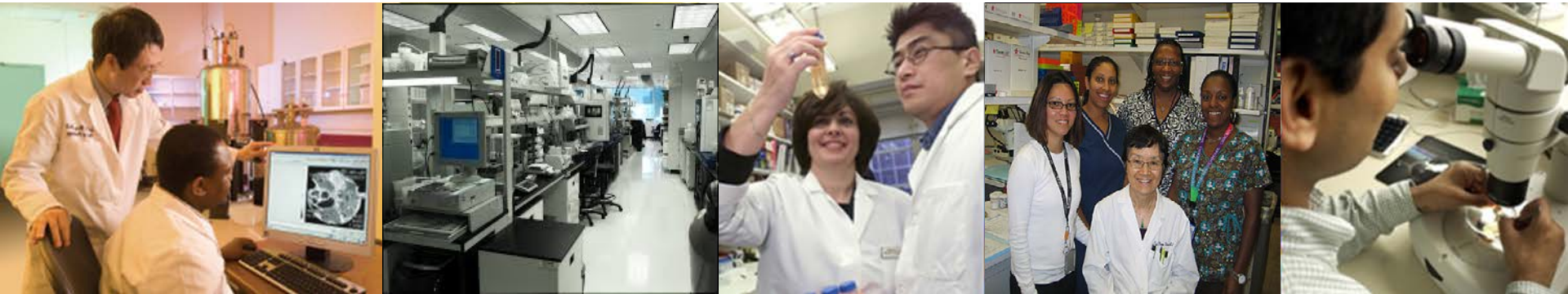# Council of Councils

Update on NIH-Sponsored Core Activities

September 5, 2014

James M. Anderson, MD, PhD
Director, DPCPSI
Office of the Director, NIH
Department of Health and Human Services

Efficient Management and Utilization of Core Facilities

2009/2010, RFI and NIH WS coordinated by NCRR and OER. ~ 400 participants
http://dpcpsi.nih.gov/sites/default/files/orip/document/final_workshop_report%20Cores%20july09%20%281%29.pdf

