

## 2007 Call for Proposals—Quality/Equity

### Brief Proposal Deadline

September 25, 2007



Robert Wood Johnson Foundation

# Advancing Measurement of Equity and Patient-Centered Care to Improve Health Care Quality

The Robert Wood Johnson Foundation is committed to ensuring that all Americans receive quality health care. Specifically, we aim to help communities across the country set and achieve ambitious goals to improve the quality of health care in ways that matter to patients and families, including patients from racial and ethnic backgrounds who often experience lower quality care.

More information about our work in **Quality/Equality** can be found at [www.rwjf.org/quality](http://www.rwjf.org/quality).

### Purpose

Through this special solicitation, we are seeking proposals for projects that will improve our understanding of how to measure equity<sup>1</sup> and patient-centered care<sup>2</sup> and the role of both in promoting quality. For the three topic areas below, approximately \$3 million will be available starting in 2008. Grants between \$100,000 to \$300,000, depending on the topic, will be available for policy relevant research grants. (More details are provided in the “Total Awards” section below.)

Three topics have been identified to address specific knowledge gaps needed to advance our regional quality strategy:

#### *Topic 1: Performance Measurement*

Current nationally recognized measures such as the *Ambulatory Care Quality Alliance* (AQA) performance measures or the *Joint Commission* hospital measures are more process oriented. Hence they primarily assist providers (physicians or hospitals) in enhancing the quality of care they deliver. As a result, patients and consumers face challenges in using information contained in performance reports (based on these measures) to make decisions about their health care. We are soliciting proposals that will build the evidence base regarding how to meet consumers’ needs for health care quality information (i.e., outcomes-oriented and not only process-oriented measures), primarily through the improvement of the information that can be produced with *existing* nationally recognized measures.

#### *Topic 2: Patients’ Experience with Care and Survey Instruments*

The relationship between patients’ experiences with care and long-term health outcomes is complex. Studies have shown us that the quality of communication between patients and their providers about diagnoses and necessary treatments, as well as more general interpersonal aspects of care, can influence a variety of health-related behaviors.

<sup>1</sup> We are defining “equity” to focus primarily on racial and ethnic health care disparities, even though we know other inequities exist and do matter.

<sup>2</sup> We are defining “patient-centered care” to mean care that is coordinated and focused on the needs of the patient. A concrete example: patients suffering from cardiovascular disease can get lost in the transitions between inpatient and outpatient care experiences, which can then affect their own capacity to become more active in managing their diseases and making lifestyle changes, like quitting smoking.

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### Key Dates and Deadlines

- **September 25, 2007 (3 p.m. ET)**  
Deadline for receipt of brief proposals.
- **Week of October 22, 2007**  
Applicants will be notified if invited to submit a full proposal.
- **November 13, 2007 (3 p.m. ET)**  
Deadline for receipt of full proposals.
- **Early February 2008**  
Notification of awards.
- **February 15, 2008**  
Start of grants.

For complete information about the solicitation, selection criteria or proposal process visit the Web site listed below.

### Inquiries

Inquiries may be directed to [quality-equality1@rwjf.org](mailto:quality-equality1@rwjf.org).

[www.rwjf.org/cfp/qe1](http://www.rwjf.org/cfp/qe1)

For more information about funding opportunities from the Robert Wood Johnson Foundation visit Grant Applications at [www.rwjf.org](http://www.rwjf.org).

Sign up to receive Funding Alerts on upcoming calls for proposals at [www.rwjf.org/services](http://www.rwjf.org/services).



Survey instruments capture the patient perspective of multiple levels of the health care system, including clinician-group, health plan and community. It has been found that certain types of patients systematically give better or worse assessments of their care than other patients, particularly when general ratings of care are used in contrast to reports about specific aspects of care. Patients with lower health status and higher education, and women in general, tend to have worse care quality scores on self-reported measures. In addition, there are ethnic differences in patient assessments of care. Some surveys (e.g., Consumer Assessment of Healthcare Providers and Systems [CAHPS]) adjust for patient characteristics when comparing providers to account for response tendencies and/or quality differences, but most do not adjust for ethnic differences.

