

2018 Independent Medical Education Call for Grant Notification: Accelerating Evidence into Practice Through Shared Decision Making: A National Call to Action

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A Focus on the Issues:

Patients report higher levels of satisfaction with their care when clinicians ask about their goals, explain the options, and involve them in care decisions.¹ Additionally, engaging patients in their care through shared decision making can decrease anxiety, depression,² hospital admissions,³ healthcare cost,³ as well as achieving treatment goals resulting in improved health outcomes.⁴ However, despite the benefits, shared decision making (SDM) has not been widely adopted into practice. To help address the barriers to adoption, the National Quality Forum recently released the *National Quality Partners (NQP) Playbook™: Shared Decision Making in Healthcare*⁵, which provides practical guidance for implementing SDM.

American adults, on average, receive only 54.9% of the healthcare recommended for their conditions.⁶ Barriers to implementation may include not only lack of knowledge gained over time, but also lack of accessibility to emerging evidence. It is concerning that it takes, on average, seventeen years for clinical evidence to get into practice; additionally, 20% of core information guiding clinical decisions changes within one year.⁷ Furthermore the factors that determine clinical change aren't necessarily nested within a traditional medical education event. There is currently no correlation between general knowledge models and health care quality.⁸

The Learning Challenge: Genentech seeks to support learning initiatives, which demonstrate a strategy supporting the co-creation of a patient-centered healthcare environment and accelerates the awareness and application of evidence-based medicine, resulting in appropriate care for patients with relevant, measurable, clinical outcomes. These initiatives will be independent in nature and must meet the highest ethical U.S. Standards of Commercial Support, though it is not required to certify the healthcare improvement initiative(s) for credit if there are valid reasons for that decision. To meet this request, Genentech seeks grant responses in the following disease areas (individual organizations are not required to submit a response to each identified disease areas, but are asked not to submit more than one response to each): Lung Cancer, Hemophilia, and Multiple Sclerosis.

Co-developed with Patient Advocacy Groups: To ensure patient centricity of each call for grant notification (CGN), Genentech co-developed the following CGNs (Lung Cancer, Hemophilia, Multiple sclerosis) in partnership with each respective patient advocacy group: Bonnie J. Addario Lung Cancer Foundation (ALCF), Hemophilia Federation of America (HFA), and Consortium of Multiple Sclerosis Centers (CMSC). A Genentech led grant review committee, including a member representative from ALCF and HFA, will select the awarded grants for the respective therapeutic areas. Consortium of Multiple Sclerosis Centers will not be participating in the review process. Genentech is the sole funder of awarded grants.

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Opportunity	Description of the Issues/Problems
<p>Therapeutic Area: Oncology</p> <p>Disease: Lung Cancer</p> <p>Learning Audience: Medical Oncologist Patients (optional)</p> <p>Support Available: Up to \$300,000</p>	<p>The <i>NQP Playbook™</i> states that SDM requires three components to be successful.¹ Two of these relate to clinician communication and patient preferences. The third component, however, is “medical evidence about reasonable alternatives...and the risks and benefits of each.”¹ Thus, in order for clinicians to appropriately engage patients in the SDM process, they must have up-to-date knowledge of current therapeutic options.</p> <p>In lung cancer, treatment options are rapidly evolving, and it is a challenge for clinicians to stay up-to-date on current evidence. Recent advances in immunotherapies and targeted therapies have changed the treatment paradigm. For example, immunotherapy options have now been approved in first and second-line settings for advanced NSCLC.² In addition, there are multiple ongoing clinical trials that will help to clarify which patients with lung cancer respond best to immunotherapy and which agents can be combined with immunotherapy to maximize benefit.³</p> <p>Genentech is seeking to support an educational initiative that addresses the barriers to SDM adoption in the context of lung cancer. Preference will be given to initiatives that have the potential to result in sustainable impact and/or have the ability to scale up in the future to reach a wider audience. Preference will also be given to educational initiatives that achieve higher level outcomes related to performance change.</p> <p>References:</p> <ol style="list-style-type: none"> 1. “National Quality Partners Playbook™: Shared Decision Making in Healthcare.” <i>National Quality Forum</i>, 2018, https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-shared-decision-making. 2. Heymach, John, et al. “Clinical Cancer Advances 2018: Annual Report on Progress Against Cancer From the American Society of Clinical Oncology.” <i>Journal of Clinical Oncology</i>, 2018, doi:10.1200/jco.2017.77.0446. 3. Somasundaram, Ashwin, and Timothy F. Burns. “The next Generation of Immunotherapy: Keeping Lung Cancer in Check.” <i>Journal of Hematology & Oncology</i>, vol. 10, no. 1, 2017, doi:10.1186/s13045-017-0456-5.