1. The community had a strong desire for a centralized directory of information about cores.
2. A need was identified to train core facility directors in basic business practices.
3. Vigorous discussions were had about the benefit of centralized versus decentralized management of core facilities at an institution.
4. There is a never ending problem finding resources to support the staff who work at core facilities – especially as NIH funding becomes intermittent.
5. ICs at NIH establish very similar cores at a single institution to ensure that the researchers associated with that IC have access to instruments. This can lead to duplication and underutilization of the separate cores.
6. OMB Circulars A21/A122 are hard to understand, and the institution often applies rules that are far beyond what the Circulars call for to make sure they are in compliance
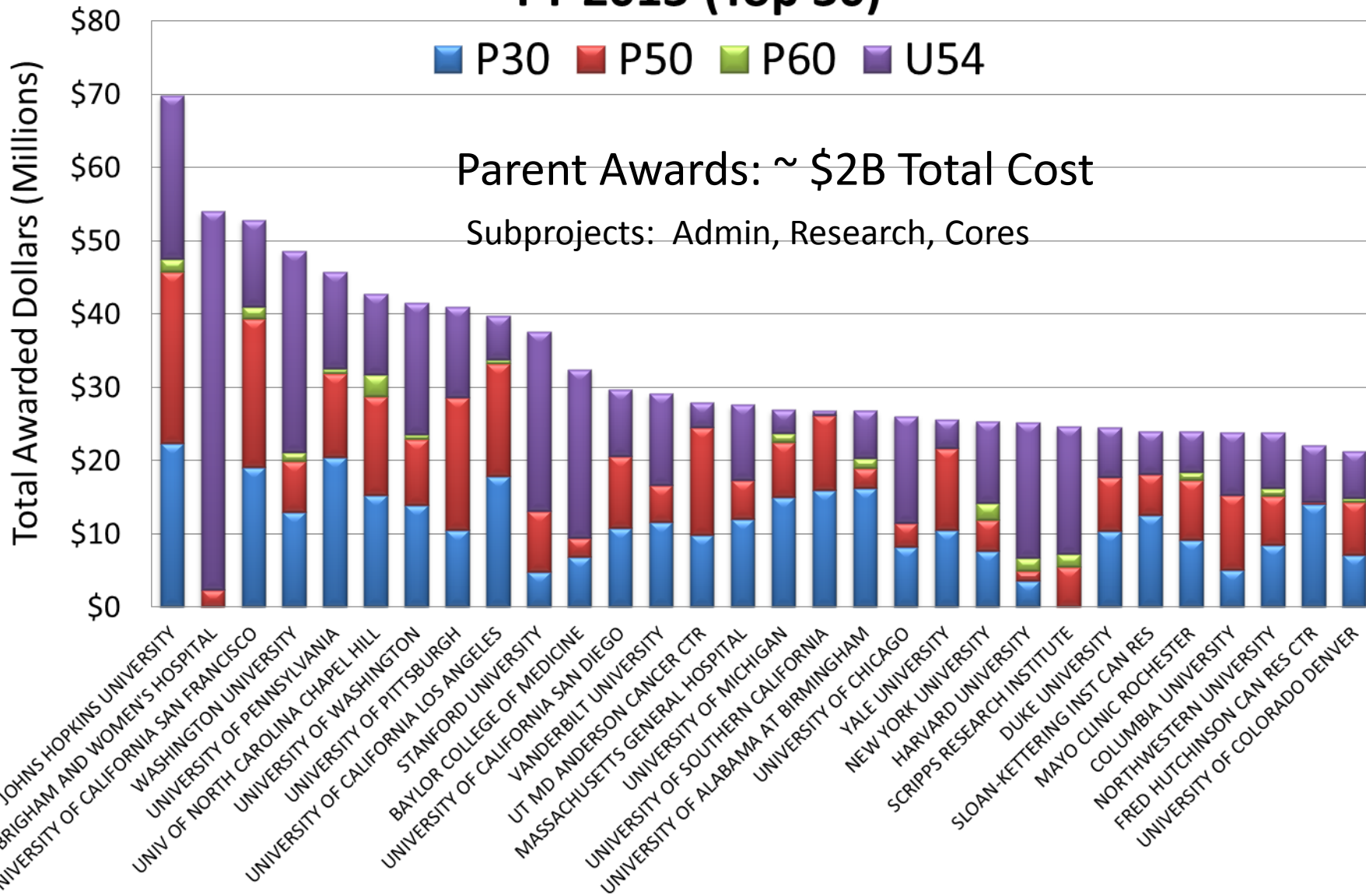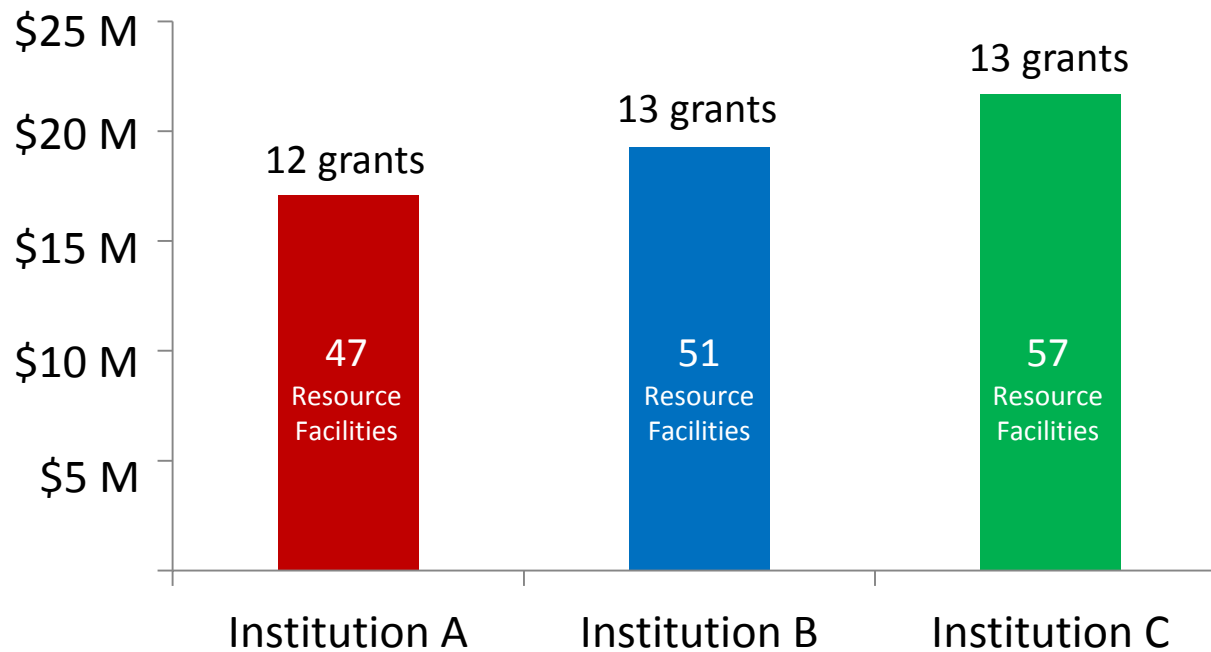
FAQs   http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-053.html

Core Mechanisms By Institution
FY 2013 (Top 30)

