



# ALLIANCE FOR MEDICAL INFORMATICS

## Health Information Technology Grant Opportunities <http://uwf.edu/sahls/alliance/grants.cfm>

1. Agency for Healthcare Research and Quality
  - a. [HIT funding opportunities](#)
  - b. Grant information also discussed at: <http://www.ahrq.gov/fund/>
    - i. Priorities are discussed
    - ii. Comparative effective research that can include disease registries or networks to improve outcomes: <http://www.hhs.gov/recovery/programs/cer/index.html>
    - iii. Program announcements: <http://www.ahrq.gov/fund/grantix.htm>
    - iv. Grant process explained
    - v. Educational support grants
    - vi. Small business funding opportunities (SBIR/STTR)  
<http://grants.nih.gov/grants/funding/sbir.htm>
2. Health Resource Services Administration
  - a. <http://www.hrsa.gov/grants/>
  - b. Current areas of interest: HIV, Child and Maternal Health, Primary Care: Health Centers and organ donation and transplantation
  - c. Grant opportunities for Rural Providers: <http://ruralhealth.hrsa.gov/funding/>
  - d. Rural networks and planning grants are supported:  
<http://ruralhealth.hrsa.gov/funding/network.htm>
  - e. [High impact HIT for health centers](#)
  - f. [Congressionally mandated HIT grants](#)
3. Health and Human Services HIT
  - a. [ARRA HIT extension Program will establish 70 regional centers to promote HIT, particularly EHRs](#)
  - b. [ARRA State Health Information Exchange Cooperative Agreement Program that will promote HIEs in the United States](#)
4. Department of Labor, Employment and Training Administration (ETA)
  - a. Health sector grant to include HIT education: [http://www.doleta.gov/grants/find\\_grants.cfm](http://www.doleta.gov/grants/find_grants.cfm)
5. Robert Wood Johnson Foundation
  - a. <http://www.rwjf.org/grants/>
  - b. Areas of focus: building human capital, childhood obesity, coverage, pioneer, public health, quality/equality, vulnerable populations. They do accept unsolicited proposals:  
<http://www.rwjf.org/applications/unsolicited/unsolicitedgrants.jsp>
  - c. Current calls for proposals: <http://www.rwjf.org/applications/solicited/solicitedgrants.jsp>
  - d. Areas and groups they do not fund: <http://www.rwjf.org/applications/whatwedontfund.jsp>
6. National Library of Medicine
  - a. Visit: <http://www.nlm.nih.gov/ep/Grants.html#research>
7. Grants.gov
  - a. Visit: <http://www.grants.gov>
  - b. In the advanced search option, use "health information technology"



# ALLIANCE FOR MEDICAL INFORMATICS

## Representative RFP: NATIONAL SCIENCE FOUNDATION

CISE (Computer, Information Science, and Engineering) home page:  
<http://www.nsf.gov/dir/index.jsp?org=CISE>

### Cyber-Physical Systems (CPS)

**DUE DATES: Full Proposal Deadline Date: March 10, 2011**  
**Second Thursday in March, Annually Thereafter**

### SYNOPSIS

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The term cyber-physical systems refers to the tight conjoining of and coordination between computational and physical resources. We envision that the cyber-physical systems of tomorrow will far exceed those of today in terms of adaptability, autonomy, efficiency, functionality, reliability, safety, and usability. Research advances in cyber-physical systems promise to transform our world with systems that respond more quickly (e.g., autonomous collision avoidance), are more precise (e.g., robotic surgery and nano-tolerance manufacturing), work in dangerous or inaccessible environments (e.g., autonomous systems for search and rescue, firefighting, and exploration), provide large-scale, distributed coordination (e.g., automated traffic control), are highly efficient (e.g., zero-net energy buildings), augment human capabilities, and enhance societal wellbeing (e.g., assistive technologies and ubiquitous healthcare monitoring and delivery).

