Minutes

UW School of Medicine and Public Health
Medical Education and Research Committee
5:00 PM March 10, 2008 – Room 4201 Health Sciences Learning Center

Members Present: Sanjay Asthana, Bill Busse, Molly Carnes, Norm Drinkwater, Susan Goelzer, Jeff Grossman, Tom Grist, Cindy Haq, Javier Nieto, Greg Nycz, Patrick Remington, Mary Beth Plane, Gordon Ridley, George Wilding

Members Absent: Cindy Czajkowski, Paul DeLuca, Rick Moss, Susan Skochelak, Jeff Stearns, Rod Welch

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

The Committee was called to order by Vice Chair Jeff Grossman at 5:05 p.m.

1. The draft minutes from the February 11, 2008 MERC meeting were presented. The minutes were approved unanimously without modification.

2. Announcements: a. Eileen Smith reminded the group that we will hold a MERC meeting on March 25 from 5:00 to 7:00 p.m. to discuss the reports from the Strategic Planning Subcommittees. The final reports from each subcommittee will be circulated to all MERC members for review prior to the meeting. The discussion will focus on decisions about expenditures for research and education for the next Five-Year Plan.

b. Greg Nycz announced that he had recently testified before the U.S. House of Representatives Committee on Appropriations regarding expenditures for the Department of Health and Human Services. His testimony focused on how these expenditures impact communities. The Chair of the Committee (Wisconsin Rep. Dave Obey) gave each person an opportunity to speak about other issues. Nycz reported that he spoke in support of community health centers and support for NIH, and how NIH research funding awarded to the University of Wisconsin has community outcomes. He noted that funding from NIH’s CTSA program allows the SMPH to reach out to communities, build bi-directional knowledge pipelines, and put research outcomes to work more quickly. Busse asked if Obey had any comment about Nycz’s statement, and Nycz reported that Obey was generally supportive, and indicated that the CTSA is a good step in linking science to communities.

3. OAC report: Susan Goelzer reported that the February OAC meeting focused on two topics: preparation for the Special Initiative on Birth Outcomes Wingspread Conference on May 22-23, and strategic planning for the next Five-Year Plan. During the strategic planning discussion, OAC members expressed a desire to coordinate activities with MERC, and it was suggested that the two committees build linkages around particular projects. OAC also wants to begin to develop targeted initiatives. Finally, OAC members discussed the UWF spending policy, and
recommended increasing the annual spending rate to 5% to be consistent with current IRS mandates for foundations. Goelzer concluded by noting that one of the items on the agenda for the next OAC meeting will be a discussion of their “advise and comment” role.

4. Executive Subcommittee Report: Norm Drinkwater reported that the Executive Subcommittee discussed the review of CHSP Letters of Intent and potential changes to the New Investigator RFP, both of which are items later on the agenda and will be reported at the appropriate time. Drinkwater noted that the Executive Subcommittee also heard a proposal from Mark Sager for support of a minority recruitment model for middle-aged African-Americans for his Alzheimer’s disease project. The Executive Subcommittee talked about the need for a shared service for minority recruitment across all research areas of the SMPH. This topic will be discussed further by the Executive Subcommittee and MERC in April.

a. The Executive Subcommittee reviewed a draft policy for No Cost Extensions. This policy states that extension requests of less than 25% will be handled administratively, while requests for greater than 25% require the action of the Executive Subcommittee and MERC. Drinkwater asked what criteria would be used for administrative decisions, and Mount said that we would consider whether the project was making appropriate progress, and how the funds would be expended within the time period. He noted that many projects take longer than expected to rampup.

Nycz moved approval of the no cost extension policy, and Bill Busse seconded the motion, which passed unanimously.

b. Drinkwater said that the Executive Subcommittee considered a no-cost extension of greater than 25% for WiNHR, requiring the approval of the MERC. WiNHR had a slow start due to contract negotiations with its external partners. Smith reminded the group that this request pertains to the WiNHR planning grant. Nycz moved approval of the extension, and Cindy Haq seconded the motion. Plane asked if the one year extension is sufficient, and Smith noted that we can’t go beyond one year because that would be beyond the end of the current Five-Year Plan. There being no further discussion, Grossman called the question, and the motion passed unanimously.

5. Interim Progress Reports: Public Health Development Plan for the Center for Urban Population Health (CUPH)

Randy Lambrecht, Dean of the College of Health Sciences at UWM, gave an overview of the history and mission of the Center for Urban Population Health. This group was created in 1999 to organize around public health issues in Milwaukee, and represents a true partnership between UW-Milwaukee, SMPH, Aurora Health Care, and the community. This partnership is reflected in composition of the Executive Committee and program staff members.

