Pfizer Independent Grants for Learning & Change, New Jersey Academy of Family Physicians and Physicians’ Institute for Excellence in Medicine

Request for Proposal (RFP):
Improving Adult Pneumococcal Immunization Rates – Replicating A Successful Model

Section 1: Background
This Request for Proposal (RFP) is issued by the Pfizer Independent Grants for Learning & Change (IGLC). The mission of Pfizer IGLC is to accelerate the adoption of evidence based innovations that align the mutual interests of healthcare professionals, patients, and Pfizer, through support of independent professional education activities. The term “independent” means the initiatives funded by Pfizer IGLC are the full responsibility of the recipient organization. Pfizer IGLC has no influence over any aspect of the initiatives, and only asks for reports about the results and impact of the initiatives in order to share them publicly.

Pfizer IGLC is collaborating with the New Jersey Academy of Family Physicians (NJAFP) and the Physicians’ Institute for Excellence in Medicine, a subsidiary of Medical Association of Georgia (Physicians’ Institute), to improve pneumococcal immunization rates in adults by replicating a successful model developed and managed by NJAFP. The intent of this document is to encourage organizations with a focus in primary care professional education or services to submit proposals in response to this RFP. This RFP will require only the full grant proposal and not a Letter of Intent (LOI).

Pfizer IGLC’s expectation is that applicants will have an identified need, a hypothesis illustrating that the proposed project will improve pneumococcal immunization rates, and the commitment to replicate the NJAFP model, that includes measuring the project’s impact. Grantees will send representatives to two pre-scheduled project meetings (June 22, 2016 and June 21, 2017) and will assume responsibility for recruiting and managing 10 primary care practices to complete a project to improve pneumococcal immunization rates.

Section 2: Sponsor and Co-sponsor
The sponsor and funder of this RFP is Pfizer IGLC. The co-sponsors of this RFP are NJAFP and the Physicians’ Institute. Both co-sponsors have significant experience in the design, development, implementation and management of educational initiatives and grants. Both co-sponsors have education as priorities in their missions, experience in interdisciplinary and interprofessional continuing education, and share a common goal of improving physician practice systems and patient outcomes.

Section 3: NJAFP Pneumococcal Immunization Model
The goal of the NJAFP Pneumococcal Immunization project (completed in 2015 and funded via an independent grant from IGLC) was to address the obstacles that limit eligible adult patients from receiving pneumococcal vaccination, thereby increasing the number of eligible New Jersey residents who were vaccinated and improving the health and well-being of those residents and the public, while reducing healthcare costs through preventing avoidable pneumococcal-related hospitalization and emergency department visits.
The NJAFP project methodology included collecting baseline and re-measurement data from the participating practices in the intervention group. This data comprised the total number of patients seen at the practice 19 years of age and older who were eligible to receive a pneumococcal vaccination (based on evidence-based guidelines), and the number of eligible patients in that age range that had received a pneumococcal vaccination during the defined period. NJAFP provided an educational curriculum aimed at reducing the perceived obstacles to offering and/or administering the available FDA-approved pneumococcal vaccinations. NJAFP also contracted with an independent review vendor to distribute surveys to a group of participating providers, as well as a nonparticipating (i.e., control) group. (For this initiative, NJAFP will support the evaluation). Quantitative analysis was used to determine the percent change in vaccination rates among eligible patients from the participating practices. Qualitative analysis was used to determine the impact that the educational interventions had on the overall mindset of participating providers, and any change in perceived obstacles to administering pneumococcal vaccinations, as well as the effect that access to community partners had practice on day-to-day practice administration related to pneumococcal vaccination.

Increases were seen in pneumococcal vaccination rates for practices in the intervention group in both age groups: patients aged 19 to 64 years of age and those 65 years or older. In the first age group, there was a 22.7% increase from baseline. In the second age group, there was a 22.5% increase from baseline. Qualitative data analysis demonstrated overall improvement across project variables, including that participating providers were more likely than nonparticipants to: 1) identify appropriate patients to receive pneumococcal vaccines; 2) be knowledgeable about recommended vaccination schedules; and 3) communicate with other local healthcare providers to coordinate care related to pneumococcal vaccinations. In addition, providers responded that they were more consistent with vaccination documentation in their EHRs, in more frequent contact with community resources regarding vaccination of their patients, and more consistent about monitoring vaccination rates in their practice.

