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| **Meeting/Project Name:** |  ORD SPR Advisory Group Monthly Meeting |
| **Date of Meeting:**  | Tuesday, March 28th, 2023 | **Time:** | 3:00-4:00 PM ET |
| **Meeting Facilitator:** | J. Constans  | **Location:** | MS Teams |

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| MEETING OBJECTIVE |
| Provide the committee with updates and address next steps for future initiatives and projects |

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| ATTENDEES LIST *(check mark indicates attendance)* |
| **Committee Members:** | [x]  Bob O'Brien[x]  Joseph Constans | [x] Miriam Smyth[x]  Peter Hunt | [x] Sumitra Muralidhar[x]  Vetisha McClair |
| **Advisory Group:** | [x]  David Atkins[x]  Steven Dobscha[x]  Stephanie Gamble | [x] Brian Marx[x]  Stephen O’Connor[x]  Susan Strickland[ ]  Melissa Mehalick | [x] Wendy Tenhula[ ]  Lisa Brenner[ ]  Matthew Miller[ ]  Jodie Trafton |
| **Speakers:** | [x]  Dr. Ken Myrie[x]  Dr. Christopher Bever  |  |  |
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| **Support Staff:** | [x]  Imani Braxton-Allen (PFS) |  |  |

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| MEETING NOTES |
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| 3:00 – An Actively Managed Portfolio example – Precision Oncology- **Dr. Ken Myrie (15 minutes)*** + Discussed the learning health system components
		1. Systems of leadership
		2. Governance and management
		3. Quality improvement
		4. Community-building and engagement
		5. Data and analytics
		6. Research
	+ ORD research + VHA clinical program offices= Lung Precision Oncology Program
		1. Executive steering committee
		2. Workgroups (Veteran engagement and Lung cancer screening outcomes)
		3. Subgroups (LCS scientific radiomics and LCS clinician and scientific outcomes)
	+ What are actively managed portfolios?
		1. Portfolios of related research, operating as a part of a larger learning health system, that prioritize communication, coordination, and collaboration between clinicians, researchers, and other stakeholders to solve specific questions regarding real-world health challenges faced by veterans.
	+ Purpose of actively managed portfolio
		1. Ensure the strategic investment of taxpayer dollars
		2. Promote strategic coordination of research across ORD
		3. Increases collaboration between research, clinical operations and external partners
		4. Maximize efficiency by supporting research end-to-end
		5. Establish criteria for rapid review and funding of prioritized research studies
		6. Enhance utilization of data and analytical tools
	+ 4 requirements
		1. Strategically identify and fund research
		2. Ensure that the research translates into clinical practice
		3. Develop and implement quality improvement interventions
		4. Promote the continued maturation of VHA as a learning healthcare system through communication, coordination, and collaboration
	+ 5 Capabilities: targeted, prioritized list of mission-critical capabilities necessary to meet an AMP’s requirements
		1. Enable strategic coordination of research projects within the portfolio
		2. Foster greater collaboration between ORD research and VHA clinical partners as well as external collaborators
		3. Enhance utilization of existing data and analytical tools to increase coordination and collaboration of research
		4. Set roadmap and strategic priorities
		5. Rapidly review and fund prioritized research studies
	+ How to gather information for creation of AMP
		1. Document review
		2. ORD RFA alignment
		3. Key aspects of accelerated review
		4. Development of initial policy
		5. Received work group feedback
		6. Policy finalization
	+ Way to make accelerated reviews more efficient than the standard review process
		1. Parallel JIT preparation
		2. Accelerated time frames
		3. Interactive regulatory process

