A SNAPSHOT OF HEALTH SERVICES, DISSEMINATION, AND IMPLEMENTATION RESEARCH AT THE UTHSCSA SCHOOL OF MEDICINE
Prepared on behalf of the School of Medicine Research Dean’s Office by:

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EXECUTIVE SUMMARY

In January 2014, the School of Medicine (SOM) at the UT Health Science Center San Antonio (UTHSCSA) completed a year-long research strategic planning process. Strengthening our health services research portfolio, particularly dissemination and implementation research was identified as a priority area. In the spirit of the Association of American Medical College’s (AAMC) major theme for academic health systems of the future, conducting candid assessments of strengths and weaknesses essential to achieving change, the SOM Vice Dean for Research’s Office (RDO) undertook a systematic approach to evaluate current funding and faculty interest levels in health services, dissemination, and implementation research (HSDI).

The RDO developed a protocol for the approach and vetted it with HSDI researchers at UTHSCSA and the South Texas Veteran’s Health Care System (VA). Resources from within the SOM, partnerships with the VA, and data available through the National Institutes for Health informed the assessment. We identified 26 investigators with 37 funded HSDI research projects. Analysis of faculty interested in, though not necessarily funded for, HSDI yielded 125 names. This indicates UTHSCSA should endeavor to build capacity to increase the number of submissions for HSDI dollars and facilitate networking opportunities among faculty with similar interests.

The systematic approach we adopted was helpful for the initial purpose of examining the state of HSDI research at UTHSCSA, as well as a useful exercise in executing a strategic planning-based priority. Careful process documentation, incorporation of lessons learned, and utilization of newly formed relationships will make replication for addressing other strategic plan priorities less time-consuming. Two new projects for our office, the development of a clinician engagement proposal funded by the AAMC and the establishment of a small workgroup to determine data needs and sources among multiple SOM groups, were identified as a result of this process.

Finally, we identified four overarching areas for recommendations to expand and enhance HSDI research at UTHSCSA.

- **Communication** to faculty about funding and training opportunities
- **Review and consulting** of applications to increase quantity and quality of HSDI applications and resulting summary statements of unfunded applications
- **Resources** to facilitate increased applications for extramural funding
- **Network building and capacity** to internal subject and methods experts and internal/external stakeholders to boost engagement

**Applying a needs assessment framework to a strategic decision making process in an academic medical center**
INTRODUCTION

In January 2014, the School of Medicine at the UT Health Science Center San Antonio completed a research strategic planning process. Strengthening our health services research portfolio, particularly our dissemination and implementation research, was identified as a priority area. We identified health services research as a priority for a number of reasons including the large Military, Veteran and Hispanic populations of South Texas and San Antonio, increasing national investment in health services research (e.g., PCORI), and our self-identified potential to expand extramural funding in this area.

School of Medicine 2014-2019 Strategic Plan: Cornerstones and priorities

<table>
<thead>
<tr>
<th>Realize our potential for basic, clinical &amp; translational research</th>
<th>Create efficient &amp; effective research operations and infrastructure</th>
<th>Optimize our community &amp; academic research partnerships</th>
<th>Integrate our research mission with our education &amp; clinical missions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invest and develop our current and emergent basic and translational research strengths to enhance external funding and reduce health disparities</td>
<td>Streamline operations to create efficient, researcher-friendly systems to enhance the research culture</td>
<td>Strengthen partnerships with health systems</td>
<td>Expand opportunities for clinical faculty to conduct externally-funded research</td>
</tr>
<tr>
<td>Recruit, retain, and develop faculty to promote innovation to drive our research mission</td>
<td>Create a transparent and open environment that promotes research productivity</td>
<td>Develop a strategy to collaborate with diverse community, academic, and biotechnology partners</td>
<td>Promote professional development of all faculty across the translational research spectrum</td>
</tr>
<tr>
<td>Establish a collaborative culture to promote transdisciplinary science</td>
<td>Utilize an evaluation framework to improve research processes and outcomes</td>
<td>Integrate research into School of Medicine marketing and development activities to the community and within our university</td>
<td>Enrich medical education with basic and clinical research throughout training</td>
</tr>
</tbody>
</table>

Realize effective models of clinical care delivery and education with innovations from our research mission

Strategic Planning Targets

**Target One:** Conduct a needs assessment define infrastructure and informatics needs

**Target Two:** Engage health services, dissemination, and implementation researchers to identify priorities/opportunities and elicit feedback on priorities, including recruitments

