Funding Opportunities in Multiple Chronic Conditions (MCCs) Research

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January 23, 2017
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**HMORN-OAIC AGING Webinars Demo**

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- **Audio connection**: US Toll: +1-415-655-0002
- **Access code**: 669 408 159
- **Attendee ID**: 1
- **Event number**: 669 408 159
- **Host key**: 907320
How to ask a question

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  - Type your questions in the Q&A box:
  - Hosts will acknowledge questions in order
If you are having technical issues

- Type your questions in the chat box:

- Hosts will communicate via chat to try and fix any technical issues
NIA Funding Opportunities in Multiple Chronic Conditions Research

Marcel Salive, M.D., MPH
Medical Officer, Geriatrics Branch
Division of Geriatrics and Clinical Gerontology
National Institute on Aging/National Institutes of Health
Webinar January 23, 2017
National Institute on Aging: Opportunities and Resources

- A bit about the NIA
  - Divisions, Mission, Initiatives

- Types of research support
  - Career Development Awards
  - GEMSSTAR
  - Investigator Initiated Awards
    - Parent Awards (R03, R21, R01),
    - High Priority Research, PA’s and RFA’s
  - Conference Grants, Clinical Trials, Other

- Tips and Resources
  - Matching and fueling your research interests
NIA Mission

NIA’s mission is to:

- Support and conduct genetic, biological, clinical, behavioral, social, and economic research on aging.
- Foster the development of research and clinician scientists in aging.
- Provide research resources.
- Disseminate information about aging and advances in research to the public, health care professionals, and the scientific community, among a variety of audiences.
Aging vs. Aged

- **Aging processes**
  
  How do aging-associated changes in physiology affect predisposition to, and outcome from, specific diseases and conditions and their combination? (Across the entire lifespan)

- **Age-related diseases**
  
  What are the optimal strategies for diagnosing and managing age-related diseases and conditions along with comorbidities?

- **Special problems and needs of the aged**
  
  How do entities such as co-morbidity, polypharmacy, and geriatric syndromes (e.g. frailty, sarcopenia, vascular stiffness) affect the care and procedural risk of older adults?
Geriatric Research Agenda: DGCG

**General Geriatric Themes**
- Multiple Chronic Conditions
- Polypharmacy
- Frailty
- Cognitive/Functional Impairment
- Transitions of Care/Independence
- Fall Prevention
- Pain/Palliation
- Fatigue
- Sarcopenia

**Disease/Organ Specific**
- Basic Aging Mechanisms
  - Oxidative stress
  - Immunoaging
  - Telomere shortening
  - Mitochondrial function
  - Body composition changes
- Organ Specific
  - CKD, Arterial Stiffness
- Disease Specific
  - CAD, Asthma, HIV in OA, Diabetes
- Geriatric Syndromes
  - Falls, Incontinence, Delirium

**Study Design**
Clinical Trials, Longitudinal, Genetic, Pragmatic
## Funding Opportunities

If what you're looking for isn't here, please check the full NIH Guide.

<table>
<thead>
<tr>
<th>Funding Number</th>
<th>Research Program</th>
<th>Title</th>
<th>Release Date</th>
<th>Expiration Date</th>
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<tbody>
<tr>
<td>PAR-17-108</td>
<td>DBSR</td>
<td>Development of Socially-Assistive Robots (SARs) to Engage Persons with Alzheimer's Disease (AD) and AD-Related Dementias (ADRD), and their Caregivers (R43/R44)</td>
<td>01/09/2017</td>
<td>04/06/2020</td>
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<tr>
<td>PAR-17-107</td>
<td>DBSR</td>
<td>Development of Socially-Assistive Robots (SARs) to Engage Persons with Alzheimer's Disease (AD) and AD-Related Dementias (ADRD), and their Caregivers (R41/R42)</td>
<td>01/09/2017</td>
<td>04/06/2020</td>
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<tr>
<td>PA-17-089</td>
<td></td>
<td>Exploratory Analyses of Existing Cohorts, Data Sets, and Stored Biospecimens to Address Critical Aging Research Questions (R01)</td>
<td>12/16/2016</td>
<td>05/08/2020</td>
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</table>
## Prioritizing Research

