Agency for Healthcare Research and Quality

Jennifer E. Moore, PhD, RN
PCOR Fellow
Office of Extramural Research, Education, and Priority Populations

Kishena C. Wadhwani, PhD, MPH
Director, Division of Scientific Review

Midwest Nursing Research Society Annual Conference
Chicago, IL
March 10, 2013
To begin...

- Disclaimer
- Conflict of Interests
- Acknowledgments
The changing role of nurses

The health care workforce doesn’t get any bigger than nurses. Three million strong, they’re the largest group of clinicians in the country. Research Activities spoke with AHRQ’s senior advisor for nursing Beth Collins Sharp, Ph.D., M.S.N., about her perspective on trends in nursing, why nurses are important in research, and the role of nurses at AHRQ.

What role do you see nurses playing in health care research?

Nurses affect so many aspects of health care in addition to direct clinical care—quality measurement and improvement, case management, data collection for clinical trials, insurance coverage review, health and insurance hotlines, patient education classes, and many others. In many of these roles, we hold certification or additional training.

This isn’t new. In fact, modern nursing was founded by an epidemiologist and health services researcher. Florence Nightingale was a renowned statistician who was famous for her statistical documentation of mortality during the Crimean War. She collected data proving that more soldiers died from infection than from battle and she championed for improved hygiene procedures to reduce the mortality rates.

If Florence Nightingale were alive today, AHRQ investigators would be clamoring to have her as a consultant on their grants for quality measurement, healthcare-associated infections, and training in patient-centered services.

Why are nurse researchers so critical in developing health services research?

We bring an on-the-ground perspective—a reality check—to studies. Ideally, nurses are involved from the beginning as questions are developed through to the end when the research gets put into practice. We’re often the clinicians collecting data and documenting care or implementing the intervention. We can identify problems during pilot studies or run-in periods in the research protocols. After all, we are experienced with clinical protocols.

And, of course, when the study is complete, we’re often doing much of the patient education.

Nurse practitioners and certified nurse midwives continue providing the patient’s view in advanced practice with patients in a variety of settings, including a strong presence in primary care and underserved areas.

Even when nurse researchers are not currently in clinical practice, I believe “thinking like a nurse” remains. I was recently in a very busy ER with a family member for a minor issue so we spent a lot of time waiting. During the visit, I constantly interpreted what I was seeing: “Oh, that woman needs an ice pack. ‘That man will get his test done before that one,’ ‘that’s the nurse manager, the one who’s calling impromptu meetings because the computers just went down.’” Nurses are able to identify aspects of health care that would be

continued on page 3
Agency for Healthcare Research and Quality

- Overview of AHRQ
- Contracts
- Training Grants
- Research Grants
- Peer Review Process
Agency for Healthcare Research and Quality

- Overview of AHRQ
- Contracts
- Training Grants
- Research Grants
- Peer Review
AHRQ Research Focus: How it Differs

- Patient-centered, not disease-specific
- Dual Focus -- Services + Delivery Systems

Effectiveness research focuses on actual daily practice, not ideal situations ("efficacy")

- AHRQ mission includes production and use of evidence-based information
- Health Services Research
AHRQ Portfolios – details at http://www.ahrq.gov/fund/portfolio.htm
Agency for Healthcare Research and Quality

- AHRQ
- Contracts
- Training Grants
- Research Grants
- Peer Review
Federal Contract Opportunities

- Funding Opportunity through Contracts
- www.fedbizopps.gov
Agency for Healthcare Research and Quality

- AHRQ
- Contracts
- Training Grants
- Research Grants
- Peer Review
Training Program Goal

Continue to foster the growth, dissemination, and translation of Health Services Research

Fostering the “next generation of researchers” who actively engage in workforce and knowledge production
Active Training Grant Opportunities

- **Pre and Postdoctoral Training**
  - NRSA Postdoctoral Fellowships (F32)
  - Dissertation Grants (R36)

- **Career Development Awards**
  - Mentored Clinical Scientist Awards (K08)
Dissertation Grants (R36)

- Support provided for dissertation work of full-time students for 12 to 17 months

- Four application deadlines annually

- Total direct costs up to $40,000 per grant, can be used for tuition, stipends, research, etc.
Mentored Clinical Scientist Awards (K08)

- **Audience** – U.S. citizens, non-citizen nationals, or permanent residents and hold a clinical doctoral degree or a Ph.D. in a clinical discipline.

- **Level of Effort and Duration** – minimum of 75% of effort for generally 3 to 5 years.

