Board of Governors Meeting
via Teleconference/Webinar

July 27, 2021
1:00 – 2:30 PM
Welcome and Call to Order

Christine Goertz, DC, PhD
Chairperson, Board of Governors
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00</td>
<td>Welcome, Call to Order and Consider for Approval: Minutes of the June 15, 2021 Board Meeting</td>
</tr>
</tbody>
</table>
| 1:05-2:10 | Consider for Approval: Cycle 3 2020 Research and Dissemination & Implementation (D&I) Award Slates  
  - Phased Large Awards for Comparative Effectiveness Research (PLACER) PFA  
  - Suicide Prevention: Brief Interventions for Youth Targeted PFA  
  - Broad PFAs  
  - Limited Competition Dissemination and Implementation PFA |
| 2:10-2:30 | Strategic Planning Update |
| 2:30 | Wrap-up and Adjournment |
Call for a Motion to:
• Approve the Minutes of the June 15, 2021 Board of Governors meetings

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
Overview of Award Slates to be Considered for Approval Today

Nakela L. Cook, MD, MPH
Executive Director
Four award slates are under consideration for approval today:

<table>
<thead>
<tr>
<th>PFA Type</th>
<th>Amount</th>
<th>PFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>$135M</td>
<td>Cycle 3 2020 Phased Large Awards for Comparative Effectiveness Research (PLACER)</td>
</tr>
<tr>
<td>Research</td>
<td>$37M</td>
<td>Cycle 3 2020 Targeted: Suicide Prevention: Brief Interventions for Youth</td>
</tr>
<tr>
<td>Research</td>
<td>$82M</td>
<td>Cycle 3 2020 Broad</td>
</tr>
<tr>
<td>D&amp;I</td>
<td>$1.4M</td>
<td>Cycle 3 2020 Limited Competition D&amp;I</td>
</tr>
<tr>
<td>Total</td>
<td>$255M</td>
<td></td>
</tr>
</tbody>
</table>
This is our first cycle of PLACER and thus we have no historical data for comparison

<table>
<thead>
<tr>
<th>Targeted PFAs</th>
<th>Historical Average</th>
<th>Cycle 3 2020 PLACER (Phased Large Awards)</th>
<th>Cycle 3 2021 PLACER (Phased Large Awards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOIs Submitted</td>
<td>N/A</td>
<td>109</td>
<td>TBD</td>
</tr>
<tr>
<td>LOIs Invited (% of LOIs Submitted)</td>
<td>N/A</td>
<td>60</td>
<td>55%</td>
</tr>
<tr>
<td>Applications Submitted (% of LOIs Invited)</td>
<td>N/A</td>
<td>52</td>
<td>87%</td>
</tr>
<tr>
<td>Applications Proposed for Funding (% of Applications Submitted)</td>
<td>N/A</td>
<td>5</td>
<td>10%</td>
</tr>
</tbody>
</table>
## FY2021 Funding Cycles in Context
### Targeted PFA Award Slates

LOIs, Applications, and Funding Rates were generally higher than historical averages:

<table>
<thead>
<tr>
<th>Targeted PFAs</th>
<th>Historical Average*</th>
<th>Cycle 3 2020 Suicide Prevention</th>
<th>Cycle 2 2021 Maternal Outcomes</th>
<th>Cycle 2 2021 Mental Health &amp; IDD</th>
<th>Cycle 2 2021 Urinary Incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOIs Submitted</td>
<td>15</td>
<td>29</td>
<td>26</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>LOIs Invited</td>
<td>73%</td>
<td>16</td>
<td>17</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(% of LOIs Submitted)</td>
<td>55%</td>
<td>65%</td>
<td>22%</td>
<td>71%</td>
</tr>
<tr>
<td>Applications Submitted</td>
<td>73%</td>
<td>13</td>
<td>81%</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>(% of LOIs Invited)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications Proposed for Funding</td>
<td>21%</td>
<td>4</td>
<td>31%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(% of Applications Submitted)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Historical Average based on experience from 2018-2020
**FY2021 Funding Cycles in Context**

