

## “Scoping” a Potential Research Project

A critical skill for new researchers is to know how to quickly assess a potential research question to decide whether it can be effectively undertaken with the available time, likely data, accessible resources, and produce a useful product. Although the PARTNERS training program will be developing this skill, it is important for the faculty to see how applicants think about approaching this task.

For the purposes of this application, a scoping memo should address the following:

- A concise description of the patient centered outcomes research question.<sup>1</sup>
- The data to be used to answer the question
- The analytic methods or approach
- The time needed of the applicant/researcher and any other personnel
- The elapsed time needed from start to publishable manuscript submission
- The targeted audience for applying the research findings in the real-world
- How completing this project will foster your long term professional goals

The ideal scoping memo leaves the reader with a sense that the writer has critically thought about what it takes to do a successful research project and can balance the desire to obtain important and actionable results with a project scale and design that is feasible within reasonable resource constraints.

Please prepare a one-page scoping memo (~500 words) for each of two projects from the real or hypothetical questions from our sites listed below. You may substitute for one of these a project idea on which you have already given some thought. The two examples provided should come from, or be applicable to, two different PARTNERS sites. For example, if your own project idea would be best executed at PAMF, select one of the sample projects either from UCSF or SFGH.

**PAMFRI-1:** The PAMF<sup>2</sup> managed care department has been exploring variations in the use of certain tests and procedures for patients with specific problems seen within its specialty departments. The information has been presented to the physicians within each department and changes in practice are monitored. How would one add patient input to this process, either when the physicians come together to discuss the variability in their own practices, or when treatments are being proposed to patients?

---

<sup>1</sup> AHRQ’s definition for the K12 is that “patient centered outcomes research (PCOR) is ... the conduct and synthesis of research that compares the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in clinical practice settings to inform decision making. Attention should be directed towards individual and system differences that may influence strategies and outcomes.”

<sup>2</sup> For more information about PAMF and PAMFRI, see <http://pamf.org> and <http://pamf.org/research>

**PAMFRI-2:** In two related projects, PAMFRI investigators have (a) built a retrospective data set on roughly 4,000 women with breast cancer treated at the Palo Alto site since 2001, tracking their treatments and survival and (b) completed ethnographic interviews with 40 women with breast cancer at multiple time points throughout treatment, starting shortly after their initial treatment decision in 2011 and extending over a period of up to a year. How would you build upon these projects which have collected both retrospective and prospective data around breast cancer treatment decision making, to develop information that would allow women to make better-informed decisions about their treatment options?

**SFGH-1:** California recently transitioned all Medicaid (MediCal) recipients covered under the Seniors and People with Disabilities (SPD) program to managed care and is planning to transition individuals who are dually insured by Medicare and MediCal to managed care in 2014. In response to this, several outpatient primary care clinics within the San Francisco Department of Public Health's delivery system are instituting primary care based care management programs geared towards individuals with complex medical and social needs. How would you go about evaluating such a program? What metrics would you choose? What data sources would you use?

**SFGH-2:** There is little known about how patients who receive care in safety net health care settings perceive the use of EMRs. How would you design a study to assess safety net patients' (many of whom have limited English proficiency and experience limited health literacy) perceptions of the use of EMRs in the clinic? How would you assess their interest in and readiness to use patient portals to receive information about their health? What type of study designs would you use? What data would you use?

**UCSF-1:** The UCSF Medical Center needs to find ways to reduce costs for hospital admissions. A study from Johns Hopkins University reported significant savings by increasing appropriate IV-to-PO switch for specific medications. How would you explore the potential for such a program to achieve success at UCSF?

**UCSF-2:** Ambulatory practices at UCSF need to improve communication and coordination of care between primary care and specialty practices, with the quadruple aims of improving health outcomes, patient satisfaction, physician/staff satisfaction, and lowering health care costs. The new electronic medical record (APeX) has already been configured in several ways to improve the appropriateness and "readiness" of patients referred from primary care to specialty care through use of referral "templates" designed by the specialists; and the introduction of "eConsults" which provide a mechanism for specialty care consultation without requiring an office visit is on the very near horizon. How might patients react to such a program? How would you develop a strategy for ensuring patient acceptance and satisfaction with such a system?