Dean’s Advisory Committee Meeting

May 22, 2018
Agenda

Wesley Burks
   Welcome & approval of November 2017 Minutes; Organizational updates

Joanne Jordan & Cam Enarson
   SOM bylaws revisions

Joanne Jordan
   APT update

Julie Byerley & Blossom Damania
   Strategic plan

John Buse, Tim Carey, Ian Buchanan & Andrea Carnegie
   SOM/HCS research collaboration; CTSA renewal
Welcome & Approval of February 2018 Minutes

Wesley Burks
Organizational Updates

AHEC – Interim Director

Campus funds flow model

Institutional support for research
SOM Bylaws

Joanne Jordan & Cam Enarson
SOM Constitution and Bylaws Proposed Revisions

Constitution

• Article II Dean of the School of Medicine
  - Add authority and responsibility of the Dean per LCME requirements.
  - Article III Departments of the School of Medicine

• Organization
  - Update listing of departments in to include the approved departments of Cell Biology and Physiology and Urology. Delete Cell and Developmental Biology and Cell and Molecular Physiology.

• 2. Departmental Chair
  - Change the requirement that a chair hold a tenured faculty appointment: “Appointment as a Chair of a department is dependent on the maintenance of a (tenured) faculty appointment in that department.”
Bylaws

• **Article II Standing Committees**
  
  4. Membership
  
  • Add two elected faculty members to the Post Tenure Review
  • Committee Term of appointment is for an initial three-year period with the opportunity to serve an additional 3 year term. Currently a third three-year term is “allowed under special circumstances”
SOM Constitution and Bylaws Proposed Revisions continued

- **Article III. Standing Committees of the School of Medicine**
  
  2. Nominating committee-clarify that the Vice-Dean for Faculty Affairs and Leadership Development serves as the committee chair.

  3. Admissions Committee-voting membership changed to 16 members (12 appointed; 4 elected) from 21 members. The Vice Dean for Diversity and Inclusion or his/her designee, the Director of the Office of Special Programs, the Associate Dean for Alumni Affairs, and the Chair of the Scholarship Committee added as ex-officio non-voting members. The Assistant Dean for Admissions position no longer exists so this would be deleted.

  4. Education Committee-delete Director of the NC AHEC as a voting member. The Curriculum Director and Assistant Dean for Medical Education operations positions no longer exist so these would be deleted as ex-officio members; the Senior Director for Curriculum Quality Assurance would be added as an ex-officio non-voting member.

  5. Student Progress Committee-committee chair is to be a regular voting member; add Assistant Dean for Student Affairs and Associate Dean for Inclusive Excellence as ex-officio non-voting members.

  8. Post-Tenure Review Committee-add two elected faculty members (Full Professors with tenure) who have successfully undergone post-tenure review in the last 2 years.
• Article V Departmental Organization

  - Change the departmental meeting requirement to annual from quarterly.
APT update

Joanne Jordan
APT Update: Transitions from Fixed-term to tenure-track

1. Status of multiple simultaneous waivers of recruitment for transfer

2. Options: searches or waivers

3. Sample policies from some of our peer institutions

4. Discussion
APT Update: Transitions from Fixed-term to tenure-track

1. Transitions from fixed-term to tenure-track

   1. Status of multiple simultaneous waivers of recruitment for transfer
      1. EOC: adverse impact

2. Options: requests individually processed

   1. National search
      1. Avoid narrow searches
         1. Data needed to compare number of applicants with searches w/o internal candidate

2. Waivers of recruitment

   1. Offer letter or other written document
   2. Retention
   3. Targeted hire
   4. Spousal hire
   5. Exceptional or unusual skills
   6. Post-doc or fellow: fixed-term only, pursuant to being PI or co-PI on grant

3. Approval from FALD before submission
<table>
<thead>
<tr>
<th>School</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke University</td>
<td>Clinical: 10 years</td>
</tr>
<tr>
<td></td>
<td>Basic Science: 7 years</td>
</tr>
<tr>
<td>University of Pennsylvania</td>
<td>Clinical: 10 years</td>
</tr>
<tr>
<td></td>
<td>Basic Science: 7 years</td>
</tr>
<tr>
<td>Northwestern University</td>
<td>Investigator Track: 10 years (only tenure track option)</td>
</tr>
<tr>
<td>University of Michigan</td>
<td>Instructional Track: 10 Years (only tenure track option)</td>
</tr>
<tr>
<td>Johns Hopkins University</td>
<td>7 &amp; 9 year reviews</td>
</tr>
<tr>
<td>University of Virginia</td>
<td>6 years with option for 4 additional years of tenure eligibility (10 total)</td>
</tr>
</tbody>
</table>
## Other Institutions that Permit Track Switching

