

Board of Governors Meeting

via Teleconference/Webinar

January 12, 2021
1:00 PM – 3:00 PM

Welcome and Call to Order

Christine Goertz, DC, PhD

Chairperson, Board of Governors

Agenda



- | | |
|------------------|---|
| 1:00-1:10 | Welcome, Call to Order and Consent Agenda |
| 1:10-1:20 | Consider for Approval: Addition to the Cycle 1 2020 Broad PFA Slate of Awards |
| 1:20-2:05 | Consider for Approval: PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet® |
| 2:05-2:35 | Consider for Approval: Funding Opportunities for Infrastructure Funding Relating to PCORnet Phase 3 and Funding Commitment |
| 2:35-3:00 | Discussion: Developing Targeted PFAs in the Short-Term while Strategic Planning is Underway |
| 3:00 | Wrap-up and Adjournment |

Consent Agenda

Christine Goertz, DC, PhD

Chairperson, Board of Governors

Strategy Committee Membership Proposed by the Governance Committee



Engagement, Dissemination and Implementation Committee

Continuing Members

- Michael Herndon, Chair
- Sharon Levine, Vice Chair
- Gopal Khanna
- Naomi Aronson (MC Member)

Nominations

- Tanisha Carino
- James Huffman
- Connie Hwang
- Danny van Leeuwen

Research Transformation Committee

Continuing Members

- Kathleen Troeger, Chair
- Kara Ayers, Vice Chair
- Francis Collins
- Michelle McMurry-Heath
- Janet Woodcock
- Steven Goodman (MC Member)

Nominations

- Kate Berry
- Eboni Price-Haywood

Science Oversight Committee

Continuing Members

- Alicia Fernandez, Chair
- Christopher Friese, Vice Chair
- Jennifer DeVoe
- Barbara McNeil
- Ellen Sigal
- Robert Zwolak
- Michael Lauer (MC Member)

Nominations

- James Schuster

Other Committee Membership Proposed by the Governance Committee



Finance and Administration Committee

Continuing Members

- Russell Howerton, Chair
- Robert Zwolak, Vice Chair

Nominations

- Kate Berry
- James Huffman

Governance Committee

Continuing Members

- Sharon Levine, Chair and Board Vice Chairperson
- Christine Goertz, Vice Chair and Board Chairperson
- Michelle McMurry-Heath
- Robin Newhouse (MC Member)

Nominations

- James Schuster
- Danny van Leeuwen

Consent Agenda Motion



- That the Board:
 - Approve Minutes from the December 7 and December 8, 2020 Board Meeting
 - Appoint the nominated Board members to the specified PCORI Board and Board-related Committees

Consent Agenda Vote

Call for a Motion to:

- **Approve** each of the Motions on the Consent Agenda

Call for the Motion to be Seconded:

- **Second** the Motion
- If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion

Voice Vote:

- Vote to **Approve** the **Final** Motion
- Ask for votes in favor, opposed, and abstentions

