

# PROGRAM ANNOUNCEMENT

## HSR&D PRIORITIES FOR INVESTIGATOR-INITIATED RESEARCH

### 1. Purpose

The Department of Veterans Affairs (VA) Health Services Research and Development Service (HSR&D) is identifying in this announcement current priorities for funding. Veteran-centric proposals clearly responsive to this announcement will be given priority funding consideration through the funding protocol articulated in paragraph 3 below. Each area has been developed by HSR&D scientific program staff, in consultation with field-based science advisors and with input from senior VA leaders and VA advisory groups. Several previously identified priorities remain important and have been updated in this announcement, while others (marked with an asterisk) have been added. Current priorities are listed in alphabetical order:

- A. Access/Rural Health\*
- B. Care of Complex, Chronic Conditions\*
- C. Equity and Health Disparities
- D. Health Services Genomics\*
- E. Healthcare Informatics\*
- F. Implementation and Management Research
- G. Long-Term Care and Caregiving
- H. Mental Health
- I. Post-Deployment Health\*
- J. Research Methodology
- K. Women's Health

Each priority area is described briefly and illustrated with sample topics, which may be relevant to more than one area.

### 2. Background

Health services research is a multidisciplinary field concerned with the effects of social factors, financing systems, organizational structures and processes, technology, and human behavior on health care access, quality, costs, and outcomes. In VA, health services research focuses on understanding how to organize, deliver, and finance health care to meet the needs of veterans and to ensure that their health care system is sound and consistently excellent. It emphasizes research that has practical applications for veterans, health care providers, managers, and policymakers. HSR&D supports the highest quality scientific research related to this broad mission and encourages work in specific priority areas detailed in this announcement.

### **3. Funding Decision**

To encourage investigators to conduct veteran-centric research in areas of high interest to HSR&D, proposals that respond to priority areas will be given special consideration. The merit review score, which is based on significance, approach, innovation, and environment, will continue to serve as the main determinate for identifying proposals that will be considered for funding. More specifically, the funding protocol below will be followed:

- a. HSR&D rank orders all applications by merit review score, after each merit review round.
- b. The HSR&D Director determines the expected fundable scoring range.
- c. The Director will first consider funding the most meritorious research (best merit review scores), including proposals responsive to priority areas or special solicitations.
- d. The Director also may elect to fund particularly relevant/time critical applications with a merit review score outside the expected fundable scoring range (but still considered meritorious).

### **4. Cross-Service Collaboration Encouraged**

VA HSR&D Service recognizes that some of the greatest opportunities and most important work for veterans' health care might lie at the interface of different scientific disciplines including areas supported by other services within the VA Office of Research and Development (ORD). Such collaborative work is encouraged, particularly with investigators supported by VA Rehabilitation R&D and Clinical Science R&D Services. Similarly, projects in health services genomics may require collaborators traditionally supported by Biomedical Laboratory R&D Service. Investigators considering such collaboration should contact the appropriate scientific program manager for advice and guidance prior to initiating the research application.

### **5. Priority Areas with Sample Research Topics**

#### **Priority A– Access/Rural Health**

##### Research on Access to Care for Rural and Vulnerable Populations

As VA experiences an influx of new veterans, research on access to care takes on increasing importance. Not only does VA continue to play a key role in providing care to veterans from previous eras of service and, in particular, vulnerable populations (those with specialized needs such as the homeless and low-income veterans) that rely primarily on VA for health care, but VA now has a prominent and unique role in meeting the health care needs of our most recent veterans, including many with highly specialized needs (e.g., traumatic brain injury, prosthetics care, post traumatic stress disorder) or special access issues (e.g., veterans in rural areas). HSR&D seeks studies designed to contribute to improving access for new veterans with special needs, vulnerable veteran populations, and veterans living in rural areas. Studies should build

on the body of research that examines access to care in the VA system and: provide timely evidence on the impact of recent changes in the veteran population on access to care; assess the impact of changes in the organization and management of VA health care services; and examine promising innovations in the organization, management and delivery of health care designed to enhance access for new veterans with special needs, vulnerable veteran populations, and veterans living in rural areas.

Purpose: To inform development of and assess interventions designed to enhance access to VA health care for new veterans with special needs, vulnerable veteran populations and veterans living in rural areas.

Sample Research Topics (focused on new veterans with special needs, vulnerable veteran populations or veterans living in rural areas):

- 1) Identify and develop approaches for addressing special issues of access.
- 2) Specify barriers to and approaches for improving access (e.g., stigma and privacy issues related to PTSD and military sexual trauma or transition of care from military to VA for new veterans; distance to care of veterans in rural areas; availability of outreach).
- 3) Ascertain the implications of multiple health care system use on access and quality of care, e.g., the prevalence of VA and non-VA system use by OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) veterans from rural areas.
- 4) Determine the impact on access of different organizations and structures of care (e.g., new organizational structures such as regionalization of care or contract and fee-for-service care for rural veterans; new models of care such as collaborative care or residential treatment for homeless veterans).
- 5) Assess innovative approaches to facilitate access, including: telemedicine and other technological, procedural and structural changes in care; expanded social, family and community networks; and partnerships with other entities and the community.

