

DISSOLUTION OF THE DEPARTMENT OF CLINICAL AND TRANSLATIONAL SCIENCE

Recommendation

It is recommended that the Board of Governors authorize the closure of the Department of Clinical and Translational Science, which reports directly to the provost, effective May 8, 2013.

Background and History

In 2005, WSU was awarded a planning grant for a Clinical and Translational Science Award (CTSA) program from the National Institutes of Health (NIH) and from 2005 to 2011, investigators partnered to compete for one of the CTSA program awards. Between 2005 and 2009, two applications were submitted to the NIH but neither of these applications was successful.

In 2011, as part of the third application for the CTSA, the Board of Governors (BOG) authorized the establishment of the Department of Clinical and Translational Science (DCaTS), whose faculty would be from WSU, Henry Ford Health System, Michigan State University and Van Andel Research Institute. The creation of DCaTS was viewed as critical to the success of the third attempt by WSU to secure one of the NIH's highly competitive CTSA's. Key aspects of this unit included a permanent department directed by a chair and associate chair, incorporation of Clinical and Translational Science (CTS) as a discipline in academic programs of the department, and a reporting line above the decanal level to reflect the university-wide and interdisciplinary mission of the unit. With contributions from five WSU schools/colleges and complementary funds provided by the BOG, 28 faculty lines were allocated to DCaTS, five of which were projected to be used for hires in Year 1 (June 2011 to May 2012) and six in Year 2. These cross-college appointments were intended to support five interdisciplinary cluster areas: (1) Computational Biology and Bioinformatics, (2) Community Health Research and Services, (3) Neuroscience, Biomedical Engineering and Imaging, (3) Disease Processes, and (5) Toxicology and Environmental Health.

To support and enhance these interdisciplinary research areas, academic initiatives were also planned that included the development of a series of new CTS-related courses, the expansion of an existing Graduate Certificate in CTS into a master's program, the relocation of the M.D./Ph.D. programs to the DCaTS, the creation of a Ph.D. program and a K12 training program.

As a part of DCaTS, a "toolkit" of research resources, to serve a variety of faculty needs, was developed to support the requirements of the interdisciplinary research and academic programs created to accomplish the CTS objectives. These included:

- iLAB software to improve tracking of WSU core services;
- housing SciVAL, software that enables the identification of researchers with specific interests and expertise both within and outside of WSU as potential research collaborators;

- a well-functioning Clinical Research Center (CRC);
- the OnCore Clinical Trial Data Management System to allow for system-wide research enrollment, data management, and compliance necessary for successful clinical trials research;
- a website to identify ongoing activities and services for WSU researchers and potential study participants; and,
- provision of bioinformatics services.

Despite the best efforts of all involved, WSU was not awarded a CTSA, and Michigan State and Van Andel did not join our DCaTS. WSU has experienced significant budget reductions since 2011, with additional reductions in 2013 and 2014. The Associate Chair of DCaTS, Dr. Michael Diamond, has left WSU for another institution. Over the first 18 months of DCaTS a few opportunistic hires have been made within the Bioinformatics and Community Health clusters; however, much of the remainder of the research and academic mission remains to be accomplished in the future. The CRC is functioning well, but the departure of Dr. Diamond gives rise to a need for new medical leadership (currently being provided by the School of Medicine Vice Dean for Research). The OnCore system, while still functioning, continues to serve only a small number of investigators. Financial support for the faculty appointed has been provided by the School of Medicine (SOM), participating schools, and funds allocated by the BOG for this purpose. Operational funds have been provided from the SOM and the President's Research Enhancement fund, the latter administered by the Office of the Vice President for Research (OVPR).

The goal of enhancing the environment at WSU to facilitate the movement of biomedical discovery to improved public health remains as strong in 2014 as it was when the university initially recognized the opportunities in clinical and translational science. Indeed much progress has been made which must be sustained and built upon. The research clusters, and associated academic training opportunities, are recognized areas of strength and are expanding. SciVAL has been greatly enhanced and has become an important tool for researchers; iLABS is allowing facilitated use of and support for our Core facilities, now housed under the purview of the OVPR, and functioning with increasing oversight, purpose, planning and accessibility. The CRC is functioning well, although is not yet well-utilized by the WSU campus and OnCore remains critical to the expansion of our clinical trials, but requires additional support, focus and championing to be effective. Academic program development, including advanced coursework and degrees remain viable promises for the future. Funding to support these efforts is simply not as available as it was a decade ago or even two years ago.