Addition to the Cycle 1 2020 Broad Award Slate

Barbara McNeil, MD, PhD

Chair, Selection Committee

Nakela L. Cook, MD, MPH

Executive Director

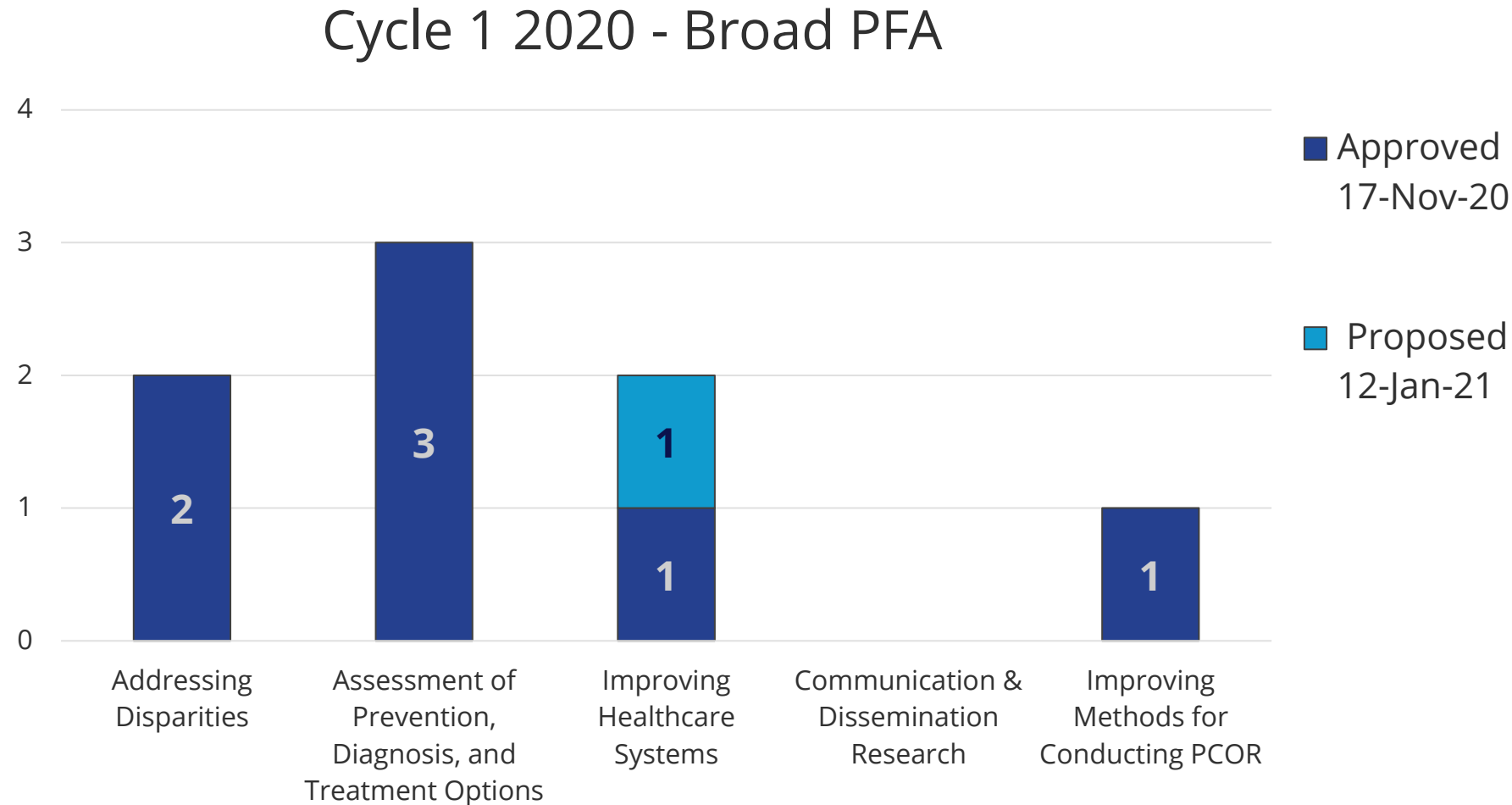
Steve Clauser, PhD, MPA

Program Director, Healthcare Delivery and Disparities Research

Cycle 1 2020 – Broad PFA Overview



- November 17, 2020 – Board of Governors approved funding for 7 out of 47 applications
- Since then, one additional study has been approved by the Selection Committee
- The slate revised to include the additional study reflects:
 - 8 applications funded out of 47 received applications
 - Proposed funding rate: **17** percent



Cycle 1 2020 – Broad Funding Slate

1 Recommended Addition to Slate



Project Title

Biologic Abatement and Capturing Kids' Outcomes & Flare Frequency in Juvenile Spondyloarthritis (BACK OFF JSpA)

A Comparison of Prolonged Exposure Therapy, Pharmacotherapy, and their Combination for PTSD: What Works Best, and for Whom

A Real-World Comparative Effectiveness Trial of Treatment Strategies in Patients with Rheumatoid Arthritis: The RA-PRO PRagmatic trial (RA-PROPR)

Methods to Analyze Patient-centered Outcomes Missing due to Death in Cluster-randomized Trials

Teletherapy to Address Language Disparities in Deaf and Hard-of-Hearing Children

Social Interventions for Support during Treatment for Endometrial Cancer and Recurrence: SISTER study

Comparing the Effectiveness of Behavioral Health Supports for Publicly-Insured Perinatal Women

Helping Patients Achieve Kidney Transplants through Health System Change

Note: All proposed projects, including requested budgets and project periods, are approved subject to a programmatic and budget review by PCORI staff and the negotiation of a formal award contract

Cycle 1 2020 – Broad PFA

Slate Overview



Previously
Approved
Slate:
7
Projects

**Slate with
Proposed
Addition:
7 + 1 = 8
Projects**

Total Award for Previously Approved Slate	Total Award with Proposed Addition to Slate
\$33.5M	\$40.5M

* All proposed projects, including requested budgets and project periods, are approved subject to a programmatic and budget review by PCORI staff and the negotiation of a formal award contract

Cycle 1 2020 Broad PFA in Context



Accounting for the high deferral rate this cycle due to the COVID-19 pandemic, LOIs, Applications, and Funding Rate were similar to historical averages

	Historical Average		Actual Cycle 1 2020		Actual Cycle 3 2020**	
LOIs Submitted	190		170		TBD	
LOIs Invited	100	53%	88	52%		
Applications Submitted (% of LOIs invited)	75	75%	47	53%		
Applications Deferred* (% of LOIs invited)	N/A	N/A	19	22%		
Applications Proposed for Funding (% of Applications Submitted)	12	16%	8	17%		

*Limited experience for establishing expectations; 35 applications requested and were granted deferral and 19 of these were submitted at the next opportunity, yielding an overall submission rate of 75% which is similar to historical average

**Broad PFAs not offered in Cycle 2 2020

Funding Per Priority Area

Cycle 1 2020 Broad PFAs only



Priority	Total Funded to Date		Funding this Cycle		Total with Slate Added	
AD	\$170M	17%	\$9M	22%	\$179M	17%
APDTO	\$289M	29%	\$20M	49%	\$309M	30%
CDR	\$97M	10%	0	0%	\$97M	10%
IHS	\$314M	32%	\$11M	27%	\$325M	32%
Methods	\$115M	12%	\$1M	2%	\$116M	11%
Total	\$985M		\$41M		\$1,026M	

