Faculty Senate Meeting Minutes
April 8, 2014

I. Welcome – Secretary Michael Yeager led the meeting, filling in for President Reisdorph.

II. Approval of Minutes of March 11, 2014 meeting – The minutes from the March 11, 2014, meeting were unanimously approved.

III. Discussion and Approval Items

1. Clinical Trials Website

   Dr. John Moorhead and Michael Miller provided background information about the new Clinical Trials website. Discussions to develop the website began two years ago. Currently, there are approximately 4000 open active research study protocols on campus, and 20% of those are clinical trials. The Clinical Trials website has been built, and many faculty are using it, with 91 advertised trials now included on the site. Additionally, clinical trial information is also coming directly from COMIRB and WIRB. Emails are now sent out regularly, and all faculty should be receiving the emails which list all of the clinical trials currently on the website. Information can be entered directly into the website by completing a form and sending to Brenda Crawford. Once the clinical trials are listed on the website, the data can be used in more ways. Additionally, the current process reduces the number of emails that are sent, with only one daily digest sent to faculty. COMIRB approval still needs to be followed. The website is now keyed into patients and community doctors, raising awareness of the clinical trials currently available.

   The question was asked, is there a way to assess the efficacy of the website? Mr. Miller answered that he can see if there are more hits, but that’s the only way to currently assess that information. Dr. Moorhead added that one of the driving forces behind this project was Dr. Ben Honigman, who said that physicians from outside the institution were demanding that something on campus be created to organize the clinical trials information. Now that that is done, Dr. Honigman has advised that the community physicians are very pleased with this website.

2. Search Committee Process for Dean of SOM

   Dr. Yeager updated the senators on the Search Committee process for the SOM Dean. The firm conducting the search will be here April 14-15, and Dr. Goff has suggested that the faculty senate meet with the search firm principals. There was then discussion regarding the mechanism for conveying information to the search firm, and it was decided that information regarding the ideal qualities of the next Dean would be compiled from the Senators via email, and the list would be sent to the search firm.
There was then discussion regarding the role that the Senate should have in this process, and it was emphasized that it is important for the Faculty Senate to be involved in the whole process from start to finish. When the search strategy is decided upon, before they look for candidates, the strategy should be vetted by the senate. There is no clear time frame set for the process.

There were then questions regarding the entities and individuals that will have input and be involved in the search process, and Dr. Lowenstein commented that all relevant stakeholders, including students, residents, faculty and leadership at hospitals, will be consulted during the process. Not all stakeholders are represented on the search committee, but people will have to be responsive to be heard. Nichole Reisdorph was selected to represent the Faculty Senate on the search committee. Ultimately, the recommendations will be given to the Chancellor and Lilly Marks.

3. **CCTSI Update**

Dr. Ron Sokol, Director of the CCTSI, provided an overview of CCTSI. A renewal grant application was submitted on January 8, 2013, and it received an overall impact score of 14, which was 3rd best among 29 grants. The grant was then awarded on September 26, 2013, with funding in the amount of $51,656,921 being awarded over 4 ½ years, which is a reduction from the previous CTSA grant of $76 million over 5 years. NIH has developed a new formula for allowable funding, resulting in $1.6 Million reduction in funding each year, with a total decrease at Year 5 of $8.6 million. We will need to make up the difference by: 1) Increased institutional support; 2) New process improvement committee, increasing efficiencies; 3) Fee for service (charge backs); 4) Philanthropy with the foundation.

The individuals that are the most vulnerable to these reductions will be junior investigators who may not have the funds to pay for the services. However, a new MicroGrant program will be implemented that will provide up to $10,000 per year to pay for the new chargebacks. This program will be available primarily for junior investigators, although occasionally it could be available to senior investigators. This funding will be available for up to 3 years. This is an important program so that junior investigators will be able to afford statistical consultations.

Additionally, the new BERD seed funding is a mechanism for junior investigators to receive biostatistical consultation, up to 40 hours per year, which currently costs $25/hour. The application for receiving the BERD seed funding is simple, and thus far all applications that have been received have been approved. This information is very important to get back to faculty. REDCap is also no cost to all investigators and is completely subsidized by CCTSI. REDCap will be available shortly for quality improvement databases as well as for SOM faculty.

CCTSI now spans three universities, including UC Denver (both campuses), CU Boulder, and Colorado State University. In addition, it spans all of the professional schools on the Anschutz Campus, six hospitals, and 20 community-based organizations.
CCTS reorganized for the new grant application. There are now five major programs, including Education and Training, Translational Informatics, Translational Pilot Program, CTR Resources and Services, and Enhanced Research Environment. All programs are organized differently, and each program contains multiple cores of programs. The new organizational structure aligns with the RFA. The leaders of the programs include: Wendy Kohrt, Mark Geraci, Marc Moss, Alison Lakin, and Michael Kahn. Each Associate Director oversees one of the five pillar programs.

With regard to translational research, there are now four steps that are recognized, which include Basic Scientific Discovery to Improved Global Health. CSU brings natural animal models that share diseases with humans, serving as investigators on this campus to go to before translating to humans. Veterinarians are already doing some in collaboration. They are setting up a clinical trials unit that will roll out this summer. This adds a lot of safety to humans, also decreasing costs.

The External Advisory Committee (EAC) meets annually and is presented information about the programs, progress, challenges and problems. They issue an 11-page report, which becomes a part of the Annual Progress Report to the NIH. The EAC consists of six national experts and a project officer. The Chair of the EAC is Rob Califf from Duke University.

With regard to the latest EAC Report, the CCTSI was reported as being an “unqualified success,” and the “CTSA has evolved into a major intellectual and economic engine for the University of Colorado and the state.” Four major concerns, however, were addressed in the report. Those concerns include: 1) Reduction of NIH funding; 2) The need to develop informatics more quickly; 3) Shortage of biostatistical collaborators; and 4) Leadership role at UC Denver. The fourth concern addressed the fact that the director of CCTSI does not have an official role in the Chancellor’s and Dean’s office. At other institutes, the director is a vice chancellor and a campus champion for clinical translational research.

Other concerns that were raised in the report include the effect of charge backs, specifically questioning whether the charge backs will result in a decrease in demand for and utilization of CTRCs. Dr. Sokol added that they will monitor this issue closely, on a monthly basis.

4. Feedback from Senators Regarding At-Will Appointments

It was decided that the discussion regarding the feedback received from departments about at-will appointments will be deferred until the next meeting. The question was raised regarding the departments that are currently making wholesale changes to convert faculty to at-will appointments, or only recruiting faculty into at-will appointments, and Dr. Lowenstein answered that the larger departments that are currently doing this are Family Medicine, Radiology and Orthopedics. However, recent information indicates that Radiology has decided
to convert their faculty back to limited appointments, and are recruiting faculty into limited appointments.

There being no further business, the meeting concluded at 5:30 p.m.