



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE



# 2019

## Annual Report



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**Editor's Note:** Although this Annual Report covers PCORI's activities during fiscal year 2019, from October 1, 2018, to September 30, 2019, two significant developments occurred in the months that followed. The first was the reauthorization of PCORI's funding for 10 years as part of the federal budget agreement approved by Congress and signed by the president in December 2019. The second was the Board of Governors' appointment in January 2020 of PCORI's second Executive Director, Nakela Cook, MD, MPH. At the time of her appointment, Cook was Chief of Staff and Senior Scientific Officer of the National Heart, Lung, and Blood Institute. She joined PCORI on April 15, 2020, taking over leadership from Interim Executive Director Josephine P. Briggs, MD, named following the retirement of Joe V. Selby, MD, MPH, PCORI's founding Executive Director.

# Leadership Letter

On behalf of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors, Methodology Committee, and staff, we are pleased to present this report on PCORI's achievements and activities during the October 1, 2018, to September 30, 2019 fiscal year (FY).

PCORI made steady progress this past year in meeting the mandate Congress set for us in 2010 to fund comparative clinical effectiveness research that helps patients and those who care for them make better-informed healthcare decisions, and to move the results of that work into practice. We also saw multiple examples of how PCORI-funded research is influencing clinical practice. You will read more about all of this in the pages that follow, but a few milestones are worth noting.

- Our Board approved \$137 million to support 27 studies under our National Priorities for Research and Research Agenda, bringing our total research commitment to nearly \$2.5 billion. These projects compare which care approaches work best for whom and focus on conditions that impose the greatest burdens on patients, their families, and the healthcare system.
- We posted nearly 100 professional and lay-language summaries of the findings of completed studies on our website, along with final research reports, providing an unprecedented publicly available record of the work we've supported. Since our founding, nearly 300 PCORI-funded research projects are complete.
- A large portfolio of innovative projects designed to advance the dissemination and implementation of the findings of our completed studies expanded as well. So far, we have invested \$31 million in these projects.
- We continued to refine our groundbreaking efforts to engage patients and other healthcare stakeholders in the work we do, and a growing body of evidence exists that this approach is indeed helping to make these studies more patient centered and their results useful in the real world.
- We demonstrated further expansion of the research capacity of PCORnet®, the National Patient-Centered Clinical Research Network, launched with PCORI funding in 2013 to improve the nation's ability to conduct patient-centered health research more efficiently, less expensively, and with greater power.

Along with noting these and other achievements, this report will introduce you to some of the people behind the studies we fund. Their stories exemplify what we mean when we refer to our work as "Research Done Differently.®"

As we closed the books on FY 2019, we looked forward to an even more productive and eventful FY 2020, as scores of additional funded studies conclude, and their results are made widely available as part of our efforts to improve patient care and outcomes. We are confident that congressional reauthorization of our funding and the transition to our new Executive Director Nakela Cook, MD, MPH, who succeeds founding Executive Director Joe Selby, MD, MPH, will mark an exciting transformation ahead.

As I begin my new role as Chairperson of PCORI's Board, I wish to express my sincere appreciation to my predecessor Grayson Norquist, MD, MSPH, who served as Chairperson for six years. We are grateful for his outstanding leadership, wise counsel, and dedication to PCORI.

***As always, we thank you for your interest in PCORI and invite your thoughts on everything we do.***



**Christine Goertz, DC, PhD**  
*Chairperson, PCORI Board of Governors*





# Building on a Strong Foundation



Making choices about health care can be complex and confusing. Patients, their caregivers, and

their physicians want to know the best options for treatment and care based on what will work best for individual patients. But traditional clinical research hasn't been able to answer many of the questions patients and clinicians face in trying to make the most informed choice.

When Congress authorized the establishment of the Patient-Centered Outcomes Research Institute in 2010, our mission was clear: to fund comparative clinical effectiveness research (CER) that would help patients, caregivers, clinicians, and other healthcare

stakeholders make better-informed healthcare decisions, influence the practice of medicine, and improve patient care and outcomes.

As we look back on our ninth year, we can point to substantial progress toward that goal, having built a strong portfolio of research results that can help inform the healthcare decisions patients and other stakeholders make every day. We are expanding our initiatives to more quickly move those results into practice and enhancing our efforts to more actively engage patients, clinicians, and others in the research process.

This report highlights just some of the research results published in FY 2019.

## OUR PORTFOLIO (THROUGH FY 2019)



**48 States**  
with Research Funded

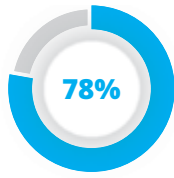


**\$2.5 Billion** Awarded



**1,000 Projects**  
Related to Research and  
Research Support Approved

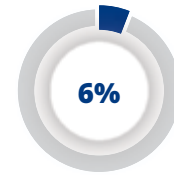
## FUNDED PROJECTS BY AREA



\$1.8 Billion  
Comparative Clinical  
Effectiveness Research



\$381 Million  
Infrastructure  
(Including PCORnet)



\$140 Million  
Methodology

## NATIONAL PRIORITIES FOR RESEARCH AND RESEARCH AGENDA

Our National Priorities for Research and Research Agenda guided all our work in FY 2019, as they have from PCORI's earliest days. Our National Priorities are:



### Assessment of Prevention, Diagnosis, and Treatment Options

Comparing the effectiveness and safety of alternative prevention, diagnosis, and treatment options to see which ones work best for different people with a particular health problem.



### Improving Healthcare Systems

Comparing health system-level approaches to improving access, supporting patient self-care, innovative use of health information technology, coordinating care for complex conditions, and deploying workforce effectively.



### Communication and Dissemination Research

Comparing approaches to providing comparative effectiveness research information, empowering people to ask for and use the information, and supporting shared decision making between patients and their providers.



### Addressing Disparities

Identifying potential differences in prevention, diagnosis, or treatment effectiveness, or preferred clinical outcomes across patient populations and the health care required to achieve best outcomes in each population.



### Accelerating Patient-Centered Outcomes Research (PCOR) and Methodological Research

Improving the nation's capacity to conduct patient-centered outcomes research by building data infrastructure; improving analytic methods; and training researchers, patients, and other stakeholders to participate in this research.

See the complete National Priorities for Research and Research Agenda at [www.pcori.org/national-priorities](http://www.pcori.org/national-priorities).

# Promoting Dissemination and Uptake of Results

**M**edical research faces multiple challenges when finding the right levers to speed uptake of scientific advances. Moving research results from a journal publication to practical application can take years. It can also be difficult to present results in a way that patients and their caregivers can readily understand and consider.

PCORI is taking proactive steps to accelerate the dissemination and implementation of scientific findings. We offer funding opportunities to promote the uptake of tested interventions in

real-world settings through three types of awards.

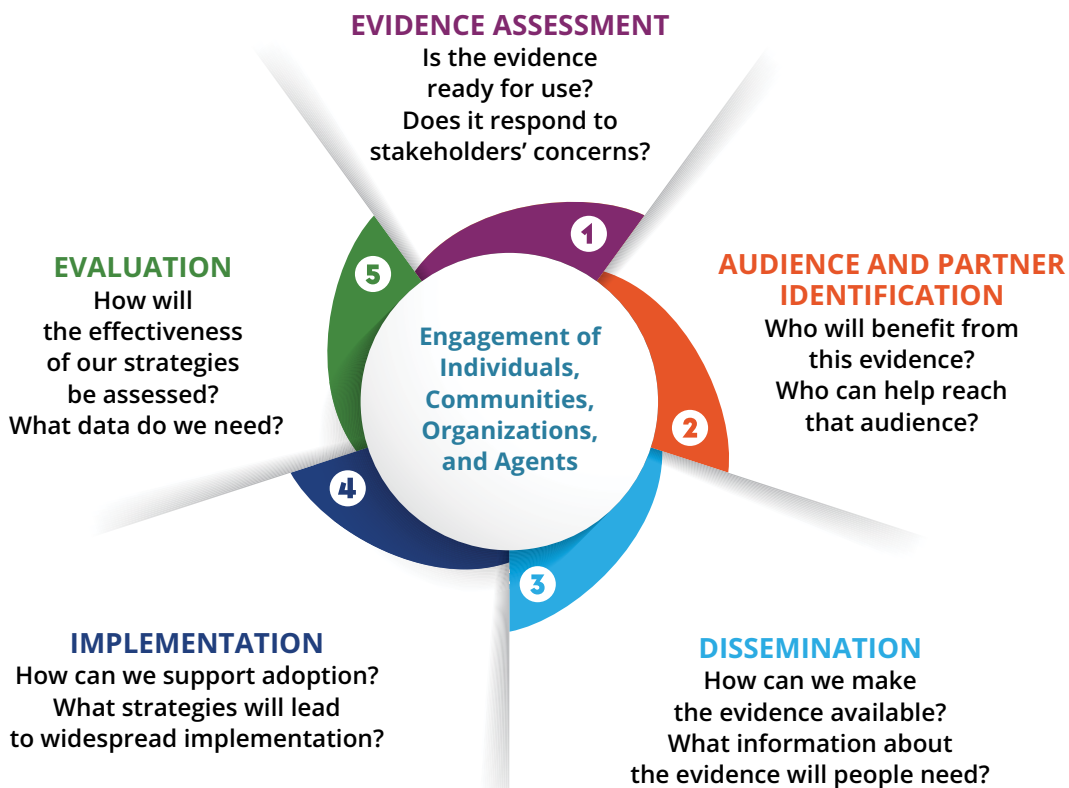
Our PCOR Translation Center works with researchers to produce easy-to-read summaries for patients and the public describing research results and separate summaries for clinicians with study details and findings. We also prepare Evidence Updates in concise, accessible formats and deliver them in partnership with patient organizations and others.

To improve access to important research findings, we require

our supported researchers to place papers in PubMed Central®, a repository of the US National Institutes of Health's National Library of Medicine, for free access to final accepted journal manuscripts, generally 12 months after publication. PCORI-supported researchers can request funds from PCORI to support immediate open access to journal articles about their PCORI-funded studies upon publication. We approved 28 open access fund requests in FY 2019.

## ELEMENTS OF DISSEMINATION AND IMPLEMENTATION

Five key elements drive our dissemination and implementation efforts.



