Funding Opportunities in Multiple Chronic Conditions Research

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  - Then type your questions in the Q&A box:

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Today’s Speakers

Marcel Salive, MD, MPH

Gyasi Moscou-Jackson, PhD, MHS, RN

Arlene Bierman, MD, MS
For questions about the AGING Initiative or today’s webinar, please contact:

Kathryn.Anzuoni@meyersprimary.org
NIA Funding Opportunities in Multiple Chronic Conditions Research

Marcel Salive, M.D., MPH
Medical Officer, Geriatrics Branch
Division of Geriatrics and Clinical Gerontology

AGING Webinar September 18, 2018
National Institute on Aging: Opportunities and Resources

- A bit about the NIA
  - Divisions, Mission, Initiatives
- Types of research support
  - Career Development Awards
  - GEMSSTAR
  - Investigator Initiated Awards
    - Parent Awards (R03, R21, R01),
    - High Priority Research, PA’s and RFA’s
  - Conference Grants, Clinical Trials, Other
- Tips and Resources
  - Matching and fueling your research interests
NIA Mission

NIA’s mission is to:

• Support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging.
• Foster the development of research and clinician scientists in aging.
• Provide research resources.
• Disseminate information about aging and advances in research to the public, health care professionals, and the scientific community, among a variety of audiences.

https://www.nia.nih.gov/about/mission
Aging vs. Aged

- **Aging processes**
  
  How do aging-associated changes in physiology affect predisposition to, and outcome from, specific diseases and conditions and their combination? (Across the entire lifespan)

- **Age-related diseases**
  
  What are the optimal strategies for diagnosing and managing age-related diseases and conditions along with comorbidities?

- **Special problems and needs of the aged**
  
  How do entities such as co-morbidity, polypharmacy, and geriatric syndromes (e.g. frailty, sarcopenia, vascular stiffness) affect the care and procedural risk of older adults?
Geriatric Research Agenda: DGCG

**General Geriatric Themes**
- Multiple Chronic Conditions
- Polypharmacy
- Frailty
- Cognitive/Functional Impairment
- Transitions of Care/Independence
- Fall Prevention
- Pain/Palliation
- Fatigue
- Sarcopenia

**Disease/Organ Specific**
- Basic Aging Mechanisms
  - Oxidative stress
  - Immunoaging
  - Telomere shortening
  - Mitochondrial function
  - Body composition changes
- Organ Specific
  - CKD, Arterial Stiffness
- Disease Specific
  - CAD, Asthma, HIV in OA, Diabetes
- Geriatric Syndromes
  - Falls, Incontinence, Delirium

**Study Design**
Clinical Trials, Longitudinal, Genetic, Pragmatic
Targeting a Vulnerable Time

First Faculty Appointment

• Opportunity to connect with mentor with aging expertise
• Pilot data for future funding

Medical +/- Graduate School

Internship/Residency Specialty Fellowship

Early Career Development as (Very) Junior Faculty

Mentored Career Development as (Less) Junior Faculty

Independent Clinician-Scientist

Private Practice Clinician-Educators

GEMSSTAR

K Award R03, R21

NIH R01
2011 NIA launches ‘Grants for Early Medical and Surgical Specialists’ Transition to Aging Research’ (GEMSSTAR) RFA

**Goal:** provides opportunity for early career clinician-scientist in medical and surgical specialties to accrue pilot data and to establish a track record in aging-focused research

- R03 Mechanism – small research project ($75K/yr x 2 yr)
- Must have faculty appointment when award begins
- For specialists (including geriatricians) without extensive independently funded research record
- Professional Development Plan and commensurate support from non-NIH
- GEMSSTAR Biennial Meeting – 2015, 2016, 2018

Current competition: [RFA-AG-19-021](http://www.nia.nih.gov/research/dgcg/grants-early-medical-surgical-specialists-transition-aging-research-gemsstar); receipt date **October 24, 2018**

