

# How to Apply

The PMCOE application process is akin to the sequential steps in a job interview; passing each successive round brings you closer to the offer where your acceptance triggers the new hire onboarding phase. The process is as follows:

- 1. Initial screen.** Prepare and deliver a 30-minute presentation pitch to the inHealth team that makes the case for your candidacy. (See slides 2-10 for pitch deck info & template)
- 2. Written application.** Complete an online form to assesses your overall readiness.
- 3. Candidacy review.** inHealth evaluates your candidacy and makes its decision. If accepted, two onboarding steps remain.
- 4. Commercial translation.** Provide written responses to questions designed to assess the potential for commercial value creation. This is followed by a 1-hour discussion.
- 5. Diagnostic & clinical value.** Participate in 1-hour discussion to assess the scientific evidence needed to demonstrate diagnostic & clinical value. Then complete an online form for each research question that describes the clinical validity of the proposed intervention, metrics to be used to measure value, and the research aims

# Pitch Deck

We recommend no more than 4 slides be in your pitch deck (5 including title slide). You have 30-minutes in total to present your content plus any Q&A.

The following slides cover what should be included in your pitch deck.

# Precision Medicine Center of Excellence Pitch

# Team

- Director:
- Faculty / Scientific Lead:
- Faculty / Scientific Lead (if multiple):
- Data Research Manager:
- Data Analyst, Biostatistician or Data Scientist:
- Business Manager / Health Economist:

*Enter name for each if known or TBD if unknown at this time. Leave blank if not relevant.*

# Problem

- Provide some context for the disease you are trying to address:
  - Prevalence and incidence
  - Annual cost of care per patient
    - Is there a large range of costs, and why?*
  - Over the past 3 years, how many papers have you published on this topic?
- What are the biggest challenges you face in taking care of the patient group you have identified?

*Consider treatment, compliance, social factors, diagnostic challenges, etc. Example: Neurofibromatosis sends 100% of patients to get imaging study to screen for cancer despite only 8-10% of patients eventually developing malignant tumors. They don't know which of those patients it will follow that trajectory so they screen every patient.*

# Vision

- What is your proposed intervention and where in the patient journey would it occur?

*Example: Prostate Cancer to focus on active surveillance to achieve higher patient care satisfaction, increase patient adherence to care plan, and reduce variability or range of patients requiring more aggressive treatment (surgery).*

- Do you think it can change care paradigms or become the standard of care?

# Value

- Where will the value of your proposed intervention come from and how will you measure it?

*Consider better patient outcomes, lower cost of care, more efficient delivery of care, new candidate biomarkers, new drug targets, novel algorithms, etc. Example: Neuro Critical Care Unit will use better risk scoring to align resources with clinical needs, resulting in reduced cost of care (patient transferred to step-down units) and increased capacity (fewer non-JHU patients turned away from NCCU due to lack of capacity).*

- How long will it take to deliver the value?

*For new diagnostic or new therapeutic target, estimate the time to validate biomarker.*