcare provider champion, medical advisor, statisticians, IT lead, etc.), if relevant, including their roles and expertise. Please list out key staff for each institution/organization/association the specific role that they will undertake to meet the goals of this project.
 - b. When listing staff, please include staff first name, last name, professional credentials, and Country of Residence.
- **E. Detailed Budget** (Refer to/Complete **Budget Template**; no page limit for the Excel file or the narrative):

(Budget Template: https://www.cybergrants.com/pfizer/docs/BudgetTemplate2017.xls)

- Upload a detailed budget, using the Excel template provided. Applicants are expected to customize the budget for their proposal, adding additional details and deliverables as appropriate.
- 2. Provide **a written justification narrative** that contains a detailed explanation of each cost element proposed. Budget narratives should include 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.
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. This must be included in the total requested amount which is capped at {\$100,000}
 - 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.
- 4. Some examples of what awarded funds may **not** be used for are listed below:
 - 1. Office equipment (e.g., furniture, computers)
 - 2. Registration and travel costs for professional development meetings or courses not related to this project
 - 3. Health care subsidies for individuals
 - 4. Construction or renovation of facilities
 - 5. Therapeutic agents (prescription or non-prescription)

- 6. Food and/or beverages for learners and/or participants in any capacity
- 7. Lobbying
- Please note, the budget does need to include travel expenses related to attending the Kickoff and Post-Project meetings at AAFP. This should include airfare and hotel for two project staff.

F. Letter(s) of Commitment (no page limit):

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.

All required sections 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 main section.

Please note the formatting and page limit for the Proposal. A submission exceeding the page limit **WILL BE REJECTED** and **RETURNED UNREVIEWED**.