Cycle 1 2020 Funding Cycle

PCORI Funding Announcements:
Addressing Disparities; Assessment of Prevention, Diagnosis, and Treatment Options; Communication and Dissemination Research; and Improving Healthcare Systems

Published January 7, 2020

This PCORI Funding Announcement (PFA) applies to the funding cycle that closes May 5, 2020, at 5 pm ET. Submission Instructions, templates, and other resources are available at https://www.pcori.org/funding-opportunities/announcement/broad-pcori-funding-announcements-cycle-1-2020.
About PCORI

The Patient-Centered Outcomes Research Institute (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” and by promoting the dissemination and uptake of this evidence.

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.

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## Overview

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<tr>
<th>Published</th>
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<tr>
<td>Letter of Intent Deadline</td>
<td>February 4, 2020, by 5 pm (ET)</td>
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Letters of Intent (LOIs) will be screened for responsiveness to this PCORI Funding Announcement (PFA) and for fit to program goals. Only those selected will be permitted to submit full applications. Notification of denial or approval to submit a full application will occur no later than March 3, 2020.

### Applicant Resources

See [https://www.pcori.org/funding-opportunities/announcement/broad-pcori-funding-announcements-cycle-1-2020](https://www.pcori.org/funding-opportunities/announcement/broad-pcori-funding-announcements-cycle-1-2020)

### Key Dates

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<td>Earliest Project Start Date:</td>
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### Maximum Project Budget (Direct Costs)

- **Addressing Disparities; Assessment of Prevention, Diagnosis, and Treatment Options; Improving Healthcare Systems:**
  - $3 million for small studies;
  - $5 million for large studies
- **Communication and Dissemination Research:** $2 million

At the time of contract execution, PCORI sets aside all of the funds associated with an awarded project to be made available throughout the contract's period of performance. The maximum budget includes all research- and peer-review-related costs. This PFA does not consider exceptions to the budget. PCORI will not review submissions exceeding the stated maximum budget.

### Maximum Research Project Period

- **Addressing Disparities; Assessment of Prevention, Diagnosis, and Treatment Options; Improving Healthcare Systems:**
  - 3 years for small studies;
  - 4 years for large studies
- **Communication and Dissemination Research:** 3 years

This PFA does not consider exceptions to period-of-performance limits. PCORI will not review submissions exceeding the stated period of performance.

### Funds Available Up To

- **Addressing Disparities:** $8M; **Assessment of Prevention, Diagnosis, and Treatment Options:** $32M; **Communication and Dissemination Research:** $8M; **Improving Healthcare Systems:** $16M

### Eligibility

Applications may be submitted by any private-sector research organization, including any nonprofit or for-profit organization, and any public-sector research organization, including any university or college hospital or healthcare system; laboratory or manufacturer; or unit of local, state, or federal government. 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 can be shown clearly. Organizations may submit multiple applications for funding. Individuals are not permitted to apply.
### Review Criteria
1. Potential for the study to fill critical gaps in evidence  
2. Potential for the study findings to be adopted into clinical practice and improve delivery of care  
3. Scientific merit (research design, analysis, and outcomes)  
4. Investigator(s) and environment  
5. Patient-centeredness  
6. Patient and stakeholder engagement

### Contact Us
**Programmatic Inquiries:** sciencequestions@pcori.org, phone (202-627-1884), or online (http://www.pcori.org/PFA/inquiry).

**Administrative, Financial, or Technical Inquiries:** pfa@pcori.org or phone (202-627-1885).

PCORI will respond within two business days. However, we cannot guarantee that all questions will be addressed two business days prior to a Letter of Intent (LOI) or application deadline. Applicants are asked to plan accordingly; it is the applicant’s responsibility to submit the application on or before the application deadline.

### Other
Deadlines are at 5 pm (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 2020 Funding Cycle:
- “Dosing of anti-neoplastic agents in adults” was removed as a research area of interest. The “peripheral artery disease” research area of interest was edited.
- **Addressing Disparities:** No changes since Cycle 3 2018.
- **Assessment of Prevention, Diagnosis, and Treatment Options:**
  - Projects having a primary focus on the role of peer coaching will be considered out of scope for this funding announcement.
- **Communication and Dissemination Research:** No changes since Cycle 3 2018
- **Improving Healthcare Systems:** No changes since Cycle 3 2018.
- All policies and PCORI research requirements have been moved into a new section, called **PCORI Policies that Govern Awardees Related to Data Access, Privacy, and Public Reporting**, at the end of this document.
- All instructional information related to templates or the submission process have been removed from the PFA and now only exist in the Submission Instructions (formerly known as the Application Guidelines).
- See the Broad Submission Instructions for updates to the templates and other requirements.
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I. **Introduction**

The Patient-Centered Outcomes Research Institute (PCORI) funds patient-centered outcomes research (PCOR), a type of comparative clinical effectiveness research (CER) that focuses on outcomes that matter to patients, their caregivers, and their families. PCORI-funded studies must include the perspectives of patients and other healthcare stakeholders.

PCORI seeks to fund CER studies that compare two or more alternatives for addressing prevention, diagnosis, treatment, or management of a disease or symptom; improving healthcare system–level approaches to managing care; communicating or disseminating research results to patients, caregivers, or clinicians; or eliminating health or healthcare disparities. To be considered responsive, applications must describe research that compares at least two alternative approaches for the following:

- Prevention, diagnosis, treatment, or management of a disease or symptom
- Improving access to high-quality, equitable, and efficient care through healthcare system–level interventions
- Communicating or disseminating research results to patients, caregivers, or clinicians
- Reducing or eliminating disparities in patient-centered outcomes (PCOs), including health, health care, and patient-reported outcomes

PCORI is seeking applications designed to provide information that can inform critical decisions facing patients and caregivers, clinicians, policy makers, and healthcare system leaders. These decisions must be consequential and occurring now, in the absence of sound evidence about the comparative effectiveness of alternative approaches. There must be substantial potential for patients and caregivers to benefit from the new knowledge in ways that are important to them. The premise of the research should be that the new knowledge will inform critical choices of patients and stakeholders in healthcare. This knowledge should offer insight about the comparative benefits and harms of the options and should provide information on outcomes that are important to patients.

The public entrusts PCORI to fund research that matters to patients, their caregivers, and other stakeholders (defined as clinicians and clinician societies, hospitals and health systems, payers [insurance], purchasers [business], industry, researchers, policy makers, and training institutions). By emphasizing the role of diverse research teams that include varying perspectives, PCORI seeks to change the way in which research is conducted. PCORI distinguishes itself by supporting research in which patients, caregivers, practicing clinicians, and the broader stakeholder community are actively engaged in generating research questions, reviewing research applications, conducting research, disseminating research findings, promoting the implementation of research findings, and using the results to understand and address patient and other stakeholder needs.

This Broad PCORI Funding Announcement (PFA) seeks investigator-initiated applications for patient-centered CER projects aligned with one of our five priority areas for research. This PFA covers the following four priority areas: Addressing Disparities; Assessment of Prevention, Diagnosis, and Treatment Options; Communication and Dissemination Research; and Improving Healthcare Systems.

PCORI’s reauthorizing legislation provided additional direction about national research priorities, noting
that they should include research with respect to:

- Intellectual and developmental disabilities
- Maternal mortality

Pending further stakeholder input and elaboration of specific research needs, PCORI invites investigators to submit Letters of Intent (LOIs) for studies comparing clinical and/or health systems interventions to address adverse consequences and outcomes in these two priority areas.

PCORI invites LOIs proposing to examine treatment or management interventions to maximize function and quality of life for individuals living with intellectual and developmental disabilities, and families and caregivers of individuals with intellectual and developmental disabilities. We also invite LOIs that propose interventions to reduce maternal mortality.

Consideration also will be given to applications that address disparities in vulnerable populations with respect to these topics.

