Cycle 1 2018 Funding Cycle

Limited PCORI Funding Announcement: Dissemination and Implementation of PCORI-Funded Patient-Centered Outcomes Research Results

Published January 16, 2018

This limited PCORI Funding Announcement (PFA) applies to the funding cycle that closes on May 16, 2018, at 5 p.m. (ET). Application Guidelines, templates, and other resources are available at https://www.pcori.org/funding-opportunities/announcement/dissemination-and-implementation-cycle-1-2018.
About PCORI

The Patient-Centered Outcomes Research Institute (PCORI) is committed to transparency and a rigorous stakeholder-driven process that emphasizes patient engagement. PCORI uses a variety of forums and public comment periods to obtain public input to enhance its work. PCORI helps people make informed healthcare decisions and improves healthcare delivery and outcomes by producing and promoting high-integrity, evidence-based information that comes from research guided by patients and other stakeholders.

PCORI was authorized by Congress in 2010 as a nonprofit, nongovernmental organization. PCORI’s purpose, as defined by our authorizing legislation, is to help patients, caregivers, clinicians, policy makers, and other healthcare system stakeholders 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.”
**Overview**

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<th>Published</th>
<th>January 16, 2018</th>
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<tr>
<td>Letter of Intent Deadline</td>
<td>February 13, 2018, by 5 p.m. (ET)</td>
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You must submit a Letter of Intent (LOI) to submit a full application. The Patient-Centered Outcomes Research Institute (PCORI) will screen LOIs for responsiveness to this limited PCORI Funding Announcement (PFA) and fit to program goals. Notification of denial or approval to submit a full application will occur no later than March 14, 2018.

**Summary**

The intent of this limited PFA is to move evidence developed with PCORI research funding toward practical use in improving health care and health outcomes. PCORI will fund projects that aim to disseminate and implement patient-centered comparative clinical effectiveness research (CER) results obtained from PCORI-funded studies. This limited PFA gives PCORI investigators the opportunity—following the generation of results from their PCORI research award—to propose the next step(s) for making their research results more useful, actionable, accessible, and available to targeted end-users of these findings.

**Applicant Resources**


**Key Dates**

- Online System Opens: January 16, 2018
- LOI Deadline: February 13, 2018, by 5 p.m. (ET)
- LOI Screening Notification: March 14, 2018
- Application Deadline: May 16, 2018, by 5 p.m. (ET)
- Merit Review: August 2018
- Awards Announced: No later than November 2018
- Earliest Project Start Date: January 2019

**Maximum Project Budget (Direct Costs)**

Up to $1,000,000 total direct costs

PCORI encourages projects at the level of $350,000 in direct costs but will accept applications requesting up to $1,000,000 in direct costs with clear and adequate justification. Applicants will indicate the funds requested from PCORI when submitting their LOI. PCORI will advise applicants who are invited to submit a full application as to the acceptability of the budget proposed in their LOI.

