



# Patient Engagement Advisory Panel

*April 29, 2014*  
*Alexandria, VA*

Patient-Centered Outcomes Research Institute



## Recap of Day 1, Overview of Day 2

***Sue Sheridan, MIM, MBA***  
*Director of Patient Engagement*

***Charlotte W. Collins, JD***  
*Co-Chair*  
***Darius Tandon, PhD***  
*Co-Chair*

Patient-Centered Outcomes Research Institute

# Agenda for April 29

9:00 – 9:30 a.m.	Recap of Day 1, Overview of Day 2
9:30 – 10:30 a.m.	Evaluation Subcommittee Report
10:30 -10:45 a.m.	<i>BREAK</i>
10:45 – 11:15 a.m.	Update on Matchmaking and Partner Lists
11:15 a.m. – 12:00 p.m.	Compensation Subcommittee Report
12:00 – 12:15 p.m.	<i>BOXED LUNCH</i>
12:15 – 12:45 p.m.	Discussion on “Patient” Definition, Privacy Issues, and other Questions
12:45 – 1:30 p.m.	Update on PCORnet
1:30 – 1:45 p.m.	Wrap-up and Conclusion
1:45 p.m.	Meeting Adjourned



# **PCORI Evaluation Framework: Comments from PEAP Evaluation Subcommittee**

## ***Evaluation Subcommittee***

*Mark Boutin, JD*

*Steven Blum, MBA*

*Sara van Geertruyden, JD*

*Darius Tandon, PhD*

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# Process for Generating Recommendations

- Committee members reviewed draft PCORI evaluation framework (February 14<sup>th</sup> version)
- Conference call to generate initial impressions from subcommittee members
- In-person meeting to generate specific recommendations for PCORI to consider

# Overarching Recommendations (a.k.a. our “Top 10 List”)

1. The evaluation plan should link to the PCORI brand of “research done differently.”
2. The evaluation plan should provide information that is useful for multiple key audiences, including those making decisions about PCORI reauthorization.
  - Need to have a 3-year framework in place
3. Metrics should be created that are relevant for a 3-year evaluation framework.
4. The evaluation plan must be communicated in user-friendly language to the array of key PCORI stakeholders.
5. Stakeholder valuation of PCORI needs to be incorporated into the evaluation plan.

# Overarching Recommendations

6. More metrics need to be created to understand how stakeholder engagement resulted in greater stakeholder capacity to engage in research.
7. Additional qualitative measures examining the impact of PCORI's emphasis on patient and stakeholder engagement should be developed.
8. Completion of surveys that measure attitudes toward engagement should be a contract requirement.
9. More attention should be given to how PCORI's work influences others (e.g., funders).
10. More attention should be given to how PCORI findings and products are used.

# 15-Minute Break

*Refreshments in the upper lobby foyer.*





# PCOR Partner List and PCORI's Matchmaking App Challenge

*Celeste A. Brown, MPH*

*Program Associate, Stakeholder Engagement*

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# The PCOR Partner List

# The PCOR Partner List

- A service on PCORI's website, open to patients and stakeholders who want to partner on a PFA research team or on other PCORI initiatives
- PCORI's initial approach to facilitate creation of partnerships, because engagement is something we demand from project teams
- Launch 1: March 4 – April 4
  - 112 responses
  - Sent names to researchers from pragmatic trials, obesity, and transitions in care - targeted PFAs [www.pcori.org/pcorpartnerlist](http://www.pcori.org/pcorpartnerlist)
- Launch 2: April 23 – May 15
  - For the PCORI Matchmaking App Challenge

# PCORI's Matchmaking App Challenge

# Motivation for the 2014 Matchmaking App Challenge

- Researchers often ask how to find patients interested in collaborating.
- Patients and stakeholders may have an idea but not the research experience to bring it to fruition.
- Matchmaking facilitates bi-directional initiation of research partnerships.

# Goals of the 2014 PCORI Matchmaking App Challenge

- Increase the ability for all user types – patient, stakeholder, researcher – to initiate a PCOR relationship.
- Build a self-sustaining online community interested in patient-centered outcomes research.
- Spread the method of patient engagement in research across the country.

