Request for Applications

IMPACT Funding Opportunity Number: RFA-IMPACT-20-P02A

Pilot Grants

Pilot pragmatic clinical trials for people living with Alzheimer’s disease and Alzheimer’s disease-related dementias (AD/ADRD) and their care partners

KEY DATES:

Request for Applications – Released
April 20, 2020

Letter of Intent Application – Opens
April 28, 2020

Informational Webinars
April 28, 2020 at 1:30 pm ET
May 6, 2020 at 4:00 pm ET

Letters of Intent Due – Required
Rolling through May 29, 2020 @ 5pm ET

Letters of Intent – Notification
June 19, 2020 @ 5pm ET

Full Proposals Due – By invitation only
September 4, 2020 @ 5pm EST
Program Overview

The National Institute on Aging (NIA) Imbedded Pragmatic Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias (AD/ADRD) Clinical Trials (IMPACT) Collaboratory (U54AG063546) was established in 2019 to build the nation’s capacity to conduct embedded pragmatic clinical trials (ePCTs) of non-pharmacologic interventions within health care systems to improve the care of people living with AD/ADRD and their care partners. The NIA IMPACT Collaboratory funds several one-year pilot studies annually, which are meant to generate the preliminary data necessary to design and conduct a future full-scale ePCT funded through other grant mechanisms (National Institutes of Health or other sources). The IMPACT Collaboratory encourages applications that address dementia care for people of all backgrounds and promote health equity.

In response to the coronavirus disease (COVID-2019) outbreak, in this award cycle, the IMPACT Collaboratory will prioritize applications proposing pilot ePCTs of telemedicine, telehealth, and remote technologies interventions aimed at improving the health care, unmet needs, quality of life and/or health outcomes for people living with AD/ADRD and their care partners. Applications for pilot ePCTs testing other types of non-pharmacological interventions in this population will also be considered.

The IMPACT Collaboratory provides guidance for investigators in the design, conduct, and dissemination of ePCTs through its Core Groups and Teams:

- Administration Core
- Pilot Studies Core
- Regulations & Ethics Core
- Technical & Data Core
- Design & Statistics Core
- Health Care Systems Core
- Patient & Caregiver Reported Outcomes Core
- Dissemination & Implementation Core
- Training Core
- Health Equity Team
- Stakeholder Engagement Team

Learn more about the support provided by the Cores and Teams at http://www.impactcollaboratory.org.

Funding Opportunity Description

This cycle, the IMPACT Collaboratory will fund up to 5 one-year, non-renewable pilot studies. No-cost extensions are generally not allowed, but will be considered only in exceptional circumstances, require NIA approval, and are not guaranteed.

Pilot studies must:

- Pilot test a non-pharmacological intervention targeting people living with AD/ADRD and/or their care partners using an embedded pragmatic trial design.
- Implement the intervention in two or more health care systems or sites (e.g., nursing homes, hospitals, healthcare provider practices). Randomization is NOT required.
- Evaluate an intervention with a reasonable evidence-base demonstrating its efficacy as described in the Readiness Assessment for Pragmatic Trials (RAPT) Model paper. Telemmedicine, telehealth, and remote technologies interventions will be prioritized.
Funding Opportunity
Description continued

- Be feasible within the one-year time frame.
- Be no more than minimal risk to human subjects in accordance with Federal regulation 45 CFR §46.102(j).
- Be designed to qualify for a waiver or alteration of informed consent in accordance with Federal regulation 45 CFR §46.116(f)(3)(i.-v.).
- Have a single, primary clinical outcome that can be collected pragmatically. The main purpose of delineating a primary outcome is to demonstrate the feasibility of collecting it pragmatically during the pilot study. The pilot study is NOT expected to be powered to demonstrate an effect of the intervention. Secondary outcomes evaluating the implementation experience and other clinical outcomes are encouraged.
- Have high alignment with stakeholder priorities. Stakeholders include but are not limited to: people living with dementia, care partners, frontline providers, healthcare systems, and/or payers.
- Include a qualified biostatistician on the research team.

Informational Webinars

Two optional informational webinars will be hosted to provide investigators with an overview of application details and support that the IMPACT Collaboratory can provide in assistance with proposal development (e.g., trial design, measurement, data extraction, etc.). Investigators will have the opportunity to ask questions. Pre-registration is required using the links below.

**Tuesday, April 28, 2020 at 1:30 pm ET:** Register here for webinar.

**Wednesday, May 6, 2020 at 4:00 pm ET:** Register here for webinar.

Informational webinars will be recorded and posted online at https://impactcollaboratory.org/pilot-grants-program/.