Career Development Awards

- Mentored Career Development Awards
  - Parent K01 (Research Scientist), K08 (Clinical Scientist), K23 (Patient-Oriented) - 3 cycles /year
  - Paul B. Beeson K76– “K deluxe” – set-aside – 1 cycle/yr –$225k/yr for 3-5yr, (direct costs)
    - RFA-AG-19-017 Clinical Trial Not Allowed
    - RFA-AG-19-018 Clinical Trial Allowed

- Pathway to Independence
  - K99/R00 – two phase accelerator award, 2yrs/3yrs

- Academic Faculty
  - K02 leadership/K07 infrastructure/K24 mid-career mentoring
Investigator Initiated Awards

- R03 – NIH Small Research Grant Program (2 yrs)
- R21 – NIH Exploratory Developmental Research Grant Program (2 yrs)
- R01 – Research Grant Program (up to 5 yrs)
- Early Stage Investigator – within 10 years of ‘terminal training’ – this status garners your first R01 application score a few ‘lower’ points (depends on Institute- NIA 4-5 points)- to improve its competitiveness against established investigators ONLY for first R01 (no other R’s)
# Prioritizing Research

- **NIA Programmatic Interests**
- **RFA vs PA’s**

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<th></th>
<th>RFAs</th>
<th>PARs</th>
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<td><strong>Funds</strong></td>
<td>Set-aside</td>
<td>Common pools (mech specific)</td>
<td>Common pools (mech specific)</td>
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<td><strong>Focus</strong></td>
<td>Narrow – defined</td>
<td>Broad target/narrow review</td>
<td>Broad- Target</td>
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<td><strong>Applications</strong></td>
<td>Usually single due date</td>
<td>variable</td>
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<td>NIA Led or SEP</td>
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<td>CSR assigned</td>
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<tr>
<td><strong>Competition</strong></td>
<td>Similar pool</td>
<td>variable</td>
<td>percentiled</td>
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MCC Funding Opportunities

- The NIA has prioritized research pertaining to older adults with multiple chronic conditions (MCC)

Specific Funding Announcements

- Collaborative Network to Advance Deprescribing Research for Older Adults with Multiple Chronic Conditions (R24 Clinical Trial Optional)
  - The cessation of long-term therapy under clinician supervision is a fundamental technique of geriatric practice to address inappropriate medication use and/or polypharmacy common among older adults with multimorbidity.

- Clinical Trial on Effects of Statins in Older Adults without Clinical Cardiovascular Disease (U19 Clinical Trial Required)

- Secondary Analyses of Existing Data Sets and Stored Biospecimens to Address Clinical Aging Research Questions
  - R01 – PA-17-088
Now is the Time for Alzheimer’s and Related Dementia Research!!

- 78 active FOAs with set-aside funds; favorable paylines

- Care of ADRD patients - prevention, diagnosis, management, assessment tools
- Palliative/End of Life/Advanced Directives
- Innovative Care strategies
- Transitions of Care
- Caregiver stress/communication
- Technology to improve ADRD/Caregiver burden
- ADRD patients with Multiple chronic conditions
- Delirium/ADRD relationship
- We welcome your suggestions!
Tips and Resources: Where do I start?

- Career stage, TIME, resources, mentorship, pilot data
- Review NIA Initiatives, FOAs, Strategic Directions
  - Listserv
  - GEMSSTAR
- Specialty Society Leadership- ACC/Geriatric Cardiology Section Websites
- AGS – Specialty Society Mentoring Program
- NIA Resources
  - Animal resources
  - Large Databases – LIFE, BLSA, CHS, Health ABC
  - OAIC (Pepper Centers), GRECC/VA
- Large Databases – Registries, PCORnet, Collaboratories
- Input channels for ideas:
  - R13/U13 Conferences
  - Clinical Trials Advisory Panel
  - Follow NIA Blog
  - Give us a call!
Advanced Funding Opportunities & Notices Search Results
Active Funding Opportunities (RFAs & PAs) For Issuing Organization: NIA

Search within All Matching Records: 

Matching Records: 109  Sorted by: Release Date (Desc) then Announcement Number

Related Links:
- Funding Opportunities & Notices
- Advanced Funding Ops Search
- Advanced OER Site Search
- Search Help
Understand NIH: Find the Right Fit

Where’s the Money?

