PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

# Board of Governors Meeting via Teleconference / Webinar

Tuesday, June 14, 2022

**9:00am – 2:35pm Eastern**

## MINUTES

**Board Members Present:** Christine Goertz, DC, PhD, *Chairperson*; Sharon Levine, MD, *Vice Chairperson*; Kara Ayers, PhD; Kate Berry; Alicia Fernandez, MD; Christopher Friese, PhD, RN; Mike Herndon, DO; Barbara McNeil, MD, PhD; Eboni Price-Haywood, MD, MPH; James Schuster, MD, MBA; Michael Lauer, MD, designee for Lawrence Tabak, DDS, PhD; Kathleen Troeger, MPH; Robert Valdez, PhD, MHSA; Danny van Leeuwen, MPH, RN; Robert Zwolak, MD, PhD

**Board Members Absent:** Jennifer DeVoe, MD, DPhil; Russell Howerton, MD; James Huffman; Connie Hwang, MD, MPH; Ellen Sigal, PhD; Janet Woodcock, MD

**Methodology Committee Members:** Steve Goodman, MD, PhD, MHS, *Chair* and Robin Newhouse, PhD, RN, *Vice Chair*

| Agenda Item | PCORI Speakers |
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| **Welcome and Call to Order**<br><br>**Consider for Approval:** Consent Agenda<br>• March 8, 2022, Board Meeting Minutes<br>• Appointment of the Deputy Executive Director for Operations as PCORI Treasurer (*ex officio*)<br>• Appointment of Dr. Cristina Murray-Krezan as Co-Chair to the Advisory Panel on Clinical Trials<br><br>*Christine Goertz, DC, PhD, Board Chairperson* | Dr. Goertz opened the meeting of the PCORI Board of Governors (Board) and welcomed everyone. Goertz then read the Chair Statement on Conflict of Interest.<br><br>Goertz announced the upcoming retirement of Regina Yan, PCORI's Chief Operating Officer, recognizing Yan's service and many achievements over her nine-year tenure. Yan thanked Goertz and the Board, and said she felt privileged to be a part of PCORI. Goertz then reviewed the agenda.<br><br>Goertz introduced the Consent Agenda and gave Board members the opportunity to discuss any of the matters on the Consent Agenda. No separate discussion was requested and no additions or corrections to the minutes were offered.<br><br>*The motion was made by Robert Valdez and seconded by Mike Herndon.*<br><br>**Motion:** That the Board approve:<br>• Minutes from the March 8, 2022, PCORI Board meeting |

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| | • Appointment of the Deputy Executive Director of Operations *(ex officio)* as Treasurer to replace the Chief Operating Officer *(ex officio)*; and,<br>• Appointment of Dr. Cristina Murray-Krezan to serve as Co-Chair of the Advisory Panel on Clinical Trials through August 2024 or until a replacement is appointed.<br><br>*Approved by a majority vote of the voting Board members by voice vote (no opposed; no abstentions). Michael Lauer and Eboni Price-Haywood were not present for this vote.* |
| **Executive Director's Report**<br><br>*Nakela L. Cook, MD, MPH, Executive Director* | *PCORI Updates: Methodology Committee Nominations*<br>Dr. Cook announced that PCORI is seeking nominations for service on PCORI's Methodology Committee (MC); the call is open from June 1-28, 2022. The MC works to develop and update methodological standards for patient-centered outcomes research and to develop a translation framework to guide the choice of study designs for specific research questions.<br><br>*Update on Ad Hoc Committee and Work Group Activities:* Cook outlined and updated the Board on the status of PCORI's integrated ad hoc committee and work group activities relating to the Board and charged with addressing key priority items, including: the Strategic Planning Committee; the PCORnet® Priorities Workgroup; the Healthcare Cost and Value Workgroup; and the Methodology Committee 2.0 Workgroup (which is now finished).<br><br>*Strategic Planning Committee Update:* Cook outlined key results of this committee that includes the work leading to the Board's adoption of PCORI's National Priorities for Health and the development of the proposed Strategic Plan to be considered by the Board for approval later today.<br><br>*PCORnet Priorities Work Group (Stage 2):* Cook detailed that the working group is building on prioritizing principles that the Board approved last year to inform strategies for an evaluation framework to guide future PCORI funding leveraging PCORnet expertise. |

