



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Fall 2014 Funding Cycle

PCORI Funding Announcement: Improving Healthcare Systems

Published August 6, 2014

This PCORI Funding Announcement applies to the funding cycle that closes November 4, 2014, at 5:00 p.m. (ET). Application guidelines, templates, and other resources are available at <http://www.pcori.org/fall-2014-systems/>.



About PCORI

PCORI is committed to transparency and a rigorous stakeholder-driven process that emphasizes patient engagement. PCORI uses a variety of forums and public comment periods to obtain public input to enhance its work. PCORI helps people make informed healthcare decisions and improves healthcare delivery and outcomes by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

PCORI was authorized by the Patient Protection and Affordable Care Act of 2010 as a nonprofit, nongovernmental organization. PCORI's purpose, as defined by the law, is to help patients, clinicians, purchasers, and policy makers make better informed health decisions by "advancing the quality and relevance of evidence about how to prevent, diagnose, treat, monitor, and manage diseases, disorders, and other health conditions."

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Overview

Published	August 6, 2014														
Letter of Intent Due	September 5, 2014, by 5:00 p.m. (ET) Letters of Intent will be screened for responsiveness and fit to program goals. Only those selected will be permitted to submit full applications. Notification of request to submit full application will occur no later than September 19, 2014.														
Summary	PCORI is seeking applications to study the comparative effectiveness of alternate features of healthcare systems (e.g., innovative technologies, personnel deployments, incentives, service designs) designed to optimize the quality, outcomes, and/or efficiency of care for the patients they serve. Healthcare systems include private and public health insurance plans; physician groups; hospitals, nursing homes and assisted living facilities; academic medical centers; integrated delivery systems; community-based and safety-net clinics; federal, state, and municipal providers; and other entities organized to deliver, arrange, purchase, or coordinate healthcare services. PCORI seeks studies that will provide information of value to patients, their caregivers, and clinicians, as well as to healthcare leaders, regarding which features of systems lead to better patient-centered outcomes.														
Applicant Resources	See http://www.pcori.org/fall-2014-systems/														
Key Dates	<table border="0"> <tr> <td>Online System Opens:</td> <td>August 6, 2014</td> </tr> <tr> <td>Letter of Intent (LOI) Deadline:</td> <td>September 5, 2014, by 5:00 p.m. (ET)</td> </tr> <tr> <td>Applicant Town Hall Sessions:</td> <td> August 14, 2014, 12:00 p.m. (ET) August 15, 2014, 12:00 p.m. (ET) </td> </tr> <tr> <td>LOI Status Notification:</td> <td>September 19, 2014</td> </tr> <tr> <td>Application Deadline:</td> <td>November 4, 2014, by 5:00 p.m. (ET)</td> </tr> <tr> <td>Merit Review:</td> <td>February 2015</td> </tr> <tr> <td>Awards Announced:</td> <td>April/May 2015</td> </tr> </table>	Online System Opens:	August 6, 2014	Letter of Intent (LOI) Deadline:	September 5, 2014, by 5:00 p.m. (ET)	Applicant Town Hall Sessions:	August 14, 2014, 12:00 p.m. (ET) August 15, 2014, 12:00 p.m. (ET)	LOI Status Notification:	September 19, 2014	Application Deadline:	November 4, 2014, by 5:00 p.m. (ET)	Merit Review:	February 2015	Awards Announced:	April/May 2015
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Maximum Project Budget (Total Direct Costs)	\$5 million for large studies \$1.5 million for small studies														
Maximum Project Period	Five years for large studies Three years for small studies														
Funds Available up to	\$16 million														



