# Board of Governors Meeting

via Teleconference/Webinar

December 13, 2022
1:00 PM – 3:00 PM

pcori
PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

# Welcome and Call to Order

**Russell Howerton, MD**

Chairperson, Board of Governors

# Welcome New PCORI Board Members

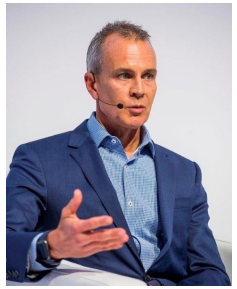
Christopher Boone, PhD

Zoher Ghogawala, MD

Kimberly Richardson

Ryan Bradley, ND, MPH

Debbie Peikes, PhD, MPA



Christopher White, Esq.

# Agenda

| Time | Agenda Item |
|---|---|
| **1:00pm** | Welcome, Call to Order, and Consider for Approval: September 20, 2022, Meeting Minutes |
| **1:10-1:40** | Consider for Approval: Items Relating to Implementation of the New Governance Framework |
| **1:40-2:10** | Consider for Approval: FY 2023 to FY 2025 Commitment Plan |
| **2:10-2:30** | Update from the Healthcare Cost and Value Work Group |
| **2:30-2:50** | End-of-Year Dashboard Review |
| **2:50-3:00** | Latest Additions to PCORI's Portfolio of Funded Awards |
| **3:00pm** | Wrap-up and Adjourn |

# Board Vote

| | |
|---|---|
| **Call for a Motion to:** | • **Approve** Minutes of the September 20, 2022, Board of Governors Meeting |
| **Call for the Motion to be Seconded:** | • **Second** the Motion<br>  • If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion |
| **Voice Vote:** | • Vote to **Approve** the **Final** Motion<br>  • Ask for votes in favor, opposed, and abstentions |

# Implementation of Board-approved Governance Framework: Proposed Amended and New Governance Documents

**Russell Howerton, MD**
Chair, Governance Committee

**Mary C. Hennessey, Esq.**
PCORI General Counsel

# Advancing PCORI's Governance Framework

On September 20,2022, the Board approved a new Governance Framework that includes:

- Retaining essential standing committees, such as the Finance and Administration Committee (FAC), Governance Committee, etc.;
- Creating a new Strategy Committee;
- Expanding the current standing Selection Committee to include consideration of additional award types;
- Incorporating ad hoc workgroups into the governance framework;
- Pausing convenings of three strategic committees, i.e., Engagement, Dissemination, & Implementation Committee (EDIC), Research Transformation Committee (RTC), Science Oversight Committee (SOC);
- Assessing the new governance framework to evaluate if it is achieving the desired outcomes

# New and Amended Governance Documents to Implement the Governance Framework

Key governance documents are proposed for creation or amendment to implement the Board-approved framework and address outdated language:

- New Strategy Committee Charter
- Amended Selection Committee Charter
- Amended Governance Committee Charter
- Amended Executive Committee Charter
- Amended Finance and Administration Committee Charter
- Amended PCORI Bylaws
- New Nominating Committee for Members of the Methodology Committee Charter
- Amended Board and Methodology Committee Compensation and Reimbursement Policy
- To align with the revised authority relating to approval of awards, it is also proposed that the Award Project Budget Increase Policy be sunset as a Board-approved policy

# Strategy Committee and Standing Selection Committee

## New Strategy Committee Charter

- As assigned by Board or Board Chairperson, will advise and make recommendations on:
  - Further analysis of new and emerging areas of focus, issues, concepts, and ideas identified by the Board about strategic direction, policies, and priorities for PCORI
  - Regular and periodic scanning and analysis of the health landscape, health research ecosystem and health and healthcare environment
- Leadership and membership nominated by Governance Committee and appointed by Board

## Standing Selection Committee

- Reviews proposed slates of awards for all programmatic award initiatives following merit review and makes recommendations to the Executive Director for approval
- Leadership and members of the Standing Selection Committee nominated by Governance Committee and appointed by Board
- Special Selection Committee can be established by Board Chairperson if needed

# Governance Committee, FAC, and Executive Committee

## Governance Committee

- Maximum number of Board members is increased to a total of up to seven (7) Board members
- Recognizes that in making nominations to Committees, the Governance Committee should take into account needs of PCORI and Committees, length of service on the Board and on Committees, and other considerations

## Finance and Administration Committee

- Maximum number of Board members is increased to a total of up to seven (7) Board members

## Executive Committee

- Purpose remains the same, which is to act on behalf of the Board in urgent situations; can only be convened for urgent matters
- Composition revised to be the following ex-officio members: Board Chairperson, Board Vice Chairperson, and Chairs of the Governance Committee, FAC, Strategy Committee and Standing Selection Committee

# Additional Key Governance Changes

## Nominating Committee for Members of the Methodology Committee

- Purpose is to recommend slate of nominees to the Board for appointments to the Methodology Committee
- Membership includes at least three (3) but no more than five (5) Board members; up to two (2) PCORI senior staff members; and up to two (2) Methodology Committee members
- Leadership and membership appointed by Board Chairperson
- Chair is Board member; Vice Chair is a PCORI senior staff member

## Board and Methodology Committee Compensation and Reimbursement Policy

- Updated to include compensation for service on Work Groups
- It is recommended that the implementation of the revised policy with respect to Chairs and Vice Chairs of Work Groups be effective retroactively as of the beginning of their service on prior and existing Work Groups

# Additional Governance Changes

## Bylaws

- New sections address new Strategy Committee and Standing Selection Committee
- Other amendments align with proposed revisions to Committee charters
- Adds language to pause the historic three strategic committees (EDIC, RTC, SOC), providing that they "may only be convened upon the authorization of the Board"
- Adds language to refer to Working Groups

## Proposed Sunsetting of Award Project Budget Increase Policy

- The Board approved a revised authority structure for approval of slates of awards by the Executive Director rather than the Board at its June 13, 2022, meeting
- This policy no longer aligns with the new authority structure
- It is recommended that this policy be sunset as a Board-approved policy

# Motion Relating to New and Revised Governance Documents

Approve:

- The proposed new Strategy Committee Charter
- The proposed amendments to the:
  - Selection Committee Charter
  - Governance Committee Charter
  - Executive Committee Charter
  - Finance and Administration Committee Charter
  - Board and Methodology Committee Compensation and Reimbursement Policy
    - Implementation of the Compensation and Reimbursement Policy relating to Chairs and Vice Chairs of Work Groups will be effective retroactively as of the beginning of their service on prior and existing Work Groups
  - PCORI Bylaws
- The proposed new Nominating Committee for Members of the Methodology Committee Charter
- The sunset of the Award Project Budget Increase Policy as a Board-approved policy

