Minutes
UW School of Medicine and Public Health (UWSMPH)
Partnership Education and Research Committee (PERC)
November 10, 2014 at 5:00 p.m. ~ 4201 Health Sciences Learning Center

Members Present: David Allen, David Andes, Marc Drezner, Norman Drinkwater (ex officio), Elizabeth Jacobs, Patricia Keely, Rick Moss (chair), Greg Nycz (phone), Tom Oliver, Richard Page, Pat Remington, James Shull

Members Absent: Elizabeth Petty

Staff: Quinton Cotton, Lisa Hildebrand, Tonya Mathison, Ken Mount, Amanda Price, Eileen Smith

Guests: Maureen Smith (Health Innovation Program)

1. Call meeting to order

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

2. Decision on draft minutes

   a. September 23, 2014 PERC
   Page seconded a motion by Remington to approve the draft September 23, 2014 minutes. Following a question by Nycz, WPP staff confirmed that the minutes accurately reflected that the meeting returned to open session after discussion of and a decision on the Collaborative Health Sciences Program awards. The motion to approve the minutes passed by unanimous vote.

   b. October 15, 2014 OAC/PERC
   Page seconded a motion by Remington to approve the draft October 15, 2014 minutes. The motion passed by unanimous vote.

3. Announcements

   a. Wisconsin Partnership Program 2013 Annual Report presented to UW System Board of Regents
   On October 9, 2014, Dean Golden presented the Wisconsin Partnership Program (WPP) 2013 Annual Report to the UW System Board of Regents. Following a brief overview of the annual report, Golden reflected on the WPP’s many accomplishments over the past ten years. The report was accepted by the Regents.

   b. 2015 PERC meeting schedule
   E. Smith informed the committee that the 2015 PERC meeting schedule had been set with meetings typically taking place on the second Monday of the month from 5:00 to 7:00 p.m. At this time, there are no meetings scheduled in February and October.

4. Grantee interim progress report presentation on PERC Targeted “Health Innovation Program”

Maureen Smith, Professor of Population Health Sciences, presented a progress report on the “Health Innovation Program (HIP).” HIP has engaged UW investigators and community and health system partners—including the Wisconsin Collaborative for Healthcare Quality (WCHQ) and the Wisconsin
Institute on Healthy Aging (WIHA)—to improve health care delivery and population health in Wisconsin and the nation. She highlighted the following accomplishments over the past year:

- Launched the “Free-the-Data” program which makes fully-de-identified datasets broadly available to UW investigators at no cost. Many investigators use the datasets as preliminary data or for educational purposes.
- Jointly sponsored with WCHQ and WIHA a statewide learning event on improving diabetes care and outcomes with 128 participants from over 50 health care organizations and insurance providers across the state. After the event, individual reports were prepared for nine participating organizations.
- Worked with WCHQ to sponsor the development of a statewide measure for body mass index. WCHQ will capture BMI rates within the next year for patients 12 and older. This can be used to support research, educational and improvement activities in Wisconsin.
- Launched in collaboration with WIHA, Healthy Living with Diabetes Program, a six-week group-based diabetes self-management workshop. Participants are referred by health care providers from a number of health care systems. In 2014, there have been 62 workshops in 24 Wisconsin counties with 720 participants.
- New toolkits disseminating evidence-based tools and materials were offered through HIPxChange.

In response to a question from Remington on HIPs work with Accountable Care Organizations (ACO), M. Smith clarified that with other sources of funding—which were not part of her presentation today—HIP is working with the UW Health ACO. She also reported that the Body Mass Index data is currently being collected with the expectation of publishing the results in Spring 2016. Oliver congratulated M. Smith on the meaningful action led by HIP and its partners to improving health care delivery and quality.

Moss thanked M. Smith for her presentation and she left the meeting.

5. Monthly reports:

   a. Oversight and Advisory Committee

   Remington reported on the September 24 and October 15, 2014 OAC meetings. In September, OAC awarded $1.14 million over three years for “Phase One: Building Community Engaged Collective Impact with Multi-Setting Interventions in Two Wisconsin Counties.” This three year project—a component of the Wisconsin Obesity Prevention Initiative led by PERC in collaboration with OAC—will support community-based interventions in Marathon and Menominee counties. Brian Christens, an associate professor of human ecology, is the academic partner.