- NIH is made up of 27 institutes and centers (ICs)
- ICs award >80% of the NIH budget each year
- Each IC has a budget and a director, and typically their own review for K-type grants

Institute and Center Missions and Priorities

- Focus on a specific disease area, organ system, or stage of life
- Check their website
- Use Matchmaker tool in NIH RePORTER for suggestions
- Speak with program officials
- Consult your mentor & colleagues
https://projectreporter.nih.gov/reporter_matchmaker.cfm
Matchmaker results
Good news! Increased pay lines ahead!

September 12, 2018

I have good news for you! We’re giving 6 percent back to all the competing awards that we cut by an average of 18 percent in 2018. We will also be working from an average cut of 12 percent for awards we make in FY 2019. We’ve also expanded our general pay line to the 23rd percentile.
Grant Review Experience

- Not only should you have as many people as possible review your grant, it helps tremendously to look at grants (especially K awards) that were funded if your colleagues are willing to share these with you.

- The Center for Scientific Review (CSR) offers an opportunity for Early Career Scientists to gain Reviewer experience:
  - [http://public.csr.nih.gov/ReviewerResources/BecomeARReviewer/ECR/Pages/default.aspx](http://public.csr.nih.gov/ReviewerResources/BecomeARReviewer/ECR/Pages/default.aspx)
NIH Loan Repayment Program

- up to $35k/yr
- Clinical Research, other topics
- Check other features and apply online!

https://www.lrp.nih.gov/
We are here for you!!

NIA – DGCG Phone: 301-496-6761

- Marcel Salive - marcel.salive@nih.gov
  - MCC, Polypharmacy, comparative effectiveness research, transitions of care/health delivery
- Sue Zieman – susan.zieman@nih.gov
  - Cardiovascular disease, pulmonary, renal, DM/CVD, medical and surgical specialties, GEMSSTAR
- Basil Eldadah – basil.eldadah@nih.gov
  - HIV, Pain, Fatigue, Pepper Centers
- Lyndon Joseph - lyndon.joseph@nih.gov
  - Exercise, falls, monitoring, diabetes

WE NEED YOUR THOUGHTS AND INPUT!!
PCORI Funding Opportunities in Aging and Multiple Chronic Conditions Research

Gyasi Moscou-Jackson, PhD, MHS, RN
Program Officer, Healthcare Delivery and Disparities Research Program, PCORI
1. Who PCORI Is and What We Do
About Us

- An independent research institute authorized by Congress in 2010 and governed by a 21-member Board of Governors representing the entire healthcare community

- Funds comparative clinical effectiveness research (CER) that engages patients and other stakeholders throughout the research process

- Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns
PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from **research guided by patients, caregivers, and the broader healthcare community.**

**Our Strategic Goals:**

- Increase quantity, quality, and timeliness of useful, trustworthy research information available to support health decisions
- Speed the implementation and use of patient-centered outcomes research evidence
- Influence research funded by others to be more patient-centered
Who Are Our Stakeholders?

- Purchasers
- Caregivers/Family Members
- Payers
- Patients/Consumers
- Clinicians
- Policy Makers
- Training Institutions
- Industry
- Hospitals/Health Systems
- Patient/Caregiver Advocacy Organizations
- Policy Makers
- Patients/Consumers
- Clinicians
- Caregivers/Family Members
- Payers
- Hospitals/Health Systems
- Industry
- Patient/Caregiver Advocacy Organizations
We Fund Comparative Clinical Effectiveness Research (CER)

- Generates and synthesizes evidence comparing benefits and harms of at least two different methods to prevent, diagnose, treat, and monitor a clinical condition or improve care delivery
- Measures benefits in real-world populations
- Describes results in subgroups of people
- Helps consumers, clinicians, purchasers, and policy makers make informed decisions that will improve care for individuals and populations
- Informs a specific clinical or policy decision
Research PCORI Does not Fund

- PCORI does not fund:
  - Development and pilot testing of interventions including new decision aids
  - Development of clinical guidelines
  - Measures development as the primary aim of the study (??)
  - Cost-effectiveness research
The Research We Fund is Guided by Our National Priorities for Research

- Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication & Dissemination Research
- Addressing Disparities
- Accelerating PCOR and Methodological Research
Snapshot of Funded Projects

Number of funded awards:
More than 1,300

Amount awarded:
More than $2.2 billion

Number of states where we are funding projects:
49 (plus the District of Columbia and Puerto Rico)

AS OF JULY 2018
All awards
2.

