

# DRAFT

**Department of Veterans Affairs  
Veterans Health Administration**

**OFFICE OF RESEARCH AND DEVELOPMENT  
HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE**

**Program Announcement**



**Quality Enhancement Research Initiative (QUERI)**

**TARGETED SOLICITATION OF PROPOSALS  
TO ESTABLISH QUERI CENTERS IN  
(1) AMPUTATIONS  
(2) CHRONIC HEART FAILURE**

- 1. Introduction.** The Veterans Health Administration (VHA) Office of Research and Development (ORD) announces the opportunity for Department of Veterans Affairs (VA) medical facilities to compete for core support funding for two new Quality Enhancement Research Initiative (QUERI) Centers, addressing (1) Amputations and (2) Chronic Heart Failure (CHF). The Amputations Center solicitation is sponsored by the Health Services Research and Development Service (HSR&D) and Rehabilitation Research and Development Service (RR&D); the CHF Center solicitation is sponsored by HSR&D. All VHA medical facilities are eligible to apply for funding to host either or both Centers. Detailed instructions for preparing and submitting applications are provided below.
- 2. Background.** QUERI Centers facilitate improvements in the quality, outcomes and efficiency of VA healthcare services by supporting the implementation of evidence-based clinical practices and translation of clinical research findings and recommendations into routine clinical practice. QUERI promotes use of evidence as the basis for clinical decision-making and measures outcomes to enhance system-wide quality, outcomes and efficiency. QUERI is a data-driven, outcomes-based effort that links research to practice using a defined, systematic process. Since its inauguration in 1998, QUERI has placed special emphasis on several priority areas: chronic heart failure, ischemic heart disease, mental health, substance use disorder,

HIV/AIDS, diabetes, spinal cord injury, stroke and, most recently, colorectal cancer. For each of these areas, a multidisciplinary Executive Committee (approximately 10 members), co-led by a Research Coordinator and Clinical Coordinator, pursues the targeted goals and objectives detailed in the Center's merit-reviewed Strategic Plan. The Strategic Plan specifies details for identifying gaps in clinical evidence and practice, comparing ideal to existing VHA clinical policies and practices, and promoting use of the best available evidence by clinicians, managers, policymakers, patients and others to close these gaps. A QUERI Center in Chronic Heart Failure (CHF) was active from 1998 through 2003; no previous QUERI Center in amputations has existed. HSR&D is seeking applications to re-establish a CHF QUERI Center and to establish an Amputations Center, consistent with the importance of both conditions within VHA. Additional information about QUERI is available at <http://www.hsr.d.research.va.gov/queri>. Potential applicants interested in learning more about VA research issues relating to amputations should review the RR&D website (<http://www.vard.org/rehab.htm>), including information from a November 2003 Workshop on Amputee Healthcare and Prosthetics research (<http://www.vard.org/meet/wramc03.htm>). Potential applicants interested in learning more about the plans and accomplishments of the previous CHF QUERI Center should review the QUERI website and may also contact the individuals in Section 12 below ("Contacts") for additional information.

**3. Key Activities.** Each funded **QUERI Center** is expected to:

- a. Document goals and objectives as well as annual progress through each of the six QUERI steps listed below:
  1. Identify high-risk/high volume diseases or problems.
  2. Identify best practices.
  3. Define existing practice patterns and outcomes across VHA and current variations from best practices.
  4. Identify and implement interventions (including performance criteria) to promote best practices.
  5. Document that best practices improve outcomes.
  6. Document that improved patient outcomes are associated with improved health-related quality of life (HRQOL).

An annotated version of the QUERI six-step process model (providing more complete descriptions of each step) is provided in Attachment A.

- b. Develop, test and refine tools and products specifically designed to promote clinical quality and outcome improvement, such as automated clinical decision tools, educational materials, policy reports and others. When possible, tools and other output should be evaluated for effectiveness and impact. If found to be effective, active distribution and implementation of QUERI Center tools should be facilitated through collaborations with appropriate VHA health care operations programs and entities (e.g., Office of Quality and Performance, Office of Patient Care Services) and through channels such as the QUERI Guide to

Implementation Research, the ORD Information Dissemination Program and others.

- c. Within two years of the receipt of funding and formal launch of the QUERI Center, plan and prepare to launch at least one project to implement and evaluate a quality enhancement program (QUERI Steps 4-6) to address identified quality and performance gaps via implementation of evidence-based clinical practices within VHA. Initial impacts of the first such project should be assessed (QUERI Steps 5-6) within approximately eighteen to twenty-four months of the project's start date.
- d. Compete successfully for VHA and non-VHA research project funding, including funding from VA HSR&D Service and RR&D Service (e.g., Service Directed Projects, Investigator Initiated Research awards, and Service Directed Research awards), NIH, and other federal agencies and private foundations, with the goal of leveraging core funding.
- e. Develop and maintain substantive, mutually beneficial, collaborative alliances with supporting institutions, including other federal agencies, schools of medicine and public health, university health administration programs, other research institutes, professional organizations, voluntary health organizations and others. Work to expand collaborative opportunities for VHA researchers and health care leaders and facilitate national progress in key areas of clinical research, policy and practice (see Section 5a, "Center Requirements: Focus").
- f. Develop leadership and become a nationally recognized resource in the development and implementation of evidence-based clinical practices to improve healthcare quality, outcomes and efficiency in its clinical areas of focus, providing timely and valuable scientific and policy guidance at the national, regional, and local levels within and outside VHA.
- g. Enrich VHA's overall technical support capabilities and contributions in health services and implementation research. Collaborate with other QUERI Centers, HSR&D Centers of Excellence, RR&D Centers, and VHA Central Office to enhance overall research performance and productivity.