In general, adequate justification for requesting larger budgets and/or additional time will include a demonstrable ability to significantly increase the reach (i.e., substantially more targeted end users), generalizability (applicability of intervention across different groups, systems, settings), and uptake (use and adoption among more systems, settings or sites) of the evidence proposed for dissemination and implementation.
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<th><strong>Maximum Project Period</strong></th>
<th><strong>Up to three years</strong></th>
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<td>PCORI encourages projects that will be completed within a 2-year project period but will accept requests for a longer project period up to 3 years with clear and adequate justification. Applicants will indicate the intended project period when submitting their LOI. PCORI will advise applicants who are invited to submit a full application as to the acceptability of the proposed project period.</td>
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<th><strong>Funds Available Up to</strong></th>
<th><strong>$9 million per year</strong></th>
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<td><strong>Eligibility</strong></td>
<td><strong>Evidence Readiness</strong>: Applicants must propose a feasible and logical next step(s) for disseminating and/or implementing a clinically meaningful finding or findings associated with a PCORI-funded CER study. Only projects proposing to disseminate or implement findings from PCORI CER studies that (a) tested a research hypothesis and (b) evaluated comparative clinical effectiveness of two or more comparators will be responsive to this PFA. (Note: These requirements do not apply to methods studies.)</td>
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<td><strong>PCORI Research Awardees</strong>: Recipients of PCORI research awards, including Broad PCORI Awards, Pilot Projects Program Awards, Targeted PCORI Awards, Pragmatic Clinical Study Awards, and PCORI-funded demonstration projects occurring within the National Patient-Centered Clinical Research Network (PCORNet) infrastructure (e.g., ADAPTABLE and obesity trials) are eligible to respond to this PFA. Applications associated solely with Eugene Washington PCORI Engagement Awards and Pipeline to Proposal Awards are not eligible for this limited PFA. <strong>NOTE</strong>: although eligible to apply, Pilot Projects must still meet all of the PFA requirements to be considered responsive. Some of the requirements (e.g., evidence readiness) may be difficult for Pilot Projects to satisfy.</td>
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<td><strong>Organization</strong>: Private-sector research organizations, including any nonprofit or for-profit organization, and any public-sector research organizations, including any university or college hospital or healthcare system; any laboratory or manufacturer; or any unit of local, state, or federal government may submit applications. The Internal Revenue Service must recognize all U.S. applicant organizations. Nondomestic components of organizations based in the U.S. and foreign organizations may apply, as long as there is demonstrable benefit to the U.S. healthcare system and U.S. efforts in the area of patient-centered research. Organizations may submit multiple funding applications. Individuals may not apply.</td>
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<td><strong>Personnel</strong>: The Principal Investigator (PI) of the original PCORI-funded research project must write a Letter of Support if he or she is not the proposed PI of the current application. If the organization submitting an application in response to this PFA is not the original PCORI awardee institution, then the PI of the original PCORI-funded study – or another member of the original research team who played a significant role – must be involved as project personnel in the proposed D&amp;I project.</td>
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| **Timing**: Applicants must propose to implement PCORI results that are available at the time of the application due date. Specifically, (1) a draft final research report (DFRR)
pertaining to the original PCORI-funded research award must have been accepted for entry into the peer-review process by PCORI, or (2) a manuscript reporting the PCORI results being proposed for implementation must have been formally accepted for publication by a peer-reviewed scientific journal before the application due date for this PFA. Applicants may submit the mandatory LOI before PCORI has accepted the DFRR for peer review and before a scientific journal has accepted a manuscript.

Applicants relying on submission of the DFRR to meet the above requirement should be aware that PCORI will administratively withdraw applications submitted before PCORI’s acceptance of the DFRR for entry into the peer-review process. Note that it typically takes 6–8 weeks for processing, revision, and acceptance of high-quality DFRRs to enter into PCORI’s peer-review process; therefore, applicants should plan accordingly.

Applicants relying on publication of a peer-reviewed manuscript must document formal acceptance for publication of the manuscript before the application deadline, or PCORI will administratively withdraw the application.

Applicants will have one opportunity to resubmit an application that was reviewed and not funded in a previous cycle. See the Resubmission Policy (page 3) for more detail.

### Review Criteria

Please note that the merit review criteria for this PFA are different from those PCORI uses when reviewing research applications.

1. Importance of research results in the context of the existing body of evidence
2. Readiness of the research results for dissemination
3. Technical merit of the proposed dissemination or implementation project
4. Project personnel and environment
5. Patient-centeredness
6. Patient and stakeholder engagement

### Contact Us

**Programmatic Inquiries:** Please contact the PCORI Dissemination Helpdesk via email (disseminationquestions@pcori.org). PCORI will respond within two business days. However, we cannot guarantee that all questions will be addressed in two business days prior to an LOI or application deadline.

**Administrative, Financial, or Technical Inquiries:** Please contact the PCORI Helpdesk at pfa@pcori.org. PCORI will respond within two business days. Please note that during the week of a deadline, response times may exceed two business days. Applicants may also call the PCORI Helpdesk (202-627-1885). It is the applicant’s responsibility to submit the application on or before the application deadline.

### Other

Deadlines are at 5 p.m. (ET). If deadlines fall on a weekend or a federal holiday, the deadline will be the following Monday or the next day after the federal holiday.

**New or revised for the Cycle 1 2018 funding cycle:**

- The maximum allowable budget and project period have been increased. See the “Funds Available” section on page 4 for additional details.
- Because of the newly increased allowable project budget and project period, submission of “Greater Than” requests for funds and time greater than the standard allowance is no longer necessary and has been removed in this PFA.
- PCORI has revised its resubmission policy such that applicants are no longer restricted to a two-year period after submission of the DFRR, within which to resubmit their D&I application. See full resubmission policy on page 4 for additional details.
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I. Introduction

Summary of Program

The Patient-Centered Outcomes Research Institute (PCORI) has launched this funding initiative to support the investigator-initiated dissemination and implementation (D&I) of patient-centered, comparative clinical effectiveness research (CER) findings obtained from PCORI-funded studies. This will give PCORI investigators the chance, following the generation of results from their PCORI research award, to propose the next step(s) for making their research results more useful, actionable, and accessible to targeted end-users. The overarching objective of this limited PCORI Funding Announcement (PFA) is to promote and facilitate the effective and timely use of research evidence in the real world. As such, PCORI seeks to fund projects that do the following:

- Propose a logical and feasible next step(s) for D&I of clinically meaningful CER finding(s) to improve CER finding accessibility, usefulness, uptake, or impact among targeted end-users.  
  (Note: For the purposes of this limited PFA, a research finding includes any tools or other products that may have been developed or refined as part of the original PCORI study.)

