

## Call for Grant Applications (CGA)

GlaxoSmithKline (GSK) intends to identify and fund innovative, high-quality, independent third-party educational activities that are designed to close healthcare professional (HCP) educational, quality, and performance gaps and improve patient health, enabling patients to *Do More, Feel Better, and Live Longer*.

### I. Eligible Organizations

Prior to submitting a grant, organizations must first register and be approved as an eligible educational provider via [www.partnersinknowledge.com](http://www.partnersinknowledge.com). Organizations are required to [reference the specific CGA](#) to which they are interested in responding as part of the registration process to become an eligible provider; organizations will be declined if the CGA reference is not valid (see below for valid references).

Educational providers must meet the below eligibility criterion:

- Accredited to provide HCP continuing education (ie, CME, CE) by a national accrediting body such as the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC), or American Association of Nurse Practitioners (AANP).

Organizations must be fully compliant with the ACCME (and other nationally recognized accrediting body) standards for commercial support and design and deliver all activities (including content, faculty, and speakers) independent from GSK control, influence, and involvement.

### II. Disease Areas of Interest CGA Details

GSK accepts educational grant applications from eligible educational providers in response to a specific CGA. Organizations are required to [reference the specific CGA](#) to which they are interested in responding as part of the grant submission process; grants will be declined if the CGA reference is not valid (see below for valid references).

Funding priorities will focus on independent educational initiatives designed to measure improvements/changes in HCP knowledge (Level 3\*), competence (Level 4\*), performance (Level 5\*), and/or patient/community health (Level 6/7\*).

Please click on the disease area of interest for more details regarding the specific CGA.

GSK Disease Area of Interest	Submit Under Therapeutic Area	Include Valid CGA Reference
<a href="#">Asthma</a>	Respiratory	<b>Asthma2017B</b>
<a href="#">COPD</a>	Respiratory	<b>COPD2017B</b>
<a href="#">Systemic Lupus Erythematosus (SLE)</a>	Immuno-Inflammation	<b>SLE2017B</b>

\*Moore DE, et al. *J Contin Educ Health Prof.* 2009;29:1-15.

### **III. Grant Review Criteria**

Grant applications are reviewed based on the following criteria:

#### **1. Compliance**

Grant requests are assessed for completeness of the application; compliance with all applicable laws, policies, and guidelines; and project management plan and budget.

- 1.1 Compliant with guidelines for IME/CME
- 1.2 Free of commercial bias/influence, non-promotional, and fair balanced
- 1.3 Budget costs are reasonable and customary
- 1.4 No GSK funds are used for food, beverage, meals, travel, or accommodation costs for attendees

Please do not include specific faculty names in the submitted grant applications.

#### **2. Disease Area Alignment**

Grant requests are prioritized based on optimal alignment with patient needs, HCP performance gaps, healthcare system quality gaps, and GSK clinical interests. Per GSK's Scientific Engagement Standards, GSK funds medical education in disease areas where GSK has FDA-approved medicines.

- 2.1 Aligns with GSK's clinical disease interests and GSK's Scientific Engagement Standards

#### **3. Needs Assessment/Gaps**

Grant requests should include an independent, evidence-based needs assessment that identifies the knowledge, competence, performance, and/or patient/community health gaps that exist. Utilization of multiple methods of assessing learning needs and gaps between current practice and evidence-based best practice provides an accurate and balanced prospective.

- 3.1 Needs assessment is independent, evidence-based, and scientifically/medically accurate; educational/quality/professional practice gaps have been identified
- 3.2 Educational/quality/professional practice gaps are HCP knowledge, competence, performance, and/or patient/community health
- 3.3 Strategy used to identify needs/gaps (eg, survey/interview; focus group; peer-review published data; nationally recognized consensus sources for clinical performance/quality measures such as AHRQ, NCQA, NQF, AQA, AMA-PCPI, CMS-PQRS; patient chart/EHR data; medical claims data, etc)

#### **4. Learning Objectives/Educational Design**

Grant requests should provide measurable learning objectives that are aligned with the identified needs and expected improvements of the target audience. Bringing HCPs from various disciplines together in tailored learning environments can enable participants to learn both individually and as collaborative members of the healthcare team, with a common goal of improving patient health.

