

**CTSA Consortium
Child Health
Oversight Committee
(CC-CHOC)**

Metrics of Success

May 1st, 2009

Metrics of Success Workgroup

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Objective

- 1- Develop measureable outcomes to capture CTSA infrastructure “value-added” to child health research
- 2- Identify consistent ways for individual institutions to track their own trajectory over time

Metrics of Success Workgroup: Accomplishments

- **Monthly conference calls to develop the value of metrics and the starter metrics**
- **Development of starter metrics**
- **Pilot test of these metrics at workgroup member institutions**
- **Feedback from some CTSA PIs at workgroup member institutions.**
- **Presentation to CC-CHOC**

Definitions

Child health research:

- All clinical and translational research involving subjects ≤ 21 years of age
- Research in which human subjects are involved
- Includes maternal-fetal, infants, children, and adolescent studies
- Determined by age of subjects involved, not the name of the department/division.

CTSA core domains

1. Building research infrastructure
2. Generating new child health researchers
3. Conducting child health research

Metric caveats

- Capture existing data- rather than investing time in developing new data capture systems
- Look for common denominators that cross most institutions
- Focus on new value added due to CTSA infrastructure
- Not all inclusive, but a litmus test to represent the three CTSA domains

The 8 Starter Metrics (1)

1. **CTSA grant funding directly benefiting child health research as a proportion of total CTSA budget (as required in CTSA annual reports)**

Metric: Absolute CTSA grant dollars directly supportive of child health investigators (e.g. pilot grants, education, research infrastructure) as a proportion of total CTSA budget.

The 8 Starter Metrics (2)

2. IRB-approved and IRB-approved *and* Funded Child Health Research

Metric 2a. IRB-approved studies involving pediatric subjects as a proportion of all IRB-approved studies.

Metric 2b. IRB-approved *and* funded studies involving pediatric subjects as a proportion of all IRB-approved and funded studies.

The 8 Starter Metrics (3)

3. Number of child health/pediatrics trainees and faculty who have received mentored grants in clinical/translational research