#### **4. Eligibility to Apply.**

- a. **VHA Medical Facilities.** All VHA medical facilities are eligible to apply to host a QUERI Center. A QUERI Center is based at the home facility of the Research Coordinator, and may include a second location (facility) if the Clinical Coordinator is not co-located with the Research Coordinator. The Research Coordinator serves as formal Principal Investigator of the QUERI Center award, and carries primary responsibility for administrative, reporting and other Center requirements.

- b. HSR&D Service recognizes that **VHA medical facilities with an existing HSR&D or RR&D Center of Excellence (COE) or Research Enhancement Award Program (REAP)** center are likely to possess the personnel, skills and infrastructure critical to the successful development and operation of a QUERI Center. However, all VHA medical facilities able to demonstrate appropriate staff resources and infrastructure to achieve the goals of this solicitation are encouraged to respond with proposals: the presence of an HSR&D or RR&D COE or REAP is not a requirement to respond to this solicitation. In addition, VHA medical facilities with an existing QUERI Center are eligible to apply to host the QUERI Center for Amputations and/or CHF, subject to the leadership and staffing constraints specified in section 4c below, "Coordinators." Facilities with an existing QUERI Center should pay special attention to issues of capacity and staff resources: reviewers will be especially careful to ensure that adequate capacity, energy and staff are available to fully support and operate a second QUERI Center without impairing the performance of the first Center or posing excessive burdens on other research staff or activities underway at the facility.
- c. **Coordinators.** All QUERI Centers are co-led by a Research Coordinator and a Clinical Coordinator. The Research Coordinator is the Principal Investigator. Both Coordinators must be eligible to receive VHA research funds (as provided for in **VHA HANDBOOK 1200.15** available on the VHA Research & Development (R&D) web site: [http://www.va.gov/resdev/directive/VHA\\_Handbook\\_1200.15\\_Eligibility.doc](http://www.va.gov/resdev/directive/VHA_Handbook_1200.15_Eligibility.doc)); this almost always requires a minimum 5/8ths VHA appointment, in addition to other conditions specified in the VHA Handbook section noted above. The Research, Clinical, Implementation Research and Administrative Coordinators of existing QUERI Centers cannot serve such roles in a second QUERI Center: each QUERI Center must be led by Coordinators with no other QUERI coordinator roles.

## **5. Center Requirements.**

- a. **Focus.** Each QUERI Center is expected to identify clear goals, objectives and plans for pursuing QUERI's overall mission and six-step process for an initial three-year funding period. Each QUERI Center is expected to target aspects of care of greatest importance to VHA.

For Amputations, the expected goals and clinical focus may include:

- optimizing short-term and long-term functional outcomes and quality of life for amputees,
- improving long term care of amputees,
- appropriate access to amputation rehabilitation and prostheses through the lifespan and appropriate prescriptions for prostheses,
- minimizing medical complications of amputation,
- care of veterans at risk for amputation and re-amputation, and

- improving rates of evidence-based care practices for amputees across the full range of clinical issues.

For CHF, the expected goals and clinical focus may include:

- optimizing short-term and long-term functional outcomes and quality of life for CHF patients,
- avoiding preventable hospital admissions and readmissions,
- improving assessment of risk factors to assist in risk stratification,
- assessing and optimizing access to care, including telehealth opportunities,
- improving rates of evidence-based care practices for CHF, including improving adherence to evidence based medication guidelines,
- working collaboratively with the Ischemic Heart Disease and other QUERI groups to prevent onset of CHF, and
- improving the quality of end of life care for CHF.

Proposals should identify the Center's initial (short-term) and subsequent (long-term) focus and priorities (among the goals and clinical issues listed above or others), clearly specifying the rationale for selection of the short-term and long-term focus and the planned prioritization of clinical issues.

- b. **Leadership.** QUERI Centers are led by a Research Coordinator and a Clinical Coordinator. Both Coordinators are expected to be eligible to receive VHA research funds (see section 4c above) and each is expected to devote at least .25 full time employee equivalent effort (FTEE) to QUERI activities. Other required core staff include a full-time Implementation Research Coordinator and full-time Administrative Coordinator. The Implementation Research Coordinator role should be staffed by one (or, in rare cases, two) VHA employees who have appropriate multidisciplinary backgrounds. In the case of two Implementation Research Coordinators, one Implementation Research Coordinator should be designated as the "lead" Implementation Research Coordinator. The Administrative Coordinator role should be filled by a VHA employee. The Research Coordinator serves as formal Principal Investigator and Director of the QUERI Center, bearing ultimate responsibility for leading the Center and fulfilling all Center requirements (e.g., annual reporting, accountability for funding and performance). The Clinical Coordinator may be based at the same facility as the Research Coordinator, or at another VA facility, and will share responsibility (with the Research Coordinator) for leadership and direction of the QUERI Center. If located at another VA facility, the Clinical Coordinator (and his/her facility) will generally receive a portion of the core funding, as discussed in subsequent sections of this Program Announcement. The Administrative Coordinator should be located at the Research Coordinator's VA facility. The Implementation Research Coordinator will generally be co-located with the Research and Administrative Coordinator, but may be co-located with the Clinical Coordinator if the Center leadership is distributed across two facilities. Additional information

regarding Research and Clinical Coordinator responsibilities and desired qualifications is provided elsewhere in this Program Announcement.

