March 15, 2012

Patient-Centered Outcomes Research Institute
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The Academy of Radiology Research and the Coalition for Imaging and Bioengineering Research (CIBR) appreciate the opportunity to comment on the Draft Agenda for the Patient-Centered Outcomes Research Institute (PCORI). This represents a unique process for all stakeholders to collaboratively define the agenda of a research agency from the outset.

The Academy of Radiology Research is an alliance of professional imaging societies and the nation’s leading academic radiology departments, all of whom are dedicated towards scientific advancement in the field of imaging. Because imaging has an impact on a myriad of diseases and conditions, CIBR was created as a division of the Academy to coalesce the various patient constituencies that rely on imaging for diagnosis, care staging, and/or therapy. CIBR currently has over 70 patient organizations – ranging from cancer, mental health, and aging organizations – that work together with academia, industry and radiology societies to help drive the future of imaging.

The radiology community is well-positioned with existing infrastructure to initiate meaningful patient centered outcomes research (PCOR) in the short term. Additionally, imaging-related PCOR remains a high national priority, as evident from the 2009 report from the Institute of Medicine (IOM) that highlighted 11 imaging-related projects among the nation’s 100 most pressing. As such, we are eager to bring our collective resources to bear in order to help address some of the more pressing topics that have been proposed nationally.

We appreciate the deliberative process by which the Institute is weighing its research priorities. Our general thoughts on the PCORI Draft Agenda are as follows:

1. We believe that the allocation for the Assessment of Prevention, Diagnosis, and Treatment Options should be at least 50%. While the other priority areas are certainly necessary, the mission and spirit of PCOR lies within the actual performance of PCOR.

There also is a question of timing: the need for research into improved patient communication and dissemination (priority area 5) should grow as validated PCOR is completed. Therefore, allocating a 10% target dollar amount in this area, at this point in time, might be premature. Its target allocation should perhaps start...
Therefore, PCORI should boost the funding for PCOR to 50% by reducing the Communications target allocation to 5% (with the opportunity to grow as more PCOR results need to be communicated) and reducing the Improving Healthcare Systems target to 15%.

2. We anticipate that PCORI reviewers will be asked to use existing prioritization efforts (e.g., 2009 IOM Initial National Priorities for Comparative Effectiveness Research) to guide their decision-making process. If so, we believe that the Institute should provide public guidance on how reviewers will be asked to weigh previous prioritization attempts when reviewing investigator-initiated research proposals.

In crafting calls for directed-research, we did not find guidance on prioritization methods and examples PCORI will draw from, and whether PCORI will attempt to create its own priority list in the future. Therefore, we would request guidance on how PCORI plans to prioritize its pool of directed research.

Finally, we would also request a formal, ongoing and transparent process (similar to AHRQ) that allows organizations to provide evidence on how and why specific research studies should be prioritized as technology advances or new evidence comes to light.

3. The communication of research results and patient empowerment are critical aspects to the mission and goal for PCOR. While additional research into effective communication methods is needed, it is unclear if PCORI will fund proven communication efforts themselves. We hope that PCORI will support national organizations (e.g., Susan G. Komen, etc.) or healthcare system-wide efforts to disseminate PCOR findings through existing and effective means, as opposed to just funding PCOR in this area. While this is no longer “research” per se, it falls well within the mission of the Institute to disseminate PCOR knowledge and aid in the decision-making process.

4. We would welcome information on how PCORI is considering structuring its review panels, and how the Institute intends to select reviewers. Given that imaging has been featured prominently earlier prioritization efforts, we would request that PCORI give consideration to an Imaging Review Panel to help evaluate the potentially large number of proposals that involve imaging procedures. We also look forward to guidance on the role and structure of PCORI advisory councils and how such councils and/or committees will be appointed.

5. Although the Draft Agenda intentionally did not address the machinations of applying for a grant, prospective investigators would benefit from guidance on how cross-cutting proposals (proposals that touch upon more than one priority area) might be triaged by reviewers. We recommend that investigators be allowed to choose the priority area to which they will apply, while also giving reviewers the latitude to refer an application to another priority area. We also would recommend that investigators be allowed to submit to one or more areas of funding simultaneously.

The Academy of Radiology Research and the Coalition for Imaging and Bioengineering Research appreciate the transparent process through which PCORI is developing its important research agenda.
Our diverse array of stakeholders, including academia, industry and patient advocates, stand ready to collaboratively deliver patients and caregivers the information they need to make important imaging decisions.

Sincerely,

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President

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Executive Director

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