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May 16, 2014

CHAIR BRUNO NACHTERGAELE
Academic Senate

RE: Request for Comments on the Center for Healthcare Policy and Research 5-Year Review

Dear Chair Nachtergaele:

An *ad hoc* review committee has completed an in-depth five-year review of the Organized Research Unit (ORU) Center for Healthcare Policy & Research (CHPR), following UC Administrative Policies and Procedures concerning ORUs. Enclosed is a copy of the *ad hoc* review committee's report for your review and comments.

Comments on the committee's report are also provided by Director Joy Melnikow for your consideration.

I request formal Academic Senate Review of these documents and ask that the report and comments be reviewed by the Committee on Academic Planning and Budget, the Committee on Research, the Graduate Council and the Committee on Education Policy. I respectfully request that the Academic Senate review be completed as soon as possible, ideally before the end of the academic year.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Harris A. Lewin".

Harris A. Lewin, Ph.D.
Vice Chancellor for Research

Attachments:
CHPR 5-Year *ad hoc* Review Committee Report
Director Joy Melnikow's Comments

/cep

c: Associate Vice Chancellor Paul Dodd
Executive Director Nancy Bulger
Research Program Coordinator Christine Parks

RESEARCH

Under Dr. Melnikow's leadership, the Center for Healthcare Policy and Research ORU has had an impressive five-year record of research leading up to this review. Both the quality and quantity of the work produced at the center have been significant with important national and regional impact on research. The Center's results are concordant with the mission "to facilitate research, promote education and inform policy about health and healthcare".

The Center conducts both highly practical policy research as well as more foundational health services research that can be directly linked to policy. Over the past five years, the center has generated over \$17 million in income, resulting in more than 40 research and research training projects. Sources of funding are diverse and include multiple state and federal agencies. The success rate with funding applications is very high (68%), considering that NIH is funding below the 10th percentile, and even taking into account that success rates for contracts is generally higher. Furthermore, the average annual research budget has climbed steadily over the past several years, despite a tough funding environment. The Center has also recently garnered a coveted T32 post-doctoral training program fellowship from the Agency for Healthcare Quality and Research. The committee believes that the Center would greatly benefit from enhanced core intramural support as well as the receipt of a Center based (P series) grant from NIH or other federal agency. In addition to providing greater core and infrastructure support, these grants would help the center focus more intensely on its interests. The Center is also in a good position to apply for private foundation funding that has a policy emphasis. Examples include the Robert Wood Johnson Foundation and Commonwealth Fund. Though these foundation grants often carry lower indirect cost returns, the Office of Research should recognize the unique sources of funding associated with policy research and facilitate the receipt of such funding.

The investigators have been highly productive with their funding; have written over 425 scientific publications, many of which appeared in high-impact journals. The Center has also produced a number of important monographs under contract. We were unable to determine the overall impact of the body of literature on healthcare or clinical policy.

There have been several other important notable trends that reinforce the Center's designation as an ORU. The Center faculty has expanded to include collaborators outside of primary care and also outside the School of Medicine, an important development. The Center has a historically strong affiliation with primary care divisions and strong collaborative ties with Public Health Sciences. The department of Surgery is a relatively recent sponsor of the Center, and the chair has identified it as a future home for surgical health services research, an area of growth within the Department of Surgery. Ties have also been developed with the Department of Economics, though these have not yet materialized to large-scale collaborations.

The Center's intramural funding program for pilot grants is an excellent way to attract faculty and trainees from underrepresented departments. Plans exist to extend the reach of the center, but some administrative, financial and logistical barriers hamper efforts to create greater interdisciplinary collaboration. As an example, the search for a Center Associate Director has been ongoing for two years, required an inordinate amount of effort by the current Director, and has been impeded by barriers related to logistics and cross-departmental operational issues. The Center still remains the 'go to' place on campus for resources related to the conduct of health services and comparative effectiveness research and represents an outstanding resource to all clinical departments. Of note, a closer and more formalized relationship between the CHPR and the UCD CTSC (local instantiation of CTSA) might help both entities enhance their profile and allow some economies of scale.

