Board of Governors Meeting via Teleconference / Webinar

Tuesday, December 12, 2017

12:00 pm – 1:30 pm ET

Board Members Present:

Grayson Norquist, MD, MSPH, *Chairperson*; Debra Barksdale, PhD, RN; Larry Becker; Michael Lauer, MD (designee for Francis Collins, MD, PhD); Allen Douma, MD; Alicia Fernandez, MD; Christine Goertz, DC, PhD; Leah Hole-Marshall, JD; Gail Hunt; Richard Kuntz, MD, MSc; Sharon Levine, MD; Freda Lewis-Hall, MD; Barbara McNeil, MD, PhD; Ellen Sigal, PhD; Kathleen Troeger, MPH; Robert Zwolak, MD, PhD

Board Members Absent:

Kerry Barnett, JD, *Vice Chairperson;* Russell Howerton, MD; Gopal Khanna; Harlan Krumholz, MD, SM

MINUTES

Agenda Item	**PCORI Speakers**
Call to Order, Roll Call, and Welcome - *Grayson Norquist, MD, MSPH, Chairperson* and *Joe Selby, MD, MPH, Executive Director*	Dr. Norquist chaired and opened the meeting, welcomed all to the meeting of the PCORI Board of Governors and read the Chair Statement on Conflict of Interest.
Consider for Approval: Minutes of the November 21, 2017 Board Meeting - *Grayson Norquist, MD, MSPH*	*The following motion was made by Barbara McNeil and seconded by Larry Becker.* **Motion:** Approve the minutes of the November 21, 2017 Board of Governors meeting. *Approved by a majority vote of the Board by voice vote (no opposed; no abstentions)*
Consider for Approval: Proposed Slate for Cycle 1 2017 Large Dissemination and Implementation (D&I) Limited Competition PFA Awards - *Debra Barksdale, PhD, RN, Chair, Engagement, Dissemination & Implementation Committee and Jean Slutsky, PA, MSPH, Chief Engagement and Dissemination Officer*	Dr. Barksdale introduced this presentation, recalling the process the Board of Governors approved at its September 26, 2017 meeting for approving Dissemination & Implementation (D&I) awards requesting funds of $500k or over per project ("large projects"). She introduced Jean Slutsky who provided an overview of the D&I limited competition Cycle 1 2017 and presented an EDIC-endorsed slate of two large D&I projects to the Board for approval in accordance with this process. The two large projects proposed for funding were titled, "Implementation of a Shared Decision Making Intervention in Practice: The Chest Pain Choice Pathway" and "Disseminating Child Abuse Clinical Decision Support to Improve Detection, Evaluation and Reporting." The anticipated total award amount for the two large D&I projects on the slate is $1.45 million. *The following motion was made by Michael Lauer and seconded by Gail Hunt:* **Motion:** Approve funding for the recommended slate of large awards from the Cycle 1 2017 D&I Limited Competition PFA.

