

CC-CHOC Mapping to CTSA Strategic Goals: Opportunities and Challenges

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CTSA Organizational Structure

- Consortium Committees
 - CTSA Consortium Steering Committee (CCSC)
 - CTSA Consortium Child Health Oversight Committee (CC-CHOC)
- Strategic Goal Committees (SGC)
- Key Function Committees (KFC)

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Description (from ctsaweb.org)

- Forum for CTSA investigators and NIH scientists to identify collaborative opportunities to facilitate pediatric clinical and translational research through the CTSA program.
- Identify barriers, set priorities for developing collaborative solutions and standard approaches to address the unique challenges in pediatric research, and recommend strategies that can be implemented across the CTSA program to the Consortium Steering Committee (CCSC).
- Coordinate Consortium-wide approaches to pediatric research needs.

Strategic Goal Committees

- Initial CCSC Strategic Planning discussion October 2008
- Strategic Goal Committees (SGC) established January 26-27, 2009 meeting:
 - SG #1: National Clinical and Translational Research Capability
 - SG #2: Training & Career Development of Clinical/Translational Scientists
 - SG #3: Enhancing Consortium-Wide Collaborations
 - SG #4: Enhancing the Health of Our Communities and the Nation
 - SG #5: T1 Translational Research (adopted 04-21-09)*

SGC #1: Research Capability

Objective:

Speed the initiation of clinical studies by improving processes while controlling costs and reducing the time taken to complete protocol approvals and contract negotiations.

Priority:

Improve study process by reducing the time taken to achieve the protocol and contract approval needed to initiate a clinical study.

- Measure speed and quality of contracting and IRB approval and disseminating that information across the CTSAs.
- Deliverable: two pilot studies (one for contracting and one for IRB) involving 7-11 institutions

Annual workshop held each June

SGC #2: Training & Career Development

Objective:

Develop a national coordinated approach to recruit, educate, train and promote the development of investigators across the evolving spectrum of clinical and translational research to improve human health.

Priority:

Provide open access to training resources across the CTSA Consortium.

- Map core competencies and curricula over the next 12 months.
- Deliverable: a repository of courses accessible through the NIH Clinical Center that would educate and train an increased number of translational scientists.

SGC #3: Consortium-wide collaborations

Objectives:

- Research Networking
- Inventory of Resources
- Data-Sharing

Priority:

Focus on research networking capability. Members will work with the Collaboration Facilitation Interest Group on two primary use-cases:

- Tool for junior investigators to find experts in any given field, within their own institutions and across the CTSA
- Tool that assists investigators who seek to build multi-disciplinary research teams

SGC #4: Public Health and Community Engagement

Objective:

Enhance the health of communities and the nation by identifying and developing effective partnerships between academic researchers and community stakeholders that allow for participation, discovery, application, and dissemination of science that improves the public's health and reduces health disparities, and to promote the translation of the results of clinical and translational research into practice and public policy.

Priorities:

a) Link and facilitate collaboration among community-based research networks to implement research and best practices

- Implementation Workgroup

b) Develop capacity and methods for the translation of research results into practice across the healthcare system (health services and health policy research, comparative effectiveness research, and research into the generation and implementation of evidence-based medicine

- Comparative Effectiveness Workgroup

SGC #5: T1 Translational Research

Definition:

T1 research is the component in the continuum of translational research in which scientific advances made in the laboratory are translated into applications relevant for the improvement of human health. This includes developments in diagnosis, therapy, and prevention, through their initial testing in humans, up to the end of phase two in the drug development milieu, incorporating detailed phenotyping in small numbers of patients.

Priorities:

- Education and training requirements for T1 investigators
- Establishing collaborative demonstration projects
- Easing the roadblocks for technology transfer

Key Function Committees

- Administration
- Biostatistics / Epidemiology / Research Design (BERD)
- Clinical Research Ethics
- Clinical Research Management
- Communications
- Community Engagement
- Education, Training, Career Development
- Evaluation
- Informatics
- Participant and Clinical Interactions Resources (PCIR)
- Public Private Partnerships
- Regulatory Knowledge
- Translational

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Mapping challenge

Strategic Goal Committees

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Background and Rationale

- Key Function Committees created prior to the development of the CTSA Strategic Goals
- Currently approximately 60 committees/workgroups/taskforces/subcommittees
- Steering Committee recognized need for clearer delineation of responsibilities and decreased redundancy
- Small group from Administration KFC:
 - Examined the work of existing committees/workgroups
 - Made recommendations regarding how the KFCs work maps to strategic goals

Methodology

- Conducted interviews with committee chairs, NCRR coordinators, and committee members from each of the 13 KFCs and CC-CHOC
- Queried the committees re: workscope, including workgroups/taskforces/etc, and how that work might fit within the strategic goals
- Combined and analyzed data
- Created a “MindMap” with recommendations

Data

- Individuals interviewed = 32
- Most satisfied with the work of respective committees
- Understood and appreciated strategic goals; had clear ideas of how their work contributes to them
- Concerned about limited knowledge of other committees
- Confused about committee structures - role of KFC vs. SGC
- Concerned about size of KFCs; "hard to get anything done with this many people"
- Clear need for specialized expertise within each SGC (e.g., communications, informatics, child health, evaluation, etc.)

