U.S. Department of Veterans Affairs

Office of Research & Development
Health Services Research & Development

Scientific Merit Review Board CyberSeminar: Reviewer Orientation

July 13, 2023

Orientation to the Summer 2023 Cycle Scientific Merit Review Board (SMRB)

Welcome and outline of today's CyberSeminar

- HSR&D priorities
- Peer Review core values
- Reviewer responsibilities
- Preparing critiques / Using the rating scale for scoring
- Login to eRA Commons
- New eRA Commons Online Critique Template
- Preparing for the meeting
- CyberSeminar feedback survey

THREE CHALLENGES FOR HSR&D RESEARCH

- Making research more ***responsive, timely, and efficient*** in light of changing health system priorities.
- Fostering research that is truly ***innovative*** and not ***incremental.***
- Managing our research portfolios to produce quicker, clearer ***impact*** on the VA delivery system.

HSRD RESEARCH PRIORITIES

Health System Portfolio Research Priorities at a Glance

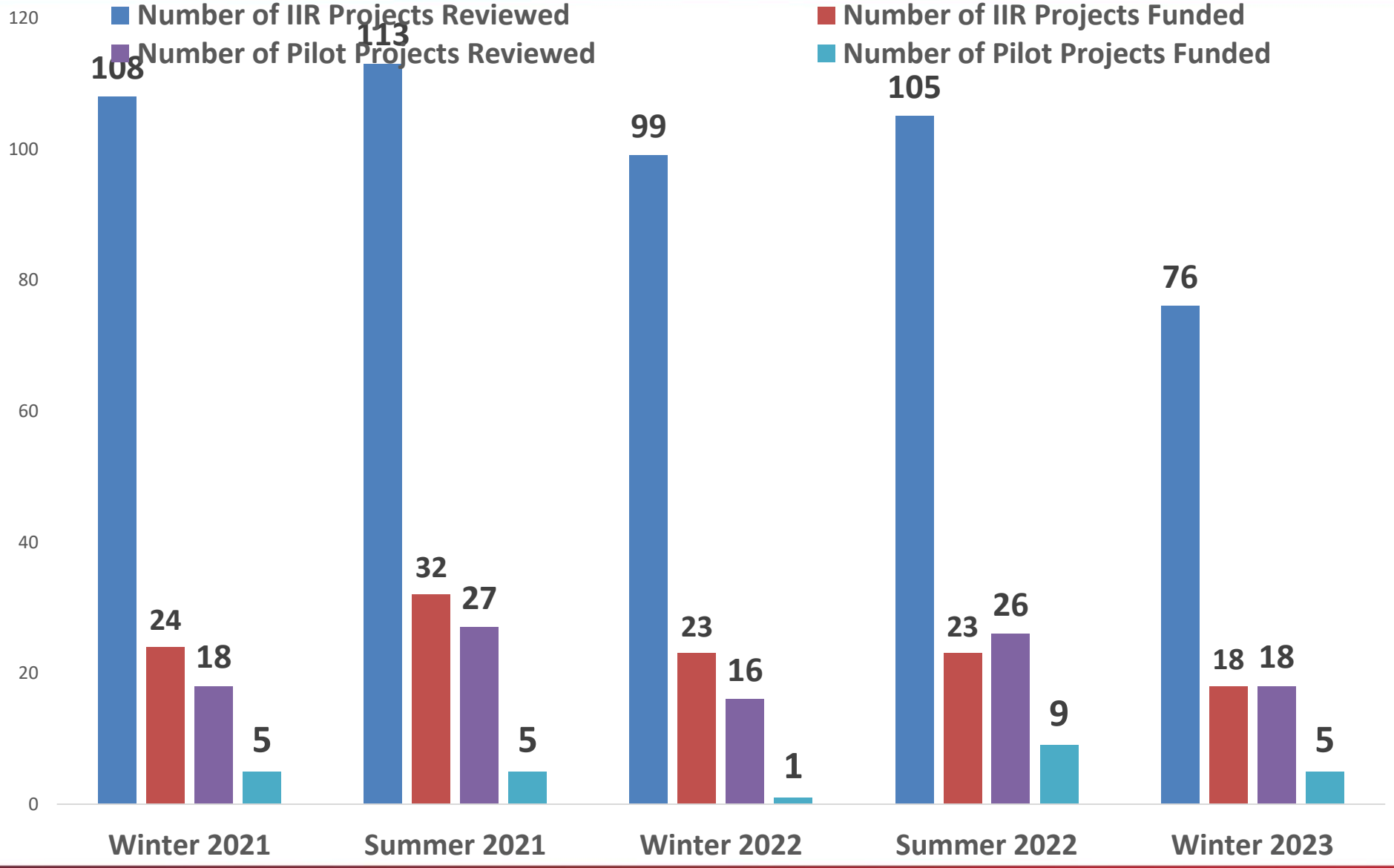
Access, Community Care, Rural Health	Mental Health (including Suicide, PTSD, etc.)	Chronic Pain/Opioid Use Disorders
Health Equity/Social Determinants of Health	Complex Chronic Care, Primary Care/Prevention, Whole Health	Disability, Function, Long Term Care, and Aging
Women's Health Care	Quality, Safety, and Value	Health Informatics/ Health IT/EHRM/ Data Science, Virtual Care
	New and Emerging Areas COVID Emergency Medicine	

Cross-cutting Methods:
Translation, Implementation & Improvement Science
Veteran Engagement

