Board of Governors Meeting

Via Teleconference/Webinar

March 19, 2019
12:00 PM – 1:30 PM ET

pcori
PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Welcome and Introductions

Larry Becker

Chair, Finance and Administration Committee

Joe Selby, MD, MPH

Executive Director

Agenda

12:00 PM	**Call to Order, Roll Call, and Welcome**
12:00 – 12:10	**Consider for Approval: Consent Agenda** • Minutes of the February 26, 2019 Board Meeting • Nomination of Chair and Co-Chair for Advisory Panel on Clinical Effectiveness and Decision Science
12:10 – 12:25	**Consider for Approval:** Revised Board and Methodology Committee Compensation and Reimbursement Policy
12:25 – 12:40	**Consider for Approval:** Proposed Cycle 2 2018 Slate of Awards from the Implementation of Effective Shared Decision Making Approaches in Practice Settings PFA
12:40 – 1:15	**Dashboard Review: First Quarter of FY-2019**
1:15 PM	**Wrap Up and Adjournment**

Consent Agenda

Larry Becker

Chair, Finance and Administration Committee

Consent Agenda

That the Board approve:

- Minutes from the February 26, 2019 Board meeting
- Nomination of Chair and Co-Chair for the Advisory Panel on Clinical Effectiveness and Decision Science (CEDS)
  - **Chair: Cornell Wright, MPA**, North Carolina Dept of Health and Human Services
    - Term to end August 31, 2020
    - Representing Policy Makers
    - Director, NC Office of Minority Health and Health Disparities
    - Subject matter expert in health equity and disparities, minority health and community engagement
  - **Co-Chair: Lawrence Goldberg, MD**, The Joint Commission
    - Term to end August 31, 2020
    - Representing Clinicians
    - Board-certified psychiatrist and physician surveyor for The Joint Commission, Philadelphia, PA
    - Has served PCORI as a merit reviewer and as part of the Ambassador Program

Board Vote

Call for a Motion to:	• **Approve** each of the Motions on the Consent Agenda
Call for the Motion to be Seconded:	• **Second** the Motion • If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion
Voice Vote:	• Vote to **Approve** the **Final** Motion • Ask for votes in favor, opposed, and abstentions

Board & Methodology Committee Compensation & Reimbursement Policy

Larry Becker

Chair, Finance and Administration Committee

Regina Yan, MA

Chief Operating Officer

Background

- *Board and Methodology Committee Compensation and Reimbursement Policy* approved by Board on 12/3/2013
- Establishes rules for compensation and reimbursement of members of Board and MC in accordance with the Institute's authorizing law and the Institute's Bylaws
- FAC, in consultation with Governance Committee, reviewed the Policy and is recommending to the Board for approval minor revisions to ensure it aligns with current practice and provides greater clarity

Proposed Revisions

- Clarify compensation for:
  - Committee Vice Chairs
  - Conference calls lasting more than four hours
  - Voluntary and invited attendance at Board/Committee meetings by non-appointed Board/Committee members
  - Member attendance at PCORI events other than Board or Committee meetings

- FAC also recommends that the revised Policy, if approved, be made effective as of October 1, 2018

Board Vote

Call for a Motion to:	• **Approve** the revised ***Board & Methodology Committee Compensation and Reimbursement Policy*** **with an effective date of October 1, 2018**
Call for the Motion to be Seconded:	• **Second the Motion** • **If further discussion, may propose an Amendment to the Motion or an Alternative Motion**
Voice Vote:	• **Vote to Approve the Final Motion** • **Ask for votes in favor, opposed, and abstentions**

Proposed Funding Slate from the Shared Decision Making PCORI Funding Announcement (Cycle 2 2018):

Implementation of Effective Shared Decision Making Approaches in Practice Settings

Sharon Levine, MD

Chair, Engagement, Dissemination, and Implementation Committee

Jean Slutsky, PA, MSPH

Chief Engagement and Dissemination Officer

Cycle 2 2018 – SDM PFA

Purpose of this funding initiative

- **PFA Purpose:** Promote the targeted implementation and systematic uptake of shared decision making (SDM) in healthcare settings.
  - In line with PCORI goals of supporting patients in making informed decisions about their care, and of promoting the use of evidence for those decisions.

- PCORI definition of an SDM strategy:
  - *An intervention or approach that draws on and presents available evidence to inform patients of available treatment options and their risks and benefits, and either engages patients in a decision-making process with their clinician that reflects their values, or promotes their ability to engage in such a process.*

Cycle 2 2018 – SDM PFA

Eligibility

Projects must propose either

1. to implement a shared decision making (SDM) strategy that was demonstrated to be effective in the context of a PCORI research award,

   or

2. an implementation project that will incorporate new PCORI CER evidence into an existing, tested shared decision making strategy, and then implement the updated shared decision making strategy in a practice setting

