

**Bristol-Myers Squibb Independent Medical Education and
Pfizer Medical Education Group**

**Global Request for Proposals (RFP) –
Stroke Prevention in Atrial Fibrillation (AFIB)**

Therapeutic Area	Atrial Fibrillation
Education Goals	<ul style="list-style-type: none"> • To provide professional education programs and remove system barriers so that physicians and other healthcare providers can appropriately initiate anticoagulation in eligible patients • To improve the adherence and optimal use of anticoagulation, once initiated
Geographic Scope:	The primary areas of interest for this RFP are Asia, Latin America, South America, and Europe. Grant proposals may be submitted from anywhere in the world including the United States, but should have a global or non-US focus.
Applicant Eligibility Criteria:	<p>Accredited hospitals and clinics, healthcare institutions, academic medical centers, professional associations, member societies and other not-for-profit entities.</p> <p>The eligible applicant, accredited provider, and, if applicable, a medical education company or other third party vendors executing the project are expected to comply with current ethical codes and regulations. They must have a conflict-of-interest policy in place and identify and/or resolve all personal conflicts of interest from planners, presenters or staff developing the content of the activity prior to delivery of the program to the healthcare audience. They must have an adequate firewall in place if they are performing promotional activities and providing/accrediting independent medical education.</p>
Grant Request Amounts:	<p>Individual grant requests up to a maximum of \$1,000,000 will be considered, however smaller projects (in the approximate range of \$100K to \$300K) are preferred.</p> <p>Submit requests in U.S. dollars.</p>
Deadline to Apply:	Friday, October 19, 2012 by 5 PM EST

How to Submit:	<p>Submit grant applications via the Bristol-Myers Squibb Independent Medical Education Group website at:</p> <p>https://www.grantrequest.com/SID_492/Default.asp?CT=CT&SA=SNA&FID=35117</p> <p>In the beginning of the title of the application, please include the words “2013 Global AF RFP”</p>
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I. Background and Clinical Area Description

The goal of this RFP is to provide independent grant support to organizations working to address the educational needs of healthcare professionals in order to increase adherence to evidence-based guidelines for stroke prevention in patients with atrial fibrillation. Studies show that patients with atrial fibrillation and a high risk for stroke are not being provided adequate anticoagulation. Specifically, the clinical area goals for the RFP are to:

- Provide professional education programs and remove system barriers so that physicians and other healthcare providers can appropriately initiate anticoagulation in eligible patients
- Improve the adherence and optimal use of anticoagulation, once initiated

Clinicians around the world rely on different accepted guidelines for the standard of care. Local protocols and regional standards of care may vary. Examples of current relevant guidelines include:

2012 focused update of the ESC Guidelines for the management of atrial fibrillation. An update of the 2010 ESC Guidelines for the management of atrial fibrillation Developed with the special contribution of the European Heart Rhythm Association published by Camm AJ et al. *Eur Heart J*. 2012 published online Aug 24, 2012: doi:10.1093/eurheartj/ehs253.

2011 ACCF/AHA/HRS Focused Update on the Management of Patients With Atrial Fibrillation (Updating the 2006 Guideline) published by Fuster V et al. *Circulation*. 2011; 123:e269-e367)

2010 ESC Guidelines for the management of atrial fibrillation published by Camm AJ et al. *Eur Heart J*. 2010;31(19):2369-2429)

In order to assess gaps in care and the impact of educational interventions, organizations may choose to use performance measures based on evidence-based guidelines. Measures can be chosen and targeted at an organization-level. However, one resource for nationally accepted measures in the United States is the National Quality Measures Clearing House (<http://www.qualitymeasures.ahrq.gov/index.aspx>). Examples of performance measures found on this site are:

Stroke: percent of ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. 2010 Apr. NQMC:006107

Atrial fibrillation (AF) and atrial flutter: percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter at high risk for thromboembolism who were prescribed warfarin during the 12 month reporting period. 2007 Dec. NQMC:004004

These are examples only and are intended to illustrate the importance of measurement in any proposal submitted in response to this RFP.

II. Types of Proposals Requested

The goal of this RFP is to support strategic initiatives or “change plans” designed to improve the competence and performance of primary care physicians, general practitioners, and other relevant healthcare professionals involved in the care of patients with AFIB.

Initiatives should be based upon real-world data, whether from patient registry data or from electronic medical records, or from chart audit and practice-level observation.

In addition to focusing on individual physician and healthcare providers, this RFP recognizes the role that systems-factors play in the quality of patient care. Healthcare system issues can potentially limit the opportunity for optimal care to be delivered. (See Figure 1). Therefore, “change plans” can and should include efforts to assess and change systems and processes that may be barriers to optimal care.



Figure 1. Acknowledgement Robert D. Fox, EdD

Respondents to this RFP should have assessed their system of care and have a plan for further detailed assessment. They should be able to describe the quality gaps or problems in practice that exist and describe what they will do to close these gaps or problems, through medical education and other means. A “gap” is considered to be the difference between what is currently happening and what should be happening to meet the highest optimal standard of care. Gaps may be in the role of individual contributors meaning the ability or competencies of the healthcare professionals themselves. Also, the gaps may be in the abilities of the systems in which they work to promote or allow proper treatment, for example in unclear transitions of care, limitations in order sets, or re-imburement issues.

Assessment should include an analysis of the barriers to optimal care. This may include barriers at the individual clinical level in terms of motivation, attitudes and readiness to learn and change as well as barriers at the system level.

Proposals should include a plan for identifying appropriate measures and metrics in order to understand the current care, to measure results, and know whether or not the project or intervention has worked. Measures and metrics may be used at multiple stages of an initiative. For example, an education component of an initiative may be assessed by determining whether the knowledge of participants increased, but the overall initiative may ultimately be measured in terms of impact to patient care.