

UCLA CTSI

Evaluation and Health Services Research

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Presentation Outline

1. E/HSR Transdisciplinary Leaders
2. UCLA CTSI Evaluation Framework
3. Team Science Engine
4. Aims and 2011 Accomplishments

E/HSR Transdisciplinary Leaders

- To ensure CTSI integration with Institutional Partners and Professional Schools, we recruited leaders from:
 - All partner institutions
 - CDU, CSMS, Harbor-LA BioMed, UCLA-Westwood
 - 5 UCLA professional schools
 - Public Health
 - Medicine
 - Nursing
 - Management
 - Engineering

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E/HSR Leaders

Pamela Davidson, PhD	UCLA-Westwood/SON, SPH HS
Martin Shapiro	UCLA SOM GIM/HSR
Ronald Andersen, PhD	UCLA-Westwood/ SPH Health Services
Mohsen Bazargan, PhD	CDU/Medicine
Moira Inkelas	UCLA-Westwood/ SPH Health Services
Deborah Koniak-Griffin, EdD	UCLA-Westwood/School of Nursing
Gerald Kominski, PhD	UCLA-Westwood/ SPH Health Services
Loren Miller, MD	Harbor-LA BioMed
Jack Needleman, PhD	UCLA-Westwood/SPH Health Services
Kumar Rajarem, PhD MBA	UCLA-Westwood/The Anderson School
Ali Sayed, PhD	UCLA-Westwood/School of Engineering
Michael Weisman, MD	Cedars-Sinai/ Reumatology
STAFF	Westwood: Nicole Makowka, Jim Morrison, Terry Nakazono, Shanna Choi; CSMC: Alisa Wilson

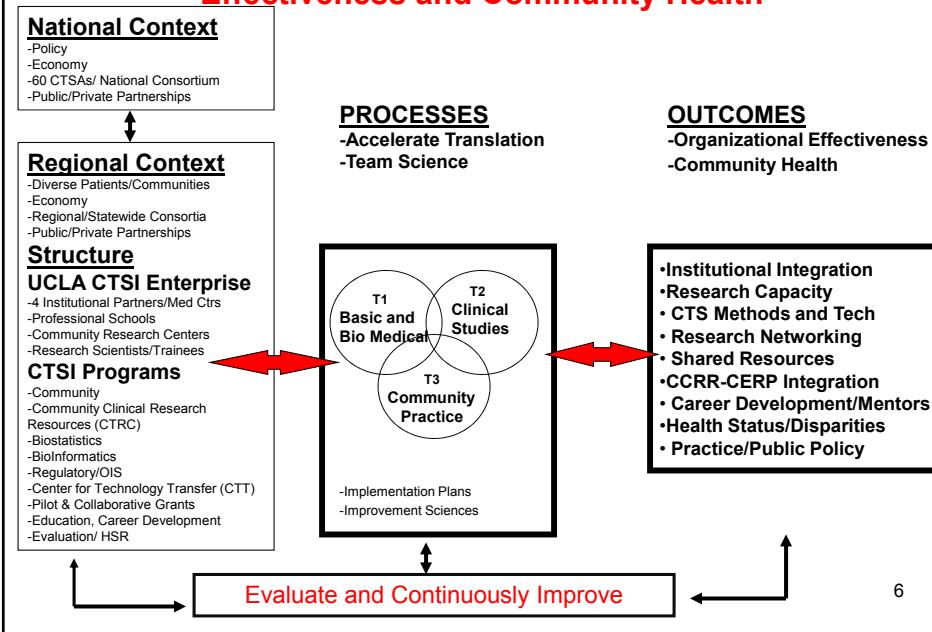
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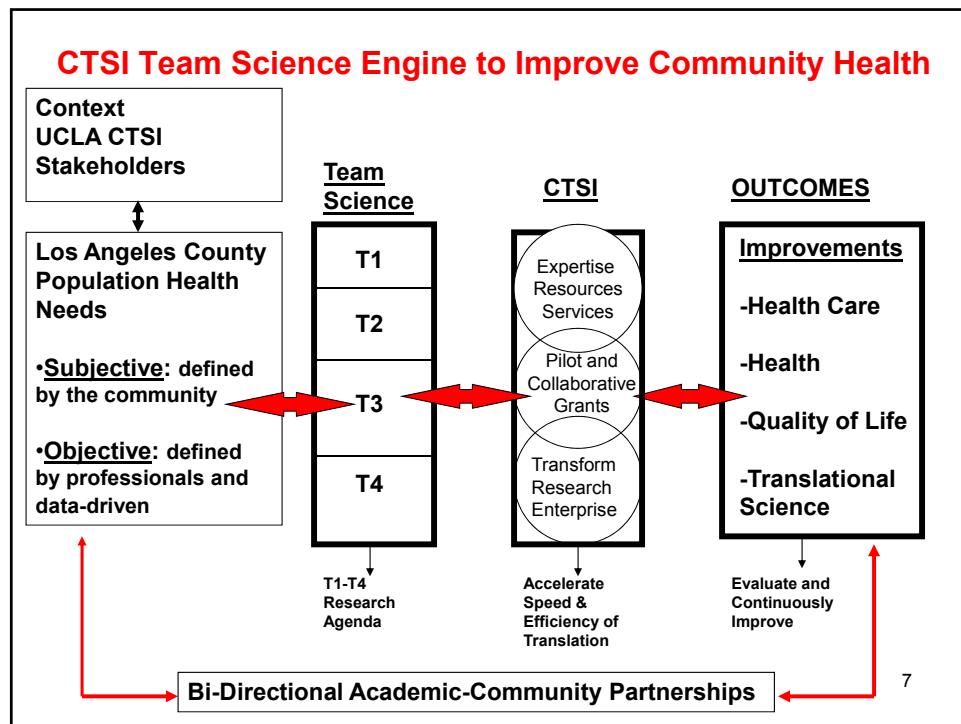
UCLA CTSI

