

Minutes

UW Medical School Medical Education and Research Committee 5:00 PM November 17, 2004 – Room 4201 Health Sciences Learning Center

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

Members Absent: Jeff Glassroth, Debra Hullett, Layton Ridders, Jeff Stearns

Guests: Patrick Boyle, Philip Farrell, Ken Mount, George Wilding

Staff: Tracy Cabot, Tonya Paulson, Eileen Smith

The Committee was called to order by Vice Dean DeLuca at 5:09 p.m.

1. The draft minutes from the October MERC meeting were presented. Jeff Grossman moved that the minutes be approved, and Maureen Durkin seconded the motion. The minutes were approved unanimously.
2. Dean Farrell announced that the HealthStar IRC was approved unanimously today by the State Building Commission. Groundbreaking is scheduled for Summer '05. Farrell also announced that Governor Doyle had held a press conference earlier in the day describing initiatives in biotechnology and providing \$1.5 million per year in special funding for Alzheimer's research.

Eileen Smith reported that a memorandum of understanding (MOU) has been effected with each PI specifying the terms, conditions and requirements of each planning and implementation award. DeLuca commented that these documents are essentially research contracts between the MERC and each PI. Maureen Durkin asked if these documents are in the public domain. The MOUs are public records, however, any proprietary information in the grant proposals will be kept confidential.

Eileen Smith announced that there will be a special edition in December of MS Update devoted to the Wisconsin Partnership Program.

Farrell discussed changing the name of the proteomics planning grant to reflect the emphasis on studies of humans, and also because the information gathered from these efforts will be as important to the maintenance of health as it is to the understanding of disease. Furthermore, the word "Center" has specific connotations and requires approval of the APC. This resource could grow into a center over time, but should start as a program. Farrell suggested the change in terminology to "Human Proteomics Program" in the contract, and Moss agreed.

Susan Skochelak announced that the Board of Regents had the first review of the MPH program Approval is expected in December.

DeLuca presented an updated “Considerations and Action Items document”. He reminded the MERC that meetings have been scheduled for January through June 2005.

3. DeLuca discussed the appointment of a vice chair. In the chair’s absence, the vice chair would assume the responsibilities of the chair. He reminded the MERC that the chair votes only to break a tie. DeLuca discussed this appointment with the executive sub-committee, and they endorsed Jeff Grossman for the position. There being no discussion, DeLuca asked for a motion to appoint Grossman as vice chair of the MERC. Norm Drinkwater made such a motion, and Lynn Allen-Hoffmann seconded it. The motion was approved unanimously.

4. DeLuca also reported that the Executive Subcommittee made minor changes to the decision matrix, including the expansion of Education and Training across all three columns. The finalized matrix and supporting narrative will be posted to the public website.

5. As requested by MERC, Farrell explained his guidelines for use of the Strategic Allocation Fund. His objectives are expediting progress on the 5 year plan, accelerating the transformation to an integrated School of Medicine and Public Health, and uses of the funds to help overcome barriers. The Strategic Allocation Fund will be used to support new initiatives designed to improve health. He presented a draft list of 10 criteria that he would use:

1. Excellence in goals, design, methodology, and evaluation plans
2. Alignment with the 5 year plan
3. Alignment with the Medical School Strategic Plan
4. Links to OAC as well as toMCW
5. Catalyze transformation to an integrated School of Medicine and Public Health
6. Building bridges between basic science and population health
7. Potential for long term health impact; sustainability
8. Non-supplanting
9. Close gaps in public health through rapid studies
10. Overcome barriers in promising areas of research or education

Greg Nycz supported these criteria, but urged Farrell to weave in the concept of community engagement. He also emphasized projects that would have a long-term impact without continuing funding from this source. Farrell agreed that leveraging potential would be a good addition to the list. John Frey said that the bridge building should include clinical medicine; translation from basic to clinic to public health and health systems.

Farrell added that he would report to both MERC and OAC quarterly on funding decisions and progress of funding recipients. Nycz suggested presenting proposals to MERC for comment before funding, when time permitted.

