U.S. Department of Veterans Affairs

Health Systems Research Scientific Merit Request for Applications Summer 2024

March 28, 2024

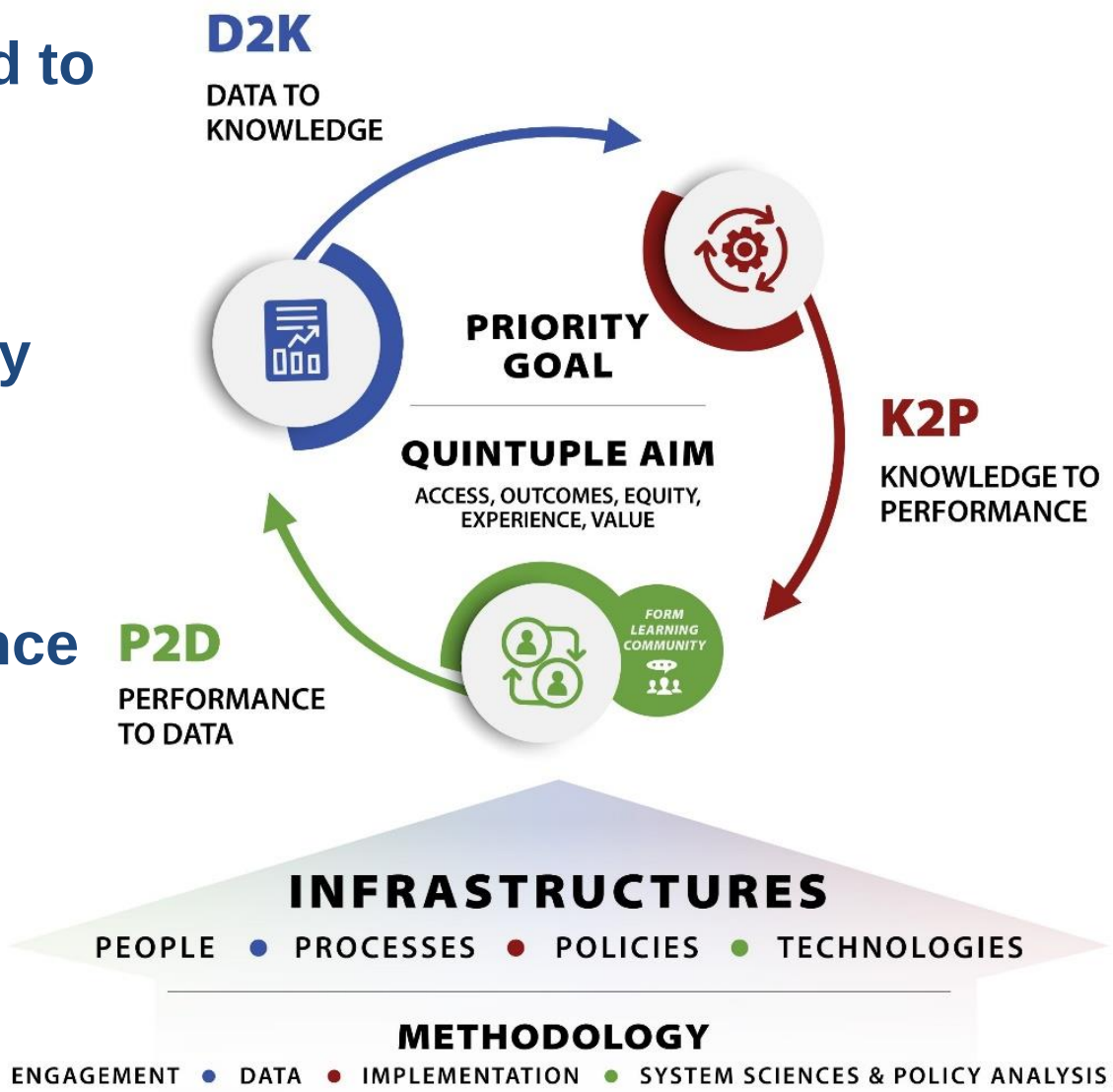
WHAT IS NEW?

- Updated information on HSR
- HSR Targeted Solicitation for Service Directed Research on Veteran Suicide Prevention (HX-24-005) and HSR Targeted Solicitation for Service Directed Research on Rural Health (HX-24-032) are no longer standalone RFAs
- Million Veteran Program Data Use Request Process Updated
- Change in allowance for CDA supplemental funds
- Updated requirements to 4th submission waiver request
- Engagement of Veterans in the Design & Implementation of Research is now referred to as the Plan to Engage Affected Groups
- Records retention and disposition requirements updates

