Patient-Centered Outcomes Research Institute

Cycle III Funding Announcement: Addressing Disparities

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Addressing Disparities

Opportunity Snapshot

A healthcare organization is collecting data for quality improvement and identifies marked disparities in care and outcomes for a variety of conditions. These disparities impact a number of different patient groups in this setting, based on their gender, race/ethnicity, primary language, and other attributes. The organization wants to intervene to remedy the problem, but resources are limited and the leaders are not sure how to proceed to make a wise decision and determine how best to make an impact and change the status quo. They want care to be more equitable—and want to address differences in outcomes. But they currently lack the strong scientific evidence required to make the best possible decisions. They also lack tools to evaluate the effects of their interventions.

In this PCORI Funding Announcement (PFA), we seek studies that will inform the choice of strategies to eliminate disparities. We are not interested in studies that describe disparities; instead, we want studies that will identify best options for eliminating disparities. We have not stated where the studies should be directed, but we have been very clear that they must focus on areas of importance to patients and their caregivers, where there are critical disparities that disadvantage members of a particular group and limit their ability to achieve optimal, patient-centered outcomes.

Every day, healthcare organizations and others are faced with the challenge of how to eliminate disparities in health and health care. After decades of attention to this issue, disparities remain pervasive, leading to preventable suffering and interfering with the ability of individuals and families to live full, healthy lives. We need information to guide decisions about how to eliminate these disparities and ensure that people receive care according to their needs—and that all have the opportunity to achieve the best possible outcomes, in accordance with their wishes.

The Patient-Centered Outcomes Research Institute (PCORI) is entrusted by the public to fund research that will matter to patients and their caregivers. PCORI has five national research priorities and a research agenda for the projects we will fund that is focused on producing
knowledge that is useful to patients, their caregivers, and clinicians. This knowledge will also be useful to health system leaders, payers, and regulators who make decisions that impact patients.

PCORI seeks to change how research is done by emphasizing the role of diverse research teams that include varying perspectives. PCORI distinguishes itself by supporting research in which patients, caregivers, and practicing clinicians are actively engaged in generating the research questions, conducting the research, and using the results to understand and address patient needs.

**Program Overview**

Under this Addressing Disparities PFA, PCORI seeks comparative outcome studies that evaluate and compare new and alternative interventions to reduce or eliminate disparities in health and health care. Studies should focus on overcoming barriers that may disproportionately affect the outcomes of specific groups of patients, or those that identify best practices for sharing results and information about patient-centered research across patient groups. The research must address critical gaps in knowledge. PCORI seeks studies that will provide information of value to patients, their caregivers, clinicians, and other stakeholders.

**Research Areas of Interest**

We are interested in the following broad topical areas:

- Research that compares interventions to reduce or eliminate disparities in patient-centered outcomes, including health, healthcare, and patient-reported outcomes. For example, by accounting for possible differences at the patient, provider, or systems level, determine what interventions can be most effective for eliminating disparities in outcomes.

- Research that identifies and compares promising practices that address contextual factors such as socioeconomic, demographic, or community factors and their impact on patient-centered health outcomes.

- Research that compares benefits and risks of treatment, diagnostic, prevention, or service options across different patient populations, with attention to eliminating disparities.

- Research that compares strategies to overcome patient, provider, or systems level barriers (eg, In order to explain clinical effectiveness, they are going to have to communicate it in a sensible fashion that the normal person could read. —Patient with arthritis

Being more informed will be better than what I am now, being more educated, more informed, and having more information to go in and talk to the doctor about it. To sound more intelligent so that the doctor is aware that, "Hey, this guy has done his research, he knows a little bit more about what's out there." So any extra information we can have access to will benefit our situations. —Parent of pediatric patient

That's the same thing going on with when you start mammograms, when you do cervical cancer screenings. Everything, things that we learned when we graduated, there were these guidelines. Now everything is changing. Patients come in and they're questioning what you're doing. “According to what I read, I don't need a Pap smear anymore.” —Primary care physician
language, culture, transportation, homelessness, unemployment, lack of family/caregiver support) that may adversely affect patients and are relevant to their choices for preventive, diagnostic, and treatment strategies—as well as patient-centered outcomes.

- Research that compares and identifies best practices within various patient populations for information sharing about treatment outcomes and patient-centered research.

