

Minutes

UW Medical School Medical Education and Research Committee 5:00 PM August 18, 2004 – Room 4201 Health Sciences Learning Center

Members Present: Sanjay Asthana, Paul DeLuca, Dave DeMets, Norm Drinkwater, Maureen Durkin, John Frey, Jeff Glassroth, Susan Goelzer, Jeff Grossman, Debra Hullett, Rick Moss, Greg Nycz, Gordon Ridley, Joan Schiller, Susan Skochelak, Doug Smith

Members Absent: Lynn Allen-Hoffmann, Javier Nieto, Layton Ridders, Jeff Stearns

Guests: Philip Farrell, Ken Mount, George Wilding

Staff: Tracy Cabot, Tonya Paulson, Eileen Smith

The Committee was called to order by Vice Dean DeLuca at 5:07 p.m. DeLuca presented an overview of the agenda.

1. The draft minutes from the July MERC meeting were presented. Eileen Smith presented a correction provided by Javier Nieto to page 2, item #4, regarding the MPH program and its applicability to students seeking dual degrees. With that modification, John Frey moved that the minutes be approved, and Debra Hullett seconded the motion. The minutes were approved unanimously.

2 i. DeLuca presented information about a secure website for MERC members to share documents. Documents will be posted to the website in both Microsoft Word and PDF formats. All MERC members can download documents; however posting to the website is limited to MERC staff. As new items are added to the website, an email will be sent to members to alert them to download the latest documents.

2 ii. Eileen Smith reviewed the requirements of the annual reports that must be submitted to the Board of Regents, Wisconsin United for Health Foundation, Inc. (WUHF) and the public. The Medical School will prepare the annual report on the expenditures for medical education and research with input from and approval by MERC. The OAC will provide comments on the report to the Board of Regents and to WUHF.

The items required in the annual reports are described in the Insurance Commissioner's Order, and pertain to all expenditures related to the public health, medical education and research. The six required elements are: description of the projects/programs supported and the relative percentages for public health, medical education and research; an evaluation of the overall effectiveness of the projects/programs supported; a statement ensuring that the funds were not used to supplant existing resources; the extent of funds used for community-based initiatives; a discussion of the alignment of expenditures with priorities outlined in the current 5 year plan; and a financial status report.

At a recent meeting, WUHF outlined their desired format for the report. They will require the Medical School to report on all six categories outlined above for the MERC's and the OAC's expenditures; the OAC will collaborate with the Medical School on the report for the public health expenditures; the OAC will provide comments and advice on the MERC's expenditures; the UW Foundation will prepare a financial report on the investment and management of the funds; and minutes from the MERC and OAC meetings when the annual report is discussed will be included.

2iii. Dean Farrell presented an overview of the approval process and dates for release of funds from the restricted accounts. In March 2004 WUHF approved the 5 year plan for use of the funds, and released to the UW Foundation \$100M (the income of which can be distributed) and \$30M in spendable funds to initiate programs. The remainder of the \$300M total is held by the UW Foundation in a restricted account, release of which is contingent upon approval of the annual reports.

The Medical School plans to submit its first annual report as early as 4/1/2005 and no later than 6/30/2005. When approved, WUHF will release 1/3 of the total funds in the restricted account (about \$57.5M), unless WUHF provides written notice within 60 days of failure to comply with provisions of the Order and the Plan. The funds released will be added to the initial \$100M investment, and only the interest earned on this account may be spent. This process is repeated for CY2005, with WUHF approval triggering release of half of the remaining funds in the restricted account (roughly \$60M). Similarly, the acceptance of the annual report for CY2006 will result in the release of all remaining funds in the restricted account (about \$63M).

John Frey asked if the approval process and funds release mechanism is the same for MCW and UW, and Farrell noted that only the dates are different. Frey also questioned what happens to any interest earned by the restricted account, and Farrell explained that it is added to the principal.

3. Jeff Grossman presented a matrix model of the process by which focus areas will be prioritized and funded. The focus leaders were charged with developing an integrated strategy for funding decisions to include all focus areas. It was agreed that the MERC should concentrate available funds to maximize impact, and may need to prioritize spending over 5 years. It may be necessary to create infrastructure initially, then fund specific initiatives later.

Grossman's model was based on a discussion with the focus leaders and included as well his extension of the focus areas into health services research. He noted that John Eisenberg, former Director of AHRQ, proposed a model for the continuum of health related research which includes both biomedical research and health services research. Biomedical research addresses the questions of what causes diseases, and how can they be prevented or treated. Health services research addresses the questions of what works, what does it cost, and how do we close the gap between what we know and what we do. Greg Nycz added that Eisenberg also wanted to extend his model in a third direction, which includes the community.

Grossman used the example of “Approach to Chronic Disease” as a title for the decision matrix. This is a unifying theme that could encompass all focus areas, represents the largest health care burden, and has measurable impact. The matrix has two columns, one for biomedical research and one for health services research as a continuum to approach chronic illness. The line between columns on the matrix was shown as dotted because each area of biomedical research influences the health services research, and vice versa. Each row of the matrix represents a different box of resources—including needs for funding. The third dimension, which is difficult to represent, is time. DeLuca noted that since the total available resources are limited, the committee would have to choose funding carefully and integrate over time.