# PCORI Matchmaking App Challenge

- Polished, ready-to-publish apps
- Total Prizes: \$150K
  - 1<sup>st</sup> Place: \$100K (60/40 payment schedule)
  - 2<sup>nd</sup> Place: \$35K
  - 3<sup>rd</sup> Place: \$15K
- Must work with patients and/or stakeholders in product design



# Required Features

- Facilitates creation of partnerships among **all user types**: researchers, stakeholder, patient
- Users must be able to **self-select the user type(s)** with which they primarily identify
- Internal (user-only) communication platform
- Ability to **translate** from English, or have a plan to translate the app into other languages
- Section 508 compliance
- Interoperability/ability to integrate with **preexisting research networks** (such as, [clinicaltrials.gov](http://clinicaltrials.gov), and the PCORnet [CDRNs](#) and [PPRNs](#))
- A clear designation that **participation** in the application (web or mobile version) is **voluntary** and, therefore, disclosing personal medical information is the app user's choice and responsibility



# Suggested Features

- 🌐 **Social media integration** for external networking
- 🌐 Robust **user profiles**
- 🌐 Advanced **search** options (e.g. geocoding)
- 🌐 **Customizable displays**, which allows users to filter and display their network by category (disease condition, geography, individual. Consider the features LinkedIn uses to display existing relationships and suggested connections)
- 🌐 An **admin dashboard**, which allows users to pull data about the reach and depth of their network
- 🌐 An **analytics dashboard**, or feature, that other funders and research institutions could access to retrieve data and the existing network (displays such information as, where users access the network from, user concentration by geography, frequency of use, etc.)

# Judging Criteria and Definitions

- **Creativity**: uniqueness and innovation in approach to fulfilling the mandatory requirements; the variety and value of additional features
- **User interface and user experience (UI/UX)**: overall look and feel of various displays and ease of use of all features
- **Evidence of co-design**: the inclusion of patients and stakeholders in the app design and development process
- **Sensitivity**: demonstrated cultural awareness; consideration of the variety of potential users (PCORI's priority populations)
- **Incentive**: impetus users have to download the app and return to use it frequently
- **Past performance**: evidence of the volume and quality of the app developer's previous experience (judged only from the "Past Performance" slide in the .PDF submission)

# Timeline Overview

## Challenge Development Period

- |                                   |                |
|-----------------------------------|----------------|
| ■ Challenge Launch Date           | March 17, 2014 |
| ■ PCORI Webinar for Promotion     | March 20, 2014 |
| ■ PCORI Webinar                   | April 30, 2014 |
| ■ Application Submission Deadline | Aug. 15, 2014  |

## Judging Period

- |                          |               |
|--------------------------|---------------|
| ■ Virtual Judging Begins | Aug.15, 2014  |
| ■ Judging Completed      | Aug. 31, 2014 |
| ■ Winner Announced       | Sept. 2014    |

# Questions?

[matchmaking@pcori.org](mailto:matchmaking@pcori.org)

[www.pcori.org/pcorpartnerlist](http://www.pcori.org/pcorpartnerlist)

[www.pcori.org/challenge](http://www.pcori.org/challenge)



# PCORI Principles of Compensation Parity

*Compensation Parity Subcommittee*

*Charlotte Collins, JD*

*Sara van Geertruyden, JD*

*Regina Greer-Smith, MPH, FACHE*

*Lorraine Johnson, JD, MBA*

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# PCORI Patient Engagement Rubric

- Time and contributions of patient partners are valued and demonstrated in fair financial compensation as well as reasonable and thoughtful time commitment requests.

# Issues That Matter

- 🧑 Who is compensated?
- 🧑 Who is providing the compensation?
- 🧑 For what level of activities?
- 🧑 How much?
- 🧑 Mandated or suggested?

# Who Is Compensated

-  Patients
-  Caregivers
-  Patient Organizations

NOTE: Research subjects (study participants) are not included in this topic.