To proceed systematically, we conducted a needs assessment of health services and dissemination/implementation research (HSDI) to better understand our existing resources and capacities. We will use the needs assessment as a foundational document to engage our HSDI community. This will inform our decisions as we accomplish the priorities listed in our 2014-2019 SOM Research Strategic Plan.
Specifically, our objective was to create an asset map – a snapshot – of the state of HSDI research at SOM, UTHSCSA, and our broader community, including the VA, using FY 2010-2014 as reference period. This information would be focused to provide an actionable assessment of assets, gaps, and opportunities to increase our extramural funding portfolio. A secondary objective was to establish a method to replicate the process in other target/priority areas of the 2014-2019 SOM Research Strategic Plan.

**Definition of Health Services Research**

“How people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors; and improve patient safety.”

-AHRQ, 2002
RESULTS (APPENDIX A DESCRIBES METHODS)

Projects

Project Grant listing and NIH Reporter. Using pre-determined criteria 1,893 projects were identified for preliminary screening from the 17,283 projects in the original listing. Each project was reviewed manually by two people (JSP and CMP) for final consideration of inclusion in the final data set. Conflicts were reviewed and discussed to determine final inclusion. The included projects were cross-referenced with the NIH Reporter data pull. No new projects were identified; we determined that the internal document, Project Grant Listing, was sufficient for identifying HSDI projects not funded by the VA. Examined separately, the VA funded projects identified an additional eight projects and seven investigators not identified through the Project Grant Listing.

Investigators

SciVal Experts. The initial pull resulted in 149 faculty identified. Using information identified in the fingerprint, publications, and faculty profiles, investigators were either kept or excluded from the list through independent evaluation by two people. Concurrence was reached, and ultimately, 125 investigators met the criteria for inclusion. There is the possibility of false positives in the group of faculty identified as having HSDI research interests, though it is not expected that a significant number fall in to this category. The large number of faculty who were identified through SciVal does make clear that many researchers have a self-identified, though currently unfunded, interest in HSDI. That there is a disconnect between funded and unfunded research interests is made evident by the identification of 125 UTHSCAS SOM faculty with an indicated interest in HSDI, but only 19 (26 if including VA data) with funded HSDI projects.

Figure 1. FY10-14 HSDI funding identified by the needs assessment

<table>
<thead>
<tr>
<th>Total HSDI funding FY10-FY14</th>
<th>29 projects totaling $12,592,811</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,797,003</td>
<td>10 projects</td>
</tr>
<tr>
<td>$9,795,808</td>
<td>19 projects</td>
</tr>
</tbody>
</table>

*Primary projects are those awarded directly to UTHSCSA investigators

*Flow-through projects are funds subawarded to an investigator from another institution
Figure 2. Projects by department

*Other includes the Departments of Neurology, Orthopaedics, and Pediatrics. Though there are 2 investigators represented from the Department of Neurology, one of the investigators’ projects has no dollars attached; that investigator was excluded from this chart.
Figure 3. Projects by faculty appointment

- **Assistant Professor (includes Clinical)**
  - 5 projects
  - 4 investigators
  - $752,023

- **Associate Professor (includes Clinical)**
  - 6 projects
  - 4 investigators
  - $2,053,826

- **Professor (includes Clinical)**
  - 18 projects
  - 11 investigators
  - $9,786,962
Figure 4. Projects by primary funding agency type

- Federal: 12 projects, $8,803,676
- Foundation/Private: 9 projects, $3,892,527
- Pharma: 3 projects, $479,593
- Academic Institutions: 5 projects, $674,493
### Table 3. Minority-focused HSDI projects

<table>
<thead>
<tr>
<th>Investigator</th>
<th>Department</th>
<th>Amount</th>
<th>Funding Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowden, Charles</td>
<td>Psychiatry</td>
<td>$2,068,696</td>
<td>NIMH</td>
</tr>
<tr>
<td>Turner, Barbara</td>
<td>Medicine</td>
<td>$715,539</td>
<td>Patient Centered Outcomes Research Institute</td>
</tr>
<tr>
<td>Ramirez, Amelie</td>
<td>Epidemiology &amp; Biostatistics</td>
<td>$500,000</td>
<td>Susan G. Komen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$337,401</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$250,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$22,425</td>
<td>NIH-Center for Minority Health/Health Disparities</td>
</tr>
<tr>
<td>Zelle, Boris</td>
<td>Orthopaedics</td>
<td>$20,000</td>
<td>Orthopaedic Trauma Association</td>
</tr>
</tbody>
</table>

