OUR VISION
Patients and the public have the information they need to make decisions that reflect their desired health outcomes.

OUR MISSION
The Patient-Centered Outcomes Research Institute (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 has allowed me to frame my lived experiences with health care ... in ways that are meaningful to me and informative to others.

NEELY WILLIAMS, MDiv, Pastor of Community Concerns, New Unity Church; Patient Co-Investigator, PCORnet Partner Network; Patient Co-Principal Investigator, PCORI-Funded Research Study
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## LEADERSHIP LETTER
Studies That Will Help Patients Make Better-Informed Decisions

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On behalf of the Patient-Centered Outcomes Research Institute (PCORI), its leadership, and staff, we are pleased to offer this report to the nation on the progress in fiscal year 2017 in meeting our mandate to fund studies that will help patients and those who care for them make better-informed health decisions.

By all measures, we can point to a substantial record of achievement in reporting research results, in ongoing funded research, and in launching new initiatives. As has been the case from our earliest days, our work is guided by our National Priorities for Research and Research Agenda and by stakeholder input solicited through a variety of mechanisms, including our advisory panels, roundtables, forums, and public comment periods. Ultimate responsibility for PCORI's direction and contributions lies with PCORI's remarkable Board of Governors.

You will read more about this work in the pages that follow. But several highlights of the past year, including several firsts for PCORI, are worth special note:

- PCORI's Board of Governors approved $379 million in awards for patient-centered comparative clinical effectiveness research (CER) studies and related projects to support and advance this work. That brought our total investment since we began funding research in 2012 to $1.9 billion for 620 projects.
- We saw the first large number of research results from our funded studies reported in major medical journals. Several of these projects generated particularly promising evidence for improving care and patient outcomes in key areas, such as cardiovascular disease, prostate cancer, opioid prescribing, and type 2 diabetes management.
- The first dozen funded projects completed our legally mandated peer-review process, and the research findings of the first three of these have been posted on PCORI's website as study reports.

**FY 2017 MILESTONES**

**NOVEMBER**
PCORI hosts second Annual Meeting.

**DECEMBER**
Board approves $42 million for 19 new CER studies.

**MARCH**
- Board allocates up to $25.4 million to support the long-term sustainability of PCORnet.
- PCORI funds first five implementation awards to teams that have completed PCORI research projects.

PCORI approved $379 million to fund 56 CER, 11 methods, and 8 infrastructure projects in FY 2017.
summaries targeted to both clinicians and the public, as required by our authorizing law.

- We funded our first five implementation awards, which are intended to ensure uptake of our funded studies’ results into clinical practice.

We are pleased to also report progress in this past year in meeting our mandate to advance CER methods as well as to enhance the infrastructure necessary to conduct CER rigorously and efficiently. We are pursuing this infrastructure work through PCORnet, the National Patient-Centered Clinical Research Network.

PCORnet continued to move from focusing on infrastructure development to testing its research readiness and refining its capacity to plan, organize, and conduct high-quality, large-scale studies. As of the close of the fiscal year, 14 demonstration studies were in progress using PCORnet, with several close to generating results to help clinicians, patients, and health systems answer critical questions.

All of this work has had a singular focus—to efficiently generate useful, high-quality evidence that can make a positive difference in patients’ lives by helping them make choices about care that will work best for them given the outcomes they care about. That is elemental to the commitment we all share of supporting a patient-centered healthcare system that provides value to all.

Even as we celebrate this year of key achievements, we know that the coming years will witness even greater productivity and impact. PCORI’s investments during its first six years will bear fruit in the results of more studies reported in the literature and findings available on our website, including posting of final research reports and study protocols to advance open science.

We look forward in the year ahead to continuing to deliver on our mandate and the promises we’ve made to the healthcare stakeholders we serve. It is their partnership and support that make our work possible and, as always, we offer them our sincere thanks.

Grayson Norquist, MD, MSPH
Chairperson, PCORI Board of Governors; Vice-Chair, Emory University Department of Psychiatry and Behavioral Sciences; Chief, Psychiatry Service, Grady Health System

Joe V. Selby, MD, MPH
Executive Director, PCORI

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**JUNE**
First peer-reviewed study research findings published on PCORI’s website.

**JULY**
- PCORI announces its shared decision making initiative to support projects that help patients, caregivers, and clinicians work together to consider healthcare options.
- PCORI awards $3 million to advance 83 projects to either Tier II or Tier III of the Pipeline to Proposal program.

**AUGUST**
Board approves the selection or reappointment of 33 people to serve on its seven advisory panels.

**SEPTEMBER**
PCORI partners with the American Heart Association to offer a funding opportunity to improve the treatment of atrial fibrillation.
**INTRODUCTION**

Producing Results for People Who Need Them

CORI is charged by Congress with funding comparative clinical effectiveness research (CER) that can help patients, clinicians, and other stakeholders make better-informed healthcare decisions, change practice, and improve care and outcomes.

For the past six years, we have worked closely with patients and others across the healthcare community to do just that, awarding almost $2 billion to support studies of ways to improve care for conditions imposing major burdens on individuals and the healthcare system.

But even the most relevant and potentially transformative research is of little use if it is not widely, effectively, and quickly shared. That's why Congress also charged us with disseminating the results of the studies we fund, in ways that those at the center of healthcare decision making—patients, their families, clinicians, insurers, and others—can use in the real world. That is what we have been building toward since we began funding research in 2012. And that is what we continued to pursue in a comprehensive way in FY 2017, even as we funded new CER and related projects.

In dramatically ramping up our dissemination and implementation activities this past year, we have built on the same foundation and processes we have employed since our earliest days: working with our stakeholder communities to understand the kinds of research questions most important to them and seek the kinds of studies that will best answer these questions.

Our core belief has always been that by seeking the guidance of our stakeholders, not only will the studies we fund be likely to address the right questions, but the results those studies produce will be relevant, useful, and taken up in practice.

So, we have continued to consult closely with the communities we serve, in both in-person and virtual settings, including workshops, roundtables, and other forums, to keep them informed of the results our funded studies are producing. We also have sought their help in determining which information products, tools, and channels will most effectively provide the information they'll find useful.

By year's end, we marked several milestones in this effort, including posting the first findings of our funded studies in versions customized for patients and providers, creating the first in a planned series of information products developed in collaboration with stakeholders, and developing new continuing education activities for health professionals. These actions were in addition to the dozens of articles that appeared in scientific journals summarizing the results of our awardees’ work and a comparable number of presentations at national professional meetings.

Other major achievements of the past year appear on the timeline on pages 2 and 3 and are detailed in the pages that follow. We believe they provide a clear and compelling picture of how seriously we take the mandates outlined in our authorizing law and of our commitment to improving patient care and outcomes.
This past year, PCORI’s research portfolio generated a growing collection of published evidence from comparative clinical effectiveness research (CER) studies designed to help patients and those who care for them make better-informed healthcare decisions. At the same time, we ramped up our required process of peer-reviewing the results from our funded studies and making the research findings widely available to the public. And we continued to meet our mandate to fund studies that will fill gaps in evidence and improve care and outcomes for patients across a range of conditions.

In addition to approving funding for new studies on topics our stakeholders told us were important, we expanded our investment in key portfolios designed to produce bodies of work that can inform clinical care in diseases and conditions that impose a high burden on patients, their families, and the healthcare system. And we advanced several projects aimed at more quickly and efficiently providing evidence that patients and clinicians can use in practice and that can help inform future research needs.

**Investing in Important Research**
Our Board of Governors approved $379 million in support for CER and related projects this past year, bringing our total portfolio to 620 projects and $1.9 billion since we began funding research in 2012. Most of these studies...
Prioritized, high-burden conditions, including improving treatment options in children, adolescents, and young adults with anxiety disorders; medication-assisted treatment delivery in pregnant women with opioid use disorder; symptom management in those with advanced illness; shared decision making in stroke prevention; and treatment choices for those with atrial fibrillation, in partnership with American Heart Association.

Making a Difference
Our investments have built a research portfolio designed to fill evidence gaps and improve care for many of the leading causes of death, disability, and use of healthcare resources in the United States. These include cardiovascular disease, cancer, mental and behavioral health, and neurological disorders. Several areas in which our awardees’ work advanced during the past year are worth particular note.

For example, PCORI has invested $252 million to date in 65 patient-centered CER studies related to managing noncancer pain or opioid use across the care continuum. These include 22 studies related to opioids, an investment of $99 million. Some of these studies compare therapies to determine what’s most effective in treating acute and chronic pain. Others assess what works best for preventing unsafe opioid prescribing, reducing opioid reliance, and preventing and treating opioid use disorders, among other crucial questions.

This past year, we also announced a funding opportunity for studies that aim to identify the best ways to deliver medication-assisted treatment delivery to pregnant women with opioid use disorders.

Another area in which we expect PCORI’s investments to make a major difference in clinical practice is multiple sclerosis (MS), an unpredictable, progressive disease of the central nervous system that affects 400,000 to 1 million Americans.

Starting with questions that patients and other stakeholders provided via PCORI workshops and other avenues, PCORI-funded researchers are providing evidence about treatment options for people with MS, including treatment of fatigue and telerehabilitation services. PCORI has funded 13 research studies and related projects, including studies that compare strategies for using...
disease-modifying treatments and one that examines whether it’s safe for some people with MS to stop taking medicines.

Another example of a key research portfolio built with substantial stakeholder input is our work in palliative care, which aims to reduce the illness burden and improve quality of life for patients living with advanced illnesses and their caregivers. A multi-stakeholder workshop helped set our priorities for funding studies in this area. Stakeholders told us, for example, that access to this type of care is typically limited to inpatient hospitals or end-of-life hospice settings. So, there is a great unmet need for patients who are not terminally ill to receive appropriate palliative care when and where they need it in their local communities.

Optimizing Outcomes
Because of our focus on funding patient-centered CER in real-world settings, stakeholders considered us uniquely positioned to support research to optimize care and outcomes for patients with advanced illnesses and their caregivers. This past year, for example, our Board approved $74 million in funding for seven large, multisite CER studies aimed at delivering palliative care in community settings. Three of these studies evaluate different interventions for facilitating advance care planning conversations among adult patients with advanced illnesses, their caregivers, and their providers; the aim is to deliver care that is consistent with patients’ goals and wishes. Four studies evaluate a variety of organizational models of delivering palliative care across multiple care settings, including the doctor’s office, emergency room, and the patient’s home, using multiple modes of delivery, such as in-person visits, telephone calls, and videoconferencing.

