



New HSR&D RFA: Pandemic-Related Disrupted and Deferred Care

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Today's Session

- HSR&D Overview: Steph Guerra, PhD
- Partner Presentations
 - Hospital Medicine (Mel Anderson, MD)
 - Critical Care, Pulmonary (Claibe Yarbrough, MD)
 - Emergency Care (Chad Kessler, MD)
 - Cardiology (Richard Schofield, MD)
 - Primary Care (Angela Denietolis, MD)
 - Preventive Care (Michael Goldstein, MD)

COVID-19 Pandemic Excess Mortality

- Since the start of the U.S. COVID-19 pandemic in March 2020, there has been almost 600,000 excess deaths over previous years during the same time period*

Direct Deaths

**Partially
Attributable
Deaths**

Indirect Deaths**

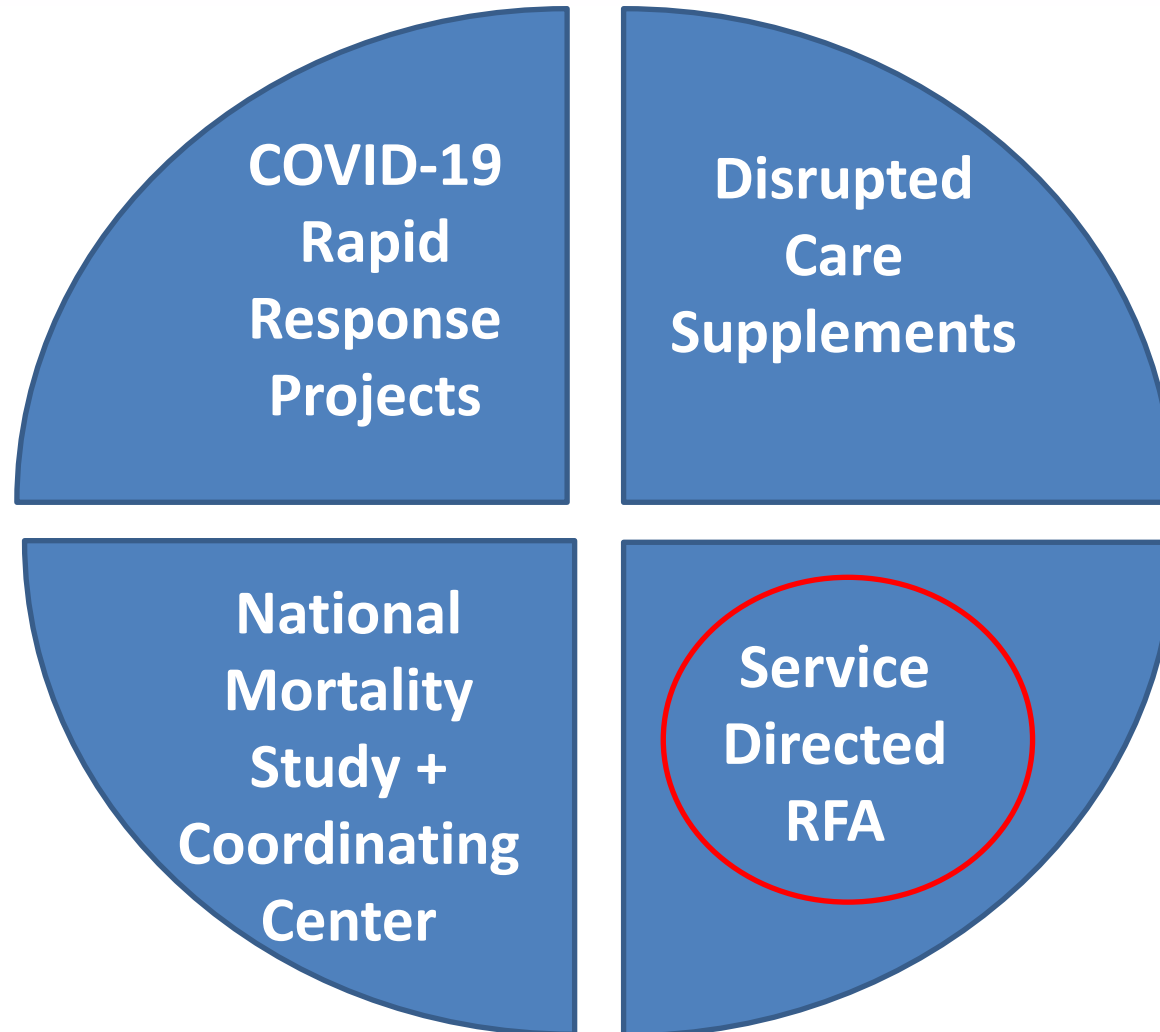
*<https://www.cdc.gov/nchs/covid19/mortality-overview.htm>

