

# **Cincinnati Children's Hospital Medical Center**

## **2014 Place Outcomes Research Awards**

### **A Component of the Health Services Research Collaborative Grant Application Instructions**

#### **DEADLINES**

**Letter of Intent for Consideration for Speed Review: Noon on Friday, October 11, 2013**

**Letter of Intent: Noon on Friday, November 8, 2013**

**Final applications: Noon on Friday, January 24, 2014**

**Notification: April 1, 2014**

**Funds available: July 1, 2014**

*For questions regarding these instructions please contact:*

*April Mack-Williams ([april.mack-williams@cchmc.org](mailto:april.mack-williams@cchmc.org)) or Evie Alessandrini, MD, MSCE  
([evaline.alessandrini@cchmc.org](mailto:evaline.alessandrini@cchmc.org))*

#### **1. Background and Purpose**

The goal of the Place Outcomes Research Awards (PORA) is to support and accelerate outcomes, health services and quality improvement research at CCHMC by funding innovative studies that use rigorous methods to improve health and healthcare delivery. Awards should generate knowledge that is generalizable to other settings and will be competitive for external research funding. Outcomes research includes research that results in innovative approaches to health care delivery, optimizes the effectiveness and implementation of clinical interventions, examines whether outcomes meaningful to patients and families have changed, and assesses the value of new clinical practices. Through this research, CCHMC is most likely to achieve its mission of ensuring the best medical and quality of life outcomes, patient and family experiences and value locally, regionally, nationally.

The Outcomes Research Awards have been named for Geoffrey Place, a past Vice President of Research and Development for Procter and Gamble, and a member of the CCHMC Board of Trustees from 1979 until 2009. During that time, Mr. Place chaired the Research Committee of the Board. His long and distinguished service to our institution contributed significantly to the growth of our research program through his extensive experience in managing research and development, his creativity and his strategic thinking. His incisive questioning led to the key concepts of outcomes, experience and value in our mission statement, concepts that drive the areas of interest of these Outcomes Research Awards.

#### **2. Definitions**

*The central interest of this award mechanism is to foster design, testing, and research on implementation of innovations in care delivery to improve health outcomes and healthcare.* Innovation refers to the creative implementation of new or altered products, services, processes, systems, organizational structures, business models, or policies to improve one or more domains of health care quality (effectiveness, efficiency, timeliness, safety, equity and patient-centeredness). It must be clear how an innovation differs from what is regarded as standard practice or policy in a particular organization and among similar organizations. Innovations may be activities adapted from other industries to healthcare, transferred from one healthcare setting to another, drawn from settings in other countries, or applied to a new or different patient population.

**Outcomes research** is the effort to understand the end results of particular health care practices. End results include effects that people experience and care about, such as change in the ability to function, as well as disease specific indicators and mortality. By carefully linking the health care people receive to the outcomes they experience, outcomes research has also become an important driver in the effort to monitor and improve health care quality.

Linking health care practices to disease outcomes typically involves the field of **health services research**. Health services research is the multidisciplinary field of scientific investigation that studies how social factors, organizational

structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations.

Health care **quality improvement** is defined as a systematic pattern of actions that seeks to constantly optimize productivity, communication, and value within a health care organization. **Quality improvement research** in this area involves the design, development and evaluation of interventions to produce new, generalizable knowledge that creates and sustains improvement in health care delivery in real world settings.

### 3. Eligibility

Applications will be accepted from all faculty investigators of Cincinnati Children's Hospital Medical Center, including Patient Services, and other health care faculty with advanced degrees (M.D., Ph.D., or equivalent). Clusters of investigators spanning disciplines and programs of the faculty are strongly encouraged.

