# Apr 2019 HSRG Grant Call Roadshow

5 April 2019



# Agenda

- Features of HSR Grant and Apr 2019 Grant Call
- General Q&A
- Ideas Exchange

# **Overall Info on HSRG**

#### Objective

- Improve policy formulation and practice by studying health delivery and outcomes, and providing rigorous scientific evidence for process improvements in applied healthcare settings.
- RIE2020 HSRG aims to fund HSR in areas aligned with MOH priorities: transforming care, containing healthcare cost inflation and increasing the efficiency of our limited manpower.
- The HSRG:
  - can fund research into healthcare systems (i.e. not limited to "health services" per se),
  - should have a relatively short period from research findings to adoption (i.e. within 2 to 3 years upon study completion).
  - should focus on translating knowledge to not just action but impact, and result in practical measures that can be implemented across the healthcare system. This can include the adaptation of good practices overseas in the local context.
  - should focus on solutions with sector- or systems-level impact.

#### Funding Quantum, Duration and Grant Call Frequency

- No cap in funding quantum or funding duration. Budget and duration requests will be assessed for reasonableness.
- Additional 20% indirect research costs will be provided to the host institution of the lead PI.

# **Eligibility Criteria**

- PI must have a PhD and/or MBBS/BDS/PharmD/MD and/or other appropriate Postgraduate Qualification (at least a Master's Degree).
- Hold a primary appointment in a local publicly funded institution and salaried by the institution.
- Be an independent PI with a demonstrated track record of research as evidenced by the award of nationally competitive funding (international funding to be considered on a case by case basis) or substantial publication record. (does not apply to NIG)
- Have access to a laboratory or research program that carries out research in Singapore.
- Hold a minimum of 9 months employment with a local Singapore institution. Upon award, the PI must agree to fulfill at least 6 months of residency in Singapore for each calendar year over the duration of the grant award.

- Population-based outcomes and interventions that are practical and sustainable
- Action-oriented
- New elements such as Behavioural Science and Human Factors
- Cross-cluster collaboration will be given higher priority
- Patient-Reported Outcome Measures (PROMs)
  - development of self-reported instruments that can measure the outcomes of patients (including research on validity and reliability of self-reported outcomes visà-vis clinician assessed instruments)
  - potential measures and incentives to improve reporting of patient outcomes
  - localisation of PROMs developed elsewhere (especially the testing of PROMs in the vernacular)
  - innovative ways of capturing PROMS (wearables, IT and other methods)
  - Instruments developed should have a specific area of deployment and should also identify clinicians who are willing to enrol patients in the collection of PROMs.

#### **Specific Themes open for Apr 2019 Grant Call**

- Diabetes
- Community Mental Health
- End-of-life Care
- Healthcare Manpower Sustainability
- White Space
- New Investigator Grant (HSRG-NIG)

#### **Specific Themes open for Apr 2019 Grant Call**

#### • Diabetes

In Singapore, diabetes has one of the highest disease burdens, where one in nine Singaporean residents aged 18-69 years are affected by diabetes. Diabetes poses an increasing healthcare and economic cost to the country, with research suggesting that the total cost of diabetes for the entire working-age population will more than double from about \$1 billion in 2010 to beyond \$2.5 billion in 2050.

Out of the various aspects to be tackled, the most pressing and current issues in diabetes care include: (i) the identification of diabetes patients late after the onset of disease, (ii) faster rate of deterioration of local diabetes patients compared to other countries', and (iii) expensive acute-centric model of care that prolongs lives in disability after patients require acute intervention.

To address these issues, proposals submitted under the diabetes theme can cover HSR in any or all of these areas:

- i. new models to better pick up and manage pre-diabetics,
- ii. new models of primary or shared care to better arrest the rate of deterioration and reduce acute episodes, and
- iii. more cost-effective care across the spectrum of the disease, including elements of secondary and tertiary care aligned with primary prevention efforts.

#### **Specific Themes open for Apr 2019 Grant Call**

#### Community Mental Health

This theme seeks to fund HSR into new models that enable sustainable end-to-end care that (i) allows for early detection, (ii) enables treatment compliance, and (iii) enables patients with mental health conditions, including dementia, to be cared for and stabilised in the community. New models that partner community providers are encouraged.

