# PCORI Board of Governors Webinar Teleconference

**March 26, 2013**

***Eugene Washington, MD, MSc, Chair***
*Board of Governors*

Patient-Centered Outcomes Research Institute

# Agenda

| Time | Agenda Item | PCORI Speakers |
|---|---|---|
| **12:00-12:05 p.m.** | Call to Order and Welcome | **Eugene Washington**, Board Chair, and **Anne Beal**, Deputy Executive Director |
| **12:05-12:35 p.m.** | Review Selection Process and Recommended Slate for Advisory Panel Membership<br>Slide presentation and recommended slates for:<br>• Advisory Panel on Addressing Disparities.<br>• Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options.<br>• Advisory Panel on Improving Healthcare Systems.<br>• Advisory Panel on Patient Engagement<br><br>Discussion and call for approval of the proposed slate of membership | **Anne Beal**, Deputy Executive Director |
| **12:35-1:00 p.m.** | Introduction to newly approved projects in the Improving Healthcare Systems program<br>• Slide presentation | **Chad Boult**, Program Director |
| **1:00 p.m.** | Adjournment | **Eugene Washington** |

# Presentation of Proposed Advisory Panel Members

**March 26, 2013**

***Anne Beal, MD, MPH***

*Deputy Executive Director, Chief Operating Officer, and Chief Officer for Engagement*

Patient-Centered Outcomes Research Institute

# Meeting Topics and Objectives

*What are we going to cover today?*

| | |
|---|---|
| **Advisory Panels Overview** | • Review key information regarding the establishment of Advisory Panels. |
| **Applicant Review Process** | • Overview of the process for reviewing applications. |
| **Panelist Characteristics** | • Distribution of proposed panelists across stakeholder communities. |
| **Proposed Advisory Panel Members** | • Review and approve the proposed Advisory Panel members. |
| **Appendices** | • Details of review process, and applicant characteristics. |

# Advisory Panels Overview

# Getting Up to Speed on Advisory Panels

*What do I need to know?*

**Legislative Authorization**

## What does the law say about advisory panels?

- PCORI can appoint permanent or ad hoc advisory panels to assist in identifying research priorities and establishing the research project agenda.
- Advisory panelists will include representatives of practicing and research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence-based medicine who have experience in the relevant topic, and as appropriate, experts in integrative health and primary prevention strategies.

**Purpose**

## What's the purpose of advisory panels?

- Advisory panelists may work in conjunction with PCORI staff to help identify research priorities and topics, conduct randomized clinical trials, and perform special research studies.
- Leveraging members' expertise will help better inform PCORI's mission and work.

**Framework and Composition**

## How will they be structured?

- Each panel has a unique charter, term duration, and clearly defined scope of work.
- PCORI staff has selected each panel's members, and the Board will approve the final group that is selected.
- Members will be appointed for an initial one-year term and compensated for their time.
- Members will be selected based on their expertise and ability to contribute to the work of specific panels.

# Getting Up to Speed on Advisory Panels

*What do I need to know?*

## Conflicts of Interest

**Will panel members be eligible for future PCORI funding?**

- Panel members are not making decisions on funding, programs, or operations.
- PCORI's focus on transparency and building information firewalls will prevent conflicts from arising.
- Advisory panel membership generally does not preclude eligibility for funding.
- Members will be advised of unique instances where their role could result in disqualification.

## Panel Establishment

**When will advisory panels be established?**

- Four panels will be established in March 2013.
- More panels will be established in the future.

## Panel Charters

**What was approved at November's Board meeting?**

- Charters were reviewed and approved for four panels **Assessment of Prevention, Diagnosis and Treatment Options**, **Addressing Disparities**, **Improving Healthcare Systems**, and **Patient Engagement**.
- Members will initially be appointed for a one-year term, with the possibility of reappointment for a maximum of two terms.
- Term of the charter will remain in effect for one year beginning on the day of the first meeting.
- Charter is subject to review, reauthorization, amendment, or termination by the Board of Governors or its designee.

# Advisory Panel Establishment Process

**1 Staff Drafts and Submits an Advisory Panel Charter**

- Board, MC, and/or PCORI staff identify the need to establish an Advisory Panel
- Staff initiates request for an advisory panel by submitting a panel-specific charter

**2 Board Reviews the Proposed Advisory Panel Charter**

- Board may authorize charter
- Board may request revisions to the charter

**3 Staff Activates Application and Selection of Panel Members**

- Staff initiates open call for applications, via the PCORI website and other communications
- Applicants submit an application via the PCORI Web site
- Staff evaluates applicants, per evaluation criteria unique to the panel charter

**4 Board Approves Advisory Panels**

- Staff selects and proposes a panel roster to the Board
- Board authorizes and approves the panel roster