Understanding why these differences occur would allow us to better determine the degree to which differences across subpopulations are a function of response tendencies versus differences in actual care quality, and to assess the differences in personal aspects of care more accurately. This might also help us to assess the relationship between the interpersonal aspects of care and clinical outcomes more accurately. Thus, we would like to evaluate the application of specific instruments (CAHPS Health Plan survey, CAHPS Clinician and Group Survey, Hospital CAHPS and Experience of Care and Health Outcomes [ECHO] survey) to racially and ethnically diverse populations and understand the impact of adjusting surveys for population differences. Specifically, we are interested in proposals that address the following questions:

- What are the patient characteristics that correlate with patients' evaluations of the quality of care they receive?
- To what degree do these factors reflect "true" differences in the way subpopulations are treated? In other words, how much measurement error is seen between "true" and "observed?"
- What are the underlying cultural issues that may cause different subpopulations to rate or report the quality of care they receive in a way that varies from what may be considered an objective assessment, or "true" assessment of their care?
- What modifications can be made in the way items are constructed and/or administered to reduce the variation in "true" and "observed."

### *Topic 3: Shared Decision-making and Diverse Populations*

An important dilemma in contemporary medicine relates to the fact that patients must make decisions about their choice of providers and about their care under a great deal of uncertainty, and with limitations on their freedom of choice. The information they have about quality is usually insufficient, and the way that information is provided usually makes it of limited use to patients. Patients' frame of reference, preferences, experiences, priorities and needs play an important role in the health care decisions they make. What the expert knows about quality must be made more compatible with what the patient knows, and can know, about quality. Described below are two subtopics for Topic 3:

- *Subtopic A:* To assist the public in making better choices about their care, we are interested in studying patients' decision-making processes and their perceptions of the risks and benefits of different courses of action. We seek analyses for a heterogeneous set of conditions, for patients of various races, ethnicities and ages.
- *Subtopic B:* "Shared decision-making programs" assist clinicians and patients with clinical decisions involving two or more equally effective alternatives with different risks and benefits. In some instances, these programs have been shown to result in improved patient satisfaction with the decision-making process and improved quality of care and

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reduced costs. However, the adaptability of these programs to different settings and racially and ethnically diverse populations needs to be tested. The findings would inform our strategy for addressing the needs of patients from racial and ethnic backgrounds.

### **Eligibility Criteria**

Interdisciplinary research teams that include investigators focused on racial and ethnic disparities or quality are encouraged to apply. Preference will be given to those applicants that may be either public entities or nonprofit organizations that are tax exempt under Section 501(c)(3) of the Internal Revenue Code. Applicant organizations must be based in the United States or U.S. Territories.

### **Selection Criteria**

Proposals should demonstrate the potential to produce high quality, scientifically sound research that could be used to inform the development of our regional quality strategy. We will assess each proposal based on the degree to which it:

- addresses only one of the three topic areas listed in this call for proposals;
- uses transdisciplinary research approaches and teams to provide the variety of conceptual, measurement, study design and analytic methods needed for the best possible research;
- articulates a clear hypothesis or conceptual framework that guides the design of the study;
- describes a plan for systematic data collection and analysis;
- describes the project's deliverables and expected outcomes;
- provides evidence of timely access to needed data, settings and study populations;
- provides evidence of the contribution of a particular approach to the study question;
- original to this call for proposals and not part of previous studies;
- documents that the experience, qualifications and time commitment of the investigator(s) and key project staff are adequate for conducting the proposed project; and
- justifies the reasonableness of the budget request and feasibility of the timeline.

### **Total Awards**

In 2008 a total of approximately \$3 million is available for grants of up to two years for policy-relevant research in three major topic areas. *(Please note that the third topic area has two subtopics and proposals must be sent separately.)*

- For Topic 1—Up to three 2-year grants of up to \$200,000 each.
- For Topic 2—Up to 10 1-year grants of up to \$100,000 each.
- For Topic 3:
  - Subtopic A—Up to three 2-year grants of up to \$150,000 each.
  - Subtopic B—Up to three 2-year grants of up to \$300,000 each.

### **How to Apply**

Proposals must be submitted through the RWJF Grantmaking Online System at <http://grantmaking.rwjf.org/qe1>.

[www.rwjf.org/cfp/qe1](http://www.rwjf.org/cfp/qe1)