<table>
<thead>
<tr>
<th>School</th>
<th>Tenure Terms</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of California – Irvine</td>
<td>One tenure track option, 8 years</td>
<td>Faculty may switch tracks at any time based on recommendation and vote of department, which requires a review equivalent to hiring a new faculty member.</td>
</tr>
<tr>
<td>Indiana University</td>
<td>9 years</td>
<td>Faculty may switch tracks and it will be considered a new appointment requiring the same review expected of other new tenure track appointees.</td>
</tr>
<tr>
<td>University of Iowa</td>
<td>Clinical: 8 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-clinical: 6 years</td>
<td></td>
</tr>
<tr>
<td>Rutgers University</td>
<td>9 years</td>
<td>Rarely, a faculty member may switch tracks. Requires written request by faculty member, approval from Chair, APT committee, Dean, Provost, and Chancellor.</td>
</tr>
</tbody>
</table>
SOM Strategic Plan Update

*Julie Byerley & Blossom Damania*
Contents

Overview of process to date

Highlights of Phase 1 findings

Strategic priorities and initiatives

Next Steps
Phase 1 Analysis and Activities

42 individual interviews, 7 group interviews

Faculty survey: 722 completed responses
• 38% response rate – vs. 30% in 2011

Review of data from AAMC, NIH, NSF

4 Strategic Planning Oversight Committee meetings to review, discuss

Input on draft priorities gathered from various SOM leadership groups
Strategic Planning Oversight Committee

Wesley Burks, MD – Executive Dean
Julie Byerley, MD – Vice Dean for Education
Blossom Damania, PhD – Vice Dean for Research
Katie Eimers, MSEd - Associate Dean for Administration
Cam Enarson, MD - Vice Dean for Strategic Initiatives
Paul Godley, MD – Vice Dean for Diversity and Inclusion
Joanne Jordan, MD – Vice Dean for Faculty Affairs and Leadership Dev’t
Leslie Nelson - President of the Medical Foundation
Ernie Schoenfeld, DrPH – Senior Advisor to Bill Roper
Michael Sledge - CFO, UNC SOM and UNC Faculty Physicians
Leeanne Walker, JD - Operations Liaison
Research: Strengths

• Overall, research enterprise growing and strong

• Particular strengths cited in interviews and on survey:
  • Collaborative culture (within SOM and across UNC)
  • Basic science depts. felt to be strong, highly-ranked
  • Outstanding core facilities
  • Cancer/Lineberger/UCRF has “raised all boats” at SOM and UNC
  • Breadth of UNC resources and capabilities in health sciences

• Progress in team/translational research

• Pockets of tremendous research strength, with world-leading faculty experts
  • E.g., cancer, genetics, immunology, ID/global health, neuroscience
Research: Concerns, Gaps

• While UNC SOM NIH funding has continued to grow, a closer look shows some cracks
  ▪ Despite growing faster than NIH (1.9% vs. 1.7%/yr), ranking dropped from #14 in 2010 to #16 in 2017
  ▪ Clinical department funding shows weakness
  ▪ Funding remains concentrated among relatively small number of faculty

• Cores said to need more strategic approach – as well as ongoing support

• Translational/team science more valued/visible than before, but challenges may impede growth
  ▪ Faculty in clin depts. find it especially difficult to do research: soft money, RVU pressure
  ▪ Chairs wary of hiring MD scientists given cost sharing risk; key to translational research
  ▪ Clinical trials remain challenging – university infrastructure/space described as subpar

• Funding concerns: flat NIH & clinical margin pressure, less industry and philanthropy vs peers

• Research admin felt to be unduly challenging (e.g. OSR, OCT), potentially constraining growth
Education: Strengths

• Education said to feel more valued within SOM than in past – e.g., represented on HCS senior leadership team

• UNC SOM felt to be better serving medical education needs of NC, enabled by admissions practices (targets, pipeline programs) and regional campuses

