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**Strategic Plan**

**Mission**: PCORI helps people make informed health care decisions, and improves health care delivery and outcomes by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader health care community.

**Vision**: Patients and the public have information they can use to make decisions that reflect their desired health outcomes.

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**Goals**

1. **Substantially increase the quantity, quality, and timeliness of useful, trustworthy information available to support health decisions**
2. **Speed the implementation and use of patient-centered outcomes research evidence**
3. **Influence clinical and health care research funded by others to be more patient-centered**

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**Strategic Imperatives**

- **Engagement**: Engage patients, caregivers, and all other stakeholders in our entire research process from topic generation to dissemination and implementation of results.
- **Methods**: Develop and promote rigorous patient-centered outcomes research methods, standards, and best practices.
- **Research**: Fund a comprehensive agenda of high quality patient-centered outcomes research and evaluate its impact.
- **Dissemination**: Disseminate patient-centered outcomes research to all stakeholders and support its uptake and implementation.
- **Infrastructure**: Promote and facilitate the development of a sustainable infrastructure for conducting patient-centered outcomes research.

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**Core Values**

- **Usefulness**: We focus on funding research that provides actionable answers to questions that are important to patients and the healthcare community.
- **Transparency**: We work in the open and facilitate public access to build trust, encourage participation, and promote implementation.
- **Patient-Centeredness**: Patients are our true north; we rely on patient perspectives and values to guide and improve our work.
- **Inclusiveness**: We study broad patient populations and seek to provide evidence that is tailored to patients’ demographic or clinical characteristics and their preferences.
- **Evidence**: We consistently rely on the best available science and we evaluate our work to improve its reliability and utility.
INTRODUCTION

In response to its legislative mandate, and after seeking to understand the environment in which it operates and listening to stakeholders, PCORI has developed its strategic plan. This plan focuses on funding and conducting highly relevant research that is likely to change practice and improve patient outcomes; on disseminating and promoting the implementation of the results of this research; and on influencing how clinical research is done by others, so that a greater proportion of all clinical research is useful to patients and other healthcare decision makers. We see this plan as our current roadmap and will revisit and revise it in response to stakeholder feedback, changing circumstances, and what we are learning about what does and does not work to advance us toward our goals.

This document first presents the strategic framework that underlies this plan—our mission, vision, goals, and strategic imperatives—and then describes how we will reach our goals. Our goals are long-term ones, and the third section outlines how we intend to monitor and report on our progress toward them and demonstrate that we are on track to make a difference.

FROM PCORI’S AUTHORIZING LEGISLATION

“The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient subpopulations, and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services, and [other] items.”
STRATEGIC FRAMEWORK

Mission and Vision

Early in the planning process, PCORI’s multi-stakeholder Board of Governors articulated our mission and vision. Both derive from PCORI’s authorizing legislation and emphasize that PCORI’s research must provide useful, helpful information that is accessible to patients, their caregivers, and others. Our mission statement also underscores that PCORI’s research processes will adhere to high methodological standards and must involve the end-users in the formulation and conduct of the research.

Goals

PCORI’s activities are intended to achieve three long-term, overarching goals. Progress on each goal supports reaching the other goals as well. Attaining these goals will accomplish PCORI’s mission and meet its legislative mandate to assist patients and the entire range of stakeholders in the healthcare enterprise in making better-informed health decisions.

First Goal: Increase Information

Although many patients find themselves overwhelmed by the amount of health information available, some estimates are that less than half of healthcare practice is currently supported by good evidence. Patients, caregivers, clinicians, and others often lack the information they need to make decisions about their health. Much of the available research information is not focused on the comparisons or outcomes most relevant to patients. Many studies are not conducted in representative patients, leaving doubts about whether results apply to typical patients and situations. Thus, there is actually too little of the right kind of information, and our first goal is to substantially increase the quantity, quality, and timeliness of useful, trustworthy information available to support health decisions.
Second Goal: Speed Implementation

Because producing good information is not sufficient to meet our legislative mandate, our second goal is to **speed the implementation and use of patient-centered outcomes research (PCOR) evidence**. Even perfect information will have no impact if it merely resides in a paper that sits on a shelf. Success with our first goal—producing information that people trust and can use—will contribute to attaining this goal. In turn, understanding why and how the information PCORI produces is or is not used by various stakeholders will help us improve our processes for producing it and further our progress toward our first goal.

Third Goal: Influence Research

Although PCORI’s authorizing legislation reflects high ambitions, PCORI cannot answer all of the important questions by itself, nor should it. Other funders are recognizing that the patient-centered, stakeholder-driven approach to clinical research has value to their missions as well. Thus, PCORI’s third goal is to **influence clinical and healthcare research funded by others to be more patient-centered**. PCORI aims to contribute with others to improving the quality, relevance, and usability of the nation’s entire clinical research output. To influence others, it will be necessary to demonstrate success with our first two goals by producing a large body of useful information that is implemented more rapidly than is typical. In turn, PCORI’s success in influencing the research of other funders will hasten attainment of our first and second goals.
Strategic Imperatives

To reach its goals, PCORI organizes its work, at both the staff and the Board of Governors levels, into five mutually reinforcing strategic imperatives. Much of this plan is also organized by imperative. Each imperative is integral to attaining all three goals.

