With support from the Patient-Centered Outcomes Research Institute (PCORI), NASHP is excited to announce a new learning collaborative for states seeking to develop or enhance processes for evidence-based health policymaking with a specific focus on using patient-centered outcomes research (PCOR) and comparative effectiveness research (CER). This project will convene multi-agency teams from three states to work towards achieving three primary goals:

1. Increase the use of evidence, including PCOR and CER, within state health policy decision making
2. Establish a structure for inter-agency collaboration on the use of this research
3. Develop a strategy for the meaningful engagement of the patient in program and policy development within various state agencies

States require tools and supports to incorporate research into programs and policies, share existing resources and knowledge across agencies, and ensure the patient perspective is included in health policy decision making. Through a unique partnership with the Oregon Center for Evidence-based Policy (CEbP), and with contributing sponsorship from the Milbank Memorial Fund (MMF), this learning collaborative will bring together extensive expertise to provide selected states with 16 months of targeted technical assistance including individual bi-monthly technical assistance calls, small group webinars, a state site visit, and a shared platform to support each state in achieving its goals. NASHP’s experience in evidence-based policymaking combined with CEbP’s expertise in working individually with states and on multi-state collaborations will offer learning collaborative participants an in-depth understanding of the challenges faced by state policymakers in using this research, the resources and strategies needed to support them, and experience with diverse perspectives when considering the use of high-quality evidence and collaboration.

Through this request for applications (RFA), we will select three states to participate in the learning collaborative. Proposals must include a cross-agency team from each state that includes representation from at least 2-3 state agencies and organizations. Appropriate state agencies may include but are not limited to: Medicaid (strongly recommended), Public Health, State Employee Health Benefits, Workers’ Compensation, Department of Corrections, Department of Mental/Behavioral Health, State Legislature, Governor’s health office, and an academic institution. State teams must also include a patient partner or representation from a patient organization and have a designated team lead. Applicants are asked to answer several brief questions on their state’s use of research and submit a draft work plan with clear project goals and objectives. NASHP will host an informational webinar on September 16, 2015 to offer application guidance, assist applicants in identifying members for cross-state teams, and answer any outstanding questions.

Who can serve as a patient representative?
For the purposes of this RFA, NASHP will use PCORI’s definition of a patient stakeholder: “Persons with current or past experience of illness or injury, family members or other unpaid caregivers of patients, or members of advocacy organizations that represent patients or caregivers.”
We are seeking applicants that demonstrate a strong commitment to increasing the use of research, including PCOR and CER, in state health policymaking but who currently lack a well-established system to support the integration of this research into their agencies’ decision-making processes. Through this learning collaborative, we are aiming to help states leverage the strengths of various agencies and align processes across agencies to foster evidence-based policymaking. As such, preference will be given to states that have taken steps to support the incorporation of research, including PCOR and CER, into state agencies. This may vary widely across states. Examples may include, but are not limited to: having entities in place within or across state agencies such as advisory groups or committees to review research and make policy recommendations; having a formal partnership in place with an academic institution that promotes evidence-based policymaking; or having training in place to help staff use research when making policy decisions. This learning collaborative is not intended for advanced states with a robust system to evaluate and incorporate CER and PCOR into state health policies across multiple agencies.

**The Need for Evidence-Based Policymaking**

In the last decade, a growing body of rigorous research has emerged that could provide policymakers with critical information to make more informed policy decisions and create more effective and efficient programs. The federal government has made significant investments in such research to generate the evidence needed for policymakers to implement evidence-based practices, an approach defined by the Agency for Healthcare Research and Quality (AHRQ) as “applying the best available research results when making decisions about healthcare.”¹ In the American Recovery and Reinvestment Act of 2009, Congress invested $1.1 billion to support the development and dissemination of comparative effectiveness research (CER) designed to examine the benefits and harms of alternative interventions related to healthcare.² In 2010, under the Patient Protection and Affordable Care Act, Congress built on this major investment by authorizing the creation of the Patient-Centered Outcomes Research Institute (PCORI) to fund comparative clinical effectiveness research guided by patients, caregivers and the broader healthcare community, also known as Patient-Centered Outcomes Research (PCOR).³ CER and PCOR provide state policymakers with evidence comparing the effectiveness and safety of different interventions being considered for use within their state.