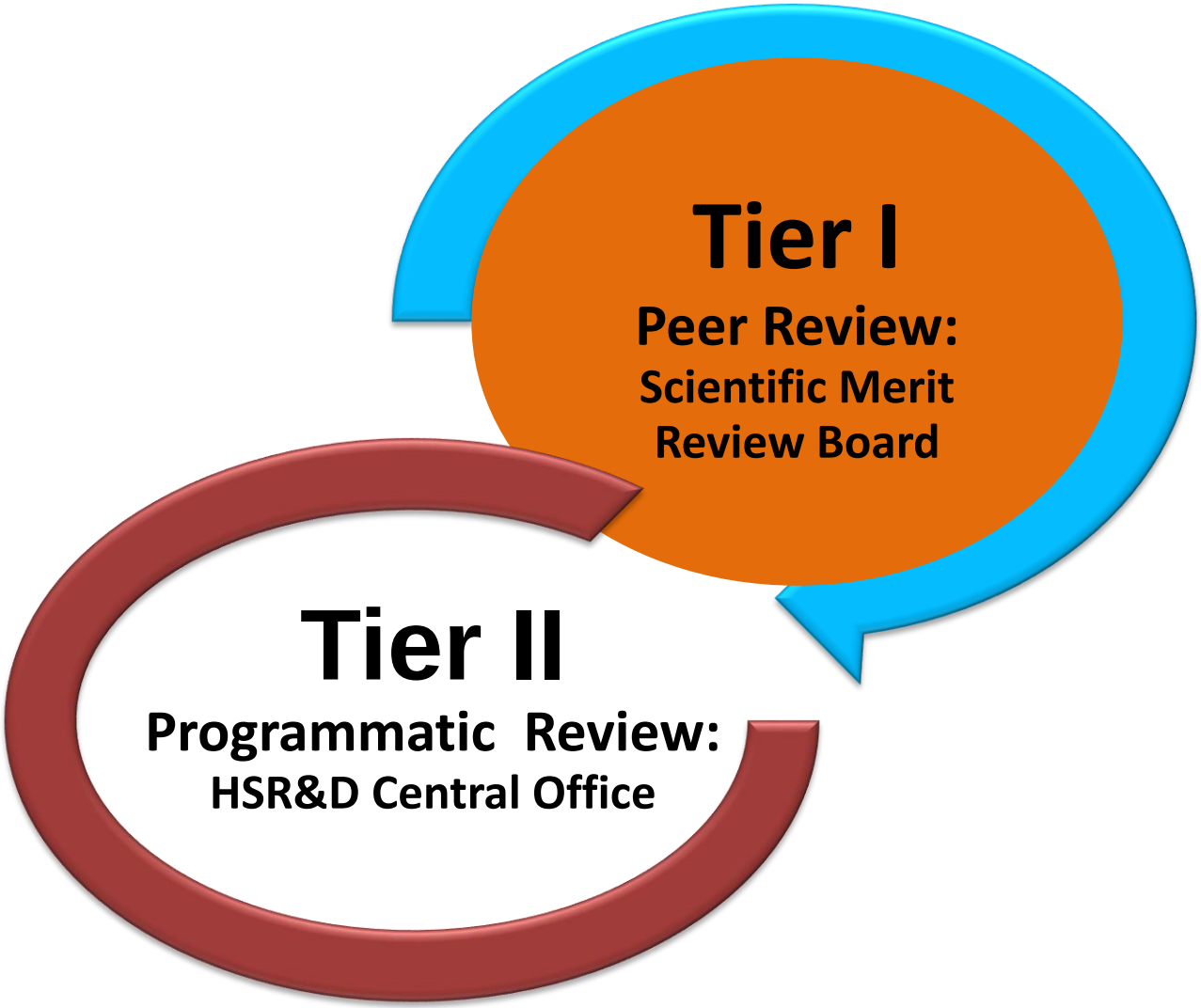
Legislative Priorities

- MISSION Act
- Comprehensive Addiction & Recovery Act
- CARES Act (Long term COVID-19 impact; deferred care)
- Foundations for Evidence-based Policymaking Act
- Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act)
- PACT Act

APPLICATIONS REVIEWED AND FUNDED



TWO-TIER PEER REVIEW PROCESS



PEER REVIEW CORE VALUES

Fairness

- Standard review and scoring criteria for each application.

Transparency

- Only published criteria used for evaluation.

Expert Assessment

- Scientific expertise to evaluate application for appropriate strategies and potential impact.

Impartiality

- COI, bias and predisposition must be managed for all participants in process (SRO, reviewers, applicants, observers), to avoid inappropriate influence.

Highest Ethical Standards

- Confidentiality of all discussions, application materials, communications, other aspects.
- Potential misconduct (very rare) is assessed by HSR&D Central Office.

PEER REVIEW CORE VALUES

Confidentiality

Confidentiality is a cornerstone of review.

All reviewers must agree to keep the materials and discussion of the materials confidential. The confidentiality statement acknowledges that the reviewers have access to proprietary information and agree to neither disclose nor make unauthorized use of proprietary information both during and after the review meeting.

- **Applications can ONLY be discussed during the assigned review time.**
  - **Discussions of any review/application should not take place outside of the review time, including when out of the room for a conflict.**
  - **What is said in the panel, stays in the panel, and only during the discussion of that application.**

- **If an investigator, colleague, director, etc. approaches you to discuss any aspect of the meeting or discussions, please do not engage in any conversations. If they persist, direct them to the panel Scientific Review Officer.**

POLL QUESTION

Tired and needing to meet the deadline, a reviewer copies the application abstract, aims, and strategy and uploads it into a publicly available AI system. Minutes later the system generates a first draft for the critique.

Is using AI and AI chat bots an acceptable way to get assistance with the review?

a) Yes **b) No**

POLL QUESTION

While reading an assigned application, you find the design and statistics challenging. In order to get a better understanding of the application, you email the application to your collaborator who is a biostatistician and ask if they can assist you with the statistical methodology in the application.

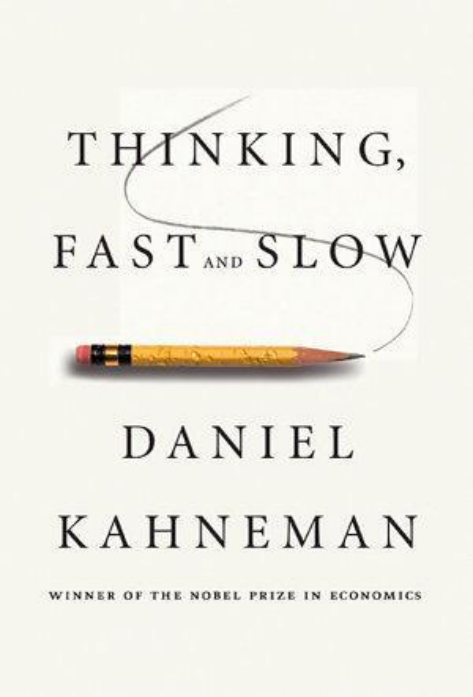
Is this a way to get assistance with the review?

a) Yes **b) No**

Unconscious Bias in Peer Review

Unconscious bias (aka implicit bias): an implicit attitude, stereotype, motivation, or assumption that can occur without one's knowledge, control or intention.

Even the most well-intentioned people experience some degree of unconscious bias.



Unconscious Bias in Peer Review

- Different performance standards for different groups
- Confirmation bias (e.g., knowing of the excellent work a PI has done in the past and assuming that the application under review is equally exceptional, resulting in less critical evaluation)
- Racial/ethnic bias
- Gender bias
- Age bias
- Institutional bias
- Cultural preconceptions
- Geographic preconceptions
- Language presumptions
- Scientific area (e.g., having more enthusiasm for applications addressing someone's own area of research)

Recognize, Minimize Influence of Unconscious Bias

Be self-aware: frequently re-evaluate your judgments for influence of unconscious bias. In peer review meeting, ask yourself:

- Am I evaluating the application solely on what is presented, or did I unconsciously make assumptions based on the reputation of the institute/PI?
- Did I use a similar vocabulary for majority and minority/underrepresented applicants?
- Have I unconsciously assumed different research success probabilities based on the gender and potential family responsibilities of the applicant?