- Propose to disseminate or implement findings from PCORI CER studies that (a) tested a research hypothesis and (b) evaluated the comparative clinical effectiveness of two or more comparators.  
  (Note: These requirements do not apply to methods studies.)

- Target end-users who can benefit directly from using the evidence that is the focus of the project. Alternatively, target end-users who are a critical link to achieving changes in health outcomes or health care.

- Restate your original study hypotheses, primary outcomes, and differences you are powered to detect. Then, clearly describe your key PCORI research findings as they relate to these hypotheses, supported by the required tables and figures. Investigators should discuss how the study findings relate to the body of evidence in the existing literature and current state of knowledge on the particular questions. Further, the investigator should identify the decision-making context in which the research findings are relevant, beyond the study setting. The findings must be applicable and generalizable to this context.

- Ensure that the proposed D&I plan for advancing use of the evidence in practice is informed and guided by an established conceptual model or framework.

- Clearly describe how the Project Plan incorporates the perspectives and experiences of patients and stakeholders, including individuals living with the disease or condition of interest. Also, describe how the host delivery systems and settings in which D&I is planned have been included, and demonstrate the commitment and involvement of those required to accomplish the project successfully.

- Propose an evaluation plan focusing on an appropriate balance of measurable process and short-, intermediate-, and longer-term outcomes to capture timely information on the effectiveness of the proposed D&I activities.
Describe the projected reach of this D&I initiative in terms of the following:

- **Absolute Number**: Total number of individuals you expect to reach with this D&I initiative.
- **Ultimate Target Population**: Estimated size of the population of individuals who ultimately stand to benefit from the results being disseminated, assuming future D&I efforts were put in place.
- **Representativeness**: Consideration of how those being targeted with this D&I initiative are similar to or different from the broader population of individuals who stand to benefit from the results being disseminated. Address the potential of the proposed project to inform future D&I efforts that could lead to broader uptake of the PCORI findings.

**Background**

U.S. healthcare organizations and agencies in the public and private sectors spend billions of dollars on research and service delivery programs each year, yet patients and stakeholders often lack sufficient information to make decisions regarding the most effective treatment strategies for their particular circumstances.\(^1\) The gap between what we know can optimize healthcare delivery and what is actually implemented in everyday practice remains one of the most important issues hindering the healthcare system and public health.\(^2,3\) Finding ways to enhance awareness and knowledge of useful and relevant information to help people and organizations make decisions (dissemination) and put them into practice (implementation) is essential to improving health care and health outcomes.

The concepts of D&I are sometimes used interchangeably to characterize the complete process of bringing evidence into practice. For the purposes of this limited PFA, we make the following distinction between D&I:

- **Dissemination** is the intentional, active process of identifying target audiences and tailoring communication strategies to increase awareness and understanding of evidence and to motivate its use in policy, practice, and individual choices.\(^4\) The purpose of dissemination is to spread and sustain knowledge and the associated evidence-based interventions. Consistent with this definition of dissemination as an active process, this limited PFA will not support projects primarily dependent on passive dissemination strategies (sometimes also called research diffusion), such as untargeted mass mailings, publication of study findings, and untargeted presentations to heterogeneous groups.\(^5\)

- **Implementation** is the deliberate, iterative process of integrating evidence into policy and practice by adapting evidence to different contexts and facilitating behavior change and decision making based on evidence across individuals, communities, and healthcare systems.\(^4\)

D&I share the ultimate goal of encouraging the use of evidence in individual decision making, policy, and

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practice. These processes involve stakeholder engagement and partnerships with people and organizations, and they are enhanced through ongoing evaluation. **For the current PFA, successful applications will propose context-appropriate strategies that address how research results are transmitted, interpreted, and delivered to diverse patient and stakeholder groups.**

**Potential Approaches**

PCORI is seeking projects that propose feasible and well-informed strategies for actively disseminating and implementing patient-centered outcomes research results, with the aim of increasing their accessibility, usefulness, uptake, and/or impact among targeted end-users. Specific strategies proposed for disseminating and implementing results of PCORI-funded research projects will vary based on a host of factors, including the finding being disseminated, the population(s) being targeted, and the goals of the D&I effort. PCORI encourages applicants to work closely with relevant stakeholder groups to identify appropriate D&I strategies. Examples of appropriate projects include, among others, efforts to do the following:

- Develop, demonstrate, and evaluate approaches for incorporating results of PCORI-funded research into decision-making settings for patients, providers, policy makers, and other stakeholders.
- Adapt the content, format, or vehicle for delivering CER research evidence to improve its penetration and use at the policy, health systems, clinical practice, caregiver, and patient levels.
- Demonstrate the capacity and ability to take research results found effective through PCORI research studies “to scale” in diverse settings and populations.
- De-implement or reduce the use of interventions that are not evidence based, have been widely adopted prematurely, or are harmful or wasteful.