Cycle 2 2018 – SDM PFA

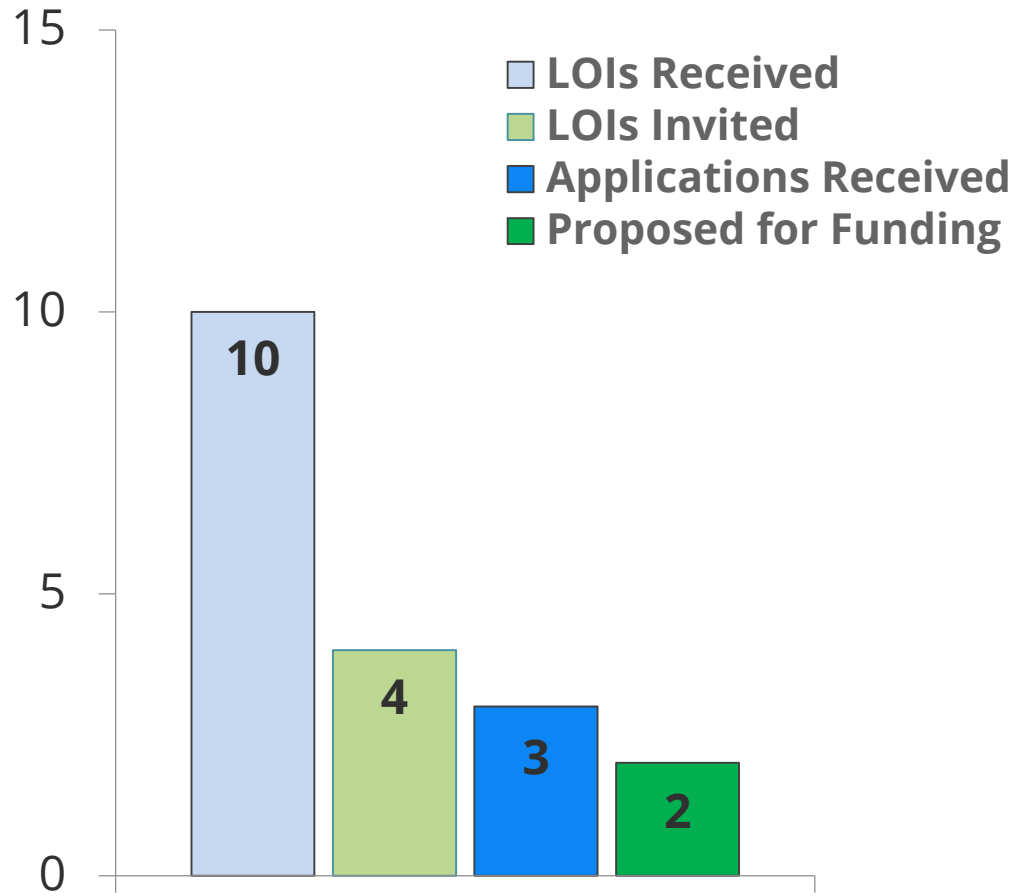
Merit Review Criteria

1. Importance of research results in the context of the existing body of evidence
2. Readiness of the research results for implementation
3. Technical merit of the proposed implementation project
4. Project personnel and environment
5. Patient-centeredness
6. Patient and stakeholder engagement

Cycle 2 2018 – SDM PFA

Process Overview

- **Application overview**
  - 10 Letters of Intent (LOIs) submitted
  - 4 LOIs invited to submit a full application (40% of submitted LOIs)
  - 3 applications received (75% of invited LOIs)
- **Overall funding rate is 67 percent**
  - EDIC is proposing to fund 2 applications out of 3 received applications
- **Proposed funding slate is recommended to the Board of Governors by the Engagement, Dissemination, and Implementation Committee (EDIC)**



Cycle 2 2018 – SDM PFA

Slate of 2 Recommended Projects

Project Title
Shared Decision Making for Bariatric Surgery in Patients with Severe Obesity
Using Personalized Risk/Benefit Profiles in SDM for Diabetes Prevention

- Average requested budget per project is $1.9M
- All proposed projects, including requested budgets and project periods, if approved by the Board, will be subject to a programmatic and budget review by PCORI staff and the negotiation of a formal award contract.

Project 1:
Shared Decision Making for Bariatric Surgery in Patients with Severe Obesity

This SDM project will

- Update an effective and widely-used decision aid with the 5-year outcome results of a large multisite longitudinal observational cohort study from 11 PCORnet CDRNs (now called CRNs)
- Implement the updated decision aid in two large health systems in Washington State and Pennsylvania for use by both primary care physicians and bariatric surgeons with patients who are eligible for and considering bariatric surgery
- Evaluation includes the fidelity of the SDM approach, reach of decision aid, SDM, number and choice of procedures, weight change

Project 2:
Using Personalized Risk/Benefit Profiles in SDM for Diabetes Prevention

This SDM project will

- Incorporate a risk prediction tool developed in a PCORI-funded study to augment a decision aid as part of a tested and effective shared decision making strategy.
    - The risk prediction tool provides tailored information on risks of progression from prediabetes to diabetes, for discussion in the shared decision making interaction between patients and their clinicians.
- Implement the revised SDM strategy in two large health systems in California and Utah for either pharmacists or nurses to use with patients with prediabetes
- Evaluation includes the adoption and fidelity of the SDM approach, reach of SDM strategy, uptake of prevention strategies

Cycle 2 2018 – SDM PFA

Slate of 2 Recommended Projects

PFA	Amount Budgeted for SDM Cycle 2 2018	Proposed Total Award
Implementation of Effective Shared Decision Making Approaches in Practice Settings	Up to $6.5M	$3.8M

- All proposed projects, including requested budgets and project periods, if approved by the Board, will be subject to a programmatic and budget review by PCORI staff and the negotiation of a formal award contract.

Board Vote

Call for a Motion to:	• **Approve** funding for the recommended slate of awards from the Cycle 2 2018 Implementation of Effective Shared Decision Making Approaches in Practice Settings PFA
Call for the Motion to Be Seconded:	• **Second** the Motion • If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion
Roll Call Vote:	• Vote to **Approve** the **Final** Motion • Ask for votes in favor, opposed, and abstentions

Dashboard Review: First Quarter of FY-2019

Joe Selby, MD, MPH
Executive Director

PCORI Board of Governors Dashboard

First Quarter FY-2019 (As of 12/31/2018)

Inputs

Process

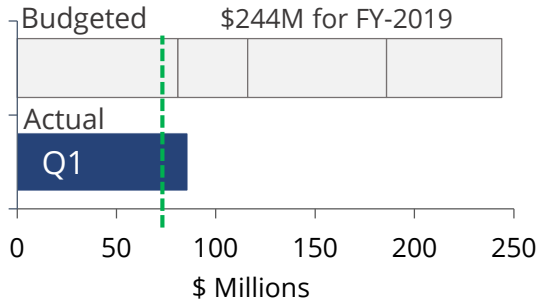
Outputs

Uptake

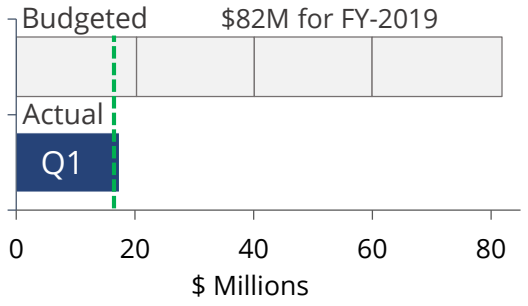
Use

Impact

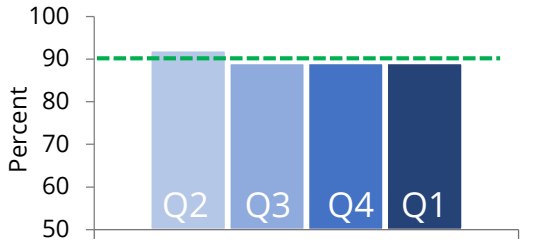
Funds Committed



Operational Expenses

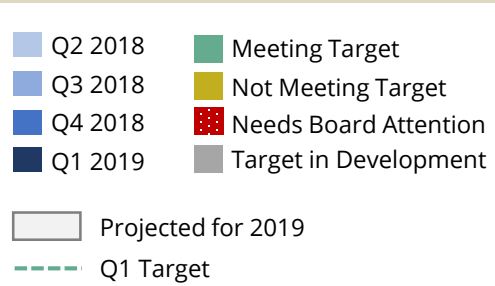


Research Project Performance

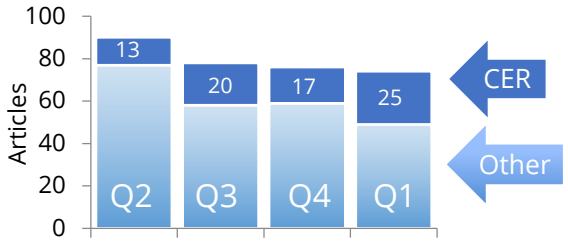


% of Research Projects On Track

Dashboard Key

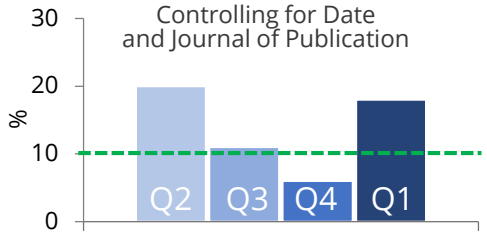


Results Published in Literature



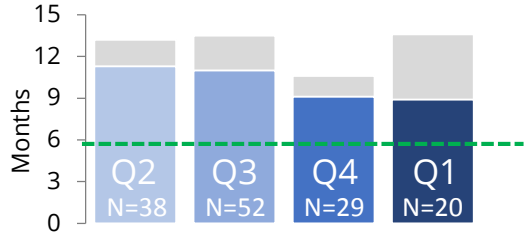
CER Results and Other Results Published in the Literature