Jeff Grossman asked what the process would be for applying for the Strategic Funds, and Farrell replied that an RfP process was not appropriate. The Emerging Opportunities focus area will

provide a mechanism for applications, and other venues such as OAC could lead to suggestions for funding. The plan is to focus on problems that are not being addressed. Drinkwater observed that the funds are not being used strategically if an RFP is required.

Susan Goelzer suggested expanding the first paragraph to be specific to the Strategic Allocation Fund. Drinkwater suggested indicating that MERC voted to set aside a fraction of the funds for the Strategic Allocation Fund, and emphasizing that these guidelines apply only to the Strategic Allocation. Nycz suggested explaining that the funds could also be used to fill gaps to help promote excellence and success in the whole endeavor. For example, if 3 proposals are received and all are deserving of funding, but money is only available for 2, the Strategic Allocation could be used to fill the gap so that all three would be funded. Skochelak asked if there will be a memorandum of understanding for each of the awards made from the Strategic Allocation, and Eileen Smith answered yes. Nycz commented that the use of MOUs is consistent with similar actions taken by OAC.

DeLuca asked the committee for endorsement of these guidelines. Skochelak moved to approve the guidelines with modifications noted above, and Javier Nieto seconded the motion. Frey asked if these guidelines and funding decisions will be shared with the faculty. DeLuca said that they will be posted on the public website and will be included in the Dean's Update to faculty. Since members did not have sufficient opportunity to review the document, Farrell agreed to revise the document as suggested and circulate it to MERC for discussion at the next meeting.

6. Ken Mount presented an update on the funds flow model. In the past, we've always looked at the annual "steady state" numbers as our yearly budget. This model assumes endowment distributions at the rate of 4.75% and expenditures equal to awards. Mount discussed the expected actual returns and expenditures for the first nine months of operation (April through December 2004). This information will be used to determine the level of funds that can be carried over into future years for expenditure.

Nycz asked about the so-called startup fund approved by WUHF and how that plays into this model. Mount indicated our budget model is based on the full \$300 million received from WUHF being treated as endowed. However, the budget will actually be made up of distributions on the \$100 million of funds that are endowed and spending a portion of the \$30M that was made fully available.

Mount showed an estimate of actual expenses paid by 12/31, as split between the Strategic Allocation and MERC. This estimate showed that we would have some cash that could be carried over to year 2. Nieto asked if we could add excess money to the principal of the endowment, and Mount answered yes, but the decision rests with MERC and OAC. If the funds were reinvested into the endowment, they would not be available for expenditure in future years.

He reminded the group that we can only spend cash from carryover once. In cases where we are making multi-year awards, we must subtract the total planned expenditures from all years if we are budgeting the carryover funds. Eventually we will have to reach a steady state in our spending. Mount also recommended aligning awards to a calendar year for ease of budgeting.

Nycz would like to see the funding obligations going forward, and Allen-Hoffmann asked for a spreadsheet showing actual versus budgeted spending.

Gordon Ridley asked what is a comfortable margin for spending for an RFP. Mount said that \$1 million would probably be okay, to allow a cushion for future program need.

7. DeLuca sequed from the funds flow information to a discussion of RFPs for faculty. He stated that we need to have several RFPs to have an impact. Each of the Planning Grants requires development of an RFP process to support those areas. DeLuca suggested that we have a separate RFP to kick-start our program. The executive subcommittee suggested taking advantage of the creativity of our young faculty. DeLuca circulated a draft RFP for junior faculty for discussion.

Drinkwater asked for a summary of the Howard Hughes Faculty Development program. Farrell explained that the Medical School received two grants from HHMI, totaling \$4.3 million over 8 years. The data compiled in 1999 for the competing renewal application showed that our first 48 awardees, (who each received an average of about \$50,000 in HHMI money) had already received 46 extramural grants totaling \$12.5 million, a 5-fold return on investment. While the program was very successful, it has been terminated. Wilding asked how this proposal differs from the HHMI program, and DeLuca explained that HHMI was limited to biomedical research in certain target areas, while the MERC process would be broader to include clinical and population health research.

