

2018 Prioritized Area of Focus

1. Dialysis Delivery Process Improvement

Procedural improvements aimed at optimization of dialysis delivery to enhance patient capabilities, patient experience, or reduce hospitalizations/re-hospitalizations

Examples of components or scientific questions that can be addressed in grant applications include, but are not limited to:

- Initiation of dialysis therapy
- Improvements in medication reconciliation
- Coordination of care
- Interventions to prevent re-hospitalizations

2. Home Dropout Reduction

Opportunities for improving care to reduce dropout rates in home dialysis

Examples of components or scientific questions that can be addressed in grant applications include, but are not limited to:

- Interventions, services and/or support programs to help patients stay on PD and/or HHD
- Transition from PD to HHD as an alternative to center HD

3. Alternative Modality Models to Enable Individualized Care

Opportunities to help the patients choose the modality best fit for their case and services to improve their quality of life

Examples of components or scientific questions that can be addressed in grant applications include, but are not limited to:

- Practices/programs to increase the likelihood of individualized ESRD care facilitating choosing home modalities, HHD or PD and alternative options
- Interventions, training, and/or education, services to increase the wellbeing and functioning of patients including keeping patients working or getting patients back to work

4. Transitions of Care

Resolve potential challenges during transition for better care coordination

Examples of components or scientific questions that can be addressed in grant applications include, but are not limited to:

- Resolving fragmentations during transition: new to dialysis, changing modality, post hospitalization
- Increasing focus on care coordination during transitions
- Enhancements of patient experience through empowerment, mindfulness, and psychosocial support

Applied Pragmatic Clinical Research

Use this chart to understand the meaning of Applied Pragmatic Clinical Research and how it relates to the application process.

Applied ¹		
	What It Means	What It Excludes
Immediate Applicability	Translate into clinical practice within 6-12 months of research study completion	Research that requires a long term follow up study before being implemented in clinical practice
Near Term Outcomes	High likelihood for significant improvements in CKD/ESRD patient outcomes in morbidity and mortality within the next 3-5 years	Research outcomes more speculative with > 5 years follow-up requirement
Wide Spread Implementation	High potential for adoption in the CKD/ESRD industry	Research with significant system-wide barriers (e.g. regulatory, practical, economic) to implementation
Impact Standard of Care	Seeks to change the standard of care including QI processes	Research focused on understanding underlying pathways for drug/device solution development, hypothesis generating trials

Pragmatic ²³		
	What It Means	What It Excludes
Real World Settings & Patients	Conducted in real world settings with the participation of a generalizable patient population	Orphan indications, outside of CKD/ESRD disease, not applicable for CKD/ESRD
Center/ Region Level Intervention	Execution through center/region cluster randomized, prospective observational studies	Large randomized trials
Practical Issues	Addresses an unmet need and/or fills an evidence gap in CKD/ESRD care processes	Research generating foundational data for large scale CKD/ESRD trials
Cost Effective Sustainability	Significant value proposition derived from a quality/cost calculations	Research with significant economic barriers for widespread implementation

¹ Satellite Research Screening Criteria ²Peterson ED. Applied Clinical Trails. 2015 ³www.ucdenver.edu/implement

Preparing Your Grant Proposal

Part One: Research Abstract

Format: PDF; 11 point Arial, < 500 words

File Name: LastName_FirstName_Abstract (ie. Garcia_Joe_Abstract)

Must include:

- Title
- Principle Investigator (PI) and Co-investigator(s) name, degree title, affiliations, address, telephone numbers, fax and e-mail

Part Two: Research Proposal

Format: PDF; 11 point Arial

File Name: LastName_FirstName_Submission (ie. Garcia_Joe_Submission)

Must include:

I. Proposal Introduction/Title Pages.

- Title.
- Principal Investigator (PI) and Co-investigator(s) name, degree title, affiliations, address, telephone numbers, fax and e-mail.
- Curriculum Vitae for all investigators — a National Institutes of Health (NIH) format is recommended (maximum four pages each). The Principal Investigator may be a physician, pharmacist, nurse or other healthcare professional. A physician **must** be a co-investigator on all studies involving human subjects.
- Study site(s).
- Institutional Grants Administrator name, degree, title, affiliations, address, telephone numbers, fax, e-mail, institutional tax identification and signature.