# Board Vote

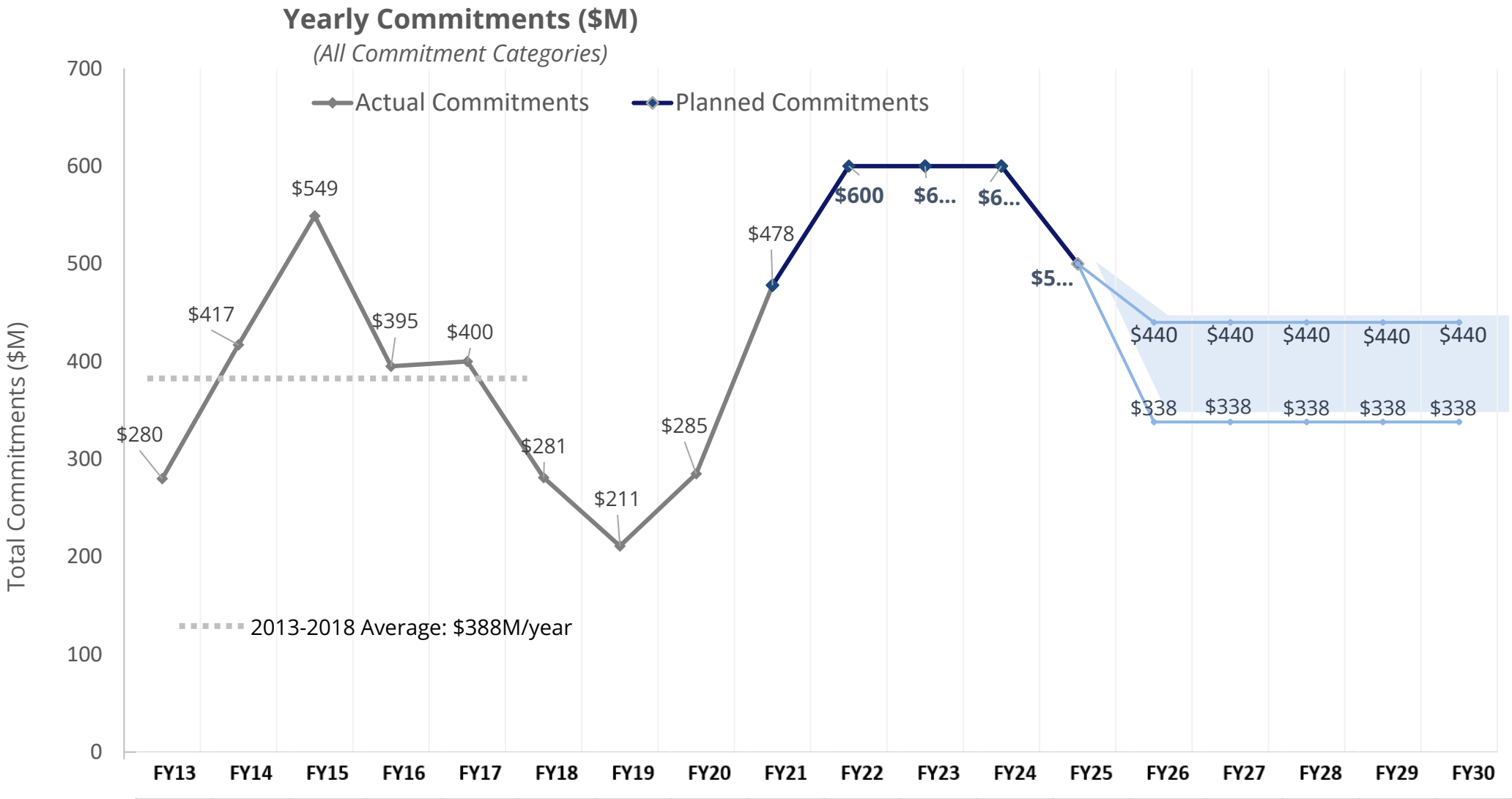
| | |
|---|---|
| **Call for a Motion to:** | • **Approve** the Motion Relating to New and Revised Governance Documents |
| **Call for the Motion to be Seconded:** | • **Second** the Motion<br>  • If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion |
| **Roll Call:** | • Vote to **Approve** the **Final** Motion<br>  • Ask for votes in favor, opposed, and abstentions |

# FY 2023 to FY 2025 Commitment Plan

**James Huffman, MSc**
Chair, Finance and Administration Committee

**Brian Trent, MPA**
Deputy Executive Director for Operations

# Recap:
# Approved Model for Commitment Planning




**Blue Range:**
Average Commitment under two different assumptions about PCOR Fee Level

The targets shown are point estimates; variability around the point estimates should be expected, partly due to the flexible funding available for New Initiatives

# Annual Review and Update: FY 2022 Actual Commitments

| Funding Line (4 Larger Categories) | FY 2022 Target ($M) | FY 2022 Actual ($M) |
|---|---|---|
| **Research** | **500** | **402** |
| • Includes:<br>  • Balance of broad and focused funding opportunities<br>  • Full range of study types, size, and duration from evidence synthesis to large clinical trials<br>  • Projects to address short-term and long-term information needs | | |
| **Dissemination & Implementation** | **40** | **16** |
| • Includes:<br>  • Several lines of D&I Awards<br>  • Full range from Translation Center to large scale implementation projects<br>  • Other D&I Activities, such as supporting Open Access | | |
| **Infrastructure** | **60** | **38** |
| • Includes:<br>  • Engagement Awards<br>  • PCORnet® Infrastructure Awards<br>  • Workforce Awards | | |
| **New Initiatives** | *50* | **25** |
| • Includes the Executive Rapid Response Fund of $10M | | |
| **Total Commitments** | **600** *(Up to 650)* | **481** |

- **Research and D&I** under due to lingering effects of COVID-19 pandemic, fewer than anticipated applications, and ongoing attention to COVID-19 enhancements and adaptations to existing projects
- **Infrastructure** under due to planned shift for funding to follow establishment of PCORnet® strategic direction and fewer than anticipated engagement awards
- **New Initiative** funds were committed to a new opportunity to fund a large workforce project jointly with AHRQ

# Recap:
# Commitment Plan for FY 2022 to FY 2024

| Funding Line (4 Larger Categories) | FY 2022 Target ($M) | FY 2023 Target ($M) | FY 2024 Target ($M) |
|---|---|---|---|
| **Research** | **500** | **500** | **500** |
| • Includes:<br>• Balance of broad and focused funding opportunities<br>• Full range of study types, size, and duration from evidence synthesis to large clinical trials<br>• Projects to address short-term and long-term information needs | | | |
| **Dissemination & Implementation** | **40** | **60** | **60** |
| • Includes:<br>• Several lines of D&I Awards<br>• Full range from Translation Center to large scale implementation projects<br>• Other D&I Activities, such as supporting Open Access | | | |
| **Infrastructure** | **60** | **40** | **40** |
| • Includes:<br>• Engagement Awards<br>• PCORnet® Infrastructure Awards<br>• Workforce Awards | | | |
| **New Initiatives** | *50* | *50* | *50* |
| • Includes the Executive Rapid Response Fund of $10M | | | |
| **Total Commitments** | **600** *(Up to 650)* | **600** *(Up to 650)* | **600** *(Up to 650)* |

# Annual Review and Update: Proposed 3-Year Commitment Plan

## FY 2023-2025

| Funding Line (4 Larger Categories) | FY 2023 Target ($M) | FY 2024 Target ($M) | FY 2025 Target ($M) |
|---|---|---|---|
| **Research** | **500** | **500** | **460** |
| • Includes:<br>• Balance of broad and focused funding opportunities<br>• Full range of study types, size, and duration from evidence synthesis to large clinical trials<br>• Projects to address short-term and long-term information needs | | | |
| **Dissemination & Implementation** | **60** | **60** | **60** |
| • Includes:<br>• Several lines of D&I Awards<br>• Full range from Translation Center to large scale implementation projects<br>• Other D&I Activities, such as supporting Open Access | | | |
| **Infrastructure** | **40** | **40** | **80** |
| • Includes:<br>• Engagement Awards<br>• PCORnet® Infrastructure Awards<br>• Workforce Awards | | | |
| **New Initiatives** | *50* | *50* | *50* |
| • Includes the Executive Rapid Response Fund of $10M | | | |
| **Total Commitments** | **600** *(Up to 650)* | **600** *(Up to 650)* | **600** *(Up to 650)* |

# Summary & Next Steps

**Today, the Board is considering for approval the Fiscal Year 2023 thru Fiscal Year 2025 Commitment Plan, which includes:**

- Maintaining the planned increase in FY 2023 target for D&I and decrease for Infrastructure
- Increasing FY 2025 total target from the $500M reflected in the long-term model to $600M using the uncommitted funds originally targeted for FY 2022, which would increase the FY 2025 target for Research from $400M to $460M
- Anticipating an increase in the FY 2025 target for Infrastructure as we plan for PCORnet® Phase 4 commitments, which we anticipate will occur in this timeframe following Board consideration for approval for development

**In future meetings, the Board will have strategic discussions on future commitment planning including:**

- Potential adjustments to the long-range commitment planning model approved in December 2020
  - Potential to revisit future fiscal year commitment targets
  - Potential to consider planning for commitments based on expected revenues but ahead of receipt of revenues
- Begin discussions on moving the timeframe for approving the 3-year commitment plan from December to September
- Are there any additional strategic issues that the Board would like to discuss related to commitment planning?