- c. **Executive Committee Membership.** QUERI Centers are expected to convene a multidisciplinary group of clinicians, investigators and other experts who will comprise the QUERI Center's Executive Committee. Final approval for membership will be determined by the Director, HSR&D, but responsive proposals should suggest up to ten potential Executive Committee members from across disciplines and geographic regions. At least half of any proposed Executive Committee members are expected to be eligible for VHA research funding. The Executive Committee membership should be broad and diverse, comprising a range of relevant health care professions, disciplines and specialties; a mix of expertise in the relevant research, practice and policy issues; and a mix of VA and non-VA members.
- d. **Facility Support.** The VHA medical center(s) hosting the QUERI Center is/are expected to endorse the QUERI Center application, to be indicated by a letter of support. In addition to contributing Medical Care Program 870 salary support for Research and Clinical Coordinators who are clinicians, the medical facility(s) are expected to contribute appropriate space and related facility support (including, but not limited to: selected personnel, electricity, heating, air conditioning, telephones, housekeeping, fiscal and human resource services).
- e. **Health Services Research Capacity and Academic Collaborators.** Applicant facilities are expected to have significant health services research capacity and well-established partnerships with academic collaborators who provide expertise in health services research and in quality improvement and implementation theory, research and methods (covering key issues such as management, organization and behavior change theory, research and methods). Applicants based at a facility housing an existing QUERI Center should articulate distinct structures for the new Center and should clearly describe how the proposed new QUERI Center will not negatively affect the existing QUERI Center.
- f. **Expected Contributions.** Applicants are expected to present clear plans describing how the QUERI Center will contribute significantly to (1) the implementation of clinical research evidence and recommendations into routine VHA clinical practice, (2) the achievement of system-wide quality, outcome and efficiency improvements and (3) the achievement of QUERI's broader mission (via the six-step process) over the initial three-year funding period, including ideas for program goals and proposed projects.

## 6. Budget.

- a. **Expected Annual Budget.** The combined total core budget for the Center (supporting the Research and Clinical Coordinators and other Center core staff based at their facilities) cannot exceed \$350,000. The division of this funding

across the two Center locations (if applicable) may vary, depending upon the location of the Implementation Research Coordinator (IRC) and other factors. Salary support ranging up to \$100,000 per year is projected for a full-time Implementation Research Coordinator. Excluding the IRC salary support amount, the Research Coordinator's facility budget is expected to range up to \$200,000 for Administrative Coordinator salary support and additional core staff and other expenses, while the budget for Center staff (other than the IRC) based at the Clinical Coordinator's facility (if separate) is expected to range up to \$50,000 annually.

- b. **Potential Start-up Supplements.** In addition to recurring costs, up to \$100,000 during Year One may be requested for initial infrastructure (primarily equipment) expenses. The \$100,000 may be allocated to both Center locations (if applicable) in any ratio desired, but \$100,000 will be the maximum amount allotted to both facilities combined.

## **7. QUERI Center Funding.**

- a. **Merit Review.** All applications will be reviewed for scientific merit by a special ad-hoc advisory group using the criteria outlined in section 9b below. This group will present recommendations to the Director of HSR&D. Funding decisions will be made by the Director of HSR&D, on the basis of reviews of the written applications and, if judged to be useful in providing additional information, site visits.
- b. **Site Visits.** Depending upon the number of complete applications received, Center leaders (Research and Clinical Coordinators) may be invited to attend a portion of the initial scientific review session to answer any questions raised by reviewers during this session. Alternatively, the applicants determined by the scientific reviewers to have the most potential for success (based on the evaluation criteria specified below and the initial scientific review session) will be recommended for a subsequent reverse site visit to inform decisions about funding. Following the reverse site visit(s), the most promising applicant(s) may also receive an on-site visit before any final funding decision is made.
- c. **Anticipated Awards and Funding Period.** HSR&D will approve one QUERI Center in Amputations and one QUERI Center in CHF. The Amputation Center and CHF Center are expected to be funded for three years, beginning September 2004. Renewal for an additional funding period will be contingent upon programmatic review and the availability of funds.

- 8. Annual Reporting Requirements.** Annual (non-competing) progress is evaluated by QUERI's Research and Methodology (R&M) Committee, comprised of experts with diverse disciplinary backgrounds from a range of VHA and non-VHA academic and clinical centers. An initial Strategic Plan specifying plans for activities and projected progress within each of the six QUERI steps will be due within six months

after funding is provided. Subsequently, an Annual Report and Strategic Plan (containing any refinements to the previous year's Plan) will be due and reviewed annually.

