

## CIORA Grant Terms of Reference

CIORA will have achieved its mandate when:

- Just like cancer and diabetes, all rheumatic diseases are widely recognized by doctors, patients, government and the general population as a serious chronic illness, urgently in need of early intervention and resource allocation;
- Efficient and appropriate systems for rheumatic disease care and referrals are in place across the country;
- Optimal care is available to all Canadians who need it, regardless of where they live

### Goals

1. To support research initiatives related to all Rheumatic Diseases in one or more of these 4 categories:
  - a. Awareness/Advocacy/Education
    - i. Health Economics/Sustainability of Health Care/Quality Improvement\*
  - b. Early Access for all Rheumatic Diseases Patients
  - c. Multi-Disciplinary Care Teams
  - d. Community rheumatology

*Details on these categories have been updated and are provided below. All applicants should read these carefully.*
2. To establish all Rheumatic Diseases as important diseases in Canada.

### Scope

CIORA has established funds for the conduct and evaluation of endeavors in Canada for all Rheumatic Diseases. The stipend attached to the grant will depend on the merit and budget of the project. CIORA provides one-year funding to a maximum of \$75,000 and two-year funding to a maximum of \$120,000. Proposals should have measurable outcomes at the end of the one and/or two year term. Applicants can reapply for funding for subsequent project phases; the application should describe the probability of this project to secure additional funding if required and have a sustainable impact. A limited number of two-year grants will be considered with funds released on a yearly basis after review of a detailed progress report. All grants are peer reviewed and grants are awarded based on the recommendation of the CRA Research Committee and dependent on available funds. A member of the CRA (in good standing) must be the Principal Applicant or Co-Applicant for submitted grants.

## Structure

CIORA Online Grant Application submission deadline is **April 9, 2021**

Grant notifications will be sent out in **June 2021**.

Applicants must indicate their intention to submit a project proposal by providing a Letter of Intent (LOI). This mandatory letter will be used for planning purposes to improve the overall efficiency of the project evaluation process. Specifically, it will help the CRA to identify, at an early stage, potential reviewers, any conflicts; the number and type of projects in specific categories; and the resource requirements for the review committee. All LOI's will be reviewed to ensure eligibility and applicants will be notified if it does not meet the criteria.

In the LOI, applicants will be asked to clearly identify and justify to which pillar they are applying (Awareness/Advocacy/Education, Early Access, Multi-Disciplinary Care Teams). *CIORA reserves the right to approve or decline applications that do not clearly fit into the chosen pillar without explanation or justification.*

The grant application must be no more than 10 pages (excluding CVs). The 10 pages includes lay summary, background, methods, impact, feasibility, timeline and project leverages which allow a maximum 3,000-word limit combined (approximately 6 pages).

The components of the grant proposal and review scoring scheme are listed below:

1. **Justification for the chosen pillar** (maximum 500 words) - *CIORA reserves the right to approve or decline applications that do not clearly fit into the chosen pillar without explanation or justification.*
2. **Research Question** - overall objectives and/or hypothesis
3. **Scientific Abstract** (maximum 500 words) - describe the project
4. **Lay Summary** (maximum 500 words)
5. **Background** (5 points) - provides context and preliminary results, if available
6. **Methods** (25 points)
  1. Specific aims (5 points)
  2. Description of the study population (5 points)
  3. Study design/implementation (5 points)
  4. Outcome measures (including measurable outcomes and definitions of success) (5 points)

