General Information:

The QSCERT program is one of 18 T32 training programs nationwide that were funded (2013-2018) by the US Agency for Healthcare Research and Quality (AHRQ) through the National Research Service Award (NRSA) grant program to offer advanced training to postdoctoral scholars pursuing careers in comparative effectiveness or health services research. These programs are designed to provide didactic and experiential training for qualified individuals interested in: “(1) improving clinical practice or the health care system’s ability to provide access to and deliver high quality, high-value health care; and/or (2) providing policymakers with the ability to assess the impact of system changes on outcomes, quality, access to, cost, and use of health care services.”

AHRQ especially encourages us “to train researchers to address healthcare disparities and quality measurement and improvement,” performing research that is “directly relevant to stakeholders, such as providers and practitioners, administrators, payers, consumers, policymakers, and insurers.”

Consistent with AHRQ’s strategic goals, QSCERT fellows are selected for their interest in, and commitment to, “reducing the risk of harm from health care services by promoting the delivery of appropriate care that achieves the best quality outcomes,” “achieving wider access to effective health care services and reducing health care costs,” and “assuring that providers and consumers/patients use beneficial and timely health care information to make informed choices.” Through local mentorship, formal courses, online resources, and national meetings, QSCERT fellows have the opportunity to learn from an extraordinary national network of colleagues and mentors. For more information, please see:

AHRQ T32 Website - [http://www.ahrq.gov/funding/training-grants/grants/active/t32/t32.html](http://www.ahrq.gov/funding/training-grants/grants/active/t32/t32.html)


Funding Requirements:

Each Fellow is funded through a stipend from AHRQ and supplemental support from their home department. The “Ruth Kirschstein National Research Service Award” stipend value is set each year by Congress, currently starting at $42,000 for a trainee with no prior postdoctoral training or experience.

The QSCERT Program also provides a fixed allocation from NRSA/AHRQ for each of the following:

- Tuition/fees:
  - Fellows who are not enrolled in a degree-granting program: $4,500

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Fellows who are enrolled in a degree-granting program $16,000
Travel for Annual AHRQ NRSA Conference or other meetings $2,000
Supplies/Materials/Research data or software – Subject to Program Director approval

Fellows must have an eRACommons log in and complete profile information. Fellows who require new eRACommons accounts will receive an email from the Program Director that introduces them to the eRACommons system and prompts them to complete the required information. The email will contain a link to the NIH eRACommons website.

- A Payback Form is REQUIRED and must be on file in order to complete an appointment to the QSCERT Program. Fellows will receive the form from the Program Coordinator and need to read the form thoroughly and complete it. Specific payback requirements affect anyone who exits the Program before they have completed 2 years. Please be sure to read the Payback form you are asked to sign in its entirety.
- Record of appointment is maintained in the eRACommons system and once you have access you can print a copy of your appointment. A copy of your appointment is also kept in your hard copy file with the Program Coordinator.

Please note that “priority for use of travel funds must be given to attendance at the Annual AHRQ NRSA Conference,” which is usually held on the day immediately prior to the start of AcademyHealth’s Annual Research Meeting in June. It is expected that all trainees will attend this conference. The remaining travel funds can be used to support travel to other “scientific meetings and workshops that are necessary to the training experience.” Please provide the program coordinator and directors with a description or link to the meeting of interest, a brief justification for participation in that meeting, an estimate of the cost of participation, and a copy of the abstract that will be presented (if applicable).

**Reporting Requirements:**

AHRQ expects us “to keep the Agency informed of publications, as well as the known uses and impact of their Agency-sponsored research.” Accordingly, we must “notify AHRQ immediately when a manuscript based on research supported by QSCERT grant is accepted for publication, and to provide the expected date of publication as soon as it is known, regardless of whether or not the grant award is still active.” Please help us to meet this requirement by notifying the program coordinator in a timely manner. In addition, please include language of this type in EVERY manuscript that you submit during your period of QSCERT support, or based on work done during your QSCERT training (even after you have left UC Davis): “Support for this publication was provided by grant number T32HS022236 from the Agency for Healthcare Research and Quality (AHRQ) through the Quality, Safety, and Comparative Effectiveness Research Training (QSCERT) Program.”

**Facilities:**

Fellows are provided with office space at CHPR in the Grange building on the 1st floor. CHPR computer system access will be provided through coordination with Program Coordinator and Gary Taber (916) 734-7413.

