

Minutes

UW Medical School Medical Education and Research Committee 4:00 PM February 13, 2006 – Room 4201 Health Sciences Learning Center

Members Present: Lynn Allen-Hoffmann, Sanjay Asthana, Bill Busse, Paul DeLuca, Dave DeMets, Maureen Durkin, John Frey, Susan Goelzer, Jeff Grossman, Debra Hullett, Rick Moss, Javier Nieto, Greg Nycz, Susan Skochelak, Doug Smith, George Wilding

Members Absent: Norm Drinkwater, Gordon Ridley, and Jeff Stearns

Guests: Howard Bailey, Ruth Benca, Pat Remington, Mary Baliker, Tim Kamp

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

The Committee was called to order by Vice Dean DeLuca at 4:10 p.m.

1. The draft minutes from the December MERC meeting were presented. No modifications were suggested and the minutes were approved unanimously.
2. Announcements: DeLuca announced that Robert Golden has accepted the offer to be the next Dean of the School of Medicine and Public Health. He will begin his term on July 1, 2006.

A. Eileen Smith reported on the WUHF review of MCW's Annual Report covering expenditures through June, 2005. Smith reported that WUHF questioned MCW about their Evaluation Plan, collaboration with UW, level of detail in the financial section, and expenditures for equipment.

B. Eileen Smith circulated a timeline and a draft outline, for the Wisconsin Partnership Program's Annual Report for 2005. She reported on hiring a copywriter, graphic designer to work with staff on the preparation of the Annual Report. We expect to have a very rough draft ready for the March MERC meeting. Following Regents' review and approval in May, the report will be presented to WUHF in June. Smith asked for feedback on the annual report outline.

C. DeLuca announced that a number of MERC positions will expire in June 2006. The members whose terms are expiring are: Lynn Allen-Hoffmann and Jeff Grossman (Focus Leaders), who are selected by the Dean; Basic Science Chair Norm Drinkwater and Clinical Chair John Frey, who are nominated by their respective chair caucuses; Faculty with Population Health expertise, Doug Smith and Faculty at large, Joan Schiller, who are nominated by the faculty; Academic Staff Debra Hullett, who

is nominated by academic staff; and Susan Goelzer and Greg Nycz, who are appointed by OAC. Members can be nominated for reappointment.

DeLuca reminded MERC that this group is a standing subcommittee of the Academic Planning Council; therefore the APC plays a key role in calling for elections and assembling the final slate of candidates.

D. DeLuca welcomed the newest MERC member, Bill Busse, who has replaced Bing Ridders from the Clinical Chairs group.

3. DeLuca circulated the draft minutes from the Executive Subcommittee. He suggested that MERC postpone discussion of the makeup of the Executive Subcommittee until after new MERC members have been appointed in June. Susan Skochelak asked if the Executive Subcommittee is appointed or elected, and DeLuca responded that it was originally appointed from MERC. Skochelak stated that it might be good to have some turnover on the Subcommittee, with members selected from the body of MERC, not just the focus leaders.

4. Ken Mount presented the monthly listing of expenses to date. He showed a spreadsheet with awards broken out by award year (2004, 2005). The last column shows expenses incurred in the past 2 months. For the New Investigators Program, expenditures are up and running for awardees from the first RfP. Mount noted that the biggest challenge with MERC award recipients is that our faculty are not used to doing financial reports, because that is usually done for them administratively.

John Frey asked how much money is left unawarded. Mount explained that in rough numbers, we have \$6M in annual income, and we have allocated about \$4.2M in recurring expenses for the next few years. So we have about \$1.7M in uncommitted funds for 2006, and about \$2.1M in 2007; however, WiNHR has only been funded for one year (2006), and tissue banking must still be addressed. Allen-Hoffmann asked for an explanation of the low levels of expenditures from the Regenerative Medicine award, but that discussion was delayed until agenda item 5C.

5: Progress reports were heard from the following awardees:

A. Pat Remington reported on “Comprehensive Cancer Control in Wisconsin: Translating Research into Practice”. This program is a partnership with the Division of Public Health, which includes funds of \$400,000 from DPH. The state funds required matching funding, including \$280,000 from the Strategic Allocation, \$120,000 from Cancer Center funds, and \$100,000 in grant funds from the CDC. Seven projects are funded by this program; the Strategic Allocation award supports two of those projects. Remington reported on progress of four projects:

1. Statewide Cancer Health Disparities Project, which has developed working relationships with key members of five underserved groups: African American community in Milwaukee, Hmong community statewide, Latino community in

Dane County, Urban Native American community in Milwaukee, and the rural community in Monroe County. A Quality of Cancer Care survey is being developed.

2. Monitoring and Surveillance Project, evaluated trends in cancer in Wisconsin, including incidence and mortality through the newly developed Surveillance Brief. Also, this group has written individualized letters to state legislators with cancer facts specific to the counties in the legislator's district.

