UF | Clinical and Translational Science Institute
UNIVERSITY of FLORIDA

UF CTSI Annual Strategic Planning Retreat – January 14, 2011
'Strategies'
Afternoon Break-Out Groups Notes

Table 1

- Cost Recovery for Research services strategies- How?
- Specific actions describing how to achieve goals
  Actions CTSI should take to make this place better
- Identify a method to adequately fund the IT community for large Research Databases
  - Clinical trials management software
  - Biorepository information system
- Analytical lab and method development help write grant section- that cost not recoverable
- Vicious circle between DSR and college deans on distributions of indirect costs
- CTSI should lead a focused Ad Hoc work group on identifying research services and bring transparency to shared resources
- Formalized mechanism that includes a component of research services into university overhead calculation
- What is a member of the CTSI? Should use its' national membership to find other best practices for cost recovery
- How are research Services affected by RCM? CTSI needs to act as a clearing house to promote existing research service providers.
- Identify demand for services needed by investigators.
- CTSI should figure out a way to show value in core lab research services
- ID resources such as small specialized labs-subsidize and advertise so can survive versus building a new lab or duplicating services
- Ad Hoc Committee to ID services and demand investigator needs
  - What grants have they not applied for due to not having a service, but would be able to if a service was available.
- Utilize experience of expert investigators to solve issues
- See what other CTSIs have ; how they provide and how they are funded
- Business model for sustainability- but institution will need to support- biostatistics, IT- not cost recoverable.
- Develop a tracking system. Research Service providers can use to show value of the services provided.
- CTSI can act as an advocate for all research service providers to ensure their needs and values are taken into consideration in both RCM calculations and distributions of indirect cost dollars.

Table 3

Global
- Opportunities for clinics relevant to the Strategic Plan
- Many UF researchers have project and experiences in international settings
- Students in Med, Vet Med, HRP, Nursing, dentistry, Pharmacy- interested in International Health
- Need central repository of International contacts, projects, resources,
- Possible clinical research centers in collaboration by UF with local academic/health centers

Table 5

Refining Strategies:
- Drug Discovery focus
- List of all grants made available
- Having experts on grant submission
- Deadline dates need to be made available to Investigators
- Not enough to just be an enabler, must be facilitator and partner
- Experts in everything but the science. We need experts on the business side to assist us.
- Coordinators should focus on Research protocol and patients
- Research developers- Contracts, IRBs, grants, budget management
- Large grants- platform for templates
- Urgency to compete at a larger scale; Must be moving towards large science initiatives.
- Business Development- Cost Recovery, partnering with business schools
- Workshops being held
- Identify and encourage participation
- Chairs rotate through departments to present faculty and multitude of faculty interests
- Persons within the CTSI must promote relations and seek connections with foundations.
- Sit on the national committee- grant reviews
- Organize mentorships to break down departmental divisions
- Increase Interdisciplinary collaborations
- Bring basic science and clinical research
- Team grant submissions; Goal is to make grants happen and not just be a facilitator
- Research Project Navigators have a greater role in assisting with Studies
- One Year goal should be to focus on infrastructure
- Tactics vs. Goals-Concise Goals
- Utilizing advanced marketing as a strategy for reaching out to other investigators, departments, and community.

Table 10
See 'Strategic Goals' notes

Table 11

Develop and refine strategies
Project manager core who can facilitate CTSI projects
1- Communication plan
2- Comprehensive inventory of resources that relate to clinical translational research
3- Create a project review advisory board
4- Test projects run by CTSI project manager show you can do the work and fix any problems on the way
5- Mentor matching system
6- CTSI steps in to fully participate with the new online IRB
7- Create a regulatory board
8- New Cores should be reviewed in context to existing services
9- Systems approach

Table 12

Strategies for coming year

- Connecting people
- Document changes/results

1. Identify date that need to be collected
   - Develop benchmarks for reporting

2. Educate key personnel on what data need to be collected for reporting purposes

3. Develop system for reporting information
   - Communicate to community
   - Necessary information for reporting purposes
   - Addressing depreciation
   - Core programs cost recovery

Connect to College of Business to help develop business models

Table 13

- Actions we should take to make the CTSI better
- Document accomplishments
- Identify changes since CTSA

- What should we be tracking? Centralized in CTSI?
- Business Models? Depreciation? Cost Recovery Model?
- Have benchmark measures been established?
- Coordinating data with other centers
- Business school involvement

