



Informational Webinar
February 21, 2020
12:00pm EST

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AGENDA

- **Seed Grant Program**
 - Eligibility
 - Three Categories
 - Applicant Requirements
- **The Application**
 - Required Components
 - Content & Scoring
 - Review Process
- **Resources**
- **Important Dates**
- **Questions**

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Seed Grant Program (SGP) Eligibility

Care-Delivery Systems*

- Office-based primary care
- Office-based specialty care
- Clinic (e.g., Urgent, Acute)
- Other ambulatory centers (e.g., Surgical, Imaging)
- Community Hospital
- Academic Medical Center
- Psychiatric Hospital
- Rehab Facility
- VA & Military Centers
- Skilled Nursing Facility
- Federally Qualified Health Center
- Safety Net Hospitals

FOR INTERNATIONAL APPLICANTS: While international locations are eligible to receive a grant, you will be asked to address the importance of the problem and its potential solution to the US healthcare system in your proposal. Failure to demonstrate problem importance and intervention applicability will result in a denial.

**PLEASE NOTE:* Organizations that do not provide direct care are not eligible to apply as the lead on a DxQI project, but may partner with an eligible organization, not as the applicant, but as part of the team.

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SGP Eligibility: Use of Interventions

The proposed intervention can be described by one of the four categories below:

- A well-defined problem and discovery period followed by adequate time for a to-be defined intervention that will be tested and improved.
- A well-defined intervention that will be tested and improved.
- An implemented, but unevaluated intervention with a well-defined evaluation plan and an opportunity to improve.
- An implemented, evaluated intervention that will be tested and improved in a novel setting or with a novel population.



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SGP Eligibility Examples

Examples of qualifying submissions:

- Interventions that reduce cognitive burden such as utilization of checklists or decision support
- Systems interventions to change diagnostic processes or workflow in practice such as use of reminder systems or addressing test results pending at discharge
- Educational interventions where the targeted outcomes of the study are practice change in diagnosis

Examples of non-qualifying submissions:

- Studies that measure the burden or causes of diagnostic error without an intervention
- New interventions in “lab” settings without testing them for impact on patient care outcomes
- Interventions that are limited to studying the technical performance of new diagnostic tests such as a new biomarker.



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SEED GRANT PROGRAM THREE CATEGORIES

A. The Big Three (50% of awards)

See David Newman-Toker, et al. [Serious misdiagnosis-related harms in malpractice claims: The “Big Three” - vascular events, infections, and cancers.](#) *Diagnosis* 2019; 6(3): 227-240.

B. Diagnostic Quality Disparities (20% of awards)

How and when disparities such as visible factors of age, race, ethnicity, gender, and other social determinants of health, influence the risk of diagnostic error.

C. OPEN category (up to 30% of awards)

Not one of the priority areas.

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Application Required Components: The Letter of Support

The executive sponsor must provide a letter of support that confirms:

- There is organizational support for the project aims.
- The team is appropriate to meet the project aims.
- The budget is sufficient to meet project aims on time and within scope.
- Required people and resources to meet project aims will be available.
- Data necessary for project completion will be accessible and available.
- The sponsor will assist in overcoming unanticipated barriers/challenges that pose a threat to project completion.



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Application Required Components: The Budget

Budget will need to be justified in the application. Fields include:

Core Project Team Personnel	Materials	Travel	Indirects*
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*Indirects are not a required component of the budget request, but if you include them in your budget, they must be limited to 12.5% of your direct budget. In no case will more than \$50,000 be awarded.

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Application Main Elements and Scoring Criteria

- Aims, Background, and Approach (deidentified)
- Project Plan (deidentified)
- Organizational Rationale (assessed in SIDM technical review)
- Risks and risk mitigation (deidentified)

Program Support	Program Requirements	What are we looking for?	Scoring Criteria
<p>Note that a technical review by a limited number of people will be performed to ensure that the submission is complete, that the core project team is appropriate, and that the budget is sufficiently described. If a proposal passes this initial review, a deidentified version will be submitted to peer review using the criteria below.</p> <p>Content Review</p> <p>1. Aims, Background, and Approach</p> <p>a. Do the aims utilize SMART goal attributes (Specific, Measurable, Achievable, Realistic, Timely)?</p> <p>b. Does the proposal explicitly and, where possible, quantitatively justify the problem selection, i.e. describe the magnitude of the problem and establish its importance to the diagnostic process?</p> <p>c. Does the proposal clearly address the importance of addressing this problem for the nation-at-large?</p> <p>d. Is the proposed intervention supported by a compelling rationale (theory of change or sigc model) justifying the linkage between the intervention and the problem's root causes using literature to add strength to the proposal? If an international location, is the applicability of the intervention to the US health system demonstrated?</p> <p>2. Project Plan</p> <p>a. Is the population receiving the intervention specified and is that population appropriate for the aims?</p> <p>b. Is the process for testing and improving the intervention clearly described and if utilized, is the discovery process preceding the testing of the intervention clearly described and linked to bench?</p>			



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Application Main Element: Patient Engagement

- SIDM believes that patients can play an invaluable role in improving healthcare by bringing focus to outcomes that matter to them.
- Applicants must describe the role of patients in the design and planning of the project.
- There might be examples where patient involvement will add limited value. In that case, a rationale for not including patients must be provided.



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Patient Engagement Definition and Overview

What is it?

- Patient Engagement: involving patients (from your target community) as partners in the project.

How does it work?

- Patient partners can be involved in any part of the project lifecycle. They can:
 - Co-create the project plan
 - Troubleshoot recruitment challenges
 - Co-design patient-facing project materials
 - Assist with data collection and data analysis



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Patient Engagement Rationale and Value



(Un)predictive
technology



Symptom
mis-capture



The days and
nights of illness



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Other Considerations

Applicants must:

- Confirm no additional external funding is available to do this work
- Ensure the IRB is aware of the proposed project, if required. Awardees will not receive funding until any IRB issues are resolved.
- Designate appropriate team members to be part of the QI Core Project Team

Once funded, grantees will be expected to:

- Attend a cohort kick-off webinar
- Submit bi-monthly status reports
- Submit formal mid-project and year-end final reports
- Participate in quarterly calls
- Participate in the online Community
- Attend two designated QI Summits at future SIDM International Conferences



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The Application Review Process



- SIDM Technical Review
- Round 1 Peer Review
- Round 2 Peer Review (if needed)
- Grant Review Committee In Person-Meeting



The review process will undergo multiple phases, however, all applicants will be notified of a decision by June 5, 2020.



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RESOURCES

<https://www.improvediagnosis.org/dxqi/>

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IMPORTANT DATES

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SGP has been made possible by a grant from the

GORDON AND BETTY
MOORE
 FOUNDATION



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QUESTIONS

For additional questions, please e-mail us at dxqiseedgrant@ImproveDiagnosis.org

To be answered, questions must be submitted by **February 26, 2020**. All received questions and answers will be posted on the DxQI site by **March 2, 2020**.

YOUR TURN. What questions do you have?



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THANK YOU!

We look forward to reviewing your application and thank you for your dedication to the diagnostic quality and safety field!