*Staff Phase* *Board Phase*

# Applicant Review Process

# Application Submission and Review Process

## 1 Online Application Center

- Applications accepted January 29-March 4, 2013 via PCORI's website
- **1,021 applicants** submitted a total of **1,284 applications** for slots on these panels (some applied for more than one)
- Applications excluded if incomplete or applicants are unable to attend orientation event, commit to future events, or comply with PCORI's COI

## 2 Staff Reviews Applications

- Review teams organized for each panel
- Review teams review applications against two sets of criteria, *unique criteria* specific to each panel; and *balancing criteria* *

* See Appendix 1 for additional details on selection and balancing criteria

## 3 Staff Proposes Advisory Panel Members

- 21 individuals plus alternates for each of the four Advisory Panels will be proposed to the Board Committees for consideration

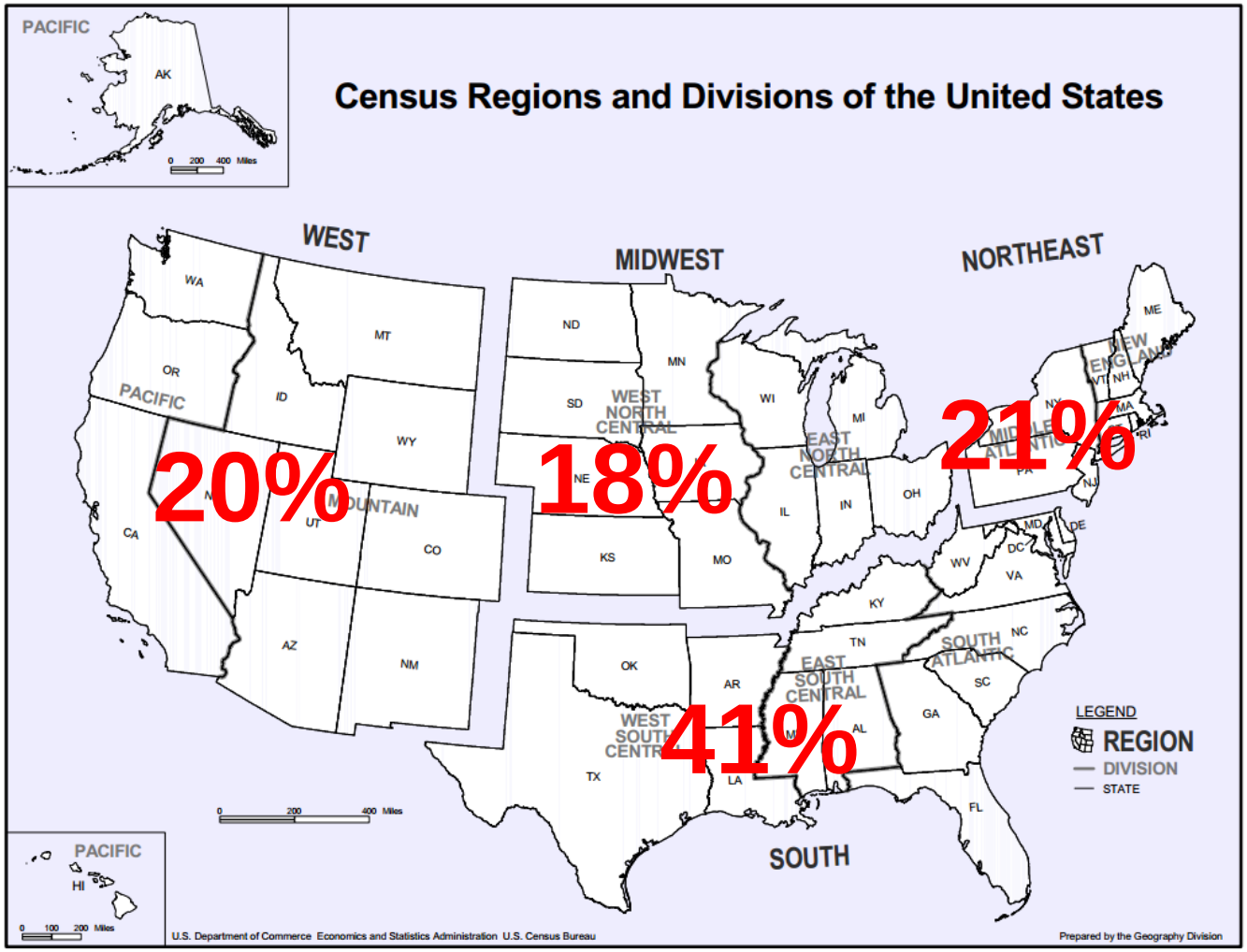
## 4 Board Approves Panel Slates

- The Board is presented with the proposed list of 84 individuals plus alternates recommended by Staff and Board Committees to serve on the four panels for approval
- Board authorizes and approves the Advisory Panel members