Nycz said that one concern is a lack of community engagement in the projects. That needs to be expressed to young investigators. DeLuca agreed, and suggested inclusion of community engagement in the program goals as well as making it more explicit in review criteria. Skochelak expressed concern that there is a disconnect between the inclusive language about program goals on page 1 of the draft document and the exclusive language pertaining to the review criteria on page 2. The review criteria will be revised to correct those disparities.

Frey questioned the logic of assigning the review process to an expanded Medical School Research Committee (MSRC), and asked who is on that committee. DeLuca explained that a 2 step review process allows a committee of experts to review applications based on merit; then the MERC would make funding decisions taking programmatic needs into consideration. There was lengthy discussion about membership of the review committee, and if it should be a 2 step process. It was agreed that even an expanded MSRC would not be appropriate due to lack of expertise in clinical, translational, and health services research and education. However, it was agreed that a 2 step review process would be appropriate, and in fact analogous to the OAC process.

Frey suggested creating a new subcommittee of the MERC, which would be advisory to MERC. Some of the members of the subcommittee would be appointed by the MSRC. Goelzer suggested that the MERC could appoint some of its members to serve on the subcommittee as well. Additional subcommittee members would be selected from Medical School faculty for their expertise, and appointed by MERC. Moss suggested that the subcommittee have a certain number of core members, with the option of seeking ad hoc members as needed.

Allen-Hoffmann asked how the subcommittee would function, and DeLuca explained that they would review each application for excellence and creativity, and alignment with Wisconsin Partnership Program goals. The subcommittee would create a ranked list and write summary comments for each proposal for submission to MERC. Then MERC would make final funding decisions from that list.

It is anticipated that we will receive somewhere between 50-75 proposals per cycle; therefore we need the core membership of this subcommittee to be at least 10-12 people. Each proposal would need a primary and secondary reviewer. In order to get nominees for this committee, we should use the matrix to determine areas of expertise needed and ask center directors and department chairs to nominate candidates. DeLuca also suggested that subcommittee members might need to be compensated for this activity, again analogous to what the OAC is doing for their reviewers. This compensation should be at the NIH daily rate, which is currently \$150 per review day.

At 7:10 p.m. the group took a recess for dinner, and reconvened at 7:28 p.m.

The committee discussed who would be eligible to apply. It was agreed that we should support creative ideas with potential high impact from junior faculty from either CHS, Clinical, or Tenure-track. However, Skochelak pointed out that the clinical faculty are so busy establishing their medical practices that they would not be able to focus on research or educational activities until the middle years of their initial appointments. She suggested altering the eligibility to years 4-6 for clinical and CHS track applicants.

Sanjay Asthana expressed concern about limiting the applications to 1 per department. It would seem to have a negative bias against large clinical departments. DeLuca suggested that each section could nominate one candidate. The goal is to have the departments be highly selective in who they nominate. Moss agreed that in order to control the review load, there must be a selection process at the department level. Grossman said that we should support the best ideas regardless of source.

DeLuca asked about the quantity of grants each cycle, and the maximum award. It was agreed that we don't want to fund R01s, but rather want to provide initial support for creative ideas. The group agreed to awards in the range of \$100-150,000, to be spent over 2-3 years. Frey emphasized that the departments should make a commitment to support the faculty who receive these awards. Grossman noted that every clinical department has some percentage of income set aside for R&D funds. Moss countered that the departments have already made investments to new investigators in providing startup support. He noted that \$100,000 is a great amount of seed money for a new direction. Drinkwater agreed that tenure track faculty recruitment requires substantial investment from the departments. For CHS or Clinical faculty applicants, there should be some department investment in the form of compensated release time or cash investment, and this must be outlined in the applicant's nomination letter from the department chair.

It was agreed that the goal of this RFP is to provide support for exceptional young faculty, with less than 10% of applicants receiving funding. DeLuca suggested two funding cycles per year with up to 5 awards each cycle for a maximum of 10 awards per year, at \$100,000 each. There are nearly 200 faculty eligible to apply to this program. However, limiting the applications to one per department or one per section for departments with multiple sections brings the number down to about 50 per cycle.

The meeting was adjourned at 8:08 p.m.

Respectfully submitted by:

Tracy Cabot

Recorder