	Approved by a majority vote of the voting Board members by roll call vote (14 in favor; 0 opposed; 0 abstentions; and 2 recusals: Alicia Fernandez and Sharon Levine). Russell Howerton indicated earlier his intention to recuse, but was not present at this meeting.
Consider for Approval: Targeted PFA Development • The Treatment of Anxiety Disorders in Children, Adolescents, and Young Adults - *Robert Zwolak, MD, PhD, Chair, Science Oversight Committee and Evelyn Whitlock, MD, MPH, Chief Science Officer*	Dr. Zwolak introduced this agenda item and Dr. Whitlock briefly reminded the Board of the PCORI Topic Prioritization Pathway. She explained that this topic (the Pharmacological Treatment of Anxiety Disorders in Children, Adolescents, and Young Adults) is currently in the Topic Approval stage, where topics that meet PCORI's strategic priorities are recommended to the Board for development as a Targeted PFA (TPFA). Dr. Whitlock highlighted the 2017 Anxiety in Children AHRQ Systematic Review, which identified research needs that were reinforced during PCORI's conversations with stakeholders. These research needs include: the assessment of the most beneficial components of Cognitive Behavioral Therapy (CBT), and how this may vary by age; the impact of comorbidities, family demographics, and stressors as treatment effect modifiers; head-to-head comparisons of medications, comparisons of CBT to medications, and combination therapy versus monotherapy; and larger trials with follow-up of at least 2-3 years that address the longer-term safety of medications and advance patient care. She also summarized research needs identified through a PCORI stakeholder workshop. Dr. Whitlock provided the Board with an overview of the Population, Intervention/Comparisons of Interest, Outcomes, Timing, and Setting (PICOTS) for the proposed PFA question. The total commitment requested for this PFA is up to $40M in total costs to fund an estimated number of 2 studies, with total direct costs of $15M per study, and a maximum project period of 5 years. In response to a question, Dr. Whitlock explained the rationale of requiring Cognitive Behavioral Therapy (CBT) and indicated that from PCORI's discussions with stakeholders, families have communicated their reservations regarding the use of medications, which indicates the importance of including a psychological treatment. Dr. Whitlock commented that the issue of monotherapy versus combination therapy is still a question and think the studies under this PFA will provide critical information for clinicians and families. In response to a question, Dr. Whitlock explained that investigators will need to use diagnostic criteria recognizing that different disorders are within the anxiety spectrum. Dr. Whitlock also indicated that the studies will likely need to be conducted under Investigational New Drug Applications (INDs). *The following motion was made by Larry Becker and seconded by Barbara McNeil:*

	Motion: Approve the development of and release of The Pharmacological Treatment of Anxiety Disorders in Children, Adolescents, and/or Young Adults PFA. *Approved by a majority vote of the voting Board members by roll call vote (15 in favor; 0 opposed; 0 abstentions; and 1 recusal: Freda Lewis-Hall).*
Consider for Approval: Advisory Panels Integration, Implementation Plan, and Charters - *Evelyn Whitlock, MD, MPH*	Dr. Whitlock introduced the agenda item for the National Priority Advisory Panels Integration, Implementation Plan, and Charters by reminding the Board of the background and rationale regarding PCORI's expert advisory panels. PCORI's authorizing law allows for the appointment of expert advisory panels to assist PCORI in identifying research priorities and to establish its research project agenda and for other purposes. As PCORI grows and matures, it has recognized that by merging the talent, expertise, and scope of work of the current Advisory Panels that are tied to PCORI's National Research Priorities, a synergy can be created to more readily advance the National Research Priorities. The proposed integration of advisory panels would result in two programmatic advisory panels. The proposed Clinical Effectiveness and Decision Science (CEDS) Advisory Panel combines the Communication and Dissemination Research (CDR) Advisory Panel and the Assessment of Prevention, Diagnosis and Treatment Options (APDTO) Advisory Panel. The proposed Healthcare Delivery and Disparities Research (HDDR) Advisory Panel combines the Improving Healthcare Systems (IHS) Advisory Panel and the Addressing Disparities (AD) Advisory Panel. The four existing panels (the Communication and Dissemination Research (CDR) Advisory Panel, the Assessment of Prevention, Diagnosis and Treatment Options (APDTO) Advisory Panel, the Improving Healthcare Systems (IHS) Advisory Panel, and the Addressing Disparities (AD) Advisory Panel charter would be sunset to implement the transition. The implementation plan and the proposed new Advisory Panel charters were presented to, and endorsed by, the Science Oversight Committee (SOC). They were also presented to the Engagement, Dissemination, and Implementation Committee (EDIC). All current panel members from the four existing panels will transfer onto the two new panels and will complete their current appointed terms. The Board was presented with the proposed new charters and the recommended membership, positions, and terms of the members of the two new panels. *The following motion was made by Ellen Sigal and seconded by Kathleen Troeger.* **Motion:** Approve the motion to (a) Sunset the four existing Advisory Panel charters, as recommended; (b) Approve the two proposed new Advisory Panel charters, as recommended; and, (c) Approve the