Unlike previous palliative care studies, which predominantly focus on oncology, these seven studies cover delivering palliative care for patients living with different types of conditions.

I am constantly amazed at how many patients tell me they want to reduce their opioids but do not know how or fear they cannot do so. This project is for them. Patient partners helped us design our study, and we are measuring the outcomes patients told us are most meaningful to them.

**BETH DARNALL, PhD, Clinical Professor of Anesthesiology, Perioperative and Pain Medicine, Stanford University; Principal Investigator, PCORI-Funded Study**

of illnesses, including advanced heart failure, end-stage liver and kidney disease, cancer, dementia, and advanced lung disease.

Given the important role played by caregivers in taking care of patients with advanced illnesses, each of these studies will also enroll caregivers and evaluate the impact of their interventions on caregiver burden in addition to several patient-centered outcomes. We also issued a new PCORI funding announcement focused on evaluating different approaches to managing the most common symptoms experienced by patients living with advanced illnesses, and we look forward to making awards next year.

Results That Patients and Clinicians Can Use
This past year saw a stream of results from PCORI’s funded studies appear in prestigious medical journals, a trend we expect to accelerate into 2018 and beyond. Major medical journals published more than two dozen papers summarizing CER results from our awardees’ projects. At least 200 additional published papers reported other types of important results, such as findings from studies of how to improve CER methods and descriptive analyses. Results of note include the following:

• Two studies that provided men and their clinicians clear-cut evidence about the trade-offs of the three main contemporary treatment options for prostate cancer at low risk of spreading to other tissues. Approximately 3 million American men have prostate cancer. For early-stage prostate cancer, the treatment choices provide about the same likelihood of surviving for 10 years. The studies offered key information about how these treatment options affect quality of life.

• A study that showed that a shared decision making tool can safely reduce unnecessary hospital admissions for patients who experience chest pain but are not experiencing a heart attack. Chest pain accounts for around 6.5 million visits annually to US emergency departments.

• A study that demonstrated that daily finger sticks to monitor blood sugar levels do not appear to be necessary for people with type 2 diabetes who do not use insulin. Some 14 million adults with this form of diabetes currently self-monitor their blood sugar. The study found that this practice has no effect on health.

These studies, like all of those we fund, focused on questions and outcomes important to patients and other healthcare stakeholders and involved them in meaningful ways throughout the research process, thereby ensuring that the results are useful in real-world settings and thus more likely to be taken up in practice. One example of this approach coming full circle is a study we funded at the University of Rochester,

<table>
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<th>Conditions with high national per capita expenditures*</th>
<th>CER studies funded</th>
<th>Investment (in millions)</th>
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<td>Cancer</td>
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<td>Chronic kidney disease</td>
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<td>Alzheimer's disease/dementia</td>
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<td>Hepatitis (chronic viral B and C)</td>
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<td>$59</td>
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<tr>
<td>Asthma</td>
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<td>$51</td>
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*High-cost clinical conditions identified by the Centers for Medicare and Medicaid Services for 2015.

The PCORI CER portfolio includes 392 active/completed studies funded as of September 2017. A project may study more than one condition.

Journals that published PCORI-funded results articles in FY 2017 included:

• Annals of Surgery
• JAMA
• JAMA Internal Medicine
• JAMA Pediatrics
• Pediatrics
• The BMJ
• The Journal of Pain
which looked at the effectiveness of video house calls with a specialist to improve outcomes for patients with Parkinson’s disease, particularly for those who may not live near specialty care. Patients and patient advocates helped design the study and select the outcomes to evaluate, which included patient-reported quality of life. The study compared outcomes for patients who received usual care from a local neurologist to those for people who received video house calls. It found no significant differences in outcomes between the two arms. However, patients who received video house calls were more satisfied with their care, spent more time interacting with their physicians, and spent significantly less time (and cost) in traveling to doctor visits.

The study’s principal investigator received an award from PCORI to extend implementation of these findings beyond the initial study sites. (For additional information about PCORI’s dissemination and implementation activities, see page 14.)

Peer-Review Program Moves into High Gear
With our earliest funded studies having completed their work, our legally mandated program to peer-review all of our research and make findings broadly available ramped up sharply. Under the process—unique among research funders—scientists, statisticians, and other methodology experts review our awardees’ final research for scientific integrity and adherence to the PCORI Methodology Standards. In addition, patients and other healthcare stakeholders review the research, with a focus on how well the study results reflect the perspectives of patients, caregivers, and other stakeholders, and on how useful these results will be in healthcare decisions.

Once the review is complete and the final reports revised appropriately, we work with our awardees to summarize the study results for both professional and public audiences and place the findings—positive, negative, or inconclusive—in context. (See page 14 for more detail on making our findings available.) That information is posted on our website within 90 days of our accepting the final report. Then, generally within 12 months of the final research report completing peer review, we will post it along with a summary of reviewers’ concerns and awardees’ responses.

PCORnet Progress
The partner networks that make up PCORnet, the National Patient-Centered Clinical Research Network, continued this past year to develop their capacity to conduct research. The first demonstration projects undertaken

We owe it to our patients to feel very confident that the treatments we’re giving them will lead to the best outcomes with the fewest side effects.

RON KEREN, MD, MPH, Professor of Pediatrics and Epidemiology, Children’s Hospital of Philadelphia; Principal Investigator, PCORI-Funded Study
by the health-system-based Clinical Data Research Networks (CDRNs) and patient- and community-managed Patient-Powered Research Networks (PPRNs) moved toward conclusion, with some results expected in FY 2018. These studies include finding out which of the three main procedures for bariatric surgery is most effective and analyzing whether taking antibiotics in the first two years of life contributes to unhealthy weight gain later in childhood. Another study seeks to demonstrate PCORnet’s utility for detecting outbreaks of Zika virus and following the outcomes of infants born with the infection.

The goal of this work is to show that PCORnet, which launched in 2013, can fulfill its promise to allow the nation to conduct health research more efficiently, with more power, and at lower cost than previously possible.

PCORnet’s leadership took a major step this past year toward assuring the network’s long-term sustainability, something PCORI’s Board of Governors called for as it envisioned PCORI’s direct support for the network to be phased out over time. In March, the researchers and patient and other stakeholder partners who make up PCORnet’s leadership launched the People-Centered Research Foundation. This independent nonprofit entity will seek and disburse funding to continue building PCORnet’s capacity while broadening its health research portfolio. PCORI’s Board approved a staged infrastructure award of up to $25.4 million over two years to support the foundation’s initial work.

Other significant developments this year included the opening of the PCORnet Front Door, which allows researchers outside PCORnet to submit requests to use the data network for research or otherwise collaborate with PCORnet and its partner networks. PCORnet also launched 11 Collaborative Research Groups to catalyze new cross-network research. The groups’ topics cover a range of health concerns, including cancer, behavioral health, and cardiovascular health. PCORnet also launched the PCORnet Commons, a public-facing platform to enable sharing and collaboration; released an updated version of PCORnet’s Common Data Model; and launched an initiative to support rapid-cycle projects that assess feasibility of studies and implement small, rapid observational studies.

**Improving Research Methodology**

Consistent with our authorizing law, PCORI’s Methodology

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**Tackling Chronic Pain While Reducing Opioid Use**

Chronic pain and opioid overuse are among the nation’s most serious health challenges. Opioid overdoses killed more than 42,000 Americans in 2016, the highest number on record. And 40 percent of all opioid overdoses involved a prescription drug.

PCORI’s research portfolio tackles the challenge of chronic pain on many fronts. We have funded dozens of comparative clinical effectiveness studies addressing chronic noncancer pain management or opioid use.

In one such study, researchers at a health plan in Washington state found that patients who received care at clinics with a dose-reduction initiative under way reported no worse pain than those who attended clinics with no specific dose-reduction efforts. The initiative aimed to lower the highest opioid doses among the clinics’ patients.

The study examined health outcomes among 1,600 patients using opioids for chronic pain, and the results were encouraging. The average daily opioid dose declined more, and the fraction of patients taking daily doses of more than 120 milligrams of morphine or its equivalent fell more dramatically, at clinics with the initiative than at clinics without it, the team reported in two published papers.

To our knowledge, this is the first study to evaluate the effects of a clinical policy initiative that implemented an opioid dose-reduction strategy, and its results could inform other health plans’ efforts to combat the opioid epidemic.

See more at www.pcori.org/pcori-stories.
Committee works with our staff to develop and improve the science and methods of CER. Methodological standards can improve the ways in which research questions are selected, studies are designed and analyzed to address those questions, and findings are reported. Standards also help prevent the use of flawed methods and provide a common set of expectations about high-quality research.

In November 2012, our Board adopted our initial PCORI Methodology Standards, which were developed by the Methodology Committee. This past year, we released an update to the original standards and added a new category of standards for cluster-randomized studies. We also released a revised PCORI Methodology Report. Important changes to the original standards dealt with explaining key components of a study protocol, making study results available in lay-language summaries, specifying the causal model underlying a research question, appropriately using data networks for research, and adhering to best practices for systematic reviews. We also broadened the scope of the original category of standards covering studies of diagnostic tests, and this category was renamed “Standards for Studies of Medical Tests.”

The new category of standards focuses on designs with clusters,

PCORI has played an important role in bringing the entire healthcare community to the table to figure out where CER can fill evidence gaps and help patients receive more effective, affordable, high-quality care.

TRENT HAYWOOD, MD, JD, Chief Medical Officer, Blue Cross Blue Shield Association; Former PCORI Advisory Panel Member and Chair
important for evaluating approaches to health care in real-world settings. When using designs with clusters, patients are grouped within units of care delivery, and those units are assigned to different models of care or treatment. This type of design, which requires a more-complex analytical approach than designs in which care or treatment is assigned at the level of the individual, has grown in popularity. Our methodology standards help clarify when a cluster design is justified and necessary.