Parent Awards: ~ $2B Total Cost

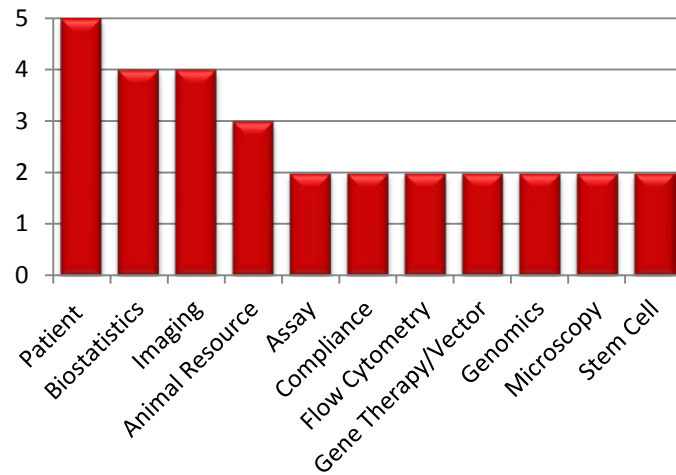Subprojects: Admin, Research, Cores

NIH P30 Investment (FY12) at 3 Representative Universities

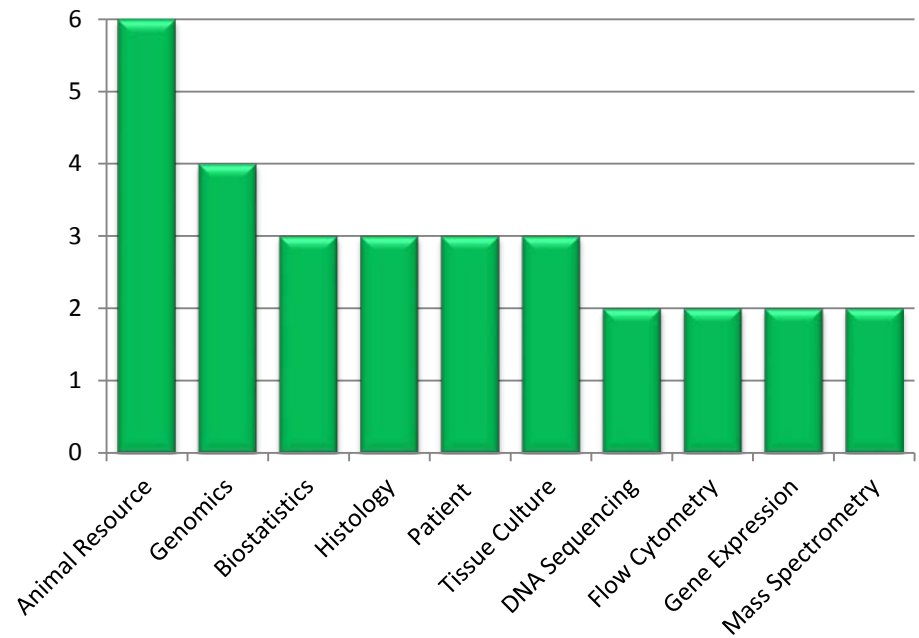- 38 P30s awarded by 13 NIH ICs
- 155 Shared Resource Facilities

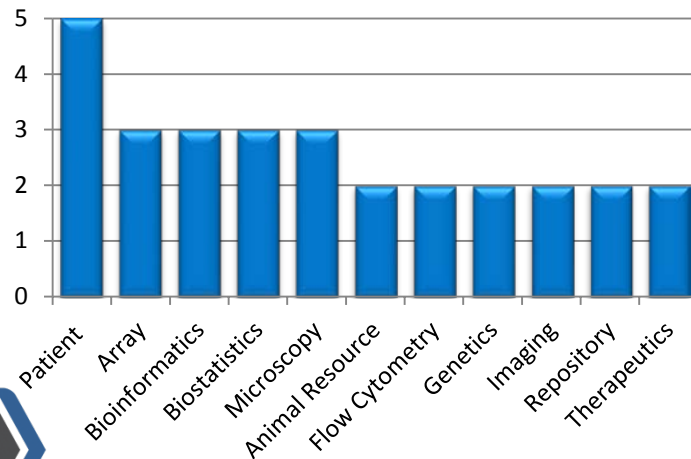# P30 Shared Core Facilities at 3 Representative Universities

NIH-Supported Histology Core Resources Institution B

P30 Histology Cores-subprojects in IMPAC II

HD038985	EY003039	AR050948
Mental Retardation Research Center	Vision Science Research Center	Skin Diseases Research Center
Dev. Neurobiol. Imaging & Tissue Processing	Molecular/Cellular Analysis	Tissue Resources and Molecular Pathology

Other Histology Cores: institution website, core websites, GOOGLE, RePORTER

4:      P30 Not detected, no cost extension

5&6: P30 Not detected, ambiguous Core title

7&8: CTSA supported

9:      P50 Comprehensive Cancer Center

10:    Pathology Department

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Observations

1. A significant level of NIH support goes to Core facilities.

2. Redundancy exists but the level is difficult to document.

3. NIH does not systematically collect data that could inform opportunities for sharing.

4. Not all Cores can and should be shared.

5. Anecdotally, informed institutions are motivated to manage and share Cores. Management practices vary.

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NOT–RR-10-001

- Release Date: November 6, 2009
- Core facilities support for the purpose of consolidating multiple cores into a single, more efficient core.
  - Consolidated core facilities must be made widely available
  - Must operate within the scope of the parent grant
- Awardees will agree to share best practices for core consolidation with the research community (participation in a national meeting or publication of a summary on their web site).
- 12 ICs participated/$18M total costs (ARRA funds)
- Use of Funds:
  - Personnel to plan and implement core consolidation
  - Equipment (under $500,000)
  - Minor alteration and renovation (under $500,000) to reconfigure space in the core facility