### Table 4. UTHSCSA SOM faculty with HSDI funding through the VA

<table>
<thead>
<tr>
<th>Investigator</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arar, Nedal</td>
<td>Processes Associated with the Use of Family Health History Information at the Veterans Health Administration</td>
</tr>
<tr>
<td>Copeland, Laurel</td>
<td>Surgical Treatment Outcomes for Patients with Psychiatric Disorders (STOPP)</td>
</tr>
<tr>
<td>Finley, Erin</td>
<td>Veterans’ Care Access and Preferences for PTSD Treatment in the Community (VCAPP)</td>
</tr>
<tr>
<td>Jaramillo, Carlos</td>
<td>CAP – Consortium to Alleviate PTSD – South Texas Veterans Health Care System Project 7</td>
</tr>
<tr>
<td>Pugh, Jacqueline</td>
<td>Sensemaking in Veterans Health Administration Health Care Systems: A Focus on Readmissions</td>
</tr>
<tr>
<td>Pugh, Mary Jo</td>
<td>Developing Quality Indicators for Epilepsy Treatment in the VA: QUIET VA</td>
</tr>
<tr>
<td></td>
<td>Restructuring Epilepsy Care: Organizational Dynamics and Quality</td>
</tr>
</tbody>
</table>
CONCLUSIONS

Limitations

OSP Project Grant Listing is effective and our validation with NIH RePORTER demonstrated no omissions. We should no longer use NIH RePORTER for similar processes to examine awards to UTHSCSA SOM faculty, unless we need access to project abstracts. The NIH RePORTER was successful in identifying faculty with funding at the VA that were not identified through the Project Grant Listing.

The manner in which the data in the OSP Proposals Listing is presented makes it difficult to identify a denominator for these projects, as many of the project names are vague, making it nearly impossible to adequately assess and extract HSDI projects.

The OSP COP does not use HSDI as a keyword category, further complicating our ability to categorize funded projects as HSDI; investigators cannot self-identify their projects as HSDI through the current mechanism.

We also had difficulty identifying one single funding amount for project awards - the OSP Project Grant Listing generally contains the total new award amount, however, as funds are received those numbers are updated to reflect the actual amount awarded. Funding amounts pulled from the NIH RePORTER only include dollars actually awarded, rather than the initial award/total expected dollar amount, making consistent and comparable data collection difficult.

Methodologic limitations include the use of the AHRQ definition of health services research; there are many possible other definitions and narrowing our definition may have resulted in the exclusion of projects that would have been included under other definitions.

Exclusively using the terms identified in Table 1 to identify health services, dissemination and implementation research when searching our data sources is also a limitation. For example, some comparative effectiveness trials were excluded from our results due to the key words not being included in the project title. As mentioned earlier, access to project abstracts or allowing investigators to self-identify their projects as HSDI in the certification of proposal would mitigate this limitation to some degree.

Recommendations

This systematic process for examining the state of HSDI research at UTHSCSA’s SOM allowed us to utilize science to inform our priorities and next steps. As a natural outgrowth of our findings, we identified four overarching areas for recommendations to expand and enhance HSDI research at UTHSCSA.

Communication to faculty about funding and training opportunities

- Coordinate with the Office of Sponsored Programs to ensure PCORI announcements are sent to faculty in a manner consistent with communication of other large federal funding opportunities.
- Identify other non-federal opportunities to expand HSDI research, e.g., CPRIT
- Increase faculty awareness of the Greater Plains Collaborative, the data available, and how it can improve applications.
  - Host a training on using and accessing data via a user-friendly interface

Review and consulting of applications to increase quantity and quality of HSDI applications and resulting summary statements of unfunded applications
Develop a specialized grant-seekers/pub-seekers series, in collaboration with the Vice President for Research’s Office, to improve competitiveness of submitted applications and associated publications.

- Conduct CPRIT workshop similar to PCORI and DOD workshops.
- Identify external experts to increase likelihood of successful submissions.
  - Use higher-level screening requirements for faculty to access external experts. For example, require a complete LOI to participate.
  - Use technology as appropriate to increase access to experts and opportunities for one-on-one feedback (e.g. GoToMeeting, etc.)
  - Develop a “stable” of external reviewers with a broad range of expertise to provide feedback on various mechanisms.
  - Facilitate a workshop to provide expert feedback during the proposal development stage for faculty struggling to obtain external funding.

