

# Webinar Questions



The following questions were submitted prior and during the [Seed Grant Program Informational Webinar](#) on January 14, 2022. Some questions have been combined or edited for clarity:

## General Questions:

### **Can an educational intervention to healthcare providers be considered for the grant?**

Yes, educational interventions for healthcare providers will be considered. It is expected that education and training will be a component of any process change. However, education by itself has long been recognized as the least effective intervention for obtaining sustainable process change. The design of the intervention will be critical and should include appropriate measures of effectiveness and plans for sustainability.

### **If someone from my institution received a grant last year, could I still apply (it would be a different topic).**

Yes, as long as the application would involve a different topic and intervention, an institution that was awarded a grant in either year 1 or 2 can apply for this grant cycle.

### **Will previously high-scoring applications still be considered? The associated healthcare provider will likely change and the new proposal will better show the application to addressing health disparity. Is that still a priority?**

Applications that were submitted in a previous cycle but not awarded can be submitted for this cycle. Feedback obtained from the first application process should be used to revise the application prior to resubmission. Further information on this question is provided in the FAQ's. And, yes, a focus on diagnostic disparities remains a priority. This is described in the RFP.

### **The study result may be that a certain intervention is useful for preventing misdiagnosis and sequelae. Is it important to show that after the study, funding will be available to pay for the intervention for the uninsured or other under-served groups?**

Availability of funding for post-project spread of this intervention to other groups is not necessary to provide at the time of application. We would encourage you to include this in the plan for scale and spread in the "Intervention and Rationale" section of the application.

### **Does receiving a grant jeopardize the non-profit status of the recipient?**

This grant is for quality improvement and should not affect an organization's not for profit status.

### **If there is increased focus this year on grants addressing diagnostic disparities involving older adults, does that mean SIDM will not be considering projects related to pediatrics?**

Applications that focus on all types of diagnostic disparities are welcome. We are simply encouraging applicants to consider a focus on older adults because we have received very few in the past. Applicants interested in addressing disparities related to older adults might consider reviewing the [Hartford Foundation's Age-Friendly Health Systems Initiative](#) and its [Guide to Using the 4Ms in the Care of Older Adults](#)

### **How many applications has SIDM received year to year for this grant, and what is the acceptance rate?**

Approximately 60 applications per year were received in 2020 and 2021 with 16 grants awarded each year. Since the quota of 20 was not reached in each of the past 2 years, there is the potential to award 20-26 this year depending upon the quality of the application pool.

### **Third-Party Partners and Budget:**

- **Is the Diversity Equity and Inclusion office of a healthcare provider or insurer a reasonable partner to help get access to data or patients?**
- **If there is a third-party partner, are we able to provide them with funding, (e.g., for a coordinator role) or would that be considered a sub grant?**
- **Our Veterans Affairs Facility does not permit use of external grant funds for protected time of full-time staff employees. Are we allowed to use funds to hire research nursing staff that act as quality improvement coordinators/data analysts? How can we explain this limitation in the application?**
- **Is there any limit on personnel costs at the institution, i.e., investigators, statisticians, coordinators, etc.?**

The inclusion of any third-party partner is something that should be decided by the project team in accordance with the executive sponsor. The role and responsibilities of any third-party partner in the project should be clearly defined in the application and accompanied by a letter of support from the partner in the application submission.

There is an *Other Personnel* item in the budget section of the application where the funds to be allocated for these individuals can be entered and a description of their roles provided. There is no limit to the budget request for this category as long as the total budget request does not exceed \$50,000, and an explanation is provided. The role and responsibilities of the third-party should be specifically addressed in the application and a letter from the third party provided with the application.

#### **Is the \$50,000 budget limit inclusive of the indirect cost rate?**

Yes, the total budget request cannot exceed \$50,000.

### **Patient and Family Engagement:**

#### **Can the outcome focus on the family member and not the patient?**

Definitely. Family members and other caregivers are an integral part of the diagnostic process and care management team. Including individuals with "lived" experiences, i.e., patients, families and/or other caregivers, in the co-design, development and evaluation of the intervention can help shed light on what matters most.

#### **For retrospective data analysis, is it OK to not have patient engagement?**

If there is no patient and/or family engagement in the project design, it is required that an explanation for why it is not feasible or beneficial be provided. However, since this grant is intended to fund a quality improvement intervention, the retrospective data analysis would need to be a component of a project that involves a quality improvement intervention with demonstrated benefits to patients which typically necessitates patient engagement.

#### **Have prior grantees had to obtain IRB approval for the patient engagement section of the application?**

Patient partners involved in "type B" patient and family engagement are not study subjects. They are members of the project team, working side-by-side with clinicians, QI personnel, researchers, and other team members. That said, some IRB's still have questions or require treating the patient partners as subjects (have them provide consents, etc.). PCORI funded a study on this to offer guidance to IRB's and clarify these different roles.

[Read here](#)

#### **Are there guidelines for appropriate patient stakeholder compensation?**

Guidelines for compensation can be obtained from PCORI.

[Read here](#)



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