## TOP STAKEHOLDER COMMUNITIES ENGAGED IN PCORI-FUNDED RESEARCH



89%  
Patients



65%  
Nonprofit Organizations



61%  
Caregivers

92% of projects engage with at least one of these communities



89%  
Clinicians



65%  
Health Systems



25%  
Payers

## Better Research through Engagement

**W**idely recognized as the leader in patient and public engagement in health research, PCORI is influencing others to do the same. We require it in everything we do and observe that others are increasingly advancing this research approach.

We also know that researchers, clinicians, patients, caregivers, and other stakeholders—from health organizations to health systems and payers—want more information about how to best incorporate engagement in their work.

Our commitment to engagement begins with involving patients, caregivers, clinicians, and other members of the healthcare community in identifying and

selecting research topics. Then, we recruit and train patients and others to review applications for PCORI funding. We provide technical support and resources to research teams to ensure stakeholders are involved in a meaningful way throughout a project's life cycle. Finally, we work with stakeholders to communicate findings and promote their use in practice through Dissemination and Implementation Awards and cobranding efforts with nonprofit groups, health systems, and others.

We were grateful to be among an international set of authors of a December 2018 editorial in *The BMJ*, one of the few major professional journals to involve patients in its peer-review process. As the editorial states, if we're serious about



public and patient engagement, we must be serious about its evaluation. "Strengthening the science underpinning [public and patient engagement] is key to ensuring that it becomes an integral, robustly conducted, and well-resourced component of research, not a last-minute add-on," editorial co-writers said.



# FY 2019 Milestones

2018

2019

## October

- Fourth Annual Meeting shares results from PCORI's funded CER studies, efforts to promote essential findings, and those findings' impacts

## November

- Facebook Live event on telehealth discusses how it may help improve outcomes for patients living with serious mental illness
- Board approves \$54 million to fund 12 studies involving smoking cessation, diverticulitis, and more

## December

- Board approves \$20 million to support research on improving mental health care for mothers and preventing obesity in young children

## February

- Board adopts new Methodology Standards developed by the Methodology Committee, for a total of 65 standards
- Board approves \$2.8 million to support implementation of findings from PCORI-funded research. Projects focus on sleep apnea and community health worker interventions

## March

- Founding Executive Director Joe V. Selby, MD, MPH, announces plans to retire at end of year
- *Health Affairs* briefing, Patients as Consumers, features PCORI staff and funded researchers
- Board approves \$3.8 million to fund projects using shared decision making to disseminate and implement PCORI research findings



Joe V. Selby, MD, MPH, Founding Executive Director





## April

- Alliance for Health Policy briefing on Capitol Hill discusses the role of CER
- Board approves \$45 million to support research on improving treatment of opioid use disorders, cancer pain, and enhancing prenatal care

## June

- Capitol Hill briefing brings together PCORI, Research!America, the National Rural Health Association, and the American Heart Association to discuss the value of PCOR to people in rural areas

## July

- Board approves \$2.3 million to support implementation of results from PCORI-funded projects on lung cancer screening and therapy for adolescent traumatic brain injury

## August

- Board approves \$29 million for studies of ways to reduce suicide risk, treat type 2 diabetes, remove kidney stones in children, and treat childhood asthma
- Twenty-three people representing sectors from across the healthcare community named to serve on multi-stakeholder advisory panels

## September

- Fifth Annual Meeting held in Washington, DC, with hundreds of attendees
- Government Accountability Office appoints new Chairperson and Vice Chairperson of Board of Governors
- PCORI announces \$34 million in new research funding opportunities
- Josephine P. Briggs, MD, named Interim Executive Director





# Generating Evidence



We saw steady growth in 2019 in the number of our funded projects generating evidence that can help patients and those who care for them make better-informed healthcare decisions. And, with many more projects underway, that trend is set to continue for years to come.

PCORI takes an unusual approach to research, one that centers on research topics, questions, and outcomes most important to patients and those who care for them. We also work closely with a wide range of healthcare stakeholders to guide our research funding.

Key features of our funded patient-centered CER include comparing at least two alternative healthcare options, focusing on outcomes that are meaningful to patients, engaging stakeholders at every stage, studying the

benefits and harms of care delivered in real-world settings, and looking for ways to improve current clinical practice.

PCORnet, the PCORI-funded research network, continues to grow in national prominence. The network enables researchers to harness the power of real-world data to conduct patient-centered studies faster and more efficiently than previously possible. At the close of FY 2019, more than 140 research projects were using PCORnet data—up from 113 at the end of FY 2018.

Our emphasis is on the real people—principal investigators, patients, partners, and other stakeholders—behind the studies we fund, and the stories of that work speak to who they and we are.

Among the dozens of PCORI-funded research studies that produced results in 2019, three projects on levels of surveillance

In FY 2019,  
PCORI awarded

**\$137**

**MILLION TO FUND**

**27**

new comparative clinical  
effectiveness research  
studies.

following colorectal cancer surgery, obstructive sleep apnea, and antipsychotic treatments for children in foster care are emblematic of our broader portfolio. Their stories provide a taste of the promising results our supported researchers are generating.

# Surveillance for Recurring Colorectal Cancer

**C**olorectal cancer is the third-leading cause of adult cancer deaths in the United States. For survivors, having tumors recur is a major concern, and clinicians recommend regular surveillance after treatment through CT scans and blood tests to look for any tumors that have regrown. But what is unclear—and what can cause patients great stress—is deciding how often this surveillance should occur.

This question from patients resulted in a PCORI-funded study led by George Chang, MD, MS, of MD Anderson Cancer Center. His results suggest this is a case where somewhat less surveillance may be as good as, if not better than, more.

“In addition to added costs, unnecessary testing in cancer patients can lead to treatment toxicity, increased patient anxiety, and the potential for false positives, which can lead to patient harm,” Chang notes in a *Journal of the American Medical Association (JAMA)* article.

Chang’s team analyzed information from more than 8,000 patients who previously had surgery to remove colorectal tumors. The team reported in *JAMA* that facilities that implement more-frequent follow-up failed to detect recurring cancers any sooner than facilities that perform less-frequent surveillance.

The team also found no link between the frequency of surveillance and overall survival, suggesting more-frequent surveillance provided no health benefit. An accompanying editorial in the journal suggested the need to reevaluate clinical guidelines on frequency of surveillance for tumor recurrence, and Chang discussed the study’s results in a National Alliance of Healthcare Purchaser Coalitions webinar.

If the US healthcare community adopted a less-frequent surveillance approach, benefits over five years could include more than 440,000 fewer blood tests, 210,000 fewer CT scans, and \$25 million in savings.



## ESTIMATED IMPACT OF LESS-FREQUENT MONITORING (Over Five Years)



**448,320**

Fewer CEA tests and

**210,000**

Fewer CT scans



**\$25 MILLION**

Total patient cost savings



**\$104 MILLION**

Total societal cost savings, including

**\$77 MILLION**

in payer savings



*“I think this research helps us to understand it’s not always about getting more tests to help us reassure patients, and in fact, we need to focus on how we communicate a patient’s underlying risk.”*

**GEORGE CHANG, MD, MS**



# Peer Mentoring to Help Patients Manage Sleep Apnea

**D**uring a clinic session, a patient with sleep apnea informed Sairam Parthasarathy, MD, of the University of Arizona, that his life had turned around since he started using a continuous positive airway pressure (CPAP) machine at night. He added, Parthasarathy recalls, “If there’s any patient of yours who’s not using this machine, let me have a go at him. I’ll convince him that he needs to use it.”

The patient couldn’t have known at the time that his simple comment would lead to a large PCORI-funded study.

Obstructive sleep apnea interrupts breathing during sleep, sometimes hundreds of times each night. It doubles a person’s risk of heart attack and triples the risk of stroke. A more immediate consequence for patients, who may go years without truly restorative sleep, is severe daytime sleepiness that degrades their quality of life.

The CPAP machine, which streams air through the nose to keep breathing passages open, almost always treats the condition successfully. Yet less than half of those prescribed CPAP use it regularly. Careful fitting, adjustment, and cleaning are essential for CPAP machines, and users need guidance through any difficulties that may arise. The problem is they often don’t get it.

After the clinic encounter, Parthasarathy became frustrated that a successful treatment method was going unused so often. He thought new CPAP users could benefit from working with mentors—peers with sleep apnea who had successfully used the CPAP machine, like the patient he’d just seen. His study

compared patients who worked with peer mentors to those who received usual care. The research found that patients who received support from peers had greater adherence to the therapy, and they were more satisfied with their care.

These peer-buddies also convey the dire risks of untreated sleep apnea. “It’s one thing to hear it from me, it’s another for a peer to lay the cards on the table,” Parthasarathy said.

This project is the focus of a follow-on Dissemination and Implementation Award, which will recruit and train 200 additional peer mentors to work with thousands of additional CPAP patients.



*“Learning more about the success of peer support, and how people can get more out of their doctor’s visits, may have huge implications across the healthcare system.”*

**SAIRAM PARTHASARATHY, MD**





# Antipsychotic Treatment and Monitoring for Foster Children



Clinicians often prescribe antipsychotics for children and adolescents diagnosed with attention deficit hyperactivity disorder or disruptive, impulse-control, and conduct disorders. But these medicines have serious long-term health risks, including an increased risk of weight gain, heart attack, and diabetes.

Further, clinicians prescribed these drugs to children on Medicaid who are also in foster care at much higher rates than privately insured children, and the youngsters are also more likely to have prescriptions for multiple antipsychotics. States have different rules about how doctors prescribe these medicines to children in foster care. A PCORI-funded research team, led by Stephen Crystal, MD, MS, at Rutgers University, wanted to know how different

policies affect how and when children in foster care get antipsychotics.

The research team is comparing programs in four states—Ohio, Texas, Washington, and Wisconsin—to monitor the treatment of children in foster care with medicines that affect mood and behavior.

The research team is looking at records for all children in foster care in those states for a period of up to nine years.

The records show which medicines children in foster care receive, at what dose, and why.

The research team wants to know how often children get more than one medicine, whether they receive mental health evaluation and treatment as well, and how

often the children go to the hospital.

Early results show that for children with attention deficit hyperactivity disorder or disruptive, impulse-control, and conduct disorders, the benefits of antipsychotic treatment may be modest, and the harms may be significant. The harms can affect children throughout their lifetimes. Clinicians should carefully monitor children taking antipsychotics.

## MOST STUDIED CONDITIONS\*



Mental/Behavioral Health  
**\$527 Million**



Cardiovascular Diseases  
**\$306 Million**



Cancer  
**\$347 Million**



Multiple/Comorbid Chronic Conditions  
**\$240 Million**



Neurological Disorders  
**\$331 Million**



Nutritional and Metabolic Disorders  
**\$173 Million**

\*Awards since PCORI's inception listed by primary condition. For more information, visit [www.pcori.org/research-results](http://www.pcori.org/research-results).