Related IIR Topics:

Other topics related to access may be submitted as Investigator Initiated Research (IIR) proposals; however, proposals expected to inform development of and assess interventions designed to enhance access to VA health care for new veterans with special needs, vulnerable veteran populations, and veterans living in rural areas will receive special consideration.

For inquires regarding this priority area, please contact Linda Lipson, MA, at [linda.lipson@va.gov](mailto:linda.lipson@va.gov) or (202) 461-1526. To indicate that an application is responsive to this priority area choose "Access" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

**Priority B- Care of Complex, Chronic Conditions**

Health and Health Care for Veterans with Complex, Chronic Conditions

Chronic health conditions, with attendant increased risk of disability, functional limitations, and complex self-management needs, as well as high health care spending, affect ever greater numbers of veterans. We have an expanding evidence base about

provider care and interventions, as well as knowledge about “how and why” both individual health care providers and health care delivery systems use, standardize, and apply evidence. What is yet to be developed, however, is a body of evidence about health care delivery to, and experiences of health and disease among, veterans with multiple, complex chronic conditions. VA has strong primary care and a comprehensive set of chronic care services, yet optimal care relies on a veteran or caregiver’s ability to negotiate a multitude of providers, ancillary services and administrative tasks. Further, despite improvements in clinical care, veterans with chronic conditions receive care in many VA and non-VA settings, creating problems in coordination and continuity of care. For these veterans and their caregivers, clinical decision making and required care processes are neither routine nor standard. Complicated regimens, interactions of different diseases, and the cumulative effect of different conditions on morbidity, mortality and quality of life offer new challenges, and the need for evidence applies equally across veteran-focused, provider-focused, and system-focused domains.

Purpose: To improve a veteran-centered care delivery system that fosters high-quality care, increases access, promotes efficiency, supports families, and facilitates the work of the health care professionals in caring for veterans with complex chronic conditions. Many types of projects and approaches across the continuum of care may be appropriate for this funding opportunity. VA has particular interest in interdisciplinary and multi-site teams that address the particular challenges for veterans with multiple chronic conditions.

Sample Research Topics:

- 1) Develop methods to identify and classify veterans with multiple complex chronic conditions and clarify core elements of “complexity,” including atypical, specialized or “signature” chronic health conditions.
- 2) Create and assess new methods of severity adjustment so that performance measures, outcomes, systems and models of care can be compared appropriately.
- 3) Develop new methods to measure the performance of health care providers and systems that reflect veteran-centered, holistic (rather than disease-specific) care.
- 4) Develop and evaluate new approaches to care for veterans with multiple chronic conditions, such as different models of organizational structures and processes of coordinating and supporting care.
- 5) Develop and test measures that assess holistic care centered on the veteran, as distinct from disease-specific measures.

Related IIR Topics:

For the purposes of this announcement, chronic conditions are broadly defined to include physical illnesses or impairments, with or without co-morbid, chronic mental illness or impairment, that have persistent or recurring health consequences lasting for years and which may contribute to increased risk of early mortality. Other topics related to care for chronic conditions in general also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, applications that are specifically responsive to the purpose articulated above will receive special consideration.

For inquiries regarding this priority area, please contact Ranjana Banerjea, PhD, at [ranjana.banerjea@va.gov](mailto:ranjana.banerjea@va.gov) or (202) 461-1512. To indicate that an application is responsive to this priority area choose "Chronic Conditions" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

### **Priority C – Equity and Health Disparities**

#### Interventional Studies to Reduce Racial and Ethnic Minority Health Care Disparities

Studies have documented the existence of health care disparities in both veteran and non-veteran racial and ethnic minority populations. Research funded by VA has documented these disparities as well as some important determinants of these disparities, such as veteran-physician communication, veteran attitudes, and health literacy. Veterans, providers, health care facilities, and health care systems may all contribute to health care disparities. A June 2007 VA HSR&D evidence synthesis (available at <http://www.hsrd.research.va.gov/publications/esp/>) suggested a set of themes related to the underlying causes of health care disparities and served as the basis for the research recommendations incorporated in this announcement.

Interventional studies aimed at these sources, as well as other identified sources, may play a significant role in promoting equitable health care services among all veterans. Research focusing on merely documenting disparities is not encouraged.

Purpose: To develop and evaluate interventions to reduce race and ethnic minority health disparities.