3:15 - Overview of ORD Transformation / AMP models - **Dr. Chris Bever (20 minutes)*** Four services of research disciplines
	1. Clinical science R&D
	2. Health services R&D
	3. Rehab R&D
	4. Bio-medical lab R&D
* ISRM will launch a 4th pilot portfolio focused on mental and behavioral health (6/1/23 is the projected launch date)
* Key points regarding ISRM’s transition
	1. ISRM’s transition from Service-based funding to portfolio-based funding will be incremental and deliberative over the next 2 years
	2. During this transition, current funding commitments will be honored and administered as normal
	3. Field researchers should continue to submit proposals as they normally do as Standard Merit Review processes will remain unchanged
	4. While existing review processes will not change, there are additional review opportunities available through the new portfolios

3:30 – Overview of Advisory Committee (Dr. Bever, continued)* AMPs and Broad Portfolios will utilize a matrixed organizational model
	1. A matrixed organizational model will allow proposals scored in various review committees to be referred to a portfolio-based margin meeting rather than a service-based margin meeting
	2. A phasing out of service-based margin meeting to portfolio-based margin meetings will allow ISRM to bring projects from across scientific disciplines under one portfolio
* New portfolios, new funding opportunities
	+ ISRM’s transition from service-based research to portfolio-based research will create new funding opportunities for investigators
	+ Investigators will be able to apply the following RFAs for the pilot portfolios:
		- Precision Oncology AMP
			* RFA for accelerated review for research projects (accepting applications)
			* RFA for accelerated review for clinical trials (accepting applications)
		- Pain/Opioid Use AMP
			* Broad RFA for standard merit review (Summer 2023)
			* Focused RFA for standard merit review (Fall 2023)
		- Health Systems Portfolio
			* RFA for standard merit review (accepting applications)
		- Mental/Behavioral Health Broad Portfolio
			* Broad RFA for standard merit review (Fall 2023)
			* RFA for accelerated review (Winter 2024)
* Identifying new AMPs
	+ ISRM has developed an assessment tool to identify new AMP’s.
	+ This tool will allow ISRM to
		- Apply a consistent and uniform standard to consideration of new AMP’s
		- Assess the maturity of proposed research portfolios
		- Select new AMP’s through an evidence-based process
		- Justify decision under scrutiny
* Evaluating new AMP’s
	+ The evaluation SOP outlines the process and criteria to be used to evaluate the success of managed portfolios
	+ Evaluations will be conducted by an uninvolved third-party identified by the ISRM leadership council
	+ Portfolios will be evaluated along defined short-term and long-term criteria
	+ Portfolios will undergo evaluations at the following intervals
		- Short-term evaluation 3-6 months after launch
		- Long-term evaluation 9-14 months after launch
		- Additional long-term evaluations every 2 years
* Questions/Answers
	+ When do you see new AMP’s being developed or initiated?
		- Need to test existing AMP’s. Should have results towards summer 2024.
	+ Difference between rehab and clinical trials?
		- The biggest difference is that clinical trials collect fundamental data
	+ Can the investigator pick where their work goes? Or what portfolio they do?
		- The investigator can pick what RFA they want to submit to

3:45 –Introduction of Members/Next Steps and Discussion- Dr. Joseph Constans (10 minutes)* Aims
	+ Improve communication and coordination
	+ Determine process for establishing research priorities and creating research roadmap
* Suicide Prevention Portfolio Analysis Report
	+ Presented as an example of need for strategic coordination
		- Strategic Goals- Strategic goals for the suicide prevention strategic plan were developed by operational partners.
		- Research funding alignment with Strategic Goals varied.
		- Moving forward – operational partners will help establish topics for research opportunities ensuring research alignment with Strategic Plans.

Upcoming Agendas (subject to modification)* + April
		- Description of suicide prevention research portfolio
		- Pain opiate use portfolio presentation
	+ May
		- Development of suicide prevention dashboard
		- Determining purview
	+ June
		- Establishing charter
		- Organizational structure of executive committee
			* Preventing COI
	+ July
		- Utilization of CORES in portfolio management
			* Processes for receiving guidance/feedback from field
		- RFA structure
	+ August
		- Metrics for success
		- Recommendations to ISRM for Suicide Prevention Portfolio Management
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