• New curriculum successfully implemented; students deemed well prepared

• Growing educator cadre that is providing continuity and excellence in curriculum, with common goals for benefit of school / students

• Tangible progress against 2011 strategic priorities
Education: Concerns, Gaps

- Some cite need to further enhance new curriculum
  - Step 1 scores causing concern, different views on what to do (including basic science prep)
  - Some feel more attention needed to social science, use of model practices for placements

- Current lecture format not aligned with how students learn, new pedagogical approaches needed

- Faculty concerns remain: promotion feasibility, right size of educator cadre in foundation phase

- Campuses not yet fully integrated, i.e., role in decision making, ability for students and faculty/staff to fully engage in main campus activities / discussions
  - But important to maintain distinctiveness of each campus, differentiator for SOM

- Funding for education an overarching concern for both medical education and graduate education
  - With continued investment needed for buildings, IT, campus integration, simulation, and PhD stipends
Faculty: Strengths

- Overall, SOM faculty are happy in their jobs and satisfied with SOM (AAMC)
  - Interviewees universally describe a collegial work environment

- “Taking Care of Our Own” seen as a successful in addressing MD burnout

- Many faculty report receiving excellent mentoring
  - Junior faculty, minorities report higher levels of formal mentoring in survey

- Outstanding career/leadership development programs in place...
  - E.g., ACCLAIM, Houpt, Simmons Scholars

- ...with new programs developed/being developed to fill perceived gaps
Faculty: Concerns, Gaps

- Communication/perceived lack of transparency undermining faculty morale
  - Commitment of senior leadership to academic missions
  - Transparency around financial issues

- Faculty feel “under the gun” – RVU pressure, academic work not prioritized / valued
  - High administrative burden, unfunded Epic work
  - Desire benefits to enhance quality of life: e.g., onsite childcare, lower family insurance, tuition benefits for children
  - Populations with particular needs: MD scientists, education track, fixed-term

- Only 1/3 cite formal mentoring; opportunity to improve mentoring quality overall

- Current leadership programs not at scale or well-known
  - And some see opportunity to provide more leadership roles (vs. more training)
Diversity and Inclusion: Strengths

- Many see new commitment to D&I from senior SOM leadership
  - New position – Vice Dean of D&I – sends an important message
  - Recruitment of female chairs, faculty – “no longer a ‘boys club”

- Well-regarded programs for recruitment/retention of URM students and faculty
  - Medical student population highly diverse – in part due to MED program
  - Other programs: Carolina First Look, Back in Carolina, Simmons Scholars

- Very engaged and motivated Diversity Council looking to drive further change

- In faculty survey, minority respondents are positive on their own experience
Diversity and Inclusion: Concerns, Gaps

• **Insufficient # of URM in residency, among faculty, among leadership**
  - Faculty recruitment efforts said to fall short despite good intentions
  - Efforts/resources to retain underrepresented minority faculty not always sufficient
  - Basic science departments have even greater challenges attracting/retaining URM

• **Med student diversity needs ongoing attention**
  - Some campuses less diverse – e.g., Asheville
  - Concern that admissions policy changes may negatively impact URM admissions

• **In survey, faculty see need to improve campus climate, raise awareness of D&I issues**
  - “People think about diversity and inclusion, but it’s the 7th priority”

• **Some report insufficient support and mentoring for minority students and faculty**

• **Wide variability across campus and by dept – with insufficient data being collected, tracked on UNC’s record in attracting/retaining minorities – both internally and vs peers**
The
BLUEPRINT
For
NEXT
University Strategic Framework

OUR VISION

To be the leading global, public research university in America with outstanding educational programs at the best and most affordable price, to conduct game-changing research and innovate for the public good, and to bring health and prosperity to the citizens of the state, nation, and beyond.

Envisioning the next ten years, our framework identifies the priorities that will guide our decision-making. These choices reflect the University’s existing strengths, hold fast to our commitment to the public and deepen our campus culture of innovation and creativity. The Blueprint for Next was endorsed by the UNC-Chapel Hill Board of Trustees in January 2017.

THE PILLARS

Of the public, for the public. We will:
- Eliminate all barriers to a great education.
- Bring expertise to bear for the benefit of North Carolina and beyond.
- Work for democracy: develop citizen-leaders and encourage informed public discussion.