*Staff Phase* *Board Phase*

# Distribution of Proposed Panelists Across Stakeholder Communities

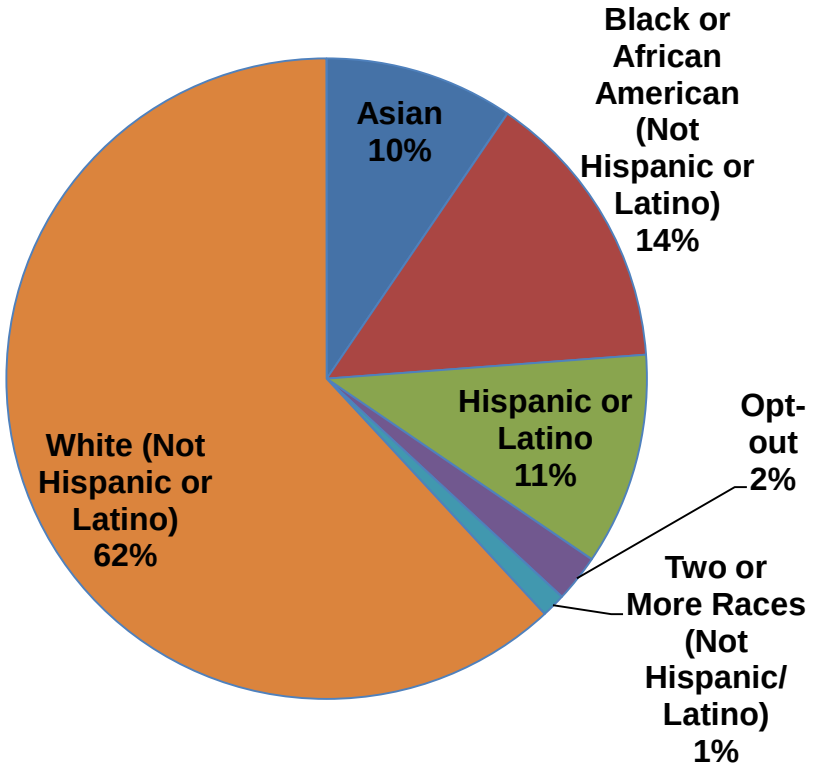
# Geographic Distribution



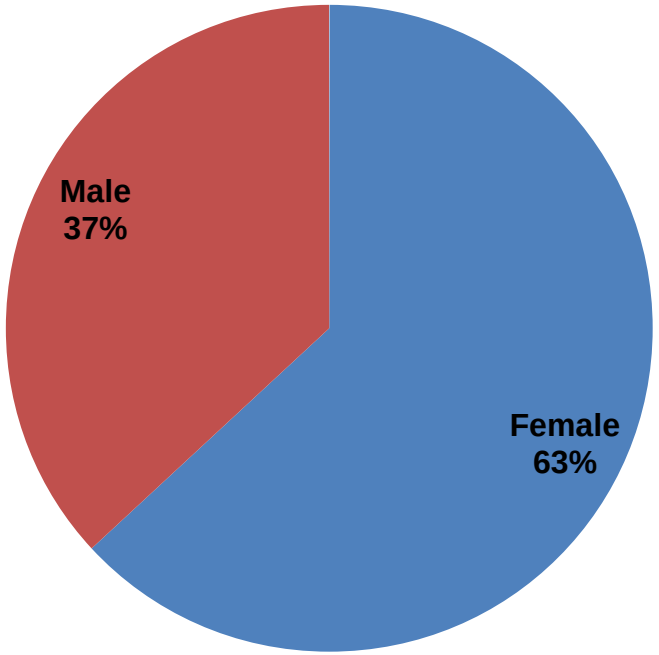

SOURCE: U.S. Department of Commerce Economics and Statistics Administration U.S. Census Bureau

# Racial Diversity

## Panelists by Race *(N=84)*




## Panelists by Gender *(N=84)*



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# Recommended Advisory Panel Members

# Stakeholder Distribution of Panels

| Stakeholder Group | TOTAL (%) | Addressing Disparities | Assessment of Prevention, Diagnosis, and Treatment Options | Improving Health Systems | Patient Engagement |
|---|---|---|---|---|---|
| Patient, Caregiver & Patient Advocate | **32 (38%)** | 7 | 6 | 6 | 13 |
| Researcher | **19 (23%)** | 6 | 6 | 5 | 2 |
| Clinician | **15 (18%)** | 4 | 4 | 4 | 4 |
| Payer | **5 (6%)** | 1 | 1 | 2 | |
| Healthcare System | **3 (4%)** | 2 | | 1 | |
| Pharmaceuticals | **3 (4%)** | | 1 | 1 | 1 |
| Policymaker | **3 (4%)** | 1 | | 1 | 1 |
| Purchaser | **2 (2%)** | | 1 | 1 | |
| Medical Devices | **1 (1%)** | | 1 | | |
| Diagnostics | **1 (1%)** | | 1 | | |
| TOTAL | | **21** | **21** | **21** | **21** |

