The AAPA invites qualified researchers to apply for an **AAPA Small Research Grant** (SRG). The goals of the SRG program are to support research

- For PAs who otherwise do not have access to institutional resources (e.g., time free from teaching or clinical practice, access to graduate student support, internal funding mechanisms, grant writing resources),
- To provide seed funding to help individuals build their research portfolio,
- To help PAs establish a sustained record of external funding, and to
- Whose outcomes will support the removal of barriers to PA practice.

Researchers who wish to use existing AAPA data sets may find the public use file documentation on our [Bibliography and Resources page](#).

**Total Awards**

Funding will be allocated based on a per project budget need. The largest grant awarded will be equal to no more than $50,000, with most grants being $10,000 to $20,000. AAPA has allocated $100,000 in total funds to be disbursed within 2023.

**Submission Deadlines**

Applications must be submitted no later than July 30, 2023, at 11:59 pm PST. Please send all questions to research@aapa.org and include SRG in the subject line. You should have a response within 2 business days.

**Priority Areas**

As AAPA and constituent organizations advocate to remove barriers to PA practice, much more research is needed to show that PAs provide safe, high quality, cost-effective care to patients. We are looking for research to support this work. Examples include:

- PAs’ role in increasing access to care, particularly in rural areas and/or in health provider shortage areas.
  - Access to care may include the expansion of care to a population of people for whom care in a particular specialty may have been inadequate. It may also include decreasing wait time to receive treatment. Finally, it may include the impact of practice/ regulatory/legislative environments on PAs ability to provide healthcare.
- Patient outcomes for PAs’ patients, particularly on teams.
  - This may include, but is not limited, to where PAs are serving as team leaders, are owners or co-owners of a practice, who work as first assists in surgery, and/or in rural areas and health provider shortage areas.
- Models of PA utilization.
- Clinical teams that are optimized for patient care.
- Impact of executive orders on PA roles and patient outcomes during the COVID-19 pandemic.
- Patient satisfaction resulting from PA-delivered healthcare.
• How transitions to PA practice/models of onboarding impact effectiveness/time to competency.

Looking for ideas?

AAPA is looking for research that helps PAs:

Understand “incident to” billing: Utilize claims-based data to estimate the prevalence of “incident to” billing. (e.g., Patel et al, 2022) Survey of PAs/practices [or large single site study] on the frequency of use of “incident to” and split (or shared) billing and PA perception of the usefulness and value of the billing mechanisms as well as concerns if this billing format is eliminated. (e.g., Bai et al, 2019)

Support the importance of employers/health systems to remove barriers for PAs in [specialty]: Assessment of productivity and value of PAs practicing in a [insert specialty] to demonstrate PAs’ financial and nonfinancial contributions. (e.g., Spetz & Mench, 2018)

Advocate to remove barriers to PAs practicing in psychiatry and addiction medicine: Workforce survey of PAs in psychiatry and addiction medicine. (e.g., American College of Cardiology, 2016)

Uncover the impact of direct payment: Comparison of PAs per capita in states (or underserved areas) expressly authorizing direct payment compared to states that prohibit it or have no legislative/regulatory language.

Quantify the cost of care: Compare processes and cost of care of patients cared for by PAs with those cared for by physicians. (e.g., Davis et al, 2017)

Highlight the care PAs provide to Medicare beneficiaries: Compare cost, medication adherence, and utilization in Medicare beneficiaries cared for by PAs. (e.g., DesRoches et al, 2013)

Understand state practice regulations and patient access to primary care: Examine the relationship between PAs’ state practice regulations and patients’ physical proximity to a primary care provider (e.g., proportion of population with a greater than 30-min travel time). (e.g., Xue et al, 2017)

Understand the barriers that PAs experience related to the provision of patient care: Survey PAs on the barriers they experience related to practicing to the top of their experience and education. (e.g., Kraus & DuBois, 2017)

Understand the care PAs provide on health conditions: Examine the extent PAs are providing patient care for secondary health issues related to: obesity, mental health, diabetes, nutrition. (e.g., Muench et al, 2022)

Eligibility
Anyone is eligible to apply for an AAPA SRG however a PA must be included as a co-investigator. They must also

• Have proof of Institutional Review Board (IRB) submission, approval, or exemption if proposing human subjects research. If the proposal is still under review, include
the most up-to-date correspondence with the IRB and an estimated date by which approval or exemption will be granted.

- Be able to complete the research project within 18 months of receiving the award, provide two progress reports at six and twelve months, and submit a final project report to the AAPA Review Committee within 90 days of the end of the study.
- Agree to submit the research findings for presentation at the AAPA conference following the conclusion of your project.
- Provide a brief abstract at the conclusion of your research for dissemination on aapa.org.
- Acknowledge AAPA and the AAPA Small Research Grants Program in all scholarly work resulting from the funded project (e.g., presentations, publications, or posters).