- **Level of Support** -- $90,000 annually, plus fringe benefits and research development support up to $25,000
Focus on combining CER with PCOR:

- **Comparative Effectiveness Research (CER)**
  The conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions, as well as the delivery of health care in “real world” settings.

- **Patient Centered Outcomes Research (PCOR)**
  The intent is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which clinical and health system design interventions are most effective for which patients under specific circumstances. Stakeholder engagement and involvement (e.g., patients, community advocates, clinicians, etc.) are involved in all stages of the research.
Provide opportunities at all levels:

- Training & developing the careers of new researchers
- Providing bridge/career support for emerging researchers
- Retooling mid- to senior-level investigators
- Growing capacity in emerging institutions of research excellence
PCOR Grant Opportunities

- **Current PCOR Announcements**
  - Patient Centered Outcomes Research (PCOR) Pathway to Independence Award (K99/R00)
  - AHRQ Mentored Career Enhancement Award in Patient Centered Outcomes Research (PCOR) (K18)
  - Infrastructure Development Program in Patient-Centered Outcomes Research (PCOR) (R24)
Postdoctoral fellows and junior non-tenure track faculty

Provides:
- K99 Portion: Up to 2 years of mentored research and training support
- R00 Portion: Up to 3 years of research support upon receipt of tenure-track type of position and agency approval

Allowable Costs
- The total salary limit per year for the initial mentored phase must not exceed $90,000 direct costs, plus associated fringe benefits. In addition, research support costs up to $25,000 direct costs for each 12 month mentored budget period may be requested.
- Total costs for the independent investigator R00 phase may not exceed $249,000 per year. This amount includes salary, fringe benefits, research support and applicable indirect costs.
PCOR K18 -- PA

- Mid- to Senior Career Development in CER methods (e.g., associate to full professor level or equivalent in non-academic settings)
- 6 months to 2 years of FTE support, which can be spread across a period of 6 months to 2 years
- Each award max. is $275,000
  - Full salary level, within DHHS Grants Policy Guideline levels
  - $50,000 in research enhancement/development support annually (travel, tuition and related costs, statistical support, research-related support, mentors)
Develop CER capacity focusing on PCOR in developing institutions (e.g., those which have some existing health services research capacity related to the mission of AHRQ, but are not centers of excellence in CER or possess investigators who currently receive large-scale research support in CER)

Encourage partnerships with centers of excellence (which can receive up to 1/3 of funds)

Funds can be used for infrastructure development and the conduct of research projects (3-5 multi-year projects)

$1 million per award annually for up to 5 years total
Upcoming PCOR Funding

- Handout

Agency for Healthcare Research and Quality

- Overview of AHRQ
- Contracts
- Training Grants
- Research Grants
- Peer Review
Overview

- AHRQ funding priorities have some stability/volatility
- Internet is funding gateway
  http://www.ahrq.gov/funding/research/announcements/index.html
- AHRQ and NIH use essentially same application process
NIH & AHRQ Grant Application Similarities

- Announcement publication:

- Application forms:
  - Form 424 Research and Related (SF 424 R&R) [http://grants.nih.gov/grants/funding/424/index.htm](http://grants.nih.gov/grants/funding/424/index.htm)

- Application submission and referral – NIH Center for Scientific Review (CRS)
Application Process

- Applications sent from NIH to AHRQ
  - Assigned to an AHRQ study section
  - Assigned to a specific PO at AHRQ

- Review typically occurs 3-4 months after applications received
  - dissertations, three months later

- Funding decisions occur 1-3 months later
  - Summary Statements issued

- Resubmission – one allowed
What Determines Which Awards Are Made?

- **Scientific merit**
  - Significance and originality – Overall Impact
  - Methods - Qualifications of Investigators & Environment

- **Program considerations**
  - What is uniquely AHRQ
  - Existing portfolio balance
  - Anticipated IMPACT of research

- **Availability of funds**
Key Points to Promote Success

- Talk with an Agency (AHRQ, etc.) program officer(s)

- Previously funded work can be informative. See AHRQ Grant Database: [www.gold.ahrq.gov/](http://www.gold.ahrq.gov/)

- Consult with senior investigators regarding grantmanships
Key Points to Promote Success

- **Bottom Line – Go/No Go**
  - Priority Populations
  - IRB/Human Subjects
  - Data Monitoring Plans

- **Common Problems**
  - No apparent translatability of research into practice or policy
  - Not unique to AHRQ or relevant to mission or in line with AHRQ’s research portfolio
Funding Announcements

Grant announcements from the Agency for Healthcare Research and Quality for supporting research to improve the quality, effectiveness, accessibility, and cost effectiveness of health care.