Strategies may focus on patient populations with a single condition or involve patients with a range of conditions. Strategies addressing care for patients with rare conditions are of interest. Rare diseases are defined as life-threatening or chronically debilitating diseases that are of such low prevalence in populations that special efforts, such as combining data across large populations, may be needed to address them. The term low prevalence is defined as meaning conditions that affect fewer than 200,000 individuals in the United States or have a prevalence of less than 1 in 1,500 persons.

**Background**

Disparities in health status and health care persist in this country, based on race/ethnicity, gender, geographic location, socioeconomic status, disability, and other factors. These disparities contribute to poor quality care and poor overall health outcomes for specific populations. Solutions that can reduce persistent disparities have been understudied and are likely to be both complex and context specific. The health disparities literature has largely been devoted to describing disparities and identifying sources of those disparities. Despite the heterogeneity of populations being studied, research has identified consistent disparities in access, health care quality, and health outcomes for a variety of conditions. Hypotheses regarding the factors that cause disparities include the role of poverty and poor education on health outcomes, bias in treatment, cultural differences, differences in patient preferences and response to treatment, and the role of chronic stress as a result of discrimination and its impact on health outcomes. While research has not identified the specific causal pathways that lead to disparities, there are emerging efforts to develop and test interventions that reduce disparities and promote health equity.

Strategies to reduce disparities and promote health equity generally target a range of patient-level, provider-level, and system-level factors. There is widespread recognition that community and other contextual factors impact health outcomes for vulnerable patient populations. However, there have not been many studies comparing interventions at this level for improving health outcomes. Patient- and provider-level interventions are largely based on strategies to improve knowledge and facilitate behavior change, while system-level interventions seek to address the way in which health care is delivered, organized, or financed.
Effective, patient-level approaches to reducing disparities in health and in health care quality are needed. Interventions that leverage the strengths and cultural practices or beliefs of different communities have demonstrated positive trends toward improving health outcomes, as well as measures of patient knowledge, self-efficacy, and experience of care. Targeted strategies directed to patient populations that experience disparities demonstrate a consistent trend toward improving outcomes, even in the most challenging clinical contexts. The current gaps in knowledge regarding patient-level and provider-level interventions to promote health equity relate to which interventions work best. In recent years, several curricula on cultural competency have been developed for physician training, yet there is little knowledge regarding the best types of training, how their effectiveness can be assessed, and what outcomes should be expected as a result of training. Patient education is often used as a method for improving patient-centered outcomes. However, there is a need to determine best methods for patient education; how to develop interventions that truly promote patient engagement and self-efficacy; how to adjust training for differences in language, literacy, and numeracy; and what are reasonable outcomes to expect from patient education. It is also well recognized that reducing disparities may require a multifaceted approach such as patient education coupled with cultural competency training and a system-level intervention.

In addition to patient- and provider-level interventions, system-level interventions have been developed to promote health equity, and the research on these efforts shows very promising results. For example, when community health workers or patient navigators are integrated into the healthcare delivery team, beneficial effects are seen in patient knowledge and behavior and in rates of health services utilization for patients with a variety of conditions that range from asthma to cancer. Among the most effective strategies in reducing disparities described in the literature are those that combine a variety of interventions to improve health care quality. Research has demonstrated that general system-level quality improvement approaches that are designed to improve outcomes for everyone may have a disproportionately positive effect on underserved populations or they may further exacerbate disparities. Other studies have investigated not only system-level interventions, but the role of entirely different systems of care for promoting health equity. Preliminary data show that the medical home can eliminate disparities in prevention, diagnosis, and treatment for a variety of conditions, even in the most vulnerable patient populations, by providing comprehensive, coordinated, and accessible care. Other system-level research includes pay-for-performance and pay-for-reporting programs and health information technology (HIT) as potential approaches to reducing disparities. With studies showing that vulnerable patient populations are more likely to receive care in poorer-performing inpatient and outpatient settings, some have raised concerns that performance-based payments may exacerbate disparities by funneling payments away from settings that provide care to large numbers of vulnerable patient groups. Likewise, it has been theorized that HIT could reduce disparities by improving care coordination, but an emerging digital divide among providers has raised questions.
as to whether this innovation could exacerbate disparities or be an effective approach for promoting health equity.

Here too, the current gaps in knowledge regarding system-level interventions to promote health equity relate to which interventions—in how health care is delivered, organized, and financed—work best for promoting health care equity. Recent research on racial and ethnic disparities in care show that patients of color are more likely to use poorer-performing providers, which drives much of the disparate outcomes experienced by these groups. What are the best system-level interventions for improving overall performance and promoting health care equity? What are the promising models for health care delivery that promote health equity? While the preliminary data on the medical home is very promising for improving care and promoting health equity for minority populations, can the same findings be replicated for other vulnerable populations, such as those living in rural areas? What are the best pay-for-performance models available for achieving improved outcomes? Should standards be set around “pay for improvement” or “pay for an absolute level of performance”? How could payments be adjusted to account for achieving high levels of performance among more vulnerable, “hard-to-reach” populations?