**Broad PFA Award Slates**

LOIs, Applications, and Funding Rate were similar to historical averages:

<table>
<thead>
<tr>
<th>Broad PFAs</th>
<th>Historical Average*</th>
<th>Cycle 3 2020 Broad PFAs</th>
<th>Cycle 1 2021 Broad PFAs</th>
<th>Cycle 2 2021 Broad PFAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOIs Submitted</td>
<td>184</td>
<td>195</td>
<td>141</td>
<td>82</td>
</tr>
<tr>
<td>LOIs Invited (% of LOIs Submitted)</td>
<td>51%</td>
<td>109 (52%)</td>
<td>87 (62%)</td>
<td>40 (49%)</td>
</tr>
<tr>
<td>Applications Submitted (% of LOIs invited)</td>
<td>75%</td>
<td>81 (53%)</td>
<td>56 (64%)</td>
<td>TBD</td>
</tr>
<tr>
<td>Applications Proposed for Funding (% of Applications Submitted)</td>
<td>15%</td>
<td>19 (17%)</td>
<td>TBD</td>
<td>-</td>
</tr>
</tbody>
</table>

* Historical Average based on experience from 2018-2020
LOIs, Applications, and Funding Rate were similar to historical averages

<table>
<thead>
<tr>
<th>Limited Competition (LC) D&amp;I PFAs</th>
<th>Historical Average*</th>
<th>Cycle 3 2020 D&amp;I LC PFA</th>
<th>Cycle 1 2021 D&amp;I LC PFA</th>
<th>Cycle 2 2021 D&amp;I LC PFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOIs Submitted</td>
<td>13</td>
<td>6</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>LOIs Invited (% of LOIs Submitted)</td>
<td>77%</td>
<td>4</td>
<td>67%</td>
<td>4</td>
</tr>
<tr>
<td>Applications Submitted (% of LOIs invited)</td>
<td>70%</td>
<td>3</td>
<td>75%</td>
<td>3</td>
</tr>
<tr>
<td>Applications Proposed for Funding (% of Applications Submitted)</td>
<td>29%</td>
<td>1</td>
<td>33%</td>
<td>TBD</td>
</tr>
</tbody>
</table>

* Historical Average based on experience from 2018-2020
## Today’s Proposed Research and D&I Commitments in Context of FY2021 Commitment Plan

<table>
<thead>
<tr>
<th>Research and D&amp;I PFAs Funded in This Cycle</th>
<th>Commitment Target for Research and D&amp;I in FY2021</th>
<th>Cumulative FY2021 Research and D&amp;I Funding with today’s slates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research, Cycle 3 2020:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PLACER</td>
<td>$380M*</td>
<td>$362M**</td>
</tr>
<tr>
<td>• Broad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Targeted: Suicide Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D&amp;I, Cycle 3 2020:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited Competition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Commitment Target for FY2021 includes $340M for Research and $40M for D&I

**Cumulative commitments include the $11M for Cycle 2 2021 Expedited COVID-19 PFA award slate
Research Award Slates

Barbara McNeil, MD, PhD
Chair, Selection Committee
Phased Large Awards for Comparative Effectiveness Research (PLACER)

Cycle 3 2020 Award Slate

Anne Trontell, MD, MPH
Associate Director, Clinical Effectiveness and Decision Science
Objective of this PFA: Support large-scale, high-impact randomized trials in CER with attendant risks of achieving their research aims and thus merit an initial phase of testing and refinement to

- determine their feasibility and viability
- maximize the likelihood of full-scale trial success.

