The Permanente Medical Group
Physician Researcher Program
Request for Applications – January 2020

OVERVIEW

The Permanente Medical Group seeks to enhance physician opportunities and its learning health care system by providing sustained support for a network of physician delivery science researchers, integrating them into a systematic evaluation of clinical care, and facilitating the dissemination and implementation of the resulting knowledge. This program will provide long-term professional development and research support for evaluating priority topics to their specialty. Applicants will join an existing group of clinician-researchers within the ongoing physician researcher program.

The program will provide:

- Salary support for 20 to 40% physician effort for four years (potentially renewable), contingent on annual progress
- Funding and staff for medium-sized delivery science projects (see below)
- An organized network of physician researchers for support, training and assistance
- Research skills seminars for enhancing skills and providing feedback on ongoing work

Metrics of success for participants (and the program) will include whether the participants have:

- Developed relationships and communications with the regional specialty chiefs
- Developed data infrastructure for ongoing evaluation and improvement in their specialty
- Facilitated development of a research network for clinician-investigators in their specialty
- Provided support for physician-oriented research, including, as appropriate and requested:
    - Participation in grant proposals and projects of other investigators (including Division of Research researchers) who need relevant specialty-specific expertise
    - Consultation with others interested in physician research
    - Reviews for Kaiser Permanente grant mechanisms
    - Collaboration with other research groups, including the Central Research Committee
    - Coordination of specialty projects of other (non-supported) physician researchers
- Completed research, endorsed by specialty leads, likely to enhance care delivery through:
    - Improved patient outcomes
    - Increased value (benefit relative to effort/cost for patients or the healthcare system)
    - Improved patient or health provider experiences (including decreased burdens)
- Worked with regional and specialty groups to implement changes relevant to the findings
- Actively participated in the physician researcher program
- Advanced TPMG's national reputation in their specialties through presentations and publications
- Developed as a national thought leader, including within national medical societies

By the end of the four-year award, each physician researcher should have, at the minimum:

- Actively led development of a research network for their specialty
- Completed two or more delivery science grants as either a principal investigator or co-PI
- Disseminated the findings via reports and presentations to TPMG specialty and leader groups
- Given research presentations at national professional conferences
- Submitted two first-authored papers for publication in peer-reviewed journals
- Formulated a five-year research agenda, in consultation with regional and specialty leaders
- Developed one or more grant proposals for further research funding
- Participated in grant review and research support activities within Kaiser Permanente
- Engaged with their national medical society, such as participation in clinical committees

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PROGRAM DETAILS AND DEFINITIONS

Physician Support and Review Criteria

This new program cohort will include a limited number of physicians, each at 20-40% supported time. Because participants will require engagement with their regional specialty group and sufficient dedicated time for research, interested physicians should consult, before they apply, with their local and regional specialty chiefs to confirm time availability, ability to attend a ½ day Tuesday morning meeting twice a month (in Oakland), and specialty interest/support. Those selected will be expected to align their research questions with regional priorities and to remain closely coordinated with their regional chiefs' group. Selections will be made by a committee that includes TPMG Executive Leadership, researchers, and regional leaders.

The Review Criteria will give priority to applicants who are:

1. current TPMG clinicians (required)
2. sufficiently integrated into their specialty to understand TPMG questions of interest
3. experienced with or have likely ability to enact clinical change based on research results
4. at least moderately experienced with research
5. likely to develop/support their specialty's research capacity and other investigators.
6. propose a feasible, actionable investigation in a priority topic for their specialty (details below).

Delivery Science Studies

Each participating physician, in addition to personal salary support, will receive support to lead a delivery science project. We define delivery science as an evaluation of care executed at the level of the local practice group, medical center, regional practice group or health care system.

A priority topic is one likely to directly improve patient outcomes, healthcare value (balancing outcomes and effort/cost/burden), or patient or provider experiences (improving experiences or decreasing burdens); ideally, projects would address more than one of these areas. Candidates should work with regional leaders and specialty groups to identify regional specialty priorities, as determined by the chair of chiefs, regional chiefs' groups, and approved by the relevant TPMG Associate Executive Director.

Each delivery science study will be approximately 24 months in duration and will be staffed typically by DOR personnel (either the Rapid Analytics Unit or another team, as appropriate). The project budget (separate from the clinical investigator's time) will be up to approximately $250,000.

Physician Researcher Program and Seminars

The Physician Researcher Program will provide supported physicians (and potentially other interested physicians) with specific training in research skills, feedback on works in progress, and connections with peers who are also developing and leading research projects. Supported physician researchers will be required to participate in these seminars and meetings, most are held on two Tuesday mornings per month. Seminars include programs led by DOR researchers, other physician researchers and external speakers. Physician researchers who wish to pursue specific skills not available through these seminars may be supported to attend courses at UC Berkeley, UCSF or other local institutions.

Sponsorship and Contact Information

This program is sponsored by the TPMG executive team and is supported by the Division of Research. Please contact the program manager, Jennifer Schneider, (via email Jennifer.L1.Schneider@kp.org) for questions about the program or the application process.