**PCORI’s FIVE STRATEGIC IMPERATIVES**

**Engagement:** Engage patients, caregivers, and all other stakeholders in our entire research process, from topic generation to dissemination and implementation of results

**Methods:** Develop and promote rigorous patient-centered outcomes research methods, standards, and best practices

**Research:** Fund a comprehensive agenda of high-quality patient-centered outcomes research and evaluate its impact

**Dissemination:** Disseminate patient-centered outcomes research to all stakeholders and support its uptake and implementation

**Infrastructure:** Promote and facilitate the development of a sustainable infrastructure for conducting patient-centered outcomes research

Core Values

Our core values reflect our ideals and suffuse every aspect of our work, running throughout and connecting the different elements of our strategic framework and plan. Patient-centeredness and usefulness, for example, are hallmarks of our studies and also the primary directions in which we aim to influence all clinical research. Inclusiveness refers to the recognition that all patient populations should participate in our research and that one size does not fit all—not in research, engagement, or dissemination. New methods are needed to build this value into all we do. Similarly, transparency is key to our engagement and dissemination strategies and critical to encourage broad stakeholder participation in our research and foster trust in the information our portfolio will eventually produce.
REACHING OUR GOALS

We used logic models (see Appendix 1) to develop this strategic plan, meaning that, after we determined each goal, we identified the logical steps needed to achieve them. Below, we discuss these logic models, detailing our five strategic imperatives and how each contributes to reaching our goals. The table at the end of the discussion of each strategic imperative describes the activities for 2013 to 2015 that support that imperative.

Engagement Imperative

Our engagement strategies include developing a skilled community of patients, caregivers, and stakeholders from across the entire healthcare enterprise (see also Infrastructure section below) and involving them meaningfully in every aspect of our work, from the development of our research priorities to the dissemination of research findings. These strategies serve our goals primarily by increasing the usefulness and trustworthiness of the information we produce, facilitating its dissemination and uptake, and exposing more researchers and other stakeholders to our model of patient-centered research. Engagement is intended to increase the chances that we ask the right questions, design and conduct the research to provide the information needed by the end-users, interpret the study findings appropriately, and communicate them effectively.

PCORI’s CORE VALUES

**Patient-Centeredness**: Patients are our true north: we rely on patient perspectives and values to guide and improve our work.

**Usefulness**: We focus on funding research that provides actionable answers to questions that are important to patients and the healthcare community.

**Transparency**: We work in the open and facilitate public access to build trust, encourage participation, and promote implementation.

**Inclusiveness**: We study broad patient populations and seek to provide evidence that is tailored to patients’ demographic or clinical characteristics and their preferences.

**Evidence**: We consistently rely on the best available science and we evaluate our work to improve its reliability and utility.
Developing and Involving the Stakeholder Community

PCORI has engaged patients and other stakeholders, from the beginning, in the creation of our research agenda, and continues to involve them in the generation and prioritization of important research questions to study and in the review of applications for PCORI funding. In addition, researchers we fund are required to engage relevant patient and stakeholder groups as members of their research teams and in governance of their research networks (see also Infrastructure section below).

Engaging those who ultimately will use research evidence—that is, patients, clinicians, payers, purchasers, policy makers, and the organizations that represent them—in generating the evidence is the first step toward speeding the use of that evidence. The difference that engagement can make in uptake and implementation is, we believe, analogous to the difference between trying to sell a house that is built for no particular buyer versus one designed and built with a family who intends to live there.

Engagement further seeks to speed the uptake and use of evidence by integrally involving stakeholders in the development of materials to communicate study results and in dissemination activities.

Bringing patients, their caregivers, clinicians, researchers, and other stakeholders together in new partnerships and training them in the conduct of PCOR is essential to making engagement meaningful and effective. PCORI invests in a variety of teambuilding and training activities, from webinars to workshops around the country, to expand the community of people interested and prepared to participate fully (see also Infrastructure section below).

The table below shows PCORI’s major engagement activities for 2013 to 2015, organized by strategic priority.
### Strategic Priority: Build Community Skilled in PCOR

<table>
<thead>
<tr>
<th>2013 Activities</th>
<th>2014–2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish PCORI’s infrastructure and plan for engagement</td>
<td>• Refine PCORI’s engagement infrastructure and plan as appropriate</td>
</tr>
<tr>
<td>• Train the number of patients, caregivers, researchers, and all other stakeholders required to participate in our Topic Generation, Research Prioritization, Merit Review, and other processes</td>
<td>• Provide training to an expanded cadre of patients, caregivers, researchers, and all other stakeholders to be knowledgeable about, skilled in, and prepared to participate in PCOR’s research</td>
</tr>
<tr>
<td>• Assess training needs for patients, caregivers, and all other stakeholders to participate in conduct, dissemination, and implementation of PCOR</td>
<td>• Continue to assess need for and expand training curriculum and opportunities accordingly</td>
</tr>
<tr>
<td>• Evaluate effectiveness of training programs and refine as needed</td>
<td>• Continue to evaluate effectiveness of training programs and refine as needed</td>
</tr>
<tr>
<td></td>
<td>• Expand on pilot Eugene Washington Engagement Awards for Knowledge building</td>
</tr>
<tr>
<td></td>
<td>• Launch the PCORI Ambassadors Program</td>
</tr>
</tbody>
</table>

### Strategic Priority: Engage Community in All Aspects of Research Process

<table>
<thead>
<tr>
<th>2013 Activities</th>
<th>2014–2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish Advisory Panels, including for Rare Diseases</td>
<td>• Establish Rare Disease Advisory Panel</td>
</tr>
<tr>
<td>• Establish Ad Hoc Work Groups</td>
<td>• Establish Communication and Dissemination Advisory Panel</td>
</tr>
<tr>
<td></td>
<td>• Establish additional multi-stakeholder groups as needed to guide our topic generation, prioritization, and selection processes</td>
</tr>
</tbody>
</table>