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| | *Healthcare Cost and Value Work Group*: Cook detailed that the workgroup, whose charge has been to develop a proposed framework for PCORI's approach to considering the full range of outcomes data provision of PCORI's re-authorizing law and helping to inform the broader value conversation in supporting policy priorities, continues to make progress. This work began in October 2021 and will continue through December 2022. They have commissioned a landscape review whose results will come to fruition in the next month; garnering perspectives related to cost and value to help inform the activities of PCORI. The workgroup will also be launching future stakeholder listening sessions.<br><br>*Methodology Committee 2.0 Work Group:* Cook outlined that the workgroup has completed its charge and has been sunset. Their work was completed in March 2022 and entailed development of a future state vision and implementation approaches that are informing the Methodology Committee's focus and the call for nominations of new Methodology Committee members mentioned previously.<br><br>*FY2022 Dashboard Midyear Review:* Cook explained that PCORI will be forming a future workgroup to help with PCORI's Evaluation Framework and Organizational Learning Strategy, which will include updating the dashboard components in the future to align with PCORI's Strategic Plan.<br><br>She presented the FY2022 Midyear Dashboard, which included (4) green-flagged metrics (those that are on track): Research Project Performance, Time to Release of Research Findings, CER Results Publicly Available, and CER Results Altmetric® Scores in Context. There were (3) metrics with a target that is not applicable: Uptake into Public/Patient Resources, Update of Results into UpToDate®, and Other Examples of Uptake. There was (1) yellow metric (not meeting target): Funds Committed. Cook explained that PCORI has committed less than planned in all funding categories. She reported that the Dashboard does not represent Cycle 3 of 2022 and that Cycle 3 is typically the largest cycle for commitments. She anticipates that Cycle 3 of 2022 will move PCORI commitments to $450-$475M this year. |

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| | Cook provided information related to the Uptake targets, noting that PCORI is in the process of developing targets for the three Dashboard metrics, as well as honing PCORI's search and capture processes. She shared the number of citations or mentions of PCORI-funded results in public and patient-facing resources, UpToDate and other examples of uptake such as systematic reviews, guidelines, policy documents, and other potentially impactful sources.<br><br>Cook highlighted several PCORI-funded studies whose results were published in the *New England Journal of Medicine*, *Lancet Child & Adolescent Health*, and *Annals of Internal Medicine* that yielded a high Altmetric Score in research related to Black and Latinx Adults with Asthma, Immunoglobulin for Treatment of Resistant Kawasaki Disease in Children, and Pulse Oximetry for Monitoring Patients with COVID-19 at Home.<br><br>Cook reported on the status of PCORI-funded research projects. including that PCORI has about 230 active research projects and, for the most part, the projects are on track. A slight uptick to level out in the yellow zone has been noticed; these may have challenges in meeting project goals, related to COVID-19. In total, 89 projects may not meet milestones and among them 81% have experienced COVID-related delays due to a significant decrease in recruitment due to barriers related to in-person activities and are shifting interventions to other modalities and future adaptations.<br><br>She reported on the utilization of PCORnet where, increasingly, other funders are leveraging the network for surveillance work, clinical trials, and coordinating activities. Additionally, she reviewed data related to PCORI providing completed and earlier availability to the public of research results from PCORI-funded trials, which is higher than benchmarks and closer to meeting targets. She also shared attention to CER results from PCORI-funded studies with Altmetric scores greater than or equal to 300 and data from PCORI-funded studies into Public/Patient Resources.<br><br>Members of the Board asked questions and provided feedback about future dashboard metrics, including commenting on the potential value of metrics that relate |

