**LETTER OF INTENT FORM**

**This form must be submitted electronically as a Word document to** [**cloud@donaghue.org**](mailto:cloud@donaghue.org) **by the principal investigator by Tuesday, April 30, 2019.** All submissions in other formats will be returned.

*All identifying information will be provided at the end of this form. Please do not provide any identifying information about you, your institution, your partnering organization, or key personnel while describing your proposed study.*

*Reviewers of the Letters of Intent have considerable experience in the area of value in healthcare, so please do not include background or summary statements that describe the importance of value in healthcare or the significance of the problem your project will address as it relates to value in healthcare.*

***\*This page does need to be included when submitting your Letter of Intent.***

**Project information**

**Title of the project**

**Please provide an estimated total of direct costs**. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the primary topic area your project addresses or is most aligned with:**

\_\_\_\_ Test models of care, coverage or system change that seek to improve value by addressing one or more of the symptoms of low value

\_\_\_\_ Reduce routine treatments, tests, and screenings for patients for whom the potential harms (including financial harm) outweigh potential benefits

\_\_\_\_ Provide tools to help consumers make decisions about their healthcare based on value, including the cost of care to patients, in addition to other patient-centered factors

\_\_\_\_ Promote conversations between patients and their clinicians and care teams about preferences and trade-offs related to alternative treatment options or out of pocket cost burden to patients and families

\_\_\_\_ Offer solutions to problems of poor quality, low value care that disproportionally impact vulnerable populations such as uninsured individuals and members of minority groups

Please number each section when responding.

1. (400 words maximum) The purpose of the research project, specifically stating:
   1. The research goal
   2. Research methods
   3. How the proposed project addresses value and how value will be measured
   4. Overview of the population included in the study and the research setting
   5. Type of partnership organization (i.e., clinic, hospital system, payer, primary care organization, etc.). Acceptable partnerships include, 1) a researcher based at a research institution partnering with a healthcare organization, or 2) a researcher based in a research unit embedded within a health system.
2. (200 words maximum) The relationship between the PI and the partnering organization and the alignment of the research goals with the current initiatives and strategic goals of the partnering organization.
   1. Describe the role of the PI and the role of the project lead at the partnering organization
   2. Describe any preliminary work that has already been done by the PI with the partnering organization.
3. (200 words maximum) What contribution will this study make toward improving healthcare value?

**Applicant Information**

**Name of Principal Investigator**

Title

Institution

Address

Phone

Email

**Name of Project Lead in Partnering Organization**

Title

Institution

Address

Phone

Email