Eligibility	Applications may be submitted by any private sector research organization, including any nonprofit or for-profit organization, and any public sector research organization, including any university or college hospital or healthcare system, laboratory or manufacturer, or unit of local, state, or federal government. The Internal Revenue Service must recognize all US applicant organizations. Nondomestic components of organizations based in the US and foreign organizations may apply, as long as there is demonstrable benefit to the US healthcare system and US efforts in the area of patient-centered research can be clearly shown. Organizations may submit multiple applications for funding. Individuals are not permitted to apply.
Review Criteria	<ol style="list-style-type: none">1. Impact of the condition on the health of individuals and populations2. Potential for the study to improve health care and outcomes3. Technical merit4. Patient-centeredness5. Patient and stakeholder engagement
Contact Us	<p>For programmatic questions, please email (pfa@pcori.org), phone (202-627-1884), or contact us online (http://www.pcori.org/PFA/inquiry). PCORI will provide a response within three business days. However, PCORI cannot guarantee that all questions will be addressed three business days prior to a Letter of Intent or application deadline.</p> <p>Please email (pfa@pcori.org) for any administrative, financial, or technical questions. PCORI will provide a response within three business days. Please note that during the week of the application deadline, response times may exceed three business days. Applicants may call the PCORI Helpdesk (202-627-1885) within a week prior to the deadline for technical or administrative support. Applicants are asked to plan accordingly. It is the applicant's responsibility to submit the application on or before the application deadline.</p>
Other	*Deadlines are at 5:00 p.m. (ET). If deadlines fall on a weekend or a federal holiday, the deadline will be the following Monday or the next day after the federal holiday.

New or Revised for the Fall 2014 Funding Cycle:

- Clarification on large versus small studies:
 - Large projects may contain up to \$5 million in total direct costs AND/OR up to five years in duration. Any study with a length over three years OR over \$1.5 million in total direct costs will fit into this category.
 - Small studies are those in which our normal rules for Broad PCORI Funding Announcements (PFAs) will be applied, that is, studies up to \$1.5 million in total direct costs for up to three years.
- New/updated sections: Evidence to Action Networks, Non-responsive and Non-priority Research Areas, and Replication and Reproducibility of Research and Data Sharing Plan
- Revised and expanded "Letter of Intent" section and added instructions
- New "LOI Review" section; this is now a competitive screening process. Only Letters of Intent deemed most responsive to this PFA will be invited to submit a full application.
- New "IV. Merit Review" section and updated Criterion 3



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I. Introduction

Summary of Program

The Improving Healthcare Systems (IHS) program within PCORI invites applications for research comparing the effectiveness of innovative features of healthcare systems (e.g., the use of innovative technologies, deployment of personnel, or incentives and/or organizational policies intended to optimize the quality, outcomes, and/or efficiency of care) for the patients they serve. Healthcare systems are composed of many components and processes, including individual patients; family and social supports; providers and care teams; organizations and/or practice settings; local community resources; and health policies at the state and national levels. A healthcare system's performance is also influenced by its model of care (e.g., accountable care organization, patient-centered medical home), the setting in which care is delivered (e.g., hospital, physician practice, nursing home, or community health clinic, patient's home) and the financial context in which it operates (e.g., fee for service, capitation, shared savings). PCORI seeks studies that will provide valuable knowledge to patients, their caregivers, and clinicians, as well as to other stakeholders, including healthcare leaders, regarding which features of systems lead to improved outcomes that are important to patients and their families.

Background

Healthcare organizations are under constant pressure to improve systems of care, but often lack the critical information needed to guide decisions related to system-level issues. Research could help develop a body of evidence supporting effective interventions that would help organizations provide higher-quality care, better access to care, more coordinated care and to provide that care more effectively and efficiently, ultimately leading to improved patient-centered outcomes.

PCORI is entrusted by the public to fund research that will matter to patients, their caregivers, and other stakeholders (defined as clinicians and clinician societies, hospitals, and health systems; payers [insurance]; purchasers [business]; industry; researchers; policy makers; and training institutions). PCORI seeks to change how research is conducted by emphasizing the role of diverse research teams that include varying perspectives. PCORI distinguishes itself by supporting research in which patients, caregivers, practicing clinicians, health administrators, and the broader stakeholder community are actively engaged in generating research questions, reviewing research proposals, conducting research, disseminating research findings, promoting the implementation of research findings, and using the results to understand and address patient and other stakeholder needs.