**Total Direct Costs:** Up to $22M per award
- Up to $2M (feasibility phase)
- Up to $20M (full-scale study phase)

**Project Duration:** Up to 6.5 years per award
- Up to 1.5 years (feasibility phase)
- Up to 5 years (full-scale study phase)

**Funds Allocated:** $150M
Cycle 3 2020 – Phased Large Awards for Comparative Effectiveness Research (PLACER)
Slate of 5 Recommended Projects

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Proposed Total Award*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving Blood Pressure Goals After Stroke</td>
<td>$135M</td>
</tr>
<tr>
<td>Large pragmatic trial to prevent suicide attempts, deaths in moderate-to-high risk youth</td>
<td></td>
</tr>
<tr>
<td>PRECIDENTD (PREvention of Cardiovascular and Diabetic kidney disease in Type 2 Diabetes)</td>
<td></td>
</tr>
<tr>
<td>Specialty Compared to Oncology delivered Palliative Care for Patients with Acute Myeloid Leukemia (SCOPE-Leukemia)</td>
<td></td>
</tr>
<tr>
<td>THRIVE: Trajectories of Recovery after Intravenous Propofol vs inhaled Volatile anesthesia</td>
<td></td>
</tr>
</tbody>
</table>

* 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
Project 1: Achieving Blood Pressure Goals After Stroke

• **Research Question:** What is the effectiveness of two evidence-based strategies to reduce blood pressure (BP) at home?

• **Population and Setting:** Stroke patients in the “Stroke Belt” of the US, ≥18 years of age, discharged home from the hospital or inpatient rehabilitation, with systolic BP (SBP) ≥ 130 mm Hg at baseline

• **Comparators:** *Intensive Tailored Telehealth Management (ITTM):* digital home BP monitoring and transmission, tailored BP-focused care plan and health coaching, community service referrals, and clinician visits via telehealth vs. *Intensive Clinic Management (ICM):* self-monitoring of BP, in-person clinic visits, standard care planning and health coaching

• **Outcomes of Interest:**
  
  *Primary:* SBP control (proportion of patients with SBP ≤ 130 mm Hg at 6 months follow-up)
  
  *Secondary:* 1-year incidence of major adverse cardiovascular events (MACE)
Project 2: Large pragmatic trial to prevent suicide attempts, deaths in moderate-to-high risk youth

• **Research Question:** Is a stepped-care suicide prevention program with dialectical behavioral therapy (DBT) superior to the Zero Suicide program in reducing suicide attempts among moderate-to-high risk youths?

• **Population & Setting:** Youth ages 13-17 at moderate-to-high risk for self-injury and suicide; four participating integrated healthcare systems

• **Comparators:** *Stepped care intervention:* three levels of service of increasing intensity determined by patient's risk level including monthly care management (CM), weekly CM plus safety planning (SP) and motivational interviewing (MI), and weekly CM, SP, MI plus DBT vs. *Zero Suicide (standard of care):* suicide/depression screening (PHQ-9), risk assessment (Columbia-Suicide Severity Rating Scale or C-SSRS), safety planning, and evidence-based treatment for depression (e.g., psychopharmacology, cognitive behavioral therapy)

• **Outcomes of Interest:**
  
  *Primary:* time to self-injury and/or suicide attempt
  
  *Secondary:* receipt of stepped care services, mental/behavioral health diagnoses, utilization of general and mental healthcare services, PHQ-9 score, GAD-7 score, C-SSRS score, completion of safety plan
  
  *Qualitative:* subgroup interviews using RE-AIM model (reach, effectiveness, adoption, implementation, maintenance)
Project 3: PRECIDENTD (PREvention of Cardiovacular and Diabetic Kidney disease in Type 2 Diabetes)

• **Research Questions:** In patients with type 2 diabetes (T2DM) and Atherosclerotic Cardiovascular Disease (ASCVD) or at high ASCVD risk, with treatment with SGLT2 inhibitors (SGLT2i) or GLP-1 receptor agonists (GLP-1 RA) result in better cardiorenal or mortality outcomes? Further, does the combination of the two classes of medications, which have additive adverse effects and costs, offer any further cardiorenal benefit compared to one of these classes alone?