All proposed D&I strategies must actively disseminate or implement findings to targeted end-users and evaluate the success of the D&I strategy. Applications proposing to translate or adapt a finding or product without a plan to actively disseminate or implement it will be considered nonresponsive.

**Collaborations**

Applicants may consider proposing projects involving collaboration to disseminate the results of multiple related PCORI-funded research studies. Collaborative D&I projects may take different forms. At a minimum, a collaborative project must involve the partnership of two or more PCORI-funded investigators partnering to disseminate the collective results of two or more PCORI-funded research studies that address a single or closely related condition, population, decision dilemma, or evidence gap. Collaborative projects must have demonstrated support from the Principal Investigator (PI) of each PCORI study whose findings are being disseminated in the collaborative D&I project. Please note that participation in a collaborative project does not preclude individual investigators from submitting a separate, individual D&I application through this mechanism; however, investigators will be expected to provide a strong justification that their individual D&I projects do not duplicate activities proposed in the collaborative D&I project.
Resubmissions

Applicants will have one opportunity to resubmit an application that completed the merit review process (i.e., the applicant received a summary statement) and was not funded in a previous cycle. Applicants may not resubmit an application for a previously submitted and reviewed application until they have received merit review feedback (a summary statement) from the initial submission. All resubmitted applications require submission of a new Letter of Intent (LOI) that is administratively and programmatically responsive to the PFA. Resubmitted applications must include a Resubmission Letter. PCORI will deem applications that do not meet these requirements as nonresponsive and will withdraw them from merit review. LOIs that are not invited to submit a full application by PCORI do not count as a submission or resubmission.

Funds Available

PCORI has devoted up to $9 million in total annual costs under this limited PFA. The total amount awarded and the number of awards made will depend on the quality, duration, and costs of the applications received. The maximum proposed budget for individual studies is $1,000,000 in direct costs, and the maximum project period is up to three years.

PCORI encourages projects at the level of $350,000 in direct costs but will accept applications requesting up to $1,000,000 in direct costs with clear and adequate justification. Applicants will indicate the funds requested from PCORI when submitting their LOI. PCORI will advise applicants who are invited to submit a full application as to the acceptability of the budget proposed in their LOI.

In general, adequate justification for requesting larger budgets and/or additional time will include a demonstrable ability to significantly increase the reach (i.e., substantially more targeted end-users), generalizability (applicability of intervention across different groups, systems, settings), and uptake (use and adoption among more systems, settings, or sites) of the evidence proposed for dissemination and implementation.

II. Guidance for Preparing Applications

In developing a D&I strategy and corresponding PCORI application, applicants should pay attention to four fundamental concepts: evidence context, setting, engagement, and evaluation.6,7,8,9,10

Evidence context refers to the body of existing evidence relevant to the PCORI research finding. It is seldom the case that a single finding warrants D&I independent from other research findings. Applicants should explain how the current finding supports, augments, or differs from related evidence and how

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the proposed D&I plan takes account of the full body of related information.

**Setting.** The proposed project should carefully consider the setting in which the D&I will take place (e.g., health system, organization, community). The focus of investigators’ efforts should be the logical next D&I steps associated with PCORI-funded research results. At a minimum, the project should move findings out of a controlled research setting to a more general setting, demonstrating the proposed strategy’s ability to bring PCORI findings to the targeted end-users in ways that promote uptake. Project design should reflect relationships among the stakeholders within the setting because these will be critical to the project’s success.

**Engagement** involves incorporating into project design the perspectives and experiences of interested patients and stakeholders, including individuals living with the disease or condition of interest, as well as the host delivery systems and settings in which applicants intend to disseminate and implement their work. D&I efforts will not succeed without the active involvement of those central to the D&I activities, including the targeted end-users. Stakeholders should be appropriately engaged both in planning and executing the D&I strategy, and particularly in ensuring that evidence and strategies are tailored appropriately to the setting. Plans for engaging stakeholders should reflect a spirit of partnership and reciprocity.

