Pilot Project Funding Announcement: Advancing the Science of Person Centered Care

Release Date: Monday, August 3rd, 2015
REQUIRED Letter of Intent (LOI) Due Date: Monday, September 21, 2015 (access LOI here)
Application Due Date: Friday, December 18, 2015
Anticipated Award Date: Monday, February 1, 2016

I. Introduction

In 2001, the Institute of Medicine highlighted the importance of delivering high quality patient centered care because of its potential positive implications for patient outcomes. The Institute defined patient centered care as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions" (p.40). Since that time, discussions about the desirability of this concept have permeated all sectors of the health care delivery system. Nonetheless, the scientific evidence base regarding effective patient centered care remains underdeveloped. Patient centered care now has many labels, including person centered care, family centered care, relationship based care, and consumer directed care. The term, person centered care (PCC) encompasses the range of these labels.

PCC language can be found within Health Care Reform initiatives, especially the creation of the Person Centered Outcomes Research Institute (PCORI). PCC language also increasingly appears in the titles and suggested topics of many NIH RFAs. Nowhere is the need for PCC more pronounced than its application to current and future cohorts of older adults who often experience multiple chronic conditions.

The Program for Person Centered Living Systems of Care in the College of Nursing, in collaboration with The Penn State Social Science Research Institute (SSRI), invites applications for pilot projects aimed at advancing the science of person centered care. We will provide support for two pilot projects of up to $30k each that focus on person centered care for older adults receiving care services across the continuum of care (i.e., home care, acute care, adult day care, assisted living, nursing home, rehab, etc.). We invite proposals developed by established investigators as well as investigators new to the field of person centered care and/or gerontology. We are particularly interested in pilot projects developed by interdisciplinary teams that can provide the foundation for future external funding.

Successful applications will advance the science of person centered care related to the health of older adults, including its translational implications. Priority will be given to interdisciplinary teams and projects that advance theory and methods in PCC research. Projects should be designed to be completed in 12 months.
II. Research Directions

Significant gaps in the PCC literature include development of its theoretical underpinnings to organize the broad scope of research questions relevant to advancing understanding of PCC. Proposals should be grounded in a relevant theoretical framework so to enable the development of a program of research that advances knowledge and practice in PCC. Beyond theory, other gaps in the PCC literature include definitions and measures of key constructs as well as research aimed at development, implementation and evaluation of best practices in PCC, and research dissemination strategies that promote further research and application.

Examples of substantive domains within PCC include, but are not limited to the following:

**Self-Management of Chronic Conditions:** Research is needed on best practices for incorporating health behaviors in individuals’ daily functioning; from a PCC perspective, these need to take into account individuals’ values and beliefs, their ties to family members and larger social networks, and norms as well as resources available in their communities.

**Geriatric Palliative Care:** Disease-specific management has failed to address the health and well-being needs of older adults with serious illnesses, and limitations of current approaches underscore the importance of advancing the science of person centered palliative care. Common geriatric problems, such as mobility disability and falls and sensory and cognitive impairment involve multiple interacting risk factors and complex and multi-faceted management approaches that fit poorly within disease-specific treatment guidelines. In light of the scientific progress in both geriatrics and palliative care in recent years, a significant opportunity now exists to extend the science of person centered palliative care to the management of older adults with serious illnesses.

**Training and Education for Person Centered Outcomes Practice and Research:** Evidence-based educational programs for health care providers are needed to build capacity for PCC practice. Further, to build capacity in the national scientific workforce to conduct high quality comparative clinical effectiveness and person centered outcomes research (CER/PCOR), educational programs are needed to introduce PCC theory, concepts and methods for researchers across a range of disciplines. A key step for both these agendas is development and evaluation of education and training programs.