HSR RESEARCH PRIORITIES

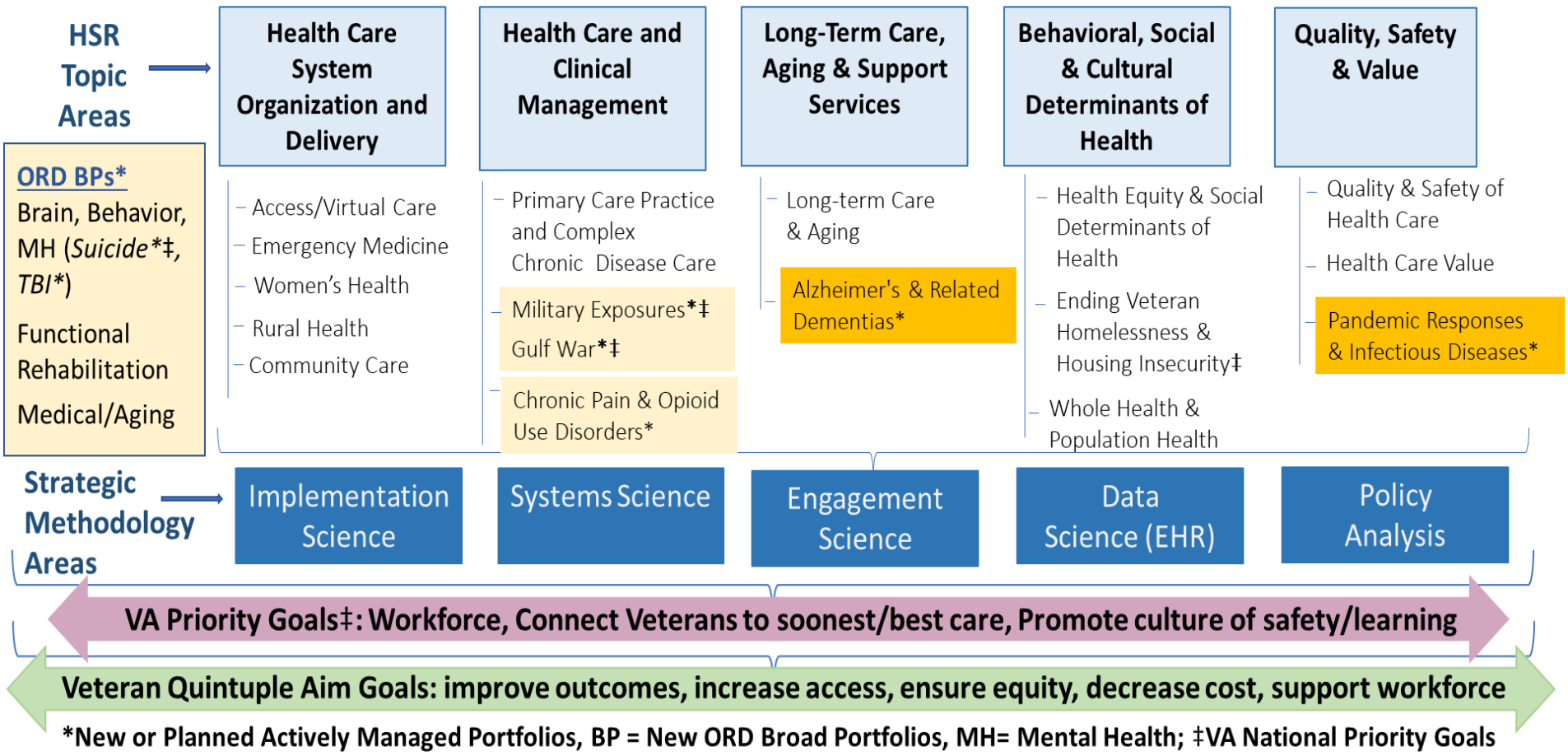
HSR Priorities expanded to support foundational research that achieves Veteran Quintuple Aim Goals for a given priority using a Learning Health System process

- **Implementation Science**
- **Data Science**
- **Engagement Science**
- **Systems Science**
- **Policy Analysis**



HSR RESEARCH PRIORITIES

HSR Strategic Methodology Areas Are Foundational to Current HSR Topics, Quintuple Aim Goals, and VA National Priorities



*New or Planned Actively Managed Portfolios, BP = New ORD Broad Portfolios, MH= Mental Health; ‡VA National Priority Goals

ELIGIBILITY-PI

- PI must have a MD, PhD, or equivalent doctoral degree in a medical, biological, or behavioral science field
- PI must have a VA paid appointment of at least 25 hours/week (5/8th FTE) in place before funding can begin; the Directors letter must confirm a commitment for a 5/8 appointment if funded.
  - Investigators with less than a 5/8th VA paid appointment must obtain HSR approval of a waiver of the 5/8th FTE eligibility requirement for inclusion with their application for funding.
- All VA medical centers with an active research program are eligible.
- Each VA medical center must be registered as an applicant organization in Grants.gov and eRA Commons before any proposals can be submitted.

ELIGIBILITY-CO-I

- A Site PI must meet the same qualifications as a PI and be registered in ePromise at their current site.
- Non-VA investigators who have an MD/PhD equivalent are eligible to serve in the role of Co-investigator, but they cannot be listed as such on the budget forms. The Co-investigator role may be described in the proposal narrative and in the written budget justification. On the budget forms they should be reflected as a consultant or as having an Intergovernmental Personnel Act (IPA) assignment, if appropriate. If a Co-I is providing research services to the VA through a contract, the cost of the contract should be included on the budget forms under "All Other" expenses.
- Collaborators from outside of the U.S. may only serve as unpaid consultants.

WAIVERS

- Non-Veteran Enrollment Waiver: see VHA Directive 1200.01
- Eligibility Waiver see: Program Guide 1200.15
- Off Site Waiver see: Program Guide 1200.16

Waivers are project specific.

NEW THIS CYCLE: Due to budget constraints, HSR will not accept Budget Waiver requests for first submissions in 2024. For Resubmissions, response to reviewer comments should be used to justify changes that require going above the $1.2 million cap if a budget cap waiver was not approved at the time of the first submission.

Waiver Categories: Offsite Research, Exceeding Duration or Budget Cap, Inclusion of Videos, PI Eligibility, Resubmissions, and Exceeding IPA Percentage of Budget

Deadline: May 9, 2024

Copy of waiver approval letters from HSR must be included in the "Letters of Support" section of the application. Missing letters are considered fatal errors.