**Evaluation** is essential to understanding how and why D&I activities are or are not successful, as a basis for future replication, adjustment, or reconsideration of strategies. Evaluation planning should start at the beginning of the project and should include an appropriate balance of measurable process and short- and longer-term outcomes to provide timely information on both the execution of the project intervention and its impact. In selecting evaluation measures, applicants should also consider the appropriate balance among those that can capture impact on the dissemination setting (e.g., climate, culture, capacity, and readiness); measures characterizing the dissemination process (e.g., reach and adoption); impacts on patients or intermediary targets of the activity (e.g., understanding and behavior change); and contextual factors (e.g., policy climate and incentive structures) associated with the proposed approach. In general, evaluation plans that exclusively reflect impact on setting characteristics and/or dissemination process outcomes will not be considered sufficient. The following resources may be helpful for identifying an appropriate evaluation strategy.

**Specific Requirements**

Applications for proposed projects should meet the following requirements:

- Propose a logical and feasible next step(s) for D&I of clinically meaningful CER finding(s) to improve CER finding accessibility, usefulness, uptake, and/or impact among targeted end-users. (Note: For the purposes of this limited PFA, a research finding includes any tools or other products that may have been developed or refined as part of the original PCORI study.)

- Propose to disseminate or implement findings from PCORI CER studies that (a) tested a research hypothesis and (b) evaluated comparative clinical effectiveness of two or more comparators.

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(Note: These requirements do not apply to methods studies.)

- Target end-users who can benefit directly from using the evidence that is the focus of the project. Alternatively, target end-users who are a critical link to achieving changes in health outcomes or health care.

- Restate your original study hypotheses, primary outcomes, and differences the original PCORI-funded study was powered to detect. Then, clearly describe the key PCORI research findings as they relate to these hypotheses, supported by the required tables and figures. Investigators should discuss how the study findings relate to the body of evidence in the existing literature and current state of knowledge on the particular questions. Further, the investigator should identify the decision-making context in which the research findings are relevant, beyond the study setting. The findings must be applicable and generalizable to this context.

- Ensure that the proposed D&I plan for advancing use of the evidence in practice is informed and guided by an established conceptual model or framework.

- Clearly describe how the Project Plan incorporates the perspectives and experiences of patients and stakeholders, including individuals living with the disease or condition of interest. Also, describe how the host delivery systems and settings in which D&I is planned have been included, and demonstrate the commitment and involvement of those required to accomplish the project successfully.

- Propose an evaluation plan focusing on an appropriate balance of measurable process and short-, intermediate-, and longer-term outcomes to capture timely information on the effectiveness of the proposed D&I activities.

- Describe the projected reach of this D&I initiative in terms of the following:
  - Absolute Number: Total number of individuals you expect to reach with this D&I initiative
  - Ultimate Target Population: Estimated size of the population of individuals who ultimately stand to benefit from the results being disseminated, assuming future D&I efforts were put in place
  - Representativeness: Consideration of how those being targeted with this D&I initiative are similar to or different from the broader population of individuals who stand to benefit from the results being disseminated. Address the potential of the proposed project to inform future D&I efforts, leading to broader uptake of the PCORI findings.

Non-responsiveness

PCORI will consider LOIs and applications as nonresponsive to this limited PFA, and may administratively withdraw them, if the proposed project does the following:

- Primarily conducts new research, as opposed to disseminating and implementing research findings obtained from already completed PCORI-funded studies and evaluating the success of those D&I efforts. Projects proposing to perform CER are not of interest under this PFA and will cause an LOI or application to be considered nonresponsive.
• Proposes to disseminate or implement findings that are not associated with a PCORI-funded CER or methods study

• Proposes to translate or adapt a finding without actively disseminating or implementing it

• Proposes to develop or validate a new tool or system for patients or clinicians without the primary purpose of actively disseminating or implementing evidence. PCORI will consider modification or adaptation of tools and systems previously found to be effective and proposed as the primary mechanism for actively disseminating and implementing evidence, as long as their development is not the primary activity proposed.

• Proposes a passive dissemination plan (publications or presentations to heterogeneous audiences) as its primary dissemination method

• Proposes to use contract funds to pay for the cost of the interventions being disseminated in the project. In general, PCORI does not pay for the cost of the interventions being disseminated in the projects it funds. Intervention costs include, but are not limited to, salary and time compensation for personnel who are delivering the intervention, as well as equipment and other material costs associated with delivering the intervention. These are considered direct patient care costs, and PCORI expects these costs to be covered by the healthcare delivery system or other interested payers. PCORI encourages all applicants to find support from sites, payers, stakeholders, and so on, in the payment or cost sharing of the interventions. Only under special circumstances will PCORI consider, as an exception, coverage of patient care intervention costs. If you are requesting the use of PCORI funds for any portion of these costs, your application must include a detailed justification (in the Budget Justification Template) outlining the importance of the request to the project’s overall success and to the sustainability and implementation once the project is completed (i.e., how these costs will be covered in the future, post-PCORI funding, for implementing the interventions not only in the sites participating in the study but also in other communities and healthcare settings). Such a justification, however, will not guarantee that PCORI will approve the costs.

