

PILOT GRANT OPPORTUNITY IN HEALTH PRACTICE RESEARCH

Irving Institute for Clinical and Translational Research

and

The Department of Biomedical Informatics (DBMI)

June 8, 2012

Health Practice Research is a form of translational research that applies operational interventions such as information technology, operations research, and simulation to improve the practice of health care, resulting in improved outcomes and efficiency. Columbia's Informatics Intervention Research Collaboration (I2RC) focuses on the use of innovative information interventions and will be a partner in this award.

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OVERVIEW. The Irving Institute for Clinical and Translational Research (Columbia's CTSA), in partnership with the Department of Biomedical Informatics (DBMI), announces an individual, one-year health practice research pilot grant opportunity of \$25,000. The CTSA provides \$25,000 for salary and other research support of the project. For its part, DBMI makes an 'in kind' contribution in the form of DBMI faculty expertise and guidance to support the Informatics and IT components of the pilot project. This award is intended primarily for *junior investigators*, and the focus of the application should be on research leading to independent, external funding. This award is not meant to supplement ongoing funded research.

Award Duration One (1) Year

Monetary Award Amount \$25,000

Number of Awards Based upon availability of funds

Start Date Monday, October 1, 2012

QUALIFICATIONS. At award time, qualified applicants must have an appointment as an Instructor, Assistant Professor (clinical or tenure track), or Associate Research Scientist at Columbia University Medical Center (CUMC). U.S. citizenship or permanent residency status is not required.

Research proposal should involve the following:

- Contact with human subjects, which may include clinicians, patients, groups of patients, or clinical outcomes;
- Innovative use of information management or information technology; and
- A rigorous evaluation of the results of the intervention.

About Columbia's Informatics Intervention Research Collaboration (I2RC)

- I2RC is a collaborative structure sponsored by DBMI to carry out applied informatics research activities. Its mission is to "Empower clinicians. Engage patients. Improve care. Prove it."
- Participants of I2RC are DBMI faculty, fellows and students, as well as faculty, fellows and students from other CUMC departments, administrators from NewYork-Presbyterian, and collaborators from Weill-Cornell Medical College.
- I2RC's objectives are:
 - Leverage existing systems in practice by clinicians to improve care and, to the greatest extent possible, use existing informatics tools for care improvement.
 - For implementation of interventions and for evaluations, use rigorous study methods—e.g., RCT, well-designed quasi-experimental approaches—which would be suitable for publication in a major clinical journal.
- Activities in I2RC seek to (i) develop operational solutions to real problems in health care, (ii) study those solutions rigorously, and (iii) translate the knowledge into practice.
- I2RC has interactions with the Irving Institute, the NYPH Information Services Department, the NYPH Quality Department, ColumbiaDoctors Quality Group, NYP's bi-campus IT user groups, CUMC's Physician Advisory Group, NY-Presbyterian Hospital's Information Systems Clinical Advisory Group (IS-CAG), the Cornell Physicians Organization.

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Specific Goals of this Pilot Award in Health Practice Research. The main goals of this program are to offer clinical researchers the opportunity to do an informatics-based project in an operational clinical setting. The researcher should try to bring information technology-based tools to bear on a practical clinical problem. The goal of the project should be to (i) design, develop and implement an information technology-based intervention targeted at a practical clinical problem and (ii) evaluate to what extent the tool actually had an impact on care. Examples of interventions that might be implemented under this program are:

- An alert or reminder to increase the likelihood of compliance with best practices
- A workflow-based tool to increase the efficiency of care, quality of life or outcomes for providers, teams of practitioners, patients or society in general
- Tools to facilitate clinical research
- Population health management tools to measure, monitor and intervene in chronic disease
- Tools that support patient-centered care
- An analysis of current practices to inform future directions



APPLICATION DIRECTIONS

1. APPLICATIONS MUST INCLUDE A LETTER FROM THE HOME DEPARTMENT CHAIR AGREEING TO THE USE OF THE NECESSARY SPACE, PERSONNEL, AND FACILITIES NEEDED IN SUPPORT OF THIS PROPOSAL.
2. Prepare all parts of this application (contact information, abstract, current funding sources, submitted applications, 12-month budget, budget justification, signature page). Obtain the required departmental signatures of approval, and attach the study protocol and NIH-style biosketches for yourself and any co-investigators, including eRA Commons usernames.
3. **Convert the entire packet into a single PDF file that must be submitted electronically no later than 5:00pm, TUESDAY, SEPTEMBER 4, 2012, to:**