# Achieving Impact



Studying how to improve patient care and outcomes for high-burden, high-impact conditions is only

useful if those results get into the hands of those who need them most.

Our funded research showed strong movement on implementation with results uptake included in 32 evidence-based clinical recommendations, 30 citations in systematic review publications, and 10 policy documents in 2019.

In one striking example, the American Diabetes Association's Standards of Medical Care in Diabetes-2019 incorporated results of a PCORI-funded study on people with type 2 diabetes who are not using insulin. This

study suggests that for these patients, daily finger sticks do not help control diabetes or delay the need to start insulin compared with not doing so.

Findings from original, high-impact research projects also can be the focus of follow-up Dissemination and Implementation Awards. This funding supports the expansion of research projects, their interventions, and their findings at new sites and in new settings.

Three of those original research projects focused on predicting how well treatments work for specific groups of patients, the effectiveness of community health workers in helping patients manage ongoing health problems, and shared decision making for patients with heart failure.

## RESULTS UPTAKE

In fiscal 2019, a total of 72 new citations of results from PCORI-funded studies appeared in UpToDate®, other evidence-based clinical recommendations, policy documents, systematic reviews, and meta-analyses, bringing our cumulative total to 172 citations.

# Predicting Treatment Benefits for the Individual Patient

One in three American adults—an estimated 84 million people—has prediabetes. It’s an overwhelming number to manage and treat. But now, a prediction tool created through a PCORI-funded study is providing a way for clinicians to pinpoint the patients most likely to develop diabetes over three years. This breakthrough tool helps clinicians prioritize patients most likely to benefit from a prevention program.

Through a Dissemination and Implementation Award, two of the American Medical Group Association’s health systems in Pennsylvania and St. Louis, Missouri, are implementing use of the prediction tool, which draws upon already-available patient data.

In the original PCORI-funded project, Principal Investigator

David Kent, MD, MS, and his Tufts Medical Center team reanalyzed more than 30 previous studies, including a landmark diabetes study. The reanalysis found that only a small group of patients benefited from the treatment—a rigorous program including diet and exercise called the Diabetes Prevention Program (DPP)—but because the benefit for these few patients was so great, the average effect was still substantial. “The differences between risk groups were so large that clinical decision making should really be tailored to individual risk,” Kent said.

The prediction tool identifies which patients may benefit most from enrolling in DPP, and shows patients concrete reasons for committing to the program. Now, the team is developing cloud-based applications for integrating



the diabetes prediction tool into the electronic health records at the two health systems. The team plans to integrate the tool at approximately 50 clinics.

“Frontline clinicians are overwhelmed and feel a need for something to help them prioritize all the people with prediabetes. Thanks to David’s initial PCORI project, we have it,” said John Cuddeback, MD, PhD, Chief Medical Informatics Officer at the American Medical Group Association.



*“We keep hearing about personalized medicine based on gene sequencing. This is personalized medicine we can do today, with information we already have on hand.”*

**JOHN CUDEBACK, MD, PhD**  
Chief Medical Informatics Officer at the American Medical Group Association

# Community Health Workers Connect Patients and Healthcare Professionals

**P**atients with multiple chronic conditions who live in resource-strapped areas of the country face unique challenges in their efforts to stay healthy, including ready access to nutritious foods, transportation to medical facilities, and lack of exercise facilities. But researchers found an important resource when neighbors helped neighbors.

One of those neighbors is Tamala Carter, a community health worker (CHW) and lay co-investigator for Individualized Management for Patient-Centered Targets (IMPACT).

“I interview high-risk patients and get their voices on what makes it hard to stay healthy, not just medical but all life issues, and their ideas for improving their health,” Carter said. She has conducted hundreds of interviews, many of them on people’s front porches.

The PCORI-funded IMPACT study examined the effectiveness of providing CHW support on helping patients with multiple

chronic conditions set and achieve goals for improving their health. The program helped improve outcomes that matter to patients and healthcare delivery systems and is now expanding to organizations across three states.

In a December 2018 *JAMA Internal Medicine* article, Principal Investigator Shreya Kangovi, MD, MS, and her research team at the University of Pennsylvania Perelman School of Medicine reported that patients in the nine-month study who received CHW support were more likely to report a higher quality of primary care. Patients with support were also less likely to have more than one hospital stay during the study or return to the hospital in the

same month if they did have a hospital stay.

A Dissemination and Implementation Award is expanding the program to 4,000 patients with limited financial resources and ongoing health problems in Delaware, North Carolina, and Pennsylvania.

“We hope the implementation of the program across a wider geographic footprint and diverse patient population will inform best practices for scaling the model,” Kangovi said. “If further implemented and scaled, IMPACT could move the needle on improving health for millions of low-income Americans.”



*“Our trials are some of the strongest evidence to date that addressing social determinants through health care can improve health, quality, and cost.”*

**SHREYA KANGOVI, MD, MS**





# Shared Decision Making for Patients with Heart Failure



**P**atients experiencing advanced heart failure face a difficult decision when they consider implanting a left ventricular assist device (LVAD). The device helps a failing heart to continue pumping blood, sustaining life; however, decision makers sometimes do not fully understand the potential risks and benefits of the device.

“The decision to make an LVAD part of everyday life or not is highly personal and extremely complex. It is also important to remember that choosing an LVAD is a life-changing decision for the caregiver as well,” said Melinda Kane, MS-HCM, a caregiver partner on a PCORI-funded study.

The study tested the effectiveness of a shared decision making tool, comprising a video and pamphlet,

and found it improved patients’ LVAD knowledge and made them more likely to choose treatment that matched their goals. Researchers trained clinicians to use the tool and then clinicians integrated the tool into hospital education and shared decision making processes.

Building on the original study by Principal Investigator Larry Allen, MD, MHS, a team at the University of Colorado Denver led by Daniel Matlock, MD, is expanding the use of the decision aids, with the support of a PCORI Dissemination and Implementation Award, to all 180 LVAD centers in the United States.

“There is no doubt in our minds that the decision aids Allen and his team developed, and that Matlock and his team are expanding the

use of in their PCORI-funded dissemination and implementation project, will positively benefit LVAD patients and their families,” said Ginny Meadows, MSHI, RN-BC, FHIMSS, a caregiver partner on the study along with her niece Kane, whose mother experienced many complications from her LVAD implantation.

A decision aid for **Left Ventricular Assist Device (LVAD)**  
A device for patients with advanced heart failure



You are being considered for an LVAD. This booklet should help you understand what an LVAD is and help you and your family think about what is best for you. Your values and goals are the most important factors in making a decision.

### What are your current feelings?

- How do you want to live the rest of your life?
- What are your hopes and fears?
- What are your biggest questions?



*“Caregivers and other trusted individuals close to the patient should be considered as partners in the decision-making process, as caregiver support is critical for LVAD patients.”*

**MELINDA KANE, MS-HCM**

Caregiver Partner, PCORI-funded Implementation project



# Influencing Research Culture



Bringing patients and other healthcare collaborators together to partner in all

aspects of our work makes PCORI unique and promises to make the results of our funded research uniquely impactful.

We believe engagement influences research to be more patient centered, useful, and trustworthy, and will ultimately lead to greater use and uptake of research results by the patient and broader healthcare community. In fact, our stakeholders increasingly report that engagement has improved study conduct, produced positive impacts on patients and other stakeholders, increased skills and professional opportunities, and improved the relevance of research.

We evaluate and study engagement activities across the research cycle. Using our research and practice-based knowledge, we actively develop approaches and resources to share more broadly.

We track our influence on the field and find that health systems are formulating policies promoting patient engagement in research. Other health organizations, government agencies, and industry are formally engaging patients in their work as well. Importantly, universities are

offering seed money to support research-patient partnerships and developing training programs on patient-centered research.

Researchers and funders want more information about how best to incorporate engagement into their work, along with more evidence showing them why doing so is worthwhile. In FY 2019, we saw vivid illustrations of how we're influencing the broader research community to follow this approach.



*"We are at the front end of moving toward being more evidence based, and I think our partnership with PCORI can help us take it directly, further down that path."*

**MICHAEL THOMPSON**

*President and Chief Executive Officer  
National Alliance of Healthcare Purchaser Coalitions*

# Encouraging Engagement

Since our inception, we've worked to encourage patient and other stakeholder engagement in research and have a growing collection of evidence that suggests this approach works.

In FY 2019, we confirmed that engagement helps ensure research better aligns with patient and clinician needs, according to an analysis published in the March 2019 issue of *Health Affairs*. We collected and scrutinized information from 126 peer-reviewed journal articles from PCORI-funded research studies that included descriptions of each research team's experiences with partner engagement. The authors of these articles noted:

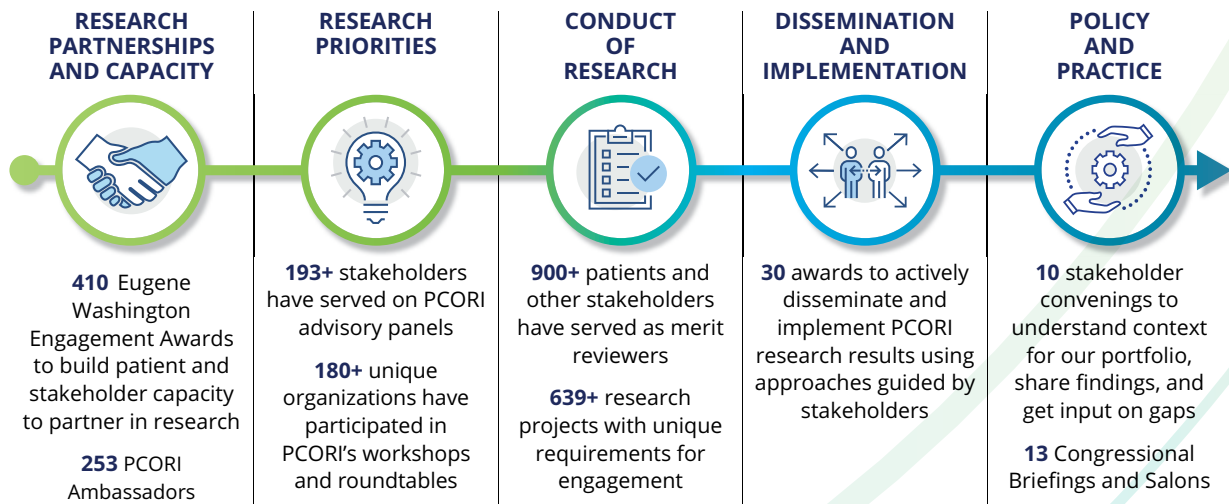
- Patients and caregivers served as active partners and prominent contributors in many of the research projects.
- Engagement contributed to all aspects of research, including determining study design, selecting study outcomes, tailoring interventions to meet patient needs and preferences, enrolling participants, and disseminating findings.
- Engagement provided valuable contributions to research feasibility, acceptability, rigor, and relevance.

