Merck Foundation
Alliance to Advance Patient-Centered Cancer Care
Frequently Asked Questions (FAQs)

Q1. What is the Alliance to Advance Patient-Centered Cancer Care? What does it hope to accomplish?

A1. The Alliance to Advance Patient-Centered Cancer Care (the Alliance) is a new initiative, funded by the Merck Foundation (the Foundation), designed to increase timely access to patient-centered care and reduce disparities in cancer care, especially for vulnerable and underserved adult populations in the United States.

The Alliance aims to:

- **Promote evidence-based, multilevel interventions** to improve key aspects of patient-centered care, including coordination and integration of care, patient-provider communication, patient activation and engagement in treatment planning, and psychosocial support and other supportive care
- **Reduce disparities in access to high-quality cancer care** for vulnerable and underserved populations
- **Improve patient outcomes**, including satisfaction with care and quality of life
- **Build sustainable partnerships** that advance patient-centered cancer care
- **Disseminate findings and lessons learned** to promote best practices in patient-centered cancer care.

The Alliance will support highly qualified organizations in selected communities across the United States to implement interventions that strengthen critical aspects of patient-centered care and improve timely access to care, especially for vulnerable and underserved populations. Through an independent cross-site evaluation, the Alliance will identify and promote best practices in patient-centered cancer care that can improve patient outcomes and reduce disparities in care.

Q2. Why is the Merck Foundation launching an initiative focused on cancer care?

A2. The creation of the Alliance is consistent with Merck's commitment to corporate responsibility and improving access to health and quality healthcare. The Foundation is making this investment

to help address critical challenges in U.S. cancer care. Despite significant advances in cancer treatment over the past decade, many challenges remain in providing high-quality care for all patients in the United States. The delivery of cancer care is often fragmented and poorly coordinated, and patients often face barriers to receiving timely and patient-centered care.[1-3] The burden of cancer falls disproportionately on some segments of the U.S. population, including racial and ethnic minorities; low-income, uninsured, and underinsured populations; and rural populations.[4-5]

In a landmark 2013 publication, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, the Institute of Medicine (IOM) issued recommendations to improve the delivery of cancer care in the United States.[3] The IOM called for strengthening patient-centered care and reducing disparities in care for vulnerable and underserved populations. A patient-centered approach to care ensures that patients are informed and actively involved in making decisions about their care that reflects their values, needs, and preferences. The Alliance builds on the IOM's call for a patient-centered approach to reducing disparities in cancer care.

Q3. Why focus on "vulnerable and underserved populations"?

A3. Vulnerable and underserved populations are those that face a disproportionate burden of disease and barriers to accessing high-quality healthcare. Vulnerable and underserved populations include racial and ethnic minorities, low-income populations, patients with comorbidities, including disabilities, mental health issues, and substance abuse issues, among others. Grant applicants should identify vulnerable and underserved populations to be served by their program and articulate the rationale for focusing on the particular population(s).

Q4. Can programs be for patients with any type of cancer?

A4. Yes, the Merck Foundation is interested in improving cancer care across all types of cancer. Applicants are encouraged to develop interventions that would improve care across multiple cancer types versus focus on a specific or single cancer type.

Q5. How will the Alliance be funded and for how long?

A5. The Foundation has committed up to $15 million over five years, beginning in 2016.

Q6. What are the size and number of grants to be provided?

A6. The Foundation may provide an organization with a grant not to exceed $2 million for up to five years. Annual budgets for the proposed programs cannot exceed $400,000 in any single year. The Foundation anticipates funding 5-6 program sites over five years as part of the Alliance.

Q7. What types of programs will the Foundation support through the Alliance?

A7. The Alliance will support the development and implementation of multifaceted cancer care programs that focus on three key areas that are important to improving patient-centered cancer care: (1) coordination of care, (2) psychosocial care and other supportive care, and (3) patient-provider communication and patient engagement. Applicants should propose programs that address these areas of cancer care as well as strategies to reduce disparities in care for vulnerable and underserved populations. The Call for Proposals provides information about the necessary elements for program development (see Section 5 in the Call for Proposals) and intervention approaches (see Section 6).