Cycle 1 2020 Funding in Context of FY2021 Commitment Plan for Research



Research PFAs	Commitment Target for Research Awards in FY2021	Proposed Total Award for Slate with Additional Study*	Remaining Available for Research Awards in FY2021
Cycle 1 2020 Broad PFAs	\$290M	\$40.5M	\$249.5M

Notes:

- \$249.5M is available in the FY2021 Commitment Plan to fund research awards from all PFAs in Cycle 2 and 3 2020
- At this time, we are not proposing changes to the Commitment Plan for research in FY2021

* All proposed projects, including requested budgets and project periods, are approved subject to a programmatic and budget review by PCORI staff and the negotiation of a formal award contract

Call for a Motion to:

- **Approve** funding for the addition of the recommended project to the slate of awards from the Cycle 1 2020 Broad PFAs

Call for the Motion to be Seconded:

- **Second** the Motion
- If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion

Roll Call Vote:

- Vote to **Approve** the **Final** Motion
- Ask for votes in favor, opposed, and abstentions

PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet®

Robert Zwolak, MD, PhD

Chair, PCORnet Priorities Working Group



PCORnet Priorities Working Group

Composition



- **Robert Zwolak, MD, PhD (Chairperson)**
Professor of Surgery, Geisel School of Medicine at Dartmouth and Chief of Surgery, Manchester VA Medical Center
- **Kathleen Troeger, MPH (Vice Chairperson)**
Director of Outcomes Research, Hologic, Inc.
- **Kara Ayers, PhD**
Associate Professor, Department of Pediatrics, University of Cincinnati
- **Tanisha Carino, PhD**
Executive Vice President and Chief Corporate Affairs Officer at Alexion
- **Connie Hwang, MD, MPH**
Chief Medical Officer and Director of Clinical Innovation, Alliance of Community Health Plans
- **Michael Lauer, MD**
Deputy Director for Extramural Research, National Institutes of Health
- **Sharon Levine, MD**
Associate Executive Director for The Permanente Medical Group of Northern California
- **Robin Newhouse, PhD, RN**
Dean of Indiana University School of Nursing and Distinguished Professor, Indiana University
- **Eboni Price-Haywood, MD, MPH, FACP**
Director of the Center for Outcomes & Health Service Research, Ochsner Health System
- **Danny van Leeuwen, MPH, RN**
Founder and Principal of Health Hats

PCORnet Priorities Working Group

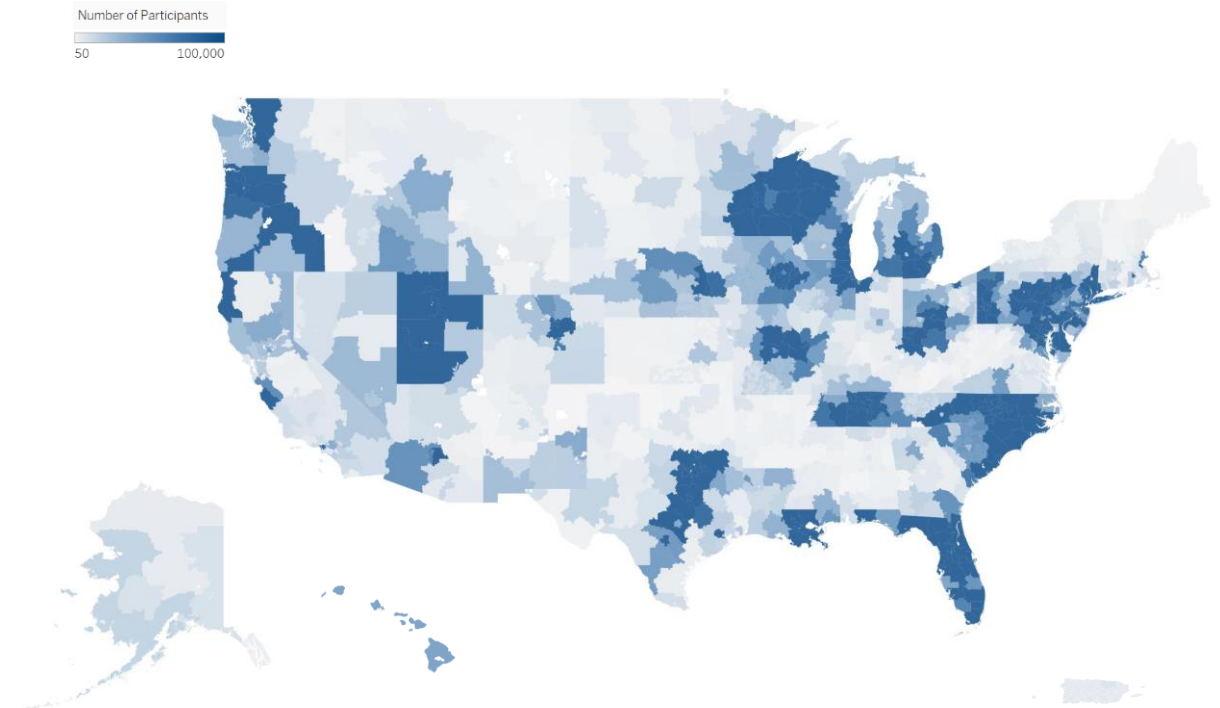
Prioritizing Principles for Infrastructure Funding Relating to PCORnet