- **NIA Programmatic Interests**
- **RFA vs PA’s**

<table>
<thead>
<tr>
<th></th>
<th>RFAs</th>
<th>PARs</th>
<th>PAs</th>
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<tbody>
<tr>
<td>Funds</td>
<td>Set-aside</td>
<td>Common pools (mech specific)</td>
<td>Common pools (mech specific)</td>
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<tr>
<td>Focus</td>
<td>Narrow – defined</td>
<td>Broad target/narrow review</td>
<td>Broad- Target</td>
</tr>
<tr>
<td>Applications</td>
<td>Usually single due date</td>
<td>variable</td>
<td>Standard due dates/years</td>
</tr>
<tr>
<td>Review</td>
<td>NIA Led or SEP</td>
<td>SEP (mainly NIA)</td>
<td>CSR assigned</td>
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<tr>
<td>Competition</td>
<td>Similar pool</td>
<td>variable</td>
<td>percentiled</td>
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</table>
Targeting a Vulnerable Time
First Faculty Appointment

- Opportunity to connect with mentor with aging expertise
- Pilot data for future funding

Medical +/- Graduate School

Internship/Residency Specialty Fellowship

Early Career Development as (Very) Junior Faculty

Mentored Career Development as (Less) Junior Faculty

Independent Clinician-Scientist

Private Practice Clinician-Educators

K Award R03, R21

NIH R01

GEMSSTAR
2011 NIA launches ‘Grants for Early Medical and Surgical Specialists’ Transition to Aging Research’ (GEMSSTAR) RFA

- **Goal**: provides opportunity for early career clinician-scientist in medical and surgical specialties to accrue pilot data and to establish a track record in aging-focused research

- R03 Mechanism – small research project ($75K/yr x 2 yr) PLUS an additional separately funded aging/geriatric focused career dvpt piece (approx $12.5-$25K/yr x 2 yrs)

- Must have faculty appointment when award begins

- For specialists (including geriatricians) without extensive independently funded research record

- Professional Development Plan and commensurate support from non-NIH (ASP, VA, KL2, Private, etc.)

- GEMSSTAR Biennial Meeting – 2015, 2017, 2019

Career Development Awards

- Mentored Career Development Awards
  - Parent K01 (Research Scientist), K08 (Clinical Scientist), K23 (Patient-Oriented) - 3 cycles /year
  - Paul B. Beeson K76– “K deluxe” – set-aside – 1 cycle/yr – co-sponsored by AFAR & Hartford
    - $225k/yr for 3-5yr, (direct costs)

- Pathway to Independence
  - K99/R00 – two phase accelerator award, 2yrs/3yrs

- Academic Faculty
  - K02 leadership/K07 infrastructure/K24 mid-career mentoring
Investigator Initiated Awards

- **R03** – NIH Small Research Grant Program (2 yrs)
- **R21** – NIH Exploratory Developmental Research Grant Program (2 yrs)
- **R01** – Research Grant Program (up to 5 yrs)
- **Early Stage Investigator** – within 10 years of ‘terminal training’ – this status garners your first R01 application score a few ‘lower’ points (depends on Institute- NIA 4-5 points)- to improve its competitiveness against established investigators ONLY for first R01 (no other R’s)
MCC Funding Opportunities

- The NIA has prioritized research pertaining to older adults with multiple chronic conditions (MCC)

Specific Funding Announcements

- **Self-Management for Health in Chronic Conditions**
  - R21 – PA-14-343; R01 – PA-14-344; R15- PA-14-345
  - Self-management is the ability of the individual, in conjunction with family, community, and healthcare professionals, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences associated with a chronic illness or condition.