#### **Specific Themes open for Apr 2019 Grant Call**

• Healthcare Manpower Sustainability

With a demographically ageing population and increasing chronic disease burden, the demands on the healthcare system are set to further increase, and we need to ensure that the healthcare system remains sustainable in terms of healthcare manpower. This theme seeks HSR to improve the sustainability and efficiency of our limited healthcare manpower, including studies that seek to understand and improve healthcare manpower productivity, explore new manpower deployment models and new models of using alternative workforce (e.g. lay extenders), improve labour force participation rates for older workers and out-of-practice groups, and improve sustainability and effectiveness of informal workforce engagement (e.g. volunteers).

#### **Specific Themes open for Apr 2019 Grant Call**

• End-of-life care

Another potential source of high healthcare demand, this theme will seek **new models** to tackle early decision-making and cross-sector palliative care models especially for non-cancer patients (i.e. frailty) with the best use of limited healthcare manpower.

#### **Specific Themes open for Apr 2019 Grant Call**

• White Space

Seeks **novel HSR ideas** which may provide insights on new **disruptive solutions for current and future healthcare challenges**. Applications will be assessed based on the ability to **address the challenges of (i) increasing demand from ageing population, (ii) shrinking workforce**, and **(iii) healthcare cost inflation**.

## **Subcategory HSRG-NIG**

#### Objective

- The **HSRG New Investigator Grant (HSRG-NIG)** is a sub category of the HSRG to cater for <u>new clinical investigators</u>.
- Applicants with substantial research experience will not be accepted under this category.

#### **Funding Quantum and Duration**

 The HSRG-NIG will provide a funding quantum of up to <u>\$\$100,000</u> per project for <u>2 years</u> with additional 20% indirect costs provided to the host institution of the PI.

## **NIG-specific Eligibility Criteria**

• Applicants who are applying as new investigators category have to work with a <u>mentor</u> for guidance in their research. This mentoring will provide support for a period of supervised research leading eventually to the clinical investigators conducting larger scale research projects independently. Please note that the NIG is intended to fund a new investigator's <u>independent</u> project, and not to provide additional funding for the mentor's project (or clinical trial).

• To be eligible for NIGs in general, the following requirements apply:

(i) Applicants must not have held any national grants (e.g., NMRC, A\*STAR, NRF, MOE AcRF Tier II, etc) or international grants (e.g., MRC, NIH, NHMRC, etc) as a PI/Co-PI\* *prior to the award of the NIG*.

(ii) Applicants must not have received funding to conduct their own research project which cumulatively exceeds \$300,000. This can be funding from any sources.

\*Co-PIs refer to PIs whose projects are jointly led by other PIs (e.g. projects under NMRC's Bedside & Bench grant). They are not the same as, and should not be confused with Co-Investigators (Co-Is).

# **Translation Pathway**

Pls should plan and detail the translation pathway of their proposed research, e.g. potential areas of implementation, adoption into healthcare policies.

Please note that an additional section on "Translation Pathway" will be included in the proposal template.

### **Review Process & Assessment Criteria**

	HSRG	HSRG-NIG
Review Process	Two stage review process:1.International peer review2.Local Review Panel (LRP)	Evaluation by: 1. Local review 2. Local Review Panel (LRP)
Assessment Criteria	<ul> <li>High quality scientific research</li> <li>Research of importance to the healthcare system.</li> <li>Demonstrate potential to improve health outcomes and be adopted into actual policy or practice within 2-3 years upon study completion.</li> <li>Provided they are scientifically meritorious, proposals which address the set themes would be given priority consideration.</li> </ul>	<ul> <li>High quality scientific research</li> <li>Research of importance to the healthcare system.</li> <li>Demonstrate potential to improve health outcomes and be adopted into actual policy or practice within 2-3 years upon study completion.</li> <li>Suitability of the applicant to be an independent investigator and to assume the role of a PI</li> </ul>

## **Submission Mode and Deadline**

- It is mandatory for all applications to be submitted online via IGMS by 17 May 2019, 5pm.
- Please ensure that all submissions are endorsed by the corresponding host institution's Director of Research.
- We will not entertain any late/hardcopy submissions or submissions from individual applicants without endorsement from the Host Institution.
- Application forms, guidelines and grant call information are available on the NMRC website.