#### Sample Research Topics:

- 1) Assess interventions targeted at system-wide or facility-specific policies (e.g., regarding family members, organ donation, autopsy) and resources or services (e.g., bilingual staff, community outreach, religious accommodations) that can reduce variations in treatment or outcomes.
- 2) Develop and evaluate decision aids and information tools with the potential to enhance knowledge among minority veterans and that focus on issues of literacy, language, and culture.
- 3) Assess interventions designed to make veterans more active participants in their interactions with health care providers and manage their illnesses and/or to enhance veteran-centered communication training among clinicians.
- 4) Explain how and why veteran race and ethnicity are associated with different clinical decisions; and determine the need for, and inform, clinical interventions to reduce adverse consequences of racial bias.
- 5) Where well-justified and necessary to articulate interventions, examine various potentially confounding factors underlying identified disparities.
- 6) Develop and evaluate adherence support interventions.
- 7) Determine the differences in structures and processes across minority- vs. majority-serving VAMCs, to inform interventions to eliminate system-level sources of disparities.

- 8) Develop and evaluate interventions that take into account diverse and possibly interacting factors (veteran, provider, and/or system) that are responsible for disparities.

Related IIR Topics:

Other topics related to disparities and health equity in general also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, research that is specifically responsive to the purpose articulated above (interventions designed to reduce health care disparities) will receive special consideration.

For inquires regarding this priority area, please contact Linda Lipson, MA, at [linda.lipson@va.gov](mailto:linda.lipson@va.gov) or (202) 461-1526. To indicate that an application is responsive to this priority area choose "Equity" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

**Priority D - Health Services Genomics**

Innovative Research for Evidence-based Planning in the Delivery of Genomics Services to Veterans

Genomic medicine is the application of our rapidly expanding knowledge of the human genome to medical practice. In 2006, the Department of Veterans Affairs (VA) Office of Research & Development launched the VA Genomic Medicine Program to examine the potential of emerging genomic technologies to optimize and improve medical care for veterans.

While genomic medicine carries the promise to revolutionize medicine by "personalizing" care to the level of the individual, complex organizational, provider, and veteran challenges remain before widespread adoption of genomics in clinical care becomes possible. Health Services Genomics, a new portfolio within HSR&D, will begin the process of developing health care delivery models that can provide the framework for the planning and delivery of genomics services to the veteran population and also assess impact of genomic medicine on the delivery of health care to veterans.

Purpose: To encourage innovative research for evidence-based planning of veteran health services in genetics and genomics, and to begin the development of tools and models for genomic translation within the veterans integrated health system.

Sample Research Topics:

- 1) Evaluate veteran knowledge, trust, beliefs and behaviors in veterans' decisions to participate in genomic research and in the actual provision of genomics services within VA.
- 2) Evaluate provider knowledge and attitudes, organizational barriers, and needs to facilitate effective delivery of genomic services within the VA system.
- 3) Evaluate models of delivery in terms of: specific roles and responsibilities of various providers; development of staff educational tools; and/or building staff capacity to use emerging knowledge effectively and appropriately in delivering personalized health care.

- 4) Develop genomics services delivery models for the common multifactorial diseases that are due to complex interactions between variations in multiple genes and the environment (broadly defined as diet, drugs, infectious agents, chemicals, physical agents, and behavioral factors), such as coronary heart disease, stroke, diabetes, osteoporosis, and cancer that increasingly drive health care decisions.
- 5) Develop standards for genetics/genomics content in the electronic health record, including veterans' family history and clinical decision support.
- 6) Examine cross-system and international comparative research and delivery of care to inform evidence-based planning of veteran-centric health services in genomics and to develop tools and models for genomic knowledge translation within the VA health system.

#### Related IIR Topics:

Other topics related to Health Services Genomics also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, applications that are specifically responsive to the purpose articulated above will receive special consideration.

For inquires regarding this priority area, please contact Pauline Sieverding, MPA, JD, PhD at [pauline.sieverding@va.gov](mailto:pauline.sieverding@va.gov) or (202) 461-1506. To indicate that a proposal is responsive to this priority area choose "Genomics" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

#### **Priority E- Healthcare Informatics**

##### Healthcare Informatics to Improve Veteran Care

Healthcare informatics is the integration of biomedical knowledge systems with technology in the service of veteran care to improve decision-support systems, evidence-based practices, collaboration and continuity of care among providers, care management (including telemedicine applications), and veteran and provider education. Healthcare informatics also facilitates the development of veteran databases and tools needed for knowledge discovery and public health surveillance. Proposals responsive to this priority area should be clearly distinct from Information Technology system operational development and maintenance. Informatics activities are expected to be research-oriented and to incorporate a well-developed evaluation plan and rigorous methodologies articulated in HSR&D Handbook 1204.1, posted on the HSR&D website at:

[http://www.hsr.d.research.va.gov/for\\_researchers/policies/Handbook-1204-1](http://www.hsr.d.research.va.gov/for_researchers/policies/Handbook-1204-1)

Purpose: To develop and evaluate innovative informatics applications for evidence-based medicine, decision support, veteran and provider education, personalized care management, veteran safety, increased efficiency, and knowledge discovery.