**9. Evaluation Criteria.** Applications will be evaluated on the basis of the following major criteria:

a. **Administrative Review Criteria.** Applicants are expected to meet the following minimum administrative review criteria to be considered for scientific merit review:

- 1) Facility eligibility requirements: see section 4a ("Eligibility to Apply: VHA Medical Facilities");
- 2) Coordinator and Executive Committee requirements: see sections 4c ("Eligibility to Apply: Coordinators") and 5b/5c ("Center Requirements: Leadership, Executive Committee Membership");
- 3) Application is endorsed by the Medical Center Director of each relevant medical facility.

b. **Scientific Review Criteria.** The ad hoc review group will evaluate applications using the following criteria:

- 1) **Focus and Goals:** relevance and potential importance to VHA of the proposed QUERI Center's mission, goals and clinical focus, including the clarity and quality of the underlying rationale for the proposed mission, goals and clinical focus (see section 5a, "Center Requirements: Focus");
- 2) **Plans for Addressing Issues Identified:** quality, appropriateness and feasibility of the ideas and plans presented to meet the identified goals, including the quality and appropriateness of any proposed projects;
- 3) **Research Team Capacity and Qualifications:** (a) documented health services research and implementation research qualifications and capability of the team (including the proposed Coordinators, Executive Committee members and academic/clinical partners) to accomplish stated goals and to contribute to local and national research and training capacity and activities in health services research and implementation research; (b) qualifications of Research, Clinical and Implementation Research Coordinators (formal training, expertise and experience) in leading a multidisciplinary team that links research and clinical practice in ways consistent with programmatic goals; (c) qualifications and breadth of expertise of proposed Executive Committee members, including VHA and non-VHA experts with diverse backgrounds, encompassing expertise and experience in relevant clinical areas and in the implementation of evidence-based clinical practices;
- 4) **Facilities and Other Resources:** actual and potential VHA and other non-VHA resources and collaborators (including any specific recruitment plans).

**10. General Guidelines.**

- a. **Notification of Intent to Apply.** Proposals will be accepted only from facilities that provide written notification to HSR&D of their intent to apply, following the specific format and instructions provided in Attachment B. Notification should come from the ACOS for Research at the Research Coordinator's VA facility. The Letter of Notification is required and will facilitate planning for the scientific review process (e.g., determining the number of reviewers and areas of expertise needed, identifying any conflicts of interest among potential reviewers).
- b. The Notification of Intent to Apply should be sent via one of the following mechanisms for receipt by **COB on April 1, 2004**:
  - 1) by mail: QUERI Center Review  
Attn: Ms. Linda Mclvor  
Health Services Research & Development Service (124Q)  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420
  - 2) by facsimile: 202-254-0461; Attn: Ms. Linda Mclvor
  - 3) by e-mail to: [Linda.Mclvor@hq.med.va.gov](mailto:Linda.Mclvor@hq.med.va.gov)

If sent via facsimile, the applicant should retain a fax "confirmation report" as evidence of timely submission.
- c. **Application Information.** Attachment C contains instructions for full proposal submission.
- d. **Administrative Checklist.** Attachment D is a copy of the administrative checklist that HSR&D will use in checking applications. Applicants and the office of the ACOS for Research at the Research Coordinator's facility are advised to review the proposal and complete the checklist to ensure that the requested information is provided.

**11. Schedule.** The following review and award schedule is projected:

- |  |  |
|--|--|
| a. Program Announcement issued                     | February 2, 2004                                   |
| b. Notification of Intent to apply due by COB on   | April 1, 2004                                      |
| c. Proposals due by COB on                         | May 17, 2004                                       |
| d. Initial proposal Scientific Review completed by | July 16, 2004                                      |
| e. Selected Reverse Site Visits conducted          | June 28-July 2, 2004 <b>or</b><br>July 19-23, 2004 |
| f. Facility Site Visit(s) conducted (if needed)    | August 2-13, 2004                                  |
| g. Final Notification Letters Mailed               | August 20, 2004                                    |

h. Funding Begins

September 1, 2004

**12. Contacts.** Questions regarding this solicitation or the QUERI program should be directed to Dr. Brian Mittman (substantive or scientific issues) at [Brian.Mittman@med.va.gov](mailto:Brian.Mittman@med.va.gov) or 818-895-9544 or Ms. Linda Mclvor (administrative issues) at [Linda.Mclvor@hq.med.va.gov](mailto:Linda.Mclvor@hq.med.va.gov) or 202-254-0230.

Jonathan B. Perlin, MD, PhD, MHSA, FACP  
Acting Chief Research and Development Officer

Attachments

## Attachment A

### Annotated Six-Step QUERI Process Model

#### **Step 1: Select Diseases/Conditions/Patient Populations**

- 1A. Identify and prioritize (via a formal ranking procedure) high risk/high burden clinical conditions
- 1B. Identify high priority clinical practices/outcomes within a selected condition

#### **Step 2: Identify Evidence-Based Guidelines/Recommendations**

- 2A. Identify evidence-based clinical practice guidelines
- 2B. Identify evidence-based clinical recommendations

#### **Step 3: Measure and Diagnose Quality/Performance Gaps**

- 3A. Measure existing practice patterns and outcomes across VHA and identify variations from evidence-based practices (quality, outcome and performance gaps)
- 3B. Identify determinants of current practices
- 3C. Diagnose quality gaps and identify barriers and facilitators to improvement

#### **Step 4: Implement Improvement Programs**

- 4A. Identify quality improvement strategies, programs and program components or tools to address quality gaps (e.g., via literature reviews)
- 4B. Develop or adapt quality improvement strategies, programs, program components or tools (e.g., educational resources, decision support tools) to address quality gaps
- 4C. Implement quality improvement strategies and programs to address quality gaps