Innovation made fundamental. We will:
- Value and prioritize foundational research and creative practice.
- Meet the imperative for learning that is personalized, experiential, collaborative, and data-literate.
- Translate research into professional, commercial, and societal uses.
- Adapt to evolving workforce and student needs.

CROSS-CUTTING IMPERATIVES

- Aspire to preeminence.
- Help us serve as the economic powerhouse for the state.
- Prepare our graduates for the new economy and contemporary life.
- Adopt a global mindset.
- Address big societal questions.
TREASURED VALUES

• Above all, we are human, inclusive, and humane: we build a highly capable community, care how we treat one another, provide for each other’s well-being, and facilitate personal success.
• We embrace the evolving diversity of the people of North Carolina and the broader community we serve.

• We lead as a proudly public institution: in collaboration with the people and our partner organizations in North Carolina, nationally, and internationally.
• We focus on population health and prosperity.
• We embrace change and possibility; we prize beauty and art; we are aspirational, energetic, creative, and willing to take risks.
• We are committed to operating effectively, sustainably, ethically, transparently, nimbly, with technological sophistication, at the pace of change.

UNC SOM Strategic Priorities and Initiatives Aligned with the University’s BLUEPRINT For NEXT
UNC SOM Strategic Imperatives

- **Research** that is highly innovative, focused on important health issues, and aimed towards making a difference in our patients’ lives and the populations we serve

- **Education** that prepares healthcare leaders of the future

- **Faculty** that thrive and lead in their chosen career paths

- **Service** and impact at the state, national and global levels

- **Diversity** that reflects the populations we serve, embedded in a culture where all are included and prosper

- **Administrative infrastructure and staff** empowered to fulfill our mission
Research: Strategic Priorities

1. Develop vision and plan to guide investment for UNC to achieve national/global leadership in top research thematic areas
   - Select research areas warranting a coordinated effort (e.g., precision medicine, neuroscience, immunology, infectious disease, global health, cancer); engage and coordinate with other UNC health professions schools
   - Charge teams with generating “business plans”: articulate UNC vision & proposed approach, associated resource needs
   - Work with University and Medical Foundation to plan approach to procure necessary funding
   - Continue to support basic research

2. Set clinical departments on a path towards national leadership in research: establish vision, strategy, expectations
   - Develop an institutional plan for nurturing and supporting physician scientists
   - Prioritize investments to support growth in clinical trials
   - Provide infrastructure/support to facilitate research/scholarship opportunities for full-time clinicians
   - Establish closer links between the basic and clinical departments

3. Increase engagement with industry as part of ongoing effort to grow translational and clinical research
   - Identify and address hurdles for increasing industry sponsored research
   - Create and promote a culture of entrepreneurship among the faculty, with greater development of SOM intellectual property

4. Strengthen the UNC research infrastructure including organization, governance and administration to ensure UNC SOM research advances the cutting edge
   - Work with University to develop coherent strategy for core facilities to ensure ongoing access to technology, while maintaining financial viability, with clear process and policies for where/how to invest, access, maintain
   - Invest to maintain and strengthen state-of-the-art computing infrastructure, to enable data science and artificial intelligence
   - Evaluate approach/formula for institutional support of research
   - Work with University to further streamline research admin and infrastructure
Education: Strategic Priorities

1. **Ensure the SOM is training professionals for health care of the future, in collaboration with the health care system**
   - Explore opportunities for new single / dual degree programs – e.g., genetic counseling, joint degrees – MD/MBA, MS, professional masters degrees, and potentially post bac programs
   - Pursue opportunities for increased interprofessional practice and education, in conjunction with University and HCS
   - Identify, develop and promote model practices for student placement (i.e., team-based care, diverse populations) where students add value as well as develop capability to serve diverse society and improve health equity; increase preceptor capacity
   - Equip future professionals to utilize emerging technologies (i.e., ultrasound, artificial intelligence, data analytics), informatics, and quality improvement strategies for clinical care, learning, and research
   - Align and enhance leadership curriculum across all educational programs (UME, GME, PhD), explore additional opportunities for cross cutting initiatives