Goal 1	Create an academic home for clinical and translational science research that integrates and builds on the many strengths of UCLA and its partners.
Goal 2	Build transdisciplinary research teams to accelerate and translate discovery to improve health.
Goal 3	Transform educational and career development programs to promote the next generation of clinician investigators and translational scientists.
Goal 4	Build and expand strong bi-directional academic-community partnerships to ensure that new scientific discovery is relevant to community needs.
Goal 5	Serve as a national resource for clinical and translational science research through regional, statewide and national CTSA collaborations.

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UCLA CTSI Framework for Improving Organizational Effectiveness and Community Health





Aim 1. Evaluate and Track

Longitudinally track and evaluate Initiative and program outcomes.

- We convened a series of meetings with all CTSI programs to conduct detailed planning and review plans with CTSI Operations and Executive Oversight Committees (EOC)
- Planning culminated in a comprehensive review focusing on five elements:
 1. Extent of program alignment with mission and goals,
 2. Implementation concerns/barriers,
 3. Challenges/opportunities for integration,
 4. E/HSR research agenda, and
 5. Summary of recommendations to the EOC

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Evaluate transformative Initiatives to demonstrate goal achievement

OIS: Office of Investigator Services (e.g., expanding scope of services easily accessible to investigators, improving satisfaction with services)

VH: Virtual Home (e.g., user friendly communication platform for addressing all stakeholder needs and priorities, built in capability for analyzing CTSI performance)

Team Science Grants and Cluster Awards: Pilot and refine transdisciplinary team science prototypes, identify best practices and lessons learned, monitor scientific productivity and impact on health improvement

New CTSI Education Programs (e.g., T32 in Public Health)

Community Engagement and Research Program: e.g., Integration of CCRR and CERP, Measureable Health Improvement

Build leadership role in regional, statewide, and national CTSA consortia

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Aim 2. Improvement Sciences

Implement an Improvement Sciences Program with the intent of increasing efficiency, stimulating innovation, and improving operational effectiveness in the CTSI and its community research centers.