Forms will be provided upon appointment to the program and will be available through Program Coordinator to obtain system access and Security Badge Campus Access to the CHPR Grange Office.
Parking is available from the Transportation Services office at UCDMC (Facilities Services Support Building). Bicycling may be more convenient, given the long distance between CTSC and the Grange building, and Transportation Services offers special deals for bicycle commuters (e.g., reduced-price daily parking in surface lots on rainy days, free registration, secure cage parking). One hour street parking is available on U St., V St. and 39th St. Four-hour and all day street parking are available further away from CHPR; please ask the program coordinator for more information. The program coordinator can allocate a temporary parking space for you to use at the Grange on an intermittent basis or you can submit your name to be put on the wait list for a parking permit to park at the Grange by contacting Liz Vice.

**Fellowship Requirements:**

The QSCERT program aims to help fellows achieve all of the core research competencies identified by AHRQ: [http://archive.ahrq.gov/funding/hsrcomp08/hsrcomp08.html](http://archive.ahrq.gov/funding/hsrcomp08/hsrcomp08.html)

To this end, we have developed the following required activities and coursework, each of which is explained in detail below:

- Responsible Conduct of Research
- CHPR Seminars
- PCOR Methods Design Workshops
- Critical Assessment of Biomedical Literature (Journal Club)
- Principles and Methods of Comparative Effectiveness Research
- Research project meetings with Mentors, Directors and Fellows

**Responsible Conduct of Research**

The QSCERT (T32) Funding Agency (NIH/AHRQ) requires that each Fellow receive instruction in the responsible conduct of research. An acceptable course involves at least eight contact hours of instruction and a full semester is advised. Fellows have two ways to meet this requirement. Fellows can take the Mentored Clinical Research Training Program’s (MCRTP) Responsible Conduct of Research Seminar Series (CLH 204), which begins in Fall and runs through Spring of each academic year; or the Sponsored Programs Responsible Conduct of Research series, which also runs from Fall through Spring.

Fellows can enroll in either course by contacting the Program Coordinator to initiate the enrollment process. Only the former course offers formal academic credit for students in degree-granting programs, but it also requires more contact hours (i.e., 2 hours every 2 weeks).

If QSCERT fellows have previously completed one of these courses or a similar one at a different institution and can provide documentation of course completion it is not necessary to repeat it.

**CHPR Seminars:**

Faculty and non-faculty researchers with a focus on health policy or health services present in this seminar. Seminars typically focus on research-in-progress (at any stage), recently completed research, innovative research methods, policy implications of health services research, pre-proposal discussion of research ideas or plans, or presentations of abstracts accepted for regional or national meetings. QSCERT fellows are required to present their research (in-progress or completed) at least once a year in this seminar.
You should receive email CHPR Seminar notifications. Seminars are held Wednesday at Noon September through June and Fellows are expected to attend. Seminars are usually held in the Medical Education Building, Sacramento Campus (See Campus Map attached) but the venue changes from time to time so you will be notified each week via email. Contact Liz Vice if you are not receiving these emails.

**PCOR Methods Design Workshop**

The workshops are led by Dr. Melnikow and biostatistician Dr. Daniel Tancredi. Sessions are informal learning opportunities and sometimes involve guest speakers with experience in patient-centered outcomes research (PCOR), and provide open discussion where you can bring your questions about PCOR to the group.

PCOR Methods Design Workshops are held the 2nd and 4th Mondays of each month from 12 NOON to 1:00 PM in the CHPR conference room on the 1st floor. You should receive Email reminders of these meetings, let Liz Vice know if you are not receiving these communications.

**Critical Assessment of Biomedical Literature (Journal Club)**

The Critical Assessment of Biomedical Literature Course or Journal Club is normally held on alternate Thursdays from late September through mid-June, and Fellows are required to attend. Each fellow will be called upon to present an article for discussion. Enrollment in the course will be initiated by the Program Coordinator in the Fall.

**Principles and Methods of Comparative Effectiveness Research (CER)**

The CER course is a hybrid course format. Students will view recorded lectures online, participate in forum discussions, and complete assignments outside of class. There will be weekly 2-hour face-to-face meetings to discuss lecture content, review journal articles, and work on class projects. This course will provide an introduction to a range of Comparative Effectiveness Research Methods. The course is offered in the Spring quarter. You will be notified via email when the course is open for enrollment; enrollment is initiated by contacting the QSCERT Program Coordinator.