Congruent with the recommendations in the August 2007 report of the President's Council of Advisors on Science and Technology (PCAST), *Leadership Under Challenge: Information Technology R&D in a Competitive World*, NSF's Directorates for Computer and Information Science and Engineering (CISE) and Engineering (ENG) are spear-heading the Cyber-Physical Systems (CPS) program because of its scientific and technological importance as well as its potential impact on grand challenges in a number of sectors critical to U.S. security and competitiveness, including aerospace, automotive, chemical production, civil infrastructure, energy, healthcare, manufacturing, materials and transportation. By abstracting from the particulars of specific applications in these domains, the CPS program aims to reveal cross-cutting fundamental scientific and engineering principles that underpin the integration of cyber and physical elements across all application sectors. The CPS program will also support the development of methods and tools as well as hardware and software components, run-time substrates, and systems based upon these principles to expedite and accelerate the realization of cyber-physical systems in a wide range of applications. Furthermore, the program aims to create a new research and education community committed to the study and application of cyber-physical system innovations, through the establishment of a CPS Virtual Organization (CPS-VO) and regular PI meetings.

The CPS program is seeking proposals that address research challenges in three CPS themes: *Foundations*; *Methods and Tools*; and *Components, Run-time Substrates, and Systems*. *Foundations* research will develop new scientific and engineering principles, algorithms, models, and theories for the analysis and design of cyber-physical systems. Research on *Methods and Tools* will bridge the gaps between approaches to the cyber and physical elements of systems through innovations such as novel support for multiple views, new programming languages, and algorithms for reasoning about and formally verifying properties of complex integrations of cyber and physical resources. The third CPS theme concerns new hardware and software *Components, Run-time Substrates* (infrastructure and platforms), and (engineered) *Systems* motivated by grand challenge applications.

Three sizes of research and education projects will be considered:

- Small Projects are individual or small-team efforts that focus on one or more of the three defined CPS themes. Funding for Small Projects will be provided at levels of up to \$200,000/year for up to three years.
- Medium Projects also span one or more CPS themes and may include one or more PIs and a research team of students and/or postdocs. Funding for Medium Projects will be provided at levels up to \$500,000/year for up to three years.
- Large Projects are multi-investigator projects involving teams of researchers and their students and/or postdocs representing the same or multiple disciplines in computer science, engineering, and physical application domains, who together address a coherent set of research issues that either cut across multiple CPS themes or that explore in great depth a particular theme. Funding for Large Projects will be provided at levels up to \$1,000,000/year for up to five years.

A more complete description of the CPS program is provided in Section II. *Program Description* of this solicitation.



# ALLIANCE FOR MEDICAL INFORMATICS

## Representative RFP: YEAR 2011 MARCH OF DIMES RESEARCH PROGRAM

Biomedical Research Funding

[HTTP://RESEARCHGRANTS.MARCHOFDIMES.COM/LOI](http://RESEARCHGRANTS.MARCHOFDIMES.COM/LOI).

PLEASE E-MAIL ANY INQUIRIES TO [RESEARCHGRANTS@MARCHOFDIMES.COM](mailto:RESEARCHGRANTS@MARCHOFDIMES.COM)

**The online process must be completed by April 30, 2010.**

We invite all qualified scientists with faculty appointments or the equivalent, at universities, hospitals and research institutions, to submit applications for research grants directed at the prevention of birth defects. Research subjects appropriate for support by the March of Dimes include basic biological processes governing development, genetics, clinical studies, studies of reproductive health, environmental toxicology, and social and behavioral studies.\*

\*In Social and Behavioral Sciences, we are interested in applications proposing research that advances our understanding of – and therefore our ability to prevent – the cognitive and behavioral risks that affect outcomes of pregnancy, the perinatal period, and subsequent child development. Because change in behavior is an important component of several of our campaigns, we are interested in studies that address this method of prevention.

Potential applicants should submit electronically the required administrative information and a Letter of Intent addressed to the Senior Vice President for Research and Global Programs summarizing the proposed studies via our online system at:

[HTTP://RESEARCHGRANTS.MARCHOFDIMES.COM/LOI](http://RESEARCHGRANTS.MARCHOFDIMES.COM/LOI).

The Letter of Intent must include the following information in this order:

- The objective.
- The relevance to birth defects or reproductive health.
- The hypothesis or hypotheses to be tested.
- Preliminary data.
- A statement of the methods of procedure.
- A plan for evaluating the results.
- Current financial support: list each current grant or contract for the conduct of this research. If there are no other grants, state "NONE."

