

TÍTULO DE LA ACCIÓN	<p>Ambulatory Safety and Quality Program: Improving Quality through Clinician Use of Health IT (R18)</p> <p>Note: The policies, guidelines, terms and conditions stated in this announcement may differ from those used by the NIH.</p>
CÓDIGO IDENTIFICATORIO DE LA ACCIÓN	<p>Request For Applications (RFA) Number: RFA-HS-07-006</p>
FECHA DE PUBLICACIÓN	<p>Release/Posted Date: December 5, 2006</p>
FECHA DE CIERRE DE SOLICITUDES	<p>Opening Date: January 14, 2007 Letters of Intent Receipt Date: January 19, 2007 NOTE: On time submission requires that applications be successfully submitted to Grants.gov no later than 5:00 p.m. local time (of the applicant institution/organization). Application Submission/Receipt Dates: February 14, 2007 Peer Review Date: April/May, 2007 Earliest Anticipated Start Date: July, 2007 Technical Assistance Teleconference: January 4, 2007 Expiration/Closing Date: February 15, 2007</p>
ORGANISMO CONVOCANTE	<p>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</p>
TEMÁTICA	<p>The Agency for Healthcare Research and Quality (AHRQ) announces the availability of funds to support the development of health information technology (health IT) that assists clinicians, practices and systems in improving the quality and safety of care delivery and medication management in ambulatory care settings. The long-term goal of this effort is to insure that patients receive the appropriate care and management for the prevention and treatment of priority conditions. Health IT has the potential to deliver evidence-based information to the point-of-care; expand the range and ease of potential electronic health record (EHR)-based quality measures; enable new models of care delivery; facilitate high-quality transitions in care settings; and improve the value and quality of health care. A portion of these funds will be set aside to focus on medication management. Medication therapy is a significant source of medical errors, cost, and missed opportunities for health care coordination, and health IT can be a potent intervention to address these issues. While health IT has demonstrated improvement in health care safety and quality in several large health care delivery systems, there has been limited diffusion of EHR systems capable of providing effective medication management and decision support into the ambulatory setting, where the majority of health care occurs.</p> <p>Specific Purpose of this FOA</p> <p>AHRQ is interested in projects that investigate novel methods or evaluate existing strategies for clinician use of health IT in ambulatory settings to improve outcomes through more effective clinical decision support, medication management, or care delivery. Applicants are encouraged to demonstrate the ability of EHRs and medication management systems to effectively move evidence-based information to the point of care, including the development/utilization of machine actionable evidence-based clinical information to providers, and participation in health information exchanges. In particular, the role of workflow and effective use of clinical alerts and reminders, with an emphasis on prevention and chronic illness management, would be encouraged. A portion of these funds will be set aside to focus on medication management. Medication therapy is a significant source of medical errors, cost, and missed opportunities for health care coordination, and health IT can be a potent intervention to address these issues. The special focus of this funding opportunity is on ambulatory settings and the high-quality transitions to, from, and among these settings. The long-term goal of this effort is to insure that all patients receive the appropriate care and management for the prevention and treatment of conditions identified by the Institute of Medicine (IOM) as priority areas.</p>
SUBTEMÁTICA	<p>Applicants are encouraged to demonstrate the ability of EHRs and medication management systems to effectively move evidence-based information to the point of care, including the development/utilization of machine actionable evidence-based clinical information to providers, and participation in health information exchanges. In particular, the role of workflow and effective use of clinical alerts and reminders, with an emphasis on prevention and chronic illness management, would be encouraged. The special focus of this funding opportunity is on ambulatory settings and the high-quality transitions to, from, and among these settings.</p> <p>Applicant institutions are expected to: describe the specific health IT application and intervention to be studied, and the expected effect on safety and other domains of quality; develop a project design and</p>