Preparing Your Grant Proposal

II. Proposal Specifics.

The research proposal should contain a maximum of 13 pages and follow NIH SF424 application guidelines. The proposal should encompass the following information:

- Hypotheses and specific aims (1 page maximum)
- Research Strategy to include significance, innovation and approach. Applicants are encouraged to emphasize the clinical relevance of the proposal, its unique features, and the environment in which the research will be conducted. Clinical relevance/translation (mandatory and one page maximum) should be included in significance or innovation sections. Preliminary results (as applicable) should be included in the relevant section of the Research Strategy within the 12 page limit. Methods (for clinical studies, “power analysis” is mandatory), Potential outcomes/interpretations and time line for completion of specific aims should be included in the approach section.
- Introduction to Application for Resubmissions can be included (1 page maximum) in addition to the 13 page limit.
- Applications failing to follow these guidelines may be returned or rejected based on administrative review.
- In addition, the applicant should supply:
 - Human Investigation Review Committee/Animal Protection Committee assurances/approvals
 - List of key references (two pages maximum)
 - Budget request (two pages maximum) The budget should include the following items:
 - Direct costs for personnel, equipment and supplies.
 - The cost of travel to the Annual Symposium for EGP Fund (Investigators share their results.) Maximum 15% overhead (indirect) costs.

III. Other Support.

All other current and pending grants: information to be provided should include specific aims, key personnel, direct and indirect budget costs and other pertinent information to allow the Scientific Advisory Board to evaluate potential overlap in funding.

IV. Resources and Environment.

The resources and environment section of the proposal should be limited to two pages maximum. This section should include:

- Key publications by the research team that provide evidence of expertise in the area - maximum 10 references. Reprints are not required
- Data collection instruments brevity is encouraged
- Signature of principal investigator

Terms & Conditions

1. Proposals for EGP Grants are reviewed and approved by the independent Satellite Healthcare Scientific Advisory Board.
2. Investigators with an ongoing independent funding (RO1, K award or equivalent) can apply only if they are within the last 2 years of funding at the time when their EGP grant funding would begin. Additionally, if awarded, there shall be no scientific overlap in funding between the investigator's existing funding and the EGP grant.
3. A maximum of one grant will be awarded to a given institution during each funding cycle
4. In choosing the awards, preference is given to research in the areas of focus outlined above.
5. Proposals should exhibit scientific merit & applicability within the Applied Pragmatic Clinical Research criteria.
6. Both individual and collaborative (multi-institutional) protocols are encouraged.
7. The award will be a maximum \$100,000 per year for a maximum of two (2) years inclusive of a maximum indirect cost of 15%. The program will provide up to 5 grants annually.
8. Fellows should not apply unless they can provide a clear-cut assurance from their institutions that they will be given a faculty appointment at the end of their fellowship.
9. Final approval is also contingent on documentation of approval by the investigator's institutional review board, including the patient informed consent form. If the completed grant application is approved, the investigator's institution will be asked to sign a formal contract with Satellite Healthcare.
10. The grant payments will be made twice a year. By November 30 of each calendar year, the Principal Investigator must send 1) a two-page abstract summarizing the progress of the funded research, and 2) an updated list of all current and pending support, including specific aims, key personnel, direct and indirect budget costs, and other pertinent information. Continued funding will be contingent upon the Scientific Advisory Board's satisfaction regarding the progress of the funded research and the lack of duplication between Satellite Research funding and funding from other sources. The final payment will be contingent upon the Principal Investigator complying with all the conditions of the award.
11. Satellite Healthcare support must be acknowledged in all publications that result from work supported by the grant. Electronic copies of all publications must be sent to Satellite Healthcare (MCAappliedresearch@satellitehealth.com). Acceptable acknowledgement listings are:
 - Group listing – Satellite Healthcare, a not-for-profit renal care provider
 - Single use – Funding provided through the Extramural Grant Program (EGP) by Satellite Healthcare, a not-for-profit renal care provider
12. Satellite Healthcare reserves the right to approve or deny any grant application at its sole discretion. Satellite Healthcare may also modify or discontinue the Applied Pragmatic Clinical Research program, in whole or in part, at any time.

Terms & Conditions

13. Satellite Healthcare sponsors an Annual Symposium. The purpose of this Symposium is to provide a forum for researchers supported by the Applied Pragmatic Clinical Research program to share their findings with peers and members of the Scientific Advisory Board, receive constructive feedback, and participate in a free exchange of ideas. To this end, each grant recipient must commit to attend the Annual Symposium in its entirety and incorporate their new findings into a lecture that covers the progress in their field of interest. Failure of the Principal Investigator or designee to attend the Annual Symposium may result in forfeiture of continued funding.