# Board Vote

| | |
|---|---|
| **Call for a Motion to:** | • **Approve** the FY 2023 to FY 2025 Commitment Plan |
| **Call for the Motion to be Seconded:** | • **Second** the Motion<br>  • If further discussion, may propose an **Amendment** to the Motion or an **Alternative** Motion |
| **Voice Vote:** | • Vote to **Approve** the **Final** Motion<br>  • Ask for votes in favor, opposed, and abstentions |

# Update from the Healthcare Cost and Value Work Group

**Eboni Price-Haywood, MD, MPH**

Chair, Healthcare Cost and Value Work Group

**Greg Martin**

Acting Chief Engagement and Dissemination Officer

# Work Group Membership

- Neeraj Arora
- Kate Berry
- Kristin Carman
- Nakela Cook
- Claudia Grossman
- Mike Herndon
- James Huffman
- Connie Hwang
- Bill Lawrence
- Greg Martin
- Neil Powe
- Eboni Price-Haywood (chair)
- James Schuster
- Joanna Siegel

**Former Members**

- *Sharon Levine*
- *Ellen Sigal*
- *Caitlin McCormick*

# Work Group Purpose

Guide PCORI's emerging approach
to the critical intersection of cost and value, building upon the
*Principles for the Collection of the Full Range of Outcomes Data*

# Framework for PCORI Activities

## PCORI Approach to Healthcare Cost and Value: Framework for Activities

### Collection of the Full Range of Outcomes

PCORI can ensure the appropriate and relevant data are identified and collected in PCORI awards

- Support broadening of PCORI guidance to awardees through literature reviews, patient & stakeholder focus groups to clarify types of potential burdens, costs, and economic impacts to be included in PCORI-funded research, and data sources
- Develop guidance for capture of specific types of potential burdens or costs consistent with a patient-centered perspective, as a basis for PCORI guidance to awardees and the field

### Informing the Value Conversation

PCORI can help advance patient-centered approaches to the value conversation by supporting understanding of stakeholder perspectives on what constitutes "patient-centered value"

- Conduct a landscape review of current stakeholder statements, perspectives, and frameworks around value
- Convene patient and stakeholder groups to identify the components or attributes necessary in "patient-centered value"

### Supporting Policy Priorities

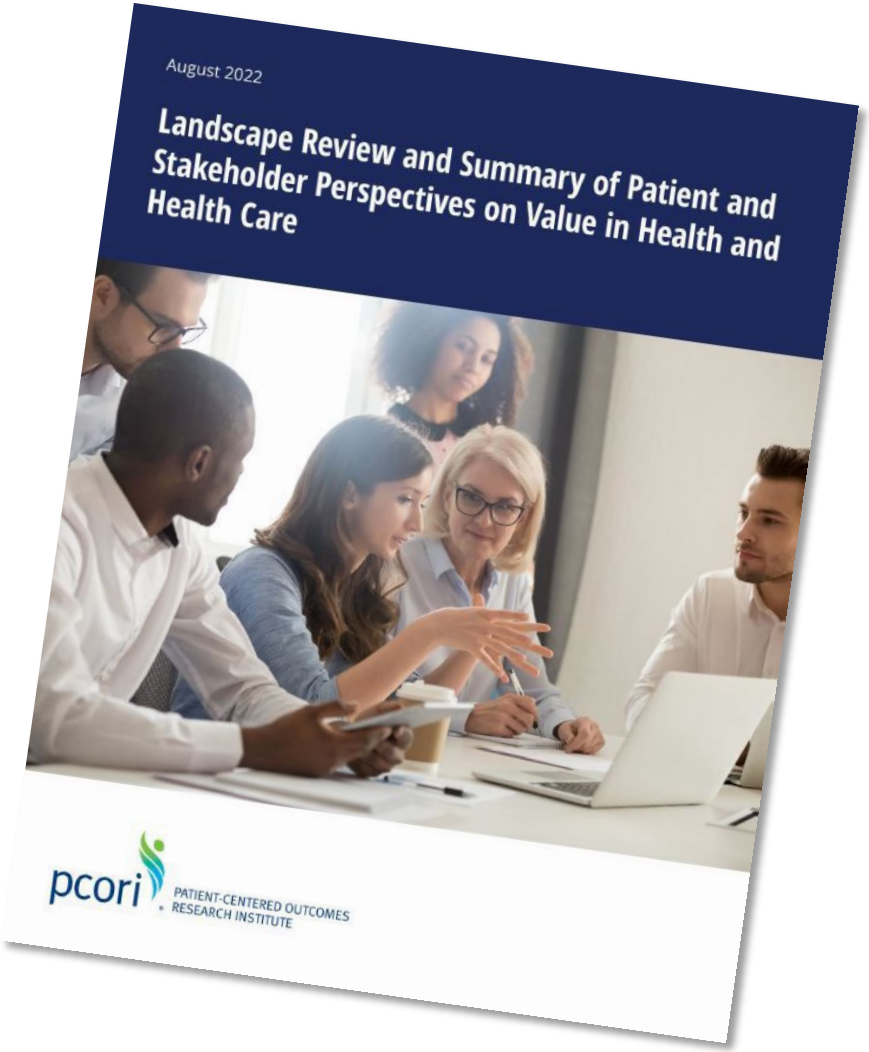
PCORI can consider undertaking specific activities that contribute to priority policy goals (i.e., generating evidence to inform healthcare value discussions)

- Consider placing an emphasis on research focused on emerging technologies/therapies
- Consider building upon evidence synthesis capabilities to provide more timely information

# Healthcare Cost and Value Work Group

## Informing the Value Conversation

- Landscape review summarizing publicly available patient and stakeholder statements and perspectives on value
- Provided foundational understanding of how communities approach and discuss value in health and healthcare



# Informing the Value Conversation

Identifying the Components of Patient-Centered Value

- What does patient-centered value mean to different communities?
- What elements, attributes, or components do different stakeholders consider to be part of value measurement?

# Inventory of Patient-Centered Value Attributes

The Work Group's effort comprised several phases of activity

- Landscape review
  - Resulted in list of attributes
- 1:1 interviews with key informants from patient and stakeholder communities
  - Resulted in inventory of attributes
- Small group meetings with stakeholder community representatives
  - Refined the inventory of attributes
  - Informed early mapping of perspectives on essential attributes
- Large multi-stakeholder workshop
  - Elevated additional considerations, context, and nuance of attributes

# Inventory

- 48 attributes
- Grouped into general categories
- Categories can themselves then translate into other measures, outcomes, or policy

## Clinical Factors

- Clinical efficacy
- Real-world evidence
- Survival
- Safety/side effects
- Symptoms
- Real option-value
- Fear of contagion
- Quality/consistency of evidence
- Medical necessity

## Patient Context/Characteristics

- Reduction in uncertainty
- Disease severity/burden
- Value of hope
- Variability/representativeness
- Future planning
- Support network
- Personhood
- Social and cultural background/ cultural appropriateness
- End-of-life care preferences

## Financial Impacts/Barriers

- Health care costs
- Out-of-pocket costs
- Insurance coverage/ reimbursed care
- Affordability
- Productivity/ability to work
- Time costs
- Transportation costs
- Health care costs of side effects
- Financial impact on caregiver

## Provider/Health System Impacts

- Financial impact on provider
- Provider experience
- Cost of implementation

## Patient Experience

- Quality of care
- Communication with provider
- Illness and treatment understanding
- Patient experience of care
- Whole-person care
- Care coordination/personalized care/wrap around care
- Provider competence and awareness of treatment
- Trust in provider and healthcare system

## Access

- Availability of treatment
- Availability of provider
- Convenience
- Equity/unconscious bias/racism
- Social determinants of health
- Timeliness
- Complexity of regimen

## Life and Social Impacts

- Quality of life
- Limitations in activities of daily living and instrumental activities of daily living
- Innovation/scientific spillovers
- Disability-adjusted life years
- Emotional/mental status/ well-being
- Fatigue
- Physical abilities/well-being/independence
- Emotional/health impact on caregiver
- Insurance value (physical and financial risk)
- Fear of rejection by family/ society
- Relationship with family/peers
- Participation in social activities

# Next Steps

- Posting for public input
  - Anticipating an ample input opportunity commencing in early January
- Finalization and Publication
- Consideration of follow-ons
  - Products/tools to facilitate understanding of perspectives
  - Activities to deepen understanding of measurement issues

# Questions for the Board

- What considerations should be kept in mind regarding additional engagement of patients and stakeholders to provide input on the *Draft Report on Stakeholder Views on Components of "Patient-Centered Value" in Health and Health Care*?

- What additional steps might we take to have the Report meet the informational needs of the stakeholder community and our applicants?

- What additional considerations should be kept in mind as we continue to inform conversations around patient-centered value?