Non-Veterans: Approved Enrollment of non-Veterans in ORD funded research is required for all projects with non-Veterans (including employees) if awarded

REMINDERS

HSR is no longer requiring quotes from Centralized Transcription Services Program (CTSP) for transcription. If you decide to use CTSP services for transcription needs, please follow the directions in the RFA so that funds can be transferred.

Where possible, HSR encourages the use of automated transcription options that have been approved by VA (e.g., Microsoft Teams). To look up what transcription programs can be used in VA, check the TRM Technology/Standard List to determine if the software is approved.

MANDATORY REQUIREMENT:

- **Completion of the Involved Personnel and Collaborators Spreadsheet information in ART. (This is a fatal error, if not completed.) A list of ALL named personnel and collaborators must be updated in your ITS between May 15, 2024 and June 14, 2024.**

LETTERS OF SUPPORT

MANDATORY REQUIREMENTS

1. Director's Letter must include language supporting protected time for clinician researchers

2. A TABLE OF CONTENTS for the letters of support must be included that lists each letter writer's

- **Name**
- **Position**
- **Office/institution**

STRONGLY SUGGESTED

Although not required this cycle, electronic signatures are strongly encouraged to verify that the letter writer wrote the letter of support. Please inform the letter writers of this requirement when requesting your letters of support.

LETTERS OF SUPPORT

A single letter of support is sufficient from all individuals at the same institution if all individuals at the institution sign the letter. Individual letters are still acceptable.

- **PD/PI**
- **Co-investigators**
- **Collaborators and consultants (VA and non-VA)**
- **Program Offices**
- **Other Stakeholders and affected groups.**

Resubmission: a previously submitted letter can only be reused if it is less than 1-year old.

CERNER TRANSITION

- If you have questions about potential impact of the Cerner implementation on your research plans, please email the ORD EHRM workgroup ResearchEHRM@va.gov.
- Resource links, current updates, and FAQs can be found on the EHRM and Research page of the Research Resource Guide (RRG). Regarding EHRM-related research methods, please contact VA Coordinating Hub to Promote Research Optimizing Veteran-Centric EHR Networks (PROVEN) at PROVENHub@va.gov.
- Your proposal must discuss possible ways you could mitigate the effects of any data disruption if your study will be impacted.

NEW: MVP Data Use Request

Goal– ensure that investigators are submitting project proposals that can be done with the MVP data and environment available before the scientific review process

MVP data use request form a form accompanying the current MVP guidance (dated 2.14.2024)

- **Brief description of aims**
- **Required data types for project**
- **Additional software/tools request**
- **Which service/portfolio/RFA or funding agency do you plan on submitting to**

Rolling submission

- **Ensure that you submit your MVP data use request several weeks prior to the due date for your LOI/preapplication/ITS or full submission. Remember that you may want to leave time for discussion with MVP.**
- **MVP staff will review your application for feasibility and provide an approval memo**

Attach the MVP approval memo to your LOI/ITS/pre-application or full application

Any LOI/ITS/Pre-Application or Merit application with MVP aims that does not have an Approval Memo will be administratively rejected

Detailed guidance available as of 2/14/2024 here: Community - File : GenHub (va.gov)

Questions can be sent to MVPLOI@va.gov

MVP DATA ACCESS GUIDANCE

MVP access is for VA investigators with VA or Other federally funded research projects with MVP aims

- **For VA FUNDING--The applicant PI and/or MPI (if applicable) should be VA employee(s) and should meet eligibility requirements of the Service/portfolio to which they are applying.**
- **Any person on the application requiring access to the MVP data must be research credentialed with a VA appointment OR a without compensation (WOC) VA appointment.**

NEW GUIDELINES FOR NON-VA FUNDED MVP PROJECTS

VA investigators will be able to use federal non-VA funding for MVP research starting with June 2024 submission deadline –

VA investigator requirements for NON-VA FUNDING:

- **At VA station with an active Federal wide assurance**
- **Meets local eligibility requirements.**
- **Can be WOC, IPA or have VA 8ths.**

Funding requirements:

- **NIH R01 or equivalent federal funding (no career development awards)**
- **No collaborations/partnerships with industry with this mechanism**
- **Grant must be administered by the local VA non-profit corporation (NPC)**
- **PI must be VA investigator and NPC must be the prime.**

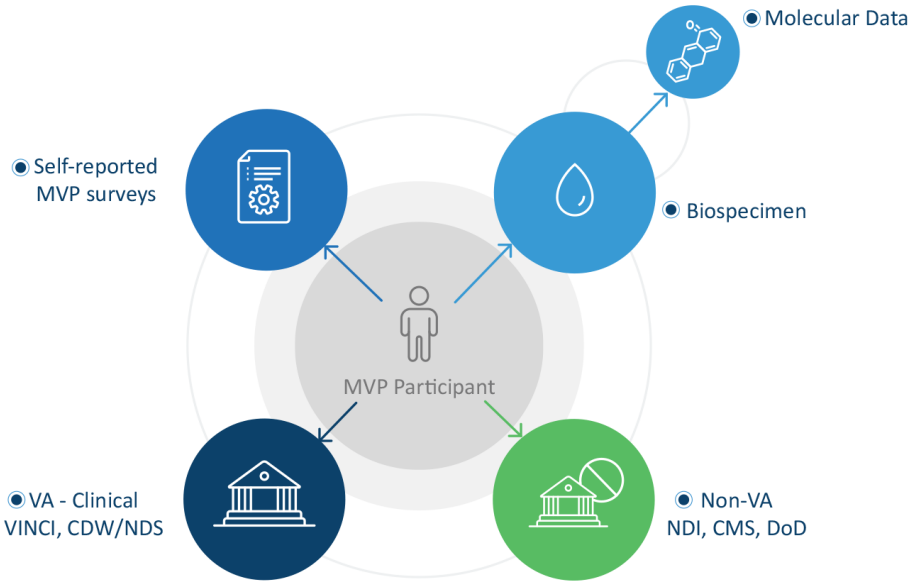
Project requirements:

- **MVP data use request for feasibility check for a Letter of Support (LOS) for the grant application**
- **All existing guidance for MVP data availability and project requirements apply**

DATA AVAILABLE FOR MVP PROJECTS

MVP data available for request includes:

- EHR data from VINCI
- MVP surveys
- Genotypes (650k), Whole genome sequences (100k), methylation (40k)
- Nutrition data



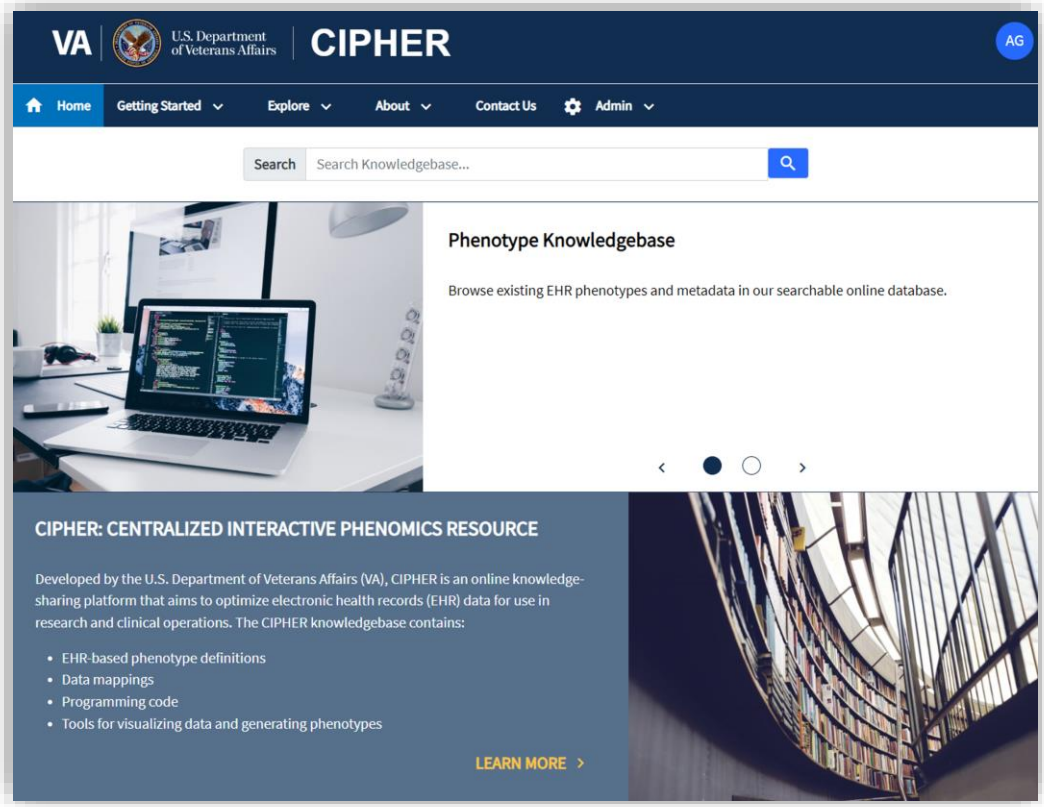
Regulatory notes:

- MVP projects are submitted to Central IRB
- Access to MVP data is project specific
- MVP data cannot be requested for existing projects
- Bringing in outside data into MVP can be done under certain circumstances and requires a DUA
- Phenotypes generated through MVP projects should be deposited into CIPHER

CIPHER

CIPHER

CIPHER
CENTRALIZED INTERACTIVE PHENOMICS RESOURCE



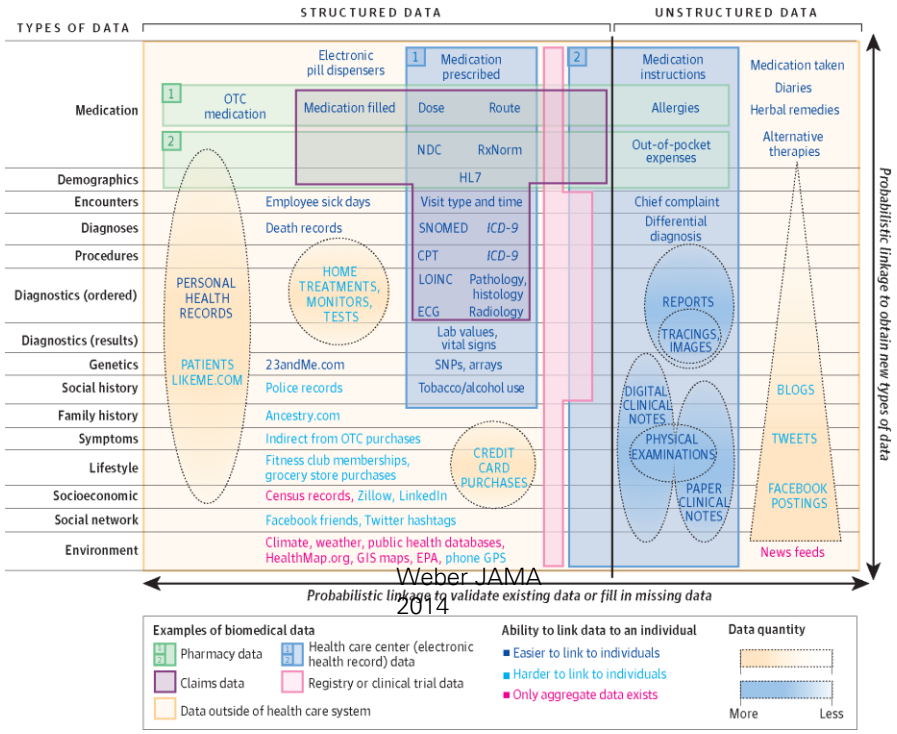
CIPHER@va.gov | phenomics.va.ornl.gov

[CIPHER Integrated Phenomics Knowledgebase JAMIA 2024]
[CIPHER Metadata Standard JAMIA 2023]
[CIPHER ORD Program Page]
[How to Contribute]

