



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

Improving Care for People with Inflammatory Bowel Disease (IBD)

Therapeutic Area	Immunology
Sub-area of Interest	IBD
Intended Learners	Internists/Family Practice/Primary Care, Gastroenterologists, Gastrointestinal (GI) Advanced Practice Practitioners, Rheumatologists, Dermatologists, and other specialists that care for people with IBD (including academic and community settings).
Budget	Maximum budget up to \$300,000 (USD)
Geographic Coverage	US
References	Supportive citations are provided beginning on page 5
Submission Deadline	Monday, December 7, 2026; 11:50 PM EST

Submission	www.msddgrant.com
Submission code	IBD2026

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. One way to improve patient care is through the application of relevant and appropriate medical education.

Inflammatory bowel disease (IBD) is a chronic inflammatory condition associated with substantial symptom burden and impaired quality of life, impacting millions of people in the United States (U.S.).¹⁻³ Although the understanding of IBD management and available therapeutic approaches has advanced, critical gaps remain in achieving and maintaining optimal outcomes.³ Timely diagnosis, treatment initiation, and proactive treatment optimization remain important for improving outcomes.³ However, delivering effective IBD care is often complicated by the need for continuous monitoring, complex multi-disciplinary team (MDT) coordination, and persistent communication gaps across care settings.

Although IBD management must be individualized, its success relies on seamless MDT communication, vigilant disease monitoring, and timely treatment adjustments. Many patients require coordinated care from gastroenterologists (GI) and non-GI specialists to effectively manage IBD symptoms, extra-intestinal manifestations (EIMs), and other comorbidities.^{3,4} Unfortunately, communication and care coordination across these HCPs is frequently fragmented.^{3,5} Furthermore, the physical and logistical burden of frequent in-person visits and invasive monitoring underscores an urgent need for innovative approaches that facilitate efficient symptom tracking and more timely treatment decisions.⁶⁻⁸

Treatment monitoring is central to improving outcomes for people with IBD. Treat to target (T2T) strategies aim to guide IBD care by establishing measurable therapeutic goals and supporting assessment of disease control.⁶ However, the implementation of T2T remains inconsistent in routine practice. One study of a multistate healthcare system reported only 15.4% of patients with IBD completed some form of T2T monitoring between 2015 and 2021.⁹ Consequently, quality improvement (QI) initiatives that strengthen therapy monitoring, improve MDT coordination, support symptom management, and advance T2T strategy implementation may enhance disease management and quality of life for people with IBD.¹⁰

Confidential

Identified Quality of Care Gap(s)

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

- *Improve communication and coordination across MDTs to support timely access to care and management of IBD symptoms, EIMs, and/or other comorbidities in IBD.*
- *Improve therapy monitoring and optimization, such as the use of corticosteroids, by increasing implementation of T2T strategies with the goal of reducing adverse outcomes and improving patient quality of life.*
- *Improve patient-centered disease monitoring by incorporating innovative approaches, such as remote care, digital health tools, and non-invasive monitoring options, to facilitate timely treatment decisions while reducing patient burden.*

Our Company is looking to support education to narrow or close these gaps through QI projects that integrate into routine practice and can sustain beyond the project timeline; however, depending on the needs identified by the educational 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.

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

References

- 1 Wang, R., Li, Z., Liu, S. & Zhang, D. Global, regional and national burden of inflammatory bowel disease in 204 countries and territories from 1990 to 2019: a systematic analysis based on the Global Burden of Disease Study 2019. *BMJ Open* 13, e065186 (2023). <https://doi.org/10.1136/bmjopen-2022-065186>
- 2 Lewis, J. D. et al. Incidence, prevalence, and racial and ethnic distribution of inflammatory bowel disease in the United States. *Gastroenterology* 165(5), 1197–1205 e1192 (2023). <https://doi.org/10.1053/j.gastro.2023.07.003>
- 3 Said, H., Moulton, C. D., Hart, A. & Keefer, L. Holistic care in inflammatory bowel disease: is it in REACH? *J Crohns Colitis* 20(2), ii52–ii65 (2026). <https://doi.org/10.1093/ecco-jcc/jjaf227>
- 4 Godfrey, D. et al. Exploring the evidence that supports the benefits of the multidisciplinary team in inflammatory bowel disease. *Am J Med* 138(12), 1724–1733.e1721 (2025). <https://doi.org/10.1016/j.amjmed.2025.08.015>
- 5 Salinas, G. D., Belcher, E., Stacy, S., Nazarey, P. P. & Cazzetta, S. E. Understanding the role of the primary care physician in the management of patients with Crohn's perianal fistulas. *Postgrad Med* 136(1), 67–77 (2024). <https://doi.org/10.1080/00325481.2023.2277146>
- 6 Parisio, L. et al. Treat-to-Target in Ulcerative Colitis: How soon is now? *J Clin Med* 15(2), 759 (2026). <https://doi.org/10.3390/jcm15020759>
- 7 Bezzio, C. et al. Revolutionizing Crohn's disease monitoring: The emerging role of intestinal ultrasound. *Curr Opin Pharmacol* 85, 102580 (2025). <https://doi.org/10.1016/j.coph.2025.102580>
- 8 De Deo, D. et al. Digital biomarkers and artificial intelligence: a new frontier in personalized management of inflammatory bowel disease. *Front Immunol* 16, 1637159 (2025). <https://doi.org/10.3389/fimmu.2025.1637159>
- 9 Haydek, J. P. et al. Treat-to-target monitoring adherence and rates of healthcare utilization in patients with inflammatory bowel disease in a regional healthcare system. *Clin Transl Gastroenterol* 17(1), e00942 (2026). <https://doi.org/10.14309/ctg.0000000000000942>
- 10 Stratil, A. S. et al. Six-year observation data reveal reduction in concomitant steroid overuse for inflammatory bowel disease in Germany. *Inflamm Bowel Dis* 31(11), 2996–3002 (2025). <https://doi.org/10.1093/ibd/izaf108>