PCORI is committed to evaluating and updating the scientific methods guidance we provide to the research community. The Methodology Committee is currently developing new standards for important research issues including complex interventions, individual participant-level data meta-analysis, data quality and management, and qualitative and mixed methods.

Expanding Our Commitment to Rapidly Producing Useful Research Results
Complementing the patient-centered CER and related studies we’ve funded, we expanded our program this past year to develop and implement a series of evidence synthesis products. These types of research can provide results more quickly than commissioning new trials or studies, since they use robust methods to synthesize existing evidence for decision making. In collaboration with the Agency for Healthcare Research and Quality, we commissioned work to efficiently update key questions from four systematic reviews addressing important CER topics (see box on page 13).

Helping Men Decide on Prostate Cancer Treatment

In 2007, retired engineer Ralph Conwill was diagnosed with prostate cancer. “I told my urologist that I just wanted the cancer out,” Conwill said. “But he explained that I had treatment choices involving different outcomes to consider.”

A PCORI-funded study at Vanderbilt University, for which Conwill was a patient partner, can help men make informed decisions about prostate cancer treatments by providing evidence about their effects.

The study looked at the health records of 2,550 men in five states who were diagnosed in 2011 or 2012. The men chose among contemporary treatments, such as laparoscopic (also called minimally invasive) surgery and advanced radiation therapy. Over half of the men in the study had intermediate or high risk of the cancer spreading to other parts of the body. They needed to choose either surgery or radiation. The remaining 45 percent, with cancer at low risk of spreading, considered these treatments and active surveillance. The study followed them all for three years.

Men who had surgery to remove their prostates were more likely to report sexual dysfunction and urinary incontinence than men who had radiation or underwent active surveillance. Radiation caused slightly more bowel dysfunction than surgery and was more likely than active surveillance to decrease sexual function.

The results of this study, and of another PCORI-funded study that reached similar conclusions, provide useful information for patients who are faced with the stressful question of how to treat localized prostate cancer.

See more at www.pcori.org/pcori-stories.

We also funded our first individual participant-level data meta-analysis on a topic of critical interest to the clinical, payer, and policy communities—clarifying which pregnant women will benefit from using progesterone to prevent preterm births and how that treatment should be delivered. This effort brought together a consortium consisting of major trialists, methodologists, and other experts to design a study protocol to address these questions. Experienced methodologists have assembled individual participant data from 31 of the 47 trials conducted in the world on this topic; the final analyses will
Evidence Maps
- Treatment Options in Ductal Carcinoma in Situ
- Treatments for Fatigue in Multiple Sclerosis
- Disease-Modifying Therapies in Relapsing-Remitting Multiple Sclerosis
- mHealth for Self-Management of Chronic Disease

Individual Participant-Level Data Meta-Analysis
- Progesterone for the Prevention of Preterm Birth

Systematic Review Updates
- Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder
- Drug Therapy for Early Rheumatoid Arthritis in Adults
- Nonsurgical Treatments for Urinary Incontinence in Adult Women
- Stroke Prevention in Atrial Fibrillation Patients

PCORI’s work is so important because it engages stakeholders in research and gives community members the responsibility to become active partners in their own health.

Sergio Sanchez, Community Partner, High Plains Research Network

EVIDENCE SYNTHESIS PRODUCTS TO BE RELEASED IN FY 2018

A Trickle to a Stream
It wasn’t long ago, in 2015, that we celebrated the first appearances in the scientific literature of results from some of our earliest-funded patient-centered CER projects. This initial trickle of findings became a steady stream in 2017 and continues to grow monthly, a trend we expect to see continue through 2018.

These are studies that can make an important, positive difference in patients’ lives as well as help support a patient-centered healthcare system that provides value to all.
Generating useful evidence that can improve healthcare decision making and patient outcomes is our primary focus under our authorizing law and strategic plan. But we also are charged with disseminating those results and promoting their implementation in practice, in ways professional audiences and the public find accessible and useful. Dissemination and implementation activities accelerated sharply in the past year as more of our funded studies reached completion and produced results.

As with our research activities, we look to ongoing input from our stakeholder communities to guide our dissemination and implementation initiatives so that the information products we develop and the channels we use are those they will find most useful and effective.

**Making Results Available to Public and Professional Audiences**

The first step in making the results of each research study widely available is the peer-review process described earlier in this report (see page 9). Once peer review is complete, our Patient-Centered Outcomes Research Translation Center, managed by subject-matter and health-communication experts through a contract with the American Institutes for Research, works with awardees and PCORI staff to develop 500-word summaries of the study findings.

As required by our authorizing law, we post two versions, one for medical professionals and one for public audiences, tested for how understandable they are. We also post Spanish, audio, and downloadable versions of the public summaries. We posted the first three sets of these results this past year, and we expect the volume to increase sharply through 2018 and beyond, as scores of our funded studies complete our peer-review process. In addition, as part of our effort to make information about in-progress studies more useful, we have been working with the Translation Center to rewrite all...
I’ve seen firsthand that what people learn about health risks has the power to change lives.

FREDDIE WHITE-JOHNSON, MPPA, Founder and President, Fannie Lou Hamer Cancer Foundation; PCORI Advisory Panel Member; Joint Project Lead for Eugene Washington PCORI Engagement Award

Evidence Updates Provide Practical Summaries of Studies

To incorporate important research findings into larger bodies of evidence that can support decision making and practice, we began developing a line of information products called PCORI Evidence Updates. These one-page documents summarize findings from individual studies, sets of studies, or evidence reviews to highlight the importance of these results and present them in a useful context.

PCORI partners with important stakeholder groups to help inform development of Evidence Updates, identify opportunities to reach targeted audiences, and disseminate the materials to those who need them most. For example, to produce our first Evidence Update, on prostate cancer treatments, we partnered with the Men’s Health Network, American Society for Radiation Oncology, and American Urological Association. This update presents the published results of two PCORI-funded studies to describe outcomes men can expect from prostate cancer treatment options (see page 12). Additional updates were in development at the end of the year. All can be found on our website at www.pcori.org/new-evidence.
options for patients at risk of developing diabetes. We expect this implementation awards program to grow considerably over the next year as additional studies with promising and potentially practice-changing results reach completion.

A second funding initiative that we launched this year provides support specifically for implementing effective shared decision making approaches in practice settings. In shared decision making, patients work with their clinicians to choose a treatment approach that works best for them. More than 100 randomized clinical trials, including several funded by PCORI, have confirmed that shared decision making helps patients gain knowledge and confidence in their healthcare choices. Despite its important benefits, shared decision making is not widely used in routine clinical practice. This program will fund projects that increase the use of these shared decision making approaches and generate important information about the best practices for doing so. We look forward to announcing our first awards under this new program in 2018.

**Education Opportunities to Put Evidence into Action**

In FY 2017, as part of our dissemination efforts for researchers and healthcare professionals, PCORI expanded our continuing medical education/continuing education (CME/CE) activities.

Our CME and CE activities provide accredited professional education in areas pertinent to patient-centered outcomes research and clinical knowledge. FY 2017 saw the creation of two new activities. The first supports physicians, physician assistants, nurse practitioners, pharmacists, nurses, and case managers in applying key findings from a PCORI-funded study on improving outcomes for patients with atrial fibrillation and stroke risk. The second activity highlights findings from two PCORI-funded projects about contemporary treatment options for localized prostate cancer, which we also highlighted in our Evidence Updates. The activity helps primary care physicians, urologists, nurses, nurse practitioners, physician assistants, and pharmacists understand and compare the benefits, harms, and risks of treatments so that they may help patients choose an option that fits their preferences.

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**LAWRENCE BECKER, Former Director of Benefits and Chair of the Plan Administration Committee, Xerox Corporation; PCORI Board of Governors Member**

We want to give our employees evidence-based care, not assumption-based care. Comparative effectiveness research is the best way to determine what the most effective therapies are in a given situation, and to identify how to get the most value out of every healthcare dollar.
FY 2017 marked a year of continued growth in engaging patients and other healthcare stakeholders in our work. We work throughout the research process with stakeholders who know the challenges of living with a health condition or caring for someone who does.

As a result, we ensure our funded projects address the right questions—those that are most relevant to patients, caregivers, and other healthcare stakeholders. We also continue to convene large and diverse groups of stakeholders through workshops, meetings, and online outreach. Their feedback helps us prioritize funding opportunities.

**Advancing the Science of Engagement**
Advancing the science of engagement is an important priority for PCORI. Using the wealth of engagement projects PCORI has supported, we are developing and promoting the adoption of best practices in the field. We want to systematize knowledge about engagement that PCORI has gained through its funded projects, so that we may disseminate best practices on how research teams can effectively engage stakeholders.

We are gathering and sharing practice-based knowledge to support the work of awardees, including through peer-to-peer webinars and seminars. We are learning how engagement has worked for awardees, and how it has influenced the conduct and outcomes of their projects. We analyze whether engagement improved participant recruitment and retention, altered data analysis, and helped with dissemination.
Ultimately, our goal is to develop an in-depth knowledge base in the science of engagement, share it as quickly as possible with awardees and stakeholders, and work toward updating our Engagement Rubric using this knowledge.

The searchable list of the entire health research literature’s publications on engagement mentioned earlier stemmed from stakeholder input that, because there is no standard language for describing engagement, finding literature on engagement can be challenging. When we publish the list on our website, it will provide easy access to literature on engagement in health research. Website visitors will be able to search the explorer by article type, phase of research in which engagement occurred, and types of stakeholders. We intend to publish the list and its search tools in early FY 2018 and continually add articles on engagement in health research to our database over time.

Engagement Awards
We announced a shift this year in the focus of the Eugene Washington PCORI Engagement Awards program, which supports projects that integrate patients and other stakeholders into healthcare research, from topic

Engagement Project Yields Unexpected Benefits
Sharron Close, PhD, a researcher at Emory University, led a Eugene Washington PCORI Engagement Award to involve patients and families in setting research agendas that will improve outcomes for patients with a particular sex chromosome variation called aneuploidy. Also called X and Y chromosome variations, sex chromosome aneuploidy can cause developmental delays, learning disabilities, psychiatric problems, and other difficulties.