Lambrecht stated that CUPH’s mission is to advance population health research and education to improve the health of urban communities. The Center has Five Principles: to promote a population health framework, to forge partnerships, to create an environment of innovation, to translate research into effective policies, programs, and practices, and to reduce health disparities. Lambrecht noted that of the 1.3 million people in greater Milwaukee, 40% are
under-represented minorities. CUPH is an organized resource to address some of the health issues in Milwaukee, such as health care disparities, teen pregnancy, sexually-transmitted diseases, and infant mortality. Lambrecht introduced Ron Cisler, Director of CUPH, who added that recent findings show that the City of Milwaukee ranks 72 out of 73 counties for health determinants and outcomes.

Cisler described the organizational structure of CUPH, which includes employees from the three partner institutions, with staffing levels expected to be at 28 FTEs by the end of the year. CUPH supports over 60 center scientists with over 100 projects. He reported that each dollar in base support for CUHP is leveraging two dollars in project funding.

Cisler summarized the Progress and Outcomes of the CUPH Grant from the MERC/Dean’s Strategic Fund. The overall program goal is to develop an increased capacity for conducting population health research and education activities to advance the health and well-being of the greater Milwaukee community. This is being achieved through four objectives: 1. Recruiting faculty and scientists; 2. Supporting existing population health researchers through the Center Scientist Development Program; 3. Facilitating mentoring and learning opportunities for faculty, scientists, and students; and 4. Fostering community engagement and community-based participatory research (CBPR).

Cisler explained that CUPH has identified three special initiatives to focus on in 2008, based on need and expertise. These are Maternal and Infant Health, Youth Violence and Violent Crime Prevention, and Healthy Aging.

Cisler concluded that the Strategic funding has been very important to the development and growth of CUPH. CUPH has tremendous visibility and impact. He noted that sustainability is vital to improving Wisconsin’s health by improving Milwaukee’s health.

Grossman called on Goelzer and Remington, the two reviewers of the progress report, to lead the discussion. Goelzer stated that OAC would be interested in working with CUPH on their special initiative on birth outcomes. She asked if CUPH has made any connections to MCW, and Cisler replied that they have, especially in the area of violent crime prevention. Haq asked if there are any strategies to coordinate or collaborate with MCW, and Cisler said that this occurs only on a project by project basis. Lambrecht mentioned that he is a member of the MCW Consortium, and any collaborations are at the level of individual projects in the community.

Goelzer asked if CUPH could serve as a conduit to facilitate CBPR in Milwaukee, especially in the area of recruitment of minorities for clinical trials. Cisler said that CUPH has worked with Dr. Fleming and Dr. Fiore, as well as others. He said that they would like to have research scientists who live and work in Milwaukee, especially in the area of maternal and infant health. Lambrecht added that the Center is now being adopted by the community, so it can help build sustainable relationships to SMPH. Also, they are particularly interested in facilitating research that makes an impact.

Nycz suggested that this project is a good example of what MERC support can accomplish; however, he cautioned Cisler that building research infrastructure is not the outcome, and
suggested changing his phrasing to “leveraging” or “return on investment” to show how CUPH has made a difference in communities.

There being no further questions, Cisler and Lambrecht left the meeting.

b. **Institute for Clinical and Translational Research:** Marc Drezner presented a report on the activities of the Institute for Clinical and Translational Research over the past year. He reminded the group that MERC funding for ICTR was awarded in January 2007, and NIH Clinical and Translational Science Award (CTSA) funds were received in late September 2007. Therefore, the MERC funds were used to establish ICTR in the nine months preceding NIH funding. Drezner said that it is important to note that CTSA funds must be expended during the award period, because unused funds must be returned to NIH. On the other hand, MERC does allow funds to carryover.

The goal of ICTR is to create an environment to transform health-related research at the University into a continuum extending from investigation through discovery to translation into clinical practice, thereby linking even to most basic research to real and measurable improvement in human health. MERC funding supports three major parts of ICTR: establishment of an administrative and academic unit, the development of community research and outreach infrastructure, and the creation of a biostatistics and informatics core infrastructure. Drezner provided details about each of these areas.

The administration of ICTR is managed through a partnership involving the UW-Madison Schools of Medicine and Public Health, Pharmacy, Nursing, Veterinary Medicine, and Engineering, plus the Marshfield Clinic. In order to create the research environment envisioned in the goal statement, ICTR has developed a web portal which allows interested individuals to access membership forms and find researchers based on a keyword search. ICTR has also established a Client Services Center on the second floor of the HSLC. Research Ambassadors introduce clients to representatives from a variety of research services, including such areas as IRB, OCT, science writing, and statistics. The Client Services Center uses a Resource Tracking System to see what services each client uses, and to follow outcomes.

Drezner reported that ICTR administration is also working to stimulate new research partnerships, and is in the process of deciding where to develop cluster hires in order to maximize collaborations and interdisciplinary research. They are also encouraging collaborations between academic researchers and targeted industrial partners.

