

TÍTULO DE LA ACCIÓN	Ambulatory Safety and Quality Program: Enabling Quality Measurement through Health IT (R18) Note: The policies, guidelines, terms and conditions stated in this announcement may differ from those used by the NIH.
CÓDIGO INDENTIFICATORIO DE LA ACCIÓN	Request For Applications (RFA) Number: RFA-HS-07-002
FECHA DE PUBLICACIÓN	Release/Posted Date: December 6, 2006
FECHA DE CIERRE DE SOLICITUDES	Letters of Intent Receipt Date(s): January 19, 2007 Application Submission/Receipt Date(s): February 13, 2007 Peer Review Date(s): April/May, 2007 Earliest Anticipated Start Date(s): July, 2007 Technical Assistance Teleconference: January 4, 2007 Expiration/Closing Date: February 14, 2007
ORGANISMO CONVOCANTE	Agency for Healthcare Research and Quality (AHRQ) (http://www.ahrq.gov) Center for Quality Improvement and Patient Safety Center for Primary Care, Prevention, and Clinical Partnerships
TEMÁTICA	The purpose of the Agency for Healthcare Research and Quality's (AHRQ's) Ambulatory Safety and Quality (ASQ) program is to improve the safety and quality of ambulatory health care in the United States. The program's components, with the exception of the announcement on risk assessment, have an emphasis on the role of health information technology (health IT). Emerging information about ambulatory care suggests that the patient safety crisis in hospitals is only the "tip of the iceberg." The scope of ambulatory care has increased over the past decade, as the volume and complexity of interventions has burgeoned. Safe, high quality ambulatory care requires complex information management and coordination across multiple settings, especially for patients with chronic illness(es). The opportunity to turn the potential of health IT towards improving safety and quality in the ambulatory care setting, especially within care transitions, will form the cornerstone of this proposed Ambulatory Safety and Quality (ASQ) Program.
SUBTEMÁTICA	Specific Purpose of this FOA AHRQ is interested in projects that investigate novel methods or evaluate existing strategies for the development of health IT to assist clinicians, practices and systems to measure the quality and safety of care in ambulatory care settings. Applicants are encouraged to develop new safety and quality measures, determine essential data elements for Institute of Medicine (IOM) priority areas, develop health IT systems to export measures, demonstrate the ability of health IT to provide measures, enable public reporting through health information exchange, and measure the efficiency of quality measurement.
PECULIARIDADES	To achieve measurable improvements, the four funding opportunity announcements (FOAs) that comprise the ASQ Program address research needs that share a common focus on ambulatory care clinicians, patients, and information technology. This funding opportunity is one of the four in the ASQ program, as described below: I. ASQ: Risk Assessment in Ambulatory Care: This announcement has a broad view on ambulatory care that includes the ambulatory care clinician, as well as the patient cared for in ambulatory settings and across high risk transitions in care. Research will focus on assessing the risks associated with ambulatory care that have not yet been fully elucidated. Unlike the rest of the ASQ program, this announcement does <u>not</u> include a primary focus on health information technology. II. ASQ: Improving Quality through Clinician Use of Health IT: This announcement has a primary focus on the ambulatory care clinician. Research will focus on strategies to improve medication management and the delivery of evidence to the point-of-care resulting in improved clinical decision-making and clinical quality for priority conditions. Issues to be addressed include the relationship between health IT and workflow redesign, systemic barriers to health IT adoption, care for patients with multiple chronic conditions, enhanced patient-centered models of care delivery, and improved use of effective alert strategies for decision support. III. ASQ: Enabling Patient-Centered Care through Health IT: This announcement has a primary focus on patients and their interaction with the ambulatory health care system. Research will

focus on strategies to improve the patient experience of care through the use of health IT. It will include work to improve the delivery of patient-centered health information to ensure patients and clinicians have the information they need to make better health care decisions. Specific topics to be addressed include shared decision-making and patient-clinician communication, personal health records, integration of patient information across transitions in care, and patient self-management of chronic conditions.

IV. ASQ: Enabling Patient Safety and Quality Measurement through Health IT: This announcement has a primary focus on integrating patient safety and quality measurement with information technology. Research will focus on strategies to improve transparency for patients in ambulatory care through the development, deployment and export of quality measures from electronic health record systems. Issues to be addressed include measure development across episodes of care, clinical data needs for quality measurement export and reporting, and the reporting of quality data for improvement.

CONDICIONES DE PARTICIPACIÓN

Eligible Institutions

You may submit (an) application(s) if your domestic organization is a:

- ?? Public or non-profit private institution, such as a university, college, or a faith-based or community-based organization;
- ?? Units of local or State government;
- ?? Eligible agencies of the Federal government.
- ?? Indian/Native American Tribal Government (Federally Recognized);
- ?? Indian/Native American Tribal Government (Other than Federally Recognized);
- ?? Indian/Native American Tribally Designated Organizations.