Specific guidance regarding implementation requirements in order to replicate the previous project will be provided to all grantees by NJAFP faculty. To view the detailed final report from the previous project, please click here.

Section 4: Objectives
The key objectives of this initiative are to:

1. Increase adult pneumococcal immunizations by at least 5% by implementing practice protocols to identify, address and overcome physician and patient barriers contributing to low immunization rates;
2. Develop and expand activities across vaccine provider and healthcare settings to foster communication and coordination of adult pneumococcal immunization by creating a patient-centered medical community;
3. Identify and implement interventions to address and overcome financial barriers for health care providers and patients related to adult pneumococcal vaccinations; and
4. Disseminate previously developed information via publications and presentations, and an online Toolkit containing materials, resources and information to increase pneumococcal immunization rates, in addition to developing new materials based on the program and region

Section 5: Scope
This RFP will support initiatives that are committed to replicate and evaluate the NJAFP model for improving pneumococcal immunization rates.
Organizations selected to participate will receive funding, consulting services, and will be required to participate in two facilitated in-person meetings (June 22, 2016 and June 21, 2017). Following notification of selection, grantees will be expected to:

1. Select 2-3 members of the grantee organization to participate in a one-day live training focusing on the NJAFP model and quality improvement techniques. Trainees will later serve as “guides” to the participating practices. Transportation expenses for the training will be covered through a separate administrative budget; they will not be taken out of the grant funds. **Training Date is June 22, 2016 – Save the Date. Location TBD.**

2. Recruit and select 10 primary care practices with EHR data reporting capability to engage in the project, which will last up to 12 months.

3. Participate in on-going consultation, in the form of teleconferences.

4. Guide the practices, with the assistance of NJAFP faculty, through their “Pneumococcal Immunization” project. Provide support and management to the physician practices during the initiative, as they conduct their performance improvement projects and collect the data for outcomes analysis.
   a. Conduct three live learning sessions for practices throughout the 12-month period.

5. Grant funds may be used for additional learning experiences, to purchase additional consultant assistance, to fund practice coaches or for other education and facilitation-related expenses. Up to 28% of the grant may be allocated for general administrative expenses. In compliance with Pfizer IGLC policy, no grant funds may be used for food and beverage expenditures. No grant funds may be used to pay for patient treatment or for any treatment-related items.

6. Grantees will be asked to participate in an overall project evaluation.
   a. NJAFP will provide training and support for the evaluation component during the June 22, 2016 Training Session.

7. Send 2-3 representatives to final convocation to present outcomes, best practices, and shared learnings. Travel expenses will be covered. **Final Convocation Date is June 21, 2017 – Save the Date. Location TBD.**

**Section 6: Grant Applicants**

For this initiative, eligible organizations include, but are not limited to, primary care professional societies and associations. Grantees will receive funding for their project and will be required to participate in a facilitated collaborative experience described in Section 5.

**Section 7: RFP Key Information**

<table>
<thead>
<tr>
<th>Geographic Scope</th>
<th>United States</th>
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<tbody>
<tr>
<td>Specific Area of Interest</td>
<td>To improve pneumococcal immunization rates in adults by replicating a successful model</td>
</tr>
<tr>
<td>Applicant Eligibility Criteria</td>
<td>Organizations with a focus in primary care professional education or services</td>
</tr>
</tbody>
</table>
### Target Audience
Primary care providers and their teams

### Grant Awards
Individual grant requests should not be more than **$200,000**

### Key Metrics
Pneumococcal Immunization Rates

### Key Dates/Deadlines
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP Released</td>
<td>March 11, 2016</td>
</tr>
<tr>
<td>Proposals Due</td>
<td>April 15, 2016*</td>
</tr>
<tr>
<td><em>Please note the deadline is midnight Eastern Time (New York, GMT -5).</em></td>
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</tr>
<tr>
<td>Notification of Decisions</td>
<td>on or about May 27, 2016</td>
</tr>
<tr>
<td>Grantee Training Meeting</td>
<td>June 22, 2016</td>
</tr>
<tr>
<td>Grantee Final Meeting</td>
<td>June 21, 2017</td>
</tr>
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</table>

### How to Submit

Please go to the website at [www.pfizer.com/independentgrants](http://www.pfizer.com/independentgrants) and click on the button “Go to the Grant System”. Registered users should select the LOI link under Track 1 – Learning & Change.