- 4.1 Learning objectives are measurable and designed to close identified gaps
- 4.2 Educational design is interactive and considers appropriate target audience (including collaborative members of the healthcare team and patients, as appropriate) and learning preferences

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- 4.3 For curriculum-based initiatives, educational design incorporates an organized and hands-on approach to guide learners through longitudinal curriculum that focuses on performance/quality improvement (as appropriate)
- 4.4 Strategy to enhance change (eg, tools that support application of knowledge into practice such as algorithms, patient compliance materials, office compliance tools, reminder systems, patient feedback, system changes, etc) has been included to reinforce learning (as appropriate)

## **5. Educational Outcomes**

Grant requests should have a strategic plan to measure educational outcomes. Using Moore's 2009 expanded educational outcomes framework\*, initiatives that are designed to measure improvements/changes in HCP knowledge and higher (Levels 3-7\*) are funding priorities.

- 5.1 Strategic plan to measure educational outcomes is realistic for the scope of the initiative and designed to measure if the learning objectives were achieved
- 5.2 Overall initiative is designed to measure changes in HCP knowledge (Level 3\*), competence (Level 4\*), performance (Level 5\*), and/or patient/community health (Level 6/7\*)
- 5.3 Strategy used to evaluate effectiveness of initiative (eg, direct and objective assessments, audience response system, pre/post tests, case studies, chart audits, patient surveys, EHR data, disease screening audits, medical claims data, etc)
- 5.4 Publication or communication strategy is designed for dissemination of educational outcomes results so that best practices and ways to improve can be shared to further improve patient health

## **IV. Conflicts of Interest**

Conflicts of interest must be identified and resolved. The educational provider is required to show that any organization, group, or individual who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest. This includes, but is not limited to, educational partners and any of its affiliates, subsidiaries, or parent company. GSK accepts the ACCME's definition of "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Failure to disclose and resolve all known conflicts of interest will disqualify the grant requestor.

## **V. Terms and Conditions**

1. Grants should be submitted via the GSK website: [www.partnersinknowledge.com](http://www.partnersinknowledge.com)
2. This CGA does not commit GSK to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. GSK reserves the right to accept or reject any or all applications received as a result of this request or to cancel in part or in its entirety this CGA at any time without prior notification or permission.
4. GSK reserves the right to post submissions and announce the details of successful grant applications by whatever means ensures transparency, such as on GSK's website, in presentations, and/or in other public media.

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5. All communications about the CGA must come exclusively to GSK US Medical Affairs. Failure to comply may disqualify providers from receiving future grants.

#### **VI. Transparency**

Consistent with our commitment to transparency and in accordance with statutory requirements, GSK reports funded educational grants in the US. GSK reserves the right to post submissions and results on our website. Per GSK's Letter of Agreement, GSK funds are not permitted to defray or pay any costs for food, beverage, meals, travel, or accommodations for program attendees.