**Protection of Human Subjects**

If applicable, applicants should describe the protection of human subjects involved in their proposed research. If human subject protection is not applicable, applicants should provide a justification that such protection is not necessary for their project. PCORI follows the Federal Policy for the Protection of Human Subjects (45 CFR part 46), including the Common Rule. For more detailed information, please see Section 5 titled, “Human Subjects Research Policy,” in the Supplemental Grant Application Instructions for All Competing Applications and Progress Reports,\(^\text{12}\) issued by the U.S. Department of Health and Human Services. Awardees must also comply with appropriate state, local, and institutional regulations and guidelines pertaining to the use of human subjects in research.

PCORI merit reviewers will examine plans for protection of human subjects in all applications and may provide comments regarding the plans (see How to Evaluate Human Subjects Protections). Reviewers’

\(^{12}\) See http://grants.nih.gov/sites/default/files/supplementalinstructions.docx.
comments on human subject research are not reflected in the overall application score, but PCORI staff may use them during potential funding negotiations. Final determinations about adequacy of human subject protections rest with the Institutional Review Board (IRB) or IRBs that have jurisdiction for the study.

The Awardee Institution or organization, whether domestic or foreign, bears ultimate responsibility for safeguarding the rights and welfare of human subjects in PCORI-supported activities.

Required Education of Key Personnel on the Protection of Human Subject Participants

For those projects requiring human subject protection, PCORI requires that all applicants adhere to the National Institutes of Health (NIH) policy on education in the protection of human subject participants in the conduct of research. This applies to all individuals listed as key personnel in the application. The policy and FAQs are on the NIH website.13

III. How To Submit an Application

Letter of Intent

Applicants should download the LOI Template for the Dissemination and Implementation limited PFA from the PCORI Funding Opportunities. The LOI has a three-page limit. References should be numbered in the text and full citations provided on a separate page following the LOI. PCORI suggests including all references as in-text citations using American Medical Association citation style, but other citation styles are acceptable. Complete the document and convert it to a PDF file. Do not upload additional documents as part of your LOI, including Letters of Endorsement or Support, because they are not requested at this stage. Inclusion of additional documents will result in LOI rejection without review. Please visit the PCORI Funding Opportunities for additional applicant resources, including the PFA and required templates. LOIs are a mandatory prerequisite for submission of a full application. Applicants who fail to submit an LOI will not be permitted to submit a full application to the corresponding award cycle.

The LOI for the proposed project should contain the following information:

- The proposed project’s title
- The original PCORI research award number, project title, and name of the PI
- The anticipated date results will be ready (i.e., PCORI DFRR accepted for entry into PCORI’s peer review process or a results manuscript formally accepted for publication by a peer-reviewed scientific journal)
- Indication of whether the proposed project is a resubmission
- Indication of whether the proposed project is a collaborative project
- Clear identification and a description of the research results to be disseminated, including a clear description of the strength of these findings that justifies interest in disseminating them

• Identification of the evidence gap that the research results fill, and the significance of the finding in the context of existing literature

• Objective and specific aims of the proposed D&I project

• Clear identification and a description of the setting(s) in which dissemination will take place, the immediate target of the dissemination activity, and the ultimate link to changes in healthcare delivery and health outcomes

• A clear description of the approach(es) for disseminating the research finding in the proposed settings and to the end users being targeted in the proposed project

• A description of the evaluation plan, including measurable process and short-, intermediate-, and longer-term outcomes you will use to capture timely information on the effectiveness of the proposed D&I activities, including impact on the end-user

• Patient and other stakeholder engagement in the planning and implementation of this D&I effort

Please address all categories in the LOI Template and then upload the document into PCORI Online. The deadline for LOI submission is February 13, 2018, by 5 p.m. (ET).

Letter of Intent Review

All applicants are required to submit an LOI. PCORI will screen all LOIs for programmatic responsiveness to this limited PFA and to ensure compliance with administrative guidelines. PCORI invites only applicants whose LOIs are most responsive to this limited PFA to submit a full application. PCORI will not invite nonresponsive LOIs, including those submitted using an incorrect LOI template, and those not adhering to Application Guidelines to submit a full application. PCORI will notify the applicant of denial or approval to submit an application no later than March 14, 2018. Please refer to the Application Guidelines for information on how to submit your LOI via PCORI Online.

