

## Addressing Disparities

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Senior Program Associate  
Addressing Disparities

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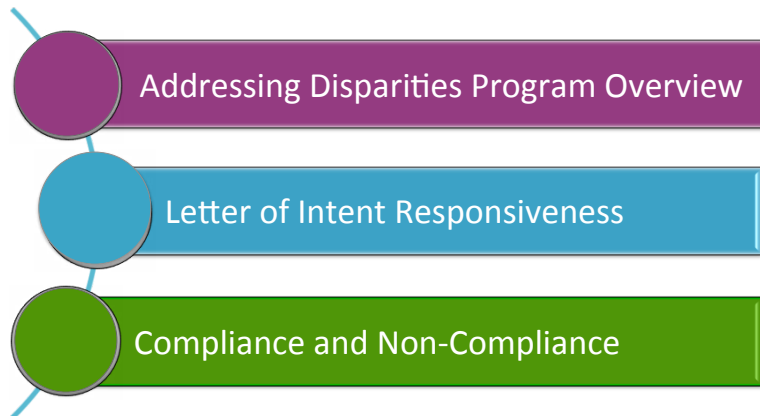
## Welcome!

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## In This Session



## Welcome – Addressing Disparities Program Staff



**Romana Hasnain-Wynia, MS, PhD**  
Director



**Ayodola Anise, MHS**  
Program Officer



**Cathy Gurgol, MS**  
Program Officer



**Mira Grieser, MHS**  
Program Officer



**Mychal Weinert**  
Program Associate



**Katie Lewis, MPH**  
Senior Program Associate



**Tomica Singleton**  
Sr. Administrative Assistant



## Mandate includes: “....reducing practice variation and disparities”

“IDENTIFYING RESEARCH PRIORITIES.  
—The Institute shall identify national priorities for research, taking into account factors of disease incidence, prevalence, and burden in the United States (with emphasis on chronic conditions), gaps in evidence in terms of clinical outcomes, practice variations and health disparities in terms of delivery and outcomes of care...”

—from PCORI’s Authorizing Legislation



## Key Features of Our Funded Research

Studies the benefits and harms of interventions and strategies delivered in real-world settings

Compares at least two alternative approaches

Adheres to PCORI’s Methodology Standards

Is based on health outcomes that are meaningful to the patient population

Is likely to improve current clinical practices



## Addressing Disparities Mission Statement

PCORI's  
Vision, Mission, Strategic Plan



### Program's Mission Statement

To **reduce disparities** in healthcare outcomes and **advance equity** in health and healthcare

### Program's Guiding Principle

To support comparative effectiveness research that will identify best options for reducing and **eliminating disparities**

## Addressing Disparities: Program Goals

### Identify Research Questions

- **Identify** high-priority **research questions** relevant to reducing and eliminating disparities in healthcare outcomes

### Fund Research

- **Fund comparative effectiveness research** with the highest potential to reduce and eliminate healthcare disparities

### Disseminate Promising/Best Practices

- **Disseminate** and facilitate the adoption of **promising/best practices** to reduce and eliminate healthcare disparities

## Addressing Disparities Advisory Panel Helps Guide the Work of Our Program



Addressing Disparities Advisory Panel



## AD has committed \$148M in Clinical Effectiveness Research (CER)

Investigator Initiated Projects	Targeted Projects	In the Pipeline
45 CER projects, \$80M	<ul style="list-style-type: none"> <li>• Treatment Options for Uncontrolled Asthma: 8 CER trials, \$23.2M</li> <li>• Obesity Treatment Options in Primary Care for Underserved Populations: 2 CER trials, \$20M</li> <li>• Reducing Hypertension Disparities in collaboration with NHLBI/NINDS: To be awarded in Sep. '15; up to 2 CER trials, \$25M</li> </ul>	<ul style="list-style-type: none"> <li>• Pragmatic Clinical Studies (e.g., perinatal disparities, lower extremity amputations, integration of mental health into primary care)</li> <li>• Immunotherapy Options for Treatment of Asthma, other topics in development</li> </ul>



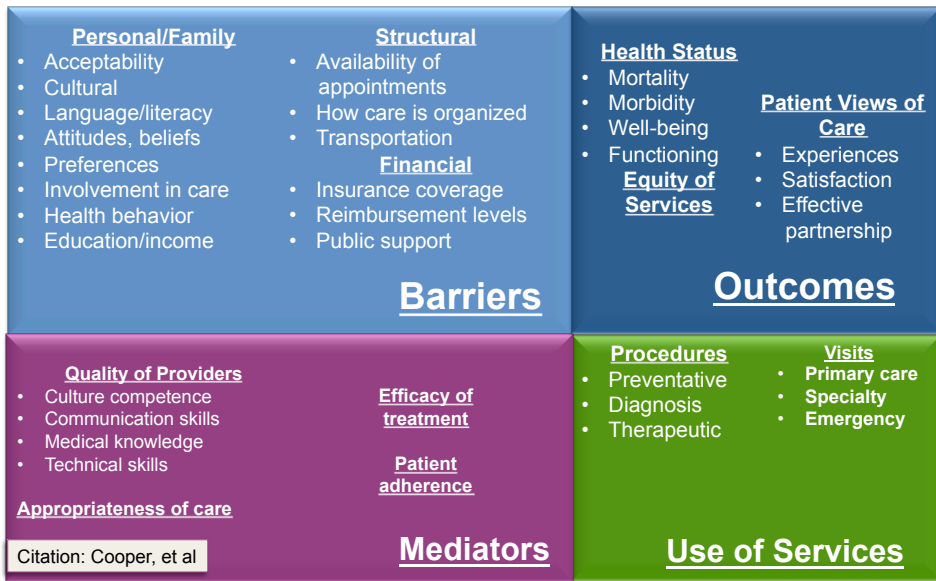
# Conceptual Framework & Driver Model Anchors and Helps To Guide the Addressing Disparities Program