	recommended members, positions and terms of the two new Advisory Panels, as recommended. *Approved by a majority vote of the Board by voice vote (no opposed; no abstentions; no recusals)* *See Attachments for the two approved new charters and the approved members, positions, and terms of the two new Advisory Panels.*
Q4 2017 Dashboard Review - *Joe Selby, MD, MPH*	Dr. Selby presented the Q4-2017 Dashboard for the Board's review. The Dashboard demonstrated 4 green-flagged items (items that are on track) and 2 yellow-flagged items (items that are considered off target by more than 10%-15%, depending on the metric). The metric for Funds Committed to Research is yellow because PCORI committed 89% of our funding target, short of the goal of 90% of the target for the year. The metric for PCORI Peer Review is yellow because early data show that the process is taking longer to complete than the target established when the Peer Review Process was initially developed. There were no red-flagged items (items that are considered off-target and in need of attention or action by the Board). Dr. Selby presented examples of results on PCORI's goals: To increase information, to speed uptake, and to influence research. He presented results of a PCORI-funded research study comparing group exercise programs to prevent walking difficulty in at-risk older adults. The study found that a standing exercise is more effective than seated exercise in improving mobility. This results publication had a high Altmetric score (a measure of attention), and had been cited in at least 11 news stories. To provide an example of uptake of study results, Dr. Selby shared that a recent results publication from a PCORI-funded study has been taken up into UpToDate® a point-of-care, evidence based medical resource software tool, bringing the total to 4 CER results publications taken up into the tool. He shared that PCORI is credited with inspiring the establishment of policies and programs to promote PCOR at the University of Arkansas for Medical Sciences. Dr. Selby showed a cumulative look at funds committed to research projects over time, and explained that PCORI is increasing the proportion of research funding going to focused and targeted topics, which is now over half of PCORI funding commitments. He discussed the status all PCORI-funded projects to date, with a focus on ongoing research projects and on projects in PCORI Peer Review. He shared that the number of journal publications and CER results from PCORI-funded projects has been increasing over the last 4 years. Board Members expressed interest in more context around completed projects and published CER results.

Wrap up and Adjournment - *Grayson Norquist, MD, MSPH*	Meeting ended at 1:31 pm

Attachment A: Approved Clinical Effectiveness and Decision Science Charter

Attachment B: Approved Healthcare Delivery and Disparities Research Charter

Attachment C: List of Advisory Panel Members appointed

Minutes were approved by the PCORI Board of Governors 02-27-2018

ATTACHMENT A

Approved on December 12, 2017

Charter of the Advisory Panel on Clinical Effectiveness and Decision Science

Purpose

The Advisory Panel on Clinical Effectiveness and Decision Science ("CEDS Panel") will advise and provide recommendations to the Patient-Centered Outcomes Research Institute's ("PCORI") Board of Governors, Methodology Committee, and staff to help plan, develop, implement, improve, and refine efforts toward meaningful patient-centered research as outlined in this Charter. The CEDS Panel will not serve in an official decision-making capacity, but its recommendations and advice will be taken into consideration by the PCORI's Board of Governors, Methodology Committee, and staff.

PCORI's mission is to help people make informed healthcare decisions and improve healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community. PCORI's five National Priorities for Research serve as a framework for guiding PCORI funding to fulfill PCORI's mission. The CEDS Panel will provide practical guidance relating to two of PCORI's National Priorities for Research: Assessment of Prevention, Diagnosis, and Treatment Options and Communication and Dissemination Research.

Both National Priorities address specific activities related to comparative clinical effectiveness research (CER), which compares the effectiveness and safety of preventive, diagnostic, and treatment options to create a foundation of information for personalized decision making. This research places emphasis on: the practical utility of the comparisons, the examination of all outcomes that may be important to patients, the possible differences in outcomes across patient subgroups (both in terms of outcomes and preferences), and the processes by which valid evidence about outcomes can be taken up and used by decision makers (patients, caregivers, and clinicians).

Authority

PCORI's Advisory Panels are governed by the provisions of its authorizing law, Public Law 111-148, which sets forth standards for the formation and use of Advisory Panels by PCORI.

