

CTSA Consortium Steering Committee Meeting

February 17, 2009

1:00pm-2:00pm

Link to Adobe Connect recording: <https://webmeeting.nih.gov/p27655328/>**Attendees:**

G. Bernard, Vanderbilt; G. FitzGerald, Penn; L. Berglund, UC Davis; R. Califf, Duke; B. Collier, Rockefeller; D. Ford, Johns Hopkins; H. Ginsberg, Columbia; H. Greenberg, Stanford; D. Guzick, Rochester; A. Hayward, NCCR; G. Hunninghake, Iowa; J. Imperato-McGinley, Weill Cornell; D. McClain, Utah; K. Pienta, Michigan; E. Pisano, UNC; K. Polonsky, S. Reis, Pittsburgh; R. Rizza, Mayo; H. Selker, Tufts; H. Shamon, Einstein; R. Sherwin, Yale; R. Sokol, Denver; J. Solway, Chicago

CTSA Strategic Plan Update

Dr. Gordon Bernard presented the agenda for this meeting, noting the emphasis is on the review of the outcomes of the CTSA Strategic Goal Committees meeting, January 26-27, 2009. The Strategic Goal Committees identified four short term projects that would be likely to have deliverables within a 12 to 18 month time frame, thereby fulfilling the need to achieve deliverables and add value in the near future. Other key outcomes include the consensus that work on Strategic Goals should take priority on Key Function Committee agendas, and that new goals will be adopted when existing goals are accomplished, thus enabling a process of prioritization and more efficient use of Consortium resources.

Strategic Goal Committee 1 – Clinical and Translational Research Management Capability

Strategic Goal Committee 1 agreed its key priority is to “improve study process by reducing the time taken to achieve the protocol and contract approval needed to initiate a clinical study.” The deliverable will consist of two pilot studies (one for contracting and one for IRB) involving 7-11 institutions, which are scheduled to begin in the near future.

Following the pilots, which will last approximately one month and establish a baseline for future studies of metrics at CTSA institutions, the data will be analyzed and the results will be reported at the Clinical Research Management Workshop on June 22-23, 2009.

Strategic Goal Committee 2 - Training & Career Development of Clinical and Translational Scientists

This Strategic Goal Committee priority is to provide “open access to training resources across the consortium.” To meet that goal, members will map core competencies and curricula over the next 12 months. The deliverable would be a repository of courses accessible through the NIH Clinical Center that would educate and train an increased number of translational scientists. This open access training resource is expected to be available nationally and internationally.

Strategic Goal Committee 3 - Enhancing Consortium-Wide Collaborations

“Research networking capability” is this committee’s top priority because it has high impact, high feasibility within the given timeframe, and broad application to the entire spectrum of translational sciences). The two primary use-cases that this committee would like to explore are:

1. A tool that gives junior investigators the ability to find experts in any given field, within their own institutions and across the multiple institutions for research projects
2. A tool that assists investigators who seek to build multi-disciplinary research teams

Committee members will work with the Collaboration Facilitation Interest Group as the group already has representatives from multiple KFCs.

Strategic Goal Committee 4 -- Enhancing the Health of Our Communities and the Nation

The Strategic Goal Committee leadership modified the two overarching goals and agreed to focus on these as the priority and will plan deliverables in the next 12 months.

1. Sub-goal 4a: “Link and facilitate collaboration among community-based research networks to implement research and best practices”

These deliverables will include:

- A spreadsheet of community engagement research networks which was begun through the CAPP Workgroup
 - A consulting service, as part of an administrative supplement for the compilation of best practices in community engagement
 - A survey as part of another supplemental award which seeks to identify the tools researchers need to enhance research capacity
2. Sub-goal 4b: “Develop capacity and methods for the translation of research results into practice across the healthcare system, including but not limited to health services and health policy research, comparative effectiveness research, and research into the generation and implementation of evidence-based medicine.”

