FEDERALLY-FUNDED CLINICAL RESEARCH

Nina Gentile, MD Professor, Emergency Medicine Lewis Katz School of Medicine

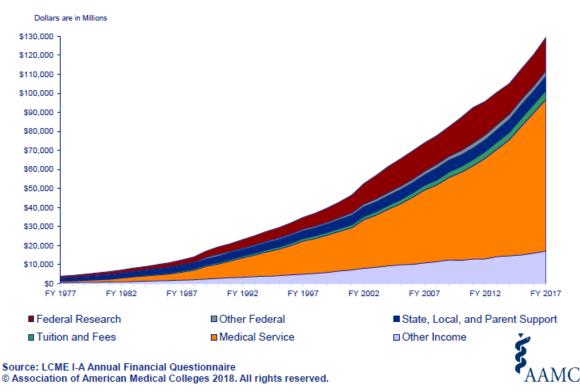
Historical perspective of the academic medical center

- 1910 Flexner Report Scientific knowledge and its advancement as the defining ethos of a modern physician.
- 1960 Medicare/Medicaid drive changes in priorities of AMCs
- 1990 Managed Care creates a funding crisis for AMCs slowing growth of clinical revenues
 - AMCs responded by having their faculty increase their clinical duties at the expense of research activities.

| Characteristic | 1960–1961 | 2008–2009 | % Change |
|--------------------------------------|-----------|-----------|------------------|
| No. of medical schools | 86 | 126 | 47 |
| No. of medical students | 30,288 | 76,202 | 251 |
| No. of residents/fellows | 14,417 | 108,176 | 750 |
| No. of full-time faculty | 11,224 | 128,683 | 1,146 |
| Expenditures in millions | \$437 | \$78,856 | 2,492* |
| - *Consumer Price Index adjusted. | | AC | CADEMIC MEDICINE |

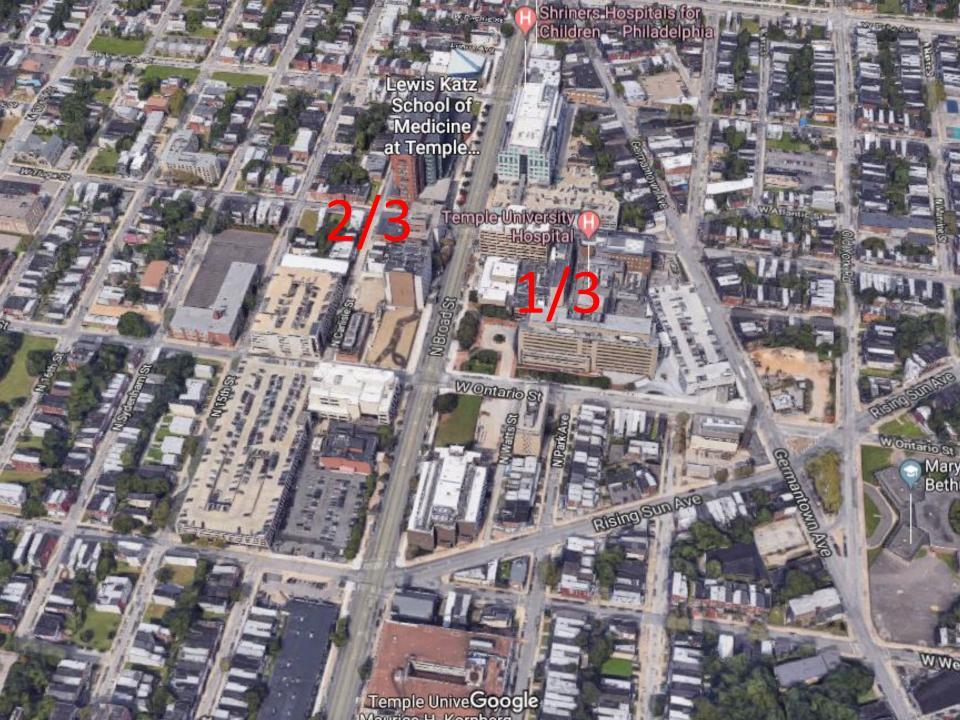
| Source | % of Total, 1960–1961 | % of Total, 2007–2008 |
|--------------------------|-----------------------|-----------------------|
| Federal research funding | 31 | 19 |
| Other federal funding | 10 | 3 |
| State/local funding | 17 | 8 |
| Tuition/fees | 6 | 3 |
| Clinical service | 6 | 52 |
| Other income source | 30 | ACADEMIC MEDICINE |

