

FY12 CIMIT Innovation Grants

Full Proposal Evaluation Criteria

Full Proposals will be reviewed by two expert panels on a confidential basis and evaluated for alignment with the [CIMIT Mission](#). In addition, proposals will be evaluated by the experts using the following criteria:

General review criteria include:

- Translational projects with the likelihood for rapid impact on patient care.
- Addressing a significant unmet medical need or gap in prevention, assessment, diagnosis, treatment or rehabilitation.
- Early “proof-of-concept” milestones.
- Programmatic fit within an existing [CIMIT program area](#) or related to a new area consistent with the CIMIT Mission.
- Collaborative nature of the project (inter-disciplinary collaborations are required and inter-institutional collaborations are encouraged). Collaborators may include individuals from institutions outside Boston.
- CIMIT support (financial and facilitation) is needed because the work is too early stage for other funding agencies.
- Commercialization potential and/or possible exit strategies including future alternative funding sources, contacts with companies, licensing and venturing opportunities.

Specific review criteria include:

- Significance and importance of the problem (prevalence, morbidity, costs, inadequacy of existing approaches).
- Anticipated impact on patient care.
- Improvements in factors such as safety, quality, efficiency, and cost.
- Novelty of the technology, or novelty of the application of existing technology.
- Methods, including experimental design, animal/human models if required, test methods, and analytical techniques.
- Work plan: specific aims (including explicit metrics of success), milestones, and schedule.
- Appropriateness of budget to work plan.
- Qualifications and track record of the investigator and laboratory in this research area and the overall environment.
- Intellectual property history related to the proposed innovation(s).
- If appropriate, tangible evidence of institutional support.

For projects that address the delivery of care to patients, such as those that integrate medical devices, decision-support algorithms, electronic medical records, or patients and care providers, or that propose to simulate such integration, additional review criteria will be used; including:

- What patient population is being targeted?
- Which environment(s) of care are involved (e.g. emergency department, ICU, home, etc)?

- Why this work and follow-on work potentially is transformative for the delivery of healthcare for the target patient population?
- Why is this work critically important to CIMIT consortium institutions?
- How could this work improve the care of patients as they move across the care continuum (e.g. as a patient transitions from the home to the emergency room, or from the ICU to the recovery room, etc.)?
- How is this work enabled by technology such as interoperability of devices, or connectivity of devices, analytics, EMR and decision support?
- What are the next steps for future work after the aims of the proposed project are achieved?
- Which companies might be interested in this project and why?
- Which foundations and government agencies (DoD, AHRQ, etc.) might be interested in this project and why?
- Does this work build on projects already supported by CIMIT (see [“FY 2011 - 2008 Clinical Systems Innovation / Integrated Clinical Environments Projects”](#))? If so, how? Please note that such efforts are encouraged.