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| | to uptake in clinical settings and the value of the new HSII program in advancing implementation projects, and the increased utilization of UptoDate. Board members discussed factors that may affect the ability to meet the PCORI Commitment Plan target, including delays of application submissions, COVID, PCORI's capacity, and investigator capacity. |
| **Consider for Approval:**<br>• Proposed PCORI Strategic Plan<br><br>*Nakela L. Cook, MD, MPH, Executive Director and Sharon Levine, MD, Board Vice Chairperson and Co-Chair, Strategic Planning Committee* | Dr. Levine provided opening remarks, commenting that the proposed Strategic Plan (Plan) set forth ambitious goals for PCORI's future. Dr. Cook then presented an overview of the proposed Plan, which provides a roadmap for PCORI's activities in the years ahead as PCORI pursues its vision and mission.<br><br>She noted that the Strategic Plan was developed with extensive stakeholder input, the Plan articulates a refined focus on generating patient-centered evidence that has the greatest positive impact on health outcomes. She indicated that in addition to having a Core Strategic Plan document, there will be different formats, both digital and printable, to support effective communication. Cook noted several facets of the Plan including that the Plan:<br>• Outlines a bold vision for PCORI's future<br>• Describes PCORI's holistic approach to generating and disseminating patient-centered CER<br>• Provides a general approach for assessing PCORI's progress towards advancing the National Priorities for Health<br>• Is purposefully broad to allow PCORI activities to remain responsive to changing and emerging needs<br><br>Board members commended the amount of stakeholder involvement throughout strategic planning and how stakeholder feedback informed the Strategic Plan, including key elements of PCORI's future work such as the National Priorities for Health and the Research Agenda. Board members noted that, rather than a top-down approach, the Plan was developed based on an array of feedback from both stakeholders and the broader health community; this was a strength of the Plan. Board members encouraged continually seeking feedback throughout PCORI's future work to advance the Plan. Discussion also took place around the ambitious nature of the Plan. Board members noted that while it |

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| | outlines bold goals, PCORI is well suited to advance those goals, given its resources and place within the health and health research ecosystem. Comments also pertained to the steps that follow the Strategic Plan. Implementing the Plan, assessing progress on the Plan, and strategically adjusting where needed to maintain progress will be important steps to enable PCORI to pursue the Plan.<br><br>*The following motion was made by James Schuster and seconded by Danny van Leeuwen.*<br><br>**Motion**: Approve the Proposed Strategic Plan<br><br>*Approved by a majority vote of the voting Board members by Roll Call vote (12 in favor (Ayers, Berry, Fernandez, Friese, Goertz, Herndon, Levine, McNeil, Schuster, Troeger, Van Leeuwen, Zwolak); no opposed; 1 abstention (Valdez)). Michael Lauer and Eboni Price-Haywood were not present for this vote.* |
| **Consider for Approval:**<br>• Proposed Amendments and Framework to Implement Governance Framework for the Methodology Committee<br>○ Proposed Amended Methodology Committee Charter<br>○ Proposed Conflict of Interest Policy Relating to PCORI Funding for Members of Board of Governors, Members of Methodology Committee, and Employees<br>○ Proposed Framework for Nomination and Appointment of New Methodology Committee Members<br><br>*Sharon Levine, MD, Chair, Governance Committee*<br>*Mary C. Hennessey, JD, General Counsel*<br>*Nakela L. Cook, MD, MPH, Executive Director* | Dr. Levine introduced the agenda item, noting that the Board had approved a revised governance framework for the MC at its March 2022 meeting. She noted that the need for a new governance framework for the MC was prompted in part by PCORI's reauthorizing law which transferred appointment authority of MC members from GAO to the PCORI Board. She also noted that the new governance framework is structured to allow PCORI to more fully utilize the expertise that MC members bring to PCORI. She indicated that to advance the approved governance framework, the Board will consider approving the following proposed revised MC Charter and conflict of interest policy, which are being recommended by the Governance Committee: the proposed amended MC Charter and the proposed *Conflict of Interest Policy Relating to PCORI Funding for Members of Board of Governors, Members of Methodology Committee, and Employees.*<br><br>Ms. Hennessey then reviewed the revised governance framework for the MC approved by the Board at its March 2022 meeting, which includes that future MC members will forego the opportunity to apply for PCORI funding during their term on the MC and thereafter, consistent with PCORI's conflict of interest policies; that the MC will have a 4-year staggered term structure with |