II. Research Areas of Interest for Cycle 1 2020

Topic Selection

Stakeholders have identified the four high-priority Research Areas of Interest listed below to PCORI. During PCORI’s application review and award selection process, PCORI merit reviewers, program staff and PCORI Board of Governors (Board) members on the Selection Committee pay particular attention to applications addressing these PCORI-identified priority research areas of interest. PCORI continues to encourage submission of LOIs for studies on other, investigator-initiated CER questions.

Genetic Sequencing to Guide Cancer Treatment

Precision medicine is becoming a more common cancer treatment strategy with the rapid development and approval of targeted drugs, and the associated companion diagnostic tests that use genetic sequencing technologies. Precision medicine is defined as the use of information about the genes, proteins, and other features of a patient’s tumor to guide diagnosis or treatment. Targeted cancer therapies utilizing a personalized strategy—a strategy using a genetic or companion diagnostic test to guide therapy choice—have been shown to be efficacious. However, there are uncertainties in knowledge of the best treatment strategies. To address this uncertainty, PCORI is interested in studies that propose a head-to-head comparison of:

- Different genetic tests (single or limited gene panel, genomic profiling, etc.) or algorithms for using test results to determine the choice of therapy that will optimize patient outcomes
- Different targeted therapies using personalized strategies
- Targeted therapy using a personalized strategy versus standard therapy (e.g., chemotherapy)
- Targeted therapies using a personalized strategy versus targeted therapies that do not use a personalized strategy (e.g., angiogenesis inhibitor)

Proposed comparisons should represent important decisional dilemmas facing patients and other stakeholders. Interventions must have documented evidence of efficacy or current use in clinical practice. The studies should evaluate validated outcomes, which may include, but are not limited to,
overall and progression-free survival, safety/adverse effects, patient experience with care, and health-related quality of life. PCORI encourages the proposal of adequately powered randomized clinical trials or rigorous observational studies with the strong potential to fill a critical evidence gap.

Peripheral Artery Disease

Peripheral artery disease (PAD) refers to chronic narrowing or atherosclerosis of the lower extremities and represents a spectrum of disease severity from asymptomatic disease to critical limb ischemia. Approximately 8.5 million people in the U.S. have PAD, with the prevalence increasing with age. The clinical manifestations of PAD depend upon the location and severity of arterial stenosis or occlusion and can include extremity pain (e.g., claudication). Without interventions, the disease can progress to limb-threatening ischemia and severely impaired quality of life. Peripheral artery disease is under-recognized, underdiagnosed, undertreated, and understudied.

PCORI is interested in supporting research in preventive and therapeutic options for patients afflicted with either intermittent claudication and/or critical limb ischemia. All proposed studies should refer to existing evidence base from prior research (including ongoing studies) and address how the new research will add to and expand the evidence base. PCORI’s interest includes studies that examine the comparative effectiveness of:

- Increased recognition and diagnosis of PAD
- Atherosclerotic risk factor treatment for patients with PAD
- Targeted PAD treatment efforts for more vulnerable populations (e.g., individuals with diabetes, kidney disease)
- Structured exercise therapy programs for reducing disease progression conducted at decentralized facilities that may offer more convenient access for patients, including effective methods of implementation and promoting long-term adherence
- Medical therapies in patients with chronic limb-threatening ischemia
- Endovascular therapies or revascularization for symptomatic lower extremity PAD

Suicide Prevention

Suicide is a serious U.S. public health problem, with suicide rates having increased by over 30% since 2001. In 2017, more than 47,000 people in the U.S. died by suicide, and suicide was the second leading cause of death for ages 10 to 34. Suicide rates have risen across different race, gender, and age groups, but remain higher for males, LGBT populations, and non-Hispanic white and American Indian/Native Alaskan populations.

PCORI seeks to fund randomized controlled trials (RCTs) or well-justified observational studies that compare the effectiveness of different prevention/treatment models, interventions and/or settings for patients at increased risk for suicide. Approaches and interventions should be evidence-based and/or in common use. Studies may include as comparators culturally-adapted interventions. PCORI is interested in funding comparative effectiveness research on:

- Brief interventions to address acute suicidality
• Psychological treatments to manage suicidal ideation and prevent suicidal crises for patients with suicidal ideation
• Models of urgent care for patients with suicidality, such as urgent care clinics, emergency departments, psychiatric urgent care clinics, and psychiatric emergency departments

Studies of brief interventions and psychological treatments should be conducted in settings where patients receive care for suicidality, including primary care, mental health care, emergency departments, urgent care clinics, psychiatric emergency departments, psychiatric urgent care clinics, respite care, and non-clinical settings (justice/correctional facilities, educational institutions).

Studies should include as outcomes (time to) suicidal ideation and behaviors, and patient satisfaction. Outcomes such as patient skills to manage ideation, social connectedness/belonging, risk factors (e.g. alcohol use, gun in home) should be included when appropriate.

III. General Requirements for PCORI Research
This section includes language that is specific to PCORI’s requirements for programmatic responsiveness under this funding announcement. Applicants should use this section as guidance when preparing their applications. For information related to administrative and technical requirements for Letter of Intent and application submission, please consult the PCORI Submission Instructions.

Research Priorities
To be considered responsive, applications must:

• Describe comparators. Regardless of the approach being studied, all proposed research projects must compare at least two alternatives. If the applicant proposes “usual care” as a rational and important comparator in the proposed study, then it must be described in detail, coherent as a clinical alternative, and properly justified as a legitimate comparator (e.g., “usual care” is guidelines-based). It must also be accompanied by an explanation of how the care given in the “usual care” group will be measured in each patient, and how appropriate inferences will be drawn from its inclusion. “Usual care” must be described as mentioned above to ensure that it accounts for geographic and temporal variations, and it has wide interpretability, applicability, and reproducibility.

• Describe research that compares two or more alternatives, each of which has established efficacy. PCORI expects the efficacy or effectiveness of each intervention to be known. If the efficacy or evidence base is insufficient, then data need to be provided to document that the intervention is used widely. The application must provide information about the efficacy of the interventions that will be compared; pilot data might be appropriate. Projects aiming to develop new interventions that lack evidence of efficacy or effectiveness will be considered out of scope.

• Describe research that studies the benefits and harms of interventions and strategies delivered in real-world settings. PCORI is interested in studies that provide practical information that can help patients and other stakeholders make informed decisions about their health care and health outcomes.

• Describe consultation with patients and other stakeholders about how the study is answering a
critical question. Explain the pertinent evidence gaps and why the project questions represent decisional dilemmas for patients, caregivers, clinicians, policy makers, and other healthcare system stakeholders. Describe why project outcomes are especially relevant and meaningful endpoints to patients and other stakeholders.

Categories of Non-responsiveness

PCORI discourages proposals in the following categories, and will deem them nonresponsive:

- Instrument development, such as new surveys, scales, etc.
- Developing, testing, and validating new decision aids and tools, or clinical prognostication tools
- Pilot studies intended to inform larger efforts
- Comparing patient characteristics rather than clinical strategy options
- For Assessment of Prevention, Diagnosis, and Treatment Options, Improving Healthcare Systems, and Communication and Dissemination Research applicants ONLY: Comparing interventions for which the primary focus is the role of community health workers or patient navigators

Consistent with PCORI's authorizing law,¹ PCORI does not fund research whose findings will include:

- Coverage recommendations
- Payment or policy recommendations
- Creation of clinical practice guidelines or clinical pathways
- Establishment of efficacy for a new clinical strategy
- Pharmacodynamics
- Study of the natural history of disease
- Basic science or the study of biological mechanisms

Studies of Cost-Effectiveness

PCORI will consider an application nonresponsive if the proposed research:

- Conducts a formal cost-effectiveness analysis of alternative approaches to providing care
- Directly compares the costs of care between two or more alternative approaches to providing care

Proposals that include studies of these issues may measure and report utilization of any or all health services, but may not employ direct measurements of care costs. For further information, please reference our cost-effectiveness analysis FAQs.