**CGA Reference: Asthma2017B** (required)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

<b>Timeline:</b>	Grants may be submitted between June 5, 2017, and July 31, 2017, with a grant start date of Oct 15, 2017, or later.
<b>Healthcare Gap(s):</b>	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) Unmet need—asthma disease state and burden of disease <sup>1,2</sup> (2) Asthma diagnosis, assessment, and treatment <sup>1,3</sup> (3) Importance of proper inhaler use, including technique <sup>4,5</sup> (4) Choice of pharmacotherapy in asthma with regard to patient sub-types (eg, eosinophilic) and phenotypes or endotypes <sup>6,7</sup>
<b>More Information:</b>	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Educational initiatives at a national respiratory conference will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
<b>Educational Outcomes:</b>	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
<b>Budget Available:</b>	Grant requests up to \$300,000 will be considered for funding. The total available budget for this CGA is \$600,000.
<b>References:</b>	<ol style="list-style-type: none"> <li>1. US National Heart, Lung, and Blood Institute (NHLBI) National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Available at: <a href="http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf">http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf</a>.</li> <li>2. Levy, BD, Noel, PJ, Freemer MM, et al. <i>Am J Respir Crit Care Med</i>. 2015;192:1366-1372. <a href="http://dx.doi.org/10.1164/rccm.201505-0963WS">http://dx.doi.org/10.1164/rccm.201505-0963WS</a></li> <li>3. Global Initiative for Asthma (GINA) Global Strategy for Asthma Management and Prevention. 2015. Available at: <a href="http://www.ginasthma.org/">http://www.ginasthma.org/</a></li> <li>4. Melani AS, Canessa P, Coloretti I, et al. <i>Respir Med</i>. 2012;106:668-676. <a href="http://dx.doi.org/10.1016/j.rmed.2011.11.016">http://dx.doi.org/10.1016/j.rmed.2011.11.016</a></li> <li>5. Fink JB, Rubin BK. <i>Respir Care</i>. 2005;50:1360-1374. <a href="#">doi</a></li> <li>6. Brusselle G, Bracke K. <i>Ann Am Thorac Soc</i>. 2014;11(Suppl 5):S322-328. <a href="http://dx.doi.org/10.1513/AnnalsATS.201403-118AW">http://dx.doi.org/10.1513/AnnalsATS.201403-118AW</a></li> <li>7. Xie M, Wenzel SE. <i>Chin Med J</i>. 2013;126:166-174. <a href="#">doi</a></li> </ol>

\*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

**CGA Reference: COPD2017B** (required)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

<b>Timeline:</b>	Grants may be submitted between June 5, 2017, and July 31, 2017, with a grant start date of Oct 15, 2017, or later.
<b>Healthcare Gap(s):</b>	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: (1) COPD diagnosis, assessment, treatment, and utilization of treatment guidelines <sup>1,2</sup> (2) Choice of pharmacotherapy in COPD in relation to patient sub-types, symptomatology, and phenotypic characteristics <sup>1,3</sup> (3) Appropriate use of inhaled therapies for COPD <sup>1,4</sup> (4) Importance of proper inhaler use, including technique <sup>5,6</sup>
<b>More Information:</b>	Our intent is to fund educational initiatives that use multi-channel platforms and reach a national audience. Educational initiatives at a national respiratory conference will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).
<b>Educational Outcomes:</b>	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
<b>Budget Available:</b>	Grant requests up to \$300,000 will be considered for funding. The total available budget for this CGA is \$600,000.
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2015. Available at: <a href="http://www.goldcopd.org/uploads/users/files/GOLD_Report_2015_Sept2.pdf">http://www.goldcopd.org/uploads/users/files/GOLD_Report_2015_Sept2.pdf</a></li> <li>2. Foster TS, Miller JD, Marton JP, et al. <i>COPD</i>. 2006;3:211-218. <a href="http://dx.doi.org/10.1080/15412550601009396">http://dx.doi.org/10.1080/15412550601009396</a></li> <li>3. Bafadhel M, McKenna S, Terry S, et al. <i>Am J Respir Crit Care Med</i>. 2011;184:662-671. <a href="http://dx.doi.org/10.1164/rccm.201104-0597OC">http://dx.doi.org/10.1164/rccm.201104-0597OC</a></li> <li>4. Tashkin DP, Ferguson GT. <i>Respir Res</i>. 2013;14:49. <a href="http://dx.doi.org/10.1186/1465-9921-14-49">http://dx.doi.org/10.1186/1465-9921-14-49</a></li> <li>5. Melani AS, Canessa P, Coloretti I, et al. <i>Respir Med</i>. 2012;106:668-676. <a href="http://dx.doi.org/10.1016/j.rmed.2011.11.016">http://dx.doi.org/10.1016/j.rmed.2011.11.016</a></li> <li>6. Fink JB, Rubin BK. <i>Respir Care</i>. 2005;50:1360-1374. <a href="#">doi</a></li> </ol>

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**CGA Reference: SLE2017B** (required)

Please refer to [Section III Grant Review Criteria](#) (above) for more details about how grant applications will be reviewed.

