Evolution of the Division of Program Coordination Planning and Strategic Initiatives

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DPCPSI Director
June 29, 2011
National Institutes of Health Reform Act of 2006

December 9, 2006: Congress unanimously passes a reauthorization bill affirming importance of NIH and its vital role in advancing biomedical research to improve the health of the Nation

Establishes:

- Division of Program Coordination, Planning, and Strategic Initiatives (replacing OPASI)
- NIH Common Fund to facilitate *trans*-NIH research (replacing Roadmap)
- Council of Councils
Division of Program Coordination, Planning, and Strategic Initiatives

- Trans-NIH
- Coordinate
- Priority setting
- Points of Contact
- Research budgets
Criteria for Common Fund Programs

**Transformative:**

**Synergistic:** Involves participation by multiple NIH ICs

**Cross-Cutting:** Program areas must cut across missions of multiple NIH ICs and be relevant to multiple diseases or conditions

**Broad Benefit:** Must be something no other entity is likely or able to do, and research results must benefit public health

**Implementation:** Goals, milestones and deliverables transition to the community within the timeframe. Flexible Research Authority

Currently 24 Programs
FY2011 budget: $543M
Common Fund Programs Are Catalytic

■ New Tools, Infrastructure, and Data to support or establish new fields of study
  ■ Molecular Libraries and Imaging
  ■ Human Microbiome Project
  ■ Genotype-Tissue Expression Resources (GTEx)
  ■ Protein Capture Reagents

■ New Technologies and Approaches to overcome barriers to progress in a field
  ■ Structural Biology
  ■ HMO Collaboratory
  ■ Technology Centers for Networks and Pathways

■ New Approaches to foster innovation and creativity
  ■ Interdisciplinary Research
  ■ High-Risk High-Reward (HRHR)
    ■ Pioneer Awards
    ■ New Innovator Awards
    ■ Transformative R01 (TR01) awards
    ■ Early Independence Awards
Common Fund Programs 2004-2011

NIH Common Fund

- Health Economics
- PROMIS: Clinical Outcomes Assessment
- Gulf Oil Spill Long Term follow Up
- Molecular Libraries and Imaging
- Rapid Access to Interventional Development (RAID)
- Clinical Science and Translation Award (CTSAs)
- Technology Centers for Network and Pathways
- HMO Collaboratory
- Protein Capture
- Library of Integrated Network-Based Cellular Signatures (LINCS)
- High-Risk Research
- Nanomedicine
- Knockout Mouse Phenotyping
- Pioneers
- Regulatory Science
- Global Health
- Epigenomics
- Interdisciplinary Research Consortia
- Bioinformatics and Computational Biology
- Science of Behavior Change
- Human microbiome
- Genotype-Tissue Expression
- Structural Biology
- Nanomedicine
- Interdisciplinary Research Consortia

http://commonfund.nih.gov/
Council of Councils

• Focus:
  – Policies and activities of the Division of Program Coordination, Planning, and Strategic Initiatives

• Specific Activities:
  – Advise on research responsive to emerging scientific opportunities, public health challenges, and knowledge gaps and would benefit from conducting or supporting additional research that involves collaboration between two or more ICs, or would otherwise benefit from strategic coordination and planning
  – Major foci:
    • Several subcommittee reports
    • Advise the IC Directors during the “concept approval” stage for Common Fund Projects
    • 2nd level review of TRO1 & EIA Awards
Comparison Among Director’s Advisory Committees

• Council of Councils (2008)

• The Scientific Management Review Board (2009) advises the Director on organizational issues, helping to ensure that NIH's structure is optimal for supporting the advancement of science.

• The Advisory Committee to the Director (1996) advises on NIH mission responsibilities in the conduct and support of biomedical research, medical science, and biomedical communications.
Scientific Management Review Board (SMRB) Recommendations to NIH

- **May 2010**
  - NIH Director Francis Collins asks SMRB to determine how NIH could better support translational and therapeutic sciences.