PCORI's authorizing law allows PCORI to appoint permanent or ad hoc expert Advisory Panels as determined appropriate to assist in identifying research priorities and establishing the research project agenda and for other purposes. Based on directives in the authorizing law, PCORI has appointed a permanent expert Advisory Panel for Clinical Trials and a permanent expert Advisory Panel on Rare Diseases. Furthermore, PCORI appoints other permanent and ad hoc expert Advisory Panels when there is a demonstrated need.

Function and Scope of Work

In support of its purpose, the CEDS Advisory Panel will:

- Identify critical research questions and topics for possible funding initiatives under PCORI's

Clinical Effectiveness and Decision Science research program that are germane to the generation and use of valid clinical evidence;

- Provide stakeholder inputs and refinements on PCORI research priorities, questions, and topics;
- Provide ongoing feedback and advice on priorities for communicating and disseminating the research findings under the CEDS program;
- Review and comment periodically on PCORI's research portfolio, including the identification of important gaps in the portfolio, how to communicate the portfolio to different stakeholder groups, and the overall impact of the portfolio;
- Consider study findings in terms of relevance to stakeholder groups, and advise on targets and strategies for PCORI dissemination and implementation efforts; and
- Provide feedback and refinements to PCORI on specific research questions and study design relating to assessment of prevention, diagnosis, and treatment options or communication and dissemination research.

Composition and Structure

PCORI aims to involve patients, caregivers, clinicians, other stakeholders, and the organizations representing these stakeholders in a partnership of shared accountability for PCORI's research priorities and research agenda. Membership on the CEDS Panel will allow for meaningful interactions amongst individuals with different strengths, backgrounds, and areas of expertise.

The CEDS Panel is formed through the combination of two prior PCORI Advisory Panels: The Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options and the Advisory Panel on Communication and Dissemination Research. After a transition period during which the previously appointed members of these two prior Advisory Panels serve their appointed terms on the CEDS Panel together, the final, single CEDS Panel will consist of 12 to 24 members appointed by the PCORI Board of Governors. No fewer than 25 percent of CEDS Panel members will be selected from persons who are patients, caregivers, or representatives of patient advocacy organizations. At least two panel members will be selected from persons who have a background in health literacy, numeracy, and/or risk communication. At least two panel members will be selected from persons with a background in dissemination and implementation research. The remainder will include representation by clinicians and clinician organizations, organizational providers, employers, health insurance plans, the life sciences industry, policy makers, and clinical researchers.

A Chair (and a Co-Chair if desired) will be selected by PCORI's Board of Governors from among the CEDS Panel members to facilitate the CEDS Panel's activities in conjunction with PCORI's designated Scientific Program Director or designee.

Members will serve three-year terms. Terms shall be staggered with a goal of having a balanced number of members appointed each year and a diverse spread of members. Members will not serve more than one full three-year term. Any member may resign at any time by giving written notice to the Chair of the CEDS Panel. Vacancies will be filled at the discretion of PCORI's Executive Director.

The Chair may assemble subcommittees composed of the CEDS Panel's members to examine special issues and to facilitate activities related to the scope of work described in this charter.

The designated individual tasked with overseeing the CEDS Panel's activities is the Scientific Program Director for CEDS or the individual designated by PCORI's Chief Science Officer. Management and

support services will be provided by PCORI staff and contractors.

Panelist Applications and Selection

PCORI will initiate an open call for applications via the PCORI web site and other modes of communication when it is seeking members for an Advisory Panel. Prospective panelists are invited to submit an application via an online portal to be considered for a position on the CEDS Panel.

PCORI strives for inclusiveness and diversity in age, ability, gender, ethnicity, race, sexual orientation and gender identity, education, socioeconomic status, and geography in the selection of panelists.

The application review and panelist selection process for the CEDS Panel will be based on experience, background, ability to contribute to the scope of work described in this charter, a prospective panelist's commitment to advancing the mission and goals of PCORI, and will be guided by the desire to balance expertise for both the Assessment of Prevention, Diagnosis, and Treatment Options and Communication and Dissemination Research PCORI national research priorities.