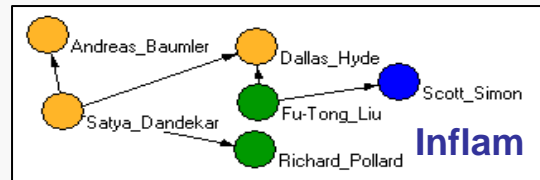
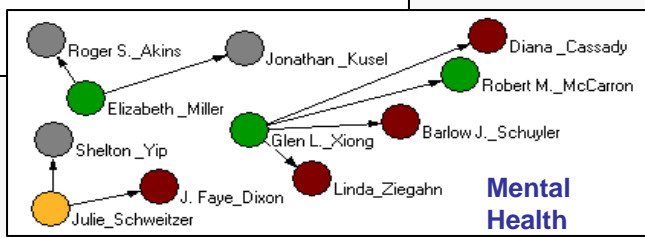
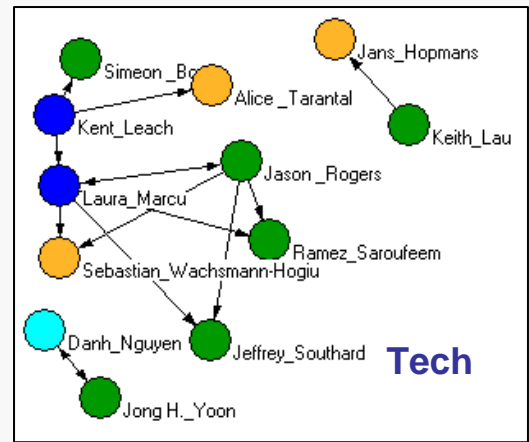
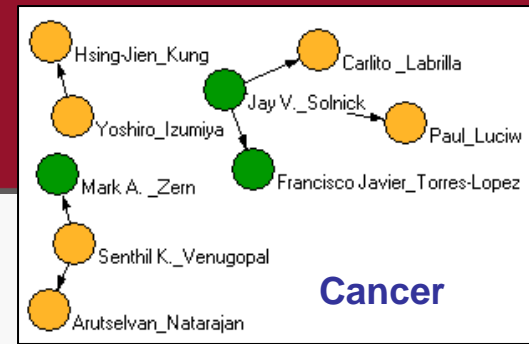
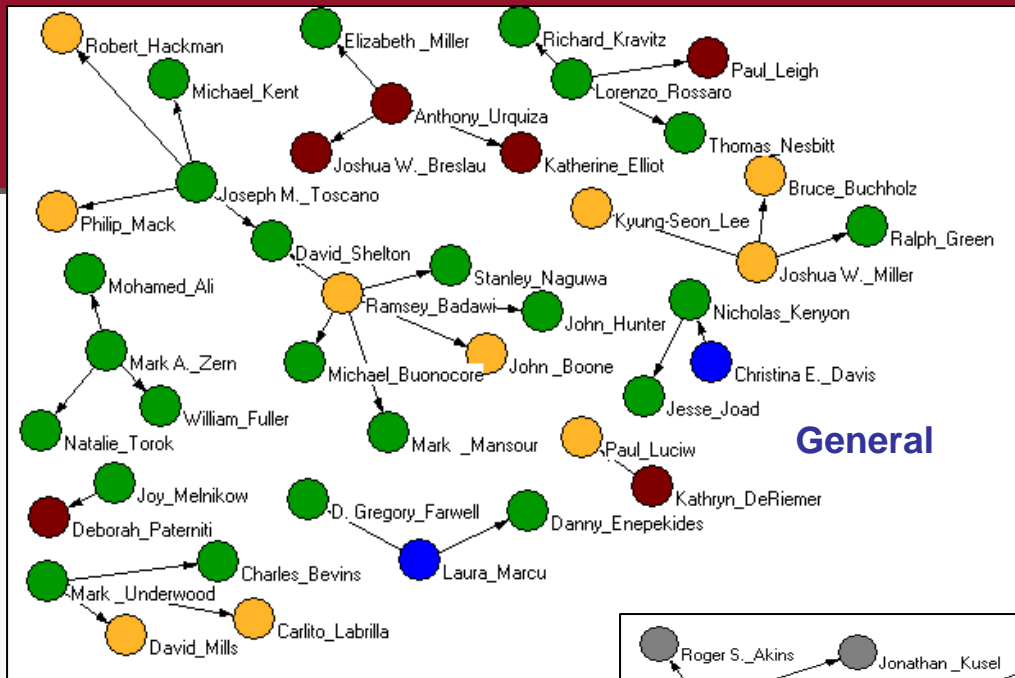
Metrics:

- 3a) Running total of pediatric/child health trainees and faculty who have received K08, KL2, K12, K23 awards.
- 3b) Running total of pediatric/child health mentors with K24 funding.
- 3c) Running total of pediatric and child health trainees and faculty who have received mentored foundation and society awards.
- 3d) Proportion of these awards in child health to all these same awards institution-wide.

