

## **Neiman Health Policy Institute Grants Program in Radiology Policy and Practice Research**

*Richard Duszak Grant*

### **2025 Request for Applications**

#### **PURPOSE AND SCOPE**

The Neiman Health Policy Institute (HPI) Grants Program will advance the HPI's mission by funding novel research that provides evidence to inform health policy and radiology practice that promotes safe and effective patient care and the efficient use of healthcare resources. We seek proposals for research projects that will produce actionable results to pave the way for new health policy or radiological practice advancements that improve patient outcomes, reduce health disparities, informs the appropriate use of care, or demonstrates the value of the radiology specialty to support adequate reimbursement and sustain patient access.

The Duszak Grant offers an opportunity to collaborate with the Neiman Health Policy Institute in support of a novel, high-value research proposal. Often, radiologists have important hypotheses and research objectives but need outside data and resources in order to execute a study. The applicant (an ACR member) awarded this grant will be provided in-kind support via an HPI researcher's time on the methodological planning and analysis of a study, and the use of HPI data resources by the HPI analyst. Please see a summary of HPI data resources at the end of this document. The grantee will work closely in collaboration with the HPI team and, upon completion of analysis and decision to publish, be the primary manuscript writer and first author.

#### **Grant program objectives**

- To facilitate novel, empirical research that contributes directly to the HPI mission
- Funded research proposals will:
  - o be pertinent to current policy priorities in radiology
  - o be hypothesis driven (versus hypothesis generating)
  - o include a research plan that will provide actionable information that can be readily understood by stakeholders; and
  - o have the potential to directly inform health policy and practice.

#### **GRANT AWARD**

Support for an awarded grant proposal will be in the form of in-kind support from the Neiman HPI team. HPI staff will provide their time and effort in consulting on research methods and execution of analysis of our data to support this project. The grantee will not have direct access to the HPI data but can leverage these data for the proposed project by working with HPI analysts. The

grantee may or may not provide additional data or analysis for the proposed project. Monetary support, including salary support for the grantee, is not provided.

Note: The Harvey L. Neiman Grant, a separate request for applications, funds independent research by awarded investigators that extend the capabilities of the HPI, rather than leveraging HPI resources.

## **Richard Duszak Grant**

This grant was named in honor of Richard Duszak, MD whose leadership as the CEO, CMO, and Director of the Neiman Health Policy Institute IMPACT Center at Emory University during the Institute's first decade has been instrumental to its success. Dr. Duszak's prolific research in health policy, his development of broadly accessible online data tools, and his mentorship of other researchers have shaped the field and impacted health policy through objective research.

The Duszak Grant funds research on the value of advancements in the field of radiology for improving the efficiency or effectiveness of patient care. Priority areas of advancement include:  
The Duszak Grant funds research on:

- **Emerging delivery and payment models as avenues for radiology to provide high-value services for patients.** Example focus areas of interest are studies that: impact policy for radiology or radiology patients, the value of radiology in the context of recent or emerging models, clinician reimbursement that will support practice sustainability and patient access, and innovative approaches for meaningful radiologist participation toward value-based health care goals.
- **Emerging technologies and the impact on radiology practice and patient care.** Research that explores (identifies, explains, and tests) opportunities and challenges presented by emerging technologies with the potential to impact radiology practice. An area of particular interest is artificial intelligence (AI). Additional applicable areas of research include digital health technologies, telehealth, emerging imaging technology, etc. and should include objectives that are pertinent to health policy and/or economics.
- **Cancer screening policy, practice and patient adherence.** Research that tests hypotheses that have the opportunity to improve adherence or quality of cancer screening through policy or practice mechanisms.
- **Value of radiologists within the context of health systems, population health or patient outcomes.** Studies with the potential to expand or bolster the value proposition for the radiologist profession by evaluating and quantifying the value of radiologists generally, radiology subspecialties, or radiology services.

- **Radiology workforce.** Studies using innovative approaches to assess challenges or opportunities to improve the sustainability, scale or efficiency of the radiology workforce, which may include radiologist, assistants, technicians, etc.