Grossman focused on the upper left box, which represents biomedical research infrastructure needs. In this model, it includes the population cohort, tissue/blood bank, gene/protein analysis, and statistical support. These infrastructure items can be tied to the focus areas of dSHOW-CT, Disease Genomics and Regenerative Medicine, and Molecular Medicine and Bioinformatics. It was proposed that some subset of these infrastructure items might be the first initiatives to be funded, and other items would be funded sequentially over time. Funding decisions could be recommended by the focus leaders to MERC, or through an RFP, or both. The new infrastructure would lead to other opportunities to bring in extramural funding. While developing the model, it became apparent that the Education and Emerging Opportunities focus areas were cross-cutting.

DeLuca asked for comments on the model. Rick Moss observed that the biomedical research column reflects MERC discussions very well. dSHOW-CT is the “backbone” for biomedical infrastructure. The piece that is indefinite is how these decisions will be made, and how proposals will be generated. Moss indicated that MERC needs to move ahead and make initial expenditures to begin the infrastructure development. Later faculty would be involved in planning specific elements of the population cohort. Funding decisions on investigator-initiated applications would include an analysis of how each application builds on or uses the infrastructure. Moss expressed interest in the definition and scope of health services research.

Jeff Glassroth stated that the concept is very good, but we need to be rigorous in how we set priorities and allocate funds for infrastructure. Some parts of the infrastructure might become partially self-supporting by selling services, but others might require ongoing financial support for years to come.

Susan Skochelak asked how the education component fits into this model. How will this model connect to the health of the people of Wisconsin? For example, the proposed clinical skills teaching and assessment center doesn’t really fit into this model. Perhaps a third column titled education and dissemination would be appropriate. Joan Schiller agreed. Nycz stated that the model lacks a connection to community, which would fit in both columns. He would like to clarify how results would be put in place in communities, and suggested that we could encourage the development of collaborations in the field with students and preceptors. George Wilding stated that the third column could be called community application and implementation, which would tie in nicely with the goals of the 5 year plan. Joan Schiller stated that it is not obvious that the model includes an emphasis on training and implementation.

Maureen Durkin expressed concern about the title, which is an approach to chronic illness—seemingly excluding acute illness, such as stroke, or injury. Grossman responded that this model would exclude trauma and bioterrorism, but the title was purposely somewhat narrowed to be more manageable, but still have broad application. Durkin suggested changing the title to “approach to improving the health of Wisconsin.” Susan Goelzer observed that the title should reflect our goal of maintaining health, rather than emphasizing the treatment of disease.

Nycz asked what would happen in 5-10 years, when the infrastructure was well developed. Would outside entities have access to the infrastructure resources? DeLuca said that the infrastructure would be broadly available. Nycz asked if we could approach MCW to partner with us in developing the infrastructure. Glassroth said that might be a focus of future RFPs—ie, novel ways of disseminating aspects of database or gene bank. Norm Drinkwater said that these are open resources available to researchers anywhere. As infrastructure grows, opportunities for collaborations will increase and probably lead to formal agreements. Nycz suggested looking for a way to build a bridge to MCW. DeLuca agreed to talk with MCW about potential areas of collaboration.

Frey suggested that we take advantage of the enormous clinical enterprise at UW and our connections to faculty all over state by identifying and encouraging proposals that cross or bridge the two columns of the matrix.

Sanjay Asthana felt that this is an outstanding model that is consistent with the NIH Roadmap. We clearly need resources for supporting infrastructure for long periods of time. DeLuca reminded the group that funding must be consistent with the 5 year plan. Farrell observed that for programs with sustained impact, 5 years is a short time. We can only proceed with our best plans and assume that if they are successful, they will be extended into the next 5 year plan.

DeLuca asked the group if they could tentatively agree that this framework with appropriate changes added is the mechanism that we want to use for funding decisions. There was general agreement that this type of decision matrix would be useful.

At 6:35 p.m. the group took a brief recess for dinner.

4. The discussion was reconvened at 6:55 p.m. DeLuca presented the draft guidelines and criteria for review of proposals. This document was developed to include a number of necessary or desirable features to consider when reviewing grant proposals, and was presented for discussion. Nycz commented that the criteria listed on this document are aligned with the decisions made at OAC regarding their grant review criteria. Nycz also brought up the concept of collaboration, and observed that while we cannot make that a required element for proposals, it is still desirable. Schiller asked if we are close to implementing an RFP and DeLuca responded no, but that these guidelines could be used in a general way, not just for RFPs. There was general acceptance of the draft guidelines and criteria.