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| | appointments every two years; and that the Board is authorized to appoint MC members to a second-year term, to the extent necessary to full the MC functions, requirements of the authorizing law, or needs of PCORI and no MC member can serve more than 2 full consecutive 4-year terms.<br><br>She outlined the recommended amended MC Charter, which shifts from a six-year staggered term structure previously approved to a four-year staggered term structure. Hennessey then outlined the proposed *Conflict of Interest Policy Relating to PCORI Funding for Members of Board of Governors, Members of Methodology Committee, and Employees,* which will replace the *Conflict of Interest Rules for Research Funding*, approved by the Board in 2012 and amended in 2013. Steve Goodman and Robin Newhouse, the MC's Chair and Vice Chair respectively, expressed the MC's support of the new governance framework, which was crafted with engagement by the MC and expressed support for the proposed amended MC Charter and amended conflict of interest policy. It was noted that appointments of MC members will happen in odd years to avoid conflicting with the appointment of Board members that happens in even years.<br><br>Dr. Cook reviewed the Proposed Framework for MC Nominations and Appointments that addresses the solicitation of nominations, review of nominations, appointment and transition. The Proposed Framework for MC Nominations and Appointments is attached as Appendix A.<br><br>Mr. Goodman and Ms. Newhouse commented on the value of the proposed framework and how it supports the ability of the MC to make strong contributions.<br><br>Board members commented on the proposed framework, including having a patient representative on the MC, using the MC to educate researchers about CER, using MC members to review PCORI applications in the methods portfolio, and the consideration of a program for medical students to learn from the expertise of the MC. |

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| | *The following motion was made by Robert Zwolak and seconded by Robert Valdez.*<br><br>**Motion**: Approve the:<br>• Proposed amended Methodology Committee Charter<br>• Proposed *Conflict of Interest Policy Relating to PCORI Funding for Members of the Board of Governors, Members of the Methodology Committee, and Employees* to replace the current *Conflict of Interest Rules for Research Funding*<br>• Proposed governance framework for nomination and appointment of new Methodology Committee Members<br><br>*Approved by a majority vote of the voting Board members by voice vote (no opposed; no abstentions). Michael Lauer and Eboni Price-Haywood were not present for this vote.* |
| **Consider for Approval:**<br>• Proposed Revisions to Governance Framework for Approval of Awards<br><br>*Sharon Levine, MD, Chair, Governance Committee*<br>*Mary C. Hennessey, JD, General Counsel* | Dr. Levine introduced the agenda item and noted that during several meetings the Governance Committee discussed effective Board roles and best use of Board meeting time. To that end, the Governance Committee considered PCORI's experience with the approval framework for slates of awards relating to COVID-19 projects whereby the Executive Director approves slates of awards. Levine then introduced Mary Hennessey to detail the recommended approval authority changes and accompanying recommended amendments to authorities documents recommended by the Governance Committee.<br><br>Hennessey reviewed the background on the Board's role in voting on slates of awards, which began in PCORI's earliest stage. She noted that the Governance Committee considered the evolution of PCORI, and the success of the approval framework approved by the Board for projects relating to COVID-19 in making its recommendation that the Board of Governors pursue a revised governance framework. Under this proposed revised framework, the Selection Committee makes recommendations of slates of awards to the Executive Director, who then has the authority to approve slates of awards, consistent with the Board-approved funding |

