



### MHSR NOFO release anticipated April 4th!

The mission of the Military Health System Research (MHSR) Program is to foster research capability and capacity within the Military Health System (MHS) to support the transition to an integrated health system focused on the Quadruple Aim: Improved Health Readiness, Better Health, Better Care, and Lower Cost.

The MHSR Program seeks rigorous health system research through collaborations that has the potential to innovate military health care and influence civilian health care systems. The goal of the MHSR grant is to enhance data-driven evidence that optimizes the MHS delivery of health care during war or peacetime and the improvement of beneficiary health.



#### Important Information About the MHSR Grant Application:

- The application is a 2-step process—submitting a Letter of Intent (LOI) followed by a full proposal (upon invitation)
- Full proposals will only be accepted from LOI applicants specifically invited to submit a full proposal
- Research must address at least one MHSR priority area *and* one MHSR clinical priority area (see over)
- Total funds for grants under this notice are subject to availability of Defense Health Program funds in FY 2023
- Solicitation details available at [grants.gov](https://grants.gov)

#### Projected Timeline (subject to change)



\*LOI must be submitted to: [dha.ncr:j-9.mbx.hsr@mail.mil](mailto:dha.ncr:j-9.mbx.hsr@mail.mil) via email

Interested parties can obtain requirements details (on submitting a required LOI and subsequent full proposal) by visiting [grants.gov](https://grants.gov) and searching for the “23-DHA-MHSR.”

Proposed research must address at least one MHSR priority area and one MHSR clinical priority area.

## MHSR Priority Areas (Must have one)

### Health System Reform

- Research that investigates the impact of significant changes in the policy or structure of the MHS, such as the impact of MHS consolidation under a single management structure on health care utilization, quality, cost, health outcomes, manpower/staffing, health care readiness, or graduate medical, dental, and health education, and potential comparisons to similar activities within the private sector
- The impact of policy changes to the TRICARE benefit structure on utilization and cost, including the introduction of co-pays and deductibles and expansion of benefits; comparisons between direct and purchased care and across the continuum to the Department of Veterans Affairs

### Economics and Cost

- Research about the factors that shape healthcare in the MHS, drive demand and utilization, as well as influence cost in either TRICARE direct or purchased care systems
- Research that delineates value-based care within the MHS in both purchased and direct care; pre- and post-intervention studies looking at the difference in the structure of the TRICARE contract and the impact on patient care

### Variation

- Studies that examine the market, facility, or service differences in health care
- The factors that influence unwarranted variation or differences in quality, utilization, cost, and the implications for the health of the population and the system of care

## MHSR Clinical Priority Areas (Must have one)

- Behavioral Health
- Cardiovascular Care
- Complex Pediatric Care
- Critical Care/Trauma
- Dental Health
- Military-Specific Care/Pre- & Post-Deployment Care
- Neuro-musculoskeletal Care
- Oncology
- Primary Care/Specialty Care
- Surgical Services
- Women and Infant Care

### Outcomes

- Research that identifies and measures the relationship between treatments or interventions delivered and the improvements in health care delivery in geographic markets or sub-population levels of the MHS with comparisons to private sector efforts
- Health outcomes research that incorporates clinical outcomes, financial impact, patient health, and quality of life and includes measurement of indicators that predict results important to patients and patient experience

### Quality

- Research that examines the degree to which services for individuals and populations are safe, effective, patient-centered, timely, efficient, and equitable and increase the likelihood of improved health
- The impact of standardizing and improving clinical practice through clinical practice guidelines, evidence-based practices, use of technology and new treatment modalities, and process improvements on the health of the population/sub-populations in the MHS

### Health Readiness

- Studies examining the burden of disease, associated health and risk factors within MHS populations, and the potential impact to force readiness. That includes implications of disease burden as an indicator of medical readiness, potential impact to staffing, network utilization, cost for direct care or purchased care, and potential comparisons between MHS and private sector in similar markets

