# Frequently Asked Questions – Diagnostic Excellence Initiative

## Is my topic or measure concept within scope of funding?

**Q**: Are pediatric measures within scope of funding?
**A:** Yes. Pediatric measures for diagnosis are in scope if they address variation in care based on existing evidence. We do not target any particular population for our measures. We do prioritize by disease category as described in our RFP, preferring conditions that have serious consequences if delayed or missed.

**Q**: What is the role that pediatrics research will play in achieving the goals of the RFP?
**A:** This funding opportunity is not directed at clinical investigations or research proposals that are geared to development of new knowledge, or new standards or guidelines that are not widely accepted.

**Q**: Are proposals that focus on over-testing/overuse/overdiagnosis as an indicator of diagnostic quality within scope?
**A:** Yes. We view over-diagnosis and over-testing as a part of the challenge for "optimal" diagnosis. We would likely be more receptive to the proposal if you identified the impact over-diagnosis has in terms of harm from suboptimal diagnosis.

**Q:** Are you interested in algorithms/measures that are intended to prospectively identify and head off diagnostic error? Or only in measures that retrospectively identify/quantify those who were subject to error (i.e., delayed cancer diagnosis, misdiagnosis of pneumonia)?
**A:** Both will be considered.

**Q**: Are screening measures in scope?
**A:** Yes. Screening measures will be considered if they relate to a priority condition and address a performance gap.

**Q**: Is refinement of existing measures within scope?
**A:** Possibly. There are few existing measures that address diagnosis and the proposed refinement would need to improve diagnosis of a priority condition.

**Q:** Is it appropriate to submit a project that applies/uses an existing clinical quality measure that has not been validated, or does it need to be a new measure?
**A:** If the measure hasn't been validated (not a fully developed measure), we would consider it.

**Q**: We see that you have already funded measures for lung and colorectal cancer. Would you still consider additional proposals for these topics?

**A:** Yes, although it is wise to notice what other projects we have funded. We will consider other measures that address diagnostic problems with lung and colorectal cancer as long as they do not duplicate prior grantee work. We are sure that there is more than one idea for improving diagnosis. Current projects can be found on our website, Moore.org: Cohort 1, Cohort 2, and Cohort 3.

**Q**: Can a measure be general, applicable to multiple diseases? Are you looking for applications that tackle one condition/disease, or multiple conditions?
**A:** Yes. We will consider crosscutting measure concepts for structures and processes that impact multiple diseases, although it would be wise to explain in the application how you expect it to impact one or more of our priority conditions. We would consider any proposal that addresses one, or more, of our priority conditions.

**Q**: How about addressing equity? Is there any interest in equity?
**A:** Assuming the reference to equity in this case is referring to the fact that certain populations are disproportionately affected by some conditions or have disease presentations that might be considered "atypical". In this case, yes, we would welcome measures that are designed to address disparities in care or conditions that are misdiagnosed because of health care inequities, so long as the focus also meets the other criteria of the RFP. We won't consider equity as the only focus, but we will consider equity in the context of a priority condition. If a certain population suffers a disproportionate burden of a diagnostic error, or a delay in diagnosis, for a priority condition, developing a measure to detect that is desirable.

**Q:** How do you view measurements that relate to rare but high impact conditions? Are they viewed less favorably compared to common conditions? Or does the severity of the outcome offset the rarity of the disease?
**A:** The most competitive proposals will deal with both common and severe conditions.

**Q:** What is the distinction between prediction and machine learning for this RFP?
**A:** The distinction is meant to be developing a prediction rule based on old data (we don't want) versus developing a real-time surveillance method to detect an "error in evolution" (yes).

**Q**: Will you fund work to test performance of novel biomarkers?
**A:** No, we will not fund work that develops new diagnostics or clinical investigations that test hypotheses. These fall outside the scope of measure development.

## Will you fund my site? My team?

**Q:** Are proposals from international settings accepted? Competitive?
**A:** Possibly. We are open to receiving and considering proposals from international sites. However, the work must be relevant to the U.S. health care system, and the measures will be assessed based on their ability to be tested and validated on U.S. health center data and implemented in our setting. We recommend partnering with someone within the U.S.

**Q:** Our team does measure development and partners with organizations that do measure development. Is that acceptable?
**A:** Yes, we welcome the expertise of others in this field and think you would add to the experience of the grantee cohort.

