Pfizer Medical Education Group
Request for Proposals (RFP)
Pneumococcal Disease Prevention

I. Background

The mission of the Pfizer Medical Education Group is to accelerate the adoption of evidence-based innovations that align the mutual interests of the healthcare professional, patients, and Pfizer, through support of independent professional education activities.

The intent of this document is to encourage organizations with a focus in healthcare professional (HCP) education and/or quality improvement to submit letters of intent (LOIs) in response to a Request for Proposal (RFP) that is related to education in a specific disease state, therapeutic area, or broader area of educational need. The new RFP model is a two stage process: Stage 1 is the submission of the LOI. If, after review, your LOI is accepted, then you are invited to submit your full program proposal. Stage 2 is the submission of the Full Grant Proposal.

When an RFP is issued, it is posted on the Pfizer Medical Education Group website (www.Pfizermededgrants.com) as well as those of other relevant organizations and is sent via e-mail to internal lists of all registered organizations and users in our grants system.

II. Requirements

Date RFP Issued:	4/11/2012
Clinical Area:	Pneumococcal Disease Prevention
Specific Area of Interest for this RFP:	It is our intent to support a program focused on addressing the various barriers *[see Barriers]* related to adult pneumococcal immunization be they HCP-related (e.g., uncertainty about who is at risk), economic (e.g., lack of adequate reimbursement information), or systems-based (e.g., lack of standing orders). Every effort should be made to incorporate and or complement ongoing existing national efforts being made to address these barriers (*see examples in section: Current National Efforts to Reduce Gap*). Partnerships are encouraged when appropriate. Programs with the highest likelihood to directly impact patient care will be given the highest priority during review.

Disease Burden Overview:

In the US in 2010, there were an estimated 39,500 cases of invasive pneumococcal disease and an estimated 4,000 deaths from the disease.[1]

Age (years)	Cases No. (Rate*)	Deaths No. (Rate*)
<1	142 (31.4)	1 (0.22)
1	112 (24.6)	1 (0.22)
2-4	171(12.6)	2 (0.15)
5-17	111 (2.2)	1 (0.02)
18-34	261(3.7)	18 (0.26)
35-49	670 (10.3)	42 (0.65)
50-64	1,068 (19.5)	102 (1.86)
≥ 65	1,291 (37.0)	196 (5.61)
Total	3,826 (12.8)	363 (1.22)

*Cases per 100,000 population for ABCs areas
The surveillance areas represent 29,781,697 persons

It is estimated that each year pneumococcal pneumonia is responsible for the deaths of more than 16,000 adults aged greater than 50 years. It is also responsible for hundreds of thousands of outpatient visits and nearly 2 million hospital days each year.[2]

Recommendations and Target Metrics:

Healthy People 2010 Update

Objective: Decrease the incidence of invasive pneumococcal infections to 42 per 100,000 persons aged 65 and older.

Age (year)	2010 Objective	2010 Rate*
≥ 65	42/100,000	37/100,000

*Cases per 100,000 U.S. population < 5 years or ≥ 65 years

Healthy People 2020 Objectives[3]

Objective: Increase the percentage of adults vaccinated against pneumococcal disease

	Baseline (2008)	Target
Noninstitutionalized adults: ≥ 65 yrs	60%	90%
Noninstitutionalized high-risk adults: 18-64 yrs	17%	60%
Institutionalized adults: ≥18 yrs in long-term or nursing homes	66%	90%

Objective: Reduce the number of new cases of invasive pneumococcal infection to 31 per 100,000 persons aged 65 and older.