## APPLICATION DEADLINE

Applicants are to submit their complete application via email to [grants@neimanhpi.org](mailto:grants@neimanhpi.org)

**Applications must be received by 8 pm ET on February 3, 2025.** Applications not submitted by this time or that are incomplete will not be considered.

## ELIGIBILITY

- Individuals or groups may submit proposals. Grants are available to full-time faculty and trainees with an MD, DO, PhD, or equivalent degree at educational institutions within the United States.
- Applicants must be current members of the American College of Radiology, or at a minimum the primary investigator must be an ACR member, with justification provided for why other key personnel are not eligible for ACR membership.

## REVIEW PROCESS

Submitted applications are first reviewed by ACR staff to confirm that they are complete and meet eligibility criteria. Complete, eligible applications advance to the members of the HPI Research Selection Committee (RSC). The RSC reviews all eligible applications and makes recommendations for funding under both grants. Applications are reviewed and ranked in priority order. Applicants will be notified of the results of the RSC review process.

Applicants with proposals that meet key criteria but would benefit from further refinement may be offered the opportunity to present their proposal via video conference to the HPI Executive Director and staff, and in some cases members of the selection committee. These meetings can result in revisions to the design of the study, resources required, and budget to ensure the success of the study in achieving the grant's objectives. Final project design and budget will be submitted to the RSC for final review and award decision.

The review process and scoring guidelines are modeled on the NIH scoring system. The review process will score proposal based on the following criteria:

1. **Significance:** Does the project address an important problem or a critical barrier to progress in the field, and is it aligned with the priority topics outlined for this grant? Is the project timely with respect to the current health policy and practice environment? Will the methods provide generalizable results?
2. **Investigators:** Are the investigators capable of performing the research described? Do they have the needed skills and expertise?
3. **Novelty or Innovation:** Does the project explore a novel research question or fill an important gap or meaningfully extend existing literature? Does it challenge and seek to shift

current policy or clinical practice paradigms? Does it employ innovative approaches or methodologies?

4. **Impact:** Will the study produce actionable conclusions that have the potential to impact current policy and/or practice?
5. **Approach:** Is the overall research strategy and plan well-reasoned and appropriate to accomplish the specific aims of the project? Is the research approach rigorous?
6. **Scope of work requested from HPI:** Is the proposed scope of work possible with HPI resources (analytical capabilities and data)? Can the work be completed with an acceptable level of effort by staff?
7. **Timeframe:** Can the project plan reasonably be completed within the funding period? Does the project timeline support the timely publication of project results?
8. **Letters of Support:** Letters of support with collaborators will be taken into consideration; at least two are required.

## REQUIREMENTS FOR FUNDED PROJECTS

### Reporting

For this award, regularly scheduled meetings with the grantee and HPI team will be scheduled to ensure the project remains on track. No official reporting will be required as this project will be a collaborative effort between HPI and the grantee.

### Publications and Presentations

Toward the goals of impact and action stemming from funded projects, funded investigators are expected to submit a manuscript to the Journal of the American College of Radiology or other high impact journal. The manuscript must be submitted to the HPI Executive Director for awareness and to ensure proper acknowledgement prior to submission. The HPI staff who provide substantial contributions to the research design or data acquisition, analysis, or interpretation for the project should be co-authors of the study. Such co-authors can contribute to writing the methods and results sections of a manuscript and provide editorial review.

In the case that a project may not yield publishable findings, that determination must be made in collaboration with the HPI leadership.

Publications resulting from research or training activities supported by the HPI must contain the following acknowledgment: “This study received grant support via in-kind provision of consulting and analytics by the Neiman Health Policy Institute; no direct financial funding was received”. The HPI’s support should also be acknowledged by the grantee and the institution in all public communication of work resulting from this grant, including scientific abstracts (where permitted), posters at scientific meetings, press releases or other media communications, and internet-based communications.