Aging and MCC Research Supported by PCORI
Why is PCORI Interested in Older Adults and Patients with Multiple Chronic Conditions?

- Our authorizing law directs us to pay particular attention to health problems that disproportionately affect certain populations.
- The number of Americans age 65 years or older is increasing; rising prevalence of MCCs in the US population, especially among older adults.
- Significant health problems, such as chronic conditions, can limit older adults’ activities and independence.
- MCCs result in high illness burden for patients and their families.
- Care for patients with MCCs is often fragmented.
- Patients with MCCs are often not included in clinical trials; need for real world CER.
- Issues faced by patients with MCCs cut across all five of PCORI’s national priorities.
As of August 2018, PCORI has 57 comparative clinical effectiveness studies that are expected to yield results relevant to people with multiple chronic conditions, an investment of $240 million.

- Racial/Ethnic Minorities: 44*
- Low Socioeconomic Status: 37
- Low Health Literacy: 19
- Older Adults: 18
- Women: 14
- Urban: 13

*a study may be counted across more than one category

**No emphasis on a specific continuum stage
STUDY PROFILE
An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use

Methods
• Individual-randomized clinical trial to compare the effectiveness of ED to home transition services, qualitative in-depth interviews

Engagement
• Patients, caregivers, and community human services workers are members of the research team and have helped shape the project since January 2013

Potential Impact
• Could improve the health care of Medicare beneficiaries with chronic illness by increasing the patient-centeredness of post-emergency department transitions to the community.

Tests the idea that an emergency department-to-home intervention that proactively links patients with community-based social support and medical follow up will improve outcomes such as hospital readmission and help chronically ill, older adults make informed healthcare decisions.

Donna Carden, MD
Professor and Director of Faculty Development, University of Florida
Improving Healthcare Systems, awarded December 2013
STUDY PROFILE
Improving Self-Care Decisions of Medically Underserved African-American Patients with Uncontrolled Diabetes: Effectiveness of Patient-Driven Text Messaging versus Health Coaching

Methods
• Individual-randomized clinical trial to compare the effectiveness of two diabetes self-care interventions against usual care.

Engagement
• Two patients and another stakeholder will serve as members of the research team. Additionally, two advisory groups made up of patients, physicians, and local public and private insurers will be involved.

Potential Impact
• Evidence of differential effectiveness between increasingly common interventions will help to understand their effectiveness to support underserved urban and rural patient communities in disease self-management.

This study compares the effectiveness of patient-driven text messaging versus health coaching versus treatment as usual in supporting medically underserved African-American patients in managing their diabetes and multiple other chronic conditions.

James Bailey, MD, MPH
Professor, University of Tennessee Health Science Center
Improving Healthcare Systems, awarded January 2016
5. Information for Applicants
PCORI Research Funding Opportunities*

- **Broad PFA (investigator-initiated studies):**
  - $3M, 3 years
  - May research areas of special emphasis

- **Pragmatic PFA:**
  - $10M, 5 year
  - Head-to-head comparisons in large, representative study populations and settings
  - PCORI, IOM, and AHRQ CER priorities (may include a special emphasis)

- **Targeted PFA:**
  - Largest and require greatest specificity; range from $5M - $30M
  - Often collaborations with other organizations
  - These announcements may be sequential and are sometimes rereleased

*Competitive LOIs required*
Requirements for PCORI Research Funding

• Include well-articulated comparators, for both trials and studies using observational data
  • Established efficacy or effectiveness of each intervention must be known
  • Well-defined “usual care” is acceptable
• Focus on outcomes relevant to patients as well as other stakeholder
• Involve patients and other stakeholders in the entire research process
• Conduct research in real-life populations and settings
• Adhere to the PCORI Methodology Standards
• Account for dissemination and implementation potential
We Evaluate Research Proposals Using the Following Criteria:

