

RFA: The Role of Healthcare and Insurance in Improving Outcomes

Request for Applications

The Role of Healthcare and Insurance in Improving Outcomes in Cancer Prevention, Early Detection and Treatment

Application deadline (electronic and paper): April 1, 2009

PURPOSE: The American Cancer Society is announcing this RFA to investigate the impact of healthcare costs, healthcare system and capacity, insurance status, social factors and delivery of health care services, on outcomes in cancer prevention, early detection and treatment. The purpose of this RFA is to stimulate research on the effects of the US healthcare system structure and the role of insurance on access to screenings and treatment. Of particular interest is research using linked databases such as SEER, Medicare payment data, State data and NCHS data; other existing databases. Studies may be at the state, multi-state, or national levels, or otherwise involve large populations. Respondents should specifically describe how their results would generalize to the broader corresponding U.S. populations.

Significant gaps in knowledge remain on how healthcare costs, healthcare system structure and capacity, socioeconomic factors (including insurance status), personal characteristics (such as race and ethnicity), and delivery of healthcare services affect outcomes related to cancer prevention, early detection, and treatment. Studies investigating how one or more of these factors affect access, and how these mechanisms interact with other factors known to affect access to healthcare services should be considered. The goal is to use new knowledge derived from these studies to inform policy development and enhance outcomes in cancer prevention, early detection and treatment.

For this RFA in health policy and health services research, ACS is particularly interested in developing new knowledge specifically about the role played by insurance within the context of other factors, such as costs, capacity and personal characteristics, that affect outcomes in cancer prevention, early detection and treatment. In particular, studies should explore these issues within the uninsured and underinsured populations, Medicaid, and types of private insurance (HMO, PPO, etc.).

Three areas of investigation will receive special consideration:

1. How does the structure and capacity of the healthcare system affect appropriate and timely access to cancer screening, early detection, treatment and palliative care? Examples of such studies include (but are not limited to): a. How do insurance plan benefit designs or costs affect access to cancer screening and treatment? How do plans with high deductibles/co-payments/coinsurance, low annual or lifetime maximums, or significant benefit limits such as number of hospital days or physicians visits, influence use of cancer screening and treatment services as well as treatment patterns and quality of care? How do these design effects vary across geographic regions and/or at-risk populations? b. Do high risk pools and new insurance instruments (including insurance pools for those diagnosed with cancer such as the programs in Maine and Delaware) increase access to screening and treatment? How do these various products compare with private insurance in affecting access to screening and detection services? c. Is there sufficient capacity (facilities and personnel) within the healthcare system for cancer prevention,

screening, treatment and palliative care needs? Would there be sufficient capacity if access to care is increased? What are the root causes of incapacities?

2. What provider and system factors affect treatment patterns and quality of cancer care within the current healthcare systems? Examples of such studies include (but are not limited to): a. What provider and system incentives affect treatment patterns and quality of care, for underserved populations? b. How does level of reimbursement for cancer prevention, screening, and treatment services affect access to care and outcomes? c. How does standardization of cancer treatment patterns affect outcomes? What are the benefits of standardization of care? d. What is the impact of coordination of care and/or having a “medical home” on treatment patterns and outcomes for cancer patients? e. How do discontinuities or changes in health insurance (i.e., losing and gain coverage over relatively short periods of time) affect access to care, treatment patterns, and outcomes, and quality of care for individuals with cancer?

3. Explore life course patterns of the entire spectrum of cancer care (from prevention and screening through diagnosis, treatment, survivorship, and supportive/palliative care) by linking diverse data sources for broad patient populations. Examples of such studies include (but are not limited to): a. What factors (such as changes in insurance status, community resources, policy interventions, etc.) are associated with differences in lifecourse patterns throughout the spectrum of cancer care? b. What prevention, screening, and/or treatment patterns can be demonstrated for broad populations of individuals with cancer by linking diverse sources of existing data?

ELIGIBILITY REQUIREMENTS: Applications may be submitted by not-for-profit institutions located within the United States, its territories and the Commonwealth of Puerto Rico. Independent investigators at **all** stages of their career are eligible to apply. Thus, the usual ACS restriction to investigators within the first six years of their initial independent research appointment does **not** apply to this RFA.

MECHANISM OF SUPPORT and BUDGET:

Mechanism: This RFA will use the American Cancer Society Research Scholar Grant in Cancer Control and Prevention: Health Services and Health Policy Research mechanism. Complete and detailed instructions and information on this grant application can be found on the [Health Services and Health Policies Research page](#).

Length of Study: Awards may not exceed a period of 4 years, although it is anticipated that most applications will require no more than two years to complete the research.

Budget: Awards may not exceed \$200,000 per year (direct costs) plus 20% indirect costs.

AWARDS: It is anticipated that a total of \$1,000,000 per year for five years (starting in 2006) will be available for applications selected through the Society's peer review system.

DEADLINES: There are two deadlines for receipt of applications per year as for all other ACS applications. The next deadline for receipt of applications is October 15, 2009. Applications must be submitted both electronically and with a paper copy as per guidelines.

For additional information not covered on this announcement, please contact Dr. Ronit Elk by email **only**: ronit.elk@cancer.org