2018 Intermountain-Stanford Collaboration Grants
Request for Proposals

Introduction:
As an integrated health system, Intermountain Healthcare has a vision to be a model health system by providing evidence-based clinical care and superior service at an affordable cost. Intermountain Healthcare has a strong performance improvement history in key clinical programs that cross the spectrum of care (primary care through tertiary care) with a mission of “helping people live the healthiest lives possible.”

Stanford University School of Medicine is a world-wide leader in science and research. As a premier research medical school, Stanford School of Medicine is home to faculty who are continuously exploring and developing new technologies that test the limits of science. The mission to “improve health through leadership, diversity and a collaborative approach to discovery” continues to result in breakthrough findings that benefit patients worldwide.

Investigators at both Intermountain Healthcare and Stanford University have a unique opportunity to improve patient care, on a large scale and within a healthcare delivery system, through ongoing performance improvement, investigation, innovation, and education, all focused on healthcare transformation. Through the Intermountain-Stanford Grant Program, the Intermountain-Stanford Collaborative Committee will provide project awards to teams of investigators from both institutions conducting research to advance healthcare transformation, ideally through the scale and spread of proven or promising clinical improvements.

The program seeks to promote effective collaborative partnerships between investigative teams at the two institutions who can complement each others’ strengths. While the spectrum of the types of research that will be considered is broad, proposals for projects that advance the science of healthcare delivery will be prioritized. Ideal projects would use the principles of implementation science to test dissemination of best practices, demonstrate practical applicability, involve frontline staff, and show clear potential for expansion in scale and scope.

Proposal Deadline:
All proposals must be submitted by May 11, 2018, 5 p.m. PDT (see application guidelines below).

Early Deadline for Implementation Science Feedback:
While not required, Stanford and Intermountain investigator teams are highly encouraged to work ahead of the proposal deadline to take advantage of support offered through the Stanford Evaluation Sciences Unit and the Intermountain Institute for Healthcare Delivery Research Team to align proposals with the implementation models and theories. Project proposals should include a research and implementation plan which is integrated with clinical operations and institutional commitments. Investigators should demonstrate mindfulness of the required resources, vision of the leadership team, strategy for measuring/deploying, context of the work, etc.

If you want to take advantage of this assistance,
- Jointly compose a brief draft proposal according to the submission form provided here: https://redcap.stanford.edu/surveys/?s=9TL9KFMTLP.
- Submit this draft proposal by March 26, 2018, 5 p.m. PDT, or earlier, through the same link above.
- This service will be offered on a first come, first served basis. The earlier you submit your draft proposal, the better chance you will get assistance before the final proposal deadline. This will allow the support team sufficient time to review proposals, and subsequently help applicants refine their study designs, ensure population themes/tactics are incorporated, etc.

Eligibility:
The Intermountain-Stanford project teams will consist of paired Principal Investigators (Co-PIs), one PI from Stanford
University** and one PI from Intermountain Healthcare, who have jointly written a project proposal in their shared discipline of interest.

**Stanford School of Medicine with University-tenure line (UTL), Medical Center Line (MCL), Non-tenure line-Research (NTL-R), or Clinician Educators (CE) faculty appointments.

In the event that an investigator from either institution has an innovative idea, but is unsure of a potential partner from the other organization, please email intermountain-stanford-collab@stanford.edu with the following information: the idea, the potential impact to health care delivery transformation, and the ideal type of collaborator required for partnership. The internal teams will do their best to pair you with someone who can support your research. To help build relationships between Intermountain and Stanford collaborators, a separate fund has been set up for travel between Utah and Palo Alto. These travel funds may be requested separately; for details visit http://med.stanford.edu/rmg/funding/intermountain_stanford_travel_award.html, or email intermountain-stanford-collab@stanford.edu.

**Amount and Period of Funding:**
The Committee is interested in funding projects of various sizes, up to a maximum of $75,000 for a 1-year period. Awards will be granted for the period from October 1, 2018 through September 30, 2019 and must be completed in that timeframe. All unexpended funds will be forfeited, if not spent within the 12-month award period. However, carry forwards will be considered on a case-by-case basis.

Investigators who believe they have truly novel ideas for health care transformation within a health care delivery system and require funding beyond the scope of this grant are encouraged to explore other sources of funding. They may contact the co-chairs for ideas on alternative sources.

**Key Objective:**
The Grant Program will promote a robust affiliation between Intermountain Healthcare and Stanford University by providing pilot grant funding for innovative joint investigation initiatives.

The program especially seeks applications proposing bold ideas or approaches for research that are likely to (1) advance the understanding and practice of care delivery, (2) materially impact significant patient populations, and (3) be readily scaled to the delivery system level and beyond.

Proposals will be evaluated on the following criteria:

- **Potential impact of project (30%)**
  - Proposed project’s potential impact on any of the following: addressing scale/generalizability of care processes, improving healthcare operational goals, advancing the patient-centeredness of care, improving coordination across the continuum of care, and improving population health.
  - Potential to advance the theory and practice of implementation science in a way that can be replicated and broadly applied to meaningfully impact patient outcomes.