<b>Timeline:</b>	Grants may be submitted between June 5, 2017, and July 31, 2017, with a grant start date of Oct 15, 2017, or later.
<b>Healthcare Gap(s):</b>	Our intent is to fund educational initiatives that are designed to close at least 1 of the following independently identified healthcare gaps; however, other independently identified healthcare gaps are also encouraged to be included: <ol style="list-style-type: none"> <li>(1) Unresolved SLE disease activity and its impact on organ damage<sup>1,2</sup></li> <li>(2) SLE flare recognition, treatment, and prevention<sup>3,4</sup></li> <li>(3) Need for adequate communication between SLE patients and HCPs to ensure HCPs are aware of and address SLE-related symptoms impacting patients<sup>5-6</sup></li> <li>(4) Incomplete adherence to SLE treatment regimens and/or inadequate compliance with recommended dosing misinterpreted as a lack of response and resulting in disease exacerbation<sup>7-9</sup></li> </ol>
<b>More Information:</b>	Our intent is to fund educational initiatives for rheumatologists, primary care physicians, and allied health professionals that use multi-channel platforms and reach a national audience. Educational initiatives at a national conference will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, etc).
<b>Educational Outcomes:</b>	Grants that are designed to measure improvements/changes in HCP knowledge (Level 3*), competence (Level 4*) performance (Level 5*), and/or patient/community health (Level 6/7*) are funding priorities.
<b>Budget Available:</b>	Grant requests up to \$200,000 will be considered for funding. The total available budget for this CGA is \$200,000.
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Bruce IN, O’Keeffe AG, Farewell V, et al. <i>Ann Rheum Dis</i>. 2015;74:1706-1713. <a href="http://dx.doi.org/10.1136/annrheumdis-2013-205171">http://dx.doi.org/10.1136/annrheumdis-2013-205171</a></li> <li>2. Urowitz MB, Gladman DD, Ibanez D, et al. <i>Arthritis Care Res</i>. 2012;64:132-137. <a href="http://dx.doi.org/10.1002/acr.20648">http://dx.doi.org/10.1002/acr.20648</a></li> <li>3. van Vollenhoven RF, Mosca M, Bertsias G, et al. <i>Ann Rheum Dis</i>. 2014;73:958-967. <a href="http://dx.doi.org/10.1136/annrheumdis-2013-205139">http://dx.doi.org/10.1136/annrheumdis-2013-205139</a></li> <li>4. Doria A, Gatto M, Zen M, et al. <i>Autoimmun Rev</i>. 2014;13:770-777. <a href="http://dx.doi.org/10.1016/j.autrev.2014.01.055">http://dx.doi.org/10.1016/j.autrev.2014.01.055</a></li> <li>5. Berrios-Rivera JP, Street RL Jr, Garcia Popa-Lisseanu MG, et al. <i>Arthritis Rheum</i>. 2006;55:385-393. <a href="http://dx.doi.org/10.1002/art.21988">http://dx.doi.org/10.1002/art.21988</a></li> <li>6. Demas KL and Costenbader KH. <i>Curr Opin Rheumatology</i> 2009;21:102-109. <a href="http://dx.doi.org/10.1097/BOR.0b013e328323daad">http://dx.doi.org/10.1097/BOR.0b013e328323daad</a></li> <li>7. Chambers SA, Raine R, Rahman A, et al. <i>Rheumatology (Oxford)</i>. 2009;48:266-271. <a href="http://dx.doi.org/10.1093/rheumatology/ken479">http://dx.doi.org/10.1093/rheumatology/ken479</a></li> </ol>

\*Moore DE, et al. *J Contin Educ Health Prof*. 2009;29:1-15.

	<ol style="list-style-type: none"><li data-bbox="511 197 1508 302">8. Costedoat-Chalumeau N, Pouchot J, Guettrot-Imbert G, et al. <i>Best Pract Res Clin Rheumatol</i>. 2013;27(3):329-340. <a href="http://dx.doi.org/10.1016/j.berh.2013.07.001">http://dx.doi.org/10.1016/j.berh.2013.07.001</a></li><li data-bbox="511 306 1508 388">9. Feldman C, Yazdany J, Guan H, et al. <i>Arthritis Care Res</i>. 2015;67:1712-1721. <a href="http://dx.doi.org/10.1002/acr.22636">http://dx.doi.org/10.1002/acr.22636</a></li></ol>
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