• **Population & Setting:** Adults aged 40-80 years with T2DM and ASCVD or at high ASCVD risk at 30-40 sites at healthcare systems across the United States, including 20+ sites at several PCORnet networks

• **Comparator(s):** SGLT2i monotherapy vs. GLP-1 RA monotherapy vs. SGLT2i and GLP-1 RA combination therapy

• **Outcomes:**
  - **Primary:** Composite of the total (first and recurrent) number of episodes of MI, stroke, arterial revascularization; hospitalization for heart failure, end stage kidney disease or transplantation, and all-cause mortality
  - **Secondary:** The total burden of adverse events (severe hypoglycemic episodes, diabetic ketoacidosis, genital fungal infections, amputation, fractures, worsening diabetic retinopathy, pancreatitis, and gall bladder disease) and patient-reported outcomes such as medication adherence, treatment satisfaction, and overall health
Project 4: Specialty Compared to Oncology delivered Palliative Care for Patients with Acute Myeloid Leukemia (SCOPE-Leukemia)

- **Research Question:** Is palliative care (PC) delivered by Oncology clinicians (“primary PC”) non-inferior to specialty PC for improving quality of life (QOL) among hospitalized patients diagnosed with acute myeloid leukemia (AML)?

- **Population & Setting:** Hospitalized adult patients diagnosed with acute myeloid leukemia (AML) receiving intensive chemotherapy and their caregivers

- **Comparators:** Primary PC (palliative care delivered by Oncology clinicians) vs. Specialty PC (care delivered by a Specialty Palliative Care Clinician)

- **Outcomes of Interest:**
  - *Primary:* Patient self-reported QOL
  - *Secondary:* Patients and Caregivers: Depression, anxiety, end-of-life communication, prognostic understanding, coping; Patients: PTSD, end-of-life care delivery, symptom burden, satisfaction with palliative care; Caregivers: QOL, caregiver burden
Project 5: THRIVE: Trajectories of Recovery after Intravenous Propofol vs inhaled Volatile anesthesia

• **Research Question:** In a comparison between intravenous propofol and inhaled volatile anesthetic, which technique yields a superior post-operative recovery and a non-inferior intraoperative experience of surgery?

• **Population & Setting:** Patients aged ≥18 undergoing elective non-cardiac surgery expected to last ≥60 min requiring general anesthesia, including a tracheal tube or laryngeal mask airway, at acute care hospitals, ambulatory surgery centers, and specialty surgery centers.

• **Comparators:** Propofol Total Intravenous Anesthesia (TIVA) vs. Inhaled Volatile (isoflurane, sevoflurane, or desflurane).

• **Outcomes of Interest:**
  
  *Primary:* Patient-reported Quality of Recovery-15 (measuring physical comfort, physical independence, psychological support, emotional state, and pain) and unintended intraoperative awareness with recall.

  *Secondary:* Delirium, functional status, kidney injury, pulmonary failure, and mortality.
Call for a Motion to:

- Approve funding for the recommended slate of awards from the Cycle 3 2020 –Phased Large Awards for Comparative Effectiveness Research (PLACER) PFA

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
Suicide Prevention: Brief Interventions for Youth
Cycle 3 2020 Award Slate

Els Houtsmuller, PhD
Associate Director, Healthcare Delivery & Disparities Research
Objective of this PFA:
To fund large, randomized controlled trials and/or observational studies that compare the effectiveness of brief suicide-prevention interventions for youth ages 15 to 24, with particular interest in culturally adapted approaches for specific populations at increased risk.

Funds Allocated: $30M
Total Direct Costs per Project: Up to $10M
Maximum project period: 5 years
## Cycle 3 2020 – Suicide Prevention: Brief Interventions for Youth
Slate of 4 Recommended Projects

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Proposed Total Award*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Comparison of Two Brief Suicide Prevention Interventions Tailored for Youth on the Autism Spectrum</td>
<td>$37M</td>
</tr>
<tr>
<td>Comparative Effectiveness of Two Culturally Centered Suicide Intervention for Alaska Native Youth</td>
<td></td>
</tr>
<tr>
<td>Preventing Suicide among Sexual and Gender Diverse Young Adults in Primary Care in Texas</td>
<td></td>
</tr>
<tr>
<td>Youth Partners in Care for Suicide Prevention (YPIC-SP)</td>
<td></td>
</tr>
</tbody>
</table>

* 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 recommended slate of awards from the Cycle 3 2020 –Suicide Prevention: Brief Interventions for Youth PFA