PCORI does have an interest, however, in studies addressing questions about conditions leading to high

¹ Available at http://www.pcori.org/sites/default/files/PCORI_Authorizing_Legislation.pdf/.
costs to the individual or to society. This interest is reflected in our review criterion on the condition’s impact on the health of individuals and populations. Thus, PCORI is interested in studies that:

- Examine the effect of costs on patients, such as patients’ out-of-pocket costs, hardship or lost opportunity, or costs as a determinant of or barrier to access to care
- Address cost-related issues, such as the resources needed to replicate or disseminate a successful intervention
- Evaluate interventions to reduce health system waste or increase health system efficiency

**Coverage of Intervention Costs**

In general, PCORI will not cover costs for study interventions that constitute the procedures, treatments, interventions, or other standard clinical care (“patient care”) that are being proposed for comparison in the research project (“patient care costs”).

**Avoiding Redundancy**

PCORI encourages potential applicants to review funded research at pcori.org. We intend to balance our funded portfolio to achieve synergy and avoid redundancy where possible.

**Methodological Considerations**

The PCORI Methodology Standards represent minimal requirements for the design, conduct, analysis, and reporting of scientifically valid, patient-centered outcomes research. Regardless of study design, applications must adhere to all relevant PCORI Methodology Standards, and all deviations need to be justified. Applicants should address additional best practices—including relevant guidelines for conducting clinical trials developed by other organizations—in the application for PCORI funding.

**Patient-Centered Outcome Measures**

PCORI encourages investigators to design their research using validated outcome measures. Include preliminary data that support using the proposed measures in the study population. We encourage investigators to consider those measures described in the Patient-Reported Outcomes Measurement Information System2 (PROMIS).

**Leveraging Existing Resources, Including PCORnet**

PCORI is interested in new research that derives data from a wide variety of sources and that uses study designs appropriate for the goals of the proposed project. PCORI encourages investigators to propose studies that leverage existing resources, such as adding PCOR to an existing large clinical trial or analyzing existing large databases that contain valuable, relevant information that may be used to answer important CER questions. Another possible resource is established patient outcomes registries, especially when such registries can be linked to electronic medical record (EMR) data from healthcare delivery systems or administrative claims data from public or commercial insurers. In circumstances where randomized control trials are not practical or ethically acceptable, studies leveraging established patient outcomes registries can have meaningful and complementary roles in evaluating patient

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2 Available at http://www.nihpromis.org/.
outcomes. PCORI does not intend for this PFA to support the development of new data networks or patient registries, but rather to support the effective utilization of existing data resources for proposed new CER studies.

For some proposed projects, the data resources of PCORnet, the National Patient Centered Clinical Research Network, may be particularly appropriate. Over the last six years, PCORI has made a major commitment to create the infrastructure of PCORnet, which was designed to improve the nation’s capacity to conduct efficient large-scale clinical research and to learn from the healthcare experiences of millions of Americans. This large clinical research network represents patients, clinicians, health systems, and health plans across the country and supports research that will improve health care and health outcomes. The network currently includes nine clinical research networks (CRNs), representing more than 100 health systems, two health plan research networks (HPRNs), a coordinating center, and a central office. PCORnet provides access to large longitudinal datasets that enhance the capture of relevant outcomes and provide more detail on specific procedures or treatments, disease severity, and the presence of comorbid illness.

The following elements are central to the rationale for and the sustainability of PCORnet:

- Preexisting, standardized, curated, and research-ready clinical data on large numbers of persons with specific clinical conditions and illnesses;
- Actively engaged patients who join in governing the research uses of these data;
- Distributed (rather than centralized) data platforms that maximize the security and local control of all data;
- A readiness among network members to collaborate and a willingness to share data in pursuit of worthy research aims; and
- The capacity to link data across data sources at the individual patient level.

Applicants are encouraged to consider whether using PCORnet might assist in one or more aspects of their proposed research study. Examples include, but are not limited to, the following:

- Background to the research question or feasibility of study
- Document the importance of the research question
- Estimating the size of the potentially eligible population
- Determining the range of current treatment practices and sequencing
- Assessing the duration of continuous treatment and care

Studies in Rare Diseases

PCORI is interested in the investigation of strategies addressing care for patients with rare diseases. These conditions are defined as “life-threatening” or “chronically debilitating.” They are of such low prevalence (affecting fewer than 200,000 in the U.S. [i.e., less than 1 in 1,500 persons]) that special efforts—such as combining data across large populations—might be needed to address them.
Patient and Stakeholder Engagement

In PCORI-funded research, patients and other healthcare stakeholders are viewed as partners who leverage their lived experience and/or professional expertise to influence research to be more patient-centered, relevant, and useful. Engagement approaches and practices vary from project to project based on the patient population, the setting, and the needs of a study. PCORI encourages study teams to be creative in their methods for engaging with research partners. Effective involvement of patients and other stakeholders requires a well-thought-out engagement plan that includes the goals for engagement and information on who will be involved, what preparation will be provided, points and intensity of involvement, and the decision-making process.

Populations Studied and Recruited

PCORI seeks to fund research that includes diverse populations with respect to age, gender, race, ethnicity, geography, or clinical status, so that possible differences in outcomes may be examined in defined subpopulations. PCORI recognizes that some proposed studies might represent important PCOR opportunities, even in the absence of a broadly diverse study population. However, the burden is on the applicant to justify the study’s importance in the absence of diversity; to discuss which subgroups are most important; and to discuss how the subgroups will be analyzed, including whether or not the study will be powered to examine the question of effectiveness in subgroups.

PCORI is particularly interested in including previously understudied populations for whom effectiveness information is especially needed, such as hard-to-reach populations or patients with multiple conditions. Thus, comparisons should examine the impact of the strategies in various subpopulations, with attention to the possibility that the strategy’s effects might differ across subpopulations. PCORI has developed the following list of populations of interest to guide our efforts in research and engagement. (Note that the Addressing Disparities Priority Area requires that proposed research focus on at least one of the groups indicated by an asterisk below.)

- Racial and ethnic minority groups*
- Low-income groups*
- Women
- Children (age 0–17 years)
- Older adults (age 65 years and older)
- Residents of rural areas*
- Individuals with special healthcare needs, including individuals with disabilities*
- Individuals with multiple chronic diseases
- Individuals with rare diseases
- Individuals whose genetic makeup affects their medical outcomes
- Patients with low health literacy, numeracy, or limited English proficiency*
• Gender and sexual minorities*
• Veterans and members of the Armed Forces and their families

Regardless of the population studied, investigators are expected to provide evidence-based estimates regarding the representativeness of the potential pool of participants from which recruitment will occur; the target sample size; and recruitment and retention rates, reflecting the study’s inclusion and exclusion criteria as well as factors that may impact the final sample size (e.g., loss to follow-up).

Protection of Human Subjects

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, which is issued by the U.S. Department of Health and Human Services (HHS). In referencing the HHS Supplemental Grant Application Instructions, note that PCORI does not require that applicants comply with sections of that policy that refer to requirements for federal-wide assurance and the inclusion of women, minorities, and children in the proposed studies. Instead, PCORI expects applicants to address diversity in study participants in the research plan, through a focus on subpopulations, as described in the above section on Populations Studied. Awardees must also comply with appropriate state, local, and institutional regulations and guidelines pertaining to the use of human subjects in research.

PCORI requires awardees to ensure that there is a Data and Safety Monitoring Plan, which may include the need to appoint a Data and Safety Monitoring Board, as provided in the PCORI Policy on Data and Safety Monitoring Plans for PCORI-Funded 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’ comments on human subject research are not reflected in the overall application score, but PCORI staff might use them during potential funding negotiations. Final determinations about the adequacy of human subject protections rest with the Institutional Review Board or international equivalent that have jurisdiction for the study.

The Awardee Institution, 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

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 available on the NIH website.