### Strategic Priority: Engage Community in Dissemination

<table>
<thead>
<tr>
<th>2013 Activities</th>
<th>2014 – 2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Establish plan and infrastructure for engaging stakeholders in PCOR’s peer review, publication, and dissemination processes</td>
</tr>
<tr>
<td></td>
<td>• Expand on pilot Eugene Washington Engagement Awards for Dissemination</td>
</tr>
</tbody>
</table>
Methods Imperative

Our primary strategies for promoting a rigorous scientific approach to PCOR include developing and promoting methodology standards; funding methods research to improve existing methods and develop new ones; and comprehensive evaluation of our own work. These strategies serve our goals primarily by increasing the quality and trustworthiness of the information we produce, improving the means of communicating and disseminating research evidence, and increasing the availability of proven methods of engaged, patient-centered research for other researchers and funders to employ. Our work on methods is intended to increase the demand for rigorous methods and raise the standards and quality of all clinical comparative effectiveness research.

Developing Standards

Led by our Methodology Committee, we identify methodological areas in need of new or improved standards. These standards cover all aspects of PCOR, from prioritizing research questions to designing studies and analyzing complex data to communicating research findings. Research that is patient-centered and carefully designed and conducted according to the highest standards is likely to produce unbiased information that is useful to patients and that they and others find trustworthy.

Funding Methods Research

The work of PCOR’s Methodology Committee helps to inform our agenda by identifying critical research needs for advancing the methods of PCOR, one of our five National Priorities for Research. This funding may cover a wide range of methods, from how to engage stakeholders, to analyzing data, to outcomes that are reported directly by patients, to implementing findings in practice. Methods that can address the needs of PCOR without sacrificing rigor—such as the need for timely results to increase relevance, for identifying patient differences in treatment response and preferences, and for supporting informed decision-making—are of great interest.

PCORI’S FIVE NATIONAL PRIORITIES FOR RESEARCH

- Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication and Dissemination Research
- Addressing Disparities
- Accelerating Patient-Centered Outcomes Research and Methodological Research
Evaluating PCORI’s Work

Good evidence supports many aspects of our approach, and thus we require funded researchers to adhere to PCORI’s Methodology Standards. However, some of what we do, such as encouraging engagement of patients and stakeholders in all aspects of research, is novel and remains to be proven. We want to ensure that we use the most effective methods, develop robust new methods where needed, and avoid using approaches that are ineffective or wasteful. If we want to influence other researchers and research funders to follow our lead, we will need to demonstrate that we are on the right path. Hence, we place a heavy emphasis on continual evaluation and refinement of our methods and seek to determine whether our emphasis on patient-centeredness and stakeholder engagement makes a difference in such matters as the kinds of questions we study and the quality of the answers that result.

The table below shows PCORI’s major activities for 2013 to 2015 under our methods strategic imperative, organized by strategic priority.
### Strategic Priority: Develop Standards for PCOR Methods

<table>
<thead>
<tr>
<th>2013 Activities</th>
<th>2014 – 2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Publish Methodology Report</td>
<td>• Revise Methodology Report as needed</td>
</tr>
<tr>
<td>• Develop Translation Table</td>
<td>• Revise Translation Table as needed</td>
</tr>
<tr>
<td></td>
<td>• Refine existing and develop new Methodology Standards as needed</td>
</tr>
</tbody>
</table>

### Strategic Priority: Fund Development of PCOR Methods

<table>
<thead>
<tr>
<th>2013 Activities</th>
<th>2014–2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify and prioritize PCOR methodology gaps</td>
<td>• Launch activities to address priority methodology gaps identified in 2013 (for example, targeted funding announcements)</td>
</tr>
<tr>
<td>• Launch funding for methods research</td>
<td>• Fund multiple cycles of methods research</td>
</tr>
</tbody>
</table>

### Strategic Priority: Evaluate and Ensure Rigor of PCORI’s Methods

<table>
<thead>
<tr>
<th>2013 Activities</th>
<th>2014–2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incorporate methodological standards into PCORI processes</td>
<td>• Support and monitor adherence to methodological standards in PCORI processes and PCORI-funded research and assess their impact</td>
</tr>
<tr>
<td>• Establish advisory panel for clinical trials</td>
<td>• Establish Clinical Trials Advisory Panel</td>
</tr>
<tr>
<td>• Develop PCORI Evaluation Framework and Strategy</td>
<td>• Implement PCORI’s evaluation strategy and incorporate what is learned into PCORI’s work</td>
</tr>
<tr>
<td>• Develop survey capacity and launch baseline surveys</td>
<td>• Continue to develop and implement a comprehensive survey program to understand and respond to the views of participants in PCORI's work and other stakeholders</td>
</tr>
<tr>
<td></td>
<td>• Establish PCORI Methodology Consultation Service</td>
</tr>
</tbody>
</table>
Research Imperative

Our primary strategy for producing high-impact PCOR is active and intensive *portfolio planning, management, and evaluation* of every aspect of our research agenda and portfolio. This strategy supports attainment of our goals primarily by increasing the quality, relevance, timeliness, and trustworthiness of the information we produce; improving our ability to communicate and disseminate that information effectively; and helping us to determine the usefulness, uptake, and impact of the research we have funded. The care we take in developing and managing our portfolio is intended to improve the science of PCOR and the value of the information it produces.