<table>
<thead>
<tr>
<th>Crosswalk of PCORI Merit Review Criteria with NIH Criteria</th>
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<tr>
<td>SIGNIFICANCE</td>
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<tr>
<td>1. Potential for the study to fill critical gaps in evidence</td>
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<tr>
<td>2. Potential for the study findings to be adopted into clinical practice and improve delivery of care</td>
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<tr>
<td>APPROACH</td>
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<td>3. Scientific merit (research design, analysis, and outcomes)</td>
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<tr>
<td>4. Investigator(s) and environment</td>
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<tr>
<td>PCORI-only Merit Review Criteria</td>
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<tr>
<td>PATIENT-CENTEREDNESS/ENGAGEMENT</td>
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<tr>
<td>5. Patient-centeredness</td>
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<td>6. Patient and stakeholder engagement</td>
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Patients are partners in research, not just “subjects”

Active and meaningful engagement between scientists, patients, and other stakeholders

Community, patient, and caregiver involvement already in existence or a well-thought-out plan

“Patient-centeredness”

- The project aims to answer questions or examine outcomes that matter to patients within the context of patient preferences
- Research questions and outcomes should reflect what is important to patients and caregivers

“Patient and stakeholder engagement”

- Patients are partners in research, not just “subjects”
- Active and meaningful engagement between scientists, patients, and other stakeholders
- Community, patient, and caregiver involvement already in existence or a well-thought-out plan
Who Can Apply?

Any private-sector research organization, including:
- Nonprofit or for-profit organization
- Laboratory or manufacturer/industry

Any public sector research organization, including:
- University or college (including affiliated clinician group)
- Hospital or healthcare system (including affiliated clinician group)
- Units of state, local, or federal government

Foreign organizations and nondomestic components of US organizations, if there is a clear benefit to the US healthcare system and patient-centered research efforts

Note: Individuals may not apply
Our research funding is awarded through PCORI Funding Announcements. Open opportunities are posted at pcori.org/apply.
Thank You!
AHRQ Funding Opportunities in Multiple Chronic Conditions

Arlene S. Bierman, MD, MS
Director, Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality

AGING Initiative Webinar
September 18, 2018
To produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used.
How AHRQ Makes a Difference

- AHRQ invests in research and evidence to understand how to make health care safer and improve quality
- AHRQ creates materials to teach and train health care systems and professionals to catalyze improvements in care
- AHRQ generates measures and data used to track and improve performance and evaluate progress of the U.S. health system
HHS Organizational Focus

NIH
Clinical research to develop effective new treatments

CDC
Population health and community-based interventions to improve health

CMS
Payment and incentives for delivery of effective treatments

AHRQ
Research to help health care systems deliver safe and effective treatments
In 2014, AHRQ’s Center for Evidence and Practice Improvement (CEPI) was created to:

- Generate new knowledge, synthesize evidence, translate science on what works in health care delivery, and catalyze practice improvement across health care settings.

Four Divisions:

- Evidence-based Practice Center program
- U. S. Preventive Services Task Force program
- Division of Health Information Technology
- Division of Practice Improvement
  and
- National Center of Excellence for Primary Care Research
Consistent with AHRQ’s and CEPI’s mission, AHRQ would be interested in grants for MCC patients that:

- Demonstrate the effectiveness of synthesizing, translating, and communicating complex scientific evidence.
- Discover, test, and spread techniques for health care practice improvement (ambulatory care setting in particular), including accelerating the implementation of evidence-based practice.
- Improve health care quality through the use of information systems and data resources to support clinical and organizational improvement.
Investigator initiated grants in response to standing Program Announcements:

**Research Project Grants**
- RO1: Large Research Grant
- R03: Small Research Grant
- R13: Conference Grant
- R18: Research Demonstration and Dissemination Grant
- R21: Exploratory/Development Grant
- R24: Resource related Research Grant
- R36: Dissertation Grants