Major hospitals and universities continue to cite PCORI as an impetus for developing CER centers, CER awards programs, and patient and community



advisory boards to inform their research. Crediting PCORI, Geisinger Health System is including patient engagement "as a default, not the exception" in its strategic research plan moving forward. The American Heart Association has created patient engagement groups, citing PCORI as the impetus for them.

## OPPORTUNITIES FOR ENGAGEMENT





# The Power of Patients in the Review Process

**W**hile other funders include patients and other stakeholders in their processes for reviewing applications, PCORI uniquely integrates them fully. We require patients and stakeholders on all teams that review the merit of applications for our research funding, and they are also now participating in peer review of our completed studies, using a wide range of criteria.

New evidence emerged in 2019 supporting our long-held assertion that PCORI's patients-included process yields stronger and more useful funded research, thanks to an internal evaluation of reviewer surveys, reviewer scores, and focus group feedback.

This year, armed with proof that what we're doing works, we launched the Merit Review Mentorship program, which

provides patient and stakeholder merit reviewers the support needed to participate successfully in PCORI merit review through personalized, experiential support.

The program includes tips to help reviewers write high-quality reviews that fully address PCORI's Merit Review criteria, and helps reviewers contextualize

and articulate their unique perspectives to ensure they're captured in written reviews or at in-person panel discussions. Mentors represent a range of patient and stakeholder communities, including patients, caregivers, family members, patient advocates, clinicians, researchers, purchasers, payers, policy makers, and more.



*"Research isn't a one-size-fits-all experience. PCORI's support and willingness to think outside the box in getting patients to the table for research is so important."*

**LAUREN MORTON, MHA**

*A patient with MS who engaged in Facebook Live events supported through a PCORI Engagement Award*





# Refining Our Engagement Plan

**T**his past year, we continued to build our robust pool of Engagement resources. We introduced the Engagement Tool and Resource Repository for Patient-Centered Outcomes Research to encourage the understanding and spread of engagement practices. This is a repository of engagement-related tools and resources developed and used by PCORI awardees. This one-of-a-kind, searchable repository includes resources that can inform future work in patient-centered outcomes research and will grow over time.

PCORI included tools identified as potentially informative in several areas, such as usefulness, adaptability, and ability to

demonstrate some success in real-world settings.

We also launched the PCORI Ambassador Center. Our Ambassadors are a volunteer network of individuals dedicated to changing research, and PCORI has worked with them for years to incorporate a diversity of perspectives in its work and the research it funds. This new Ambassador Center—a searchable and filterable online directory that enables connections and partnerships within and external to the Ambassador community—allows users to find other Ambassadors based on state, stakeholder type, and health areas of interest.



# Engagement Awards Blossom

**B**esides influencing other organizations to become more patient centered, we continue to operate our Eugene Washington PCORI Engagement Awards program. Named for PCORI's first Board of Governors Chairperson, the program funds projects that enable organizations to engage patients, clinicians, caregivers, and others as partners in research.

PCORI approved 127 Engagement Awards totaling \$25.2 million in FY 2019, bringing the program's cumulative totals to 459 awards and \$92 million.

In FY 2020, we'll be funding two new categories of Engagement Awards: Accelerating the Adoption of Tools and Resources, and Community Convening around Patient-Centered Outcomes Research.

That first category provides support for projects that give organizations and community groups the opportunity to scale up or adopt meaningful engagement tools and processes with more communities, with the intent to further build capacity and skills for patient-centered outcomes research and comparative clinical effectiveness research. The second provides funding to organizations and community groups to hold multi-stakeholder convenings that have a focus on, and commitment to, supporting collaboration around research.

We examined our portfolio of projects to date, and identified these two opportunities to support unique, essential activities that advance research through collaboration with key stakeholders.

## SPECIAL PROJECT FUNDING ANNOUNCEMENTS



### Accelerating the Adoption of Tools and Resources

Up to **\$100,000**  
Up to **1 Year**



### Community Convening

Up to **\$100,000**  
Up to **1 Year**

More information can be found at [Announcing New Special Engagement Award Funding Opportunities, Evaluating Reporting Tool.](#)



Nakela Cook, MD, MPH, New PCORI Executive Director

# A Look Ahead



PCORI achieved two major milestones early in FY 2020 when Congress reauthorized our funding for another 10 years and our Board named a new Executive Director to lead our organization into the next decade.

The reauthorization means we can continue to fulfill our mission of funding research that helps patients and their doctors weigh their healthcare options and make the best choices based on their values, preferences, and circumstances.

Further, reauthorization ensures that PCORI has the resources to continue funding new implementation projects, which employ practical strategies and approaches to get useful research findings taken up more quickly in a variety of care settings. It also allows us to fund additional

efforts to enhance the methods for conducting rigorous research as well as more projects that build communities prepared to engage in and advance patient-centered research.

The Board of Governors named Nakela Cook, MD, MPH, as our next Executive Director in January 2020. She is a cardiologist with a distinguished career leading key research initiatives engaging patients, clinicians, and other healthcare stakeholders at one of the nation's largest public health research funders. Cook comes to PCORI from her role as a Senior Scientific Officer and Chief of Staff for the National Heart, Lung, and Blood Institute, one of the largest institutes within the National Institutes of Health.

These two milestones came at a propitious time as PCORI begins its 10th year of service to our nation. The need for rigorous comparative effectiveness

research is as great and urgent as ever. We believe the results emerging from our research portfolio and the impact of advancing engagement of patients and other stakeholders in clinical research demonstrate the need for our work to continue, a belief validated by the long-term reauthorization of our funding. We can build on our accomplishments and prepare the organization for its next phase.

We look forward to continuing to partner with patients and the broader healthcare community to support research that provides patients and their clinicians with the information they need to make optimal healthcare decisions. Together, we can continue to improve patient care and outcomes, and reduce the burden that some of our country's most pressing healthcare issues impose on individuals, their families, and the healthcare system.

# Administrative and Governance Update

## GAO Appoints New Board Members

PCORI welcomed seven new Board members appointed by the Government Accountability Office (GAO) in September 2018. In FY 2019, soon after their appointment, these new Board members participated in PCORI Board Orientation to learn about PCORI's history, structure, strategic plan, and processes, and to interact with key staff members. They underwent an orientation program to prepare them for their new committee assignments and to support their effective committee participation.

In FY 2019, the PCORI Board of Governors did not adopt any amendments to the PCORI bylaws; however, the Board did approve amendments to several Board and Board-related

committee charters to include provisions for voting by written consent consistent with DC nonprofit law and to memorialize consistent historic practices of committees. The Board also approved a revised Board and Methodology Committee Compensation Policy that reflects minor revisions to ensure it aligns with current practice and provides greater clarity. This policy is available on PCORI's website, [www.pcori.org](http://www.pcori.org).

In September 2019, GAO appointed new Board leadership, naming Christine Goertz, DC, PhD, as Chairperson and Sharon Levine, MD, as Vice Chairperson. Both leaders have served on PCORI's Board since September 2010.



Goertz is the Chief Executive Officer of the Spine Institute for Quality, a professor in the Department of Orthopaedic Surgery at Duke University Medical Center, and Director of System Development and Coordination for Spine Health at Duke Health.

Levine, a board-certified pediatrician, is a physician with the Southern California Permanente Medical Group. She practiced and held leadership positions within The Permanente Medical Group, a large multispecialty group practice in California.





## Executive Director Reveals Retirement Plans

Founding Executive Director Joe V. Selby, MD, MPH, informed PCORI's Board of Governors in March 2019 of his plans to retire at the end of the calendar year. He continued in his role until November 1, when Josephine P. Briggs, MD, joined PCORI as Interim Executive Director. Selby served as Senior Advisor to the Interim Executive Director until his retirement in December.

Selby became PCORI's Executive Director in May 2011. He helped build PCORI from scratch as a

private, independent, publicly supported research funder. Selby also oversaw the development of PCORI's portfolio of more than 700 research projects, stakeholder engagement efforts, infrastructure development, and dissemination and implementation activities.

He stated the timing was right for the decision, which came at a natural transition point in PCORI's history.

"The growing collection of published findings generated

by PCORI's research portfolio is exciting, as are many of our newer information resources, such as systematic reviews, evidence maps, and horizon scans. All of these are helping our stakeholders fill gaps in the evidence base and address the healthcare questions they face daily," Selby said. "Our fundamental commitment from the start to work closely with patients and caregivers, clinicians and payers, is what distinguishes PCORI, and we will not waver from that commitment."

## Board Chairperson Announces Interim Executive Director

In late September, Goertz announced the appointment of Josephine P. Briggs, MD, as PCORI's Interim Executive Director.

Briggs is a nationally recognized nephrologist and health services researcher who serves as editor in chief of the *Journal of the American Society of Nephrology*, the leading journal in the field. She was Senior Scientific Officer

at the Howard Hughes Medical Institute and spent nearly 20 years in leadership positions at the National Institutes of Health (NIH), including Director of the Division of Kidney, Urology, and Hematology in the National Institute of Diabetes and Digestive and Kidney Diseases.

Briggs led the establishment of several major programs

at NIH. She was co-leader of the NIH Common Fund Health Care Systems Research Collaboratory, a 10-year effort to conduct pragmatic clinical trials in partnership with clinical investigators and US healthcare systems. She also was interim founding Director of the NIH Precision Medicine Initiative® Cohort Program, now known as All of Us.



Josephine P. Briggs, MD, PCORI's Interim Executive Director



# Annual Meetings Unite and Energize PCORI Community

After working within their communities on patient-centered outcomes research, hundreds of patients, families, researchers, and other stakeholders convened at two PCORI Annual Meetings during FY 2019.