If this is a request for a renewal of a current March of Dimes grant or Basil O'Connor phase-in application, it must include a summary of its progress.

These grants do not cover the recipient's or other faculty salaries, but do provide salary support for technical help. The grants are awarded for a three-year period. For your information, the financial characteristics of the previous year's grant cycle are as follows:

(Per Year) AVERAGE: \$97,732 MEDIAN: \$98,340 RANGE: \$59,416 TO \$129,690

The Letters of Intent will be evaluated by a scientific advisory committee, and applications will be invited from those whom the committee recommends. Our decision will be transmitted to the candidates no later than July 15, 2010, and those who are invited to apply will have to do so beginning September 15, 2010. The applicants will be informed of the decisions regarding their applications as soon as they have been made, but no later than April 30, 2011. Funding will be initiated on June 1, 2011.

The March of Dimes defines a birth defect as any abnormality of structure or function, whether inherited or acquired in utero and presenting in infancy or early childhood. Deviations from reproductive health of women and men as an underlying basis of birth defects, i.e. preconceptional events, perinatal course, and premature births, are appropriate subjects for research support. (We do not accept applications dealing with infertility.)



# ALLIANCE FOR MEDICAL INFORMATICS

## **Representative RFP: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

**The next round of R01 deadlines are June 5th and October 5th.**

Title: AHRQ Health Services Research Projects (R01)

### I. Research Objectives

AHRQ seeks a wide range of research projects. However, all grant applications must contain projects that fit within the current AHRQ Research Portfolio areas as articulated below.

#### Value Portfolio

In the value portfolio, AHRQ seeks to support research to develop, disseminate, and translate rigorous evidence that can be used by public and private policymakers, by health system and community leaders, and by managers of healthcare organizations who want to reduce unnecessary healthcare costs (waste) while maintaining or improving healthcare quality, i.e., who want to increase value and efficiency in the organization, delivery, and financing of health care for all Americans. In addition to applications of systematic quantitative research methods, qualitative and mixed-methods research are also encouraged. Research priorities include:

- Developing, assessing, testing, and disseminating methods, measures, data and tools needed by decision makers to track, report and improve cost and efficiency as well as quality -- to include special emphases on such issues within and across sites of care.
- Understanding and projecting effects of policy, payment, insurance, organizational and market conditions and changes on provider and other healthcare sector participants' behavior and on healthcare value, efficiency and quality – including methodological advances in risk adjustment for payment purposes, organizational, delivery system, and community-wide strategies to improve value and efficiency.
- Providing evidence of effects of Federal and State regulatory and legal changes on the organization, financing, accessibility, delivery, quality and cost of health care, to include the effects of Medicare, Medicaid, and SCHIP benefit provisions.
- Assessing effects of consumer incentives on consumer behavior, to include methods of increasing prevention and wellness behaviors, factors consumers consider when choosing health plans, and the effects of public reporting strategies and diverse purchaser strategies to improve value.
- Assessing (from multiple stakeholders' points-of-view) the organizational and societal costs and the rates of return for direct investments required to achieve more value in health care.
- Providing analyses on organizational redesign activities likely to reduce waste and improve quality – particularly process redesign, and evidence on what it would take to create a business case for this.
- Developing, testing, analyzing, and diffusing successful health care management strategies to improve value, including building, synthesizing and implementing the evidence for evidence-based management and policy-making.
- Generating policy-relevant evidence about the effects of leadership, management, organizational culture, cultural competence and health literacy interventions on improving organizational performance, efficiency and outcomes, including outcomes for diverse population groups.
- Addressing related and similar issues in the context of safety net institutions and AHRQ's priority populations.

#### Health Information Technology Portfolio

Health information technology (IT) is broadly defined as the use of information and communication technology in health care to support the delivery of patient or population care or to support patient self-management. Health IT can support patient care related activities such as order communications, results reporting, care planning and clinical or health documentation. Health IT-related grants will support research in one of three priority health IT research areas. Applications which are self-identified as health IT related must clearly identify one of three areas as the primary research area to be addressed, as well as the specific element within the area. These research areas are:

- Health IT to improve the quality and safety of medication management; this includes the utilization of medication management systems and technologies; ambulatory health care providers and out-patient pharmacists' use of electronic prescribing systems and/or medication management technologies; integration of evidence-based decision support for priority conditions within electronic prescribing systems; and, providing patients electronic tools to support medication self-management.
- Health IT to support patient-centered care; this includes, but is not limited to, a focus on the coordination of care across transitions in care settings and the use of electronic exchange of health information to improve quality of care. Patient-centered care is responsive to the needs and preferences of individual patients, provides patients and/or their caregivers with access to their medical information, facilitates communication between patients, caregivers and providers, and empowers patients to be active participants in care decisions and in the daily management of their health and illnesses.