5. **Statistical plan** (including sample size justification). Expertise of a methodologist is recommended. (5 points)
7. **Impact** (10 points) - expected results, project deliverables and dissemination (include how this project will impact rheumatology care).
8. **Feasibility and sustainability** (10 points) - Applicants must demonstrate scientific and technical feasibility (e.g. research team, role of Principal Applicants/Co-applicants, recruitment, acquisition of data, access to necessary equipment, etc.). They must address limitations and pitfalls. They must also demonstrate realistic timelines and milestones. Optionally, applicants who submit projects that rely on existing resources (e.g. databases, established research infrastructure, equipment) and collaborators may submit letters of support to provide further evidence of feasibility. Finally, applicants must provide evidence of sustainability i.e. what happens when the grant is over?
9. **Timeline** (refer to [Timeline Template](#) for more details) - This is a text only field, tables can be uploaded in the Upload section of the application.
10. **Description of how this project leverages other funding** (if applicable) - All candidates must declare all potentially overlapping grants with full disclosure so the committee can decide if funding needs to be altered. If the proposal submitted is part of a larger project that has received prior CIORA funding or funding from another source, provide a description of how this project leverages other funding.
11. **Acknowledgements** - The Principal Applicant(s) must confirm that all investigators are aware of the application and agree to be an applicant or co-applicant on the CIORA grant as submitted. **The Principal Applicant(s) must confirm that they cannot apply for another grant as a Principal Applicant until the final progress report has been approved on this grant.**
12. **Curriculum Vitae (CVs)** - An abbreviated CV from a maximum of 5 key applicants (maximum 2 pages for each applicant), which should include the applicant's credentials, all awarded grant funding and publications (total and those over the last 5 years). The remaining co-applicants can be listed on a table and include names, degrees, position (including university, if applicable), areas of expertise and role on the project.
13. **Budget** - Upload one budget per grant in either word or excel format. Budgets must be well-justified and for a maximum of one year of funding (for one-year grant) and for a maximum of two years of funding (for two-year grant). The budget should detail the total funds required for the endeavor and the amount requested from CIORA (file size maximum 500mb). Abstract submission costs and /or publication fees, up to a maximum of \$1000. The budget will not include travel for abstract presentation to any meeting. Refer to [Fundable & Non-Fundable Items](#) for more details.
14. **References** (Word or PDF only)

15. **Images** (Word or PDF only) - This field is optional.

16. **Letters of Support** - Applicants who submit projects that rely on existing resources (e.g. databases, established research infrastructure, equipment) and collaborators may submit letters of support to provide further evidence of feasibility. This field is optional.

17. **Appendixes** (Word, PDF, PPT or excel only).- This field is optional.

## Terms of Reference

All proposed project funding is for Canadian research and funds must be spent in Canada. The Principal Applicant or co-applicant **must be a rheumatologist practicing in Canada and a member of the CRA.**

### Criteria for Judging:

The research project will be reviewed by the CIORA Review and Research Committees and must be pertinent to rheumatic diseases in one of the three categories outlined below. If the proposed project is outside the scope of the declared categories, it will not be considered. The applicant or co-applicants will not be involved in the peer review process. Priority may be given to grants that can leverage additional funding.

### Sustainability:

The objective is to ensure that all projects are sustainable. For example, a hospital might provide space, time from Allied Health Professional; a local charity might join as a partner. Letters confirming support are highly recommended.

### Accountability:

A one-page progress report must be submitted to the CRA Research Committee 18 months after the one-year grant is awarded. 10% of the approved Grant will be withheld until the progress report is submitted and approved as sufficient.

A one-page progress report must be submitted to the CRA Research Committee 12 months after the two-year grant is awarded. Funds will be released as follows:

- Grant Maximum of \$75,000 (less 10%) for the first year
- 10% from first year + Max \$45,000 (less 10%) for the second year
- Remaining 10% (from 2<sup>nd</sup> year) upon completion

The progress report will be provided to successful applicants prior to the due date. This progress report should clearly state the outcomes achieved to date.

## Grant Maximum:

The limit of the grant will be **\$75,000** for a one-year grant and **\$120,000** for a two-year grant. A limited number of two-year grants will be considered with funds released on a yearly basis after review of a detailed progress report. *As this is a peer reviewed grant from CIORA, no institutional overhead will be paid.*

## Acknowledgement:

All presentations and publications made possible by this grant must acknowledge CIORA funding.

**Specific Terms of Reference for Each Category** (*please note that CIORA does not fund basic science research or any laboratory component of an application*):

### a. Awareness/Advocacy/Education:

**Awareness:** Proposals should build awareness and understanding for Rheumatic Diseases. Proposals will have to provide details on the goal(s) and target audience(s) for raising awareness, measurable outcomes (earlier referrals, more appropriate referrals, greater adherence to DMARDs, etc.) and measure of success (by how much does the outcome have to change to be considered successful).