Altmetric: Attention to PCORI Results



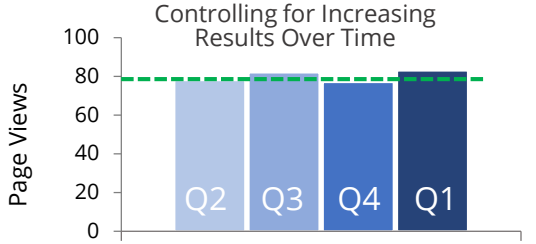
% of CER Results Publications in Top 10% of Attention

Speed of PCORI Peer Review



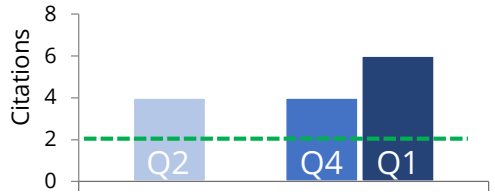
Median Time to Complete Peer Review (Grey = 75th Percentile)

Results Viewed on PCORI.org



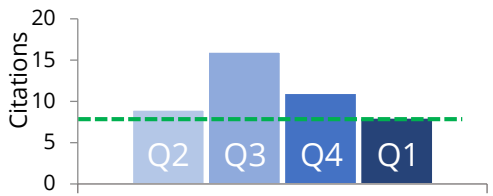
Average Pageviews of Results Posted to PCORI.org

Uptake into UpToDate®



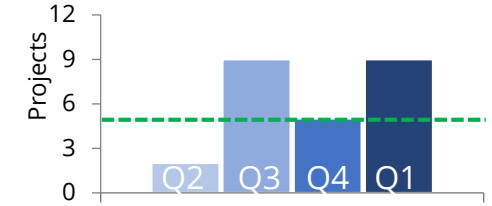
Citations in UpToDate® point-of-care decision tool

Other Examples of Uptake



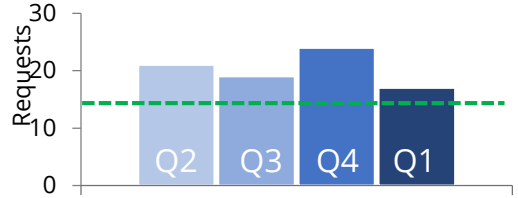
Citations in Systematic Reviews, Guidelines, & Policy Documents

New Studies Underway in PCORnet



New Studies Underway in PCORnet

Front Door Requests in PCORnet



Front Door Requests Submitted to PCORnet

Changes for 2019 Dashboard

Funds Committed: Updated Metric

- We modified this metric so that it includes all award commitments, including Engagement and Dissemination awards. It has a small impact on the overall totals, but it more accurately reflects our total award commitments

Operational Expenses: Updated Metric

- We modified this metric to reflect only our operational budget expenses. By removing award payments from this metric (which are affected by many factors outside of our control), we can now focus on how well we are managing our operational budget

Altmetric, Attention to PCORI Results: Updated Metric

- We are now focusing on Altmetric data for CER Results. In addition to controlling for journal and date of publication, by focusing on CER Results we also control for publication type

Speed of PCORI Peer Review: Updated Metric

- We modified this metric so that it shows the median and the 75th percentile of time spent in PCORI Peer Review. We previously showed average time in PCORI Peer Review on the Dashboard
- Additionally, we are starting the clock on Peer Review when we accept the DFRR, rather than when the DFRR is submitted. In many cases, submitters must make minor edits for clarity and completeness before PCORI can accept the DFRR

Changes for 2019 Dashboard

Results Viewed on PCORI.org: New Metric

- We are now monitoring attention to the project pages on PCORI.org that feature study results, by tracking the average number of pageviews. The metric accounts for the increasing number of results available over time. The target is to see consistent or increasing pageviews

Uptake of Study Results: New Metrics

- We have shown this data on the Dashboard as a provisional metric, but we will now include it as a regular metric on the Dashboard. We will have one metric for uptake into UpToDate® point-of-care decision tool, and another metric to track other examples of uptake (into systematic reviews, guidelines, policy documents, and other notable examples). The target is to see increasing uptake of PCORI study results

Front Door Requests in PCORnet: New Metric

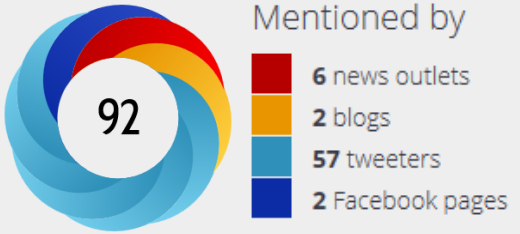
- We are tracking Front Door Requests in PCORnet, which include data network requests, network collaborator requests, study designation requests, and consultations. The target is to see consistent or increasing use of the PCORnet Front Door

Goal 1: Results of PCORI-Funded Research

For People with Schizophrenia, Addition of Antidepressants is Associated with Lower Risks

PCORI Study	**Study Title:** Comparative Effectiveness of Adaptive Pharmacotherapy Strategies for Schizophrenia **Principal Investigator:** Thomas S. Stroup, MD, MPH, Columbia University Health Sciences
Results Publication	Stroup TS, Gerhard T, Crystal S, et al. **Comparative Effectiveness of Adjunctive Psychotropic Medications in Patients With Schizophrenia.** *JAMA Psychiatry.* Feb 2018.

Altmetric Score (Attention)



Summary: People with schizophrenia are commonly treated with psychotropic medications in addition to antipsychotics, but there is little evidence about the comparative effectiveness of these adjunctive treatment strategies. This large retrospective cohort study examined the **comparative real-world effectiveness of adjunctive treatment strategies**.

Investigators compared initiating treatment with 1) antidepressants, 2) benzodiazepines, 3) mood stabilizers, or 4) another antipsychotic (reference group). Each were evaluated for risk of psychiatric hospitalization, psychiatric emergency department (ED) visits, and all-cause mortality.