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3 See http://grants.nih.gov/sites/default/files/supplementalinstructions.docx
IV. **Addressing Disparities**

PCORI invites applications for CER studies designed to evaluate and compare interventions that are intended to reduce or eliminate disparities in health and health care. Patients and other stakeholders often lack the appropriate evidence required to make the best choices about prevention, screening, diagnosis, monitoring, or treatment. Applications to the Addressing Disparities Priority Area should focus on overcoming barriers that may disproportionately affect health outcomes or on identifying best practices for reducing disparities in target populations (i.e., racial and ethnic minority groups; low-income groups; residents of rural areas; individuals with special healthcare needs, including individuals with disabilities; patients with low health literacy, numeracy, or limited English proficiency; and sexual and gender minorities persons).

**Background**

The health disparities literature has largely been devoted to describing disparities, including identifying their potential sources and drivers. Previous research has identified pervasive disparities in access to high-quality health care and worse health outcomes for specific populations across multiple conditions and multiple settings. Outcomes are based on race or ethnicity, gender, geographic location, socioeconomic status, disability, and other factors. These disparities have been well documented. Thus, PCORI’s Addressing Disparities Priority Area is seeking applications that compare evidence-based interventions to improve health outcomes and reduce disparities for target populations. (See Addressing Disparities Targeted Populations.)

PCORI seeks to fund studies that yield evidence to help guide decisions about how to eliminate disparities in health and health care, as well as how to ensure that people receive care according to their needs and that they have the opportunity to achieve the best possible health outcomes. Interventions to reduce persistent disparities have been understudied and are multifactorial, complex, and context specific. Often, evidence-based interventions have been shown to be effective in the general population but lack evidence for effectiveness in those populations at risk for disparities. The Addressing Disparities Priority Area is interested in funding studies that tailor and test these types of interventions in these populations.

PCORI’s Addressing Disparities Priority Area seeks to fund investigator-initiated research that does the following:

- Compares evidence-based interventions to reduce or eliminate disparities in PCOs, including health, health care, and patient-reported outcomes—for example, by accounting for possible differences at the patient, provider, or systems level. PCORI is interested in research that aims to determine which interventions can be most effective for eliminating disparities in outcomes.

- Compares benefits and risks of treatment, diagnostic, prevention, or service options, with a focus on eliminating disparities

- Compares and identifies practices for tailoring evidence-based interventions to patient populations at risk for disparities

PCORI strongly encourages applicants to review the funded research on our website to ensure that their
proposed research is not duplicative of projects we have already funded.

**Addressing Disparities Targeted Populations**

PCORI’s Addressing Disparities Priority Area is interested in research that focuses on previously understudied populations for whom effectiveness information is needed. Proposed research must focus on at least one of the following groups:

- Racial and ethnic minority groups
- Low-income groups
- Residents of rural areas
- Individuals with special healthcare needs, including individuals with disabilities
- Patients with low health literacy, numeracy, or limited English proficiency
- Sexual and gender minorities

**Addressing Disparities Research Areas of Interest**

The Addressing Disparities Priority Area is interested in applications that include team-based care or strategies to enhance family and caregiver involvement in patient care. The goal is to reduce disparities in vulnerable populations to improve patient-centered and clinical outcomes.

While PCORI encourages applications in the areas listed below, we are not limited to these areas, and remain very interested in other investigator-initiated topics that aim to guide decisions about eliminating disparities in health and health care.

**Improving Perinatal Outcomes for Low-Income African American Women and Infants**

African Americans have the highest rates of infant mortality and adverse birth outcomes of all major racial/ethnic groups in the United States. For example, African American women are three to four times more likely than white women to die from pregnancy-related causes. Improving receipt of guideline recommended prenatal care is an important component of improving perinatal outcomes for African American women, especially low-income women who are at risk for disparities. To improve the accessibility and impact of usual physician-led perinatal care, innovations in service delivery, organization, and personnel have been developed to improve perinatal outcomes.

Therefore, the Addressing Disparities Priority Area seeks to fund studies that focus on the comparative effectiveness of strategies and prenatal care models to improve patient-centered perinatal outcomes for low-income African-American women and infants. Studies should include evidence-based models of care, such as group prenatal care or maternal/pregnancy medical homes, and/or evidence-based add-on support services, such as perinatal nurse navigators, home visiting programs, or doula care. Outcomes should include pregnancy-related, maternal, and infant outcomes, and patient engagement and retention in evidence-based care models.
Diagnosis, Initiation of Treatment, and Retention of African Americans and Hispanics/Latinos along the HIV Care Continuum

One in seven people living with HIV are unaware of their infection. Racial and ethnic minorities experience the greatest disparities along the HIV care continuum; African Americans and Hispanics/Latinos are the most disproportionately affected by HIV. The incidence rate of HIV infection among African Americans is approximately eight times higher than among whites; moreover, African Americans achieve viral suppression at much lower rates than whites. Hispanics/Latinos account for about one-quarter of all new diagnoses of HIV in the US.

Therefore, the Addressing Disparities Priority Area seeks to fund studies that focus on the comparative clinical effectiveness of different models of early detection, identification, treatment, and retention to improve patient-centered outcomes for African American and Hispanic/Latino individuals living with HIV. Interventions of interest include, but are not limited to, the following:

- Effective community-based or culturally competent HIV care management models to increase early diagnosis and initiation of treatment, linkage, and retention
- Effective HIV care and treatment models with enhanced behavioral and psychosocial interventions to address stigma, mental health, and self-efficacy
- Improving specific HIV care education and training to address provider discrimination and patient mistrust and build relationships between patients and providers

Interventions to Reduce Disparities in Obstructive Sleep Apnea and Insomnia

An estimated 50–70 million adults in the US have some form of sleep or wakefulness disorder, including obstructive sleep apnea (OSA) and insomnia. OSA and insomnia are closely associated with health problems and increased risk of serious health consequences such as cardiovascular disease, type 2 diabetes, and obesity.

A substantial proportion of those affected by OSA and insomnia remain undiagnosed. Prevalence is relatively high among certain racial and ethnic groups; African Americans are the most disproportionately affected and are rarely diagnosed with OSA and insomnia. A higher proportion of African American adults report sleeping six hours or less compared with white adults.

Therefore, the Addressing Disparities Priority Area seeks to fund studies that focus on the comparative clinical effectiveness of interventions to improve patient-centered outcomes in obstructive sleep apnea and insomnia in racial and ethnic minority populations. Interventions could include, but are not limited to, the following:

- Increasing screening and monitoring of OSA and insomnia
- Effective cognitive behavioral therapy and medications

A Note about Community Health Worker and Navigator Projects

The Addressing Disparities Priority Area has funded many projects that focus on community health worker (CHW) and navigator interventions. Applications that aim to study these types of interventions...
must focus on one of the following areas, which are based on existing evidence gaps:

- Comparing different CHW and patient navigator program models, worker functions, training and certification levels, and implementation approaches across different settings, conditions, and populations.\(^7\)

- Examining the integration of CHW and patient navigators into the care team, determining specifically the organizational strategies and components that are essential to well-functioning teams and the factors that increase acceptance by care teams.\(^8\)

Applications that propose research focusing on CHW or navigators as a primary component of interventions will undergo substantial scrutiny to ensure that the studies do not overlap significantly with previously funded studies or concurrent applications, and that they fill a gap within the program’s portfolio. PCORI encourages applicants to review the current portfolio to avoid redundancy with funded projects.

### V. Assessment of Prevention, Diagnosis, and Treatment Options

**Research of Interest: Comparative Clinical Effectiveness**

Patients, caregivers, and clinicians often lack the appropriate evidence required to make the best choices about prevention, screening, diagnosis, monitoring, or treatment. Where therapies or technologies have been approved and marketed, there are often gaps in research comparing their effectiveness with that of other clinical options, and prior research may not have included outcomes that are important to patients and their caregivers. In addition, the existing evidence base might not be relevant for certain patient populations, such as those at the extremes of age or those with multiple comorbid conditions.