Q8. Which organizations are eligible to apply?

A8. An eligible organization must be designated as a qualified 501(c)(3) nonprofit organization in the United States by the U.S. Internal Revenue Service. Eligible organizations may include the following:

- Public or private institutions, such as universities and colleges, and healthcare organizations (including, but not limited to, cancer centers [academic and nonacademic], integrated health systems, hospitals, oncology medical homes, and other healthcare organizations)
- Comprehensive or academic cancer centers (preference will be given to those that have affiliated community-based cancer centers)
- Community-based or nongovernmental organizations.

The Call for Proposals provides a full list of criteria about organizations that are eligible and ineligible to apply (see Section 2).

Q9. Are some organizations not eligible to apply?

A9. Yes, the following types of organizations are not eligible to apply:

- For-profit entities or organizations

- Political organizations
- Fraternal, labor, or veterans organizations and activities
- Religious organizations or groups whose activities are primarily sectarian in purpose
- Organizations that discriminate on the basis of race, color, sex, sexual orientation, marital status, religion, age, national origin, veteran's status, or disability.

The Call for Proposals provides a full list of criteria about organizations that are eligible and ineligible to apply (see Section 2).

Q10. Are there restrictions on the use of grant funds?

A10. Grant funds *may not* be used for the following purposes:

- Direct clinical care—for example, surgery, radiation therapy, or chemotherapy—or reimbursable services
- Medical screening or testing, except as part of an evaluation
- Purchase of or discounts on medications, medical devices, or biologics
- Basic or clinical research projects, including epidemiological studies, clinical trials, outcomes research, or other pharmaceutical studies
- Unrestricted general operating support
- Financial support for political candidates
- Fellowship/tuition support intended for a specific individual or institution
- Endowments, including for academic chairs
- Media products that are not an integral part of the program
- Meetings/conferences/symposia that are not integral parts of the program
- Fundraising events
- Capital or building campaigns, including new construction or renovation of facilities
- Programs that directly support marketing and/or sales objectives of Merck & Co., Inc., Kenilworth, NJ, USA.

Additionally, grant funding cannot be used to displace existing funding for ongoing programs or activities. Moreover, the indirect rate for general administrative costs (which cannot include equipment) cannot exceed 15% of the total annual grant amount of up to $400,000 per year.

Q11. How do eligible organizations apply for funding?

A11. Eligible organizations are asked to complete the following steps to apply for funding:

Step 1: Letter of Intent

The first step in the application process is to submit a Letter of Intent (LOI) no later than June 30, 2016. Details on submitting an LOI can be found here. All LOIs must be submitted online at allianceforcancercare@rti.org. Only electronic LOIs uploaded to this site will be accepted. No faxed or hard-copy LOIs will be accepted. A confirmation e-mail will be sent upon receipt of the LOI.

Step 2: Full Proposal

After carefully reviewing the LOIs, the Foundation will invite selected applicants to submit a full proposal. Selected applicants will be notified by August 2, 2016, whether they are invited to submit a full proposal. Full proposals must be submitted online at www.mercksupport.com by September 15, 2016. Detailed instructions for submitting a full proposal can be found here.

Q12. When will grant awards be announced?

A12. The Foundation anticipates announcing grant awards in early 2017.

References

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3. Institute of Medicine. Delivering high-quality cancer care: charting a new course for a system in crisis. 2013; http://www.nap.edu/catalog/18359/delivering-high-quality-cancer-care-charting-a-new-course-for. Accessed April 7, 2016.
4. Mead H, Cartwright-Smith L, Jones K, Ramos C, Woods K, Siegel B. *Racial and Ethnic Disparities in U.S. Health Care: A Chartbook.* New York, NY: The Commonwealth Fund; 2008. http://www.commonwealthfund.org/publications/chartbooks/2008/mar/racial-and-ethnic-disparities-in-u-s--health-care--a-chartbook
5. Gross CP, Smith BD, Wolf E, Andersen M. Racial disparities in cancer therapy: did the gap narrow between 1992 and 2002? *Cancer.* 2008;112(4):900-908. doi: 10.1002/cncr.23228