- **Behavioral Interventions to Address Multiple Chronic Health Conditions in Primary Care**
  - R01 – PA-14-114

- **Secondary Analyses of Existing Data Sets and Stored Biospecimens to Address Clinical Aging Research Questions**
  - R01 – PA-17-088

- We invite your ideas!!
Syndrome and Disease Specific

- Diabetes and Cardiovascular Disease in Older Adults (R03, R21, R01)
- Non-healing Ulcerative Wounds in Aging (R21, R01)
- T1 Translational Research: Novel interventions for prevention and treatment of age-related conditions (R21)
- T2 Translational Research: Research leading to new health care practices, community programs and policies affecting older persons (R21)
- Chronic Inflammation and Age-related Disease (R01)
- Fatigability, Activity Limitations, and Bioenergetics in Aging (R03,R21,R01)
- Advancing the Science of Geriatric Palliative Care (R03, R21, R01)
- Translational Research to Help Older Adults Maintain their Health and Independence in the Community (R01,R21)
- Clarifying the Relationship between Delirium and Alzheimer’s Disease and Related Dementias (R01, R21/R33)
NIH List Serv: sign up for weekly notifications of newly released PA’s & RFAs
Twitter: @NIHFunding
Tips and Resources: Where do I start?

- Career stage, TIME, resources, mentorship, pilot data
- Review NIA Initiatives, FOAs, Strategic Directions
  - Listserv
  - GEMSSTAR
- Specialty Society Leadership- ACC/Geriatric Cardiology Section Websites
- AGS – Specialty Society Mentoring Program
- NIA Resources
  - Animal resources
  - Large Databases – LIFE, BLSA, CHS, Health ABC
  - OAIC (Pepper Centers), GRECC/VA
- Large Databases – Registries, PCORnet, Collaboratories
- Input channels for ideas:
  - R13/U13 Conferences
  - Clinical Trials Advisory Panel
  - Follow NIA Blog
  - Give us a call!
http://www.nia.nih.gov/research/scientific-resources
NIA Resources: BLOG

InsideNIA
A Blog for Researchers

www.nia.nih.gov/research/blog

NIA Summer Institute on Aging Butler-Williams Scholar Program
Grant Review Experience

Not only should you have as many people as possible review your grant, it helps tremendously to look at grants (especially K awards) that were funded if your colleagues are willing to share these with you.

The Center for Scientific Review (CSR) offers an opportunity for Early Career Scientists to gain Reviewer experience:


We are here for you!!

NIA – DGCG Phone: 301-496-6761

- Marcel Salive - marcel.salive@nih.gov
  - MCC, Polypharmacy, comparative effectiveness research, transitions of care/health delivery
- Sue Zieman – susan.zieman@nih.gov
  - Cardiovascular disease, pulmonary, renal, DM/CVD, medical and surgical specialties, GEMSSTAR
- Basil Eldadah – basil.eldadah@nih.gov
  - HIV, Pain, Fatigue, Pepper Centers
- Lyndon Joseph - lyndon.joseph@nih.gov
  - Exercise, falls, monitoring, diabetes

WE NEED YOUR THOUGHTS AND INPUT!!
AHRQ Funding Opportunities in Multiple Chronic Conditions

Arlene S. Bierman, MD, MS
Director, Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality

AGING Initiative Webinar
January 23, 2017
To produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used.
How AHRQ Makes a Difference

• AHRQ invests in research and evidence to understand how to make health care safer and improve quality

• AHRQ creates materials to teach and train health care systems and professionals to catalyze improvements in care

• AHRQ generates measures and data used to track and improve performance and evaluate progress of the U.S. health system
HHS Organizational Focus

NIH
Clinical research to develop effective new treatments

CDC
Population health and community-based interventions to improve health

CMS
Payment and incentives for delivery of effective treatments

AHRQ
Research to help health care systems deliver safe and effective treatments
In 2014, AHRQ’s Center for Evidence and Practice Improvement (CEPI) was created to:

- Generate new knowledge, synthesize evidence, translate science on what works in health care delivery, and catalyze practice improvement across health care settings.

