

Pfizer Independent Grants for Learning & Change  
Request for Proposals (RFP)

Improving Health Outcomes in Atopic Dermatitis (AD) through Shared Decision-Making

**I. Background**

National Eczema Association is initiating this Request for Proposal (RFP) for interventions aiming to improve health outcomes of Atopic Dermatitis patients through improved patient-provider shared decision-making (SDM). This project is a multi-year endeavor being conducted in collaboration with Pfizer. National Eczema Association and Pfizer are not obligated to take any course of action as the result of this RFP. National Eczema Association and Pfizer are not responsible for any costs incurred by any recipient company or other companies engaged by the recipient in its RFP response process. National Eczema Association reserves the right to modify this RFP at any time and reserve the right to reject any and all responses to this RFP, in whole or in part, at any time.

**About National Eczema Association**

Founded in 1988, the National Eczema Association (NEA) is the sole patient advocacy organization serving people with eczema in the United States. NEA works to improve the health and quality of life for individuals with eczema through research, support, and education. In 2015, NEA created the Roadmap to Advocacy, a refreshed organizational vision that would unify and stand up for patients, to pull back the curtain on eczema, a long silent and under-served disease, by revealing that the disease not only damages the skin, but also breaks apart lives and still further, poses serious public health risks. The strategic priorities of the NEA Roadmap rest on five transformation keys; break through negative stereotypes to promote understanding of eczema and reduce burden of disease; equip medical practices for a new era in eczema care; promote new models of care to better leverage resources; support a research agenda of high-value/high-yield projects; and, advocate for accessible and affordable treatments for all eczema patients.

**About Pfizer's Global Medical Grants**

The mission of Global Medical Grants (GMG) is to partner with the global health care 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 grant recipient organization. Pfizer has no influence over any aspect of the funded projects and asks only 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 full proposal (FP) 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.

## II. Eligibility

Geographic Scope:	United States only
Applicant Eligibility Criteria:	<p>U.S. health care institutions, large and small; health care professional organizations and other organizations with a mission related to healthcare improvement; government agency partners with the capacity to reach patients with Atopic Dermatitis.</p> <p>More information on organizations eligible to apply directly for a grant can be found at <a href="http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf">http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf</a>.</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 a relevant role and the requesting organization must have a key role in the project.</p> <p>For programs offering continuing educational credit in any component, the requesting organization must be the accredited grantee.</p>

## III. Requirements

Date RFP Issued:	January 22, 2018
Clinical Area:	Atopic Dermatitis (AD)
Project Need:	<p>Shared decision-making is a process through which the clinician and patient engage in a dialogue to reach health-related decisions that reflect best available evidence as well as preferences and values. (Lee, 2013) As part of this process, the clinician facilitates discussion around options for care plans and seeks to clarify patient preferences about which option best fits their values and circumstances.</p> <p>Although patients appear to embrace a more active role in the medical decision-making process, their actual role is often somewhat less than their preferred role during clinical encounters. Healthcare providers, although stating a degree of being receptive towards SDM, report being unsure of what domains provide the most benefit or are frustrated at a perceived limited value. (Thompson-Leduc, 2015; Durand, 2017)</p> <p>Unfortunately, little is known about how patients choose between options--an important barrier to true shared-decision making. How do patient's values influence decision making and what trade-offs are considered in the context of decision making? (Staveley, 2015)</p> <p>These conversations are facilitated with trust and are often ongoing as the patient's life and disease-course change. The impetus behind expanding the patient voice has evolved from requirements of the new Merit-Based Incentive Payment System or MIPS, part of the Medicare Access and CHIP</p>

	<p>Reauthorization Act or MACRA. Although recognized by legislators and clinical practice guidelines as a key component of patient-centered care, evidence that it improves certain outcomes (such as patient knowledge, satisfaction, participation in decision-making, among others), and availability of existing shared decision-making tools for AD (Therapeutic patient education or TPE), shared decision-making is not routinely implemented into practice.</p> <p>Barriers to implementation may include lack of awareness and/or access to existing tools, lack of time, lack of physician skills and training in shared decision making, lack of patient interest or ability to participate in decision-making, and a lack of clarity around when shared decision making is appropriate, in addition to the practical or operational challenges of implementing shared decision-making into busy clinical workflows.</p> <p>To address the issue, and overcome potential barriers, NEA has issued an RFP to engage clinicians with NEA’s shared decision-making platform. The NEA SDM platform in development is a dynamic and integrated hub for the patient and provider community. It provides patients with web-based checklists, action plans and decision aids in a reportable platform. Using the platform to support provider/patient interaction may lead to greater understanding of the barriers related to optimal implementation of SDM.</p> <p>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 <a href="http://www.Pfizer.com/iir">www.Pfizer.com/iir</a>.</p>
<p>Areas of Exploration:</p>	<p>For the purposes of the RFP, applicants are encouraged to design programs or initiatives that explore or address gaps in adoption of shared decision making and specific gaps identified throughout term of proposed project.</p> <p>The NEA SDM platform will provide insights into patient-centered values, prioritization of those values, and the burden hierarchy (representative sample, not limited to):</p> <ul style="list-style-type: none"> <li>• Relationships and social behavior</li> <li>• Mental health/coping with challenges of living with atopic dermatitis</li> <li>• Other social issues and challenges related to atopic dermatitis</li> <li>• Current treatment regimens</li> <li>• Quality of life</li> <li>• Symptom intensity</li> <li>• Functional limitations</li> <li>• Risk/benefit analyses of different treatment options, including effectiveness, potential side effects or harms, lifestyle factors, patient values and preferences, affordability, etc.</li> <li>• Decision based trade-offs and discrete choice experiment scenarios</li> </ul> <p>To support the use of the platform, applicants are strongly encouraged to</p>

