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U.S. Department of Health & Human Services

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CSR ENQUIRE

Upcoming study section changes to the Healthcare Delivery and Patient Outcomes Cluster

NINR Advisory Council
September 2020

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A Data-Driven Framework to Ensure Quality of Peer Review

Study Sections
- **Scientific boundaries** - relevance, adapting to emerging areas, perpetuating stale science
- **Output data** - identification of meritorious science
- **Size** – appropriate for competition and breadth?

Reviewers
- **Training** reviewers/chairs – consistent, transparent
- **Broadening pool** of reviewers - overuse vs. broadening pool, incentivizing service
- **Evaluating reviewer performance** – qualifications/expertise, scoring patterns, critiques

Process
- Confidentiality/**Integrity** in review
- **Bias** in review
- Assignment/**Referral** of Applications
- Review **Criteria** - Simplification
- **Scoring** system

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Study Sections

ENQUIRE: Evaluating PaNel QUality In REview

1. **Critical assessment of the output of CSR's study sections by scientific cluster**

and

2. **Recommendation of changes* to ensure that the scientific scope and function of study sections are optimized to identify high-impact science**
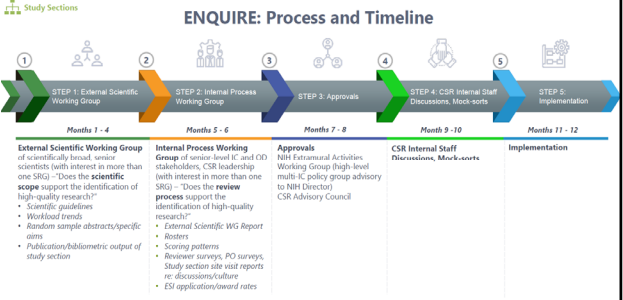
*changes = modify referral guidelines/boundaries, add emerging fields, create new study sections, disband study sections, merge, redistribute, modify expertise or qualifications of reviewers, changes in administration of study section

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Study Sections

ENQUIRE: Process and Timeline

STEP 1: External Scientific Working Group	STEP 2: Internal Process Working Group	STEP 3: Approvals	STEP 4: CSR Internal Staff Discussions, Mock-sorts	STEP 5: Implementation
Months 1 - 4	*Months 5 - 6*	*Months 7 - 8*	*Months 9 -10*	*Months 11 – 12*
External Scientific Working Group of scientifically broad, senior scientists (with interest in more than one SRG) -"Does the **scientific scope** support the identification of high-quality research?" • *Scientific guidelines* • *Workload trends* • *Random sample abstracts/specific aims* • *Publication/bibliometric output of study section*	**Internal Process Working Group** of senior-level IC and OD stakeholders, CSR leadership (with interest in more than one SRG) – "Does the **review process** support the identification of high-quality research?" • *External Scientific WG Report* • *Rosters* • *Scoring patterns* • *Reviewer surveys, PO surveys, Study section site visit reports re: discussions/culture* • *ESI application/award rates*	**Approvals** NIH Extramural Activities Working Group (high-level multi-IC policy group advisory to NIH Director) CSR Advisory Council	**CSR Internal Staff Discussions, Mock-sorts**	**Implementation**

Systematic, data-driven, continuous process – about 20% of CSR study sections evaluated per year

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ENQUIRE Update: Four Clusters (42 study sections – 24%)
Evaluated Nov 2018-Sept 2019