Five Divisions:
- Evidence-based Practice Center program
- U. S. Preventive Services Task Force program
- Division of Decision Science and Patient Engagement
- Division of Health Information Technology
- Division of Practice Improvement
Consistent with AHRQ’s and CEPI’s mission, AHRQ would be interested in grants for MCC patients that:

• Demonstrate the effectiveness of synthesizing, translating, and communicating complex scientific evidence.

• Discover, test, and spread techniques for health care practice improvement (ambulatory care setting in particular), including accelerating the implementation of evidence-based practice.

• Improve health care quality through the use of information systems and data resources to support clinical and organizational improvement.
The Patient-Centered Medical Home Resource Center provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

The Academy for Integrating Behavioral Health and Primary Care
A national resource center for people committed to providing comprehensive, integrated health care

TeamSTEPPS® for Office-Based Care Version
The office-based care version of TeamSTEPPS (Team Strategies & Tools to Enhance Performance and Patient Safety) adapts the core concepts of the AHRQ/DoD TeamSTEPPS training and support program to work for office-based teams.
Care Coordination Measures Atlas
Profiles on more than 60 health care coordination measures designed to assess the experiences of patients and families, health care professionals, or system representatives, with a focus on primary care setting.

Atlas of Instruments to Measure Team-based Primary Care
The Atlas is designed for quality improvement (QI) practitioners responsible for primary care team QI initiatives, evaluators of interventions or initiatives to improve primary care teams, and researchers studying team-based primary care.

Clinical-Community Relationships Measures Atlas
A framework for understanding the measurement of clinical-community relationships for researchers, evaluators, and primary care clinicians seeking guidance on using such relationships to provide preventive and other services with the aim of improving individual and population health.

Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff
This guide provides practical evidenced-based primary care teams to successfully adopt health assessments in primary care practices.
Data Sources (Research Opportunities)

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Healthcare Cost and Utilization Project (HCUP)
- Medical Expenditure Panel Survey (MEPS) – Insurance and Household components
These grants aimed to improve understanding of:

- Interventions that provide greatest benefit to MCC patients
- The safety and effectiveness of interventions that may be affected by MCC
- Interventions that may need to be modified for specific patient population
MCC Research Network

• From 2008-2010 AHRQ funded 45 research grants

<table>
<thead>
<tr>
<th>Awarded grants</th>
<th>Research topic</th>
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<tbody>
<tr>
<td>14 R21s (2010)</td>
<td>Exploratory Research on Comparative effectiveness</td>
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<tr>
<td>13 R24s (2010)</td>
<td>Infrastructure Development</td>
</tr>
</tbody>
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In 2014 AHRQ funded additional 14 research grants

<table>
<thead>
<tr>
<th>Awarded grants</th>
<th>Research topic</th>
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<tbody>
<tr>
<td>7 R01 (2014)</td>
<td>RFA-HS-14-001 “Rapid Secondary Analysis to Optimize Care for Patients with Multiple Chronic Conditions”</td>
</tr>
<tr>
<td>7 R21 (2014)</td>
<td>RFA-HS14-002“Addressing Methodological Challenges in Research for Patients With Multiple Chronic Conditions”</td>
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Determining Processes of Cardiovascular Care Relevant to Complex Patients (Continued)

- Among 6,500 patients with a cancer prognosis of more than 25% 5-year survival, over a 2-year period 5% experienced a cardiac event, 14% died of cancer, and 81% experienced neither.
- In a competing hazards analysis, elevated pre-existing cardiovascular risk predicted cardiovascular events, and cancer prognosis, cardiovascular risk, and overall morbidity all predicted cancer mortality.

Implications
In persons with cancer with a poor prognosis, there may be an opportunity to reevaluate medication burden in persons taking statins for primary prevention, and it is unclear whether continuing statins prescribed for secondary prevention affects cardiovascular outcomes. For populations with a range of cancer prognoses with more than 25% 5-year survival, survivorship care begins at cancer diagnosis, should emphasize personal preferences with regard to cancer treatment, and may incorporate active management of cardiovascular risk factors for persons for whom prevention of cardiovascular events is a personal priority.