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NOT–RR-10-001

Summary of responses and outcome:

- 80 applications received

- Most requests focused on funds to consolidate NIH cores with those started by the institution

- 26 administrative supplements awarded, ranging from $300k to $1.3M

  ➢ P30 (18); UL1 (4); G12 (1); P60 (1); PL1 (1); U42 (1)

- $22M total cost awarded

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Institutions Receiving ARRA
Core Consolidation Supplements

Institution	Awarding IC	Award Total $
Albert Einstein College of Medicine Yeshiva Univ.	NCRR	$866,973
Albert Einstein College of Medicine Yeshiva Univ.	NCI	$849,449
Children's Hospital Medical Center Cincinnati	NIAMS	$386,385
Dartmouth College	NCI	$816,000
New York University School of Medicine	NCRR	$1,192,128
Oklahoma Medical Research Foundation	NCRR	$1,321,636
Oregon State University	NIEHS	$292,400
University of Alabama at Birmingham	NINDS	$1,044,000
University of Alabama at Birmingham	NCI	$930,000
University of Alabama at Birmingham	NIA	$614,565
University of California Davis	NCRR	$769,883
University of California Los Angeles	NINDS	$757,000
University of Chicago	NCI	$1,131,386
University of Maryland Baltimore	NINR	$1,298,153
University of Michigan at Ann Arbor	NIDDK	$458,000
University of Montana	NINDS	$1,005,100
University of North Carolina Chapel Hill	NCI	$622,891
University of North Carolina Chapel Hill	NCRR	$730,861
University of Rochester	NIEHS	$986,900
University of Texas Hlth Science Center San Antonio	NCRR	$1,297,000
University of Texas MD Anderson Cancer Center	NCI	$1,030,000
University of Utah	NCI	$845,375
Vanderbilt University	NCI	$1,249,351
Wayne State University	NCI	$701,380
Xavier University of Louisiana	NCRR	$520,000
Yale University	NIDA	$694,899

Final Progress Report (FPRs)

The 26 awardees responded to 13 Questions

1. *How many core facilities, and of what type, were proposed to be consolidated and how many and what type were consolidated?*

2. *What was the total core facility space (sq. ft.) prior to and after consolidation?*

3. *How many staff were assigned to work in the core facilities prior to and after consolidation?*

4. *Did consolidation allow cross training of staff?*

5. *Did consolidation increase the availability of core services and the number of users? If so, approximately what were the percentage increases?*

6. *Please report the number of projects or services that were completed in CY2011, CY2012 and CY2013 in the consolidated core facility.*

Final Progress Report (FPRs)

7. *Did consolidation lead to centralization of any or all of the following? Billing, Purchasing, Services Scheduling, Services Tracking*

8. *Were other efficiencies achieved as a result of core consolidation? If yes, please provide a brief description.*

9. *Was the consolidated facility publicized? If so, how (web, journal, conferences, etc.)?*

10. *After consolidation, were best practices documented via standard operating procedures? Were best practices publicized? If so, how (web, journal, conferences, etc.)?*

11. *After consolidation, was a cost recovery and sustainability program implemented and achieved?*

12. *Has the research conducted (science) been better served after consolidation?*