   In October, OAC learned of action by the UW System Board of Regents to reappoint Katherine Marks and Cindy Haq and newly appoint Rick Moss and Sue Kunferman, Director of the Wood County Health Department, to the committee. They will serve four year terms beginning November 1, 2014. As part of its strategic planning to implement the 2014-2019 Five-Year Plan, OAC heard a presentation by Karen Timberlake and Jane Mahoney on how the OAC can support wider dissemination of knowledge and more effective implementation of best practices to improve health across Wisconsin.

   b. PERC Executive Committee

   Moss reported on the October 27, 2014 PERC Executive Committee meeting which included action reported in item 1 below. Further recommendations of the Executive Committee will be included in the discussion of the relevant agenda items that follow.
1) Decision to close Gretchen Schwarze’s New Investigator award, “Aligning preferences of older adults with decisions for high risk surgery”

Moss reported that Margaret (Gretchen) Schwarze recently received a NIH R03 grant for work similar to that supported by a 2013 New Investigator award for “Aligning preferences of older adults with decisions for high risk surgery.” At its October 2014 meeting, the Executive Committee reviewed a letter from Schwarze outlining the original aims for both grants and the proposed revised aims for the New Investigator grant. Due to concerns of continuing overlap, the Executive Committee decided to close the New Investigator grant effective October 31, 2014 after six months of funding. Moss noted that Dr. Schwarze credited PERC’s funding with getting the project off to a successful start.

6. Discussion and ratification on continuation funding for “Lifecourse Initiative for Healthy Families Faculty Leader”

Moss provided an overview of the strategic application from Laurel Rice for the “Lifecourse Initiative for Healthy Families (LIHF) Faculty Leader.” Dr. Rice, chair of Obstetrics and Gynecology, is requesting $216,850 annually from PERC over four years and five months (through the end of the Five-Year Plan in March 2019) for salary and research support for Dr. Deborah Ehrenthal’s work as the LIHF Faculty Leader. The proposal provides infrastructure for the Lifecourse Initiative through support for Dr. Ehrenthal and an administrative director and a research assistant. Moss noted that PERC’s initial annual commitment to the LIHF Faculty Leader was $100,000. The current budget request includes support for a new position—administrative director.

Remington and Jacobs spoke in favor of the proposal as they have been impressed with Ehrenthal’s work. Remington noted that PERC’s funding supports the headquarters for the Lifecourse Initiative which he sees as being a great investment. Page wondered why Ehrenthal was not listed as the Principal Investigator. Given the significant proportion of Ehrenthal’s base salary covered by PERC funding, WPP leadership thought it was best to have Rice, as chair of Ehrenthal’s primary department, serve as Principal Investigator. Given Ehrenthal’s role in developing the school’s maternal and child health research program, Remington suggested that Ehrenthal present a progress report to PERC after one year not only to hear accomplishments, but to learn of any additional needs related to developing this new area in the school. Drinkwater noted that her work would be a good fit with PERC’s Collaborative Health Sciences Program. Moss suggested that given this is a new direction for the school, an ideal fit could also be PERC’s Opportunity Grant program.

Jacobs seconded a motion by Nycz to fund the application for the LIHF Faculty Leader for a total of $957,756 over four years and five months beginning November 1, 2014. The motion passed by unanimous vote.

7. Adjournment-Closed Session: Pursuant to Wis. Stat. 19.85(1) (c), (e) and (f) to discuss and make a decision on finalists to be invited to interview for the New Investigator Program.

Following a motion by Shull and a second by Keely, the PERC unanimously voted to adjourn the meeting into closed session pursuant to Wisconsin Statute 19.85(1) (c), (e) and (f) to discuss and make a decision on finalists to be invited to interview for the New Investigator Program.

The following members declared conflicts of interest and left the room during the discussion and vote on the selection of finalists for interviews:

- David Andes is Ryan Westergaard and Caitlin Pepperell’s Division Chief in the Department of Medicine, Division of Infectious Diseases.
• Elizabeth Jacobs serves on Ryan Westergaard’s mentoring committee.
• Patricia Keely is a collaborator on Beth Weaver’s application.

Drinkwater presented an overview of the review process for the 17 full applications for the 2014 cycle of the New Investigator Program. Members of the PERC Review Subcommittee, made up of content experts and community representatives, independently reviewed the applications and met on October 22, 2014 to discuss and rank the applications. PERC’s review materials included the applications, final scores and ranking of the applications along with the reviewer comment summaries.

Drinkwater reported that after reviewing the ranking and review materials, the Executive Committee recommended that PERC interview the top-nine ranked applicants. He noted that there was great concordance among the reviewers and that the projects cover a broad range of topics and the Principal Investigators come from five different departments.

After discussing the applications, Page seconded a motion by Oliver to return to open session. The motion passed with eight affirmative votes. Andes, Drezner, Jacobs and Keely were not present.