Figure 8: Revenue by Source for Medical Schools with Full Accreditation, FY 1977 through FY 2017



Perspective: Follow the Money: The Implications of Medical Schools' Funds Flow Models.

_Miller, Jeffrey C.; Andersson, George E.; Cohen, Marcia; Cohen, Stephen M.; Gibson, Scott; Hindery, Michael A.; Hooven, Martha; Krakower, Jack; Browdy, David H. Academic Medicine87(12):1746-1751, December 2012. U.S. medical schools' annual revenues in millions by source, 2007–2008. Total revenue was \$78.9 billion. U.S. Medical School Growth, 1960–1961 to 2008–20093



Fallout of this trend:

- AMC behave more and more like community hospitals
- Research only at select, largely private medical schools and universities
- Resident research de-emphasized
 - Shrinking potential for young faculty to achieve successful academic careers.
- Minorities/ patients from larger geographic areas underrepresented in clinical research
- We lack the ability to inform decisions on health care policy

Expectations for AMCs

- Transforming local practices
- Informing healthcare leaders and providers through presentations and publications
- Informing health policy driven by private and public (states and federal) organizations

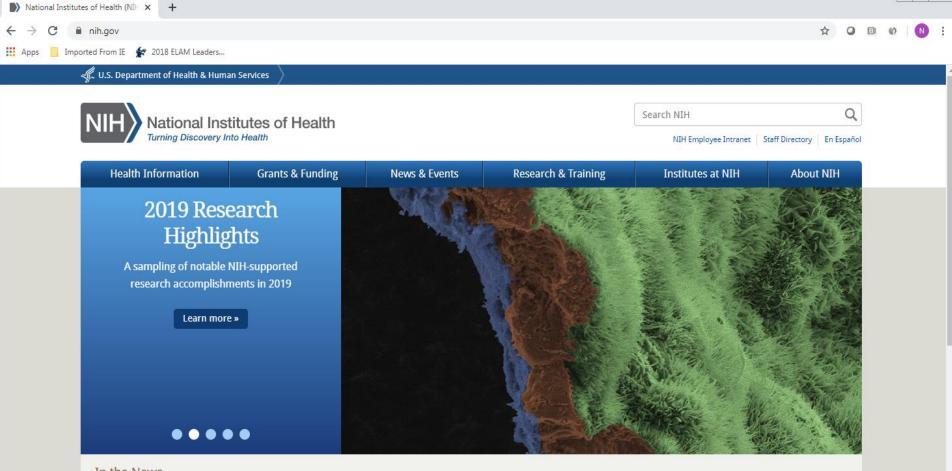


Table 2 Outline of recommendations to improve clinical research

- 1. Clear public policies by medical universities to monitor and improve clinical research
- 2. Medical universities should provide training in clinical research methodology and require research by medical students Early research training
- 3. Research training and projects should be required components of residency training
- 4. Accreditation Council for Graduate Medical Education fellowship programs should require research training in clinical research methodology
- 5. Mentoring programs and protected time for young clinical faculty to develop their clinical research Protected time for research
- Increased national and foundation funding for clinical research, especially in regards to clinical research fellowships and mentors
- 7. Financial incentives at medical universities for clinical research
- 8. Improved use of indirect grant funding to support clinical research
- 9. Philanthropic efforts focused on advancing the development of clinical research careers
- Routine monitoring of clinical research on departmental, university, and national levels in order to direct interventions to improve the existing status
- Improved efficiency of central support by medical universities for clinical research and routine assessment to determine its impact
- 12. Improved efficiency of clinical service support to improve patient care and income and to increase faculty time for clinical research and other academic activities