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APPLICATION PROCESS, TIMELINE, AND FUNDING CYCLE

****Please see the timeline below for important dates.**

The application process has two stages: a letter of intent and a full proposal. Letter of intent instructions are below. Applicants invited to submit a full proposal will receive additional instructions.

LETTER OF INTENT

Due date: February 28, 2020 (midnight)
Submission: Email to Jennifer.L1.Schneider@kp.org.

Each letter should include:

1. The candidate's specific research question of interest; the evidence the proposal seeks to address knowledge gaps around this question; how answering the question will inform specific clinical actions; and your specialty's support of the topic and proposed actions that may result. Include the topic's relevance to TPMG priorities (as defined by your specialty leaders).
    a. Use the attached format for answering these four questions (limit: one page, divided among the questions at your discretion). Candidates are strongly encouraged to consult with your specialty's local and regional chiefs to discuss research priorities.
2. A CV or detailed biographical sketch that lists the following (any format acceptable; for candidates seeking a format, the KPNC biographical sketch template is attached):
    a. education and training
    b. clinical or research project leadership actions within TPMG
    c. publications in peer-reviewed journals;
    d. grants on which the candidate has been the principal investigator or a co-investigator with funding amounts (total direct costs across all years)

Those selected will be expected to make appropriate adjustments to their clinical schedules to start the program on October 6, 2020; some activities and planning will start prior to that date.

We anticipate that successful participants will be able to apply for continuation/renewal awards. A key goal of the program is to develop talented TPMG physicians who form a workforce to advance our knowledge, improve their specialty's research capacity, and effectively change health care delivery. Participants' eligibility for ongoing support within each four-year cycle will be evaluated annually and will depend upon demonstrated productivity.

Timeline/Deadlines (all by midnight of listed date)
Program Announcement – February 1
Letter of intent due – February 28 (midnight)
Letter of Intent Notifications and Invitations for Full Proposals – March 19
Full proposal due - June 1
Notification of acceptance – August 7
New program members start funding - October 1

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Principal Investigator: XXXX
Project Title (if appropriate, similar to a manuscript title): XXXX
Specialty/Subspecialty: XXX Medical Center: XXXX

Q1: IDEA: What is the challenge you are trying to address? Include how common the problem is and its impact.

Example of detail requested (examples can be deleted): Approximately 30,000 ultrasounds are done per year to follow-up incidentally discovered cysts. Incidental ovarian cysts are not managed consistently, some have serial ultrasounds, some surgery, some no follow-up. We don't know with high confidence how to manage incidental cysts - when to conduct surveillance vs. operate or if/how often to conduct surveillance. These knowledge gaps lead to unnecessary surgeries in low-risk patients, delayed care in high-risk patients, consultations and anxiety.

Q2. KNOWLEDGE GAP: What is the existing evidence for this question (trials or quality observational studies)? Include if current evidence is enough to inform implementation or if new knowledge/investigation is needed and, if so, what knowledge.

Example of detail requested (examples can be deleted): No community-based studies reliably risk-stratify the cancer risk of incidentally discovered ovarian cysts. Risk stratification systems exist, but they are complicated, not designed for the average radiologist, and lack long-term follow-up. The Choosing Wisely initiative recommends not following up low-risk cysts, though no accepted, well-validated definition of "low-risk" exists for reliably implementing this recommendation in community-based settings. Thus, new knowledge is needed; specifically, simple diagnostic categories, strongly associated with clinical outcomes, to guide prompt intervention, follow-up monitoring, or no further follow-up needed, similar to that recently implemented for pulmonary nodules.
Reference(s): can be on separate page

Q3. ACTION: For the challenge, describe the specific clinical actions anticipated from addressing the challenge, including any technology, nursing, or tracking needed, and all specialties impacted. If new knowledge is needed, are existing KP data suffice or are new data required (and, if so, what)?

Example of detail requested (examples can be deleted): The new knowledge needed to guide these actions would include evaluation of the presence of incidental cysts, their characteristics, and outcomes, using existing KP data, including radiology images, reports, and cancer diagnoses. Using the existing ultrasound images and cyst characteristics, we would create risk categories based on expert consensus and follow-up data. We would work with radiology to implement these risk categories into reports using hashtags or another IT solution and the appropriate ordering of clinical follow-up testing by clinicians (these include OB/GYNs and primary care physicians). We would then assess how reliable their categorization is, prospectively, compared with follow-up risk of cancer (new data, electronically captured). If successful, this would need a follow-up tracking system (such as in PROMPT) for ensuring patients received recommended follow-up, and system/personnel for monitoring PROMPT and ordering tests.

Q4. READINESS: If the knowledge and/or operations challenge is addressed, has commitment for implementation of the described clinical changes been obtained by clinical leaders?
Example of detail requested (examples can be deleted): This has been identified as a priority area by the specialty chiefs of both OB/GYN and radiology; both specialties indicated willingness to implement the measures described.