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
Broad PFAs
Cycle 3 2020 Award Slate

Steve Clauser, PhD, MPA
Program Director, Healthcare Delivery and Disparities Research

Holly Ramsawh, PhD
Senior Program Officer, Clinical Effectiveness and Decision Science

Stanley Ip, MD
Interim Program Director, Clinical Effectiveness and Decision Science
## Project Title

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Proposed Total Award**:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Ehavioral Health Stratified Treatment (BEST) to optimize transition to adulthood for youth with IDD</td>
<td>$52M</td>
</tr>
<tr>
<td>Black midwives for Black women: Maternity care to improve trust and attenuate structural racism</td>
<td></td>
</tr>
<tr>
<td>Clinically-integrated Breastfeeding Peer Counseling to Promote Breastfeeding Equity</td>
<td></td>
</tr>
<tr>
<td>Culturally Adapted Online Couples Communication Program for Latina Breast Cancer Patients*</td>
<td></td>
</tr>
<tr>
<td>Evaluation of telehealth services on mental health outcomes for people with IDD</td>
<td></td>
</tr>
<tr>
<td>Reducing Racial Disparities in Maternal Care through Data-Based Accountability and Doula Support</td>
<td></td>
</tr>
<tr>
<td>The Path to Optimal Black Maternal Heart Health: Comparing Two CVD Risk Reduction Interventions</td>
<td></td>
</tr>
<tr>
<td>Vida Sana y Completa Trial: Treating obesity and food insecurity among Latina women*</td>
<td></td>
</tr>
</tbody>
</table>

*Resubmission

** 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
## Project Title

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Proposed Total Award**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparative Effectiveness Trial of Two Supportive Cancer Care Delivery Models for Adults with Cancer*</td>
<td>$14M</td>
</tr>
<tr>
<td>Comparing Two Ways to Manage Lymphedema in Head and Neck Cancer Survivors*</td>
<td></td>
</tr>
<tr>
<td>Evaluating the Effectiveness of Mode of Meal Delivery on the Ability of Homebound Older Adults to Remain in the Community*</td>
<td></td>
</tr>
</tbody>
</table>

*Resubmission

** 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
## Slate of 2 Recommended Projects

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Proposed Total Award**:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Therapy vs. Cognitive-Behavioral Therapy for Cancer-related Anxiety (MELODY)</td>
<td>$10M</td>
</tr>
<tr>
<td>Treat-to-Target of Endoscopic Remission in Patients with IBD in Symptomatic Remission: Pragmatic RCT*</td>
<td>$10M</td>
</tr>
</tbody>
</table>

*Resubmission

**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 3 2020 – Improving Methods for Conducting PCOR
Slate of 6 Recommended Projects

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Proposed Total Award*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Computation approaches for integrating data to assess effect heterogeneity</td>
<td>$6M</td>
</tr>
<tr>
<td>Design and Methodological Development for a Patient Preference SMART*</td>
<td></td>
</tr>
<tr>
<td>Mixed Data Meta Analysis: Integration of Individual Participant and Aggregate Data*</td>
<td></td>
</tr>
<tr>
<td>New methods for planning cluster randomized trials to detect treatment effect heterogeneity</td>
<td></td>
</tr>
<tr>
<td>Semantic Data Quality Standards for Multi-Center Clinical Research Studies and Networks*</td>
<td></td>
</tr>
<tr>
<td>Studying Methods for Ethical and Human Subjects Protections Issues in Digital Health PCOR/CER</td>
<td></td>
</tr>
</tbody>
</table>

*Resubmission

**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 recommended slate of awards from the Cycle 3 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

Voice Vote:

- Vote to Approve the Final Motion
  - Ask for votes in favor, opposed, and abstentions
Limited Competition: Dissemination and Implementation PFA
Implementation of PCORI-Funded Patient-Centered Outcomes Research Results
Cycle 3 2020 Award Slate

Sharon Levine, MD
Vice Chair, Engagement, Dissemination, and Implementation Committee