A healthcare system is characterized as a set of people, technologies, and/or resources that delivers and/or pays for services to meet the patient's health-related needs. Systems may be publicly or privately organized, and they are often evaluated in terms of their ability to deliver accessible, high-quality, efficient, and equitable care. Governmental and organizational policies and market forces motivate healthcare systems to improve these parameters, and these pressures in turn help to shape the clinical, organizational, workforce, and financing decisions made by systems. Importantly, the demographic and clinical characteristics of the populations served and the scope and mission of the organization also have strong influences on each of these system-level metrics by altering the access, patterns of use, and



effectiveness of various healthcare services. Over the past two decades, the Institute of Medicine and others have sharpened the focus on ensuring that systems are also designed and oriented to achieve the health outcomes most desired by individual patients—that is, to become more patient-centered.

Innovation and changes in healthcare systems and in the behavior of healthcare system participants are often driven by economic, political, and social needs to improve access to care or quality of care, to attract patients or enrollees, and to contain costs.

The IHS program has identified four major categories of innovation that have especially high potential to drive improvements in healthcare systems and outcomes. These IHS program intervention targets include:

- Information technology (IT) or other electronic technologies (e.g., interoperative electronic health records, telemedicine, patient-accessible medical records)
- Creative uses of incentives (e.g., offering free or subsidized self-care opportunities to patients, offering value-based payments to healthcare providers, shared savings)
- Novel deployment of personnel (e.g., multidisciplinary teams, peer navigators, community health workers, home-care physicians)
- Organizational policies (e.g., standing orders)

The effects of all such innovations may vary considerably among subgroups of the general population, but this heterogeneity of treatment effects is mostly unmeasured. Studies should be designed, whenever possible, to determine the differential effect of system-level innovations on subpopulations of people with multiple chronic conditions, mental or physical disability, frailty, low health literacy, innumeracy, unfamiliarity with the English language, low income, lack of access to primary care, and residence in rural and inner city locations.

Research of Interest

PCORI seeks to fund investigator-initiated research on the effects of system changes on the following broad outcomes:

- Patients' access to care, high quality of care, support for self-care, and coordination of care across healthcare settings
- Professional decision making on the basis of patients' personal values
- Experiences that are important to patients and their caregivers, such as overall health, functional ability, health-related quality of life, stress, severity of symptoms, and survival
- The efficiency of healthcare delivery, as measured by the amount of ineffective, duplicative, or wasteful care provided to patients. *The IHS program is particularly interested in testing practices that combine evidence-based guidance (such as *Choosing Wisely*, www.choosingwisely.org) with systems incentives and/or redesign to simultaneously elicit patient preferences and reduce harms faced by patients.*

Sample Research Questions

The following are examples of the types of questions that patients, clinicians, or healthcare managers might ask, and which your research might help answer. They are expressed from the perspectives of the patient and the healthcare system. This list is by no means exhaustive.

- An 84-year-old woman with several chronic diseases is having increasing difficulties managing at home alone, but does not want to leave her home or neighborhood to live in a nursing home. What are the benefits and drawbacks of a new care management program designed to help her stay at home and remain safe and independent?
- A 27-year-old man with diabetes, chronic back pain, and depression has been invited by his public hospital-based clinic to participate in a group visit program for patients with chronic conditions led by a behavioral care specialist and a health educator. How likely is it that he will benefit from this program compared to the “usual” care he has been receiving, and what is the nature of the benefit? Are there any risks? What should his physician recommend?
- A man has frequent exacerbations of his chronic obstructive pulmonary disease that require acute hospitalization. Is an alternate type of care, such as respiratory care at home, a better solution for him and his family? Is it safe? Is it effective?

Evidence to Action Networks

PCORI is interested in ensuring communication and engagement between awardees with similar needs and interests and end users to help refine and improve the research and facilitate dissemination of research findings that will help patients and the public to make better and informed healthcare decisions. To meet this goal, PCORI has set up Evidence to Action Networks, where PCORI facilitates engagement among awardees and cross-learning between projects and teams comprising researchers, patients, caregivers, and other stakeholders. In addition, PCORI facilitates exchanges between awardees and end users (e.g., patients, caregivers, and other stakeholders such as payers, employers and purchasers, clinicians, professional societies, policy makers, and training institutions) for dissemination and implementation of important research findings.