3. Quality of Cancer Care Study / ACCESS survey makes use of the cancer registry for colorectal, breast, prostate, and lung cancer patients, to study the patients' perspectives regarding the burdens of cancer care.

4. Palliative Care Academic Detailing Project is working with 3 hospice organizations in Dodgeville, Ashland, and Green Bay. Dr. Jim Cleary made two CME presentations at each of the sites, and a detailer is following up with individualized sessions for primary care providers at each location.

Nycz asked if the program has been able to draw any conclusions about whether the uninsured carry a disproportionate burden for cancer care. Remington explained that at this time there is not individualized information available; right now the best correlation with socio-economic status is the level of education listed on the death certificate. Nycz stated that this information could be really useful for setting public policy. Remington responded that getting that type information is a long term goal of the program.

John Frey asked if what has been learned is being translated into cancer prevention. Remington said that most often they use the state medical journal to disseminate information, and they are also working with community providers. Jim Cleary added that they have very good contact with primary care providers in the underserved area of Hayward / Spooner, getting >75% contact. The group is also talking with UW-Extension about how to replicate that model throughout the state.

B. Susan Skochelak reported on the progress of the Innovations in Medical Education grant. Skochelak reported on three projects:

1. The Curriculum Innovation project has created a new section in ethics for second year students, which was taught for the first time in August 2005. In addition, the group has created a new course in population health and epidemiology for first year students, which is being offered this semester. The challenge with these new courses is how to fit them into an already full schedule. This group has identified faculty leaders for each of the four years of instruction, and is recruiting three staff curriculum coordinators.

2. Clinical Skills Teaching and Assessment Center is working to establish itself as a resource beyond medical student education. To that end, they have hired new

staff and are establishing a cost center fee structure for external users. This group has an Interdisciplinary Advisory Committee that meets quarterly to look for new ways to assess curriculum parameters, as well as address such issues that are outside of the standard knowledge base. A Community Advisory Committee has been established to help increase the diversity of the pool of standardized patients to the current level of 31% from diverse communities. The Clinical Skills Teaching and Assessment Center is also engaged in outreach to the UW Physical Therapy faculty, UWHC Nutrition/Registered Dietitian program, UW School of Pharmacy, Continuing Medical Education, and other groups.

3. The Statewide Distance Education / Learning Technology Innovation group has been working to create a searchable web portal to provide and interface for users to access the educational and research resources of the UW academic health center. They have hired staff and created a prototype of the web portal, and have begun to digitally record lectures / seminars. Right now those resources have restricted access, but a team is working with legal services and others to find ways to make those items more broadly available. This group is also developing an “online learning portfolio” to allow students to document their experiences, and finding ways to use technology such as PDAs to access clinical information.

Skochelak also described new partnerships with the Center for Cultural Competence and the LEAD Center, and reported on the receipt of an NIH K07 grant award to provide enhanced teaching in behavioral and social sciences for medical students.

Busse asked how information about the Innovations in Medical Education gets disseminated, and Skochelak described both Medical Education Day (held in April each year) and the role of the curriculum leaders in outreach to departments. Frey asked if graduate medical education (residency programs) have made use of the facilities, and Skochelak answered that they have not yet done so. Frey questioned if faculty at large could have access to the curriculum, and Skochelak replied that it is their goal to have that information available on the web portal by the end of the semester.

C. Tim Kamp reported on the progress of the Regenerative Medicine Program. This program has several aims, including provision of interdepartmental sources of both people skills and practical resources, enabling existing investigators, and fostering new collaborations. The program has four shared core facilities, including two funded by MERC (Imaging, and Immunology and Pathology) and two supported with matching funds (Stem Cell production, and Nonhuman Primates). Kamp reported that although the NIH Center Grant application was reviewed favorably, it was not funded. However, the applicants received good feedback, and the application process served to bring people together and create momentum for monthly meetings and journal clubs, and website development.

Kamp reported that the Immunology and Pathology Core, lead by Will Burlingham, has established a core structure and hired a postdoctoral fellow who has begun pilot

experiments to develop a humanized mouse model. The Imaging Core, which will be used to track transplanted cells, is lead by Jamey Weichert and Clive Svendsen. This group has acquired equipment for whole animal imaging (high field MRI, microCT/microPET), and has created an administrative unit for cell and tissue imaging.

Busse asked where the core facilities are located, and Kamp explained that they are located in individual labs, but will look for dedicated space as these cores grow. Nycz asked if there has been any movement toward independence from MERC funding, and Kamp explained that the cores will allow investigators to better compete for NIH awards, and mentioned that a number of people have already submitted individual R01 applications.

