

AstraZeneca – Call For Grant Applications
CGA_COPD_Small Programs_2022

Submission Deadline	Rolling review/support decisions, with submission deadline of April 29, 2022 at 12 noon EST
Primary Area of Focus	Respiratory
Therapeutic Area	Chronic Obstructive Pulmonary Disease (COPD)
Burden to the Patient	<p>Patients with COPD have to cope with poorer quality-of-life, owing it in part to their reduced daily physical activity, increased symptom burden and the potential impact of comorbidities. They must also contend with Smoker’s Guilt and the anxiety linked to the uncertainty and impact of the next exacerbation. It’s an understatement that patients with moderate-to-severe COPD (and their caregivers) have an altered lifestyle and struggle with strategies to manage everyday life.</p>
Healthcare Burden	<p>COPD imposes substantial medical, economic, and societal burden in the US. It affects almost 15.7 million patients and is the 3th leading cause of death from chronic disease, linked to over 150,000 deaths annually (410 deaths per day; 1 person every 4 minutes).</p> <p>Exacerbations and resulting hospitalizations are largely responsible for the high healthcare costs, disease progression and the morbidity associated with COPD. There are estimates of:</p> <ul style="list-style-type: none"> • 12.7 to 19.5 million exacerbations annually • 35,000 to 53,000 exacerbations per day • 22,000 COPD-related ER visits per day • 4,100 of exacerbation-related ER visits/hospitalizations per day • ~50% mortality rate at 5 years following an exacerbation-related hospitalization. <p>The effects of COPD extend far beyond the lungs. COPD is frequently associated with cardiovascular disease, diabetes mellitus, osteoporosis, depression, lung cancer, and sleep disorders. Comorbidities including heart failure, ischemic heart disease/heart disease and diabetes have been found to significantly reduce life expectancy in patients with COPD. Specifically:</p> <ul style="list-style-type: none"> • Patients with COPD are 2.5 times more likely to have heart failure • Mortality rates are double in patients with heart failure and COPD compared either condition alone • Patients with diabetes are 45% more likely to have COPD. • People with diabetes are 27% more likely to die from COPD than people without diabetes <p>The majority of patients with COPD are managed within the primary care setting, where sub-optimal guideline-concordant care has been reported. The gaps in care are numerous and well known, including but not limited to:</p> <ul style="list-style-type: none"> • Lack of urgency to diagnosis and treat patients suspected of COPD (if appropriate) • Limited knowledge of the early warning signs of an exacerbation • Lack of appreciation of the impact of exacerbations (all severity levels) on lung health, quality of life, and mortality • Complexity of medical management due to comorbidities • Poor coordination and follow-up as part of transition-of-care plan following hospitalization • Limited familiarity/low integration of GOLD guidelines in clinical practice • Challenges with effective patient-centered dialog.

	The impact of COPD may go beyond the lungs, with the potential for worsening comorbid diseases. It is imperative to establish a treatment approach that is focused on the whole patient and not the individual diseases.
Need	Education that: <ul style="list-style-type: none"> • Addresses the root cause(s) of the gaps that are responsible for above burden to healthcare • Creates a sense of urgency and activates the learner to translate the new knowledge into practice • Elevates clinician empathy
Educational Program	Employs educational strategies/formats that: <ul style="list-style-type: none"> • Leverages the latest digital technologies for maximal learner reach and engagement • Provides content tailored to the specific needs of the proposed audience • Considers time constraints of the learner (concise; point-of-care; microlearning) • Engages the diverse professions/specialties that care for patients with COPD • Has proven success in translating knowledge into practice change (eg, grand round with simulives; small group discussions; workshops; quality improvement; gamification; on-demand) • Provides resources and/or tools for the clinician to assist with interactions with the patient or which helps the clinician apply the new learnings/strategies • Engages the diverse professions/specialties that care for patients with COPD
Budget	≤ \$75,000
Successful submission	<ul style="list-style-type: none"> • Independently-developed application, providing detailed description of the educational/practice gaps and their root cause(s), goals, learning objectives, educational formats, and outcomes methodology of the proposed education • Description of educational strategy and how the proposed program will: <ul style="list-style-type: none"> ○ Addresses the root cause(s) of the gaps that are responsible for above burden to healthcare ○ Improve knowledge, competence, and confidence of the learner ○ Create a sense of urgency regarding translating the newly acquired knowledge into practice ○ Elevate the learner empathy
CGA Code	CGA_COPD_Small Programs_2022
Website URL	https://www.astrazenecagrants.com/us-grants.html

Program Requirements:

The Program must be planned and executed as if an accredited activity and fully compliant with the criteria and/or standards of commercial support for ACCME, AAFP, AOA, ACPE, ANCC, AANP, or NCCPA. Furthermore, the program will be educational and non-promotional in nature and will be planned, designed and implemented in accordance with the U.S. Food and Drug Administration's Guidance on Industry-Supported Scientific and Educational Activities ("Policy Statement").

The Policy Statement and the ACCME Standards require, among other things, that (i) Institution conduct the Program independently and without control or influence by AstraZeneca over the Program's planning, content (including the selection of speakers or moderators), or execution; (ii) the Program be free of commercial bias for or against any product; (iii) Institution make meaningful disclosure of AstraZeneca support of the Program and any prior relationship between Institution and AstraZeneca, and the relationship, if any, between AstraZeneca and the speakers selected by Institution; and (iv) AstraZeneca not engage in, and Institution not permit any other sponsor to engage in, promotional activities in or near the Program room or advertise its products in any materials disseminated as part of the Program.

In addition, Institution is required by the Policy Statement and, if applicable, accreditation standards to ensure that any product discussions at the Program be accurate, objective, balanced and scientifically rigorous. This includes a balanced discussion of each product and of treatment alternatives, that limitations on data be disclosed, that unapproved uses be identified as such, and that for live presentations there be opportunities for questioning or debate.