	Cases per 100,000 persons	
	Baseline (2008)	Target
Adults: ≥ 65 yrs	40.4	31

ACIP

Recommends pneumococcal vaccination[4,5] for

- All persons at age 65 (or older, if they have not received a dose since turning 65)
- Persons of other age groups with risk factors

Adult Quality Measures for Pneumococcal Vaccines

Organization	Measures
National Quality Measures Clearinghouse[6]	16
Physician Consortium for Performance Improvement[7]	4
2011 Physician Quality Reporting System[8]	2

Joint Statement of Medical Societies Regarding Vaccination by Physicians[9]

It is proposed that:
(1) Primary and subspecialty physicians should conduct immunization review at appropriate adult medical visits to educate patients about the benefits of vaccination and to assess whether the patient's vaccination status is current, referring to the Advisory Committee on Immunization Practices Adult Immunization Schedule.

	(2) When appropriate, physicians should provide or refer patients for recommended immunizations. (3) Physicians who administer vaccines should ensure appropriate documentation in the medical record. In addition, documentation of vaccination in other settings, patient refusal and any contraindications is advisable. The use of immunization registries and electronic data systems facilitates access to accurate and complete immunization data. (4) Physicians who refer patients for vaccination also should review and document the vaccination status of their patients whenever possible. (5) Consistent with the CDC Advisory Committee on Immunization Practices and multiple subspecialty organizations, physicians and their staff should be immunized consistent with CDC recommendations, with particular attention to annual influenza immunization.

Gaps Between Actual and Target and Possible Reasons for Gaps:	When the Healthy People 2010 target goal of 90% pneumococcal vaccination rates among those aged 65 and older were set in 1998 the baseline rate was 46%.[9] While this improved to 60% in 2008 when Health People 2020[2] was established it still fell short of the target of 90%. The rates vary from state to state as well as among racial groups. For example rates of 44% were recorded for blacks and 32% for Hispanics.[10] While there are many factors related to gaps in adult vaccination, the main reason hinges on the fact that vaccines have traditionally been a hallmark of pediatric as opposed to adult care.[11]
Barriers:	A number of barriers have been identified through educational provider reports.[11] **Systems Barriers**[12,13] • No system or structure for ensuring vaccination in adults • Lack or regular well-care visits for adults • Ever changing providers and medical plans • Care received from subspecialists who do not consider vaccinations their responsibility • Inconsistent reimbursement • Inadequate on hand supplies and storage difficulties **HCP Barriers** • Lack of awareness of current ACIP adult immunization guidelines[13] • Many patients fail to receive a recommendation from HCPs regarding adult vaccinations. [12,13,14,15] • Many HCPs do not assess immunization histories[16] • Lack of communication between specialties and PCPs regarding missing immunizations[16] • Lack of objective performance evaluation[13] **Patient Barriers** • Discrepancy between physician perception and patients' actual reasons for why they do not receive vaccinations[13,17] • Common myths related to immunizations[18] Two key strategies to overcome barriers to vaccine uptake have been documented • Strong Provider recommendation for vaccination[19,20] • Standing orders that allow nonphysicians to carry out vaccination responsibilities[19, 21-25]

Current National Efforts to Reduce Gaps	Many efforts have been made to promote adult vaccination. Below are some examples of efforts made by various organizations both public and private. Many more exist. • Substantial resources from the CDC, ranging from extensive reports on ACIP recommendations and practical Vaccine Information Statements to *The Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases*, patient-focused materials on frequently asked questions, and more (http://www.cdc.gov/vaccines/pubs/default.htm) • CDC Adult Immunization Schedule (www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm) • The American College of Physicians Adult Immunization Initiative includes a series of immunization related webinars as well as the ACO Guide to Adult Immunization (http://www.acponline.org/clinical_information/resources/adult_immunization/) • The American Medical Association provides a set of adult vaccine indication cards designed as a point-of-care toolkit (http://www.ama-assn.org/ama/pub/physician-resources/public-health/vaccination-resources/adult-vaccination.page) • The College of Physicians of Philadelphia created The History of Vaccines, an interactive website that chronicles the historical contribution of vaccines and antibodies to human health, explains the role of immunization in healthcare, and describes the work of pioneering vaccine researchers. (http://www.historyofvaccines.org/) • The Immunization Action Coalition created a complete guide, Adults Only Vaccination: A Step-By-Step Guide (http://www.immunize.org/guide/), that covers several competencies and includes provider and patient materials such as Standing Orders for Administering Pneumococcal Vaccine to Adults (http://www.immunize.org/catg.d/p3075.pdf) • The National Foundation of Infectious Disease hosts a number of resources tailored to specific vaccinations (http://www.nfid.org/index.html) as well as a patient focused educational website (http://www.adultvaccination.org/) • The National Network for Immunization Information (NNii) provides up-to-date, science-based information to healthcare professionals, the media, and the public: everyone who needs to know the facts about vaccines and immunization. (http://www.immunizationinfo.org/) • US Department of Health and Human Services patient focused educational site (http://www.vaccines.gov/)
Target Audience	Primary Care Providers and Internists
Geographic Scope:	☑ United States Only ☐ International (specify country/countries)_____