##### Sample Research Topics:

- 1) Develop and assess quality and performance measures applied directly at the point of care.
- 2) Examine knowledge engineering, knowledge representation, machine learning,

and/or artificial intelligence technologies for point-of-care and/or research applications.

- 3) Develop and/or assess a point-of-care application that will readily access a synthesis of current research related to a medical condition and/or access related genotypic and phenotypic information.
- 4) Explore acceptability, use, and impact of implementation projects evaluating provider-centric (e.g., decision support technologies) or veteran-centric (e.g., MyHealtheVet) informatics.
- 5) Apply human factor research methodologies to optimize the interface of technology (e.g., CPRS) and providers at the point of care.
- 6) Examine factors that improve veterans' ability to access relevant evidence about their personal health questions.

#### Related IIR Topics:

Studies focused on other innovative informatics topics important to veteran health care also are welcome and may be submitted as IIR proposals; however, proposals that are specifically responsive to the purpose articulated above will receive special consideration.

For inquiries regarding this priority area, please contact Merry Ward, PhD, at [merry.ward@va.gov](mailto:merry.ward@va.gov) or 202-461-1511. To indicate that a proposal is responsive to this priority area choose "Informatics" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

### **Priority F- Implementation and Management Research**

#### Implementation and Management Research Projects to Advance the Science of Implementation

As a large integrated health care system, VA presents many opportunities for incorporating research findings into clinical practice. To better inform such efforts, HSR&D is interested in studies that help build a solid foundation for implementing evidence-based clinical or management practice within VA. Projects responding to this priority area will identify tools, processes, data, methodologies, and other resources needed to influence practice and enhance the health of our nation's veterans. We encourage studies that identify promising implementation strategies for specific VA application. Studies that evaluate practice change interventions to improve health care for specific topics identified as priorities in other sections of this announcement (Paragraph 5 A-K) should be identified as responding to that priority area.

Purpose: To develop the conceptual, methodological, and technical groundwork for implementation within VA. Projects responding to this priority area will inform VA about the most effective models and approaches for implementing evidence-based clinical and management practices.

#### Sample Research Topics:

- 1) Evaluate the effectiveness of proposed implementation strategies through controlled studies.



- 2) Conduct research on management and organizational practices affecting organizational processes and outcomes or organizational change, which facilitates implementation and sustained use of practices that enhance quality of care and/or efficiency.
- 3) Explore the use of incentives and other motivators (financial and non-financial) at the veteran-, provider- or systems-level. These may be motivators specifically initiated for this purpose or motivators that already exist, (e.g., Baldrige, Carey, or Magnet Status). Investigators should look at both positive and negative impacts and potential for generalizability.
- 4) Determine how evidence informs and influences the actions of organizations and managers, e.g., what are the information needs of VA managers, and how do they respond when evidence is provided to support (or discredit) new or extant practices? The best format and pathways for delivery of evidence also should be explored.
- 5) Examine veterans' self-identified needs toward identifying new or innovative implementation practices, including potential veteran participation in various study stages (including study development).
- 6) Conduct observational studies of basic organizational and professional behavior, and change processes designed to generate conceptual or theoretical building blocks for subsequent intervention studies. Evaluations of "natural experiments" within VA (policy and practice change initiatives conducted by VHA operations) are of particular interest to HSR&D. [Note: Studies designed to develop methods and measures for implementation are priorities for HSR&D research methodology and should be identified as responding to that priority area (J).]

#### Related IIR Topics:

Other topics that are related to implementation or management research in general also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, proposals that specifically address the purpose articulated above will receive special consideration.

For inquiries regarding this priority area, please contact Patricia Rowell, PhD, RN, APRN, BC, at [patricia.rowell2@va.gov](mailto:patricia.rowell2@va.gov) or telephone 202-461-1513. To indicate that a proposal is responsive to this priority area choose "Implementation" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

#### **Priority G – Long-Term Care & Caregiving**

##### Improving Quality of Life for Veterans and their Caregivers

Informal caregivers (usually family members or friends) frequently provide long-term, in-home care for veterans. Ranging from informal caregiving provided by family members to formal care services provided through Home-Based Primary Care (HBPC) skilled nursing services, home care is vital to many veterans with chronic illness or severe disability, as well as those veterans recently returned from OEF/OIF deployment with traumatic brain injuries and other polytraumas. Demand for services that are geared toward providing support for maximum possible recovery and reintegration for severely disabled or aging veterans and the families of those veterans, who can no longer care for themselves but who do not want to be cared for in an institutional setting, will

continue to increase. This is due to: veterans' preferences for remaining in the home environment, increased numbers of aging veterans with multiple chronic illnesses, increased numbers of recently deployed veterans returning home to rural or geographically isolated areas that lack traditional inpatient or rehabilitation facilities, and telemedicine advances that allow for quality management of complex conditions in the home environment. Veteran long-term care health status, quality of life, and the quality of their care cannot be fully accounted for without taking the quality of the informal caregiving experience into consideration.