Recognizing the value of such research to guide important healthcare policy decisions, state policymakers have made multiple efforts to develop systems that promote the use of evidence in their state agencies. Current systems in place to support evidence-based policymaking vary greatly, both across states and among the agencies within a state. Systems often differ depending on agency resources and specific needs pertaining to the generation, synthesis, analysis, and implementation of research for policymaking.⁴ While some states may have an entity to evaluate research and make policy recommendations to multiple state agencies, others may use short-term agency-specific committees to review available research for a particular policy issue or lack a formal process to incorporate evidence into the decision-making process.⁵ Though results indicated policymakers generally agree on the importance of using research to inform their work, respondents indicated that state policymakers face the following significant challenges incorporating evidence including PCOR and CER within the decision-making process:

- Lack of familiarity with PCOR and CER
- Lack of staff expertise to find and evaluate research
- Difficulty in translating research into policy and program decisions
- Lack of collaboration across state agencies
- Limited patient engagement in policy and program development

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Learning Collaborative Application

This work is supported through a Patient-Centered Outcomes Research Institute (PCORI) Program Award (EA-2159-CHPD).
Beyond the barriers surrounding using evidence to inform policies, these results highlight patient engagement as another critical obstacle policymakers face in designing effective and efficient healthcare programs. Patient engagement is increasingly recognized as a critical factor in improving healthcare outcomes and achieving the overall goals for improved healthcare quality, controlling healthcare costs, and improving patient satisfaction.\textsuperscript{6,7} The more patients are willing and able to manage their health and their care, the better both their experience and their outcomes. Engagement of the patient can occur at multiple levels within the healthcare delivery system ranging from their interaction with their provider within a clinical setting to the inclusion of their needs and preferences at the level of program design and implementation, state governance, and policy decisions.\textsuperscript{8}

No clear path or model exists to support state leaders to overcome the above challenges and ensure their use of this rapidly expanding body of rigorous research. However, states have expressed great interest in moving this work forward and have clearly cited a need for additional support to better use evidence in their work as demonstrated in the responses to the NASHP national survey and interview series.\textsuperscript{9} To assist states in developing better programs and policies, states require tools and supports to incorporate research into programs and policies, a platform to share existing resources and knowledge across agencies, and a mechanism to ensure the patient perspective is included in health policy decision making.

**Benefit to States**

States selected to participate in this learning collaborative will receive the following benefits:

1. **Individual bimonthly technical assistance calls.** These calls will include all members of the state team and will focus on specific issues your state is addressing within your state work plan. NASHP will work with your state to identify and invite key experts to the calls and will include CEbP as an expert resource.

2. **One in-person site visit to your state from NASHP/CEbP staff.** CEbP and NASHP staff will work with your state to plan a one-day workshop in evidence-based health policymaking. Based on the needs of your state, CEbP will modify their existing curriculum on the use of evidence in policymaking to deliver a tailored workshop focused on your identified needs for PCOR and CER. Each site visit will be scheduled based on your state’s needs recognizing states may benefit from site visits at different stages within the project period.

3. **Four small group technical assistance webinars.** States participating in this learning collaborative will convene biannually on group webinars. The topic of each of these webinars will be selected with input from the states and each state will be required to provide a brief update that is pertinent to the technical assistance topic to be discussed and have submitted an updated work plan prior to the call. CEbP will be available to provide expertise on the group webinars and additional experts will be invited based on the needs of the states.

4. **Support from an electronic shared platform.** Your state will have access to an online platform to share resources and discuss strategies and challenges related to the project. This platform will enable all states to post their work plans and revisions to work plans, ask questions, share resources and engage in discussion of challenges and strategies being used across the three states. NASHP will monitor the site and post relevant resources as needed throughout the project.

5. **Assistance with stakeholder engagement.** NASHP will assist states in engaging key stakeholders in your state, including patient representatives, throughout the duration of the project.

Learning Collaborative Application

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6. Ongoing access to NASHP and CEbP staff. NASHP and CEbP staff will be available via telephone and e-mail to address any emerging technical assistance needs.

Expected Outcomes
This project will aid in the creation of new models within states to help spur and support the use of PCOR and CER in healthcare policy making and the engagement of the patient at various levels of the state decision-making process. It will build on the work of NASHP’s previous PCOR/CER Roadmap project and CEbP’s extensive experience in supporting states in evidence-based decision making. The work on the Roadmap provided NASHP with detailed information on the challenges facing state health policymakers, the wide variations across state agencies, and the array of resources currently being used by state health policymakers. This project will also build on the work of MMF and CEbP and their extensive work providing technical assistance to states on using evidence in decision making. The information gained from this project will provide NASHP, MMF and CEbP with significant information impacting their future work with states.

With NASHP and CEbP support, the three states participating in the learning collaborative will need to work to create an environment conducive for wide-spread use of evidence, including PCOR and CER, and will need to increase state-wide recognition of the value of the patient perspective. States selected to participate in the learning collaborative will work to achieve the following outcomes:

- Finalize a work plan that outlines shared team goals, including the project’s purpose and a process describing implementation.
- Engage patient/family representative in the learning collaborative project planning.
- Identify agency staff or other state resources to review rigorous, relevant research and to translate that evidence into meaningful information for state policymakers.
- Develop an agreed-upon a strategy for cross agency collaboration and partnerships supporting the use of evidence including PCOR and CER and maximizing the state’s use of resources across multiple agencies.
- Establish a strategy to ensure the meaningful engagement of the patient in policy and programs within the state.

As a result of a NASHP webinar, issue brief and national conference session and the incorporation of the knowledge gained into CEbP supports to states, the impact of this project will reach far beyond the three participating states. Multiple states will have access to strategies and tools needed to use PCOR and CER in the healthcare decision-making process and ensure the patient perspective is included in state healthcare policy decisions.

