

Promoting Diagnostic Excellence Across Medicine

Request for Proposals

Project Description

Purpose

In 2022, [the Gordon and Betty Moore Foundation](#) awarded a grant to the Council of Medical Specialty Societies (CMSS) to promote [diagnostic excellence](#) across the field of medicine. With additional support from the [John A. Hartford Foundation](#), we were able to provide grants to eleven specialty societies.

CMSS is pleased to support another round of grants to specialty societies for the [Promoting Diagnostic Excellence Across Medicine grant program](#). With renewed funding of the program by the [Gordon and Betty Moore Foundation](#) and support from the [John A. Hartford Foundation](#), CMSS will again provide up to 11 grant awards to CMSS members.

These awards of up to \$100,000 per society will support the development of resources and programs focused on diagnostic excellence, including diagnostic safety, quality, and equity. Societies are encouraged to engage current and past NAM/CMSS Scholars in DxEx in their specialty to develop and support diagnostic excellence proposals. As with the last round, CMSS will select grantees through an external review process.

Background

While diagnosis remains a core element of medical training, there has been insufficient attention to diagnostic safety, including delays and errors in diagnosis. As noted in the seminal 2015 Institute of Medicine report, “Improving Diagnosis in Health Care,”¹ though evidence would suggest that diagnostic errors lead to significant patient harm, diagnostic safety has not been afforded the same attention as other safety issues. While there are myriad reasons for the lack of attention to this critical issue, including the difficulty of identifying diagnostic errors, an ongoing body of evidence suggests that diagnostic delays and misdiagnosis are important drivers of diagnostic errors. Though diagnostic errors may be difficult to measure, these errors represent missed opportunities to address preventable harm to patients.² The focus on diagnostic errors needs to consider the contributory roles of individual clinicians, the health care team, and the continued lack of interoperable health information across settings of care.

Though measurement of diagnostic safety and quality remains challenging, medical malpractice data suggests that harm associated with diagnostic error clusters in three general areas: missed vascular events, cancers, and infection.³ An assessment of closed malpractice claims demonstrated that these three diagnoses account for almost half of serious misdiagnosis-related harms. Further, these diagnostic harms crossed a wide range of diseases, clinical settings, and specialties.

While claims-based analyses place greater focus on cognitive judgment by clinicians, other systemic issues, including the lack of timely communication across providers and patients and the failure to close

the loop on test results also play important roles in diagnostic safety and quality.⁴ Further, effective communication of test results requires clear lines of accountability and handoffs for action across specialists in health care systems.⁵

Even with a growing evidence base that has demonstrated significant harm associated with diagnostic delays and diagnostic errors, diagnostic excellence in clinical practice has not received sufficient attention in medical education across the continuum of undergraduate medical education, graduate medical education, and continuing medical education (CME). Physicians frequently look to their specialty societies as trusted and knowledgeable sources of information. With multiple effector arms to provide support to their members, including education through conferences and accredited CME, and scholarship through research, registries, clinical guidelines, and peer-reviewed journals, specialty societies are well positioned to drive a greater focus on diagnostic excellence and share effective strategies to improve diagnostic excellence to their physician members.

Program Scope

CMSS will make up to 11 awards to CMSS members to support the development and dissemination of resources and programs on diagnostic excellence by specialty societies, including, but not limited to:

- Innovative CME-accredited educational materials intended to engage members on diagnostic excellence,
- Diagnostic excellence tracks, symposia, pre-courses, and webinars at virtual and in-person specialty society meetings,
- Focus on diagnostic excellence in specialty society-supported journals, including focused issue and/or journal supplement on diagnostic excellence or regular column or feature related to research and education in diagnostic excellence,
- Development of interactive tools to improve diagnostic performance, including new approaches to clinical guideline development and dissemination,
- Effective use of specialty society's social media platforms to build interest and expertise in diagnostic excellence, including tweetchats and podcasts, and
- Build diagnostic focus into society-sponsored clinical registries and clinical research.

Program Requirements

In addition to implementing their proposed projects, additional grant program requirements are listed below. See the CMSS Support section for more information about the Grantee Learning Network.

Project Management

- Participate in a kick-off call with CMSS within three weeks of the project start date.
- Submit quarterly progress reports to CMSS describing progress toward project goals, challenges, risks, lessons learned, and funds expended and funds remaining.
- Submit a final report within 60 days after the project ends describing activities, outcomes, lessons learned, plans for tracking long-term outcomes of the initiative, and recommendations for future programs to improve diagnostic excellence.

Grantee Learning Network

- Participate in Promoting Diagnostic Excellence Grantee meeting at CMSS Annual Meeting (November 9-10, 2023 in Washington, DC). Details to follow. The Project Director/Principal

Investigator or another senior member of the grant project team should attend. Prior grantees will be invited to share lessons learned from their projects.