Submission Dates

You must submit your LOI and application in accordance with the published dates and times listed in the Overview section of this document and in the PCORI Funding Opportunities.

PCORI Online

To submit an application, you must create an account in PCORI Online and submit both an LOI and an application, if invited, for each cycle to which you are applying. Please be sure that you are applying to the PFA titled “Limited PCORI Funding Announcement: Dissemination and Implementation of PCORI-Funded Patient-Centered Outcomes Research Results.”

Applicant Resources

PCORI Funding Opportunities https://www.pcori.org/funding-opportunities/announcement/dissemination-and-implementation-cycle-1-2018

PCORI Online https://pcori.force.com/engagement

PCORI Funding Awards http://www.pcori.org/research-results-home
IV. Merit Review

PCORI’s merit review process is designed to support the following goals:

- Identify applications that have the strongest potential to help patients, caregivers, clinicians, policy makers, and other healthcare system stakeholders make informed decisions to improve patient outcomes.
- Implement a transparent, fair, objective, and consistent process to identify these applications.
- Elicit high-quality feedback that reflects a diversity of perspectives to ensure that the PCORI-funded research reflects the interests and views of patients and other stakeholders and those who care for them, and that it meets the criteria for scientific rigor.
- Fund projects that fill important evidence gaps and have strong D&I potential.
- Regularly evaluate and continually improve the merit review process and policies in support of PCORI’s mission.

PCORI merit review is a multiphase process that includes PCORI program staff evaluation of LOIs, preliminary review of full applications by review panels, in-person panel discussion of a subset of full applications (based on the preliminary review and program priorities), and programmatic review and recommendation to the Office of the Chief Engagement and Dissemination Officer (OCEDO) for funding approval. Projects with total budgets of $500k and over are also presented to the Engagement, Dissemination, & Implementation Committee (EDIC) for endorsement and to the Board of Governors (BoG) for funding approval.

Preliminary Review

PCORI conducts rigorous merit review of the full applications it receives. Note that PCORI may eliminate applications from the review process for scientific reasons (e.g., non-responsiveness) or for administrative reasons. PCORI may administratively withdraw an application if it is incomplete; is submitted past the stated due date and time; or does not meet the formatting criteria outlined in the Application Guidelines, in the PCORI templates, and in PCORI Online.

PCORI Merit Review Officers (MROs) recruit each merit review panel based on the number and type of topic areas represented by invited LOIs. MROs recruit the Panel Chair; scientist reviewers, who are subject matter experts; patient representatives; and representatives of other stakeholder groups. All panel members receive training during the review cycle to ensure that they understand the programmatic and organizational goals of review.

Application Review Criteria

The following are PCORI’s merit review criteria for this limited PFA. PCORI’s review panels use these criteria during the preliminary and in-person phases to score and evaluate all submitted applications. Please note that the merit review criteria for this PFA are different from those used when reviewing PCORI research applications.
Criterion 1. Importance of research results in the context of the existing body of evidence

• Does the application sufficiently identify and describe the original evidence gap that the PCORI-funded research addressed? Does the application sufficiently demonstrate that the evidence gap persists and is important?

• Does the application clearly describe the PCORI research results being proposed for dissemination?

• Does the application sufficiently discuss how the PCORI research results relate to the body of evidence in the existing literature? Specifically, does the application address the extent to which the PCORI results align with or contradict the existing evidence base?

• Will further uptake of these results, beginning with the project proposed, constitute a change in practice and lead to improved health care and health outcomes?

Criterion 2. Readiness of the research results for dissemination

• Are the PCORI results well described, including their strength in terms of clinical and statistical significance?

• Does the application sufficiently address the generalizability of the PCORI research results to populations beyond the immediate study sample?

• Does the application identify the decision-making context in which the PCORI results are most relevant beyond the initial study setting?

• If the applicant is proposing to adapt an effective intervention, is the adaptation well justified? Does the applicant provide adequate justification that the adapted intervention will be ready for dissemination?

Criterion 3. Technical merit of the proposed dissemination or implementation project (project design, outcomes, and evaluation)

• Does the application sufficiently describe the group that will be the target of the proposed dissemination activity? Does it describe the setting in which the dissemination will take place? Are these targeted users and settings generalizable?

• Does the application use a D&I framework or model to inform the project design and evaluation outcomes and to address the potential longer-term implications of the proposed D&I project on clinical practice and patient-centered outcomes?

• Does the application provide a clear approach for disseminating the described research results?
  o Are the dissemination or implementation approaches appropriate for this D&I effort? Consider the extent to which they are tested, evidence based, and consistent with principles and findings from implementation science.
- Does the application propose appropriate measures and describe the plan for evaluating success in sufficient detail, including an appropriate balance of measurable process and short-, intermediate-, and longer-term outcomes to capture timely information on the effectiveness of the proposed D&I activities?