Mitigating Bias in Peer Review

Each of us have implicit and explicit biases that we may not always recognize. Common areas where bias may occur in SMRB panels:

- Overemphasis on the reputation of the investigator/ lab/ environment.
- Lack of focus on the significance or the rigor of the approach.

The key to reducing and eliminating bias in peer review is to go back to the review criteria and ask if the critique being offered relates back to one of the review criteria.

During discussion, if Chair/SRO/reviewer hears something that doesn't clearly relate to the review criteria, intervene:

Ask the reviewer clarifying questions to understand their viewpoint during discussion.

EHRM CERNER IMPACT

Studies that may be affected by the EHRM transition should include a general contingency plan. To support feasibility, the plan may need to include:

- **study design shifts**
- **site modification**
- **statistical analyses to account for missing or discrepant data**

Studies may also consider incorporating some version of the following template language into their applications:

> **If funded, we recognize that our project will occur during the VA Cerner Millennium Electronic Health Record implementation. Availability of data from VA sites that have transitioned to Cerner Millennium might be affected. This may result in excluding sites where data are not available or modifying our data collection and analysis plans. We will work closely with the VA Coordinating Hub to Promote Research Optimizing Veteran-centric EHR networks (PROVEN) and the VA Information Resource Center (VIReC) to address issues related to data availability and use to maximize study progress.**

RFAS

- Parent
- Pilot
- Suicide Prevention
- Rural Health RFA
- Career Development Award
- Pain and Opioid Actively Managed Portfolio, Merit and Clinical Trial
- Mentored Physician & Clinical Psychologist Award in Alzheimer's Disease and Related Dementias
- QUERI Global (PEI, PII, Learning Hub), Advancing Diversity in Implementation Leadership, Implementation and Evaluation Coordination Center

PARENT AND PILOT AWARD

Parent: **$1,200,000 (max) for 4 years**
2 resubmissions allowed.

Pilot: $200,000 (Max) for 18 months
1 resubmission allowed.

Merit: $1,200,000 (max) for 4 years;
Pilot $200,000 (max) for 18 Months

Focus on observational studies, effectiveness studies, implementation studies (including hybrid studies), or population-based and community-level studies that advance the prevention of suicide among Veterans.

RURAL HEALTH RFA

Maximum $1,200,000 and 4 years

Goal: The goal of this RFA is to support focused research that will leverage VA research expertise to provide evidence-based information that the VA health system can use to better serve rural Veterans.

Main topics:

- Addressing COVID-19 and future VA and community care challenges in the face of public health emergencies (e.g., natural disasters; future pandemics)
- Integrated care between VA and community non-VA services
- Workforce development challenges for rural health care providers.

Crosscutting Priority Themes:

- Cultural context for rural populations and how best to put forward culturally relevant recommendations
- Issues of diversity, equity and inclusion as they apply to rural populations
- Innovations to improve access – including telehealth, but also developing other innovative ways to improve access that address the unique access challenges of rural Veterans
- Mental health and overall wellbeing as a key for today's Veterans and how to meet the specific needs of rural Veterans in these areas.

PAIN AND OPIOID RFA ACTIVELY MANAGED PORTFOLIO – MERIT

Funding requests for a maximum of four (4) years

1 year = $300,000 max
2 years = $600,000 max
3 years = $900,000 max
4 years = $1,200,000 max

2 resubmissions allowed.

The ORD wide Pain and Opioid AMP merit RFA funds preclinical, translational, behavioral, epidemiological and health services/implementation research applications where pain and opioid use, and the consequences of opioid use are the primary outcome(s) of the study.

PAIN AND OPIOID RFA ACTIVELY MANAGED PORTFOLIO – CLINICAL TRIAL

Budget Item	Limit for Single Site	Limit for Multi-VAMC Sites
Budget Cap	• For two (2) years, $600,000 • For three (3) years, $900,000 • For four (4) years, $1,200,000	For a **2-site** a total: • For two (2) years, $600,000 • For three (3) years, $1,125,000 • For four (4) or five (5) years, $1,500,000 • Additional $100,000 per site per year for each additional site.
Duration	Up to four (4) years	Up to five (5) years

2 resubmissions allowed.

The primary focus of research supported by Pain Opioid AMP CT RFA is to support novel and innovative approaches to treat acute and chronic painful conditions, opioid safety, and opioid use disorder. The primary outcome(s) of the study must focus on alleviation of pain and/or reduction of harms from opioid use.

QUERI Global RFA

QUERI Partnered Evaluation Initiative (PEI)	Partner-driven evaluations of programs or policies	$150K/year for 3 years with matched funding from operations partner
QUERI-VISN Partnered Implementation Initiative (PII)	Implementation of evidence-based practices addressing VISN health care priority goals	$200K for 18 months for startups, $800K/year for 3.5 years for full proposals
QUERI Implementation Strategy Learning Hubs	Expansion of implementation strategy training opportunities for VA research, providers, and operational staff	$50K/year for up to 3 years

QUERI COORDINATING CENTER

Implementation and Evaluation Coordinating Center

- **Up to $820K/year for up to 5 years**
- To support an infrastructure to promote the use of evidence-based implementation, evaluation, and quality improvement methods in the scale-up and spread of effective policies, practices, and programs across VA
- The coordinating center supports the assignment and peer review of short-term evaluations to QUERI centers, training in evaluation, implementation practice, and quality improvement methods, and tracking of impacts of evaluations to meet Evidence Act goals

QUERI MENTORING/TRAINING

QUERI Advancing Diversity in Implementation Leadership (ADIL) Initiative

- **Up to $100K/year for up to 2 years**
- **Objective:** Grow a pipeline of implementation, quality improvement (QI), and evaluation expertise from populations that reflect the diversity of the Veterans VA serves
- **Learning and Impact Focus:** Support a hands-on implementation, QI, or evaluation partnered initiative and mentored experience

Informational CyberSeminar providing an overview of all QUERI RFAs: https://www.hsrd.research.va.gov/cyberseminars/catalog-upcoming-session.cfm?UID=6323

Panel	RFA	TEMPLATE
HSR1	Parent Pilot POp-AMP – Merit POp-AMP – CT	
HSR2	Parent Pilot	
HSR3	Parent Pilot	
HSR4	Parent Pilot Suicide Prevention (SP)	
HSR5	Parent Pilot Rural Health	
HSR6	Parent Pilot	
MRA1	MPS-Alzheimer's Disease	
MRA0	Career Development Award	CDA
HQ8		

SCORING SCALE

1.0 – 1.5: OUTSTANDING- Exceptionally strong with negligible weaknesses; ready for execution "as is."

