

Minutes

UW School of Medicine and Public Health Medical Education and Research Committee 5:00 PM September 10, 2007 – Room 4201 Health Sciences Learning Center

Members Present: Sanjay Asthana, Bill Busse, Molly Carnes, Cindy Czajkowski, Paul DeLuca, Norm Drinkwater, Susan Goelzer, Tom Grist, Cindy Haq, Javier Nieto, Greg Nycz, Mary Beth Plane, Patrick Remington, Susan Skochelak, Rod Welch, George Wilding

Members Absent: Jeff Grossman, Rick Moss, Jeff Stearns, Gordon Ridley

Guests: Kevin Wymore, Howard Bailey, Ann Schensky

Staff: Tracy Cabot, Cathy Frey, Ken Mount, Tonya Paulson, Karla Thompson, Eileen Smith

The Committee was called to order by Chair Paul DeLuca at 5:07 p.m.

1. The draft minutes from the July 9, 2007 MERC meeting were presented and approved unanimously without modification.

2. Announcements: DeLuca introduced Cindy Haq, a newly elected faculty member.

a. The Conflict of Interest Subcommittee has drafted a policy which has been reviewed by UW Legal Services. The policy should be ready for discussion and action at the next MERC meeting.

b. The Timetable for the 2009-2014 Five Year Plan was circulated. Development of the plan will be informed by the SMPH Strategic Transformation efforts, as well as by the MERC Strategic Planning Retreat on September 25.

3. Evaluation Plan: Sue Goelzer reported that the draft Evaluation Plan has been approved by OAC and was endorsed by the MERC Executive Subcommittee last week. She outlined the five evaluation focus areas, and enumerated the members of the Evaluation Plan Implementation Committee. Goelzer noted that evaluation of the Governance and Stewardship Focus Area has already begun. Goelzer asked for MERC's approval of the plan.

After brief discussion, Bill Busse moved that MERC approve the Wisconsin Partnership Program Evaluation Plan. George Wilding seconded the motion, which was approved unanimously.

4. MERC Executive Subcommittee Report: DeLuca reported that the main action item was discussion of the WinHR proposal. After lengthy discussion, a number of suggestions for

modifications to the proposal were made. The Executive Subcommittee unanimously endorsed the proposal (see Item 5 below).

The Executive Subcommittee also discussed the New Investigator Program, and recommended limiting the competition to only one cycle per year. Cindy Czajkowski asked why this recommendation was made, and Smith answered that the number of applications has been dropping each cycle. The last cycle we received only 21 applications, which was about half the number received in earlier cycles. Czajkowski asked if the RfP had changed during this time, and Smith said that it had, based on recommendations from a working group. The changes were primarily clarifications, as well as modification in the scoring to account for the mission and objectives of the Wisconsin Partnership Program. Nieto added that we also eliminated the limit on the number of applications per department.

Rod Welch observed that two competitions per year allows new investigators to come back more frequently. Norm Drinkwater asked Howard Bailey, who serves as co-chair of the NIP Application Review Subcommittee, to comment on the program and changes to RfP. Bailey explained that one of the changes was to open the eligibility to all assistant professors on all three tracks, as long as they were not in the terminal year of their appointment. This allowed more faculty to apply. He added that in the most recent competition, at least half of the 21 applications were resubmissions, and he expressed concern that the quality of applications was decreasing.

Pat Remington suggested that we revisit the issue of breadth of applications or the balanced portfolio concept, especially in regard to successful applicants. He noted that we have not received many applications in the area of public health research. Cindy Haq noted that we had circulated electronic announcements for each RfP cycle, but asked if we held group meetings for applicants. DeLuca explained that we have held training sessions for all assistant professors who were interested in applying, and we have reached out to department chairs.

Wilding asked if we intend to track outcomes, to learn if NIP awardees are successful in terms of getting extramural funding. Goelzer said that those types of outcomes are very hard to track. Busse suggested that we gather data about the awardees publications, grants, and promotion rate.

The group agreed to hold one competition for the NIP per year, and the next RfP will be in January 2008. Sanjay Asthana asked if we will still fund 10-12 grants per year. DeLuca said that we might have to revisit that number if we decide to modify the size of the awards.

5. WiNHR grant request: Howard Bailey presented a request for implementation funding for WiNHR, which was revised based on the advice of MERC, the Executive Committee and Paul DeLuca. Bailey outlined the main themes of his presentation, which included the Background and History of WiNHR, the Structure of WiNHR and its relationship to ICTR, Accomplishments to Date and Benefits of WiNHR, the Vision and Mission, and the budget.

Bailey reviewed the background for the WiNHR proposal which evolved from a 2004 NIH RFA for Regional Translational Research Centers (RTRC). The RTRC program was subsequently retracted by NIH and re-issued as the CTSA program.

Bailey submitted the Wisconsin Clinical Trials Network (WiCTNet) planning grant to MERC to develop a clinical trials network that would build on the knowledge and partnerships of WON, WREN, and WRAP. In discussions with researchers around the state he learned that they wanted to be able to do more than just clinical trials. This resulted in WiCTNet becoming WiNHR.