She first met with patients and their families to determine what questions they thought should drive research on sex chromosome aneuploidy. The project then held two conferences that introduced clinicians to the patient and family groups to set research agendas.

In addition to bringing researchers together with patients and caregivers, Close’s project dramatically increased public awareness of sex chromosome aneuploidy. Close connected with Georgia state senator Renee Unterman, who is also a nurse, to write a resolution that the state legislature approved to declare March 11, 2016, as X and Y Chromosome Variations Awareness Day. Shortly after, Georgia’s governor declared May 2016 X and Y Variation Awareness Month.

The project also gained credibility at Emory. In early 2016, Emory launched the eXtraordinarY Kids Clinic to treat kids and young adults who have sex chromosome variations, making it one of a handful of such clinics around the country. It provides tailored consultations from specialists in developmental pediatrics, genetic counseling, neuropsychology, endocrinology, and urology.

Instead of just looking at how effective a medicine is, the study is also looking at patients’ quality of life and the long-term effects. These are practical things that patients like myself really want to know.

SUMMER WADSWORTH, Teacher and Patient Partner, PCORI-Funded Study on Treatment of Hepatitis C Infection
generation through dissemination and implementation of PCOR and CER study results. Some of the awards now will support projects that develop channels to disseminate PCOR-funded research results as well as projects to actively disseminate findings. During the year, we awarded funding to 14 projects and conferences that will build and strengthen infrastructure and partnerships for dissemination and implementation of PCOR-funded research results.

Including those projects, in FY 2017, we issued 75 Engagement Awards totaling $15.6 million to a broad variety of stakeholder organizations. Awardees included organizations of patients, clinicians, training institutions, advocacy organizations, purchasers, and policy makers. The awards went to projects in three categories: creating and/or implementing training programs to enhance stakeholders’ skills as research partners; meetings and conferences that facilitate the expansion of PCOR and CER; and laying the groundwork for the dissemination of evidence.

Of our previously funded Engagement Awards projects, 75 completed work in FY 2017. These projects produced publicly available PCOR and CER training curricula, peer-reviewed journal articles, and other resources and reports.

Our Pipeline to Proposal awards aim to strengthen relationships between researchers, patients, and other stakeholders to build PCOR-ready communities that are working toward drafting a patient-centered proposal. In FY 2017, we streamlined the program’s structure from three tiers to two, reducing the time from partnership initiation to finalized proposal. We also announced a new one-time award opportunity for groups with previously established partnerships. This year, we provided 137 Pipeline to Proposal awards totaling $5.8 million.

PCORI’s Annual Meeting
Our Annual Meeting is one of the hallmarks of our commitment to engage our stakeholders in our work and to transparency in all we do. Our second Annual Meeting took place in November 2016, convening more than 900 patients, caregivers, advocates, researchers, clinicians, health-system workers, industry representatives, and other stakeholders. Attendees heard updates about our most promising projects and how our approach to engagement in research is changing the way studies are developed and conducted. As with our first Annual Meeting, patients, caregivers, and their advocates—many of whom would not otherwise attend a national health research meeting—made up a substantial portion of the audience. Stakeholders, many of them supported by PCORI

Improving Health in the Mississippi Delta through Powerful Engagement
A Eugene Washington PCORI Engagement Award enabled a cancer awareness and prevention program to expand its reach within the Mississippi Delta, a rural, largely African-American community with high cancer rates.

The project allowed Freddie White-Johnson, founder of the Fannie Lou Hamer Cancer Foundation, and her team at the University of Southern Mississippi to expand on more than a decade’s work in the Delta by developing a training curriculum for community health advisors about the processes and benefits of patient-centered research. To develop the training, the team held interviews with advisors to understand how they do outreach.

The interviews showed that many community members had misconceptions about research and were concerned about exploitation. They thought that becoming research participants would make them guinea pigs, says White-Johnson. By the end of the project, the team had a training program that addressed the community’s concerns.

PCORI’s support of the network received accolades from a city—Greenwood, Mississippi—where the award team has been active, as well as from the state legislature and the lieutenant governor.

*See more at www.pcori.org/pcori-stories.*
scholarships, also had roles in planning and speaking at the event.

We used a number of digital tools to extend the meeting’s reach. Hundreds of people who could not attend in person watched presentations via webcast and Facebook Live. The meeting also generated an extremely active Twitter conversation, with more than 6,500 tweets and a reach—the number of people who may have seen these posts—of 12.4 million.

At year’s end, we looked forward to our third Annual Meeting, scheduled for late October 2017, with the theme of “Delivering Results, Informing Choices.”

Expanding Our Online Reach
In FY 2017, we expanded our outreach to our stakeholder audiences through a variety of channels, particularly in digital formats. We continued providing new content on our website.

We substantially expanded our use of online events in FY 2017, cohosting several Twitter chats and Facebook Live events with stakeholder groups, including the Arthritis Foundation, Men’s Health Network, and National Kidney Foundation, and with the insurer Anthem. The last of these social media events followed a briefing cosponsored with Anthem on the same topic: comparative effectiveness research to reduce the use of opioids and improve pain management. We also held another briefing on Capitol Hill, this one cosponsored with Men’s Health Network, about shared decision making in prostate cancer.

STAKEHOLDER GROUPS ATTENDING THE 2016 PCORI ANNUAL MEETING

- Researchers: 42%
- Patients, caregivers, or advocacy groups: 27%
- Clinicians: 9%
- Hospitals and health systems: 8%
- Training institutions: 5%
- Industry: 5%
- Other: 4%
As a learning organization, PCORI is committed to using detailed internal analysis and evaluation efforts to ensure ongoing improvement in the quality, efficiency, and effectiveness of our work. This past year was no exception, as we refined our strategies for evaluating how well we are meeting our strategic goals, which align with the mandates of our authorizing law. We recorded substantial progress in each.

In the past year, we saw a significant jump in the number of our funded projects that have produced results, and we started to see evidence of uptake of these results. We also made significant strides in gauging how other organizations are using the patient-centered methods PCORI promotes in conducting research. These are exciting milestones in our growth and progression, and show that our work is on the right path.

**Tracking Our Progress**

PCORI’s primary goal is to increase the quality and quantity of evidence that can be used to answer important questions about how to improve care for health conditions that impose a high burden on patients, families, and the healthcare system. To facilitate our ability to
Influencing decision making. In their results might be making studies to determine how quickly have a critical mass of completed plans take account of the need to our funded projects. Our evaluation implementation of the results of We remain keenly focused on clinicians, and other healthcare information needs of patients, we support efficiently meets the analysis ensures that the work towards increasing the likelihood results with study participants funded investigators share study used. We also learned that our research awardees have given more than 4,000 presentations to diverse audiences of researchers, clinicians, patients, and those who care for them. Our awardees also have published more than 750 manuscripts in peer-reviewed literature, another important proxy for dissemination and potential uptake of findings.

In addition, we’ve documented several examples from our earliest funded projects to show that their findings have already been incorporated into courses for continuing medical education and cited in evidence-based clinical recommendations, including clinical decision-support resources such as UpToDate® and DynaMed Plus®.

Our Growing Influence
To make sure we are providing the best possible information about our work to those who need it, we continued to meet this year with representatives from academic institutions, health systems, advocacy organizations, and others involved in health research. These interviews revealed specific, concrete ways that our work has led other organizations to adopt patient-centered outcomes research practices. PCORI’s influence was recognized by the Bipartisan Policy Center, the state senates of Alaska and Mississippi, and former US Representative Phil Gingrey of Georgia, an obstetrician-gynecologist who founded and led the GOP Doctors Caucus.

Our influence expanded in other demonstrable ways as well, including the development

Based on what I’ve seen from PCORI, I am impressed with the work that has been done. Good and new information is being developed and being disseminated. It is very important that it get disseminated to both patients and providers, and they are using this information to make patient-centered care decisions.

THE HONORABLE J. PHILLIP GINGREY, MD
Former US Representative (R-GA), Obstetrician-Gynecologist, and Public Policy Advisor
of patient advisory councils in multiple health systems, training of researchers and clinicians in patient-centered outcomes research, creation of journal policies regarding how research results are made available to the public, and numerous examples of increases in organizations’ support and resources for engagement in research.

Examples of our influence include the following, all of which cite PCORI’s leadership:

- The Food and Drug Administration’s Center for Devices and Radiological Health instituted a patient advisory group.
- The Purdue College of Pharmacy added a patient engagement advisory panel to build opportunities for relationships between pharmacists and patients, and to ensure patients’ perspectives are incorporated into research.
- The Henry Ford Health System established the Patient-Engaged Research Center to develop infrastructure for PCOR, to facilitate dialogue between patients and providers to improve care, and to train researchers for effective engagement.

We also regularly collect and evaluate information from our funded researchers and research partners about who engages in the studies we support, how they do so, and what impacts they make. This information gives us a deeper understanding of how partners contribute. These contributions include refining research questions; helping select study designs, interventions, comparators, and outcomes; recruiting study participants; aiding with data analysis and interpretation; and coauthoring publications and presentations. For example, more than 40 percent of PCORI-funded research project teams who have shared their work have included a patient or stakeholder partner as presenter.

Communicating Our Progress
As part of our commitment to transparency about our work, we communicated with our stakeholders about what our ongoing evaluations efforts are finding in several ways. To ensure that both the research community and the public have access to what we are learning about engagement and how it affects our projects, we produced manuscripts, blogs, presentations, and papers.

Our performance dashboard, which we use to report on our progress to our Board of Governors in public meetings, mirrored PCORI’s progression by showcasing results and dissemination. The dashboard compiles statistics on what we’re funding, whether projects are sticking to their timelines, and what results have published in literature, among other metrics.

It also tracks the progress of our peer-review process, the number of published results from funded studies, measures of dissemination of results, and examples of uptake of research findings. Our overall performance metrics in FY 2017 showed that we were on or ahead of target in most areas. As a learning organization, we use the dashboard to find out what areas we need to work on improving or ramping up; this year, we noted the need to improve the efficiency of our still-nascent peer-review process, adding support resources and improving a number of procedural steps.

