

## Call for Proposals

# Research to Support Timely and Accurate Diagnosis for All

Applications Due May 1, 2024

## Background

AcademyHealth is launching a call for proposals to engage researchers in building evidence to reduce diagnostic inequities across the domains of patient access, experience, and health outcomes. This effort, supported by a grant from the Gordon and Betty Moore Foundation, will bolster understanding of inequities in the diagnostic process that prevent patients from receiving a timely, accurate, and clearly communicated diagnosis.

Diagnostic errors account for almost 60 percent of all medical errors and an estimated [40,000-80,000 deaths per year](#) in the United States. In a 2015 report [Improving Diagnosis in Health Care](#), the National Academy of Medicine estimated that "nearly every American will experience a diagnostic error in their lifetime, sometimes with devastating consequences." While diagnostic equity is an emerging field, there is little question that harm from diagnostic errors, compounded by health inequities for underserved populations, is a major [quality and safety problem](#) in American health care and worldwide.

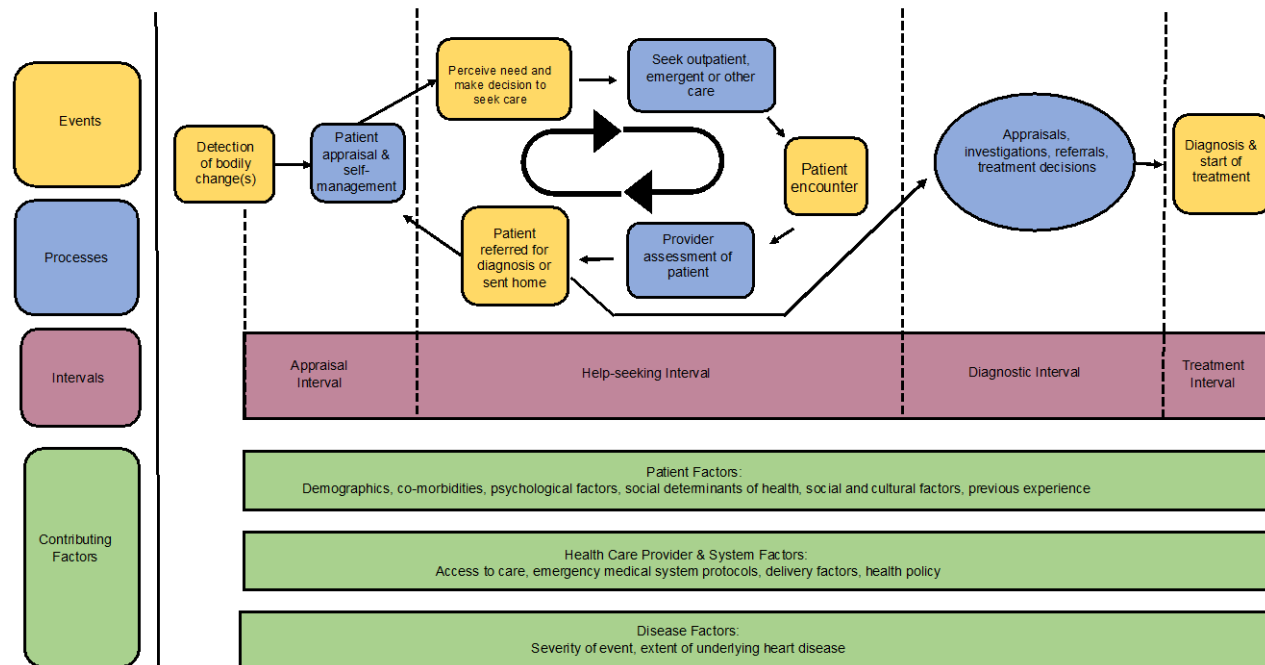
By diagnostic equity, we mean an equal probability of getting an accurate, timely diagnosis that leads to appropriate interventions regardless of race, gender, socioeconomic status, or other characteristics. Researchers have pointed to numerous potential risk factors and drivers of diagnostic inequity, including race and ethnicity, socioeconomic status, gender identity, sexual orientation, geography, insurance status, age, disability, and language competency, among others. Moreover, population subgroups at highest risk for inequities often intersect. In the words of an expert recently interviewed by AcademyHealth, the barriers faced by such populations are multiplicative rather than additive.

Inequities can present themselves at any stage of the diagnostic process. For previous grantmaking, AcademyHealth adapted an existing framework developed by cancer researchers to characterize a patient's diagnostic journey across [four distinct phases](#):

- An **appraisal interval** from the detection of bodily changes to perception of a need to seek care;
- A **help-seeking interval** from the perception of a need for care until the first clinical consultation;
- A **diagnosis interval** from the first consultation through actual diagnosis; and
- A **treatment interval** from diagnosis until the start of treatment.