A key mission of the Institute for Clinical and Translational Research (ICTR) is the application of current knowledge by improving the availability of resources and providing infrastructure. Bailey explained that WiNHR extends the scope of clinical and translational research into the community. We already have many successful examples of community practice-based research at UW, including WREN, WON, WRAP, and WARN. However, we seem to be re-inventing the wheel for each type of research or each disease that is being studied. WiNHR will establish an infrastructure for collaborative research without regard to disease type.

Bailey showed a relationship diagram for WiNHR and ICTR. He also showed a chart outlining the administration of WiNHR, which consists of an Executive Committee (2 members from each partner institution) as well as a number of working groups.

Bailey described some of the accomplishments of WiNHR to date. WiNHR has effected clinical research agreements with each partner site, has developed SOPs and study management tools, has reviewed and approved three clinical trials which are enrolling subjects, and is now working on expansion of WiNHR membership within existing healthcare networks. For the three approved clinical trials, WiNHR has facilitated the recruitment of minorities and made it feasible for researchers to participate in studies with higher enrollment requirements. A key activity for the network was the development of an IRB consortium. This consortium now has draft standardized documents, and draft deferment agreements, and will start accepting protocols this fall. Bailey then outlined the life of a WiNHR pilot study, from proposal submission to subject accrual and data entry.

WiNHR's vision is to "be a nationally recognized collaborative research network which improves the health of the people of Wisconsin." WiNHR will facilitate research, make it more efficient, and apply what we've learned. Bailey described the deliverables for the next two years, which include the completion of multiple studies; facilitation and initiation of federally supported research, and expansion of accrual sites.

Bailey outlined a key budget issues, including the expansion of his role to 20% and the addition of a physician chief operating officer at 50%. He explained that funds for intrasite expansion are allocated about 75% infrastructure and 25% pilot projects. Most of the site expansion is for pilot project staff at new locations within the healthcare systems. WiNHR is using a "top-down" approach to get buy-in from the top levels of the healthcare organizations and then recruit PIs to participate. The informatics budget includes 3-4 FTEs to develop and maintain the software to meet the needs of study data collection.

Bailey closed by observing that WiNHR is a whole new enterprise that few other universities have ever done. They are uncovering issues which were unanticipated. He also emphasized that WiNHR was a key to the SMPH's success with the CTSA application.

Busse commented that without this program, our ability to do clinical research in Madison is limited due to a small population with low diversity. He expressed concern about level of staffing and the sustaining budget going forward, and asked if the partner sites will be contributing to the infrastructure costs. Bailey said that in the future, WiNHR must become self-sustaining through studies funded by external sources. Right now, the partner sites are contributing space, time, etc, that are cost-shared.

Busse asked about the database, and how costs will be monitored. Bailey explained that they are already using a version of the clinical research database. Bailey stated that it would be best to keep the informatics costs in the WiNHR budget so that they can be monitored.

Greg Nycz asked if it would be possible to recapture indirect costs from federally funded research submitted through WiNHR. DeLuca responded that it would be impossible at the UW site, but might be negotiable at the partner sites. Molly Carnes asked if we can show improved participation, improved measures of health, couldn't we showcase these improvements to external groups. Bailey said yes; we could approach insurance companies and others. He reiterated that WiNHR needs to be self sustaining because that implies that we're doing a good job.

Nieto asked if WiNHR would be expanded beyond clinical research to include population health research or community intervention research. Bailey replied that some of the researchers have already done work in the local schools, for example. Remington suggested that WiNHR doesn't address issues outside the clinic, such as health law, policy, marketing, etc. Bailey stated that WiNHR is not set up to do all those things now, but they could be developed later.

Several MERC members expressed great enthusiasm for this revised proposal, and praised Bailey for the remarkable accomplishments to date. There being no further discussion, Bailey and Schensky left the meeting.

Remington moved that MERC approve the implementation grant request from WiNHR, Plane seconded the motion. After a brief discussion, the motion was approved unanimously.

6. Strategic Planning Retreat: DeLuca presented an overview of the agenda for the meeting on Sept. 25. Dean Golden will present his vision for Transformation of the SMPH, and discuss how the WPP will impact the transformation. There will be a review of the current funded projects as well as an overview of the financial status of the WPP. Discussion will focus on future projects and the five year plan development. All current and former MERC members are invited, including the chairs of the Application Review Subcommittee as well.

7. OAC report: Nycz reported that OAC has established an Executive Subcommittee (Sue Goelzer-chair, Doug Mormann-vice chair, Lorraine Lathan-secretary, and June Martin Perry) to

deal with issues between meetings. OAC has also added two members to the Public Health Education and Training subcommittee—Marty Schaller and Kristin Hill. OAC has been working on the development of a project to be funded from their Cash Reserves, and has retained a consultant to develop a white paper on health disparities in birth outcomes. Finally, OAC received 93 proposals for their Community Academic Partnership Fund, divided equally between implementation and planning or small grants.

8. Executive Subcommittee election. Smith circulated ballots and a list of current Executive Subcommittee members. The ballots will be tallied by staff and the results reported after the meeting.

The meeting was adjourned at 6:42 p.m.

Respectfully submitted by:
Tracy L. Cabot,
Recorder