13. *Has the consolidation enhanced scientific collaboration among users?*

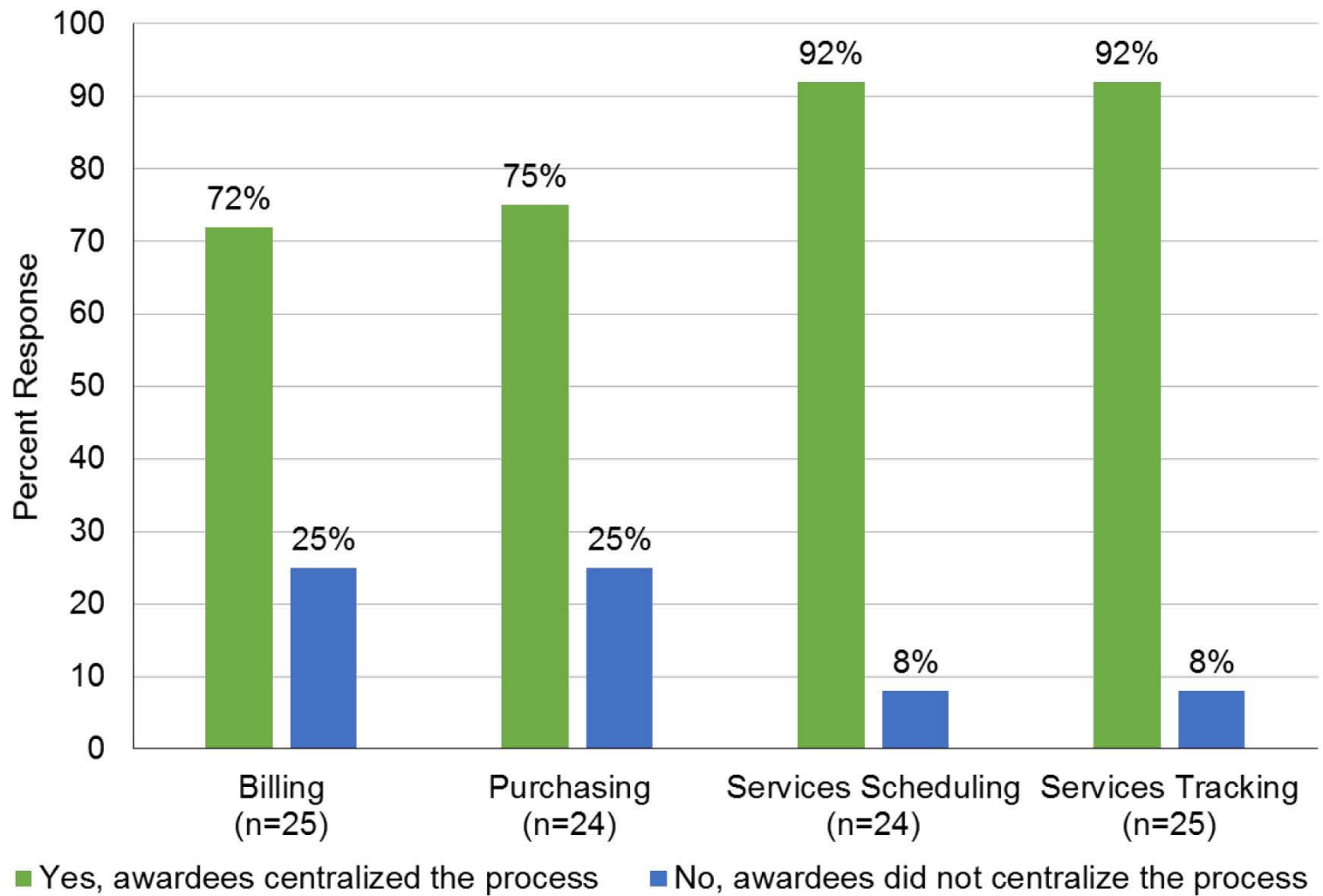# Number of Cores Consolidated per award
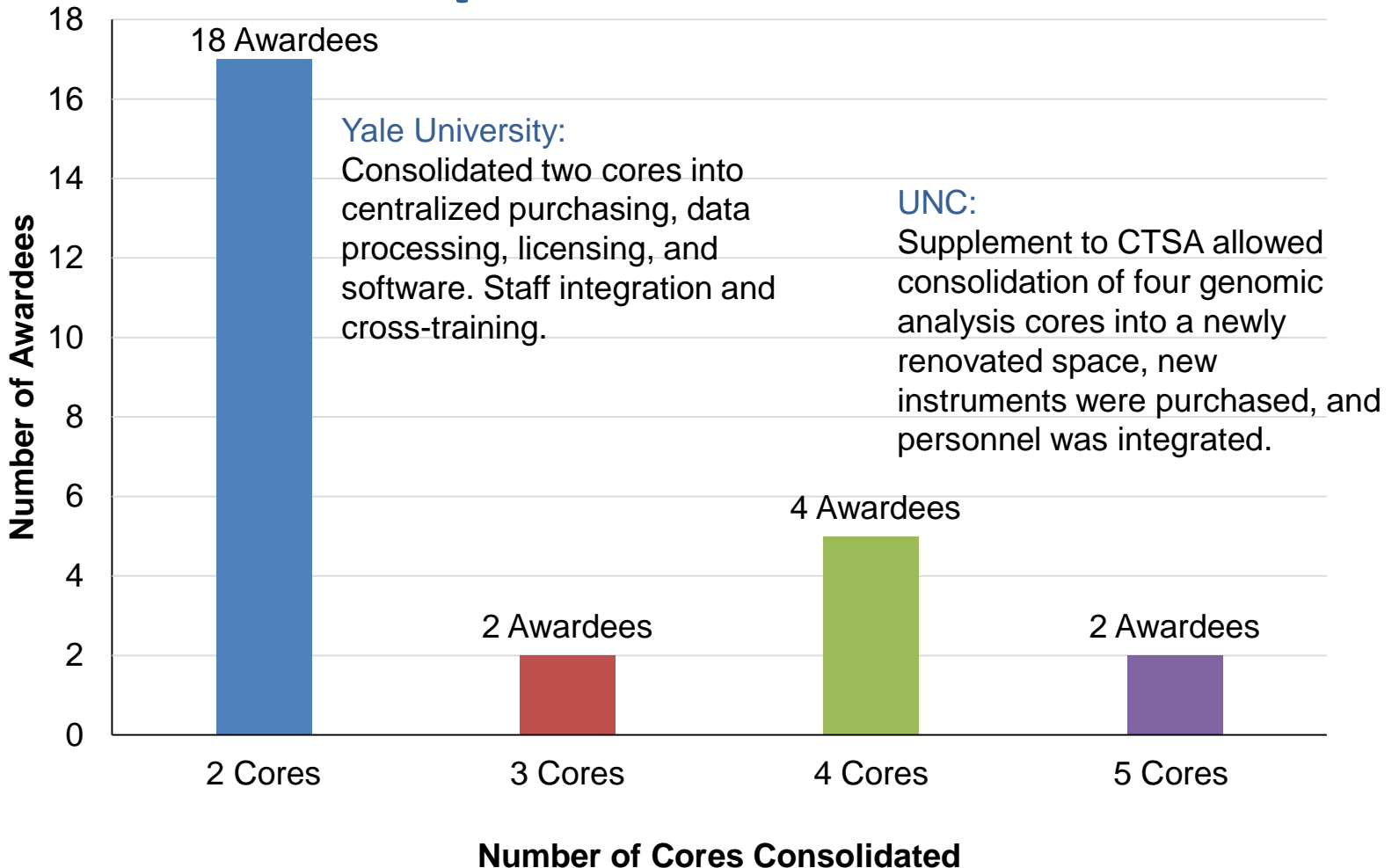