VA | U.S. Department of Veterans Affairs

INNOVATION INTEROPERABILITY COLLABORATION

"Phenotypes" are definitions of health conditions created from EHR data



Weber JAMA 2014

Phenotyping

- Code curation
- Machine learning
- Other approaches

Heart failure

Diabetes

PTSD

VA investigators commonly create phenotypes as part of research

Centralized Interactive Phenomics Resource Overview

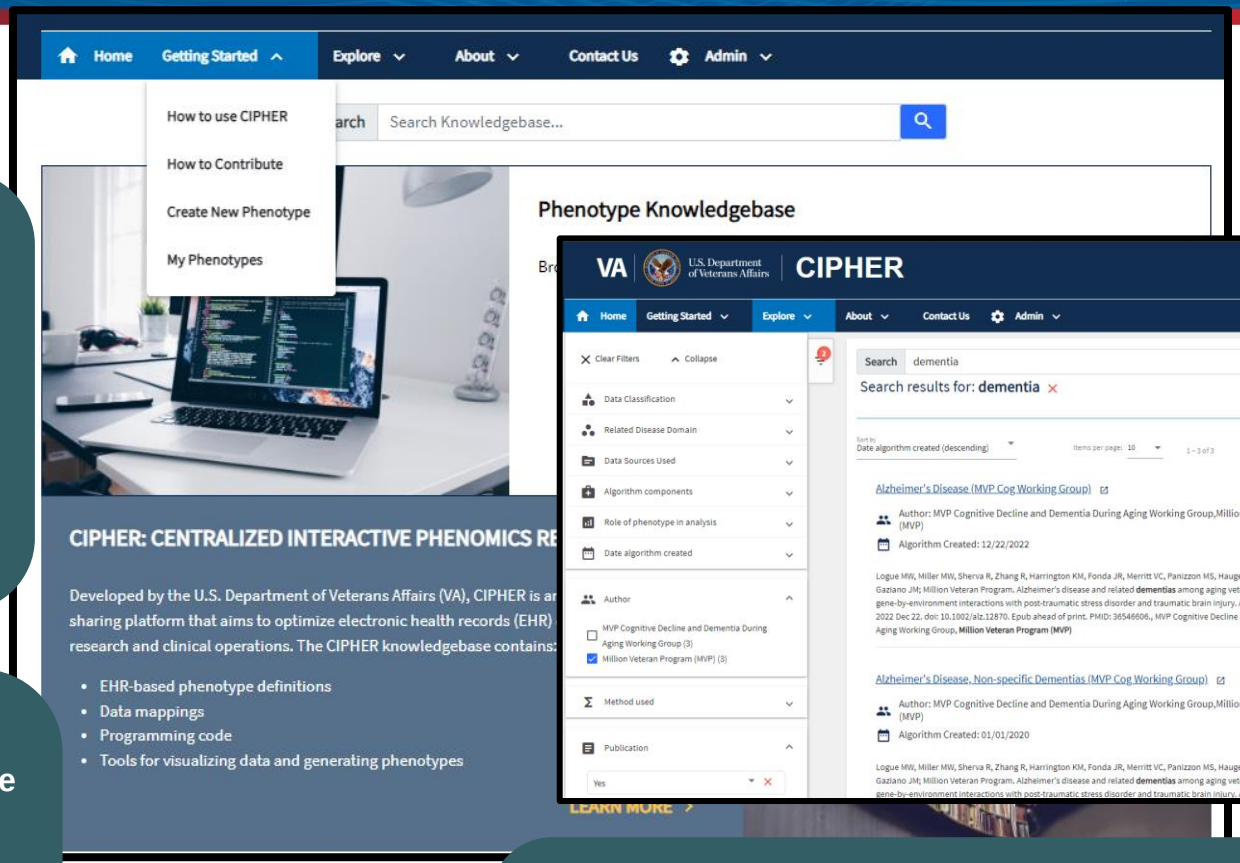
What is CIPHER

- A public phenotype library developed by phenomics experts at the US Department of Veterans Affairs
- Part of an enterprise-wide approach to provide a phenotyping resource for ORD supported research
- CIPHER contains:
  - Phenotype Knowledgebase
  - Phenotype Entry Webform
  - Integrated Data Visualization Tools

Objectives of CIPHER

- Establish and maintain a standardized and scalable metadata collection process to optimize reproducibility and interoperability across health systems (known as the CIPHER metadata standard)
- Provide an easy-to-use platform
- Encourage and facilitate collaboration across the data science community