Figure 1 illustrates the events and processes that occur during each interval as well as factors that can affect the diagnostic process.

Figure 1. Pathways to Diagnosis and Treatment: Adaptation of Walter, 2012



Adapted from Walter F et al. The Andersen Model of Total Patient Delay: a systematic review of its application in cancer diagnosis. J Health Serv Res Policy. April 2012. 17 (2): 110-8.

To develop a more nuanced understanding of diagnostic equity reflecting both the complexities of the U.S. health care system and patients’ experiences, AcademyHealth conducted a series of key informant interviews in 2023. In addition, we partnered with the National Health Council to conduct listening sessions in 2024 to gather firsthand accounts from patients, caregivers, and advocates about their experiences of inequity in the diagnostic journey. AcademyHealth has synthesized findings from the interviews and listening sessions in a primer that may be helpful to potential applicants. It is available for download at <http://www.academyhealth.org/dx4all>.

## Purpose

The goal of this solicitation is to expand the base of rigorous evidence to address “the presence of preventable unwarranted variations in diagnostic processes among population groups that are socially, economically, demographically, or geographically disadvantaged.”<sup>1</sup> We are interested in studies that expand understanding of what leads to disproportionately worse outcomes for some patients or that provide evidence about promising strategies to address barriers to diagnostic equity. In addition, AcademyHealth seeks to raise visibility and engagement among the health services research community around these issues.

Proposed studies should rigorously address previously unanswered questions and result in actionable findings. In addition, applicants should include plans to disseminate findings to the broadest range of relevant audiences.

While this call for proposals is not limited to a specific set of diagnostic equity-related topics, we are particularly interested in studies that:

- Make use of innovative approaches and data;
- Include qualitative research components or mixed methods;
- Build on established researcher-community partnerships to generate a collaboratively written proposal; such proposals should be based on a shared understanding of a community-motivated problem; and
- Focus on inequities in the diagnosis of mental health conditions or examine how having a mental health condition affects patients' ability to access diagnostic services or receive a timely, accurate diagnosis.

Within these boundaries, we expect to fund studies that collectively cover a variety of topics. Examples of potential research topics include, but are not limited to:

### **Challenges for Particular Patient Groups**

- How can we address challenges to timely, accurate diagnoses for particular populations, such as neurodiverse individuals?

### **Upstream Drivers**

- How do patients' preferred language, culture/religious beliefs, medical knowledge, urban versus rural location, or trust in the health care system affect their decision to seek care or create other inequities in diagnosis?

### **The Role of Providers**

- What specific roles do doctors, nurses, other clinicians, and health systems play in preventing, creating, or mitigating diagnostic inequity?
- How do providers' perceptions of patients' status or manner of dress and appearance affect the diagnostic journey? How can we address these drivers of inequity?
- Can clinical training of doctors, nurses, and other clinicians prevent or lessen diagnostic inequities?
- Where in the diagnostic journey can interventions like nurse advice hotlines be deployed to avoid or address inequities?

### **The Digital Divide**

- How can technology, including artificial intelligence, be used intentionally to avoid or address diagnostic disparities?
- To what extent do these tools create or deepen disparities in access to diagnostic services?

### **Coverage and Provider Payment**

- What is the impact of insurance coverage or new provider payment models (e.g., accountable care organizations) on the likelihood of patients receiving a correct, timely diagnosis?

## Total Awards

A total funding pool of \$600,000 is available for this call for proposals. AcademyHealth will fund a total of four to six projects with budgets of up to \$150,000 each over a 12-month grant period.

## Eligibility Criteria

Researchers, as well as providers, community-based organizations, patient advocacy groups, and public or private policymakers collaborating with researchers, are eligible to submit proposals through their organizations. We encourage submissions from a range of disciplines, including health services research, economics, medicine, sociology, psychology, program evaluation, political science, public policy, public health, public administration, law, informatics, technology, or other related fields.

Preference may be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. Additional documentation may be required. Applicant organizations must be based in the United States or its territories.

Consistent with AcademyHealth's commitment to diversity, equity and inclusion across multiple dimensions, including racial and ethnic identity, socioeconomic status, disability, age, gender, and sexual identity or orientation, we encourage proposals that support individuals who will expand the perspectives and experiences brought to their research projects and the initiative as a whole.

