Informational Webinar
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MOORE
FOUNDATION

1

Presenters

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2

2

AGENDA

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

3

3

Seed Grant Program (SGP) Eligibility

Healthcare entities that provide direct patient care

- 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
- Safety net hospitals

- Critical access hospital
- VA & military centers
- Member of integrated delivery system
- Federally Qualified Health Center
- Rehabilitation facility
- Skilled nursing facility
- Psychiatric hospital

PLEASE NOTE: Organizations that do NOT provide direct patient care, such as medical equipment companies, state hospital associations, educational institutions, physician management organizations, are **not** eligible to apply for a seed grant but can partner with an eligible entity as a supporting organization. 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 U.S. healthcare system in your proposal. Failure to demonstrate problem importance and intervention applicability will result in a denial.

4

4

SGP Eligibility: Types of Interventions

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

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

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5

5

SGP Eligibility: Intervention examples

- Cognitive interventions in patient care settings such as clinical decision support tools;
- Systems interventions to change diagnostic processes or workflow in practice;
- Educational interventions where the targeted outcomes of the study are improvements in diagnosis by clinicians or improved awareness and engagement with patients and families; or
- Other novel/innovative approaches that can be reproduce, scaled and spread to other settings and/or populations

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6

6

SGP Eligibility: Non-qualifying examples

- 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

- Retrospective case studies with no planned QI intervention

- Evaluate the efficacy of a medical treatment or modality

- Are primarily scientific research with no operational quality improvement implementation project planned at the system level.
  https://irb.research.chop.edu/quality-improvement-vs-research

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7

7

SEED GRANT PROGRAM THREE CATEGORIES

A. The Big Three (40% 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 (40% 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 20% of awards)

Not one of the priority areas.

NOTE: *SIDM strongly encourages proposals that address both the Big Three and Diagnostic Disparities*

8

8

Increased focus on Diagnostic Quality Disparities

- Bibliography on disparities in diagnosis can be found on the SIDM webpage: "Foundational Readings – Disparities in Diagnosis."

- Applicant can focus on a setting that primarily serves vulnerable populations, e.g. Federally Qualified Health Centers, community health centers, critical access, or safety net hospitals

- Proposals that meet the criteria for both disparities and "Big 3" would maximize chances, assuming a high-quality proposal

- Disparities focused on older adults

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9

9

Application Required Components

Online Application
Simple Budget

Executive Sponsor letter
Third Party Support Letter

Diagnostic Diagram
Bibliography

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10

10

Application Required Components: The Budget

Budget will need to be justified in the application. Fields include:			
Core Project Team Personnel	Materials	Travel	Indirects*

*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.

11

11

What won't the grant fund?

Grant funding will not be appropriated for items such as:

- Major capital expenses (such as medical equipment, supplies, or IT infrastructure);

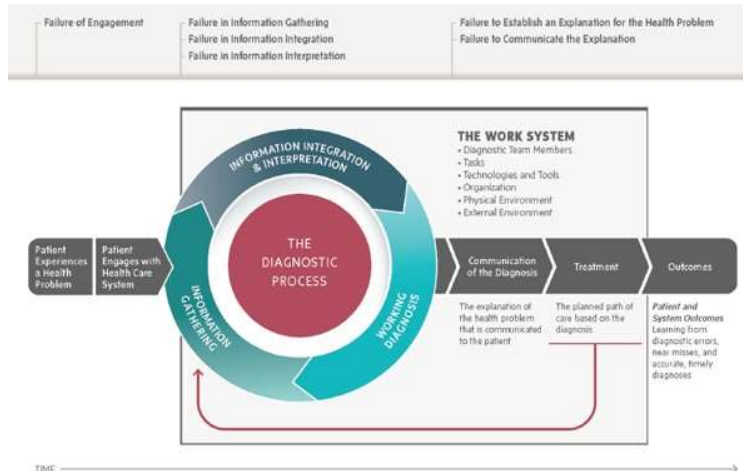- Sub-grants; or

- Travel to other conferences

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12

12

Diagnostic Process Diagram

Refer to: "3 Overview of Diagnostic Error in Health Care." National Academies of Sciences, Engineering, and Medicine. 2015. Improving Diagnosis in Health Care. Washington, DC: The National Academies Press. p 119.