Upon acceptance of an article for publication, grantees should notify HPI staff who will promote the publication, which may include a national press release. If your institution plans a press release involving HPI-supported research, please notify Nichole Gay, Communications and Media Manager at the Neiman Institute (ngay@neimaninstitute.org)

## **SCHEDULE**

Upon submission of a fully executed grant agreement, the project period is up to 12 months. A no-cost extension can be requested as needed.

## **APPLICATION PROCEDURES**

A complete application will include a **Research Narrative** limited to five (5) pages, not including the **References**, a one (1) page **Executive Summary**, **Letters of Support**, and NIH **Biosketches or CVs** for Key Personnel.

The **Research Narrative** must include the following elements:

1. Title of the Activity/Project
2. Abstract
3. Background and Significance
  - Include any preliminary analyses if available
4. Research Strategy. It is understood that some applicants may be requesting support from the Neiman HPI staff to refine methodological details, such as specific statistical testing, and that the analysis plan may be contingent upon such details. The applicant should include as much description as possible in this section and note aspects that will be decided after consultation with the HPI staff.
  - Specific Aims
  - Methods
  - Analysis Plan
5. PI capabilities
6. Institutional capabilities, if applicable
7. Scope of Neiman Institute capabilities requested. Although the applicant is not required to estimate the percent effort required for their specific project, the applicant should consider the scope of the research with respect to a reference point of 25% analyst effort and 5% principal researcher effort of available in-kind support.
8. Estimated Project Timeline, including brief descriptions of major milestones
9. References

### **Letters of Support:**

At minimum, include a letter of support from the applicant's Department Chair. A letter of support from the chair of an ACR commission or committee is preferred, but not required, to demonstrate

alignment with ACR strategy and mission. Additional letters may be submitted at the applicant's discretion.

**Biosketches:** NIH Biosketch for all Key Personnel, or CV if Biosketch is not available.

**Budget:** No budget is required with the application; a project budget will be completed in conjunction with HPI upon selection. This budget will reflect the time, effort and data usage of HPI analysts provided at no additional cost to grantee and the dollar amount equivalent of this support will be documented in an award letter to the grantee.

**Format:** 8.5x11 page size, at least 1.5 spacing, 1" margins, Times Roman font, 10-point size.

The application must be submitted electronically via email to [grants@neimanhpi.org](mailto:grants@neimanhpi.org) **by 8 pm ET on February 3, 2025**. Incomplete applications or those submitted after the deadline will not be reviewed. **Please specify in your email that you are applying for the Duszak grant.**

**NOTE:** Applicants with questions are encouraged to reach out to HPI staff using [grants@neimanhpi.org](mailto:grants@neimanhpi.org) during the application period.

## GRANT APPLICATION FORMAT

1. Research Narrative limited to five (5) pages, not including the Reference List
2. A one (1) page Executive Summary,
3. Letters of Support
4. NIH Biosketches or CVs for Key Personnel

When sending your application elements to [grants@neimanhpi.org](mailto:grants@neimanhpi.org), you must save your files using the naming convention below.

2025\_HPIDuszak\_<Element Name>\_<PI First Initial Last Name>

- 2025\_HPIDuszak\_Research Narrative\_J Doe
- 2025\_HPIDuszak\_Exec Summ\_J Doe
- 2025\_HPIDuszak\_LoS\_J Doe
- 2025\_HPIDuszak\_Biosketch\_J Doe OR  
2025\_HPIDuszak\_CV\_J Doe