# Advisory Panel Members for Consideration

- Proposed members will be presented and voted on, one at a time, in the following order:
  - Advisory Panel on Addressing Disparities
  - Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options
  - Advisory Panel on Improving Healthcare Systems
  - Advisory Panel on Patient Engagement

# Proposed Addressing Health Disparities Panel Members

1. Alfiee Breland-Noble
2. Tammy Burns
3. Monique Carter
4. Alyna Chien
5. Echezona Ezeanolue
6. Kevin Fiscella
7. Martina Gallagher
8. Venus Gines
9. Martin Gould
10. Jacqueline Grant
11. Chien-Chi Huang
12. Liz Jacobs
13. Grant Jones
14. Patrick Kitzman
15. Doriane Miller
16. Alan Morse
17. Tiffany Nelson
18. Carmen Reyes
19. Russell Rothman
20. Mary Sander
21. Deborah Stewart

**ALTERNATES**

- Allison Cole
- Brian Harper
- Sanford Jeames
- Namrath Kandula
- Barbara Kornblau
- Debra Oto-Kent

# Advisory Panel on Addressing Disparities

**Call for a motion to approve:**

- The proposed Advisory Panel on Addressing Disparities

# Proposed Assessment of Prevention, Diagnosis, and Treatment Options Panel Members

1. Karen Chesbrough
2. Margaret Clayton
3. Regina Dehen
4. Bettye Green
5. Margo Halm
6. Sara Hohly
7. Kathie Insel
8. Priti Jhingran
9. Mark Johnson
10. Denise Kruzikas
11. Debra Madden
12. Ronald Means
13. Bruce Monte
14. Cynthia Mulrow
15. Alvin Mushlin
16. James Pantelas
17. Alan Rosenberg
18. Marcia Rupnow
19. Seema Sonnad
20. Harold Sox
21. Daniel Wall

**ALTERNATES**

- Jill Abell
- Shari Davidson
- Beth Devine
- Kevin Kavanagh
- Anand Navalgund
- Steven Shak
- Yaa Simpson
- Stephanie Vomvouras

# Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options

## Call for a motion to approve:

- The proposed Advisory Panel on the Assessment of Prevention, Diagnosis, and Treatment Options

# Proposed Improving Health Care Systems Panel Members

1. Andrew Adams
2. Leah Binder
3. Mary Blegen
4. David Bruhn
5. Dan Cherkin
6. Alan Cohen
7. Elizabeth Cox
8. Susan Diaz
9. John Galdo
10. Trent Haywood
11. Priscilla Huang
12. Eve Kerr
13. Joan Leon
14. Tiffany Leung
15. Annie Lewis-O'Connor
16. Doris Lotz
17. John Martin
18. Lisa Rossignol
19. Anne Sales
20. Jamie Sullivan
21. Leonard Weather Jr.

**ALTERNATES**

- Leslie Beitsch
- Daniel Allen Bluestein
- Kristen Fessele
- David Hopkins
- Chhavi Katyal
- David Memel
- Marc-David Munk
- Leif Solberg
- MaryAnne Sterling
- Tony Sun
- Troy Trygstad
- Albert Tzeel
- Paul Wallace
- Amy Whitcomb Slemmer

# Advisory Panel on Improving Healthcare Systems

## Call for a motion to approve:

- The proposed Advisory Panel on Improving Healthcare Systems

# Proposed Patient Engagement Panel Members

1. Stephen Arcona
2. Paul Arthur
3. Kimberly Bailey
4. Steven Blum
5. Marc Boutin
6. Kristen Carman
7. Perry Cohen
8. Charlotte Collins
9. Amy Gibson
10. Regina Greer-Smith
11. Bruce Hanson
12. Lorraine Johnson
13. Julie Moretz
14. Melanie Nix
15. Sally Okun
16. Laurel Pracht
17. Lygeia Ricciardi
18. Darius Tandon
19. Sara van Geertruyden
20. Saul Weingart
21. Leana Wen

**ALTERNATES**

- Maureen Fagan
- Jean-Marie Guise
- Kate Lorig
- Michael Millenson
- Angie Patterson
- Dennis Robbins
- Israel Robledo
- Daniel van Leeuwen
- Elissa Weitzman

# Advisory Panel on Patient Engagement

## Call for a motion to approve:

- The proposed Advisory Panel on Patient Engagement

# Timeline and Next Steps

# Timeline & Next Steps

**March 26**
Board reviews and approves proposed Advisory Panel Members

**March 26-April 5**
Advisory Panelists informed of selection status

**April 19-20**
Kickoff and training*
** Board members are invited to attend this event, to be held in Alexandria, VA*

# “Improving Healthcare Systems” Contracts (Cycle I)

***Chad Boult, MD, MPH, MBA***
*Program Director*
*March 26, 2013*

Patient-Centered Outcomes Research Institute

# Improving Healthcare Systems contracts 8/15/2012 (Cycle I)

- **Title:** The Family VOICE Study (Value Of Information, Community Support, and Experience): a randomized trial of family navigator services versus usual care for young children treated with antipsychotic medication

  PI: Gloria Reeves
- **Study aims:**
  - To determine if "family navigator" services improve use of psychosocial services, and to improve parents' empowerment, support, and satisfaction with their children's mental health treatment.
  - To evaluate whether children's overall mental health medication doses increase, or if other medications are affected, by the navigator program.