# End-of-Year Dashboard Review

**Nakela Cook, MD, MPH**
Executive Director

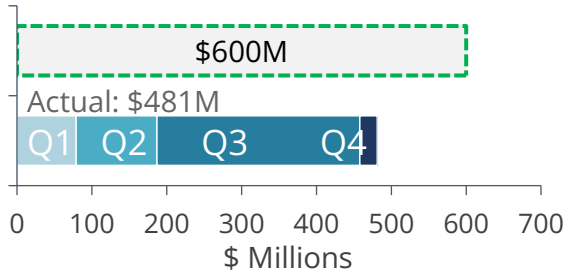
# PCORI Board of Governors Dashboard

FY 2022 End-of-Year Review (As of 9/30/22)

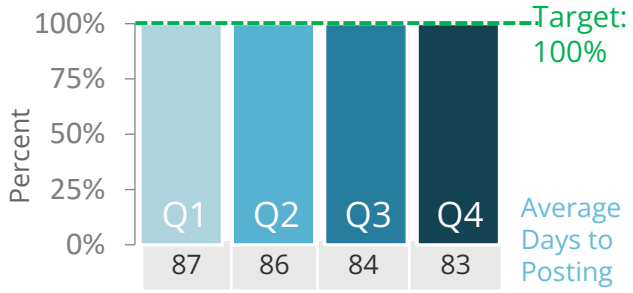
Inputs → Process → Outputs → Uptake → Use → Impact

## Funds Committed

Commitment Plan Target: $600M in FY2022, up to $650M including New Initiatives




## Time to Release of Research Findings

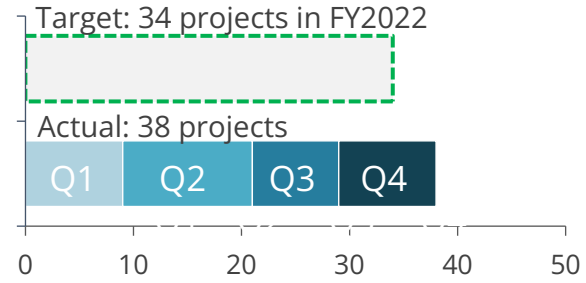



% Projects Posting Abstracts in ≤ 90 Days

## Dashboard Key

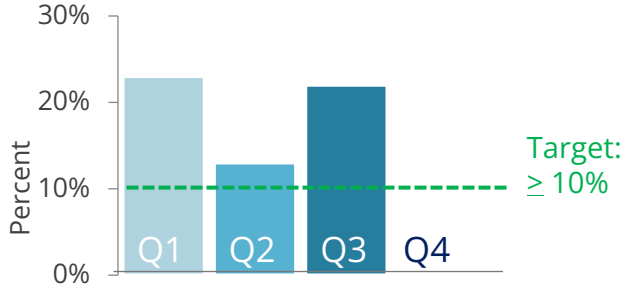
- Q1 2022
- Q2 2022
- Q3 2022
- Q4 2022
- Meeting Target
- Not Meeting Target
- ! Needs Board Attention
- Target Not Applicable
- Projected for 2022
- End of Year (Q4) Target

## CER Results Publicly Available



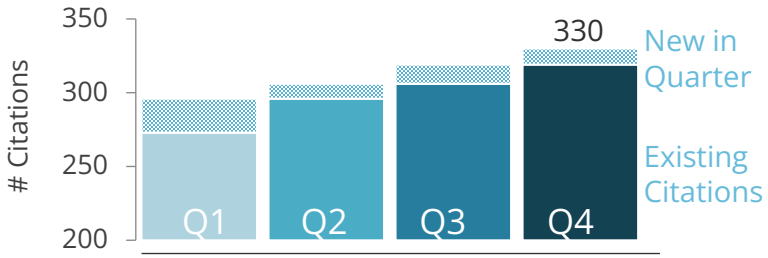

CER projects with a primary CER results article or posted PCORI abstract

## CER Results Altmetric Scores in Context



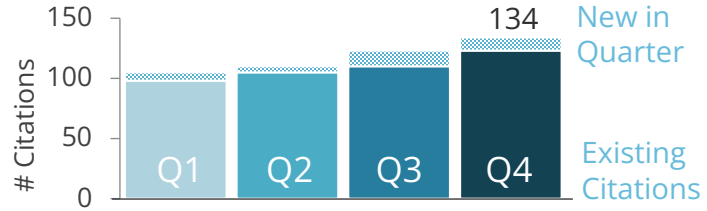

% CER articles in Top 10% of Attention, controlling for journal and date of publication

## Uptake into Public Patient Resources



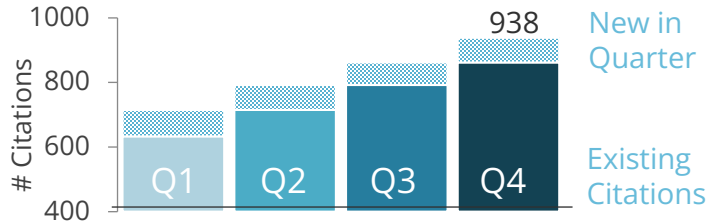

Cumulative # citations into Wikipedia, blogs, educational material, other resources

## Uptake of Results into UpToDate®



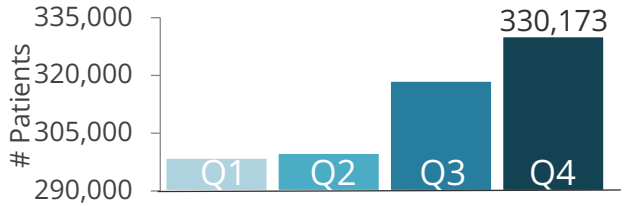

Cumulative # citations in UpToDate® point-of-reference decision tool

## Other Examples of Uptake




Cumulative # citations in guidelines, policy documents, and systematic reviews

## Patients Reached via D&I Awards




Cumulative # patients reached through D&I awards in progress

# Increasing Information for Health Decision-Making

## Tailored Cognitive Behavioral Therapy Improves Insomnia in Black Women

| | |
|---|---|
| **PCORI Study** | **Study Title:** Reducing Health Disparities for Black Women in the Treatment of Insomnia (Link to Project Description)<br>**Principal Investigator:** Lynn Rosenberg, PhD, Harvard University |
| **Results Publication** | Zhou, et al. **Effect of Culturally Tailored, Internet-Delivered Cognitive Behavioral Therapy for Insomnia in Black Women: A Randomized Clinical Trial**. *JAMA Psychiatry*. 2022 Apr. Link to Publication |

**Summary:** This single-blind 3-arm randomized clinical trial compared the effectiveness of three treatments for insomnia among Black women, a population at high risk of insomnia. Treatments compared included a standard version of an internet-delivered CBT for Insomnia program, a culturally tailored version, and the provision of sleep education materials.

Primary results were published in *JAMA Psychiatry*.

The study found that both CBT interventions decreased insomnia severity and improved sleep outcomes more than the control. However, the culturally tailored program was more effective at engaging participants with the program, as a greater proportion completed the intervention. Program completion was associated with greater improvements in sleep.