## Neiman Health Policy Institute Data Sources

	<b>Medicare 5% RIF:</b> Medicare Research Identifiable Files (RIF), 5% Sample	<b>TAF:</b> Transformed Medicaid Statistical Information System (T- MSIS) Analytic Files (TAF)	<b>PSPS LDS:</b> Physician/Supplier Procedure Summary (PSPS) Limited Data Set (LDS)	<b>Inovalon Insights, LLC,</b> Real World Data
Years available	2004-2022	2018-2019	1991-2022	2012-2024
Organization that owns the data	CMS	CMS	CMS	Inovalon Insights, LLC
Data contributors	Medicare Fee-For-Service Claims	Medicaid/CHIP Claims	Medicare Fee-For-Service Claims	Affiliated and nonaffiliated commercial, medicare advantage, and medicaid plans
Sample Size	5% of Original Medicare (Fee-For-Service), Average per year = 2,951,018 Latest year = 3,523,946	100% of Medicaid/CHIP enrollment, Average per year = 92,548,571 (84% in some managed care program during year)	100% of Medicare Fee-For- Service, Average per year = 32,682,249, Latest year = 29,655,517	Average Enrollment per year = 79,922,791 Latest year Enrollment = 65,578,514
Geographic coverage	All 50 States, DC, Puerto Rico	All 50 States, DC, Puerto Rico	All 50 States, DC, Puerto Rico	All 50 States, DC, Puerto Rico
Geographic level	Zipcode, FIPS State/County	Zipcode, FIPS State/County	SSA State Code, Carrier Number	Zip3
Race/ethnicity	Yes	Yes	No	Yes - not available for all patients
Age	Yes	Yes	No	Yes
Other demographics (% populated)	Sex, Death Date, NICI, CCI, CCW Chronic Conditions	Sex (98%) Disability SSI (88%) SSDI (59%) Language (76%) Marital Status (46%) Household Size (43%) Income (48%) Citizenship (79%) Death Date, NICI, CCI	N/A	Sex, NICI, CCI
Inpatient	Yes	Yes	Yes	Yes
Outpatient	Yes	Yes	Yes	Yes
Pharmacy	No	Yes	No	No
Data are individual claims	Yes (closed claims)	Yes (closed claims)	No - claims aggregated by combination of procedure codes, modifier codes, provider specialty, carrier, locality code, and place of service	Yes (closed claims)

CPT & HCPCS code on claims	Yes	Yes	N/A - part of data aggregation	Yes
# Diagnosis Code Fields per claim	Carrier - 12 Inpatient -25 Outpatient - 25	Inpatient - 12 Outpatient/Other - 2	N/A	All Claims - 25
Provider Information	NPI/Specialty for Referring and Rendering Providers; provider ZIP code and state; can be linked to MDPPAS and Physician Compare Data	NPI/Specialty for Billing, Referring, Rendering Providers; provider ZIP code and state; can be linked to TAF Annual Provider File, MDPPAS and Physician Compare Data	Provider specialty	NPI/Specialty for Billing and Rendering Providers; provider ZIP code and state; can be linked to MDPPAS and Physician Compare Data
Payment Variables	Billed, Allowed, Paid, Deductible, and Beneficiary Payments	Billed, Allowed, Paid, Coinsurance, Copay, Deductible, Other Insurance Payments; Only available for non-managed care claims	Billed and allowed amounts (for aggregated claims)	<b>Actual costs:</b> Allowed, Paid, Copay, Bundled Payment ( <i>Note: high missingness</i> ) <b>Proxy costs:</b> Medicare Fee Schedule Amounts
Update Schedule	Annual, Data available 18 months after December of contract year (e.g., 2023 available mid 2025 )	None	Annual, Data available 12 months after December of contract year (e.g., 2023 available early 2025 )	Quarterly, 3 month run-out (i.e., data available with a 3-6 month lag )
Place of service	Yes	Yes	Yes	Yes
Available files	Master Beneficiary Summary File (MBSF): - MBSF Base Segment (A/B/C/D) - CCW Chronic Conditions Segment (27 conditions) Medicare Claims Data: - Inpatient - Outpatient - Carrier - Home Health - Hospice - ACO Shared Savings Beneficiary-Level File - Skilled Nursing Facility (Data documentation including specific variables by file is available on ResDAC website)	DE (Demographic and Eligibility) IP (Inpatient) OT (Other Services) APR (Annual Provider)		



Information Links	<a href="#">Medicare Research Identifiable Files</a>	<a href="#">T-MSIS Analytic Files</a>	<a href="#">Physician/Supplier Procedure Summary LDS Information</a>	<a href="#">Inovalon Real World Data</a>
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