6. Susan Goelzer reported on the development of an evaluation process for the Wisconsin Partnership Program. This is necessary for many reasons, including creating a framework for our next annual report to the WUHF board, and determining how effective have we been with the funds, both in terms of individual projects and reaching our overall goal of making Wisconsin the healthiest state. Results from a comprehensive program evaluation will inform us as we build the next five year plan, and will enable us to evaluate our administrative effectiveness, and will also inform our decisions about the distribution of grants.

An evaluation team of OAC members, MERC members, and others has been established. (Goelzer, Frey, Drinkwater, Farrell, Nycz, Reisch, Boyle, Kindig). This group will have its first meeting in March, and will proceed to choose a national consultant with experience in health foundation evaluation. Goelzer noted that the group will look at such topics as Governance, Operations, Strategy, and Achieving Goals.

Nycz cautioned that we need to include external perception as one of our evaluation criteria, especially in comparison to other states with Blue Cross conversion funds. Goelzer said that that the consultant will help with that comparison. Durkin suggested that the evaluation document include actual health outcomes, in addition to process.

7. Howard Bailey and Ruth Benca, co-chairs of the New Investigator Program Application Review Subcommittee, lead a discussion of the program based on their experiences and the results of a survey of the reviewers, which was circulated to MERC.

Bailey reported that in a global sense, the results of the evaluation of the New Investigator Program mirrors the diverse opinions of MERC members in terms of who, what, where, gets these awards. Bailey said that the Review Committee members struggled with such questions as, who should get these awards: those most likely to succeed, or those who don't yet have a grant yet? Should all faculty with the title "Assistant Professor" be eligible to apply? Should awards be weighted towards community health or basic science? Should we provide awards for bridge funding, or only for new research areas?

The Application Review Committee members found it hard to evaluate “just the science,” and not all criteria receive equal weight from each reviewer. Benca noted that it was difficult to review the wide spectrum of basic, clinical, and translational applications in “a single study section.”

Benca suggested that perhaps each application should have two parts: the research description, and a statement of the fit to MERC guidelines. Bailey suggested that if the Review Committee ranked the applications based solely on the proposed research, the MERC could do the final evaluation based on MERC needs. Perhaps the proposals could be split into two pools, those that are basic science, and those that are translational or clinical research. The Application Review Subcommittee could then be broken into two sections to rank each pool of applications separately.

Bailey stated that he expects the number of applications to continue to increase. Benca asked if MERC had established a policy regarding the number of resubmissions allowed for a given proposal, or the number of attempts per applicant. Also, how many funding cycles should there be per year, one or two.

Bailey and Benca also outlined the review process, including the initial scores provided by each of the five reviewers assigned to each proposal, which was used to generate a pre-discussion ranking of the proposals. These rankings were used to triage proposals unlikely to be in the top half of the scoring range. Benca added that increasing numbers of applications will become difficult to manage and review in a single session. Skochelak asked if the MERC changed any of the final rankings, and the answer was no. The proposals funded were the top 10 in the final rank order.

Frey opined that the Application Review Subcommittee needs guidance from MERC on priorities for funding, based on the direction and mission of MERC. Allen-Hoffmann agreed, and asked for discussion about the idea of two groups or pools of applications, to be reviewed by groups of faculty with appropriate expertise. Moss thought that it could be a good idea, but questioned how to generate an absolute standard for identifying outstanding grants in either category.

Nycz suggested that applications which address population health directly should receive points for doing so. He suggested that we should give support to those faculty whose work translates what we have already learned into community practice. Nycz and Frey agreed that the program may not need to grow, because expanded eligibility may not be in line with our goals. They feel we should support the best and brightest new researchers.

DeLuca stated that he would like to see an increase in the number of applications, but not an increase in the number of awards—meaning that there are relatively few, prestigious awards. Jeff Grossman said that we should perhaps focus on the newness of the idea, not the “time in rank” of the applicants.

Javier Nieto expressed about potential conflict of interest. Bailey explained that reviewers from the same department as the applicant were not excluded to ensure a sufficient number of knowledgeable reviews. Benca added that self-exclusions were allowed, but agreed that there must be enough reviewers to manage conflicts.

Skochelak asked what process MERC would use to improve on review process. DeLuca said that MERC as group must reach consensus on key issues, such as dividing the applications into two groups, and the eligibility of applicants. He thanked Bailey and Benca for their efforts, and asked for a small task force to consider all the issues and make some recommendations to MERC. Busse, Durkin, Frey, Nycz, and Allen-Hoffmann volunteered to serve on the task force.

8. Eileen Smith circulated a draft diversity policy, which was requested by WUHF. This policy must comply with UW policies. Nycz said suggested including mention of the overarching Wisconsin Partnership Program goal of eliminating health disparities. Durkin suggested that in item 1, the word “maintain” be changed to “achieve.”

There being no further discussion, the meeting was adjourned at 6:15 p.m.

Respectfully submitted by:
Tracy L. Cabot, Recorder