



Health Systems Implementation Initiative

REQUEST FOR INFORMATION

RFI # HSII-2021

5/20/2021

KEY DATES	
Request for Information Released	5/20/2021
Deadline for Questions	6/24/2021
Information Due	7/15/2021

Issued By

Patient-Centered Outcomes Research Institute (PCORI)

About PCORI

In 2012, Congress authorized PCORI as a non-profit, nongovernmental organization incorporated in the District of Columbia. The authorizing law establishes PCORI's purpose, significant parts of its governance structure (including the appointment of PCORI's Board of Governors and Methodology Committee) and outlines key responsibilities and requirements of PCORI. The authorizing law was amended in legislation that was signed into law on December 20, 2019. PCORI is charged with helping patients, clinicians, purchasers, and policymakers make better-informed health decisions by "advancing the quality and relevance of evidence about how to prevent, diagnose, treat, monitor, and manage diseases, disorders, and other health conditions." It does this by funding research guided by patients, caregivers, and the broader healthcare community, which results in high-integrity, evidence-based information. PCORI's strong patient-centered orientation directs attention to individual and system differences that may influence research strategies and outcomes.

PCORI is committed to transparency and a rigorous stakeholder-driven process that emphasizes patient engagement. PCORI uses a variety of forums and public comment periods to obtain public input to enhance its work.

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Purpose of this Notice

This notice is for exploratory purposes to inform the development of a planned funding initiative. PCORI wishes to learn about health systems' interest in undertaking implementation projects under contract to PCORI, to improve care delivery based on findings from PCORI-funded research and related evidence. Further, PCORI seeks feedback regarding the incentives and support that would enable health systems to undertake these activities.

This Request for Information (RFI) should not be construed as an intent, commitment, or promise to issue funding opportunities or to fund any project. PCORI will use information submitted by respondents at its own discretion and will not provide comments in response to respondent submissions. PCORI will not reimburse RFI respondents for any expenses associated with responding to this RFI, although PCORI sincerely appreciates respondents' efforts and input.

Background

PCORI's authorizing legislation and emphasis on dissemination and implementation

The Patient-Centered Outcomes Research Institute (PCORI) was authorized by Congress in 2010, and reauthorized for an additional ten years in 2019, as a nonprofit, nongovernmental organization. PCORI produces high-quality, reliable evidence from comparative clinical effectiveness research (CER) guided by patients, caregivers, and the broader healthcare community, in order to improve healthcare and patient outcomes. PCORI's legal mandate directs the Institute to disseminate and promote the uptake of research findings to improve the quality and relevance of evidence available to help patients, caregivers, clinicians, employers, insurers, and policymakers make better-informed health decisions.

PCORI's Dissemination and Implementation (D&I) Program is charged with heightening awareness of the results from PCORI-funded research and with advancing efforts to put these findings into practice. Programmatic efforts to address the challenge of increasing uptake of evidence include competitive implementation awards through PCORI Funding Announcements (PFAs), as well as programs and activities that promote the visibility and availability of PCORI-funded research, such as translating new findings into understandable summaries for posting on the PCORI website and providing public access to journal articles that present findings.

At this juncture, PCORI seeks to put in place a new initiative that will support **health systems** to integrate into practice evidence developed through PCORI-funded studies and supported by the larger body of evidence. The goal of this initiative, described below in greater detail, is to harness the central role of healthcare delivery organizations to directly integrate evidence-based practices into the structure and workflow of their service delivery, shortening the time from evidence generation to its uptake in health systems and demonstrating pathways to facilitate uptake by other organizations.

Health Systems Implementation Initiative: Overview

PCORI's planned **Health Systems Implementation Initiative (HSII)** will provide a channel to facilitate system-wide, real-world uptake and use of evidence in healthcare delivery systems. Applicants under this initiative – healthcare delivery systems and provider-aligned health plans -- will have the opportunity to propose the approaches, mechanisms, and pathways to support changes in care and care delivery, reflecting evidence from specific PCORI-funded research, in ways that will improve health care and patient health outcomes. HSII Participants will implement these changes within their healthcare systems and evaluate the extent to which the changes improve the care they provide and warrant sustainment and further scale-up within their organizations and beyond.