5. Durkin presented a brief overview of the concept for dSHOW, the Dynamic Survey of the Health of Wisconsin. This program is becoming integrated with a related concept for a Clinical Trials (CT) network. The overall plan is to follow a cohort of people in Wisconsin, somewhat

like the Framingham survey, which started in the 1950s to study healthy people and developed into a long-term study of heart disease. However, the Framingham study didn't serve the needs of the people of that town. In contrast to the Framingham project, the National Health and Nutrition Examination Survey (NHANES) was designed to be representative of the people, and is now used for longitudinal studies. Instead of one big cohort, the NHANES takes tissue samples every year or so to focus on different groups of people.

dSHOW will have some similarities to both Framingham and NHANES, but focus on people and health issues in Wisconsin. Merging dSHOW with CT will allow the use of at least 6 of the CT clinical sites as data collection centers for the dSHOW cohort. Another advantage of dSHOW-CT is the ability to train local practitioners to develop capacity throughout the state, and thereby establish an ongoing infrastructure. Also, having both programs in the same clinical site provides potential controls for trials—as patients are identified with disease, representative healthy controls can be recruited from the same geographic area. Javier Nieto will present a planning proposal to the MERC in the near future.

Dave DeMets commented further on the clinical trials aspect of this proposal, noting that UW is recognized nationally for clinical trials. We have great participation in Wisconsin, and have shown that we can do clinical trials in small communities. Unfortunately, Dane County is too small to do large population studies, and therefore we need to branch out to other local communities. Nycz cautioned that the selection of communities could cause tension between those asked to participate and those left out. Durkin acknowledged that the marriage between population monitoring and clinical studies could be tricky, for example, because in dSHOW the population must be representative of the state and also dynamic—changing over time.

The dSHOW-CT presentation led a number of the MERC members to revisit the previous discussion about the method of prioritizing areas for funding and the mechanism by which proposals would be solicited.

Glassroth asked what is the process by which items will be submitted to this committee, and how will specific proposals be chosen for funding. Drinkwater explained that the MERC is taking the initiative to develop proposals for infrastructure items that will provide benefits across the school. Grossman suggested that it was the responsibility of the Focus Leaders to recommend prioritized items to the full MERC for discussion and further development. Skochelak added that we have before us two areas that have been in development for some time, and we want to continue these discussions in order to maximize program development in a timely manner. Over time we will develop a menu of other priorities. Goelzer expressed concern that the MERC has not yet called for formal proposals, but we have already received a number of “unsolicited” ideas for how to use the Wisconsin Partnership Fund. Moss said that there are really only two proposals on the table, and that he thought we had agreed that it would be necessary to develop a population study first, then expand to gene analysis as samples are collected from the population cohort. Frey noted that these are two examples of infrastructure items that will meet some of the goals of the Wisconsin Partnership Program, and we can use the criteria discussed earlier to evaluate any proposals received.

Glassroth asked about the explicit process by which we will decide the general areas that MERC wants to support, and then ask each focus group to come back with specific proposals. Are we going to call for broader proposals from the faculty at large, or are we going to develop proposals for infrastructure internally because it is faster? He suggested that it might be useful for focus leaders to define priorities for proposals, but then open an RFP process to the faculty at large. Moss stated that MERC members have a responsibility to represent the school as a whole as infrastructure is developed. What is being proposed is a mechanism to get started on a path to achieving our goals. At the same time, we will provide opportunities for faculty to have input into the development of these proposals for infrastructure. The concept of dSHOW-CT has general support. When we have the network built, then we can call for proposals to use the data generated. At some future point we will solicit more “big ideas” from faculty.

Skochelak and Frey questioned the timeframe for funding of proposals for infrastructure. Glassroth cautioned that we need to be very meticulous in what we do, but Nycz noted that we need to think in terms of the entire portfolio of proposals, some of which will yield quick returns and others will be seen as future gains.

DeLuca reminded the group that they had discussed the matrix diagram and agreed to use it as a framework for decision making which incorporates their suggestions. Furthermore, he thought that MERC had agreed to initiate program development in the focus areas by supporting requests for infrastructure. The specific infrastructure areas in priority order would be generated by the Focus Leaders and voted on by MERC. RFPs might be issued at some point in future. Ridley suggested that the focus leaders come back to the committee with an integrated list of priorities, and Hullett added that the focus leaders should discuss how they reached those priority decisions.

Goelzer stated that she thought the matrix model was theoretical, and now the group has moved to discussion of specific proposals. Hullett asked if it is the recommendation of the focus group leaders that these infrastructure items be given the first emphasis. Grossman responded that the matrix is a way to arrange the general categories necessary to reach our goals, such as infrastructure, personnel, etc, and now we’re thinking about what has to go into each category, and how much each will cost and how to meet the needs of each category. Goelzer suggested that it would be useful to have a budget update specifying approved expenditures as an agenda item for each meeting. DeLuca agreed to have that available.

DeLuca concluded the meeting by noting that in accordance with these decisions, it would be appropriate to have a more thorough discussion of dSHOW-CT in the next few months. He will also ask the focus leaders to discuss the suggestions and issues regarding the decision matrix and prepare recommendations for the next meeting .

The meeting was adjourned at 8:00 p.m.

Tracy Cabot
Recorder