Compared with the reference group, **antidepressants were associated with lower risk of psychiatric hospitalization** (hazard ratio [HR], 0.84; 95% CI, 0.80-0.88), and psychiatric ED visits. **Benzodiazepines and mood stabilizers were both associated with a higher risk of hospitalization and ED visits**. Additionally, mood stabilizers were associated with an increased risk of all-cause mortality. This large observational study further supports the increasing evidence base in favor of adjunctive antidepressant treatment.

> **Until now we have known virtually nothing about how these strategies compare to each other**... Our study adds more evidence that benzodiazepine use should be limited and that combining antidepressants with antipsychotic drugs for individuals with schizophrenia may have benefits.
>
> -Dr. Thomas Stroup, Principal Investigator
> Columbia University Press Release, Feb 2019

Goal 1: Results of PCORI-Funded Research

Medical Errors Decreased after Implementation of a Family-Centered Communication Program

PCORI Study	**Study Title:** Bringing I-PASS to the Bedside: A Communication Bundle to Improve Patient Safety and Experience **Principal Investigator:** Christopher Landrigan, MD, MPH, Boston Children's Hospital
Results Publication	Khan A, Spector ND, Baird JD, et al. **Patient safety after implementation of a coproduced family centered communication programme: multicenter before and after intervention study.** *BMJ.* Dec 2018.

Altmetric Score (Attention)

Top 5%, controlling for Journal and Date of Publication

Summary: Medical errors are a leading cause of death and harm in patients worldwide. Little is known about whether efforts to reduce communication failures between healthcare providers, patients, and families could result in improved patient safety.

This multicenter prospective intervention study measured the effectiveness of a program called I-PASS, **a structured communication intervention** coproduced by families, nurses, and physicians **where family members are active participants in pediatric unit rounds**. The study assessed rates of medical errors and adverse events before and after implementation of I-PASS, as well as impact on family experience and communication processes.

After the I-PASS program was implemented, harmful medical errors decreased by 38%, although overall errors did not change. I-PASS also improved family experience and communication processes.

> **Families never cease to impress me with their insights**, both on the wards (for instance when it comes to recognizing errors) and in research (for instance, when they point out that all families may not understand the term "safety" in the same manner)... On rounds, I **ensure that the family's voice is heard first and last, and in their own words.**
>
> - Dr. Alisa Khan, Co-Investigator
> Bostin Children's Hospital
> BMJ Opinion article , Dec 2018

Goal 2: Speed Uptake and Use of Information

Uptake of Results from PCORI-Funded Study into ADA Standards of Care

Results from a PCORI-funded study on self-monitoring of blood glucose (SMBG) were taken up into the American Diabetes Association (ADA) 2019 Standards of Medical Care in Diabetes. The study compared 3 approaches of SMBG for people with non-insulin dependent type 2 diabetes for effects on hemoglobin A1c levels and health-related quality of life at 1 year of follow-up, and found that SMBG did not add clinical benefit.

The 2019 Standards of Care was updated with this information, stating:

> *"The recommendation to use self-monitoring of blood glucose in people who are not using insulin was changed to acknowledge that routine glucose monitoring is of limited additional clinical benefit in this population."*

Given the burdens associated with SMBG, uptake of this CER result into ADA-recommended standards of care is likely to allow clinicians and patients to shift their focus to treatments with more proven effectiveness, as well as reduce monetary and personal costs associated with limited-value testing.

Full Citation:
7. Diabetes Technology: Standards of Medical Care in Diabetes—2019 American Diabetes Association
Diabetes Care 2019 Jan; 42(Supplement 1): S71-S80.
https://doi.org/10.2337/dc19-S007

Study Title: Effect of Glucose Monitoring on Patient and Provider Outcomes in Non-Insulin Treated Diabetes

Principal Investigator: Katrina Donahue, MD, MPH, University of North Carolina Chapel Hill

Young LA, Buse JB, Weaver MA, et al. **Glucose Self-monitoring in Non–Insulin-Treated Patients With Type 2 Diabetes in Primary Care Settings: A Randomized Trial**. *JAMA Internal*. Jul 2017.

PCORI Funded a D&I Project for this Study Finding:

Rethink the Strip: De-adoption of Glucose Monitoring for Non-Insulin Treated Type 2 Diabetes in Primary Care

D&I Limited Competition award:

Project Title: Rethink the Strip: De-adoption of Glucose Monitoring for Non-Insulin Treated Type 2 Diabetes in Primary Care

Principal Investigator: Katrina Donahue, MD, MPH, The University of North Carolina at Chapel Hill

Project Summary: Implement a patient-centered approach to the de-adoption of regular daily SMBG for non-insulin treated patients with Type 2 diabetes

The project will develop materials for the "Rethink the Strip" de-adoption strategy with stakeholder input, pilot the strategy at 3 clinic sites and revise as needed, and roll out to 17 remaining clinics over 18 months. The project will also undertake an evaluation of implementation outcomes, care delivery outcomes, and health outcomes. The project team will then package the Rethink the Strip for wider dissemination.

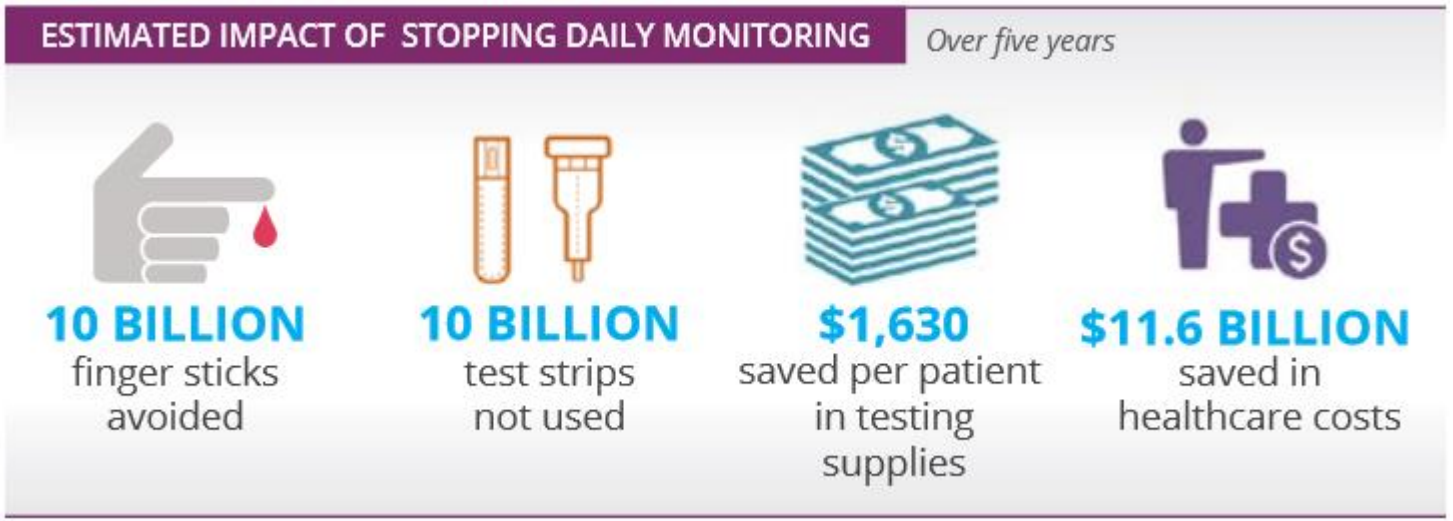
The project will have an anticipated reach of 4,400 patients with non-insulin treated Type 2 diabetes, 100 providers (doctors, nurse practitioners, physician assistants), and 20 practices across North Carolina, and has the potential to inform further nationwide de-implementation through partnerships with stakeholder groups.