1.6 – 1.9: EXCELLENT- Strong but with weaknesses that should be addressed prior to execution. Re-review not necessarily required.

2.0 – 2.3: VERY GOOD - Strong but with weaknesses that should be addressed in a resubmission.

2.4 – 2.8: GOOD - Some strengths, but also key weaknesses that require re-working.

2.9 – 3.4: FAIR - Major weakness that requires substantial revision before resubmission.

3.5 – 5.0: POOR- Major weaknesses that discourage resubmission.

KEY CRITERIA

- **Significance**
- **Innovation and Impact**
- **Approach**
- **Feasibility**
- **Implementation**
- **Investigator Qualifications, Facilities and Resources**

CONSIDER THE SIGNIFICANCE

Focus on the significance of the specific project (if executed successfully), not that of the field or the condition being investigated.

CONSIDER INNOVATION AND IMPACT

- **How will the proposed work break new scientific ground?**

- **Does it deploy novel designs or methods?**

CONSIDER THE APPROACH

- **Is the overall research plan well-reasoned and appropriate to the aims of the study?**
- **Will the methods answer the questions with enough specificity to advance knowledge?**
- **Is the study appropriately constructed?**

CONSIDER FEASIBILITY

- Can study be completed with the proposed timeline?
- Will study leadership/management communication plan be effective?
- Is the proposed staffing reasonable and appropriate?
- Sample Population Feasibility
  - Are target sample size and feasibility of recruitment plan realistic?
  - How did the PI determine the number of eligible/available patients?
  - Did the PI address inclusion and exclusion criteria?
  - How did the PI estimate % who would enroll and be retained?
  - Did the PI account for possible competing studies at their site?
  - Is there a reasonable “Plan B” if recruitment falls behind?

FEASIBILITY TIPS FROM DSMB CHAIR

Paul Shekelle, MD HSRD DSMB Chair

What are key things missing from review that cause feasibility issues?

The #1 issue we see in DSMB is difficulty meeting enrollment targets. It is sufficiently common that when we see a study that is meeting its recruitment goals, we remark on how unusual this is.

FEASIBILITY TIPS FROM DSMB CHAIR

- To help prevent this before it happens, at the SMRB review stage reviewers should carefully examine the evidentiary basis for the feasibility of meeting the recruitment goals and be skeptical of projected enrollment totals that are based on statements like “our VA has so many patients with condition X that we do not anticipate any challenges in meeting our recruitment goals”.

- Secondly, the prudent PI will have thought in advance what they might do if recruitment fails to meet the anticipated number: continue recruiting for a longer period of time, add sites, relax the exclusion criteria being the usual options.

CONSIDER IMPLEMENTATION

Dissemination of manuscripts is not sufficient.

Consider the nature of the study findings:

- **How are study objectives aligned with the goals of specific VA stakeholders?**
- **Which VA operations partners might potentially "own" (i.e., apply) the study results?**
- **Next Steps: If the project is successful, what is the next step? Is the intervention sustainable after the study ends?**

INVESTIGATOR, FACILITIES, AND RESOURCES

- **Does the research team encompass all the needed skills and competencies to meet the objectives?**
- **Does the team capitalize on this expertise?**
- **Does the team have a track record of success?**
- **Are the facilities and resources adequate to support the study?**

ADDITIONAL CRITERIA CONSIDERED

Scored Criteria

- If **Multiple Principal Investigators** , need MPI Leadership Plan (see MPI eligibility policy in 'Additional Guidelines' in Meeting Materials).
- **Response** to prior review.
  - **Note: Each round of review is independent.**
- **Protection** of human research participants.
- **Inclusion** of women and minorities.

UNSCORED CRITERIA

- **Budget**
- **Data Management and Access Plan**
- **Veteran Engagement**

PATIENT EXPERIENCE AND VETERAN ENGAGEMENT

- **VA is a Veteran patient-centered healthcare system**
  - **Patient experiences are a critical measure of how well the healthcare system is functioning**
  - **Encourage engagement with Veterans as partners in research through active, meaningful, and collaborative interaction with researchers**
  - **Veterans and their caregivers can provide important insights into what outcomes matter most and perspectives on the feasibility and acceptance of proposed interventions and study designs**
- **Proposals should include a Veteran Engagement Plan**
  - **Is Veteran engagement incorporated into different phases of the research: study design, development, and intervention?**
  - **Is Veteran engagement reflected throughout proposal (i.e., budget, timeline, methods, sharing results, implementation plans, contact with VE groups, etc.)?**
  - **Is the level of engagement appropriate for the nature of the project and the target of any interventions?**
  - **If Veteran engagement is not applicable, does the PD/PI provide a clear justification?**

SUPPORT LETTERS - BEST PRACTICES

- Letters that indicate strong partnership describe:
  - Length and degree of the partnership with investigator
  - Partner investment in the outcomes of the study
  - Outline of regular communications/interactions to update operations partners
  - Tangible and/or non-tangible resources provided by partner (e.g., access to data not routinely available, use of provider networks, personnel, etc.)

- Absence of a letter of support should not be interpreted as a lack of support as Operations partners are busy and increasingly decline to write letters when the exclusive purpose is the general endorsement of the topic.

PREPARING YOUR WRITTEN REVIEW

- One overall score (no individual criterion scores).
- Substantive narratives expected for major review criteria.
- The primary audience for the critique is the PI and other assigned reviewers, there is no need to summarize the proposal or cut and paste parts of the proposal into the written review.
- Each round of merit review is independent.
  - It is fair to raise new questions about a revised application.