	<p>identify and explore one or more of the following issues and opportunities within their proposed project:</p> <ol style="list-style-type: none"> <li>1. Discuss and evolve provider side interventions that can impact AD specific health outcomes.</li> <li>2. Determine preferred time to deliver shared decision-making interventions? (e.g. pre-visit vs. in-visit vs. post-visit vs. combination)</li> <li>3. How should shared decision-making education occur? (e.g. interventions targeting both patients and providers at the same time vs. those that focus solely on patients or solely on physicians)</li> <li>4. How can shared decision-making be personalized and/or targeted? (e.g. consideration of risk prediction models, identifying where the patient is in their life and care with Atopic Dermatitis [i.e., the patient journey], consideration of how interested and/or confident a patient is in becoming involved in the decision-making process, consideration of the patient’s literacy level and numeracy level, etc.)</li> <li>5. What policies, procedures, incentives, or interventions can be used to increase shared decision-making adoption rates among healthcare providers?</li> <li>6. What are the specific trade-offs and discrete choices made at the point of care from both the clinician and patient perspective?</li> <li>7. What incentives or interventions can be used to increase a patient’s willingness or confidence to engage in shared decision-making?</li> <li>8. Limit the use of intervention level pre-activity and post-activity recall. Preference will be given for robust analytic frameworks that measure behavior in clinical environments, discrete choice activities, or decision analysis in relevant care scenarios applicable to clinical practice.</li> </ol>
<p>Specific Area of Interest:</p>	<p>Successful applications will address the areas identified in the survey and consider the issues highlighted above. Examples of possible projects include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. The creation of novel clinician tools or resources to facilitate shared decision-making conversations in AD</li> <li>2. Studies examining the implementation of clinical co-management tools and resources, including examination of effectiveness, barriers to implementation, and strategies for widespread dissemination and implementation (within an institution and outside an institution), if appropriate</li> <li>3. Data strategies that limit the use of intervention level pre-activity and post-activity recall in favor of robust analytic frameworks that measure behavior in clinical environments, discrete choice activities, or decision analysis in relevant care scenarios applicable to clinical practice.</li> <li>4. Studies examining the integration of MIPS or other value-based reporting resource that might leverage the NEA SDM Platform.</li> </ol>

5. Studies examining the effectiveness and implementation of shared decision-making clinician training programs such as AHRQ’s SHARE approach (<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>) and 5 essential steps of shared decision making or instruments such as The Observing Patient Involvement in Decision Making Instrument (OPTION) (Couet, N et al) are relevant resources for reference and potential inclusion.

*Example of potential frameworks for engagement:*  
<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>



Using an expert panel, National Eczema and an external review panel will select two projects for funding by late August 2018.

Expected Approximate Monetary Range of Grant Applications:

Individual projects requesting up to \$500,000 will be considered. The total available budget related to this RFP is \$1M.  
 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: January 22, 2018  
 WebEx guidance discussion to answer focused queries regarding scope and direction of submission: February 2018 (date to be announced)  
 Letter of Intent (LOI) Submission due date: March 2, 2018  
 Please note the deadline is midnight Eastern Time (New York, GMT -5).  
 Review of LOIs by External Review Panel: April 2018  
 Full Proposal Deadline: June 1, 2018  
 Full Proposals by External Review Panel: July 2018  
 Anticipated Notification Date: August 20, 2018

	<p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: On or after October 1, 2018.</p>
How to Submit:	<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: Atopic Dermatitis Shared Decision-Making</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix).</p> <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>
Questions:	<p>If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Amanda Solis (<a href="mailto:amanda.solis@pfizer.com">amanda.solis@pfizer.com</a>), with the subject line "AD Shared Decision Making RFP" or send an e-mail to Lisa Butler at the National Eczema Association at <a href="mailto:lisa@nationaleczema.org">lisa@nationaleczema.org</a>.</p>
Mechanism by which Applicants will be Notified:	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

#### **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: Letter of Intent Submission Guidance**

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 3-page limit in the main section of the LOI. ***LOIs not meeting these standards will not be reviewed. It is helpful to include a header on each page listing the requesting organization.***

LOIs should include the following sections

Main Section (not to exceed 3 pages):

