**Research Collaboration Request Form**

The Pediatric Physicians’ Organization at Children’s (PPOC) is an independent practice association of approximately 80 private pediatric practices with ~600 pediatricians and advanced practice clinicians across Massachusetts. We deliver primary care to an estimated 400,000 children using a single centralized electronic health record.

While the primary mission of the PPOC is to provide the highest quality pediatric care to its patients, we welcome the opportunity to collaborate on research with Boston Children’s Hospital or other non-PPOC researchers. The PPOC has a particular interest in advancing research related to pediatric primary care, and is eager to hear about projects suited to practice-based research. We can collaborate by offering a range of services including study design and planning, funding application, practice and subject recruiting, data analysis, and manuscript preparation. **For studies to be successfully implemented in the PPOC, early involvement of PPOC staff is vital to ensure that studies are designed and funded appropriately to be successfully implemented in a practice environment.** In addition to applicable studies providing direct reimbursement to practices (for time spent in research activities), the PPOC may also require funding for the time commitment of our research staff.

The PPOC can only participate in a limited number of research projects at a given time. Therefore, projects will be evaluated based on the criteria found in the scoring rubric at the end of this application (for completion by PPOC reviewers). PPOC staff, together with our research working group, will evaluate each request and provide feedback to the requestor, generally within 10 business days.

If you are interested in having your research project considered for PPOC collaboration, please complete the attached request form in as much detail as possible and return it via email to:

PPOC Research & Analysis

Email: [PPOCResearch@childrens.harvard.edu](mailto:PPOCResearch@childrens.harvard.edu)

**Name of Study:**  Click or tap here to enter text.

**Principal Investigator**: Click or tap here to enter text.

**Department/Division:** Click or tap here to enter text.

**Stage of Development *(Check all that apply)***

Planning stage  IRB-approved  Funded  Already recruiting subjects

**Funding Source *(Check all that apply)***

NIH or other federal agency Specify: Click or tap here to enter text.

Foundation Specify: Click or tap here to enter text.

Industry Specify: Click or tap here to enter text.

Internal Specify: Click or tap here to enter text.

**Funding Duration and Source *(actual if already secured, or estimate what will be sought)***

Funding Duration: Click or tap here to enter text.

Funding Amount: Click or tap here to enter text.

**Brief Description of Study**

* Study Objectives: Click or tap here to enter text.
* Primary Methods/Procedures: Click or tap here to enter text.
* Main Subject Inclusion/Exclusion Criteria: Click or tap here to enter text.
* Outcomes: Click or tap here to enter text.
* Potential Benefits for Subjects: Click or tap here to enter text.
* Potential Risks to Subjects: Click or tap here to enter text.

**Description of Collaboration with PPOC Being Sought**

Which of the following areas of assistance are requested? (*Check all that apply)*

Study Planning

Subject Recruitment

Provision of Retrospective Data (typically electronic health record data)

Analytical Support

Manuscript Preparation and Reporting

Other (specify): Click or tap here to enter text.

**Applicability to PPOC Practices**

Describe how the study relates to the practice of primary care pediatrics (i.e., why would PPOC pediatricians be interested in participating in this study?): Click or tap here to enter text.

Number of PPOC practices needed/expected to participate: Click or tap here to enter text.

Number of subjects expected to be enrolled, or size of data set required: Click or tap here to enter text.

Describe the role of participating PPOC Practices: Click or tap here to enter text.

Anticipated project start and end dates: Click or tap here to enter text.

**Study Budget/Compensation**

Proposed budget for PPOC staff involvement: Click or tap here to enter text.

Proposed compensation for PPOC practices, if applicable. (*Please note: the BCH IRB does not allow compensation per subject enrolled; however, practices are expected to be fairly reimbursed for time spent engaged in study activities; the current PPOC rate is $30 per quarter-hour of activity):* Click or tap here to enter text.

Proposed compensation for subjects, if applicable: Click or tap here to enter text.

**Submitted by:** Click or tap here to enter text.  **Date completed:** Click or tap here to enter text.

**Email Address**: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

**Rubric for External Research**

**for internal ppoc use only**

**Evaluator:** Click or tap here to enter text. **Date reviewed:** Click or tap to enter a date.

**Research Study:** Click or tap here to enter text. **Total Score** (calculated)**:** **0**

|  |  |
| --- | --- |
| **Criteria** | **Score**  1 (Low) - 5 (high) |
| Is the proposed research of interest to PPOC pediatricians? |  |
| How easily can this study be conducted without affecting busy clinicians? *(if not applicable/no burden, score: 5)* |  |
| Do the investigators have experience with primary care practice-based research and/or a history of successful collaboration with the PPOC? |  |
| Is the proposed project methodologically sound? |  |
| To what extent do the benefits justify the risks? |  |
| Is there adequate funding proposed to cover PPOC investment of time and resources? |  |
| Is there adequate funding to reimburse participating PPOC practices for their time and effort? *(if not applicable, score: 5)* |  |
| Does the research have the potential for impact on the general primary care pediatrics community? |  |

**Total Score:** **0**

**Comments:**

**Reviewer Recommendation:** Accept  Uncertain Reject