Publications

Posters and Presentations
Baylies E: Challenging common assumptions about multimorbidity. Poster presented at: Leveraging Knowledge and Action to Improve Health Care Quality. 6th Annual Conference of the Agency for Healthcare Research and Quality, 2012 Sept 9-12; Bethesda, MD.
Funding & Grants

Policies and procedures, grant announcements, contract solicitations, special initiatives, call for partners, small business innovation research, and research dissertations, training, and career development.

Funding Opportunity Announcements

Grant announcements from the Agency for Healthcare Research and Quality for supporting research to improve the quality, effectiveness, accessibility, and cost effectiveness of health care.

Research Policies

Policies and procedures, agency requests, and notices.

GRANTS ON-LINE DATABASE (GOLD)

Funding Mechanisms

Investigator initiated grants in response to standing Program Announcements:
Research Project Grants
- RO1: Large Research Grant
- R03: Small Research Grant
- R13: Conference Grant
- R18: Research Demonstration and Dissemination Grant
- R21: Exploratory/Development Grant
- R24: Resource related Research Grant
- R36: Dissertation Grants
Research Career Development Program
- K02: Independent Research Scientist Development Award
- KO8: Mentored Clinical Scientist Development Award
- In addition, there are several grants that should respond to RFA only (e.g., P01, P20, T32, U01, U18)

http://www.ahrq.gov/funding/process/mechanisms/
• Optimizing Care for People Living with Multiple Chronic Conditions through the Development of Enhanced Care Planning

• Advancing the Collection and Use of Patient-Reported Outcomes and Patient Contextual Data to Improve Quality and Outcomes in Ambulatory Care through Health Information Technology

• Interest in Innovative Research in Primary Care

• Research that Uses Shared Decision Making as a Tool to Improve the Quality of Care for Low Income and Racial and Ethnic Minority Patients
Upcoming FOAs

• Utilizing Health Information Technology to Scale and Spread Successful Practice Models Using Patient-Reported Outcomes (R18)
• Notice of Intent to Publish Funding Opportunity Announcements to Promote Implementation Science (R01) and Dissemination and Implementation Studies (R18)
Funding Opportunity Announcements

• PA-17-077 Utilizing Health Information Technology to Scale and Spread Successful Practice Models Using Patient-reported Outcomes (R18)
• PA-16-424 Developing Measures of Shared Decision Making (R01)
• PA-16-283 Scaling Established Clinical Decision Support to Facilitate the Dissemination and Implementation of Patient-Centered Outcomes Research Findings (R18)
• PA-16-282 Developing New Clinical Decision Support to Disseminate and Implement Patient-Centered Outcomes Research Findings (R18)
Funding Opportunity
Announcements

- PA-15-339 AHRQ Health Services Research Projects: Making Health Care Safer in Ambulatory Care Settings and Long Term Care Facilities (R01)
- PA-15-180 Understanding and Improving Diagnostic Safety in Ambulatory Care: Incidence and Contributing Factors (R01)
- PA-15-179 Understanding and Improving Diagnostic Safety in Ambulatory Care: Strategies and Interventions (R18)
- PA-16-421 Advancing Patient Safety Implementation through Safe Medication Use Research (R18)
AHRQ is inviting researchers and other stakeholders to nominate PCOR findings that have been shown to improve health outcomes, but need further investment to achieve widespread adoption.

AHRQ will assess nominations according to the quality of the evidence, potential impact on health outcomes, and feasibility of implementation.

Based on AHRQ's assessment, the Agency will then consider them for potential dissemination and implementation activities.