Frequently Asked Questions

A set of frequently asked questions (FAQ) regarding this award is available online at https://impactcollaboratory.org/pilot-grant-faq/.

Award Information

Awards are for one year, up to $175,000 (direct costs), and are non-renewable. Only a single Principal Investigator (PI) is allowed, and only one application per individual PI is permitted per funding cycle.

Eligibility

**Institution**

- Eligible institutions include colleges, universities, medical or nursing schools, or other fiscally responsible organizations within the United States. No research may be performed outside of the United States.

**Principal Investigator**

- Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research is invited to work with their organization to develop an application.
Eligibility continued

- Applicants must hold a faculty or research scientist position at an eligible institution by the start date of the award or be otherwise eligible to serve as a Principal Investigator as determined by their organization.
- Applicants must be citizens or permanent residents of the United States.
- Applicants from under-represented racial and ethnic groups as well as individuals with disabilities are strongly encouraged to apply for funding.

How to Apply

Interested applicants are required to submit a Letter of Intent (LOI) through the Brown University UFunds system at: https://ufunds.brown.edu/. LOIs may be submitted on a rolling basis but no later than May 29, 2020 at 5:00 PM ET. LOI decisions will be provided on or before June 19, 2020.

Access to UFunds: UFunds can be accessed using a Brown University email address or access can be requested using a Gmail address ending in @gmail. If you received access to UFunds in a previous RFA cycle, your credentials are still active. New users to UFunds must first request access using a Gmail address here: https://tinyurl.com/UFundsAccess. You will receive an email at your Gmail address once access to the UFunds system has been granted. Please note that the registration process can take up to 2 business days, so applicants are strongly encouraged to request access as early as possible.

There is a competitive two-step application process:

STEP 1: LETTER OF INTENT

The LOI application includes the following main elements, which can be accessed here:

- **Pilot Study description** not exceeding 2-page (single spaced, 11 Arial font, 0.5” margins) including: A. Background/Rationale; B. Specific Aims; C. Design Overview, D. Setting (types and names of health care systems), E. Participants and Participant Identification Strategy, F. Intervention Structure and Implementation Strategy, and G. Outcome Definitions and Collection Methods. (PDF Upload)

- Completion of the **LOI Pilot Study Pragmatic Design Worksheet** (not included in 2-page limit above) (PDF Upload)

- Attestation in UFunds that Principal Investigator has read and/or viewed the following materials:
  - Viewed the video “Pragmatic Clinical Trials: How Do I Start?”
  - Read the RAPT Model paper OR viewed the IMPACT Collaboratory Grand Rounds on “Are you ready for a pragmatic trial? The RAPT Model and implementation considerations”
  - Read the PRECIS-2 paper
• Anticipated total direct costs (maximum of $175,000) and whether any subawards are anticipated. Subawards (cannot exceed 2) are allowed.
  
  o However, whenever feasible, purchase of services and consulting agreements are strongly preferred to subawards.

• PI’s NIH Biosketch (PDF upload)

**STEP 2: FULL PROPOSALS BY INVITATION ONLY**

Applications selected for further consideration will be invited to submit a full proposal online that will be due no later than September 4, 2020 at 5:00 PM ET.

Full proposals must be submitted online through Brown University’s UFunds system: https://ufunds.brown.edu.

**General Considerations:**

Applications that do not demonstrate a substantially pragmatic design will be administratively triaged prior to review. Pilot studies for efficacy trials (Stage III on NIH Stage Model) will NOT be considered. Applicants must submit Pragmatic Pilot Study Worksheet (version for full proposals) based on the RAPT Model and PRECIS-2 framework and consider the elements of these frameworks in their research design and methods. The scientific review of the proposals will focus on the degree to which the proposed intervention is ready for an ePCT based on the RAPT Model, and the design of the pilot study represents a pragmatic approach based on the PRECIS-2 framework.

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Proposals are expected to adhere to NIH policy and guidelines regarding inclusion of women and minorities and inclusion across the life span in the design and conduct of the study as mandated by Public Health Service Act sec. 492B, 42 U.S.C. sec. 289a-2. The goal is to ensure that individuals are included in clinical research in a manner that is appropriate to the scientific question under study.