AHRQ's authorizing legislation does not allow for-profit organizations to be eligible to lead applications under this research mechanism, thus for the purpose of this FOA, AHRQ will make grants only to non-profit organizations. For-profit organizations may participate in projects as members of consortia or as subcontractors only. For-profit organizations that produce health IT systems are encouraged to apply in partnership with a non-profit organization. Because this FOA is principally intended to increase the quality of health care delivery in the U.S., foreign institutions are not eligible to apply. Foreign institutions may participate in projects as members of consortia or as subcontractors only. Applications submitted by for-profit organizations and foreign institutions will be returned without review. Organizations described in section 501(c) 4 of the Internal Revenue Code that engage in lobbying are not eligible.

Eligible Individuals

Any individual with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his or her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for AHRQ programs.

The Project Director/Principal Investigator should devote at least 20% time to the project over the course of the award. If the Project Director/Principal Investigator devotes less than 20% time to the project, an explicit justification must be provided.

Because of the nature of the project, expertise in evaluation is also a critical need that can be met through the requisite experience of the PD/PI or another member of the project team.

Program Purpose and Evaluation

The goal of the ASQ program is to improve the quality and safety of health care. AHRQ will measure progress toward that goal by evaluating whether patients are receiving the appropriate care for prevention, treatment and management of the IOM's priority areas; whether patients are able to access reports of ambulatory care quality and safety for their providers; whether patients report satisfaction with their care.

Each project in the ASQ program will be required to have a robust evaluation plan that addresses one or more of these goals. In order to facilitate comparisons across ASQ projects, AHRQ suggests evaluation measures and instruments in these FOAs. We encourage the use of these measures whenever possible and scientifically appropriate.

Researchers are encouraged to propose projects in low resourced rural and urban safety net settings where health IT diffusion is likely low, as well as projects that seek to improve the care provided to priority populations. AHRQ is strongly committed to supporting research in priority populations, which include women, children, elderly, minority, rural, urban, and low-income populations, as well as patients with special health care needs and disabilities. AHRQ encourages the development of strong public and private partnerships that may include the health IT vendor community.

<p>AVANCE SOBRE FINANCIACIÓN</p>	<p>AHRQ intends to commit approximately \$6.8 million dollars in FY 2007 to fund 12-24 applications. Should additional funds become available, AHRQ may fund additional meritorious applications.</p> <p>The total project period for an application submitted in response to this funding opportunity may not exceed 2 years. Although the size of award may vary with the scope of research proposed, it is expected that applications will range from \$250,000 to \$500,000 in total costs per year. Total costs are limited to \$1 million over a two-year period, with no more than \$500,000 in total costs allowed in any single year. Facilities and administrative (F&A) costs requested by applicants are included in the total cost limitation.</p> <p>AHRQ intends to award at least \$1.8 million from patient safety funds to projects that include a focus on patient safety and quality measurement projects that do not directly involve health IT.</p> <p>Applications requesting more than \$500,000 in total costs in any one year, more that \$1 million over 2 years, or longer than 24 months of support will be returned to the applicant without review.</p> <p>AHRQ plans to offer additional funding through limited competition to further the dissemination of important findings and activities that result from these projects. Dissemination supplements will only be considered should future funds become available.</p>
<p>LIMITACIONES A LA PARTICIPACIÓN</p>	<p>Project Requirements</p> <p>Applicants are expected to:</p> <ul style="list-style-type: none"> ?? describe an intervention (or new measure to be developed), place the intervention (or new measure) in context and discuss how it is expected or known to improve safety and quality measurement ?? provide a detailed implementation plan with appropriate methods, project milestones, and timeline ?? describe a robust analysis and evaluation plan, and for intervention projects, include measures for assessing patient-, office-, and health system-level outcomes of the intervention ?? include a dissemination plan, including a proposal for widespread dissemination should the project results merit <p>The applicant must address the following project requirements in the Research Plan portion of the application.</p> <p>In the Specific Aims section: The applicant must specify an intervention (or new measure to be developed), the type of ambulatory care settings in which the intervention will be applied or the new measure developed, the health professional groups involved (note that interdisciplinary teams are encouraged whenever possible), and the patient populations included in the intervention or new measure developed. It is expected that some aspect of the intervention will include the use of some form of health IT, or in the case of new measure development, that the new measure will rely on electronic coded data from EHRs or claims merged with EHRs.</p> <p>In the Background and Significance section: The applicant must demonstrate an understanding of the nature of the ambulatory care, the current challenges to quality measurement, and how health IT can enable better quality measurement. The narrative should include a brief review of the salient literature with respect to the focus area and the anticipated benefits, limitations, and scientific, clinical or performance-based significance of the proposed research, the purpose and expected impact of the intervention or new measure developed, objectives or hypotheses to be evaluated, the supporting theoretical or conceptual framework, underlying assumptions, and scope or boundary conditions of the proposed demonstration.</p> <p>In the Research Design and Methods section: Given the project objectives, and taking into account practical constraints, the applicant must describe the research design or methodology that will best enable the research objectives to be realized. The design must include a timeline with specific milestones, covering all major phases of the project. For those projects focused primarily on the development of measures, applicants must provide information on the evidence base from which the measure(s) are derived, any consensus development efforts included in the project, and the applicant's proposed methods for validating and testing the measure(s) for clinical appropriateness, validity, reliability, sensitivity, and specificity. When possible, any health IT intervention should conform to interoperability standards and use certified products (see http://www.hitsp.org and http://www.cchit.org). Applicants must also provide convincing evidence of their organizational capacity to immediately commence work upon announcement of funding. Applicants must specify the project's primary and secondary outcome measures. These may include health outcome, patient satisfaction, process measures, costs, and measures of patient safety and quality. (Please refer to the next two sections below for AHRQ's recommendations for outcome measures.) The narrative must also include data collection plans, instruments and tools to be used, and a well-developed analysis plan. To the extent possible, applicants should discuss any anticipated limitations or cautions needing to be exercised in generalizing results.</p>