Energized by the commitment of nearly 1,000 attendees in person over the course of both three-day meetings, people shared their enthusiasm online. Opening day of the September 2019 meeting saw #PCORI2019 as the top trending Twitter topic in Washington, DC, with those tweeting about the conference having a cumulative reach of more than 6 million users.

In person and online, members of the community shared accomplishments, connected with peers, and learned about research work underway. Individuals shared their unique perspectives and experience, moving patient-centered care

forward with their powerful personal stories.

Patients expressing their heartfelt needs, onstage and in the audience, drove question-and-answer periods during plenaries. These conversations exemplified the shared understanding that every member of the PCORI community was working, first and foremost, to address the needs and desires of patients.

PCORI 2018, *From Evidence to Impact: Putting What Works into Action*, welcomed over three dozen speakers from across the healthcare community. All were committed to ensuring relevant findings from PCORI-funded studies made their way to patients, clinicians, and policy makers to improve patient care and outcomes.

In keeping with the theme of the most recent Annual Meeting—



*Making a Difference: Using Patient-Centered Research Results in the Real World*—researchers, patients, and other stakeholders left the meetings emboldened and prepared to further their shared, important work.

PCORI's Annual Meetings offered a glimpse of what this community can do to improve the lives of patients, families, and caregivers through engagement and partnership in research.

## New Methodology Standards Adopted

The PCORI Methodology Standards help advance the design and conduct of patient-centered outcomes studies to enable them to generate the evidence needed to address patients' and clinicians' questions about what works best, for whom, and under what circumstances.

A February 2019 update to these standards, recommended by the Methodology Committee and adopted by the Board, addressed the need to take a more systematic approach to

prioritizing research topics and determining which research designs can provide information that is both useful and timely to patients, caregivers, clinicians, and other healthcare system stakeholders.

At the end of FY 2019, the PCORI Methodology Standards addressed 16 topic areas for a total of 65 standards.

We also continue to monitor use of the PCORI Methodology Standards. We've tracked

more than 150 citations of the standards in published literature through FY 2019—the seventh straight year we've seen notable growth since introducing the standards.

# Appendices

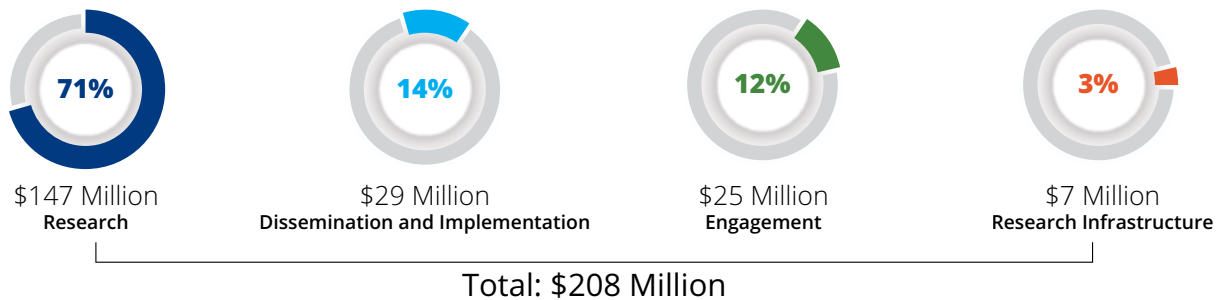
## FY 2019 Actual and FY 2020 Budget

**Note:** Our authorizing law requires that our Annual Report include PCORI's budget for the year following the period covered by the report. The independent audit of our FY 2019 financial report, provided to Congress by the US Government Accountability Office, is available at [www.pcori.org/about-us/financials-and-reports](http://www.pcori.org/about-us/financials-and-reports).

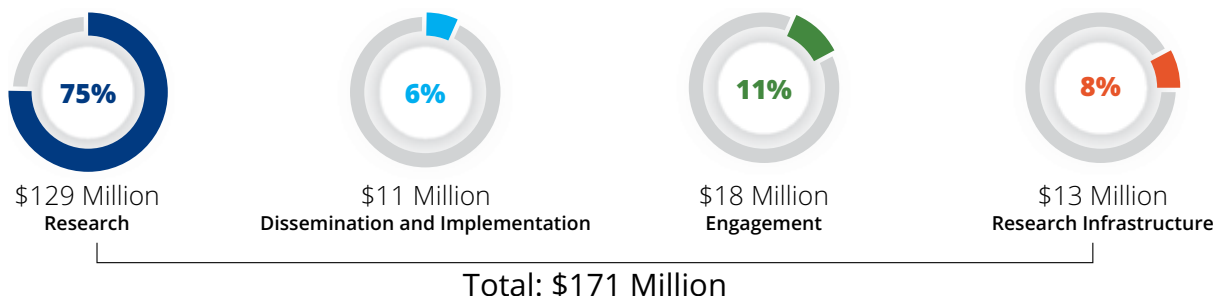
FY 2019 ACTUAL		FY 2020 BUDGET	
Revenue	\$615,205,771	Revenue*	\$20,697,828
<b>Expenses</b>		<b>Expenses</b>	
Program Services	347,986,692	Program Services	343,623,030
Program Support	19,277,970	Program Support	17,274,140
Administrative Expenses	23,229,735	Administrative Expenses	35,430,210
<b>Total Expenses</b>	<b>\$390,494,397</b>	<b>Total Expenses</b>	<b>\$396,327,380</b>
<b>Change in Net Assets before Unrealized Gain/Loss on Short-Term Investments</b>	<b>\$224,711,374</b>	<b>Change in Net Assets before Unrealized Gain/Loss on Short-Term Investments</b>	<b>\$(375,629,552)</b>

\*Please note that the budgeted FY 2020 revenue of \$20.7 million is the amount that was approved by the PCORI Board of Governors on September 18, 2019, and represents estimated revenues pending funding reauthorization. PCORI was reauthorized on December 20, 2019, and currently projects revenues to be \$422.0 million in FY 2020.

### FY 2019 AWARDS FUNDING COMMITMENT (AWARDS APPROVED)



### FY 2020 AWARDS FUNDING COMMITMENT (PLANNED)



**Note:** On April 1, 2020, the Board approved an additional \$110 million to fund research and other projects related to COVID-19 response.

# Conflict of Interest Disclosures

The Patient Protection and Affordable Care Act, which authorized the establishment of the Patient-Centered Outcomes Research Institute, requires PCORI to disclose any conflicts of interest of its Board of Governors, Methodology Committee, and executive staff. The Act defines "conflict of interest" as: "an association, including a financial or personal association, that have the potential to bias or have the appearance of biasing an individual's decisions in matters related to the Institute or the conduct of activities under this section." Below are the associations reported by PCORI's Board of Governors, Methodology Committee, and executive staff. Disclosures reflect those reported to PCORI as of March 16, 2020.

## BOARD OF GOVERNORS

### Kara Ayers, PhD

(As of January 31, 2020)

#### Financial or Business Associations

- Cincinnati Children's Hospital Medical Center, *Employer, In-law*
- Cincinnati Children's Hospital Medical Center, *Employer, Self*
- Ivy Tech Community College, *Employer*
- TriHealth, *Employer, Parent*
- University of Cincinnati, *Employer*

#### Personal Associations

- American Psychological Association, *Non-compensated Position*
- Association of University Centers on Disability, *Member*
- Center for Independent Living Options, *Board Member*
- Ohio State Independent Living Center, *Board Member*
- Osteogenesis Imperfecta Foundation, *Active Volunteer, Spouse*
- Osteogenesis Imperfecta Foundation, *Chairperson or Board Officer*

### Lawrence Becker

(As of January 28, 2020)

#### Financial or Business Associations

- Amgen, *Stock*
- Bristol-Myers Squibb, *Stock*
- GlaxoSmithKline, *Stock, Spouse*
- Johnson & Johnson, *Stock, Spouse*
- LSB Consultants, LLC, *Investments, Spouse*
- N3/Xerox Corporation, *Retired*
- N3/Xerox Corporation, *Stock*
- Pfizer, Inc., *Stock, Spouse*
- The Travelers Companies, Inc., *Stock, Spouse*
- University of Rochester Medical Center, *Employer, Sibling*

#### Personal Associations

- None Reported

### Francis S. Collins, MD, PhD

(As of November 17, 2019)

#### Financial or Business Associations

- National Institutes of Health, *Employer*

#### Personal Associations

- National Academy of Medicine, *Member*
- National Academy of Sciences, *Member*

### Jennifer DeVoe, MD, MPhil, MCR, DPhil, FAAFP

(As of November 22, 2019)

#### Financial or Business Associations

- Agency for Healthcare Research and Quality, *Research Funding*
- American Board of Family Medicine, *Exam Writer*
- National Cancer Institute, *Research Funding*
- National Heart, Lung, and Blood Institute, National Institutes of Health, *Advisory Board Member (Compensated Position) and Research Funding*
- OCHIN, Inc., *Research Advisor*
- Oregon Health & Science University, *Employer*
- Virginia Commonwealth University, *Advisory Board Member (Compensated Position)*

#### Personal Associations

- American Academy of Family Physicians, *Editorial Board Member*
- American Board of Family Medicine, *Editorial Board Member*
- Mayo Clinic, *Editorial Board Member*
- Montana State University, *Advisory Council Member (Non-compensated Position)*
- National Academies, *Board Member and Committee or Work Group Member*
- North American Primary Care Research Group, *Committee or Work Group Member*

### Alicia Fernandez, MD

(As of February 10, 2020)

#### Financial or Business Associations

- University of California, San Francisco, *Employer*
- Prosetta Bioconformatics, *Stock*

#### Personal Associations

- Institute of Medicine Roundtable on Literacy, *Member*
- National Hispanic Medical Association, *Member*
- Society of General Internal Medicine, *Active Volunteer*

### Christopher Friese, PhD, RN, AOCN, FAAN

(As of November 18, 2019)

#### Financial or Business Associations

- Agency for Healthcare Research and Quality, *Research*
- Merck Foundation, *Research*
- National Cancer Institute, *Research*
- Robert Wood Johnson Foundation, *Consultant*
- RTI International, *Consultant*
- University of Michigan, *Employer*

#### Personal Associations

- AcademyHealth, *Member*
- American Society of Clinical Oncology, *Member*
- Cancer Nursing, *Standing Reviewer*
- National Academy of Medicine, *Committee or Work Group Member*
- Oncology Nursing Society, *Member*

### Christine Goertz, DC, PhD

(Chairperson)

(As of December 16, 2019)