As such, the goals of the Health Systems Implementation Initiative are to:

- **Engage the comprehensive expertise and reach that reside in healthcare delivery systems and in provider-aligned health plans**, to develop and put in place feasible and workable approaches for implementing evidence-based practices in real-world settings.
- **Speed the uptake of evidence-based practices within these systems**, in ways that have potential for widespread adoption, maintenance, and scale-up.
- **Conduct program evaluation** to document the success or gaps in uptake resulting from strategies health systems put in place, in order to support future, nationwide scale-up.

Although the planned initiative will support program evaluation as noted above, it is important to note that this initiative does not have the primary goal of supporting research on implementation. That is, the initiative's goals relate to achieving uptake of evidence and documenting this achievement, rather than gaining generalizable knowledge to advance the science. (Applicants having a primary interest in implementation science may contact PCORI's Dissemination & Implementation Program to discuss potential opportunities.)

PCORI Evidence to be the Focus of Implementation Initiatives

As a basis for Implementation Projects under this initiative, PCORI will identify evidence from PCORI-funded research which, in the context of related evidence, has the potential to improve health outcomes or healthcare delivery. HSII Participants will have input into the selection of this evidence.

In some cases, evidence will relate to a tested intervention, such as a decision aid shown to effectively promote shared decision making for a preference-sensitive condition. In other cases, research findings will require inclusion in a format or intervention to facilitate implementation, such as evidence regarding an effective screening strategy that could be incorporated into audit and feedback programs or alert systems for clinicians.

Implementation Opportunities for Participating Health Systems

Under the proposed initiative, participating health systems will have the opportunity to propose the implementation approaches that they believe will work best to achieve uptake of this specific evidence within the context of their specific organization. The initiative will support activities that adapt interventions, train staff (e.g., physicians, nurses, care coordinators, house staff, etc.), refine IT infrastructure, and otherwise build and deploy systems and interventions to change practice. Implementation approaches must have potential for widespread adoption, maintenance, and scale-up.

Health Systems Implementation Initiative - Request for Information

This **Request for Information** is to obtain input from potential applicants who would be interested in the planned Health Systems Implementation Initiative. **We request feedback on the elements described below, as well as responses to specific questions at the end of this document.**

Eligibility — Eligible organizations will include a variety of healthcare delivery systems, which may include ambulatory care, emergency departments, urgent care, inpatient hospitals, primary care, specialty clinics, small or large specialty or multi-specialty group practices, research and academic affiliate hospitals, long-term care, provider-aligned or integrated health plans, critical access hospitals (CAH) and other rural health systems, and Federally Qualified Health Centers (FQHCs) or other community-based health centers. Implementation may occur throughout an entire healthcare delivery system – that is, all affiliated sites – or in a substantial portion of the system, as appropriate.

Successful applicants will be expected to demonstrate:

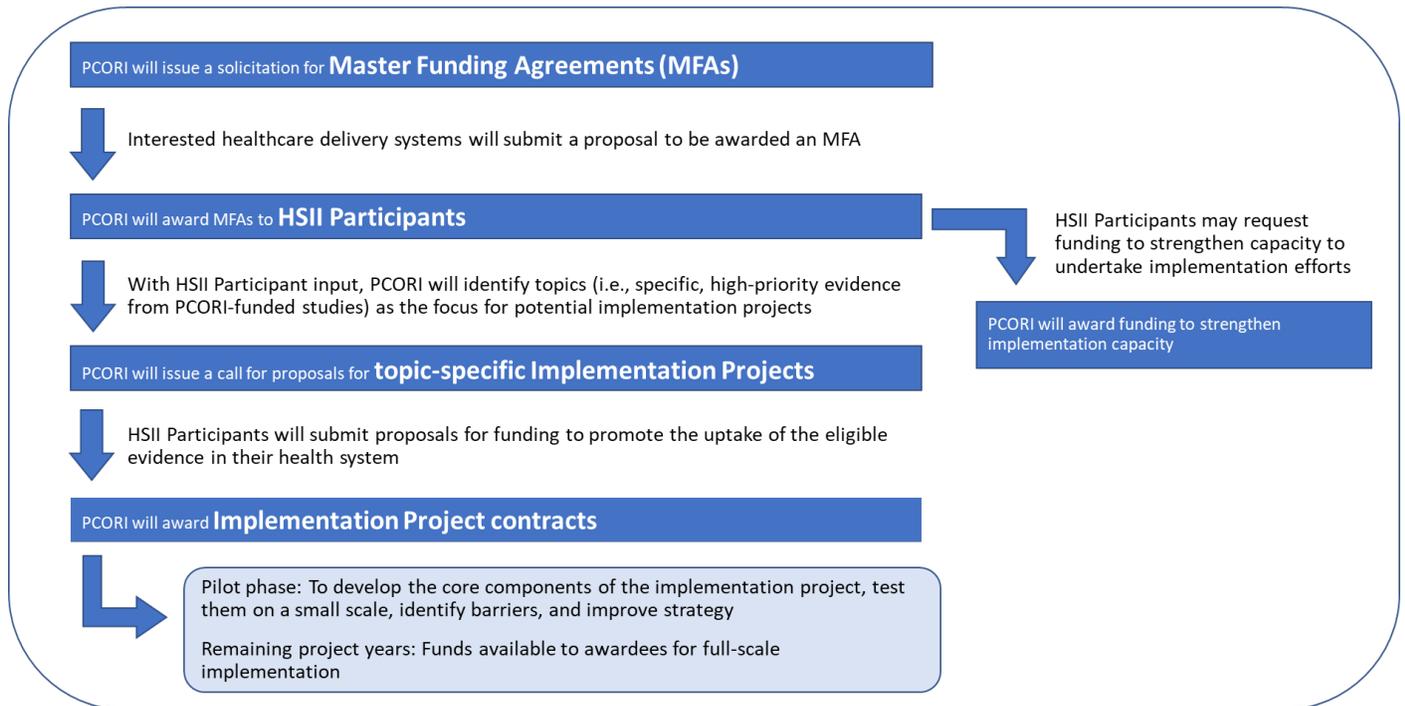
- Significant reach (total number) of patients, clinicians, and sites within their health system. Reach can be demonstrated by numbers of healthcare sites (hospitals, clinics), plan membership for integrated delivery systems, patient visit or admissions volume, diversity of care sites, or other metrics.
- Diversity of reach, i.e., serving a range of demographic groups or focusing on one or more vulnerable population groups.
- Leadership committed to, and demonstrated ability to achieve, the implementation of evidence-based practices to improve care delivery and health outcomes.
- Evaluation capacity sufficient to track implementation, confirm fidelity of interventions as implemented, and measure health and healthcare outcomes.

Award Process — We anticipate this initiative will have a two-step award process (Fig. 1).

- (1) Interested organizations will submit a proposal **to be awarded a master funding agreement (MFA)** based on demonstration of the capacities outlined in the above eligibility criteria.
- (2) Participants awarded an MFA will:
 - Be eligible to submit proposals for **Implementation Projects** to promote the uptake of specific high-priority evidence in their health system.
 - Participate in regular meetings as part of a **Learning Network**. Learning Network members will provide input to PCORI on (or nominate) evidence to be the focus for Implementation Projects, consider best practices in using specific implementation strategies, and discuss other topics integral to the success of this initiative, such as evaluation metrics.

- Be able to apply for **Capacity Building funding** to bolster their existing capacity¹ to undertake Implementation Projects under this initiative (independent of any specific topics). These funds will be available to each Participant during the initial 18 months of the MFA contract.