Portfolio Planning

*We solicit research proposals* through two mechanisms: *broad funding announcements* seeking the best ideas in selected fields from the research community, and *targeted funding announcements* seeking proposals for studying more specific topics and questions that we have identified as high priority through our engagement activities, advisory panels, and consultation with our Board of Governors and Methodology Committee. The majority of the research in our portfolio has thus far come from our broad funding announcements, but as we gather input from and prioritize research ideas with the stakeholder community, this will shift and, over time, research on specific questions we target will constitute the majority of our research agenda.

PCORI’s process for targeting its portfolio begins with efforts to generate research ideas through engagement of all stakeholders. We use a variety of mechanisms, including a website where anyone with access to the Internet can submit a question and regular and *ad hoc* engagement activities like individual or multi-stakeholder workshops and roundtables. The roundtables are intended to generate questions of high importance to patients and other stakeholders.

PCORI’s approach to prioritizing and selecting among hundreds of potential research topics includes further discussion with patients and stakeholders, extensive review of
the existing evidence to identify the most significant gaps, and analysis to determine what kinds of studies would make the greatest contribution to filling those gaps. Once these questions are focused, they are reviewed and prioritized by PCORI’s multi-stakeholder Advisory Panels. Prioritized questions may be further refined; ultimately, they are reviewed and approved by PCORI’s Board of Governors.

Several criteria guide our rigorous research prioritization process. PCORI aims to identify and fund studies that are most likely to influence decision making, change practice, and improve health outcomes. We emphasize patient-centeredness, which we define as being a question of genuine importance to patients and as including the outcomes that matter to patients, and we consider the overall impact or burden of the condition on the health of individuals and populations and the potential reduction in burden that could result from the research. We also consider the likelihood of implementation in patient and clinical practice, and the durability of the information. In addition, our planning efforts are aimed at avoiding unproductive redundancy and at fostering collaboration, among both researchers and funders of research.

One aspect of portfolio planning that is particularly relevant to influencing how research is conducted outside of PCORI is co-funding or other collaborative arrangements with federal agencies that fund clinical research, such as the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health (NIH), the Veterans Health Administration (VA), and the Food and Drug Administration (FDA), as well as with private institutions that fund such research. We also collaborate with a wide range of public and private organizations on activities such as the development of training curricula and measures of outcomes important to patients. We seek not to compete, but rather to collaborate and partner whenever possible in order to widen the field. In all collaborative arrangements involving PCORI funding, we require that the research adhere to our principles of engagement and patient-centeredness and our methodology standards.

Finally, whether research proposals come in response to our broad or targeted funding announcements, we rely on multi-stakeholder merit review panels to help select those applications that best meet PCORI’s five merit review criteria. These criteria again aim to identify those projects that are most relevant to patients and decision makers, use the best methods, and have the greatest likelihood of generating useful information that can change practice and improve health outcomes.

Portfolio Management

Once projects are funded, PCORI staff work to ensure that every study in our portfolio is successful, that is, that it adheres to high methodological standards; is completed on time and within budget; and produces information that can be used by patients, their caregivers, and clinicians in making the choices they are facing. We also intend for PCORI studies to make a contribution to advancing the science of patient-centered, engaged outcomes research so that each next generation of studies will be better than the previous one.
Portfolio management begins with crafting terms of PCORI contracts to identify key milestones for monitoring progress during the study. Portfolio management also aims to encourage and facilitate collaboration and learning across projects such that the value of our whole portfolio becomes greater than the sum of the individual study findings. Close involvement of PCORI staff with funded study teams allows for the early identification of problems that may arise, of opportunities for dissemination, and of the possible need for supplemental or follow-on funding. Laying the groundwork for dissemination and implementation of study results, including continuing engagement with relevant patient groups, clinician organizations, or policy makers is an essential aspect of portfolio management. Because these stakeholders will have been aware of and involved with the study from its beginning, we expect that collaboration in dissemination and implementation will go smoothly because they will be anticipating the results and their implications.

**Portfolio Evaluation**

To evaluate our portfolio, we plan to follow up on the information produced to learn who is aware of it, who is using it, and how they are using it so that we can improve the extent and speed of uptake and implementation (see also Methods section, above). Evaluation of our portfolio is a key responsibility of PCORI’s Advisory Panels, which examine what we are funding as well as research findings to identify gaps in the research and evidence that can lead to additional high-priority topics. We will apply what we learn in both the management and evaluation phases about the characteristics of successful studies to improve how we plan and support our research portfolio.

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**PCORI’S MERIT REVIEW CRITERIA**

- Significance of the burden of the condition on individuals or the population as a whole
- Potential of the research to change practice and improve quality of care and other outcomes important to patients
- Exceptional technical merit evident in the research plan, team, and proposed methodology
- Patient-centeredness of the question, outcomes, and study population
- Meaningful engagement of patients and other relevant stakeholders in research planning and execution
The table below describes the activities for 2013 to 2015 that support our strategic imperative for research, organized by strategic priority.