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| | commitment plan and annual budget and with appropriate reporting to the Board and public.<br><br>Hennessey then noted that, for the Board to advance the recommendation of the Governance Committee, it was appropriate for the Board to consider amendments to the Selection Committees Charter, as it is a key governing document that addresses the authority to approve slates of awards. She outlined the proposed amendments to reflect that the Executive Director approve slates of awards. In addition, she outlined the proposed amendments to reflect new executive staff titles and positions.<br><br>Hennessey also summarized the Governance Committee's recommendation that the Board sunset PCORI's Pre-Award Policy as a Board-approved document given that it addresses authority to approve awards and includes operational details about pre-award processes that are more appropriate to address in internal policies rather than in a Board-approved policy.<br><br>*The following motion was made by Alicia Fernandez and seconded by James Schuster.*<br><br>**Motion**: Approve:<br>• the proposed amendments to the Selections Committee Charter, and<br>• Sunsetting the Pre-Award Policy as a Board-approved policy.<br><br>*Approved by a majority vote of the voting Board members by voice vote (no opposed; no abstentions). Michael Lauer and Eboni Price-Haywood were not present for this vote.* |
| **Consider for Approval:**<br>• Development of Targeted PCORI Funding Announcements<br>○ Telehealth to Optimize Management of Multiple Chronic Conditions Among Vulnerable Populations<br>○ The PCORI Health Equity Initiative – Enhanced Rewards to Support Equitable | Dr. Cook outlined the status of progress on targeted PCORI Funding Announcements (PFAs) and on Board-approved candidate topics for focused funding. She highlighted the 2022 and 2023 plans for focused funding while strategic planning is ongoing. She also put the two proposed PFA topics proposed by the Science Oversight Committee (SOC) in context (Telehealth to Optimize Management of Multiple Chronic Conditions among Vulnerable Populations in Primary Care and The PCORI |

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| Comparative Effectiveness Research Improving Maternal Outcomes for At-Risk Populations<br><br>*Nakela L. Cook, MD, MPH*<br>*Alicia Fernandez, MD, Chair, Science Oversight Committee*<br>*Steve Clauser, PhD, MPH, Program Director, Healthcare Delivery and Disparities Research (HDDR)*<br>*Carly Khan, PhD, RN, MPH, Associate Director, HDDR*<br>*Els Houtsmuller, PhD, Associate Director, HDDR* | Health Equity Initiative: Addressing Social and Clinical Determinants of Maternal Health).<br><br>Dr. Fernandez made introductory remarks on behalf of the SOC, which is recommending that the Board approve the development of two Targeted PFAs on these topics, before turning it over to Dr. Khan to present the proposed topic for a PFA addressing *Telehealth to Optimize Management of Multiple Chronic Conditions among Vulnerable Populations in Primary Care.*<br><br>Khan presented the proposed research question and explained that studies envisioned for funding under this PFA would compare the effectiveness of different approaches to incorporating access to and use of telehealth to optimize management of multiple chronic conditions in primary care, particularly among vulnerable populations. PCORI expects to fund 5-7 studies with a total funding commitment amount requested of $50M (up to $10M for large studies, up to $5M for small studies).<br><br>Board member discussion focused on consideration and potential for e-care planning to be addressed as telehealth component, as long as application addresses multiple chronic conditions and has focal primary care setting.<br><br>*The following motion was made by Robert Valdez and seconded by Sharon Levine.*<br><br>**Motion**: Approve the development of a *Telehealth to Optimize Management of Multiple Chronic Conditions among Vulnerable Populations in Primary Care* Targeted PFA with funding up to $50M in total costs<br><br>*Approved by a majority vote of the voting Board members by voice vote (no opposed; no abstentions).*<br>*Kathleen Troeger was not present during this vote.*<br><br>Dr. Clauser made introductory comments, remarking that the SOC had recommended that the Board approve the development of a PFA on the topic of *The PCORI Health Equity Initiative: Addressing Social and Clinical Determinants of Maternal Health*, before introducing Dr. Houtsmuller. |