Using and Contributing to CIPHER



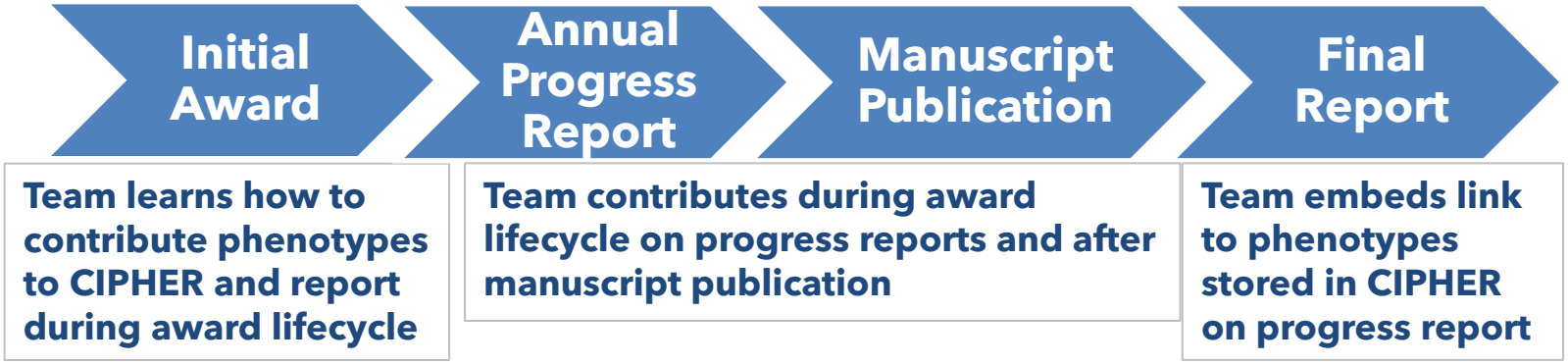
Submit a Phenotype Definition

- ✓ Self service entry of phenotype metadata in Webform
- ✓ Validation against standard vocabularies (ICD, LOINC, etc.)
- ✓ Interactive review process by CIPHER team through online dashboard
- ✓ Population of phenotype into CIPHER knowledgebase

How To Submit a Phenotype:

1. Navigate to CIPHER Online
2. Create an account
3. Under "Getting Started" tab, click "create new phenotype
4. View How to Contribute for more information.
5. Email CIPHER@va.gov for any additional questions.

VA Awardees Phenotype Contribution During the Award Lifecycle



- Importance of participating in VA-wide expansion of phenomics knowledgebase
- Benefits of contributing phenotype algorithms to VA's central knowledgebase including visibility of research, more citations of published work, and enhance collaboration
- Becoming a VA SME partner for current and future CIPHER resources and innovation
- Access to project specific phenomics metadata for tracking, reporting and dissemination purposes

- Note that CIPHER language is already in the current HSRD Merit RFA
- VA awardees can learn more about appropriately citing their award by visiting How to Contribute.

COVID-19

ORD COVID-19 SharePoint site:
https://dvagov.sharepoint.com/sites/vacovhaccomm/admin/projects/covid19

Please direct questions:
ORDCOVID19@va.gov

INTENT TO SUBMIT (ITS)

HSR requires Intent to Submit (ITS) notification through HSR's ART website.

http://art.puget-sound.med.va.gov/IntentSubmitIntro.cfm

The ITS window:

April 19 – May 3, 2024

ITS are used to determine panels, so an abstract that describes the project will assist in the assignment. Please include all the sites and personnel in the ITS. Please note that you will have an opportunity to update the list when you submit your application. **Applications submitted to Grants.gov without a completed ITS will not be accepted or reviewed.**

Mentored awards (CDA)

Must have an approved Letter of Intent (LOI) or an LOI that is under review to submit an ITS.

Please review the individual RFAs regarding which mailbox to email the LOI and the deadline.

ART INVOLVED PERSONNEL ENTRY

Involved Personnel and Collaborators information in ART.

A list of **ALL NAMED individuals** must be updated in your ITS between **May 15 – June 14, 2024.**

This includes PIs, co-investigators, consultants, advisors, anyone listed in the budget, and anyone providing a letter of support

ANYONE NAMED in the application needs to be included. This includes PIs and letter writers.

If someone is only named in the bibliography or biosketch, they do not need to be included.

Failure to include all named individuals is a fatal error.

NOTE: A new ITS must be submitted each cycle. **Applications submitted to Grants.gov without a completed ITS will not be accepted or reviewed.**

ART INVOLVED PERSONNEL ENTRY

ART

May 15, 2024	**ITS opens for Involved Personnel**
June 14, 2024	**ITS closes for Involved Personnel**

ALL NAMED individuals must be added to your ITS in ART.
This is a fatal error.

Completed for each Involved Personnel/Collaborator/Named person:

- **Name (Last, First)**
- **Degree**
- **Project Role**
- **VA Medical Center, City, State or VA CBOC, City, State (as applicable) (NOTE: listing just VHA is not sufficient)**
- **Academic Institution(s) or Non-VA Organization Name(s), City, State (as applicable)**
- **If individual has a joint VA and academic appointment, both must be listed**

ABSTRACT FORMAT

Project Summary/Abstract is **REQUIRED** to comply with the format prescribed by the RFA.

Background:

Significance:

Innovation and Impact:

Specific Aims:

Methodology:

Next Steps/Implementation:

Abstracts are limited to 40 lines of text

NOTABLE SECTIONS IN RFA

Plan to Engage Affected Groups in the Design and Implementation of Research

- HSR has expanded its definition of engagement to include not only Veterans, family members, and caregivers, but also front-line providers, clinical and operations managers, program offices, community organizations, as well as other affected groups.
- HSR benefits from engaging affected groups at all stages of the research process – study design, development, study recruitment, research, dissemination, and implementation.
- Affected group members can provide important insights into what outcomes matter most and the feasibility and acceptance of proposed interventions and study designs.
- Options for obtaining input include interaction with Veteran engagement panels or Veteran advisory groups as well as including Veterans on the research team, and for providers, VA national program office field advisory groups.
- We encourage pilot studies or smaller/shorter IIRs to advance the science of Veteran Engagement in research, including studies to examine different strategies to promote successful Veteran and Community Engagement.