- Identify UTHSCSA faculty with HSDI expertise to serve as internal reviewers.

**Resources** to facilitate increased applications for extramural funding

- Partner with the UTHSCSA Military Health Institute (MHI) to increase HSDI research utilizing DoD dollars.
- Identify funding agencies in addition to federal (e.g., CPRIT) that support HSDI research, including small grants and pilots.
- Invite NIH health services program officers to present on funding areas.
- Reach out to MD/MPH program to facilitate connections between students working on capstone projects related to HSDI and faculty in need of assistance and expertise in related areas.
  - Consider also reaching out to UTSPH doctoral programs for similar linkages.
- Engage Office of Institutional Advancement (Development) to expand access to funding opportunities for investigators.

**Network and build capacity** with both internal subject and methods experts and internal/external stakeholders to boost engagement

- Facilitate networking opportunities among faculty interested in HSDI; provide a forum for idea sharing and brainstorming with the goal of forming new partnerships and collaborative relationships.
  - Examples include HSDI funding workshops (e.g., PCORI Funding Workgroup), REACH meetings, etc.
  - Establish a brainstorming/creative think-tank.
- Leverage UTHSCSA infrastructure to take advantage of collaboration opportunities and our unique environment/location.
  - Expand HSDI beyond Bexar County limits. UTHSCSA serves all of South Texas, our projects should reflect that.
  - Utilize community stakeholder relationships already in place. For example, increase collaborations with the AHEC.
- Develop and maintain HSDI web directory (Emory-Georgia Tech HIP is an example) to facilitate faculty capacity to form linkages.
- Introduce a Community Engagement Studio (Examples include Vanderbilt, Indiana CTSI, Michigan) to allow feedback from multiple stakeholder groups (breast cancer survivors, neighborhood groups, churches, etc.) at all stages of proposal and program development.

Results from the funding snapshot also directly influenced additional activities and recommendations for increasing faculty involvement and applications for HSDI funding.
Completed

- In partnership with the Institute for Integration of Medicine and Science (IIMS, the CTSA at UTHSCSA), the SOM Research Dean’s Office (RDO) hosted a webinar presented by PCORI. As a result of high interest and attendance, the RDO developed and facilitated a PCORI workshop to engage more researchers in this high yield HSDI opportunity. The workshop included faculty who reviewed for PCORI, as well as faculty who are PCORI-funded. Subsequent to the workshop, the RDO established a PCORI Funding Workgroup for interested faculty to network and obtain feedback on submissions for patient-centered outcomes research proposals. The RDO also created a listserv to encourage continued dialogue and resource sharing.

Next Steps

- Deliver needs assessment results to internal stakeholders via discussion groups to assess the need for an additional survey, with particular emphasis on obtaining lessons learned from funded researchers.
- Build awareness and create opportunities for UT Medicine faculty to become more involved in HSDI research. Some possibilities include:
  - Create data warehouse and simple query system
  - Identify UT Medicine Research Champion
  - Provide meaningful ongoing design and analysis support

It was evident from early on in the process that collecting consistent, reliable data regarding HSDI activities at UTHSCSA was a difficult, time-consuming task. Monitoring of research activities of all kinds, but prompted by this needs assessment, would benefit from the following:

- Develop cohesive real-time methods for monitoring the funding landscape and other metrics that are consistent with goals and objectives within the SOM Research Strategic Plan.
- Encourage OSP to add appropriate HSDI COP categories and promote them to HSDI researchers.

The large disconnect between the number of researchers with an interest in health services, dissemination and implementation research and those who receive funding for this type of research speaks to a lack of depth of expertise in these areas that can be remedied through strategic efforts among departments and administration. These include:

- Also consistent with the SOM Research Strategic Plan, given our relative weaknesses in methods and narrow breadth of subject matter expertise, consider recruiting faculty with specific expertise in HSDI methods and science.
- Contract with stakeholder engagement consultant to provide workshops and/or ongoing consultation to HSDI investigators on campus.
- Create a faculty advisory system suitable to rapidly respond to requests for feedback with appropriate expertise and training.
APPENDIX A

METHODS

Our priority was to identify funded HSDI research as well as faculty with an interest in HSDI. We considered these two categories as overlapping but not identical. For example, not all HSDI research is funded; faculty often engage in HSDI activities using projects that are not initially intended to produce grant/contract applications. Therefore, we elected to identify both funded projects and faculty with documented interest in HSDI research. Thus, our snapshot included research activities, investigators, and funding utilizing multiple complementary data sources. These data sources as well as our process for identifying HSDI research are summarized below.