Clinical Research Funding

- Internal
- Foundations
- Organizations eg AHA
- DoD
- NIH



In the News



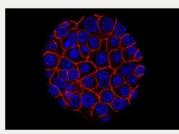
Physical Activity Increased exercise may be linked to reduced cancer risk.



Suicide Risk Research examined suicide risk in the year after an emergency department visit.



Vaping F Study finds teens prefer mint and mango T flavors.



Pancreatic Cancer The latest research and clinical advances.

Learn the Language—grants & applications

Grant mechanism = kind of grant (R01, K22, P01, new investigator)

Investigator initiated (unsolicited) application= your idea + a general grant mechanism

Application in response to an FOA = your idea + an FOA

Learn the Language—information

FOA = funding opportunity announcement RFA = request for applications PA = program announcement RFP = request for proposals

Notice = information about an FOA

Learn the Language—your new best friends

Funding agency = organization that awards grants

IC = National Institutes of Health (NIH) Institute or Center

Program officer = funding agency employee managing an FOA

Study section = reviewers of your grant application

What do you want to do?

- Get or Promote research education
 - Student training programs (Ts)
 - MD PhD program (Fs)
 - Mentored programs (Ks)
- Conduct research
 - Independent research funding (Rs)
 - Research project cooperative agreements (Us)

Learn the Language--investigators

New investigator = has no major (R01-type) funding

Early stage investigator = new investigator within 10 years of completing terminal research degree or medical residency

Individual Research Grants

One project

F, K, R = NIH Individual research grants

R01—Research Project Grant R03—Small Grant R21—Exploratory/Developmental Grant R41/R42—Small Business Technology Transfer Research Grants R43/R44—Small Business Innovation Research Grants

Multiproject Grants

Several related projects, sometimes with supporting cores and programs for career development and for funding pilot projects (you could get a grant from a multiproject grant)

Examples

P = NIH multiproject grants P01—Research Program Project Grant P30—Center Core Grant P50—Specialized Center Grant

Training Grants (Ts and Fs)

• Most are for students and post-doc fellows

• For the development of researchers

Typically no salary support and limited research funds

http://grants1.nih.gov/training/F_files_nrsa.htm

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Ruth L. Kirschstein Individual Predoctoral NRSA for MD/PhD and other Dual Degree Fellowships

Individual fellowships for predoctoral training which leads to the combined MD/PhD and other dual Clinical/Research degrees.

Details

🖉 🖋 View Current Funding Opportunities



Ruth L. Kirschstein Predoctoral Individual National Research Service Award

To provide predoctoral individuals with supervised research training in specified health and health-related areas leading toward the research doctoral degree (e.g., PhD).



View Current Funding Opportunities

F32

Ruth L. Kirschstein Postdoctoral Individual National Research Service Award

To provide postdoctoral research training to individuals to broaden their scientific background and extend their potential for research in specified health-related areas.



Policy Notices

- NOT-OD-18-175: Ruth L. Kirschstein National Research Service Award (NRSA) Stipends, Tuition/Fees and Other Budgetary Levels Effective for Fiscal Year 2018
- Summary of Leave, Part-Time and Extension Policies Available to Ruth L. Kirschstein National Research Service Awards (NRSA) Trainees and Fellows
- NOT-OD-17-095: Additional Guidance on Full-Time Training for Ruth L. Kirschstein National Research Service Awards
- NOT-OD-17-084: Revision: Ruth L. Kirschstein National Research Service Awards (NRSA) Predoctoral Stipends, Training Related Expenses, Institutional Allowance, and Tuition/Fees Effective for Fiscal Year 2017
- NOT-OD-15-048: Ruth L. Kirschstein National Research Service Award (NRSA) Stipends, Tuition/Fees and Other Budgetary Levels Effective for Fiscal Year 2015
- NOT-OD-14-101: NIH Announces Change in Policy Requirements for Activation Notices for Fellows Sponsored by Foreign and Federal Institutions

https://www.nichd.nih.gov/grants-contracts/trainingcareers/extramural/institutional

ns | grants 🗙 🌒 Institutional Training Grants (T32/ 🗙

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Institutional Training Grants (T32/K12)