The applicant must describe how the intervention could be integrated into the delivery of ambulatory care throughout the applicant organization(s) and potentially into sites across the nation. The applicant should discuss the future sustainability of the intervention by their organization after the grant funded period has ended. The applicant must also present a project dissemination plan, including a proposal for widespread dissemination should the project results be generalizable and meritorious. While AHRQ plans to offer additional funding through limited competition to further the dissemination of important findings and activities that result from these projects, these dissemination supplements will only be considered should future funds become available. Applicants must include a project dissemination plan within the project plan and budget. The dissemination plan may include activities in cooperation with AHRQ's National Resource Center on Health IT, <http://healthit.ahrq.gov>.

The applicant must describe how, in the development and implementation of the intervention, privacy and security issues related to the exchange of sensitive health information will be identified and addressed. Keeping health information in electronic format introduces new risks, real and perceived, to the privacy and security of health information. New concerns arise, such as who has access to and use of electronic data, disclosure to patients regarding the collection and use of the data, patient consent requirements, the ability of patients to decline participation in electronic data collection, patient access to audit records, what happens to data after research is completed, and informing patients of any security breaches.

Developers of electronic health information systems have promulgated policies for consideration with participating consumers and patients in order to assure patient awareness of, comfort with, and participation in electronic data collection and use. While privacy and security solutions are not intended to be the focus of projects under this announcement, interventions should be designed to incorporate emerging privacy and security principles that may be applicable (see <http://healthit.ahrq.gov/hiepolicyissues>). Applicants should describe the resources and processes they will use to assure that these privacy and security concerns are being met throughout the project period. These could include the inclusion of participating patients in periodic reviews in order to solicit their input and consultation with knowledgeable professionals over the course of the project, as well as a description of any existing privacy or security practices and technology consistent with those policies that will be incorporated into the project and reviewed for compliance on a regular basis.

Outcome metrics

In order to facilitate evaluation across projects in AHRQ's portfolio, AHRQ requires applicants to measure and report on the following outcomes when appropriate to the project aims:

- ?? the percent of adoption and use of health IT, electronic prescribing, clinical decision support, or patient-specific electronic information (such as a personal health record) for providers who have been granted access.
- ?? the percent of patients who are receiving the appropriate care for prevention, treatment and medication therapy, especially in areas identified as high priority by the IOM.
- ?? the percent of eligible patients within the practices who have access to their personal health information, including medication therapy, and/or customized decision support.
- ?? patients' and providers' access to and utilization of patient safety and quality measurement reports, especially if aggregated through a health information exchange.
- ?? the percent of ambulatory care clinicians within the practices that they partner with who routinely use measurement tools to evaluate their patient's experience. Applicants are encouraged to use the new AHRQ- funded CAHPS® Clinician & Group Survey for this outcome measure. The survey is designed to assess patients' perceptions of care at both the individual clinician level and the group practice level. The survey instruments are in the public domain (see <http://www.cahps.ahrq.gov>).

Letter of Intent

To allow AHRQ staff to estimate the potential peer review workload and plan the review (e.g., anticipate the nature of reviewer expertise to be required), prospective applicants are asked to submit a letter of intent that includes an acknowledgement of interest in this funding opportunity (please refer to the number and title of this funding opportunity), a few comments on the subject of the proposed research, background expertise of key personnel, and the nature and role of participating institutions. Please include the name and email address of the Principal Investigator.