2. **Optimize MD curriculum and its delivery to ensure engaged and prepared learners**
   - Implement new pedagogical approaches for UME focused on more active learning, couple with sufficient faculty development
   - Continue to unify clinical campuses while maintaining distinctiveness of each campus
   - Seek more individualization of curriculum – e.g., tracks, competency based, global opportunities, enhanced student research
   - Provide best in class faculty development for educator in all phases, continue to focus foundation phase cadre
   - Optimize student performance on national licensure exams

3. **Invest to maintain excellence in education mission, building infrastructure necessary to deliver cutting-edge curriculum**
   - Ensure successful completion of Chapel Hill building, retrofit of CH classroom, technological integration of campuses
   - Develop plan for simulation tied explicitly to curriculum, align simulation resources (including virtual reality) to optimize learner development throughout SOM and UNC HCS
   - Evaluate feasibility of 10-month graduate student stipends
Faculty: Strategic Priorities

1. Establish UNC as a leader in faculty wellness and engagement
   - Enhance the efficiency of practice and address administrative/other burdens contributing to faculty stress
   - Track markers of institutional climate and faculty satisfaction and wellness and take appropriate action to address results
   - Expand and innovate mechanisms to address physician and faculty burnout
   - Optimize consistently-delivered, high-quality mentoring within and across departments and disseminate best practices
   - Design and provide best-in-class quality-of-life benefits supporting faculty wellness and engagement
   - Elevate UNC SOM’s reputation in this space through increased participation/leadership in national orgs and publication

2. Foster an institutional climate in which faculty thrive professionally in their careers, and within particular subpopulations
   - Expand and increase awareness of opportunities available for prof development, including across regional campuses
   - Enhance mechanisms for annual reviews across all faculty ranks, including dept chairs; normalize a culture of feedback
   - Bolster existing resources to ensure consistent/clear messaging related to appointments, promotion, and tenure
   - Work with Office of Education to enhance reach and effectiveness of Academy of Educators and other relevant programs
   - Develop strategies to address faculty subpopulations with distinctive support and career development needs (e.g., fixed term faculty, teaching cadre, physician scientists, et al?)

3. Enhance leadership development programming across the faculty career lifecycle
   - Expand opportunities available for leadership development, including across regional campuses
   - Connect emerging leaders and program graduates to leadership opportunities (e.g., rotating committee involvement)
   - Formalize a coaching program that capitalizes on existing strengths and expands leadership effectiveness across SOM
Diversity and Inclusion: Strategic Priorities

1. Build a more diverse community reflective of those we serve
   • Align efforts toward the recruitment and support of diverse groups within our community across the pipeline of students and trainees, faculty and staff, extending up to SOM leadership
   • Identify/address root causes of attrition/lower rates of diversity along pipeline
   • Invest to make UNC SOM nationally competitive in recruiting/retaining top candidates
   • Centralize diversity recruiting for GME training programs
   • Provide central support for departmental search committees

2. Cultivate an environment that promotes a more inclusive culture
   • Incorporate D&I topics into education (e.g., grand rounds, med school curriculum)
   • Improve visibility: recognition of holidays, signage, etc.
   • Enhance SOM communication and engagement around D&I topics (e.g., community discussions)
   • Educate across the community to address bias and recognize structural issues preventing opportunity and inclusion

3. Strengthen institutional infrastructure and systems to support D&I efforts, e.g.,
   • Establish diversity officers in every dept., with clear responsibilities and dedicated time
   • Modernize institutional support for underrepresented minority premedical and medical school students
   • Standardize review of diversity efforts/achievements, including annual chair evaluations
   • Improve collection and reporting of data to guide/measure D&I efforts
Service to State and World: Strategic Priorities

1. Engage across the state to produce the workforce needed in North Carolina and beyond
   • Build the clinical campuses to enhance local pipelines and workforce development
   • Optimize the effectiveness of AHEC through alignment with SOM activities
   • Utilize expertise to address important state problems such as the opioid epidemic

2. Focus service to rural North Carolina
   • Expand the work of the Office of Rural Initiatives to address the pipeline for an interprofessional rural health care workforce
   • Partner with UNC Health Care to enhance impact in rural communities

3. Translate research into professional, commercial and societal uses for the citizens of North Carolina
   • Apply research results to improve the health of citizens of North Carolina
   • Align innovation with public and private partners to optimize impact of University ideas and intellectual property