- The PCORnet Priorities Working Group was established to propose a set of **Prioritizing Principles for Infrastructure Funding Relating to PCORnet** that would align closely with PCORI's overall strategic planning and be used by the PCORI Board and staff to guide decision-making about infrastructure funding for the next stages of PCORnet
- The strategic prioritizing principles will be used to:
 - Inform PCORI's priorities and performance metrics for infrastructure funding of PCORnet
 - Inform PCORI's development of requirements and metrics for selection of PCORnet Phase 3 infrastructure awardees
 - Inform PCORI's development of metrics for performance monitoring for PCORnet Phase 3 awardee infrastructure funding contracts
 - Inform and provide a framework and metrics for decisions of the PCORI Board of Governors about future funding relating to potential expansion of PCORnet

The Network is National in Scope

- PCORnet is a federated network of networks representing a large array of health care systems, a range of care settings, and a large segment of the American population
- Participating networks have developed a high level of trust and a shared commitment to patient-centered clinical research
- The breadth permits PCORnet to be a valuable resource for large, impactful studies, national in scope, not easily implemented without pre-existing infrastructure

PCORnet is National in Scope



The Patient is at the Center

- A culture of patient centeredness permeates PCORnet at every level – through every participating network and at all stages of the research process
- The culture advances PCORI's core mission to transform clinical research throughout the nation by integrating patients as essential partners
- Its influence extends well beyond the impact of a project-by-project approach







PCORnet is Patient-Centric



Facilitates Connections to Patients

- PCORnet's Common Data Model (CDM) is unique in that its distributed structure permits direct connections to patients and providers and re-access of primary data with appropriate privacy and confidentiality protections, consistent with legal requirements
- The connectedness is possible because of the established trust between participating network partners within this federated network

PCORnet Facilitates Connections to Patients

	Feasibility queries	Identify patient populations for trial recruitment	Coordinated data curation	Connection to patients and providers
	●	●	●	●
	●	●	◐	◐
	●	●	◐	○
	○	●	◐	○
	●	○	◐	◐
	●	●	●	◐

PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet

Patient-Centered

- I. Strengthen the central role of patient and caregiver engagement to produce true partnership in the full research process
- II. Attend to and strengthen the diversity of the patient populations served and the inclusion of care sites that serve underserved populations

National Scope

- III. Recognize and strengthen the unique ability of PCORnet to generate definitive evidence through studies of national scope; prioritize investments that strengthen that capability particularly for studies focused on PCORI *Strategic Research Priorities*
- IV. Build on the unique capabilities of the PCORnet data structures, prioritizing investments that will align with the PCORI *Strategic Research Priorities*

Governance and Partnerships

- V. Continue to develop the shared governance model which builds trust among participating networks and is coupled with close milestone-based monitoring of PCORI's infrastructure funds. As appropriate, encourage the development of mechanisms for cost recovery for infrastructure use related to projects supported by other funders
- VI. Recognize the importance of optimum distribution of core coordinating functions, with the dual goals of optimizing effective network function and capitalizing on the distributed expertise and capabilities of this complex network
- VII. Recognize, enable and promote the value of PCORnet to contribute to a learning health care system through effective partnerships with all stakeholders. Strengthen the educational resources needed to achieve this goal
- VIII. Recognize, enable and optimize the value of PCORnet for building partnerships with Federal Health Agencies

PCORnet

Introductions



Neely Williams, EdD

Patient Partner



Lesley Curtis, PhD

PCORnet Coordinating Center



Thomas Carton, PhD, MS

PCORnet Steering
Committee Chair

PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet



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PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet



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PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet



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PCORnet Priorities Working Group Report



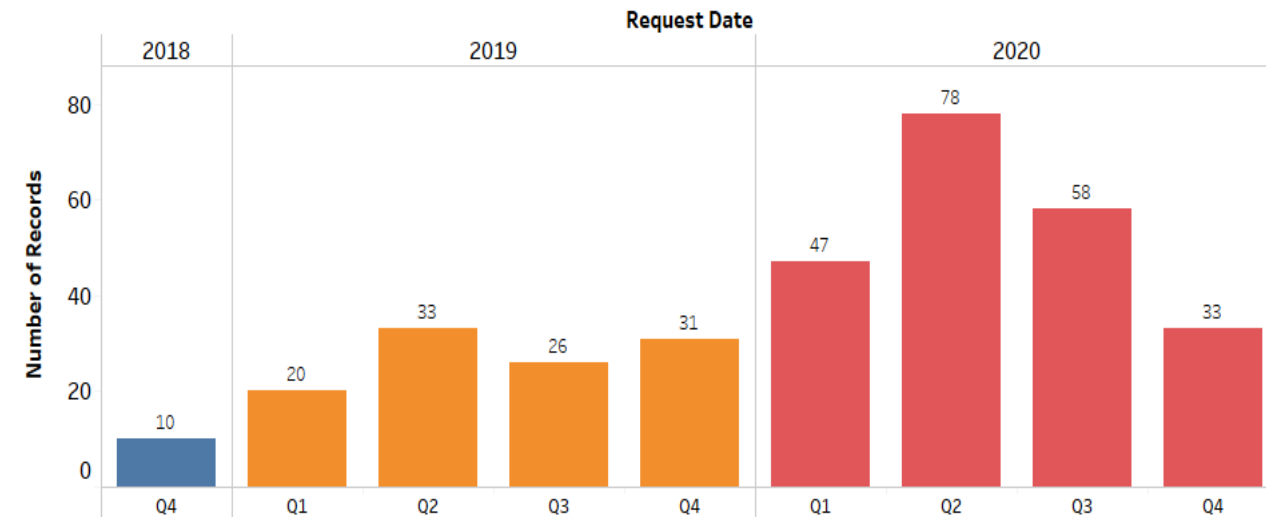
- PCORnet Priorities Working Group developed a report intended to:
 - Provide the Board with the context for the *Prioritizing Principles for Infrastructure Funding Relating to PCORnet*;
 - Serve as a starting point for further strategic discussions of the Board; and
 - Provide PCORI staff with broad guidance on the steps to operationalize the principles
- The report outlines attributes, values, goals, funding priorities, and metrics for each of the prioritizing principles