Jacobs and Keely returned to the meeting room, whereas Andes and Drezner left the meeting due to other schedule commitments.

Remington seconded a motion by Oliver to confirm the vote made in closed session to interview the top-nine ranked applicants. The motion passed with eight affirmative votes. Andes, Drezner, Jacobs and Keely were not present during the vote.

Other discussion in closed session included a recommendation by Shull to assign PERC members to initiate the question/answer session after each interview, paying particular attention to any concerns noted by the reviewers. Allen asked that a future meeting include a presentation on PERC’s awards history by type (basic, clinical, applied, education), grant program and department.

8. Presentation of PERC’s financial projections through 2019

Mount presented the financial projections for PERC through 2019. To focus the discussion on PERC’s overall portfolio, the projections were developed with the following assumptions: (1) PERC’s projected annual income—using a 4.5% distribution rate—would be $11.7 million, and (2) inflation was not included. The projections included the following categories: Request for Proposals, Strategic Education and Research, Infrastructure Grants, Education Grants, Opportunity Grants and administrative expenses. Mount noted that income from the endowment as well as cash would be used each year to cover annual expenses. Over this period, PERC plans to spend a portion of its cash reserves in alignment with its policy on maintaining reserves in the WPP spendable accounts, including at least one-year of budgeted administrative expenditures and one-year of budgeted expenditures on existing awards.

Discussion by the committee included:
• Long-term funding of programs limits PERC’s flexibility in making new commitments
• Opportunity Grants program; PERC Executive Committee allocated additional funding to this category.
• High level of long-term funding from PERC for ICTR. Question if PERC’s funding is what makes this more successful than other CTSAs. Moss noted high praise from ICTR’s external advisory committee which acknowledged the level of institutional support as being remarkable. PERC’s funding is important to ICTRs success—adds depth and breadth.
Moss concluded the discussion with an indication that future discussions will focus on potential new initiatives.

9. Discussion and decision on interim progress reports:

   a. **Institute for Clinical and Translational Research (Drezner, #2368, 24 month)**
   Jacobs and Remington presented their reviews of the 24-month interim progress report from Marc Drezner for the Strategic award for “Institute for Clinical and Translational Research.” They commented that the comprehensive report shows significant progress has been made toward all project aims and goals. Jacobs seconded a motion by Remington to accept the report. The motion passed with ten affirmative votes. Andes and Drezner were not present.

   b. **Transforming Medical Education 2.0 (Seibert, #2708, 12 month)**
   Page and Oliver presented their reviews of the 12-month interim progress report from Christine Seibert for the Strategic award for “Transforming Medical Education 2.0.” They noted that excellent progress in continuing the transformation of the medical student curriculum has been made over the past year on all three goals—healthcare systems improvement, community engagement and advocacy. Follow-up questions for the PI to address at her in-person progress report presentation to PERC in January include:
   - Overall: How is the transformation of the medical student curriculum impacting other health profession programs, i.e., PT, PA, MPH?
   - Healthcare systems improvement: Are there plans for scaling up the pilot on health systems improvement to all medical students? If so, when will this be achieved?
   - Community engagement: Please share examples of the outcomes sought in service learning and mentoring and how this is contributing to a transformation of health professions education.
   - Advocacy: Are faculty who teach courses on policy formation and the role of advocacy (e.g., La Follette School of Public Affairs, Law School, SMPH) involved or being consulted with in related curriculum development?

   Oliver seconded a motion by Page to accept the report. The motion passed with ten affirmative votes. Andes and Drezner were not present.

10. Consent agenda

Subsequent to the recommendation by the reviewers, the following resolution passed with nine affirmative votes following a motion by Shull which was seconded by Oliver. Remington declared a conflict as PI on “Planning Grant for a Preventive Medicine Residency” and did not vote. Andes and Drezner were not present.

   a. Resolution, acceptance of interim and final reports:
      1) Cystic Fibrosis MRI: Tracking Lung Function and Response to Therapy (Nagle, #1985, 36 month)
      2) Environmental Health Center Strategic Planning Grant (Bradfield, #2608, final)
      3) Personalizing therapy of women with polyplloid breast cancers (Burkard, #2261, final)
      4) Planning Grant for a Preventive Medicine Residency Program (Remington, #2319, final)
      5) Screening for Mild Cognitive Impairment (MCI) in African Americans (Gleason, #2263, 24 month)
11. Adjourn

Moss adjourned the meeting at 6:20 p.m.

Recorder, Tonya Mathison