Study Sections

Healthcare Delivery/Patient Outcomes	GI, Renal, Endocrine Systems	Cardiac, Vascular and Hematologic Sciences	Functional/Cognitive Neuroscience
9 study sections	11 study sections	10 study sections	12 study sections
• Behavioral Medicine: Interventions and Outcomes (BMIO) • Biomedical Computing and Health Informatics (BCHI) • Community-Level Health Promotion (CLHP) • Clinical Management of Patients in Community-based Settings (CMPC) • Dissemination and Implementation Research in Health (DIRH) • Health Disparities and Equity Promotion (HDEP) • Health Services Organization and Delivery (HSOD) • Nursing and Related Clinical Sciences (NRCS) • Psychosocial Risk and Disease Prevention (PRDP)	• Kidney Molecular Biology and Genitourinary Organ Development (KMBD) • Pathobiology of Kidney Disease (PBKD) • Urology and Urogynecology (ZRG1 DKUS 90) • Clinical, Integrative and Molecular Gastroenterology (CIMG) • Gastrointestinal Mucosal Pathobiology (GMPB) • Hepatobiliary Pathophysiology (HBPP) • Cellular Aspects of Diabetes and Obesity (CADO) • Clinical and Integrative Diabetes and Obesity (CIDO) • Integrative Physiology of Obesity and Diabetes (IPOD) • Integrative Nutrition and Metabolic Processes (INMP) • Molecular and Cellular Endocrinology (MCE)	• Atherosclerosis and Inflammation of the Cardiovascular System Study Section (AICS) • Cardiac Contractility, Hypertrophy, and Failure Study Section (CCHF) • Clinical and Integrative Cardiovascular Sciences Study Section (CICS) • Electrical Signaling, Ion Transport, and Arrhythmias Study Section (ESTA) • Hemostasis and Thrombosis Study Section (HT) • Hypertension and Microcirculation Study Section (HM) • Molecular and Cellular Hematology Study Section (MCH) • Myocardial Ischemia and Metabolism Study Section (MIM) • Vascular Cell and Molecular Biology Study Section (VCMB) • Transfusion Medicine Sep (ZRG1 VH-D 55)	• Neuroendocrinology, Neuroimmunology, Rhythms and Sleep (NNRS) • Neurobiology of Learning and Memory (LAM) • Language and Communication (LCOM) • Somatosensory and Pain Systems (SPS) • Sensory Motor Integration (SMI) • Ocular Surface, Cornea, Anterior Segment Glaucoma, and Refractive Error Special Emphasis Panel (ZRG1 BDCN-J 81) • Cognition and Perception (CP) • Mechanisms of Sensory, Perceptual, and Cognitive Processes (SPC) • Auditory System (AUD) • Biology of the Visual System (BVS) • Diseases and Pathophysiology of the Visual System (DPVS) • Chemosensory Systems (CSS)

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Implementation

STEP 5: Implementation

Months 11 - 12

Implementation

• July – "Soft release" for NIH staff
• July 31 – Descriptions posted on website
• August – ART updated
• October – First application due dates
• Nov/Dec – Updates to rosters
• February – First reviews

Coming soon:
- FAQs (e.g. when will rosters be available? do I need to request a study section?)

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Healthcare Delivery/Patient Outcomes: ENDING 10/20

- BMIO - Behavioral Medicine: Interventions and Outcomes
- BCHI - Biomedical Computing and Health Informatics
- CLHP - Community-Level Health Promotion
- CMPC - Clinical Management of Patients in Community-based Settings
- DIRH - Dissemination and Implementation Research in Health
- HDEP - Health Disparities and Equity Promotion
- HSOD - Health Services Organization and Delivery
- NRCS - Nursing and Related Clinical Sciences
- PRDP - Psychosocial Risk and Disease Prevention

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Healthcare delivery/patient outcomes: NEW!

- Clinical Data Management and Analysis (CDMA)
- Clinical Informatics and Digital Health (CIDH)
- Health Services: Quality and Effectiveness (HSQE)
- Organization and Delivery of Health Services (ODHS)
- Implementation Science in Health and Healthcare (ISHH)
- Healthcare and Health Disparities (HHD)
- Health Promotion in Communities (HPC)
- Clinical Management in General Health Care Settings (CMGC)
- Interdisciplinary Clinical Care in Specialty Care Settings (ICSC)
- Biobehavioral Medicine and Health Outcomes (BMHO)
- Lifestyle Change and Behavioral Health (LCBH)

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Individual Level Health

- **Biobehavioral Medicine and Health Outcomes (BMHO)**
  – Interface of psychological/behavioral processes with biological, physiological, and neurological processes underlying a range of diseases and conditions across the human lifespan at the individual or small group level.
- **Lifestyle Change and Behavioral Health (LCBH)**
  – Adoption or uptake of health promoting behaviors or lifestyle changes to reduce health risks or to recover from diseases, conditions, or treatments at the individual or small group level.
  – Typically use psychosocial and behavioral methods to improve well-being, delay disease onset, or maintain recovery from diseases.

