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.

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.

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.

<table>
<thead>
<tr>
<th>GSK Disease Area of Interest</th>
<th>Submit Under Therapeutic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Respiratory</td>
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<td>COPD</td>
<td>Respiratory</td>
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<tr>
<td>Eosinophilic Granulomatosis with Polyangiitis (EGPA)</td>
<td>Rare Disease</td>
</tr>
<tr>
<td>Systemic Lupus Erythematosus (SLE)</td>
<td>Immuno-Inflammation</td>
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<tr>
<td>Vaccine Preventable Diseases</td>
<td>Vaccines</td>
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<tr>
<td>Oral Health</td>
<td>Oral Health</td>
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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 or general broad based disease topics.

   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, 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.

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.GSKgrants.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.

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.

ASTHMA

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

| Timeline: | Grants may be submitted between December 6, 2018 and March 1, 2019, with a grant start date of May 15, 2019 or later. |
| Healthcare Gap(s): | 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, burden of disease, and comorbidities¹,² |
| | (2) Asthma diagnosis, assessment, and treatment¹,³ |
| | (3) Importance of medication adherence and proper inhaler use, including technique⁴,⁵ |
| | (4) Choice of pharmacotherapy in asthma with regard to patient sub-types (eg, eosinophilic) and phenotypes or endotypes⁶,⁷ |
| | (5) Asthma pathophysiology³ |
| More Information: | 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). |
| Educational Outcomes: | 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. |
| Budget Available: | Grant requests up to $300,000 will be considered for funding. The total available budget for this CGA is $2M. |

References:

# COPD

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Healthcare Gap(s):</strong></td>
<td>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:</td>
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<tr>
<td></td>
<td>(1) Utilization of global or national treatment strategies and guidelines(^1-^3)</td>
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<td>(2) Choice of inhaled maintenance treatment in COPD in relation to symptomatology and exacerbation risk (role of LAMA/LABA and ICS-containing treatments in COPD)(^1,^4-^6)</td>
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<td>(3) Continuity of care for COPD patients between primary care and pulmonology clinics(^7,^8)</td>
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<td></td>
<td>(4) COPD exacerbations: identification, patient burden, and treatment strategy(^9)</td>
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<td></td>
<td>(5) Inhaler considerations: the impact of device selection for individual patients and the importance of patient education and training in proper inhaler use(^1,^10,^11)</td>
</tr>
<tr>
<td><strong>More Information:</strong></td>
<td>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).</td>
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<td><strong>Educational Outcomes:</strong></td>
<td>Grants that are designed to measure improvements/changes in HCP knowledge (Level 3(^<em>)), competence (Level 4(^</em>)) performance (Level 5(^<em>)), and/or patient/community health (Level 6/7(^</em>)) are funding priorities.</td>
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<tr>
<td><strong>Budget Available:</strong></td>
<td>Grant requests up to $300,000 will be considered for funding. The total available budget for this CGA is $2M.</td>
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   http://doi.org/10.1016/j.amjmed.2018.05.004
   http://doi.org/10.4187/respcare.06276
   http://doi.org/10.1016/j.amjmed.2018.05.003
   http://dx.doi.org/10.1016/j.rmed.2011.11.016
EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (EGPA)

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

**Timeline:**
Grants may be submitted starting December 6, 2018. The grant cycle will close when budget is no longer available; we will update the website accordingly.

**Healthcare Gap(s):**
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. EGPA clinical features, diagnosis, and treatment\(^1,2,3\)
2. EGPA pathophysiology\(^2\)
3. EGPA patient journey and burden of disease\(^4,5,6\)
4. Diagnostic approaches (eg, eosinophilia, differential diagnosis from other eosinophilic disorders, or ANCA-associated vasculitis)\(^6,7,8\)

**More Information:**
Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national or regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, ACPE, AANP, AAPA, etc).