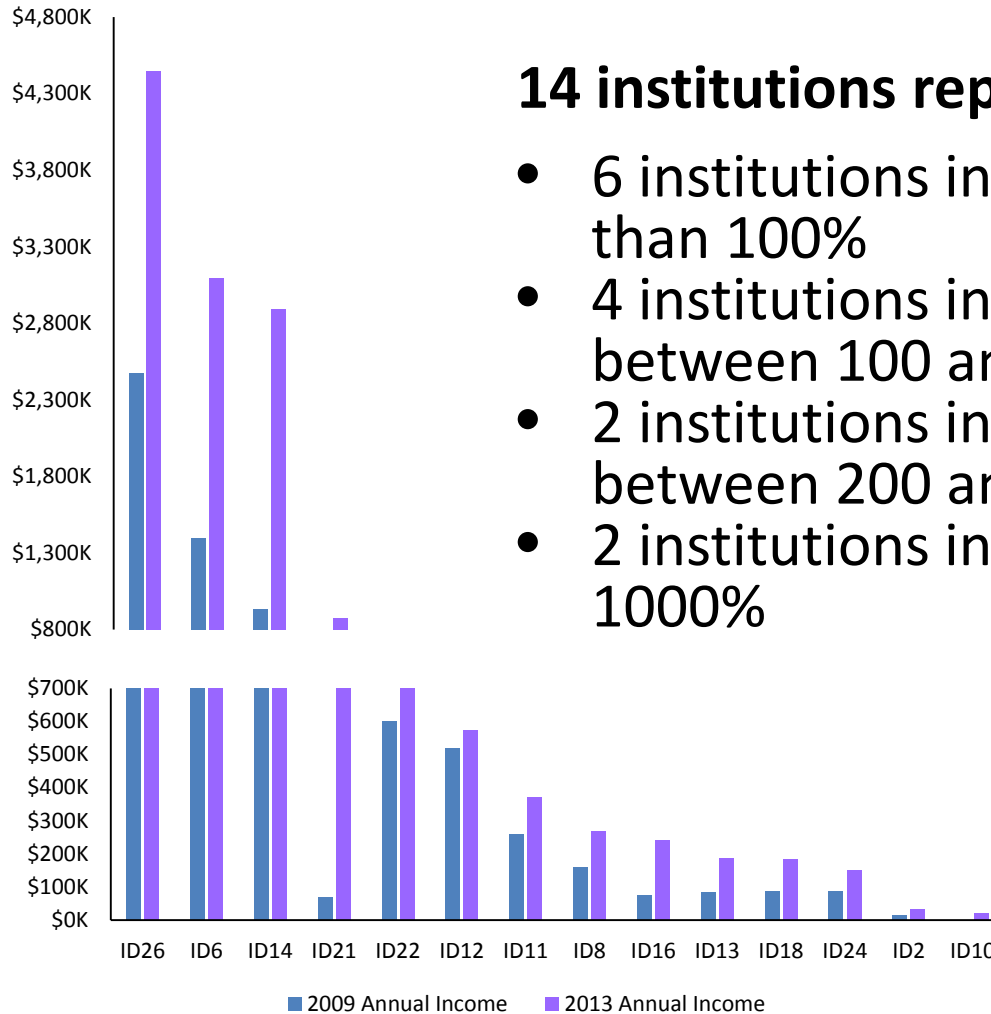
Increases in Users and Services After Consolidation
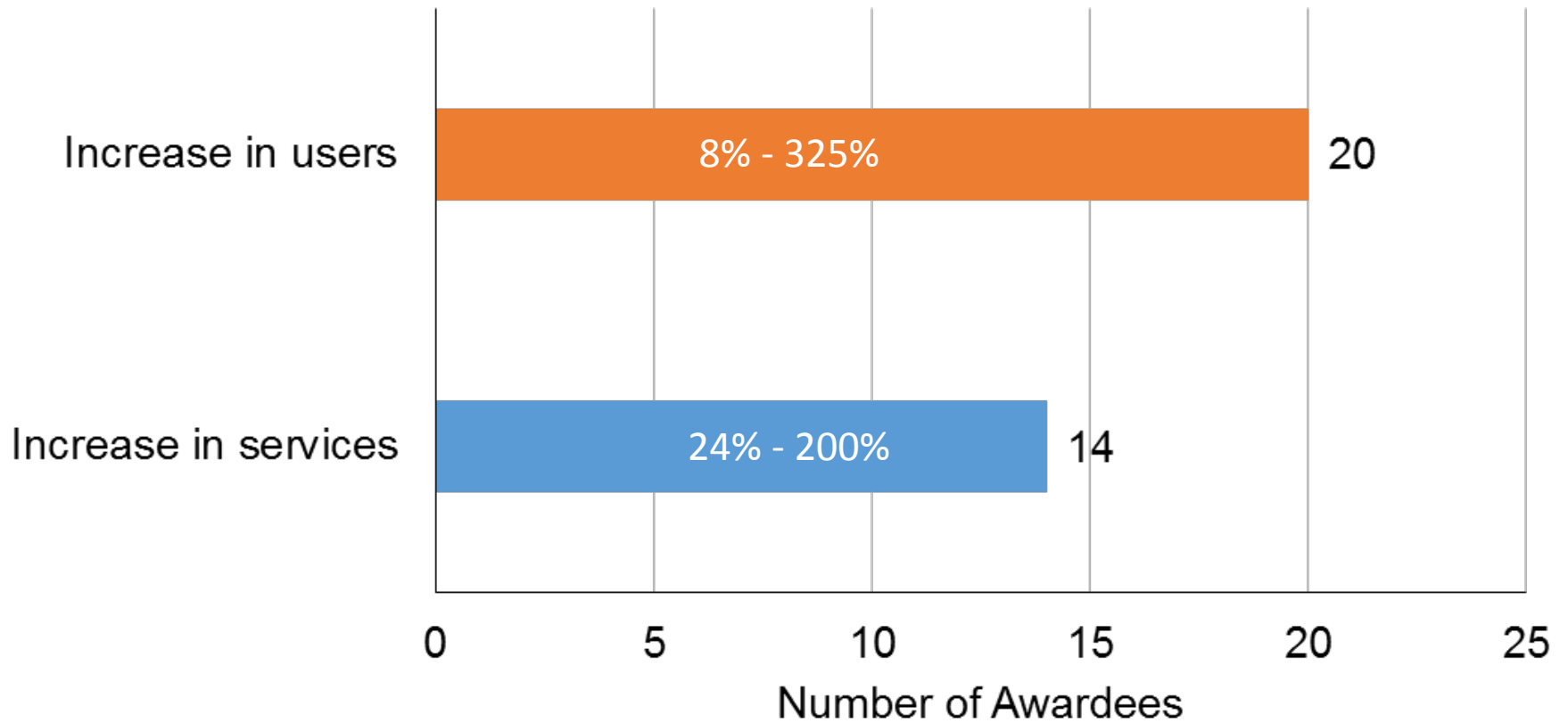
All 26 awardees reported increases in users, services, or both