#### **Step 5/6: Evaluate Improvement Programs**

5. Assess improvement program feasibility, implementation and impacts on patient, family and system outcomes
6. Assess improvement program impacts on health related quality of life (HRQOL)

#### **Step M: Develop Measures, Methods and Data Resources**

- M1. Develop or validate/refine patient registries, cohort databases, data warehouses
- M2. Develop and/or evaluate case-finding or screening tools
- M3. Develop and/or evaluate structure, process or outcome measures
- M4. Develop and/or evaluate organizational structure/system, clinical practice, utilization or outcome databases

#### **Step C: Develop Clinical Evidence**

- C1. Develop evidence-based clinical interventions, recommendations (clinical research)
- C2. Develop evidence-based health services interventions (health services research)

*Note: Step M and C projects are considered to be outside the core QUERI process, although they support this process. Step C projects are generally funded through the ORD clinical science (CSR&D) and health services (HSR&D) research and development programs, rather than through QUERI. Certain Step M projects may be conducted through QUERI if viewed as critical for subsequent QUERI steps.*

## **Attachment B**

### **Instructions for QUERI Center Letters of Notification**

Use the LOI Cover Page (Form 10-1313-13) for the Letter of Notification, with required signatures; see

[www.hsr.d.research.va.gov/for\\_researchers/funding/application/guidelines/ch2\\_a.cfm](http://www.hsr.d.research.va.gov/for_researchers/funding/application/guidelines/ch2_a.cfm).

The Letter should be 2-4 pages in length (1.5 or double spaced, exclusive of references) and should contain the following information.

- Identify the proposed QUERI Center (Amputations or CHF) and summarize the Center's proposed mission and goals, including its projected short- and long-term clinical focus.
- List key personnel and planned collaborators, including the Research and Clinical Coordinators (listing their VA facilities as well) and key VA and non-VA co-investigators. Briefly describe the Research Coordinator's past or current involvement in QUERI, in health services research, and in implementation research and practice. Briefly describe the Clinical Coordinator's past or current involvement in VHA clinical leadership in the applicable clinical area, and his/her past or current involvement in QUERI. If an Implementation Research Coordinator has been identified, briefly describe his/her past or current involvement in QUERI, in health services research, and in implementation research and practice.
- Provide the name, telephone number and email address for an administrative contact person working with the Research Coordinator.

Note that information provided in the Letter of Notification is not binding and may be revised during development of the full proposal. However, HSR&D should be notified in advance of any major changes in the proposed Center's focus or leadership (i.e., Research or Clinical Coordinator names or VHA facilities) or if the PI decides not to submit a full proposal following submission of a Letter of Notification.

## Attachment C

### Instructions for Submission of Proposals For a QUERI Center in Amputations or Chronic Heart Failure

1. **General.** The application should be complete and comprehensive as submitted. Applications will be considered incomplete and returned without review if they are illegible, fail to follow instructions, or if the material presented is insufficient to permit an adequate review. Applicants should follow the prescribed instructions and format so that all pertinent information is available and easily accessible to reviewers, to allow for equitable comparative review.
2. **Format.**
  - a. **Forms Required.** Use VHA Forms 10-1313-1 through 8, “Merit Review Application,” and VHA Form 10-1436, “Research and Development Information System Project Data Sheet” (if needed to report ongoing related work in Appendix 2 of the proposal). These forms are available through each VHA medical facility’s Office of Research and Development (or equivalent) or at the following VHA R&D website: <http://www.va.gov/resdev/fr/forms.cfm> .
  - b. **Printing, Reproduction, and Assembly.** Use standard 8-1/2” by 11” white paper for pages other than forms. Type material single-spaced. Type must be easy to read (and photocopy). The minimum size for computer-generated print is 11 point (approximately 1/8 inch in height for capital letters). There may be no more than six lines of text per vertical inch and page margins must be a minimum of 1 inch at each edge. The original will serve as the master file copy; it should be printed on a single side. Copies should be duplicated back-to-back. Use a blank sheet of paper as a continuation sheet for VHA forms if necessary. Use binder clips rather than rubber bands, stapling, or binding to assemble each copy; and do not insert colored paper between the copies. NOTE: **do not include Social Security Numbers (SSNs) on copies:** only the original (master file copy) should contain SSNs.
  - c. **Pagination.** Each page should be identified by both the proposed Research and Clinical Coordinators’ last names and page number. Type the last names of both proposed Coordinators in the lower right portion of each page, followed by the sequential page number.
3. **Ordering and Content of Materials.**
  - a. **VHA Form 10-1313-1** is the first page of the application. It provides brief identifying information for the proposed QUERI Center, as a whole. Items that may require clarification are discussed below.
    - 1) Items 1 and 2. Leave blank.

