

Minutes

UW Medical School Medical Education and Research Committee 5:00 PM October 20, 2004 – Room 4201 Health Sciences Learning Center

Members Present: Lynn Allen-Hoffmann, Paul DeLuca, Dave DeMets, Norm Drinkwater, Maureen Durkin, John Frey, Jeff Glassroth, Susan Goelzer, Jeff Grossman, Debra Hullett, Rick Moss, Javier Nieto, Greg Nycz, Gordon Ridley, Layton Ridders, Joan Schiller, Susan Skochelak, Doug Smith

Members Absent: Sanjay Asthana, Jeff Stearns

Guests: Philip Farrell, George Wilding

Staff: Tracy Cabot, Tonya Paulson, Eileen Smith

The Committee was called to order by Vice Dean DeLuca at 5:08 p.m. DeLuca presented an overview of the current meeting's agenda.

1. The draft minutes from the September MERC meeting were presented. As no modifications were suggested, Greg Nycz moved that the minutes be approved, and Susan Skochelak seconded the motion. The minutes were approved unanimously.
2. Eileen Smith reported that the OAC has received 131 applications for collaboration implementation grants, with associated budgets of up to \$150,000 per year for up to 3 years. The review teams, which are made up of faculty and community leaders, must return their results by early December. The OAC will make funding decisions in late December, with awards announced in early January.

Smith also reported that a meeting has been scheduled for November 22 with the Medical College of Wisconsin leaders to discuss possible areas of collaboration.

The December MERC meeting has been changed to December 16—same time, same place. Also, the schedule of MERC meetings for the first six months of 2005 will soon be announced.

3. DeLuca showed a document listing the considerations and actions during the last MERC meeting. He also showed a funding summary, which had no changes from the previous meeting.
4. DeLuca reported on the October 4 Executive Subcommittee meeting; the minutes of that meeting have been circulated.
5. DeLuca requested that the group reach a final decision about the Approach to a Healthier Population matrix. This matrix was developed as a way to achieve the goals put forth in the 5 year plan. The MERC will hear four core support proposals tonight that will outline mechanisms to reaching those goals.

Jeff Grossman presented the revised matrix and associated narrative, calling attention to the revisions made as a result of suggestions from the last MERC meeting. The changes include a change in terminology from “infrastructure” to “core support,” as well as the expansion of 4 elements of the infrastructure to run across all 3 columns. Javier Nieto asked about the meaning of the last row, titled “OAC or External Funding,” and it was explained that this referred to non-MERC intramural funding. Skochelak suggested that it might be called partner funding, to more accurately reflect the sources of funds. Skochelak also suggested that distance education should also be a core support element across all 3 columns. Nieto asked if statistical support and informatics are the same or separate concepts, and DeMets stated that although they are separate disciplines, they could be on the same line separated with a slash.

John Frey asked if this framework will be used to communicate to others as well as a tool for making funding decisions, and DeLuca responded that it is an integrated way to think about all aspects of our activities. Jeff Glassroth moved to adopt the matrix with the 3 modifications suggested above, and Norm Drinkwater seconded the motion. The motion passed unanimously.

6. Four presentations were made regarding core support initiatives.

A. Javier Nieto made a presentation about SHOW—a Survey of the Health of Wisconsin-- involving successive annual surveys of a random sample of 3,000 Wisconsin residents each year, with a variety of information and specimens collected from each individual. The randomization would ensure diversity of subjects with regards to age, ethnicity, and geography. The recruitment strategy would start with 3,000 people in 2005, and by adding a new cohort each year would result in 15,000 participants by 2009. The power of this study is the length of time that each participant would be followed, allowing researchers to monitor trends in health outcomes.

SHOW will need a full-time program director as well as a steering committee and an external advisory board. It may be possible to share resources with the Clinical Trials Network (described below). By funding SHOW, the MERC would be participating in the development of a world-class population health infrastructure for multidisciplinary research. SHOW will be flexible enough to quickly respond to emerging population health opportunities, and will also be a rich resource for attracting external funding as well as extending educational opportunities statewide. In order to fully outline the needs, Nieto asked for support of a planning grant for 6 months for \$100,000. The planning will result in the preparation of a detailed business proposal, including budget and implementation plan necessary to create SHOW.

Farrell urged that the experts in Marshfield be consulted. It was also suggested that matching funds provided by the Department of Population Health be fully described.

Durkin was very supportive of SHOW, but cautioned that it will be important to keep the response rate high, particularly in minority communities. This will require resources such as community involvement and will need African Americans, Native Americans, and Hispanics from Wisconsin to provide expertise. Durkin also suggested a symposium on cohort studies as part of the planning grant.

Drinkwater noted that a planning effort is essential to design a successful proposal, and was excited about the emphasis on translating findings from basic science to the population level.