PCORI's Board of Governors will have final approval of the CEDS Panel's membership roster.

Meetings

Meetings shall be conducted in an open forum and records of the proceedings kept in accordance with PCORI's policies and procedures. All meetings will have an agenda, which will be issued to panelists and made available to the general public at least three business days prior to the meeting.

Meetings of the full panel will be called by the Chair with the agreement and consent of the designated Scientific Program Director or his/her designee, who shall develop and approve the agenda and be present at all meetings.

A majority of the members of an advisory panel shall constitute a quorum, and a roll call must be taken at the beginning of each meeting. In accordance with the CEDS Panel's advisory role, all votes and recommendations are nonbinding to PCORI.

Compensation, Travel, and Expenses

Members who are not full-time Federal employees are eligible for compensation. The amount of compensation shall be set by PCORI's Executive Director or his/her designee, based on the nature and amount of services to be provided and consistent with applicable PCORI policies and procedures.

Travel and other expenses incurred during the conduct of PCORI business will be paid for by PCORI only if the expenses are reasonable and they comply with PCORI's policies and procedures.

All payments will be made to individual panel members and not to employers, organizations, or third parties. Individuals serving on an advisory panel may decline compensation or reimbursement of expenses at their discretion.

Conflict of Interest

All CEDS Panel members shall abide by PCORI's conflict of interest policies. Members will be asked to disclose any potential conflicts upon joining the CEDS Panel. Each panel member shall work with the PCORI's Executive Director or designee to identify conflicts and to consider appropriate actions so that a panelist does not participate in matters when a conflict exists.

In general, appointment to the CEDS Advisory Panel will not lead to ineligibility for funding because: all meetings will be public; members will not have access to confidential, nonpublic information; and panelists will provide input, but will not be responsible for final decisions.

Termination Date

This charter will remain in effect until terminated by the Board of Governors. It is subject to review, reauthorization, amendment, or termination by the Board of Governors or its designee. This charter will be reviewed on an annual basis.

History:
Approved by the PCORI Board of Governors December 12, 2017

- *The CEDS Panel was formed based on a merger of the prior Advisory Panel on* Assessment of Prevention, Diagnosis, and Treatment Options *(originally approved by the PCORI Board of Governors on 4/1/2013 and sunset by the PCORI Board of Governors on December 12, 2017) and the prior Advisory Panel on Communication and Dissemination Research (originally approved by the PCORI Board of Governors on 1/27/2015 and sunset by the PCORI Board of Governors on December 12, 2017).*

ATTACHMENT B

Approved on December 12, 2017

Charter of the Advisory Panel on Healthcare Delivery and Disparities Research

Purpose

The Advisory Panel on Healthcare Delivery and Disparities Research ("HDDR Panel") will advise and provide recommendations to the Patient-Centered Outcomes Research Institute's ("PCORI") Board of Governors, Methodology Committee, and staff to help plan, develop, implement, improve, and refine efforts toward meaningful patient-centered research as outlined in this Charter. The HDDR Panel will not serve in an official decision-making capacity, but its recommendations and advice will be taken into consideration by PCORI's Board of Governors, Methodology Committee, and staff.

PCORI's mission is to help people make informed healthcare decisions and improve healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community. PCORI's five National Priorities for Research serve as a framework for guiding PCORI funding to fulfill PCORI's mission. The HDDR Panel will provide practical guidance relating to two of PCORI's National Priorities for Research: Improving Healthcare Systems and Addressing Disparities.

Research on healthcare delivery systems and disparities addresses critical decisions about improving the delivery and equity of care faced by healthcare system leaders and policy makers, clinicians, and the patients and caregivers who rely on them. PCORI's Healthcare Delivery and Disparities Research program funds studies that: compare the clinical effectiveness of alternative features of healthcare systems that are intended to optimize the quality, outcomes, and efficiency of care for patients; and will inform the choice of strategies to eliminate disparities, in health, and healthcare outcomes. The knowledge from this research will provide insight about the comparative benefits and harms of the options and provide information about outcomes that are experienced by patients and important to patients, including possible differences in outcomes across patient subgroups.