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Community and Service-Level

- **Science of Implementation in Health and Healthcare (SIHH)**
  – Identify, develop, and evaluate dissemination and implementation theories, strategies and methods designed to integrate evidence-based health interventions into public health, clinical, and community settings.
  – Have a major methods, strategy, or theoretical development component in implementation science to understand how interventions are implemented and measure implementation outcomes.
- **Healthcare and Health Disparities (HHD)**
  – Focus on the systemic underpinnings of health care disparities closely associated with social, economic, and/or environmental disadvantage
  – How social determinants of health relate to access to, use of, and effectiveness of health services and health promotion at the health systems level.
- **Health Promotion in Communities (HPC)**
  – Develop and test the efficacy and effectiveness of interventions with a community-oriented approach aimed at promoting health or moderating health risks in the general population.
  – Interventions to address health implemented in community organizations or other non-clinical settings (e.g., schools, worksites, service delivery organizations).

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Clinical Management

- **Clinical Management in General Care Settings (CMGC)**
  – Identify, develop, and evaluate clinical management of patients from a *provider perspective* in *general care settings*, including home-based settings or ambulatory settings with care teams oriented around primary care, with the intent to guide care or inform clinical practice.
- **Interdisciplinary Clinical Care in Specialty Care Settings (ICSC)**
  – Clinical management of patients in institutional and inpatient settings (such as hospitals, nursing homes, inpatient facilities, and hospice care facilities), as well as patients in ambulatory settings receiving active specialty care or involving specialized/complex care teams.
  – Have direct patient care implications or closely associated with clinical practice

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Health Services

- **The Health Services Quality and Effectiveness (HSQE)**
  – Focus on the provision of health services, healthcare quality, effectiveness, and individual/patient health outcomes.
  – Focus on the access/receipt/utilization of services, cost-effectiveness, and comparative effectiveness.

- **Organization and Delivery of Health Services (ODHS)**
  – Focus on the organization and delivery of health services from a systems level, including health care financing, insurance, access, utilization and the provision of health services at the population level.
  – Often rely on large administrative data sources (e.g. Medicare, Medicaid, SEER etc.).

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Clinical Bioinformatics

- **Clinical Data Management and Analysis (CDMA)**
  - – Applications that develop computing technology, simulation/data models, data analytics, and technical software intended for eventual translation of research or novel findings for clinical use.
  - – Major methods development, integration related to clinical use (integrating clinical/biological and genomics) or data mining, data analytics and methods development.
- **Clinical Informatics and Digital Health (CIDH)**
  - – Applications that develop, validate, and implement information technology-based approaches/tools for healthcare delivery, clinical decision-support in caring for individual patients, and clinician-patient data sharing.
  - – Data-centric or scalable health IT interventions, large scale data validation and have clinical utility or applicability to health care by clinicians or precision health.

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Cross-cutting interests

- Rapid growth and changes in research/health care
- Focus on the conceptual bulls-eye; overlap around edges
- Explicit goal to integrate methods/approaches across study sections
  - – Bioinformatics/big data/machine learning/mHealth
  - – Nursing and clinical applications
  - – Health disparities/vulnerable populations
  - – Implementation science

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https://public.csr.nih.gov/StudySections/IntegratedReviewGroups

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More information

- **Public**: ENQUIRE process and recommendations
  https://public.csr.nih.gov/AboutCSR/Organization/CSRAdvisoryCouncil#materials
  - - September 23, 2019
  - - March 25, 2019
- Public: https://public.csr.nih.gov/AboutCSR/Evaluations2019
- Public: Descriptions and overlap statements
  https://public.csr.nih.gov/StudySections/StandingStudySections

- **NIH Only**: Descriptions and overlap statements for new study sections:
  http://share.csr.nih.gov/PeerReview/Pages/ENQUIRE.aspx

  Who participated in the External Scientific Evaluation Panel?
  Who participated in the Internal Process Evaluation Panel?
  What topics are covered in the new study sections? The details

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