To develop the capacity and methods of research results into practice across the health care system, Committee members suggested several deliverables along with timelines to ensure achievement of this goal (see attached Gantt chart). Deliverables include:

- White paper on how the CTSA Consortium may serve as a portal to facilitate community engaged research for ICs and other federal agencies as well as outside stakeholders and the health care system
- Recommendations helping to define the research agenda with suggestions regarding methods and training
- Collaboration with Strategic Goal Committee 2 in establishing a training component

- Facilitation in the creation of links among the potential participants of community engaged research (agencies, ICs and others) to conduct community engaged research

Steering Committee members noted the importance of these efforts in the current political climate. The media, Congress and the public's interest in comparative effectiveness research was used as an example of the need for the CTSA's to identify stakeholders and to help increase the parameters of public discourse on this issue. A member suggested that a recent Washington Post article on comparative effectiveness research be shared as useful background.

Potential for an Additional T1 Translational Strategic Goal Committee

Dr. Anthony Hayward introduced the subject of possibly creating a fifth Strategic Goal Committee to address T1 Translational issues. Dr. Garret FitzGerald noted that this area has an under represented and under developed constituency within the broad spectrum of clinical and translational research, and that it calls for more visibility and more funding. Additionally, this area has great relevance to promoting the interaction with the private sector at a time when the industry is undergoing changes to how it approaches the drug development process. The group endorsed the proposal to establish a working group to ascertain whether this issue merits its own Strategic Goal Committee. Drs. Ken Polonsky and Doug Sheeley will be the points of contact.

Mapping KFC Expertise to Strategic Goals Document

The mapping document is accessible via <https://www.ctsawiki.org/wiki/x/TQAK> and presents a snapshot of which Key Function Committees are resources for achieving the four strategic goals. Chairs of Key Function Committees are encouraged to contact Strategic Goal Committees with ideas and/or contributions.

Updating CTSA Consortium Governance

To further the Strategic Goal Committees' ability to obtain expertise from the relevant Key Function Committee to implement priorities and achieve deliverables, Dr. Hayward presented the updated role of key function committees as follows:

- CTSA Key Function Committees
 - Disseminate ideas, best practices, experience and tools to improve CT research at CTSA sites
 - Serve as a resource for content expertise to SGCs and CCEC as requested by the SGC leadership
 - Serve as a resource as the SGCs consider new initiatives and potential funding opportunities
 - Report their activities to the Steering Committee at 6 month intervals

Dr. Hayward underlined the Key Function Committees as the intellectual engines of the Consortium and stressed the importance of their continued contributions. In addition, he reassured the Steering Committee that only PIs, Administrators and NCCR Coordinators have the authorization and administrative rights to add members to any CTSA Committee.

Federation CTSA Wiki Access

Kameha Kidd briefed participants on the new, improved process for the CTSA consortium to access the CTSA Wiki. NCRR is able to do this because NIH as a whole is moving to a "federated" model for providing access to its computer-based systems. Under the federated model, if the institution is federated with the NIH through the InCommon network, then its members will be able to use the username and password from that home institution to access CTSA systems.

The process is outlined here.

- Find out if your institution is:
 - A member of the InCommon Network at <http://www.incommonfederation.org/participants/>
 - Federated with the NIH at <https://nihlogin.nih.gov/NIHFederation/>
- Email nihfederationrequest@mail.nih.gov to learn about becoming federated with NIH
- For general information about federated CTSA wiki access go to www.ctsaweb.org/federatedhome.html
- Contact the CTSA Help Desk at help@ctsaweb.org

Other Business

RFI on Core Facilities: NCRR has published a Request for Information (RFI, *NOT-RR-09-003: Improving Core Facilities* <http://grants.nih.gov/grants/guide/notice-files/NOT-RR-09-003.html>) that is very relevant to the operation of CTSA's because it asks how to improve NIH funded core facilities. Funding for cores currently comes from most NIH Institutes and Centers and there is some thought that optimum use of cores could extend access to investigators who currently lack it. A fresh look at the cores available at an institution may also minimize the duplication of resources.

The deadline for responses is February 20th and NCRR's Division for Clinical Research Resources urges CTSA members to voice their opinions.

Economic Stimulus Package and Ramifications on NIH: information will be posted on the website as it becomes available.

Action Items:

- Send Washington Post article on Comparative Effectiveness Research (H. Lee)
- Respond to RFI on Core Facilities by February 20 (PIs)
- Form working group to ascertain need for an SGC on Translational/ T1 issues (K. Polonsky/D. Sheeley)