Search terms

Prior to data abstraction, we developed a preliminary asset list (See Assets to Collect document) to determine what kind of information we wanted to incorporate. To accomplish this, we drew heavily upon existing work from a health services research needs assessment led by the Canadian Institutes of Health Research, the pan-Canadian Vision and Strategy for Health Services and Policy Research. More information can be found at http://www.cihr-irsc.gc.ca/e/47945.html.

The preliminary asset list was vetted with HSDI researchers who provided feedback and additional search terms to better ensure that our list was valid to our HSDI research stakeholders at the SOM.

We decided on the following key-words to use in our data collection.

Table 1. Key-words used in HSDI search

<table>
<thead>
<tr>
<th>Health services</th>
<th>Minority</th>
<th>Marine</th>
<th>Epidemiology</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost-effectiveness</td>
<td>Military</td>
<td>Veteran</td>
<td>Pharmaco-epidemiology</td>
<td>Cost of care</td>
</tr>
<tr>
<td>Comparative effectiveness</td>
<td>Army</td>
<td>Department of Defense</td>
<td>Quality</td>
<td>Organizational</td>
</tr>
<tr>
<td>Technology transfer</td>
<td>Air Force</td>
<td>Disparities</td>
<td>Patient-centered</td>
<td>Healthcare delivery</td>
</tr>
<tr>
<td>Dissemination</td>
<td>Navy</td>
<td>Underserved</td>
<td>Diffusion of innovation</td>
<td>Access</td>
</tr>
<tr>
<td>Implementation</td>
<td>Coast Guard</td>
<td>Vulnerable</td>
<td>Scale-up</td>
<td></td>
</tr>
</tbody>
</table>

Data sources

UTHSCSA Office of Sponsored Programs (OSP) Project Grant Listing

The Office of Sponsored Programs creates the Project Grant Listing document, which includes information on all funded projects at UTHSCSA. Updated weekly, the Project Grant Listing is a cross-reference guide of all projects set-up by the OSP. Both active and inactive projects are included, though projects that have expired are not available for any new charges, requisitions or payroll appointments. We selected this data source to determine the number of health services, dissemination and implementation projects at UTHSCSA that were funded from FY10-FY14. One limitation of this source is that internal funding for HSDI not requiring OSP involvement would not be captured. Given that OSP involvement is mandatory for any proposal for external funding that requires an HSC Authorized Official’s

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1 Comparative effectiveness research may or may not include clinical trials, resulting in the possibility of clinical trials being excluded from the projects identified by this needs assessment. For more information, please see the Limitations section.
signature or a budget, there is little evidence that many, if any, projects would fall into this category.

Using data from the June 30, 2014 UTHSCSA OSP Project Grant listing, we set a number of filters to narrow the data before beginning the key-word search. Academic departments not within the School of Medicine were excluded using the Department Name Master List provided by OSP staff. Additional filters included “Purpose”- only projects identified as Research in this category were included, and only information for FY10-FY14 was kept. A final measure to clear “noise” from the document was to remove all IPAAs (Interagency Professional Agreements) and salary cost-sharing from the dataset. At this point, the data was ready to be searched using the key terms in Table 1, above.

Relevant data points available: PI name, funding source/sponsor, PI department, project start/end dates, project budget amount, project description, award title, activity code (R01, K01, etc.), project type.

Proposals Listing from UTHSCSA Office of Sponsored Programs
The Office of Sponsored Programs produces a document, called the Proposal Listing. Updated weekly on Monday, the document provides proposal details for grants, contracts, clinical trials, and other sponsored programs that were submitted and reviewed by the Office of Sponsored Programs.

Relevant data points available: PI name, funding source/sponsor, PI department, project title, project begin/end dates, project budget amount, activity code (R01, K01, etc.), project type, and project status (funded, not funded, etc.).

This data source was ultimately not used in the needs assessment. The data collected in the Proposal Listing was not enough to produce an adequate search using the terms above, and would have required extensive research to determine appropriateness for inclusion in the results. Therefore, we do not have an accurate assessment of submitted applications versus funded applications.