PCORnet Dashboard Metrics

Front Door



- The Front Door is an access point for potential investigators, patient groups, clinicians, government and other stakeholders seeking to leverage PCORnet infrastructure
- Current metrics include:
 - Number of Front Door requests
 - Type of Front Door requester (e.g., academic, federal, or industry)
 - Type of request (e.g., data, proposal development, network collaboration)
 - Requester funding source (e.g., PCORI, federal, industry, foundation)
 - Request outcome (e.g., proposal submission, funded study, not funded study)



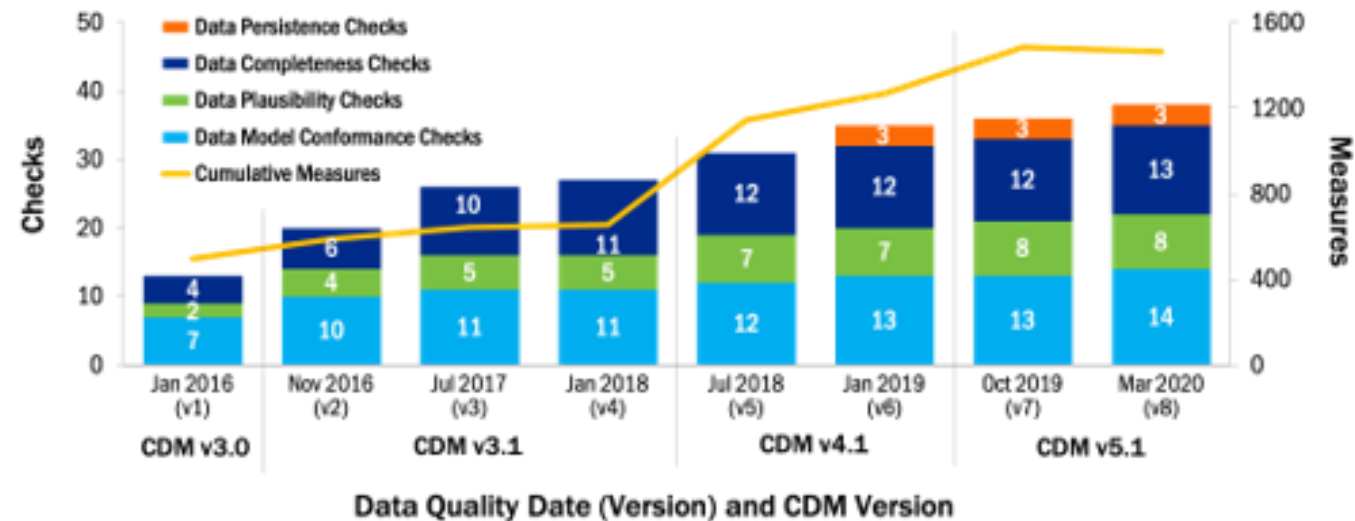
As of December 31, 2020.

