**Table 2: IDSRN awards FY 2000-FY 2003, by type**

| Type of project | Description | Total projects | Total funding | Examples | Potential link between research and practice | Challenges that influence value |
|---|---|---|---|---|---|---|
| **Research linked to operational settings** | | | | | | |
| Research using IDS data | Take advantage of IDS administrative, claims, or other data to carry out applied health services research | 12 | $3,191,558 | Racial differences in care outcomes; impact of payment policies on care in provider group with diverse characteristics; medication errors | Enhances the knowledge base for understanding how health systems work; gives access to data not otherwise available for research | Identifying questions for research that have potential for ultimate operational value; ability to generate findings that build on evidence base and are taking the "next step" |
| Operational data assessment and validation | Assess the capacity of systems to provide specific data, develop specific measures | 4 | $1,083,674 | Capacity to conduct studies of race, ethnicity; operational validation of hospital quality measures; private sector data for national quality reporting. | Assesses one facet of infrastructure readiness to determine need for or make operational improvements | Uniqueness of individual systems; ability to move beyond assessment to make changes or take appropriate action |
| Clinical intervention and assessment | Patients in the IDS are involved in intervention; outcomes assessed | 12 | $2,769,120 | Electronic order entry; otitis media practice guidelines; falls management tool | Identifies promising delivery interventions that work in practice | Evidence base for interventions; ability to generalize or bring to scale results |
| **Stretching traditional research boundaries** | | | | | | |
| IDS systems analysis | Prospectively analyze IDS systems and flows to identify performance, needs, or potential areas for improvement | 8 | $1,958,126 | Modeling link between care transitions and iatrogenic injury; assessing factors that influence diffusion of IT; assessing reasons for pneumonia hospitalization by Evercare patients | Uses delivery base to better understand problems or constraints and ways of intervening | Ability to generalize beyond a single system or point in time; follow-through on findings to identify and test improvements |
| Tool development | Develop web-based or other tools for care delivery or public health improvement | 17 | $3,957,230 | Electronic order entry; otitis media practice guidelines; falls management tool | Identifies promising delivery interventions that work in practice | Evidence base for interventions; ability to generalize or bring to scale the results |
| **Other** | | | | | | |
| Organizational studies using data outside of IDSRN | Projects that take advantage of IDSRN vehicle and participants to study issues relevant to IDS but not otherwise built on IDSRN unique qualities | 3 | $643,863 | Quality provisions in MCO contracts; hospital-volume link; nursing home policies and quality | Addresses research questions that shed light on health care delivery organizations | Does not necessarily capitalize on IDSRN capacity |
| Dissemination infrastructure | Projects that aim to support infrastructure in various ways to encourage dissemination | 2 | $594,310 | National network of medical group practices; leadership conference on patient safety | Improves channels of communication to get information out | Strategic importance of particular effort; relevance of infrastructure to other IDSRN work, AHRQ, or field |

Source: Authors' classification based on awards information provided by AHRQ.

analyzed characteristics of funded projects; and conducted semi-structured interviews with AHRQ staff (n = 26), as well as those involved in each of the nine funded IDSRN partner teams and their associated collaborators (n = 65).

We conducted the majority of interviews with AHRQ staff and partner/collaborator teams in-person, with the remainder conducted via telephone. Interview protocols for AHRQ staff focused on their role in IDSRN, the underlying rationale for the program, their perspectives on implementing research into practice, and their views of IDSRN's successes and challenges. The interviews with IDSRN teams included researchers and those with management responsibility within the associated delivery systems, the latter of whom were key intended audiences for the program. Protocols for IDSRN participants included questions on their perspectives on the program and rationale for participation, general experience with implementing research into practice, and experience with particular projects undertaken as part of IDSRN, including the factors that facilitated or impeded the operational impact of those projects.

Since IDSRN program resources were typically allocated on the basis of projects, we used this unit of analysis as a primary one for understanding the types of projects pursued and determining whether IDSRN led to changes in operations. (Sequentially-funded projects on the same topic were considered a single project.) Given IDSRN's evolving goals, we defined program success broadly as involving any operational impact, either within the organ-