



Request for Proposal **Independent Medical Education Grant Applications for Quality Improvement Learning Initiatives in Myelofibrosis**

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Request for Proposal

The Scientific Education team is interested in supporting quality improvement educational initiatives that will address identified health-system knowledge and practice gaps among clinicians caring for myelofibrosis patients. We are seeking proposals that leverage research-based learning models and shared decision making as an effective means of accelerating clinician consideration of evidence-based care guidelines in making patient-centric treatment decisions.

Ongoing Challenges in Clinical Evidence Integration

American adults, on average, receive only 54.9% of the healthcare recommended for their conditions.¹ There are multiple reasons for this that not only include barriers to implementation of knowledge gained over time, but also lack of accessibility to emerging evidence. On average, it takes seventeen years for clinical evidence to get into practice, further complicated by the fact that 20% of the core information guiding clinical decisions changes within one year of its release.² Effectively designed continuing education programming represents an important intervention in addressing evidence transfer gaps. The Center for Medicare & Medicaid Services (CMS) recognizes this potential, having formally included accredited continuing medical education as an improvement activity within its Merit-Based Incentive Payment System (MIPS) of the Quality Payment Program (QPP)³. The CMS development captures the importance of continuing education in promoting clinician engagement in improving health, through efforts to improve performance, quality and safety.

Celgene is interested in supporting quality improvement educational initiatives that aim to accelerate the awareness and application of evidence-based medicine in practice and shared decision making resulting in appropriate care for patients and relevant, measurable improvement in processes, care delivery and/or clinical outcomes. These initiatives will be independent in nature and must comply with all outlined ACCME Standards of Commercial Support.

Quality Improvement Focus: Myelofibrosis Care Gap Background

Advances in myelofibrosis (MF) have provided treatment options with varying efficacy, safety, and modes of administration. Results from the MPN Landmark Survey (*Myeloproliferative Neoplasms Landmark Survey, Incyte Corporation, 2017*)⁴ suggest that providers might not fully appreciate the burden of MPNs on patients and may not be doing enough to help patients understand their condition. For example, the survey identified several differences in patient-physician perceptions about treatment planning and goals. And, while the differences are important to note, at the end of the day both patients and physicians share similar goals in wanting to alleviate symptoms and avoid disease progression. The Landmark Study found that more than half of



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patients reported that their symptoms cause difficulty with activities of daily living, creating some physical, emotional or financial hardship. The degree of symptoms and spectrum of symptoms can vary; however, the impact is very real. **There is an opportunity to empower patients and develop a partnership with them to ensure they receive the information and support needed from their healthcare team.**⁴

Information about newly available MF treatment options make it difficult for patients to understand treatment considerations aligned to their unique situation, often leading to a lack of alignment between themselves and their physicians as it relates to communications. Patients often have different treatment goals than physicians and have a need for improved communications with their physicians to align these goals (*The Impact of Myeloproliferative Neoplasms (MPNs) on Patient Quality of Life and Productivity: Results from the International MPN Landmark Survey*, CN Harrison et al, October 2017).⁵ **Recent studies confirm the ongoing benefit of improving the care and satisfaction of patients with myeloproliferative neoplasms through increased use of patient education and improved patient-physician communications** (*Cancer*, 2017;123:449-458. © 2016, American Cancer Society).

In an effort to address the ongoing healthcare need and to improve patient-clinician communications, the National Quality Partners (NQP) in March 2018 issued guidance to advance shared decision making (SDM) to bring patient preferences into care decisions (NQP Action Brief, *Shared Decision Making: A Standard of Care for All Patients*. October 2017.).^{6,7} NQP defines SDM as an effective form of clinician-patient communications in which clinicians and patients work together to make informed healthcare decisions that align with what matters most to patients and their individual concerns, preferences, goals, and values. Yet ongoing discord exists between clinicians and patients relating to treatment plans, compliance, and establishing goals for therapy and communications. For example, in the Landmark Survey,⁴ more than a third of MPN patients felt that their physician did not keep them informed about new treatment options. **Providing educational support to advance clinician and patient participation in SDM offers opportunity to help clinicians and patients more effectively enter more shared and productive discussions regarding appropriate disease therapy; rationale and goals of therapy to the patient; and monitoring plans to track symptoms, treatment effectiveness, safety and tolerability.**⁸

In support of SDM's role in improving outcomes for patients living with MF, Celgene seeks to support educational programming that advances clinicians' ability to share key disease state and treatment-related information with their MF patients, while taking into consideration the unique needs and values of their patients.⁹ Additional information on the Request for Proposals is presented below:



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Therapeutic Area	Hematology
Disease Area	Myelofibrosis
Date Request for Grant Applications Issued	November 22, 2019
Submission Deadline	All grant applications must be submitted by December 20, 2019 <i>*Please allow at least 60 days in advance of program start date for all submissions</i>
Notification Date	Late January – Early February
Funding Level Available	Not to exceed \$500,000* *Celgene will consider grant proposals below this maximum amount and may support multiple proposals.
Geographic Focus	US HCPs
Description of Practice Gap/Care Delivery Problem	<p>Survey findings indicate that hematologists and oncologists are not applying best practices such as shared decision making, to ensure that they are attuned to the needs and desires of patients with myelofibrosis (MF). Results from the Myeloproliferative Neoplasms (MPN) Landmark Survey suggest providers might not fully appreciate the burden of MPNs on patients and may not be doing enough to help patients understand their condition. Additional research suggests patients with MF currently struggle to clearly understand and obtain quality information regarding their condition and treatment plans as well as new therapeutic options.</p> <p>Educational outcomes data suggest that hematologists and oncologists are challenged in with management of cytopenias and other clinical situations that can occur in patients. Cytopenias complicate MF disease management and experts indicate clinicians need to become more comfortable with therapeutic dose titration and to understand that anemia is rarely a reason for treatment discontinuation. New drugs for anemia are closely being evaluated in patients with myelofibrosis.</p> <p>References:</p> <ol style="list-style-type: none"> 1. McGlynn, EA, et al. N Engl J Med 2003; 348: 2635-45 2. Balas EA and Boren SA. Managing clinical knowledge for health care improvement. Year-book of Medical Informatics. 2000



Request for Proposal
**Independent Medical Education Grant Applications for
Quality Improvement Learning Initiatives in Myelofibrosis**

	<ol style="list-style-type: none">3. CME Coalition presentation, <i>2019 Regulatory and Legal Update</i>, Alliance IACE conference, May 2019.4. MPN Research Foundation and Incyte Corporation. "MPN Landmark Survey (2017)" https://www.mpnlandmarksurvey.com/5. Mesa R, et al, "Myeloproliferative Neoplasms (MPNs) Have a Significant Impact on Patients' Overall Health and Productivity: the MPN Landmark Survey," (2016).6. "National Quality Partners Playbook™: <i>Shared Decision Making in Healthcare</i>," October 2017.7. National Quality Forum, 2018, https://store.qualityforum.org/products/nationalquality-partners-playbook%E2%84%A2-shared-decision-making.8. Chesney, Tyler, MD, MSc; Devon, Karen, MD, MSc. "Training Surgical Residents to use a Framework to Promote Shared Decision-Making for Patients with Poor Prognosis Experiencing Surgical Emergencies. <i>Canadian Journal of Surgery</i>, Sept.5, 2017. http://canjsurg.ca/wp-content/uploads/2018/03/61-2-114.pdf. Accessed April 4, 2018.9. CE Outcomes, LLC, 2019 Study, "<i>Determining the Educational Needs of Hematologists in Managing Adult Patients with Myelofibrosis</i>." Data on file with Celgene.
Eligibility Criteria	<p>Celgene will consider grant applications from all eligible applicants, including:</p> <ul style="list-style-type: none">• Academic Centers• Community Hospitals• Medical Education and Communication Companies• Patient Advocacy Groups• Professional Associations <p>For CME or CE programs, request must come from an accredited provider currently in good standing (e.g. ACCME, ANCC, ACPE, etc.)</p> <p>Proposals that include collaborations with third parties including, but not limited to, patient advocacy organizations and health systems, are encouraged, as appropriate.</p>

Instructions for Applying:

1. Please visit <https://www.celgene.com/research-development/celgene-medical-affairs/medical-affairs-grants/independent-medical-education-grants/>
2. Select/Access First-Time Visitor if new visitor/applicant or Registered User to access account
3. Submit grant application by the stated deadlines above

For further questions regarding this RFP please contact:
educationalgrants@celgene.com



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RFP Requirements and Considerations

The underlying practice-based problem to be addressed must be identified and all proposed quality improvement learning initiative programs should factor in the relevant instructional design considerations necessary to address identified gaps within a local, regional, or national healthcare setting. Guidance to inform initiative planning efforts can be found within the “*Revised Standards for Quality Improvement Reporting Excellence, SQUIRE 2.0.*”

Measuring Impact

Celgene requires grant applicants to incorporate an educational outcomes measurement strategy that reflects the problem set forth by the proposed quality improvement program (whether outcomes are captured by improvements in care processes or direct patient outcomes), and which reflect use of a validated educational framework and/or existing outcomes measurement model (e.g., “*A Conceptual Framework for Planning and Assessing Learning in Continuing Education Activities Designed for Clinicians in One Profession and/or Clinical Teams,*” D. Moore Jr. et al, July 2018). Key planning considerations culled from this publication include:

- Planning for continuing education should begin with determining the “end in mind,” the desired health of patients, and the clinical performance necessary to achieve the desired health.
- Assessment should be used throughout a learning activity in continuing professional development: needs assessment to determine what needs to be learned (desired results); formative assessment to determine if learners are progressing towards desired results; and summative assessment to determine if desired results have been achieved.
- Consideration should be made for organizing key learning activities as they relate to predisposing-, enabling-, and reinforcing-related interventions.
 - Predisposing activities typically use needs assessment data to predispose clinicians to learn.
 - Enabling activities provide clinicians with (1) information about what they need to learn, (2) a worked example to show them how what they will be learning is done correctly, (3) opportunities to deliberately practice what they are learning, and (4) receive knowledgeable feedback and coaching about their practice.
 - Reinforcing activities provide clinicians with reminders in their work setting about what they have learned to facilitate recall and application.

Note: Above comments on conceptual frameworks for assessment of learning are being



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provided within this Request for Proposal for descriptive purposes, but all submitters may choose the model or framework that is most appropriate for their given learning initiative.