PCORnet Dashboard Metrics

Data

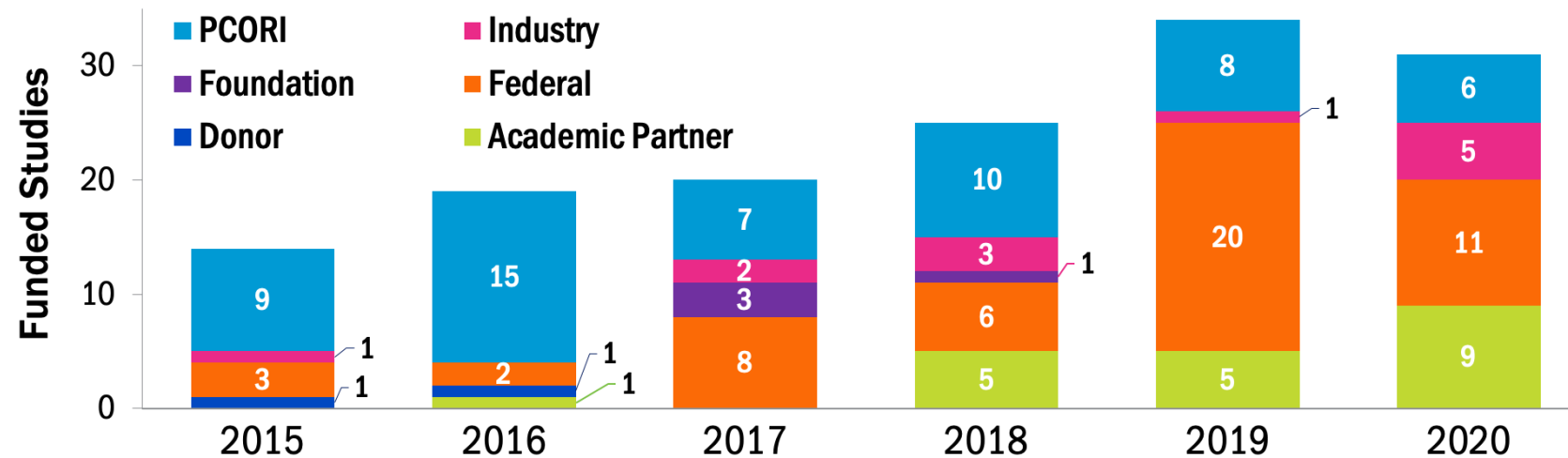


- Current data quality metrics:
 - **Conformance** (i.e., does data adhere to the format of the CDM)
 - **Completeness** (i.e., do data values appear where we expect them in the CDM)
 - **Plausibility** (i.e., do the data values that appear make sense)
 - **Persistence** (i.e., do patients records disappear between data refreshes)
 - **Latency** (i.e., how recent is the available data)



PCORnet Dashboard Metrics

Research



- Current metrics include:
 - Number of funded research studies by funder type (e.g., PCORI, federal, industry)
 - Number of PCORnet Designated Studies
 - Number of publications and associated Altmetric scores

PCORnet Priorities Working Group

Composition



- **Robert Zwolak, MD, PhD (Chairperson)**
Professor of Surgery, Geisel School of Medicine at Dartmouth and Chief of Surgery, Manchester VA Medical Center
- **Kathleen Troeger, MPH (Vice Chairperson)**
Director of Outcomes Research, Hologic, Inc.
- **Kara Ayers, PhD**
Associate Professor, Department of Pediatrics, University of Cincinnati
- **Tanisha Carino, PhD**
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Dean of Indiana University School of Nursing and Distinguished Professor, Indiana University
- **Eboni Price-Haywood, MD, MPH, FACP**
Director of the Center for Outcomes & Health Service Research, Ochsner Health System
- **Danny van Leeuwen, MPH, RN**
Founder and Principal of Health Hats

PCORI Staff



Josie Briggs, MD

Senior Advisor to the Executive Director



Andrew Hu, MPP

Director, Public Policy and Government Relations



Gina Baglieri, MS

Program Assistant, Research Infrastructure



Mary Hennessey, Esq.

General Counsel



Claudia Grossmann, PhD

Senior Program Officer, Research Infrastructure



Penny Mohr, MA

Senior Advisor, Emerging Technology & Delivery System Innovation



Jean R. Slutsky, PA, MSPH

Chief Engagement and Dissemination Officer



Kim Marschhauser, PhD

Senior Program Officer, Research Infrastructure



Geri Guman, MBA

Assistant Director, Contracts Management

PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet

Patient-Centered

- I. Strengthen the central role of patient and caregiver engagement to produce true partnership in the full research process
- II. Attend to and strengthen the diversity of the patient populations served and the inclusion of care sites that serve underserved populations

National Scope

- III. Recognize and strengthen the unique ability of PCORnet to generate definitive evidence through studies of national scope; prioritize investments that strengthen that capability particularly for studies focused on PCORI *Strategic Research Priorities*
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Governance and Partnerships

- V. Continue to develop the shared governance model which builds trust among participating networks and is coupled with close milestone-based monitoring of PCORI's infrastructure funds. As appropriate, encourage the development of mechanisms for cost recovery for infrastructure use related to projects supported by other funders
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- VIII. Recognize, enable and optimize the value of PCORnet for building partnerships with Federal Health Agencies

Call for a Motion to:

- **Approve** the PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet as proposed by the PCORnet Priorities Workgroup

Call for the Motion to be Seconded:

- **Second** the Motion
- If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion

Roll Call Vote:

- Vote to **Approve** the **Final** Motion
- Ask for votes in favor, opposed, and abstentions

Funding Opportunities for Infrastructure Funding Relating to PCORnet Phase 3 and Funding Commitment

Kathleen Troeger, MPH

Chair, Research Transformation Committee

Josephine P. Briggs, MD

Senior Advisor to the Executive Director

Kim Marschhauser, PhD

Senior Program Officer, Research Infrastructure



Estimates of 'Barebones' Support Needed to Sustain PCORnet Research Infrastructure