**Definition of Patient-Centered Outcomes Research**

Patient-centered outcomes research (PCOR) helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options. This research:

- Assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health delivery system features to inform decision making, highlighting comparisons and outcomes that matter to people;
- Is inclusive of an individual’s preferences, autonomy, and needs, focusing on outcomes that people notice and care about such as survival, function, symptoms, and health-related quality of life;
- Incorporates a wide variety of settings and diversity of participants to address individual differences and barriers to implementation and dissemination; and
- Investigates (or may investigate) optimizing outcomes while addressing burdens to individuals, availability of services, technology, and personnel, and other stakeholder perspectives.

**Example Questions**

The following research questions are meant as examples of the types of questions that your research may help answer. This list is by no means exhaustive.

- Which characteristics of the patient-centered medical care most critical to implement
to improve outcomes and promote health equity?

- How does the availability of a patient navigator for patients and/or caregivers improve patients’ health outcomes compared to usual strategies? Under what circumstances, or for what conditions, are patient navigators most effective?

- What are the best options, materials, and venues for patient education materials that take into consideration patient and caregiver culture, beliefs, literacy, and numeracy to reduce disparities and improve outcomes?

- How do the practices of the top-performing facilities that primarily serve racial or ethnic minority groups or low-income populations compare with lower-performing facilities?

- Does enhanced primary care access (extended hours, open access) improve patient outcomes for different target patient populations compared to usual access?

- Given that effective interventions to improve care in vulnerable populations often require a multipronged approach, under what circumstances do different options for interventions work best?

- How can quality improvement efforts be tailored to ensure they promote health equity?

**Funding and Project Period Limits**

PCORI expects to fund projects totaling up to $12 million in total costs under this PFA, per cycle. Because the nature and scope of the proposed research is expected to vary widely from application to application, it is anticipated that the size and duration of each award will also vary.

Projects may not exceed three years in duration. Budgets may not exceed $500,000 in direct costs per year. It is expected that, within these limitations, project budgets and duration will vary substantially, depending on the study design, needs for recruitment and/or primary data collection, required length of follow-up and analytic complexity. To that end, PCORI will reserve a portion of funding for smaller (less than $500,000 in total costs) and intermediate-sized projects (less than $1 million in total costs). PCORI encourages studies that can deliver findings promptly, including studies that take advantage of research infrastructure already in place and of longitudinal studies already underway. Currently funded CER studies may be considered for PCORI funding to support distinctive work related to extending follow-up, adding additional outcomes, or examining outcomes in key patient subgroups. Efficient use of research resources is a criterion that will be considered by merit reviewers and will also be reviewed by PCORI staff. The total amount awarded and the number of awards will depend on the quality, duration, and costs of the applications received.
Applicants wishing to propose prospective randomized trials or other complex studies that they believe will require more funding or longer duration may contact PCORI before the required deadline for the Letter of Intent to request permission to increase the budget beyond $500,000 in direct costs in any project year or to extend the study duration beyond three years. PCORI does not guarantee that permission will be granted, and applicants should expect that the deliberative process may result in delaying the submission for one or more cycles.

**Elements of PCORI Funded Research**

Now that you understand the research focus and priorities, you will need to determine if your organization and approach meet PCORI’s other eligibility requirements. To do that, please consider the following important issues.

**Key Elements**

Successful applicants for PCORI funds must:

1. **Have a research team that includes patients and/or caregivers, as well as clinicians, health system managers, or other potential end-users of the study findings, along with researchers.** Each member of the research team should participate actively in the design and implementation of the study and the dissemination of its results. A key concept here is ensuring that the research remains true to the interests of those who would use it.

2. **Be familiar with the four questions of our patient-centered outcomes research definition;** applicants must clearly explain how their proposed research aligns with one or more of these questions.
   
   - “Given my personal characteristics, conditions, and preferences, what should I expect will happen to me?”
   - “What are my options, and what are the potential benefits and harms of those options?”
   - “What can I do to improve the outcomes that are most important to me?”
   - “How can clinicians and the care delivery systems they work in help me make the best decisions about my health and health care?”