If this is your first time visiting this site you will be prompted to take the Eligibility Quiz to determine the type of support you are seeking. Please ensure you identify yourself as a first-time user.

Select the following Area of Interest: **Adult Pneumococcal Immunization**

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:

<table>
<thead>
<tr>
<th>For Field Name</th>
<th>Please upload:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of Intent</td>
<td>Full Proposal</td>
</tr>
<tr>
<td>LOI Additional Required Uploads</td>
<td>Budget</td>
</tr>
</tbody>
</table>

### Questions
If you have questions regarding this RFP, please direct them in writing to the Grant Officer for this clinical area, Amanda Stein, Amanda.J.Stein@pfizer.com with the subject line, “Adult Pneumococcal Immunization”

### Mechanism by which Applicants will be Notified
All applicants will be notified via email by the dates noted above. Applicants may be asked for additional clarification during the review period.

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**Full Proposal Submission Guidance**

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

Proposal requirements will include the following sections:

A. **Cover Page** (do not exceed 1 page):
   1. **Title**: Please include the project title and main collaborators.
   2. **Abstract**: Please include an abstract summary of your proposal including the overall goal, target population, and assessment. Please limit this to 250 words.

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

C. **Main Section of the proposal** (not to exceed 10 pages):
   Because this RFP is limited to replicating an existing model, some of the usual questions are not necessary. Grantees will receive training regarding the design and evaluation for this project. Refer to the [NJAFP Final Report](#) for background information.
   1. **Current Assessment of need in target area**
      a. Discuss the Burden of Invasive Pneumococcal Disease (IDP) in your community and state. Provide information on Pneumococcal Disease Rates and Pneumococcal Immunization Rates.
   2. **Target Audience and Recruitment**:
      a. Describe the primary audience(s) targeted for this project.
      b. Describe your recruitment plan for engaging ten practices to participate in the project.
      c. Describe the level of commitment from the potential participants.
      d. Describe who will directly benefit from the project outcomes. Include in this description who, beyond the primary target, would potentially benefit from the project in terms of this being a model for others to replicate or expand.
   3. **Project Leadership**:
      a. Identify the project leader for this project.
      b. Identify staff who will serve as guide/coach for the practices.
      c. Confirm that the identified project leader/staff are able to attend both the live training session and convocation (June 22, 2016 and June 21, 2017)
   4. **Existing Projects**:
      a. If appropriate, 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.
   5. **Dissemination of Results**:
      a. Describe how you plan for the project outcomes to be disseminated at the local/regional level.

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

E. **Organizational Detail** (not to exceed 3 pages)
1. **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, recruit practices, and manage 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, 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.

   c. **NOTE Regarding Proposed Speakers:** Pfizer shall not provide funding of CME when Pfizer has knowledge at the time of the decision to fund CME that a proposed CME faculty member has conducted a promotional speaking engagement on similar topic(s) on behalf of Pfizer in the past 12 months.

F. **Detailed Budget** (Complete Budget Template; no page limit for the Excel file or the narrative):

A sample budget has been provided at the end of this RFP (Appendix A) to assist applicants in developing their own budgets. In order to successfully replicate the project the following items should be accounted for in your budget:

- Salaries of project staff
- Costs associated with conducting 3 separate full-day live learning sessions for the 10 participating practices with an average of 3 people in attendance from each practice at each session.
  - Faculty honoraria and travel for live learning sessions including one or possibly two per session
  - Meeting materials and AV equipment
- Costs associated with conferencing tools to communicate with practices throughout process
- Costs associated with accreditation (if choose to accredit learning sessions)
- Practice stipends for participating practices

1. **Upload a detailed budget, using the Excel template which can be accessed here:** www.cybergrants.com/pfizer/docs/Track1BudgetTemplate2015.xls. Applicants are expected to customize the budget for their proposal, adding additional details and deliverables as appropriate.