NOTABLE SECTIONS IN RFA

Recruitment

- A large proportion of HSR studies fail to meet recruitment goals.
- Trials need to explicitly justify the data used to estimate recruitment --
  e.g., pilot data, prior studies, etc. -- and comment on mitigation strategies if recruitment lags.
- Include a **PLAN B (and PLAN C)** as part of your proposed recruitment strategy.

NOTABLE SECTIONS IN RFA

Implementation and Dissemination Plan

Dissemination in manuscripts and to partners is insufficient.

- **Proposals will need to explicitly discuss what the next steps are after project is completed. What is the path to making a difference in VA care?**
- **Need to consider who "owns" the problem the study is attempting to solve; what are the potential barriers to implementation, and how to overcome them. Who will be the partner to implement the project?**
- **Studies of interventions should consider how they can collect information relevant to implementation during the efficacy/effectiveness study (e.g., use of hybrid designs).**
- **Need to compress cycle of understanding problem, testing interventions, scaling solutions.**

HSR REQUEST FOR APPLICATIONS

RFA Description	RFA #
HSR Merit Review Award (Parent I01)	HX-24-001
HSR Merit Review Award Pilot Project Program (I21)	HX-24-002
HSR Research Career Development Award (CDA-2)	HX-24-009
VA HSR Career Development Award for Scientists Associated with Minority Serving Institutions (MSI-CDA)	HX-24-010
HSR COnsortia of REsearch (CORE)	HX-24-045

ORD-WIDE REQUEST FOR APPLICATIONS

RFA Description	RFA #
Mentored Physician & Clinical Psychologist Award in Alzheimer's Disease and Related Dementias (MPCPS-ADRD)	HX-24-030
Parent Merit Review Award (Pain and Opioid Actively Managed Portfolio, I01)	HX-24-035
Pain and Opioid Actively Managed Portfolio (POU-AMP) Clinical Trials	HX-24-036
Pain and Opioid Use Actively Managed Portfolio - Pharmacogenomics/Biomarker Studies to Guide Clinical Care in Pain and OUD (I01)	HX-24-037
Pain and Opioid Actively Managed Portfolio (POU-AMP) Pre-application (I02)	HX-24-200

RFAS

RFAs can be downloaded from the VA ORD intranet site:

https://vaww.research.va.gov/funding/rfa.cfm#hsr

(VA network access only).

PARENT MERIT REVIEW AWARD

Parent: $1,200,000 (max) for 4 years
2 resubmissions allowed.

Applications previously submitted in response to HSR&D's Targeted Solicitations for Service Directed Research on Veteran Suicide Prevention (HX-24-005) or Rural Health (HX-24-032) may be revised and resubmitted under this parent mechanism as the priorities are reflected in this RFA

HSR has identified priority areas that should be considered in developing research proposals. For details on updated HSR research priorities, please visit https://www.hsr.research.va.gov/funding/PriorityDomains.pdf

PILOT PROJECT AWARD

PILOT: $200,000 (max) and up to 18 months

Only one resubmission allowed.

First submission Pilot applications previously submitted in response to HSR&D's Targeted Solicitations for Service Directed Research on Veteran Suicide Prevention (HX-24-005) or Rural Health (HX-24-032) may be revised and resubmitted under this pilot mechanism as the priorities are reflected in this RFA

PILOT PROJECT AWARD

Pilot Goals and Next Steps should be very clear.

- Establish components of interventions, measurement characteristics of key outcome variables, and/or predictors for primary outcome measures.
- Seek non-statistical information about the optimal sources of subjects, recruitment techniques, estimates of yields and varying interpretation of questions by respondents, establishing the interest level of particular groups of potential subjects in proposed interventions, or the feasibility of completing the measurements that are proposed.
- Establish cross-disciplinary collaborations or test novel methods to support cross-disciplinary research
- Support a small innovative study that does not necessarily lead to an IIR.
- Conduct preliminary analysis of existing data to refine target populations, inform intervention development, and/or establish feasibility of a potential IIR project.

Methods should align with goals, be appropriate for pilot work

CAREER DEVELOPMENT AWARD MENTORED RESEARCH

The narrative page limit is 14 pages.

Letter of Intent – Deadline April 15, 2024: reviewed for acceptance
ITS required (ART) Window: April 19 – May 3, 2024
https://www.hsr.research.va.gov/cdp/default.cfm

- **5 years of Salary Support**
- **Supplemental support funds up to $75,000/year for all years of the awards for new submissions only.**
- **Supplemental support funds $40,000/year for Years 1-3 at COINs and $50,000/year (Yrs 1-3) at facilities not affiliated with COINs for resubmissions.**
- **Candidate's training, experience and research accomplishments**
- **Career Plan**
- **Mentoring Plan**

MINORITY SERVING INSTITUTIONS (MSI) RESEARCH SCIENTIST TRAINING PROGRAM AWARD

Letter of Intent – Deadline April 15, 2024 : reviewed for acceptance

ITS required (ART) Window: April 19 – May 3, 2024

https://www.hsr.research.va.gov/cdp/default.cfm

- **VA primary mentor and a partner MSI co-mentor required**
- **Nominee must have earned degree at an MSI and must be affiliated with a MSI (employed as a postdoctoral fellow, lecturer, or assistant professor)**
- **3-5 years of Salary Support**
- **Supplement project support funds up to $75,000/year for all project years.**
- **Follows CDA-2 application format**
- **Candidate's training, experience and research accomplishments**
- **Career Plan and Mentoring Plan**