This letter of intent is not required, is not binding, and is not considered in the review of a subsequent application. However, these letters are administratively very helpful, as indicated above. To be most useful, the letter of intent is to be sent by the date listed above and at the beginning to this document.

The letter of intent can be sent electronically, and should be sent to:

Angela Lavanderos
Center for Primary Care, Prevention, and Clinical Partnerships
Agency for Healthcare Research and Quality
540 Gaither Road, 6000
Rockville, MD 20850
Telephone: (301) 427-1505
FAX: (301)427-1597
Email: QualityMeasurement@ahrq.hhs.gov

Several additional separate actions are required before an applicant institution/organization can submit an electronic application, as follows:

1) Organizational/Institutional Registration in [Grants.gov/Get Started](https://www.grants.gov/get-started)

- ?? Your organization will need to obtain a [Data Universal Number System \(DUNS\) number](#) and register with the [Central Contractor Registration \(CCR\)](#) as part of the Grants.gov registration process.
- ?? If your organization does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. A valid TIN or EIN is necessary for CCR registration.
- ?? The CCR also validates the EIN against Internal Revenue Service records, a step that will take an additional one to two business days.
- ?? Direct questions regarding Grants.gov registration to:
[Grants.gov Customer Support](#)
Contact Center Phone: 800-518-4726
Business Hours: M-F 7:00 a.m. - 9:00 p.m. Eastern Time
Email support@grants.gov

2) [Organizational/Institutional Registration in the eRA Commons](#)

- ?? To find out if an organization is already Commons-registered, see the "[List of Grantee Organizations Registered in NIH eRA Commons.](#)"
- ?? Direct questions regarding the Commons registration to:
eRA Commons Help Desk
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time
Email commons@od.nih.gov

3) Project Director/Principal Investigator (PD/PI) Registration in the NIH eRA Commons: Refer to the [NIH eRA Commons System \(COM\) Users Guide](#).

- ?? The individual designated as the PD/PI on the application must also be registered in the NIH eRA Commons. It is not necessary for PDs/Pis to register with Grants.gov.
- ?? The PD/PI must hold a PD/PI account in the Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.
- ?? This registration/affiliation must be done by the Signing Official (SO) or their designee who is already registered in the Commons.
- ?? Both the PD/PI and SO need separate accounts in the NIH eRA Commons since both are required to verify the application.

Note that if a PD/PI is also an AHRQ peer-reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should immediately check with their business official to determine whether their organization/institution

	<p>is already registered in both Grants.gov and the Commons. AHRQ will accept electronic applications only from organizations that have completed all necessary registrations.</p>
<p>INFORMACIÓN PERSONALIZADA</p>	<p>We encourage your inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants. Inquiries may fall into three areas, scientific/research, peer review, and financial or grants management issues:</p> <p>1. Scientific/Research Contacts:</p> <p>Direct your questions about general FOA issues, including information on the Inclusion of Women, Minorities and Children, and other priority populations to:</p> <p>Angela Lavanderos Center for Primary Care, Prevention, and Clinical Partnerships Agency for Healthcare Research and Quality 540 Gaither Road Rockville, MD 20850 Telephone: (301) 427-1505 Email: QualityMeasurement@ahrq.hhs.gov</p> <p>or</p> <p>Marge Keyes, MA Center for Quality Improvement and Patient Safety Agency for Healthcare Research and Quality 540 Gaither Road Rockville, MD 20850 Telephone: (301) 427-1333 Email: QualityMeasurement@ahrq.hhs.gov</p> <p>2. Peer Review Contacts:</p> <p>Direct your questions about peer review issues to:</p> <p>Kishena C Wadhvani, Ph.D., M.P.H. Director, Division of Scientific Review Office of Extramural Research, Education and Priority Populations Agency for Healthcare Research and Quality 540 Gaither Road, Room 2032 Rockville, MD 20850 Phone: (301) 427-1556 Fax: (301) 427-1562 Email: Kishena.Wadhvani@ahrq.hhs.gov</p> <p>3. Financial or Grants Management Contacts:</p> <p>Direct your questions about financial or grant management matters to:</p> <p>AI Deal Grants Management Office of Performance, Accountability, Resources and Technology 540 Gaither Road Rockville, MD 20850 Telephone: (301) 427-1806 FAX: (301) 427-1462 Email: AI.Deal@ahrq.hhs.gov</p>
<p>LINK INFORMATIVO</p>	<p>http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-07-002.html#SectionIII para información general de la convocatoria.</p>