As in previous years, we tracked the uptake by other research funders of the PCORI Methodology Standards and PCORI-supported continuing education activities. This year, we saw 33 citations of the methodology
standards appear in published papers, bringing the cumulative total to at least 166 citations. This is another tangible way for us to measure our success at advancing patient-centered research.

**Review by the Government Accountability Office**

Under our authorizing law, the US Comptroller General reviews PCORI's activities at least every five years. The first of these Government Accountability Office (GAO) reviews, released in March 2015, found PCORI had met its initial legislative requirements for establishing priorities and process for funding CER, developing dissemination plans for research findings, and creating evaluation plans for assessing progress on achieving strategic goals. In FY 2017, GAO began its second mandated review of our work, completing its data collection as the fiscal year ended. Results are due to Congress in early 2018.

**Improving Governance and Operations**

In FY 2017, our Board of Governors approved amendments to the PCORI Bylaws and other governing documents to strengthen our governance structure and align governing documents with those of other tax-exempt nonprofit organizations.

In approving amendments to PCORI’s Bylaws and a related committee charter, the Board authorized the creation of an Executive Committee to add a governance framework for Board-authorized action on urgent matters when it is not practical or is inadvisable to wait until the next board meeting to make a decision or take action, subject to any restrictions of applicable laws. This committee—comprising the Board chairperson, vice chairperson, and the chairs of the Finance and Administration Committee, Governance Committee, and all three Strategy Committees—is only authorized to convene upon the call of the committee chair or vice chair and would not meet regularly. Any decision or action taken by the Executive Committee is required to be reported to the Board promptly and to be discussed at the next Board meeting.

The Board approved other amendments to the bylaws and to the Methodology Committee charter that grant the Board authority to extend the terms of the Methodology Committee chair and vice chair. Under this revised structure, the term limits specified in the bylaws and charter are retained, but there is a mechanism for the Board to extend the service if needed at the recommendation of the Governance Committee.

The Board approved other amendments to the bylaws and amendments to committee charters to ensure responsibilities are reflected accurately and consistently. Amendments to the Finance and Administration Committee charter focused on specifying its role in carrying out responsibilities of the Board with respect to oversight of the deposit, management, and investment of PCORI funds, as directed and limited by the Board.

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No matter how much we as researchers know about a disease, we usually don’t know what it feels like to have the disease or experience the treatment. Successful patient engagement in research is the only way to bring this expertise into research projects.

**REBEKAH ANGOVE, PhD, Associate Director of Health Services Research, Louisiana Public Health Institute; Project Lead, Eugene Washington PCORI Engagement Award; Director of Stakeholder Engagement, PCORnet Partner Network**
Looking to 2018 and Beyond

By all measures, this past year was one of considerable achievement for PCORI. Yet even as we celebrate our progress, we know we have much more work to do, and we look forward to a very productive 2018.

Scores of our funded studies are expected to be completed in the coming year. We look forward to results from these and many additional projects appearing in articles in leading scientific journals and posting on our website after going through our peer-review process. We firmly believe that this growing body of evidence will improve care and patient outcomes. As it does, we look forward to the patient-centered outcomes research community growing even larger and, along with it, our impact and influence.

Our Emphases on Dissemination, Implementation, and Ongoing Funding for Research

Our dissemination and implementation efforts will continue to advance and expand in the year ahead. We plan multiple rounds of new awards under this program and look forward to preliminary results from the projects approved in 2017 to advance adoption of promising evidence from awardees’ studies. At the same time, we will continue to work with our stakeholders to develop and deploy a suite of informational products designed to provide patients, clinicians, payers, and others with the evidence they need to make decisions about improving care and outcomes, in the forms and formats they find most useful.

While we pursue a range of new avenues for effectively providing our stakeholders with trustworthy and useful evidence that can inform real-world practice and policy decisions, we also will continue to release funding opportunities and welcome the research community’s best ideas for responsive patient-centered comparative clinical effectiveness research proposals. As we head into fiscal year 2018, our staff, executive team, and Board are exploring a series of potential funding opportunities for patient-centered research that will improve care for those affected by specific high-burden conditions, guided by our five National Priorities for Research. In doing so, we continue to welcome suggestions from our stakeholder communities.

More PCORnet Progress

In the coming year, we also expect to see results of many of the projects we funded to demonstrate the utility and research capacity of PCORnet. This also will be the
year that the new People-Centered Research Foundation will, as planned, take over funding and management of PCORnet and its partner networks, as our second phase of infrastructure funding comes to its planned close. We are confident that our investment in PCORnet, which already has shown substantial promise as a mechanism for transforming the way we conduct health research in the United States, will flourish even more as the year progresses, paving the way for the network’s future sustainability and success.

**Engagement Awards: Supporting Dissemination of Results**

We’ve noted that our highly popular Engagement Awards took steps in FY 2017 toward a greater focus on supporting the uptake of meaningful evidence in real-world practice. In the coming year, that work will continue and accelerate through a new Dissemination Initiative category of our Engagement Awards. Starting next summer, the program will offer awards to support the active dissemination of PCORI-funded research results and products.

This effort reflects the importance of reaching out directly to end users of research findings as collaborators in promoting the uptake of PCORI-funded research results. Often, the role of a trusted source in raising awareness of new evidence, or placing it in appropriate context, is critical to facilitating the incorporation of such information into practice. Through the new Dissemination Initiative, we will seek to fund projects designed by organizations and communities with established relationships with end users to disseminate findings from PCORI-funded studies—on their own or as part of the body of existing evidence relevant to the PCORI-funded research findings. Award funds are intended to allow organizations and communities to bring relevant findings to users in ways that will command their attention and interest, encouraging incorporation of this information in decision making.

**Supporting the Kind of Healthcare System That We All Seek**

Our nation is engaged in vigorous debate about how to make the healthcare system more efficient, effective, and patient centered—in short, to make it a system that provides value to all. An essential, if underappreciated, step toward achieving that goal is research that compares which healthcare approaches work best for whom, given a patient’s needs and preferences.

Providing information that can help patients choose care that’s likely to be effective for them and unlikely to be wasteful is a cost-saving strategy everyone can support. And that’s what PCORI does, funding work that complements the kinds of research supported by other public and private funders.

In the year ahead, we will remain focused on the mission we’ve been pursuing since we were established in 2010: generating evidence that can help patients and those who care for them make better-informed healthcare decisions. We’ll do that by continuing to support ongoing studies, making new awards under current funding opportunities, and issuing new funding opportunities to support research on topics that our stakeholders tell us are important. And we’ll do so with a continued commitment to being good stewards of the public funds entrusted to us and the commitments we make to the research teams we support. We also will continue to improve and refine our processes for collecting and acting on stakeholder input about how we can best serve patients and those who care for them as we fund additional research and related projects.

We believe the results emerging from our research portfolio—and the impact of our leadership in advancing engagement of patients and other stakeholders in clinical research to make it more relevant to their needs and concerns—will clearly demonstrate the need for our work to continue for years to come. As we have in the past, we will pursue that work in the future with the help of the audiences we serve and whose guidance is at the core of all we do.

Much like our varied symptoms, patients embark on different journeys. But while our individual experiences may be unique, there are similar underlying needs and conversations that must be had.

**CAT STAPPAS, Blogger and Advocate  
Living with multiple sclerosis**
**FY 2017 ANNUAL REPORT APPENDIX TABLE OF CONTENTS**

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Note: Our authorizing law requires that our Annual Report include PCORI’s budget for the year following the period covered by the report. The
independent audit of our FY 2017 financial report, provided to Congress by the US Government Accountability Office, is available here:

### 2017 Actual

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### FY 2017 Expenses (Actual)

- Administrative Expenses: $26M (7%)
- Program Support: $17M (4%)
- Program Services: $357M (89%)

**Total: $400M**

### FY 2017 Awards Funding Commitment

- Engagement: $22M (5%)
- Infrastructure: $65M (16%)
- Research: $314M (78%)
- Dissemination and Implementation: $2M (1%)

**Total: $403M**

### FY 2018 Expenses (Budgeted)

- Administrative Expenses: $33M (7%)
- Program Support: $14M (3%)
- Program Services: $432M (90%)

**Total: $479M**

### FY 2018 Awards Funding Commitment

- Engagement: $23M (5%)
- Infrastructure: $35M (8%)
- Research: $395M (84%)
- Dissemination and Implementation: $16M (3%)

**Total: $469M**

**FY 2017 AND FY 2018 BUDGETS**
CONFLICT OF INTEREST DISCLOSURES

The Patient Protection and Affordable Care Act, which authorized the establishment of the Patient-Centered Outcomes Research Institute, requires PCORI to disclose any conflicts of interest of its Board of Governors, Methodology Committee, and executive staff. The Act defines “conflict of interest” as: “An association, including a financial or personal association, that have the potential to bias or have the appearance of biasing an individual’s decisions on matters related to the Institute or the conduct of activities under this section.” Below are the associations reported by PCORI’s Board of Governors, Methodology Committee, and executive staff. Disclosures reflect those reported to PCORI as of March 12, 2018.