These awards are made to institutions to support groups of pre- and/or postdoctoral fellows, including trainees in basic, clinical, and behavioral research.

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T32 Institutional Training Programs

- **Purpose:** Ensures that a diverse and highly trained workforce is available to assume leadership roles in biomedical, behavioral, and clinical research
 - Issued to eligible institutions to support research training for groups of preand/or postdoctoral fellows. The number of positions or "slots" varies with each award.
 - The maximum duration of support for pre- and postdoctoral fellows under any National Research Service Award (NRSA) program is 5 years and 3 years, respectively (6 years for students in formal M.D./Ph.D. programs).
- Eligibility: U.S. citizens, non-citizen U.S. nationals, or those lawfully admitted for permanent residence
- NICHD participates in the Parent T32 announcement, as well as other T32 announcements that promote training in priority scientific, health-related research fields relevant to the NICHD mission.

Specific T32 Announcements

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K12 Institutional Career Development Programs

NICHD uses the **Mentored Clinical Scientist Award (K12) Program** to provide support to domestic institutions that mentor clinical fellows and scientists and help them become independent research investigators.

NICHD only accepts K12 applications in response to active Requests for Applications (RFAs). Receipt deadlines are listed in the RFA.

Specific K12 Announcements

<u>Support for Training at Universities and</u> <u>Other Institutions</u>

Individual Research Fellowships (F)

Career Development (K) Awards

Institutional Training Grants (T32/K12)

Education Grants (R25)

FAQs About Extramural Training

Learn More

NICHD News & Features

Contacts for NICHD Funding Information

Division of Extramural Research (DER)

National Center for Medical Rehabilitation Research (NCMRR)

Sample Applications

Find a Program Officer

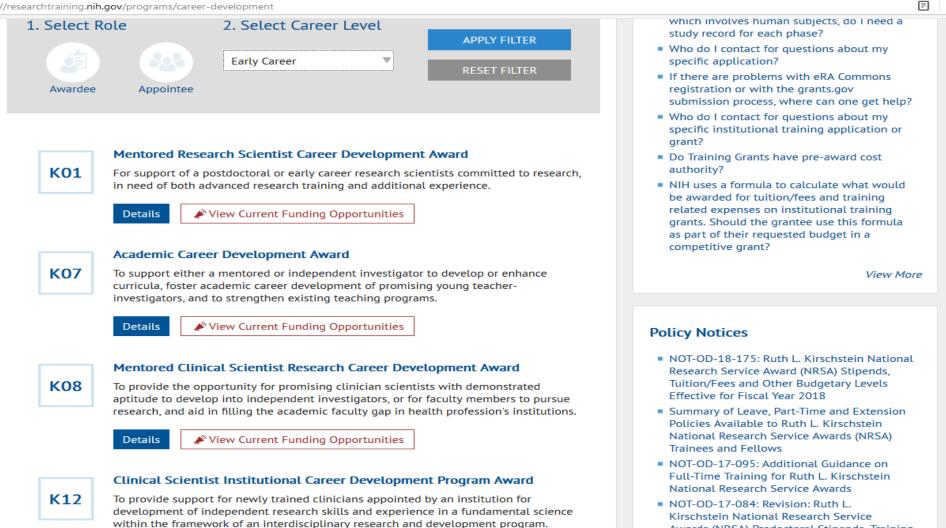
Forms

Career Development (Ks)