Moreover, a description of how the pilot project considers issues related to health equity must be integrated into the Research Plan. Rationale should be provided about how aspects of the design (for example, selection of health care system location, target study population demographics, and/or tailoring of the intervention to different cultures) are and are not relevant to people from diverse backgrounds. While it may not be possible to address all issues within the limited
scope of a pilot study, at minimum, a description should be provided about how the pilot project experience will inform the design of future larger ePCT in terms of its relevance to people from diverse backgrounds who are living with dementia and/or their care partners.

Proposal Contents:
Applicants invited to apply for full proposals will be sent a detailed Application Guide. Full proposals will include applicable PHS 398 Forms. Full proposals will follow the general format of an NIH R21 with IMPACT Collaboratory-specific additions, including:

- Abstract (max 300 words)
- Specific Aims (1 page)
- Research Plan (6 pages)
  - Background and Significance
  - Preliminary Studies (if applicable)
  - Research Design and Methods: Include the following: 1) Study population, 2) Setting (sites/health care systems), 3) Randomization scheme and masking when appropriate (not expected for all pilot studies), 4) Intervention structure, implementation protocol, and fidelity/adherence monitoring plan, 5) Data sources, elements, and collection protocol, and 6) Analytic plan. Health equity considerations must be integrated in the research design and methods.

The following design features are required:

- Non-pharmacological intervention that utilizes an embedded pragmatic trial design to target people living with AD/ADRD and/or their care partners.
- Intervention has a reasonable evidence-base demonstrating its efficacy as described in the RAPT Model paper. Applications proposing pilot ePCTs of telemedicine, telehealth, and remote technologies interventions will be prioritized.
- Setting includes two or more health care systems or sites within health care systems (e.g., nursing homes, hospitals, healthcare provider practices). Randomization is NOT required.
- Be no more than minimal risk to human subjects in accordance with Federal regulation 45 CFR §46.102(j).
- Will likely qualify for a waiver or alteration of informed consent in accordance with Federal regulation 45 CFR §46.116(f)(3)(i.-v.).
- Feasible approach to participant identification/enrollment using existing electronic health care system data sources or infrastructures (e.g., electronic health record).
• Have a single, primary clinical outcome that can be collected pragmatically (i.e., from electronic health records, billing claims, or widely used electronic surveys such as Consumer Assessment of Healthcare Providers and Systems (CAHPS)). The main purpose of delineating a primary outcome is to demonstrate the feasibility of collecting it pragmatically. It is NOT expected that the pilot study is powered to demonstrate an effect of the intervention. Secondary outcomes evaluating the implementation experience and other secondary clinical outcomes are encouraged.

• Have high alignment with stakeholder priorities. Stakeholders include but are not limited to: people living with dementia, care partners, frontline providers, healthcare systems, and/or payers.

  o **Milestones**: Specify quarterly milestones that are specific and measurable by which your progress can be reviewed.

  o **Future Directions and Next Steps**: Specify how the pilot study will directly inform the development of a full-scale, Stage IV effectiveness ePCT (on the NIH Stage Model) application to the NIH or other funding sources and the anticipated timeline to apply for such funding.

• **Bibliography and References Cited**

• **PHS Human Subjects and Clinical Trial Information** – Form (Version F) and specific instructions will be provided. It is expected that all relevant attachments will be included.

• **Pilot Study Pragmatic Design Worksheet** (For Full Proposal)

• **NIH Biosketch** for the PI and each additional Key Personnel (must not exceed 3 additional Key Personnel), including the biostatistician. *Note: The research team must include a qualified biostatistician as co-investigator or consultant.*

• **Letters of Support.** Applicants must submit letter(s) of support from each participating healthcare system/site clearly stipulating that the proposal has people living with dementia and/or their care partners or addressing the care of people living with dementia and their care partners in the milieu of COVID-2019 outbreak, and 2) Strong likelihood the intervention could be feasibly integrated and adopted into the clinical flow by frontline providers.

• **Acknowledgment Letter from IRB/HRPP Official.** Applicants must submit a letter of acknowledgment from their institution’s IRB/HRPP official stating that should the study be funded, they agree to cede IRB oversight to an independent IRB chosen by the IMPACT Collaboratory. An acknowledgment letter is also required from all collaborating institution(s) that will be engaged in human subjects research activities. A template is available upon request.

• **Appendices are NOT permitted**
Budget Considerations:
A budget detailing research-related expenses and salary support with an accompanying budget justification is required. The project period is for one year, and the budget may not exceed $175,000 in direct costs. Indirect costs may be budgeted at your institution's negotiated facilities and administrative rate.