**Budget Considerations**
A detailed budget must be included within the proposal.

The AAPA Small Research Grants program covers:

- Salary offsets for researchers
- Cost of data to be purchased
- Cost of software necessary for this project
- Labor, personnel, or consulting costs

The AAPA Small Research Grants program will **not** cover:

- Indirect or other administrative costs
- Durable goods such as computers
- Travel for disseminating research findings
- Publishing costs related to open-access journals

**Timeline**

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<tr>
<th>Date</th>
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<tr>
<td>May 20, 2023</td>
<td>Open the call for proposals</td>
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<tr>
<td>July 30, 2023</td>
<td>Proposal due date</td>
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<tr>
<td>August 2023</td>
<td>Review proposals and make selection for grants</td>
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<tr>
<td>September 2023</td>
<td>Grant funding is awarded</td>
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<tr>
<td>March 2024</td>
<td>Interim report is due</td>
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<tr>
<td>September 2024</td>
<td>End of grant year report is due</td>
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<tr>
<td>March 2025</td>
<td>Final grant report is due</td>
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<td>May 2025</td>
<td>Presentations at AAPA 2025</td>
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**Required Materials**

**Proposal body.** All proposal body’s must an unblinded copy for AAPA and a blinded copy for the reviewers.

**Abstract.** The abstract is limited to 250 words. This will be included on aapa.org.
Research question(s) and/or problem statement. Include a succinct research question or problem statement.

Background. Include a brief background for the project and a review of the literature.

Objectives, aims, or hypotheses. Should be clear and concise and address the research question or problem statement.

Methods. Include information regarding sampling and data collection, or the data set to be purchased, timeline for completion, and if applicable, IRB review information.

Analytic plan. Include details regarding specific quantitative and/or qualitative data analysis plan, and how the plans relate to the research question(s).

Impact statement. Include what new knowledge will be generated and the significance of the research questions to AAPA’s priorities and the PA profession.

Dissemination plans. Include how the findings will be shared within or outside the PA profession.

Appendices

Roles and responsibilities of all the researchers involved with the project along with the time commitment each will put forth [unblinded]

CV(s) for the PI and Co-PIs, which must be complete [unblinded].

References in AMA style, which may be single spaced [unblinded].

Itemized budget, including justification for expenses where needed [unblinded and blinded].

Letter from organization attesting the support for the proposed research [unblinded].

Description of any collaborative efforts with other researchers, including letters of support from those parties [unblinded and blinded].

Survey instruments, if used in the proposed study; if the study includes survey development, submit a draft or outline of the instrument [blinded and unblinded].

Format

Length. Proposal body should not exceed 8 pages. Appendices have no page limitations.


Spacing. Line spacing set to 1.5.

Margins. 1” all around.

Header. Include running header on all materials.

Footer. Include page numbers on all materials.

Blinding. Identifying information should be removed from all materials to be submitted blinded. This may include letterhead, researcher(s)’ name and contact information, geography identifiers, and the name of any collaborators.

File names should be blinded and may best match the running head for the proposal body (i.e., Optimizing Team Efficiency Proposal.pdf; Optimizing Team Efficiency References.pdf)

Evaluation Criteria

The Review Committee will evaluate each proposal along the following criteria:
The quality of the proposal

Research question(s) and/or problem statement(s) are clear, succinct, and are novel. Background is comprehensive and includes all major relevant research. Objectives, aims, or hypotheses are clear and concise and address the research question or problem statement. Methods are written with sufficient detail to assess the quality and are likely to yield high-quality research findings. If secondary research is used, the data selected are appropriate for the research project. Analytic plan outlined in sufficient detail to assess the quality, including clearly defined variables of interest. The analytic plan is appropriate for the data being used and includes more than descriptive statistics. Impact statement includes a realistic assessment of how the new knowledge generated will impact the profession and will result in significant contributions to the existing knowledge based.

Budget

The budget is appropriate for the proposed research plan. The budget includes sufficient detail. The budget line items include justification.

Feasibility

The research team is qualified to carry out the research as proposed and where support may be needed (such as statistics), consultants are identified. The project can be completed in within 18 months of funding. The project is likely to result in a peer-reviewed publication or presentations(s) to the scientific community. Preference will go to projects whose outcomes will best support the removal of barriers to PA practice.

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Questions and Supports

AAPA will be hosting office hours during the open call for proposals. All meetings will be hosted using Microsoft Teams. Times listed are EST.

Tuesday June 6, 4:00 to 4:45 pm
Wednesday June 21, 9:00 to 9:45 am
Thursday July 13, 12:00 to 12:45 pm