Awardees are encouraged to participate in these Evidence to Action Networks as they become available.

II. Guidance for Proposing Research

Research Priorities

PCORI funds patient-centered outcomes research (PCOR), a type of comparative CER. The studies PCORI supports must include the perspectives of patients and other healthcare stakeholders. To be considered responsive, applications must describe research that:

- *Compares at least two alternative approaches, both of which are viable alternatives.* The types of interventions tested can include specific drugs, devices, and procedures, as well as other types of alternatives, such as medical and assistive devices and technologies, diagnostic testing, behavioral change, and a wide variety of strategies for improving delivery systems, but the studies must be comparative. “Usual care” (or no specific intervention) may be an appropriate comparator if this is a realistic choice faced by patients and other stakeholders, but the clinical characteristics must be specified. Applications proposing to use usual care as the comparator must justify the choice to use usual care (e.g., usual care is guidelines-based) and should clearly describe the components of usual care that will be used or measured in the research. A clear description of usual care is necessary to enhance the reproducibility of the research in other

settings.

- *Compares two or more clinical strategies that each have established efficacy.* It may be appropriate to include as a comparator a generally accepted practice that occurs with insufficient evidence of efficacy. Applications should evaluate the comparison of two or more clinical interventions. PCORI would like the efficacy of each intervention to be known prior to the initiation of the proposed project, which may include pilot data as appropriate. PCORI is also concerned about commonly accepted practices that occur with insufficient evidence of efficacy. The application must provide information about efficacy of the clinical interventions that will be compared. Projects that aim to develop new or novel interventions, which lack evidence, will be considered out of scope.
- *Studies the benefits and harms of interventions and strategies delivered in real-world clinical settings.* PCORI is interested in innovative studies that provide practical information that can help patients and other stakeholders make informed decisions about their health care and health outcomes.
- *Is based on health outcomes that are meaningful to the patient population under study and are likely to guide the decisions regarding care made by patients, caregivers, and providers.* While most PCOs directly impact the patient's quality of life, certain physiological measurements, such as blood pressure and serum cholesterol, are strongly linked to complications or other outcomes that patients care about and have become outcomes of interest to patients because of increased awareness. Therefore, an application to PCORI that proposes to conduct a study comparing two approaches to helping people control their blood pressure would be well-aligned with PCORI's focus on patient-centeredness, assuming that the study would also compare the two approaches' effects on any other relevant outcomes that are important to patients, such as treatment-related symptoms (side effects).

Non-responsiveness and Non-priority Research Areas

Applications will be considered non-responsive if the proposed research:

- Conducts a formal cost-effectiveness analysis in the form of dollar-cost per quality-adjusted life-year to compare two or more alternatives.
- Measures the relative costs of care of two or more alternative approaches as the primary criteria for choosing the preferred alternative.

Proposals that include studies of these issues may measure and report utilization of any or all health services, but may not employ direct measurements of costs of care.

PCORI does have an interest, however, in studies that address questions about conditions that lead to high costs to the individual or to society. This is included in our review criterion on impact of the condition on the health of individuals and populations. Thus, PCORI is also interested in studies that:

- Examine the effect of costs on patients, such as patients' out-of-pocket costs, hardship or lost opportunity, or costs as a determinant of, or barrier to access to care;



- Address cost-related issues such as the resources needed to replicate or disseminate a successful intervention; or
- Evaluate interventions to reduce health system waste or increase health system efficiency.

Proposals that include studies of these issues without utilizing a formal cost-effectiveness analysis or comparing the costs of alternatives are considered responsive.