Authority

PCORI's Advisory Panels are governed by the provisions of its authorizing law, Public Law 111-148, which sets forth standards for the formation and use of Advisory Panels by PCORI.

PCORI's authorizing law allows PCORI to appoint permanent or ad hoc expert Advisory Panels as determined appropriate to assist in identifying research priorities and establishing the research project agenda and for other purposes. Based on directives in the authorizing law, PCORI has appointed a permanent expert Advisory Panel for Clinical Trials and a permanent expert Advisory Panel on Rare Diseases. Furthermore, PCORI appoints other permanent and ad hoc expert Advisory Panels when there is a demonstrated need.

Function and Scope of Work

In support of its purpose, the HDDR Advisory Panel will:

- Identify critical research questions and topics for possible funding initiatives under PCORI's Healthcare Delivery and Disparities Research program that that are germane to the generation and use of evidence for improving healthcare systems and addressing disparities;
- Provide stakeholder inputs and refinements on PCORI research priorities, questions, and topics;
- Provide ongoing feedback and advice on priorities for communicating and disseminating the research findings under the HDDR program;
- Review and comment periodically on PCORI's research portfolio, including the identification of important gaps in the portfolio, how to communicate the portfolio to different stakeholder groups, and the overall impact of the portfolio;
- Consider study findings in terms of relevance to stakeholder groups, and advise on targets and strategies for PCORI dissemination and implementation efforts; and
- Provide feedback and refinements to PCORI on specific research questions and study designs relating to healthcare systems and disparities.

Composition and Structure

PCORI aims to involve patients, caregivers, clinicians, other stakeholders, and the organizations representing these stakeholders in a partnership of shared accountability for PCORI's research priorities and research agenda. Membership on the HDDR Panel will allow for meaningful interactions amongst individuals with different strengths, backgrounds, and areas of expertise.

The HDDR Panel is formed through the combination of two prior PCORI Advisory Panels: The Advisory Panel on the Improving Healthcare Systems and the Advisory Panel on Addressing Disparities. After a transition period during which the previously appointed members of these two prior Advisory Panels serve their appointed terms on the HDDR Panel together, the final, single HDDR Panel will consist of 12 to 24 members appointed by the PCORI Board of Governors. No fewer than 25 percent of HDDR Panel members will be selected from persons who are patients, caregivers, or representatives of patient advocacy organizations. The remainder will include representation by clinicians and clinician organizations, organizational providers, employers, health insurance plans, the life sciences industry, policy makers, and clinical researchers.

A Chair (and a Co-Chair if desired) will be selected by PCORI's Board of Governors from among the HDDR Panel members to facilitate the HDDR Panel's activities in conjunction with PCORI's designated Scientific Program Director or designee.

Members will serve three-year terms. Terms shall be staggered with a goal of having a balanced number of members appointed each year and a diverse spread of members. Members will not serve more than one full three-year term. Any member may resign at any time by giving written notice to the Chair of the HDDR Panel. Vacancies will be filled at the discretion of PCORI's Executive Director.

The Chair may assemble subcommittees composed of the HDDR Panel's members to examine special issues and to facilitate activities related to the scope of work described in this charter.

The designated individual tasked with overseeing HDDR Panel activities is the Scientific Program Director for HDDR or the individual designated by PCORI's Chief Science Officer. Management and support services will be provided by PCORI staff and contractors.

Panelist Applications and Selection

PCORI will initiate an open call for applications via the PCORI web site and other modes of communication when it is seeking members for an Advisory Panel. Prospective panelists are invited to submit an application via an online portal to be considered for a position on the HDDR Panel.

PCORI strives for inclusiveness and diversity in age, ability, gender, ethnicity, race, sexual orientation and gender identity, education, socioeconomic status, and geography in the selection of panelists.