Applicant Eligibility Criteria:	Medical, dental, nursing, allied health, and/or pharmacy professional schools, healthcare institutions, professional associations and other not-for-profit entities with a mission related to healthcare improvement may apply. Collaborations between schools within institutions, as well as between different institutions/organizations/associations, are encouraged. Inter-professional collaborations that promote teamwork among institutions/organizations/associations are also encouraged.
Expected Approximate Monetary Range of Grant Applications:	Individual grants requesting up to $1,000,000 will be considered. The total available budget related to this RFP is $2,000,000. The amount of the grant Pfizer will be prepared to fund for any full proposal will depend upon Pfizer's evaluation of the proposal and costs involved and will be clearly stated in the grant approval notification.
Key Dates:	**RFP release date:** 4/11/2012 **Questions regarding the RFP are due**: 4/20/2012 **Responses to common questions will be posted on the PFE MEG RFP Web site:** 5/2/2012 **Letter of Intent due date**: 5/14/2012. **Anticipated LOI Notification Date:** 6/15/2012 **Please note, full proposals can only be submitted following acceptance of an LOI** **Full Proposal Deadline:** 7/23/2012. **Anticipated Full Proposal Notification Date:** 8/20/2012 **Anticipated award delivered following execution of fully signed LOA** **Period of Performance:** 9/2012 to 9/2014

How to Submit:	Submit LOIs online via the Pfizer Medical Education Group website www.pfizermededgrants.com Submit LOIs in the clinical area: LOI-RFP Pneumococcal Disease Prevention. In the Program Name Field, please include the reference "RFP Adult PDP 4/11/12" Requirements for submission: Complete all applicable sections of the online application and upload the completed LOI guidance template (*see Appendix A)* Note that only certain sections/questions of the application are applicable to the Letter of Intent submission.
Questions:	If you have questions, please submit them in writing so that if appropriate Questions and Answers can be posted on the website. Send questions to MedEdGrants@Pfizer.com with the subject line "RFP Adult PDP 4/11/12" Responses to common questions will be posted on the PFE MEG RFP Web site. Other communications may also be directed to the Education Director for this clinical area, Susan Connelly, via email (Susan.Connelly@pfizer.com).
Date Grant Award Decisions Will Be Made:	8/31/2012
Mechanism by Which Applicants will be Notified:	All applicants will be notified via email on or before 8/31/2012. Providers may be asked for additional clarification or to make a summary presentation during the review period.

References:

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2. Huang SS, Johnson KM, Ray GT, et al. Healthcare utilization and cost of pneumococcal disease in the United States. *Vaccine*. 2011;29:3398-3412.
3. US Department of Health and Human Services. Healthy People 2020 objectives. Available at: http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/Immunization.pdf. Accessed January 26, 2012.
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7. American Medical Association. Physician Consortium for Performance Improvement: Performance Measure Status Report. Available at: http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI. Accessed January 26, 2012.

