



## **Request for Proposal (RFP) for Independent Medical Education (IME)**

### Improving Care for People Living with HIV (PLWH) Through Shared Decision Making

Therapeutic Area	ID
Sub-area of Interest	HIV
Intended Learners	HIV Specialists, nurses, advanced practice providers and other members of the multi-disciplinary team treating people living with HIV in diverse settings (including academic and community settings).
Budget	Maximum budget \$300,000 (USD)
Geographic Coverage	US
References	Supportive citations are provided beginning on page 4.
Submission Deadline	November 8, 2025, 11:59 pm EST
Submission	<a href="http://www.msgrant.com">www.msgrant.com</a>
Submission code	HIVSDMQIPI25

## Background

Our values represent the core of our character and guide every decision and action we take, leading with patients first. We support high-quality IME for healthcare professionals (HCPs) designed to improve patient health outcomes, across a variety of scientific areas. Global Medical Proficiency and External Affairs (GMPEA) aims to be the world class industry leader collaborating with professional organizations to support innovative IME, advancing knowledge, competence, and performance of HCPs to help improve patient care and health outcomes. Education which allows for reinforcement of the learning objectives is key to long-term performance optimization, as is the incorporation of tools and ongoing reminders for HCPs that help them apply their knowledge. The best way to improve patient care is through the application of relevant and appropriate medical education.

As the population of people living with HIV (PLWH) ages, with nearly half over the age of 50 years, their healthcare needs are becoming increasingly complex.<sup>1</sup> Research estimates that by 2030, 70% of PLWH on antiretroviral therapy (ART) will have mental or physical multimorbidity, further exacerbating issues related to polypharmacy.<sup>2</sup> This necessitates a deeper understanding of drug safety, potential drug-drug interactions (DDIs), appropriate ART options, and associated adverse events.<sup>3,4</sup> PLWH continue to age and comorbidity patterns vary across demographic groups.<sup>2</sup> Thus, personalized care, through shared decision making (SDM), is essential in HIV care.

SDM plays a critical role in optimizing patient outcomes by balancing evidence-based care with patient values and activities of daily living. A long-term partnership developed through SDM enables HCPs to engage patients in discussions that consider their unique needs, preferences, and goals. Literature indicates that most patients prefer a shared responsibility approach when making treatment decisions.<sup>5</sup> By fostering a collaborative relationship, clinicians can develop comprehensive care plans that address complex health needs at all stages of their patient's life and improve outcomes across diverse populations.

Adopting SDM is suggested to improve linkage to care, adherence, viral suppression, and preference uncertainty.<sup>4,5</sup> Quality improvement initiatives may enhance clinicians' proficiency in operationalizing SDM and implementing practical strategies to optimize care delivery and improve patient satisfaction. Enhancing HIV specialists and care teams ability to engage in SDM may help manage health challenges and drive measurable improvements in care quality and patient outcomes.

## Identified Quality of Care Gap(s)

Through published literature, the GMPEA team at Our Company identified healthcare quality and performance gaps in HIV care. Our Company would like to support independent grants that leverage quality improvement best practices to address one or more of the following performance gaps:

## Confidential

- *Addressing providers' need for HIV-specific SDM models and communication strategies to routinely implement SDM, as a continuous dialogue during each clinical encounter.*<sup>3,5,7</sup>
- *Addressing the need to create adaptable tools to engage PLWH in information sharing and shared treatment decision-making to improve adherence and viral suppression.*<sup>4,5,8</sup>
- *Addressing the need to enhance provider knowledge of cultural humility and equip them with practical strategies for integrating this understanding into HIV care.*<sup>4,6</sup>
- *Addressing the need for sustainable institutional-level changes that promote long-term patient centered care through provider collaboration and support multidisciplinary care teams.*<sup>3,6</sup>

Our Company is looking to support IME to narrow or close these gaps; however, depending on the needs identified by the providers, the IME may not be able to address all these gaps in a single proposal.

## Eligibility Criteria

- **U.S. based** professional associations and medical societies, healthcare institutions, medical education companies, and other organizations committed to improving the quality of healthcare delivered to individuals, through the education of HCPs, may apply for this grant.
- The applicant must be an accredited provider in good standing by the Accreditation Council for Continuing Medical Education (ACCME), American Nursing Credentialing Center (ANCC), American Council for Pharmacy Education (ACPE), or have Joint Accreditation for interprofessional continuing education.
- The selected grant recipient will need to attest to the terms, conditions, and purposes of the independent educational grant as described in Our Company's Letter of Agreement, and comply with current ethical codes and regulations.

## Prioritization of Grant Applications

Our Company will evaluate all complete grant applications, and will give priority to those most likely to independently validate the aforementioned educational and performance gaps specific to the needs of specific cohorts of learners. Proposals should be built around the educational or performance need (including an identification of current knowledge or practice of targeted learners contrasted with ideal knowledge and practice), supported with aligned learning objectives, constructed with appropriate instructional design and adult learning theory, and evaluated using Moore's scale of educational effectiveness. Our Company encourages application submission to additional commercial supporters with similar scientific interests.

Our Company appreciates the complexity of education required for HCPs to help improve patient health outcomes. In our experience, collaboration between medical

## Confidential

education providers may yield better educational outcomes by enabling multi-modal education and developing tools and resources for a broader group of learners.

## Terms and Conditions

The selected grant recipient shall be bound by the terms and conditions found in the Our Company's Letter of Agreement.

## References

1. Petroll AE, Quinn KG, John SA, Nigogosyan Z, Walsh JL. Factors associated with lack of care engagement among older, rural-dwelling adults living with HIV in the United States. *J Rural Health*. 2023;39(2):477-487. doi:10.1111/jrh.12732
2. Althoff KN, Stewart C, Humes E, et al. The forecasted prevalence of comorbidities and multimorbidity in people with HIV in the United States through the year 2030: A modeling study. *PLoS Med*. 2024;21(1):e1004325. doi:10.1371/journal.pmed.1004325
3. Paudel M, Prajapati G, Buysman EK, et al. Comorbidity and comedication burden among people living with HIV in the United States. *Curr Med Res Opin*. 2022;38(8):1443-1450. doi:10.1080/03007995.2022.2088714
4. Knight JM, Ward MK, Fernandez S, et al. Perceptions and Current Practices in Patient-Centered Care: A Qualitative Study of Ryan White HIV Providers in South Florida. *J Int Assoc Provid AIDS Care*. 2024;23:23259582241244684. doi:10.1177/23259582241244684
5. Ostermann J, Mühlbacher A, Brown DS, et al. Heterogeneous Patient Preferences for Modern Antiretroviral Therapy: Results of a Discrete Choice Experiment. *Value Health*. 2020;23(7):851-861. doi:10.1016/j.jval.2020.03.007
6. Daoud O, Gladstein JE, Brixner D, O'Brochta S, Naik S. Health disparities in HIV care and strategies for improving equitable access to care. *Am J Manag Care*. 2025;31(1 Suppl):S3-S12. doi:10.37765/ajmc.2025.89687
7. Fertaly K, Javorka M. Understanding Patient-Provider Relationships: A Qualitative Study of Rural HIV Care in a Low-Prevalence Mountain West State in the United States. *J Assoc Nurses AIDS Care*. 2025;36(3):258-270. doi:10.1097/JNC.0000000000000524
8. Okoli C, Brough G, Allan B, et al. Shared Decision Making Between Patients and Healthcare Providers and its Association with Favorable Health Outcomes Among People Living with HIV. *AIDS Behav*. 2021;25(5):1384-1395. doi:10.1007/s10461-020-02973-4