PCORI discourages proposals in the following categories and is likely to deem them nonresponsive:

- Study of the natural history of disease
- Instrument development
- Pharmacodynamics
- Fundamental science or study of biological mechanisms
- Developing and evaluating new decision aids or clinical prognostication tools
- Establishing efficacy for a new clinical strategy
- Pilot studies intended to inform larger efforts
- Comparisons of patient characteristics rather than clinical strategy options

Features of Patient-Centered Outcomes Research

PCOR helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options. This research:

- Assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health-delivery-system features to inform decision making, highlighting the choices that matter to people.
- Is inclusive of an individual's preferences, autonomy, and needs, focusing on outcomes that people notice and care about, such as survival, functioning, symptoms, and health-related quality of life.
- Incorporates a wide variety of settings and diversity of participants to address individual differences and barriers to implementation and dissemination.
- Directly compares clinical interventions that are generally available in the clinical settings.
- Obtains the perspectives of stakeholders to address the burdens to individuals, availability of services, and requirements for technology and personnel.

Leveraging Existing Resources

Investigators are encouraged to propose studies that leverage existing resources, such as adding PCOR to an existing large clinical trial or analyzing existing large databases that contain valuable, relevant information that may be used to answer important comparative clinical effectiveness research questions. PCORI is also interested in seeking proposals for meta-analyses that use individual participant data.

Preliminary Data and Use of Accepted Measures

PCORI encourages investigators to design their research using valid PCO measures and to include preliminary data that support the proposed measures. Investigators are encouraged to consider those measures described in the [Patient Reported Outcomes Measurement Information System \(PROMIS\)](#).



Documentation of Assumptions

PCORI specifically seeks studies that are sufficiently powered to detect clinically meaningful effects. To that end, applicants must justify the proposed sample sizes by explaining the assumptions used in all study power calculations. The application should clearly state all the necessary assumptions (i.e., the primary outcome measure, the estimated difference in the mean value of this measure between study arms, standard deviation of the measure, type I error rate, and any other assumptions). All such estimates must be justified by referring to prior published research or preliminary data.

Studies in Rare Diseases

PCORI is interested in the investigation of strategies that address care for patients with rare conditions. Rare diseases are defined as life-threatening or chronically debilitating diseases that are of such low prevalence in populations that special efforts, such as combining data across large populations, may be needed to address them. The term low prevalence is defined as conditions that affect fewer than 200,000 individuals in the US or have a prevalence of less than 1 in 1,500 persons.

Methodological Considerations

Regardless of study design, proposals must adhere to all relevant [PCORI Methodology Standards](#). These include 47 individual standards that fall into 11 categories. The first five categories are cross-cutting and are relevant to most PCOR studies. Researchers should refer to all of these standards when planning and conducting their research projects. These categories are:

- Standards for Formulating Research Questions
- Standards Associated with Patient-Centeredness
- Standards on Data Integrity and Rigorous Analyses
- Standards for Preventing and Handling Missing Data
- Standards for Heterogeneity of Treatment Effect

Six other categories of standards will be applicable to particular study designs and methods. The standards in each of these categories should be used for guidance when they are relevant to a particular study. These categories are:

- Standards for Data Registries
- Standards for Data Networks as Research-facilitating Infrastructures
- Standards for Causal Inference Methods
- Standards for Adaptive and Bayesian Trial Designs
- Standards for Studies of Diagnostic Tests
- Standards for Systematic Reviews

Most of these should be considered “minimal” standards. Additional best practices, including relevant guidelines for the conduct of clinical trials developed by other organizations, should be addressed in the application for PCORI funding.

All applicants should specifically discuss their capacity to measure factors such as differential adherence to chosen treatments (or participation in intervention programs) that could create or explain apparent differences in the effectiveness of the alternative interventions being compared in clinical populations.



Patient and Stakeholder Engagement

PCORI encourages all applicants to clearly describe the patient and stakeholder engagement in their research proposals. PCORI understands that patient and stakeholder engagement in research can take many forms; it is not seeking one particular type or method of engagement. Rather, applicants should communicate how patients (those with lived experience), family members, caregivers, and the organizations that represent them, as well as any other relevant stakeholders, will be involved in study activities. Because this type of engagement in research is a relatively new concept, PCORI has developed the Engagement Rubric to guide both applicants and merit reviewers. Additionally, studies are expected to adhere to PCORI's Methodology Standards Associated with Patient-Centeredness and to the PCOR Engagement Principles found within the rubric. These and additional resources are available in [PCORI's Funding Center](#).

