Implementation Science to Improve Patient Care

Solicitation of Letters of Intent for FY2020

Introduction

Purpose

The UCLA Clinical and Translational Science Institute, the Southern California Clinical and Translational Science Institute, and the Los Angeles County Department of Health Services (LAC DHS) are partnering to develop and test interventions to enhance quality, efficiency and patient-centeredness of care provided by the LAC DHS. These partners are committed to fostering the professional development of clinician-investigators and translational scientists as they strive to close the knowledge-to-practice gap in our regional healthcare delivery systems. This solicitation requests letters of intent that describe ideas for such projects. More detailed applications for funding will be solicited from a subset of the submitted intent letters.

Description of the Funding Opportunity

The participating CTSIs and the DHS intend to award two pilot grants of up to $75,000 each for up to one year to support the design and implementation of interventions within DHS that will achieve the goals of quality, efficiency, and patient centered care. The DHS will provide operational support for the selected projects. The partners intend to support scientific endeavors that provide value to DHS within the project period and generate results that enable project teams to attempt to secure extramural funding for larger scale implementation or further application of the strategies tested in the project. Acceptable funding mechanisms that applicant teams can indicate that they would pursue include, but are not limited to, NIH R01, R21, R03; PCORI, AHRQ, CDC, and CMS Center for Innovation.

This RFA focuses on implementation, which refers to the systematic uptake of proven clinical treatments, practices, organizational, and management interventions into routine practice with the intent of improving health. The expected impact of this program on the DHS system includes impact on patients (e.g., access, experience, health outcomes, reducing health disparities) and impact on efficiency (e.g., improving efficiency of outpatient care, reducing use of unnecessary diagnostic testing).

Examples of patient impact include improved patient experience, effective communication, health outcomes, patient reported outcomes, care accessibility. Examples of outpatient care impact include but are not limited to: use of group visits; selective and targeted use of synchronous telehealth, especially for distant clinics/patients; optimized clinic staffing, space, and patient volume/complexity; specialty to primary care transitions after consultation; specialty chronic disease management. Examples of reducing testing include but are not limited to: applications with low specificity or low predictive value, for example: certain radiology tests (e.g., for back pain, headaches, total body scans, abdominal pain); certain lab tests (e.g., for rare or unusual conditions); sleep studies; echocardiograms.
The program is designed to support projects that:

- Test a solution for a bona fide problem within healthcare;
- Test solution(s) that is/are aligned with the DHS’s specific infrastructure, business approach and operations;
- Involve broad participation across DHS sites and disciplines; and
- Are focused on effectiveness (i.e., whether the intervention works in real-life), as opposed to efficacy (e.g., randomized trials in a controlled setting).

This program does NOT support projects that:

- Seek to only measure or understand a problem or solution;
- Are proposed as a theoretically good idea;
- Involve a single discipline or single hospital or clinic;
- Focus on efficacy (whether the intervention works under controlled conditions).

The proposed study design should suit the specific problem and align with DHS priorities and guidelines for the RFA. Viable approaches/methods to consider include behavioral economics, design thinking, systems engineering, improvement science, and implementation science. We encourage team science in which people come together from different disciplines. We also encourage disruptive innovation, by which we mean introducing new, innovative ideas for approaches to care delivery that fundamentally transform aspects of how care is delivered and that are well suited to the population that DHS serves.

Application

Eligibility

Awards will be made to research teams consisting of investigators from UCLA and/or USC working closely with investigators and staff members from DHS to design and conduct proposed projects. Multisite collaboration is strongly encouraged. All USC and UCLA faculty members in any series (tenured/non-tenured) including adjunct and professional research series may apply.
**Workshop Opportunity**

We are pleased to offer an invitation-only networking workshop and feedback session, which will be open only to investigators who have submitted an LOI. This planning workshop will be held on December 9th 2019 as an in-person and virtual meeting to enable maximum participation, with the option to view a recording at a later date. Content experts from the funding partners at UCLA CTSI, SC CTSI and LAC DHS will be available to provide additional guidance and consultations on project ideas, and assessment of each proposed project’s adherence to the Implementation Science program’s aims. The workshop agenda will also include brief remarks by the sponsors and an opportunity for networking with other investigators and DHS staff. All project team members and collaborators are encouraged to attend. While attendance at the planning workshop is strongly encouraged, attendance is not a prerequisite to proceeding with submitting a full application, if invited.

**Letter of Intent (LOI)**

Applicants should submit a brief LOI that describes:

1. The challenge in DHS health care that they propose to address [100 words max]
2. The intervention or approach that they propose to develop and pilot-test [100 words max]
3. The expertise proposed for the project, including the names and expertise of the PI and known co-investigators as well as any additional areas of expertise that will be required [no limit]
4. The expected impact of the intervention on quality, efficiency and patient centeredness of care within DHS [100 words max]

**Submission**

Letters of Intent (LOI) must be submitted by 5pm PST on November 25, 2019 through this website. Questions can be addressed to Research Development (rd@sc-ctsi.org) at USC or to Deborah Herman (dkherman@mednet.ucla.edu) at UCLA.

**Review**

LOIs will be reviewed by representatives of the participating CTSIs and the DHS for potential to improve quality, efficiency and patient centeredness of care within the LAC DHS delivery system. Applicants should describe how the proposed research contributes to DHS delivery system goals, and its potential for/relevance to large-scale implementation within DHS and dissemination of findings more broadly. Projects that adhere to the criteria outlined above will be most strongly considered to proceed with a full proposal.
Next Steps

LOIs will be chosen for further consideration within one week of LOI submission. At that time, selected applicants will receive information about how to participate in the December 9th planning workshop. Representatives from the participating CTSIs and the DHS will be available at the workshop and outside of it to advise applicants as they assemble research teams and identify enabling resources (e.g., access to EHR) that will be needed for their proposed projects.

Summary of Timeline

- Receipt Deadline for Letters of Intent: November 25, 2019
- Planning Workshop: December 9, 2019
- Receipt Deadline for Full Proposals: January 2020
- Notification of Awardees: Spring 2020
- Award Start Date: July 2020