BOARD OF GOVERNORS

Debra Barksdale, PhD, RN
As of January 27, 2018
Financial Associations
• Virginia Commonwealth University, Employer

Personal Associations
• American Academy of Nursing, Member
• American Association of Colleges of Nursing, Member
• National League for Nursing, Member
• National Organization of Nurse Practitioner Faculties, Member

Kerry Barnett, JD (Vice Chairperson)
As of December 16, 2017
Financial Associations
• SAIF Corporation, Employer
• Gastroenterology Medical Practice, Employer, Sibling

Personal Associations
• Cambia Health Solutions, Former Employer

Lawrence Becker
As of December 18, 2017
Financial Associations
• LSB Consultants, LLC, Owner, Spouse
• N3/Xerox Corporation, Retired
• Amino, LLC, Advisory Board Member (Compensated Position)
• University of Rochester Medical Center, Employer, Sibling
• Aetna, Stock
• Amgen, Stock
• Bristol-Myers Squibb, Stock
• GlaxoSmithKline, Stock
• Johnson & Johnson, Stock
• Pfizer, Inc., Stock
• SPDR Biotech, Stock
• The Travelers Companies, Inc., Stock
• Medtronic, Stock, Spouse
• Gilead Sciences, Stock, Spouse
• Humana, Inc., Stock, Spouse
• Merck, Stock, Spouse
• Becton Dickinson, Stock, Spouse

Personal Associations
• Rochester Regional Health Information Organization (RHIO), Board Officer
• Jewish Senior Life, Board Member
• Spine IQ, Board Member

Francis S. Collins, MD, PhD
As of January 26, 2018
Financial Associations
• National Institutes of Health, Employer

Personal Associations
• National Academy of Medicine, Member
• National Academy of Sciences, Member

Allen Douma, MD
As of January 31, 2018
Financial Associations
None reported

Personal Associations
None reported

Alicia Fernandez, MD
As of February 16, 2018
Financial Associations
• University of California, San Francisco, Employer
• Prosetta Bioconformatics, Stock

Personal Associations
• Institute of Medicine Roundtable on Literacy, Member
• National Hispanic Medical Association, Member
• Society of General Internal Medicine, Council Member, Active Volunteer

Christine Goertz, DC, PhD
As of January 16, 2018
Financial Associations
• Palmer College of Chiropractic, Employer
• American Chiropractic Association, Consultant
• Healthwise, Inc., Consultant
• Quality Insights of Pennsylvania, Consultant

Personal Associations
• RAND Corporation, Consultant
• Prezpor, Inc., Stock
• Spine IQ, CEO

Leah Hole-Marshall, JD
As of December 15, 2017
Financial Associations
• Fidelity Select BioTech, Stock, Spouse

Personal Associations
• Bree Collaborative, Member

Russell Howerton, MD
As of December 16, 2017
Financial Associations
• Wake Forest Baptist Health, Employer

Personal Associations
• Cornerstone Health Enablement Strategic Solutions (CHESS), Board Officer

Gail Hunt
As of February 21, 2018
Financial Associations
• National Alliance for Caregiving, Employer
• International Alliance of Carer Organizations, Secretariat Member

Personal Associations
• American Society on Aging, Member
• Center for Aging Services Technology, Commissioner
• Coalition to Transform Advanced Care (C-TAC), Member
• Community Health Accreditation Program, Standards Quality Board, Member
• Gerontological Society of America, Member
• International Alliance of Patient Organizations, Member
• International Federation on Aging, Member
• Long-Term Quality Alliance, Board Secretary
• National Center for Creative Aging, Board Member
• National Complex Care Advisory Board (United Healthcare), Board Member
• National Council on Aging, Member
• NQF Alzheimer's Disease and Related Dementia Committee; Prioritizing Measure Gap, Member
• NQF Committee on Quality Measurement, Member
• NQF Measure Application Partnership Coordinating Committee, Member
• NQF Patient and Family Centered Care Committee on Quality Measurement, Chair
• Partnership to Fight Chronic Disease, Member
• ReACT, Member

Gopal Khanna, MBA
As of February 14, 2018
Financial Associations
None reported
Personal Associations
None reported

Harlan M. Krumholz, MD, SM
As of March 15, 2018
Financial Associations
• Yale University, Employer
• Aetna, Physician Advisory Board

Freda Lewis-Hall, MD
As of January 29, 2018
Financial Associations
• Pfizer, Inc., Employer, Saving Plans, Retirement Plan

Barbara J. McNeil, MD, PhD
As of February 9, 2018
Financial Associations
• Brigham and Women’s Hospital/ Harvard Medical School, Employer
• Harvard University Medical School, Employer
• Blue Cross and Blue Shield Association, Member, Medical Advisory Panel
• Edwards Lifesciences, Stock
• Marine Polymer Technologies, Consultant
• Warren Alpert Foundation, Board of Directors/Trustees

Grayson Norquist, MD, MSPH
(Chairperson)
As of December 15, 2017
Financial Associations
• Emory University, Employer

Personal Associations
• AcademyHealth, Fellow
• American Psychiatric Association Council on Quality Care, Board Officer and Fellow
• University of Mississippi Medical
Ellen Sigal, PhD  
As of February 2, 2018

Financial Associations  
- iShares Core S&P Midcap ETF, Stock, Jointly  
- iShares MSCI EAFE ETF, Stock, Jointly and Spouse  
- iShares Russell 1000 Growth ETF, Stock, Spouse and Self  
- iShares Russell 1000 Value ETF, Stock, Spouse and Jointly  
- SPDR S&P 500 ETF Trust, Stock, Jointly Self and Spouse

Personal Associations  
- DC Students Constructions Trades Foundation, Board Member, Child  
- Duke University Cancer Center, Board of Overseers  
- Foundation for the National Institutes of Health, Board Member  
- Friends of Cancer Research, Chair  
- George Washington University Milken Institute School of Public Health, Advisory Board Member  
- MD Anderson Cancer Center, Advisory Board Member  
- New York University Faculty of Arts and Science, Board of Overseers, Spouse  
- New York University Washington, DC, Steering Committee, Board, Spouse  
- Parker Institute for Cancer Immunotherapy, Advisory Board Member  
- Reagan-Udall Foundation, Chair  
- Sidney Kimmel Comprehensive Cancer Center Advisory Council, Advisory Council Member  
- Stand Up 2 Cancer, Committee Member or Work Groups Member  
- SU2C Catalyst Executive Committee, Committee Member  
- The George Washington University, Medical Faculty Associates Board of Trustees, Spouse  
- The George Washington University Medical Center, Advisory Council Member, Spouse  
- US Holocaust Collections and Conservation Committee, Committee Member, Spouse

Kathleen Troeger, MPH  
As of December 16, 2017

Financial Associations  
- Hologics, Inc., Employer; Stock  
- Pfizer, Pension

Robert Zwolak, MD, PhD  
As of January 30, 2018

Financial Associations  
- Dartmouth-Hitchcock, Employer  
- US Department of Veterans Affairs, Employer  
- Eva Corporation, Investments  
- Society for Vascular Surgery, Consultant

Personal Associations  
- American Medical Association (AMA), Member  
- American College of Surgeons, Member; Committee Member  
- American Venous Forum, Member  
- Society for Vascular Surgery, Member

METHODOLOGY COMMITTEE  
Naomi Aronson, PhD  
As of January 29, 2018

Financial Associations  
- Blue Cross Blue Shield Association, Employer

Personal Associations  
- National Business Group on Health Committee on Evidence-Based Benefit Design, Member  
- University of Toronto’s Internal Canada Foundation for Innovation, Ext Reviewer  
- Center for Medical Technology Policy, Member  
- Sustainable Predictive Oncology Therapeutics and Diagnostics, Member  
- The Pew Charitable Trusts, Advisory Board Member  
- Society to Improve Diagnosis in Medicine, Member  
- American Gastroenterological Association Institute, Faculty  
- Brookings Expert Workshops, Member  
- NEW Drug Development ParadigmS Initiative (NEWDIGS), Member  
- Medical Device Innovation Consortium (MDIC), Advisory Board Member  
- American College of Radiology, Faculty  
- Scientific Oversight Committee of the Food and Drug Administration Medical Device Epidemiology

Ethan Basch, MD, MSc  
As of January 3, 2018

Financial Associations  
- University of North Carolina, Chapel Hill, Employer  
- Memorial Sloan Kettering Cancer Center, Employer

Personal Associations  
- National Cancer Institute, Advisory Board Member  
- Journal of the American Medical Association, Editor  
- The Alliance for Clinical Trials in Oncology Foundation, Chair/Board Officer  
- American Society of Clinical Oncology, Chair/Board Officer

Stephanie Chang, MD, MPH  
As of December 18, 2017

Financial Associations  
- Agency for Healthcare Research and Quality, Employer

Personal Associations  
- Arlington Free Clinic, Volunteer  
- Guidelines International Network, Trustee

David Flum, MD, MPH  
As of January 26, 2018

Financial Associations  
- Benchmark Medical, LLC, Consultant  
- Surgical Consulting, LLC, Expert Testimony

Personal Associations  
- American Surgical Association, Member  
- Elsevier, Editorial Board Member  
- General Surgery News, Editorial Board Member  
- British Journal of Surgery, Editorial Board Member  
- Blue Cross Blue Shield of South Carolina, Advisory Board Member

Cynthia Girman, DrPH  
As of December 20, 2017
Personal Associations
- Merck & Co, Inc., Former Employer
- Regeneron, Consultant
- CSL, Behring, Consultant
- CytoSorbents, Consultant
- Ritter Pharmaceuticals, Consultant

Financial Associations
- Stanford University, Employer
- University of North Carolina, Former Employer
- Merck & Co, Inc., Former Employer
- Novartis, Consultant
- Bay Health Care System, Consultant
- Clinical member of the Merck Independent Data Safety Monitoring Board for the Prevention of Type 2 Diabetes Study

Society for Clinical Trials, Member (Vice-Chair)

Steven Goodman, MD, MHS, PhD
(Vice-Chair)
As of February 26, 2018

Financial Associations
- Stanford University, Employer
- University of North Carolina, Former Employer

Personal Associations
- Merck & Co, Inc., Former Employer
- Regeneron, Consultant
- CSL, Behring, Consultant
- CytoSorbents, Consultant
- Ritter Pharmaceuticals, Consultant

Financial Associations
- Stanford University, Employer
- University of North Carolina, Former Employer
- Merck & Co, Inc., Former Employer
- Novartis, Consultant
- Bay Health Care System, Consultant
- Clinical member of the Merck Independent Data Safety Monitoring Board for the Prevention of Type 2 Diabetes Study

Society for Clinical Trials, Member (Vice-Chair)

Mark Helfand, MD, MS, MPH
As of December 18, 2017

Financial Associations
- VA Portland Health Care System, Employer
- Oregon Health and Science University, Faculty
- Robert Wood Johnson Foundation, Grantee
- Parker Waichman, LLP, Consultant
- Consumer Union, Consultant

Personal Associations
- Society for Medical Decision Making, Member
- US Cochrane Center, Director
- American College of Physicians, Member
- AcademyHealth Annual Research Meeting, Member

Michael S. Lauer, MD
As of December 18, 2017

Financial Associations
- National Institutes of Health, Grant
- Johns Hopkins University, Employer, Spouse
- UptoDate, Inc., Employer, Spouse
- Putnam College Fund, Investments
- Savings Investment Plan, Investments, Self and Spouse