4. Strengthen our global citizenship by thoughtfully expanding our clinical, research, and educational outreach
   • Build awareness internally of existing clinical, research and educational opportunities around the world
   • Develop a coherent strategy to expand efforts in each of our missions as appropriate
Administration and Enabling Functions: Strategic Priorities

1. Improve communication effectiveness and nimbleness, both internally and externally
   - Develop effective and transparent internal communications by determining how best to reach internal audiences, evaluate effectiveness of existing mechanisms, and establish new mechanisms if necessary
   - Develop national news strategy to promote faculty, programs and SOM, as an international university with global impact
   - Coordinate news and social media outreach among the various UNC entities

2. Substantially increase philanthropic support for the UNC School of Medicine and UNC Hospitals
   - Align the Foundation’s fundraising priorities with the strategic goals and needs of the organization
   - Strengthen partnerships between the Foundation and key SOM leaders to ensure the Foundation is seen as a trusted partner
   - Assess, generate and disseminate data that informs and drives strategic fund raising decisions

3. Consolidate and modernize UNC SOM’s financial services, from budgeting to reporting
   - Implement a consolidated budget and financial planning process that incorporates all of the missions and achieves a unified SOM review and approval process – “OneBudget”
   - Develop long-term financial planning strategies that reflect the financial expectations required to deliver on the strategic plan of the organization, positioning it to provide adequate cash flow and performance
   - Enhance current financial reporting capabilities to enable access to financial information anytime, anywhere, from any device
   - Provide the best staff possible through development of training programs targeted for each financial role and promotion of a culture of continuous learning

4. Provide best-in-class administrative support via a highly-qualified and empowered workforce and state-of-the-art resources
   - Ensure HR is equipped and empowered to provide expertise and resources to recruit/retain the most highly-qualified personnel
   - Deliver creative and innovative IT services to empower students/faculty/staff to advance research, education, and patient care
   - Initiate a campus master planning process to enable more strategic use of space
Next Steps

• Strategic priorities separated into areas that are “just do it” and those that need larger group involvement to move forward by SPOC

• Work groups being developed. Please nominate faculty to lead and participate by reaching out to Julie_Byerley@med.unc.edu or damania@med.unc.edu (co-chairs) or cfulbrig@med.unc.edu (staff support)

• Work to be completed through summer and fall

• By early 2019 we will develop and display a dashboard of progress toward specific initiatives
UNC SOM and UNC HCS Research Partnerships

John Buse, Tim Carey, Ian Buchanan & Andrea Carnegie
Lay of the Land

UNC SOM and UNC HCS are well-positioned to be national leaders in clinical research:

- Leading public school of medicine
  - Top 10 for research
  - #1 rank in primary care
- Growing integrated delivery system
  - 11 hospitals, large academic medical center
  - Hundreds of outpatient practices
  - > 1M active patients
- Joint governance with singular Dean and CEO

Still, challenges remain:

- Different personnel systems and benefit structures, different legal entities
- Complex governance and structure in UNC HCS
  - Some hospitals owned, some managed
  - Multiple provider group entities
- Reliance on improving, but still sometimes complex University research infrastructure
SOM/HCS Partnership Key Aims

Ensure strong collaboration and coordination between SOM and HCS
• 2016 establishment of HCS Chief Research Officer
• CRO works closely with NCTraCS leadership and SOM Executive Dean, as well as University office of Vice Chancellor for Research

Enhance ability of faculty to conduct research at UNC Medical Center
• CRO provides single point of contact for investigators to resolve research barriers within UNC Hospitals
• To date, numerous projects have been advanced through this construct
  • Ultrasound microbubbles in renal disease testing
  • PET/MR sarcoma study
  • CancerLinQ
SOM/HCS Partnership Key Aims (continued)

Ensure research conducted at HCS entities meets standards of UNC

- Establishment of HCS Office of Research Compliance and Support (ORSC)
- Engagement with all HCS entities that wish to conduct UNC trials or utilize UNC brand to ensure appropriate compliance with HSR regulations

Enhance ability of faculty to conduct research across multiple HCS entities

- Long term goal of system in which faculty can do “One contract, one IRB, one COI” and open studies at as many HCS locations as desired
- Logistically and politically challenging, but progress being made
## Current ORSC Entity Engagement