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## Representative RFP: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (cont.)

- Health IT to improve health care decision making; this includes the development, implementation, and integration of health information tools, products or systems through the use of integrated data and knowledge management. AHRQ encourages research projects that will use health IT applications that apply principles to evidence based medicine including the use of the best available evidence, health care providers' ability to execute their best judgment, and consideration of patients' expressed treatment preferences.

AHRQ's Health IT Portfolio has separately published program announcements, available on the AHRQ website (see <http://www.ahrq.gov/fund/grantix.htm>) to solicit applications that are primarily health IT oriented. Since this program announcement encompasses all of AHRQ's portfolios of work, it would be an ideal opportunity to submit applications which address the goals of other portfolios along with health IT.

### Comparative Effectiveness Portfolio

In FY 2009 and FY 2010, AHRQ intends to support research grants focusing on comparative effectiveness of different clinical treatments and services, as authorized in the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) Section 1013. The intent of these grants is to support research focusing on the generation and translation of new scientific evidence and analytic tools in an accelerated format and the integration of evidence into practice and decision-making in the health care system. New applicants are encouraged to partner with institutions well versed in systematic review methodologies or with research centers and integrated health care delivery systems capable of performing accelerated clinical effectiveness and outcomes research and the translation and dissemination of evidentiary information for health care decision-making. Existing examples of such AHRQ networks include, the Evidence-based Practice Centers (EPCs), the Developing Evidence to Inform Decisions about Effectiveness (DEcIDE) network, the Centers for Education & Research on Therapeutics (CERTs), the John M. Eisenberg Clinical Decisions and Communications Science Center, Primary Care-Based Research Network (PBRN), Accelerating Change and Transformation in Organizations and Networks (ACTION), and the HIV Research Network. A listing of these research networks under AHRQ's Effective Health Care program can be found at: <http://effectivehealthcare.ahrq.gov/aboutUs/index.cfm>.

Research projects can have either a clinical or methodological emphasis, but must focus tightly on the study and/or the use of comparative effectiveness research. For applications with methodological emphasis, the goals should be to advance study designs and methods to fill specific knowledge gaps and to enhance the consistency, applicability, and generalizability of the comparative effectiveness studies. For applications with a clinical emphasis, the goals should be to develop new scientific evidence that fills important knowledge gaps and to generate critical insights on the clinical effectiveness and comparative clinical effectiveness of health care interventions. For studies in which randomized controlled trials may not be feasible or timely, or would raise ethical concerns that are difficult to address, novel or alternative study designs may be proposed. Such clinical research projects also need to be informed by the information needs and inputs from various stakeholders (e.g., policy-makers, providers, and patients) to ensure the most appropriate outcome measures for assessing the effectiveness of the interventions and outcomes of importance to stakeholders are included in the study. Research projects should also be organized around a set of priority conditions of importance to the Medicare, Medicaid, and SCHIP programs as mandated by the MMA section 1013. The current list of conditions includes:

- Arthritis and non-traumatic joint disorders
- Cancer
- Cardiovascular disease, including stroke and hypertension
- Dementia, including Alzheimer's Disease
- Depression and other mental health disorders
- Developmental delays, attention-deficit hyperactivity disorder and autism
- Diabetes Mellitus
- Functional limitations and disability
- Infectious diseases including HIV/AIDS
- Obesity
- Peptic ulcer disease and dyspepsia
- Pregnancy including pre-term birth
- Pulmonary disease/Asthma
- Substance abuse

AHRQ interests in research projects focused on the comparative effectiveness of different treatment and practices include, but are not limited, to:

- Effectiveness/comparative effectiveness of health care treatments and services, including pharmaceuticals, diagnostics, devices, and other types of interventions or combinations of these interventions.
- Studies of the effectiveness/comparative effectiveness of important new or existing health care technologies.