CRITIQUE TIPS

- **Write reviews you would find helpful if you were the PI.**
- **Structure your review into Major and Minor points.**
- **Provide concrete examples.**
- **Focus on specific strengths and weaknesses.**
- **Make sure comments support and explain the score.**

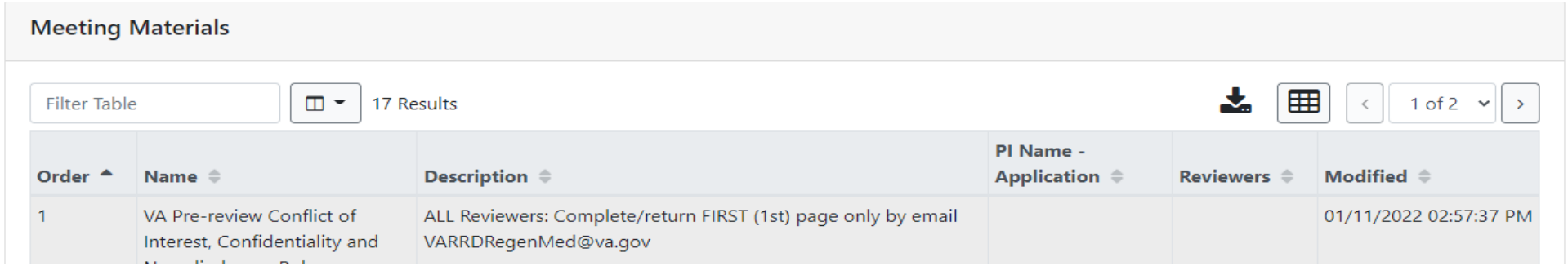
CRITIQUE COMMENTS

- **Summarize your evaluation in a paragraph that includes the key factors that determine your overall priority score.**
- **Use abbreviations and acronyms sparingly.**
- **Express criticism constructively as it will become part of the official Summary Statement used by ORD and the applicant.**

BE CLEAR…BE CONCISE…BE RELEVANT

ACCESS YOUR MEETING IN ERA COMMONS

- From the eRA Commons homepage, launch the IAR Module, where you will be prompted to sign the Confidentiality Agreement. This agreement is required before you can access the appropriate review materials.
- Once you have signed the agreement, you will see links to “List of Applications” and “Meeting Materials,” which will give you access to your assigned applications and the associated meeting materials.
- Meeting materials and assigned applications may be downloaded. We do not use a ZIP file to download because anything in the zip file requires a password to view.
- NOTE: If there are two (2) or more pages of Meeting Materials (default view = 10 documents); to VIEW additional documents, in the upper corner, click right arrow for next page.

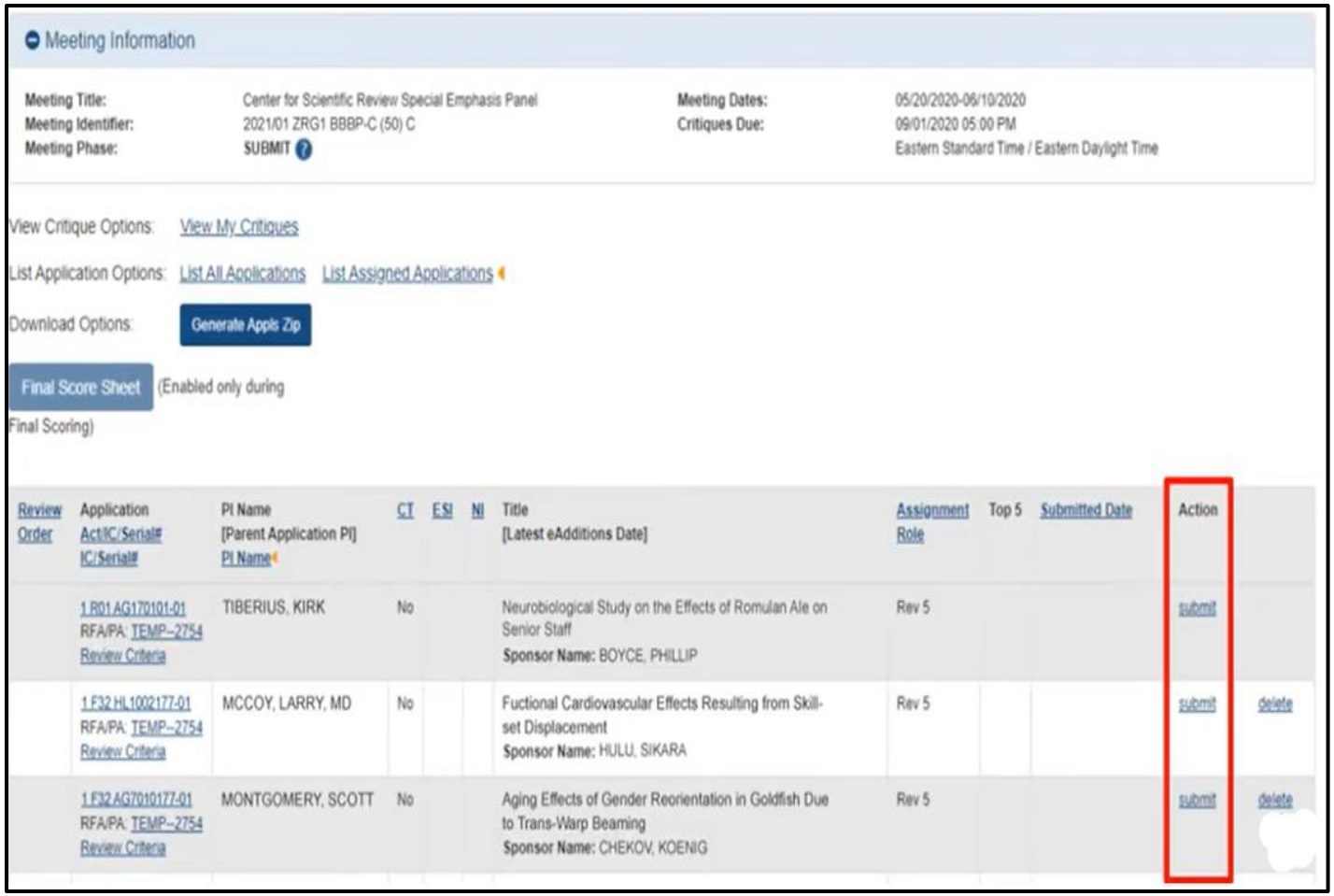


ERA INTERNET ASSISTED REVIEW (IAR)