- Moira Inkelaas is working with the Community Engagement (CERP) and the Clinical and Community Research Programs (CCRR) to organize the Promotora program and to develop aims/metrics
- Jack Needleman and Moira Inkelaas are working with BIP to implement a strategy of assessing existing software among CTSAs in terms of open source and off-the-shelf applications

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Aim 3. Center for E/HSR

Create the UCLA CTSI Center for Evaluation and Health Services Research (E/HSR) to accelerate the speed and efficiency of translational research for improving *organizational effectiveness* and *population health*.

Convening Planning Retreat (Morning):

- Building the ideal culture for partner and community integration and collaboration
- Assessing strategic opportunities and challenges
- Brainstorming about how best to achieve CTSI impact
- Examining options for developing a self-sustaining E/HSR center that will be recognized as a national resource

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Aim 3. Center for E/HSR

Create the UCLA CTSI Center for Evaluation and Health Services Research (E/HSR) to accelerate the speed and efficiency of translational research for improving *organizational effectiveness* and *population health*.

Convening Planning Retreat (afternoon):

- Building the broader E/HSR researcher and research center community to draw on the ideas of the faculty
- How to work through the CTSI to improve health in Los Angeles County
- Identify a group of attainable short-term and longer-term goals
- Move towards creating a center with which people want to affiliate
- Organize E/HSR investigators to accomplish these goals
- Enhance cross-institutional collaboration

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Aim 4. National, Statewide, and Regional CTSA Consortia

Collaborate with regional, statewide, and the CTSA National Consortia and participate in the National Process and Outcome Evaluations

- Participated in the national CTSA Evaluation Key Function Committee (KFC)
- Martin Shapiro and Lenore Arab participated on the CTSA CER KFC
- Moira Inkelas participated in the Community Engagement KFC
- Steve Dubinett, Arthur Toga, Doug Bell involved in UC BRAID: University of California Biomedical Research, Acceleration, Integration & Development.
Areas of initial activity:
 - Contracting
 - Drug and device discovery and development
 - Informatics/UC Research eXchange cobnsortium
 - IRB harmonization
 - Metrics

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Community Engagement and Research

Co-Leads

Arleen Brown (Internal Medicine), Keith Norris (Drew), Martin Shapiro (HSR), Ronald Andersen (SPH-Health Services);

Evaluation/Improvement Lead: Moira Inkelas

Aims

- 1.Promote and sustain bidirectional knowledge sharing between community and academia
- 2.Strengthen community infrastructure for sustainable partnered research
- 3.Drive innovation in community engagement that accelerates volume and impact of research in diverse communities
- 4.Build HSR methods into partnerships
- 5.Establish governance/operations that strengthens partnerships

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CERP Communities

L.A. Care Health Plan	Los Angeles Urban League
Northeast Valley Health Corporation	The Korean Health, Education, Information & Research Center (KHEIR)
Health Services Academy High School	To Help Everyone (THE) Clinic
QueensCare Health and Faith Partnerships and Clinics	Los Angeles Unified School District
Los Angeles County Public Health Department	Public Health Foundation Enterprises, Inc.
Venice Family Clinic	WIC (Women, Infants and Children) Program
Healthy African American Families (HAAF)	National Coalition of Ethnic Minority Nurse Associations (NCEMNA)
Community Clinic Association of Los Angeles County (CCALAC)	Healthy African American Families/RAND
American Academy of Pediatrics, California Chapter 2	Los Angeles Best Babies Network
Magnolia Community Initiative/Children's Bureau of Southern California	Korean Resource Center, Los Angeles 15

