



**Cincinnati Children's Hospital Medical Center
Place Outcomes Research Awards
A Component of the Health Services Research Matrix
Grant Application Instructions
2009**

DEADLINES

**Letter of Intent: Friday October 30, 2009
Final applications: Friday, January 8, 2010
Notification: March, 2010
Funds available: July 1, 2010**

*For questions regarding these instructions please contact April Mack-Williams
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<http://www.cincinnatichildrens.org/research/project/hsr/RFA.htm>

1. Background and Purpose

The goal of the Place Outcomes Research Awards is to stimulate the development of health services and quality improvement research at CCHMC and to ensure optimal implementation of clinical and operational innovations in the care delivery system. The path from basic science discovery through clinical trials must end with successful incorporation into practice and measurable transformation of health care within and beyond CCHMC. 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.

In addition to stimulating research, the Place Outcomes Awards were developed to foster a community of investigators focused on cutting edge outcomes studies at CCHMC. Research resulting from Outcomes Award funding may lead to federal and foundation funding, furthering the development of our research community and expanding the improvement of meaningful outcomes for our patients.

The Outcomes Research Awards have recently 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

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.

The central interest of this award mechanism is to foster research that links health care practices and specific disease outcomes and to use such linkages to drive health care quality improvement. 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. 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. Complementary Award Mechanisms

There are several CCHMC internal grant award mechanisms. 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. Timothy Cripe) is to stimulate research that bridges from basic science discovery to clinical trials. The Trustee Awards (led by Dr. Chris Karp) 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 focus on outcomes, health services, and quality improvement research by CCHMC health care faculty at any stage of their careers.

4. Research Areas of Interest

Themes are driven by the CCHMC mission and can be linked to specific diseases or larger systems of care delivery. We have established four priority areas for funding.

a. Priority Areas

- i. *Safety*: e.g., determining whether a change in health care practices reduces wound infections; examining the effect of altered patient handoff procedures on medical errors;
- ii. *Chronic disease management*: e.g., studying clinical outcomes improvement from implementation of the chronic disease management guideline;
- iii. *EPIC implementation*: e.g., assess the impact of an electronic medical record on disease specific quality of care or outcome indicators;
- iv. *Operational improvements*: e.g., testing whether caregiver entry of key medical information (e.g., asthma symptom checklists) improves patient care and flow.

b. Medical and Quality of Life Outcomes

- i. *Evidence based medicine*: e.g., examining the effect of a new disease management guideline on disease outcomes;
- ii. *Quality improvement methods*: e.g., evaluating whether a change in care processes reduces variation in disease guideline implementation;
- iii. *Risk stratification*: e.g., evaluating whether segmenting patients with a given disease by biological, behavioral, or social risk to tailor their care improves quality of life outcomes;
- iv. *Coordination across systems*: e.g., evaluating new patient discharge processes to improve information transfer to primary care pediatricians;
- v. *Clinical informatics*: e.g., examining how to help clinicians integrate complex medical information using alternative interfaces on the computer; determining the test characteristics (sensitivity, specificity, negative and positive predictive value) of several different ways of ascertaining medical information in EPIC;

- vi. *Implementation of new technology*: e.g., determining how to incorporate new tests (e.g., biomarkers of exposure or disease) into care to improve outcomes;
 - vii. *Population impact*: e.g., evaluating synergistic community-based and clinical approaches to care for prevalent conditions with complex etiologies (e.g., obesity, asthma);
 - viii. *Prevention*: e.g., testing whether stratifying children in well child care leads to a better match between needs and services and improved outcomes.
- c. *Patient and Family Experience*
- i. *Family centered care*: e.g., examining how method of physician rounding affects families' satisfaction with care;
 - ii. *Shared decision making*: e.g., evaluating how jointly determined medical decision making affects adherence to the management plan;
 - iii. *Enhanced patient access to medical information*: 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.
- d. *Value*
- i. *Decision and cost-effectiveness analysis*: e.g., evaluating the cost-effectiveness of a pharmacogenetic approach to drug selection and dosing;
 - ii. *Return on investment*: e.g., examining whether an enhanced disease management protocol reduces admissions and associated health care costs and who benefits from the return on investment.