DeLuca reminded Nieto to identify linkages to other core support areas—remember the matrix. Grossman added that one of the external partners would be the State Department of Health—findings from SHOW could change public policy.

Skochelak asked for a forecast of the magnitude of the implementation costs for SHOW, and Nieto answered that the possible cost range is \$2 million/year. Part of that is one-time startup costs. However, there will be many opportunities to leverage other resources, such as responding to RFAs from NIH for the purpose of building population research infrastructure. Nycz noted that it might be possible to become an “earmark” in the state budget.

Drinkwater moved to approve the SHOW planning budget, with the addition of \$10,000 for a symposium, and Frey seconded the motion. The motion was approved unanimously.

B. Dave DeMets presented his vision for the development of the Wisconsin Clinical Trials Network (WiCTNet) based at selected clinical sites throughout Wisconsin with a coordinator at each site, but with the central repository for data in Madison. WiCTNet would provide the infrastructure for research, but the research ideas would be submitted to WiCTNet by health care workers at each site. These protocols would be reviewed by a governing committee and funded individually. Some funding would come from extramural sources.

WiCTNet will enable researchers to reach enough Wisconsin residents to build the critical mass necessary for population based-trials. We are uniquely positioned to create this resource, because Wisconsin residents are highly participatory and compliant in following trial protocols. Our population and risks are reflective of those of the nation. We have good expertise in clinical investigation, as is evidenced by the recent award of an NIH TEAM grant. In addition, the Medical School priorities are in line with the needs of the state, as well as with NIH research interests.

The Wisconsin Oncology Network (WON) is a “single-disease” example of what WiCTNet can be, and is offered as proof of concept. WON has 7 clinical sites currently involved in 10 research protocols. WON trial data and billing are managed through Oncore web-based protocol management system, which is secure and can be accessed anywhere. WiCTNet would require the development of a parallel system called Score.

George Wilding expanded on the function of WON. The network has recently expanded to 10 sites, many of which are also ECOG affiliates or regional partners. However, these are not exclusively oncology sites; they are also health systems, and we should look to build on this where appropriate.

In order to fully outline the needs of this project, DeMets asked for support of a planning grant for 6 months for \$137,434. Planning will result in the preparation of a detailed business proposal, including budget, organizational structure, and protocol review process, as well as full implementation plan necessary to create WiCTNet. The planning effort will also address how to

include an RFP for faculty to support and participate in WiCTnet. Measures of success of WiCTNet will be shown by numbers of studies, patients enrolled, and clinical sites, as well as the strategic areas supported and peer reviewed funding received.

DeMets was asked for a ballpark estimate of the costs of operating WiCTnet, and he responded that the initial budget could be \$1.5 million, with on-going annual costs of \$1 million per year. It is expected that researchers would receive grants that would help offset the ongoing costs.

Farrell stated that while SHOW is observational, WiCTnet will be performing interventional studies. DeMets agreed, but noted that the two cores can be totally integrated, especially with regards to geographic distribution of operational sites. Lynn Allen-Hoffmann asked if there would be standard operating procedures for data collection and quality assurance, and DeMets said yes. John Frey said that WiCTnet would function as a population-based clinical research center, and would allow the Medical School to interact with local physicians to collaborate on studies. He suggested that WiCTnet build on existing clinical training sites.

Nycz asked about the legalities of extending clinical trials beyond the Madison campus. Wilding explained that those concerns must be managed in the contract language between the partners. For each trial, there must be approval from the local IRB. Deb Hullet asked how outcomes would be disseminated. DeMets explained that the data are secure, but results can be published. Grossman noted that it would be simpler for the Medical School to initiate each study through the WiCTnet, but DeMets said that it is important to have a review system to let outside researchers come in with good proposals. Durkin suggested adding improving the health of the state as a measure of success.

Skochelak moved approval of the WiCTnet planning grant, and Glassroth seconded the motion, which was approved unanimously.

At 7:07 p.m. the group took a recess for dinner, and reconvened at 7:15 p.m.

C: Rick Moss gave a presentation about a Center for Disease Proteomics. Moss began with some background and definitions of genomics, proteomics and regenerative medicine. There are about 35,000 genes in the human genome. Of these, about 5-10,000 genes are expressed as proteins in each type of human cell, but the function of most gene products is unknown. Proteomics is the study of proteins and their functions in complex systems. Disease proteomics is the study of the changes in protein expression and activity which causes dysfunction and disease. By understanding these changes in proteins, we can begin to understand variations in individual severity and risk of disease, and identify new molecular targets to provide personalized care.

