Overview

PCORI began the process for developing its Dissemination and Implementation ("D&I") Action Plan by convening multiple stakeholders at a roundtable and webinar in July 2013. Roundtable panelists representing various stakeholder groups (e.g., patient advocacy groups, providers, clinicians, caregivers, payers, purchasers, medical education groups, professional and specialty societies, journalists, the media, and research and policy groups) provided their advice on what PCORI’s D&I Action Plan should encompass. The roundtable was open to the public through a live webinar with over 300 participants, where input was garnered through the online chat, a web portal, Twitter, and email. Comments and feedback from the public were provided before, during, and after the event.

Workshop Panelists

Craig Acomb, MS, Institute for Clinical Systems Improvement/Health Partners
Hilda Bastian, National Center for Biotechnology Information
Kathleen Blake, MD, MPH, American Medical Association
Barbara Edson, RN, MBA, MHA, American Hospital Association
Kevin Fahey, MS, America’s Health Insurance Plans
Tejal Gandhi, MD, MPH, National Patient Safety Foundation
Don Goldmann, MD, Institute for Healthcare Improvement
Jennifer Graff, PharmD, National Pharmaceutical Council
Matthew Holland, WebMD
Gail Hunt, National Alliance for Caregiving
Bob Jesse, MD, PhD, US Department of Veterans Affairs
Norm Kahn, MD, Council of Medical Specialty Societies
Christine Laine, MD, MPH, FACP, American College of Physicians and International Committee of Medical Journal Editors
Sharon Levine, MD, The Permanente Medical Group of Northern California
Sarah Lock, JD, AARP
Welcome

Dr. Anne Beal, PCORI’s Deputy Executive Director and Chief Officer for Engagement, set the stage by sharing PCORI’s interest in developing an action plan for dissemination and implementation (“D&I”) that not only focuses on the publication of results but also on effective implementation strategies to improve clinical practice. Currently, PCORI has several research efforts under way, including pilot and research projects in comparative effectiveness, data infrastructure, and research networks. PCORI will require an effective and timely mechanism to disseminate results, leverage key partnerships, and identify a sound process to evaluate the impact of its research activities. Therefore, PCORI is interested in obtaining guidance on best practices to disseminate key findings, assess and mitigate implementation gaps as quickly as possible, and speed implementation of their research.

To understand effective communication and the D&I methods stakeholders are using, PCORI conducted a survey in advance of this meeting to understand the channels of communication that clinicians and patients rely on to retrieve, consume, and act on healthcare information; this effort also focused on how trust, communication methods, and incentives are used to increase adoption of practices. As PCORI continues to understand and build its D&I process, Dr. Beal emphasized PCORI’s commitment to involving patients and stakeholders in every step to ensure that patients have a voice, that PCORI is
focusing on the right questions, and that it is providing high-impact and performance in health outcomes and the healthcare setting. PCORI also understands the need to develop partnerships with organizations such as the Agency for Healthcare Research and Quality (AHRQ), which are key to building on existing best practices, ensuring alignment with other healthcare initiatives, and most importantly, ensuring that PCORI does not “recreate the wheel.”

Dr. Beal highlighted the following three goals for the roundtable:

- Gather opinions from experts on what PCORI’s blueprint should encompass
- Identify gaps where there is a need to develop new knowledge on best practices for dissemination and implementation
- Build consensus behind an approach to PCORI’s work in dissemination and implementation

Lastly, Dr. Beal mentioned that the roundtable discussion would result in releasing a request for proposal (RFP) to commission the development of PCORI’s Dissemination and Implementation Action Plan. PCORI will host a follow-up D&I workshop in February 2014 to discuss the first draft of the action plan with stakeholders.

**Overview of Dissemination and Implementation**

Dr. Brian Mittman, Senior Advisor to the US Department of Veterans Affairs (VA) Center for Implementation Practice and Research Support, began by confirming the need for PCORI to engage stakeholders and contractors to help identify and create strategies to overcome D&I barriers. Initial suggestions included PCORI’s need for strong partnerships in the D&I community, as well as the establishment of effective infrastructure and facilities similar to those of the Centers of Disease Control and Prevention (CDC), Centers for Medicaid & Medicare Services (CMMS), and the VA.