- Participate in online grantee learning community and in quarterly virtual meetings with CMSS and other grantees to share barriers and facilitators to improving diagnostic excellence, success stories and lessons learned.

Dissemination of Findings

- Provide CMSS input and feedback on a package of resources to spread best practices and actionable tools developed through this grant program to other CMSS member societies.
- Participate in national event (virtual) to be organized by CMSS to share project findings.
- Participate in the CMSS Annual Meeting in November 2024 to share results and lessons learned from the project.

Award Information

Award Amount

CMSS will make up to 11 awards in the amount of up to \$100,000 each.

Anticipated Award Dates

The anticipated announcement of awards is October 1, 2023. The anticipated start date for awards is November 15, 2023.

Period of Performance

The period of performance for awards will be November 15, 2023 to November 14, 2024. A final report on outcomes and lessons learned will be due 60 days after award.

Eligibility

All CMSS members are eligible to apply.

Application Instructions

Content and Form of Application

All applications must be submitted through the SurveyMonkey Apply online system. Societies invited to apply may only submit one proposal.

Part 1. Technical Proposal (Page limit: 5-7 pages)

Please use the following outline to draft the technical proposal.

- **Background:** State the problem that the project is designed to address. Describe the clinical focus and data-driven rationale for that focus.
- **Project Description:** Describe the proposed project and how it will serve to increase engagement of your members in diagnostic safety, quality, and equity.
- **Objectives:**
 - a. State the aims and objectives of the project.

- b. Describe how the project will promote diagnostic excellence, including safety, quality and equity.
 - c. For proposals focused on a single condition, please provide prevalence data of the selected condition, including number of patients and clinicians that may benefit from the proposed activities.
- **Proposed Activities:**
 - a. Describe the activities and strategies of the proposed project and how they support the overall objectives.
 - b. Please describe how your proposed activity will lead to broader recognition of diagnostic excellence in your specialty beyond specific focus of the proposed project.
 - c. Describe the types of resources and programs that will be developed and how they will be disseminated.
- **Measurement Plan:** Summarize the projected outcomes and measurement strategy (including proposed measures) of the proposed project in the short term (at the end of the one-year project, and over the long term (3+ years after the project ends).
- **Communications/Dissemination Plan:** Describe how the outputs of the project (e.g., findings, actionable tools) will be disseminated. Include target audience(s), potential partners in dissemination, and communications platforms.
- **Personnel:** Provides names and brief bios of staff and consultants who will work on the project. Include their position title, the role they will have on the project, and what percent of their time will be dedicated to the project.
- **Capability:** Describe the society's reach and engagement within its specialty. Provide examples of up to three current or past projects related to quality, patient safety, equity, and/or diagnostic excellence that demonstrate the society's capability to successfully execute the proposed project.

Part 2. Appendices (No page limit)

The appendix should include:

- **Resume/CV** for Project Director/Principal Investigator
- **Letters of Support** from any organizations that are mentioned in the proposal as potential partners.

Part 3. Budget

Please use the Word document provided on the Survey Monkey Apply program application page to submit the budget for the proposal. You may also download a budget template in Excel to assist with developing the budget. **Please include funds in your budget for at least one member of your team to participate in the CMSS Annual Meeting, which will take place November 9-10, 2023 in Washington, DC. Please include travel costs and meeting [registration fee](#).**

Application Dates

Date	Process
May 30, 2023	RFP announced
June 15, 2023	Informational webinar about RFP
July 26, 2023	Applications due
August 31, 2023	Advisory Panel review of proposals
October 1, 2023	Announcement of awards
November 15, 2023	Awards begin
November 14, 2024	Awards end

Application Review and Selection Process

Selection Criteria

The Advisory Committee will consider the following criteria in its review of submitted proposals:

1. Technical quality of the proposed project
 - a. Specificity of the proposed strategies, objectives, and activities within the project timeline
 - b. Likelihood that the project will increase member engagement and awareness of the importance of diagnostic excellence to their specialty
 - c. Innovative education, communication and dissemination approaches that will result in demonstrable improvement in member learning and patient outcomes
 - d. Proposed strategies and activities fit within the proposed project timeline align with proposed budget
 - e. Evaluation and performance measurement plan, including measurable and specific measures of success within the time frame and budget
 - f. Proposed communication and dissemination plan for the proposed project
2. Society capability
 - a. Engagement: Reach and scope of the specialty society applicant, including total number of members and the proportion of members within your specialty
 - b. Experience: Proven track record in national improvement initiatives, including work in quality, patient safety, equity, and diagnostic excellence