<table>
<thead>
<tr>
<th>Strategic Priority:</th>
<th>Develop and Fund Research Agenda with High Potential for Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 Activities</strong></td>
<td><strong>2014–2015 Activities</strong></td>
</tr>
<tr>
<td>Refine Topic Generation and Prioritization processes</td>
<td>Continue to refine Topic Generation, Prioritization, and Selection processes</td>
</tr>
<tr>
<td>Refine Merit Review process</td>
<td>Continue to refine Merit Review process</td>
</tr>
<tr>
<td>Fund 3 cycles of research via broad PFAs</td>
<td>Fund multiple cycles of research via broad and targeted PFAs</td>
</tr>
<tr>
<td>Launch funding for Targeted Topics</td>
<td>Commit an increased proportion of our funding to focused and targeted topics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority:</th>
<th>Manage Research Portfolio Carefully to Maximize Success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 Activities</strong></td>
<td><strong>2014–2015 Activities</strong></td>
</tr>
<tr>
<td>Implement Portfolio Planning, Management, and Evaluation</td>
<td>Continue to implement Portfolio Planning, Management, and Evaluation</td>
</tr>
<tr>
<td>Refine funding application and contracting processes</td>
<td>Continue to refine funding application and contracting processes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority:</th>
<th>Partner with Other Funders to Foster Patient-Centeredness in Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 Activities</strong></td>
<td><strong>2014–2015 Activities</strong></td>
</tr>
<tr>
<td>Establish mechanisms for co-funding/co-sponsorship</td>
<td>Co-fund and co-sponsor studies with AHRQ, NIH, VA, and others</td>
</tr>
</tbody>
</table>
Dissemination Imperative

Our primary strategies for disseminating PCOR and supporting its use include engaging those who would use the information in the research process from the very beginning (see Engagement section above); funding research to improve the effectiveness of communication and dissemination; and facilitating the usability, accessibility, and availability of information through best practices for the development of communication and dissemination materials and activities. This latter activity is done in close collaboration with the Agency for Healthcare Research and Quality, which is charged in PCORI’s authorizing legislation with contributing to dissemination of PCOR findings. These strategies serve our goals primarily by increasing the usefulness and trustworthiness of the information we produce, reducing barriers to its uptake, and shortening the time and distance between the development of PCOR evidence and those who could use it (see also Infrastructure section below).

Funding Communication and Dissemination Research

To foster the uptake and use of PCOR evidence, PCORI seeks to expand the knowledge about and improve the practice of communication and dissemination through one of its five National Priorities for Research (see Box above). Specific communication and decision-support tools are frequent products of this research. Other National Priorities for Research focus on communicating information to and supporting decision making among groups and populations that experience health disparities, and on system-level approaches to facilitating the implementation of research evidence into practice. PCORI also supports research that aims to empower people to seek and ask for information.

PCORI seeks to use evidence-based approaches in its own communication and dissemination activities, which will be further informed by what we learn from the research we fund. PCORI’s direct involvement in these activities serves to inform our communication and dissemination research agenda and helps us to identify and target our funding toward significant gaps in knowledge. Ongoing evaluation of PCORI’s own engagement, communication, and dissemination efforts and their effects on the speed and extent of uptake and implementation of our research findings will further enhance both the evidence base and our research agenda.

Communication and Dissemination Activities

PCORI shares mandated responsibilities for disseminating PCOR findings with the Agency for Healthcare Research and Quality. Together we will disseminate PCOR research through a wide range of activities, including print and electronic media that serve professionals (clinical and scientific journals, decision-support websites) and the public (lay press and patient-facing websites or social media applications); developing a comprehensive set of tools appropriate for various patient and professional audiences; engaging in planning of communication and dissemination activities for key stakeholders and opinion leaders, including patient advocacy groups and professional
societies that conduct training, develop guidelines, and take responsibility for continuing professional education; working with organizations that develop performance measures, conduct performance measurement, or are dedicated specifically to quality improvement; collaborating with large healthcare systems that actively promote dissemination and implementation; incorporating findings into existing educational and training programs and development of new programs; and collaborating on educational programs for key target audiences.

Our first dissemination and implementation plan focuses on promoting the uptake of PCORI’s Methodology Standards. In many ways, this plan will serve as a model for promoting the uptake and implementation of our research results. We are developing this plan by prioritizing certain of our Methodology Standards for intensive dissemination and implementation efforts and by studying current practices to determine barriers to and facilitators of implementation and identify key points of influence and stakeholders.
The table below shows the activities for 2013 to 2015 that support the dissemination strategic imperative.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Develop comprehensive communications strategy</td>
<td>• Implement and evaluate our communications strategy</td>
</tr>
<tr>
<td></td>
<td>• Establish PCORI’s infrastructure and plan for dissemination of research findings (in collaboration with AHRQ)</td>
<td>• Establish PCORI’s infrastructure and plan for dissemination of research findings (in collaboration with AHRQ)</td>
</tr>
<tr>
<td></td>
<td>• Establish Public Comment, Peer Review, and publication policies</td>
<td>• Establish Public Comment, Peer Review, and publication policies and infrastructure</td>
</tr>
<tr>
<td></td>
<td>• Develop strategic publishing plan and relationships</td>
<td>• Implement publishing plan and expand relationships</td>
</tr>
<tr>
<td>• Establish Public Comment, Peer Review, and publication policies</td>
<td></td>
<td>• Establish PCORI Media Fellowships</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority: Fund Dissemination Research</th>
<th>2013 Priority Activities</th>
<th>2014 – 2015 Priority Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fund 3 cycles of Communication and Dissemination Research via broad PFAs</td>
<td>• Fund multiple cycles of broad and targeted Communication and Dissemination Research</td>
<td>• Implement findings from Communication and Dissemination Research we have funded and from evaluations of our communication and dissemination activities</td>
</tr>
<tr>
<td>• Implement findings from Communication and Dissemination Research we have funded and from evaluations of our communication and dissemination activities</td>
<td>• Monitor uptake and implementation of research findings that we have disseminated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority: Disseminate Results of PCORI’s Work</th>
<th>2013 Priority Activities</th>
<th>2014 – 2015 Priority Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Launch multi-component dissemination and implementation plan to promote use of PCORI Methodology Standards</td>
<td>• Continue to promote use of PCORI Methodology Standards</td>
<td>• Monitor uptake and implementation of Methodology Standards</td>
</tr>
<tr>
<td>• Monitor uptake and implementation of Methodology Standards</td>
<td></td>
<td>• Disseminate findings from completed research</td>
</tr>
</tbody>
</table>
Infrastructure Imperative