From a core resource perspective we have three key goals
1. Work with CTSI to develop viable business models
2. Develop key tracking metrics to evaluate our impact on the UF community
3. Communicating with other core resources

Table 14

1. Obtaining Research Data
   - o Issue- Mining Data from EPIC; unable at this time; creates need for double data entry
   - o How- How to resolve; software interface between redcap and epic
2. Facilitate Identification of collaborators
   - o Issue- Need to demonstrate how CTSI has grown; at this point we are hand counting
   - o How- need to better define who has benefited from CTSI; with new facility being built, need to identify all who enter and obtain help
3. Improve Efficiency and Effectiveness and Grant writing
   - o Issue- Funding lines are very tight; 1 resubmit and new formal letter room for missteps/ need to move beyond R01 for other types of grants
   - o How:
     - Identify nuclei of researchers; great success to assist others; need to find a way to back fill time of those providing guidance to others/ need those who have review experience apply this experience to UF community
     - Core groups of Grant development specialists; Scientists/Clinicians come with ideas- those expertise in writing/ grant review can help create applications
4. Address Cost of putting together applications/start up activities
   - o Issues- new/young investigators and smaller units for statistical support; study nurses; quite a burden on individual investigators
   - o How- move beyond individuals and perhaps college level to CTSI
   - o Clinics discussed by members of external advisory committees

Table 15

- Technology Resources- large databases- Indirect costs to support; includes biorepository database
- Cost distribute over many studies

- Return on more and quality of research
- Need investment in infrastructure to produce grants and contracts
- How do we compare to other institutions
- ID what needs cost recovery
    - CRU; Informatics
- Prioritization of resources
- Decide what if "cheap" slow vs. support to provide "fast/quality" services
- Some services quantifiable- can determine cost then other necessary series "stuff" you need but can't quantify- example major equipment, ethics review, etc. "Overhead" for a service
- Change need formal mechanism to recover "overhead"
- Centralized resources available- ex. Lab that can provide service to all instead of only within department with subsidy to expand service later
- Subsidize services –results resource to put into grants- increases grants funded
- Change support is cost effective example data and biorepository; drug analysis lab
- Marketing and communication plan- what makes them go- social networking
- Opportunities for inter communication and faculty
- Consortium of CTSA networks
    - Visiting professors; swiping students. Political power inc if develop community
- Successful CTSA after 4 years
    - Research programs- growth contribution to clinical and translational research
- Rankings
- Return on investment
- Strategies- goals- how to appropriate fund IT resources
- Billing to Inv. Building large databases- Indirect costs not currently
- IDR Shands funding and good supplementing
- Analytical lab0 can't recover costs
- Return- funded grants
- Investment in infrastructure
- What things need cost recovery
- Advance notice; cost in proposals
- Working groups; identify resources need- share costs vs. individual fees
- Balancing staff with costs (speed vs. quality vs. cost)
- Subsidization
- Research services
- Shared resources- survey
- Overhead structure- where is it going
- Calculate our overhead rate-diff. to quality equipment
- Formalized mechanism and how figures into overhead
- Departmental vs. institutional costs

- Openness to transparency to what I subsidized
- Milestones for subsidization
- Who is a member?- Everyone a member or pay to be a member
- Confused by CTRIP
- Indirect costs to subsidize grant
- List of services available to departments
- Identify nationally – CTS (how doing it)
  - Faculty- tax to department
- RCM charge- engineering/chemistry (space)
- Underfunded and junior investigators
- Invoicing for peer review
- What's it worth to University to have service and what cost- CTSI forum for
- Survey- What resources crucial to inc. demand on service
- Peer institutional- What receiving
- CRC- required services provided?
- Business managers- Investigators- Working groups
- Business model- sustainable cost recovery models cannot be fully sustainable- show value
- Yale- CTSA (cost transfer) valuable renewal; track utilization
- Who measures metrics approved
- Subsidizing based on hours of service
- Informatics system to track within UF
- RedCap (standardized tracking)
- Regulatory advisory board
- Flow chart process- IRB, RAC- get all people together in room
- Multi-determinants of health
- Collaboration with business school to build a business model (consultants?)
- What services willing to pay for an which feel should be institutional support

Other
- Align the clinical research units that are discipline-specific by the corresponding UF and Shands ICAPs (integrated clinical and administrative programs). Cardiology and cancer and neuroscience already are represented in both CTSI and ICAPs, but not transplant, which is represented only in ICAP.