Mapping challenge

Strategic Goal Committees

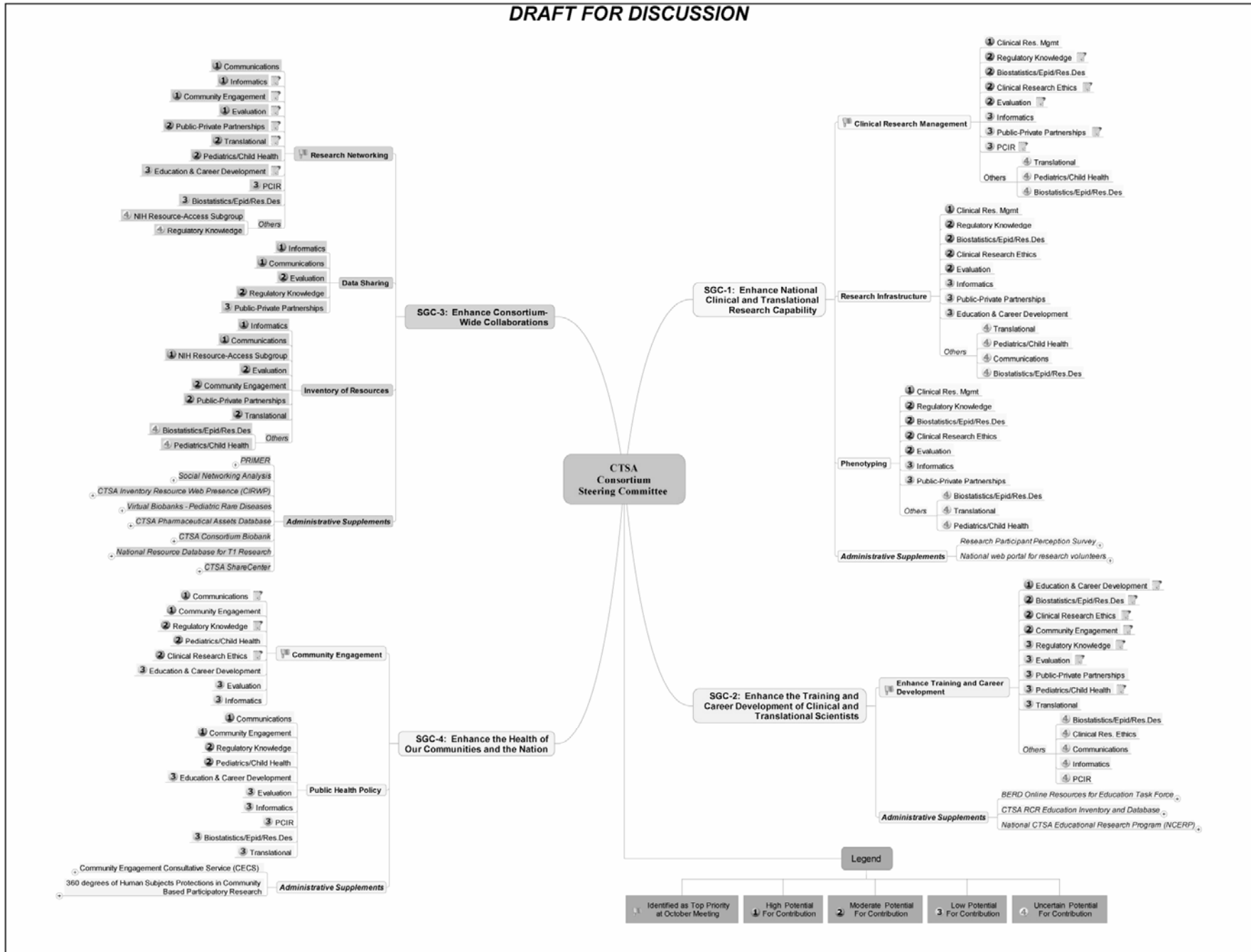
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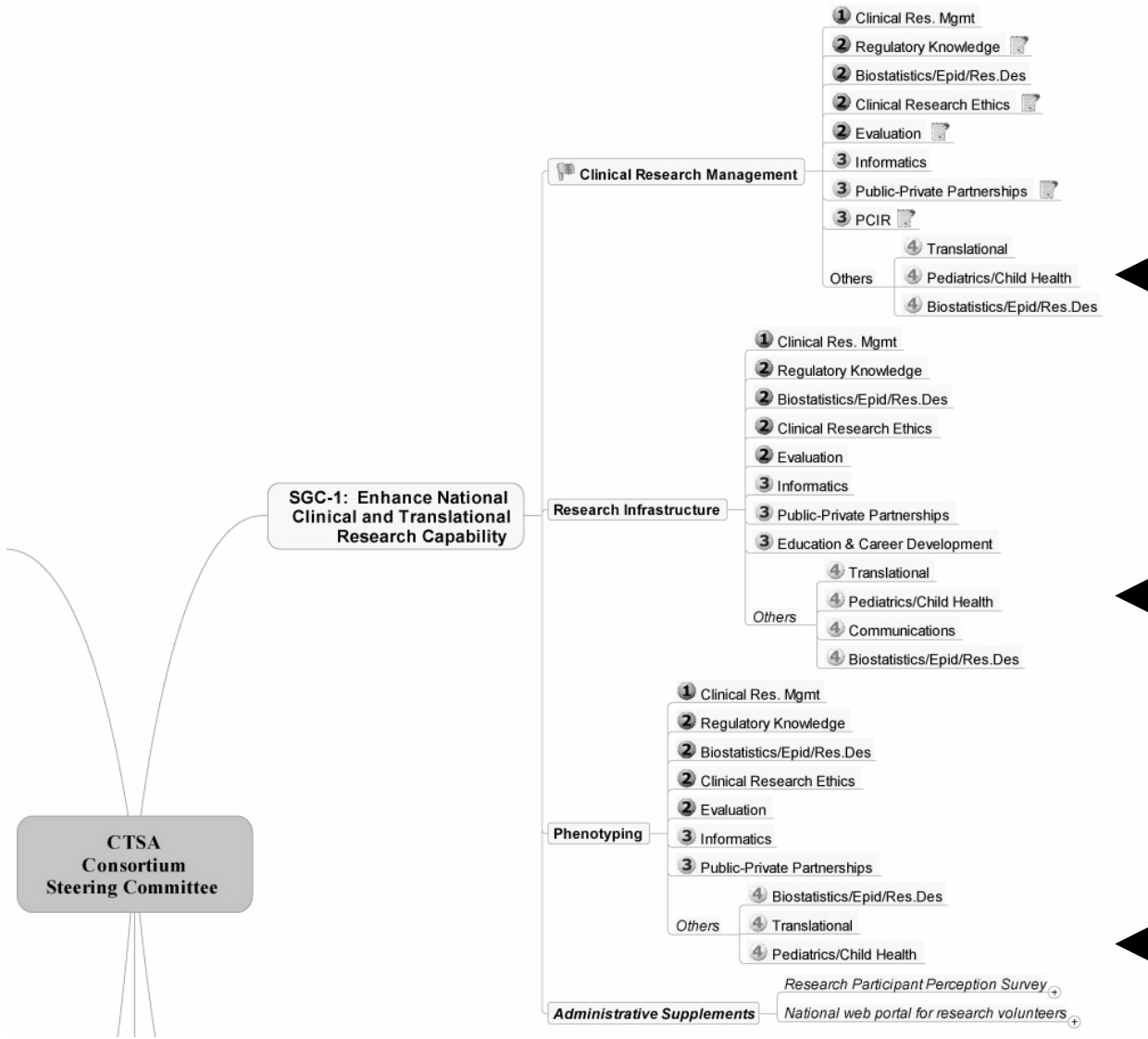
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DRAFT FOR DISCUSSION





CC-CHOC: Challenges for effective mapping to SGCs

Issues common to all KFCs:

- Understand and appreciate strategic goals; have clear ideas about how to contribute to SGCs
- Size of KFCs; “hard to get anything done with this many people”

CC-CHOC-specific issues

- How to impart CC-CHOC expertise and incorporate CC-CHOC consensus priorities re: child health research into *each* SGC in the most effective and “high impact” fashion

Discussion: Challenges and Opportunities

1. What is our core constituency --“pediatric researchers” vs. “child health researchers”?
2. What are our over-arching CTSA goals? Can these be prioritized?
3. How do we impart CC-CHOC expertise and incorporate CC-CHOC consensus priorities into *each* SGC in the most effective and “high impact” fashion