Populations Studied

PCORI seeks to fund research that includes diverse populations with respect to age, gender, race, ethnicity, geography, or clinical status, so that possible differences in CER may be examined, otherwise known as heterogeneity of treatment effects. PCORI recognizes that some proposed studies may represent important PCOR opportunities even in the absence of a broadly diverse study population. However, the burden is on the applicant in such cases to justify the importance of the study in the absence of diversity and to discuss which subgroups are most important and how they will be analyzed, including whether there will be power to examine the question of effectiveness in subgroups. Alternatively, PCORI is interested in the inclusion of previously understudied populations for whom effectiveness information is particularly needed, such as hard-to-reach populations or patients with multiple conditions. Thus, comparisons should examine the impact of the strategies in various subpopulations with attention to the possibilities that the effects of the strategy might differ across various populations. Populations of interest include those that are less frequently studied. PCORI has developed a list of priority populations to guide our efforts in research and engagement, which includes:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children (age 0–17 years)
- Older adults (age 65 years 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/or limited English proficiency
- Lesbian, gay, bisexual, and transgender (LGBT) persons

Protection of Human Subjects

PCORI adopts, by reference, the Human Subjects requirements of 45 CFR Part 46. If the proposed research



will involve human subjects, refer to the Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan in Part II of the Instructions for the PHS 398 Form provided by the [National Institutes of Health](#). Note: PCORI requires engagement in the research by patients and/or other stakeholders as research partners. Research subjects protection requirements do not apply to co-investigators, members of the research team, or research partners.

Replication and Reproducibility of Research and Data Sharing Plan

PCORI is committed to maximizing the utility and usability of data collected in our funded projects. This is essential to building confidence in the accuracy of these findings. PCORI supports policies to promote sharing of study documentation (e.g., study protocol, programming code, and data definitions) so that other researchers may replicate the findings in other populations. Please propose a method for sharing data and appropriate documentation on request.

Budget and Project Duration

For this PCORI Funding Announcement (PFA), PCORI intends to fund two different size projects, large projects (i.e., up to \$5 million in total direct costs AND/OR up to five years in duration) and small projects (i.e., up to \$1.5 million in total direct costs for up to three years in duration). There will be two pools of funds—one for large projects and one for small projects. In deciding whether to propose a large project, consider whether the budget and duration are well-justified. Also, remember, that extending the time of the project alone, beyond three years, will put you into the “large” category.

Any request exceeding \$5 million in total direct costs OR exceeding a total of five years of duration will be rejected and will not be reviewed.

All applications will be reviewed during the same merit review session.

III. How to Submit a Proposal

Letters of Intent

In order to submit a full application to the Improving Healthcare Systems program, applicants are required to submit a Letter of Intent. Applicants should download the [Letter of Intent template for the Improving Healthcare Systems PFA](#) from the PCORI Funding Center. They must complete the document and convert it to a PDF with a limit of 1,700 words. Letters of Intent that exceed the word limit (excluding references) will not be reviewed. All references must be listed at the end of the LOI. Do not upload additional documents as part of your LOI, including letters of endorsement or support, as they are not requested at this stage. Their inclusion will result in LOI rejection without review. Please visit the PCORI Funding Center for additional applicant resources, including the PFA and required templates.

Letters of Intent are screened on five basic criteria:

1. The inclusion of a suitable comparison group;
2. The exclusion of any cost-effectiveness analysis;
3. Its overall fit with the PCORI IHS program’s research areas of interest, as described in the “Request for Proposals” section of this document;
4. Responsiveness to PCORI and PFA goals, including evaluation of patient-centered outcomes,



patient/stakeholder engagement, and anticipated impact; and

5. Alignment with at least one of the IHS program intervention targets listed in the “Background” section of this PFA. At this time, IHS is especially interested in proposals to test the effectiveness of novel uses of technology, incentives in improving healthcare systems and patient outcomes, or organizational policies.