   These questions articulate the needs of people as they make healthcare decisions.
3. **Demonstrate that the proposed research has the potential to provide important information that patients need to make decisions—but that is not currently available.** Consider what information patients, clinicians, or health systems may need to make or support better healthcare decisions.

4. **Propose to use PCORI resources efficiently in producing new knowledge.** We aim to stretch our resources as far as possible because we recognize the vast information needs of patients. Research budgets will be used as one component to evaluate the use of resources, as detailed in Review Criterion #8 (see PCORI Review Criteria). We are looking for approaches that are highly efficient without sacrificing methodological rigor. We are also interested in the potential for findings to be applied in multiple areas, independent of the disease studied.

5. **Make clear how you are accounting for individual differences among patient groups.** Average results are useful, but we are also very interested in providing evidence that can be tailored to patient subgroups based on their clinical and demographic characteristics. We want products of the research that are scalable and generalizable—and can be customized for specific sites.

PCORI is interested in research that can be rapidly disseminated and implemented into clinical and community settings, yielding prompt improvements in patients’ decisions and the outcomes experienced. To that end, projects of shorter duration and projects that take advantage of existing research infrastructure and data are of great interest. Applications must include a dissemination and implementation assessment that discusses prospects for dissemination and considers possible barriers as well. For projects that produce important findings deserving dissemination, PCORI will consider subsequent applications that evaluate additional dissemination and implementation efforts.

A variety of study designs and analytic methods may contribute valid new knowledge. These include evidence syntheses, randomized comparisons at either the individual or cluster level, or various observational approaches (eg, quasi-experimental studies). Qualitative methods may also be employed, either in mixed methods approaches or, potentially, as qualitative comparative studies. Evidence syntheses should follow rigorous standards accepted in the field, such as those published by the Agency for Healthcare Research and Quality (AHRQ) or the Institute of Medicine (IOM). Issues of possible heterogeneity of treatment effects must be considered and discussed. Any planned analyses of subpopulations should be discussed. Inclusion of previously understudied population groups, including the elderly, children (if appropriate), and vulnerable populations, is particularly important. Randomized evaluations must be generalizable either by virtue of considering entire populations or by efficiently recruiting highly representative study populations rather than selected volunteers. Observational comparisons must employ study designs and
analytic methods that convincingly protect against selection bias and other threats to validity. Applicants should specifically discuss the need to measure factors such as differential adherence to chosen treatments that could create apparent differences in effectiveness in clinical populations. Regardless of the particular methods employed, proposals are expected to use rigorous methodology. Applicants are encouraged to refer to the contents of the PCORI revised Methodology Standards in developing their research plan. Adherence to the Methodology Standards is required in this and future funding cycles. PFA applications will be required to comply with standards adopted by PCORI’s Board of Governors that have been approved by the Board at least six months prior to the PFA application due date. This time period, combined with the time period of a public comment period (45–60 days prior to adoption, as stated in PCORI’s enabling legislation), will erase any knowledge advantage and maintain Methodology Committee application eligibility.

Comparisons must be to relevant alternatives—such as other interventions or clinical policies designed to address the same need in the same or a different healthcare system, to the previous approach used within the same system, or to “usual care.” The research will ideally provide information about the range of outcomes that are experienced by and important to patients. These outcomes may include quality of life, ability to participate in desired activities, degree of suffering from pain or other symptoms, ability to live independently, and satisfaction with health care.

Comparisons should examine the impact of the strategies in various subpopulations with attention to the possibilities that the effects of the strategy might differ across various populations. Populations of interest include those that are less frequently studied (e.g., the elderly; children, if appropriate; patients with multiple chronic conditions; patients with rare conditions); other vulnerable populations, including those of low socioeconomic status, low literacy, and/or numeracy; and patient groups known to experience disparities in health care and outcomes, such as racial/ethnic minorities. Alternatively, the study may focus primarily on comparative strategies for communicating, disseminating, or implementing in one or more of these populations of interest.

Relevance to Patients

Research proposals should clearly identify the relevant patient population, the health decision(s) examined in the proposed study, and the patient outcomes that will be affected by the research, as outlined in PCORI Review Criterion #4. As patient-centered research, the focus should be on the identification of the primary concerns and questions of patients and their caregivers.