- 2) Item 3. Identify review group as “Amputation QUERI Center” or “CHF QUERI Center.”
- 3) Item 4. Insert “June 2004” as review date.
- 4) Items 5,6. Insert the facility number and location for the proposed QUERI Center (Research Coordinator’s facility)
- 5) Item 7. Social Security numbers of the proposed Research and the Clinical Coordinators (list Research Coordinator first). ONLY the master file copy will contain SSNs. On all other copies, leave the SSN blank. Items 7-9, 12-13, 16-18, and 20-21 should contain information for both of the proposed lead Coordinators, using the following designation: the Research Coordinator = (1) and the Clinical Coordinator = (2).
- 6) Item 8. If one or both Coordinators have previously applied for a QUERI Center, indicate the application date and role (Research or Clinical).
- 7) Item 9. Type the last names of the proposed Research and Clinical Coordinators (listing the Research Coordinator first, since this person is the proposed Principal Investigator [PI]) in capital letters, followed by the first name and initial(s). List the academic affiliations for both proposed Coordinators. Specify their degrees and list their telephone numbers and e-mail addresses.
- 8) Item 10. The title should not exceed 72 typewritten spaces and should assist the reader in quickly identifying the scope of the proposed work.
- 9) Item 11. The amount requested each year includes both Center locations, if applicable. The yearly totals should equal the sum of the amounts for the individual facility budgets (if the Center is based at two facilities) for each corresponding individual fiscal year, as listed on VHA Form 10-1313-4. The TOTAL is the total funding (in direct costs only) that is being requested for both Center locations for all years (not to exceed 3 years). (See Section 3d, “Total Core Budget Request” in this Attachment.)
- 10) Item 12. Check the appropriate box for each of the Research and Clinical Coordinators’ VHA employment status. If both have the same status, then place a “1” and a “2” next to the marked box.
- 11) Item 13. Check the box for each of the Research and Clinical Coordinators’ salary source. If both have the same status, then place a “1” and a “2” next to the marked box.
- 12) Item 14. Check the appropriate box for "new" project.
- 13) Item 15. (Program or Cost Center) Enter “824”/”870 QUERI”.
- 14) Item 16. Insert the code(s) for the primary research program and the primary specialty area for each Coordinator. The code(s) should be the same as that reported to VHA’s Research and Development Information System (RDIS). List the Research Coordinator first and continue to use numeric designation.
- 15) Items 17,18, 20, and 21. Provide information for proposed Coordinators with Research Coordinator listed first and continue to use numeric designation.
- 16) Item 19. Complete fully.
- 17) Signatures. The original, dated signatures of *both* Center Coordinators (Research and Clinical) are *required*—with the Research Coordinator listed first. The signature date should provide sufficient time for subsequent review

by the ACOS for R&D or equivalent at the Research Coordinator's facility. An original, dated signature of the ACOS for R&D, or designee, also is required. In signing, this person certifies that the proposal is administratively complete and all required reviews have been conducted. ***Type in the telephone number and e-mail address of the ACOS for Research (at the Research Coordinator's facility) or another individual to contact for any administrative issues; insert name in parentheses if not ACOS for Research. The signature for the ACOS for Research at an additional Center location (i.e., the Clinical Coordinator's facility) is not required.***

- b. **VHA Form 10-1313-2** is the second page of the proposal.
- 1) **Identifying Information**. Check the appropriate box to indicate that you are describing a program. Provide the identifying information requested: QUERI Center Coordinators' names; Center facility name and location; and program title (maximum of 72 characters and spaces). The Research Coordinator is considered to be the PI for the program, and is the person responsible for overall direction of planned activities.
  - 2) **Abstract** (500 words maximum). The abstract should provide a clear, concise overview of the proposed Center's scope, mission, clinical foci and planned activities and approaches for meeting QUERI's mission. List **KEY WORDS** that best describe the program's scientific discipline(s) and foci.
- c. **Table of Contents and Proposal Narrative**. The Table of Contents is the third page of the proposal, followed by the proposal narrative. Use the following designated Roman numerals and headings for the Table of Contents and Narrative. Specify in the Table of Contents the page number on which each of the following required sections begins and follow the order listed in developing the narrative. Use the suggested page allocations as a guide for the narrative section (unless specified as a maximum), but in any case **do not exceed 25 total maximum narrative pages, including organization chart, tables and lists specified below but exclusive of VHA forms, appendices, and table of contents.**
- I. **Executive Summary**. (three pages maximum) Provide a clear and concise overview of the proposed Center's mission, clinical foci and rationale. Identify ideas and plans for the initial funding period. Highlight particular strengths of the Center's leadership and proposed infrastructure for achieving the Center's goals and addressing any weaknesses. Conclude by highlighting the perceived "added value" of the proposed Center for the QUERI program, HSR&D Service and VHA overall.
  - II. **QUERI Center Focus**. (two-three pages) Describe the proposed Center's mission and proposed clinical scope and clinical priorities (i.e., individual clinical practices or areas within Amputations or CHF). Discuss the reasons for selecting the priorities in terms of their importance and

appropriateness for the overall QUERI program, VHA and veterans' health and healthcare. Describe how you expect the Center to contribute nationally to the VHA during the next three years.