### Altmetric Score (Attention)

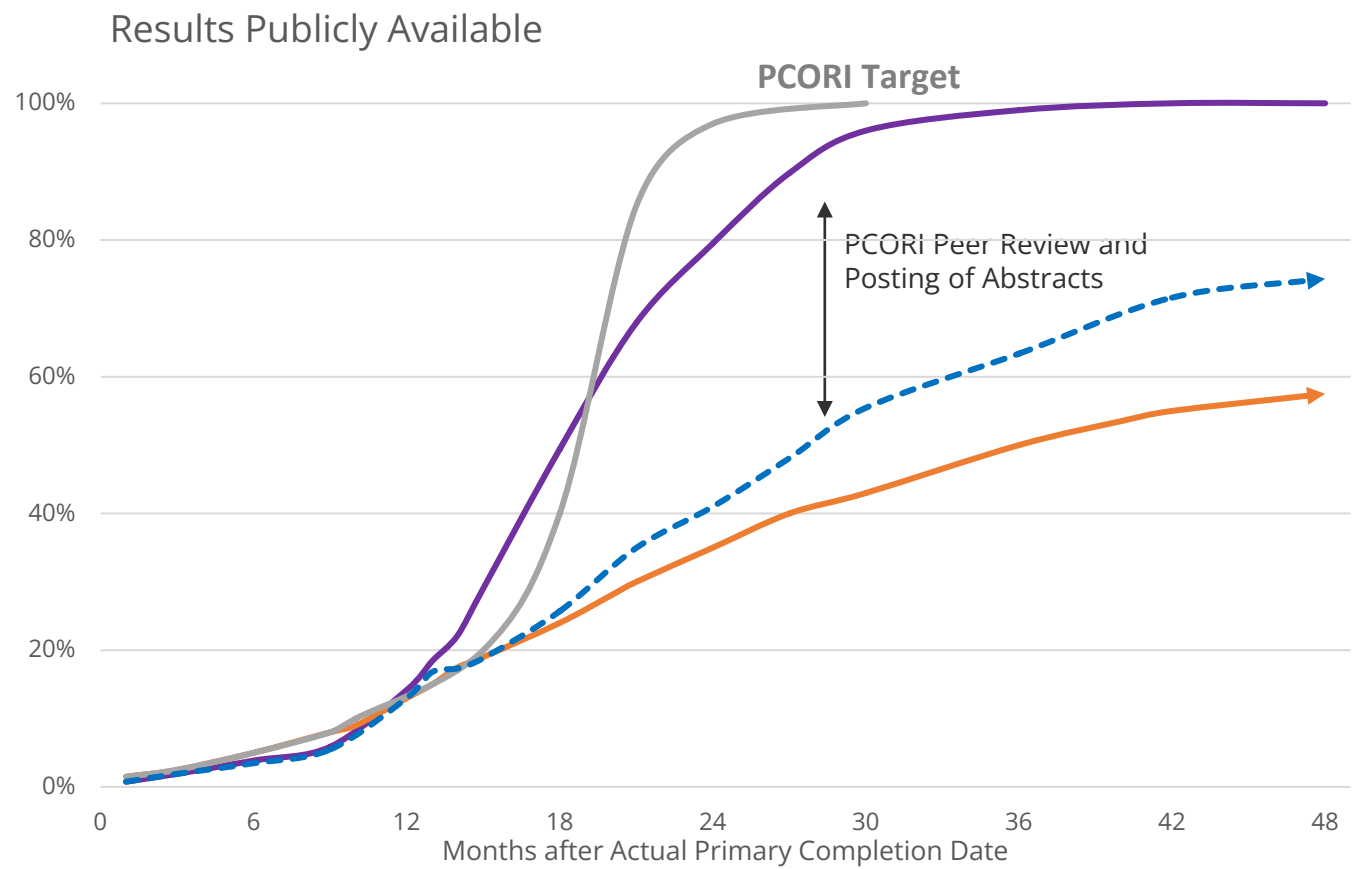

*As of 12/5/22

**Top 5%** of Attention given the journal

> "While internet-delivered interventions offer better access to evidence-based care, patient adherence with automated programs designed to change health behaviors can be an issue. The development of a culturally tailored intervention may be the key . . . "
>
> -Dr. Lynn Rosenberg, Principal Investigator (from Boston University Press Release, 4/20/22)

# PCORI's Process Provides Complete and Earlier Availability to the Public of Research Results from PCORI-Funded Trials

% CER Results Publicly Available (Publication or Posted Abstract) Relative to PCD




Studies with Results Publicly Available in Timeframe %

- First Publically Available Results Frequency %
- Field Benchmark
- PCORI Target
- Results Published in the Literature %

## Public Availability of Results from PCORI-funded Trials

50% after 18 months
80% after 24 months
99% after 36 months

## PCORI Results Publications

## Benchmark

Max: 60% at 60 months

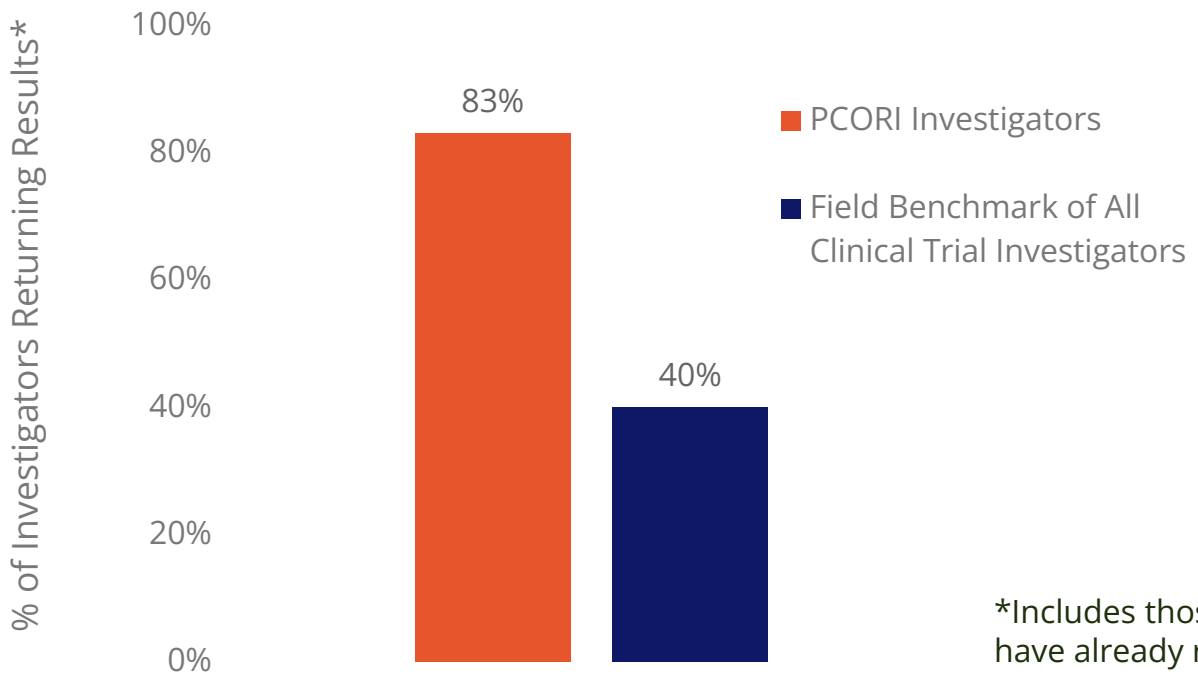
**Benchmarks Based on:**

- C Riveros, A Dechartres, et al. Timing and Completeness of Trial Results Posted at ClinicalTrials.gov and Published in Journals. Plos One, Dec 2013.
- R Chen, N Desai, H Krumholz, et al. Publication and Reporting of Clinical Trial Results: Cross Sectional Analysis Across Academic Medical Centers. BMJ, Jan 2016.

Version: 10/4/22
Cohort: PCORI's first 16 cycles (310 trials)

# PCORI Promotes Return of Aggregate Study Results to Research Participants

PCORI asks awardees to make every reasonable effort to return aggregate research results to study participants. Awardees are urged to share their lay research summary or create their own material to share results.




*Includes those who plan to & have already returned results

Results are now in!

Because we knew that behavioral health services improve patient health, we studied strategies to integrate behavioral health into primary care. Although our strategies did not make enough difference to improve the health of patients in our study, we learned things we didn't expect.

**We sincerely thank the patients, clinicians and staff who reported their observations as we tested strategies for integrating behavioral health and primary care.**

EVEN THOUGH OUR STRATEGIES DID NOT IMPACT HEALTH OUTCOMES, WE DID LEARN:

- Practices with higher integration had patients who reported **more social participation, less anxiety and better sleep.**
- Practices that used some of our strategies reported **improved workflow.**
- Practices reported that successful integration of behavioral health requires: **Leadership's full support, stable payments for care, clear communication and workflow systems, and consistent, dedicated team members.**

SOME RECOMMENDATIONS TO CONSIDER

- For Patients: **Ask** your primary care provider how you can benefit from behavioral health services.
- For Primary Care Practices: **Measure** behavioral health integration at your office to help improve clinical outcomes. (practiceintegrationprofile.com)
- For Policy Makers and Payers: **Compare** primary care integration levels, support **stable payments,** and **research** better ways to deliver behavioral health to primary care offices.

For more details about the study please visit clinicaltrials.gov/ct2/show/NCT02868983

DEFINITIONS

**Behavioral Health Services**

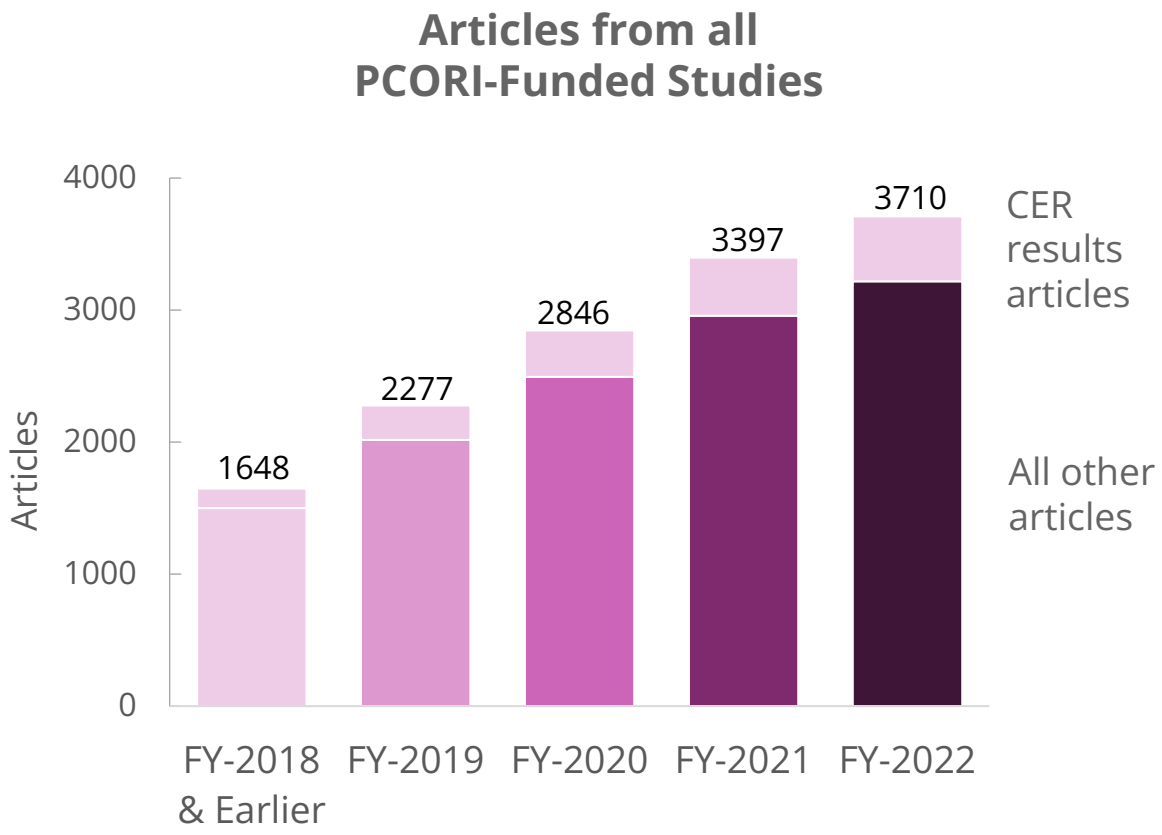
Professional assistance with health behavior and lifestyle changes to improve self-management of health conditions affected by mood, stress, pain, sleep, medications, alcohol and substance use, weight, nutrition, physical fitness, and mental health.