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| | Houtsmuller explained that studies envisioned for funding under this PFA would compare the effectiveness of multi-component, multi-level interventions to improve maternal outcomes for patients at increased risk for adverse maternal outcomes. Interventions in pre- and postnatal care should include health systems strategies to address disparities, and social and/or structural determinants of health. She outlined key components of the proposed award including the expectation of research organization and community partnership, decision-making with shared leadership that includes research and community representation, a planning phase of up to 1 year, and a research phase up to 5 years, the expectation of having a learning network of awardees, and training for researchers under-represented in PCORI-funded research and for researchers from underserved research communities.<br>PCORI expects to fund up to 3 awards (potential for multiple research projects within each award), with a total amount requested of $63M ($1M planning phase, $20M for research phase).<br><br>Board member discussion focused on:<br>• Components of the planning phase, including partnerships and adaptations to research plan; broad opportunity with multiple research projects to fulfill goals of PFA; and<br>• Awareness regarding lack of maternal and obstetric services in rural communities and consideration of related pre-conception care (equity, access, and delivery).<br><br>*The following motion was made by Danny van Leeuwen and seconded by Mike Herndon.*<br><br>**Motion**: Approve the development of a Targeted PFA on *The PCORI Health Equity Initiative: Addressing Social and Clinical Determinants of Maternal Health* with funding up to $63M in total costs<br><br>*Approved by a majority vote of the voting Board members by voice vote (no opposed; no abstentions).*<br>*Kate Berry was not present during this vote.* |

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| **Break** | The Board broke for lunch at 12:30pm and reconvened the meeting at 1:30pm. |
| **Report from Workgroup on PCORI Priorities for PCORnet® (Stage Two)**<br><br>*Nakela L. Cook, MD, MPH*<br>*Robert Zwolak, MD, PhD, Workgroup Chair*<br>*Kara Ayers, PhD, Workgroup Vice Chair*<br>*Erin Holve, PhD, Chief Research Infrastructure Officer* | Dr. Cook introduced the agenda item by reviewing the Prioritizing Principles for Infrastructure Funding Relating to PCORnet, which were approved by the Board on January 12, 2021, at the recommendation of the Workgroup on PCORI Priorities for PCORnet (Stage One). Staff used the Prioritizing Principles for Infrastructure Funding to inform the development of Phase 3 of PCORI funding of PCORnet. She noted that Stage Two of the Workgroup is intended to build on the Stage One Workgroup efforts.<br><br>Dr. Holve provided additional background on the Stage Two Workgroup activities, explaining the goals of the Workgroup, which are addressed in the charter, and include proposing strategies to inform PCORI's evaluation framework for PCORnet and guide future Board consideration of key PCORnet accomplishments that are attributable to PCORI infrastructure funding and making decisions about future PCORI investments in PCORnet. She noted that the Board discussion today would inform the Workgroup's proposed strategies and evaluation framework, both of which are expected to be brought to the Board for consideration in September 2022. Holve then introduced the two Workgroup chairs, Dr. Robert Zwolak and Dr. Kara Ayers.<br><br>Zwolak and Ayers provided overviews of Workgroup discussions, which focused in three main areas including overarching strategies to define and measure PCORnet success, priorities for data population expansion in PCORnet, and strategic opportunities for PCORnet. Ayers explained that early in the Workgroup's discussions, the three goals of "better," "faster," and "cheaper" emerged, and the Workgroup believes prioritizing "better" and "faster" over "cheaper" is appropriate. Zwolak added that the PCORnet infrastructure has been disease and condition agnostic but questioned whether there should be a focus on PCORI Congressionally-mandated research priority areas (i.e., maternal morbidity and mortality, and intellectual and developmental disabilities). |

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| | Zwolak highlighted Workgroup discussions including the need for methods related to social determinants of health, patient-generated outcomes, and non-clinical information. Workgroup discussion also focused on the critical need to expand participation in PCORnet to include coverage of more diverse and underserved and underrepresented populations. The Workgroup also concluded that there is a need for increased visibility so that the PCORnet infrastructure is known as a national resource for public good. Zwolak noted that there should be an increased focus on PCORnt Front Door accessibility for researchers and community-based partners. Lastly, the Chairs discussed incentivizing the use of PCORnet for PCORI-funded studies and developing PCORI's uses of PCORnet, including rapid-cycle query models to identify scalable ideas and to inform PFA development.<br><br>Holve opened the discussion to the Board with the following questions:<br><br>• Are there additional strategic opportunities for the PCORnet Infrastructure that the Workgroup should consider?<br>• How would you prioritize strategic opportunities for PCORnet?<br>• Are there additional opportunities to leverage the PCORnet Infrastructure and resources to support innovation in PCORI?<br><br>It was noted that most data analysts are trained to deal with relatively small samples so there is a great opportunity to think about methodologies that are necessary for very large samples utilizing the PCORnet infrastructure. Additionally, there is an opportunity to leverage PCORnet to understand disparity differences, such as with race and ethnicity, of people among the same socioeconomic strata.<br><br>There was discussion of the incentives the Workgroup would recommend to encourage investigators to utilize PCORnet. Dr. Cook noted that an existing strategy has been the solicitation of applications in a way that encourages the use of PCORnet resources in those applications. Board members also inquired about the capacity of PCORnet to obtain and deliver data around |