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## Representative RFP: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (cont.)

- Assessment of the effectiveness/comparative effectiveness of health care treatments for common, high-cost conditions in elderly and women in various age and racial/ethnic groups.
- Assessment of the effectiveness/comparative effectiveness of interventions unique to children or treatments that are commonly administered to children but have been evaluated for safety and effectiveness only in adult populations.
- Effectiveness/comparative effectiveness of interventions and health outcomes in patients with multiple co-morbidities.
- Studies that explore influences of pharmacogenetics on responses to therapeutic interventions.
- Studies that aim at better understanding heterogeneity in treatment effects and the development and validation of clinically informative risk stratification and classification models in different clinical domains.
- Methods for optimal systematic reviews of evidence, including methodological research on meta-analysis, decision analysis, assessing and interpretation of evidence, etc.

### Prevention/Care Management Portfolio

The mission of the Prevention/Care Management Portfolio is to improve the quality, safety, efficiency, and effectiveness of evidence-based preventive services and chronic care management in ambulatory care settings. AHRQ seeks to support projects that fit within two broad strategic goals.

The first goal focuses on preventive services. Grants awarded in this strategic area should complement the work of the U.S. Preventive Services Task Force in terms of advancing methods for assessing the benefits and harms of preventive services, and improving the implementation of evidence-based recommendations on preventive services. AHRQ is interested in supporting areas that have not traditionally been the focus of funding initiatives, such as:

- Harms associated with preventive services;
- Overuse of preventive services; and
- Delivery of preventive services for the patient with multiple co-morbidities.

Examples of grant applications that would be considered under this strategic area include, but are not limited to, research on the:

- Effectiveness of preventive services in improving health and quality of life in complex patients;
- Development of new methodologies for assessing the harms of preventive services; and
- Evidence gaps identified by the U.S. Preventive Services Task Force for specific preventive services.

Research questions for R01 projects of interest under this strategic area include, but are not limited to:

- What are the long-term negative psychological effects of false positive screening tests for cancer? Does having a shared decision-making discussion prior to screening mitigate these effects?
- What are the resource costs of over use or inappropriate use of clinical preventive services, including “downstream” costs related to additional diagnostic testing and workups?
- Does decreasing the provision of non-recommended “D” preventive services improve outcomes?
- Does the implementation of individual USPSTF “A” and “B” recommended preventive services or a set of recommended services actually improve overall health outcomes in a particular geographic area or integrated health system or priority population?

The second goal involves improving primary care and clinical outcomes through health care redesign, clinical-community linkages, self management support, and care coordination based on the Care Model (Wagner 1998; Barr, et. al.; 2002). AHRQ is interested in moving beyond condition-specific research to support grants that are focused on system redesign in ambulatory care, the results of which would be generalizable across health conditions. Examples of grant applications that would be considered under this strategic area include, but are not limited to, research on the effectiveness, efficiency, and/or implementation of:

- New models of delivering primary care with the potential to improve both preventive services and chronic care management, including, but not limited to, the patient-centered primary care medical home. Potential areas of interest include:
- Role of clinical teams within the patient-centered, primary care medical home
- Costs and benefits of the patient-centered, primary care medical home to patients, clinicians, practices and health systems;
- Methods of linking primary care practices with community resources to improve the delivery of preventive services and care management;
- Alternative models of self management support;
- Care coordination methods, especially during transitions among care settings;



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## **Representative RFP: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (cont.)**

- System and organizational policy change that support the Care Model; and,
- Interventions to stimulate practice change, including practice coaching, training, toolkits, and collaboratives.

Research questions of interest for R01 applications related to the second strategic goal include, but are not limited to:

- What bundle of practice redesign changes lead to improved patient access and outcomes and can be successfully implemented and financially sustained in small practices?
- What combinations of interventions (e.g., improved physician-patient communication; use of ancillary professionals for action planning and/or telephone follow-up; clear, multi-lingual patient education materials, peer-led groups) lead to increased self management capabilities, especially among patients with limited health literacy and/or English proficiency?
- What payment methods support the establishment of a medical home and the delivery of patient-centered chronic care?
- What models of connections and collaborations among primary care, and community/public health settings produce improved population level preventive service delivery within a defined community?
- What are the effects of the implementation of a patient-centered, primary care medical home on health outcomes, costs, and other relevant outcomes such as team functioning?