Letter of Intent Review

Letters of Intent are evaluated on the following criteria (note that PCORI does not score the LOI): In addition to the above criteria, Letters of Intent will be reviewed for:

- Importance and relevance of the topics to PCORI priorities, as evidenced by critical gaps identified by clinical guidelines developers and/or recent relevant systematic reviews;
- Clarity and credibility of applicants’ responses to the LOI questions;
- Prior relevant experience of the investigators; and
- Programmatic fit and balance, taking into consideration whether the proposals significantly overlap with previously funded studies or concurrent proposals or, conversely, whether the proposal fills a gap in the portfolio of proposals with certain characteristics, including disease category, topics, priority population, methodologies, and other variables.

Only Letters of Intent deemed most responsive to this PFA will be invited to submit a full application. Letters of Intent are not scored; you will receive only a notification that your LOI has either been invited for a full proposal or has not been invited. Notification of request to submit full application will occur no later than September 19, 2014. Please refer to the [Application Guidelines](#) for due dates and information on how to submit your LOI via PCORI Online. The IHS program will only accept full applications from those Principal Investigators (PIs) and institutions that have been invited to submit them.

Note: An individual may submit only one LOI per PFA as a PI. While a PI may submit an LOI to other PFAs, the research topic/project must be distinct. Letters of Intent with scientific overlap or that appear to be duplicate submissions will be removed during the LOI screening process.

Submission Dates

Letters of Intent and applications must be submitted in accordance with the published dates and times listed in the Overview and in the [PCORI Funding Center](#).

PCORI Online System

To submit a proposal, you must register with the [PCORI Online System](#) and submit both an LOI and an application for each cycle in which you are applying.

Applicant Resources

PCORI Funding Center	http://www.pcori.org/fall-2014-systems/
PCORI Online System	https://pcori.fluxx.io
PCORI Funding Awards	pcori.org/pfaawards

IV. Merit Review

PCORI Merit Review is a multiphase process that includes: evaluation of Letters of Intent; preliminary review of full applications by review panels; in-person panel discussion of a subset of full applications (identified by PCORI's Research Priority Area Program Staff, based on the preliminary review and program priorities); Selection Committee recommendation of applications for funding; and finally, Board of Governors award approval (no later than May 2015).

Preliminary Review

PCORI conducts rigorous merit review of the full applications it receives. Note that applications may be eliminated from the review process for administrative or scientific reasons (e.g., non-responsiveness). An application may be administratively withdrawn if it is incomplete or submitted past the stated due date and time, or it does not meet the administrative or formatting criteria outlined in the [Application Guidelines](#), in the PCORI templates, and in the PCORI Online System. An application may be scientifically withdrawn if it is not responsive to the guidelines as described in this PFA, describes research that is not comparative, includes cost-effectiveness analysis, or otherwise does not meet PCORI programmatic requirements.

Administratively and scientifically responsive applications will be reviewed by one or more specially convened merit review panels. Each panel is recruited by PCORI Merit Review Officers, who identify the Chair; scientist reviewers who are clinical experts familiar with the clinical content of submitted applications; methodological and statistical experts familiar with pragmatic clinical trials and large database analyses; patient representatives trained in review of scientific proposals; and representatives of other stakeholder groups.

The following are PCORI's Merit Review criteria. These five criteria are used by PCORI's review panels during the preliminary and in-person phases to score and evaluate all submitted applications:

Criterion 1. Impact of the condition on the health of individuals and populations

The proposal addresses the following questions:

- Is the condition or disease associated with a significant burden in the US population, in terms of prevalence, mortality, morbidity, individual suffering, or loss of productivity?
- Alternatively, does the condition or disease impose a significant burden on a smaller number of people who have a rare disease?
- Does the proposal include a particular emphasis on patients with one or more chronic condition(s)?

