Minutes--APPROVED
UW School of Medicine and Public Health (UW SMPH)
Wisconsin Partnership Program Education and Research Committee (PERC)
August 13, 2012 at 5:00PM – Room 4201 Health Sciences Learning Center

**Members Present:** Betty Chewning, Marc Drezner, Norman Drinkwater (ex officio), Jenny Gumperz, Craig Kent, Rob Lemanske, Paul Moberg, Rick Moss, Greg Nycz, Tom Oliver, Elizabeth Petty, Pat Remington, James Shull

**Staff:** Quinton Cotton, Cathy Frey, Mary Jo Knobloch, Tonya Mathison, Ann McCall, Ken Mount, Karen Roach, Eileen Smith, Steve Smith

1. **Call meeting to order**

Moss called the meeting to order at 5:05 p.m.

2. **Introduction to meeting objectives and discussion format**

The purpose of the strategic planning meeting is to develop a shared vision and framework for PERC’s strategic objectives for the next Wisconsin Partnership Program Five Year Plan, 2014-2019. Following the discussion, we hope to have consensus on the future direction of PERC for the Five Year Plan and agree on next steps.

3. **Discussion questions**

**Discussion Question #1:** Since the inception of the PERC, a fundamental principle of the committee has been: funding of education and research initiatives is based on the concept of a balanced portfolio - awards span the spectrum from basic science to clinical science to translational and applied public health research to education. Is there an appropriate balance in the allocation of resources between the RfP programs (Collaborative Health Sciences and New Investigator) and the multi-year targeted programs (ICTR, SHOW, TME, HIP)?

PERC members shared the following in responses:

- **Community Engagement:**
  - Community engagement is an important concept for PERC to embrace.
  - PERC does not necessarily have to directly fund community engagement. For example, ICTR CAP has a role as a conduit for PERC to support community engagement. Pilot projects leverage NIH grants to further advance the research. ICTR’s cores, such as CCHE and Community Connections, also work in communities. PERC and ICTR must work more collaboratively to better promote their community engagement efforts.

- **Balanced Portfolio:**
  - Must continue to support programs, such as the Collaborative Health Sciences Program, and infrastructure grants that connect investigators across boundaries. Although each category does not require equal weight, each should support activities that bridge across categories. SHOW is an example of infrastructure where data is collected that is used in community interventions. Students and trainees are also engaged, promoting the education mission of PERC.
A question was posed regarding whether PERC should emphasize one or two categories over others? For example, does PERC see basic science and health services research as being as important as community engagement?

PERC’s funding has emphasized different ends of the spectrum at different times. For example, health services research is addressed by the Health Innovation Program and ICTR CAP. The Human Proteomics Program and the Regenerative Medicine Program emphasized basic science.

What does “balanced portfolio” mean? Should PERC fund equally in all areas, or entertain proposals in all areas and fund the best regardless of category. It would be interesting to look back over our awards to see how they fall into each category.

Given current commitments by PERC to targeted grants, there is little flexibility or capacity to support new initiatives.

There is a sense among basic scientists that PERC does not incorporate basic science into its portfolio in a significant way. Basic scientists believe the New Investigator Program is the only source of funding.

Focus of WPP funds is to maximize health in Wisconsin, and PERC, as steward of those funds, must look for the biggest impact on the health of the people in the state.

To ensure there is an impact on health, must ensure diversity in our awards. Also a sense among applied public health researchers that funding is not accessible to the degree expected.

Difficult to assess value when comparing projects in different categories. May be best to fund certain number of projects in each, at least for the NIP and CHSP.

Would be good to identify a health problem, such as obesity, and address along the entire continuum

Communication:

Discussed PERC’s role of communicating its mission and the need to increase WPP’s current venues of communication.

Currently accomplish this through the annual report and the Five Year Plan, but both are compliance documents and not easy to read for lay audiences. Also in the works is a community report with more conceptual topics on the WPP’s grants and programs. The WPP website includes outcome reports on concluded grants. Plans are underway to upgrade the website, including highlighting outcome reports.

Summary and Next Steps: There is general consensus by PERC that diversity in its grants portfolio is important. However, the committee acknowledges that equal weight is not given to each category along the continuum, e.g. basic science is on the low end of allocations. PERC supports a balanced approach in making awards and values bringing together interdisciplinary teams to address the state’s medical and public health problems. Future discussions should focus on the allocation of resources between RFP and targeted programs.
Discussion Question #2: What should PERC’s stewardship role be, especially in relation to its targeted grants (ICTR, SHOW, HIP, TME)? Should it be greater than the grant-making processes, i.e. reviewing applications, awarding grants, and monitoring progress? Should it include stronger connections between the PERC and the Principal Investigators with more direction regarding expectations, opportunities for collaboration, and evaluation of outcomes?

PERC members shared the following in responses:

- Grants Making
  - More strategic grants making by PERC would ensure relevant outcomes with actionable knowledge, leading to future interventions.
  - PERC should consider whether to continue awarding traditional grants where grantee works rather independently versus developing cooperative agreements with a partnership between grantor and grantee. OAC has implemented cooperative agreements with the LIHF collaboratives.
  - Information was requested on PERC’s award portfolio. *Note: This information was provided via email to all members on August 21, 2012.*
  - Discussed the concept of supporting “low hanging fruit” with clear impact, implementation, and dissemination versus high-risk with potential high impact. Would be best to support some in both categories.
  - Noted difficulty with review process of PERC’s RFP programs, NIP and CHSP, in comparing projects that are very different, e.g., comparing a basic science project to an applied public health project. May be best to group proposals by type, then make a determination of best in each category.
  - Many ICTR pilots are feasibility studies with the intention of securing federal funding to identify effectiveness of intervention, then funding for evaluation of implementation. This full cycle is important, and it is also important to accomplish all steps. Support work moving toward implementation, but cannot simply skip to implementation.
  - Will be difficult for PERC to fund from feasibility to implementation, then dissemination. Better to focus on one or other for some of PERC’s portfolio.