For the priority area on the Assessment of Prevention, Diagnosis, and Treatment Options, PCORI seeks to fund investigator-initiated research that does the following:

- Compares the effectiveness of two or more clinical interventions for the prevention, treatment, screening, diagnosis, or management that are known to be efficacious but have not been adequately compared in previous studies. Projects proposing to examine interventions that do not have sufficient prior evidence of efficacy will be considered only when those interventions are in reasonable widespread use. PCORI is particularly interested in studies that are conducted in typical clinical populations and that address the full range of relevant patient-centered outcomes.

- Addresses a high-priority evidence gap as identified by authoritative sources, such as prior systematic reviews or clinical practice guidelines. Documents a need for the proposed new research, based on a compelling need to have better evidence for informing clinical choices.

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• Investigates, among compared groups, factors that account for variation in treatment outcomes, with attention paid to demographic, biological, clinical, social, economic, or geographic factors; comorbidities; and other factors that may influence those outcomes.

For this priority area, proposed projects should address the comparison of specific clinical services or clinical strategies that are defined clearly and that can be replicated in other clinical settings with minimal adaptations or changes. Projects that have the primary goal of developing and testing decision aids or testing the use of lay personnel who perform ancillary services in healthcare settings will not be considered responsive to this funding priority. Therefore, projects having a primary focus on the role of community health workers, patient navigators, or peer-coaching will be considered out of scope.

This broad-based funding opportunity is not confined to specific clinical services or patient populations; however, the program’s goal is to expand the evidence base that pertains to clinical services that would be chosen by clinicians, patients, and caregivers in usual clinical delivery settings.

The services of interest include the following:
• Prescription drugs and biologics
• Surgical and other interventional procedures
• Techniques for disease screening
• Vaccinations and other interventions to prevent diseases
• Counseling and behavioral interventions
• Complementary and integrative services
• Rehabilitative services
• Diagnostic tests and procedures

VI. Communication and Dissemination Research

Overview
Making an informed healthcare choice requires critically assessing the potential benefits and harms of options within the context of the patient’s personal characteristics, conditions, and preferences.9,10 The environment in which patients, caregivers, and their providers communicate is also evolving rapidly to include a wide array of available health information and communication applications. Although these tools can help fill critical information gaps, they are often confusing and difficult to use. Moreover, the informational needs of patients may vary widely based on the type of decision they face: for example, a patient weighing options for treating high blood pressure will need different information—and possibly via a different vehicle—than a patient facing a terminal cancer diagnosis with complicated treatment options. Furthermore, patients and caregivers want information that does not necessarily deliver decisions or tell them what to do, but instead informs them of the relevant trade-offs and facilitates

improved decision making in collaboration with their healthcare team.

Clear communication approaches and active dissemination of PCOR/CER research findings to all audiences, in easy-to-understand formats, are critical to increasing the awareness, consideration, adoption, and use of these data by patients, caregivers, and healthcare providers. This priority area focuses on three key areas: communication strategies, dissemination strategies, and strategies for explaining uncertainty.

Communication strategies to promote the use of health and healthcare CER evidence by patients and clinicians

Little evidence is available to guide best practices for the integration of patient decision support into the patient care environment. Translating medical evidence into formats that are integrated and accessible and that clearly outline the risks and benefits of various healthcare options for patients, caregivers, families, and healthcare providers is fundamental to communicating PCOR/CER effectively in the context of shared decision making. 

Research gaps identified in a systematic review included the need to understand how decision-support interventions and shared decision making strategies perform in different patient subpopulations and when using different media, what level of information and detail is required, and how they can reflect new evidence and remain current. In addition, research is needed to determine whether, compared with more traditional methods, using efficacious applications of newer conceptual approaches can improve the use of evidence in decision making.

The process of patient-centered care and communication has become extremely complex, with a range of different health care professionals working together to help patients and caregivers address multiple health conditions. PCORI is interested in new research that assesses communication among healthcare professionals and/or within healthcare teams to encourage information sharing and to promote coordination in relevant decisions about managing patient problems. Such research may address how to accomplish shared goals within and across settings to support high-quality patient care. Another important research focus is improving family involvement and family dynamics that affect


communication and decision making.\textsuperscript{19}

PCORI is also interested in a variety of approaches for new research on communication between patients/caregivers and healthcare professionals; comparison of different strategies and tools can be an effective approach. Much of the research to date compares novel communication strategies with usual care; however, it is often difficult to determine what usual care is or how it aligns with generally accepted standards of care. Therefore, proposed research that includes usual care as a control condition or one arm of an intervention trial must provide a clear definition of usual or standard care and measure the actual communications services that patients receive in this condition.

Dissemination strategies to promote the use of health and healthcare CER evidence by patients and clinicians

The dissemination of CER information and evidence-based practices to patients, caregivers, and providers (in clinical and community-based settings) is an area that has not received sufficient research attention. Dissemination is defined as the active and targeted approach of spreading evidence-based interventions to potential adopters and the target audience through determined channels using planned strategies.\textsuperscript{20} The goals of dissemination are to (a) increase the reach of information; (b) increase adoption of information by patients, caregivers, and providers; and (c) scale up and sustain evidence-based interventions. The goals of dissemination research are to make such efforts more effective in accomplishing these aims.\textsuperscript{14} Dissemination research is the scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience or to individual patients. The intent is to understand how best to spread and sustain knowledge and the associated evidence-based interventions, as well as how and why health information may or may not reach different groups of patients and stakeholders.

More research is needed to identify the most effective approaches and timing for disseminating CER information and evidence-based practices to healthcare providers, with the goals of sustained changes in clinical practice and effective dissemination to patients that enable behavior changes (e.g., adherence and self-care). Traditional clinical effectiveness and implementation trials are likely to remain the most common approach to moving a clinical intervention along the research continuum from efficacy research to public health impact. Thoughtful use of new study designs, such as hybrid designs, could speed the translation of research findings into routine practice. Effectiveness–implementation hybrid models blend the design components of clinical effectiveness trials (e.g., proven interventions introduced in real-world settings) and the implementation strategy. Dissemination studies using such hybrid designs have the potential to speed and improve the translation of clinical intervention uptake, identify more effective implementation strategies, and provide more useful information for patients,


stakeholders, researchers and decision makers. Given the range of expertise needed for conducting dissemination and implementation research, applicants are encouraged to form interdisciplinary teams of scientists, stakeholders, and patients from diverse community, practice, and patient populations.

Explaining uncertain health and healthcare CER evidence to patients and clinicians

Risk and uncertainty are ubiquitous in health care, and many healthcare decisions involve uncertainties and trade-offs. A significant gap exists in the limited research on risk communication, and especially to underserved individuals and those with limited health literacy and numeracy. Research is also lacking in methods for communicating risk to healthcare providers and enabling them to use the information effectively. A seminal publication on patient-centered communication from the National Cancer Institute identified managing uncertainty as a core function of patient-clinician communication. Uncertainty creates many challenges, including (a) determining whether preventive services and treatments should be implemented in clinical practice, (b) determining for whom and in what settings services and treatments should be implemented, and (c) communicating evidence so that consumers can make informed decisions. A systematic review identified a need for analyses that identify and prioritize uncertainties that should be communicated; methods that measure and provide a better understanding of uncertainties as they pertain to risks, practice recommendations, and other types of evidence; and standardized language used to communicate uncertainties in clinical evidence. The systematic review also revealed a need for formal systems used to rate uncertainty arising from clinical evidence that incorporates the patient perspective to ensure comprehensibility, meaningfulness, and appropriate use.

Research of Interest

The Communication and Dissemination Research Priority Area seeks to fund investigator-initiated studies that include, but are not limited to, the following:

Communication Strategies

- Compare strategies and methods that optimize communication among healthcare providers and/or healthcare teams for coordinating care to improve clinical care and outcomes.
- Compare strategies that increase knowledge of how to communicate complex information to patients and caregivers, including timing and frequency of communication.
- Identify and compare practices that increase understanding of the tension between strongly held beliefs and contrary evidence, and those practices’ impact on the shared decision making process.
- Compare strategies meant to generate conversations between patients and providers about what is appropriate and necessary treatment based on patients’ preferences—to improve

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patient satisfaction with their decision process and avoid utilization of clinical services that are not justified by evidence of effectiveness.