Though there are over 60 frameworks to guide D&I efforts, Dr. Mittman focused on five cross-cutting themes that span the frameworks: factors that influence implementation, innovation features, features of target adopters, environmental factors, innovation champions, and core components to include in the implementation plan. Dr. Mittman used Framework II: Conditions for Practice Change to anchor the roundtable discussion.

**Framework II: Conditions for Practice Change**

- Valid, relevant, accepted evidence
- Knowledge, skill
- Evidence of quality/implementation gaps
- Requisite logistics, resources
- External expectations, pressure
- Supportive professional norms
- Facilitation, technical assistance
- Implementation gap etiology, planning
Summary of Challenges and Best Practices

The table below includes the key challenges and associated best practices identified by the roundtable panelists to improve D&I.

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<tr>
<th>Challenges</th>
<th>Best Practices</th>
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<tr>
<td>- There is no D&amp;I readiness framework to help organizations determine</td>
<td>- A D&amp;I Readiness Framework should be created to vet proposed research</td>
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<td>when research and evidence is ready for prime time. The healthcare</td>
<td>findings to improve adoption into practice.</td>
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<td>industry does not include consistent terminology nor standards for</td>
<td>- PCORI should distribute all findings—whether “good” or “bad”—to its</td>
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<td>D&amp;I.</td>
<td>stakeholders to communicate what works, what doesn’t work, and the key</td>
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<td>- There is a need for an established, standardized and enforced system</td>
<td>implications for stakeholder groups and to inform those implementing and</td>
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<td>for translating scientific findings into knowledge and then into</td>
<td>developing health/medical interventions.</td>
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<td>computable interventions.</td>
<td>- More oversight and maintenance of D&amp;I activities are required to ensure</td>
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<td>- A 2000 study concluded that it takes upwards of 17 years for research</td>
<td>certification and maintenance of D&amp;I activities and programs.</td>
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<td>findings to be incorporated into practice. (Balas EA, Boren SA.</td>
<td>- D&amp;I plans should include ongoing evaluation and course correction,</td>
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<td>Managing clinical knowledge for health care improvement. In: Bemmel</td>
<td>including a rapid-cycle approach to evaluate and refine strategies</td>
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<td>Centered Systems. Stuttgart, Germany: Schattauer Verlagsgesellschaft</td>
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<td>mbH; 2000:65-70)</td>
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<td>- There is no one-size-fits-all approach for D&amp;I, and strategies can</td>
<td>- Implementation strategies must occur at different levels and should</td>
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<td>be influenced by—and/or fail—due to various factors including</td>
<td>include a multi-component approach, including reach across the community,</td>
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<td>environment, timing, and diverse settings. Therefore, panelists</td>
<td>local, national, regional, state, and organizational/practice settings.</td>
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<td>suggested that PCORI’s D&amp;I Action Plan should be flexible and</td>
<td>- This approach must also include focus on heterogeneity, family and social</td>
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<td>adaptable to sustain environmental and political factors.</td>
<td>support, physiological factors, individual patients, and clinical decisions.</td>
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<td>- There are over 60 D&amp;I frameworks, and the approach and methods vary</td>
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<td>depending on the needs and preferences of each organization.</td>
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<td>- Implementers often are overwhelmed and lack required staff, facilities,</td>
<td>- When creating D&amp;I strategies, it is important to consider logistics,</td>
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<td>and resources to develop standardized guidance, procedures, and</td>
<td>staffing, resources, training, technology, time and space, equipment,</td>
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<td>checklists to inform effective D&amp;I.</td>
<td>funding, incentives, professional and community norms, leadership, and</td>
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<td>environmental factors to better manage the workload and support for</td>
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<td>implementers.</td>
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<td>- If research results are going to be incorporated by stakeholders and</td>
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<td>clinicians, they must be incorporated seamlessly into the current workflow</td>
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<td>and include incentives.</td>
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Professional and community norms also pose challenges to D&I as medical practices vary depending on the physician’s clinical training, organization policies, and the requirements of the states in which medical facilities reside. Most researchers are typically interested in their own findings. Therefore, some are not interested in supporting D&I and often do not believe it’s their responsibility.

D&I efforts should include full engagement of all stakeholders and recruitment from many sites; they should focus on communications specific to chronic versus current conditions and incentives, training, and methods for building trust and credibility across specific audiences. D&I efforts should include a dedicated entity and supporting champions to influence D&I activities. The selected entity and champions should provide the appropriate resources, skills, respect, and influence in the community to assist effective adoption of practices.