#### Financial or Business Associations

- Duke University, *Faculty*
- National Institutes of Health, *Advisory Board Member (Compensated Position)*
- SpinelQ, *Consultant*

#### Personal Associations

- American Chiropractic Association, *Member*
- American Public Health Association, *Member*
- Chiropractic & Manual Therapies, *Editorial Board Member*
- Drake University, College of Pharmacy and Health Sciences, *Active Volunteer, Spouse*
- Journal of Manipulative and Physiological Therapeutics, *Editorial Board Member*
- University of Iowa, *Adjunct Faculty*
- World Federation of Chiropractic, *Chairperson or Other Board Officer*

### Trent Haywood

(Service on PCORI Board Ended November 26, 2019)

(As of March 4, 2019)

#### Financial or Business Associations

- Blue Cross Blue Shield Association, *Employer*

#### Personal Associations

- YMCA, *Board Member*

### Michael Herndon, DO

(As of December 12, 2019)

#### Financial or Business Associations

- Oklahoma Health Care Authority, *Employer*

#### Personal Associations

- Medicaid Medical Directors Network, *Member*

### Russell Howerton, MD

(As of December 5, 2019)

#### Financial or Business Associations

- Wake Forest University Health Sciences, *Employer*

#### Personal Associations

- Cornerstone Health Enablement Strategic Solutions (CHES), *Chairperson or Other Board Officer*



**Gail Hunt***(As of February 20, 2020)***Financial or Business Associations**

- None Reported

**Personal Associations**

- Coalition to Transform Advanced Care (C-TAC), *Member*
- Gerontological Society of America, *Member*
- Long Term Quality Alliance, *Board Secretary*
- Mayor's Task Force for Age-Friendly DC, *Co-Chairperson Caregiving*

**Gopal Khanna, MBA***(As of February 10, 2020)***Financial or Business Associations**

- Agency for Healthcare Research and Quality, *Employer (Director)*

**Personal Associations**

- Pathways to Children, *Board of Directors*
- The Hindu Society of Minnesota, *Board of Trustees*

**Sharon Levine***(Vice Chairperson)**(As of January 10, 2020)***Financial or Business Associations**

- Southern California Permanente Medical Group, Inc., *Employer*

**Personal Associations**

- Health Affairs, *Council Member*
- Medicare Payment Advisory Commission, *Commissioner and Chairman of the Commission, Spouse*

**Freda Lewis-Hall, MD***(As of January 28, 2020)***Financial or Business Associations**

- 1 Life Healthcare, Inc., *Board of Directors/Trustees (Compensated Position)*
- Bristol-Myers Squibb, *Retirement Plan*
- Bristol-Myers Squibb, *Stock, Self and Spouse*
- Eli Lilly and Company, *Pension Plan, Self and Spouse*
- Milliken, *Board of Directors/Trustees (Compensated Position)*
- Pfizer, Inc., *Employer*
- Pfizer, Inc., *Savings Plans and Retirement Plan*
- Spring Works Therapeutics, Inc., *Board of Directors/Trustees (Compensated Position)*
- Tenet, *Former Board Member*
- Vertex Pharmaceuticals, *Stock and Retirement Plan*

**Personal Associations**

- Dell Medical School, *Board Member*
- FasterCures, *Board Member*
- Foundation for the National Institutes of Health, *Board Member*
- Harvard Medical School, *Board Member*

**Michelle McMurry-Heath, MD, PhD***(As of February 20, 2020)***Financial or Business Associations**

- Johnson & Johnson, *Employer*

**Personal Associations**

- American Association for the Advancement of Science, *Committee Member*
- Duke University, *Board Member*
- Medical Device Innovation Consortium, *Chairperson or Board Officer*

**Barbara J. McNeil, MD, PhD***(As of January 10, 2020)***Financial or Business Associations**

- Blue Cross and Blue Shield Association, *Medical Advisory Panel Member*
- Brigham and Women's Hospital/Harvard Medical School, *Employer*
- Edwards Lifesciences, *Stock*
- Harvard University Medical School, *Employer*
- Marine Polymer Technologies, *Board of Directors/Trustees (Compensated Position)*
- Marine Polymer Technologies, *Consultant*

**Personal Associations**

- AGMednet, *Board Member, Non-compensated*
- American Academy of Arts & Sciences, *Member*
- American Association for the Advancement of Science, *Fellow*
- American College of Radiology, *Member*
- American Medical Association, *Member*
- CMS Imaging Efficiency Measures Technical Panel, *Member*
- Massachusetts Medical Society, *Member*
- National Academy of Medicine, *Member*
- Society for Medical Decision Making, *Member*
- Society of Nuclear Medicine and Molecular Imaging, *Member*
- The Academic Medicine and Health Industry Forum, *Member*

**Grayson Norquist, MD, MSPH***(As of November 19, 2019)***Financial or Business Associations**

- Emory University, Office of Sponsored Programs, *Employer*

**Personal Associations**

- American Psychiatric Association Council on Quality Care, *Chairperson or Other Board Officer and Fellow*

**Ellen Sigal, PhD***(As of January 22, 2020)***Financial or Business Associations**

- ISHARES CORE MSCI EAFE ETF, *Stock, Jointly and Self and Spouse*
- ISHARES CORE S&P MIDCAP ETF, *Stock, Jointly*
- ISHARES INC MSCI JAPAN NEW, *Stock, Self and Spouse*
- ISHARES MSCI EAFE ETF, *Stock, Jointly and Spouse*
- ISHARES RUSSELL 1000 GROWTH ETF, *Stock, Spouse and Jointly*
- ISHARES RUSSELL 1000 VALUE ETF, *Stock, Spouse and Jointly*
- SPDR S&P 500 ETF TRUST, *Stock, Jointly and Self and Spouse*
- VANGUARD FTSE EUROPE ETF, *Stock, Jointly and Self and Spouse*

**Personal Associations**

- DC Students Construction Trades Foundation, *Board Member, Child*
- Duke University Cancer Center, *Board of Overseers*
- Foundation for the National Institutes of Health, *Board member*
- Friends of Cancer Research, *Board Officer*
- GWU Milken Institute School of Public Health, *Advisory Board Member*
- MD Anderson Cancer Center, *Advisory Board Member*
- Parker Institute for Cancer Immunotherapy, *Advisory Board Member*
- Reagan-Udall Foundation, *Board Officer*

- Sidney Kimmel Comprehensive Cancer Center Advisory Council, *Advisory Council Member (Non-compensated Position)*
- Stand Up 2 Cancer (SU2C) Catalyst Executive Committee, *Committee or Work Groups Member*
- Stand Up 2 Cancer, *Committee or Work Groups Member*

**Kathleen Troeger, MPH***(As of November 18, 2019)***Financial or Business Associations**

- Hologics, Inc., *Employer*
- Hologics, Inc., *Stock*
- Pfizer, *Pension*

**Personal Associations**

- AdvaMed, *Committee or Workgroup Member*

**Janet Woodcock, MD***(As of December 6, 2019)***Financial or Business Associations**

- National Institutes of Health, *Employer, Spouse*
- US Food and Drug Administration, *Employer*
- University of Florida, UF Health, *Employer, In-law*

**Personal Associations**

- None Reported

**Robert Zwolak, MD, PhD***(As of March 15, 2020)***Financial or Business Associations**

- Dartmouth-Hitchcock, *Employer and Investments*
- VA Medical Center, Manchester, NH, *Employer*

**Personal Associations**

- American College of Surgeons, *Committee or Work Group Member*
- American Medical Association (AMA), *Committee or Work Group Member*
- Society for Vascular Surgery, *Committee or Work Group Member*

## METHODOLOGY COMMITTEE

### Naomi Aronson, PhD

(As of March 16, 2020)

#### Financial or Business Associations

- Blue Cross Blue Shield Association, *Employer*

#### Personal Associations

- EXCITE International, *Board Officer*
- FDA Heart Failure Collaboratory, *Member*
- Health Technology Assessment International, *Health Policy Forum, Member*
- ISPOR Patient Centered Health Technology Assessment Task Force, *Member*
- National Academy of Medicine Genomics Roundtable, *Member*
- National Evaluation System for health Technology Coordinating Center (NESTcc), *Governing Committee*
- Tapestry Networks, *Committee or Work Group Member*

### Ethan Basch, MD, MSC

(As of November 18, 2019)

#### Financial or Business Associations

- Carevive, *Advisory Board Member (Compensated Position)*
- Journal of the American Medical Association, *Editor*
- Memorial Sloan-Kettering Cancer Center, *Consultant*
- Navigating Cancer, *Consultant*
- Sivan Healthcare, *Advisory Board Member (Compensated Position)*
- University of North Carolina at Chapel Hill, *Employer*

#### Personal Associations

- American Society of Clinical Oncology, *Board Member*
- The Alliance for Clinical Trials in Oncology Foundation, *Chairperson or Other Board Officer*

### Stephanie Chang, MD, MPH

(As of November 18, 2019)

#### Financial or Business Associations

- Agency for Healthcare Research and Quality, *Employer*

#### Personal Associations

- Arlington Free Clinic, *Volunteer Physician*
- Guidelines International Network, *Trustee*

### David Flum, MD, MPH

(As of November 15, 2019)

#### Financial or Business Associations

- None Reported

#### Personal Associations

- American Surgical Association, *Member*
- BlueCross BlueShield of South Carolina, *Advisory Board Member*
- British Journal of Surgery, *Editorial Board Member*
- Elsevier, *Editorial Board Member*
- General Surgery News, *Editorial Board Member*

### Cynthia Girman, DrPH

(As of January 16, 2020)

#### Financial or Business Associations

- Adgero Biopharmaceuticals, *Consultant*
- Aruvant, *Consultant*
- Avenue Therapeutics, *Consultant, Consulting Collaboration*
- BioVie, *Consultant*
- Boehringer Ingelheim, *Consultant*

- CERobs Consulting, LLC, *Owner*
- Clinical Ink, *Consultant*
- Complete Health Economic Outcomes Research Solutions, *Consultant*
- CSL Behring, *Consultant*
- Greenleaf Health LLC, *Consultant*
- Janssen Pharmaceuticals, Inc., *Consultant*
- Myovant Sciences, *Consultant*
- Peleton Advantage, *Stock*
- Prolong Pharmaceuticals, *Consultant*
- Regeneron Healthcare Solutions, *Consultant*
- Roivant Sciences, *Consultant*
- Takeda Pharmaceuticals U.S.A., Inc., *Consultant*
- Teva, *Consultant*
- Urovant Sciences, *Consultant*