Our primary strategies for expanding the PCOR infrastructure include developing research methods (see Methods, above); building clinical data networks; and expanding the community of patients, researchers, and other stakeholders with the necessary skills (see also Engagement, above). These strategies serve our goals by improving the quality, timeliness, usefulness, and trustworthiness of the information we produce; allowing for more efficient research and a more seamless transition from the completion of research to its implementation in practice; and influencing researchers and other stakeholders through opportunities for them to learn about, develop the skills for, and participate in patient-centered research. Development of infrastructure is intended to build a lasting capacity sufficient to meet the nation’s need for PCOR.

Building Clinical Data Networks

PCORI is supporting the development of a National Patient-Centered Clinical Research Network (NCRN), a “network of networks.” The NCRN is built upon Clinical Data Research Networks (CDRNs) that bring rich clinical data on defined populations from healthcare systems and Patient-Powered Research Networks (PPRNs) that are formed around a single condition and involve patients motivated to participate in clinical research. Hallmarks of the NCRN include requirements that the patients, clinicians, and healthcare systems that provide the research data be actively involved in the creation, governance, and use of the data infrastructure; the data across the participating networks be structured to be interoperable, that is, easily combined with data from the other networks; the systems be open to conducting randomized trials when those are required; and the networks be fully open to collaboration with researchers outside the network organizations.

The NCRN will provide a ready-made setting for engaged, patient-centered research to be conducted more rapidly and efficiently, because the typically time- and resource-intensive study start-up and infrastructure-building activities will not be necessary. It will support a range of study designs, including large, simple clinical trials and studies that combine an experimental component like a randomized trial with a complementary observational component. (See also Methods section above) Because the Network allows for studies in real-world settings, it should increase the relevance of the kinds of questions that can be studied and the usefulness of the study results. The Network is intended for use, through collaboration, by the entire clinical research community. By virtue of its size, representative nature, and efficiency, the NCRN should become attractive to a range of funders.
Expanding Skilled Community

PCOR requires a large and diverse workforce, including patients, stakeholders, and researchers capable of working with each other. We will expand this workforce through a variety of mechanisms, including involving people in PCORI’s work and other engagement activities, curriculum development, and training opportunities (see Engagement section above). We are funding the development of applications that will enable trained patients and researchers to find each other and come together to conduct PCOR more easily. PCORI also has a variety of programs that provide funding to assist patient and other groups in forming partnerships with researchers and together develop the capacity to compete for PCOR funding from PCORI, but also from other funders. We will also support development of training curricula, in partnership with the Agency for Healthcare Research and Quality and the National Institutes of Health, both of which provide training opportunities, to expand the availability of curricula for researchers in comparative clinical effectiveness research.

The table below shows our activities for 2013 to 2015 under the infrastructure strategic imperative, organized by strategic priority.

<table>
<thead>
<tr>
<th>Strategic Priority: Develop Patient-Centered Data Networks</th>
<th>2013 Activities</th>
<th>2014–2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Launch Patient-Centered Data Networks (PPRNs and CDRNs)</td>
<td></td>
<td>• Establish the National Clinical Research Network and initiate research projects utilizing the Network</td>
</tr>
<tr>
<td>• Establish Data Networks Coordinating Center</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority: Expand Researcher and Patient Capacity to Participate in PCOR</th>
<th>2013 Activities</th>
<th>2014–2015 Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish Engagement Awards to build capacity of patient and stakeholder groups to participate in PCOR</td>
<td></td>
<td>• Continue Eugene Washington Engagement Awards for Training and Development</td>
</tr>
<tr>
<td>• Initiate Patient-Researcher Matching programs</td>
<td></td>
<td>• Further develop matching programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Partner with AHRQ and NIH to expand PCOR curriculum for researchers</td>
</tr>
</tbody>
</table>
DETERMINING SUCCESS AND MONITORING PROGRESS

Determining Success

For our first goal, to *increase information*, we believe we will have succeeded when we have produced a substantial body of usable answers to critical, patient-centered, comparative health questions. For our second goal, *speeding implementation*, we hope to demonstrate that a substantial proportion of our usable findings have been implemented within five years of publication. For our third goal, significantly *influencing research*, success would mean demonstrating that, over time, PCORI funding is complemented by increases in funding for PCOR from other sources, thus allowing the body of useful, patient-centered information to support health decision making to expand more quickly than PCORI could achieve alone. For each goal, we propose a primary measure of success and will also have other related measures. We recognize that these goals will require years to achieve and that the targets are ambitious. Moreover, all of these measures require further definition and validation. PCORI will continue to collaborate with stakeholders in the development and refinement of these measures.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Key Question</th>
<th>Primary Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Information</td>
<td>Are we producing high-quality, timely, useful, trustworthy information?</td>
<td>Numbers (and proportions) of PCORI-funded studies that have &quot;usable&quot; results</td>
</tr>
<tr>
<td>Speed Implementation</td>
<td>Is the information we produce being used?</td>
<td>Numbers (and proportions) of study results implemented within 5 years</td>
</tr>
<tr>
<td>Influence Research</td>
<td>Are other funders of research following our lead?</td>
<td>Amount (and proportion) of total PCOR funding that comes from funders other than PCOR</td>
</tr>
</tbody>
</table>