**Dissemination and Implementation of Person Centered Care:** Investigation into the best methods for disseminating effective person centered care strategies to sustain health and support health care are needed. This includes techniques for disseminating and implementing existing evidence for improving the quality of person centered health care delivery. An example of one such technique would be the application of MOST or SMART methods in facilitating the dissemination and implementation of person centered interventions into clinical practice settings.

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III. Eligibility Criteria and Criteria for Review

The Principal Investigator (PI) must hold a Pennsylvania State University faculty appointment. This includes research faculty at the Penn State Hershey Medical Center and University Park. Proposals from inter-disciplinary and inter-professional teams will be most competitive.

In addition, to be eligible, each project must include:

1. A research topic aimed at advancing health and/or healthcare research by addressing a significant gap in the person centered care literature.

2. A research plan deemed likely to lead to external funding, including funding track records of research team members and evidence that the proposed topic aligns with the priorities of one or more external funders.

3. A detailed budget with justification. Salary support for faculty is limited.

4. A detailed project timeline of 12 months. (Note that for funded projects, progress reports are required at regular intervals throughout the length of the project.)

Funds may NOT be used to support:
- Student research
- Tuition
- Publication costs
- Funding for the kinds of activities supported by departments and colleges (e.g., travel to conferences, basic software purchase)
- Summer salary (where applicable)

Criteria for Review

Reviewers will consider each of the five review criteria (below) to assess merit.

• **Significance:** Does the project address an important problem or critical barrier to advancing the science of person-centered health and/or healthcare?

• **Investigators:** Do the PI and collaborators have the expertise needed to conduct the project? Do the investigators capitalize on differing disciplinary and professional perspectives? Are the disciplines represented complementary, and does the research plan appear to be prepared by the entire team? *Note: Successful proposals will require an interdisciplinary team.*

• **Innovation:** Does the project challenge or shift current research or practice paradigms, advance novel concepts, approaches/methods, instrumentation, or interventions or apply these in novel ways?

• **Approach:** Are the procedures and analysis plans justified and appropriate to accomplish the specific aims? Will the project provide the foundation for a competitive proposal for external funding?
• **Environment**: Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

IV. Complete REQUIRED Form to Indicate Intent to Submit a Proposal

A non-binding letter of intent (LOI) is required. The LOI should include the name of the Principal Investigator, names of co-investigators and collaborators, a working title for the proposal, and 2-4 sentences describing the broad theme(s) of the project, and must be received by 5 PM on September 21, 2015 (access LOI here).

V. Format and Submission of Proposals

Please complete all sections below, save the document to your computer, and email the document to: info@ssri.psu.edu. Proposals must be single-spaced, in Times New Roman font size no smaller than 12-point type, left-aligned with one inch margins. Please include a NIH or NSF biosketch for each investigator. If attaching an NIH biosketch, please use the new format. Proposals (Part A below) cannot exceed 5 pages (excluding information requested in Part B).

Remember that many members of review committees will not have specific expertise in your area and that proposals should be written for a broad academic audience. Other than biosketches, appendices should not be included.

Your proposal must be sent as one document including letters of support and biosketches. Proposals that do not conform to guidelines will be returned to the PI.

Part A: PROPOSAL SECTIONS (5 page limit)

1. Title of Proposal and name of PI:

2. 3-5 Descriptive Keywords:

3. Abstract:

   Provide a succinct overview of the proposal. Assume that reviewers do not have technical knowledge in a specific field. Avoid or explain technical jargon, field-specific terminology, or acronyms.

4. Specific Aims and Objectives:
List the specific aims and objectives of the proposal and how the accomplishment of these objectives will inform the development of a project for external funding.

5. Brief background, rationale, and description of methods:

Provide a brief summary of the background and rationale for the proposal, and a specific description of the methods and activities for which support is requested.

6. Anticipated Outcomes:

Describe the anticipated outcomes in operational terms. The plans for specific outcomes should be specified (later grant submission, research/outreach program). Priority is placed on proposals designed to lead to external funding.