Centralization of Processes as a Result of Consolidation

Annual Income Generated Prior and After Consolidation

14 institutions reported prior/after data:

- 6 institutions increased income by less than 100%
- 4 institutions increased income between 100 and 125%
- 2 institutions increased income between 200 and 225%
- 2 institutions increased income by over 1000%
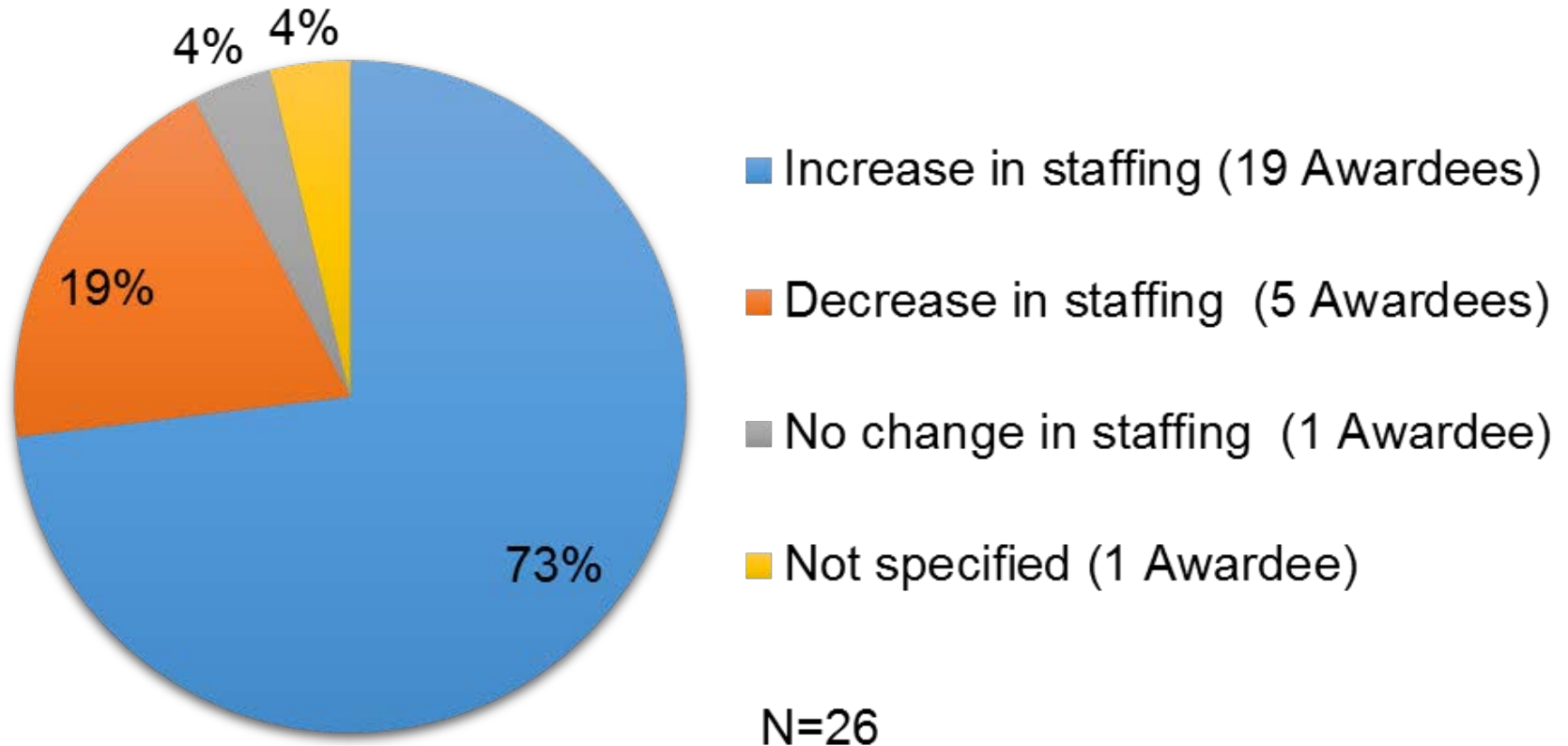