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Opportunity	Description of the Issues/Problems
<p>Therapeutic Area: Rare Disease</p> <p>Disease: Hemophilia</p> <p>Learning Audience: Emergency Room Physicians</p> <p>Hematologist- Oncologist</p> <p>Support Available: Up to \$300,000</p>	<p>The <i>NQP Playbook™</i> states that SDM requires three components to be successful.¹ Two of these relate to expert clinician communication on the evidence and integrating patient preferences. The third component, however, is “medical evidence about reasonable alternatives...and the risks and benefits of each.”¹ Thus, in order for clinicians to appropriately engage patients in the SDM process, they must have up-to-date knowledge of current therapeutic options.</p> <p>Similar to other individuals, patients with hemophilia are prone to medical emergencies, and those patients with poor underlying prognosis experiencing surgical emergencies face challenging treatment decisions.³ Emergency departments (ED) are challenged as they often do not have a hematologist on-call for consultation.⁴ Additionally, many hospitals may not stock the medicines patients need, the physician care team may not be familiar with bleeding disorders including understanding how to monitor Hemophilia,^{5,6,7} control bleeding,⁸ and which labs to order⁸ therefore failing to act appropriately, with potentially deadly consequences.¹⁰ Delays in diagnosis and administration of replacement therapy are the factors most commonly identified as predictive of death.¹¹ Patients and family members are often very well educated in the disease and its management, which can significantly reduce morbidity and mortality.^{11,12} Furthermore, an exploration of ED patients’ perceptions of SDM suggests that most patients want some degree of involvement in medical decision-making, but more proactive engagement of patients by clinicians is often needed.¹³</p> <p>Genentech is seeking to support an educational initiative that addresses safely managing hemophiliacs in emergent situations in the context of SDM adoption. Preference will be given to initiatives that have the potential to result in sustainable impact and/or have the ability to scale up in the future to reach a wider audience. Preference will also be given to educational initiatives that achieve higher level outcomes related to performance change.</p> <p>References:</p> <ol style="list-style-type: none"> 1. “National Quality Partners Playbook™: Shared Decision Making in Healthcare.” <i>National Quality Forum</i>, 2018, https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-shared-decision-making. 2. 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.

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Opportunity	Description of the Issues/Problems
<p>Therapeutic Area: Neurology</p> <p>Disease: Multiple Sclerosis</p> <p>Learning Audience: Neurologist</p> <p>Patients (optional)</p> <p>Support Available: Up to \$300,000</p>	<p>In multiple sclerosis (MS), care management and treatment options are rapidly evolving, and it is a challenge for clinicians to stay up-to-date on current evidence. Additionally, as a chronic condition, it is critical for clinicians to fully understand the psychosocial impact of MS on patients.¹ Due to symptom variability, the disabling nature of MS, ethnocultural and socioeconomic factors, and myriad treatment options, shared decision-making presents an effective opportunity to holistically align a patient's overall health status and preferences with treatment and management options.² Further, research indicates that many patients with chronic conditions prefer to participate in the decision-making process; indeed, due to the long-term implications of MS, quality-of-life is paramount and necessarily redefines the patient as an integral part in the decision-making process along with the clinician's expertise.³</p> <p>The <i>NQP Playbook™</i> states that SDM requires three components to be successful. Two of these relate to expert clinician communication on the evidence and integrating patient preferences. The third component, however, is "medical evidence about reasonable alternatives...and the risks and benefits of each."⁴ Thus, in order for clinicians to appropriately engage patients in the SDM process, they must have up-to-date knowledge of all possible therapeutic options.</p> <p>Genentech is seeking to support an educational initiative in MS that explores opportunities, such as SDM and innovative tools and technology, which better align patients and their clinical teams in supporting optimal care. Preference will be given to initiatives that have the potential to result in sustainable impact and/or have the ability to scale up in the future to reach a wider audience. Preference will also be given to educational initiatives that achieve higher level outcomes related to performance change.</p> <p>Acknowledgement: While grant review and selection will be conducted solely by Genentech, Genentech acknowledges the contributions of the <i>Consortium of Multiple Sclerosis Centers</i> in its guidance, insight, and thought-partner contributions in developing the content of this call for grant notification.</p> <p>References:</p> <ol style="list-style-type: none"> 1. The psychosocial effect of multiple sclerosis: The impact of relapses. Halper, June. <i>Journal of the Neurological Sciences</i>, Volume 256, S34 - S38 2. Elsie E. Gulick, Marie Namey, and June Halper (2011) Monitoring My Multiple Sclerosis. <i>International Journal of MS Care</i>: Fall 2011, Vol. 13, No. 3, pp. 137-145. 3. June Halper, and Nancy Joyce Holland. "Educating the Patient and Family." <i>Comprehensive Nursing Care in Multiple Sclerosis</i>, 3rd ed., p. 29. 4. "National Quality Partners Playbook™: Shared Decision Making in Healthcare." <i>National Quality Forum</i>, 2018, https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-shared-decision-making.