- III. Initial Three-Year Ideas. (five pages) Outline anticipated projects, activities and plans for addressing the six QUERI steps and meeting QUERI's mission during the first three-year funding period. Include operational plans for bringing together identified clinical and research resources to implement the plan. Articulate how the core support (funding) will provide "added value" in terms of potential contributions to local and system-wide QUERI and HSR&D activities (e.g., linking research with clinical practice while contributing to local and national needs). Describe proposed plans for projects across the full six-step QUERI process, discussing the motivation and rationale for these projects in terms of current evidence and practice and needs. **[NOTE: Within 6 months of receipt of core support funding, center staff are expected to provide a more detailed strategic plan for the Center's three-year funding period. Plans presented in the Center funding application should be of a more general nature. Instructions for the strategic plan can be obtained from QUERI program staff listed in Section 12 of the main body of this solicitation, "Contacts."]**
- IV. Leadership and Capacity. (ten pages maximum, exclusive of VHA forms) This section is designed to document the applicant facility's (or facilities') and lead Coordinators' health services research and implementation research (and practice) qualifications and capability to accomplish the mission of QUERI.
- (a) For the Research Coordinator's facility (and, if different, Clinical Coordinator's facility), summarize current and proposed/expected health services research capabilities and implementation research capabilities and how they will contribute to (1) meeting QUERI's mission, to (2) local and national health services research and implementation research capacity and to (3) national VHA quality enhancement capacity. (one page)
  - (b) Provide an organization chart depicting key staff and their relationships within the Center and each medical facility. (one page)
  - (c) List proposed and/or identified core staff and provide a one-paragraph description of their positions, related responsibilities and related research and policy/management expertise. (two pages)
  - (d) Present an overview of staff in tabular form (see example below, Table 1; one page).

**TABLE 1: Core Staff**

***QUERI CENTER PRIMARY LOCATION:***

<b><u>Name/Position</u></b>	<b><u>Personnel Qualifications</u></b>	<b><u>FTE</u></b>
SUSAN S. SMITH, highest degree Research Coordinator	Academic field x years, teaching y years, clinical z years, research (major research interests)	0.25 (contributed, if clinician)
JOHN D. DOE, highest degree Implementation Research Coordinator	Academic field x years, teaching y years, research (major research interests)	1.0
Administrative Coordinator, degree	x years experience	1.0
Research Assistant, degree (or Statistician, Computer Programmer, Program Assistant)	x years experience	0.5

***QUERI CENTER ADDITIONAL LOCATION (IF APPLICABLE):***

<b><u>Name/Position</u></b>	<b><u>Personnel Qualifications</u></b>	<b><u>FTE</u></b>
JOHN J. JONES Clinical Coordinator	Academic field x years, teaching y years, clinical z years, research (major research interests)	0.25 (contributed)
Research Assistant, degree	x years experience	1.0

(e) Elaborate on additional organizational/operational details, as follows:

- (1) Describe local facility (Research Office or other) review procedures for research projects and reports (half page)
- (2) Describe and document the commitment of the medical facility/ies to the proposed QUERI Center, and indicate how the involvement of other collaborating scientific groups (or facilities) will be managed routinely. (two pages)

(f) Describe facilities and other resources, as follows (two pages):

- (1) List community institutions--including academic collaborators with well-established expertise in health services research and implementation/quality enhancement methodologies--that are expected to support the Center's activities. In an appendix, provide the name, telephone number, and mailing address of the expected liaison person for each institution. Also append any negotiated memoranda of understanding, signed by the appropriate officials of each participating institution.
- (2) Describe available facilities for the Center (including plans for new or renovated space, if applicable), major items of equipment, and maintenance requirements. Provide estimates of contributed (or requested) costs.
- (3) Describe VHA institutional and other sector support committed to (or expected for) the Center, beyond that requested through this application. Briefly discuss how this support will help accomplish the Center's goals (e.g., availability of large-scale databases for analyses and access to technical capabilities residing in affiliated facilities).

- d. **Total Core Budget Request.** Use VHA Forms 10-1313-3 and 10-1313-4 to summarize the overall requested budget for the Center. Separate budget pages should be prepared for each Center location (if applicable); clearly label each set of forms with the appropriate Coordinator's name and the facility name and either "Research Coordinator" or "Clinical Coordinator". Insert both sets of forms here. Note that Year 1 budgets should address projected budget requests for Fiscal Year (FY) 2004 (one month), and the sum of both Center locations' budgets for each fiscal year should equal the overall totals for each fiscal year listed in box 11 on VHA Form 10-1313-1.
- e. **Biographical Sketches and Individual Support.** Provide a biographical sketch and a list of up to ten recent or significant publications for each of the Center's key VHA and non-VHA collaborating staff, using VHA Forms 10-1313-5 and 10-1313-6, respectively.
- f. **Appendices.** Appendices are limited as follows, and should be inserted, numbered, and labeled as specified below. ***Appendices 1 and 2 require VHA forms. The remaining Appendices (3-7) should not exceed thirty pages.***
  - I. Appendix 1. Current and Pending VHA and Non-VHA Research Support. For proposed staff, list each person's current and pending total VHA and non-VHA research support (if applicable), including funding period dates for all items listed, using **VHA Form 10-1313-7**. (Pending requests should be

included, even if there is no current support.) Add **VHA Form 10-1313-8** only when needed to elaborate information as requested in Form 10-1313-7.

- II. Appendix 2. Related Ongoing Projects. Insert project abstracts (for submitted proposals), HSR&D letters of intent, or VHA Forms 10-1436 (for funded projects).
- III. Appendix 3. Letters of Commitment. Append a formal letter of commitment for all non-VHA investigators who will become active collaborators with the Center's activities. Include their academic titles. List consultants and indicate for each: nature of the service to be performed; fee and amount of travel and per diem for each consultant; and the number of consultations to be provided. Append a letter from each consultant who has agreed to perform this service.
- IV. Appendix 4. Memoranda of Understanding. Append Memoranda of Understanding with collaborating institutions.
- V. Appendix 5. Additional Information. Append any additional information (not to exceed two pages) that you believe is essential for appropriate consideration of the proposal.
- VI. Appendix 6. Medical Facility Endorsement. Append endorsement letters from the Research and (if different) Clinical Coordinators' medical facility Director(s).
- VII. Appendix 7. Authorization to Share Materials for Review. It is expected that proposals will be reviewed by VHA and non-VHA reviewers. Please append the following statement, signed by the applicant(s): "VHA is authorized to share copies of all materials included in this application, for the purpose of review."