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## Barriers and Mediators of Equitable Healthcare



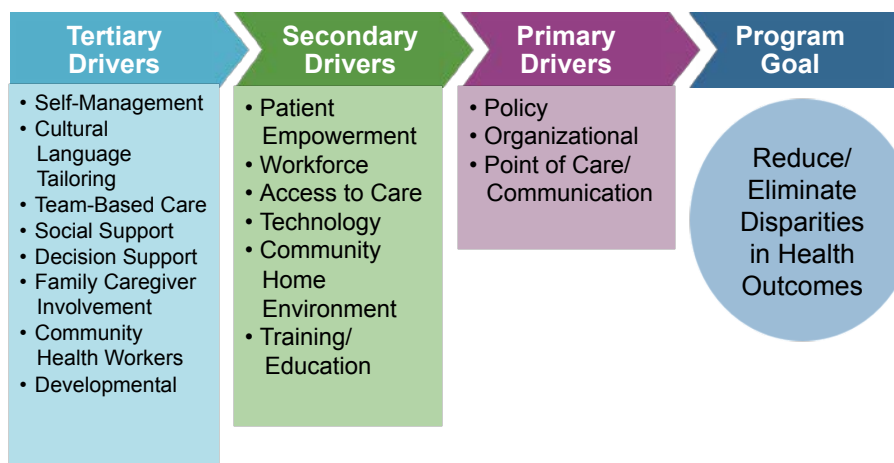
Citation: Cooper, et al

## Addressing Disparities Driver Model

- The model is an evolving tool used to:
  - ✓ Evaluate where we are
  - ✓ Identify where we need to go



## Addressing Disparities Driver Model Cont.



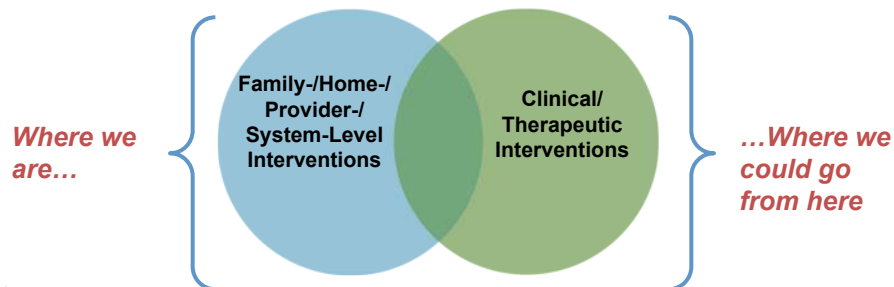
## A Look Toward Portfolio Impact

- Driver model is an analysis tool, not an end product
- Model used to
  - Identify gaps in investment
  - Identify topics we can analyze collectively
- Clusters of substantial investment have already evolved:
  - Community health workers (~50% of projects)
  - Disease self-management (~50% of projects)
  - Cultural tailoring (~40% of projects)



## PCORI's Investment in CER in the AD Program

- The current AD portfolio has a large number of studies with multi-component/multi-level interventions.
- Very few to none of our current studies are testing specific, clinical/therapeutic interventions through head-to-head trials.
- We are interested in studies where there are noted gaps in clinical/therapeutic evidence focusing on disparities populations.





## AD Program Criteria

Potential for Widespread Impact	Feasibility	Prospects for a Definitive Study	Prospects for Partnering
Will the results of a study have an impact on healthcare policy, clinical practice, and reducing disparities?	Is there a clear path to implementation in different populations and/or settings?	Will study results be useful/definitive for informing decision-making by patients and clinicians regardless of results?	Is there the potential to collaborate/partner with other funders, health plans, or medical societies to achieve scalability, adoption, and implementation?



## Unsuccessful Letters of Intent (LOIs)

- Cost-Effectiveness Analysis studies are automatically disqualified
- Not targeting specific disparity population
- Comparators are not clearly delineated
- Unclear about rationale for “usual care” comparator



## Strong LOIs

- Clearly identified:
  - Population
  - Comparators
- Dissemination plan with identified stakeholder partner involvement
- Unique or novel studies that don't duplicate projects already funded in portfolio



## Strong Applications

- Outline engagement throughout the study, including in the dissemination plan
- Are based on head-to-head evidence-based treatments as comparators
- Clearly identify a specific Addressing Disparities population and include power calculations that target that population



# Questions?

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# Thank You!

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