Drezner explained that the goal of developing Community-Academic Partnerships (CAP) is to transfer medical discoveries to the community and to respond to community health care needs. To this end, ICTR has developed a Type 2 Translational Research (T2TR) certificate for new investigators, and is in the process of developing a graduate program in T2TR. They are also in the planning stages of developing an off-campus continuing education program in T2TR. The Health Innovation Program (HIP) is serving as a single point of entry for accessing CAP and other ICTR resources.
The CAP Steering Committee has appointed a CAP Advisory Board, and has issued an RfP for the ICTR T2TR Pilot Grant Program. Additionally, CAP is supporting two health policy faculty-student teams to analyze the value of specific health care interventions. CAP has developed a Simulation Center to allow investigators to assess the value of additional research on a specific intervention. ICTR-CAP has also been active in speaking to both small group sessions and lectures, to publicize the Institute and make faculty aware of the resources available, and to encourage faculty to participate in T2TR.

The ICTR Biostatistics and Medical Informatics shared resources have recruited a number of faculty and staff to consult with investigators, develop and conduct collaborative research projects, and to lead training efforts in biostatistics and informatics for clinical and translational researchers. A web-based software system for clinical trials management has been purchased. Additionally, an electronic protocol submission and review system has been purchased for the IRB. Drezner concluded by noting that ICTR members have initiated collaborative research with scientists at the Marshfield Clinic.

Busse asked how faculty have responded to all these efforts, and Drezner replied that ICTR currently has 407 members, with more joining all the time. 55 investigators from Marshfield Clinic have joined. Busse asked about usage of the GCRC, and Drezner replied that the clinical unit has seen an increase in inpatient and outpatient use by 8-10%.

Remington noted that in the proposal funded by MERC, funds were going to be used to support CAP and biostatistics and informatics. He asked for a breakdown of spending relating to those categories. Drezner said that most of the people supported through ICTR have funding from MERC and NIH, and some support from UWMF. Remington asked if Drezner could point to areas where MERC funds were used to add value to the NIH CTSA grant. Drezner replied that the OCT software was one such area; another was the recruiting of biostatistics faculty. He noted that the MERC funds are a crucial investment to ICTR.

Nycz suggested that the web portal might be beneficial to OAC community organizations in their search for faculty partners. Drezner explained that there are five different classes of membership in ICTR, and one category is open to the community. Once a community member signs up, they could query the database to find researchers with whom to partner.

Haq suggested that ICTR could be a vehicle for coordination of other WPP activities, such as community engagement. Drezner agreed, and added that ICTR is going to work on community-based participatory research through Regional Research Councils. They will use existing networks such as WREN and AHEC wherever possible.

There being no further questions, Drezner left the meeting.

Grossman asked for discussion of these two interim reports, starting with ICTR. Drinkwater recommended asking Drezner to provide more specific information about the use of MERC funds. Remington showed a graph from the ICTR proposal to MERC, which showed that MERC funding would be used for Biostatistics and CAP. He echoed the call for more details on what the MERC funds were spent for, and reiterated that MERC funds should be used to add
value to the CTSA grant. Mount said that those details could be provided. Drinkwater urged the committee to indicate to Drezner that future progress reports should focus only on the parts of ICTR that are funded by MERC.

Remington pointed out another issue regarding the relationships between a number of MERC-funded projects, including ICTR, WiNHR, HIP, and others. Grossman asked if the root of the concern is governance of MERC funds, and Goelzer answered yes, because we need specific reports on the uses of MERC funds and what the outcomes are. Smith noted that we have to evaluate this program with respect to outcomes and impact, and Busse asked if an analysis of ICTR’s expenditures are going to allow us to do that. Mount said that the accounting is there, and we need to do the analysis.

With regard to CUHP, Nycz noted that this is a major investment, and suggested that there needs to be stronger ties to researchers at UW-Madison. Remington said that CUPH should be commended for faculty hires, and Gordon Ridley added that CUPH should avoid any artificial barriers to our investigators. Busse stated that there seems to be a lot of duplication of effort regarding recruitment of minorities to various clinical trials, and we need to break down those silos. Plane suggested that investigators work with CUPH to develop protocols together, rather than asking CUPH to implement something they haven’t participated in developing. Wilding noted that this topic was discussed by the Executive Subcommittee, and will likely be revisited as a more global issue.

Grossman suggested that Agenda Item 6 regarding the New Investigator Program be tabled in the interest of time.

7. Closed Session: Remington moved that MERC adjourn into closed session, pursuant to Wis. Stat. 19.85(1)(c), (e) and (f), to consider the faculty recipients for the competitive MERC Collaborative Health Sciences Program awards. Drinkwater seconded the motion, which was approved unanimously.

After some discussion, Remington moved that MERC re-convene into open session. Drinkwater seconded the motion, which was approved unanimously.

Nycz moved approval of the list of applicants to invite to submit full CHSP proposals. Busse seconded the motion, which was approved unanimously.

There being no further discussion, the meeting was adjourned at 7:20 p.m.

Respectfully submitted by:
Tracy L. Cabot, Recorder