## Selection Criteria

Individuals external to AcademyHealth with relevant research, clinical, and/or lived experience will review each proposal according to the following criteria:

- Responsiveness to the call for proposals.
- Likelihood of producing novel, actionable findings.
- Clarity of research question/hypotheses and approach.
- Appropriateness of data and methods and access to data.
- Engagement with communities and patients and plans to translate and disseminate findings.
- Qualifications of the research team.
- Feasibility of the project within proposed budget and timetable.

## Working With AcademyHealth

Principal investigators will periodically meet with AcademyHealth program staff, other grantees, and key experts in the diagnostic process and health equity to discuss their progress, synergies across projects, and how research findings can best inform policy, practice, and improvements in the patient diagnostic experience and outcomes.

## Use of Grant Funds

AcademyHealth will follow Gordon and Betty Moore Foundation policies in grants awarded as part of this solicitation. Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. Grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities. Indirect cost rates may not exceed 12.5 percent of direct costs excluding certain categories of expenses.

Full details about the use of grant funds and other Gordon and Betty Moore requirements can be found on its [Grantee Resources web page](#).

## How to Apply

Applicants must submit proposal materials electronically via the AcademyHealth application site, which may be accessed at [www.academyhealth.org/dx4all](http://www.academyhealth.org/dx4all). AcademyHealth will accept proposals between 12:00 pm EDT Monday, March 25, and 3:00 pm EDT Wednesday, May 1, 2024. On your first visit to the site, you will need to register as a user. The site will allow you to authorize other members of your team to edit or submit your application.

Completed proposals will include a short summary of your project, contact information for relevant staff, a narrative of no more than 10 pages to be completed using a provided Word template, a budget using a provided Excel template, a narrative explanation of the proposed budget, and other supporting materials.

Please direct all inquiries about your application to [dx4all@academyhealth.org](mailto:dx4all@academyhealth.org) and include your email address. We will try to respond to all inquiries within one business day.

We encourage you to familiarize yourself with the application site and all requirements for your application well in advance of the submission deadline. Staff may not be able to assist all applicants during the final 24 hours before the submission deadline. In fairness to all applicants, we will not accept late submissions.

## Program Direction

Responsible staff at AcademyHealth are:

- Michael E Gluck, PhD, MPP, Vice President (*Program Director*), [michael.gluck@academyhealth.org](mailto:michael.gluck@academyhealth.org).
- Allison Isaacson, MPH, Senior Manager, [allison.isaacson@academyhealth.org](mailto:allison.isaacson@academyhealth.org)
- Lydia Babcock, MPH, MA, Senior Research Associate, [lydia.babcock@academyhealth.org](mailto:lydia.babcock@academyhealth.org)
- Tamika King, MBA, Director of Grants and Contracts, [tamika.king@academyhealth.org](mailto:tamika.king@academyhealth.org)

## Key Dates and Deadlines

- March 18, 2024: Call for proposals and applicant resources published.
- March 21, 2024, 12:00 pm EDT: Webinar for prospective applicants.
- March 25, 2024: Application portal opens.
- May 1, 2024, 3:00 pm EDT: Proposals due.
- August 2024: Applicants notified about funding decisions.

- September 1, 2024: Grants begin.
- August 31, 2025: Grants conclude.

## Additional Resources

AcademyHealth will make additional resources available at [www.academhealth.org/dx4all](http://www.academhealth.org/dx4all), including a primer on equity in diagnosis, a recording of the webinar for applicants (once it occurs), and answers to questions submitted by potential applicants.

## About AcademyHealth

Since its inception, AcademyHealth has advanced health services research by acting as an objective broker of information, bringing together stakeholders to address the current and future needs of an evolving health system, inform health policy and practice, and translate evidence into action. As the professional home and leading national organization for health services researchers, policymakers, and health care practitioners and stakeholders, AcademyHealth – together with its members – increases the understanding of methods and data used in the field, enhances the professional skills of researchers and research users, and expands awareness. Through its grantmaking programs, AcademyHealth works with research funders to support the creation and dissemination of new evidence on timely health care topics.

## About the Gordon and Betty Moore Foundation

The Gordon and Betty Moore Foundation fosters path-breaking scientific discovery, environmental conservation, and preservation of the special character of the San Francisco Bay Area. Visit [moore.org](http://moore.org) and follow @MooreFound.

---

<sup>1</sup> Giardina, T. D., Woodard, L. D., & Singh, H. (2023). Advancing Diagnostic Equity Through Clinician Engagement, Community Partnerships, and Connected Care. *Journal of general internal medicine*, 38(5), 1293–1295. <https://doi.org/10.1007/s11606-022-07966-8>.