**Integration of Behavioral Health in Primary Care** puts behavioral health providers on the health team as full members to improve:

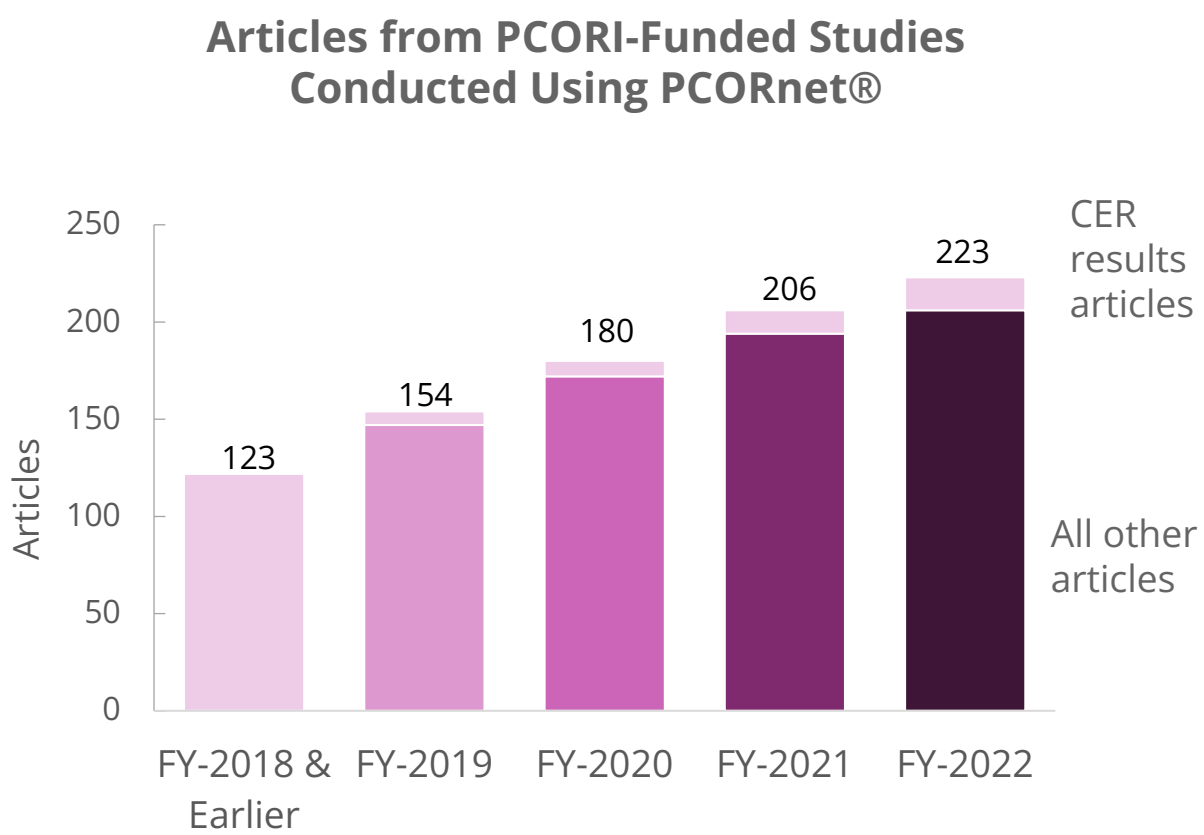
- Collaboration among physical, mental, social, and behavioral health professionals
- Coordinated, informed decision-making among patients, families, and professionals
- Accessible, evidence-based health behavior and lifestyle change education for patients

Benchmark includes all clinical trial authors in a 2014-2015 sample as per Schroter et al., *BMJ Open* 2019
Right: Material from Integrating Behavioral Health & Primary Care for Comorbid Behavioral & Medical Problems project (PI: Littenberg, University of Vermont and State Agricultural College)

# PCORI-Funded Studies Contribute to the Peer-Reviewed Literature




*Cumulative articles: 3710*



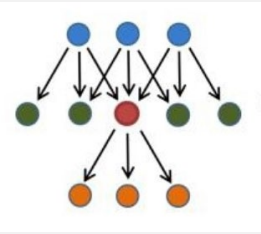

*Cumulative articles: 223*

Note scales are different

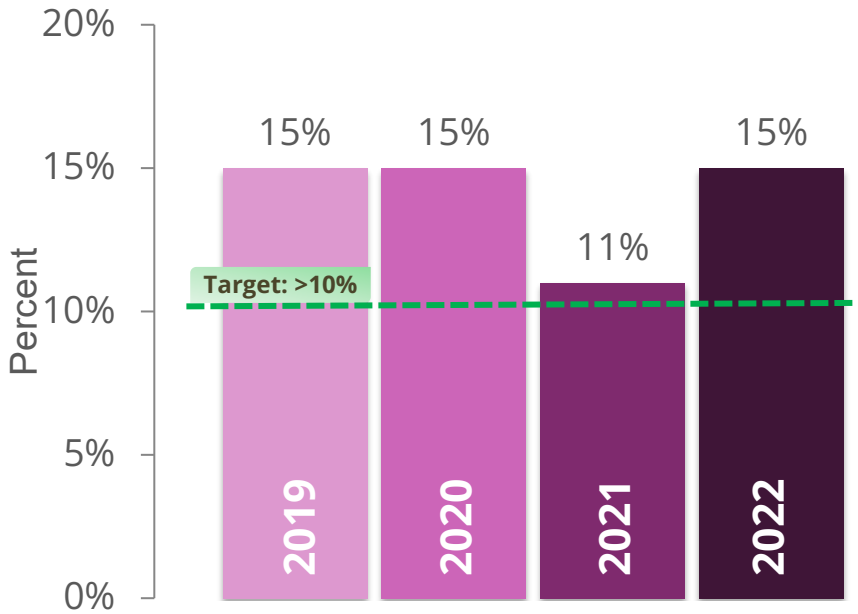
# Attention to and Influence of CER Results Publications from PCORI-Funded Studies Exceed Targets