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| | social determinants as compared to claims data from payers. Zwolak responded that this is one area that would require a significant investment. Holve also noted that PCORI engaged in a multi-stakeholder effort to identify opportunities for social determinants of health data infrastructure enhancements to PCORnet. In terms of collecting social determinants of health data, Board members discussed challenges regarding data collection as this type of data is not collected in a standardized way. Board members also discussed the potential for PCORnet participants to collect insurance claims data to create a fuller picture.<br><br>Board members noted that a non-clinical priority for PCORnet could be to evaluate outcomes data and different payment systems methodologies. It will be important to consider these types of differing payment systems, including salary vs. non-salary type providers, and quality vs. production incentivized providers.<br><br>It was also noted that it would be helpful to see the latest PCORnet Front Door dashboard data to inform investments relating to improving data completion and quality. Other comments included the distinction between the expansion of data fields compared to the expansion of the patient population. It was noted that a goal would be to eventually expand both, but the priority is first for PCORnet Network Partners to expand their reach into underserved populations. There was also a suggestion to develop a funding program for residents, fellows, and junior faculty who wanted to use PCORnet resources.<br><br>Zwolak noted that the Board's discussion and questions will inform the Workgroup's further discussions. |
| **Public Comment**<br><br>*Kristin Carman, MA, PhD, Director, Public & Patien Engagement* | No members of the public requested the opportunity to make a public comment. Thus, there were no public comments presented during this time. |
| **Closing Remarks**<br><br>*Nakela L. Cook, MD, MPH* | Dr. Cook highlighted key accomplishments of the Board meeting that support PCORI's ability to advance. |

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| **Wrap-up and Adjourn**<br><br>*Christine Goertz, DC, PhD, Board Chairperson* | The meeting was adjourned at 2:35pm. |

See attached Appendix A: "Proposed Governance Framework for the Nomination and Appointment of New Methodology Committee Members"

**Minutes were approved by the PCORI Board of Governors 07-26-2022**

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Appendix A

## Proposed Governance Framework for the Nomination and Appointment of New Methodology Committee Members

### *1. Solicitation of Nominations*

The solicitation of nominations will be informed by:

- ***Desired Areas of Expertise***
  - Grounded in PCORI's authorizing law
  - Address gaps in expertise resulting from current MC members rotating off of the MC
  - Consider new and expanding areas of desired expertise informed by the guidance of the MC
- ***Desired Characteristics***
  - **I**ndividuals interested in supporting advancement of the future state vision for the MC (e.g., collaborative, inclusivity)

### *2. Review of Nominations*

The review of MC nominations will include two tiers.

- Tier 1: Review by PCORI Staff
  - Review for nomination completeness and adherence to eligibility requirements
  - Triage for alignment with desired areas of expertise diversity (e.g., geographic, institution, and experience)
  - Recommend subset of nominations to move forward

- Tier 2 Review by Board-related Committee, appointed by Board Chairperson, composed of Board members, MC members, and staff
  - Review nominations advanced from the Tier 1 review against specific criteria developed by the Committee;
  - Vote to recommend a slate of nominees to the Board

### *3. Consideration of Appointments*

- Board considers slate of nominees recommended by the Committee.

### *4. Transition Plan*

- Transition plan to implement a staggered biennial appointment cycle (in odd years) with 4-year terms
- Initial appointments by Board to take place in 2022 (for 1 and 3-year appointments)
- Board to consider appointments in 2023, and thereafter in odd-numbered years.