

**The 2021 Alberta Roche Collaboration in Health (ARCH) RFP deadline has been extended until Friday March 4<sup>th</sup>, 2022, at 4:00 p.m. MST. Proposals submitted after the deadline will not be accepted.**

The focus of this Request for Proposal (RFP) is better understanding of clinical diagnosis and care of Alzheimer Disease across Alberta.

### **Background:**

Today over 700,000 Canadians are living with Alzheimer Disease (AD) and more than 65% of those are women over the age of 65<sup>1</sup>. It is estimated that the cost of AD in Canada is over \$12 billion to Canadians and 1 in 5 Canadians experiences caring for someone living with dementia<sup>1</sup>. Determining the prevalence of AD varies in different jurisdictions across Canada. This is due to variation in the definition of AD, the diagnostic tests, and the age of the patients<sup>2</sup>. This variation in diagnosis and treatment is also the case within the province of Alberta. Through the provincial health data, the ARCH partners are interested in better understanding the diagnosis and care pathway for AD.

Through the Roche Alberta Collaboration in Health (ARCH), the University Hospital Foundation (UHF) and Hoffmann-La Roche Limited (Roche) aim to support health innovation research projects that can provide further insights into challenges faced by patients and caregivers in AD primarily focused in the following areas:

- Understanding how Alzheimer's Disease diagnosis is being conducted across the province;
- Understanding how Early Alzheimer's Disease is being defined across the province in comparison to guidelines and clinical trial definitions; and
- Insights into the patient care pathway from diagnosis to care and transition from primary care into acute care and specialized services.

Within the Canadian setting, Alberta is uniquely positioned to provide further insights within the patient care pathway for AD. Alberta's health data resources is comprised of the linked in-patient and ambulatory hospital, medical, pharmacy, laboratory, diagnostics, and mortality of more than 4.4 million discrete residents. By analyzing this rich data, the ARCH partners aim to gain a better understanding of the patient journey to design solutions for early diagnosis and care for patients and families in Alberta and in Canada.

**This request for proposals (RFP) focuses on all of the following issues and opportunities within Alzheimer Disease in Alberta setting.**

### **Project Opportunities:**

**Phase 1: Identifying the Albertans within the last 10 years (2010 -2020) that have been diagnosed with AD.**

*Topics / Questions:*

By utilizing the Alberta health data, understand if questions such as below (but not limited to) can be addressed:

1. How many Albertans during this period (2010-2020) have been diagnosed with AD? Including the average age of the selected cohort and gender ratio.

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<sup>1</sup> <https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada>

<sup>2</sup> Chambers L.W., Bancej C, and McDowell I (2016) Prevalence and Monetary Costs of Dementia in Canada, Population Health Expert Panel, Alzheimer Society of Canada in Collaboration with the Public Health Agency of Canada.

2. How many had to visit the acute care system including ambulatory care, and or were hospitalized during this period?
3. How many had to be institutionalized or live in a long-term care facility during this period?
4. What are the health care system resources used (both community and institution) including screening for AD and monitoring AD?

**Phase 2: Utilizing the Alberta data within the last decade (2010-2020) and literature to identify the different types of patient assessment tools used within clinical practice to diagnose AD patients.**

*Topics / Questions:*

The focus of this opportunity is better understanding of the diagnosis of AD patients. The research questions may include but are not limited to:

1. What are the regional variations in clinical diagnosis and use of assessment tools of AD across Alberta?
2. What were the different types of assessment tools used in clinical practice to diagnose AD patients over the last 10 years?
3. Describe the range of cut-off scores for disease severity levels among tools currently used in clinical practice and proportion of patients at each severity during their diagnosis? Categorize the patients into Mild Cognitive Impairment (MCI) due to AD, mild AD Dementia, moderate AD Dementia and severe AD dementia.
  - a) Exploring if at the time of diagnosis if the AD patients are eligible for DMTs? How representative DMT clinical trial populations are compared to patients diagnosed with AD in clinical practice in Alberta?
  - b) Exploring what symptomatic treatments were prescribed at time of diagnosis and how it differs by disease severity?
4. By looking at all health data and in particular mortality data:
  - a) How soon after the diagnosis did mortality occur?
  - b) On average, on how many occasions did the patient access specialized care including ambulatory care prior to mortality?
  - c) What were the types of specialized services accessed prior to mortality?
  - d) How soon after diagnosis were the AD patients institutionalized (long term care facility)?
    - i. Determine the average length of time between diagnosis and institutionalization?
    - ii. Determine the average length of institutionalization?
    - iii. Determine the average length between institutionalization and mortality?

***Applications will be evaluated according to:***

Total amount of funding for this project (s) is up to \$300,000 for period of 12 months with the final report available by the end of 2022. The successful proponent would provide a proposal that addresses the proposed questions within both opportunities.

- How will the proposed project deliver health innovation that fulfil the ARCH competition objectives?
- Cross functional capabilities to integrate clinical and HTA perspectives.
- Established track record of working with the provincial health databases.
- The feasibility and timelines for accessing the appropriate data.
- Relevant experience and expertise in retrospective observational research in AD in Canada.
- The justifications of the proposed budget.

- The feasibility of the research project with respect to milestones.
- The viability of the proposed post-project sustainability plan.
- The assessed project team capability to execute the proposed activities, including the ability to provide the necessary administrative support to manage the project's financial and human resource requirements.
- What support beyond funding does the team require to be successful, are there opportunities to partner.
- Consideration will be given to projects with pan-provincial teams, and/or national/international collaborators.

Proposals are reviewed by a panel of external expert reviewers in accordance with the [5-point CIHR rating scale](#).

Each proposal is to be written with typeface no smaller than 12-point font and must include the following information:

1. Name of principal investigator and co-investigator(s) (if any)
  - a. Include CV of principal investigator and co-investigator(s) (if any)
2. Investigators(s) institution(s)
3. Project title
4. Background
5. Proposed project, its novelty and what outcomes do you hope to achieve
6. How the project addresses the RFP questions
7. Methodology overview
8. Lay Summary
9. Detailed Budget Breakdown
10. Milestones & Timeline

**\*\*Please include any operational impact to AHS**

Funding is subject to execution of a funding agreement setting out terms and conditions that apply to the project, including those related to ethical practices, intellectual property, payment milestones, and a satisfactory interim progress report submitted to ARCH Steering Committee after the first 6 months from receiving the award and every 6 months thereafter until the completion of the project. Where applicable additional site feasibility may be required.

#### **NON-CONFIDENTIALITY, NON-DISCLOSURE, and INTELLECTUAL PROPERTY (IP) PROTECTION**

Requests for Proposals will be accepted solely on a non-confidential basis and should not contain any applicant or third-party confidential information. Information pertaining to proposals will not be disclosed beyond the Steering committee and reviewers

**THE DEADLINE FOR SUBMISSION OF THE RFP IS March 4, 2022, at 4:00 p.m. MST**

This submission process for this RFP will be live via the online portal [SurveyMonkey Apply](#) starting on Monday November 29<sup>th</sup>, 2021.