- A. Title
- B. Project Classification
  1. There are multiple project types that are eligible for funding through this RFP. Please indicate which of the following best represents your project. More information on these classifications can be found in the [Decision Matrix](#) posted on the [Tips & Templates](#) tab the IGLC website.
    - Dissemination and Implementation (D&I) Research
    - Quality Improvement
    - Education or Educational research
  2. Background Information
    - It is expected that D&I research projects follow generally accepted principles. For all research projects the institution(s) must agree to assume all responsibilities as sponsor of the study as outlined in the proposal. These are listed in the [RFP Terms and Conditions](#) (specifically, term #9).
      - At the time of approval of a full proposal, applicants will be required to sign a research contract, submit IRB approval and a research protocol.
    - Quality improvement projects should be described in terms of generally accepted principles of improvement science such as those described by the IHI model for improvement or LEAN.
      - At the time of approval of a full proposal, applicants will be required to sign a letter of agreement.
    - Educational projects should be planned using generally accepted principals of adult learning. More information on principals of learning and behavior change for health professionals can be found at [www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange\\_AFewPrinciples.pdf](http://www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf).
      - At the time of approval of a full proposal, applicants will be required to sign a letter of agreement.
- C. Goal and Objectives
  1. 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).
  2. 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.
- D. Assessment of Need for the Project

1. 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 was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information. The RFP includes a national assessment of the need for the project. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis, if appropriate.
- E. Target Audience
1. 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
- F. Project Design and Methods
1. Describe the planned project and the way it addresses the established need.
  2. If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.
- G. Innovation
1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
  2. 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.
- H. Evaluation and Outcomes
1. 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.
  2. Quantify the amount of change expected from this project in terms of your target audience.
  3. Describe how the project outcomes will be broadly disseminated.
- I. Anticipated Project Timeline
- J. Requested Budget
1. 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.
  2. The budget amount requested must be in U.S. dollars (USD).
  3. While estimating your budget please keep the following items in mind:
    - 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.

- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- It should be noted that grants awarded through IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.

K. Additional Information

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

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 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.

Please note that any project partners listed in this section should also be listed within the online system. Tax-IDs of partner organizations will be requested when entering this information. If a partnership is only proposed, please indicate the nature of the relationship in the Organizational Detail section of your LOI.

**LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and a 1-page limit for organizational detail.** If extensive, references may be included on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

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 the main section of the LOI.

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED** and **RETURNED UNREVIEWED**.*

**Resources:**

Assessments of the extent to which health-care providers involve patients in decision making: a systematic review of studies using the OPTION instrument. Couët N, Desroches S, Robitaille H, Vaillancourt H, Leblanc A, Turcotte S, Elwyn G, Légaré F. *Health Expect*. 2015 Aug;18(4):542-61. doi: 10.1111/hex.12054. Epub 2013 Mar 4. Review.

Assessing medical student knowledge and attitudes about shared decision making across the curriculum: protocol for an international online survey and stakeholder analysis. Durand MA, Yen R, Barr PJ, Cochran N, Aarts J, Légaré F, Reed M, James O'Malley A, Scalia P, Painchaud Guérard G, Elwyn G. *BMJ Open*. 2017 Jun 23;7(6):e015945. doi: 10.1136/bmjopen-2017-015945.

More primary care patients regret health decisions if they experienced decisional conflict in the consultation: a secondary analysis of a multicenter descriptive study. Becerra-Perez MM, Menear M, Turcotte S, Labrecque M, Légaré F. *BMC Fam Pract*. 2016 Nov 10;17(1):156.

We need more guidance on shared decision making. Staveley I, Sullivan P. *Br J Gen Pract*. 2015 Dec;65(641):663-4. doi: 10.3399/bjgp15X688045.

Shared Decision Making and the Use of Decision Aids. Härter M, Buchholz A, Nicolai J, Reuter K, Komarahadi F, Kriston L, Kallinowski B, Eich W, Bieber C. *Dtsch Arztebl Int*. 2015 Oct 2;112(40):672-9. doi: 10.3238/arztebl.2015.0672.

Shared decision-making behaviours in health professionals: a systematic review of studies based on the Theory of Planned Behaviour. Thompson-Leduc P, Clayman ML, Turcotte S, Légaré F. *Health Expect*. 2015 Oct;18(5):754-74. doi: 10.1111/hex.12176. Epub 2014 Feb 16. Review.

Core competencies for shared decision making training programs: insights from an international, interdisciplinary working group. Légaré F, Moumjid-Ferdjaoui N, Drolet R, Stacey D, Härter M, Bastian H, Beaulieu MD, Borduas F, Charles C, Coulter A, Desroches S, Friedrich G, Gafni A, Graham ID, Labrecque M, LeBlanc A, Légaré J, Politi M, Sargeant J, Thomson R. *J Contin Educ Health Prof*. 2013 Fall;33(4):267-73. doi: 10.1002/chp.21197.

Exploring patient values in medical decision making: a qualitative study. Lee YK, Low WY, Ng CJ. *PLoS One*. 2013 Nov 25;8(11):e80051. doi: 10.1371/journal.pone.0080051. eCollection 2013.