March 14, 2023

Nakela L. Cook, MD, MPH
Executive Director
Patient-Centered Outcomes Research Institute
1333 New Hampshire Ave, NW, Suite 1200
Washington, DC 20036

Dear Dr. Cook:

On behalf of the Society of General Internal Medicine (SGIM), thank you for the opportunity to respond to this request for information on the Patient-Centered Outcomes Research Institute's (PCORI) Request for Information (RFI) titled “Enhancing Workforce Development to Accelerate Patient-Centered Outcomes Research.” SGIM is a member-based internal medical association of more than 3,000 of the world’s leading academic general internists, who are dedicated to improving the access to care for all populations, eliminating health care inequities, and enhancing medical education.

SGIM members are committed to patient-centered outcomes and health services research and have been heavily involved in PCORI from its inception. More specifically, SGIM Members have been heavily represented on PCORI’s board of governors and expert panels. SGIM members have also received significant funding from PCORI for their research.

In the paragraphs below, we respond to the specific questions posed by PCORI:

1. What are the greatest opportunities for health research workforce development? In particular, please comment on opportunities, gaps, and challenges in any of the following areas: engagement; data and technology; methods; and organizational issues such as culture change, diversity, equity and inclusion, and skills and capacities to effect system change (for example, accelerating progress toward a learning health system).

   - As PCORI mentions in the RFI, the patient-centered outcomes research (PCOR) workforce is broad; there are distinct opportunities for workforce development related to each group.
     - Clinicians typically have extensive clinical training, but subsequently require methodological training. Thus, grant funding and training awards (e.g., K-awards) are pivotal for clinicians. SGIM is strongly supportive of expanding both individual training awards (K08, K23) and also institutional K awards (K12); this would likely be supported by the Agency for Healthcare Research and Quality’s (AHRQ) training awards. Ideally, these K-awards should have a significant methodological training component that would prepare awardees to develop...
independent research careers as investigators focused on PCOR and comparative effectiveness research (CER).

- Patients and community members are important partners in PCOR. However, these groups may face barriers to participation, including job responsibilities, travel and travel-related costs, and chronic illnesses. Typically, resources and reimbursement for patient and community participants is limited. Formal and informal costs of participation may hinder assembling a diverse set of patient and community participants since those who are able to participate are typically those with more time and/or financial resources. Thus, it is important to consider strategies for ensuring that patient and community participants broadly represent the community at-large. We also recommend that PCORI consider mechanisms for funding in-person meetings and workshops focusing on the training of community members; recognizing that in-person meetings are expensive, online-meetings would be another option.

- Another area for consideration would be how best to leverage technology including video-conferencing technology to optimally solicit and engage traditionally under-represented groups in PCOR. For example, patients, families, and health care workers from rural communities that may be quite distant from academic health centers.

2. What programs and engagement strategies might PCORI consider developing to serve the workforce development needs of those who lead and partner in research?

- With respect to the training of clinicians, SGIM believes that both institutional and individual training awards work well. We suggest that PCORI increase the number of training awards and support (through AHRQ) as well as consider opportunities for regional K award programs; such awards might be particularly useful in helping to expand the number of clinicians trained in PCOR at institutions that may not typically have a strong history of federally funded research. By building regional collaboratives, PCORI could link stronger research intensive institutions with geographically proximate institutions that have need, but may not have the stand-alone expertise to obtain PCORI or AHRQ funding.

- With respect to the training of patients, community members, and health system employees, SGIM suggests a different approach. In particular, we recommend expanding the number of conferences and meeting planning awards that are offered (e.g., R13 awards from AHRQ). Such meetings could provide an important mechanism for engaging patients, community members, and health system staff.

- Given the empirical research suggesting that many faculty who initially obtain K-awards subsequently leave the research workforce because of difficulty in obtaining independent funding, we ask that PCORI and AHRQ expand the pool of research funding (R-awards) for early career investigators.
Again, we appreciate the opportunity to provide these comments and welcome the opportunity to partner with you. Should you have any questions or require further information, please contact Erika Miller at emiller@dc-crd.com.

Sincerely,

LeRoi Hicks, MD, MPH
President, Society of General Internal Medicine