### 4. Complementary Award Mechanisms

There are several CCHMC internal grant award mechanisms; however applicants may only apply for one internal award each year. Applicants can confer with the leaders of each mechanism if the appropriate award for the applicant's project is not clear. For reference, the goal of the Translational Research Initiative Awards (led by Dr. Bruce Trapnell) is to stimulate research that bridges from basic science discovery to clinical trials. The Trustee Awards (led by Dr. Jorge Bezerra) support both laboratory-based and clinical research projects. The Trustee Awards are primarily used to provide start-up funds for new faculty or for support of established faculty who are substantially altering the direction of their research programs. In contrast, the Place Outcomes Awards (led by Dr. Evie Alessandrini) focus on outcomes, health services, and quality improvement research by CCHMC health care faculty investigators at any stage of their careers.

### 5. Priority Areas for Funding

Priority areas are listed below followed by illustrative but neither comprehensive nor exhaustive, examples. Rigorous science and innovation that results in generalizable knowledge is more important than priority areas. This funding mechanism is not meant to support local quality improvement efforts.

- **Clinical, Functional and Quality of Life Outcomes** – Research to improve outcomes to best-in-class. e.g., examining the effect of a new disease management guideline on disease outcomes; evaluating whether segmenting patients with a given disease by biological, behavioral, or social risk to tailor their care improves quality of life outcomes.
- **Care Integration** – Research to develop integrated, well-coordinated delivery systems across the continuum of care to improve quality and cost-effectiveness. e.g., evaluating new patient discharge processes to improve information transfer to primary care pediatricians.
- **Community Health** - Research to measurably improve the health of local children and reduce disparities in targeted populations by reducing infant mortality rate, reversing the trend of increasing childhood obesity, improving outcomes for children with asthma and reducing unintentional injuries. e.g. evaluating synergistic community-based and clinical approaches to care for prevalent conditions with complex etiologies (e.g., obesity, asthma).
- **Safety** – Research to implement systems that reliably deliver safe care to our patients and protect the safety of our employees in order to be the safest hospital. e.g. conducting planned experiments to evaluate the effectiveness of individual components of proposed safety bundles.
- **Patient and Family Experience** – Research to understand the impact of partnering with patients and families, including shared responsibility between family and medical teams, in order to improve outcomes and experience. e.g., testing different models of access and exchange of information (e.g., email, disease portals), and the impact those models have on patient experience and disease outcomes.
- **Productivity** – Research to optimize use of facilities and staff and improve patient flow to achieve greater utilization of existing assets by reducing system delays and eliminate use of unnecessary diagnostic tests. e.g., testing whether caregiver entry of key medical information (e.g., asthma symptom checklists) improves patient care and flow.
- **Value** – enhance the value of care provided. e.g., evaluating the cost-effectiveness of a pharmacogenetic approach to drug selection and dosing; examining whether an enhanced disease management protocol reduces admissions and associated health care costs and who benefits from the return on investment.

## 6. Types of Grants Available

- a. **Research Proposals:** Grants can be requested for up to 2 years of support, with the second year contingent on a review of research progress. Funding will begin July 1, 2014. The maximum allowable budget is \$60,000 per annum. Funds cannot carry over between Year 1 and 2 of the Award. The number of awardees will be determined by the quality of the proposals, the total amount of the requested budgets of sufficiently meritorious proposals, and available funds. Approximately 5 to 8 awards may be made each year. Funding can be requested for faculty salary support, support staff, supplies, and travel to a single domestic scientific meeting per award. The maximum Principal Investigator support is 10% of salary per year. Fringe benefits may be included for salary support; indirect costs are not allowed. NIH SALARY CAP (\$179,700 eff 1/1/10)
- b. **Retreats:** Support is available for multidisciplinary retreats (at CCHMC or off-campus) for up to \$3,000/retreat. Retreats should have a goal of developing or accelerating an outcomes research agenda within or between divisions or departments. Proposals should include a health services and/or quality improvement research focus and include participants with outside expertise or experience in these areas if needed. Funds are contingent upon matching funds (1:1) derived from other resources (clinical or research divisions). Applications for retreats are accepted at any time and should be e-mailed to:  
**TO: [PORA@CCHMC.ORG](mailto:PORA@CCHMC.ORG)**  
**CC: [april.mack-williams@cchmc.org](mailto:april.mack-williams@cchmc.org)**

## 7. Process

The initial application for research proposals will consist of a 2 page Letter of Intent (LOI). The LOI will be screened for eligibility and to examine if the proposed research project supports the goals of Place Outcomes Research Awards. The LOI's will be screened by established outcomes researchers at CCHMC. Following the initial screening, selected investigators will be invited to submit a full application.