No-cost extensions are generally not allowed. Requests for no-cost extensions will be considered only in exceptional circumstances, require NIA approval, and are not guaranteed. Subawards are allowed (cannot exceed 2). Each subaward must have a separate budget and budget justification and at least one Key Personnel. Whenever feasible, purchase of services/consulting agreements are strongly preferred to subawards.

Applicants should include costs for the PI's travel and accommodation to one in-person IMPACT Collaboratory Meeting in Bethesda, Maryland during the pilot year.

NIH grants policies as described in the NIH Grants Policy Statement will apply to the applications submitted and awards made from this funding opportunity.

Human subjects research cannot commence without approval by the IMPACT Collaboratory's overseeing Institutional Review Board (IRB) and Data and Safety Monitoring Board (DSMB). Just-in-Time materials will be requested from applicants recommended for funding. These materials will be required within 2 weeks of notification of funding recommendation, including:

- Updated Human Subjects and Clinical Trial Information (e.g., Forms Version F)
- **IRB Application**: The National Institute on Aging requires that all research funded by the IMPACT Collaboratory (U54AG063546) be reviewed by the same IRB. Thus, all awarded grants must be approved by the IMPACT Collaboratory’s overseeing IRB (currently Advarra). The PI’s home institution must agree to cede to the IMPACT Collaboratory’s IRB. PIs do not need to budget funds for the IRB.
- **Data and Safety Monitoring (DSM)**: Pilot Studies will strictly follow NIA DSM policies. The IMPACT Collaboratory DSMB will oversee all pilot studies. A common template for the Data and Safety Monitoring Plan (DSMP) and Charter will be provided. PIs of pilot study awards recommended for funding will be required to submit a full study-specific DSMP and Charter.
- **Clinical Intervention Study Protocol**: a template will be provided.

The IMPACT Collaboratory Administration Core will assist the PI with the Just-in-Time materials.
Scientific Merit Review Criteria and Process

Full proposals will be reviewed by three reviewers. Scientific merit will consider:
1) Fit with the IMPACT Collaboratory’s mission, 2) Significance, 3) Intervention readiness for a pilot ePCT based on the RAPT Model, 4) The pragmatic nature of pilot study design based on the PRECIS-2 Framework, 5) Integration of health equity in the research plan, 6) Investigator qualifications, 7) Environment, 8) The likelihood that the pilot study will lead to successful future extramural grant funding for a full ePCT, and 9) Appropriateness of the budget and human subjects protections.

Pilot Grant Recipient Award Requirements

Award recipients of the IMPACT Collaboratory Pilot Grants Program are expected to adhere to the following requirements:

1. Pilot studies must adhere to IRB, Data and Safety Monitoring, and Data and Resource Sharing policies.
2. Complete Financial Conflict of Interest assurance and training as detailed under their respective organization’s policy.
3. Register with ClinicalTrials.gov in accordance with NIA guidelines. Maintain the protocol registration system (PRS) record and complete all reporting requirements, including uploading results.
4. The PI will meet with an assigned Pilot Study Core Executive Committee member for one hour every month throughout the lifecycle of the pilot. The assigned Executive Committee member will be available to help strategize and navigate challenges. To help ensure successful progress, the IMPACT Collaboratory’s Investigator Navigation Team will link PIs and their research team members with the IMPACT Collaboratory Cores and Teams, according to their pilot study’s needs.
5. Engage in the IMPACT Collaboratory’s scientific community, including:
   a. Participating in the academic activities of the Core Groups and Teams (e.g., writing methods articles, developing guidance documents).
   b. Attending and presenting at the first in-person IMPACT Collaboratory Scientific Meeting in Bethesda, MD.
   c. Attending webinar-based IMPACT Collaboratory grand rounds.
6. Submit required reports for study tracking and standardized data elements on a quarterly basis, as well as a final report at the end of the pilot study year.
7. Follow IMPACT Collaboratory invoicing guidelines.
8. Provide budget reports upon request and at the end of the pilot study year.
9. Adhere to the IMPACT Collaboratory publication policy and acknowledge sponsorship in all presentations, publications, and subsequent grants stemming from this pilot project. This information is required for reporting to NIA.
10. Respond to IMPACT Collaboratory queries for information after project ends.
Questions?

For eligibility and research-related questions, please contact Ab Brody, PhD, RN, FAAN, Pilot Core Leader at IMPACTcollaboratory@hsl.harvard.edu.

For questions related to access or use of the UFunds system please contact Faye Dvorchak at Faye_Dvorchak@brown.edu.