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| **Meeting/Project Name:** |  ORD SPR Advisory Group Monthly Meeting |
| **Date of Meeting:**  | Tuesday, April 25th, 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 | [ ] Miriam Smyth[ ]  Peter Hunt | [ ] Sumitra Muralidhar[ ]  Vetisha McClair |
| **Advisory Group:** | [x]  David Atkins[ ]  Steven Dobscha[x]  Stephanie Gamble | [x] Brian Marx[ ]  Stephen O’Connor[x]  Susan Strickland[ ]  Melissa Mehalick | [x] Wendy Tenhula[x]  Lisa Brenner[x]  Matthew Miller[ ]  Jodie Trafton |
| **Speakers:** | [x]  Sam Hopp[x]  Audrey Kusiak |  |  |
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| **Support Staff:** | [x]  Imani Braxton-Allen (PFS) |  |  |

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| MEETING NOTES |
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| * Overview of AMP’s (Actively Managed Portfolio’s) commissioning process- Sam Hopp
* ISRM’s 4 Pilot Portfolios will test out different leadership, funding and review models
* Leadership models
	+ Director-led
	+ Single senior model
	+ Rotational model of 4 scientific PM’s
* Funding Models
	+ Competitive budget
	+ Defined budget
* Review processes
	+ Standard Merit
	+ Accelerated+ Standard
* 3 Basic steps to stand up a new portfolio (estimated time: 7 months)
	+ Assess rationale for new portfolio
	+ Develop workplan to include meetings and production of documents and processes
		- Meetings may include:
			* CRADO
			* ISRM Leadership (Cadence TBD)
			* HR (Cadence TBD)
			* Finance (Cadence TBD)
			* Regulatory Review – IACUC, IRB
			* Work Groups (Cadence TBD)
			* Executive Committee (Cadence TBD)
	+ Produce documents and processes

* Pain/Opioid AMP- Audrey Kusiak
	+ Pain Opioid (POP) AMP Features
		1. Rotational leadership model
		2. Proactively interact with relevant VA clinical/operations and NIH/DoD/other funder contacts
		3. Ensure that ORD is not funding the same work as clinical/operations partners
		4. Proactive management of the portfolio community, including bringing together researchers and/or other stakeholders to accomplish goals
		5. The ability to stand up agile funding mechanisms when required
	+ Purview Setting
		1. Starting Point:
			- Purview of current review panels/portfolio in AMP’s area
			- Alignment with clinical partners
			- Identify/resolve overlap with other AMPs and portfolios
			- Aim for broad definitions
		2. Solicit input from AMPs/Services & SPMs
		3. Submit refined draft to ISRM LC for approval
	+ POP AMP Purview Example
		1. Clinical studies of the genetic, anatomical, and behavioral basis of algesia (pain), or tolerance, addiction, opioid metabolism, and tapering of opioid medication in acute and chronic painful conditions.
		2. Clinical treatments emphasizing non-opioid medications and complementary and integrative approaches.
		3. Implementation of treatments and approaches across VAMCs, evaluation of methods to enhance pain services, and evaluation of the quality and safety of pain care.
		4. Preclinical development and translation of non-opioid therapies; and the accompanying anatomical, molecular, biochemical, behavioral, and genetic mechanism(s).
		5. Studies identifying therapeutic targets for algesia (pain), tolerance and/or addiction to opioid medication in acute and chronic painful conditions.
		6. Interventional and observational research of interventions to improve outcomes in opioid use disorder, including new models for OUD care, medication and behavioral therapy for OUD, use of overdose rescue medication.
		7. Examination of pharmacology, pharmacotherapeutics, pharmacogenomics, and phenotype as well as the use of functional outcomes (e.g., correlating subjective pain measures with objective measures of function such as ADL, gait kinetics and kinematics, range of motion, and QoL or activity measures, etc.).
	+ Funding Model Example
		1. Establish Budget baseline based on purview.
			- Identify currently funded Pain/Opioid projects
			- Ensure projects in RAFT are coded appropriately
			- Broad Sweep/Data pull in RAFT (RPA or DRA)
			- Refine project list based upon purview
			- Review aims/entire research plans
				* Determine focus/primary/endpoint
				* Include overlaps
				* Create a spreadsheet of AMP and non-AMP projects
			- Solicit feedback from AMPs/Services & SPMs and resolve overlaps
			- Submit final list to ISRM LC for approval
		2. Establish AMP budget
			- Break out portfolio by:
				* Service (include CSP if relevant)
				* Projects on “Hold”
				* Projects that are rolling off funding by FY
				* Projects that are coded in the AMP but falls under another portfolio/AMP (not AMP)
			- Total each category
			- Provide analysis to Finance (base)
			- Provide a projected “need” for additional funds (must be approved by ISRM council)
		3. **Operational Details for POP AMP:**
			- POp AMP will have a budget of $28.9 million for FY23. This includes:
				* $27.3 million for projects that are currently located in the **Pain and Opioid Research Project Areas (RPA)** in RAFT, as identified by Audrey Kusiak. Eleven (11) projects totaling $1.6 million are on “hold” awaiting JIT.
				* The FY23 budget request includes twenty-one (21) projects that will be ending in 2023, totaling appx. $3.1 million.
				* **POp AMP is requesting an additional $10 million\* in funds for:**

**Targeted RFA areas.****Possible rapid-response to congressional support of the use of marijuana for pain.*** + Priority/Vision Setting
		- * Establish Executive Committee - Exec Committee will coordinate with the AMP to prioritize focus areas of study.
				+ VHA clinical staff SMEs – consider all services/departments
				+ VA Researchers – not in subject area to avoid conflict
				+ Other Federal Stakeholders (NIH or DoD)
				+ Must be approved by ISRM Council
			1. Identifying clinical area(s) in need of research-based evidence
				* POp-AMP used QUERI to conduct a survey of stakeholders from VISN Directors, Chiefs of Staff, clinicians, pharmacists, administrators, and Veterans focus groups to identify areas based on purview.
				* Other AMPs created focus groups and held F2F meetings to identify key areas
				* Once areas have been identified, they are presented to the Executive Committee for prioritization.
		- RFAs/Review
1. Draft metrics and measurements of success for AMP
2. Broad RFA (based upon purview)-Must be approved by ISRM LC and Released
3. Portfolio Analysis (Rios and AMP)
4. Craft Focused RFAs based on priority areas determined by Executive Committee- Must be approved by ISRM LC and released
* Questions
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