**Advocacy:** Proposals should impact government policy to ensure support for Rheumatic Diseases initiatives. Applicants are encouraged to demonstrate that they have the support of key stakeholders who will benefit from advocacy and enable change.

Possible outcomes could include:

Joint funding from another source for testing a model of care, coherent criteria for access to medications across provinces, private insurers, etc. Measures of success will need to be defined within the proposal.

**Education:** Proposals should involve the development of rheumatology related educational tools and curriculum for one or more of the following populations: undergraduate, postgraduate, or continuing medical education learners, allied health professionals, people and families living with rheumatic diseases.

With education focused proposals the following should be included in the application:

- a. overarching goal of the education proposal
- b. explicit learning objectives for each targeted population.
- c. specific and aligned assessment strategies

- d. a robust program evaluation strategy/tools with identified indicators for adjudication of success.
- e. a plan for sharing matured curricula with other members/groups within the CRA organization.

**Possible Short term and Long-term Outcomes:**

More appropriate referrals to Rheumatologists, increased number of appropriate rheumatic disease diagnoses, improved care for people with Rheumatic Diseases, increase the number of Rheumatologists, better understanding by patients, the public and government. Measures of success will need to be defined within the proposal.

**Health Economics/Sustainability of Health Care/Quality Improvement:**

Proposals within this area can include (but are not limited to) cost effectiveness, evaluating care using quality indicators, systems to sustain health care.

**Possible Outcomes:**

Determining cost effective treatment, determining the most useful outcomes to collect on patients with rheumatic diseases, changing attitudes towards stewardship of ordering tests and prescribing, determining the effectiveness of the Choosing Wisely campaign. Measures of success will need to be defined within the proposal.

**b. Early Access for Rheumatic Diseases Patients:**

Develop early access programs for people with Rheumatic Diseases across Canada.

**Possible Outcomes:**

More patients will be diagnosed with Rheumatic Diseases at an early stage as compared with regions where the pilot programs are not in place. Measures of success will need to be defined within the proposal.

**c. Multi-Disciplinary Care Teams:**

Establish the multi-disciplinary approach to the treatment of all Rheumatic Diseases in Rheumatology practices across Canada. There must be a physician with an interest in Rheumatology committed to the team (Physician Champion). There should also be an Administrative Champion to facilitate Program development and outcome monitoring. The Champions need to be clearly identified.

Multi-Disciplinary Care Teams must include a rheumatologist plus a minimum of **two other disciplines** such as:

- Occupational therapist
- Physical therapist
- Registered nurse, nurse practitioner
- Pharmacist
- Social Worker
- Kinesiologist
- Psychologist
- Dietician
- Family MD
- Etc.

Possible Outcomes:

The multi-disciplinary approach should result in timely treatment and regular patient follow-up by enlisting the involvement of supportive health professionals. Better care of patients with Rheumatic Diseases should be demonstrated.

Applications under the multidisciplinary care team pillar should clearly indicate:

- a. A description of the anticipated impact of the initiative
- b. A description of instruments/tools utilized within the multidisciplinary care team
- c. Specific outcome parameter(s), how they will be measured and by how much they have to change to be considered successful
- d. A timetable of committed milestones
- e. A communication strategy to share outcomes within the local/regional organizational environment, including government.
- f. Specific planning around supporting sustainability of the multidisciplinary care team beyond the period of the grant funding.

#### **d. Community Rheumatology**

Proposals should aim to promote community rheumatology and have measurable outcome(s) for community rheumatologists or people with rheumatic diseases followed in the community.

For this pillar, applicants must self-identify as Community Rheumatologists and allocate a minimum of 50% of their time to community practice. In addition, only one-year grants to a maximum of \$60,000 will be allowed.

**If you have any questions or require further information, please contact:**  
**Virginia Hopkins, Manager, Innovation & Research**  
[vhopkins@rheum.ca](mailto:vhopkins@rheum.ca)