Purpose: To encourage innovative research to build VA non-institutional long-term care capacity by evaluating and tracking caregiving abilities, enhancing caregiver support services, providing caregiving education and training, and assessing the needs of veterans' informal caregivers, in order to improve the quality of life of long-term care veterans who wish to remain in their home, as well as the quality of life of their informal caregivers.

Sample Research Topics:

- 1) Examine the interaction between veterans' conditions, the capacity of the informal caregiver, and the specific formal services that can be provided through various technologies, and to enhance the potential for each veteran's maximal possible recovery and reintegration.
- 2) Develop and evaluate innovative education, training, and decision support for informal caregivers that may include: periodic assessment of caregiver burden, caregiver knowledge of VA services available, veteran transportation to care issues, caregiver financial capacity to provide care, caregiver competency and capacity to provide care, and integration with the professional caregiving team.
- 3) Study new or adapted VA systems that track caregiver measures (such as delineated in #2 above), as well as caregiver and veteran outcomes.
- 4) Examine the use of current technologies (i.e., cell phones, Internet/web-based tools, MyHealthVet, etc.) in an innovative manner to allow veterans to receive quality care, while remaining in their homes, and to reduce caregiver burden.
- 5) Establish the needs and understand the circumstances of caregivers of OEF/OIF injured veterans who need long-term, in-home care, particularly caregiving issues related to traumatic brain injury and polytrauma care.
- 6) Examine the economics of current and develop and test new VA caregiving programs that provide services to the veteran's informal caregiver, including cost-effectiveness and efficiency.
- 7) Assess population trends within the VA system to identify the future informal or formal caregivers; develop models to identify future levels of readiness, commitment and preferences for caregiving.
- 8) Assess the impact of transitioning between home care and institutional care on veteran outcomes, as well as caregiver status and outcomes.
- 9) Study interventions to support families in new caregiving roles.

### Related IIR Topics:

Other topics related to long term care, end-of-life care, and aging issues in general also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, applications that are specifically responsive to the purpose articulated above will receive special consideration.

For inquires regarding this priority area, please contact Pauline Sieverding, MPA, JD, PhD, at [pauline.sieverding@va.gov](mailto:pauline.sieverding@va.gov) or (202) 461-1506. To indicate that a proposal is responsive to this priority area choose “Long Term Care” from the drop down menu in the “Response to a Priority?” field on the Intent to Submit notification.

### **Priority H – Mental Health**

#### Effectiveness of Mental Health Strategic Plan Initiatives on Improving Care

In 2003, the President’s New Freedom Commission on Mental Health issued recommendations to improve mental health care in the United States. The Veterans Health Administration convened mental health experts who recommended a corresponding “Action Agenda,” which was subsequently operationalized in the Mental Health Strategic Plan (in these documents, mental health is broadly defined to include substance use and post-traumatic stress disorders). Of special interest in this priority area are the recommendations to: improve the continuum of care for substance use disorders, improve earlier identification and treatment of post-traumatic stress disorders and suicidality, and implement recovery-oriented treatment approaches, particularly evidence-based programs and peer-support services.

Purpose: To assess and enhance the effectiveness of the designated initiatives of the Mental Health Strategic Plan that are of special interest as noted above, and as specified in the sample research topics below.

#### Sample Research Topics:

- 1) Evaluate strategies to improve earlier identification and treatment of post traumatic stress disorders and related mental health disorders (substance use and depression), especially in returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans, e.g. using Advanced Clinic Access principles to eliminate delay and improve access and quality of care, decrease cost, and improve veteran, provider and staff satisfaction. For more information about research ideas, consult the health services research topics in the Mapping the Landscape of Deployment and Related Mental Health Disorders document at <http://www.research.va.gov/news/announcements/deployment-meeting.cfm> .
- 2) Identify risk factors and accuracy of assessment of suicidality and evaluate best practices for suicide prevention. Research on these topics should especially consider the suicide risks of veterans who are experiencing post-traumatic stress disorder, veterans returning from OEF and OIF, and elderly veterans.
- 3) Investigate the effectiveness of evidence-based recovery-oriented approaches to mental health treatment, such as cognitive-behavioral treatments, family psycho-education, supported employment, and social skills training. Assess symptomatic and functional changes in veterans. Evaluate evidence-based treatment strategies

within the context of co-morbid social and medical issues. Compare strategies used in mental health services for implementing recovery-oriented treatment programs. Assess outcomes at the veteran, provider, and system levels.