The healthcare industry is becoming more uncertain and ambiguous often making physician judgment and decision making more challenging. There is also a huge generational gap between younger and older physicians that impacts consistent delivery of care.

More research is needed to address the generational gap as well as to identify factors to help predict, understand, and address changing conditions.

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<th>Summary of Considerations for PCORI’s D&amp;I Action Plan</th>
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<td>Based on the key themes, the group provided initial recommendations for the PCORI D&amp;I Action Plan:</td>
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<td>• Conduct an inventory of D&amp;I efforts, including a focus on health and non-health sectors to understand key players, barriers, best practices, and lessons learned.</td>
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<td>• Create strong partnerships and engagement programs with stakeholders throughout the D&amp;I process.</td>
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<td>• Conduct stakeholder analysis and audience segmentation to identify priority groups PCORI should address and consider what formats, methods, incentives, and messaging will be required to increase adoption of practices across all audience groups.</td>
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<td>• Conduct additional research on D&amp;I gap areas, including shared decision making, caregiver support, differences between acute and chronic conditions, how to get stakeholders to take actions, why “bad” versus “good” messages stick, and balance between benefits and harms.</td>
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<tr>
<td>• Create a D&amp;I Quality Improvement, Evaluation, and Readiness Framework.</td>
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<th>Overview of AHRQ’s Dissemination and Implementation Efforts</th>
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<td>Jean Slutsky, AHRQ’s Director for Evidence and Outcomes, provided an overview of the agency’s efforts in dissemination and implementation. Further, she provided an overview of the agency’s activities in the Patient-Centered Outcomes Research Trust Fund (PCORTF) and its legislative role in assisting PCORI with D&amp;I of its research findings. The framework for the PCORTF investments by AHRQ include prioritization and topic development, message development and strategy selection, audience identification, training and career development, and infrastructure.</td>
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Ms. Slutsky explained AHRQ’s history in the D&I field, shared success stories, and highlighted several ongoing D&I and training efforts. AHRQ’s contracts include: horizon scanning, the Eisenberg Center, PCOR Dissemination Products for Students of Health Professions and Consumers, Educating the Educators, Targeted Dissemination of PCOR Findings in “Stroke Belt,” Methods Center in Decision and Simulation Modeling, Implementation of a Systematic Review Data Repository Collaborative, and Integrating PCOR into Clinical Decision Support Systems. AHRQ grants include: PCOR Dissemination by Health Professionals Associations, and Partnerships for Sustainable Research and Dissemination of Evidence-based Medicine. AHRQ’s projects in progress include: Closing the Gaps on Disparities with PCOR, and Disseminating PCOR Evidence to Improve Healthcare Delivery.

Ms. Slutsky emphasized that AHRQ not only focuses on dissemination and implementation, but also on translation, health IT, registries, training, career development, and methods to conduct comparative effectiveness research (CER). To illustrate AHRQ’s process, Ms. Slutsky shared its Framework for PCOTRF Investment in Dissemination, Implementation and Training, which focuses on all stakeholders in the healthcare space, translates and tailors findings for specific audiences, and serves as a method to help implement research findings into practice. Ms. Slutsky also shared some of the products and tools AHRQ is currently using for D&I activities, including consumer and clinician summaries, decision aids, traditional tools and resources, as well as non-traditional efforts, such as billboards, public service announcements, and other approaches that are being leveraged to engage patients, consumers, caregivers, and shared decision making.

Following Ms. Slutsky’s presentation, panelists asked questions specific to AHRQ’s efforts. The panelists also highlighted several key areas of importance, including the large gap between dissemination and implementation, the need for patients, caregivers, and other stakeholders to have health information when they need it, the need to clarify uncertainties of interventions and facts around harms so people can make informed decisions, and how that information is relevant and useful to stakeholders should be provided at the best opportunity.
Roundtable Questions and Key Themes

The roundtable panelists responded to the following six questions:

- Given your personal experience in dissemination and implementation, what are the lessons learned, barriers, and successful facilitators in dissemination and implementation?
- What strategies can PCORI use to build on or complement AHRQ’s current work in dissemination and implementation?
- What key elements would you like to see in PCORI’s Blueprint to help your organization with implementing research findings?
- What is the best approach to develop a framework for implementing results of comparative effectiveness research (CER)?
- Which already existing frameworks would you recommend be reviewed for developing PCORI’s blueprint for dissemination and implementation?
- What would you include in the scope of work for the request for proposal (RFP)? What are the key abilities we should seek among applicants interested in developing a framework in response to the RFP?