- Most are for fellows and assistant professors but some are for more senior faculty
- For the development of researchers
- Some salary support and research funds
- Many are limited to certain career periods (e.g., first 3 years of assistant professorship) and to US citizens or resident aliens
- Investigators with other career development awards or R01-type funding are not eligible

http://grants1.nih.gov/training/career developmentawards.htm

://researchtraining.nih.gov/programs/career-development



Awards (NRSA) Predoctoral Stipends, Training Related Expenses, Institutional Allowance,

and Tuition/Fees Effective for Fiscal Year

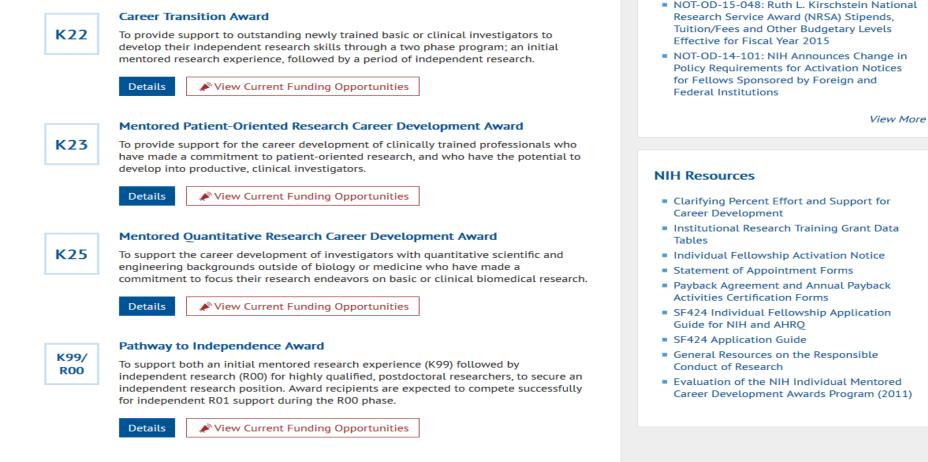
2017



http://grants1.nih.gov/training/career developmentawards.htm

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://researchtraining.nih.gov/programs/career-development



Emerging Global Leader Award

K43

To provide research support and protected time to a junior scientist with a faculty position at an LMIC institution leading to an independently funded research career.

Details

Establishing a long term Career

- Academicians often move to build on prior experiences
- When de novo need to tap into what available resources
 - Basic scientists, peers with similar interests, other services who cover the same ground
 - Be willing to collaborate
- Build a team

The Big Ideas In Medicine Often Come From The Front Lines, Not The Ivory Tower

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PRINT



By Jamie Wells, M.D. — February 6, 2018



The storming of a castle seemed humorously apropros. (Credit: Wikimedia Commons)

Understanding why there is an everincreasing job dissatisfaction rate among doctors (see here) isn't difficult to comprehend. Loss of autonomy, erosion of the ability to practice medicine (as expected and trained to do) and bureaucratic regulations that impede actual care (click here) top the list. Perverse incentives, ballooning of paperwork and physicians providing glorified data entry for electronic medical records need be included. Electronic medical records, pitched as panaceas, designed and vetted by

Related articles

New Budget Bill Gets It Right Relaxing 'Meaningful Abuse' --Oops, 'Use'-- Requirements

Patient's Tattooed Directive is Stark Reminder to Plan Your Demise

All I Want For Christmas Is Truth In Medical Advertising

A frustrated doctor s call for help

Rating Doctors Like PCs: Bad Idea Needing a Reboot

Special Challenges to studying Neurological Emergencies

- Urgency: recruitment in minutes not hours
- Multiple disciplinary involvement:
 - EMS, emergency medicine, neurology, pediatrics, neurosurgery, radiology, traumatology, rehabilitation, others
 - Research encompassing a continuum of care that starts in the ambulance or in the emergency department and continues in the ICU, in the OR, on the stroke unit, or in the clinic.
 - Network leadership, Hub PI's, and Trial PI's represent a range of specialties.
- Conditions complicate informed consent

