Request for Applications

Comparative Effectiveness and Patient Centered Outcome Research Pilot Grants

Deadlines:
- Full application: 5pm, September 1, 2014
- Notification of award: On or about October 15, 2014
- Funds available: November 1, 2014 (to be spent by June 30, 2015)

Questions and information: For questions regarding these instructions, please contact Debbie Lueders by e-mailing Debbie.Lueders@uc.edu. For general questions about comparative effectiveness and patient centered outcomes research, please contact the Center for Clinical and Translational Science and Training (CCTST). Information about the CCTST is available at http://cctst.uc.edu/about.

Background: The advent of healthcare reform has been accompanied by several new approaches to healthcare research, among them comparative effectiveness research (CER) and patient-centered outcomes research (PCOR). According to the Institute of Medicine, CER is “the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.”

According to the Patient-Centered Outcomes Research Institute (PCORI), the main funding institute for CER and PCOR, PCOR “helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.” PCOR “assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health delivery system interventions to inform decision making, highlighting comparisons and outcomes that matter to people; is inclusive of an individual’s preferences, autonomy and needs, focusing on outcomes that people notice and care about such as survival, function, symptoms, and health related quality of life; incorporates a wide variety of settings and diversity of participants to address individual differences and barriers to implementation and dissemination; and investigates (or may investigate) optimizing outcomes while addressing burden to individuals, availability of services, technology, and personnel, and other stakeholder perspectives.”

As such, PCORI’s current funding priority areas are:

1. Assessment of Prevention, Diagnosis, and Treatment Options
   - Comparing the effectiveness and safety of alternative prevention, diagnosis, and treatment options to see which ones work best for different people with a particular health problem.

2. Improving Healthcare Systems
   - Comparing health system-level approaches to improving access, supporting patient self-care, innovative use of health information technology, coordinating care for complex conditions, and deploying workforce effectively.

3. Communication and Dissemination Research
Comparing approaches to providing comparative effectiveness research information, empowering people to ask for and use the information, and supporting shared decision-making between patients and their providers.

4. Addressing Disparities
Identifying potential differences in prevention, diagnosis or treatment effectiveness, or preferred clinical outcomes across patient populations and the healthcare required to achieve best outcomes in each population.

5. Accelerating Patient-Centered Outcomes Research and Methodological Research
Improving the nation’s capacity to conduct patient-centered outcomes research, by building data infrastructure, improving analytic methods, and training researchers, patients and other stakeholders to participate in this research.

These research areas stand to serve not only the traditional mission of academic health centers through papers and grants, but also the way healthcare is delivered by health systems. UC Health is fully vested in enhancing the care provided to its patients by implementing evidence-based approaches and, where evidence is either incomplete or incompletely implemented, engaging in the research that will provide that evidence. Similarly, UC and its Academic Health Center are dedicated to implementing programs of research that will directly impact the health of our region and beyond. In particular, UC is interested in promoting research that will improve health outcomes for minorities and vulnerable populations and thus begin to address widening health disparities.

Funding Pool: To spur the growth of CER and PCOR at the University of Cincinnati, the offices of the Vice President for Research, UC Health, the Dean of the College of Medicine and the Dean of the College of Nursing are making available $100,000 for the purposes of funding pilot projects. Up to five grants will be awarded in the amount of up to $20,000 each.

Priorities: Pilot projects must focus on either PCORI Priority Area 2 – improving healthcare systems, or Priority Area 4 – health disparities. It is expected that up to three projects may be funded in Priority Area 2, and up to two projects may be funded in Priority Area 4. Projects in Priority Area 2 must focus on activities that are relevant to UC Health.

Priority will be given to projects that demonstrate a clear pathway to future competitive extramural funding. Projects designed to demonstrate feasibility or to otherwise support the development of a proposal to be submitted to an external agency will be given priority. The specific program for which such proposals are being developed should be described.

Collaborations: Competitive applications will involve collaborations across disciplines and research domains. This can be evidenced by collaboration between social scientists and clinical researchers, by engaging an inter-professional research team, by including investigators across multiple departments, or by engaging multiple institutions.

Participant and community engagement: Applications must clearly demonstrate how participant or community stakeholders have been engaged in the design of the project. Alternatively, it is acceptable to use this funding opportunity as a means to engage stakeholders in the design of subsequent extramural grant proposals.

Eligibility: In order to be eligible for funds, the corresponding principal investigator must hold a full-time (≥0.8 FTE) faculty appointment within UC and submit any resulting applications through UC. Faculty whose primary affiliation is with CCHMC are not eligible to apply as sole principal investigator, but are encouraged to collaborate with faculty whose primary affiliation is with the UC. Collaborations between colleges, and with CCHMC or the VAMC are strongly encouraged.
Allowable expenses: Funds may be spent on any aspect of the project with the exception of travel, tuition and faculty salaries. Examples of allowable expenses include:

i) Salary or stipend support for students or staff conducting activities of the research
ii) Research materials and supplies
iii) Development of a technology or educational materials that will be components of an intervention
iv) Data management and analytics support, including biomedical informatics support.
v) Costs of an intervention
vi) Activities that engage community or participant stakeholders in study design and implementation

It is strongly encouraged that investigators in need of methodologic or community engaged research support request assistance from the CCTST. The CCTST is able to offer a defined amount of support at no charge to the investigator.

The budget justification must clearly describe how the funding will be used to directly support the grant submission. Budgets of successful proposals may be adjusted as part of the review process to maximize availability of support to meritorious applications.

Review process: Applications will be reviewed using the following criteria:

i) Strength of investigators, including collaboration
ii) Strength of engagement with community or participants
iii) Strategy to develop a competitive, extramurally-funded line of research
iv) Likelihood of completing the project before June 30, 2015
v) Contribution of this area of research to clinical and research missions of UC Health and UC.

Institutional Review Board Approval: Any project involving human subjects must obtain appropriate IRB approvals. Funding will only be released for successful applications after receipt of an IRB approval notification. Due to the tight timelines, if a project does not receive IRB approval before December 31, 2014, funding may be withdrawn.

Applications: A complete application includes the following:

1. Face page that includes a statement that the proposal is for a Comparative Effectiveness and Patient Centered Outcome Research Pilot Grant; the title of the application; a statement of targeted Priority Area; the PI and all investigators (key personnel) and their roles on the application (1 page)
2. Budget and Budget justification including a summary of what the funding is being sought for, current stage of the project, and any existing or committed resources already in place (1 page total)
3. Proposal, with the following sections (do not exceed 4 pages total)
   a. Specific aims
   b. Significance and innovation
   c. Responsiveness to PCORI Priority Area
   d. Research strategy
   e. Relevance to UC Health (for applications in Priority Area 2 only)
   f. Timelines and deliverables
4. NIH-format Biosketches (PI and key collaborators)
5. A copy of any request for applications or program announcements for which this application serves to generate pilot data. This should be attached as an appendix.

Full applications must be received no later than 5pm on September 1, 2014. Applications received after the deadline will not be reviewed.