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Changes in Square Foot of Core Facilities Prior to and After Consolidation

Before: 480-6,000 ft^2
After: 650 ft^2-11,000 ft^2
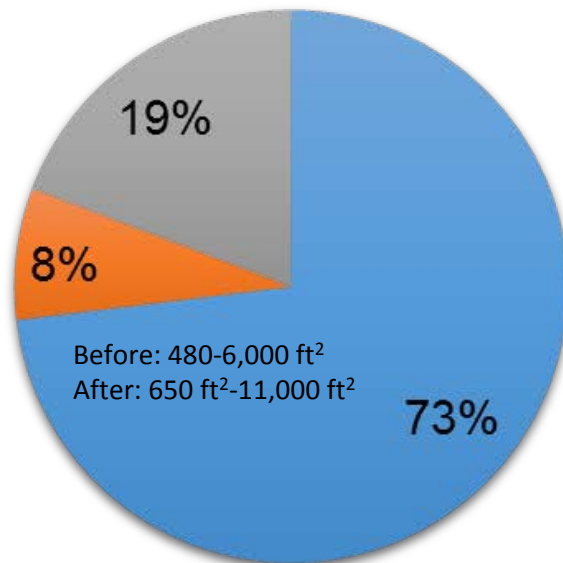
- Space increased (19 Awardees)
- Space decreased (2 Awardees)
- No change (5 Awardees)

N=26

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Staff Assigned to Core Facilities Before and After Consolidation

Legend:
- Increase in staffing (19 Awardees) — 73%
- Decrease in staffing (5 Awardees) — 19%
- No change in staffing (1 Awardee) — 4%
- Not specified (1 Awardee) — 4%

N=26

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Summary

- Consolidation of multiple cores
  - 65% of awardees consolidated two cores
  - 19% consolidated four cores
  - 8% consolidated three cores
  - 8% consolidated five cores

- All awardees reported increases in users, services, or both: average increase in users was 93%, average increase in services was 73%

- Centralization of processes was successfully achieved by most awardees:
  - Billing (72%)
  - Purchasing (75%)
  - Scheduling services (92%)
  - Tracking services (92%)

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Summary (cont'd)

- Implementation of cost-recovery and an increase in Program Income
  - Annual aggregate program income doubled: Approximately $7M prior to consolidation compared to over $14M after consolidation
- Staff employed/assigned (increased by (73%)
- Consolidation publicized primarily on core website and internal university events
- Best practices disseminated via standard operating procedures
- Additional efficiencies included: utilization of advanced technologies and methodologies, cross-trained and better prepared staff, enhanced assistance to users, improved communications, faster services and improved data analysis

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Thanks go to

- IC Program Officers assigned to the consolidation awards
- Franziska Grieder, ORIP/OD
- Patty Newman, ORIP/OD
- Steve Birken, ORIP/OD
- Mike Chang, ORIP/OD

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Questions for the Council of Councils

1. Do opportunities for sharing core facilities exist?

2. What is your experience with sharing or consolidating cores?

3. Are there disincentives to sharing?

4. Can we incentivize sharing?

5. Does your institution have a centralized or distributed model for Core planning and management?

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