**Educational Outcomes:**
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.

**Budget Available:**
The total available budget for this CGA is $800,000.

**References:**

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

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

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| **Healthcare Gap(s):** | 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) SLE diagnosis, assessment, and treatment (eg, biologics, combination therapy)1-3  
(2) SLE pathophysiology4,5  
(3) Patient-provider communication6,7  
(4) Adherence to SLE treatment regimens8-10  
(5) Organ damage and impact of disease activity11,12  
(6) SLE flare recognition, treatment, and prevention13,14 |
| **More Information:** | Our intent is to fund educational initiatives for primary care physicians, rheumatologists, other specialists who care for patients with SLE (eg, dermatologists, nephrologists, OBGYNs, etc), and allied health professionals that use multi-channel platforms and reach a national audience. Educational initiatives at national and regional conferences will be considered. Preference is for educational initiatives that are accredited (eg, by the ACCME, ANCC, etc). |
| **Educational Outcomes:** | 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. |
| **Budget Available:** | The total available budget for this CGA is $5.6M. |
4. Mok CC, Lau CS. J Clin Pathol. 2003;56:481-490. [http://dx.doi.org/10.1136/jcp.56.7.481](http://dx.doi.org/10.1136/jcp.56.7.481)  
5. Cancro MP, D’Cruz DP, Khamashta MA. J Clin Invest. 2009;119:1066-1073. [https://doi.org/10.1172/JCI38010](https://doi.org/10.1172/JCI38010)  
7. Demas KL and Costenbader KH. Curr Opin Rheumatology

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VACCINE PREVENTABLE DISEASES

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<tbody>
<tr>
<td>Healthcare Gap(s):</td>
<td>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:</td>
</tr>
<tr>
<td>(1)</td>
<td>Lack of understanding of the primary risk factors for shingles, specifically focusing on the age-related decline in immunity and immunocompromised conditions(^1,2)</td>
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<tr>
<td>(2)</td>
<td>Lack of awareness of shingles disease burden, diagnosis, treatment, and prevention, including current vaccination recommendations(^3)</td>
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<tr>
<td>(3)</td>
<td>Strategies to improve uptake of vaccination for shingles, including improving the physician-patient dialogue(^4,5)</td>
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<tr>
<td>(4)</td>
<td>Low adult vaccination rates per CDC recommendations and Healthy People 2020 goals(^5-8)</td>
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<tr>
<td>(5)</td>
<td>Use of sites outside of the physician office for vaccination (eg. retail setting)(^9,10)</td>
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<tr>
<td>(6)</td>
<td>Disparities in adult vaccination and strategies for improvement(^5,11-13)</td>
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<tr>
<td>(7)</td>
<td>Effective approaches to engaging with adolescents and young adults on the subject of meningococcal vaccination(^14,15)</td>
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<tr>
<td>(8)</td>
<td>Understanding and communicating the importance of vaccine series completion in preventing IMD (caused by serogroups ACWY and B)(^14,15)</td>
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<tr>
<td>(9)</td>
<td>Addressing adolescent and adult vaccine quality/performance measure gaps(^16)</td>
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<tr>
<td>(10)</td>
<td>Lack of awareness on the use of quality measures and data to increase adult immunization rates(^17)</td>
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<tr>
<td>(11)</td>
<td>Lack of awareness of the National Vaccine Plan and the National Adult Immunization Plan (NAIP), especially among future healthcare providers in training (eg. medical, pharmacy, nursing, nurse practitioner, public health, etc)(^5)</td>
</tr>
<tr>
<td>More Information:</td>
<td>Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Educational initiatives at national and statewide conferences will be considered. Preference is for educational initiatives that are accredited (eg. by the ACCME, ANCC, ACPE, AANP, AAPA, etc).</td>
</tr>
<tr>
<td>Educational Outcomes:</td>
<td>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.</td>
</tr>
<tr>
<td>Budget Available:</td>
<td>Grant requests up to $300,000 will be considered for funding. The total available budget for this CGA is $2.3M.</td>
</tr>
</tbody>
</table>


7. Centers for Disease Control and Prevention (CDC). *MMWR*. 2015;64:95-102. Available at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6446a6.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6446a6.htm)


### ORAL HEALTH

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</table>
| **Healthcare Gap(s):** | 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) Lack of understanding of oral conditions such as acid erosion/wear, xerostomia, periodontal disease and oral conditions found in the edentulous\(^1,2,3\)  
(2) Appropriate understanding of available treatments to improve oral health and treat disease\(^1,2,3\) |
| **More Information:** | Our intent is to fund educational initiatives that use multi-channel platforms and reach a national or regional audience. Preference is for educational initiatives that are accredited (eg, by the APCE, ADA CERP, etc). |
| **Educational Outcomes:** | 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. |
| **Budget Available:** | Grant requests up to $35,000 will be considered for funding. The total available budget for this CGA is $100,000. |