## 8. Letter of Intent (for Research Proposals)

The LOI consists of the application face page sample attached and 2 pages consisting of the following:

1. specific aims and hypotheses
2. brief overview of the research design and methods
3. outcome measure definitions
4. description of innovation and future funding opportunities to be pursued
5. key collaborators and their department/divisional affiliation

Instructors and assistant professors must also provide a letter of support from their research mentor. Applications that require use of EPIC / information system components require a letter of support from Marianne James, Chief Information Officer.

**Address the Letter of Intent to the Outcomes Research Awards Committee (sample attached).**

The signature of the primary investigator is sufficient for the Letter of Intent.

**All LOI applications must be submitted electronically**

**TO: [PORA@CCHMC.ORG](mailto:PORA@CCHMC.ORG)**

**CC: [april.mack-williams@cchmc.org](mailto:april.mack-williams@cchmc.org)**

**Email subject line format: 2014 PORA LOI\_Applicants Last Name\_Date Submitted**

An email confirmation will be returned to the applicant within 24 hours of receipt of the LOI. LOI's that do not include each of the five components will not be considered.

**Research proposal LOI's must be received by 12:00 pm on Friday, November 8, 2013**

## 9. Speed Review Session

The aim of the speed review is to provide applicants with an opportunity to gain critical feedback, face to face with several experienced health services and quality improvement researchers prior to submitting their final Letter of Intent to the Place Outcomes Research Award Committee in November.

Applicants interested in the Speed Review session should submit their LOI's for consideration no later than 12:00pm on Friday, October 11, 2013.

## 10. Composition of Research Proposal

Applicants whose LOI's are selected for a full research proposal will be notified by **November 22, 2013**. Full application research proposals must be submitted electronically. Send full application proposal pdf file to the PORA Email address listed below.

**Email subject line format: 2014 PORA Application\_ Applicants Last Name\_Date Submitted**

**TO: [PORA@CCHMC.ORG](mailto:PORA@CCHMC.ORG)**

**CC: [april.mack-williams@cchmc.org](mailto:april.mack-williams@cchmc.org)**

Application forms (modified from PHS 398) are provided and are available online <http://grants.nih.gov/grants/forms.htm> . Proposal sections follow the NIH guidelines <http://grants.nih.gov/grants/peer/peer.htm#applicants>.

Applications must be submitted in single spaced text, one-half inch margins, and no smaller than an 11-point font. Arial or Helvetica typeface is required. The primary applicant's name must appear in the upper right hand corner of each page. **Proposal text must be limited to five pages (items 9-11 below, including figures but excluding references)**. If you are submitting a revised proposal, please include a cover letter explaining revisions in response to the prior reviews.

**Research proposal applications will be due by 12 p.m. on Friday, January 24, 2014**

Invited research proposals should include:

1. Face Page (attached below)
2. Abstract
3. Key Co-investigators (up to 3)
4. Table of Contents
5. Detailed Budget (use PHS 398 form provided). Separate budget pages must be done for each fiscal year. Fringe benefits may be included in Direct Costs. Funds will be available July 1, 2014. (Funds cannot carry over, adhere to the NIH Salary Cap \$179,700.)
6. Budget Justification (limit to 3 pages)
7. Biosketch(es) (include PI and up to 3 key co-investigators/mentors; use new PHS 398 form; do not exceed 4 pages per biosketch)
8. Other Support (PHS 398 form) – Include Key Co-Investigators listed in the application.
9. Specific Aims (limit to 1 page) - State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert on the research field(s) involved.
10. Research Strategy
  - a. Significance
  - b. Innovation
  - c. Approach
  - d. Preliminary studies, if any
11. Clear statement of how the project will lead to a direct impact on child/family outcomes, experiences, or value, and any next steps required to ensure or amplify that impact. The project goals must clearly advance the missions of CCHMC (<http://www.cincinnatichildrens.org/about/mission/>) and the Health Services Research Collaboration (<http://www.cincinnatichildrens.org/service/j/anderson-center/research/matrix/default/>) in a timely and efficient way. Include a statement of commitment to participating in HSR Collaboration sponsored events.
12. Project Timeline and Specific Expected Deliverables (manuscripts, actual changes in clinical care, future grant applications)
13. Statement Regarding Human Subjects
14. Literature Cited
15. Consortium/Contractual Arrangements (if applicable)
16. Letter of Support from division chief or department chair (see below)
17. Letters of Support (e.g., mentors, consultants)
18. Applications that require use of EPIC / information system components require a letter of support from Marianne James, Chief Information Officer

## **11. Letters of Support and Required Signatures**

*Full application research proposals must include a letter of support from the primary applicant's division chief or chairperson.* Included in the letter of support must be a statement regarding the priority of the research proposal for the division, particularly as it relates to Divisional focus and resources. Instructors and assistant professors must also provide a letter of support from their research mentor. Please address letters of support to the Outcomes Research Awards Committee.

The signatures of up to 3 key co-investigators or mentors and their respective division chiefs or department chairs are required for the full application. Signatures should be obtained on the face page.

## **12. Composition of Retreat Proposal**

Applications for support of a retreat should include:

1. Face page
2. Purpose and relationship to health services and quality improvement research
3. Anticipated outcomes of retreat
4. Budget (PHS 398 form provided)
5. Anticipated attendees (categories of people, and expertise)
6. Format of meeting
7. Proposed major speakers (including those external to institution)
8. Location
9. Duration and timing of proposed retreat
10. Source of matching funds
11. Letter documenting source of matching funds (may be included in #9)
12. Letter of Support from division chief or department chair
13. Scientific references as appropriate

## **13. Outcomes Research Awardee Activities**

An overarching goal of the grants mechanism is to foster a community of researchers focused on cutting edge outcomes research at CCHMC. Such a research community will have ties that cut across divisions and programs that currently conduct outcomes related research. To this end, awardees will participate in activities and network building to enhance the CCHMC outcomes research community such as: 1) attending an annual symposium within the institution in which research in progress and completed research will be presented in poster or platform format, 2) participating in quarterly "work in progress" seminars with other awardees and outcomes researchers, 3) participating in seminars and events (including visiting professor lectures and grand rounds) sponsored by the HSR Collaborative.

## **13. Proposal Evaluation Criteria**

Outcomes researchers from CCHMC, the University of Cincinnati and external organizations will conduct a review of each full grant proposal. Proposals will be evaluated along dimensions similar to those of other CCHMC internal awards and NIH awards. These include the proposal's significance, investigator/research team, innovation, approach, mentoring/research environment and overall impact. Innovative applications that challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies or interventions are strongly desired. Projects should be clearly designed to improve healthcare or health outcomes. Proposals will be evaluated with respect to the ability to successfully secure subsequent external funding.

August 1, 2013

Cincinnati Children's Hospital Medical Center  
Place Outcomes Research Award Committee  
3333 Burnet Ave  
Cincinnati, Ohio 45229

Subject: Place Outcomes Letter of Intent

Dear Place Outcomes Research Award Committee:

<Body of Text>

<Sincerely,>

<You're Name>

<Title>



Principal Investigator/Program Director (Last, First, Middle):

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**Scientific Abstract:** Briefly describe the proposed project in 200 words or less.

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Key Co-Investigators (List up to three).

Name	Division/Department/Organization	Role on Project
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