Preferences

- Strong preference will be given to societies that were not funded in the first round of awards
- Preference will be given to societies that focus on clinical areas that represent a significant portion of preventable harm from diagnostic errors in the society's specialty, as well as the highest risk clinical areas,⁶ including cancer, cardiovascular disease, and infection
- Preference will be given to proposals that focus on equity in diagnostic excellence

Review and Selection Process

Full proposals will be reviewed by an external Advisory Committee made up of a diverse group of national experts in diagnostic excellence and patient safety, as well as individuals with expertise in the key engagement vehicles for specialty societies, including continuing education, publishing, communication, quality improvement, and research. The Advisory Committee will make selection recommendations to CMSS and The Moore Foundation. The Moore Foundation will approve final selections.

CMSS Support

CMSS will serve as a coordinating center to monitor and promote cross-specialty learning, improvement, collaboration, and identification of best practices in diagnostic excellence that can be shared among the grantees and with the broader medical community. Specific areas of support include:

- *Grantee Learning Network:* CMSS will launch and manage a learning network for the grantees to facilitate peer-to-peer learning and sharing of successes and best practices. CMSS will convene the grantees in person at the November 2023 CMSS Annual Meeting to share lessons learned with each other and CMSS and Moore Foundation staff. CMSS will also convene all grantees for virtual meetings on a quarterly basis and will facilitate affinity groups for grantees interested in further peer-to-peer learning. Grantees will also have access to an online learning community for collaboration, discussion and sharing resources.
- *Dissemination of Findings:* Grantees will be invited to share their learning and results with the full CMSS membership at the CMSS Annual Meeting and targeted virtual events. CMSS will also work with the grantees to write and submit abstracts and publications on this work. CMSS will also collaborate with the grantees on identifying opportunities to share findings with the wider healthcare community, including briefings, coordinated conference panel submissions, and invitational meetings. CMSS may also engage stakeholders across the medical education continuum to disseminate the resources as part of medical education curricula.
- *Spreading Best Practices and Successful Strategies:* CMSS will work with the grantees to identify effective strategies, specific approaches, and actionable resources that can be incorporated into specialty-specific project deliverables. These resources will reflect the findings and successful strategies from the first and second round of grantees. CMSS will develop three to five derivative resources, such as playbooks and resource guides, from specialty society deliverables that can be disseminated and used across a wider audience of specialty societies. These derivative resources will be shared on CMSS Connect, CMSS website and member websites, social media, and podcasts.

Additional Information

For additional information about the RFP or the grant program:

- Technical proposal questions: Dr. Helen Burstin (hburstin@cmss.org)
- Programmatic questions: Sarah Imhoff (simhoff@cmss.org)
- Administrative questions: Joan Williams (jwilliams@cmss.org)

References

- ¹ Committee on Diagnostic Error in Health Care; Board on Health Care Services; Institute of Medicine; The National Academies of Sciences, Engineering, and Medicine; Balogh EP, Miller BT, Ball JR, editors. Improving Diagnosis in Health Care. Washington (DC): National Academies Press (US); 2015 Dec 29. 1, Introduction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK338600/>
- ² Singh H, Graber ML. Improving diagnosis in health care—the next imperative for patient safety. *N Engl J Med*. 2015;373:2493-2495.
- ³ Newman-Toker, David E., Schaffer, Adam C., Yu-Moe, C. Winnie, Nassery, Najlla, Saber Tehrani, Ali S., Clemens, Gwendolyn D., Wang, Zheyu, Zhu, Yuxin, Fanai, Mehdi and Siegal, Dana. "Serious misdiagnosis-related harms in malpractice claims: The “Big Three” – vascular events, infections, and cancers" *Diagnosis*, vol. 6, no. 3, 2019, pp. 227-240.
- ⁴ Schiff GD, Hasan O, Kim S, et al. Diagnostic error in medicine: analysis of 583 physician-reported errors. *Arch Intern Med*. 2009;169(20):1881–1887.
- ⁵ Kwan JL, Singh H. Assigning responsibility to close the loop on radiology test results. *Diagnosis (Berl)*. 2017 Sep;4(3):173-177. doi: 10.1515/dx-2017-0019.
- ⁶ Newman-Toker, David E., Schaffer, Adam C., Yu-Moe, C. Winnie, Nassery, Najlla, Saber Tehrani, Ali S., Clemens, Gwendolyn D., Wang, Zheyu, Zhu, Yuxin, Fanai, Mehdi and Siegal, Dana. "Serious misdiagnosis-related harms in malpractice claims: The “Big Three” – vascular events, infections, and cancers" *Diagnosis*, vol. 6, no. 3, 2019, pp. 227-240.