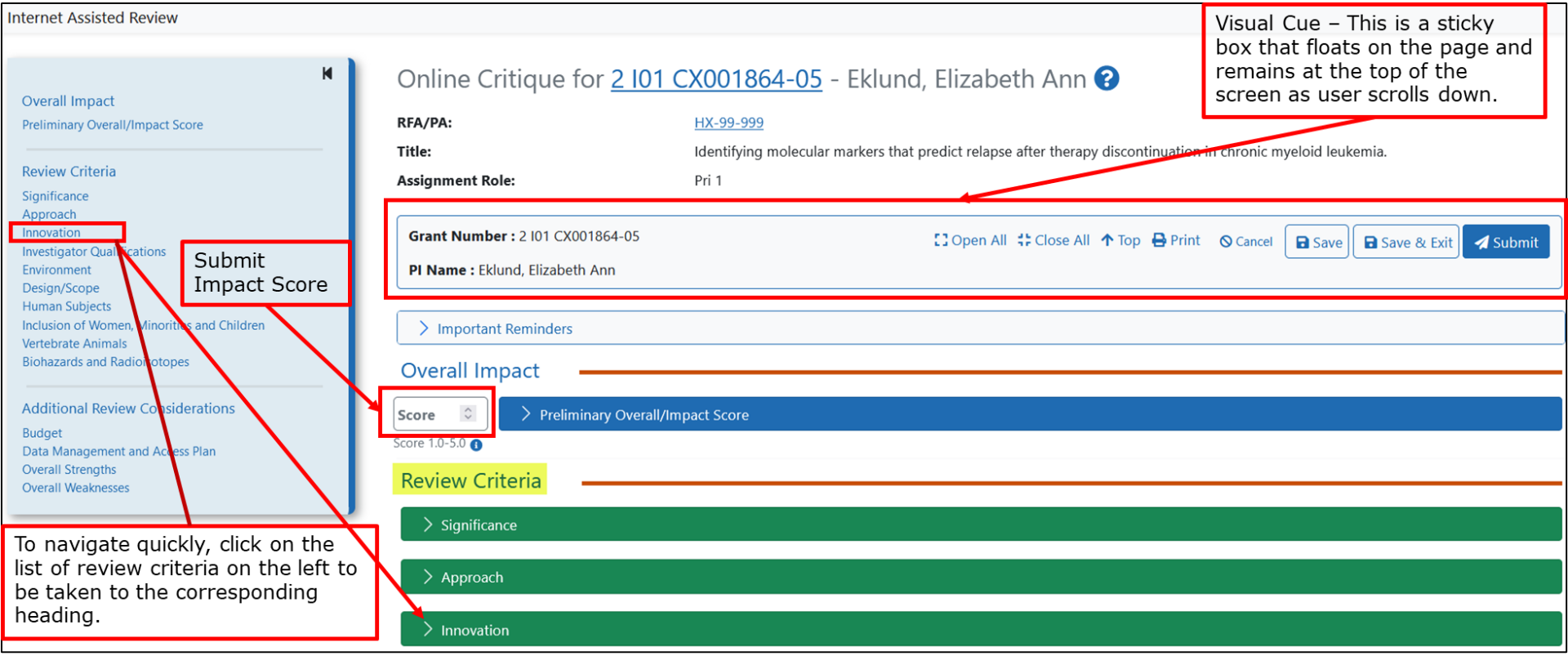
- ✓Indicate concurrence with confidentiality agreement.
- ✓Check all applications for conflicts of interest (COI).
- ✓Check your assigned applications for appropriateness of review assignment.
- ✓If new COI or assignment questions arise, discuss with your Scientific Review Officer (SRO) as soon as possible.

NEW SUBMITTING ONLINE CRITIQUES

1. Log into eRA Commons
2. Click IAR button
3. Open a meeting
4. Go to *List of My Assigned Applications*
5. Click the submit link in the **Actions** column.



NEW ONLINE CRITIQUE FEATURES



ERA/IAR CRITIQUE TEMPLATE

List of All Applications

Go To: Choose One

Meeting: 2017/05 NTRC

Meeting Information

Meeting Title:	Neurotransporters, Receptors, and Calcium Signaling Study Section	**Meeting Dates:**	03/20/2017-06/28/2017
Meeting Identifier:	2017/05 NTRC	**Critiques Due:**	06/03/2017 11:59 PM
Meeting Phase:	READ		Eastern Standard Time / Eastern Daylight Time

View Critique Options: View My Critiques

List Application Options: List All Applications | List My Assignments Only | Final Score Sheet (Enabled only during Final Scoring)

Filter:

Showing 1 - 66 of total 66

DO	Application Act/IC/Serial# IC/Serial#	PI Name [Parent Application PI] PI Name	CT	ESI	NI	Title [Latest eAdditions Date]	Average Score	Role/Score/Action Expand All
1	1 R01 NS123456-01A1 RFA/PA: PA-16-160 View All Critiques - [PDF] Critique Template	ELDER, LARRY	Yes			ASSESSING ROLE OF NEURONAL GAP JUNCTIONS IN ISCHEMIC INJURY	2.0	Click to submit/view/update critique
2	1 R01 MH999999-01 View All Critiques - [PDF]	LOVE, MIA	No					Click to submit/view/update critique
3	1 R01 MH123456-01A1 RFA/PA: PA-16-160 My Assignment Role: REV 1	MCGLOWAN, ANGELA	No				2.0	Click to submit/view/update critique

Role	Prelim. Score	Action
Rev 1	2	[View]
Rev 2		
Rev 3		
Rev 4		

DO
Application Act/IC/Serial# IC/Serial#
1
1 R01 NS123456-01A1
RFA/PA: PA-16-160
View All Critiques - [PDF]
Critique Template

ERA IAR TRAINING

eRA Commons Internet Assisted Review (IAR) Training Videos

https://www.era.nih.gov/reviewers

eRA Commons Online Critique (OCT) Video

https://www.youtube.com/watch?v=14u0GA5KRxs

WebEx participation Practice sessions in August

Access information will be provided closer the meeting.

Ways to improve the discussion

During the Read Period, read the other reviewer critiques for your assignments.

- **If you agree with another assigned reviewer and need to change your critique or score prior to the meeting, please notify your SRO to let them know of your decision.**
- **If you need additional information from another reviewer, please notify your SRO.**

Familiarize yourself with all the applications on the panel.

PREPARATION FOR MEETING DISCUSSION

- **Prepare** assigned reviewer **presentation**, **focusing** on the factors/criteria driving your score; critique should not be read verbatim.

- **Primary** reviewer prepares brief description of the proposal (not included in the written critique) to orient the panel.
- Include the **major strengths and weaknesses** for each of the key criteria.

- Assigned reviewer presentation should reflect any change in evaluation that may have occurred based on your review of other critiques during the Read Phase.

IIR, QUERI GLOBAL APPLICATION DISCUSSION TIME

~20 minutes per proposal

Reviewer oral presentations: ~10 minutes total

- Primary - 5 minutes
- Secondary - 3 minutes
- Tertiary - 2 minutes
- Please do not read the critique

Primary reviewers provide a brief description of the study prior to summarizing their critique.

Secondary and Tertiary reviewers only add new comments and indicate general agreement or disagreement with the previous reviewer(s).