**QSCERT Fellows Meeting**

Fellows meet monthly with the Program Director and Associate Director on the 2nd Monday of each month 11:00 AM-12:00 NOON, beginning in September. Fellows will receive reminder each month from the Program Coordinator. Meetings are held in the downstairs conference room at CHPR.

**Coursework:**

Coursework is AUDIT ONLY unless enrolled in a Graduate Program (MAS or MPH) with the University. Credit can be obtained through the Open Campus registration process when requested. Contact the Program Coordinator for more information regarding the Open Campus registration process.

Coordinate all coursework with the Program Coordinator. Fellows will receive email notification of the schedule of courses offered prior to each session (Fall, Winter, Spring, Summer). Fellows may notify the Program Coordinator via email of their course selection to begin the enrollment process. There are different enrollment requirements for courses and therefore a coordinated effort is advised. Please note that most courses outside the School of Medicine, the School of Nursing (NRS), and the Graduate Group in Clinical Research (CLH) are taught on the Davis campus.

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Please confer with your mentor and/or one of the program directors regarding your plans for coursework. Aside from the “Study Design” summer review (CLH 202 below), the “Critical Assessment” journal club (CLH 290C below), and either of the two seminar series on Responsible Conduct of Research, all numbered course selections are tailored to fellows’ individual needs. For example, some MD fellows take courses in biostatistics, but most PhD fellows have had sufficient training in quantitative methods that additional coursework in biostatistics is not necessary. Fellows are strongly encouraged to take a course in grant-writing for biomedical research; the CLH sequence (201-298) on the Sacramento campus is the most commonly chosen alternative, but week-long intensive grant writing courses are also available.

**Course Schedule 2014-2015 Academic Year:**

- **Introduction to Clinical Epidemiology and Study Design:** CLH 202  Summer
- **Introduction to Medical Statistics:** CLH205/SPH244 (optional)  Fall
- **Introduction to Grant Writing 1:** CLH201  Fall
- **Introduction to Grant Writing 2:** CLH 298 (optional)  Winter
- **Critical Assessment of Biomedical Literature:** CLH 290C  Fall, Winter, Spring
- **Biostatistics for Biomedical Science:** SPH245 (optional)  Winter
- **Responsible Conduct of Research Seminar Series:** (Starts in Fall runs through Spring)  Fall, Winter, Spring

Options for additional coursework are available through other graduate programs, such as the Clinical Research Graduate Group (MCRTP), the Graduate Groups in Epidemiology and Biostatistics, and the Master of Public Health (MPH) program. The MCRTP schedules will be provided to Fellows by the Program Coordinator by August 1, 2014 for fall. Deadline for sign up is August 29, 2014.

**Research Project:**

Fellows are required to complete a comparative effectiveness research project during their fellowship. Fellows meet with mentors regarding this project on a weekly or bi-weekly basis. These meetings can be coordinated for each Fellow by the Program Coordinator or Fellows and Mentors and can arrange for these meetings on mutual availability. Fellows are also required to meet monthly with their mentor and QSCERT directors (Melnikow or Romano). These meetings can be coordinated through the Program Coordinator as well.

Fellows are required to commit to a presentation at least once per year at the Noon CHPR seminar and the AHRQ NSRA Conference held in June (usually on the Saturday immediately preceding the AcademyHealth annual meeting).

Travel to the NRSA Conference, attended by T32 fellows from around the US, is required. Fellows submit research abstracts for peer review prior to the meeting and are selected for oral podium or poster presentations of their projects. The QSCERT Grant provides funds (up to $2,000) for each appointed Fellow.
to attend the conference. Travel arrangements and presentation materials can be coordinated through the CHPR office and/or the Program Coordinator.

Fellows are encouraged to acknowledge AHRQ training grant support in their presentations and publications. Please cite your support as coming from a “postdoctoral training grant in health services research from the Agency for Healthcare Research and Quality (T32 HS022236).”

**Limitations on Clinical or Teaching Time**

AHRQ-funded fellows are limited to 20-25% of their time allocated to teaching or clinical responsibilities. These responsibilities should be connected to their current or planned research/academic career. This is a requirement of the Grant and cannot be negotiated. There is no limitation on moonlighting outside the usual 40-hour workweek, but this activity must not in any way interfere with the fellow’s primary commitment to research training.