- Does the application consider factors that may help or hinder the use of research results, including specific barriers to user implementation and how to mitigate them, within the context of the proposed project?

- Does the application address scalability, including a clear path for future efforts to bring these research results into wider use?

- Is the proposed timeline realistic, including specific project milestones?

**Criterion 4. Project personnel and environment**

This criterion should assess the appropriateness (e.g., qualifications and experience) of the project personnel/team and capacity of the environment (e.g., resources, facilities, and equipment) to support the proposed project. It should not be an assessment of the institution’s quality.

- How well qualified is the project team (e.g., PIs, collaborators, and other stakeholders) to conduct the proposed activities?

- Does the investigator (or co-investigator) have demonstrated experience conducting projects of a similar size, scope, and complexity?

- If the project is collaborative or dual-PI, do the investigators have complementary and integrated expertise? Are the leadership, governance, and organizational structures appropriate for the project?
  - (Dual-PI Option Only) Does the Leadership Plan adequately describe and justify roles and areas of responsibility of the PIs?

- Is the level of effort for each team member appropriate for successful conduct of the proposed work?

- Does the application describe adequate availability of and access to facilities and resources (e.g., collaborative or partnering arrangements) to carry out the proposed project?

- Is the institutional support appropriate for the proposed project?

**Criterion 5. Patient-centeredness**

- Does the application demonstrate a clear link between the proposed D&I project and ultimate benefit/value to patients?

**Criterion 6. Patient and stakeholder engagement**

- Does the application demonstrate that stakeholders central to the proposed project are engaged with project planning and execution? Have patients or their representatives been engaged to inform the dissemination strategy or other relevant aspects of the project?

- Has the application demonstrated a sufficient willingness and readiness of the healthcare systems and settings in which dissemination will occur to use and embrace these research results?
• Does the application demonstrate clear interest of personnel at target settings in the D&I of the PCORI research findings and clear commitment to participate as active partners in the project?
• Does the application demonstrate the principles of reciprocal relationships, co-learning, partnership, trust, transparency, and honesty?

In-Person Review
During preliminary review, PCORI evaluates all administratively compliant applications and scores them based on our merit review criteria. After completing the preliminary review, PCORI program staff members evaluate panel scores and critiques to identify a subset of applications for merit reviewers to discuss at the in-person review meeting. Not all submitted applications move on to in-person review.

During the in-person review, merit reviewers meet to discuss applications, clarify further the merits of the proposed Project Plan, and identify areas for improvement. In addition, each application is re-scored based on the content of discussion. The Panel Chair and PCORI MRO lead the in-person panel meeting, ensuring that all applications receive a fair and thorough review according to the standards outlined in the PFA.

Post-Panel Review
After the in-person meeting, PCORI program staff evaluate final merit review panel scores and comments, identify duplication or synergy among funded projects, and consider the fit of applications within the programmatic vision. PCORI staff then recommend projects to the Office of the Chief Engagement and Dissemination Officer (OCEDO) for funding approval. Projects with total budgets of $500k and over are also presented to the Engagement, Dissemination, & Implementation Committee (EDIC) for endorsement and to the Board of Governors (BoG) for funding approval. The Engagement, Dissemination, and Implementation Committee, which is a subcommittee of PCORI’s Board of Governors, governs the D&I program (including its funded projects portfolio).

In addition, PCORI evaluates applicant risk before issuing a PCORI award. Factors considered include financial stability, quality of management systems, audit findings, and past performance on PCORI awards (e.g., compliance with PCORI reporting requirements, conformance to PCORI terms and conditions on previous awards, and timely achievement of milestones). Based on the risk assessment, PCORI may impose special terms and conditions on awardees or withhold contract issuance until such business risks are mitigated. PCORI will not award new contracts to current awardees with overdue reports (progress, interim, final, etc.) until the overdue reports have been submitted to PCORI.

Summary Statements and Funding Recommendations
Applicants receive summary statements approximately two weeks before funding decisions are announced. If an application progresses to in-person discussion, the applicant will receive a summary statement that includes:

• In-person panel discussion notes
• Final average overall score
• Preliminary reviewer critiques
Summary statements for applications that do not progress to in-person discussion include only the preliminary reviewer critiques.

Funding recommendations are made by identifying meritorious applications that fit programmatic needs and that satisfactorily address the merit review criteria. PCORI program staff also consider the funds allotted for the current PFA when deciding which applications to recommend for approval. Applicants to this current cycle’s PFA will receive summary statements and notification of the funding status of their application no later than December 2018.