# Improving Healthcare Systems contracts 8/15/2012 (Cycle I)

- **Title:** Improving palliative and end-of-life care in nursing homes

  PI: Helena Temkin-Greener
- **Study aims:**
  - To determine whether palliative care guidelines used by palliative care teams in nursing homes improve patient-centered outcomes for nursing home residents near the end of life.
  - To determine whether such palliative care processes improve nursing homes staff's assessment of symptoms, skills in delivering care, communication, teamwork, and satisfaction.

# Improving Healthcare Systems contracts 8/15/2012 (Cycle I)

- **Title:** Creating a Clinic-Community Liaison Role in Primary Care: Engaging Patients and Community in Health Care Innovation

  PI: Clarissa Hsu

- **Study aims:**
  - To create new methods to involve patients in designing their own healthcare that includes new processes and tools for how care should be designed.
  - To design and test a new clinic-community liaison role for primary care teams to enhance patient experience and satisfaction, quality of care, quality of life, and efficient use of both patient and healthcare resources.

# Improving Healthcare Systems contracts 8/15/2012 (Cycle I)

- **Title:** Innovative Methods for Parents And Clinics to Create Tools (IMPACCT) for Kids' Care

  PI: Jennifer DeVoe

- **Study aims:**
  - To develop and test new computer tools with families, policymakers, and community healthcare providers, to help people in the clinic find pediatric patients in need of insurance and communicate with their families about public insurance programs.
  - To test the tools by comparing 2 clinics using the tools and 2 clinics not using the tools.
  - To determine if children in the clinics using the tools are more likely to have health insurance and also more likely to receive certain health care services, compared to children in the clinics without such tools.

# Improving Healthcare Systems contracts 8/15/2012 (Cycle I)

- **Title:** Optimizing Behavioral Health Homes by Focusing on Outcomes that Matter Most for Adults with Serious Mental Illness

  PI: James Shuster

- **Study aims:**
  - To compare the effectiveness of the interventions on three primary patient-centered outcomes (i.e., patient activation in care, health status, engagement in primary/specialty care) using a participant-level pre-post measure where each patient will serve as his/her own control in a combination of descriptive and multivariate analyses.
  - To examine the moderating role of individual patient characteristics on primary outcomes using a series of mixed models that interact each moderator with the treatment indicators.

# Adjournment & Appendix

# Appendix:

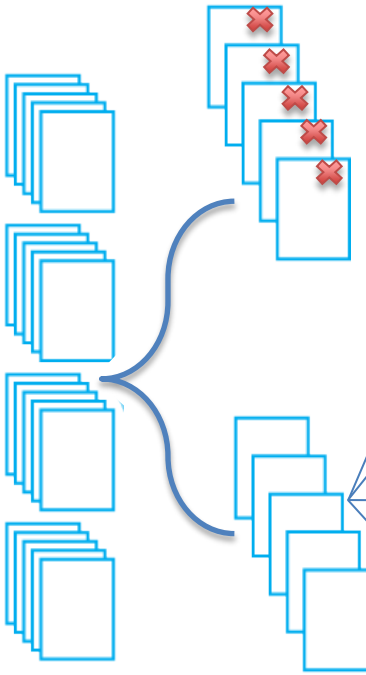
1. Details of Review Process
2. Stakeholder and Demographic Distribution of All Applicants

# Appendix 1: Applicant Review Process

1,294 applications submitted through the online portal → Applications assessed for qualifying criteria → Eligible candidates assessed within their Advisory Panel → Review teams applied selection criteria → Review teams applied balancing criteria → Slates Developed for Board considerati on

10 were excluded for inability to commit to meetings or comply with PCORI's Conflict of Interest policy

Candidates were considered by the panel they indicated as their first choice



**Patient Engagement Panel**
336 Apps

- ✓ Experience in scientific research methods
- ✓ Experience in patient engagement
- ✓ Experience in developing partnerships in implementing engagement strategies in healthcare
- ✓ Close functional ties in community
- ✓ Interest in patient-centered outcomes research
- ✓ Potential to contribute to the purpose of the Advisory Panel

**Improving Health Systems Panel**
331 Apps

- ✓ Experience in health services research
- ✓ Experience in patient/stakeholder engagement in research
- ✓ Experience in measuring patient-centered outcomes
- ✓ Experience in implementing change in healthcare systems
- ✓ Potential to identify important gaps in existing evidence about improving healthcare systems