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The baseline problem can exist in a local geography, intra-institution/system, or in a national setting so long as the learning initiative uses your most suitable intervention recommendations that meet relevant learner needs. (Recommended guidance for initiative planning can be viewed at the [Revised Standards for Quality Improvement Reporting Excellence, SQUIRE 2.0](#). **Please note** that we understand the cultivation of systems-based and other partnerships takes time. We consider your grant submission to be an intended proposal based on progressing conversations. Should scope changes be necessary after a grant approval, we are open to considering them.

Submission Considerations Preference will be given to organizations that frame the grant development and suggested learning implementation and outcomes assessment in the context of the NQP SDM playbook in leveraging one or more of the 6 identified fundamentals with the goal of measuring increased shared decision making in the identified clinical problem:

- If leveraging decision aid tools for support of SDM, the measured end goal could be communication between a clinician and the patient/family/caregiver to make optimal healthcare decisions that align with what matters most to patients.
- Demonstrating how the learning will help participants form collective, sustainable solutions that adjust and/or rectify the identified problem
- If relevant to the problem, reducing variation in the care of patients which therefore demonstrates maximum likelihood to directly impact patient care

Measuring Impact: Tracking, monitoring, and reporting as described in Fundamental 5 in the NQP playbook can help support the measurement of SDM adoption. To add complexity to the decision making process, healthcare has been reformed so that care decisions should be a result of team-based care, a collective planning process with the entire system including the patient, not via an individual decision-maker. **As institutions continue to bear risk, preference will be given to learning initiatives that frame the grant development and suggested learning implementation in a way that provides outcomes that are useful not to just individual learners but to the needs of an overall system(s).**

Genentech encourages the consideration of an outcomes measurement strategy that contains the following measurements **when relevant to the applicable problem**:

1. Improved utilization of evidence-based data (i.e., efficacy and/or safety management) when making clinical decisions
2. Utilization of shared decision making between clinicians and patients measured by the Collaborate tool, and if applicable, patient engagement as measured by the patient activation measure
3. Increased rate of care coordination and/or timely referrals
4. Improved clinical endpoints

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To that end, Genentech encourages the use of existing and enhanced outcomes measurement models, for example:

Moore's et al.	The Expanded Learning Model for Systems (TEAMS)
Levels 1-2: Participation & Satisfaction	<p>Understand the Gap: Learning should activate a collective improved awareness:</p> <ul style="list-style-type: none"> • What are the nature, severity and context of the identified problem and why are these specific participants invited to be part of the healthcare improvement initiative? • What is the intended improvement if these learners participate?
Level 3: Procedural & Declarative Knowledge Improvement	<p>Address the Gap: Learning should advance participants toward a conversion of information that helps inform the collective system:</p> <ul style="list-style-type: none"> • Post-learning metrics that show an improvement in awareness of that specified local problem
Level 4: Competence Improvement	<p>Practice the Solution: Learning should enable participants to aspire toward a collective solution:</p> <ul style="list-style-type: none"> • Post-learning metrics that describe how the system intends to address/correct the problem to improve the baseline problem • Describes new commitments to long-term project plans that address previously identified barriers • Demonstrate collective practice improvements by using available system tracking techniques • Give examples of how the learning initiative helped identify a change in process that addresses the original identified problem
Levels 5-7: Potential individual clinician performance improvement, potential individual patient improvement, and potential community-level improvement	<p>Extend the Solution: Learning should enable participants to allocate solutions that are sustainable over time:</p> <ul style="list-style-type: none"> • Post-learning observations that identify systemic collaborations, such as documented improved communication, improved patient satisfaction scores, improved adherence of evidence-based care, improved measures patients take to make better healthy living decisions away from the clinic • Post-learning metrics that demonstrate how a change in process of care specific to evidence and system requirements were met