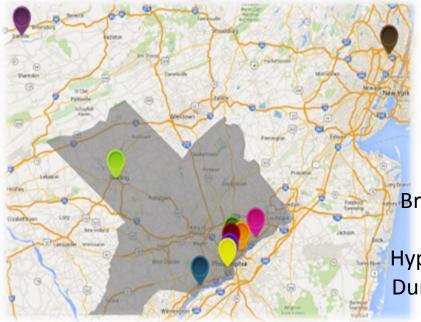
NET*2 creates NETT

- Started with 6 investigators doing surveillance studies
- Recognized need for a multi-center collaborative to study these (relatively uncommon) conditions
- Neurological Emergencies Treatment Trials
 - A new clinical trials network dedicated to:
 - Cross-disciplinary cooperation
 - Interventions in minutes not hours
 - Stroke, TBI, status epilepticus studies

NETT to SIREN (NIH/U24-NS100681)

Temple-NETT/SIREN clinical research Hub

- 12 hospitals, 6 EMS systems
- Support to study sites' subject enrollment, protocol adherence



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| | Q See 18 grants from Nina Gentile | The Temple-led Emergency care research network comprised of multiple community and academic medical centers |
| | See 6572 grants from Temple | and EMS providers throughout Philadelphia, eastern PA and NJ have effectively conducted clinical trials together since 2007. To meet the needs for specific study enrollment, the group has grown from 2 to now 5 actively enrolling |
| | University | sites and is prepared to expand to 10 hospitals with the highest volume emergency and trauma centers and 6 of the |
| | | busiest EMS systems all with an expressed interest in participating in pre-hospital research to cover the entire |
| | Share this grant: in : 📑 : 💟 | Philadelphia metro area and the suburban and rural areas that surround it. This large hub-spoke network spans very |
| | | diverse populations including extremely poor, mostly African American and Hispanic communities in densely populated cities such as Philadelphia, Chester and Reading, to highly affluent areas in suburban Montgomery county, |
| | Abstract | and to rural Bucks and Berks county in PA Dutch country. Temple-SIREN hub and spoke leaders have had career-long |
| | Funding | commitment to emergency care and are active in translational, pre-hospital and clinical research in heart failure and |
| | Institution | cardiac arrest, respiratory distress, disorders of coagulation and treatment of exsanguination, acute stroke and |
| | | traumatic brain injury and severe penetrating and blunt trauma, all fertile ground for SIREN studies. These clinician- scientists in Emergency Medicine, Cardiology, Pulmonary, Hematology, Neurocritical, and Trauma care are leaders in |
| | Related projects | their fields and set the standards for care for patients with acute illness and injury. Through collaboration and hub |
| | Comments | oversight, the Temple-SIREN group expects to significantly contribute SIREN studies' enrollment. In addition, we plan |
| | | to stay ahead of the curve by translating preclinical work to the bedside and using our highly diverse regional network |
| | Recent in Grantomics: | for population studies to address racial and social determinants of emergency care in our region. The Temple-SIREN HUB staff plans to work closely with participating site investigators and coordinators from multiple disciplines to |
| | | efficiently execute SIREN studies. Mechanisms to enhance efficiency and quality of clinical research across sites |
| | Temple University vs. funders. | include use of a common informatics system to identify potential study patients; frequent communication with |
| | Who wins? Read more | investigators and coordinators via webinars and conference calls; diligent site management focused on good clinical |
| | How should you pick the next | research practices and compliance and yearly HUB-spoke meetings to provide additional training by study role. Temple-SIREN investigators and coordinators are expect to work with the SIREN clinical coordinating center and data |
| | fundable research topic? Read | management center and ad hoc working groups to design and operationalize SIREN studies. The Temple-SIREN HUB |
| | more | team would benefit from participating in this coordinated approach to emergency care research as would the people |
| | | of Philadelphia and the surrounding communities served by our hospitals and EMS systems. |
| | Recently viewed grants: | Public Health Relevance |