8. Centers for Medicare and Medicaid Services. 2011 Physician Quality Reporting System (PQRS) Measures List. Available at: https://www.cms.gov/PQRS/Downloads/2011_PhysQualRptg_MeasuresList_033111.pdf. Accessed January 26, 2012.
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14. CDC. Reasons reported by Medicare beneficiaries for not receiving influenza and pneumococcal vaccinations--United States, 1996. *MMWR Morb Mortal Wkly Rep.* 1999;48:886-890.
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17. High KP. Overcoming barriers to adult immunization. *J Am Osteopath Assoc.* 2009;109(6 Suppl 2):S25-28.
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20. CDC. Adult immunization: knowledge, attitudes, and practices--DeKalb and Fulton Counties, Georgia, 1988. *MMWR Morb Mortal Wkly Rep.* 1988;37:657-661.
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III. Terms and Conditions

1. Complete TERMS AND CONDITIONS for Certified and/or Independent Professional Healthcare Educational Activities are available upon submission of a grant application on the Medical Education Group website www.Pfizermededgrants.com.

2. This RFP does not commit Pfizer to award a grant, or to pay any costs incurred in the preparation of a response to this request.

3. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel in part or in its entirety this RFP.

4. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means ensures transparency, such as on the Pfizer website, in presentations, and/or in other public media.

5. For compliance reasons and in fairness to all providers, all communications about the RFP must come exclusively to the Medical Education Group. Failure to comply will automatically disqualify providers.

6. Pfizer reserves the right to share the title of your proposed project, and the name, address, telephone number and e-mail address of the requestor for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations).

IV. Transparency

Consistent with our commitment to openness and transparency, Pfizer reports its medical educational grants and support for medical and patient organizations in the United States. In the case of this RFP, a list of all LOIs selected to move forward will be publicly disclosed. In addition, all approved full proposals, as well as all resulting material (e.g., status updates, outcomes reports etc) will be posted on the website.

Appendix A: Letter of Intent Submission Guidance

LOIs should be single spaced using Calibri 12-point font and 1-inch margins. ***Note that the main section of the LOI has a 3-page limit.***

LOIs will include the following sections

Main Section:

A. Project Title

B. Description of process, quality measure(s) or practice gap that will be implemented or improved

C. Quantitative baseline data summary, initial metrics, or project starting point (please cite data on gap analyses or relevant patient-level data that describes the problem)

D. Technical Approach: provide a program summary where you describe the development, implementation, dissemination, and evaluation of the project

E. Explain why you believe this project will make a unique and profound contribution to the field of pneumococcal disease prevention and what that contribution would be

F. Explain what measures you have taken to assure that this project idea is original and does not duplicate other programs or materials already developed. Describe how this initiative builds upon existing work, pilot projects, or ongoing programs, etc

G. Describe primary audience(s) who will directly utilize or benefit from the project outcomes and how the project outcomes might be broadly disseminated to the primary audience

H. Explain how the impact of the project outcomes might be evaluated both quantitatively and qualitatively

I. If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please note it in within the page limitations.

J. Project Timeline

K. Requested Amount

Organizational Detail (not to exceed 1 page)

Describe the attributes of the institutions/organizations/associations that will support and facilitate the execution of the project.

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Common Questions and Answers

Target Audience

The target audience states "primary care providers and internists." Many questions have been submitted related to this notation. Below are the most common questions and our response.

- **Is an inpatient target audience acceptable, or is the focus on ambulatory settings?**
  - The target audience listed as primacy care providers and internist is intended to represent the larger body of providers caring for adult patients in both inpatient and outpatient settings where immunization is recommended.
- **Please confirm that nurses are included in the target audience of your RFP.**
  - We have found that NPs and Pas are many times included in the audience of primary care providers. Our listing was not meant to exclude nurses as part of the target audience.
- **Are pharmacists acceptable as part of the target audience?**
  - Multidisciplinary initiatives that include a variety of HCPs including pharmacists will be considered. It is possible a future RFP may focus on pharmacists as a target audience. In that light pharmacists should not be the sole focus of the program in response to this specific RFP.
- **Are multiple credit types expected/anticipated for any certified components? (e.g., medicine, nursing, pharmacy, PA)**
  - If the proposed program contains certified continuing education it is expected that the credit offered matches the proposed target audience. This is expected to vary depending on the response submitted.