Training & Career Development
Grant Programs

Pre-Doctoral
- Health Services Research Dissertation Awards (R36)
- Institutional Predoctoral Research Training (T32)*

Post-Doctoral
- Institutional Postdoctoral Research Training (T32)*

Career Development
- Mentored Clinical Scientist Development Award (K08)
- Mentored Research Scientist Development Award (K01)

*Supported by the National Research Service Award (NRSA) Program
• Supports dissertation research focusing on health services research

• Provides 9 to 17 months of support

• Applicants must be full time students and all degree requirements must be completed

• Application due dates are February 1, May 1, August 1, and November 1
Institutional Pre/Postdoctoral Research Training (T32)

- Provides stipends and partial tuition coverage
- Curriculum and length of support varies by institution
- Contact institution directly for more information
Career Development Award (K)

- Provides an intensive and supervised research and career development experience in preparation for an independent research career
- Provides salary and research support (Up to $90,000 salary and up to $25,000 for research related expenses)
- Awards are 3 to 5 years and are non-renewable
- Minimum 75% of full time professional effort
Career Development Award continued

• Current K Award Programs:
  ► K08: AHRQ Mentored *Clinical Scientist* Career Development Award
  ► K01: AHRQ Mentored *Research Scientist* Career Development Award

• Application due dates are February 12, June 12, and October 12 annually
General Tips on Getting Started

• Proposed aims should be unique to AHRQ and in line with AHRQ mission and priorities

• Explore previously funded research projects
  ▶ AHRQ GOLD Database: [www.gold.ahrq.gov](http://www.gold.ahrq.gov)

• Talk with a program officer *(share specific aims)*
# Research Training and Education

Sign up for Research Training and Education Email updates

AHRQ-Sponsored Training Opportunities

AHRQ provides an array of pre-doctoral and postdoctoral educational and career development grants and opportunities in health services research training. Research Training and Career Development activities are administered by the Division of Research Education in the Office of Extramural Research, Education and Priority Populations (OEREP).

Select for more information on Research Education and Career Development Opportunities.

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<tr>
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<td>Predoctoral</td>
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<tr>
<td>Health Services Research Dissertation Awards (R36)</td>
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<tr>
<td>AHRQ National Research Service Award (NRSA) Individual Postdoctoral Fellowship Award (F32)</td>
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<tr>
<td>AHRQ National Research Service Award (NRSA) Institutional Health Services Research Training Program (T32)</td>
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<tr>
<td>AHRQ Mentored Clinical Scientist Research Career Development Award (K08)</td>
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<tr>
<td>AHRQ Mentored Research Scientist Research Career Development Award (K01)</td>
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Thank you!

Your questions?
PCORI Funded Research on Multiple Chronic Conditions

Neeraj K. Arora, PhD
Associate Director, Healthcare Delivery and Disparities Research Program, PCORI

Stephanie L. Parver, MPH, CPHQ
Program Associate, Healthcare Delivery and Disparities Research Program, PCORI

Diane E. Bild, MD, MPH
Associate Director, Clinical Effectiveness and Decision Sciences Program, PCORI

HCSRN-OAICs Aging Initiative Webinar Series
January 23, 2017
Summary

- Overview of PCORI
- MCC Research Supported by PCORI
- PCORI Funding Announcements (PFAs) and Opportunities
- Questions and Discussion
Overview of PCORI

- An independent research institute authorized by Congress in 2010. Governed by a 21-member Board representing the entire healthcare community.

- Funds comparative effectiveness research (CER) via a contract mechanism that engages patients and other stakeholders throughout the research process.

- Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns.

OUR MISSION

PCORI helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community.
Research PCORI Does and Does not Fund

PCORI funds CER that compares, in real-world settings, two or more interventions with evidence of prior established efficacy or interventions that are in common use in clinical practice.

- Majority of PCORI funded studies are randomized controlled trials.
- Well designed CER using observational study designs also funded.

PCORI does not fund:

- Development and pilot testing of interventions including new decision aids.
- Development of clinical guidelines.
- Measures development as the primary aim of the study.
- Cost-effectiveness studies.
Snapshot of Funded Projects

As of December 2016...