Michelle McClave
Communications Coordinator
Irving Institute for Clinical and Translational Research
Email: mm3098@columbia.edu

4. The project description may not exceed five (5) single-spaced, typed pages (11 or 12 point font required; Arial typeface preferred), excluding references. The description should include:
 - A) Goals: What are you planning to do?
 - B) Rationale: Why is this project worth doing? What prior work and analyses will the proposed research build upon? How is the proposed work interdisciplinary?
 - C) Methods: Describe how the project will be conducted.
 - i. We strongly encourage applicants to seek consultation with relevant DBMI faculty prior to submission of this proposal to review feasibility, to leverage existing informatics resources,

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and to develop the in-kind DBMI budget. Input from DBMI faculty should be sought at least 4 weeks before the proposal deadline.

ii. The project must include a rigorous evaluation. In general, at least 20% of the time and effort on the project should be devoted to evaluation activities.

1. Where relevant, a description of the planned statistical analysis, e.g., number of subjects, power, controls, analysis of data, etc., should be included.

D) Subsequent Planned Research Activity: The applicant should describe planned next steps for research activities after receiving pilot funding.

i. What specific grant application(s) do you plan to submit and when? Provide a detailed plan and timeline for grant applications to the NIH, private foundations, or other external funding sources.

E) References: No more than fifteen (15).

F) NIH-style biosketch for each investigator: Maximum of 4 pages per investigator (including Other Support).

5. Budget: This one-time award is in the sum of \$25,000. Your detailed budget should directly support your protocol. Each item must be justified in the budget justification section of the application. Expenses may include salary, equipment, computer costs, etc., but the justification must be clearly stated. Also provide the percent effort for the DBMI collaborator(s), which represents the DBMI in-kind contribution; a detailed budget is not required, but the contributed percent effort will require approval of the collaborator(s) and of the DBMI business office (rp302@columbia.edu, jl2787@columbia.edu).
6. IRB approval is not required at the time of application. However, if a candidate is awarded a grant, an IRB approval number must be forwarded prior to receipt of funding. Therefore, candidates are encouraged to apply and obtain IRB approval in advance in order to avoid any delays if funding is awarded.
7. Reviewers will use a scoring system based on a 5-point scale and judge each application on the basis of scientific merit, multidisciplinary, potential impact of the pilot findings, alignment with goals and directions of DBMI and potential of the junior investigator for independent research career.
8. **For any questions about the application content, please contact David K. Vawdrey, PhD, Assistant Professor, Biomedical Informatics, at david.vawdrey@dbmi.columbia.edu or 212-305-9801.**

FAILURE TO FOLLOW THESE DIRECTIONS WILL RESULT IN THE PROPOSAL BEING RETURNED TO YOU, WITHOUT REVIEW.

DO NOT INCLUDE APPENDICES.

PILOT AWARD WINNERS WILL BE ANNOUNCED IN SEPTEMBER 2012.

FUNDING WILL BE AVAILABLE ON OCTOBER 1, 2012.

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PROJECT TITLE:

SYNOPSIS OF PROPOSAL: (use only space provided below – minimum 11 point font)

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ALL CURRENT SOURCES OF RESEARCH FUNDING (include begin/end dates and total direct costs)

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PENDING APPLICATIONS FOR RESEARCH FUNDING (include proposed begin/end dates and total direct costs)

12-MONTH BUDGET (October 1, 2012 to September 30, 2013)	
SALARIES with FRINGE:	
SUB-TOTAL	\$
EQUIPMENT:	
SUB-TOTAL	\$
PATIENT CARE COSTS:	
SUB-TOTAL	\$
ALL OTHER EXPENSES:	
SUB-TOTAL	\$
TOTAL PROPOSED BUDGET	\$

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DETAILED BUDGET JUSTIFICATION: (use only space provided – minimum 11 point)

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SIGNATURES OF APPROVAL

- A.** I certify that the information presented in this proposal is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community.

Signature of Principal Investigator

Date

- B.** I have reviewed this application, and I hereby take responsibility for ensuring that the necessary space, personnel, and facilities which are mentioned in the application pertaining to my Department will be available for this project should it be funded. I recommend that this application be submitted.

Signature of Department Chairman

Date

REMINDERS

PLEASE REVIEW APPLICATION WITH DEPARTMENT CHAIR AND OBTAIN LETTER OF APPROVAL.

To learn more about the Irving Institute, please visit: <http://irvinginstitute.columbia.edu>

To learn more about the Department of Biomedical Informatics, visit: <http://dbmi.columbia.edu/>