- 4) Assess the effectiveness of peer-support programs in supporting recovery and community reintegration in veterans with mental illness.
- 5) Determine the appropriate mix and organization of services (e.g., detoxification, inpatient/ residential, intensive outpatient, outpatient, psychosocial, pharmacological) that will ensure the full continuum of care for veterans with substance use disorders and varying life circumstances and co-occurring conditions. This includes studies of the types of veterans who benefit most from particular types and combinations of services, and how best to facilitate transitions from one level/type of care to another on the continuum.
- 6) Evaluate methods of enhancing the integration and coordination of mental health services with substance abuse or medical (primary care and specialty) services, including the organization and management of services for veterans with these co-morbid conditions.

#### Related IIR Topics:

Studies focused on improving the effectiveness and efficiency of behavioral health screens in VA's healthcare system and other topics related to mental health in general also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, applications that are specifically responsive to the purpose articulated above will receive special consideration.

For inquires regarding this priority area, please contact Martha Bryan, EdD, at [martha.bryan@va.gov](mailto:martha.bryan@va.gov) or (202) 461-1505. To indicate that a proposal is responsive to this priority area choose "Mental Health" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

#### **Priority I: Post-Deployment Health**

##### Innovative Research to Address Health Care Needs of Returning OEF/OIF Veterans

Veterans returning from the conflicts in Afghanistan and Iraq come with a broad range of injuries and illnesses that require some new approaches and present new challenges for veteran health care and for research. Soldiers are surviving major injuries and multiple amputations, with vital organs protected by body armor, and prompt, effective care in the field. Severe blast injuries cause serious disabilities such as blindness, deafness, spinal cord injury, and/or cognitive impairment. Post traumatic stress disorder remains a major problem. However, many are highly motivated to resume service or other functional activities. VA is responding to the newest generation of returning combat veterans with active outreach, coordination of care, and recognition of their unique injuries and problems, including the special chronic care needs of this new generation of veterans. Proposals submitted to HSR&D should assess treatment effectiveness or quality, in terms of veteran- or system-level outcomes. Important issues include veterans' physical, emotional, and cognitive recovery and reintegration into the community post-deployment, and their overall quality of life.

Purpose: To encourage innovative research to address the unique and complex health care needs of returning OEF/OIF veterans.

Sample Research Topics:

- 1) Determine effective assessments, treatments and management, and prevention of chronic pain with complex injuries.
- 2) Develop approaches for early identification of, and interventions for, post traumatic stress disorder and other neurological and mental health conditions that will lead to effective recovery and reintegration into the community.
- 3) Develop approaches for effective early identification, assessment of, and interventions for, traumatic brain injury.
- 4) Evaluate the rehabilitation treatments and long-term care for the complex injuries of veterans involving vision, hearing, mobility and neurological losses.
- 5) Measure the quality of care in inpatient settings and in transitions between acute care and other delivery settings of OEF/OIF veterans, including examining the economic effects of alternative strategies for promoting veteran self-management and behavioral change.
- 6) Conduct research on mental health care for veterans who have experienced sexual trauma while in the military service. (The research should include veterans who were in a reserve component.)
- 7) Develop and test quality measures and strategies that address concerns of VA's newest veterans.
- 8) Establish the needs and understand the circumstances of caregivers of OEF/OIF injured veterans who need long-term, in-home care; particularly caregiving issues related to traumatic brain injury and polytrauma care.

Related IIR Topics:

Other innovative high quality research studies addressing the unique and complex health care needs of returning OEF/OIF veterans also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals. These proposals also will receive special consideration if potential direct benefit to this target group is clearly articulated.

For inquires regarding this priority area, please contact Pauline Sieverding, MPA, JD, PhD, at [pauline.sieverding@va.gov](mailto:pauline.sieverding@va.gov) or (202) 461-1506. To indicate that a proposal is responsive to this priority area choose "Post-Deployment Health" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

**Priority J - Research Methodology**

Research Methodology to Improve VA Healthcare Research

VA encourages transformative research to enhance the value of services offered to veterans. The linchpin for excellence in health services research is the discovery, development, expansion, and application of research methods required for innovative, cutting-edge science and evolving knowledge. Transformative research requires innovative, exacting research methodologies. VA seeks to develop research methods

that are particularly important for and/or represent unique opportunities for advancing research to improve veteran care.

Purpose: To develop research methodologies that will provide VA researchers with the tools to answer questions that emerge with increased access to large datasets and new technologies, and to ensure VA health services research efforts are consistent with advances in research and technology.

Sample Research Topics:

- 1) Develop an innovative, efficient method to analyze directly veteran record data fields for performance and quality assessments.
- 2) Refine a methodology or a statistical application for observational studies of large datasets, e.g., data mining, non-linear dynamics, agent-based modeling, adaptive systems.
- 3) Develop an innovative computational technique for decision support, error reduction, outcomes analysis, or disease surveillance.
- 4) Develop and assess innovative methods to extract, index, and prepare clinical data and text, including de-identification and time sequencing, for knowledge discovery.
- 5) Develop and assess methods for examining structures and processes necessary for implementation and translational research.
- 6) Develop and assess methods for post-marketing drug effectiveness studies and drug safety surveillance.