- **Profile of PIs* (25%)**
  - PI’s demonstrated commitment to collaboration between both organizations.
  - Track record in health care transformation through process improvement, investigation, innovation and/or education.
  - *Priority given to junior faculty, emerging leaders in health care transformation, and pairs of junior faculty and senior mentors.

- **Project rigor (20%)**
  - Proposed project’s methodology, scientific significance, and likelihood of leading to peer-reviewed extramural funding and publication.

- **Execution (25%)**
  - Proposed project’s feasibility in an integrated health care delivery system.
  - Proposed project’s likelihood of completion in the stated time period.
**Award Process:**
Proposal will be evaluated by a committee composed of Intermountain leaders and Stanford faculty using the above criteria and an NIH-style review process. All scores will be averaged between the institutions and combined into a singular reported score. Projects may be subject to coordinated agreements regarding data use and sharing, materials transfer, as well as dual IRB review requiring an aligned protocol, before award dispersal. While the research efforts will be joint, funding will be issued separately from each institution to cover only its own efforts and expenditures; funding from one institution will not cross to the other.

The paired project teams will be subject to brief quarterly collaboration and financial reporting, final progress reporting, sharing results in standard fashion (including, but not limited to, presentations at intramural and extramural scientific meetings, co-authoring of manuscripts, submission to peer-reviewed journals), and co-application to NIH for funding of derivative projects. Please note that grant awardees may be contacted by the program office in the future, after completion of the project, to inquire as to further outcomes of the collaboration.

Each co-PI team will send their quarterly reports on their project to intermountain-stanford-collab@stanford.edu. These reports will be reviewed and investigators will be given permission to continue their research study. **Reports will be due January 31, 2019, April 30 2019, July 31 2019, October 31, 2019.**

**Proposal Submission:**
Projects must choose a primary program area for the application. Please communicate with the program staff, if it is unclear which program area is the best fit. In all cases, projects will be awarded only one grant per annual grant cycle.

**Application Guidelines:**
By **May 11, 2018, 5 p.m. PDT**, please submit one PDF file containing the following (in the order listed below) via email attachment to intermountain-stanford-collab@stanford.edu.

The file name should be: Stanford PI Last Name_Intermountain PI Last Name_Collaboration Grant Proposal.pdf

- **A cover sheet** that includes the following information:
  - Intermountain-Stanford Collaboration Grants
  - Title of proposal
  - Stanford and Intermountain PI names, titles, departments, emails and phone numbers
  - Amount of funding requested
  - 300-word Project Summary
- **Project Specific Aims** (Maximum 1 page)
- **Project Strategy:** (4-page limit including illustrations/figures, at least 11 point Arial)
  - Start each section with the appropriate section heading—Significance, Innovation, Approach.
  - Focus the proposal on convincing reviewers that the project addresses the grant objectives, can improve healthcare delivery, and can be successful within the given timeframe and available funding.

**Significance** (suggest ½ page length):
- Explain the importance of the problem or critical barrier to progress in the field that the proposed project addresses.
- Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed, if the proposed aims are achieved.

**Innovation** (suggest ½ page length):
- Explain how the application challenges and seeks to shift current research or clinical practice paradigms.
- Describe any novel theoretical concepts, approaches or methodologies, and instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s).
- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, and instrumentation or interventions.

**Approach** (suggest 1 – 2 pages):
- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the
project. Also include how the data will be collected, analyzed, and interpreted.

- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
- If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high risk aspects of the proposed work.
- If you have preliminary studies information, include it in this section.
- For those proposals planning to develop, implement, and study changes in clinical programs, including process improvement initiatives, please discuss the perspectives of any relevant clinical, administrative, and quality leadership. Specifically, please provide 2-3 paragraphs on how the proposal fits with the leadership's current initiatives and plans for the future. Perspectives of leaders representing all affected disciplines (e.g., physician, nursing, administration, etc.) and all affected units (e.g., inpatient unit, outpatient unit, support services, etc.) should be included.

- **Bibliography and References Cited:** (No page limit)
- **Budget** (not part of page limit): Use the budget template provided at [http://med.stanford.edu/rmg/funding/intermountain_stanford_grant.html](http://med.stanford.edu/rmg/funding/intermountain_stanford_grant.html). The budgets for Stanford and Intermountain must be wholly separate. Allowable expenditures include investigator’s salary, research personnel salaries, travel (if project-related), participant costs and testing, and project supplies. Include 8% for indirect cost expenses. Capital equipment costing more than $5,000, intellectual property services, food (not associated with travel), per diem hospital charges, telephone charges, books, laboratory furniture, dues, memberships, registration fees for scientific societies and meetings are unallowable expenses.

- **1 page combined bio on the co-PIs and a short (1 paragraph) bio:** for any additional investigators (not part of page limit). The overview of the PIs should address their collaboration to date and their individual track records in healthcare transformation.

**NOTE:** Do not include appendices to the proposal. Figures and tables must be included within the body of the proposal. Applications that do not comply with the requirements will not be considered for review. Further, investigators can request from intermountain-stanford-collab@stanford.edu a previous year’s funded grant for reference.

**Questions:**
For questions, including the application process and requirements, please contact intermountain-stanford-collab@stanford.edu.