Your home department is responsible for assigning and overseeing all of your clinical and teaching activities. CHPR’s role is limited to ensuring that these activities are consonant with your fellowship training and the conditions of your stipend support. For MDs, your home Department’s role includes assisting you with obtaining clinical privileges, proctoring your early clinical work for quality assurance, and completing a “billing packet” that will enable UCDMC to bill Medicare, MediCal, and other payers for your clinical services. Most fellows pay their own biennial medical license fees and society membership fees, but some Departments are willing to pay these fees on fellows’ behalf. Fellows are EXEMPT from Drug Enforcement Administration fees because all UCDMC employees are considered State employees.

All of your teaching activities should be evaluated. Most clinical departments use a standard online evaluation tool such as e*Value. Please let the Program Coordinator know who will be compiling these evaluations in your home Department.
ADDITIONAL QSCERT (T32) PROGRAM INFORMATION

AHRQ-sponsored research “addresses issues of organization, delivery, financing, utilization, patient and provider behavior, outcomes, effectiveness and cost. It evaluates both clinical services and the system in which these services are provided. These scientific results improve the evidence base to enable better decisions about health care, including disease prevention; appropriate use of medical technologies; care coordination, care management, enhancing access to care, patient self-management; palliative care; improving diagnosis, treatment, patient access, and work flow while reducing costs or holding them constant; long-term care; reducing disparities in health care outcomes and quality among racial, ethnic, and underserved populations; enhancing the transparency and accountability of care delivery practices and outcomes; and contributing to evidence-based decision making by patients, providers, regulators, and payers.”

QSCERT PROGRAM BACKGROUND INFORMATION AND REQUIREMENTS

The core competencies that should be acquired through doctoral and/or postdoctoral training in health services research have been identified through an AHRQ-sponsored consensus development process: http://archive.ahrq.gov/funding/hsrcomp08/hsrcomp08.html

Per program requirements, “the allocations for tuition and fees will be 60% of each eligible post-doctoral trainee’s tuition and fees up to a cap of $4,500 direct costs per year, or $16,000 direct costs per year for those in formal degree-granting programs.” Therefore, fellows or their home departments may be responsible for paying 40% or more of eligible tuition and fees; these arrangements must be worked out individually for each fellow based on his or her “approved research training program.” Fellows who are interested in the Masters of Advanced Study through the Clinical Research Graduate Group must apply separately to the Mentored Clinical Research Training Program (MCRTP) under the UC Davis Clinical and Translational Science Center (CTSC) to ensure full coverage of tuition and fees. See program website for the application deadline and other information: http://www.ucdmc.ucdavis.edu/ctsc/area/education/mcrtp/.

Fellows may also be interested in pursuing a Masters in Public Health through the University of California, Davis Medical School. The program requires a separate application by a specified deadline. Specific information related to this program can be found at the Medical School website.

http://www.ucdmc.ucdavis.edu/mdprogram/dual_degree_programs/

UC Davis sets required reimbursement and benefit rates for clinical and non-clinical postdoctoral fellows. These amounts exceed the AHRQ stipend and benefit amounts and support is negotiated with the departments prior to the fellow start date. For physician fellows, the stipend is supplemented to the level of any postgraduate trainee with similar prior training (e.g., PGY 4 for a new graduate of a primary care residency program, PGY 5 for someone who also completed a chief residency year). For PhD fellows, the stipend is supplemented in recognition of the fellow’s active participation in the academic life of his or her home department.


Program directors are available to assist candidates in their efforts to secure additional funding or employment opportunities to avoid financial hardship as a result of the limited stipend. However, in no
instance will employment or additional funding come from other Federal Government research or training funding or interfere with the fellows required research activities.

QSCERT fellows are initially appointed for one year, with an expectation that most scholars will continue for a second year, as mutually agreed by the fellow and the program. A 3rd year of support is permitted by the training grant, but is only offered under exceptional circumstances. QSCERT fellows may participate, with their mentors, in Federally funded research projects, but they cannot receive concurrent stipend support from other Federal training grants (e.g., K12, T32, K08) and generally cannot receive any support from research sponsored by the US Department of Health and Human Services (DHHS). If stipend supplementation comes from research activity, as opposed to teaching or clinical activity, then the research should be sponsored by an entity outside DHHS (e.g., a state agency or private foundation).