	<p>methodology project plan; assess primary and secondary outcomes including clinical outcomes, system-level process, and/or efficiency outcomes; provide an evaluation plan; and provide a project dissemination plan.</p> <p>Objectives of this FOA</p> <p>While health IT has demonstrated improvement in health care safety and quality in several large health care delivery systems, there has been limited diffusion of EHR systems capable of providing effective medication management and decision support into the ambulatory setting, where the majority of health care occurs. AHRQ is interested in advancing knowledge in the following areas:</p> <ul style="list-style-type: none"> ○ the impact of health IT on outcomes in ambulatory settings and across high-risk transitions of care ○ novel approaches to providing high quality, appropriate care through use of health IT ○ essential strategies for safe, successful, and productive health IT adoption in ambulatory settings <p>The projects can span the spectrum from discovery, translation, measurement, and widespread dissemination of strategies for the use of ambulatory health IT. AHRQ has an interest in projects in the following thematic areas, and illustrative questions are provided in each. Projects outside these areas that address the core themes of clinician use of health IT to improve quality are also welcome.</p>
<p>PECULIARIDADES</p>	<p>AHRQ's Health IT Portfolio</p> <p>Health IT has the potential to deliver evidence-based information to the point-of-care; expand the range and ease of potential electronic health record (EHR)-based quality measures; and improve the value and quality of health care. AHRQ has funded over 30 years of research in the use of health IT to improve quality (Fitzmaurice et al, 2002). The projects span the research and development spectrum, from innovations in health IT, planning for adoption, implementation, evaluation of outcomes, and taking the systems to scale through participation in regional and statewide health information exchange. AHRQ's projects have historically addressed issues of knowledge representation, delivery of tailored evidence, quality feedback, workflow and systems changes, and new approaches to care, including delivery in non-traditional settings.</p> <p>One major component of AHRQ's health IT portfolio is the National Resource Center (NRC) for Health IT. The NRC captures the lessons learned in health IT adoption, and documents the progress of the portfolio grants. Collective learning from the health IT portfolio pointed to some major lessons:</p> <ul style="list-style-type: none"> ?? the implementation of health IT is one part technology, two parts organizational culture and workflow change ?? successful health IT adoption requires a systems approach to changing the health care team ?? the same health IT system implemented in different organizations can have different outcomes ?? organizational stakeholders need to see what value the new system brings them ?? continuous evaluation of the outcomes after health IT system implementation is crucial <p>More information about AHRQ's health IT portfolio can be found at http://healthit.ahrq.gov.</p>
<p>CONDICIONES DE PARTICIPACIÓN</p>	<p>Eligible Institutions</p> <p>You may submit (an) application(s) if your domestic organization is a:</p> <ul style="list-style-type: none"> ?? 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. <p>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</p>

	<p>section 501(c) 4 of the Internal Revenue Code that engage in lobbying are not eligible.</p> <p>Eligible Individuals</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>AVANCE SOBRE FINANCIACIÓN</p>	<p>AHRQ intends to commit approximately \$9 million dollars in FY 2007 to fund 20-40 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 3 years. Although the size of award may vary with the scope of research proposed, it is expected that applications will range from \$200,000 to \$400,000 of total costs per year. Total costs are limited to \$1.2 million over a three-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 \$6 million to projects that include a focus on medication management. AHRQ also intends to award at least \$1.5 million to projects conducted by primary care Practice-Based Research Networks and \$1.5 million to projects focusing on vulnerable populations. AHRQ expects that many funded projects will be included in more than one of these priority categories.</p> <p>Applications requesting more than \$500,000 in total costs in any one year, more that \$1.2 million over 3 years, or longer than 36 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>At this time, it is not known if competing renewal applications will be accepted and/or if this FOA will be reissued.</p>
<p>LIMITACIONES A LA PARTICIPACIÓN</p>	<p>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.</p>

**ACCESO
FORMULARIOS**

To download a SF424 (R&R) Application Package and SF424 (R&R) Application Guide for completing the SF424 (R&R) forms for this FOA, link to <http://www.grants.gov/Apply/> and follow the directions provided on that Web site.

A one-time registration is required for institutions/organizations at both:

- ?? Grants.gov (<http://www.grants.gov/GetStarted>) and
- ?? eRA Commons (<http://era.nih.gov/ElectronicReceipt/preparing.htm>)

PD/PIs should work with their institutions/organizations to make sure they are registered in the eRA Commons.

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](#)

- ?? 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.

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 PI.

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

	<p>540 Gaither Road, 6000 Rockville, MD 20850 Telephone: (301) 427-1505 FAX: (301)427-1597 Email: ImprovingQuality@AHRO.hhs.gov</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: ImprovingQuality@ahrq.hhs.gov</p> <p>2. Peer Review Contacts:</p> <p>Direct your questions about peer review issues of grant applications made in response to this FOA 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>Al Deal Grants Management Office of Performance, Accountability, Resources and Technology Agency for Healthcare Research and Quality 540 Gaither Road Rockville, MD 20850 Telephone: (301) 427-1806 FAX: (301) 427-1462 Email: al.deal@ahrq.hhs.gov</p>
<p>LINK INFORMATIVO</p>	<p>http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-07-006.html#SectionIII para información general sobre la convocatoria.</p>