Summary of Key Themes

Several overarching themes emerged across the answers to the questions.

Lack of Standardized Frameworks and Strategies for D&I

Panelists emphasized the lack of standardized frameworks, strategies, and terminologies across the healthcare industry, which often leads to variation in the delivery of care depending on the training, skills, organizational practices, and state requirements of the medical facility. Several indicated that there is no one-size-fits-all approach and that strategies must vary depending on settings, timing, and environmental conditions. D&I frameworks must not be rigid and should allow stakeholder flexibility and adaptability. The panelists also suggested that PCORI should partner with organizations such as the Office of the National Coordinator for Health Information (ONC) and the National Library of Medicine to leverage and build on data standards and terminology for D&I.

Implementation Challenges

The participants discussed several barriers to successful implementation, mainly the lack of standard frameworks, methods, and strategies for D&I. Researchers and organizations are often not well trained nor prepared to effectively disseminate and implement their findings. Many clinicians continue to choose their professional and community norms over practices based on evidence and research findings. In addition, due to clinician’s busy work schedules and the increasing levels of uncertainty and ambiguity in the health field, clinician judgment and decision making is becoming more complicated. To help clinicians focus more on integrated patient care and shared decision making, D&I
recommendations must be feasible, include direct benefits (incentives) to clinicians, articulate return on investment (ROI) for their practice, and demonstrate that the research recommendation being disseminated will have a direct impact on the outcomes of their patient population. Despite these challenges, some organizations provide conflicting communication and guidance that cause information overload among patients and caregivers, which reduces the ease and speed of decision making and adoption of practices.

**Challenges Associated with Technical Assistance**
It is important to note that some researchers and research organizations are not well trained to execute D&I activities. In addition, some researchers are not interested in executing D&I activities nor believe that it is their responsibility. However, when implementation does occur, frontline staff do not have the training, resources, facilities, and technologies required to carry out expectations from newly identified research findings. Since there is no formal process to diagnose and manage this workload, panelists suggested that PCORI assess the implementation-readiness of the implementers of PCORI research findings as a preliminary step in D&I Action Plan. Lastly, panelists recommended that as PCORI develops its place in the D&I field, it should train implementers and other key stakeholders on best practices and procedures for effective D&I practices.

**Produce D&I-Ready and Timely Evidence and Research Findings**
Panelists agreed that more work is needed to prepare a standardized process to determine D&I readiness of research findings. PCORI should specifically focus on how to communicate when evidence works, when it does not work, key implications for relevant stakeholder groups, the right balance between risks and benefits, and clear guidance on what stakeholders “should” and “should not.” The panelists also noted that such information will help those who are implementing, as well as those that are building, interventions to make improvements or course corrections.

**Identify Needs in Translation, Readiness, and Appropriate Channels of Communication**
It is also important to segment messages for all stakeholders to ensure messaging is most appropriate and customized for each specific group. Panelists pointed out that messaging varies across executive leaders, community leaders, patients, providers, policy makers, and other key stakeholders. Therefore, more analysis of the needs, methods, and strategies of stakeholder consumption are critical as the results will ensure that information is provided at that the right time, for the right individual, and through the right forums and that it includes the right messaging to support decision making. Organizations must also ensure that D&I efforts are in alignment with healthcare and organizational leadership’s top priorities; goals for D&I can be challenging and hard to negotiate if there is no strong business case or direct line to ROI.

**Development of Patient/Provider Decision-Support Tools and Materials**
Panelists suggested that as a result of frequent communication blasts, conflicting messages, and information overload, more investment is required to develop patient/provider tools and materials. These tools will help patients and providers better access, retrieve, organize, and analyze data to
support faster and more accurate decision making. More innovative development of these tools and supporting materials (such as decision aids and summaries) can also support patient-clinician decision making, enhance the shared-decision-making model, and provide support for caregivers and implementers of D&I results. The panelists emphasized the delivery of information to mobile applications and personal digital assistants.