CERP Faculty

Keith Norris, MD – Leader Arleen Brown, MD, PhD – Leader Martin Shapiro , MD – Leader David Campa, MD, MPH – Co-Leader Loretta Jones, MA – Co-Leader Ronald Andersen , PhD – Co-Leader Investigators: E. Richard Brown , PhD Daniel Castro, MD Bowen Chung, MD, MSPH Eric Daar, MD Deborah Estrin, PhD	Susan Ettner , PhD Craig Fox, PhD Kimberly Gregory , MD Calvin Hobel, MD Moira Inkela s, PhD F. Javier Iribarren, MSW, PsyD Katherine Kahn, MD Paul Koegel, PhD Gerald Kominski , PhD Michael Lu , MD, MPH Loren Miller, MD, MPH Alexander Ortega , PhD Hector Rodriguez , PhD Roberto Vargas , MD, MPH Ronald Victor, MD	Michael Weisman, MD Neil Wenger, MD Mitchell Wong, MD Aziza Wright, Consultant David Zingmond, MD Program Members*: Lenore Arab, PhD Roshan Bastani , PhD Eric Cheng, MD Paul Chung , MD Obidiugwu K Duru, MD Nell Forge, PhD Gregg Fonarow, MD Patricia Ganz , MD	Kimberly Gregory, MD Ronald Hays , PhD Kevin Heslin , PhD Martin Iguchi, PhD Sheryl Kataoka, MD Michael Ong, MD Mary Jane Rotheram-Borus, PhD Catherine Sarkisian, MD, MSPH Paul Shekelle, MD Barbara Vickrey, PhD Kenneth Wells , MD, MPH Antronette Yancey , MD, MPH Bonnie Zima, MD
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Maternal, Child and Adolescent Health (MCAH) Committee

Co-Leads

Neal Halfon (SPH-Health Services), Kim Gregory (SPH-Community Health Sciences), Michael Lu (SPH-CHS), Sherin Devaskar (Pediatrics);

Design Team/Evaluation-Improvement Lead: Moira Inkelas

Aims

- 1.Design strategy, network and metrics for MCAH in the CTSI (training, research, community partnerships, infrastructure)
- 2.Fully constitute Committee operations
- 3.Incorporate MCAH goals into CTSI (e.g. transdisciplinary initiatives, life course) and advance MCAH innovation in the national CTSA network
- 4.Encourage novel MCAH studies through recognition awards

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Biomedical Informatics Program (BIP)

Co-Leads

Arthur Toga (Medicine), Doug Bell (Medicine), Paul Fu (SPH-Health Services), Omolola Ogunyemi (Drew)

Evaluation/Improvement Lead for BIP:

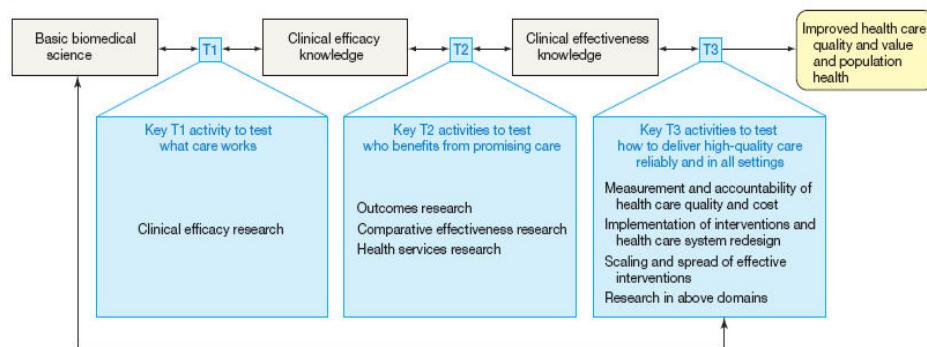
Jack Needleman (SPH-Health Services)

Aims

- 1.Expand the web-based “Virtual Home” as a portal to meet needs of CTSI community, and enhance communication
- 2.Establish research data repository for secondary data analysis, and increase data harmonization
- 3.Train researchers to use informatics tools and methods

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Accelerating Translational Science



T indicates translation. T1, T2, and T3 represent the 3 major translational steps in the proposed framework to transform the health care system. The activities in each translational step test the discoveries of prior research activities in progressively broader settings to advance discoveries originating in basic science research through clinical research and eventually to widespread implementation through transformation of health care delivery. Double-headed arrows represent the essential need for feedback loops between and across the parts of the transformation framework.

Not ready for humans **Not ready for patients** **Not ready for practice** **Not ready for systems**

Dougherty, D., & Conway, P. H. (2008). The "3T's" Road Map to Transform US Health Care. *JAMA*, 299(19), 2319 - 2321.

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