- **December 2010**
  - SMRB recommends (12 to 1) that a new translational medicine and therapeutics center be created.
  - SMRB also recommends NIH undertake a more extensive and detailed analysis through a transparent process to evaluate the new center’s impact.
Proposed National Center for Advancing Translational Sciences (NCATS)

To advance the discipline of translational science and catalyze the development and testing of novel diagnostics and therapeutics across a wide range of human diseases and conditions
NCATS: Planning Process

• NIH Director established three panels to guide planning:
  – Institute and Center Directors’ NCATS Working Group
    • Presented recommendations on NCATS mission, functions, and organization to NIH Director on Feb. 17, 2011
  – Advisory Committee to the Director (ACD) NCATS Working Group
    • Asked to provide high-level advice on how NCATS can best engage the private sector in translational science
    • Will report findings to full ACD later this year
  – NIH Clinical and Translational Science Awards (CTSA) Integration Working Group
    • Formed in March 2011 to facilitate transition of CTSAs into NCATS
NCATS WG recommended inclusion of:

- Components of Molecular Libraries Program
- Therapeutics for Rare and Neglected Diseases
- Office of Rare Diseases Research
- Rapid Access to Interventional Development
- Clinical and Translational Science Awards
- FDA-NIH Regulatory Science
- Cures Acceleration Network
NCRR Task Force

• Following the SMRB’s December 2010 recommendations that NIH undertake a more extensive and detailed analysis through a transparent process to evaluate the new center’s impact, the NIH Director established the NCRR Task Force to perform an analysis of all NCRR activities for possible inclusion in the proposed NCATS, the potential impact of moving those activities on NCRR, and whether NCRR programs should be moved elsewhere at the NIH.
## NCRR Task Force Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Lawrence Tabak (Co-chair)</td>
<td>Principal Deputy Director, NIH</td>
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<tr>
<td>Alan Guttmacher (Co-chair)</td>
<td>Director, NICHD</td>
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<tr>
<td>Hugh Auchincloss</td>
<td>Deputy Director, NIAID</td>
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<tr>
<td>James Battey</td>
<td>Director, NIDCD</td>
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<tr>
<td>Isabel Garcia</td>
<td>Acting Director, NIDCR</td>
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<tr>
<td>Richard Hodes</td>
<td>Director, NIA</td>
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<tr>
<td>Kathy Hudson</td>
<td>Deputy Director for Science, Outreach, and Policy, NIH</td>
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<tr>
<td>Gail Pearson</td>
<td>Medical Officer, NHLBI</td>
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<tr>
<td>Sally Rockey</td>
<td>Deputy Director for Extramural Research, NIH</td>
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## NCRR Subject Matter Experts

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<tr>
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<tr>
<td>Anthony Hayward</td>
<td>Director, Division of Clinical Research Resources</td>
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<td>Iris Obrams</td>
<td>Deputy Director, Division of Clinical Research Resources</td>
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<td>Amy Swain</td>
<td>Acting Director, Division of Biomedical Technology</td>
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<td>Douglas Sheeley</td>
<td>Senior Scientific Officer, Division of Biomedical Technology</td>
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<tr>
<td>Franziska Grieder</td>
<td>Director, Division of Comparative Medicine</td>
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<tr>
<td>Harold Watson</td>
<td>Deputy Director, Division of Comparative Medicine</td>
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<tr>
<td>Michael Sayre</td>
<td>Health Scientist Administrator, Division of Research Infrastructure</td>
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<tr>
<td>Shelia McClure</td>
<td>Deputy Director, Division of Research Infrastructure</td>
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<tr>
<td>Sidney McNairy</td>
<td>Director, Division of Research Infrastructure</td>
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<tr>
<td>Gregory Farber</td>
<td>Acting Director, Office of Extramural Construction</td>
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Initial Task Force Analysis

• The Task Force concurred with the SMRB recommendation to transfer the CTSA program from NCRR to the proposed new Center, NCATS.

• The Task Force concluded that many of the programs that would remain in NCRR after the proposed CTSA transfer would benefit from the enhanced scientific adjacency that would be achieved by transfer of these programs to other Institutes or Centers.