On the Road to Impact: Evidence with Impact for Healthcare Decisions

We are now documenting examples of how PCORI-funded studies can help patients choose care that is right for them, improving outcomes they care about, reducing unnecessary treatment costs.

Relevant Example:

- If people with type 2 diabetes who don't use insulin stopped daily self-monitoring of blood glucose, over 5 years, 10 billion finger sticks would be avoided, patients would save $1,630 per person in testing supplies, and $11.6 billion would be saved in healthcare costs, with no negative impact on health



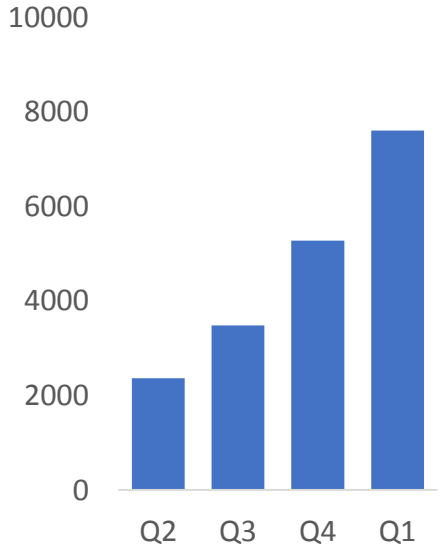
To see more examples of the potential impact of PCORI-funded studies, visit:

impact.pcori.org

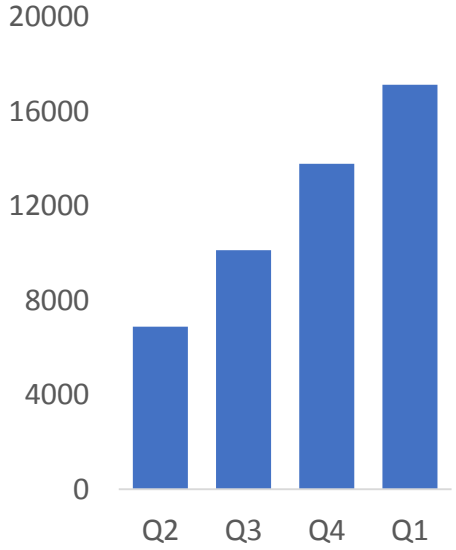
We are now Monitoring Results Pages Viewed on PCORI.org

We are monitoring attention to the project pages on PCORI.org that feature study results, by tracking total pageviews of results, as well as average pageviews of results (accounts for the increasing number of results available over time)

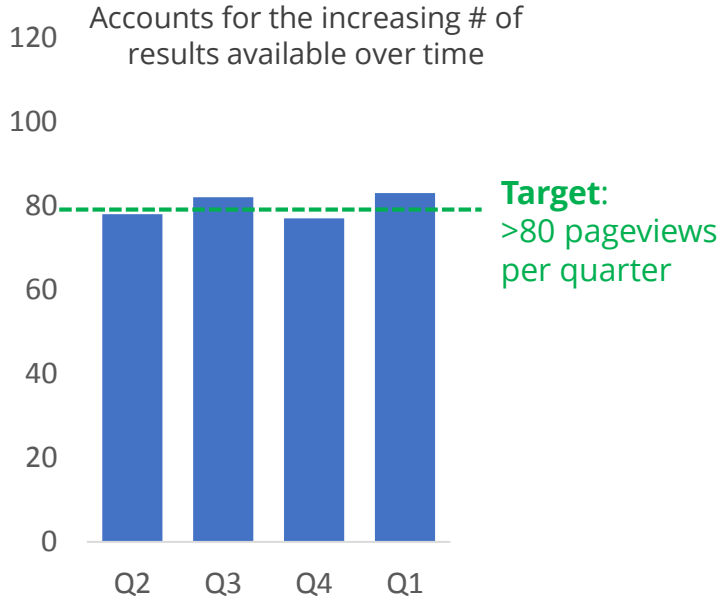
Total Unique Visitors to Results pages PCORI.org



Total Pageviews of Results Posted to PCORI.org



Average Pageviews of Results Posted to PCORI.org



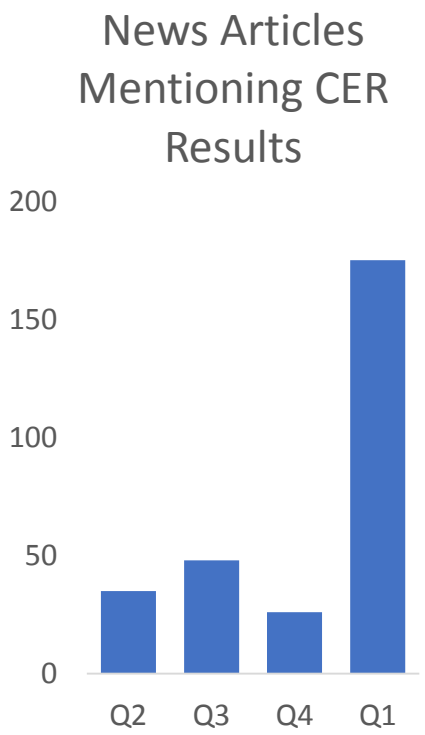
Results Pages Drawing the Most Page Views in Q1-19

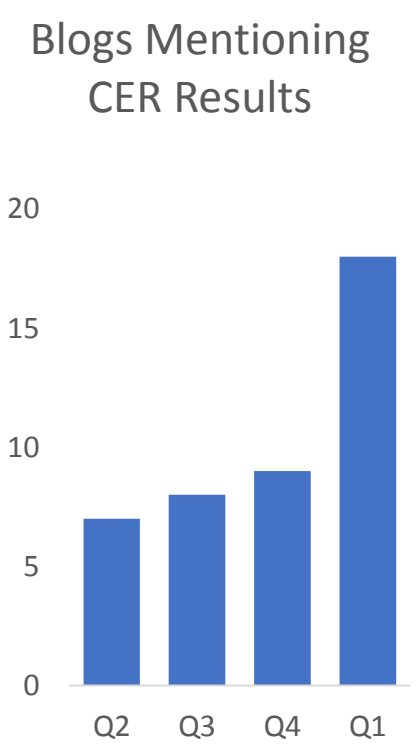
In Q1-19, the 10 results pages drawing the most page views were:

	Page Title	Pageviews ▾	Avg. Time on Page
1.	Comparing Broad- and Narrow-Spectrum Antibiotics for Children with Ear, Sinus, and Throat Infections	1,112	00:04:30
2.	Examining Health Outcomes for People Who Are Transgender	692	00:08:12
3.	Does Daily Self-Monitoring of Blood Sugar Levels Improve Blood Sugar Control and Quality of Life for Patients with Type 2 Diabet	512	00:04:12
4.	Identifying Personal Strengths to Help Patients Manage Chronic Illness	363	00:04:44
5.	The Benefits and Challenges of Using Multiple Sources of Information about Clinical Trials	302	00:04:47
6.	Does a Patient- and Family-Centered Hospital Communications Program Reduce Medical Errors?	289	00:03:09
7.	Can Nurse and Patient Education Reduce Missed Doses of Medications to Prevent Blood Clots in Hospitals?	261	00:04:06
8.	Comparing a Smartphone Program with a Peer-Led Program to Help People with Serious Mental Illness Manage Their Symptoms	254	00:03:47
9.	Testing a Program to Increase Patient Activation among Patients Prescribed Opioid Medicine for Chronic Pain	216	00:03:04
10.	Comparing the Effects of Two Types of Epidural Shots on Pain and Physical Ability in Older Adults with Lumbar Spinal Stenosis	205	00:06:10

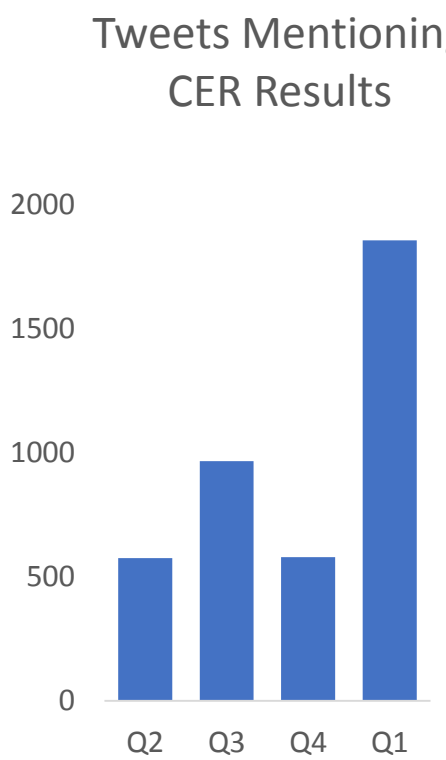
We are Monitoring Attention to Publications with CER Results from PCORI-Funded Studies:

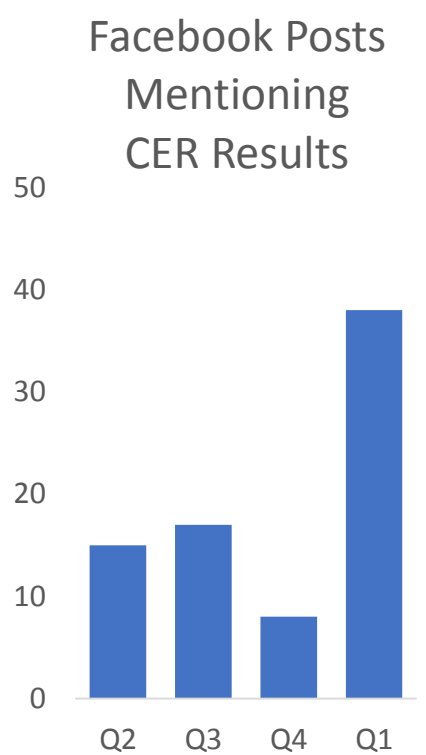
News and Blogs





Social Media (public posts)



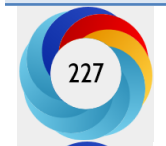


Spikes seen in Q1 were driven by several high-profile CER results.
The next slide shows a list of those publications.

Many Publications in Q1 Received High Altmetric Scores- a measure of attention

20 publications from Q1-19 have high Altmetric scores (≥20), and 9 of these publications have *very high* Altmetric scores (>100). The score indicates attention in news articles (red), on social media (blues), and in blogs (gold).

Altmetric	Publication
	Khan A, et al. **Patient safety after implementation of a coproduced family centered communication programme: multicenter before and after intervention study.** *BMJ.* Dec 2018. **[CER Results]**
	Lang JE, et al. **Being Overweight or Obese and the Development of Asthma.** *Pediatrics*. Dec 2018. **[Other Results]**
	Arterburn D, et al. **Comparative Effectiveness and Safety of Bariatric Procedures for Weight Loss: A PCORnet Cohort Study.** *Ann Intern Med*. Oct 2018. **[CER Results]**
	Kangovi S, et al. **Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities A Randomized Clinical Trial.** *JAMA Intern*. Oct 2018. **[CER Results]**

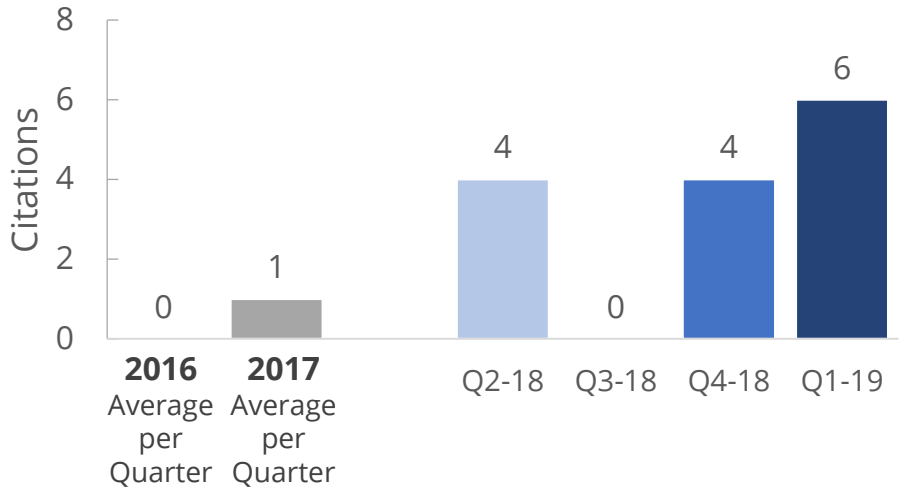
Altmetric	Publication
	Aboumatar H, et al. **Effect of a Program Combining Transitional Care and Long-term Self-management Support on Outcomes of Hospitalized Patients With Chronic Obstructive Pulmonary Disease: A Randomized Clinical Trial.** *JAMA*. Nov 2018. **[CER Results]**
	Block JP, et al. **Early Antibiotic Exposure and Weight Outcomes in Young Children.** *Pediatrics.* Oct 2018. **[CER Results]**
	Haider A, et al. **Assessment of Patient-Centered Approaches to Collect Sexual Orientation and Gender Identity Information in the Emergency DepartmentThe EQUALITY Study.** *JAMA Network Open.* Dec 2018. **[CER Results]**
	Haut ER, et al. **Effect of Real-time Patient-Centered Education Bundle on Administration of Venous Thromboembolism Prevention in Hospitalized Patients.** *JAMA Network Open.* Nov 2018. **[CER Results]**
	Sudore RL, et al. **Engaging Diverse English- and Spanish-Speaking Older Adults in Advance Care Planning: The PREPARE Randomized Clinical Trial**. *JAMA Intern Med*. Oct 2018. **[CER Results]**

We are Tracking Uptake of CER Results into UpToDate® Point-of-Care Decision Tool

For the 2019 Dashboard, we are now specifically tracking uptake into the UpToDate® point-of-care decision tool. The target is to see increasing uptake of PCORI study results.