Patient and Stakeholder Involvement

Persons representative of the population of interest—referred to here as patients, their caregivers, and clinicians—should be engaged in all phases of the research process, as outlined in PCORI Review Criterion #7. Patients may include individuals who have or had the condition or
who are at risk of the condition under study; it may also include patient surrogates or caregivers. In some instances, representatives of patient advocacy organizations may be appropriate research collaborators. Clinicians who face these decisions in collaboration with their patients are also relevant team members. Engagement should include participation in formulation of research questions; defining essential characteristics of study participants, comparators, and outcomes; monitoring of study conduct and progress; and dissemination of research results. In essence, patients and stakeholders must be important contributors throughout the research enterprise.

A key goal of patient engagement in research is to produce information that will best support health decisions for patients, their caregivers, and clinicians. As a result, patients and other key stakeholders must be meaningfully involved in the research team throughout the process. The members of the team will vary depending upon the research area or focus of study.

**Dissemination and Implementation Assessment**

PCORI is interested in funding studies that produce findings that can be readily disseminated and implemented—and are highly likely to be valued by patients and caregivers. To that end, it is important that potential facilitators and barriers to dissemination and incorporation into practice be assessed and anticipated.

**Reproducibility and Transparency of Research**

The ability to replicate potentially important findings from PCORI-funded studies in other datasets and populations is essential to building confidence in the accuracy of these findings. PCORI will support policies to promote sharing of study documentation (eg, study protocol, programming code, data definitions) so that other researchers may replicate the findings in other populations. For large studies—those with direct costs greater than $500,000 in any year—PCORI requires that applicants propose a plan for sharing of de-identified data, so that results may be reproduced by others in the same dataset.

**Inclusiveness of Different Populations**

PCORI seeks to fund research that includes diverse populations with respect to age, gender, race, ethnicity, geography, or clinical status. PCORI recognizes that some proposed studies may represent important PCOR opportunities even in the absence of a broadly diverse population. However, the burden is on the applicant in such cases to justify the importance of the study given the absence of diversity. Alternatively, PCORI is interested in the inclusion of previously understudied populations for whom effectiveness information is particularly needed, such as “hard-to-reach” populations or patients with multiple conditions.
Protection of Human Subjects

PCORI adopts, by reference, the Human Subjects requirements of 45 CFR Part 46. If the proposed research will involve human subjects, refer to the Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan in Part II of the Instructions for the PHS 398 Form, as found on the National Institutes of Health (NIH) Web site: www.grants.nih.gov/grants/funding/phs398/phs398.doc.

Application Development and Submission Overview

Application Development

There are five steps to developing a PCORI application:

- **Step 1: Inform PCORI with the Letter of Intent**: submit a required Letter of Intent (LOI) by the deadline.

- **Step 2: Design the research plan**: As part of your application, you must state the specific aims of the project, the research question(s) to be studied, and how you will answer that question. In addition, applicants must:
  - Explain how the research plan aligns with PCORI review criteria.
  - Describe plans for dissemination and implementation.
  - Describe plans for supporting replication and reproducibility of research and data sharing.

- **Step 3: Document the people and places**: Determine and document who will be on the research team, what their roles will be, and where the research will be conducted. Describe plans for engaging patients and other relevant stakeholders as part of the research team in the research project.

- **Step 4: Develop the budget**: Determine, list, and justify the costs associated with the project.

- **Step 5: Submit the application**: Compile and submit your application using PCORI Online.

For further guidance and resources, visit the PCORI Application Center (www.pcori.org/funding-opportunities/funding-announcements/application-center/)
Review Criteria

The PCORI review process for each complete, submitted application includes the three components listed below. This process typically takes about six months.

- Completeness, Compliance, and Eligibility Check
- Merit Review
- Business Review

Carefully read and thoroughly understand the PCORI review criteria before applying.

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<th>PCORI Criteria</th>
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<td>RESEARCH STRATEGY: Background and Significance</td>
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<td>1. Impact of the condition on the health of individuals and populations</td>
<td>Refers to the current impact of the condition on the health of individuals and populations. Is the condition or disease associated with a significant burden in the US population, in terms of prevalence, mortality, morbidity, individual suffering, or loss of productivity? A particular emphasis is on patients with chronic conditions, including those patients with multiple chronic conditions.</td>
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<td>2. Potential for improving care and outcomes</td>
<td>Refers to the potential that the proposed research may lead to meaningful improvement in patient health, well-being, or quality of care. Does the research question address a critical gap in current knowledge as noted in systematic reviews, guideline development efforts, or previous research prioritizations? Has it been identified as important by patient, caregiver, or clinician groups? Do wide variations in practice patterns suggest current clinical uncertainty? Is the research novel or innovative in its methods or approach, in the population being studied, or in the intervention being evaluated, in ways that make it likely to improve care? Do preliminary studies indicate potential for a sizeable benefit of the intervention relative to current practice? How likely is it that positive findings could be disseminated quickly and effect changes in current practice?</td>
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<td>3. Effects on healthcare delivery</td>
<td>Refers to the potential that the proposed research could lead to improvements in the efficiency of care for individual patients or for a population of patients. Does the research promise potential improvements in convenience or elimination of wasted resources, while maintaining or improving patient outcomes?</td>
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<td>RESEARCH STRATEGY: Relevance to Patients</td>
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### Organizational Eligibility