Monitoring Progress

We face the same challenge as others do, namely, to identify activities and accomplishments on the path toward our goals that are both measurable and meaningful. We plan to report publicly on our progress and remain open to modifying these measures, redirecting our efforts, and changing our strategies as appropriate. Research typically requires several years to complete and several additional years to implement; thus our primary measures of our goals are not applicable in the short term. For example, we estimate that by the end of 2016, approximately 125 PCORI-funded
studies will have been completed and many fewer will have had sufficient time to be implemented. Thus, in the meantime, we will monitor our progress on the steps along the way to these goals.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Examples of What We Will Monitor to Track Our Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Information</td>
<td>- Rates and effectiveness of stakeholder participation in our work</td>
</tr>
<tr>
<td></td>
<td>- Stakeholder views of the appropriateness of our research agenda and portfolio</td>
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<tr>
<td></td>
<td>- Number and types of studies and topics we have funded</td>
</tr>
<tr>
<td></td>
<td>- Expected usability of the information that should result from the studies we have funded</td>
</tr>
<tr>
<td></td>
<td>- Number of studies completed and published</td>
</tr>
<tr>
<td></td>
<td>- Actual usability of the information resulting from the studies we have funded</td>
</tr>
<tr>
<td>Speed Implementation</td>
<td>- Numbers of people accessing or referencing our information and purposes for which they are accessing it</td>
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<tr>
<td></td>
<td>- Uptake of study findings, such as incorporation in patient materials, clinical practice guidelines, or protocols</td>
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<tr>
<td></td>
<td>- Factors affecting speed and extent of uptake of study findings</td>
</tr>
<tr>
<td>Influence Research</td>
<td>- Number of partnerships formed</td>
</tr>
<tr>
<td></td>
<td>- Amount of additional resources brought to our initiatives through partnerships and collaborations</td>
</tr>
<tr>
<td></td>
<td>- Amount of evaluation research we have published</td>
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<td></td>
<td>- Degree to which our Methodology Standards have become the gold standard</td>
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<tr>
<td></td>
<td>- Extent of curriculum we have developed or supported development of</td>
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<tr>
<td></td>
<td>- Number of people whose training we have supported</td>
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<tr>
<td></td>
<td>- Amount and types of research underway in the National Patient-Centered Clinical Research Network</td>
</tr>
</tbody>
</table>

A WORK IN PROGRESS

PCORI is a bold experiment in conducting patient-centered outcomes research, with patients and stakeholders integrally involved in every aspect. Thus, we have developed our strategic plan and conducted our work in the spirit of continuous learning. We look forward to continuing to implement this plan in concert with our stakeholders and will incorporate into our work what we learn together about how best to provide high-quality, useful, patient-centered evidence that informs the health decisions we all face every day.
APPENDIX I: Logic Models

We have developed our strategic plan in the form of a logic model, meaning that, after we decided upon our destination (our goals), we determined the pathways and logical steps to get us there. Our logic model shows how our planned activities, organized according to PCORI’s five strategic imperatives, lead to our goals. Because our goals are long term, in between our strategic imperatives and goals we have also identified tangible products of our work, or outputs, that we can measure to track our progress.

Strategic Imperatives  
What we do

Outputs
What we create

Goals
What we accomplish

The first set of logic models that follows, one for each of our three goals, shows at a high level how our strategies lead to our goals.

The second set of logical models, one for each of our five strategic imperative, shows in greater detail our 2014 activities, the expected outputs from these activities, and how those outputs lead to our goals.
Logic Model for First Goal: Increase Information
Logic Model for Second Goal: Speed Implementation
Logic Model for Third Goal: Influence Research

**STRATEGIC IMPERATIVES**

**ENGAGEMENT**
- Develop Community Skilled in PCOR
- Engage Community in Research Processes
- Engage Community in Dissemination

**METHODS**
- Develop and Promote Standards for PCOR
- Fund Development of New PCOR Methods
- Evaluate PCOR’s Methods

**RESEARCH**
- Develop Patient-Centered Agenda
- Target Funding to High Impact PCOR
- Partner with Other Funders
- Carefully Manage Research Portfolio

**DISSEMINATION**
- Disseminate PCOR Methods Standards
- Fund Dissemination Research
- Disseminate Results of PCOR
- Ensure Accessibility of PCOR Research

**INFRASTRUCTURE**
- Develop Patient-Centered Data Networks
- Expand PCOR Training for Researchers
- Expand Patient Groups’ Capacity for PCOR

**OUTPUTS**

**Skilled Patient-Centered Outcomes Research Community**

**Patient-Centered Outcomes Research Methods**

**Portfolio of Patient-Centered Outcomes Research Studies**

**Communication and Dissemination Activities**

**Patient-Centered Research Networks**

**GOALS**

Influence clinical and health care research funded by others to be more patient-centered
Logic Model for Engagement Strategic Imperative
Logic Model for Methods Strategic Imperative

2014 METHODS ACTIVITIES  EXPECTED OUTPUTS  GOALS

Strategic Priority: Develop Standards for PCOR Methods
- Revise Methodology Report
- Revise Translation Table
- Refine existing and develop new Methodology Standards