### Altmetrics: Measures of Attention Across Different Audiences

### Relative Citation Ratios Measures of Influence in the Scientific Literature



## Altmetric Scores for CER Results in Context

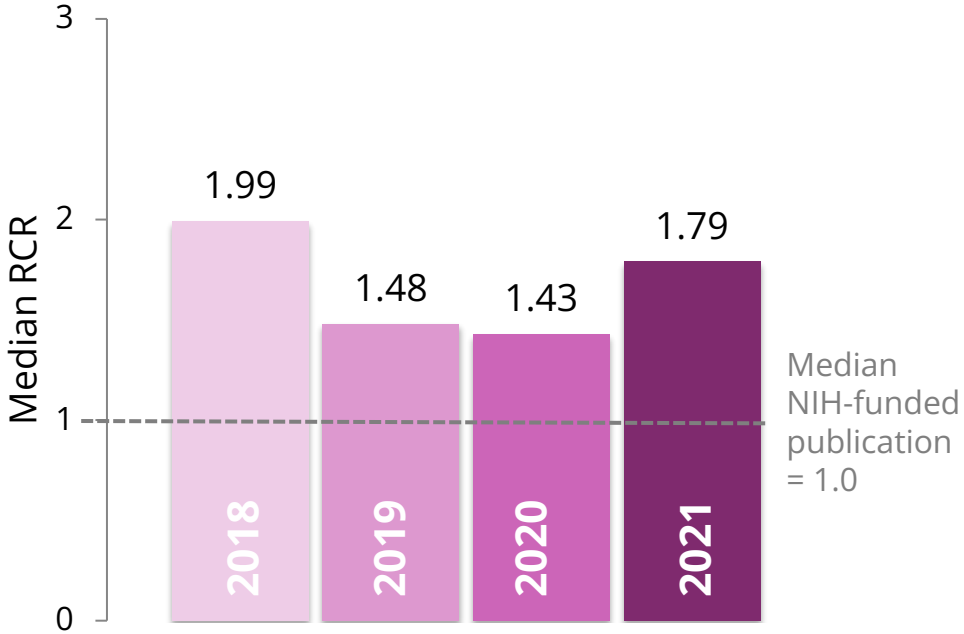



CER Results Published in Year in Top 10% of Attention*

*Average: 14% Each Year*

*Controlled for Journal and Publication Date

## Relative Citation Ratios of CER Publications



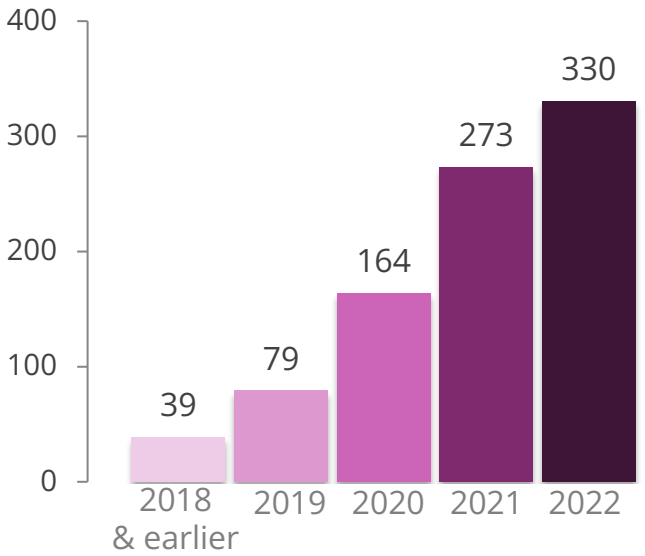

Median Relative Citation Ratios for CER Results by Year**

*Overall Median RCR = 1.68*

**CER results articles from 428 PCORI-funded studies with an RCR. 2021 RCRs are provisional.

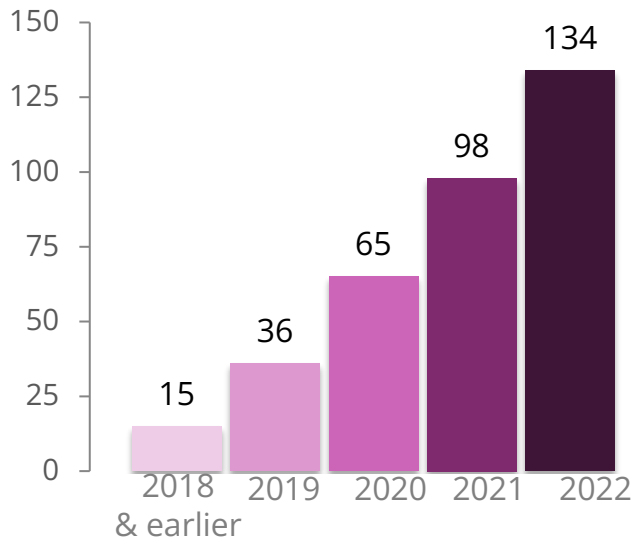
# Increasing Uptake and Use of CER Results from PCORI-Funded Studies

## Uptake into Public/Patient Facing Resources



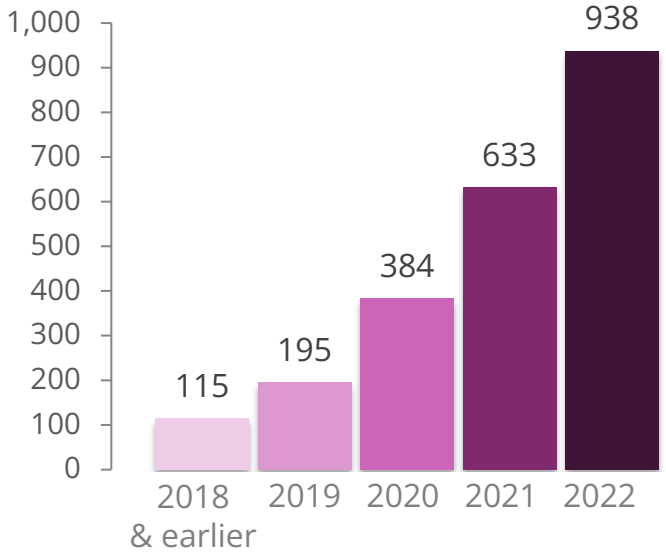

Cumulative Citations of PCORI CER Results in Blogs, Articles, Wikipedia Pages, and Educational and Other Resources

## Uptake into UpToDate®




Cumulative Citations of PCORI CER Results on Topic Pages and What's New pages

## Other Examples of Uptake




Cumulative Citations in Meta-analyses and Systematic Reviews, Policy Documents, Guidelines, and Other Evidence-Based Clinical Recommendations

Note: Current quarter counts can be artificially low because of a delay in indexing and identification of PCORI awardee publications

# On the Path to Impact: From Results through Implementation

## Example: Increasing Information for Health Decisions in Prostate Cancer Treatment

**Principal Investigator:** David Penson, MD, PhD, Vanderbilt University Medical Center

**Study Title:** Generating Critical Patient-Centered Information for Decision-Making in Localized Prostate Cancer

- Results published in JAMA
- Results summaries posted to PCORI.org
- Final Research Report posted to PCORI.org
- Incorporation into PCORI Evidence Updates
- Citation in UpToDate® and Clinical Guidelines
- Resulted in a completed PCORI-funded Implementation Project

Results Summary and Professional Abstract

Final Research Report

More to Explore...

Evidence for Decisions

Journal Citations

Stories and Videos

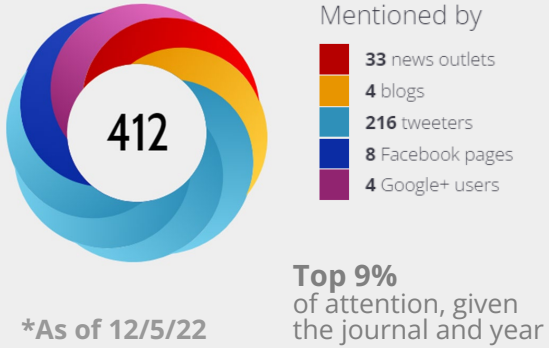
Peer-Review Summary

Conflict of Interest Disclosures

# Increasing Information for Health Decisions on Prostate Cancer Treatment:
## Surgery Results in Different Long-term Side Effects than Radiation or Surveillance

| | |
|---|---|
| **PCORI Study** | **Study Title:** Generating Critical Patient-Centered Information for Decision Making in Localized Prostate Cancer (Link to Project Description)<br>**Principal Investigator:** David Penson, MD, MPH, Vanderbilt University Medical Center |
| **Results Publication** | Barocas DA, et al. **Association Between Radiation Therapy, Surgery, or Observation for Localized Prostate Cancer and Patient-Reported Outcomes After 3 Years.** *JAMA.* 2017 Mar. Link to Publication. |

### Altmetric Score (Attention)




*As of 12/5/22

**Top 9%** of attention, given the journal and year

**Summary:** Prostate cancer is one of the most common types of cancer and is especially common in people who are African-American. This observational population-based cohort study compared three common treatments for localized prostate cancer: surgery, external beam radiation therapy, and active surveillance (regular check-ups to see if the cancer had spread). The research team evaluated 3-year functional outcomes after various prostate cancer treatments in a cohort of 2,550 patients with newly diagnosed localized prostate cancer treated across the country.

After three years, patients who had surgery reported lower sexual function and more urinary incontinence than those who had radiation or regular check-ups to see if the cancer had spread. Patients who had surgery reported fewer irritative urine problems, such as painful urination.

Primary results were published in *JAMA*. They were presented in evidence updates for patients and clinicians, cited in four UpToDate® clinical topic pages, and incorporated into clinical guidelines by the European Association of Urology and American Urological Association.

> Our study's take-home message is patients who can safely do active surveillance should consider that very carefully
>
> -Dr. David Penson, Principal Investigator PCORI Stories

# Implementing Findings from a PCORI-Funded Study in Practice

**PCORI D&I Project**

**Project Title:** Improving Shared Decision Making for Men with Prostate Cancer that Has Not Spread. (Link to Project Description)

**Principal Investigator:** Christopher Saigal, MD, PhD, Regents of the University of California, Los Angeles

**Project Summary:** This project sought to bring information on quality-of life-risks to inform decision making about prostate cancer treatment choices in practice. The project team used data from the PCORI-funded research study *Generating Critical Patient-Centered Information for Decision Making in Localized Prostate Cancer* to update an existing effective software-based decision aid developed by WiserCare, which helps doctors and patients work together to choose a treatment based on what is most important to the patients. The aid was implemented across three sites representing distinct settings and populations: UCLA Urology, Olive-View Medical Center, and Vanderbilt University Medical Center.