Section 117 of the Internal Revenue Code applies to the tax treatment of scholarships and fellowships, including NRSA stipends. Degree candidates may exclude from gross income (for tax purposes) any amount used for course tuition and related expenses such as fees, books, supplies, and equipment required for courses of instruction at a qualified educational organization. Non-degree candidates are required to report as gross income any monies paid on their behalf for stipends or any course tuition and fees required for attendance. However, “NRSA stipends are not considered salaries,” and “NRSA trainees are not considered to be in an employee-employer relationship with AHRQ or the sponsoring institution solely as a result of the NRSA award.” Fellows “should consult their local IRS office about the applicability of the law to their situation and for information on their tax obligations.”

Program Refinement

In furtherance of the program, we are required “to obtain feedback from current and former trainees to help identify strengths and weaknesses and to provide suggestions for program improvements.” The outcomes of our program are evaluated through evidence that our trainees successfully compete for research grants/contracts, receive special honors or awards, publish their work, achieve non-traditional academic measures of success (e.g., use of research by stakeholders), receive promotions, and other accepted measures of success. To collect this information, we are required to track participants (and to stay in contact with them) “for at least a 10-year period following program completion.”

Summary of AHRQ policies related to QSCERT Training Program

The Healthcare Research and Quality Act of 1999 “directed AHRQ, in carrying out its mission, to conduct and support research and evaluations, and to support demonstration projects, with respect to the delivery of health care in inner-city and rural areas (including frontier areas), and health care for priority populations. Priority populations include low income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.” Accordingly, AHRQ policy encourages fellows to consider including priority populations in their research. AHRQ policy also requires that women and members of minority groups be included in all AHRQ-supported research projects involving human subjects, unless a clear and compelling rationale and justification is provided that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research.

Fellows are also “encouraged to make use of AHRQ’S Healthcare Cost and Utilization Project (HCUP) or the Medical Expenditure Panel Survey (MEPS). HCUP is a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership. HCUP databases bring together the data collection efforts of State data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level
health care data.” HCUP includes three nationwide databases, the Nationwide Inpatient Sample (NIS) and the Kids’ Inpatient Database (KID), and the Nationwide Emergency Department Sample (NEDS), and three types of State databases, the State Inpatient Databases (SID), the State Ambulatory Surgery Databases (SASD), and the State Emergency Department Databases (SEDD). “More information on HCUP can be found at http://www.hcup-us.ahrq.gov/home.jsp. MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian, non-institutionalized population. MEPS is composed of three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The Household Component is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The MEPS IC collects data on health insurance plans obtained through employers and unions, including the number and types of private insurance plans offered, employer characteristics, premiums, and contributions by employers and employees. More information on the MEPS is available at http://www.meps.ahrq.gov. Applicants’ use of HCUP and/or MEPS data does not preclude the use of secondary data sources or primary data collection.”

Please note that QSCERT faculty have substantial experience with both HCUP (Romano, Utter, Tancredi, others) and MEPS (Franks, others) data.

AHRQ also encourages fellows “to write Informed Consent (IC) and HIPAA Authorization documents for research to be understandable to all potential research participants, including those with low levels of literacy and limited English proficiency. AHRQ recommends that IC and Authorization documents be written in accordance with health literacy principles, and that IC and Authorization documents be available in multiple languages if potential research participants include individuals with limited English proficiency. AHRQ also recommends adopting a process to verify potential research participants’ understanding.” The UC Davis Institutional Review Board will help you to meet these requirements.

“All consumer products produced under an AHRQ-funded grant should be appropriate for the target audience. This includes individuals from diverse cultural, language, and literacy backgrounds. Audience testing should be part of the development process. AHRQ’s Talking Quality website (http://www.talkingquality.ahrq.gov/) and AHRQ’s guide and checklist for developers and purchasers of health information (IT) that is designed to be accessed and used by consumers (http://healthit.ahrq.gov and select Health IT Tools and Resources) are resources applicants can use to ensure appropriateness of consumer products.”

If you are collecting primary data with QSCERT support, a data-sharing plan is required. “The precise content of the data-sharing plan will vary, depending on the data being collected and how the investigator is planning to share the data.” We are asked to consider the expected schedule for data sharing; the format of the final dataset; the documentation to be provided; whether or not any analytic tools also will be provided; whether or not a data-sharing agreement will be required and, if so, a brief description of such an agreement (including the criteria for deciding who can receive the data and whether or not any conditions will be placed on their use); and the mode of data sharing (e.g., under its own auspices by mailing a disk or posting data on its institutional or personal website or through a data archive or enclave).