#### Personal Associations

- None Reported

### Steven Goodman, MD, MHS, PhD

(Chairperson)

(As of February 10, 2020)

#### Financial or Business Associations

- American College of Physicians, *Editor*
- Ceribell, *Consultant*
- Grail, *DSMB Member*
- IQVIA, *DSMB Member*
- Natl Blue Cross Blue Shield Technology Evaluation Center, *Medical Advisory Panel, Advisory Panel Member (Compensated Position)*
- Stanford University, *Employer*

#### Personal Associations

- None Reported

### Mark Helfand, MD, MS, MPH

(As of January 10, 2020)

#### Financial or Business Associations

- Blue Cross and Blue Shield Association, *Consultant*
- Oregon Health and Science University (OHSU), *Faculty*
- VA Portland Health Care System, *Employer*

#### Personal Associations

- American College of Physicians, *Member*
- Cochrane, *Member*
- Society for Medical Decision Making, *Member*

### Michael S. Lauer, MD

(As of November 16, 2019)

#### Financial or Business Associations

- Johns Hopkins University, *Employer, Spouse*
- National Institutes of Health, *Employer, Self*
- Putnam College Fund, *Investments, Self*
- Savings Investment Plan, *Investments, Self and Spouse*
- UptoDate, Inc., *Employer, Spouse*

#### Personal Associations

- None Reported

### David O. Meltzer, MD, PhD

(As of February 1, 2020)

#### Financial or Business Associations

- Acadia Pharmaceuticals, *Stock*
- Agency for Healthcare Research and Quality, *Grant*
- American Board of Internal Medicine, *Directors/Trustees, Spouse*
- CMMI, *Grant*
- FDA, *Grant, Self and Spouse*
- National Institutes of Health, *Grant*
- PCORI, *Contract*
- Richmond Foundation, *Grant*

- RWJ Foundation, *Grant*
- University of Chicago, *Employer*

#### Personal Associations

- Comprehensive Care Institute, *Chairperson or Board Officer*
- Society of General Internal Medicine, *Member*

### Brian S. Mittman, PhD

(As of March 10, 2020)

#### Financial or Business Associations

- Amgen, *Speaker*
- Cedars-Sinai Medical Center, *Consultant*
- Cedars-Sinai Medical Center, *Employer, Spouse*
- Department of Veterans Affairs Palo Alto, *Consultant*
- Duke University, *Advisory Board Member (Compensated Position)*
- Familial Hypercholesterolemia Foundation, *Consultant*
- Geisinger Center for Health Research, *Advisory Board Member (Compensated Position)*
- Johns Hopkins University School of Medicine, *Employer, Sibling*
- Kaiser Permanente Southern California, *Employer*
- King's College London, *Advisory Board Member (Compensated Position)*
- Merck, *Speaker*
- Oregon Health & Science University (OHSU), *Consultant*
- UCLA School of Medicine, *Consultant*
- University of California Irvine, *Consultant*
- University of Colorado Denver, *Advisory Board Member (Compensated Position)*
- University of Maryland Baltimore, *Advisory Board Member (Compensated Position)*
- Washington University in St. Louis, *Consultant*

#### Personal Associations

- American Association of Medical Colleges, *Advisory Council Member (Non-compensated Position)*
- Kings College London Centre for Implementation Science/CLAHRS South London, *Advisory Board Member*
- St. Michael's Hospital/University of Toronto, *Advisory Council Member (Non-compensated Position)*

### Sally C. Morton, PhD

(As of November 16, 2019)

#### Financial or Business Associations

- Virginia Tech University, *Employer*

#### Personal Associations

- Agency for Healthcare Research and Quality (AHRQ), *Advisory Council Member*
- American Association for the Advancement of Science (AAAS), *Member*
- American Statistical Association, *Member*
- Caucus for Women in Statistics, *Member*
- University of Pittsburgh, *Former Employer*
- RAND Corporation, *Former Employer*
- RTI International, *Former Employer*
- National Collaborative on Gun Violence Research, *Advisory Board Member*
- National Center for Health Statistics, Centers for Disease Control and Prevention, *Advisory Board Member*
- Society for Research Synthesis Methodology, *Member*

**Robin Newhouse, PhD, RN**

(Vice Chairperson)  
(As of January 24, 2020)

**Financial or Business Associations**

- American Nurses Association, *Book Author*
- Indiana University School of Nursing, *Employer*

**Personal Associations**

- AcademyHealth, *Board Officer*
- American Academy of Nursing, *Member*
- American Nurses Association, *Member*
- National Academy of Medicine, *Member*

**Neil R. Powe, MD, MPH, MBA**

(As of February 10, 2020)

**Financial or Business Associations**

- American Society of Nephrology, *Editor*

- Centers for Disease Control and Prevention, *Grants*
- National Institutes of Health, *Grants*
- University of California San Francisco, *Employer*

**Personal Associations**

- AcademyHealth, *Member*
- American Clinical and Climatological Association, *Member*
- American College of Physicians, *Member*
- American Epidemiology Society, *Member*
- American Public Health Association, *Member*
- American Society for Clinical Investigation, *Member*
- American Society of Nephrology, *Member*
- Association of American Physicians, *Member*
- Association of Professors of Medicine, *Member*

- Institute of Medicine, *Member*
- Journal of the American Medical Association, *Advisory Council Member (Non-compensated Position)*
- Robert Wood Johnson Foundation, *Advisory Board Member*
- Society of General Internal Medicine, *Member*

**Adam Wilcox, PhD**

(As of February 10, 2020)

**Financial or Business Associations**

- HCR-ManorCare, *Employer, Sibling*
- University of Washington, *Employer*
- UW Medicine, *Employer*

**Personal Associations**

- None Reported

**PCORI EXECUTIVE STAFF****Josephine P. Briggs, MD**

(Interim Executive Director beginning on November 1, 2019)  
(As of November 22, 2019)

**Financial or Business Associations**

- Journal of the American Society of Nephrology, *Editor-in-Chief (Contract Position with Honorarium)*

**Personal Associations**

- People Centered Research Foundation (PCRF), *Former Board Member*

**Joe V. Selby, MD, MPH**

(Service as Executive Director Ended on October 31, 2019; PCORI Employment Ended on December 10, 2019)  
(As of March 18, 2019)

**Financial or Business Associations**

- Kaiser Permanente Medical Center San Francisco, *Employer, Child*

**Personal Associations**

- Clinical Trials Transformation Initiative (CTTI), *Board Member*
- Medical Device Innovations Consortium, *Board Member*
- SPOR, Canadian Institutes of Health Research, *Board Member*

**Diane Bild, MD**

(Served as Acting Chief Science Officer; PCORI employment ended on June 28, 2019)  
(As of May 31, 2019)

**Financial or Business Associations**

- National Cancer Institute, *Employer, Spouse*

**Personal Associations**

- None Reported

**Yen-pin Chiang, PhD**

(Served as Chief, Program Support and Information Management; PCORI Employment Ended on October 11, 2019)  
(As of May 29, 2019)

**Financial Associations**

- None Reported

**Personal Associations**

- None Reported

**Mary C. Hennessey, Esq.**

(General Counsel)  
(As of February 26, 2020)

**Financial or Business Associations**

- None Reported

**Personal Associations**

- American Health Lawyers Association, *Member*
- Petrie-Flom Center Health Care General Counsel Roundtable, *Participant*

**Michele J. Orza, ScD**

(Chief of Staff)  
(As of June 28, 2019)

**Financial or Business Associations**

- None Reported

**Personal Associations**

- National Academy of Medicine, *Committee Member*
- US Food and Drug Administration, *Committee Member*

**Jean R. Slutsky, PA, MSPH**

(Chief Engagement and Dissemination Officer)  
(As of May 29, 2019)

**Financial or Business Associations**

- None Reported

**Personal Associations**

- None Reported

**Regina L. Yan, MA**

(Chief Operating Officer)  
(As of May 29, 2019)

**Financial or Business Associations**

- None Reported

**Personal Associations**

- Eurasia Foundation, *Advisory Council Member, Self*

**Note:** Conflict of interest disclosure statements for all PCORI staff are available at [www.pcori.org/people](http://www.pcori.org/people).

**PCORI ADVISORY PANELS**

Names of the members of PCORI's advisory panels and their conflict of interest disclosure statements are available at [www.pcori.org/advisory-panels](http://www.pcori.org/advisory-panels).

**PCORI PEER REVIEWERS**

Names of the individuals contributing to any PCORI peer-review process and their conflict of interest disclosure statements are available at [www.pcori.org/research-results/peer-review/who-are-our-peer-reviewers](http://www.pcori.org/research-results/peer-review/who-are-our-peer-reviewers).



# Approved Research Awards and Contracts

## RESEARCH AWARDS (CYCLE 1 2018 CONTRACTS)

Research Project Title	Organization	Principal Investigator	Amount Awarded
Comparison of Surgery and Medicine on the Impact of Diverticulitis (COSMID) Trial	University of Washington	David Flum	\$12,718,152
Scaling up Psychological Treatments for Perinatal Depression and Anxiety Symptoms via Telemedicine	Sinai Health System	Daisy R. Singla	\$12,212,668
Comparing Smoking Cessation Interventions among Underserved Patients Referred for Lung Cancer Screen	University of Pennsylvania	Scott Halpern	\$11,199,978
Greenlight Plus Study: A Randomized Study Of Approaches To Early Childhood Obesity Prevention	Vanderbilt University Medical Center	Russell Rothman	\$7,049,545
Leveraging mHealth and Peers to Engage African-Americans and Latinos in HIV care (LEAN)	Johns Hopkins School of Medicine	Kathleen Page	\$6,482,382
A Multi-Site Study to Compare the Outcomes of Psychiatric Treatment of Suicidal Adolescents in Different Treatment Settings	Cincinnati Children's Hospital Medical Center	Drew Barzman	\$5,965,343
Reducing Disparities in Behavioral Health Treatment for Children in Primary Care	The Children's Hospital of Philadelphia	Thomas Power	\$5,247,010
Patient-Centered Enhancements in School Behavioral Health: A Randomized Trial	University of South Carolina	Mark Weist	\$5,090,143
Reducing Oral Health Disparities of Older Adults: Comparative Effectiveness of Two Treatments	Case Western Reserve University	Suchitra Nelson	\$4,199,910
Comparing Strategies for Implementing Primary HPV Testing for Routine Cervical Cancer Screening	Kaiser Foundation Research Institute, a Division of Kaiser Foundation Hospitals	Chun Chao	\$2,800,000
Peer Online Motivational Interviewing for Sexual and Gender Minority Male Survivors	Yale University	Joan Cook	\$1,416,757
SAFE CT: Software, Actionable Feedback, and Education for Computed Tomography: To Help Institutions Optimize Their Radiation Doses	University of California, San Francisco	Rebecca Smith-Bindman	\$1,400,000
Rethink the Strip: De-adoption of Glucose Monitoring for Non-Insulin Treated Type 2 Diabetes in Primary Care	The University of North Carolina at Chapel Hill	Katrina Donahue	\$1,349,953
Disseminating Community Health Worker Training from the Guidelines to Practice (G2P) project	Public Health-Seattle & King County	Bradley Kramer	\$1,200,928
Incremental Privacy-Preserving Record Linkage (iPPRL) to Reduce Barriers to Data Sharing and Improve Data Quality	University of Colorado Denver	Toan Ong	\$1,065,802
Evaluation of Complex Interventions on Drug Refill Behavior Using Electronic Healthcare Data	Kaiser Permanente Division of Research	Romain Neugebauer	\$1,048,870
NLP for Medication Adherence: Complex Semantics and Negation	The University of Texas Health Science Center at Houston	Kirk Roberts	\$976,548