The National Academy for State Health Policy
Through this learning collaborative, NASHP seeks to help states improve their processes for evidence-based decision making. This learning collaborative will build on NASHP’s previous work with PCORI that resulted in the creation of “A Roadmap for State Policymakers to Use Comparative Effectiveness and Patient-Centered Outcomes Research to Inform Decision Making.” The information gained from the Roadmap project has provided NASHP with invaluable state perspectives on the current use of evidence by policymakers, the resources available, and the specific challenges states may face in using PCOR and CER and engaging patients as stakeholders in the decision-making process. NASHP developed this learning collaborative in direct response to feedback from policymakers and designed this project to address specific state needs for additional education, support states to work across agencies and with peers in other states, and establish a process within states to incorporate research into policy decision making.
NASHP is uniquely suited to the task of supporting states in achieving these project goals with a long track record of engaging and providing assistance to state health policymakers at all levels of state government to create concrete and sustainable healthcare system reform. Committed to multi-disciplinary approaches to policy and practice, NASHP is positioned to bring multiple state agencies and other leaders with a broad range of perspectives to focus on strategies to address specific issues. NASHP has also succeeded in engaging patient and family representatives in state activities when their input is a critical component for the success of the project.

Conditions of participation
NASHP plans to commit time and resources to each learning collaborative member. In return, we expect each state team to commit to improving their own initiative and helping us advance the field more broadly. In order to achieve the project’s goals, states will be expected to:

- Convene a project team with representation from a patient organization and multiple state agencies/organizations. Members of the team will actively participate in all the activities of the learning collaborative, convene on NASHP bimonthly calls, and work together to address the state-specific gaps identified in their state needs assessment and work plan. Please note NASHP can offer guidance in mobilizing state teams during the RFA webinar taking place on September 16, 2015 or via email.
- Complete a needs assessment describing the resources within their state and the specific challenges to address to meet the state’s identified goals. Included in the needs assessment will be academic resources, patient/family organizations and representatives, specific gaps to be addressed to improve the identification and use of evidence, including PCOR and CER, and existing established agency-specific or other supports for identifying and translating research into health policy decisions. Needs assessments will be used by NASHP to develop the most effective and efficient technical assistance that targets state needs.
- Develop a work plan to identify actionable steps to achieve the goals. State will submit a draft work plan as part of their application that will be revised over the course of the project and will provide support for the state to continue the activities identified to meet the project goals if needed following the 16-month project period.
- Increase their knowledge and understanding of the use of evidence in policymaking, in particular, the use of PCOR and CER, including strategies their state can use to better understand, access and translate available research into policy and program decisions.
- Establish a plan for cross-agency collaboration to ensure state agencies share research-related resources and review PCOR and CER in the decision-making process.
- Agree on a strategy supporting the meaningful engagement of the patient in program and policy development for use across multiple agencies.

Application Guidelines
NASHP will host an informational webinar on September 16, 2015 to offer application guidance, assist applicants in identifying members for cross-state teams, and answer any outstanding questions. Please click here to register. If you are unable to attend the webinar, or have any other questions about the application process, please contact Felicia Heider (fheider@nashp.org).

Applications must include a list of state team members, responses to application questions, and draft work plan. Applications should be submitted by e-mail to Hannah Dorr (hdorr@nashp.org) by October 7, 2015. Applicants will be notified by October 16, 2015.

We will choose states for this technical assistance based on the following criteria:
1. Applicants assemble a state team that includes representation from at least 2-3 state agencies and organizations. Appropriate state agencies may include but are not limited to: Medicaid (strongly recommended), Public Health, State Employee Health Benefits, Workers’ Compensation, Department of Corrections, Department of Mental/Behavioral Health, State Legislature, Governor’s health office, and an academic institution. State teams will also include a patient partner or representation from a patient organization. (NASHP is available to help applicants connect with other agencies in their state to assemble state teams.)
2. State team has designated team lead to oversee the project activities.
3. Team has a draft work plan with clear planned actions and key milestones.
4. Preference will be given to those states that show commitment to cross-agency collaboration.
5. Preference will be given to states that have taken steps to support the incorporation of research, including PCOR and CER, into state agencies.

Selected states will be required to:

1. Sign a participation agreement.
2. Complete a needs assessment to help inform the technical assistance to be provided to the states.
3. Further develop their work plan during the project in collaboration with their team members.
4. Fully participate in the learning collaborative activities.
5. Establish a structure or strategy to incorporate research, including PCOR and CER, into policy decision making across agencies.
6. Develop a strategy for substantive, meaningful engagement of the patient voice in the decision-making process.


3 Patient Protection and Affordable Care Act, Pub. L. No. 111-48 §6301(a)


6 Susan Dentzer, Rx For The “Blockbuster Drug” Of Patient Engagement.


9 Barbara Wirth, “A Roadmap for State Policymakers to Use Comparative Effectiveness and Patient-Centered Research to Inform Decision Making”

10 Ibid.