Quarterly Uptake into UpToDate®

(Citations of PCORI CER Results on Topic Pages)



Cumulative to date: 22 Citations

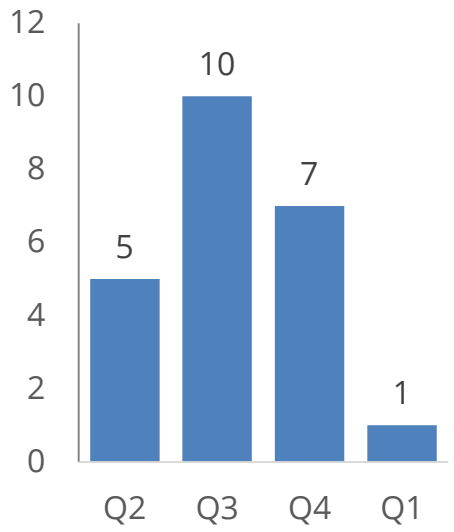
Q1-19 Details: Topic Pages with Citations of PCORI CER Results:

1. **Prevention of Type 2 Diabetes Mellitus**, update 10/15/18
2. **What's New in Primary Care**, update 11/16/18
3. **What's New in Endocrinology and Diabetes Mellitus**, update 11/7/18
4. **What's New in Family Medicine**, update 11/20/18
5. **Surgical Management of Severe Obesity in Adolescents**, update 12/3/18
6. **Definition, Epidemiology, and Etiology of Obesity in Children and Adolescents**, update 12/30/18

We are Tracking Uptake of CER Results into Systematic Reviews, Policy Documents, and more

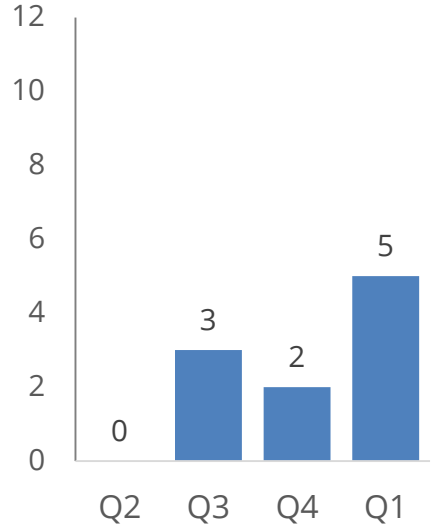
For the 2019 Dashboard, we are also now tracking uptake into systematic reviews, meta-analyses, evidence-based clinical recommendations, and policy documents. The target is to see increasing uptake of PCORI study results.

Uptake into Systematic Reviews and Meta-Analyses
(including publications and Cochrane Systematic Reviews)



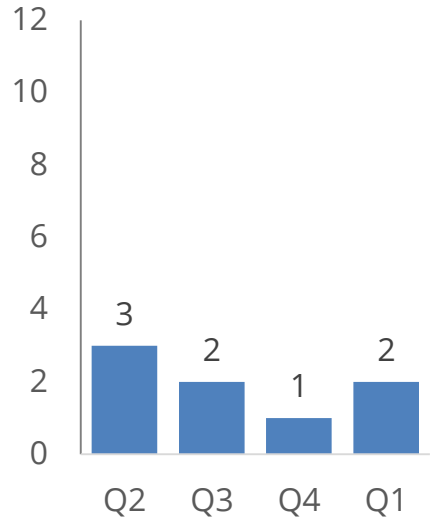
Cumulative: 35 Citations in Systematic Reviews & Meta-Analyses

Uptake into Evidence-Based Clinical Recommendations
(such as guidelines and standards of care)



Cumulative: 20 Citations in Evidence-Based Clinical Recommendations

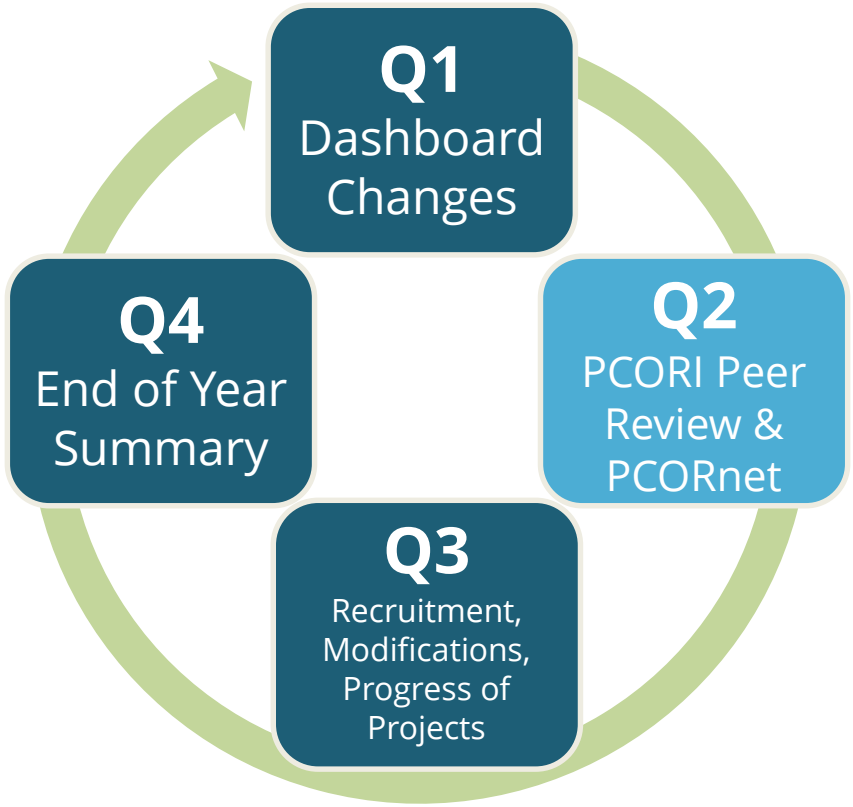
Uptake into Policy Documents
(such as consensus study reports, proceedings, discussion papers)



Cumulative: 40 Citations in Policy Documents

Dashboard Quarterly Calendar: Coming Up Next

In addition to focusing on any Dashboard items that are noteworthy, off target, or in need of attention, we provide a consistent in-depth focus in each quarter for items that are top priority



Next quarter, Q2-19, we will provide in-depth looks at PCORI Peer Review and the progress of PCORnet.