**4. Submission.** Submit (by mail) the original application plus twenty copies of the proposal to:

QUERI Center Review  
Attn: Ms. Linda McIvor  
Department of Veterans Affairs, Central Office  
Health Services Research & Development Service (124Q)  
810 Vermont Avenue, NW  
Washington, DC 20420  
Tel: 202-254-0230

**5. Due Date.** Proposals received after the **due date of May 17, 2004** (and applications from facilities that fail to notify HSR&D by **April 1, 2004** of their intent to apply) will not be reviewed. HSR&D will confirm receipt of intent to apply and proposals via facsimile or e-mail to the ACOS for Research and Development (or designated contact listed beside the ACOS signature at the end of VHA form 10-1313-1, first application page) for the Research Coordinator's facility.

**6. Availability During Review Period.** Scientific review is expected to occur during business week during the period ***June 28-July 2, 2004***. Once the specific dates are

scheduled, applicants will be informed and asked to identify a contact who can reach the proposed Coordinators to obtain answers to any reviewer questions that may arise during the review meeting. Depending upon the number of applicants, the proposed Research and Clinical Coordinators may be invited to (1) attend portions of the review meeting (reverse site visits) to respond to reviewer questions during the meeting, or, alternatively, (2) reverse site visits may be conducted for the most promising potential sites during the period **July 19-23, 2004**. HSR&D staff will endeavor to accommodate major conflicts in planning the reverse site visits, but scheduling is expected to be tight and cannot be finalized until the scientific review period. Applicants are advised to make flexible plans (when the application is submitted) for a potential reverse site visit during the two designated periods. Following the reverse site visits, the leading applicants may receive an on-site facility visit (to the Research Coordinator's facility) by HSR&D leaders before final funding decisions are reached. Applicants are advised to make flexible plans (when the application is submitted) for a potential site visit during the period of **August 2-13, 2004**.

**Attachment D**

**HSR&D ADMINISTRATIVE CHECKLIST FOR QUERI CENTER PROPOSALS**

PROPOSAL FROM \_\_\_\_\_  
(Research Coordinator's facility / Research and Clinical Coordinators)

Notification of Intent to Apply received in HSR&D,  
VA Central Office (VACO) by **April 1, 2004** \_\_\_\_\_

Unbound original and twenty copies (do not include SSNs on copies)  
received at HSR&D, VA Central Office (VACO) by **May 17, 2004** \_\_\_\_\_

[NOTE: IF EITHER OF ABOVE TWO CONDITIONS IS NOT MET, MARK "NO" ABOVE AND  
RETURN MATERIALS TO SENDER]

VHA Form 10-1313-1 (Coordinators are 5/8ths VHA);  
[signed by ACOS for Research at the Research Coordinator's facility] \_\_\_\_\_

VHA Form 10-1313-2 (page 2) \_\_\_\_\_

Table of Contents (page 3) \_\_\_\_\_

Narrative (25 page limit, including org chart and table 1 but excluding  
Table of Contents, VHA forms and appendices) \_\_\_\_\_

I. Executive Summary (three page limit) \_\_\_\_\_

II. QUERI Center Focus (three page limit) \_\_\_\_\_

III. Initial Three-Year Ideas (five page limit) \_\_\_\_\_

IV. Leadership and Capacity (10 page limit exclusive of VHA forms) \_\_\_\_\_

a. summary of HSR capabilities (one page) \_\_\_\_\_

b. organization chart (one page) \_\_\_\_\_

c. core staff list, description (two pages); Coordinators are  
at least 5/8ths VHA and allocating .25 FTEE \_\_\_\_\_

d. staff overview (Table 1, one page) \_\_\_\_\_

e. organizational/operational details \_\_\_\_\_

-- description of local review procedures (1/2 page) \_\_\_\_\_

-- description of commitment (two pages) \_\_\_\_\_

f. facilities/resources (collaborators, facilities, support) (2 pages) \_\_\_\_\_

Total Core Budget Request – (VHA Forms 10-1313-3 and 4)  
[one set for the overall Center and, if applicable, one set for each facility] \_\_\_\_\_

Biographical Sketches and Individual Support (VHA forms 10-1313-5 and 6  
for all key staff) \_\_\_\_\_

Appendices (page limits met)	_____
Appendix 1. Current & Pending VHA & non-VHA Research Support (VHA Forms 10-1313-7, and 8 if appropriate)	_____
Appendix 2. Related Ongoing Projects (Abstracts, HSR&D LOIs or VHA Form 10-1436)	_____
Appendix 3. Letters of Commitment from non-VHA collaborators	_____
Appendix 4. Memoranda of Understanding	_____
Appendix 5. Additional Information (maximum two pages)	_____
Appendix 6. Medical Facility Endorsement letters (for the Research Coordinator's facility and, if different, Clinical Coordinator's facility), signed by Director or appropriate designee	_____
<b>No other letters of endorsement included</b> (if included—remove)	_____
Appendix 7. Statement of Authorization to Share Materials	_____