- Compare strategies and methods that optimize communication among the patient, family/caregiver, and healthcare team (e.g., role of the family member or caregiver in patient-provider, patient-caregiver, and healthcare team interactions).
- Evaluate how patients can best incorporate the influence of family, friends, and other patients into healthcare decisions that occur outside of the healthcare setting.
- Compare strategies in situations for which there is not a single “right” choice (e.g., preference-sensitive decisions) to improve patients’ satisfaction with their decision-making process and to enable them to use the best-available evidence.

**Dissemination Strategies**

- Compare dissemination strategies while evaluating the potential for implementation in real-world settings (e.g., hybrid effectiveness-implementation design trial).
- Compare and identify best practices of dissemination and translation techniques to facilitate shared decision making in everyday practice.
- Identify the most effective approaches to disseminating CER results to healthcare providers, with the goals of sustained changes in clinical practice and effective dissemination of results that enable behavior changes in patients (e.g., self-care).

**Explaining Uncertainty**

- Compare strategies for conveying uncertainty associated with health and healthcare evidence that increase the likelihood that patients and caregivers will understand the information, incorporate it into decision making, and evaluate personal trade-offs.
- Compare strategies to reduce the cognitive burden required to understand complex numeric and risk-related information, and to improve understanding of the potential outcomes and decision making.
- Compare the effectiveness of health literacy- and numeracy-sensitive health communication strategies that relay risks and benefits of health decisions so that individuals can make sound choices.
- Compare interventions that help patients and families or caregivers facing difficult medical decisions, in which the outcomes are ambiguous or uncertain, to improve their understanding of the outcomes and facilitate their decision making.

PCORI is interested in understanding the role of shared decision making and established, effective decision aids in communicating and implementing PCOR/CER. However, PCORI expects the efficacy or effectiveness of each intervention assessed in the study to have been defined in previous research. Therefore, PCORI will consider any applications focused on developing, testing (establishing efficacy), or validating new decision aids and tools to be nonresponsive to this PFA. Applicants may use interventions
that have documented efficacy or effectiveness in similar situations with some adaptation if necessary—if the efficacy is well documented (e.g., with prior research or with a systematic review) and based on a sufficiently strong rationale for why the intervention would be expected to be efficacious in the proposed new setting(s) and/or population(s). If an intervention is to be adapted, PCORI expects most of the proposed time and budget to aim at establishing comparative effectiveness rather than adapting and validating the interventions.

VII. Improving Healthcare Systems

Overview

The Improving Healthcare Systems (IHS) Priority Area invites applications for research that study the comparative clinical effectiveness of alternative features of healthcare systems (e.g., innovative technologies, incentive structures, healthcare service–delivery designs) that are intended to optimize the quality, outcomes, and efficiency of patient care and that have the greatest potential for sustained impact and replication within and across healthcare systems. Healthcare systems encompass multiple levels (e.g., individual patients, family and social supports, providers and care teams, organizations or practice settings, local community resources, and state- and national-level policy environments) and include entities organized to deliver, arrange, purchase, or coordinate health services. Healthcare delivery models (e.g., integrated health systems and patient-centered medical homes) and care settings (e.g., hospitals, physician practices, nursing homes, community health clinics, patients’ homes) also define healthcare system operations. PCORI seeks studies that will affect healthcare delivery by determining which system features lead to improved PCOs and which provide valuable knowledge to patients, their caregivers, and clinicians, as well as other key stakeholders, including payers and employers. The diagram below is intended to illustrate this summary. Please note that the shading of two levels—National Health Environment and State Health Environment—indicates that although they clearly influence and shape the broader health policy environment, PCORI does not include them as specific targets for research interventions.

The Healthcare System

Background

Healthcare organizations are under constant pressure from competing sources to improve aspects of care, but they often lack the critical information needed to guide decisions related to system-level change. Research could help develop a body of evidence supporting effective interventions that would enable organizations to provide higher-quality care that is more accessible, coordinated, effective, and efficient, and that would ultimately improve PCOs.

The public entrusts PCORI with funding research that will matter to patients, their caregivers, and other stakeholders (i.e., clinicians and their professional societies, hospitals, health systems administrators, payers [insurance], purchasers [business], industry [pharmaceutical and medical device companies], researchers, policy makers, and training institutions). PCORI seeks to change the way in which research is conducted, by emphasizing the role of diverse research teams that reflect the varying perspectives of such key stakeholders. PCORI distinguishes itself by supporting research that actively engages patients, caregivers, and other stakeholders in all phases of the research process—from inception to conclusion—including generating research questions, reviewing research applications, conducting research, disseminating research findings, promoting the implementation of research findings, and using the results to understand and address patient and other stakeholder needs.

Over the past two decades, the Institute of Medicine (IOM) and others have sharpened the focus on ensuring that healthcare systems are designed and oriented to achieve the health outcomes most desired by individual patients—that is, to become more patient-centered. In particular, IOM has addressed key aspects of systems improvement, including making care:

- Accessible
- Effective
- Patient-centered
- Timely
IHS seeks to fund CER that addresses the same areas as those addressed by IOM.

Interventions designed to achieve the IOM aims listed above may target the following:

- Technology (e.g., interoperative electronic health records, telemedicine, patient-accessible health records)
- Patient incentives (e.g., free or subsidized preventive care and automatic enrollment in certain follow-up programs)
- Provider incentives (e.g., free continuing medical education units for certain courses, reduced paperwork, provision of key comparative quality performance information). Only nonfinancial incentives are acceptable for providers.
- Organizational models and policies within and across healthcare systems (e.g., patient-centered medical homes, standing orders)
- Personnel (e.g., multidisciplinary teams, peer navigators, CHWs)

Although a focus on personnel is a key intervention area supported by IHS, the IHS portfolio already includes many projects that evaluate interventions focused on CHWs and patient or peer navigators. IHS is currently not interested in funding additional applications whose primary aim is to compare the use of CHWs or navigators with “usual care” or care delivered by other healthcare personnel. PCORI will consider interventions focused on CHWs and patient or peer navigators if they are part of a larger multicomponent intervention, are integrated with multidisciplinary healthcare teams, or are compared with other non-personnel-based efficacious interventions.

In addition, PCORI may consider applications that propose to compare the use of CHWs and patient or peer navigators with “usual care” or care delivered by other healthcare personnel if there is a strong rationale supporting the need for additional research (e.g., studies target a rare disease or an understudied population or setting). PCORI encourages applicants to discuss such proposals with the IHS program before submitting a Letter of Intent.

Innovation and changes in healthcare systems and in the behavior of healthcare system participants are often driven by economic, political, and social needs to improve access to care or quality of care, to attract patients or enrollees, and to contain costs. The effects of all such innovations may vary considerably among subgroups of the general population, but this heterogeneity of treatment effect is often inadequately measured. PCORI and the IHS program are particularly interested in studies that include adequately powered subgroup analysis and address understudied or underrepresented patient populations in research. See the Populations Studied section.
Research of Interest

PCORI seeks to fund investigator-initiated research on the effects of system changes on the broad outcomes listed below. We are especially interested in studies that conduct head-to-head comparisons with or without “usual care” as a comparator. (See the Requirements for PCORI Research section for more information on “usual care.”) Such studies may include the following:

- Patients’ access to care, high quality of care, support for self-care, and coordination of care across healthcare settings
- Professional decision making on the basis of patients’ personal values
- Experiences that are important to patients and their caregivers, such as overall health, functional ability, health-related quality of life, stress, severity of symptoms, survival, and unanticipated healthcare utilization, such as unexpected hospital stays or visits to the emergency department
- The efficiency of healthcare delivery, as measured by the amount of ineffective, duplicative, or wasteful care provided to patients

The IHS Priority Area is also interested in funding studies that do the following:

- Leverage existing research resources, such as adding patient-centered outcomes research to an existing large clinical trial, using established practice-based research networks, or analyzing large databases that contain valuable, relevant information that may be used to answer important CER questions.
- Leverage healthcare system resources in support of some or all of the intervention requirements. Especially attractive is the possibility of broader and sustained impact through potential adoption by participating or supporting healthcare organizations and stakeholders (e.g., payers), should the intervention prove effective.
- Test practices that combine evidence-based guidelines (such as Choosing Wisely) with patient incentives, provider incentives, or patient and provider incentives combined, to elicit patient preferences and reduce harms faced by patients simultaneously.