**Research Career Development Program**
- K01: Mentored Research Scientist Career Development Award
- KO8: Mentored Clinical Scientist Development Award
- In addition, there are several grants that should respond to RFA only (e.g., P01, P20, T32, U01, U18)

http://www.ahrq.gov/funding/process/mechanisms/
These grants aimed to improve understanding of:

• Interventions that provide greatest benefit to MCC patients

• The safety and effectiveness of interventions that may be affected by MCC

• Interventions that may need to be modified for specific patient population
Determining Processes of Cardiovascular Care Relevant to Complex Patients (Continued)

- Among 6,500 patients with a cancer prognosis of more than 25% 5-year survival, over a 2-year period 5% experienced a cardiac event, 14% died of cancer, and 81% experienced neither.
- In a competing hazards analysis, elevated pre-existing cardiovascular risk predicted cardiovascular events, and cancer prognosis, cardiovascular risk, and overall morbidity all predicted cancer mortality.

Implications

In persons with cancer with a poor prognosis, there may be an opportunity to reevaluate medication burden in persons taking statins for primary prevention, and it is unclear whether continuing statins prescribed for secondary prevention affects cardiovascular outcomes. For populations with a range of cancer prognoses with more than 25% 5-year survival, survivorship care begins at cancer diagnosis, should emphasize personal preferences with regard to cancer treatment, and may incorporate active management of cardiovascular risk factors for persons for whom prevention of cardiovascular events is a personal priority.

Publications


Presentations

Bayless E. Challenging common assumptions about multimorbidity. Paper presented at: Leveraging Knowledge and Action to Improve Health Care Quality. 6th Annual Conference of the Agency for Healthcare Research and Quality; 2012 Sept 9-12; Bethesda, MD.

Bayless E. Process of cardiovascular care relevant to complex patients. Poster presented at: Learning Health Care Systems: Leading Through Research. 18th Annual HMO Research Network Conference; 2012 Apr 29-May 2; Seattle, WA.

Data Sources (Research Opportunities)

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Healthcare Cost and Utilization Project (HCUP)
- Medical Expenditure Panel Survey (MEPS) – Insurance and Household components
National Center for Excellence in Primary Care Research (NCEPCR)

Research to Transform Primary Care
AHRQ's primary care research to advance the field

Tools and Resources for Research, Quality Improvement, and Clinical Practice
Evidence-based support for researchers, managers, and clinicians

Research Funding Opportunities
AHRQ funds primary care research.

About the National Center>
The National Center for Excellence in Primary Care Research (NCEPCR) is AHRQ’s home for primary care.

Research Community Building>
Promoting communication across primary care research

Highlighting>
Nurses' central roles in primary care

www.ahrq.gov/ncepcr
Special Emphasis Notice

*Optimizing Care for People Living with Multiple Chronic Conditions through the Development of Enhanced Care Planning*

Specific interest in generating knowledge about how clinical teams will use a patient’s values, preferences and personal, social, and clinical context to formulate and use plans of care in partnership with patients, caregivers and families. Proposals that address how the process of care planning and the care plans themselves will identify and respond to the specific and dynamic nature of patients’ circumstances are of interest.

AHRQ will use standing program announcements for the R01, R03, and R18 funding mechanisms to support this research
• Advancing the Collection and Use of Patient-Reported Outcomes and Patient Contextual Data to Improve Quality and Outcomes in Ambulatory Care through Health Information Technology

• Interest in Innovative Research in Primary Care

• Research that Uses Shared Decision Making as a Tool to Improve the Quality of Care for Low Income and Racial and Ethnic Minority Patients
AHRQ is interested in health services research to improve pain management, opioid abuse prevention, opioid abuse treatment and recovery, and overdose prevention and treatment with a high degree of interest applications that respond to the following three specific areas of focus:

• Evaluating state, local, and health system policy efforts to address the opioids crisis.

• Understanding and addressing the rapid increase in opioid-related hospitalizations among older adults.

