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

Improving Quality and Performance in Guideline-Directed Lipid Management and Patient Care

Therapeutic Area	Cardiovascular
Sub-area of Interest	Atherosclerosis
Intended Learners	Cardiologists; Cardiovascular Surgeons; Endocrinologists; Neurologists; Primary Care Physicians; Specialty and Primary Care Nurse Practitioners and Physician Associates; Pharmacists
Budget	$2,000,000; evaluating projects of up to $500,000
Geographic Coverage	US
References	Supportive citations are provided beginning on page 4.
Submission Deadline	Sept 8, 2025,11:59 pm Eastern Time
Submission	www.msdgrant.com
Submission code	ATHEROQI2025

MSD

Background

Our values represent the core of our character and guide every decision and action we take, leading with patients first. We support 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.

Atherosclerosis is a progressive disease characterized by the buildup of plaques within arterial walls leading to narrowed arteries and reduced blood flow. This condition is the underlying pathology behind many cardiovascular diseases including Atherosclerotic Cardiovascular Disease (ASCVD), which includes conditions such as coronary artery disease, cerebrovascular disease, and peripheral artery disease. ASCVD remains a leading cause of morbidity and mortality worldwide, and approximately 24 million people in the United States ≥21 years old have ASCVD. The substantial burden of ASCVD is compounded by challenges in identifying at-risk patients and accurately assessing their risk, as many individuals remain undiagnosed or inadequately treated.

Treatment inertia, where HCPs do not intensify therapy despite suboptimal risk factor control, further exacerbates the prevalence of ASCVD. Literature suggests that performance improvement and implementation efforts can narrow gaps in HCP performance related to use of guideline-directed therapies and lowering LDL-C levels to support ASCVD treatment goals. Performance improvement activities that apply quality improvement best practices–incorporating an iterative process of assessing gaps, planning and implementing interventions, and conducting data analyses and evaluations to guide informed decision-making–have been shown to effectively address gaps in care.

A range of highly skilled medical professionals in specialties such as cardiology, cardiovascular surgery, endocrinology, neurology, and in primary care, provide care for patients with atherosclerosis. Each healthcare team may adopt different approaches based on available resources. Interprofessional education promotes a collaborative, team-based approach to address knowledge and performance gaps, ultimately enhancing clinical practice. Collaboration among HCPs supports the delivery of optimal interventions for patients and fosters respectful workplaces.

Identified Educational Gap(s)

Through published literature, the GMPEA team at Our Company identified healthcare quality and HCP performance gaps in ASCVD 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:

- Addressing the need to implement guideline-recommended practices for ASCVD risk assessment.
- Addressing the need to implement guideline-recommended practices to achieve LDL-C treatment goals for individuals with ASCVD or at high risk for ASCVD.
- Addressing the need for guideline-recommended LDL-C monitoring to guide decisions surrounding appropriate add-on therapy to achieve LDL-C treatment goals for individuals with ASCVD or at high risk for ASCVD.

Eligibility Criteria

- **U.S. based** professional associations and medical societies, healthcare quality organizations, 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(s) 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 quality, 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 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(s) shall be bound by the terms and conditions found in the Our Company's Letter of Agreement.

References

American Heart Association. Atherosclerotic cardiovascular disease ASCVD. Accessed February 21, 2025. Available at: https://www.heart.org/en/professional/quality-improvement/ascvd

Arnett DK, Blumenthal RS, Albert MA, et al. 2021 ACC/AHA guideline on the primary prevention of cardiovascular disease: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2021;143(8).

Bosso G, De Luca M, Alma G, et al. ALERT-LDL: Adherence to guidelines in the treatment of patients with dyslipidemia. *Intern Emerg Med.* 2022;17(2):387-395.

Dixon, D, Sharma, G, Sandesara, P. et al. Therapeutic Inertia in Cardiovascular Disease Prevention: Time to Move the Bar. *JACC*. 2019 Oct, 74 (13) 1728-1731.

Gu J, Sanchez R, Chauhan A, et al. Lipid treatment status and goal attainment among patients with atherosclerotic cardiovascular disease in the United States: A 2019 update. Am J Prev Cardiol. 2022 Mar 20;10:100336.

Hariri EH, Al Hammoud MM, Nissen SE, Hammer DF. Primary and secondary prevention of atherosclerotic cardiovascular disease: A case-based approach. *Cleveland Clinic J Med*. 2022;89(9):513-522.

Jones LK, Tilberry S, Gregor C, et al. Implementation strategies to improve statin utilization in individuals with hypercholesterolemia: a systematic review and meta-analysis. *Implement Sci*. 2021;16:1-15.

Misher A, Brown J, Maguire C, Schnibben AP. Employer-sponsored wellness programs for hypertension and dyslipidemia in a 2-hospital health system. *Am Health Drug Benefits*. 2019;12(6):287-293.

Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof.* 2009;29(1):1-15.

Underberg J, Toth PP, Rodriguez F. LDL-C target attainment in secondary prevention of ASCVD in the United States: Barriers, consequences of nonachievement, and strategies to reach goals. *Postgrad Med*. 2022;134(8):752-762.

Varkey P, Reller MK, Resar RK. Basics of quality improvement in health care. Mayo Clin Proc. 2007;82(6):735-739.