Joanna Siegel, SM, ScD
Director, Dissemination and Implementation Program
# Project Title

Implementing an Intervention to Address Concerns of Older Patients with Cancer Receiving Chemotherapy and Their Caregivers

| Proposed Total Award* | $1.4M |

*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.
Board Vote

Call for a Motion to:
• Approve funding for the recommended award slate from the Cycle 3 2020 Limited Competition Dissemination and Implementation PFA

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
Strategic Planning Update

Sharon Levine, MD
Co-Chair, Strategic Planning Committee

Nakela L. Cook, MD, MPH
Co-Chair, Strategic Planning Committee
National Priorities Public Comment Period
June 28–August 27

Help Shape PCORI's Proposed National Priorities
The proposed priorities will serve as a framework to guide PCORI's funding decisions and related initiatives. Let us know what you think — in English or in Spanish — during a 60-day comment period that ends on August 27.

Webinar About PCORI's Proposed National Priorities
Learn more about the proposed National Priorities for Health, PCORI and its mission, the various opportunities to provide input and shape the proposed priorities, and other elements of our strategic planning efforts.
MORE TO COME: Continued Engagement, Related Activities, and Strategic Plan

- Public Comment
- Congressional Re-authorization
- Stakeholder Input
- Learnings from the Past Decade
- Stakeholder Input
- Working Groups
- Public Comment

Priorities on the Health Horizon, National Academy of Medicine Convenings

External Priorities of Others

PUBLIC INPUT

NATIONAL PRIORITIES FOR HEALTH

RESEARCH AGENDA
Why is a Research Agenda Needed?

- Establishes framework through which PCORI achieves progress on National Priorities
- Supports ability to be responsive to evidence needs of stakeholders
- Fulfills statutory requirement
Where the Research Agenda Fits

National Priorities
• Broad areas that include the patient-centered comparative clinical effectiveness research (CER) PCORI supports
• Reflect priorities of patients, stakeholders, and the broader healthcare system
• Transparently demonstrate rationale for PCORI investments

Research Agenda
• Establishes research framework through which PCORI achieves progress on National Priorities
• Articulates and reflects evolving evidence needs of patients, stakeholders, and the broader healthcare system

Topic Development
• Process of ongoing cultivation and refinement of specific topics and/or sub-topics
• Questions refined with input from patient and stakeholder partners
• Articulates focused areas for funding
In speaking with stakeholders about the National Priorities, we heard comments that ranged from specific conditions to research-related issues for each priority.*

<table>
<thead>
<tr>
<th>Priority-specific</th>
<th>Cross-cutting</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Systemic and structural racism (health equity)</td>
<td>• PCORI's unique role</td>
<td>• Long COVID-19</td>
</tr>
<tr>
<td>• Evidence gaps (emerging innovations)</td>
<td>• Technological advances</td>
<td>• Obesity/Diabetes</td>
</tr>
<tr>
<td>• Telehealth (learning health system)</td>
<td>• Research, community partnerships</td>
<td>• Alzheimer’s, dementia, and neurological issues</td>
</tr>
<tr>
<td>• Health literacy (health communication)</td>
<td>• Health equity</td>
<td>• Mental health, addiction, substance abuse, suicide prevention</td>
</tr>
<tr>
<td>• Workforce training and capacity building (infrastructure)</td>
<td>• Data representativeness</td>
<td>• Palliative and hospice care</td>
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<td>• Evaluation and metric development</td>
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*Not exhaustive
Anticipated Timeline

- **July**: Strategic Planning Update
- **Aug**: Board discussion on Research Agenda
- **Sept**: Board considers final National Priorities for adoption
- **Oct**: SPC recommends Research Agenda
- **Nov**: Board considers Research Agenda for public comment
- **Dec**: SPC begins Strategic Plan development
- **Jan**: Board considers final Research Agenda for adoption
- **Feb**: Public Comment, National Priorities
- **Mar**: Board approves final Strategic Plan
- **Apr**, **May**: Strategic Plan Development

Note: Methodology Committee focus, MMM, and IDD decision points to be added when dates become available
Wrap Up and Adjournment

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