Strategic Priority: Fund Development of New Methods
- Launch targeted methods funding
- Fund multiple cycles of methods research

Strategic Priority: Evaluate and Ensure Rigor of PCOR’s Methods
- Support and monitor adherence to Methodology Standards in PCOR processes and PCOR-funded research and assess their impact
- Establish Clinical Trials Advisory Panel
- Implement evaluation strategy
- Implement survey program
- Establish PCOR Methodology Consultation Service

Skilled PCOR Community
- Researchers and others skilled PCOR methods
- Understanding of stakeholders views of PCOR and PCOR’s work

PCOR Methods
- Revised Methodology Standards
- New Methodology Standards
- Insight into how to improve PCOR’s methods and processes

Portfolio of PCOR Studies
- Research Agenda for addressing gaps in PCOR methods
- Portfolio of Methods Research
- Portfolio of PCOR Research using rigorous methods

Communication and Dissemination Activities
- Methodology Report, Translation Table, and other tools and materials for communicating PCOR methods

Substantially increase the quantity, quality, and timeliness of useful, trustworthy information to support decision making

Speed the implementation and use of patient-centered outcomes research evidence

Influence clinical and health care research funded by others to be more patient-centered
Logic Model for Research Strategic Imperative

2014 RESEARCH ACTIVITIES

Strategic Priority: Fund High Impact Research
- Continue refining Topic Generation, Prioritization, and Selection processes
- Continue refining Merit Review process
- Fund multiple cycles of research via broad and targeted PFAs
- Increase funding for focused and targeted topics

Strategic Priority: Carefully Manage Research Portfolio
- Continue refining funding application and contracting processes
- Continue implementing Portfolio Planning, Management, and Evaluation

Strategic Priority: Partner with Other Funders
- Co-fund and co-sponsor studies with AHRQ, NIH, VA, and others

EXPECTED OUTPUTS

Skilled PCOR Community
- Expanded range of funders involved in PCOR

PCOR Methods
- Enhanced methods for:
  - Research prioritization
  - Merit review

Portfolio of PCOR Studies
- Agenda of high priority topics
- Portfolio of studies that are:
  - High impact
  - Useful
  - On-track

GOALS

Substantially increase the quantity, quality, and timeliness of useful, trustworthy information to support decision making

Speed the implementation and use of patient-centered outcomes research evidence

Influence clinical and health care research funded by others to be more patient-centered
Logic Model for Dissemination Strategic Imperative

**2014 DISSEMINATION ACTIVITIES**

**Strategic Priority: Ensure Accessibility of PCORI's Work**
- Develop comprehensive communications strategy
- Establish PCORI's infrastructure and plan for dissemination of research findings (in collaboration with AHRQ)
- Establish Public Comment, Peer Review, and publication policies and infrastructure
- Implement publishing plan and expand relationships
- Establish PCORI Media Fellowships

**Strategic Priority: Fund Communication and Dissemination Research**
- Fund broad and targeted research
- Implement findings from research we've funded and evaluations of our communication and dissemination activities
- Monitor uptake and implementation of research findings that we've disseminated

**Strategic Priority: Disseminate Results of PCORI's Work**
- Continue promoting use of PCORI Methodology Standards
- Monitor uptake of Methodology Standards
- Disseminate findings from completed research

**EXPECTED OUTPUTS**

**Skilled PCOR Community**
- Stakeholders aware of and knowledgeable about PCOR, PCORI Methodology Standards, and PCORI research
- PCORI publishing community
- Media knowledgeable about PCOR

**PCOR Methods**
- Methods for communicating and disseminating health information
- Methods for supporting health decision-making

**Portfolio of PCOR Studies**
- Portfolio of studies to improve communication and dissemination of health information and health decision-making

**Communication and Dissemination Activities**
- Outlets and channels for PCORI Methodology Standards and research findings
- Wide range of publications and presentations
- Wide range of targeted outreach to specific stakeholder groups, e.g., to educators for Methodology Standards

**GOALS**

- Substantially increase the quantity, quality, and timeliness of useful, trustworthy information to support decision making
- Speed the implementation and use of patient-centered outcomes research evidence
- Influence clinical and health care research funded by others to be more patient-centered
Logic Model for Infrastructure Strategic Imperative

**2014 INFRASTRUCTURE ACTIVITIES**

**Strategic Priority: Develop Patient-Centered Data Networks**
- Establish the National Clinical Research Network
- Launch simple interventional trial utilizing the Network

**Strategic Priority: Expand Researcher and Patient Capacity to Participate in PCOR**
- Continue Eugene Washington Engagement Awards for Training and Development
- Further develop patient-researcher matching programs
- Partner with AHRQ and NIH to expand PCOR curriculum for researchers

**EXPECTED OUTPUTS**

- Skilled PCOR Community
  - Patients, caregivers, and other stakeholders trained in PCOR
  - Researchers trained in PCOR
  - Connected patients and researchers
  - Patients, clinicians, and researchers aware of and knowledgeable about PCOR

- Portfolio of PCOR Studies
  - Studies conducted in systems and practice settings
  - Studies focused on a wide range of conditions, including rare diseases

- Patient-Centered Research Networks
  - Patient-Powered Research Networks
  - Clinical Data Research Networks
  - Network of Networks

**GOALS**

- Substantially increase the quantity, quality, and timeliness of useful, trustworthy information to support decision making
- Speed the implementation and use of patient-centered outcomes research evidence
- Influence clinical and health care research funded by others to be more patient-centered