Implementation

The goal of translating biomedical discovery into improved public health is still an important objective of the university; however, significant modifications are needed in the plans to achieve this objective

The recommendation is to dissolve the Department of Clinical and Translational Science and the University will take the following steps.

- 1) Provide oversight to DCATS activities with some form of faculty advisory body: Bonita Stanton, Vice Dean of Research in the School of Medicine, has assumed this role and appointed two faculty advisory boards who advise on research issues, most of which directly and indirectly involve CTS activities:
 - a. Research Associate Chairs: Meets monthly for 90 minutes on a regular basis. The meeting is well-attended and highly participatory both in terms of setting the agenda and the discussion. All but two departments send representatives.
 - b. Research Space Committee: This committee of ten members representing clinical and basic science departments at all ranks and tracks, meets on a more ad hoc basis (at least twice a month) and is immersed in the topic of making space meet the needs of researchers at all levels of their careers. Clinical translation research is central to many of these discussions.

In addition, the Vice Dean attends the Faculty Senate's Research Development Committee (Chaired by Donal O'Leary) at which the topic is very often directly relevant to CTS, and the Basic Science Chair's Meeting (a monthly meeting) and often contribute items to the agenda regarding CTS.

- 2) Retain iLABS and the Core Facilities within OVRP: This has been done and works very well. Phillip Cunningham, Assistant Vice President for Research and Gloria Heppner, Assistant Vice President for Research (the respective heads) are the administrative leaders and excellent communicators so remain highly connected and interactive. Drs. Cunningham and Stanton regularly attend the monthly Core Committee meeting at OVRP.
- 3) Retain SciVAL within OVRP: This has been done and is working well.
- 4) Move OnCore and the CRC into the SOM, Office of Research: This has been done. Phillip Levy, Associate Professor of Emergency Medicine, is the Medical Director and Jacqueline Parker, a clinical administrator with over 15 years of experience in running clinical research activities, the Administrator. They have both demonstrated themselves to be superb administrators; programs flourished and the units came in under budget this past year. But, there are larger issues that will need to be addressed including, the important issue of requiring that all clinical trials be part of the registry (OnCore or perhaps different software) which has cost implications. The discussion is active and ongoing.
- 5) Retain the M.D./Ph.D. program within the SOM, Office of Research and Graduate Studies: This has been done; it remains in the SOM Office of Research and Graduate Studies with close

coordination with the SOM Office of Education and the College of Graduate Studies. There are both programmatic and financial decisions, which will need to be addressed over the next year.

- 6) Faculty hired to DCaTS were retained and their start-up packages reverted to the departments in which their tenure lines reside.
- 7) Return tenure lines to departments but continue joint/cluster hires. The lines have been returned. To the extent that research-hires have been conducted in the SOM this past year (the activity has been very limited by budget constraints), the approach has been very much that of collaborative (joint hires) including inter-departmental assignment of research space, which has worked well.
- 8) Reassign personnel for items 2 and 4 above to their new units and support other personnel as needed through July 2013. This was done.

Additional related steps taken since the initial consideration of this proposal by the Board in May of 2013 are as follows.

- 1) External consultants were retained by President Wilson to review WSU clinical and translational research programs to identify strengths and opportunities for development going forward.
- 2) Dr. Steven Lanier joined WSU as a new Vice President for Research in June of 2014.
- 3) An ad hoc committee charged by the Provost as recommended by the Academic Senate Policy Committee and chaired by Dr. Stanton, provided a recommendation to the Provost in support of the dissolution of DCaTS. This ad hoc committee included faculty involvement from multiple colleges.

The external consultants provided their report in June of 2014 and Dr. Lanier led an extensive discussion and dialogue across regarding this report over the last four months.

The external consultants recommended that the Clinical and Translational Sciences initiative be better positioned as an institution wide initiative and have a parallel reporting line to the Dean of the School of Medicine and the Vice President for Research or a direct reporting line to the Vice President for Research with strong involvement of leadership from the School of Medicine or. A similar general recommendation was put forth by the ad hoc committee chaired by Dr. Stanton, but the recommendation included an Executive Steering Committee. These recommendations are under consideration.

This plan has been approved by the ad hoc committee charged by Provost Winters, the Dean and Vice Dean for Research of the School of Medicine, and the Vice President of Research.