PILOT APPLICATION DISCUSSION TIME

~15 minutes per proposal

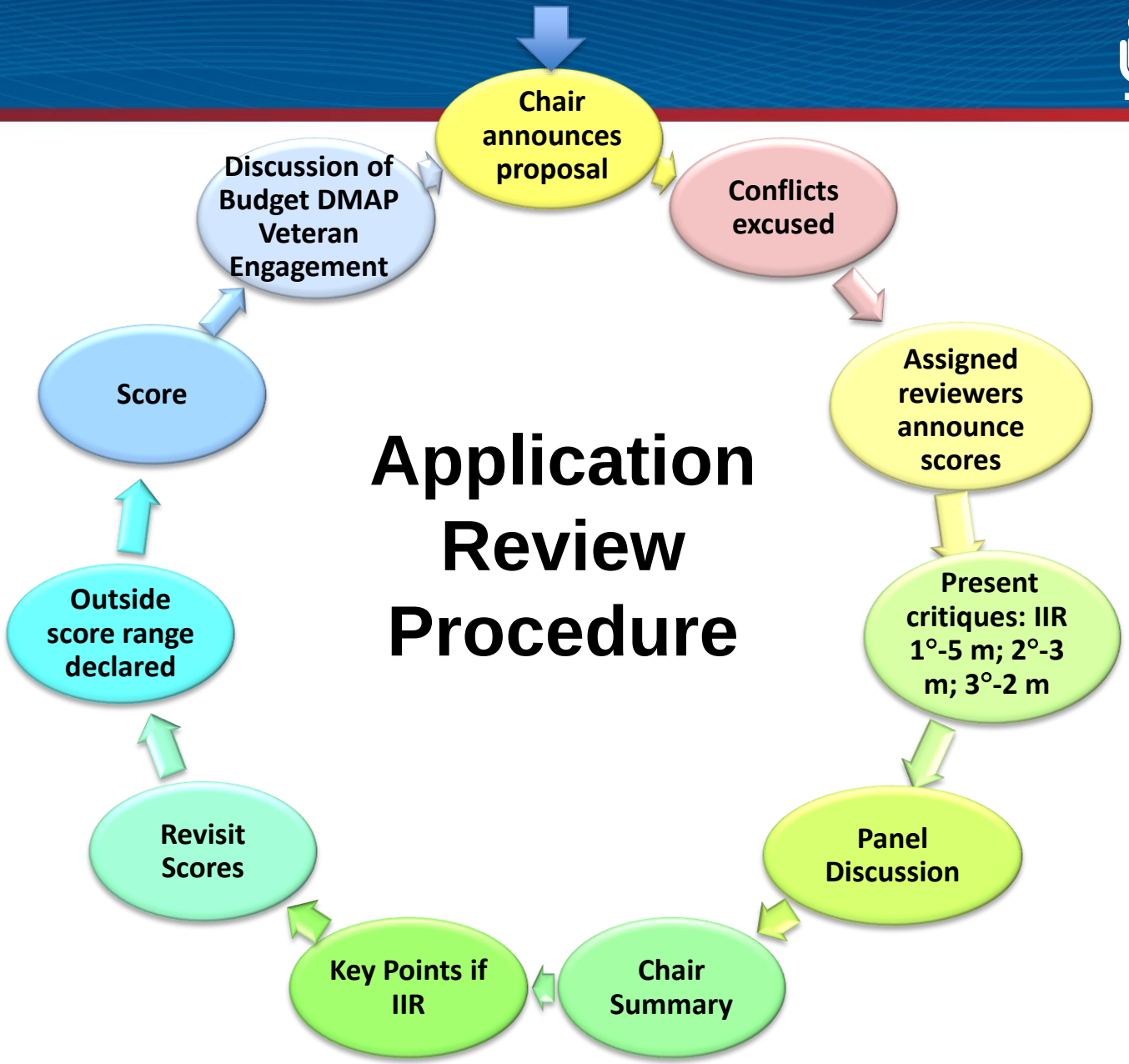
Reviewer oral presentations: ~7 minutes total

Primary reviewers provide a brief description of the study prior to summarizing their critique. 4 minutes

Secondary (2 minutes) and **Tertiary** (1 minute)

No Key Summary Points for pilot applications.

Application Review Procedure



REVIEWER ESSENTIALS

- Please have **computer** and **phone** access for the meeting.
- **WebEx** will be used to share information throughout the meeting.
- **Download** essential items (your written critiques, assigned proposals) **prior** to the meeting just in case there are any issues with the access being interrupted.
- **Pre-COIs** are required for access to eRA Commons.
- **eRA Commons links** to RFAs work only with VA access because they are attempting to access an intranet source. Use the pdfs of RFAs in the meeting materials.

GUIDE TO PEER REVIEW

- **Get started right away to discover if you have a conflict with an application.**
- **Be clear.**
  - If you feel there is an immutable and fatal flaw, say so in your review. Otherwise, the investigator may needlessly make changes that do not address the issue.
- **Don’t try to rewrite an application.**
- **Talk about what matters.**
- **Recognize that applicants can’t provide all the details within the page limits.**

GUIDE TO PEER REVIEW

For more information:

- See the guidelines posted under Meeting Materials on the IAR website for your meeting.
- Ask the **SRO** managing your review meeting.
- Watch the **video** with advice from Dan Berlowitz, the former Chair of the overall HSR&D review committee (http://www.hsrd.research.va.gov/for_researchers/merit_review/default.cfm).
- Send general **questions** to vhacoscirev@va.gov.

Please complete the CyberSeminar feedback survey that will be presented when you leave the session.

IMPORTANT DATES

August 14, 2023 Preliminary Critiques due in eRA by 11:59 pm ET

August 15 - 21, 2023 Read period begins; ends before meeting

August 21 - 25, 2023 SMRB Meetings

- August 21, 2023 MRA1
- August 22, 2023 HSR1, HSR2, MRA0, HSR6
- August 23, 2023 HSR1, HSR2, MRA0, HQ8
- August 24, 2023 HSR3, HSR4, HSR5
- August 25, 2023 HSR3, HSR4, HSR5

3 hours after each meeting ends Final Scores due in IAR

August 28, 2023 Final Edits to Critiques due by 11:59 pm ET

U.S. Department of Veterans Affairs

Thank you!

Next: Questions and Answers

U.S. Department of Veterans Affairs

Thank you!