**Leverage Methods for Effective Communications**

To ensure effective communications, messages must be tailored, customized, and localized to the specific needs and preferences of various stakeholder groups. Specifically, more research is needed to understand the behaviors, incentives, forums, frequency, methods, processes, and trust and credibility factors required to speed adoption across the healthcare landscape. For example, communication strategies will be different for the clinician versus the patient population, the policy makers versus payers, and the Chief Executive Officers (CEOs) versus community health workers. The group discussed the importance of repackaging information and branding and highlighted the successful example of Apple’s great marketing campaigns to increase customer and market share. Therefore, PCORI should consider, given all the messages stakeholders are receiving, the best way to brand itself and repackage information in ways that are most helpful. Other examples highlighted as good examples for D&I included consumer media like *Vogue*, *Women’s Day*, as well as online resources such as WebMD, and Wikipedia.

The group also emphasized that key messages must be simple, easy to understand, timely, and include storytelling and case studies to appeal to the specific audiences. It’s also important to consider message sustainability, so patient actions are maintained and carried out over time versus at just one moment (e.g., a patient changes and maintains his or her diet to address concerns of diabetes, while another patient makes adjustments for one day and reverts back to previous practices). To catch the attention of audience groups, a panelist shared that the following words have been effective: *Don’t, Limit, and Avoid.*

Lastly, panelists focused on trust, credibility, and influence and their role in speeding and increasing adoption of practices. Panelists said that PCORI is unique because it is not a government or policy organization, and therefore its distributed communications might be more positively perceived and its messages adopted. To enhance influence, panelists shared examples where celebrities and thought leaders were leveraged to motivate patients and the public, including representation from Angelia Jolie in breast cancer and Katie Couric in colon cancer. They also noted Michelle Obama’s efforts to combat obesity through the “Let’s Move!” campaign. Lastly, the group discussed seeking out the right organizations to help PCORI deliver key messages. The panelists encouraged PCORI to identify which messages are powerful coming from it directly versus coming from other organizations, large employers, medical societies, or others that might have the trust, credibility, and relationships with targeted stakeholder groups.
Leverage Incentives to Speed the Adoption of D&I Efforts

Panelists recognized the need to create incentives to speed stakeholder adoption of practices across the healthcare landscape, including the benefits to patients, clinicians, and caregivers. To create incentives, more research is needed to focus on: stakeholder behaviors, motivation factors, incentives, patterns, and trends across stakeholder groups. In clinical and hospital settings, creativity is required to change clinician behavior to include more focus on patient-centered care and integrated and shared decision making. To initiate this change, organizations should ensure that incentive structures are aligned to the clinician’s workflow, demonstrate a direct line to ROI, and show a clear connection between suggested recommendations and the outcomes of his or her patient population.

Understand Specific Population Needs

Any PCORI plan should include and must be prepared to address the needs of all populations, including the underserved, as well as PCORI’s priority population list:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children (ages 0–17)
- Older adults (ages 65 and older)
- Residents of rural areas
- Individuals with special healthcare needs, including individuals with disabilities
- Individuals with multiple chronic diseases
- Individuals with rare diseases
- Individuals whose genetic makeup affects their medical outcomes
- Patients with low health literacy/numeracy and limited English proficiency
- Lesbian, gay, bisexual, and transsexual (LGBT) persons

In addition to the priority populations, there are also the needs of:

- Different levels of health literacy
- Health disparities
- Underserved populations
- Cultural aspects
- Multicultural communities
- Groups under the age of 65

While exploring these needs, PCORI should also focus on gaps to mitigate communication barriers to combat cultural and technical divides.
Engage Key Partners and Stakeholders

“D&I is too big for one organization,” a panelist said. Instead of PCORI working in isolation to produce its D&I action plan, panelists overwhelmingly agreed that PCORI must learn from and work with other organizations. Partnerships could range from informal learning opportunities to formal agreements to disseminate and implement PCORI’s research findings. Identifying and involving key stakeholders early in the process would help speed the adoption of research into practice, ensure that stakeholders have timely and relevant information, and allow PCORI to scale up its dissemination efforts. Key stakeholder groups mentioned at the roundtable include: patients, providers, consumers, journal publishers, opinion leaders, community and public health workers, government agencies, and health-data consortiums. Panelists also said that PCORI should host more D&I conferences with stakeholders to ensure alignment of activities, as well as to learn from health and non-health groups.