## How do we assess the applications and proposed work?

**Q**: Are proposals judged more on the quality of the proposed measure concept, or the quality of the methodology for validating and refining the measure?
**A:** Competitive applications are expected to satisfy both: an excellent measure concept and adequate methodology. However, our acceptance criteria are weighted slightly towards the importance and merit of the measure concept. We partner with Battelle during the grant period to help assure that the methodology is sound. We would rather develop a measure that is meaningful and impactful but struggles with methodology, than develop a technically sound measure that is of no use, or worse, potentially harmful or unwanted. We are willing to take risk if the concept is very important and addresses an unmet need.

**Q:** Is the foundation hoping that these measures may eventually be adopted, e.g., through AHRQ, CMS, or others?
**A:** Yes!

## What is the preferred format for text answers, references and figures?

**A:** Please see Appendix D in the complete description of the RFP for details.

## Do you have a preferred target for your measures?

**Q:** Do you have a preference for clinician level measures? Are structure or population health level measures in scope?
**A:** We do not necessarily have a preference based on the target for the measure. We are open to measures that assess performance at the level of the provider, practice group, health care center, and/or by specialty or geographical regions. We prefer measures that can be used to monitor and improve performance for the public good, including use for quality improvement, accreditation or licensing, or adopted for pay for performance, or recognition and incentive programs. You will be asked to justify the need for your measure concept and identify who would use it and how it could be used to improve diagnosis.

## Data Source

**Q**: Do you have a preferred data source?
**A:** The ideal data source is mostly dictated by the measure concept and the problem you are trying to solve. The data must be appropriate to address the clinical problem. We know that much of data relevant to diagnosis is more granular and many grantees trend towards use of electronic health record data. Certainly, electronic data are preferred for making the measure generalizable and scalable.

**Q:** What is the scale you are looking for? If the work was limited to a single state, would that be acceptable?
**A:** Yes, that would be acceptable. The measure development will likely be constrained by the source of your available data. In that regard, a single state is likely adequate. We do favor work

that can ultimately be generalized for more widespread implementation, but that may not be feasible at the start of measure development.

**Q:** Is it expected that the data source to develop the measure will be existing data (i.e., patient electronic health record, other databases)? Or is data collected from patients and real-time to collect data to inform the measure acceptable?
**A:** Both retrospective and prospective data are acceptable.

## Questions about grant work

**Q**: What is the minimum level of testing that is expected? Alpha? Beta?
**A:** We expect alpha and beta testing to include qualitative and quantitative testing for validity, reliability, and feasibility.

**Q**: Do you consider preliminary work (qualitative) that engages stakeholders and patients or does the project require quantitative testing?
**A:** Measure development requires both qualitative and quantitative testing, and both are expected for this funding.

**Q**: Is there a mandate that at the end of the grant period (18 months) the measure is submitted for NQF endorsement? We anticipate that it may take longer.
**A:** We understand that the time to fully develop a measure may take longer than the grant period. We use the NQF measure assessment criteria as a standard for your measure development work. And while we hope that you pursue NQF endorsement, we recognize that may not be achievable for all our grantees within 18 months. If a measure is very promising and needs additional time to submit for NQF endorsement, we may regrant to allow additional time and budget. That decision is predicated on the importance of the measure, the grantee performance, the feasibility of the measure, and the likelihood for success.

## Funding

**Q**: Will you fund work that is already underway with state and/or CDC funding?
**A:** We will consider co-funding projects with measure concepts that are appropriate for our priorities and have potential for broad impact. However, the grantee will be expected to participate with our cohort of grantees.

**Q**: If my organization or division has been funded by this RFP, does that preclude another grant to the same institution?
**A:** Each proposal is judged on its own merit. We do not restrict funding based on prior funding decisions.

## General Information

**Q:** What is the timeline between notification as a semi-finalist and the presentation? When are the presentations expected to be? What is the funding level by year?
**A:** Please see the complete description of the RFP for details.

**Q:** Do you provide feedback on proposals not selected for the semi-finalist stage?
**A:** We do not routinely provide feedback. However, if you request, we will try to explain the basis of our decision. We generally find that applications are uniformly of good quality. The major reason applicants are not selected have to do with alignment with our funding priorities.

**Q**: Where can we find a list of your current measure development grantee measures?
**A:** You can find information about our grantees here: Cohort 1, Cohort 2 and Cohort 3.