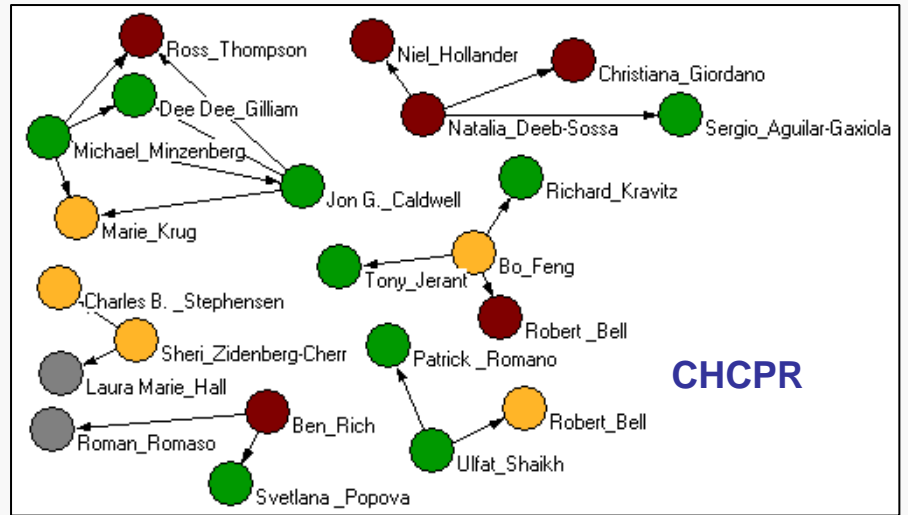
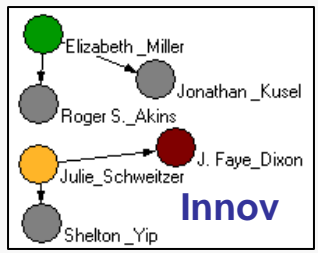
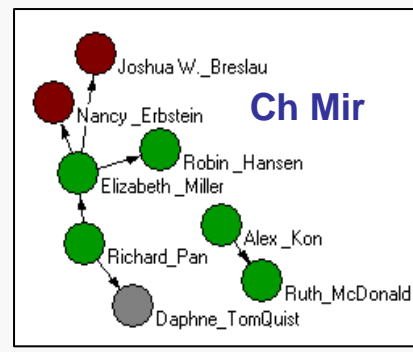
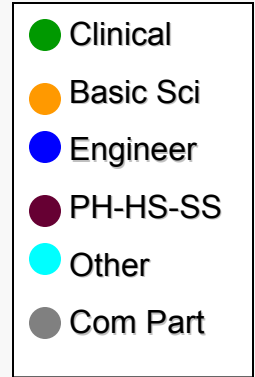
The 8 Starter Metrics (4)

4. Number of CTSA pilot grants in child health research as a proportion of all CTSA-funded pilot grants.

Metric: Percent of total CTSA-funded pilot grants in child health research.



Investigator Network by Call



The 8 Starter Metrics (5)

5. Active child health studies being conducted in the CTSA-funded CRC as a proportion of all active research conducted in the CTSA-funded CRC.

Metrics:

- 5a) Active (ambulatory, inpatient) child health studies conducted in the GCRC as a proportion of total (ambulatory, inpatient) GCRC studies, by funding source (NIH, investigator-initiated industry, industry-initiated, foundation, other).
- 5b) CTSA-GCRC inpatient days and outpatient visits/encounters utilized for child health research as a proportion of total CTSA-GCRC inpatient days and outpatient visits/encounters.

The 8 Starter Metrics (6)

6. Child health research conducted in collaboration with other CTSA's.

Metric:

Number of studies involving pediatric subjects in which more than one CTSA is participating, including studies with co-investigators at other CTSA sites.

The 8 Starter Metrics (7)

7. Pediatric/child health investigator participation in institutional CTSA leadership

Metric: The number of pediatric/child health investigators who have substantial CTSA leadership roles** as a proportion of total individuals in such leadership roles.

** by substantial leadership roles we mean those have substantial influence on directing strategy and resource allocation for the institutional or national CTSA program.

The 8 Starter Metrics (8)

8. Other ways in which child health research at each institution has received added value from being a CTSA site.

Metric: Each institution should define prospectively what additional metric(s) best capture the value added from being a CTSA site that has or may potentially impact child health research. (e.g. new programs or initiatives, reengineering of existing programs, Key presentations at national meetings, child health publications, etc.)

Metrics of Success Workgroup: Next steps

- Potential next steps:
 - Bring metrics back to your institution and discuss with your CTSA PI
 - Consider which metrics are easiest and most meaningful to gather at your institution and track over time
 - Work with the Evaluation Key Function Committee to integrate metrics throughout the CTSA process