Criterion 2. Potential for the study to improve health care and outcomes

The proposal has the potential to lead to meaningful improvement in the quality and efficiency of care and to improvements in outcomes important to patients. It addresses the following questions:

- Does the research question address a critical gap in current knowledge as noted in systematic reviews, guideline development efforts, or previous research prioritizations?
- Has it been identified as important by patient, caregiver, or clinician groups?
- Do wide variations in practice patterns suggest current clinical uncertainty?
- Is the research novel or innovative in its methods or approach, in the population being studied, or in the intervention being evaluated in ways that make it likely to improve care?
- Do preliminary studies indicate potential for a sizable benefit of the intervention relative to current practice? How likely is it that positive findings could be disseminated and implemented quickly, resulting in improvements in practice and patient outcomes?

Criterion 3. Technical merit

The proposal has sufficient technical merit in the research design to ensure that the study goals will be met. It addresses the following questions:

- Does the proposal describe a clear conceptual framework/theory/model that supports the validity of the identified evidence gap and informs the design, key variables, and relationships being tested?
- Does the research plan describe rigorous methods that demonstrate adherence to PCORI's Methodology Standards?
- Are the comparison interventions realistic options that exist in current practice?
- Are sample size and power estimates presented that are based on realistic and careful evaluations of the anticipated effect size?
- Is the project timeline realistic, including specific scientific and engagement milestones?
- Does the research team have the necessary expertise to conduct the project?
- Is the organizational structure and are the described resources appropriate to carry out the project?
- Is there a diverse study population with respect to age, gender, race, ethnicity, and clinical status, appropriate for the proposed research?

Criterion 4. Patient-centeredness

The proposal demonstrates patient-centeredness at every stage of the research. It addresses the questions:

- Is the research focused on questions that affect outcomes of interest to patients and their caregivers?
- Does the research address one or more of the key questions mentioned in PCORI's definition of patient-centered outcomes research?

Criterion 5. Patient and stakeholder engagement

The proposal demonstrates that people representing the population of interest and other relevant stakeholders are engaged in ways that are appropriate and necessary in a given research context. It addresses the questions:

- Are patients and other stakeholders engaged in:
 - Formulating research questions
 - Defining essential characteristics of study participants, comparators, and outcomes
 - Identifying and selecting outcomes that the population of interest notices and cares about (e.g., survival, function, symptoms, health-related quality of life) and that inform decision making relevant to the research topic
 - Monitoring study conduct and progress
 - Designing/suggesting plans for dissemination and implementation activities
- Are the roles and the decision making authority of all research partners clearly stated?
- Does the proposal demonstrate the principles of reciprocal relationships, co-learning, partnership, trust, transparency, and honesty?

In-Person Review

After preliminary review is completed, panel scores and critiques are evaluated by PCORI program staff to identify a subset of applications to be discussed at the in-person review meeting. Not all submitted applications move forward to in-person review, but all applications are evaluated and scored based on PCORI's Merit Review criteria, which include evaluation of adherence to PCORI's Methodology Standards.

During the in-person review, panels meet to discuss applications and further clarify the merits of the proposed research along with identifying areas for improvement. Additionally, each application is re-scored based on the content of discussion. The in-person panel meeting is led by a Chair and a PCORI Merit Review Officer, who ensure that all applications receive a fair and thorough review informed by the standards outlined in the PFA.

Post-Panel Review

Following the in-person panel review, meritorious applications are reviewed by PCORI program staff, who review merit review scores and comments, identify duplication or synergy among funded projects, and consider the fit of applications within the programmatic vision. Program staff then recommend projects to a Selection Committee that includes members of PCORI's Board of Governors. The Selection Committee considers recommendations and works with staff to identify a slate of applications for possible funding based on merit review scores, programmatic balance and fit, and PCORI's strategic priorities. This slate is proposed to PCORI's Board of Governors for its consideration and approval.

Funding Recommendations: Factoring in the total available funds allotted for this announcement, high scoring applications that fit the programmatic needs and satisfactorily address reviewers' critiques and adhere to PCORI's Methodology Standards will be considered for funding by the PCORI Board of Governors. Applicants will receive notification of the funding status of their application no later than April/May 2015.