Structure of the DECIDE Center

Q: What is the DECIDE Center?
A: The PCORI-AHA funding initiative seeks to use comparative effectiveness research focused on Decision-making and Choices to Inform Dialogue and Empower A-Fib Patients (DECIDE). The DECIDE Center will support the creation or adaptation and testing of decision aids to be used as part of a process of shared decision-making among patients, clinicians, and caregivers to help determine whether oral anticoagulation (OAC) should be used and which OAC best aligns with a given patient’s goals and preferences.

Q: How does the DECIDE Center fit into the Strategically Focused Research Network (SFRN) on Atrial Fibrillation?
A: The DECIDE Center will be one of the 5 centers in the Atrial Fibrillation Network. A Network includes three to five centers each working on separate specific science projects. However, the DECIDE Center does not have a requirement for a specific number of projects. (For more information on the number of DECIDE Projects, please see question below about number of projects.) For more information about the structure of a SFRN, view this illustration.
Q: How much funding will be available with the Atrial Fibrillation Network?
A: This Network will be awarded $20M. The funding is available through a joint partnership between the AHA and PCORI. The AHA centers are awarded $3.7M each and the PCORI-AHA DECIDE center will be awarded up to $5M; the studies will involve patients – and require enough power to draw conclusions.

SFRN Application - General

Q: How many projects are required for the DECIDE Center?
A: While there is not a required minimum number of projects for the DECIDE Center, the Center application must address the specifics as described in the RFA and provide a compelling rationale for the structure and number of projects proposed.

Q: How is a Project application created in Grants@Heart?
A: Once your Center creates their application and adds projects to the application, an email will automatically generate to each Project PI and will include a link that must be used to join the application.

Q: Are Research Assurances Required for the Center Application?
A: No. However, the applicable assurances (e.g., human, vertebrate animal) must be indicated on each project application. AHA requires a just-in-time submission of institutional assurances after notification of funding.

Q: Can a Letter of Support from a company or institution be submitted in the application?
A: Yes. Applicants will need to add the company to the Third-Party Personnel section as an ‘Other Professional’ role. This will require a biosketch and a Letter of Support. If this is a letter from a company, applicants may submit a ‘dummy’ biosketch in that required field.

Q: Should Institutional Personnel for a Project application be selected from the Project’s institution or the Center’s institution?
A: Applicants should enter the Institutional Personnel from their own institution.

Q: We have deleted a Project Card from the application. Are we able to reorder projects so that project numbers align?
A: AHA does not recommend using the titles “Project 1” “Project 2” “Project 3” in any application documentation. Please refer to projects by “[PI Last Name] Project” so that reviewers are clear on which project is which.
Q: Within the CENTER application, how do applicants make updates to the PI’s information in the Third-Party Personnel section?
A: To update the PI’s information, you will need to completely delete the project in that section and re-add them with the updated information. The Project PI will then receive another invitation email to join the application. The PI will need to use the NEW link in the updated email invitation.

Q: If a Center Director is also the Training Director or Project PI, will he/she need to commit the minimum required effort for each individual role?
A: Yes. While there is no minimum effort mandated for the DECIDE center for the Center Director, Training Director and Project PIs, percent effort must be proportional to the scope and scale of the projects, and clearly justified within the application.

Q: Is the Training component required for the DECIDE Center?
A: While there is no specified Training component structure, Decide Center applicants should provide a detailed individual development plan (IDP) showing how the Center will provide didactic and practicum training opportunities to each program trainee. Named trainees are to be evaluated at least annually, as well as attend and participate in annual, face-to-face meetings.

DECIDE Center applicants are also encouraged to familiarize themselves with the AHA Center Training component as a potential model. More information on the AHA Center Training component can be found in the key requirements section of the General information page.

Q: Are Co-Investigators, Dual-Pis, or Co-Pis allowed on projects?
A: Only named PIs are entered into Grants@Heart as the primary investigators of record. An investigator can name Collab-Investigators, Consultants, or “other professional personnel” to his or her project. These people would be added in the 3rd Party Personnel section.

Please provide detailed information within the Research Plan of the application for any additional collaborators. Again, dual-Pis are not an option within Grants@Heart; only one primary PI can be identified for each project.

Q: If institutions are funded through an AHA Network already, can they apply for additional network funding?
A: Yes, there is not a current restriction on subsequent applications; however, AHA does not allow overlap in aims or budget. The same institutions can apply for both the AHA AFib center and the DECIDE Center, but separate teams are required for each funding opportunity.

Q: Will our application be down-graded or received unfavorably if we don’t have one of each type of project (basic/clinical/population)?
A: It is not required to have three projects or each science discipline for the DECIDE Center. However, it is required that there be as many projects as needed to address the questions in the RFA.

Q: How many applications do you think you will receive for this network?
A: This information is not disclosed but we can share that we have received 18-31 applications from previous AHA SFRNs. This is the first time AHA and PCORI have partnered on this type of mechanism, so we have no precedent for how many applications will be submitted.

**SFRN Application – Collaboration**

Q: Can collaborative funds come from the Center and Project budgets?
A: Yes. The recommended collaborative funds amount can be dispersed in both the Center and Project budgets.

Q: Is it possible to involve international collaborators?
A: Yes, but the principal PI will need to be employed as faculty at either the Center’s institution or an institution within the US.

Q: What are some collaborative efforts examples?
A: Hosting a kick-off meeting, travel expenses related to visiting other centers (e.g., sending fellows or PIs to another center to learn new techniques or skills or teach onsite), joint publication costs, allocating money to fund future collaborative projects, hosting fellows for relevant symposium, semi-annual meetings or lab visits.

Q: How much is required to spend on collaboration?
A: Refer to the RFA for the amount the DECIDE center must spend on collaboration.

**SFRN Application – Subcontracts**

Q: Is it better to have an entire team from one institution? Or multiple places?
A: Ideally, Center Directors should establish the best team for the job, regardless of location. Refer to the SFRN General Information Page.

Q: Are there any requirements regarding subcontracting with another institution?
A: No. All funding is paid directly from AHA to the Center Institution. Although AHA does not regulate subcontracts, AHA’s requirement is that the 10% indirect for the project either goes to the center institution, or the subcontracted institution (i.e., if the subcontracting entity takes 10% Indirect Costs as a portion of the subcontract, the Center institution cannot take an additional 10% on top of these indirect costs.). Once all parties have agreed to the subcontract, a signed copy should be forwarded to the AHA for reference.
SFRN Peer Review

Q: What is the peer review process for the SFRNs?
A: Review of the applications will be conducted by the AHA and will occur in two phases. For Phase I, peer review committees of volunteer scientists will review all the submitted applications. For Phase II, only the identified finalists will be invited back for “a reverse site visit” presentation to the AHA review group.

Q: What are the details of the “reverse site visit”?
A: The second phase of peer review (Phase II) will be conducted with only the highest-ranked candidates. The Center Director and key personnel will have approximately 3-4 weeks to prepare for the reverse site visit. Note: Each invited Center Director and key personnel will be expected to travel to attend the reverse site visit at their own expense.