The discussion is scheduled for the May 13th, 2019 Board Meeting.

Discussion Questions

- Do our FY-2019 Dashboard and associated background materials cover the topics that are most important for the Board to review?
- Do you agree with the targets we have proposed?
- Do you have concerns about our progress or performance on any of our Dashboard indicators?
- What questions do you have for our Q2-19 in-depth looks at PCORI Peer Review and the progress of PCORnet?

PCORI Board of Governors Dashboard

First Quarter FY-2019 (As of 12/31/2018)

Inputs

Process

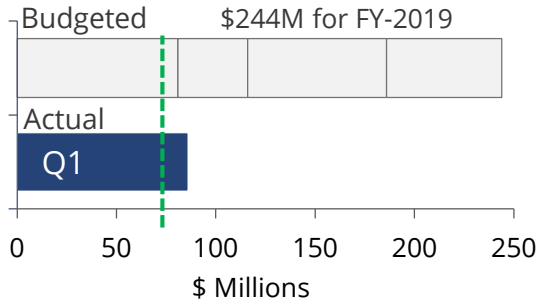
Outputs

Uptake

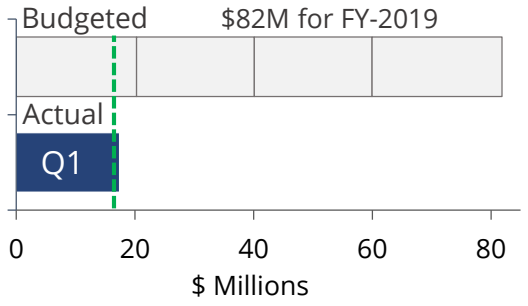
Use

Impact

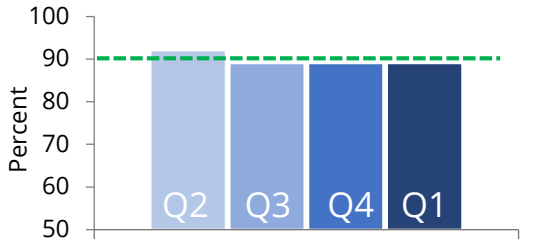
Funds Committed



Operational Expenses

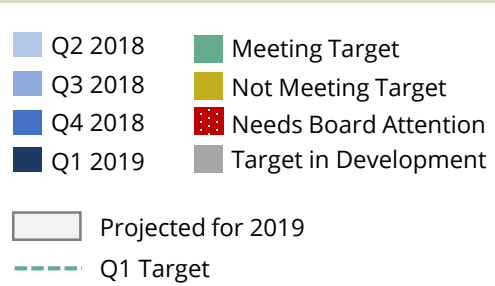


Research Project Performance

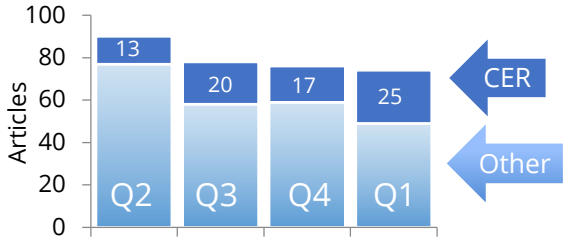


% of Research Projects On Track

Dashboard Key

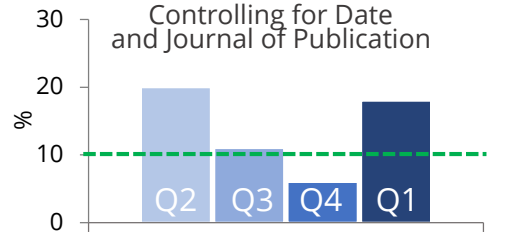


Results Published in Literature



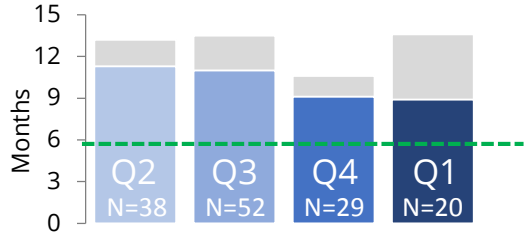
CER Results and Other Results Published in the Literature

Altmetric: Attention to PCORI Results



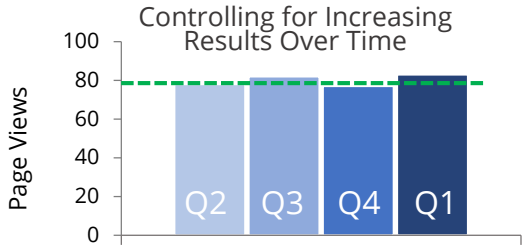
% of CER Results Publications in Top 10% of Attention

Speed of PCORI Peer Review



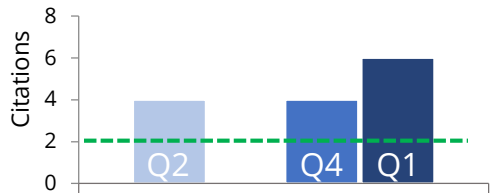
Median Time to Complete Peer Review (Grey = 75th Percentile)

Results Viewed on PCORI.org



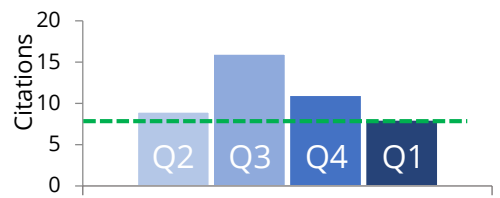
Average Pageviews of Results Posted to PCORI.org

Uptake into UpToDate®



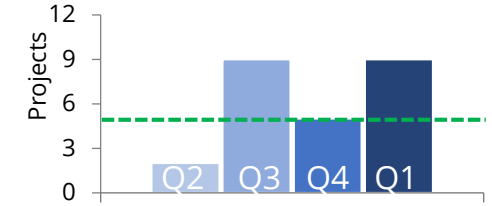
Citations in UpToDate® point-of-care decision tool

Other Examples of Uptake



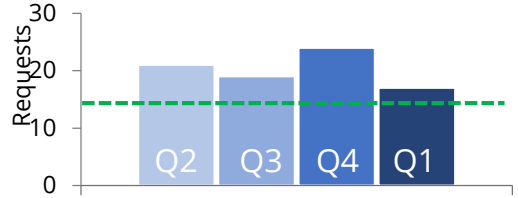
Citations in Systematic Reviews, Guidelines, & Policy Documents

New Studies Underway in PCORnet



New Studies Underway in PCORnet

Front Door Requests in PCORnet



Front Door Requests Submitted to PCORnet

Wrap Up and Adjournment


202.827.7700


info@pcori.org


www.pcori.org


@pcori


/PCORInstitute


PCORI


/pcori