Personal Associations
- None reported

David O. Meltzer, MD, PhD
As of December 16, 2017

Financial Associations
- University of Chicago, Employer
- CMMI, Grant
- National Institutes of Health, Grant
- Agency for Healthcare Research and Quality, Grant
- Robert Wood Johnson Foundation, Grant
- National Pharmaceutical Foundation, Grant
- Acadia Pharmaceuticals, Stock
- PCORI, Contract

Personal Associations
- Society for Medical Decision Making, Member
- American Board of Internal Medicine, Board Member, Spouse
- Society of General Internal Medicine, Member

Sally C. Morton, PhD
As of December 15, 2017

Financial Associations
- Virginia Tech University, Employer
- University of Pittsburgh, Consultant

Personal Associations
- Agency for Healthcare Research and Quality, Committee Member
- American Statistical Association, Committee Member
- American Association for the Advancement of Science, Member
- Caucus for Women in Statistics, Member
- Society for Research Synthesis Methodology, Member
- University of Pittsburgh, Former Employer
- RAND Corporation, Former Employer
- RTI International, Former Employer

Robin Newhouse, PhD, RN (Chair)
As of December 15, 2017

Financial Associations
- Indiana University School of Nursing,
Employer

Personal Associations
• AcademyHealth, Board Officer and Member
• American Academy of Nursing, Member
• American Nurses Association, Member
• National Academy of Medicine, Member
• Sigma Theta Tau International Honor Society of Nursing, Advisory Council Member

Neil R. Powe, MD, MPH, MBA
As of February 1, 2018

Financial Associations
• University of California, San Francisco, Employer
• Centers for Disease Control and Prevention, Grants

Personal Associations
• Robert Wood Johnson Foundation, Member
• Institute of Medicine, Member
• American Society for Clinical Investigation, Member
• Association of American Physicians, Member
• Association of Professors of Medicine, Member
• Society of General Internal Medicine, Member
• American College of Physicians, Member
• American Society of Nephrology, Editor
• AcademyHealth, Member
• American Public Health Association, Member
• American Epidemiology Society, Member
• American Clinical and Climatological Association, Member
• Journal of the American Medical Association, Advisory Council Member

Financial Associations: None reported
Personal Associations: None reported

Evelyn P. Whitlock, MD, MPH
As of July 13, 2017

Personal Associations:
• Kaiser Permanente, Northwest Health Plan and Hospitals, Former Employer
• Agency for Healthcare Research and Quality, Former Director of AHRQ-designated and -funded Kaiser Permanente Research Affiliates Evidence-Based Practice Center

Yen-pin Chiang, PhD
As of July 13, 2017

Financial Associations: None reported
Personal Associations: None reported

Regina L. Yan, MA
As of July 21, 2017

PCORI ADVISORY PANELS
Names of the members of PCORI’s advisory panels and their conflict of interest disclosure statements are available at www.pcori.org/advisory-panels.

PCORI PEER REVIEWERS
Names of the individuals contributing to any PCORI peer-review process and their conflict of interest disclosure statements are available at www.pcori.org/research-results/peer-review/who-are-our-peer-reviewers.
## APPROVED RESEARCH AWARDS AND CONTRACTS

Research awards and contracts approved October 1, 2016, to September 30, 2017

### PCORNET INFRASTRUCTURE AWARDS

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Organization</th>
<th>Principal Investigator</th>
<th>Amount Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Model for Initiatives to Monitor Exposure to Antimicrobials in PCORnet and Sentinel (DataMIME)</td>
<td>Medical Research Analytics and Informatics Alliance</td>
<td>William Trick</td>
<td>$399,959</td>
</tr>
<tr>
<td>Improving Data Completeness and Expanding Available Data Elements in the TVT Registry through the Use of Electronic Health Record Based Data: Linking the TVT Registry and PCORnet</td>
<td>Mayo Clinic</td>
<td>Maurice E. Sarano</td>
<td>399,999</td>
</tr>
<tr>
<td>Learning Health System Networks</td>
<td>Cincinnati Children's Hospital Medical Center</td>
<td>Peter Margolis</td>
<td>8,800,000</td>
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<tr>
<td>Master Infrastructure Funding Contract for Advancement and Sustainability of PCORnet Infrastructure: Support of Infrastructure Projects of People-Centered Research Foundation</td>
<td>People-Centered Research Foundation</td>
<td>Kathy Hudson</td>
<td>25,400,000</td>
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<tr>
<td>Planning for Congenital Zika Syndrome Surveillance in PCORnet and Sentinel</td>
<td>University of Florida</td>
<td>William Hogan</td>
<td>399,999</td>
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### RAPID-CYCLE RESEARCH STUDIES AND PROJECTS*

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Organization</th>
<th>Principal Investigator</th>
<th>Amount Awarded</th>
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</thead>
<tbody>
<tr>
<td>Cancer (Descriptive Analytics)</td>
<td>University of Kansas Medical Center Research Institute</td>
<td>Lemuel Waitman</td>
<td>$1,078,092</td>
</tr>
<tr>
<td>Diabetes (Descriptive Analytics)</td>
<td>Vanderbilt University Medical Center</td>
<td>Russell Rothman</td>
<td>691,180</td>
</tr>
<tr>
<td>Hepatitis C (Observational Study)</td>
<td>Kaiser Foundation Research Institute, a Division of Kaiser Foundation Hospitals</td>
<td>Elizabeth McGlynn</td>
<td>560,584</td>
</tr>
<tr>
<td>PCSK9 Inhibitors (Descriptive Analytics)</td>
<td>University of Florida</td>
<td>Elizabeth Shenkman</td>
<td>471,198</td>
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</table>

*PCORI committed an additional $4.7 million to Rapid-Cycle Research Studies and Projects that are not yet awarded.