Applications may be submitted by:

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<td>4. Patient-centeredness</td>
<td>Is the proposed research focused on questions that affect outcomes of specific interest to patients and their caregivers? Does the research address one or more of the key questions mentioned in PCORI’s definition of patient-centered outcomes research? Is the absence of proposed measurement any important outcomes justified?</td>
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<tr>
<td><strong>RESEARCH STRATEGY: Approach</strong></td>
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<td>5. Rigorous research methods</td>
<td>Refers to the use of appropriate and rigorous research methods to generate patient-centered evidence, including appropriate choice of study design and of analytic methods. How likely is it that the proposed study population, study design, and available sample size will yield unbiased, generalizable information with sufficient precision to be useful and reliable for patients, their caregivers, clinicians, and health system leaders?</td>
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<td><strong>RESEARCH STRATEGY: Inclusiveness of Different Populations</strong></td>
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<td>6. Inclusiveness of different populations</td>
<td>Does the proposed study include a diverse population with respect to age, gender, race, ethnicity, geography, or clinical status? Alternatively, does it focus on a population for whom effectiveness information is particularly needed?</td>
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<td><strong>PEOPLE AND PLACES</strong></td>
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<td>7. Research Team and Environment</td>
<td>The research team must be appropriately trained and experienced to carry out the planned studies. Does the study team have complementary and integrated research expertise in implementing the study? Are relevant patients and other key users of the study information (e.g., caregivers, clinicians, health system leaders, community, or policy makers) appropriately involved in the design and implementation of the study? Will the research environment contribute to the probability of success? Are features of the research environment, such as health system or community involvement or collaborative arrangements, described? Are institutional and community investment in the success of the research described?</td>
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<td><strong>BUDGET</strong></td>
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<td>8. Efficient use of research resources</td>
<td>Does the budget appear to be reasonable in relation to the potential contribution of the research? Does the justification address the efficiency with which PCORI resources would be used? Are there opportunities to make the study more efficient? Are there additional benefits to a PCORI investment in this study through the creation of common data or infrastructure that could support future research?</td>
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• Any private sector research organization, including any:
  o Non-profit organization
  o For-profit organization
• Any public sector research organization, including any:
  o University or college
  o Hospital or healthcare system
  o Laboratory or manufacturer
  o Unit of state or local government

All US applicant organizations must be recognized by the Internal Revenue Service. Foreign organizations and nondomestic components of organizations based in the United States may apply, as long as there is demonstrable benefit to the US healthcare system, and US efforts in the area of patient-centered research can be clearly shown. Organizations may submit multiple applications for funding. Individuals may not apply.

**Submission Procedures**

To apply with PCORI, you must register with PCORI’s online system and submit both a timely Letter of Intent and a timely application. To learn more about completing your application, please see the PCORI Application Guidelines (www.pcori.org/assets/PFAguidelines.pdf).

**Submission Deadlines**

This is a standing announcement, with three application deadlines per year. Applicants must submit a Letter of Intent and application to PCORI, in accordance with the published dates and times listed in the Application Center (www.pcori.org/funding-opportunities/funding-announcements/application-center/#anchor).
About PCORI

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed healthcare decisions and improve healthcare delivery. PCORI will commission research that is guided by patients, caregivers, and the broader healthcare community and will produce high-integrity, evidence-based information.

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

Our Mission: 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, caregivers, and the broader healthcare community.

Our History: PCORI was authorized by the Patient Protection and Affordable Care Act of 2010 as a non-profit, nongovernmental organization. PCORI’s purpose, as defined by the law, is to help patients, clinicians, purchasers, and policy makers 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.”

The statutory language defining PCORI is broad and authorizes research that will support a strong patient-centered orientation, inform better choices among alternative treatment and prevention strategies, and direct attention to individual and system differences that may influence strategies and outcomes. PCORI was designed to produce knowledge through the analysis and synthesis of existing research or the support of new research.