Patient Population

There were a number of questions related to various forms of segmentation.

- **Would a program aimed primarily at an area(s) of high disparities (eg, inner city or with racial disparities, other locations with disproportionate vaccination rates) be acceptable or not?**
  - Programs focusing on specific populations such as those with high disparities will be considered.
- **Will programs focusing on a specific sub-set of patients, such as immune-compromised patients, be considered?**
  - Requests that have appropriately documented the need for interventions in one sub-set of patients will be considered.

- **In focusing on "adults," is the preference to use age 18 (per Healthy People measures) or age 19 (per ACIP recommendations) as the starting age?**
  - The age of the patient population should be in line with main recommendations cited.
  - If the focus of the programming is on the general population the age range should be older adults.
  - If the focus of the programming is at-risk patients, such as immune-compromised patients, the age range is broader and would focus on all adults.
- **Would you like for the program to be primarily based on gaps provided by the RFP, or can there be a phase where gaps are identified and prioritized based on chart data provided by the participants?**
  - It is our expectation that applicants will assess the gaps independently and identify and prioritize those most relevant to their target population. A plan focused on gaps identified through chart data provided by the participants is appropriate.

Geographic Distribution

A number of questions focused on the size of the program. The RFP itself does not limit the size and requests of a broad range will be considered.

- **Would a state-specific program be acceptable or not? What about a regional program? National program? Local program?**
  - The geographic scope of this RFP is only limited to the United States. Programs with national, regional, state, or local focus will all be considered. The impact on patient care will be a deciding factor.
- **Pfizer has supported block grants in the past. The question is whether Pfizer would consider a proposal for this RFP where the provider would propose a block grant type project. All of the recipient projects would include the main aim of improving rate of pneumococcal immunization but each recipient would be able to propose independent projects with regard to type of activity, type of educational interventions and type of outcome evaluations.**
  - Block grants will still be considered as a format in response to RFPs in general and specifically in response to this RFP. It is possible that this format could not be appropriate for future RFPs.
    The concept behind a block grant as described does seem fitting for an issue that may have similar national needs but very local barriers. It should also be pointed out that we are considering a broad range of requests and will consider local programs with more limited budgets as well as larger program.
- **Is it more desirable to reach a limited number of learners with particularly low immunization rates and have a great impact on improving those rates; or, to reach a larger number of learners but have an overall smaller impact on raising rates?**
  - An interesting question, this is something that should be evaluated based on the needs of the specific population as well as the resources of the applicant. It is our hope that applicants will approach this in the way that best utilizes their resources to make the greatest impact on improving patient care.

Educational Partners

We received one question, in multiple formats, related to educational partners.

- **In reference to the Applicant Eligibility Criteria , can you clarify if is it acceptable for corporations (for-profit organizations) to be involved as partners as long as a not-for-profit organization directly submits the grant?**
  - Pfizer's policy regarding the elimination of all direct funding for CME/CE programs by commercial providers remains in effect. MECCs are not eligible to register and should continue to partner with other organizations on collaborative projects.

Timelines

- **Is the 9/2014 end date for the funding timeline or educational timeline (e.g., can program evaluation/final reporting extend beyond that date)?**
  - The final reporting can extend beyond 9/2014

Format and Layout

- **The RFP references Appendix B for instructions on creating the Cover Page, but Appendix B does not appear to be included or posted—where should I find it?**
  - The initial RFP released did refer to Appendix B for a Cover Page. This was eliminated from the version posted on the website. A cover page will be automatically generated upon submission.