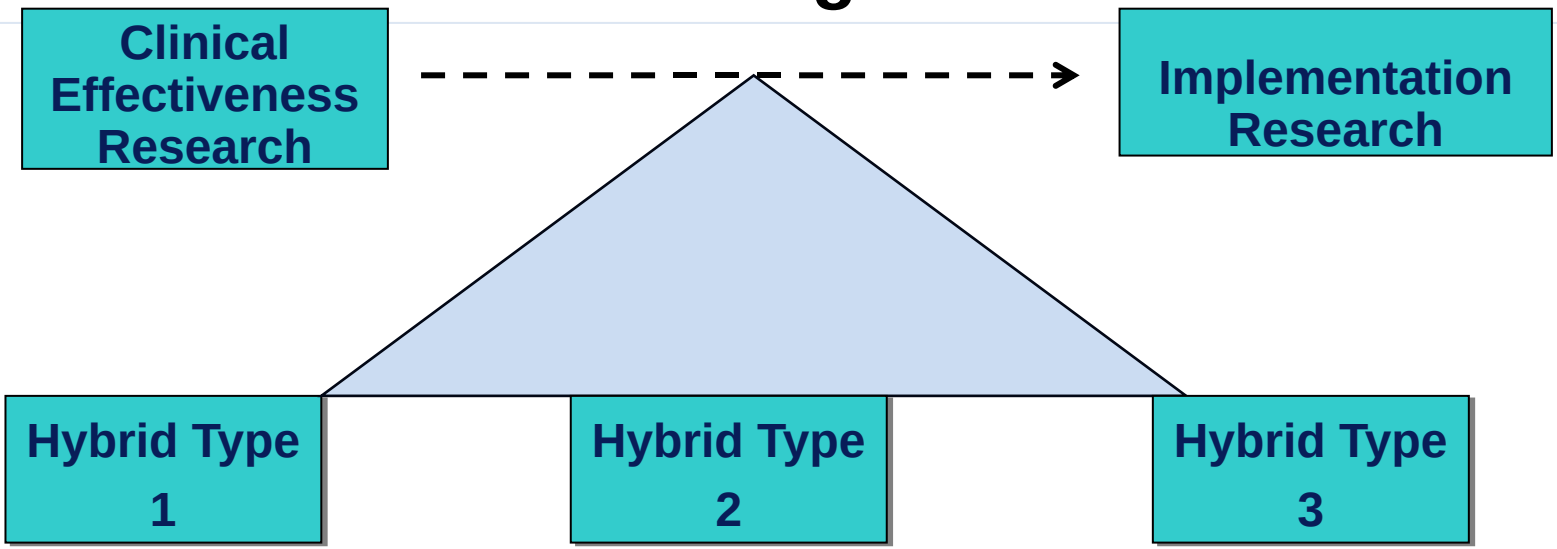
Please participate in the survey.

APPENDIX

The following slides are included as reference.

SRO	Panel Description	Panel
Cathie Plouzek	Medical Care and Clinical Management, Health Professional Behavior	HSR1
Crystal Henderson	Behavioral, Social, and Cultural Determinants of Health and Care	HSR2
Cathie Plouzek	Healthcare Informatics	HSR3
Bob O'Brien	Mental and Behavioral Health	HSR4
Amanda Borsky	Health Care System Organization, Delivery, and Women's Health	HSR5
Lynne Padgett	Post-acute and Long-term Care	HSR6
Robert Small	Mentored Research Awards (CDA)	MRA0
Lynne Padgett	Mentored Physician-Scientist Award in Alzheimer's Disease and Related Dementias	MRA1
Kara Beck	QUERI Evidence-Based Policy Evaluation, Global (PEI, PII, Learning Hub)	HQ8

Types of Hybrid Effectiveness- Implementation Designs



Hybrid Type 1: test clinical intervention, observe/gather information on implementation

Hybrid Type 2: test clinical intervention, test/study implementation strategy

Hybrid Type 3: test implementation strategies, observe/ gather information on clinical outcomes

APPENDIX: RFAS

IIR – Investigator Initiated Research*

Maximum 4 years and $1.2M

PPO – Pilot Project Opportunity

Maximum 18 months and $200,000

See Meeting Materials:

RFAs and Guidance

APPENDIX: RFAS

Veteran Suicide Prevention

Investigator Initiated Research

Maximum 4 years and $1.2M

Pilot Project Opportunity

Maximum 18 months and $200,000

Rural Health

Maximum $1,200,000 and 4 years

Goal: The goal of this RFA is to support focused research that will leverage VA research expertise to provide evidence-based information that the VA health system can use to better serve rural Veterans.

CDA- Career Development Award

Maximum 5 years

Clinicians: full salary and fringe benefits to support a 6/8ths appointment

Non-clinicians: minimum 5/8ths appointment up to 8/8ths

Supplementary project funds first three years of the award capped at $40k/year for awardees at HSR&D Centers of Innovation (COINs), and $50k/year for all other CDAs, and are subject to availability.

See Meeting Materials: RFA and Guidance

QUERI Evidence-based Policy Evaluation Center

Evidence-driven Decisions. Goal is to promote the use of rigorous but practical scientific methods and evidence to inform VA programs and policies

Funding and Duration. QUERI funding $820K per Center per year; Up to 5 years

Reporting Requirements. Evaluation centers need to respond quickly to requests for information and materials from QUERI Central Office and QUERI's Partnered Evidence-based Policy Resource Center (PEPReC) in addition to submission of midyear & annual reports describing key activities and impacts

QUERI Projects are Not Research

- QUERI projects are non-research projects because of the **funding source** (medical administration (0160) funds) and their focus on **improvement** within VA. QUERI projects do not meet the definition of research.
- Protocols involving data collection are non-research if the **data are fed back to providers or operations leaders** to directly improve care and/or other VA processes. The activity does not meet the definition of research.
- In situations when a QUERI project wants to collect additional data above and beyond what is needed for informing improvement within VA, a determination should be sought as to whether the project's activities constitute research.

CyberSeminar: Everything You Need to Know About QUERI Non-research Protocols

Link for Recording
Password: queri-093019

Link for Slide Deck

Impact Framework

Domain	Measures
Alignment	*Priorities, metrics, partners*
Commitment	*Shared operational resources and financial support, evidence-based strategies and products*
Tailoring to local context	*Implementation sites, providers using effective practice, Veterans/family members/caregivers served*
Informing the field	*Briefings with key decision-makers, publications, scale-up and spread*
Observing healthcare change and generating **N**ew projects	*Sustainability, quality of care and health outcomes, policy, culture, employee engagement and new projects requests*

APPENDIX: HSR&D VS. QUERI EVALUATIONS

	HSR&D	QUERI
Investigator-initiated	Yes	No
Usual type of study design	Effectiveness (Hybrid Type 1, 2)	Implementation (Hybrid Type 2, 3)
Randomization required?	Yes	No
Requires IRB review?	Yes	No
Match funding required?	No	Yes
Innovation vs. Impact?	Innovation	Impact
Partner involvement	Collaborative	Directive