Related IIR Topics:

Studies focused on other research methodology issues that are particularly important for veteran health services research also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, proposals that are specifically responsive to the purpose articulated above will receive special consideration.

For inquiries regarding this priority area, please contact Merry Ward, PhD, at [merry.ward@va.gov](mailto:merry.ward@va.gov) or 202-461-1511. To indicate that a proposal is responsive to this priority area choose “Methodology” from the drop down menu in the “Responsive to a Priority?” field on the Intent to Submit notification.

**Priority K - Women’s Health**

Research on Women Veterans’ Health Care Delivery and Quality of Care

The needs of women veterans and evaluation of models of care to meet those needs are key health services research priorities. The previous Women’s Health Priority Solicitation emphasized research assessing the physical and mental health needs of women veterans, given the prevalence of co-morbid chronic disease burden among women veterans. Ongoing systematic assessments of the health care needs of women veterans will inform VA about women veterans’ health care needs and preferences, barriers to care, disease burden and health care use. In order to ensure high quality and access to equitable care for women veterans, further research is needed on care delivery to women veterans, the intersection of VA and non-VA care, and possible gaps in care. Research on how various health care delivery approaches affect access,

quality of care, outcomes, continuity of care, access to comprehensive care, and costs should provide the foundation for future translational and implementation research on women's health at VA.

Purpose: To assess the quality of care associated with different health care delivery approaches to serving women veterans, and define and evaluate the quality, costs, access, availability of comprehensive care, and continuity tradeoffs that women veterans face in different care settings and for different health conditions across the full spectrum of healthcare services. This research will inform VA about potential health care system gaps and approaches for enhancing VA's ability to provide effective quality care to all women veterans.

Sample Research Topics:

- 1) Assess the quality of care associated with different approaches to serving women veterans, including, for example, evaluations by location and organization (e.g., large VA medical centers vs. small community-based outpatient clinics, urban vs. rural) and by type of provider (e.g., fee-basis or contract providers, generalist vs. specialists, same-gender providers).
- 2) Evaluate the quality, costs, access and/or continuity of care of women veterans:
  - a) for different health conditions, e.g., mental health, specialty care, gender-specific services;
  - b) for different subpopulations of women veterans (e.g., by age, era of service such as OEF/OIF vs. Gulf War; type or unit of service such as active duty vs. reservist or National Guard and combat vs. non-combat or trauma exposure; racial or ethnic group; special populations such as homeless women veterans; service connection, and other socio-demographic factors);
  - c) across the spectrum of care (preventive, chronic, acute, rehabilitative, other long-term and end-of-life care). Delivery subsystems that are of particular interest include mental health, reproductive health/pregnancy, rehabilitative care, and gender specific disease care, such as breast or cervical cancer screening or treatment, or conditions that are more common in women (such as depression) or present differently in women (such as cardiovascular disease or myocardial infarction).
- 3) Compare VA-based access to services and quality of care for women veterans with services and providers outside VA.
- 4) Evaluate the outcomes of care associated with the various systems of care (different models of care, VA vs. non-VA care, dual users of VA and non-VA care), including health status and veteran satisfaction.
- 5) Assess the barriers to care associated with different models of care and different settings.
- 6) Determine preferences for care of women veterans.
- 7) Identify, develop, and evaluate innovative models for improving quality care to women veterans, including interventions or programs to facilitate coordination of care across settings and among providers over time.

### Related IIR Topics:

Other topics related to women's health and women veterans, particularly related to systems of care, also are welcome and may be submitted as Investigator Initiated Research (IIR) proposals; however, applications that are specifically responsive to the purpose articulated above will receive special consideration.

For inquires regarding this priority area, please contact Linda Lipson, MA, at [linda.lipson@va.gov](mailto:linda.lipson@va.gov) or (202) 461-1526. To indicate that a proposal is responsive to this priority area choose "Women" from the drop down menu in the "Responsive to a Priority?" field on the Intent to Submit notification.

## **6. Eligibility**

Investigators who hold a paid VA appointment of at least 5/8 time are eligible to receive funding. Questions about eligibility may be referred to the Eligibility Coordinator (Robert Small, BS, at 202-461-1515 or [robert.small@va.gov](mailto:robert.small@va.gov) ).

## **7. Funding Duration and Limits**

Proposals may request up to four years of funding; however, projects that can produce useful findings, either intermediate or final, in a shorter timeframe are encouraged. The research design is expected to be appropriate and efficient, with all budget categories well justified. Moreover, projects that exceed \$300,000 in any one year or a total of \$925,000 will not be accepted without a previous, written waiver approved by the scientific program manager and signed by the Director, HSR&D Service (see Appendix for submission requirements). In planning project budgets, applicants are reminded to adhere to HSR&D guidelines regarding allowable use of research funds for specific items and restrictions on the use of research funds for equipment and development of computer software (see VHA Handbook 1204.1, Paragraph 8, HSR&D Funding for "Development"), available at [http://www.hsrd.research.va.gov/for\\_researchers/policies/Handbook-1204-1](http://www.hsrd.research.va.gov/for_researchers/policies/Handbook-1204-1).