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<thead>
<tr>
<th>Entity</th>
<th>IRB</th>
<th>ORSC Engagement</th>
<th>Current Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNC Medical Center</td>
<td>UNC</td>
<td>Full Service</td>
<td>Yes</td>
</tr>
<tr>
<td>UNC Rex</td>
<td>UNC</td>
<td>Full Service</td>
<td>Yes</td>
</tr>
<tr>
<td>Chatham</td>
<td>UNC (in progress)</td>
<td>Full Service</td>
<td>Yes</td>
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<td>UNC Rockingham</td>
<td>N/A</td>
<td>Full Service</td>
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<td>Caldwell</td>
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<tr>
<td>CarolinaEast†</td>
<td>East Carolina</td>
<td>Full Service</td>
<td>Yes</td>
</tr>
</tbody>
</table>

†Non-UNC HCS partner
*Research conducted through local private practice
Partnership Successes to Date

• Joint data warehouse with federated data, cohort identification, MyChart recruitment, BPA’s, etc.

• Ability to draw research labs through UNC Hospitals phlebotomy service

• Commitment to implement ONCORE in all network entities conducting research

• CTRC support

• Jointly-funded “Emerging Challenges in Biomedical Research” pilot program

• Mitigation of several compliance concerns at entity hospitals
Upcoming Partnership Opportunities/Priorities

• Make genetic data available in a usable, discrete data format rather than “flat” .pdf files

• Evaluate how to appropriately leverage DHHS ‘common rule’ revisions allowing ‘broad consent’ for secondary use of specimens

• Implement cohort studies and trials in more hospitals and practices, including industry supported trials

• Mindful inclusion of research capacity/space within new clinical facilities

• Patient/public external communication- engagement particularly in communities
Longer Term Challenges/Goals

• Missions and culture are inevitably not completely aligned. UNC HCS and individual hospital entities value and encourage research, but primary mission is care delivery

• UNC HCS is now very large and faculty may find it difficult to know who/how to approach for access to non-Medical Center sites.

• Need to quantify financial benefit of research to UNC HCS

• Still a long way from “one IRB, one COI, one contract” across entities

• Ensure we can work efficiently with University research infrastructure (contracting, IRB, etc)

• Create culture in which HCS looks to researchers to help solve “real world” problems
North Carolina Translational and Clinical Sciences (NC TraCS) Institute
About NC TraCS Institute

- The North Carolina Translational & Clinical Sciences (NC TraCS) Institute is the integrated hub of the Clinical and Translational Science Awards (CTSA) program at UNC-CH, supported by a grant from the National Center for Advancing Translational Sciences (NCATS) & institutional commitments.

- Partners: UNC Chapel Hill, RTI, NC A&T and NC State University.

- Initially funded May 2008 and recently renewed through 2023.

- Composed of 3 linked awards:
  - U = Main Grant - Provides infrastructure for clinical & translational researchers.
  - K = Institutional Career Development - Focuses on development of early-career translational researchers.
  - T = Training Grant - Focuses on education of postdoctoral trainees.
NC Translational and Clinical Sciences (NC TraCS) Institute

We are one of more than 50 CTSAs across the country that support researchers by providing a robust infrastructure to accelerate clinical and translational research from health science to discovery to dissemination to patients and communities.

We provide services, funding, education and develop tools and resources to support research teams at the local level as well as at the consortium level. Since 2008 TraCS has:

- served nearly 5,000 researchers with more than 16,800 requests
- been cited in 1,105 scientific publications
- kick-started ~ 80 start-up companies
- facilitated ~ 275 FDA submissions
- contributed to over $300,000,000 in extramural awards

We help researchers and research personnel at any stage of their careers and across any phase of the research life cycle.
NC TraCS Services & Programs

Provide Consultations

- Biomedical Informatics *
- Biostatistics, Epidemiology & Research Design
- Clinical Research Ethics
- Clinical & Translational Research Center*
- Community Engagement
- Comparative Effectiveness Research
- Drugs, Devices & Diagnostics Development (4D Program) *
- Integrating Special Populations
- Pilot Funding Program *
- Trial Innovation Network (TIN)
- Research Coordination & Management Unit (RCMU) *
- Proposal Development
- Recruitment
- Regulatory
- Team Science

Training and Education

Development of Novel Tools & Methods
Questions/Discussion