# Cover Reasonable Expenses

- Travel
- Accommodation
- Meals
- Childcare
- Internet/telephone
- Conference fees
- Training participation
- Prompt, and even advance, reimbursement

# Level of Activities

Research  
Subject



- I. Simply informing
- II. Consulting on decision
- III. Deciding together
- IV. Acting together
- V. Encouraging independent initiatives

Fully Engaged  
Partner

# Compensation Alignment with Activities

Parity reflects -

- commitment
- dedicated time
- skills
- expertise
  - level of patient engagement expertise
- commensurate with contributions by other collaborators

# Other Considerations

- Align with level of activities
- Flexible – consider choice
- Non-cash incentives
- Opt-Out
- Consult with the patient/caregiver/organization
  - Public benefits eligibility risk
  - Organization's internal policies
- Formal contract
- Mandatory vs. permissive

# Boxed Lunch Break

*Boxed Lunch is served in the  
Upper lobby foyer.*

*We reconvene at 12:15 pm.*



# Discussion on “Patient” Definition, Privacy Issues, and other Questions

*Compensation Parity Subcommittee*

*Charlotte Collins, JD*

*Sara van Geertruyden, JD*

*Regina Greer-Smith, MPH, FACHE*

*Lorraine Johnson, JD, MBA*

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# PCORnet Update

April 29, 2014

**Jaye Bea Smalley**

*National Urban Fellow and Special Assistant to the Chief Engagement and Dissemination Officer*

**Sarah Daugherty, PhD, MPH**

*Senior Program Officer, CER Methods and Infrastructure*



**pcornet**

The National Patient-Centered Clinical Research Network

# PCORnet Update

- Revised Infrastructure Rubric
- PCORI Patient Engagement Webinars
- Strategic Portfolio Management
- The ENACT Tool
- Common Data Model Version 1.0
- Update on Patient Engagement Activities



# PCORI Network-Led Patient Engagement Webinars

Building on recent feedback to create a continued dialogue and a sharing of promising practices, the goals for the engagement webinar series are to:

- ⚙️ Promote PCOR readiness
- ⚙️ Encourage the development and sharing of promising practices among PCORnet
- ⚙️ Foster collaboration among networks
- ⚙️ Identify existing resources
- ⚙️ Identify issues and challenges in patient-engaged network development

# PCORI

## PCORnet STEERING COMMITTEE

### Members represent:

- Each Clinical Data Research Network
- Each Patient-Powered Research Network
- Patients
- HHS agencies:
  - NIH
  - FDA
  - AHRQ
  - CDC
  - CMS
  - ONC
  - ASPE
- Medical product and device manufacturers
- PCORI and Coordinating Center

## PCORnet Executive Committee

## COORDINATING CENTER

## 11 CLINICAL DATA RESEARCH NETWORKS

## 18 PATIENT-POWERED RESEARCH NETWORKS

## PROJECT MANAGEMENT OFFICE

## TASK FORCES

GOVERNANCE

DATA PRIVACY

ETHICS & REGULATORY

DATA STANDARDS &  
SECURITY

HEALTH SYSTEMS  
INTERACTIONS

PATIENT & CONSUMER  
ENGAGEMENT

PATIENT GENERATED  
OUTCOMES

CLINICAL TRIALS

RARE DISEASES

BIOREPOSITORIES

OBESITY

# PCORnet Patient Engagement Milestones

	Description of patient roles and responsibilities in governance is developed and submitted to PCORI
	Approaches for enhancing patient involvement in governance are developed and submitted to PCORI
	Approved approaches for enhancing patient involvement in governance implemented
	Report summarizing patient engagement activities is submitted to PCORI
	Report summarizing patient engagement activities is submitted to PCORI
	<del>Report summarizing patient engagement activities is submitted to PCORI</del>
	Approaches for patients to ask and prioritize research questions are developed and submitted to PCORI
	Approved approach for patients to ask and prioritize research questions is implemented
	Approaches for enabling patients to communicate with each other are developed and submitted to PCORI
	Approved approaches for enabling patients to communicate with each other are implemented
	Approaches for enabling patients to receive research finding results are developed and submitted to PCORI
	Approved approaches for enabling patients to receive research finding results are implemented

# PCORnet Patient Engagement Milestones

Approaches to enable patients to identify PROs for inclusion into database are developed and submitted to PCORI

Approved approaches to enable patients to identify PROs for inclusion into database are implemented