Please note that the clinical gap, the identified problem, and the identified necessary participants drive the expected outcome. Not all staged levels and/or embedded examples are necessary or required; selected stages will depend on what was identified as the issue/clinical gap. While these listed models for learning planning and assessment are identified within the CGN for descriptive purposes, all submitters may choose the model or framework that is most appropriate for their particular educational plan.

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Instructions to apply:

Eligibility Criteria	<ul style="list-style-type: none"> • U.S. based provider • Registered on the Genentech Financial Request System (gFRS) • Accredited to provide CME/CE and in good standing (e.g. ACCME, ANCC, ACPE, etc.) 	
Geographical Scope	<ul style="list-style-type: none"> • Educational initiatives must be U.S. based only, unless specifically identified as a Global Grant. 	
Submission Directions	Application Process	Deadlines
Step 1	Providers who meet the eligibility criteria and are interested in submitting a response to this CGN will have 3 weeks to complete a brief Executive Summary through the following link at CGN Executive Summary FORM .	Tuesday, 5/22/18
Step 2	After 1 week, respective Genentech Medical Education Managers will notify (via email) those providers whose Executive Summaries were selected for further review.	Tuesday, 5/31/18
Step 3	Those providers who receive notification of potential interest will have 3 weeks to submit full grant application(s) online through gFRS. Further instructions will be provided in the email notification.	Friday, 6/22/18
Step 4	Notification of decisions via email will occur*	Monday, 7/9/18
Step 5	Funded Project Start Date: within 3-6 months of decision date with the goal to have baseline interim outcomes by 2019-Quarter 1.	

** There have been no pre-determined approvals, nor any identified preferred educational providers. All submissions will be reviewed equally and thoroughly.*

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Purpose: As part of Genentech's scientific mission, Genentech supports grants for independent medical education that aim to improve patient care by focusing on the improved application of knowledge, competence, and performance among healthcare professionals. This mission is achieved by supporting quality independent education that addresses evidence-based, bona fide educational gaps in accordance with the ACCME, AMA, PhRMA Code, OIG and FDA guidance.

Notification: Genentech CGNs are made available through being posted on the online gFRS site (<http://funding.gene.com>) along with the websites for the Alliance for Continuing Education in the Health Professions (ACEhp) and the Society for Academic Continuing Medical Education (SACME). In addition, an email is distributed to all registered gFRS users who have previously submitted an application for support of an independent education activity.

Genentech's Grant Decision-Making Criteria: Please refer to the publicly available criteria, which can be found at <http://funding.gene.com>. Genentech is also committed to providing non-solicited grant support in all disease areas; however, a proportion of disease areas will have limited budgets outside funding allocated to support grant decisions related to CGNs.

Terms and Conditions

1. All grant applications received in response to this CGN will be reviewed in accordance with all Genentech policies and policy guidelines.
2. This CGN does not commit Genentech to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGN.
4. For compliance reasons, and in fairness to all providers, all communications about this CGN must come exclusively to Genentech's department of Medical Education and Research Grants. Failure to comply will automatically disqualify providers.
5. Failure to follow instruction within this CGN may result in a denial.

Transparency: Genentech, at its sole discretion, has the right to disclose the details of funded independent medical education activities, including those that may be required by federal, state, and/or local laws and regulations. This disclosure may include, but shall not be limited to, details of the activity and the grant amount. The information may be disclosed to the public in a manner including, but not limited to, disclosure on the Genentech website.

References

1. Alston, Chuck, et al. "Communicating with Patients on Health Care Evidence." *Institute of Medicine*, Sept. 2012, www.nam.edu/wp-content/uploads/2015/06/VSRT-Evidence.pdf. Accessed March 24, 2018.
2. Harter M, et al. *Dtsch Arztebl Int*. SDM and the Use of Decision Aids. 2015;112:672-9
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7. Balas EA, Boren SA. Managing clinical knowledge for health care improvement. *Yearbook of medical informatics 2000: patient-centered systems.* 2000 Jan 1.
8. IOM Report, 2013; HealthAffairs