**Woolf SH, Chapman DA, Sabo RT, Weinberger DM, Hill L, Taylor DDH. Excess Deaths From COVID-19 and Other Causes, March-July 2020. JAMA. 2020;324(15):1562–1564. doi:10.1001/jama.2020.19545

Indirect Deaths During the COVID-19 Pandemic

- Indirect deaths may be a result of undiagnosed COVID-19 or could be related to pandemic related disrupted/deferred care due to:
 - patient factors (e.g., changes in care-seeking behavior, lack of transportation)
 - community factors (e.g., local severity of COVID infection, community-wide restrictions; markers of economic stress)
 - facility-level decisions and conditions (e.g., suspension of elective care including elective surgery, diagnostic and therapeutic procedures, staffing shortages, ICU capacity)
- **VHA Has Important Assets to Study Deferred and Disrupted Care**

Research Program on Deferred and Disrupted Care



Solicitation Description

- Support research projects to deep-dive into specific health care settings to:
 - examine changes in cause-specific mortality and morbidity
 - impacts across different patient populations and geographic regions
- Ideal projects will focus on a suite of related health outcomes, rather than one specific outcome
- Projects developed and conducted in collaboration with partners
- Short timetable with focus on partner communication throughout project

LINK to RFA (VA intranet site):

<https://vaww.research.va.gov/funding/rfa.cfm>

Levels of Funding

Deferred/Disrupted Care Merit Applications

- Up to 2 years
- Budget may not exceed \$700,000

Priority Areas (see solicitation for more details)

- Contribution of deferred or disrupted care to specific increases in mortality and adverse health outcomes.
- Quality of care among patients who receive care during the pandemic
- How changes in non-COVID health outcomes are influenced by the local severity of the COVID-19 outbreak, state-level and facility-level responses to COVID-19, and patient-level factors
- Assess if efforts to mitigate effects to the pandemic were effective in reducing adverse health impacts
- Conduct qualitative research involving interviews of patients or clinicians to understand behavior changes during the pandemic, impact on access or quality of care, and barriers or facilitators to initiating new practices to mitigate interrupted care.

Eligibility

- MD, PhD, or equivalent doctoral degree
- VA paid appointment of at least 25 hours/week (5/8ths).
- VA medical centers with active research programs
- A VA medical center must be registered as an applicant organization on Grants.gov and eRA Commons before any proposal can be submitted

Criteria Overview

- **Significance**
- **Approach**
- **Implementation**
- **Feasibility**
- **Investigator Qualifications**
- **Multiple PD/PI Leadership Plan** (if applicable)
- **Facilities and Resources**
- **Protection of Human Subjects**
- **Inclusion of Women and Minorities**

Timeline

Apr 23-May 7, 2021

ITS window

May 15, 2021

Grants.gov opens

June 8, 2021

Down to the wire deadline

June 10, 2021

Last submission deadline

June 15, 2021

Verification deadline

August 2021

Scientific merit review

Jan 1, 2022

Earliest project start date

Resubmissions

- Applications previously submitted through the Parent IIR or Pilot mechanism may be submitted in response to this RFA if address the priorities, but they will be a NEW submission. (No response to review are allowed)
- We anticipate that this mechanism will exist for at least two cycles, so applications that do not receive fundable scores will be eligible for resubmission

Review Process

- Applications will be reviewed during the August 2021 Scientific Merit Review Board meeting
- Funding decisions will be made independent of other Scientific Merit Review Board funding decisions
- SPM: Stephen Marcus, PhD (Stephen.Marcus@va.gov)

Partner Presentations

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VA Emergency Medicine

Chad Kessler, MD, MBA,

National Director for VA Emergency Medicine

ED/UCC were a major source of in-person access to care for Veterans during the pandemic

What proportion of in-person ambulatory care was delivered by VA ED/UCCs vs. other VA outpatient clinics?

This was a time of tremendous innovation in VA emergency care

What service delivery models were created? What worked, what did not? What is worth keeping around and developing further and why?

Much more telehealth was used, what is the quality of care that was delivered in the emergency setting?

Did the quality of VA vs. non-VA care change as compared to pre-pandemic or over time during the pandemic?

Who sought care and for what conditions during the pandemic? (i.e., were there changes in who and with what they presented as compared to pre-pandemic or over time during the pandemic?)

Equitable access to high-quality ED/UCC care is imperative. How did geriatric, female, and racial, ethnic and sexual minority Veterans who sought emergency care fare during the pandemic?



Questions?



**Please email VHACOHSRDDisruptedCa@va.gov
with specific questions about the
Pandemic-Related Disrupted and Deferred Care
RFA**