Hopkins’ Economics of Alzheimer’s Disease & Services (HEADS) Center

2023-2024 Pilot Award Application Cycle Informational Session
October 25, 2022, 12-1 p.m. EST

Presenters:
Lauren Hersch Nicholas, PhD
Associate Professor and HEADS Center Pilot Core Deputy Director
University of Colorado Denver - Anschutz Medical Campus
Johns Hopkins Bloomberg School of Public Health

Dan Polsky, PhD
HEADS Co-director and Remote Data Enclave Core Director
Bloomberg Distinguished Professor
Johns Hopkins Bloomberg School of Public Health/Carey Business School

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HEADS Remote Data Enclave Core Deputy Director
Associate Professor, Johns Hopkins Bloomberg School of Public Health

Jianhui (Frank) Xu, PhD
Assistant Scientist, Johns Hopkins Bloomberg School of Public Health

The HEADS Center is supported by the National Institute on Aging (P30AG066587)
We invite applications for pilot grants related to our two HEADS themes:

1) Identify range of care needs of persons with ADRD and the economic consequences of ADRD for patients and families.

2) Examine how the organization, financing, and delivery of services affects accessibility, affordability, quality, and equity of ADRD care.

Racial disparities and caregiving are cross-cutting areas of interest
HEADS Center Pilot Core

CORE B: PROGRAM DEVELOPMENT (PILOT) CORE:

To provide funding, interdisciplinary research mentorship, and regulatory monitoring of novel pilot studies that can advance research within our themes, develop the careers of researchers addressing these themes, and attract investigators to the field.
Key Details

• We expect to competitively award up to $200,000 in pilot awards, with funds up to $50,000 per grant available, based on the innovation and breadth of pilot scope in the coming 2023-2024 cycle

• We are particularly interested in supporting promising post-doctoral fellows and junior faculty, but applicants may be of any rank

• We encourage applicants from under-represented racial and ethnic groups, as well as individuals with disabilities
<table>
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<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Letters of Intent Due (optional)</td>
<td>January 3, 2023, 11:59 PM (EST)</td>
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<tr>
<td>Complete Proposals Due</td>
<td>Wednesday, February 1, 2023, 11:59 PM (EST)</td>
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<td>Awards Announced</td>
<td>Early April 2023</td>
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Pilot Proposal Guidelines and Process

Research topics and methodologies:

• Studies should use and advance methods in economics and health services research

• Research should inform efforts to improve the care of persons with ADRD and/or mitigate the economic burden of ADRD
Pilot Proposal Guidelines and Process

Project duration

• Proposals should describe projects that can feasibly be completed in one year

Funds available

• Anticipated total award (directs + indirects): Up to $50,000. Deviations from this amount are permissible in exceptional circumstances.
Pilot Proposal Guidelines and Process

Application and Submission Information:
Letters of Intent (LOIs)

- Optional, but strongly encouraged to ensure appropriate reviewer expertise
- It is not binding, and study design can change after submission

Due date: 1/3/23
Pilot Proposal Guidelines and Process

Application and Submission Information cont’d:

Proposals

• Cover page (one page)
• Sections in this order: Study Aims, Significance, Innovation, Approach, Future Aims
• Required Supplemental Documents
• Budget Forms

Due date: 2/1/23
Pilot Proposal Guidelines and Process

Eligibility Criteria:

Eligible Institutions

- Colleges
- Universities
- Medical or Nursing Schools
- Other fiscally responsible organizations
Eligibility Criteria cont’d:

Principal Investigator

- Must hold a doctorate degree (MD, PhD, PharmD or equivalent)
- Must hold a faculty, research scientist, post-doctoral fellow, or equivalent position by the start date of the award
- Applicants from under-represented racial and ethnic groups as well as individuals with disabilities are strongly encouraged to apply for funding
- Interdisciplinary research teams are encouraged
Mentors

• Only required for PIs who are post-doctoral fellows

• Optional for everyone else

• If you have one or more mentors, include their NIH-style biosketch(es) or provide their name(s) and email(s)
QUESTIONS?

Additional questions about the LOI and proposal process may be directed to: Nadia Hay, HEADS Center Program Manager-nhay1@jhu.edu
Data Resource Types Available on HEADS’ Remote Data Enclave Core (RDEC)

1. DUA-restricted CMS data

2. DUA-restricted CMS claims-linked survey data (through MedRIC)

3. Hopkins-licensed data that are linkable and complementary to claims-based research

4. Contextual data on long-term services and supports (LTSS)
DUA-Restricted CMS Data: Beneficiary IDs Compatible Across All

<table>
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<th>MA Encounter Data</th>
<th>FFS and Prescription Drug Claims</th>
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DUA-Restricted CMS Data: Beneficiary IDs Compatible Across All

- 100% FFS and MA Hospice [2016-2019] 2020
- 100% FFS and MA MedPAR [2010-2019] 2020
- Medicare Data on Provider Practice and Specialty (MD-PPAS) [2018-2020]
- Home Health Outcome and Assessment Information Set (OASIS) for 20% of FFS and all MA [2019-2021]
DUA-Restricted CMS Claims-Linked Survey Data (Pending)

- National Health and Aging Trends Study (NHATS)-CMS
  - FFS claims [2006-2021]
  - Part D claims [2006-2021]
  - MA encounter [2015-2019]
  - Medicaid claims [2006-2019]
  - MedPAR [2006-2020]
  - Assessment data (IRF, MDS, OASIS) [2006-2021]

- Health and Retirement Study (HRS)-CMS
  - FFS claims [1991-2018]
  - Part D claims [2006-2018]
  - Medicaid claims [1999-2012]
  - Assessment data (IRF, MDS, OASIS) [1999-2018]
  - MedPAR [2013-2018]
Hopkins-Licensed Data Complementary to Claims-Based Studies

- Ideon (Vericred) provider network data (MA, ACA, and Medicaid managed care) [2017-2022]

- OneKey healthcare industry database (physicians and nurse practitioners/physician assistants and associated organizations) [2019]

- American Hospital Association Annual Survey data [2005-2020]
Contextual Data on LTSS

► Serves as platform for investigating how the LTSS environmental context shapes the care experiences of individuals living with disability

► Data sources

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<th>American Community Survey</th>
<th>Bureau of Labor Statistics</th>
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<tr>
<td>Dartmouth Atlas</td>
<td>Medicare Expenditures per Beneficiary</td>
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<td>State Medicaid Expenditures for LTSS</td>
<td>Managed Long-Term Services and Supports</td>
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<td>Paid Family Leave Availability</td>
<td>State Minimum Wage Laws</td>
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<td>Paid Sick Leave Availability</td>
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Thank you

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