The application review and panelist selection process for the HDDR Panel will be based on experience, background, ability to contribute to the scope of work described in this charter, a prospective panelist's commitment to advancing the mission and goals of PCORI, and will be guided by the desire to balance expertise for both the Improving Healthcare Systems and Addressing Disparities PCORI national research priorities.

PCORI's Board of Governors will have final approval of the HDDR Panel's membership roster.

Meetings

Meetings shall be conducted in an open forum and records of the proceedings kept in accordance with PCORI's policies and procedures. All meetings will have an agenda, which will be issued to panelists and made available to the general public at least three business days prior to the meeting.

Meetings of the full panel will be called by the Chair with the agreement and consent of the designated Scientific Program Director or his/her designee, who shall develop and approve the agenda and be present at all meetings.

A majority of the members of an advisory panel shall constitute a quorum, and a roll call must be taken at the beginning of each meeting. In accordance with the HDDR Panel's advisory role, all votes and recommendations are nonbinding to PCORI.

Compensation, Travel, and Expenses

Members who are not full-time Federal employees are eligible for compensation. The amount of compensation shall be set by PCORI's Executive Director or his/her designee, based on the nature and amount of services to be provided and consistent with applicable PCORI policies and procedures.

Travel and other expenses incurred during the conduct of PCORI business will be paid for by PCORI only if the expenses are reasonable and they comply with PCORI's policies and procedures.

All payments will be made to individual panel members and not to employers, organizations, or third parties. Individuals serving on an advisory panel may decline compensation or reimbursement of expenses at their discretion.

Conflict of Interest

All HDDR Panel members shall abide by PCORI's conflict of interest policies. Members will be asked to disclose any potential conflicts upon joining the HDDR Panel. Each panel member shall work with PCORI's Executive Director or designee to identify conflicts and to consider appropriate actions so that a panelist does not participate in matters when a conflict exists.

In general, appointment to the HDDR Panel will not lead to ineligibility for funding because: all meetings will be public; members will not have access to confidential, nonpublic information; and panelists will provide input, but will not be responsible for final decisions.

Termination Date

This charter will remain in effect until terminated by the Board of Governors. It is subject to review, reauthorization, amendment, or termination by the Board of Governors or its designee. This charter will be reviewed on an annual basis.

History:
Approved by the PCORI Board of Governors 12/12/2017

- *The HDDR Panel was formed based on a merger of the prior Advisory Panel on Improving Healthcare Systems Research (originally approved by the PCORI Board of Governors on 4/1/2013 and sunset by the PCORI Board of Governors on 12/12/2017) and the prior Advisory Panel on Addressing Disparities (originally approved by the PCORI Board of Governors on 4/1/2013 and sunset by the PCORI Board of Governors on 12/12/2017).*