Number of projects: 570

Amount awarded: $1.61 billion

Number of states where we are funding research: 41 (plus Puerto Rico and the District of Columbia)
The Research We Fund is Guided by Our National Priorities for Research

- Assessment of Prevention, Diagnosis, and Treatment Options (APDTO)
- Improving Healthcare Systems (IHS)
- Communication & Dissemination Research (CDR)
- Addressing Disparities (AD)
- Accelerating PCOR and Methodological Research
Characteristics of PCORI Contracts

- Contracts NOT Grants – Required by authorizing legislation
- Fixed contract period: 3 to 5 years; no automatic no cost extensions
- Have deliverables that must be established and met (milestones)
- Contracts funded upfront for entire study period; no need to request carryover between years
- Contracts are actively managed by PCORI staff to support PIs and to ensure accountability
- Contracts supported by PCORI program, contracts, and engagement office staff
Why is PCORI Interested in MCCs?

- Rising prevalence of MCCs in the US population
- MCCs result in high illness burden for patients and their families
- Care for patients with MCCs is often fragmented
- Patients with MCCs often not included in clinical trials; need for real world CER
- Issues faced by patients with MCCs cut across all five of PCORI’s national priorities
PCORI-Funded Projects Studying Multiple Chronic Conditions

All Funded projects can be found at: http://www.pcori.org/research-results

Projects Corresponding to PCORI's National Priorities

- AD, 16
- CDR, 6
- IHS, 17
- APDTO, 8
- Methods, 3

Number of projects funded: 50
Amount awarded: $181,714,323
PCORI-Funded Projects Studying Multiple Chronic Conditions

Funding by Sub-Condition*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Funding</th>
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<tr>
<td>Diabetes</td>
<td>$32M</td>
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<tr>
<td>Unspecified MCC</td>
<td>$19M</td>
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<tr>
<td>Hypertension</td>
<td>$31M</td>
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<tr>
<td>Obesity</td>
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<td>Cardiovascular...</td>
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<td>Depression</td>
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<tr>
<td>COPD</td>
<td>$6M</td>
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<tr>
<td>Chronic Kidney...</td>
<td>$9M</td>
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*Not mutually exclusive
PCORI Funding Announcements (PFAs)

- **Broad PFAs (Investigator-initiated)**
  - Solicits the research community’s best ideas under PCORI’s five national research priorities
  - $1.5M to $2M direct cost over 3 years; IHS: $5M direct cost over 5 years
  - 2 cycles per year

- **Pragmatic Clinical Studies**
  - Specific research topics that reflect national priorities for PCOR
  - Head-to-head comparisons in large, representative study populations
  - Maximum $10M in direct costs over 5 years
  - 2 cycles per year

Visit [http://www.pcori.org/funding-opportunities](http://www.pcori.org/funding-opportunities) for more details
PCORI’s Engagement Rubric

Provides practical guidance to applicants, merit reviewers, awardees, and engagement/program officers on effective engagement in research

- **Planning the Study:** How patient and stakeholder partners will participate in study planning and design

- **Conducting the Study:** How patient and stakeholder partners will participate in the conduct of the study

- **Disseminating the Study Results:** How patient and stakeholder partners will be involved in plans to disseminate study findings and ensure that findings are communicated in understandable, usable ways

- **PCOR Engagement Principles:** Reciprocal relationships, co-learning, partnership, trust, transparency, honesty

Visit [http://www.pcori.org/funding-opportunities/what-we-mean-engagement](http://www.pcori.org/funding-opportunities/what-we-mean-engagement) for comprehensive list of resources
Applications are reviewed against six criteria:

- Impact of the condition on the health of individuals/populations
- Potential for the study to improve healthcare and outcomes
- Technical merit
- Qualifications of investigators and environment
- Patient-centeredness
- Patient and stakeholder engagement

Applications are reviewed by a panel of three scientists, one patient, and one other stakeholder.

PCORI’s Board of Governors makes funding decisions based on merit review and staff recommendations.
Questions and Discussion