### References:

Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1(1):2-4.  
Barr V, Robinson S, Marin-Link B, et. al. 2002 Adapted from Glasgow R, Orleans CT, Wagner E, Curry S and Solberg L. (2001). Does the Chronic Care Model also serve as a template for improving prevention? *The Milbank Quarterly*, 2002; 79(4).

### Patient Safety Portfolio

Patient safety research initiatives can be considered to occur in three different stages:

- identification of risks and hazards;
- design, implementation, and evaluation of patient safety practices; and
- maintaining vigilance to ensure that strategies to maintain aspects of organizational culture that promote patient safety remain in place.

The Patient Safety Portfolio will support research projects that seek to create new knowledge by identifying the risks and hazards encountered by patients as a result of health care. Projects in this area may address important topics such as: the impact of human performance and working conditions on patient safety; the role consumers can play and how they can contribute to making care safer; health care organizational structure, leadership, communication, and teamwork; health care associated infections; diagnostic error; and the challenges inherent in transitions of care and handoffs between health care providers.

AHRQ encourages an interdisciplinary approach to research that is related to patient safety, so that the perspectives not only from the field of health care services but also from the social and behavioral sciences (such as organizational psychology) education, industrial engineering, human factors, and others are incorporated in such a way so that they contribute to research plans.

Additionally, AHRQ supports the inclusion of approaches that address risks and hazards across various dimensions of patient characteristics and priority populations (e.g., the elderly, children, individuals with low health literacy, patients with multiple chronic conditions) settings of care (hospital, long-term care, ambulatory, home health care), and health-related conditions.

### Innovations and Emerging Areas Portfolio

The Innovations Portfolio was created to identify and support researchers and institutions with ideas that have the potential for high impact. These ideas will be novel and span a diverse (and perhaps non traditional) array of disciplines. The portfolio will foster and nurture ideas and projects that have the potential to lead to highly innovative solutions that may lead to significant advances in healthcare practice, organization, delivery, and management. Research and activities supported under the Innovations Portfolio will reflect ideas substantially different from those already being pursued elsewhere. The portfolio will fund transformative research with a focus on projects that transform existing conditions and that solve pressing healthcare problems. The main focus of the portfolio is problem solving in order to accelerate improvement in healthcare.

Research areas of interest for R01 applications include, but are not limited to:

- Methodological innovations for evaluation and research in healthcare quality and safety improvement implementation, including but not necessarily limited to:



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## **Representative RFP: AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (cont.)**

- Modeling of implementation taking into consideration the nature of quality and safety improvement implementation, variations in implementation context, and account for resource availability;
- Development of valid and feasible measures of organizational context (e.g., resource availability, readiness to change, leadership, teamwork) for use in implementation of quality and safety improvement implementation and their evaluation; and
- Development of research designs and analytical methods for assessing the effectiveness and safety of what works in quality and safety improvement implementation for use by implementers, evaluators and by researchers. The research designs and analytical methods must address external validity, generalizability, and ability to provide context-specific results.

Innovations for financing and organizing healthcare and related systems to improve quality (including safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) for individuals with complex healthcare needs (e.g., children with special healthcare needs, people with disabilities, frail elderly people). Studies of other countries or systems' approaches to financing and organization may be studied for possible adaptation to the United States. The innovation proposed must be one that can be implemented either nationally or in a representative region of the U.S.

Examples of research questions of interest for R01 applications of interest include, but are not limited to the following:

- What type of healthcare delivery systems' change and system integration are critical to achieve quality, patient centeredness and disparities reduction for priority populations?
- What are innovative approaches to integrating health care practice at the community level incorporating evidence-based practice and health information technology?
- What are innovative customer-centered approaches to improve quality and increase value of healthcare services?
- What are innovative changes in financing incentives that will promote a focus on wellness and access to preventive services for all populations?
- See Section VIII, Other Information - Required Federal Citations, for policies related to this announcement.