

LETTERS

Forming Strong Collaboration Among Academic Researchers, Pharmacies, and Integrated Delivery Systems

To the Editor. In 2012, the National Association of Chain Drugs Stores Foundation announced a grant opportunity for research investigating how community-based medication management services, specifically services integrated into patient-centered medical homes (PCMHs) or accountable care organizations (ACOs), affect patient health outcomes. While 61 applicants sent in a letter of intent (LOI) for this grant, only 44 then sent in a full grant proposal. While attrition generally occurs between the time that LOIs are submitted and full proposals are completed, this was surprising given that this is a timely and important topic for academic pharmacy researchers because of the current focus on delivery system reform.

The intent of this discussion is to understand why some faculty investigators were successful in submitting proposals while others were not. A better understanding of the facilitators and barriers to the submission of full proposals will help the academic community identify ways to resolve the barriers and support the mechanisms that make completed proposals and subsequent scholarship more likely. To achieve this understanding, a brief survey was sent to 17 principal investigators who completed the LOI only and 44 principal investigators who completed a full grant proposal (FGP). We received 5 (29.4%) surveys from the LOI-only group and 19 (43%) surveys from the FGP group. The lack of response to our survey from the LOI-only group was likely because of a lack of continued interest in pursuing this grant opportunity.

The request for proposals (RFPs) encouraged research teams to develop a broad array of partners to promote success and scalability of the evaluation. A commonality among those who completed a grant proposal was a prior existing relationship between the partners, including the academic institution, community pharmacies, PCMH/ACO, and others. Additionally, initiation of the grant proposal process among respondents in the FGP was facilitated by academic institutions (47%), the pharmacy (32%), and the PCMH/ACO and other organizations (21%). Slightly more than half of the FGP applicants indicated no relationship with an insurer existed prior to starting the proposal, and nearly all of

these individuals submitted the proposal without such partners. The 5 respondents in the LOI-only group indicated: (1) the grant being initiated by the academic institution, (2) not having prior research experience with the pharmacy or ACO/PCMH, and (3) prior experience with community partners being limited to student experiential sites as opposed to past research or shared faculty.

Most FGP respondents indicated that little to moderate efforts were involved in getting their partners to participate in the grant development. However, most LOI-only respondents indicated it took moderate to significant effort to get the ACO/PCMH partner to participate. FGP and LOI-only participants reported the 2 biggest barriers were time needed to develop the proposal and data accessibility and sharing between the partners. The LOI-only group identified the lack of financial support from the academic institution as a barrier to completing the proposal, while the FGP group did not. Finally, FGP respondents indicated that having ready access to partners and the university's research infrastructure were important to their submission. Access to partners and institutional research support were key barriers to submission for the LOI-only group.

The quality of an institution's research infrastructure and the time available to faculty members to work on grants may be critical factors affecting how quickly research teams can address time-sensitive RFPs. The responses from both groups indicated that success was potentially driven by existing relationships and the support of an institution. The respondents did indicate that certain aspects of institutional support, such as a research office, were helpful in timely completion of an RFP. Institutions wanting to compete for grant proposals involving pharmacies and community partners should proactively develop relationships with partners early and not wait to enter into such relationships when funding opportunities become available.

This analysis of grant proposal submissions is helpful in highlighting the research needs of academic-community pharmacy partnerships. We need to remove the identified barriers to ensure researchers, community pharmacists, and other partners can successfully participate in innovative research efforts. A larger, more formal analysis should be conducted to confirm findings and identify support systems to allow research groups with viable innovative ideas but weak research infrastructures and relationships to advance to stages of fundable research applications. One support system, the American Association of Colleges of Pharmacy,

should continue to help faculty researchers at institutions with less-developed research infrastructures find internal institutional solutions and form partnerships with other pharmacy programs with stronger research infrastructures. Multi-institutional efforts that combine weak and strong research environments may help strengthen competitive ideas and provide funding to places previously without any support.

Nathaniel M. Rickles, PharmD, PhD^a

Evan S. Schnur, PharmD^b

Alex J. Adams, PharmD^b

Nicole B. Russo, PharmD Candidate^a

^aNortheastern University School of Pharmacy, Boston, Massachusetts

^bNational Association of Chain Drug Stores Foundation, Arlington, Virginia