In order to look at changes in protein expression, it is first necessary to be able to separate, identify, quantify, and characterize the interactions of individual proteins. Protein separation is based on mass spectroscopy,

Moss asked for a planning grant totaling \$65,000 to organize a cross-campus committee to study the development of a Center for Disease Proteomics. The planning committee will prepare a full

business plan for the startup and ongoing operation of the Center, and sponsor a research symposium to get input from scientists on campus. The goal is to have the Center integrated into existing facilities on campus, and to become self-sustaining over time.

Frey said that such a center will enable us to ask questions about who stays well, instead of who gets sick. Moss said that those types of questions show the intersection of proteomics with genomics. MCW has a strong genomics center, and this would be an opportunity for collaboration. Durkin suggested connecting with the newborn screening program at the State Lab of Hygiene.

Doug Smith observed that this proposal might have the longest timeline with respect to outcomes that work to improve population health. Glassroth countered that there is a need to develop the infrastructure necessary for both basic and applied research pertaining to health and health maintenance. This center could enhance our understanding of many basic health problems. The knowledge gained would be used to span a spectrum of work from basic science to applied clinical science to education. This is the future, and if we don't do it, the Medical School will falter in its research mission. Nycz agreed, and stressed the need to build a shared knowledge environment / pipeline. He also pointed out a number of ways that such a center could leverage other resources. Skochelak suggested that we should look at the full portfolio of projects funded through MERC to improve population health, and that the portfolio should include a balance between short-term and long-term impact.

Durkin asked for a ballpark estimate of the operating costs for such a center, and Moss said that it could be up to \$1 million for the first year. Glassroth moved approval of a planning grant for the Center for Disease Proteomics, and Hullet seconded the motion, which was approved unanimously.

D. Susan Skochelak made a presentation about Innovations in Medical Education proposed in the Wisconsin Partnership Fund 5 year plan, and reinforced in the Medical School's 2004-2006 strategic plan. Some of the overall goals include the creation of new education programs to address population health needs, to focus on gaps in health education in areas such as chronic disease, women's health, and cultural competency, to develop life-long learning skills and ongoing professional education for physicians, and to make new strides in the areas of distance education and interdisciplinary education.

Skochelak described four educational initiatives. The first is the development of a New Curriculum for the New Wisconsin Physician, with emphasis on population health. This core will support curriculum innovation, and will require the efforts of a number of faculty curriculum directors and instructional staff. The full budget for this initiative is \$575,000 per year, which represents about a 3% increase of the total budget for medical education. This 3% represents the margin of excellence that is one of the goals of the use of the Wisconsin Partnership Fund.

Another project is the expansion of the Clinical Skills Teaching and Assessment Center. This facility will use standardized patients and performance-based testing to train students. This is a very creative way to involve the community directly in the education process. Funds are

requested for the support of faculty and staff, creation of an advisory group, and the development of training materials, with a budget of \$225,000 per year.

The third initiative in Medical Education is the expansion of the Statewide Healthcare Distance Education system. This would allow community providers, patients and Wisconsin residents to use non-traditional learning methods, such as web-based programs, and would create a statewide health resources network. The budget of \$275,000 per year would be used to support faculty, a community health education director, and staff for this program.

The final educational initiative is the Innovations in Medical Education Grant Program. This would essentially be an RFP process, building on the success of an existing small grant pilot program. Some ideas for proposals include the Wisconsin Academy for Rural Medicine, and expansion of geriatrics training.

Skochelak emphasized that is an implementation grant, in contrast to the three proposals heard earlier tonight. These initiatives will need to be financially sustained for a number of years. However, once these programs are established there could be other contributing sources of funding and opportunities for leveraging from extramural funding, community partners, and OAC.

Glassroth commented that this is what we should be doing—striving to improve how we educate; however, if this source of funding wasn't available, what would we do? Skochelak responded that we wouldn't do it at all, or at best pick at the margins. DeLuca added that the Medical School would try to reallocate internal funds just to sustain existing programs and would not be able to afford to do anything creative, especially with regards to transformation into an integrated School of Medicine and Public Health. Grossman suggested that this fits into our matrix quite well, but that we should also look for leveraging contributions from intramural partners.

Nycz observed that these changes to the curriculum are important to develop the workforce, and in fact are consistent with the State Health Plan. We would be an agent for change by expanding the knowledge pipeline. Allen-Hoffmann noted that this would establish another link to the residents of our state. Farrell noted that the current Medical School curriculum is very traditional, healthcare oriented, and change is incremental. We should emphasize health as well as on healthcare, and this includes the study of population health, lifestyle, and other factors that influence health.

With the conclusion of the discussion, Frey moved to approve the implementation proposal for Innovations in Medical Education, and Allen-Hoffmann seconded the motion with the addition that Skochelak could approach the committee for additional funds for a symposium. The motion passed unanimously.

The meeting was adjourned at 8:22 p.m.

Respectfully submitted by:
Tracy Cabot
Recorder