CONSORTIA OF RESEARCH (CORE)

- **CORE Funding: $500,000 per year for 5 years**
  - 1 resubmission & approved Intent to Submit required to apply
  - 2 of 5 existing COREs up for renewal & new applications solicited in 8 high priority areas
- **COREs are knowledge management and translation hubs**
  - Required to develop an inclusive, collaborative, multisite research network representing the translation spectrum throughout VA
  - Not required to be embedded within or associated with an HSR Center of Innovation (COIN), BUT encouraged to involve COINs & Quality Enhancement Research Initiative (QUERI) national network of centers
- **Work across VA & ORD**
  - Produce high quality, high impact research addressing areas of importance
  - Curate information/knowledge/evidence (e.g., data, research, evaluations, impacts)
  - Organize, assess, report information / knowledge / evidence

CONSORTIA OF RESEARCH (CORE)

CORE Key Functions:

1. Curate prioritized set of research initiatives
2. Summarize the state of the research in the topic area by translation spectrum
3. Assess and report impacts of research & evaluation activities
4. Identify effective interventions, programs, and policies ready for further evaluation, dissemination, and/or implementation
5. Identify novel and existing data and infrastructure resources
6. Coordinate activities across VA and beyond
7. Cultivate a collaborative network of researchers and program partners
8. Assist ORD and partners in providing timely responses to requests for subject matter & technical expertise from a variety of sources (e.g., ORD, Congressional committees)
9. Support engagement of Veterans, family members and caregivers, front-line providers, community members, and other stakeholders in CORE work

CONSORTIA OF RESEARCH (CORE)

Background / Strategic Plan / Priority Goals / Innovation

- What has been accomplished in this area?
- What progress has been made in this area by your investigative team, partners, and collaborators?
- What are your priority goals and interim impacts to be realized over the next 5 years?
- How will the CORE activities encompassed in the 9 Key Function areas support the priority goals and impacts?
- How has work in this area been innovative to date and how will the proposed CORE focus, grow, and sustain future innovation?
- How will the CORE's research and evaluation represent new directions in translational science and HSR and move science forward especially in the 5 HSR Strategic Methodological Areas?
  - Implementation Science, Data Science, Engagement Science, Systems Science, Policy Analysis/Evaluation

POU AMP PRE-APPLICATION

ORD wide Pain Opioid Actively Managed Portfolio (POU AMP) requires a Pre-Application submitted through eRA Commons using the I02 Pre-Application form.

Pre-Application are due May 1, 2024 for the Summer 2024 review cycle.

All waivers must be submitted with the pre-application.

PAIN OPIOID AMP PARENT RFA

PD/PIs may request funding for a maximum of four (4) years, based on the total project maximum amount outlined below.

There is no annual budget cap; thus, variable funding may be utilized as long as the overall budget cap (based on years requested) is maintained.

The salary for all personnel, including the contact PD/PI is included in this cap.

1 year = $300,000 max
2 years = $600,000 max
3 years = $900,000 max
4 years = $1,200,000 max

POU AMP SPECIAL EMPHASIS

Parent and Clinical Trial POU AMP RFAs

- Studies of fentanyl adulterated with xylazine
- Harm reduction services and treatment programs
- Development of pharmacological alternatives for treatment of pain and xylazine reversal

POU AMP CLINICAL TRIAL RFA

RFA accepts applications that involve:

- **Clinical research that include treatment regimens in any of the specific aims**
- **Clinical trials (includes a control group) that include treatment regimens in any of the specific aims**
- **Pragmatic clinical trials that include an intervention**
- **Comparative-effectiveness clinical trials that compare different interventions**
- **Implementation of treatments and approaches**

Clinical Trial Award Budget Cap and Duration

Budget Item	Limit for Single Site	Limit for Multi-VAMC Sites
Budget Cap	• For two (2) years, $600,000 • For three (3) years, $900,000 • For four (4) years, $1,200,000	For a 2-site a total: • For two (2) years, $600,000 • For three (3) years, $1,125,000 • For four (4) or five (5) years, $1,500,000 • Additional $100,000 per site per year for each additional site.
Duration	Up to four (4) years	Up to five (5) years

POU AMP PHARMACOGENOMIC/BIOMARKER

- Machine learning and AI methods to extract data from EHR, and other sources to define specific clinical, genetic, and behavioral factors for use in predictive models to inform progression to or treatment for high impact chronic pain (HICP).
- Studies identifying behavioral, clinical, genetic, and epigenetic risk factors to identify: 1) Individuals with HICP; 2) Individuals at risk of progressing to HICP; 3) Individuals at risk of developing OUD as a result of prescribed opioids.
- Studies identifying biomarkers that may predict responsiveness to specific pharmacologic or nonpharmacologic treatments for chronic painful conditions.
- Prospective studies validating biomarkers and models to predict treatment approaches for individuals with HICP.

CALENDAR

Date	Event
April 15, 2024	CDA/MPCPS-ADRD Letter of Intent due
April 19, 2024	ITS Opens and CDA ITS opens
May 1, 2024	POU AMP Pre-Application due
May 3, 2024	ITS Closes and CDA ITS close
May 9, 2024	Waiver deadline
May 15, 2024	Grants.gov opens
May 15, 2024	ITS opens for Involved Personnel
June 8, 2024	Down to the Wire Submission
June 12, 2024	Last Submission Date Grants.gov
June 14, 2024	ITS closes for Involved Personnel
June 15, 2024	Verification Deadline
August 2024	Scientific Merit Review

U.S. Department of Veterans Affairs

Thank you for your attendance.

We hope to review your application soon!