- Oversight of Active Grants
  - PERC must trust its grantees who act as its “agents” to develop other funding mechanisms and ensure grantee progress. It would be difficult for PERC to assume more oversight of those projects.
  - ICTR is now developing means to assess impact, dissemination and implementation. This ensures that funded projects lay the foundation for future advancements in the community.
  - PERC should play a more active oversight role during projects. There have been a couple examples of PERC intervening too late when there were problems with a grant, e.g., PI underestimated needed cohort. PERC should intervene if an “agent” is not showing progress.
  - A balanced approach to PERC’s oversight role based on its level of investment would be appropriate, i.e., a $10 million grant warrants more oversight than a $100,000 grant. For larger grants, it is more important to keep PERC educated on accomplishments, issues, etc. With longer-term infrastructure investments, PERC should expect those programs to blossom and create a benefit for the state.
  - PERC lacks the “person-power” to play a highly involved oversight role. Therefore, it would be important to establish more stringent application criteria.
Could organize an annual required symposium which would serve as an education and public relations tool, while also helping PERC identify problems PI’s are having. This also provides an opportunity for peer mentorship. This would be particularly valuable for NIP and CHSP grantees. Could require all grantees to attend and present posters on accomplishments and problems.

- Tracking Outcomes and Accomplishments
  - Since data on outcomes and accomplishments, also failures, is difficult to track, recommended PERC consider implementing Webcamp data collection system, such as ICTR has implemented.
  - Must develop a monitoring mechanism to highlight successful outcomes, while also enabling PERC to identify areas of improvement for its grants programs.
  - PERC needs a cultural shift whereby the onus is on our large grantees to “push” information to PERC, rather than PERC having to “pull” information out of our grantees. By “pushing” information on outcomes and accomplishments, PERC has more information to make a formal judgment regarding continuation of funding. PERC must make clear what information it is interested in.
  - PERC should implement a system of following up with grantees on outcomes five years after the end of the grant.

Summary and Next Steps: There was general consensus that PERC’s “agents” should regularly report on the fidelity of accomplishments and impact of projects and programs, which is happening to a greater degree more recently. PERC is also interested in having more contact with its larger, targeted grantees, i.e., SHOW, ICTR, TME, during the grant period. In order to get a fuller picture of outcomes and accomplishments, PERC must implement an evaluation process whereby staff follow-up with grantees three to five years after the grant concludes.

Discussion Question #3: What is the best approach or framework for the allocation of resources for education initiatives?

PERC members shared the following in responses:
- Consider what the health care system will look like in ten years. Should consider asking those who hire doctors what skills are needed and develop curriculum around those needs. PERC members noted:
  - need for general surgeons in rural areas
  - need for training on oral cavity
  - consideration of appropriate level of public health in the curriculum
  - idea of health care quality improvement certificate through HIP
- Further develop distance education programs, in particular for public health professionals. Also discussed continuing medical education.
- Innovation in medical student curriculum is never complete. Change is constant.
- Interprofessional education is important. Team approach to medical and health care is critical. Examples shared: MPH, MEDIC, PA program.

Summary and Next Steps: PERC will return to this topic at a future meeting to provide more ideas regarding future initiatives for education and relationship to the balanced portfolio.

Due to time constraints, discussion of questions #4-6 was deferred for a future meeting.
Discussion Question #7: Development of a targeted obesity initiative is complex requiring many components and with many unanswered questions. What is the best approach to organize this initiative to ensure that it is addressed in a comprehensive fashion? Should the initiative be broadly conceived or more focused, e.g., childhood obesity. Should it be treated within the balanced portfolio concept with all elements present up to and including public policy development and advocacy? Should the PERC reach beyond the School to include researchers and educators in other UW schools or at other institutions in planning and implementing the initiative?

PERC members shared the following responses:

- Focus of Targeted Initiative
  - OAC and PERC agreed two years ago to address obesity and diabetes as a targeted/strategic initiative. This could be broad-based with biomedical, clinical and public health elements to ensure ultimate impact on health.
  - Mental health, alcohol and substance abuse, and oral health also noted as important public health problems in Wisconsin warranting PERC’s consideration as possible targeted initiatives.
  - Making Wisconsin the Healthiest State program, a PERC award, could help identify high priority areas.

- Funding Model and Strategy
  - Must be able to show impact. Do not attack entire health problem, i.e., obesity and diabetes, either target an area in the state or a sub-group. Must be held accountable with hard endpoints. Experts must direct PERC on achievable end points.
  - LIHF could serve as a model, which started with a Wingspread conference on the topic.
  - Support for balanced approach with funding of the initiative across the spectrum of basic to clinical to applied research.
  - Collaboration with key stakeholders, both internal to the SMPH and UW, as well as external state and community partners. Should include key decision makers and resource holders. Consider availability of other resources to leverage PERC support. Should also consider collaborative opportunities with OAC.
  - Could start targeted initiative with a broad RFA to get an idea of strengths in the SMPH and UW in the topic area
  - With expertise spread diffusely on campus, need leadership and critical mass of investigators in obesity and diabetes prevention.

Summary and Next Steps: Must determine exactly what PERC hopes to achieve once a targeted research area is agreed upon. A first step would be to convene a Wingspread-type conference around the topic. The PERC Executive Committee will give this further consideration and analyze two or three topic areas to better understand opportunities and consider fit with PERC’s portfolio, including its infrastructure programs.

4. Wrap-up and adjourn

Moss adjourned the meeting at 7:05 p.m.

Recorder, Tonya Mathison