Figure 1: Award Process Overview



Proposal Requirements:

(1) Master Funding Agreement (MFA) proposal requirements will include the following:

- Organization plan describing the structure and relationships among units in the system, numbers of sites and geographic coverage, Electronic Health Record/IT structure, etc. Includes description of organizational management oversight as relevant to this initiative.
- Staffing description, including numbers and types of clinicians and other staff involved in the delivery system, as well as staff involved in quality improvement or other projects relevant to this initiative.
- Description of services provided throughout the system; description of patient populations and numbers served. Includes information on underserved and/or vulnerable populations served.

¹ Capacity-building activities may include, for example, developing internal teams that will oversee and manage implementation projects; assessing readiness and redesigning professional roles and responsibilities; strengthening partnerships with stakeholder groups to support change and enhance sustainability; enhancing data infrastructure to facilitate evaluation of implementation initiatives. Capacity building funds cannot be used to provide temporary support for functions that a health system will require for long-term sustainment of an intervention.

- Description of previous experience implementing system-wide initiatives to improve delivery of evidence-based care and evaluation of these initiatives.
- Description of relationships with diverse stakeholder groups (e.g., patient advisory groups, patient/family advisory councils, regional/national groups, professional organizations/clinical specialty societies) able to contribute to the design and execution of implementation projects.
- Commitment to make implementation materials and tools, developed using PCORI funds, publicly available.

(2) Implementation Project Proposal Requirements: Implementation Projects will include an initial 1-year Pilot to develop the core components of the project, test these on a small scale, and improve the strategy before bringing them to scale in the full project. Successful Participants will be awarded contracts covering the full project award; awarded funds will be made available contingent on achievement of specific project milestones and deliverables.

- Technical Proposal: Will include a detailed implementation plan that specifies the implementation approach and strategies the Participant is proposing, based on implementation science and previous successful implementation activities, including a plan for the initial 1-year pilot period. Will also include an organization and staffing plan, evaluation plan, and sustainability and maintenance plan specific to the proposed project.
- Price Proposal: Will include personnel costs, staff, training, IT costs (including EHR adaptations), and other direct expenses. (PCORI may indicate a not-to-exceed amount for each Implementation Project based on the topic and on PCORI's goals with respect to this topic.)

4. As funding to support **capacity building** (mentioned above), we are considering offering the amount of \$500,000 to HSII Participants to assist them in preparing to undertake and to evaluate Implementation Projects.
- Please comment on this opportunity – will this Capacity Building funding enable HSII Participants to undertake meaningful preparations? Are the funds an attractive incentive and support for potential applicants?
 - Is participation in the Learning Network, as described above, a welcome opportunity or a burden?
5. **What characteristics of a participating organization** do you believe are most essential for success in this initiative – to undertake a system-wide effort to change practice and sustain those changes? What should PCORI look for in strong candidates?
6. **How should PCORI define adequate reach** for this initiative, bearing in mind that the goal of the initiative is to build toward and accomplish meaningful changes in U.S. healthcare delivery?
7. **What questions do you have about the proposed initiative** that we should address as we develop materials to request proposals for this initiative?

Submission Instructions

Please submit responses to this RFI as a PDF, emailed to HSII-RFI@pcori.org, by **July 15, 2021**. Responses should not exceed 10 pages (single-sided, single-spaced, 12pt font or larger). Brevity and structured format, such as bulleted items, are encouraged.

All information must be furnished in writing. All proprietary information should be marked as such; responses will be held as confidential. PCORI will provide confirmation of response submission, but respondents will not receive individual feedback. Please submit any questions or inquiries to the email address above. PCORI will post responses to frequently asked questions at www.pcori.org/HSII-FAQ no later than July 1, 2021.

PCORI views this RFI as an opportunity for interested organizations to contribute information based on their knowledge and experience.

PCORI encourages participation, acknowledging that participation is completely voluntary. You may choose to answer all or some of the questions above.

Due Date

Responses are due no later than **4:00 pm** Eastern Time on **July 15, 2021**.