PCORnet Project	Detailed Costs (Per Year)	Total Costs (Per Year)
Clinical Research Network (CRN)		
<ul style="list-style-type: none"> Data, Administrative Streamlining, Network Management, Research Readiness, Engagement Data Linkage Infrastructure 	\$1.5M - \$2.0M \$1.5M	} \$20M*
Coordinating Center Functions		
<ul style="list-style-type: none"> Program Management Data Management Communication and Dissemination Engagement 	\$1.5M \$3.0M \$0.5M \$1.0M	} \$6M
Total Cost Per Year		

*Total costs per year for CRN infrastructure support assumes funding for 9 PCORnet CRNs

PCORnet Infrastructure Funding

Clinical Research Networks (CRNs)



CRN Budget Category	Yearly Cost
Data	\$810,000
Research Readiness	\$252,000
Administrative Streamlining	\$198,000
Network Management	\$180,000
Engagement	\$144,000
Other Activities	\$216,000
Estimated Total	\$1,800,000

- Bare-bones support of CRN estimated at \$1.5-2.0M per year
- Average yearly budget for CRN participating sites is \$160,000
- Range of yearly CRN site budgets is \$50,000 - \$300,000
- Total yearly cost for 9 CRNs is \$20,000,000

Infrastructure Budget Category

Data - Network CDM maintenance, network security, data quality assessment for new extracts, equipment, addition of new data domains, ETL and CDM development work, and data linkage activities

Administrative Simplicity - Development and maintenance of IRB, contracting, data sharing, and logistical resources

Network Management - CRN coordination, communication, interactions with PCORI and PCORnet committees and workgroups

Research Readiness - Cohort development, data queries

Engagement - Engagement of patients, clinicians, health system leaders

Other Activities - All other effort (e.g., travel)

PCORnet Infrastructure Funding

Coordinating Center (CC)



CC Budget Category	Yearly Cost
Program Management	\$1.5M
Data Infrastructure Management	\$3.0M
Communication and Dissemination	\$0.5M
Engagement	\$1.0M
Estimated Total	\$6.0M

- Coordination of the network resources and capabilities is critical to the success of PCORnet
- Phase 3 yearly costs estimated to be \$6,000,000

Infrastructure Budget Category

Program Management – Coordinating Center Leadership, meeting support, internal network communications, dashboard and quality improvement reporting, PCORnet DSA, Front Door

Data Infrastructure Management– Common Data Model (CDM) maintenance and enhancement, data curation, data feasibility, query fulfillment, query tool development

Communication and Dissemination – Website hosting, content development, and PCORnet social media accounts

Engagement – Method and tool development to facilitate and strengthen partnerships with patients and other stakeholders

PCORnet Phase 3 Solicitations

Overview



- PCORnet Phase 3 requirements and review criteria for selection of Phase 3 awardees will be aligned with the *PCORI Prioritizing Principles for Infrastructure Funding Relating to PCORnet*
- PCORI will use its multiphase merit review process that includes an external merit review panel
- After merit review, key steps include post-panel review of applications by PCORI staff, a Selection Committee recommendation of applications for funding, and Board award approval
- PCORI will continue to convene external experts to advise the Board and PCORI staff on the advancement of the PCORnet infrastructure
- Separate funding solicitations may be utilized for each major Coordinating Center functional category to enable strong, expert merit-based review and to facilitate effective funding of different functions

Summary



- Total funding for three years is up to \$78 million for infrastructure funding relating to Phase 3 of PCORnet

PCORnet Phase 3 Funding	Per Year	Total (3 years)
Clinical Research Networks	\$20 million	\$60 million
Coordinating Center Functions	\$6 million	\$18 million
Total	\$26 million	\$78 million

Call for a Motion to:

- **Approve** the Development and Release of Funding Opportunities of up to \$78 Million for Infrastructure Funding Relating to Phase 3 of PCORnet

Call for the Motion to be Seconded:

- **Second** the Motion
 - If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion

Roll Call Vote:

- Vote to **Approve** the **Final** Motion
 - Ask for votes in favor, opposed, and abstentions

Developing Targeted PFAs in the Short-term while Strategic Planning is Underway

Nakela L. Cook, MD, MPH
Executive Director

**Please note that this discussion was postponed to the February 9, 2021 Board meeting.*

Picking up from Last Board Meeting: *The Big Picture for Research Agenda and Topics – Working on Three Tracks Simultaneously*



Track One

Strategic Planning

- National Priorities
- Research Agenda
- **Commitment Plan**

Track Two

Revitalizing Topic Process

- Stakeholder-engaged, transparent, systematic process for developing topics aligned with National Priorities and Research Agenda to remain:
 - Evergreen
 - Responsive to emerging issues

Track Three

Developing Targeted PFAs

- **Needed for next several cycles while Strategic Planning is underway**
- **Proposing an expedited approach with Board for developing Targeted PFAs**

Today's Discussion

Objective – “The Ask”

Consideration of *the proposed expedited approach* for developing targeted PFAs in the short term

Rationale/Considerations for Expedited Approach



Development of National Priorities and Research Agenda ongoing

- Completion late in 2021
- Targeted PFAs needed for several cycles in the meantime

Need for speed to develop these Targeted PFAs to be responsive, relevant, and meet commitment plan