National Institutes for Health Research Portfolio Online Reporting Tools Expenditures and Results (NIH RePORTER)
Located on the Research Portfolio Online Reporting Tools (RePORT) website, the RePORTER allows users to electronically search NIH-funded research projects, as well as access publications and patents that resulted from NIH funding. The information contained within the database is pulled from multiple sources: eRa databases, Medline, PubMed Central, NIH’s Intramural Database, and iEdison, in an effort to combine data from these previously un-linked sources. Costs shown in RePORTER are the total costs (direct and indirect) awarded in a single fiscal year, and can include the costs of subprojects in multi-project grants. These subprojects totals are italicized in RePORTER, and should be excluded when calculating the amount of total funding for a list of projects that contains both the parent award and its subprojects. The information in RePORTER is updated weekly, and includes newly-funded projects as well as revisions to previous awards.

To narrow the RePORTER search to UTHSCSA faculty, the following items were included in the search. Search using the Organization Name- UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT, SAN ANTONIO, TX, Organization Type- Schools of Medicine. Then, using the Text Search function all of the key terms, identified in Table 1, were entered in to the search box with the “Or” function selected to capture all key words. Because our timeframe for evaluating projects was FY10-14, we selected Active Projects, 2010, 2011, 2012, 2013, and 2014 from the Fiscal Year dropdown menu. Projects identified by the pull were assessed for applicability to the definitions of health services, dissemination and implementation.
research we established for the needs assessment. Any projects not fitting in to these definitions were eliminated from the pull. The projects remaining after this process were then cross-checked with the OSP Project Grant Listing information and were consistent with those findings (no new projects were identified through the RePORTER). In order to determine HSDI projects funded by the Veteran’s Administration, the Organization name SOUTH TEXAS VETERANS HEALTH CARE SYSTEM was also searched using the same procedures outlined above. Once the data was pulled, an additional step of checking the names of identified investigators for an appointment within the UTHSCSA SOM was completed. It is notable that, though useful information was obtained through this method, funding amounts were not available for VA projects.

Data points available: PI name, Project title, Publication titles, funding agency, activity code, funding mechanism, award type, project start/end date, funding amount.

SciVal Experts
SciVal Experts, now called the Pure Experts Portal, is an expertise profiling and research networking tool that contains information on UTHSCSA investigators. The database can be searched by concept, investigator last name, or free text. Grants information contained within SciVal Experts are pulled from the NIH ExPorter, which include projects funded by the National Institutes for Health, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, and the Veterans Administration.

Our search process using SciVal was through the “By Free Text” function, and used the key terms from Table 1. The key terms epidemiology, pharmaco-epidemiology, quality, outcomes, and access were not used for this search, due to an overwhelming number of irrelevant returned responses. An additional measure to clear “noise” from the results and ensure responsiveness to the intent of our search was to set the “Domain” to Medicine and Life Sciences.

Once the initial pull was complete, the SciVal profile of each investigator identified was evaluated for fit with the health services, dissemination, and implementation research definitions used in this needs assessment. The “fingerprint” was checked first for relevant keywords, some of which included: health services; dissemination; implementation; delivery of health care; cost benefit analysis; health services accessibility; comparative effectiveness research; practice guidelines as topic; patient-centered care; outcome assessment (health care); cross-cultural comparison; organizational culture; professional competence; outcome and process assessment; and guideline adherence. Relevant fingerprint keywords associated with the profile were documented in the spreadsheet used to track the identified investigators. Publications for each investigator were also assessed for applicability to the needs assessment parameters. This facilitated a “check” of the fingerprint, and in some instances resulted in the inclusion of an investigator who would not have been identified based on the fingerprint keywords.

A final effort to determine health services, dissemination, and implementation research activities associated with the investigators identified through SciVal Experts was to look up their UTHSCSA faculty profile. Not all investigators had a profile available, and many were out of date, but for those who did have an accessible profile on the UTHSCSA website, the “Expertise” section of their profile was evaluated for similar HSDI keywords. Submitted by the investigators to UTHSCSA, the profiles provide additional context for evaluation of whether or not the investigator participates in HSDI, and also identified faculty who described themselves as health services, dissemination, and implementation researchers.
PubMed

PubMed is a service of the National Library of Medicine (NLM) that provides access to MEDLINE, the NLM database of citations and abstracts to medical, nursing, dental, veterinary, health care, and preclinical sciences journal articles, along with selected life sciences journals not included in MEDLINE. The database is updated daily.

Though initially identified as a potential data source for HSDI information, the amount of time and effort to sift through PubMed entries to identify funding projects and investigators interested in HSDI was too great to complete this task. SciVal Experts data includes major journal publications in addition to funding and research interest areas, so excluding this resource from the initial data pull is not expected to have resulted in omission of relevant faculty or projects.