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13

13

Application Required Components: The Letter of Support

The executive sponsor must provide attestation of support that confirms **ALL** of the following Seven points as noted in the RFP:

- SIDM Templated Available—See FAQ's
- Can provide letter from ES that addressed ALL 7 elements

Note: Failure to attest to all 7 points could be grounds for disqualification.

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14

14

Slide 15

Application Main Elements and Scoring Criteria

What are we looking for?	Scoring Criteria	Program Requirements	Program Support

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, the proposal will be submitted to peer review using the criteria below.

Content Review

1. Aims, Background, and Approach

   a. Do the aims utilize SMART goal attributes (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imely)?

   b. Does the proposal explicitly and, where possible, quantifiably justify the problem selection, i.e. describe the magnitude of the problem and establish its importance to the diagnostic process?

   c. Does the proposal clearly address the importance of addressing this problem locally and for the nation-at-large?

   d. Does the proposed intervention address the problem's root causes and is relevant supporting literature is referenced? If an international location, is the applicability of the intervention to the US health system is evident?

2. Project Plan

   a. Is the population receiving the intervention clearly specified and consistent with the aims?

   b. Are the project plan and time allotted for planning, implementing (or testing), evaluating, and improving the intervention reasonable and appropriate?

   c. Are the chosen measures of effectiveness as they relate to the desired outcomes adequately described?

   d. Is method for evaluation is sufficient for determining the project's impact?

   e. Are operational resources adequately described such as IT or other operational support, if any, from non-core team members who will be involved in implementing the intervention?

   f. Are major milestones, including deliverables in all phases (pre-intervention, intervention/testing, and evaluation/improvement) reasonable, timely and appropriate?

   g. Is access to needed data readily accessible at the start of intervention implementation or is there a plan for ensuring access to all required data not readily available adequately

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15

15

Slide 16

Application Main Elements and Scoring Criteria

1. Aims, Background, and Approach
   - Aims statement
     - Well-stated in SMART terms
     - Clear describes what the intervention wishes to accomplish.
   - Define Problem & Background
     - Problem well justified
     - Importance both locally and nationally
     - Relevance to Diagnostic process
   - Describe Intervention and Rationale
     - Impact on Priority Area(s)
     - Addresses Root Causes; literature supported
     - Consider Sustainability, Spread and Scalability

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16

16

Application Main Elements and Scoring Criteria

2. Project Plan
   - Defined Population consistent with Aim(s)
   - Describe Methodology: PDSA, Lean, DMAIC, ISO 9000 family
   - Provide timeline for planning, implementing or testing, evaluating and improving intervention
     - Is timeline reasonable and appropriate?
   - How will measure effectiveness—Quantitative and Qualitative
   - *Operational Resources and Data availability*

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17

Application Main Elements and Scoring Criteria

3. Organizational Rationale
   - Core Team
     - Roles, training & experience
     - Essential qualifications to achieve Aims
     - Interdisciplinary; PFE
     - QI expertise; IT support

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18

Application Main Elements and Scoring Criteria

4. Risks and Risk Mitigation
   - Potential Negative, Unintended Consequences
     - Balancing Measures

   - Challenges and/or Barriers that may present and how will mitigate
     - Loss of Key personnel
     - Inability to obtain needed resources—IT!!
     - Hiring freezes
     - IRB hurdles
     - Competing time demands

5. Overall General Impression

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19

Application Main Element: Patient Engagement

- SIDM believes that patients can play an invaluable role in improving healthcare by bringing focus to issues and outcomes that matter to them.

- Applicants should describe how patients or family members will be meaningfully involved in the use or facilitation of the intervention and in the planning, development, and/or evaluation of the intervention.