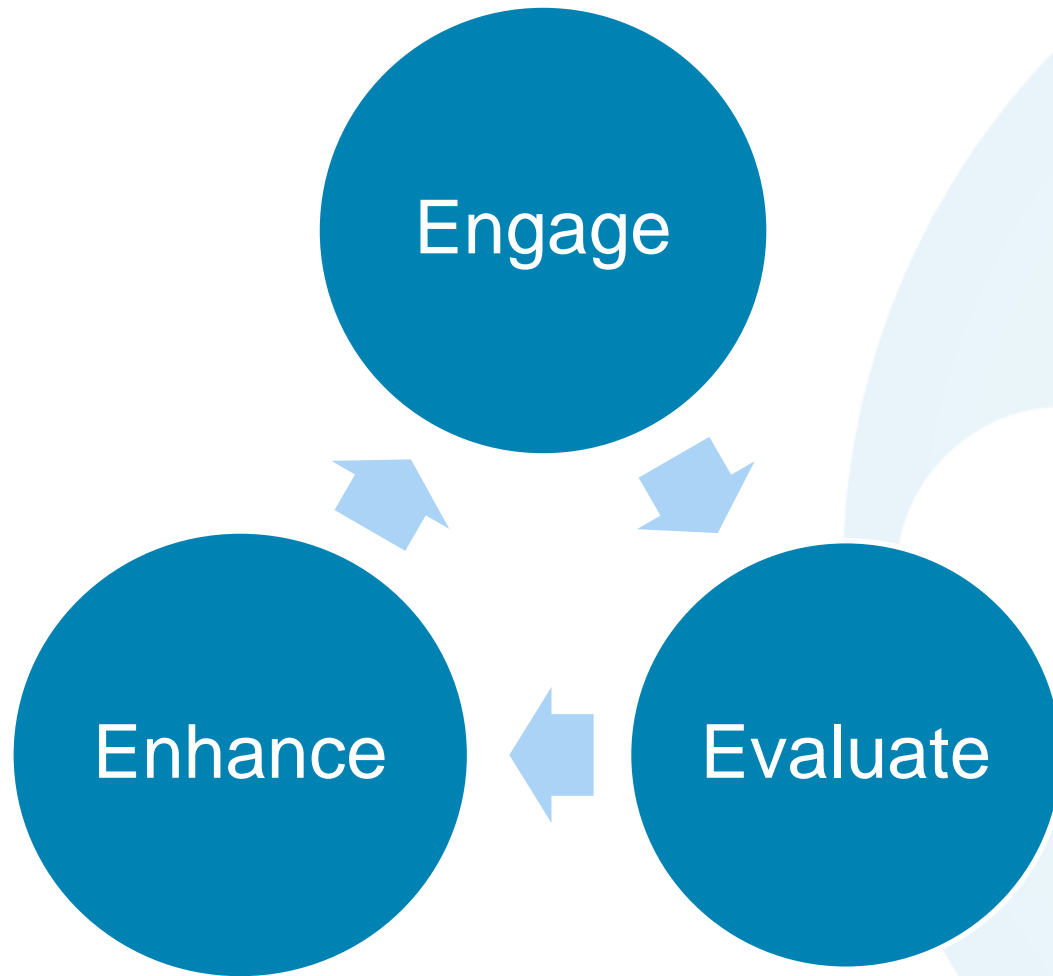
Approaches for patients to securely extract their own data through EHRs and/or health claims data are developed and submitted to PCORI

Approved approaches for patients to securely extract their own data through EHRs and/or health claims data are implemented

# Strategic Portfolio Management

- Monthly calls with awardee teams
- Quarterly progress reports
- Completion of ENACT tool is required as part of progress report
- Summative analysis at 6, 12, 18 months
- Site visits
- Monthly assessment of technical assistance provided

# Engaging Patients in Infrastructure



# PCORnet ENACT Tool Protocol

- Integrate end-users into developing assessment tool, interpreting findings, and disseminating results
  - Patient and Consumer Engagement Task Force
  - Evaluation working group established
- Timing: Baseline and 6-month assessments
- Respondents: PI, lead patient representative, clinical partners
- Dissemination: aggregate results to network partners

# PCORnet Common Data Model Version 1.0

- ❁ Demographics
  - Date of birth
  - Sex
  - Race
  - Hispanic
- ❁ Enrollment data, including dates
- ❁ Encounter data, including inpatient and outpatient; visit type, provider type
- ❁ Vital signs
  - Weight
  - Length (0 to 2-3 y)
  - Height (2-3 + y)
  - Blood pressure, position taken
- ❁ Codes for diagnoses, procedures



Thank you!

*Safe travels home!*