Overview

On April 19-20, 2013, PCORI convened the Advisory Panel on Addressing Disparities in Alexandria, Virginia, for a two-day training and working session to help PCORI identify and prioritize research questions for potential funding. The panel included 21 members representing caregivers, patient/caregiver advocates, clinicians, researchers, organizational providers, and representatives from payers, industry, and purchasers.

Prior to the meeting, panelists received an orientation to PCORI’s research prioritization process, describing the application of five criteria by which research topics should be assessed for their suitability and priority for PCORI funding, and research briefs describing the problem and state of current knowledge for twelve potential research topics (Box 1, next page.)

Over the course of the two-day meeting, panelists engaged in an open conversation about the merits of the research topics, sharing opinions about whether and why certain topics should be prioritized and funded by PCORI, and then ranked the topics using Expert Choice© and Survey Gizmo© software. By the end of the meeting, the panel reached consensus on the highest priority topics to submit to PCORI’s Board of Governors for consideration for potential funding:

1. Health communications associated with competing treatments
2. Heart attacks among racial and ethnic minorities
3. Hypertension in minorities
4. Interventions for improving perinatal outcomes
5. Reduce lower-extremity amputations in minorities.
Background

The Advisory Panel on Addressing Disparities\(^1\) was opened by PCORI Program Director Romana Hasnain-Wynia and Senior Program Officer Adaeze Akamigbo with a discussion about the role of addressing disparities within PCORI’s national priorities. Panel members then discussed each of the 12 topics referred to the panel for prioritization\(^2\) (see Box 1).

<table>
<thead>
<tr>
<th>Box 1: Topics for Research Prioritization</th>
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<tbody>
<tr>
<td>Topic 1: Communicating risks for minorities or low health literacy patients</td>
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<td>Topic 2: Care coordination for special needs patients</td>
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<td>Topic 3: Care coordination in primary care</td>
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<td>Topic 4: Interventions for improving birth outcomes</td>
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<td>Topic 5: Heart attacks among racial and ethnic minorities</td>
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<td>Topic 6: Telemedicine for rural cardiovascular care</td>
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<td>Topic 7: Telemedicine for rural mental health care</td>
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<td>Topic 8: Reduce foot amputations in minorities</td>
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<td>Topic 9: Breast cancer screening for high-risk women</td>
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<td>Topic 10: Rural trauma care</td>
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<td>Topic 11: Hypertension in minorities</td>
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<td>Topic 12: Complementary medicine for juvenile cancer patients</td>
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Discussion

Over the course of the two-day meeting, advisory panel members discussed the research topics with respect to the PCORI topic criteria. Key discussion points included:

**Breadth of populations and issues to be considered under health disparities.** Panel members discussed the broad range of issues and populations encompassed by PCORI’s mandate to address disparities in health care and outcomes. Although disparities are most often thought of in terms of race and ethnicity, systematic health disparities and differences in access to care exist by gender, socioeconomic status, disability status, and geography.

**Focusing research on broader topics versus specific issues.** Panel members agreed that some of the topics were similar enough to be combined, as a result, topics telemedicine and cardiovascular care (topic 6) and telemedicine for rural mental health care (topic 7) were combined as well as heart attacks among racial and ethnic minorities (topic 5) and hypertension in minorities (topic 11). In a similar vein, panelists were attracted to broad strategies, such as addressing health literacy and communications.

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\(^1\) Available at:pcori.org/get-involved/pcori-advisory-panels/advisory-panel-on-addressing-disparities

\(^2\) Available at: http://www.pcori.org/get-involved/addressing-disparities-research-topics/
strategies with populations at risk of disparate care and outcomes, as these approaches could then be applied across a spectrum of clinical issues.

Redefining the research topics to address prevention and early interventions rather than the downstream consequences of disease. In discussing the topics, panel members considered opportunities for focusing research on the more upstream conditions and services that could precede stark disparities in outcomes from advanced chronic disease. At the same time, the panelists acknowledged the persistence of disparities in disease treatments and outcomes, which will not be affected by prevention research for a long time.

Opportunities to link PCORI work to existing studies. In reviewing research topics, panel members considered where there might be opportunities to link PCORI funding for disparities research to ongoing or planned studies funded by other organizations.

Action

Using Expert Choice© and Survey Gizmo© software, the panel ranked the topics. The top five topics were ranked in the following order and will be recommended to PCORI’s Board of Governors as funding priorities:

1. Health communications associated with competing treatments—Compare the effectiveness of clinician/patient health communication models on improving outcomes in minority populations, patients with low literacy and numeracy, people with limited English proficiency, underserved populations, and people with disabilities.

2. Heart attacks among racial and ethnic minorities—Compare the effectiveness of health interventions (including place-based interventions in community health centers) to enhance the Million Hearts program and reduce major vascular events among the economically disadvantaged, including racial and ethnic minorities and rural populations.

3. Hypertension in minorities—Compare the effectiveness of different delivery models (e.g., home blood pressure monitors, utilization of pharmacists or other allied health providers) for controlling hypertension in racial minorities.

4. Redefining the research topics to address prevention and early interventions rather than the downstream consequences of disease—Compare the effectiveness of multilevel interventions (e.g., community-based, health education, usual care) on reducing disparities in perinatal outcomes.

5. Reduce lower-extremity amputations in minorities—Compare the effectiveness of interventions on reducing disparities in lower extremity amputations in racial and ethnic minorities.
Next Steps

The five highest priority research topics will be presented to PCORI’s Board of Governors. Panelists were invited to submit nominations for Advisory Panel Chair to be considered by staff and the PCORI Board of Governors.⁵ PCORI staff will consider holding a conference call with the panel prior to its next meeting to provide instructions for preparing for the next meeting.

—Meeting summary prepared by Romana Hasnain-Whynia, Adaeze Akamigbo, and Cathy Gurgol. Posted June 10, 2013 and available on PCORI’s website.⁴

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³ On May 21, 2013, Dorian C. Miller, MD, and Grant Jones were selected as Chair and Co-Chair of the Advisory Panel on Addressing Disparities. For more information, see pcori.org/2013/eight-healthcare-community-representatives-named-chairs-co-chairs-of-pcori-advisory-panels.

⁴ Available at pcori.org/get-involved/pcori-advisory-panels/advisory-panel-on-addressing-disparities