**Strategies supporting implementation included:**

- Education for physicians on use of the aid and sharing of patient decision data
- Presentations to hospital leadership and staff on strategic benefits
- Translating the decision aid into Spanish
- Intervention adaptations, including improved integration into site workflow and tailoring the intervention for different patient populations (for example delivering the intervention by phone at some sites and video at others)

> Different outcomes are important to different people, and there's no blanket approach to treating prostate cancer. With our tool, our hope is that men with prostate cancer are better able to understand the options available to them and to then choose a treatment they'll be satisfied with in the long-term.
>
> -Dr. Christopher Saigal, Principal Investigator UCLA Health

> We are experiencing a sea-change in how the evidence for empowered health care decisions is generated. I'm proud I'm having so many chances to turn my experiences as a patient into knowledge that helps others lessen their chances of decision regret.
>
> -Ralph Conwill, Patient Partner The Tennessean

# Results from a PCORI-Funded Implementation Project

**D&I Project Title:** Improving Shared Decision Making for Men with Prostate Cancer that Has Not Spread

**Principal Investigator:** Christopher Saigal, MD, PhD, Regents of the University of California, Los Angeles

## Reach

Over **80%** of eligible patients (1,975 of 2,466) were invited to use the decision aid; nearly **60%** of patients completed the tool.

**85%** of patients at Olive-View Medical Center completed the tool, and most did so in Spanish.

## Adoption

**100%** of 31 eligible physicians participated in administering the tool, and none withdrew.

## Fidelity

**57%** of men receiving the tool (1,118 of 1,961) used it as intended.

## Maintenance

**100%** of sites continued with the intervention as designed for 2.5 years.

## Health Decisions & Care

**High decision quality** (average decisional conflict 6.3 of 100). After reviewing the tool and talking to their doctor, **30%** of patients changed their mind about treatment.

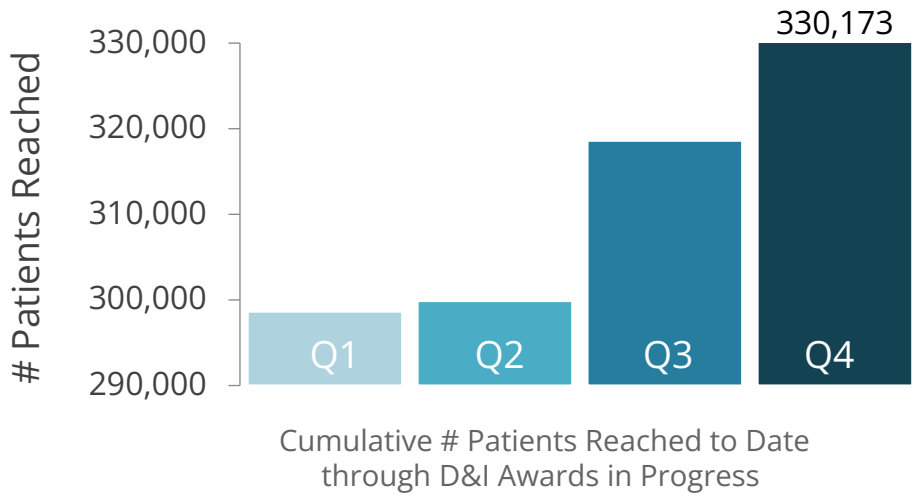
**High patient satisfaction** with cancer care (average rating 93.8 of 100).

**Increased Efficiency** of Care: Patients at one site needed 27% less time with a physician and the percentage of patients who needed multiple visits to choose a treatment decreased (from **46% to 13%**).

# Advancing Uptake and Use of PCORI-Funded Research in Practice

We now track cumulative numbers of patients reached in practice to date through all PCORI D&I awards.

## Patients Reached in Practice through Implementation Awards to Date




Cumulative # Patients Reached to Date through D&I Awards in Progress

- D&I awards implement PCORI-funded research findings in real-word practice settings
- We will be tracking additional metrics in the future as more of these projects reach completion
- Implementation metrics in development include *patients, clinicians, and caregivers reached through completed D&I awards*

# Discussion

As you think about PCORI's National Priorities for Health, Research Agenda, and Strategic Plan, what are your thoughts about:

- How can the Board optimally monitor progress toward our goals?
- What role a Dashboard might serve in the future?

# Latest Additions to PCORI's Portfolio of Funded Awards

**Nakela Cook, MD, MPH**
Executive Director

# Summary of Awards

| PFA | Total Funding per PFA* |
|---|---|
| Broad Pragmatic Studies | $50M |
| Improving Methods for Conducting PCOR | $6M |
| Brief Interventions for Adolescent Alcohol Use | $20M |
| Comparative Effectiveness of Interventions Targeting Mental Health in Individuals with Intellectual and Developmental Disabilities | $7M |
| Prevention, Early Identification, and Treatment of Delirium in Older Adults | $13M |
| Implementation of Findings from PCORI's Research Investments | $5M |
| **Total for all PFAs** | **$101M** |

** The requested budget is subject to programmatic and budget approval by PCORI staff and the negotiation of a formal award contract.*

# Research Awards:
# Broad Pragmatic Studies PFA

| Project Title |
| --- |
| Comparative Effectiveness of an Individualized Model of Hemodialysis versus Conventional Hemodialysis |
| Effectiveness of Interventions to Improve Resiliency and Burnout in Behavioral Health Residential Staff |
| Optimizing the Outcomes of Adults with Gram-Negative Bloodstream Infections |
| Promoting Shared Decision Making for Decisions about Treatment of Severe Aortic Stenosis |
| Reducing Caregiver Burden and Improving Outcomes for Children with Tracheostomies Living at Home |
| Treatment with Endovascular Intervention for Stroke Patients with Existing Disability |

# Improving Methods for Conducting Patient-Centered Outcomes Research PFA

| Project Title |
| --- |
| Can A/B Testing Be Adapted into an Ethical and Useful Approach to Patient-Centered Outcomes Research? |
| Data-adaptive Readmissions Models for Heterogeneous and Longitudinal Data |
| Develop Novel Methods to Identify and Characterize Family Relationships from Electronic Health Data |
| Diagnostic Tools for Quality Improvement of Machine Learning-Based Clinical Decision Support Systems |
| Fast and Robust Weighting Methods for Targeted Comparative Effectiveness Research |
| Transportability of Machine Learning-Enabled Confounding Control Methods Across EHR Databases |

# Targeted PFAs

| Project Title |
| --- |
| *Brief Interventions for Adolescent Alcohol Use* |
| Adolescent-Only SBI versus Family-Based SBI in Primary Care for Adolescent Alcohol Use |
| Comparing Scalable, Technology-Driven, Brief Intervention Packages for Youth Alcohol Use |
| Testing Scalable, Broad-Reach School-Based Brief Interventions for Alcohol Use |
| *Comparative Effectiveness of Interventions Targeting Mental Health in Individuals with Intellectual and Developmental Disabilities* |
| A Comparison of Two School-Based Interventions to Manage Anxiety in Autistic Students |
| Comparing Cognitive-Behavioral Therapy versus Mindfulness-Based Therapy for Autistic Adults |
| *Prevention, Early Identification, and Treatment of Delirium in Older Adults* |
| Hospital Elder Life Program vs. Family-Augmented HELP for Prevention of Delirium |

# Implementation of Findings from PCORI's Research Investments PFA

| Project Title |
| --- |
| Employing a Stepped-Wedge Design to Implement an Evidence-Based Psychotherapy for PTSD in Six Large, Diverse Health Care Systems |
| Implementing Obesity Treatment in Primary Care Utilizing Evidence-Based Structures |

# Latest Awards in Context of FY 2023 Commitment Plan

| Award Category | FY 2023 Commitment Target | FY 2023 Cumulative Commitments |
|---|---|---|
| Research | $500M | $96M |
| Dissemination & Implementation | $60M | $5M |

# Discussion

Beginning in 2023, in addition to updates on the latest awards, we plan to explore in depth and discuss PCORI's portfolio of funded awards at Board meetings:

- *What questions do you have about the portfolio?*
- *What aspects of the portfolio are you most interested in exploring?*

# Closing Remarks

**Nakela L. Cook, MD, MPH**

Executive Director

# Wrap Up and Adjournment



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