- If patient or family engagement is not possible or not believed to be beneficial, applicants will be asked to provide their rationale.
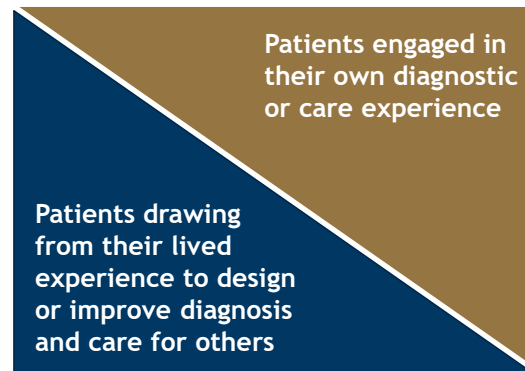
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20

Patient Engagement: Two Layers to Consider

Patients engaged in their own diagnostic or care experience

Patients drawing from their lived experience to design or improve diagnosis and care for others

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21

Example: A "Closing the Loop" Tool

Idea and rationale for the project

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Creation and planning of the project

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Execution and evaluation of the project

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22

Example: A "Closing the Loop" Tool

Idea and rationale for the project

- Patient Partners:
  - Sharing barriers they faced with follow-up
  - Offering solutions they think would help them
  - Providing input on the proposed tool, including modifications or supplements to make it as impactful as possible

Creation and planning of the project

- Patient Partners:
  - Crafting understandable language and/or feasible processes for patient-facing components
  - Troubleshooting patient buy-in or any challenges with use of the tool

Execution and evaluation of the project

- Patient Participants:
  - Using and providing real-time feedback on the ease and value of the tool
- Patient Partners:
  - Ongoing troubleshooting and revision
  - Assisting with collection/analysis of feedback from patient participants

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23

Describing Patient Engagement

- Keep the two "types" in mind:
  - How will patient partners be engaged in the planning and conduct of the project?
  - (If relevant) how will patients be engaged with the project/tool/intervention at the point of care?

- Use as much detail as possible

- If you do not believe engagement is possible or would be beneficial, please articulate

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24

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.==
  - ==Must be obtained before start of Cohort==

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25

Other Considerations (cont.)

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
- Attend two designated QI Summits at future SIDM International Conferences

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26

The Application Review Process

- SIDM Technical Review
- Round 1 Peer Review
- Round 2 Peer Review and Patient Engagement Review
- Grant Review Committee In Person-Meeting

All applicants will be notified of a decision by July 2022

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27

27

Resources

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

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28

28

Proposal Writing Tips

- Develop a quality application.
  - Read and answer what is being asked as clearly as possible.

- This grant is not intended to
  - subsidize people to do the job they were hired to do
  - acquire medical equipment that did not get approved in your capital budget, or
  - simply hire more help for your workplace.

- Remember the "Attainable" and "Realistic" attributes to SMART Aims in developing your goals and intervention.

- Grant Writing Resources:
  https://ls.berkeley.edu/faculty-and-staff-resources/grant-writing-resources
  http://foundationcenter.org/getstarted/tutorials/shortcourse/index.html

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29

29

IMPORTANT DATES

Application Deadline: March 25, 2022

Award Announcement: By July 2022

Cohort 3 Grant Period: September 2022-2023

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30

30

QUESTIONS

- Submitted Questions....

- Your Questions?

  Please note: In fairness to all applicants, we will not answer specific content questions about the program or application; the RFP, FAQs, and Step-by-Step Guide should address any content questions you may have.

- For additional questions, please e-mail us by **January 18, 2022,** at dxqiseedgrant@ImproveDiagnosis.org

- All received questions and answers will be posted on an updated FAQ on the DxQI webpage by **January 20, 2022.**

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31

THANK YOU!

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

32

32

J3   Does Jan 18, allow enough time to post all Q&As to the website?
Jan, 1/4/2022

GC3   I changed it to the FAQ so we can just put all the changes in one place.
Gerry Castro, 1/4/2022

J5   The RFP says they will be posted to the website. We just need to make sure the link in the RFP takes them to the FAQ's.
Jan, 1/10/2022

J6   This is not consistent with the RFP and FAQ. Does that matter?
Jan, 1/10/2022