**RESEARCH AWARDS (CYCLE 2 2018 CONTRACTS)**

Research Project Title	Organization	Principal Investigator	Amount Awarded
Comparative Effectiveness of Zolpidem and Cognitive Behavioral Therapy for Insomnia in Rural Adults (COZI-R)	Sutter Bay Hospitals	Katie Stone	\$5,705,340
Comparing Approaches to Enhanced Prenatal Care to Improve Maternal and Child Health in Central California	University of California, San Francisco	Miriam Kuppermann	\$5,607,575
Support Models for Addiction-Related Treatment	Yale University School of Medicine	Kimberly Yonkers	\$5,585,494
Identifying Optimal Psychosocial Interventions for Patients Receiving Office-Based Buprenorphine	Philadelphia College of Osteopathic Medicine	David Festinger	\$5,467,254
Comparative Effectiveness of Significant Other-Enhanced OBOT in Primary Care	RAND Corporation	Karen Osilla	\$4,952,050
Contingency Management to Enhance Office-Based Buprenorphine Treatment for Opioid Use Disorder	Johns Hopkins University School of Medicine	August Holtyn	\$4,403,943
Cognitive Behavioral Therapy and Real-Time Pain-Management Intervention for Sickle cell via Mobile Applications (CaRISMA)	University of Pittsburgh	Charles Jonassaint	\$4,360,857
Integrative Medicine for Pain in Patients with Advanced Cancer Trial (IMPACT)	Memorial Sloan Kettering Cancer Center	Jun Mao	\$2,789,107
Comparative Effectiveness of Direct Admission and Admission through Emergency Departments for Children	Dartmouth-Hitchcock Clinic	JoAnna Leyenaar	\$2,611,486
Shared Decision Making for Bariatric Surgery in Patients with Severe Obesity	Kaiser Foundation Research Institute, a Division of Kaiser Foundation Hospitals	David Arterburn	\$2,094,237
Using Personalized Risk/Benefit Profiles in SDM for Diabetes Prevention	The Regents of the University of California, Los Angeles	O. Kenrik Duru	\$1,734,600
Implementing Peer-Driven Care to Patients with Sleep Apnea	University of Arizona	Sairam Parthasarathy	\$1,399,967
Implementation of the IMPaCT Community Health Worker Intervention	University of Pennsylvania Perelman School of Medicine	Shreya Kangovi	\$1,399,768
Validating and Generalizing Personalized Treatment Rules by Leveraging Different Data Sources	University of Wisconsin School of Medicine and Public Health	Guanhua Chen	\$1,049,994
Comparing Just-in-Time to Conventional Consent for Randomized Trials with Usual Care Controls	Sloan Kettering Institute For Cancer Research	Andrew Vickers	\$1,046,528
Methods for the Design and Conduct of Subgroup Analysis in Observational Studies	Duke University School of Medicine	Laine Thomas	\$1,038,698

**RESEARCH AWARDS (CYCLE 3 2018 CONTRACTS)**

<b>Research Project Title</b>	<b>Organization</b>	<b>Principal Investigator</b>	<b>Amount Awarded</b>
Comparative Effectiveness of Pediatric Kidney Stone Surgery	The Children’s Hospital of Philadelphia	Gregory Tasian	\$4,228,029
Comparative Effectiveness of Family-DSME and Standard-DSME among Diverse Populations	University of Arkansas for Medical Sciences	Pearl McElfish	\$4,196,578
Innovative Care Model for Older Adults with Chronic Heart Failure (I-Coach): A Comparative Effective	University of Arkansas for Medical Sciences	Leanne Lefler	\$4,068,196
Comparative Effectiveness of Cognitive Enhancement Therapy versus Social Skills Training in SMI	Beth Israel Deaconess Medical Center	Matcheri Keshavan	\$3,879,099
The SPARC Trial: Comparing Safety Planning Plus Structured Follow-Up from a Suicide Prevention Hotline (SP+SFU) to Usual Care (Safety Planning without Follow-Up) for Suicide Prevention Among Adult and Adolescent Recipients of Care in Emergency Departments and Primary Care Settings	St. Luke’s Hospital System	Anna Radin	\$3,373,207
Measuring the Impact of Providing Personalized Risk Information to Patients and Their Providers	Trustees of Indiana University	Peter Schwartz	\$2,706,142
Comparative Effectiveness of Multi versus Single Intervention Allergen Reduction Strategies on Asthma Morbidity	Tulane University of Louisiana	Felicia Rabito	\$2,656,995
Implementing Patient Decision Support for Lung Cancer Screening through Tobacco Quitlines	The University of Texas MD Anderson Cancer Center	Robert Volk	\$1,376,183
Use of Public Deliberation in Diverse Communities to Improve Consent Processes for Clinical Research	Trustees of Indiana University	Amelia Knopf	\$1,066,964
A Two-stage Meta-Regression Framework for Precision Medicine Using Data from Clinical Data Research	Center for Clinical Epidemiology and Biostatistics, Perelman School of Medicine, University of Pennsylvania	Yong Chen	\$1,064,365
Improving Natural Language Processing (NLP) Methods for Unstructured Clinical Data Reuse	Medical University of South Carolina	Stephane Meystre	\$1,049,960
NLP to Connect Social Determinants and Clinical Factors for Outcomes Research	University of Florida	Yonghui Wu	\$991,365
Widespread Implementation of a Patient-Centered Online Therapy for Adolescent Traumatic Brain Injury	Cincinnati Children’s Hospital Medical Center	Shari Wade	\$789,989



## PCORNET RESEARCH INFRASTRUCTURE AWARDS

Research Project Title	Organization	Principal Investigator	Amount Awarded
Patient-Driven Research Organization (PDRO) Learning Network Coordination	NORC at the University of Chicago	Prashila Dullabh	\$1,426,533
Implementation of Patient-Reported Outcomes Measurement in Routine Clinical Practice for Heart Failure Patients in PCORnet	Vanderbilt University Medical Center	Justin Bachmann	\$719,628
CC2-Duke-2016-TO16	Duke University	Adrian Hernandez	\$657,585
Evaluation of PCORnet Infrastructure	University of Pennsylvania	John Holmes	\$546,937
CC2-Duke-2016-TO15	Duke University	Adrian Hernandez	\$411,772
Advancement of PCORnet Infrastructure: Data Linkage Project	Healthagen LLC, an Affiliate of Aetna	Cheryl Walraven	\$355,670
Diversifying, Expanding, and Tracking Patient Engagement in Arthritis Research	Global Healthy Living Foundation	William B. Nowell	\$350,000
An Open-Source Crowdsourcing Platform for Community-Engaged Research and Dissemination	Board of Trustees of the Leland Stanford Junior University	Mitchell Lunn	\$350,000
ABOUT Network-Project COGENT (Customizing Consumer GENerated Tools to Engage Researchers)	University of South Florida	Rebecca Sutphen	\$350,000
Co-producing Learning Health System Culture and Process to Accelerate PCOR in the ImproveCareNow Network	Cincinnati Children's Hospital Medical Center	Peter Margolis	\$349,986
PARTNERS-Enabling Real-time, Personalized Engagement in Research: An App-Based Approach	Boston Children's Hospital	Marc Natter	\$349,983
Bridging the GAP between Patients/Caregivers and COPD Research-The COPD PPRN BRIDGE Project	COPD Foundation, Inc.	Cara Pasquale	\$349,940
Multi-Stakeholder Engagement for Enabling Patient-Driven Research	Accelerated Cure Project for Multiple Sclerosis	Robert McBurney	\$349,474
Enhancing Engagement, Research Participation, and Collaboration through the IBD Partners Patient Powered Research Network	Crohn's & Colitis Foundation, Inc.	Angela Dobes	\$344,433
Collaborative Research Group Diabetes and Obesity	The University of North Carolina at Chapel Hill	John Buse	\$156,800
Collaborative Research Group Cancer	University of Iowa Division of Sponsored Programs	Elizabeth Chrischilles	\$148,443
Collaborative Research Group Pulmonary Collaborative Research Group (PulmCRG)	COPD Foundation, Inc.	Barbara Yawn	\$147,805
Collaborative Research Group Health Services	Joan & Sanford I. Weill Medical College of Cornell University	Rainu Kaushal	\$140,000
Collaborative Research Group Health Disparities	Oregon Community Health Information Network (OCHIN), Inc.	John Heintzman	\$139,962
Collaborative Research Group Cardiovascular Health	University of Florida Board of Trustees	Rhonda Cooper-DeHoff	\$136,340
Collaborative Research Group Autoimmune and Systemic Inflammatory Syndromes (ASIS)	Global Healthy Living Foundation, Inc.	William B. Nowell	\$132,900

## Our Vision

Patients and the public have information they can use to make decisions that reflect their desired health outcomes.

## Our Mission

PCORI helps people make informed healthcare decisions, and improves 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 has been leading a shift in health research from being scientist-driven to more engaging of patients. Its approach to funding support ensures that everyone who has a stake in using and improving health care is there at the table and has their say in the research that shapes our care."*

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**RALPH CONWILL**

*Patient Partner and Prostate Cancer Survivor,  
Vanderbilt University Medical Center*



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