Sign Up for Grant Announcements E-Mail Updates

- Requests for Applications
- Program Announcements

Notice: Salary Limitation on FY2012 AHRQ Grants, Cooperative Agreements, and Contracts

Request for Applications
Budget Limitations


- Upcoming Funding Opportunities
There are 5 “core” criteria for most types of grant applications:

- Significance
- Investigator(s)’ Qualifications
- Innovation
- Approach
- Environment

Use the 9-point scale (1 = exceptional, 9 = poor) for the five “core” review criteria.

Overall Impact Score (9-point scale)
## AHRQ Peer Review Scoring Descriptor Table

<table>
<thead>
<tr>
<th>Score</th>
<th>Descriptor</th>
<th>Additional Guidance on Strengths/Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Exceptional</td>
<td>Exceptionally strong with essentially no weaknesses</td>
</tr>
<tr>
<td>2</td>
<td>Outstanding</td>
<td>Extremely strong with negligible weaknesses</td>
</tr>
<tr>
<td>3</td>
<td>Excellent</td>
<td>Very strong with only some minor weaknesses*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
<td>Strong but with numerous minor weaknesses</td>
</tr>
<tr>
<td>5</td>
<td>Good</td>
<td>Strong but with at least one moderate weakness**</td>
</tr>
<tr>
<td>6</td>
<td>Satisfactory</td>
<td>Some strengths but also some moderate weaknesses</td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Fair</td>
<td>Some strengths but with at least one major weakness</td>
</tr>
<tr>
<td>8</td>
<td>Marginal</td>
<td>A few strengths and a few major weaknesses**</td>
</tr>
<tr>
<td>9</td>
<td>Poor</td>
<td>Very few strengths and numerous major weaknesses</td>
</tr>
</tbody>
</table>

**Non-numeric score options:**
- DF = Deferred, AB = Abstention, CF = Conflict, NP = Not Present, ND = Not Discussed

---

*Minor Weakness:* An easily addressable weakness that does not substantially lessen impact

**Moderate Weakness:** A weakness that lessens impact

***Major Weakness:* A weakness that severely limits impact

- Applications that are not discussed at the meeting will not be given an overall Final Impact Score, but the applicant, as well as the AHRQ staff will see the preliminary scores for each review criterion as additional feedback on their summary statement
- For each criterion rating, the strengths and weaknesses within that review criterion should be considered
Significance: Does the project address an important problem or critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Overall Impact: Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following five core review criteria, and additional review criteria (as applicable for the project proposed).
Once applications are reviewed, the results are documented by the Scientific Review Officer (SRO) in a summary statement and posted on the eRA Commons & IMPACII system.

The summary statement contains:

- Overall Resume and Summary of Review Discussion
- Essentially Unedited Critiques provided by the Reviewers
- Priority (Impact) Score and Percentile Ranking
- Budget Recommendations
- Appropriate Human Subjects Protections and Inclusions Coding
- Administrative Notes
Agency for Healthcare Research and Quality

- Overview of AHRQ
- Contracts
- Training Grants
- Research Grants
- Peer Review
Scientific Peer Review Committees (Study Sections)

• **Standing Committees**
  - Chartered; multi-year commitment
  - Temporary members added as needed
  - Roster posted on NIH/AHRQ websites

• **Special Emphasis Panels (SEPs)**
  - All Temporary (Ad-hoc) members

• **Study Section Research and Training Foci:**
  - [http://www.ahrq.gov/fund/peerrev/resfoci.htm](http://www.ahrq.gov/fund/peerrev/resfoci.htm)
Criteria For Selection of Peer Reviewers

- Demonstrated Scientific Expertise
- Doctoral Degree or Equivalent
- Mature Judgment
- Work Effectively in a Group Context
- Breadth of Perspective
- Impartiality – Objective Judgment
- Adequate Representation of Women and Minority Scientists
- Interest in Serving
Peer Reviewers...

- Diverse scientific expertise
- Appropriate representation of stakeholders
  - Nurses are well-represented.

*Interested in serving?*

- The “RFP” for reviewers is always open. You may give a CV to Program Staff or Kish at this meeting, or e-mail it later.
- Look at scope of panel and consider your expertise as well as if you can make a commitment to serve.
Thank you!

Jennifer.Moore@ahrq.hhs.gov
301-427-1394

Kishena.Wadhwani@ahrq.hhs.gov
301-427-1556