### AHRQ WORKFORCE TRAINING AWARD

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Organization</th>
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<th>Amount Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Mentored Career Development Program</td>
<td>Agency for Healthcare Research and Quality</td>
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<td>$30,000,000</td>
</tr>
<tr>
<td>Project Title</td>
<td>Organization</td>
<td>Principal Investigator</td>
<td>Amount Awarded</td>
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<tr>
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<tr>
<td>Acupressure Intervention to Reduce Treatment-Related Symptoms in Children with Cancer</td>
<td>University of California, San Francisco</td>
<td>Anne Lown</td>
<td>$2,779,119</td>
</tr>
<tr>
<td>Addressing Childhood Hearing Loss Disparities in an Alaska Native Population: A Community Randomized Trial</td>
<td>Norton Sound Health Corporation</td>
<td>Philip Hofstetter</td>
<td>1,979,801</td>
</tr>
<tr>
<td>Ambulatory Cancer Care Electronic Symptom Self-Reporting (ACCESS) for Surgical Patients</td>
<td>Memorial Sloan Kettering Cancer Center</td>
<td>Andrea Pusic</td>
<td>2,019,159</td>
</tr>
<tr>
<td>Comparative Effectiveness of Diabetes Prevention Programs</td>
<td>University of Arkansas for Medical Sciences</td>
<td>Pearl McElfish</td>
<td>2,099,981</td>
</tr>
<tr>
<td>Comparing Patient-Centered Outcomes for Adults and Children with Asthma in High-Deductible Health Plans with and without Preventive Drug Lists</td>
<td>Harvard Pilgrim Health Care, Inc.</td>
<td>Alison Galbraith</td>
<td>3,211,665</td>
</tr>
<tr>
<td>Development of Computational Methods for Evaluating Doctor-Patient Communication</td>
<td>University of Utah</td>
<td>Zachary Imel</td>
<td>1,059,486</td>
</tr>
<tr>
<td>Expanding Access to Home-Based Palliative Care through Primary Care Medical Groups</td>
<td>University of Southern California</td>
<td>Susan Enguidanos</td>
<td>4,980,775</td>
</tr>
<tr>
<td>Improving Outcomes for Low-Income Mothers with Depression: A Comparative Effectiveness Trial of Two Brief Interventions in the Patient-Centered Medical Home</td>
<td>Boston Medical Center</td>
<td>Michael Silverstein</td>
<td>2,097,588</td>
</tr>
<tr>
<td>Improving Patient-Centered Communication in Primary Care: A Cluster Randomized Controlled Trial of the Comparative Effectiveness of Three Interventions</td>
<td>Palo Alto Medical Foundation Research Institute</td>
<td>Ming Tai-Seale</td>
<td>5,870,973</td>
</tr>
<tr>
<td>Improving Study Design and Reporting for Stated Choice Experiments</td>
<td>North Carolina State University</td>
<td>Alan Ellis</td>
<td>123,972</td>
</tr>
<tr>
<td>Integrating the Patient Voice into a Comparative Effectiveness Trial of Communication Strategies in the Management of Chronic Pain</td>
<td>Cedars-Sinai Medical Center</td>
<td>Brennan Spiegel</td>
<td>2,065,599</td>
</tr>
<tr>
<td>Privacy Preserving Interactive Record Linkage (PPIRL) via Information Suppression</td>
<td>Texas A&amp;M University Health Science Center</td>
<td>Hye-Chung Kum</td>
<td>1,019,641</td>
</tr>
<tr>
<td>A Randomized Controlled Trial to Compare the Reach, Effectiveness, and Maintenance of Two Family-Based Childhood Obesity Treatment Programs in a Medically Underserved Region</td>
<td>The Rector and Visitors of the University of Virginia</td>
<td>Jamie Zoellner</td>
<td>2,035,357</td>
</tr>
<tr>
<td>SETPOINT 2: A Pragmatic Trial to Test the Effectiveness of Early versus Delayed Percutaneous Tracheostomy in Patients with Severe Stroke and Respiratory Failure</td>
<td>Maine Medical Center</td>
<td>David Seder</td>
<td>2,563,350</td>
</tr>
<tr>
<td>Smoker-to-Smoker (S2S) Peer Marketing and Messaging to Disseminate Tobacco Interventions</td>
<td>University of Massachusetts Medical School</td>
<td>Rajani Sadasivam</td>
<td>2,099,965</td>
</tr>
<tr>
<td>A Stakeholder-Driven Comparative Effectiveness Study of Treatments to Prevent Coronary Artery Damage in Patients with Resistant Kawasaki Disease</td>
<td>University of California, San Diego</td>
<td>Jane Burns</td>
<td>2,341,063</td>
</tr>
<tr>
<td>Statistical Methods for Development, Validation, and Implementation of Absolute Risk Models</td>
<td>Johns Hopkins University</td>
<td>Nilanjan Chatterjee</td>
<td>1,047,065</td>
</tr>
<tr>
<td>Project Title</td>
<td>Organization</td>
<td>Principal Investigator</td>
<td>Amount Awarded</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>Development of Reporting Guidelines for Psychometric Research on Patient-Reported Outcome Measures</td>
<td>University of Michigan</td>
<td>Joel Gagnier</td>
<td>$348,190</td>
</tr>
<tr>
<td>How Well Do Clinical Prediction Models (CPMs) Validate? A Large-Scale Evaluation of Cardiovascular Clinical Prediction Models</td>
<td>Tufts Medical Center, Inc.</td>
<td>David Kent</td>
<td>996,916</td>
</tr>
<tr>
<td>Improving Transition from Acute to Postacute Care Following Traumatic Brain Injury</td>
<td>University of Washington</td>
<td>Jeanne Hoffman</td>
<td>12,741,552</td>
</tr>
<tr>
<td>Operative versus Nonoperative Treatment for Atraumatic Rotator Cuff Tears: A Multicenter Randomized Controlled Pragmatic Trial</td>
<td>Vanderbilt University Medical Center</td>
<td>Nitin Jain</td>
<td>7,515,928</td>
</tr>
<tr>
<td>Realization of a Standard of Care for Rare Diseases Using Patient-Engaged Phenotyping</td>
<td>Boston Children's Hospital</td>
<td>Ingrid Holm</td>
<td>704,428</td>
</tr>
<tr>
<td>A Simple Large Trial of Patient-Centered Care for Opioid Use Disorders in Federally Qualified Healthcare Centers and Specialty Care Settings</td>
<td>Public Health Management Corporation</td>
<td>David Gastfriend</td>
<td>13,022,814</td>
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<table>
<thead>
<tr>
<th>Project Title</th>
<th>Organization</th>
<th>Principal Investigator</th>
<th>Amount Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causal Analyses of Nested Case-Control Studies for Comparative Effectiveness Research</td>
<td>Harvard University School of Public Health</td>
<td>Goodarz Danaei</td>
<td>$1,030,646</td>
</tr>
<tr>
<td>A Cluster-Randomized Trial Comparing Team-Based versus Primary Care Clinician-Focused Advance Care Planning in Practice-Based Research Networks</td>
<td>Oregon Health and Science University</td>
<td>Annette Totten</td>
<td>8,009,505</td>
</tr>
<tr>
<td>Community Health Workers and Mobile Health for Emerging Adults Transitioning Sickle Cell Disease Care (COMETS Trial)</td>
<td>The Children's Hospital of Philadelphia</td>
<td>David Rubin</td>
<td>8,329,991</td>
</tr>
<tr>
<td>Comparative Effectiveness of an Exercise Intervention Delivered via Telerehabilitation and Conventional Mode of Delivery</td>
<td>Shepherd Center</td>
<td>Deborah Backus</td>
<td>7,000,000</td>
</tr>
<tr>
<td>Comparative Effectiveness of Early Integrated Telehealth versus In-Person Palliative Care for Patients with Advanced Lung Cancer</td>
<td>Massachusetts General Hospital</td>
<td>Jennifer Temel</td>
<td>10,957,491</td>
</tr>
<tr>
<td>Comparative Effectiveness of Pain-Cognitive Behavioral Therapy and Chronic Pain Self-Management Within the Context of Opioid Reduction</td>
<td>Stanford University School of Medicine</td>
<td>Beth Darnall</td>
<td>8,808,607</td>
</tr>
<tr>
<td>Comparative Effectiveness of Peer Mentoring versus Structured Education-Based Transition Programming for the Management of Care Transitions in Emerging Adults with Sickle Cell Disease</td>
<td>Carolinas Medical Center</td>
<td>Ifeyinwa Osunkwo</td>
<td>9,804,759</td>
</tr>
<tr>
<td>Comparative Effectiveness of School-Based Caries Prevention Programs for Children in Underserved, Low-Income, Hispanic Communities</td>
<td>New York University College of Dentistry</td>
<td>Richard Niederman</td>
<td>13,352,470</td>
</tr>
<tr>
<td>Comparing Patient-Centered Outcomes of Standardized versus Patient-Driven Diabetes Shared Medical Appointments</td>
<td>University of Colorado, Denver</td>
<td>Bethany Kwan</td>
<td>4,760,079</td>
</tr>
<tr>
<td>Project Title</td>
<td>Organization</td>
<td>Principal Investigator</td>
<td>Amount Awarded</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Comparing the Effectiveness of Fatigue Management Programs for People with Multiple Sclerosis</td>
<td>Case Western Reserve University</td>
<td>Matthew Plow</td>
<td>4,869,758</td>
</tr>
<tr>
<td>Comparing the Effectiveness of House Calls and Peer Mentorship to Reduce Racial Disparities in Live Donor Kidney Transplantation</td>
<td>Beth Israel Deaconess Medical Center</td>
<td>James Rodrigue</td>
<td>1,812,302</td>
</tr>
<tr>
<td>Culturally Sensitive, Primary Care Clinic-Based Interventions by Community Health Workers and Trained Physicians to Promote and Sustain Weight Loss among Black Women Patients with Obesity</td>
<td>University of Florida</td>
<td>Carolyn Tucker</td>
<td>2,099,943</td>
</tr>
<tr>
<td>Determining the Effectiveness of Early Intensive versus Escalation Approaches for the Treatment of Relapsing-Remitting Multiple Sclerosis (DELIVER-MS)</td>
<td>Cleveland Clinic Foundation</td>
<td>Daniel Ontaneda</td>
<td>10,630,672</td>
</tr>
<tr>
<td>Develop Novel Design Methods for Pragmatic Stepped-Wedge Cluster Trials with Patient-Centered Outcomes</td>
<td>University of Texas Southwestern Medical Center, Dallas</td>
<td>Song Zhang</td>
<td>978,325</td>
</tr>
<tr>
<td>Emergency Department-Initiated Palliative Care in Older Adults with Advanced Illness</td>
<td>New York University School of Medicine</td>
<td>Corita Grudzen</td>
<td>12,339,629</td>
</tr>
<tr>
<td>Engaging Parents of Children with Sickle Cell Anemia and their Providers in Shared Decision Making for Hydroxyurea</td>
<td>Cincinnati Children's Hospital Medical Center</td>
<td>Lori Crosby</td>
<td>2,189,983</td>
</tr>
<tr>
<td>Introducing Palliative Care within the Treatment of End Stage Liver Disease: A Randomized Controlled Trial</td>
<td>Albert Einstein Healthcare Network</td>
<td>Victor Navarro</td>
<td>14,170,845</td>
</tr>
<tr>
<td>Leveraging Integrated Models of Care to Improve Patient-Centered Outcomes for Publicly Insured Adults with Complex Health Care Needs</td>
<td>University of Pittsburgh Medical Center, Center for High-Value Health Care</td>
<td>James Schuster</td>
<td>3,796,166</td>
</tr>
<tr>
<td>A Multicenter Randomized Controlled Trial of Perioperative Palliative Care Surrounding Cancer Surgery for Patients and Their Family Members (the PERIOP-PC trial)</td>
<td>Johns Hopkins University</td>
<td>Rebecca Aslakson</td>
<td>2,115,632</td>
</tr>
<tr>
<td>A Naturalistic Experiment Evaluating the Impact of Medicaid Treatment Reimbursement Changes on Opioid Prescribing and Patient Outcomes among Patients with Low Back Pain</td>
<td>Kaiser Foundation Research Institute, a Division of Kaiser Foundation Hospitals</td>
<td>Lynn DeBar</td>
<td>5,699,370</td>
</tr>
<tr>
<td>A Noninferiority Comparative Effectiveness Trial of Physician-Led versus Nurse-Led Home-Based Palliative Care in Older Adults with Advanced Illness and Their Family Caregivers</td>
<td>Kaiser Foundation Research Institute, a Division of Kaiser Foundation Hospitals</td>
<td>Huang Nguyen</td>
<td>14,000,000</td>
</tr>
<tr>
<td>Nonpharmacologic Approaches to Relieve Pain and Symptom Distress among Diverse Hospitalized Cancer Patients</td>
<td>University of California, San Francisco</td>
<td>Maria Chao</td>
<td>2,780,075</td>
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<tr>
<td>Optimizing Care for Patients with Dementia: A Comparison of Two Nonpharmacological Treatment Approaches</td>
<td>University of Southern California</td>
<td>Natalie Leland</td>
<td>4,722,109</td>
</tr>
<tr>
<td>Population-Based Comparison of Evidence-Based, Patient-Centered Advance Care Planning Interventions on Advance Directive Completion, Goal Concordant Care and Caregiver Outcomes for Patients with Advanced Illness</td>
<td>Regents of the University of California, Los Angeles</td>
<td>Neil S. Wenger</td>
<td>8,400,000</td>
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</tbody>
</table>
In addition to research and research support awards, PCORI approved other awards, including Engagement Awards, in FY 2017. More information on those awards can be found at [www.pcori.org](http://www.pcori.org).
PATIENT-CENTERED OUTCOMES RESEARCH (PCOR)
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 answers patient-centered questions, such as:

• Given my personal characteristics, conditions, and preferences, what should I expect will happen to me?
• What are my options, and what are the potential benefits and harms of these options?
• What can I do to improve the outcomes that are most important to me?
• How can clinicians and the care delivery systems they work in help me make the best decisions about my health and health care?

To answer these questions, PCOR:

• assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health delivery system interventions to inform decision making, highlighting comparisons and outcomes 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, function, 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
• investigates (or may investigate) optimizing outcomes while addressing burden to individuals; availability of services, technology, and personnel; and other stakeholder perspectives