

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

Release Date: June 2019

A Focus on the Issues: 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. It is concerning that it takes, on average, seventeen years for clinical evidence to get into practice; and additionally 20% of core information guiding clinical decisions changes within one year.² Furthermore the factors that determine clinical change aren't necessarily nestled within a traditional medical education event. There is currently no correlation between general knowledge models and health care quality.³

The Learning Challenge: Genentech is seeking to support learning initiatives that demonstrates a strategy that evolves knowledge-based medical education into a **“healthcare Improvement”** initiative that accelerates the awareness and application of evidence-based medicine, resulting in appropriate care for patients and relevant, measurable, clinical outcomes. These initiatives will be independent in nature, 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 area, but are asked not to submit more than one response to each):

Therapeutic Area	Disease Area	Support Available	Description of the Issues/Problems
Non-Malignant Blood Disorders	Hemophilia	Up to \$350,000	Informed physicians are essential to promoting positive patient outcomes. In the last five years, the management of patients with hemophilia A (PwHA) has observed increased treatment choices within the classes of FVIII replacement therapy. ^{1,2} As innovative non-factor therapies with different treatment modalities have progressed to approval or late stage development, there is an increasing need for practicing hematologists to critically appraise these new data to inform their own thinking about how potential therapeutic options may optimize patient outcomes, as well as considerations in patient management. ³⁻⁴ The practice of combining evidence-based literature with peer-to-peer exchange is a longstanding tradition in the medical education and training of physicians. ⁵ Available data on the younger generation of physicians also suggest

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

		<p>learning preferences for peer-to-peer (Small Group) exchange, in addition to a preference for personalization and mentoring in educational settings, and comfort with technology.⁶</p> <p>There has been a persistent challenge to maintain an adequate supply of hematologists trained to care for patients of various types non-malignant blood disorders over the last decade.⁷⁻⁸ Rare bleeding disorders like hemophilia A are included in the category of non-malignant blood disorders; and the challenges are magnified due to the geographically dispersed nature of physicians who treat rare diseases. To optimally meet the educational needs of the generations of healthcare professionals caring for patients with hemophilia A (PwHA), Genentech seeks to support fair-balanced educational programs focused on enabling clinicians to improve their knowledge and competence of emerging data, as well as provide a forum for peer-to-peer exchange in small groups between experts and learners. <i>These grants are to remain independent, accurate, fair-balanced in nature, and must meet the highest ethical U.S. Standards of Commercial Support. To meet this request, Genentech seeks grant responses in the following disease areas (individual accredited provider organizations may, but are not required to submit a response to each identified disease area below, and are asked not to submit more than one response to each): Hemophilia</i></p> <p><u>References</u></p> <ol style="list-style-type: none"> 1. Treatment of Hemophilia CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/hemophilia/treatment.html. Accessed May 3, 2019. 2. Weyand AC, Pipe SW. New therapies for hemophilia. Blood Journal. http://www.bloodjournal.org/content/133/5/389.long?ss_o-checked=true. Published January 31, 2019. Accessed May 2, 2019.
--	--	---

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

			<ol style="list-style-type: none"> 3. Weyand AC, Pipe SW. New therapies for hemophilia. <i>Blood Journal</i>. http://www.bloodjournal.org/content/133/5/389.long?ss_o-checked=true. Published January 31, 2019. Accessed May 9, 2019. 4. Recommendation on the Management of Hemophilia A with and without Inhibitors. National Hemophilia Foundation. https://www.hemophilia.org/Researchers-Healthcare-Providers/Medical-and-Scientific-Advisory-Council-MASAC/MASAC- Published January 7, 2019. Accessed May 9, 2019. 5. Haug JD. Physicians' preferences for information sources: a meta-analytic study. <i>Bulletin of the Medical Library Association</i>. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC226263/. Published July 1997. Accessed May 3, 2019. 6. Janeve R. Desy, MD et al. Milestones and Millennials: A Perfect Pairing—Competency-Based Medical Education and the Learning Preferences of Generation Y. <i>Mayo Clinic Proceedings</i>, February 2017 DOI: 10.1016/j.mayocp.2016.10.026 7. HemOnc Today. Innovative education, training strategies needed to address shortage of benign hematologists. Healio. https://www.healio.com/hematology-oncology/practice-management/news/print/hemonc-today/{39c6e0a8-3241-4ed0-8517-a4c7627f5e0f}/innovative-education-training-strategies-needed-to-address-shortage-of-benign-hematologists. Accessed May 3, 2019. 8. HemOnc Today. Are malignant hematology specialists adequately prepared to care for patients with benign blood disorders? Page 2. Healio. https://www.healio.com/hematology-oncology/practice-management/news/print/hemonc-today/{06099db8-7e20-4de8-a305-4f628e26bbe5}/are-malignant-hematology-specialists-adequately-prepared-to-care-for-patients-with-benign-blood-disorders?page=2. Accessed May 2, 2019.
--	--	--	--

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

--	--	--	--

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](#).)

Measuring Impact: Research indicates that there are two identified care decision processes: 1) care decisions made fast and intuitive, 2) care decisions that require a deliberate analytical approach to locate information that is not instantly recalled.⁴ 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 that may also include the patient, not via an individual decision-maker.

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 (ie. efficacy and/or safety management) when making clinical decisions
2. Increased rate of care coordination and/or timely referrals
3. Utilization of shared decision making between clinicians and patients measured by the OPTIONS tool, and if applicable, patient engagement as measured by the patient activation measure
4. Improved clinical endpoints

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 (TELMS)
Levels 1-2: Participation & Satisfaction	<p>Understand the Gap: Learning should <i>activate</i> 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?

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

	<ul style="list-style-type: none"> • 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.

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

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 <u>must first complete</u> a brief <u>Executive Summary</u>	July 15, 2019 (4 weeks)
Step 2	Respective Genentech Medical Education Managers will email those providers whose Executive Summaries were selected for further review.	July 29, 2019 (2 weeks)
Step 3	Those providers who receive notification of potential interest may then submit full grant applications online through gFRS. Further instructions will be provided in the email notification.	August 19, 2019 (3 weeks)
Step 4	Notification of decisions via email*	September 6, 2019 (2 weeks)
Step 5	Funded Project Start Date	No later than November 4, 2019

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

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,

2019 Independent Medical Education Call for Grant Notification:

Hemophilia: Improving Knowledge in Emerging Areas with Support of Peer-to-Peer Exchange

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. 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. *Yearbook of Medical Informatics*. 2000
3. *IOM Report, 2013; HealthAffaris*
4. [Br J Clin Pharmacol](#). 2012 Oct;74(4):614-20. doi: 10.1111/j.1365-2125.2012.04366.x.