ATTACHMENT C

Clinical Effectiveness and Decision Science Advisory Panel

Members, Positions and Term lengths approved by the Board of Governors

Panel Member	Representation	Original Panel	Term Ends	Term length (in years)
Jonathan Klein*	Researchers	APDTO	2018	1
Leslie Levine*	Patients, Caregivers, and Patient Advocates	APDTO	2018	1
Michael Herndon*	Payers	APDTO	2018	1
Robert Bonomo*	Clinicians	APDTO	2018	1
Roy Poses*	Researchers	APDTO	2018	1
Clifford Ko*	Clinicians	CDR	2018	1
Giovanna Devercelli*	Industry	CDR	2018	1
Janice Buelow*	Patients, Caregivers and Patient Advocates	CDR	2018	1
LaRita B. Jacobs*	Patients, Caregivers and Patient Advocates	CDR	2018	1
Lauren McCormack , Chair*	Researchers	CDR Chair	2018	1
Michael Pignone*	Researchers	CDR	2018	1
Robert Volk*	Researchers	CDR	2018	1
Janice Radak	Patients, Caregivers and Patient Advocates	CDR	2019	1
Felix Fernandez	Clinicians	APDTO	2019	2
Jeff Hersh	Industry	APDTO	2019	2
Michael Schneider	Researchers	APDTO	2019	2
Nancy White	Clinicians	APDTO	2019	2
Rafael Alfonso Cristancho	Industry	APDTO	2019	2
Susan Lin	Patients, Caregivers and Patient Advocates	APDTO	2019	2
Zeeshan Butt	Researchers	APDTO	2019	2
Ashish Atreja	Researchers	CDR	2019	2
Danny van Leeuwen , Co-Chair	Patients, Caregivers, and Patient Advocates	CDR Co-Chair	2019	2
Emilie Johnson	Clinicians	CDR	2019	2
Frank Rider	Patients, Caregivers and Patient Advocates	CDR	2019	2
Kristin Voorhees	Patients, Caregivers, and Patient Advocates	CDR	2019	2
Nancy Perrin	Researchers	CDR	2019	2
Andrew Rosenberg	Patients, Caregivers, and Patient Advocates	CDR	2020	3
Cornell Wright	Policy Makers	CDR	2020	3
Helen Osborne	Patients, Caregivers, and Patient Advocates	CDR	2020	3
Lawrence Goldberg	Clinicians	APDTO	2020	3
Melissa Hicks	Patient, Caregivers, and Patient Advocates	APDTO	2020	3
Nancy Blake	Clinicians	CDR	2020	3
Neela Goswami	Researchers	CDR	2020	3
Robin Karlin	Patients, Caregivers, and Patient Advocates	APDTO	2020	3
Ruth M. Parker	Patients, Caregivers and Patient Advocates	CDR	2020	3
Sandi Smith	Researchers	CDR	2020	3

Healthcare Delivery and Disparities Research Advisory Panel

Members, Positions and Term Lengths approved by the Board of Governors

Panel Member	Representation	Original Panel	Term Expires	Term length (years)
Barbara Kornblau*	Patient, Caregiver, Patient Advocate	AD	2018	1
Bonnie Clipper*	Clinician	IHS	2018	1
Carolyn Petersen*	Patient, Caregiver, Patient Advocate	IHS	2018	1
Cheryl Pegus*, Co-Chair	Patient, Caregiver, Patient Advocate	AD Chair	2018	1
Danielle Pere*	Clinician	AD	2018	1
Elinor Schoenfeld*	Researcher	AD	2018	1
Jim Bellows*	Health Systems	IHS	2018	1
Kenneth Mayer*	Researcher	AD	2018	1
Lisa Freeman*	Patient, Caregiver, Patient Advocate	IHS	2018	1
Ravi Govila*	Payer	IHS	2018	1
Ronald Copeland*	Health Systems	AD	2018	1
Sinsi Hernandez-Cancio*	Patient, Caregiver, Patient Advocate	AD	2018	1
Terrie Black*	Clinician	AD	2018	1
Timothy Daaleman*, Co-Chair	Researcher	IHS Chair	2018	1
Alexis Snyder	Patient, Caregiver, Patient Advocate	IHS	2019	2
Ana Maria Lopez	Clinician	AD	2019	2
Christine Joseph	Researcher	AD	2019	2
Craig Umscheid	Health Systems	IHS	2019	2
Deidra Crews	Clinician	AD	2019	2
Donald Klepser	Researcher	AD	2019	2
Ignatius Bau	Patient, Caregiver, Patient Advocate	IHS	2019	2
James Perrin	Researcher	IHS	2019	2
Leah Backhus	Clinician	IHS	2019	2
Mitzi Wasik	Payer	IHS	2019	2

Nancy Yedlin	Researcher	IHS	2019	2
Rebecca Aslakson	Researcher	IHS	2019	2
Tung Nguyen	Researcher	AD	2019	2
Umbereen Nehal	Payer	AD	2019	2
Cheryl Holly	Researcher	AD	2020	3
Danielle Brooks	Industry	IHS	2020	3
James Wharam	Researcher	IHS	2020	3
Mary Grace Pagaduan	Patient, Caregiver, Patient Advocate	AD	2020	3
Nadine Barrett	Health Systems	AD	2020	3
Rachel Raia	Payer	IHS	2020	3