**Addressing Disparities Panel**
257 Apps

- ✓ Focus on disparities research and/or priority populations
- ✓ Experience in a relevant area of advocacy
- ✓ Patient and caregiver experience
- ✓ Expressed interest/commitment to disparities research

**Assessment of Options Panel**
360 Apps

- ✓ Experience in comparative effectiveness research
- ✓ Experience in patient/stakeholder engagement
- ✓ Experience in measuring patient-centered outcomes
- ✓ Experience in research methodology
- ✓ Potential to contribute to the scope of work of the Advisory Panel
- ✓ Commitment to advancing the mission and goals of PCORI

- ✓ Stakeholder category
- ✓ Geographic location
- ✓ Demographic characteristics
- ✓ Age/Experience
- ✓ Expertise/Focus Area
- ✓ Training in scientific research methods
- ✓ Experience in patient engagement
- ✓ Experience in developing partnerships in implementing engagement strategies in healthcare
- ✓ Experience with PCORI

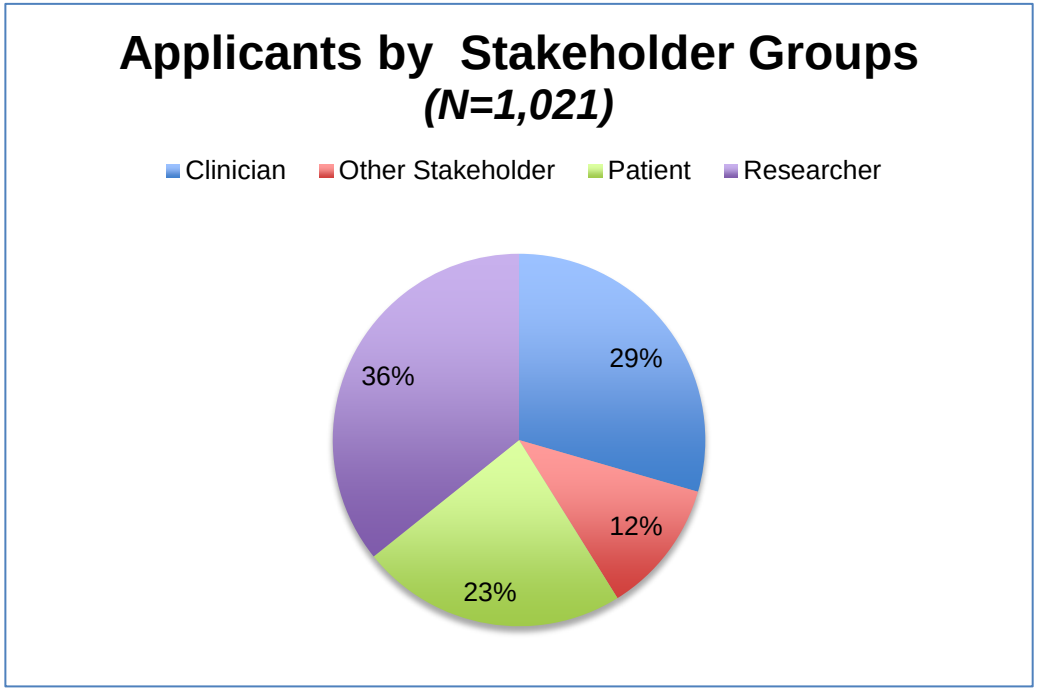
**Patient Engagement Panel**
13 Patients
2 Researchers
4 Clinicians
2 Other