## **8. Application Process**

Beginning with the December 15, 2008 submission deadline, HSR&D will use grants.gov and eRA Commons for electronic submission and processing of applications. Contact information and an overview of the application process are contained in the Appendix. Specific guidelines concerning the application process, forms, due dates, and program contacts are available on the intranet at <http://vaww.research.va.gov/funding/electronic-submission.cfm>.



## **Appendix: Application Process**

### **1. Intent to Submit**

HSR&D Service accepts proposals for review only when the Principal Investigator or designee has submitted (through and with approval of the ACOS for R&D) the Intent to Submit (ITS) notification as required by HSR&D Service (approximately six weeks before proposal deadlines). Proposals that are responsive to a priority area as described in this Announcement need to select the appropriate priority area from the drop down box in the “Responsive to a Priority?” field on the Intent to Submit.

### **2. Proposal Preparation and Submission**

This HSR&D Priorities announcement is effective for proposals submitted for the December 15, 2008, proposal submission date and will remain in effect until rescinded. Applications must be submitted electronically through Grants.gov (<http://www.grants.gov>) using the SF424 (R&R) forms. This program announcement must be read in conjunction with the “Parent I01” (Investigator Initiated merit review funding opportunity) Request for Applications (RFA) and the VA version of the SF424 (R&R) Application Guide available on the VA-ORD Intranet site at <http://vaww.research.va.gov/funding/electronic-submission.cfm>

Several registration processes must be completed before an electronic application can be submitted. Applicants must provide their completed application to the appropriate VA institutional signing official for submission to Grants.gov. Applicants are highly encouraged to start the submission process well in advance of the submission deadline to ensure it passes the validations performed by Grants.gov

### **3. Requesting Waiver of Budget Limits**

In rare instances, a waiver may be granted for projects that exceed \$300,000 in any one year or a total of \$925,000. A request must be received no later than 30 days prior to the proposal submission date (June 15 and December 15). The request must include all budget information from the proposal and a one-page justification. Following approval by the local HSR&D Center (if any) and ACOS, R&D, the request and related documentation should be sent via courier or e-mail (preferred) to the relevant Scientific Program Manager. An e-mail response will be given within 10 days. A copy of the e-mailed waiver must be included with the application at time of submission. A waiver does not guarantee a project will be funded at the level requested.

### **4. Research Methods**

All proposed studies are expected to use research designs and methods that maximize the validity, reliability, generalizability and usefulness of findings. While the research must be grounded in the realities of VA practice and must address

real-world information needs, it also must have a clear theoretical framework, demonstrate familiarity with the pertinent literature, and employ a data collection and analysis strategy that will yield valid, useful conclusions.

The multidisciplinary nature of health services research should be evident in the formulation of the research questions, and the methodological approach may draw from one or more discipline(s). For proposals involving health care cost determination and other types of economic analysis, please refer to the “HSR&D Cost Analyses Information for Applicants and Reviewers,” available at: [http://www.hsr.d.research.va.gov/funding/HERC\\_Guidelines\\_for\\_IIRs\\_03-04.pdf](http://www.hsr.d.research.va.gov/funding/HERC_Guidelines_for_IIRs_03-04.pdf). Data availability and integrity issues that might be relevant to the design of your application also should be examined; see HSR&D “Data Quality Alerts, Information for Applicants and Reviewers,” prepared by the HSR&D VIREC (VA Information Resource Center) and available at: <http://www.hsr.d.research.va.gov/funding/HSRD-Data-Quality-Alert-0907.pdf>. Study teams should generally include individuals with experience and expertise in clinical and non-clinical fields, including pertinent social scientists and research methodologists.

#### 6. **Review**

Proposals that are responsive to a priority area will undergo scientific merit review, along with other IIR proposals, by the HSR&D Scientific Merit Review Board (SMRB). The review is rigorous and standards are very high. Both scientific merit and expected contribution to improving veteran health services are considered. Investigators are expected to develop and describe their research plan completely, and in detail. Proposals recommended for approval by the SMRB will be considered for funding.

#### 7. **Inquiries**

For information relating to the specific priority area, contact the portfolio manager listed in that section. For information about the review process, contact Rita Lysik at (202) 461-1510 or [rita.lysik@va.gov](mailto:rita.lysik@va.gov). To inquire about eligibility, contact Robert Small, BS, at (202) 461-1515 or [robert.small@va.gov](mailto:robert.small@va.gov).

/s/

Joel Kupersmith, M.D.  
Chief Research and Development Officer