• A “straw model” was drafted to facilitate planning of potential transfers by providing a framework for comment by stakeholders across NIH and from the extramural community.
  – The Straw Model was informed by input from NCRR leadership and Subject Matter Experts selected by NCRR leadership.
  – The Task Force also received input from the leadership of potential recipient Institutes and Centers.
Feedback Informed the Recommendations of the Task Force to the Director, NIH

• The Straw Model was posted to http://feedback.nih.gov/ on January 18, 2011.
  – Over 1,400 comments have been received.
• Seven conference calls were convened with NCRR stakeholders (January 19-24).
• Dr. Tabak has also spoken with individual stakeholders by telephone or in person including a group representing the National Primate Research Centers.
• The NCRR Task Force considered comments on placement of NCRR programs from NCRR staff, from conference calls, the NCRR Advisory Council, and from the feedback website on placement of NCRR programs.
NCRR Task Force Recommendations

The Task Force used the following considerations and guiding principles in developing these recommendations:

• The scientific synergies that could be achieved by placing the NCRR program in adjacency to the existing (or in the case of NCATS, proposed) portfolio/mission of the recipient IC versus the existing synergies among the NCRR programs.

• The “goodness of fit” for the NCRR program within the recipient IC versus the negative effects of adding a program that is disproportionately large and/or not well aligned to the recipient IC’s current (or in the case of NCATS, proposed) mission.

• The level of disruption to long-standing NCRR programs led by dedicated NCRR staff versus the disruptive innovation from reassigning NCRR staff to enable interactions with new colleagues and/or new programs.
## NCRR Task Force Recommendations

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<th>Program</th>
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<td>NCATS</td>
<td>• Clinical and Translational Science Awards (CTSA)</td>
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<td>NHLBI</td>
<td>• Gene Vector Repository</td>
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| NIBIB           | • Imaging and Point-of-Care Biomedical Technology Research Centers (BTRC) grants  
                             • Biomedical Imaging and Point-of-Care research grants for Technology Research and Development and SBIR/STTR grants |
| NIGMS           | • Institutional Development Awards (IDeA)                              
                             • All other BTRC grants                                               
                             • All other research grants for Technology Research and Development, and the SBIR/STTR and BIRN network grants |
| NIMHD           | • Research Centers in Minority Institutions program (RCMI)             |
| OD - Office of Research Infrastructure Programs | • Comparative Medicine Program  
                             • Extramural Construction and Animal Facilities Improvement  
                             • Shared and High-End Instrumentation  
                             • Science Education Partnership Awards (SEPA) |
Proposed - Division of Program Coordination, Planning, and Strategic Initiatives

Office of Portfolio Analysis
Immediate Office of the Director
Office of Program Evaluation and Performance

Office of AIDS Research
Office of Research on Women’s Health
Office of Behavioral and Social Sciences Research
Office of Disease Prevention
Office of Strategic Coordination

Office of Dietary Supplements
Office of Medical Applications of Research
Office of Rare Disease Research

From NCRR:
$303M
410 grants
25FTEs

From OSP:
20

NCATS

Office of Research Infrastructure Programs
Division of Comparative Medicine
Division of Instruments, Infrastructure Resources, and Construction
Office of Science Education Program
Office of Science Education

• Started and matured in the Office of Science Policy (OD)
• Mission: coordinates science education activities at the NIH for K-12 and college students and teachers and the public.
• Activities:
  – Develop curriculum supplements
  – Website as a central source of information about NIH science education resources
  – Establish national model programs in public science education
  – Promote science education reform
• Requesting statutory authority for educational activities (vs. training)
Expanded Role of the Council of Councils

• 2\textsuperscript{nd} level review for all grants moving to DPCPSI
• Concept clearance for new programs
• Requires 3 meetings each year
• Targeted subcommittees
DPCPSI Planning Efforts are Underway

for example

• Expand Council expertise
• DPCPSI & OER staff working on grants and contract transitions
• Grants management through NCATS service center (previous NCRR grants staff)
• IRGs
  – Scientific and Technical Review Board on Biomedical and Behavioral Research Faculties
  – Comparative Medicine Review Committee
  – SEPs
• Personnel, budget and management plans are being prepared
• Implementation can begin after HHS-Congressional appropriations committees face-to-face review of reorg plan and budget
NIH  
Turning discovery into health