**Improving Health Systems Panel**
6 Patients
5 Researchers
4 Clinicians
6 Other

**Addressing Disparities Panel**
7 Patients
7 Researchers
5 Clinicians
2 Other

**Assessment of Options Panel**
6 Patients
5 Researchers
3 Clinicians
7 Other

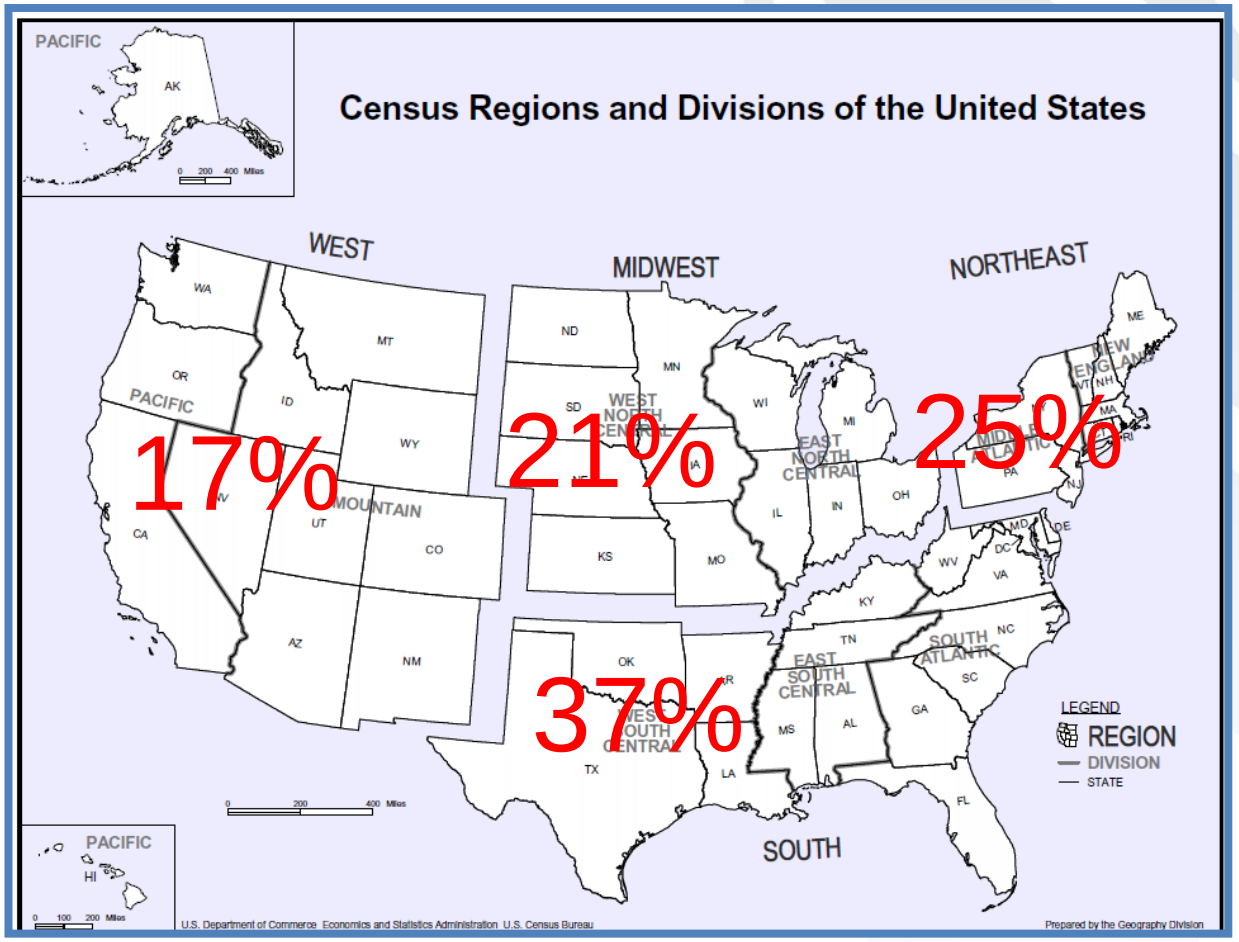
# Appendix 2: Stakeholder Distribution of All Applicants




- **Clinicians** (e.g., Physician, Nurse, Pharmacist, Dentist, Chiropractor)
- **Patient** (e.g., Caregiver, Patient Advocate, Consumer, Family Member)
- **Researcher** (e.g., Academic, Scientist, Clinical Investigator)
- **Other Stakeholders** (e.g., Payer, Policymaker, Purchaser, Device Or Pharmaceutical Manufacturer)

# Geographic Distribution of All Applicants

| State | Count | State | Count |
|---|---|---|---|
| AK | 1 | MT | 0 |
| AL | 4 | NC | 36 |
| AR | 3 | ND | 1 |
| AZ | 10 | NE | 3 |
| CA | 64 | NH | 5 |
| CO | 11 | NJ | 16 |
| CT | 18 | NM | 3 |
| DC | 37 | NV | 1 |
| DE | 4 | NY | 53 |
| FL | 33 | OH | 26 |
| GA | 20 | OK | 3 |
| HI | 3 | OR | 16 |
| IA | 5 | PA | 43 |
| ID | 1 | RI | 1 |
| IL | 32 | SC | 8 |
| IN | 11 | SD | 1 |
| KS | 14 | TN | 14 |
| KY | 7 | TX | 53 |
| LA | 5 | UT | 2 |
| MA | 56 | VA | 27 |
| MD | 49 | VT | 2 |
| ME | 5 | WA | 20 |
| MI | 29 | WI | 12 |
| MN | 17 | WV | 1 |
| MO | 16 | WY | 1 |
| MS | 2 | | |