2. **Provide a written 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.

3. Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.
   - 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:
   - Office equipment (e.g., furniture, computers)
   - Registration and travel costs for professional development meetings or courses not related to this project
   - Health care subsidies for individuals
   - Construction or renovation of facilities
   - Therapeutic agents (prescription or non-prescription)
   - Food and/or beverages for learners and/or participants in any capacity
   - Lobbying

G. Staff Biosketches (no page limit):
   Applicants must provide brief biosketches of all individuals listed in section E in an appendix. NIH Biosketches are an acceptable format but not required.

H. Letter(s) of Commitment (no page limit):
   Letter(s) must be provided from all organizations listed in section F 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.

RFP 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 comply with 42 U.S.C. § 1320a-7h and 42 C.F.R. §§ 403.900-.914 (the Sunshine Act), Provider (sponsor) must provide to Pfizer specific information for the U.S.-licensed physicians and U.S. teaching hospitals (“Covered Recipients,” as defined by applicable law) to whom the Provider (sponsor) furnished payments or other transfers of value from the original independent grant awarded by Pfizer. Those payments or transfers-of-value include compensation, reimbursement for expenses, and meals provided to faculty (planners, speakers, investigators, project leads, etc.) and “items of value” (items that possess a discernible value on the open market, such as textbooks) provided to faculty and participants, if those faculty and/or participants meet the definition of Covered Recipient. Provider (sponsor) must submit the required information during the reconciliation process or earlier, upon Pfizer’s request, so Pfizer can meet Sunshine Act reporting commitments. Be advised Pfizer will not make any payments to any individuals; grant funding shall be paid directly to Provider (sponsor).

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

7. No portion of a Pfizer independent grant may be used for food and/or beverages for learners and/or participants in any capacity. Provider (sponsor) 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 Provider (sponsor) 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

Sample Grantee Budget

<table>
<thead>
<tr>
<th>BUDGET TEMPLATE</th>
<th>Itemized Budget (please complete in US $)</th>
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</thead>
<tbody>
<tr>
<td><strong>Direct Costs</strong></td>
<td><strong>Estimated Costs US $</strong></td>
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<td>Staff: Healthcare Transformation Coach</td>
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**Direct Labor Costs**

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<th><strong>Description</strong></th>
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<tbody>
<tr>
<td>Meeting Logistics</td>
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<tr>
<td>Faculty Honoraria and Travel</td>
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<tr>
<td>Meeting Materials and Equipment</td>
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<tr>
<td>Practice Stipends</td>
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<tr>
<td>AAFP CME Accreditation</td>
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**Subtotal** $182,000.00

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<thead>
<tr>
<th><strong>Indirect Costs/Institutional Overhead</strong></th>
<th><strong>Estimated Costs US $</strong></th>
<th><strong>Description</strong></th>
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<tbody>
<tr>
<td>Web conferencing license</td>
<td>$3,400.00</td>
<td>Indirect Costs: Please itemize additional Project expenses such as costs for publication, R2B/IEC review fees, and software license fees. Please note: Pfizer does not provide funding for capital</td>
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**Institutional Overhead**

**Subtotal** $18,000.00

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<th><strong>Total Project Budget</strong></th>
<th><strong>Total Funding Requested</strong></th>
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<tr>
<td>$200,000.00</td>
<td>$200,000.00</td>
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**Notes**

**IMPORTANT**: Pfizer grant funds may not be used for food & beverages (F&B) for learners/participants. However, F&B are permitted for faculty which includes, but is not limited to, planners, speakers, content developers, investigators, project leads, etc. When applicable, to comply with Sunshine Act reporting your organization is required to report F&B (and any other payments) for all faculty who are U.S.-licensed physicians.

Link to blank budget template: [www.cybergrants.com/pfizer/docs/Track1BudgetTemplate2015.xls](http://www.cybergrants.com/pfizer/docs/Track1BudgetTemplate2015.xls)