Avoid Duplication

PCORI must avoid duplicating the work of others, but rather build, coordinate, and align with existing initiatives to ensure D&I plans occur collaboratively rather than in isolation.

Leverage Non-Healthcare Best Practices and Existing D&I Frameworks/Models

PCORI should research best practices from non-health industries to understand how they market and communicate to stakeholders so that relevant and innovative findings can be applied to D&I efforts within healthcare. Although the group agreed there are no common frameworks or models for D&I support, several participants highlighted the following frameworks:

- Theory of reason action
- Social cognitive theory
- Stages of change models
- Elaboration models
- Social inoculation theory, Porter’s five forces
- The political, economic, social, technological, legal, and environmental (PESTLE) model
- Causal pathways
- Logic models

The group also emphasized that PCORI should not reinvent the wheel but should leverage existing organizational and learning community models for D&I. Success examples included models from quality improvement organizations, Million Hearts, health information exchanges, regional extension centers, Office of National Coordinator (ONC) communities including the Beacon community, AHRQ exchanges, Robert Wood Johnson Foundation’s Aligning Forces for Quality, the Clinical and Translational Science Awards, and the ONC standards and operability initiative called “Health eDecision Initiative.”

Create a Plan with Focus on the Future and Technology

Panelists stressed the importance of building a D&I action plan that would anticipate and adapt to emerging environmental and political factors. One panelist quoted hockey player, Wayne Gretzky’s
advice to skate to where the puck is going, not where it is. Therefore, PCORI’s plan should consider the
eeds, requirements, and strategies required to address the future.

Some panelists discussed the role of technology as a change agent for moving from a clinician-driven to
a more patient-driven environment. This discussion focused on the use of mobile apps, app
development, mobile health, social media, and open data sources to improve healthcare. Other
panelists envisioned greater use of registries—and their integration with electronic health records,
which will lead to new ways of sharing and analyzing data. The group also suggested that PCORI should
consider facilitating registries across specializations. Registries should focus less on a disease and more
on patients in general, expanding the patient profile to capture more of patients’ experience with the
health system.

**Evaluation and Course Correction**
Panelists highlighted the need for effective evaluation tools to speed adoption of practices, as well as to
measure success. More specifically, panelists encouraged PCORI to create a framework for evaluation
and quality improvement, metrics, an ROI construct, and supporting checklists in its D&I action plan. In
addition to these tools, panelists emphasized that PCORI and/or its contractors should include the
appropriate infrastructure, testing, and evaluation facilities to measure the impacts of its D&I efforts.
While creating this environment, it’s important to establish safe places to fail, as well as to allow
flexibility to enhance innovation. As a first test case, it was recommended that PCORI use some of its
current activities to pressure test the effectiveness of its action plan, including the Patient Powered
Research Networks (PPRN), the Clinical Data Research Network (CDRN), the Methodology Committee
Report, and associated methods for conducting CER. As these methods are tested and evaluated, there
must be risk-adjustment strategies and feedback loops to ensure continuous learning and improvement
of PCORI’s plan.

**Contractor Competencies**
The contractor of the D&I RFP must provide a strong team that understands the healthcare audience,
segmentations, practices, and key players. This work will require a non-traditional and innovative
approach, and so requires a contractor and subcontractors with strong marketing and communication
expertise. The contractor will create the PCORI D&I Action Plan, which must be innovative, adaptable,
sustainable, and scalable. The plan should include a multi-level framework, an effective evaluation and
testing plan, a focus on quality improvement and safety, and incorporate feasible strategies for PCORI
D&I activities.

**Closing Remarks and Next Steps**
Dr. Beal closed the meeting by thanking the panelists for providing input on the capabilities and
demands required for the D&I RFP. She emphasized that the RFP will require a contractor that is
innovative, collaborative, and has strong reach into many organizations in health and healthcare. She
recalled important aspects of the discussion, including PCORI’s need to identify an approach that is
simple and easy to understand, engages key stakeholders and partners, focuses on messaging for
different stakeholders, and incorporates safe places for people to fail. Lastly, Dr. Beal mentioned that the RFP will be released in a few weeks and that she looks forward to hearing responses from the group. PCORI will award the contract to a single lead contractor who will be responsible for coordinating and managing the work of a consortium of subcontractors to meet all requirements.

*Meeting summary prepared by Orlando Gonzales and Ayodola Anise. Posted August 30, 2013.*