SIREN STUDIES

Brain Oxygen Optimization in Severe Traumatic Brain Injury—Phase 3 (BOOST 3) Hyperbaric Oxygen for Brain Injury Treatment (HO₂BIT)

Duration of Hypothermia after Cardiac Arrest (ICECAP)



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Research Grants

The following represent frequently used research grant programs. A <u>comprehensive list</u> <u>of all activity codes</u> is also available.

Important note: NIH Institutes and Centers (ICs) may vary in the way they use activity codes; not all ICs accept applications for all types of grant programs or they apply specialized eligibility criteria. Look closely at funding opportunity announcements (FOAs) to determine which ICs participate and the specifics of eligibility.

| <u>R01</u> | NIH Research Project Grant Program (R01) |
|------------|---|
| | Used to support a discrete, specified, circumscribed research project |
| | NIH's most commonly used grant program |
| | No specific dollar limit unless specified in FOA |
| | Advance permission required for \$500K or more (direct costs) in any year |
| | Generally awarded for 3 -5 years |
| | o All ICs utilize |

| <u>R21</u> | NIH Exploratory/Developmental Research Grant Award (R21) |
|------------|---|
| | Encourages new, exploratory and developmental research projects by providing support for the early stages of project development. Sometimes used for pilot and feasibility studies. |
| | Limited to up to two years of funding |
| | Combined budget for direct costs for the two year project period usually may not exceed \$275,000. |
| | No preliminary data is generally required |
| | o Most ICs utilize |
| | See parent FOA: <u>PA-10-069</u> |
| | |

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs

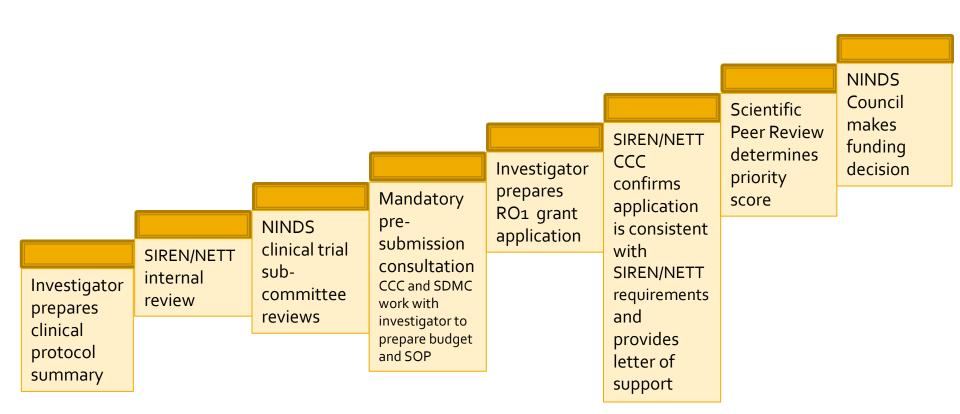
→ Supports R&D and financing of cutting
 edge technologies
 → ~\$2.5 billion annual set aside
 → ~160,000 awards granted
 → ~10 patents per day



Research Development

The I-SPOT Experience

Steps to New Study Development



2019 2007 2015 2017 2005 2011 2012 2013 NOA Weekly Protocol Enrollment WG Procoagulant submitted completed calls Preliminary activity in Protocol to TU (n=270)start Studies data ischemic Revision IRB collection stroke... Readiness Enrollment Published Calls Training @ 34 sites PhilaNETT LOI to mtg/SHINE apply Meeting ROI FPI

I-SPOT TIMELINE

Lessons I learned through my journey

- Be open to opportunities
- Expect hard work and be patient
- Be willing to collaborate
- Use available clinical research network infrastructures

Temple SIREN-NETT Investigators' meeting

