

For a Microsoft Word version of this Research Collaboration form,
please contact Cara Nikolajski at nikolajskice@upmc.edu.

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

The UPMC Center for High-Value Health Care is responsible for coordinating and tracking all research conducted in collaboration with the UPMC Insurance Services Division (ISD). To make a request to collaborate on a research project, please submit responses to the following questions. ***Limit your response to five pages maximum.*** If approved, periodic status reports may be required.

Please provide all requested information. Incomplete applications may delay review of your request. If you have any questions about collaborative research and/or how to complete this form, please contact Cara Nikolajski at nikolajskice@upmc.edu.

Below are some links to provide additional information about conducting collaborative research with us:

Guidelines for conducting collaborative research with the UPMC Insurance Services Division:

<http://www.upmchighvaluehealthcare.com/pdf/Collaborative-Research-Guidelines.pdf>

UPMC Insurance Services Division Priority Areas and Related Projects:

<http://www.upmchighvaluehealthcare.com/pdf/Priority-Areas.pdf>

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

1.	Date of request:			
2.	Requestor/Principal Investigator(s):			
3.	Title of proposed project:			
4.	Dates of project:		through	
5.	Funding source:	<p>In most cases, research collaboration with the UPMC ISD requires resources provided by the requestor. (For example, remuneration for data and analytics services or %FTE for an ISD co-investigator.) Please complete the following questions about the resources available for this research. If approved, the Center will work with you to develop a budget for your project specific to UPMC's involvement.</p>		
5a.	What is the current funding status of the project?			
	<input type="checkbox"/>	This research is currently funded. (Please complete questions 5b-5e.)		
	<input type="checkbox"/>	This research is not yet funded; a funding opportunity has been identified. (Please complete questions 5b-5e.)		
	<input type="checkbox"/>	This research is not yet funded; no funding opportunity has been identified. (Skip to #6.)		
	<input type="checkbox"/>	Other. (Skip to #6; please explain below.)		
5b.	Funding agency/Solicitation number (if applicable):			
5c.	Funding announcement URL (if applicable):			
5d.	Application due date (if applicable):			
5e.	Total research project amount:			
6.	UPMC ISD co-investigator(s) and affiliations, if applicable:			

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

7.	<p>Please provide a brief description of how UPMC ISD and its members might benefit from the results of this research.</p> <hr/> <p>For reference, see links below to UPMC and the Center: www.upmchealthplan.com/about/about-upmc-insurance-services-division.aspx www.upmchighvaluehealthcare.com/</p> <hr/>
8.	<p>Brief description of research:</p> <hr/> <p>Please summarize your research using the fields below. Provide as much detail as possible within the page limits. Include relevant prior studies or background that indicate how this research is novel and provides the field with new knowledge. If you have already collected data on this topic and are requesting UPMC data, explain how UPMC data is essential beyond what you have already collected. Do not attach a specific aims page or other narrative in lieu of completing this information.</p> <hr/>
8a.	<p>Aims and hypotheses:</p> <hr/>

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

8b.	Study design (check all that apply):	
	<input type="checkbox"/>	RCT
	<input type="checkbox"/>	Cross-sectional
	<input type="checkbox"/>	Prospective cohort
	<input type="checkbox"/>	Retrospective cohort
	<input type="checkbox"/>	Pre-post
	<input type="checkbox"/>	Quasi-experimental
	<input type="checkbox"/>	Secondary data analysis
	<input type="checkbox"/>	Pilot
	<input type="checkbox"/>	Other (Please explain below)
<hr/>		
8c.	Target population:	
	Define the intervention and comparison/control groups:	
<hr/>		

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

Describe how the target population is identified and/or recruited:

Define inclusion and exclusion criteria:

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

Estimate the numbers or proportions of UPMC members involved in the intervention and/or control/comparison groups:

8d. Primary and secondary outcomes:

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

8e.	Type of data being requested (e.g., if requesting claims data, what variables and/or ICD-9/10 codes will be analyzed?):
8f.	Analysis plan (please limit to a three to five sentence overview):

UPMC Center for High-Value Health Care

Request for Research Collaboration with the UPMC Insurance Services Division

9.	What is the IRB approval status for this research?		
	<input type="checkbox"/>	Approved as full-board or expedited	
		IRB approval #:	
		<i>Please attach the approved consent form with this application.</i>	
	<input type="checkbox"/>	Approved as exempt	
	<input type="checkbox"/>	Application currently under review	
		<i>Please attach the draft consent form with this application.</i>	
	<input type="checkbox"/>	Application not yet submitted	
<input type="checkbox"/>	Not human subjects research		
<input type="checkbox"/>	Other (please explain below)		
10.	Other partners, if applicable (e.g., community stakeholders, health systems, payers, providers):		
11.	Type of collaboration requested from UPMC (check all that apply):		
<input type="checkbox"/>	Data request		
	<input type="checkbox"/>	Aggregate data?	
	<input type="checkbox"/>	Individual-level data?	
		Does or will your consent form allow UPMC to share individual-level data?	
		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
<input type="checkbox"/>	Letter of support		
<input type="checkbox"/>	Research collaboration (co-investigator, study design expertise)		
<input type="checkbox"/>	Stakeholder advisory board		
<input type="checkbox"/>	Publication		
<input type="checkbox"/>	Other (please explain below)		
12.	Name of contact at UPMC Center for High-Value Health Care or UPMC ISD:		