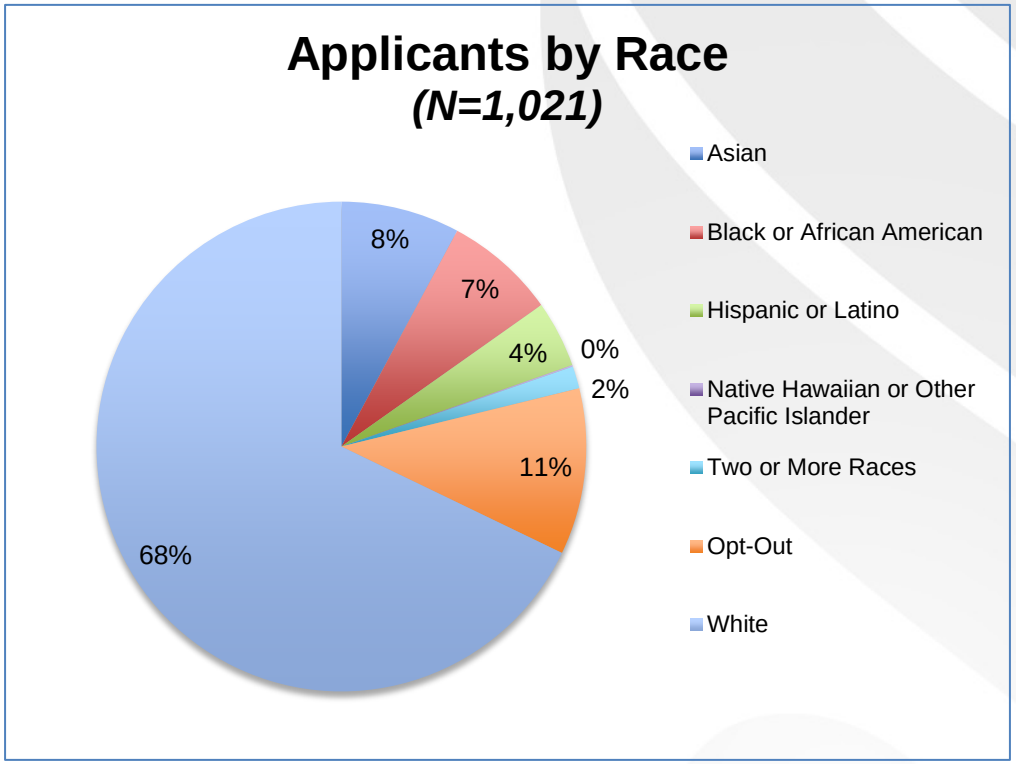



SOURCE: U.S. Department of Commerce Economics and Statistics Administration U.S. Census Bureau

# Racial Distribution of All Applicants

| Race | Count |
|---|---|
| Asian (Not Hispanic or Latino) | 80 |
| Black or African American (Not Hispanic or Latino) | 75 |
| Hispanic or Latino | 45 |
| Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | 1 |
| Two or More Races (Not Hispanic or Latino) | 15 |
| White (Not Hispanic or Latino) | 692 |
| Opt Out | 112 |

*This was not a required field for applicants



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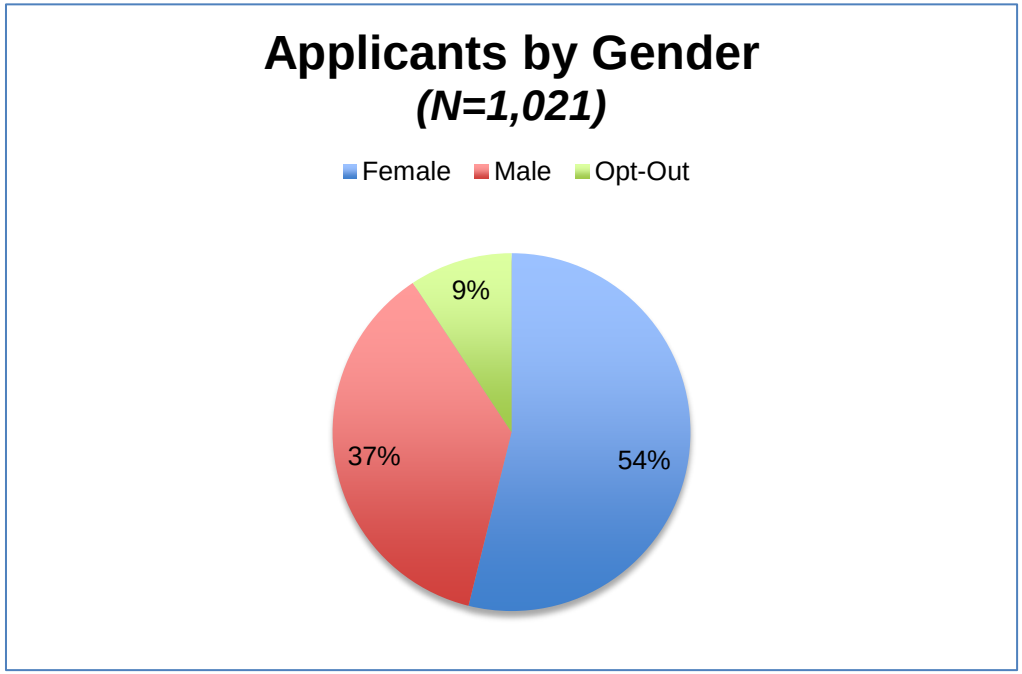
# Gender Distribution of All Applicants



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