Sample Research Questions

The following are examples of the types of questions that patients, clinicians, or healthcare administrators might ask and that your research might help answer. This is not an exhaustive list.

- An 84-year-old woman in a rural community and with multiple chronic diseases is having increasing difficulty managing at home alone, but she does not want to leave her home or neighborhood to live in a nursing home. What are the benefits and drawbacks of a new care management program designed to help her stay at home and remain safe and independent, compared with a program that links her to comprehensive community services?
- A 27-year-old Hispanic man with diabetes, chronic back pain, and depression has been invited by his public hospital–based clinic to participate in a group-visit program for patients with
chronic conditions; the program is led by a behavioral care specialist and a health educator. How likely is it that he will benefit from this program compared with the usual care he has been receiving (defined by quarterly visits with his primary care practitioner punctuated by referrals to specialists as needed)? What is the nature of the benefit? Are there any risks? What should his physician recommend?

- A 50-year-old African American man has frequent exacerbations of his chronic obstructive pulmonary disease that trigger recurrent emergency department visits and acute-care hospitalizations. Does regularly scheduled home-based respiratory care reduce his emergency department utilization and hospital readmissions compared with physician office visits that he or his caregiver must schedule? Does it improve functional status, health-related quality of life, or other PCOs?

Evidence to Action Networks

PCORI is interested in connecting PCORI-funded investigators who are studying similar research topics and populations, to help strengthen the body of research and to facilitate collaborative learning and dissemination of research findings. To meet this goal, PCORI has set up Evidence to Action Networks (E2ANs), whereby we facilitate engagement among awardees and cross-learning between projects and teams composed of researchers, patients, caregivers, and other stakeholders. In addition, PCORI facilitates exchanges between awardees and end-users (e.g., patients; caregivers; and other stakeholders, such as payers, employers and purchasers, clinicians, professional societies, policy makers, and training institutions) for disseminating and implementing important research findings.

PCORI encourages awardees to participate in E2ANs as they become available.

VIII. LOI Review

Applying for funding from PCORI is a two-stage process. An LOI must be submitted, and an applicant must be invited to submit an application.

LOIs are evaluated based on the following:

- Importance and relevance of the topics to PCORI priorities, as evidenced by critical gaps identified by clinical guidelines developers and recent systematic reviews
- Clarity and credibility of responses to the LOI questions
- The investigators’ prior relevant experience
- Programmatic fit and balance, considering whether the LOI overlaps with previously funded studies or concurrent LOIs and/or applications to a significant degree or, conversely, whether the application fills a gap in the portfolio with certain characteristics, including disease category, topics, priority population, methodologies, and other variables

Only applicants whose LOIs are deemed most responsive to this PFA will be invited to submit a full application. A minimum of two PCORI staff review the LOIs, which are not scored during review.

The LOI Template provides guidance on responding to each item. Please refer to the Submission Instructions for due dates and information on how to submit an LOI via PCORI Online.
IX. **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 implementation 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 the review panel’s preliminary review of full applications and an in-person panel discussion of a subset of applications (identified by PCORI’s Program staff and based on the preliminary review and program priorities). After merit review, key steps include: post-panel review of application by PCORI staff; the Selection Committee’s recommendation of applications for funding; and, finally, Board award 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 administrative or scientific reasons (e.g., non-responsiveness). An application may be administratively withdrawn if it is incomplete; submitted past the stated due date and time; or does not meet the formatting criteria outlined in the Submission Instructions, in the PCORI templates, and in PCORI Online. An application may be scientifically withdrawn if it is not responsive to the guidelines described in this PFA, describes research that is not comparative, includes a cost-effectiveness analysis, or otherwise does not meet PCORI programmatic requirements.

PCORI Merit Review Officers (MROs) recruit each review panel based on the number of invited LOIs and topic areas represented by the 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.

The table below is designed to help applicants understand how the PCORI merit review criteria align with criteria from other funding organizations with which applicants might be familiar (e.g., NIH). Though PCORI’s criteria do map to most NIH criteria, there are areas where we ask for different information (i.e., PCORI does not include a criterion that tracks to NIH’s innovation criterion, but does include criteria evaluating patient-centeredness and engagement) reflecting PCORI’s unique approach.
Crosswalk of PCORI Merit Review Criteria with NIH Criteria

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Below are PCORI’s merit review criteria. PCORI’s merit review panels use these criteria during the preliminary and in-person review phases to evaluate and score all submitted applications, and to ensure consistency and fairness in how applications are evaluated.

**Criterion 1. Potential for the study to fill critical gaps in evidence:**

The application should address the following questions:

- Does the application convincingly describe the clinical burden?
- Does the application identify a critical gap in current knowledge as noted in systematic reviews, guideline development efforts, or previous research prioritizations?
- Does the application identify a critical gap in current knowledge, evidenced by inconsistency in clinical practice and decision making?
- Would research findings from the study have the potential to fill these evidence gaps?

**Criterion 2. Potential for the study findings to be adopted into clinical practice and improve delivery of care**

The application should describe how evidence generated from this study could be adopted into clinical practice and delivery of care by others. The application should also address the following questions:

- Does the application identify who will make the decision (i.e., the decision maker) or use (i.e., the end-user) the study findings (not the intervention) this study produces, such as local and national stakeholders?
- Does the application identify potential end-users of study findings—such as local and national stakeholders—and describe strategies to engage these end-users?
- Does the application provide information that supports a demand for this kind of a study from end-users?
- Would this study’s research findings have the potential to inform decision making for key stakeholders? If so, provide an example. How likely is it that positive findings could be
reproduced by others, resulting in improvements in practice and patient outcomes? Identify the potential barriers that could hinder adoption of the intervention by others.

- Does the application describe a plan for how study findings will be disseminated beyond publication in peer-reviewed journals and at national conferences?

**Criterion 3. Scientific merit (research design, analysis, and outcomes)**

The application should show sufficient technical merit in the research design to ensure that the study goals will be met. The application should also address the following questions:

- Does the application describe a clear conceptual framework anchored in background literature which informs the design, key variables, and relationship between interventions and outcomes being tested?
- Does the Research Plan describe rigorous methods that demonstrate adherence to the PCORI Methodology Standards?
- Is the overall study design justified?
- Are the patient population and study setting appropriate for the proposed research question?
- Does the application provide justification that the outcome measures are validated and appropriate for the population?
- Are each of the comparators (e.g., active intervention arm and comparator arm) described clearly and well-justified? If “usual care” is one of the arms, is it adequately justified, and will it be sufficiently measured?
- Are the sample sizes and power estimates appropriate? Is the study design (e.g., cluster randomized design, randomized controlled trial, or observational study) accounted for and is the anticipated effect size adequately justified?
- Is the study plan feasible? Is the project timeline realistic, including specific scientific and engagement milestones? Is the strategy for recruiting participants feasible? Are assumptions about participant attrition realistic, and are plans to address patient or site attrition adequate?

**Criterion 4. Investigator(s) and environment**

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

The application should also address the following questions:

- How well-qualified are the PIs, collaborators, and other researchers to conduct the proposed activities? Is there evidence of sufficient clinical or statistical expertise (if applicable)?
- 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 PI roles and areas of responsibility?

- Is the level of effort for each team member appropriate for successfully conducting the proposed work?

- Does the application describe adequate availability of and access to facilities and resources (including patient populations, samples, and collaborative arrangements) to carry out the proposed research?