Through this announcement, AHRQ seeks applications to disseminate patient-centered outcomes research (PCOR) findings directly to primary care practices and support practices in implementing PCOR clinical and organizational findings. Applicants must propose a comprehensive plan that uses evidence-based strategies designed to improve the delivery of patient-centered approaches to identifying and managing unhealthy alcohol use among adults (across the lifespan), including screening and brief intervention (SBI) and medication assisted therapy (MAT).

[Link to AHRQ website](https://www.ahrq.gov/news/grants-alcohol-use.html)
Funding Opportunity Announcements

- PA-17-077 Utilizing Health Information Technology to Scale and Spread Successful Practice Models Using Patient-reported Outcomes (R18)
- PA-16-424 Developing Measures of Shared Decision Making (R01)
- PA-16-283 Scaling Established Clinical Decision Support to Facilitate the Dissemination and Implementation of Patient-Centered Outcomes Research Findings (R18)
- PA-16-282 Developing New Clinical Decision Support to Disseminate and Implement Patient-Centered Outcomes Research Findings (R18)
Funding Opportunity Announcements

• PA-15-339 AHRQ Health Services Research Projects: Making Health Care Safer in Ambulatory Care Settings and Long Term Care Facilities (R01)
• PA-15-180 Understanding and Improving Diagnostic Safety in Ambulatory Care: Incidence and Contributing Factors (R01)
• PA-15-179 Understanding and Improving Diagnostic Safety in Ambulatory Care: Strategies and Interventions (R18)
• PA-16-421 Advancing Patient Safety Implementation through Safe Medication Use Research (R18)
Nomination of PCOR Findings for Dissemination

• AHRQ is inviting researchers and other stakeholders to nominate PCOR findings that have been shown to improve health outcomes, but need further investment to achieve widespread adoption.

• AHRQ will assess nominations according to the quality of the evidence, potential impact on health outcomes, and feasibility of implementation.

• Based on AHRQ's assessment, the Agency will then consider them for potential dissemination and implementation activities.

Training & Career Development
Grant Opportunities

Pre-Doctoral
- Health Services Research Dissertation Awards (R36)
- Institutional Predoctoral Research Training (T32)*

Post-Doctoral
- Individual Postdoctoral Fellowship Awards (F32)*
- Institutional Postdoctoral Research Training (T32)*

Career Development
- Mentored Clinical Scientist Research Career Development Award (K08)
- Mentored Research Scientist Research Career Development Award (K01)

*Supported by the National Research Service Award (NRSA) Program
Dissertation Grants (R36)

• Supports dissertation research focusing on health services research

• Provides 9 to 17 months of support

• Applicants must be full time students and all degree requirements must be completed

• Application due dates are February 1, May 1, August 1, and November 1
Institutional Pre/Postdoctoral Research Training (T32)

• Provides stipends and partial tuition coverage
• Curriculum and length of support varies by institution
• Contact institution directly for more information
Postdoctoral Fellowship (F32)

• Supports training of postdoctoral researchers to become productive and independent researchers

• Provides up to 3 years of support (stipend and other fellowship expenses)

• Applicants must have a PhD, MD, or equivalent doctoral degree

• Application due dates April 8, August 8, and December 8
Career Development Award (K)

• Provides an intensive and supervised research and career development experience in preparation for an independent research career

• Provides salary and research support (Up to $90,000 salary and up to $25,000 for research related expenses)

• Awards are 3 to 5 years and are non-renewable

• Minimum 75% of full time professional effort
Career Development Award

continued

• Current K Award Programs:
  ► K08: AHRQ Mentored *Clinical Scientist* Career Development Award
  ► K01: AHRQ Mentored *Research Scientist* Career Development Award

• Application due dates are February 12, June 12, and October 12 annually
For More Information

www.ahrq.gov/training
General Tips on Getting Started

• Proposed aims should be unique to AHRQ and in line with AHRQ mission and priorities

• Explore previously funded research projects
  ► AHRQ PROD Database: gold.ahrq.gov

• Talk with a program officer (share specific aims)
Thank you!

Your questions?
For questions about the AGING Initiative or today’s webinar, please contact:

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