Part B. ADDITIONAL INFORMATION (no page limit)

1. Timeline:

Describe the anticipated timeline to accomplish the goals of the proposal including submitting for external funding. This RFA includes an appendix of example RFAs for you to consider. It is not intended to be an exhaustive list, but merely a starting point for your consideration.

2. Personnel:

Describe the roles of the lead investigator(s), the collaborating investigator(s), and any other personnel included in the proposal. For key personnel, include titles and brief descriptions of their expertise.

3. Budget and Justification:

Provide an itemized budget and budget justification that includes salaries, fringes, and other expenses. Requests for international travel should include no more than one investigator. Expenditures for food are to be kept to a minimum.

Name and phone number of your department's budget coordinator:
Budget and fund number:
Administrative area number:
4. Indicate if SSRI services will used:
   Geographic Information Analysis (GIA), Survey Research Center (SRC), Social, Life, and Engineering Sciences Imaging Center (SLEIC), and Quantitative Developmental Systems Methodology.

5. Investigator Information:

   Identify the lead investigator(s), collaborating investigators, and the departments or units they represent. Contact information must be included for all investigators. Please follow the format outlined below for each investigator.

   **Lead Investigator:**
   - Name
   - Title
   - Department/Organization
   - College/Campus
   - Phone
   - Email
   - Tenure Track - Yes/No; if yes, please include tenure home department.

   **Collaborating Investigator:**
   - Name
   - Title
   - Department/Organization
   - College/Campus
   - Phone
   - Email
   - Tenure Track - Yes/No; if yes, please include tenure home department.

   [Please include complete contact information for additional investigators here.]

6. Letters of Support from All Collaborators

   Collaborating investigators must indicate their support of the project with a brief letter or email; these should be attached to this proposal.

7. Attach NIH or NSF biosketches

8. Pre-Submission Checklist

   Proposals must include the pre-submission checklist (see below). The pre-submission checklist catalogues the potential your project has for external funding. It is weighed heavily in the review process.
Pilot proposals are designed to support the development of research that has the potential for later external funding. As we have tracked pilot proposals over time, we have found that they are more likely to foster success in securing external grants when the faculty team has fully explored funding opportunities and used that information to inform the design of their research plan and pilot project activities. This RFA includes an appendix of example RFAs for you to consider. These are only examples and are not meant to be an exhaustive overview of the types of funding mechanisms that may be available to support Person Centered Care research.

Please respond to each of the following questions.

1. What external funding sources are your targeting? Which foundation officials (e.g., project officer) have you spoken with to determine their interest in this project or project area? What feedback did you receive on your concept and approach?

2. Are you responding to a specific request for proposal (RFP/RFA), program announcement, or other special funding initiative? If yes, which one and how is your project a good match for it?

3. Is this pilot project being undertaken in response to feedback from a prior external proposal? If so, how does this project address reviewer concerns?

4. How does your study compare with projects in similar domains that have been funded by your targeted agency? In particular, how does the scope of your methodology appear similar to other funded projects (in terms of the size and representativeness of the sample, measurement strategies, design and planned analytic approach, etc.)?

Examples of grant search sites:
- NIH: http://projectreporter.nih.gov/reporter.cfm

5. What criteria will be used to evaluate your proposal and what do you know about the likely reviewers?

6. What input/advice/support have you received from your department head and/or college research dean?
Appendix:
Examples of NIH RFA’s related to PCC concepts

Self-Management of Chronic Conditions
Family-Centered Self-Management of Chronic Conditions (R21)

A Family-Centered Self-Management of Chronic Conditions (R01)

Person Centered Geriatric Palliative Care

Advancing the Science of Geriatric Palliative Care (R01) http://grants.nih.gov/grants/guide/PA-files/PA-13-354.html


Person Centered Outcomes Research

Dissemination and Implementation of Person Centered Care


Accelerating the Dissemination and Implementation of PCOR Findings into Primary Care Practice (R18) http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-14-008.html