- Is the institutional support appropriate for the proposed research?

**Criterion 5. Patient-centeredness**

The application should demonstrate that the study focuses on improving patient-centered outcomes and employs a patient-centered research design (i.e., a design informed or endorsed by patients). *(Note: The study can be patient-centered even if the end-user is not the patient, as long as patients will benefit from the information.)*

The application should also address the following questions:

- Does the application include a thorough description about which outcomes (both benefits and harms) are important to patients, and are those outcomes included in the study plan?

- Does the application provide information that indicates that closing the evidence gap is important to patients and other stakeholders?

- Are the interventions being compared in the study available to patients now, and are they the best options for comparison (including whether they would be chosen by patients and their healthcare providers for managing the condition being studied)?

**Criterion 6. Patient and stakeholder engagement**

The application should demonstrate the engagement of relevant patients and other stakeholders (e.g., patients, caregivers, clinicians, policy makers, hospital and health system representatives, payers [insurance], purchasers [business], industry, researchers, and training institutions) in the conduct of the study. Quality of engagement should be evaluated based on scope, form, and frequency of patient and stakeholder involvement throughout the research process.

The application should also address the following questions:

- Does the application provide a well-justified description of how the research team incorporates stakeholder involvement? Does the study include the right individuals (e.g., patients, caregivers, clinicians, policy makers, hospital and health system representatives, payers, purchasers, industry, researchers, and training institutions) to ensure that the projects will be carried out successfully?
Does the application show evidence of active engagement among scientists, patients, and other stakeholders throughout the research process (e.g., formulating questions, identifying outcomes, monitoring the study, disseminating, and implementing)? Is the frequency and level of patient and stakeholder involvement sufficient to support the study goals?

Is the proposed Engagement Plan appropriate and tailored to the study?

Are the roles and the decision-making authority of all study partners described clearly?

Are the organizational structure and resources appropriate to engage patients and stakeholders throughout the project?

In-Person Review

During preliminary review, all administratively and scientifically compliant applications are evaluated and scored by panels of external reviewers based on PCORI’s merit review criteria, including evaluation of adherence to the PCORI Methodology Standards. After 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 forward to in-person review.

During the in-person review, merit reviewers meet to discuss applications and to clarify further the merits of the proposed research. They also identify areas for improvement. Each application is re-scored based on the content of discussion. The Panel Chair and PCORI MRO lead the in-person panel meeting and ensure 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. Program staff members then recommend projects to a Selection Committee, which includes members of the Board. The Selection Committee considers recommendations and works with staff to identify a slate of applications for possible funding based on merit review scores, programmatic balance and fit, and PCORI's strategic priorities. This slate is then proposed to the Board for consideration and approval.

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

Summary statements are provided to applicants approximately two weeks before funding decisions are announced. **If an application progresses to in-person discussion,** the applicant will receive a summary...
statement which will include:

- In-person panel discussion notes
- Final average overall score
- Preliminary reviewer critiques
- Application quartile, to help applicants understand how they did relative to other discussed applications, as appropriate

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 the programmatic needs and that satisfactorily address the merit review criteria while adhering to the PCORI Methodology Standards. Programs also consider the funds allotted for the current funding announcement when deciding which applications to recommend to the Board 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 November 2020.

X. **PCORI Policies that Govern Awardees Related to Data Access, Privacy, and Public Reporting**

Applicants should be aware that all PCORI awardees are required to comply with the following requirements:

**Registering Research Projects**

PIs are required to use the naming convention “PCORI-PCORI application number” (i.e., PCORI-XXXX-XXXXX). Clinical trials must be registered before enrollment of the first patient. All trials that meet the definition on the NIH database24 (see Data Element Definitions) are required to register, if funded.

Funded clinical trials or observational outcomes studies must be registered at ClinicalTrials.gov.

Funded evidence-synthesis studies must be registered at PROSPERO.25 Funded patient registries must be registered at https://patientregistry.ahrq.gov/.

**PCORI Public Access Policy**

PCORI requires all awardees to adhere strictly to PCORI’s publication policies, which will be shared with awardees within the research contract.

**Standards for Privacy of Individually Identifiable Health Information**

On August 14, 2002, the Department of Health and Human Services issued a final modification to the Standards for Privacy of Individually Identifiable Health Information, the “Privacy Rule.” The Privacy Rule is a federal regulation under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that governs the protection of individually identifiable health information and is administered and

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24 Available at https://prsinfo.clinicaltrials.gov/.
25 Available at http://www.crd.york.ac.uk/prospero/.
enforced by the Department of HHS Office for Civil Rights.

Decisions about the applicability and implementation of the Privacy Rule reside with the researcher and his or her institution. The Office for Civil Rights provides information on the Privacy Rule, including a complete Regulation Text and a set of decision tools related to “Am I a covered entity?” Information on the impact of the HIPAA Privacy Rule on NIH processes involving the review, funding and progress monitoring of grants, cooperative agreements, and research contracts is available from NIH.

Data Management and Data-Sharing Plan

PCORI is committed to publishing and disseminating all information and materials developed using PCORI funding, in accordance with its authorizing legislation. All recipients of PCORI contracts must agree to these principles and take steps to facilitate data availability.

PCORI encourages openness in research and making research data available for purposes of replication and reproducibility. As such, if an award is made, the awardee will be expected to adhere to PCORI’s Policy for Data Management and Data Sharing. The Policy articulates PCORI’s requirement that certain Awardees make the underlying data and data documentation (e.g., study protocol, metadata, and analytic code) from their PCORI-funded research projects available to third-party requestors.

A full data management and data sharing plan is not required at the time of application. If an award is made -- specifically for the Pragmatic Clinical Studies (PCS) and the targeted PFA studies -- the Awardee is required to develop and maintain such a plan, which is described in detail in the PCORI Methodology Standards for Data Integrity and Rigorous Analyses, specifically Standard IR-7. This plan must be appropriate for the nature of the research project and the types of research project data, and consistent with applicable privacy, confidentiality, and other legal requirements. The Policy includes details about what data certain Awardees will be expected to deposit into a PCORI-designated data repository and when that data would be available for third-party requests.

For research awards funded under Broad funding announcement (Assessment of Options, Improving Healthcare Systems, Addressing Disparities, Communication and Dissemination Research, Improving Methods), the Policy calls for Awardees to maintain the Full Data Package for seven (7) years. PCORI may, in selective cases, notify the researcher of its intent to provide funds for the deposition of the Full Data Package in a PCORI-designated repository in circumstances where PCORI requests such deposition.

The information here is meant for informational purposes only and does not attempt to be an exhaustive representation of the Policy for Data Management and Data Sharing. Please refer to the Policy in its entirety for additional information.

Peer Review and Release of Research Findings

PCORI has a legislative mandate to ensure the scientific integrity of the primary research it supports and to make study findings widely available and useful to patients, clinicians, and the general public within a specific timeframe. Accordingly, the PCORI Board of Governors (Board) adopted the Process for Peer

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26 Available at http://www.hhs.gov/ocr/.
Review of Primary Research and Public Release of Research Findings.\textsuperscript{28}

In summary, Awardee Institutions are required to submit to PCORI for peer review a draft final research report that provides the methodological details, describes the main study results, and interprets the findings in clinical or other decisional contexts. After Awardee Institutions have responded to reviewers’ comments to PCORI’s satisfaction, the report will be accepted and considered final. PCORI will then prepare two 500-word standardized abstracts summarizing the study results (as detailed below), which the Awardee Institution will review and approve.

No later than 90 days after the draft final research report is accepted, PCORI will post the following materials on its website: (1) a 500-word abstract for medical professionals; (2) a 500-word standardized abstract summarizing the study results for patients and the general public; (3) a link to the study record on ClinicalTrials.gov (as applicable); and (4) ancillary information, including conflict of interest disclosures. The final research report, along with anonymized reviewer comments, will be made publicly available on the PCORI website no later than 12 months after its acceptance, except by prior mutual agreement with the Awardee Institution.