5. 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, 2010. 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. It is anticipated that up to 8 awards will be made each round. Funding can be requested for faculty salary support, support staff, supplies, and travel to a single domestic scientific meeting. The maximum Principal Investigator support is 10% of salary per year. Faculty at all levels of appointment are eligible, and balance among the program awardees will be sought.
- 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 evaline.alessandrini@cchmc.org.

6. 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 matrix.

7. Eligibility

Applications will be accepted from all faculty of Cincinnati Children's Hospital Medical Center, including patient services, health outcomes, 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.

8. Process

The initial application for research proposals will consist of a 2 page Letter of Intent (LOI). The LOI will be screened 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.

9. Letter of Intent (Research Proposals)

The LOI consists of the application face page and 2 pages consisting of the specific aims and hypotheses, a brief overview of the research design and methods as well as outcome measure definitions. The LOI should also include a brief description of study limitations and future implications. Please list key collaborators and their department/divisional affiliation. Address the Letter of Intent to the Outcomes Research Awards Committee.

All LOI applications must be submitted electronically to april.mack-williams@cchmc.org. An email confirmation of receipt will be returned to the applicant. Research proposal LOI's must be received by 5 pm on Friday October 30, 2009.

10. Signatures

The signature of the primary investigator is sufficient in the Letter of Intent initial application. The signatures of the lead investigators and their respective division chiefs or department chairs are required for the full application.

11. Letter of Support

Full applications 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. Please address letters of support to the Outcomes Research Awards Committee.

12. Composition of Research Proposal

Full applications must be submitted electronically. Send a pdf file of the assembled proposal to april.mack-williams@cchmc.org. Application forms (modified from PHS 398) are provided and are available online. Proposals must be submitted in single spaced text, one-half inch margins, and no smaller than an 11-point font. Arial or Helvetica typeface is preferred. 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 8-12 below, including figures but excluding references).** Standard PHS 398 forms for budget, biosketch, other support, and resources may be used. If you are submitting a revised proposal that was previously submitted, please include a cover letter explaining revisions in response to the prior reviews. Research proposal applications will be due by 5 p.m. on Friday, January 8th, 2009.

Invited research proposals should include:

1. Face Page (check if IRB approved or indicate pending if submitted)
2. Abstract
3. Tables of Contents
4. 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, 2009. **FUNDS CANNOT CARRY OVER.**
5. Budget Justification

proposal
text:
5-page
limit

6. Biosketch(es) (include PI and up to 3 key co-investigators; use PHS 398 form)
7. Other Support (PHS 398 form)
8. Specific Aims and Hypotheses
9. Background and Significance
10. Preliminary Results, or Progress Report if 2nd year renewal
11. Research Design and Methods
12. 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/corporate/mission.htm>) and the Health Services Matrix (<http://www.cincinnatichildrens.org/research/project/hsr/>) in a timely and efficient way. Include a statement of commitment to participating in HSR matrix sponsored events
13. Project Timeline and Specific Expected Deliverables (manuscripts, actual changes in clinical care, future grant plans)
14. Statement Regarding Human Subjects
15. Literature Cited
16. Consortium/Contractual Arrangements (if applicable)
17. Letter of Support from division chief or department chair
18. Letters of Support (e.g., Consultants)

13. 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

14. Proposal Evaluation Criteria

Outcomes researchers from CCHMC, the University of Cincinnati and/or 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, innovation, approach, generalizability, investigator, mentoring/research environment, human subjects issues, and budget. Projects addressing one of the four priority areas are strongly desired. Projects should be clearly linked to improvements in disease specific outcomes. Projects addressing larger systems of health care delivery will be judged by similar criteria. In all cases, an **early** impact on health care quality and/or health outcomes will be viewed very positively.