- Aim to substantially reduce time from idea to Targeted PFA
- More feasible if we leverage work already underway
- Consider a set or several cycles' worth of topics

Aiming for convergence with ultimate National Priorities & Research Agenda

- National Priorities and Research Agenda will drive PFA development for 2022 and beyond
- Interim approach identifies a set of candidate topics with likely high resonance with ultimate National Priorities and Research Agenda
 - High burden conditions and issues
 - Expressed interest from Stakeholders and/or Board
 - Prior work/development
 - Emerging themes from Strategic Planning discussions
- From a large set of topics in various stages of development, we've identified a small subset of candidates for short-term focus based on criteria above
 - Subset is *in addition to* COVID-19, MMM, IDD which are underway and continue
 - Those not in subset *remain in the pipeline* for future development

Utilize Full Range of Approaches for Expedited Development of Targeted PFAs for the Next Several Cycles

Typical Targeted PFA

- **Questions** identified and moderately to highly specified
- Examples from portfolio:
 - Medication-Assisted Treatment (MAT) Delivery for Pregnant Women with Substance Use Disorders Involving Prescription Opioids and/or Heroin
 - Treatment of Multiple Sclerosis
 - Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma

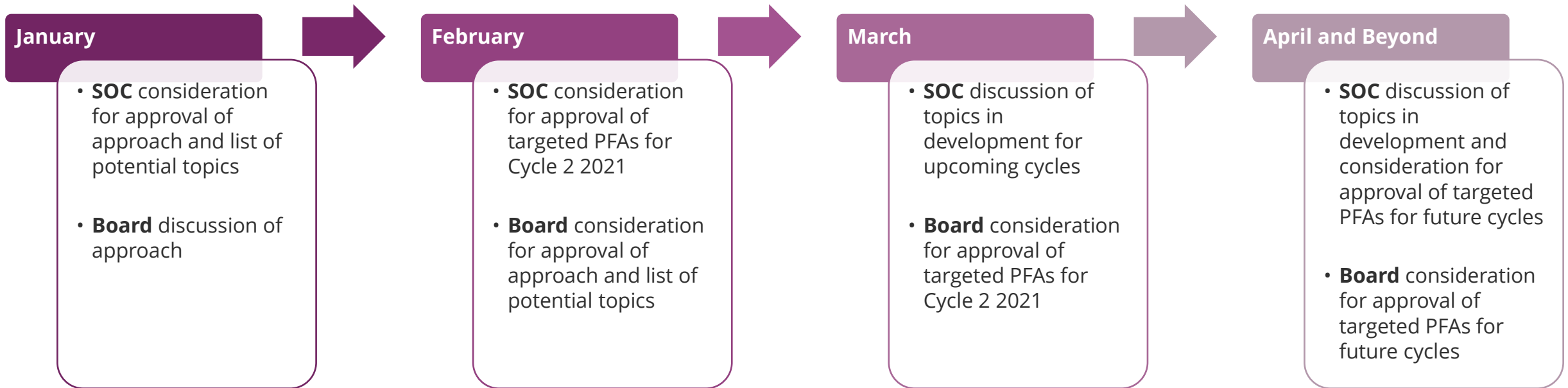
Bundle/Umbrella

- **Issues/Conditions** identified and moderately specified
- Would be open for multiple cycles
- Theme with Related Subtopics
 - Subtopics with Related CER Questions

One or Two Large Studies

- **One highly-specified question**
- Typically collaborative
- Examples from portfolio:
 - Preventing Fall-Related Injuries in Older Adults, with NIA
 - Treatment Options in Uterine Fibroids: Developing a Prospective Multi-Center Practice-based Clinical Registry, with AHRQ
 - Testing Multi-Level Interventions to Improve Blood Pressure Control in Minority Racial/Ethnic, Low Socioeconomic Status, and/or Rural Population, with NHLBI and NINDS

Timeline for developing Targeted PFAs for the next several cycles while Strategic Planning is ongoing



Summary of Main Features of Proposed Expedited Approach to Targeted PFA Development in the Short-term



In summary, the main features of the expedited approach are:

- Substantial reduction of time from idea to Targeted PFA (by at least half)
 - Compressed timeline for staff work
 - Less time available for iterative discussions with SOC and Board
 - Exploring flexible and agile alternatives to maintain ample opportunities for input
- Consideration of a set or several cycles' worth of candidate topics (versus one at a time)
 - Allows for longer-range planning, both by PCORI and the research community
 - Could result in more and better applications and enhance merit review
 - Facilitates more rapid development by concentrating focus on fewer topics
- Utilization of the full range of types of Targeted PFAs
 - From relatively broad on a topic/issue to very narrow on a single question
 - From moderately- to highly-specified questions

Questions and Discussion

- Do you have ***any questions*** about the proposed expedited approach to developing Targeted PFAs in the short-term while Strategic Planning is underway?
- What do you see as the ***advantages and disadvantages of this approach*** and how do you weigh them?
- Do you have ***additional considerations*** for any aspect of this expedited approach?

After this discussion, the Board will vote on the expedited approach and a set of topics at its February meeting.

Wrap Up and Adjournment



202.827.7700



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www.pcori.org



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/PCORInstitute



PCORI



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