The committee experienced difficulty in assessing the overall impact of the Center's research program at a policy level, given the documents provided. The Center's impact on policy, to date, has primarily been with several state health agencies and the federal Agency for Healthcare Research and Quality. Also, of note, is the Center Director's service on the US Preventive Health Services Task Force, a highly influential organization with policy impact. The Center is well poised to have an even greater impact on health policy, due to its faculty's involvement in state policy evaluation and key state institutions. The Affordable Care Act provides an outstanding opportunity for the Center to work with both the State of California to assess the impact of healthcare reform, and also the UCD Health System as it reorients its efforts and financing to meet ACA expectations. The placement of Dr. Kravitz at the UC Sacramento Center is an outstanding opportunity for the Center's faculty and the campus.

The Center has a number of national leaders on its core faculty, and others among its affiliate faculty. Many of the faculty supported by the Center are nationally recognized in their fields and serve in important roles at advisory levels. The review committee would have benefited from more detailed information in this regard.

It was difficult for the committee to compare this ORU to other ORUs on campus, as materials were not provided for comparison. Compared to peer units nationally, the committee believed that the visibility of the Center was not high. Other academic health policy units, such as the UCSF and UCLA centers, were thought to be more visible. The Center would benefit considerably from a marketing and branding effort to improve its visibility to policymakers and other researchers. Better advertising of how the Center compares to other centers would help define its niche for the broader community. The Center would also benefit from greater interaction with healthcare payers and purchasers, both in the public and private sectors.

TEACHING

The University of California's guide for an ORU teaching activity highlights 12 topics for review. Several of these topics do not apply to CHPR because it has limited direct involvement in providing undergraduate or graduate courses that are part of an established curriculum. Many CHPR members are actively engaged in classroom teaching, but only a small number teach course directly related to CHPR's mission (one exception is "Critical Assessment of the Biomedical Literature" (CLH 290c) which is jointly organized by CHPR and the CTSC, as part of the curriculum for a Master of Advanced Study in Clinical Research). Instead, the CHPR's major contribution to teaching involves the training and mentoring of graduate students, post-doctoral researchers, and other trainees. It has a number of noteworthy accomplishments in some of these areas, but overall its teaching involvement has been modest.

MAJOR ACCOMPLISHMENTS

Post-doctoral Training: From 2008-2012, CHPR operated the Primary Care Outcomes Research (PCOR) post-doctoral fellowship program that began in 2003 with funding from the Health Resources and Services Administration. In the review period, PCOR funds supported nine fellows. Data on six of these fellows (Appendix 4) indicate that one is an Assistant Professor Hospitalist (University of Texas-San Antonio Health Science Center), one is a research scholar (University of Pittsburgh), one is an Adjunct Assistant Professor (UCD) and several are working as analysts or as primary care physicians.

CHPR received funding in 2013 for a newly developed, five-year program, the Quality, Safety, and Comparative Effectiveness Research Training (QSCERT) Postdoctoral Fellowship. Dr. Joy Melnikow, and Dr. Patrick Romano (former PCOR fellowship director), lead the program, which was funded by AHRQ as a T-32 training grant. The competition for QSCERT funding was stiff and the award reflects the status of CHPR in this area. The QSCERT program pairs scholars with a primary mentor and an interdisciplinary mentorship team that provide scholars with research guidance and hands-on experience in conducting quality, safety, or comparative effectiveness research. It also includes a training component is comprised of a compulsory core curriculum, plus a sufficient number of electives required to fulfill the needs of the basic QSCERT course (certificate only). Fellows may also earn a Master in Public Health or Master in Advanced Study. The program funds up to three fellows per year. In 2013, two fellows were supported through the QSCERT award and two additional fellows were supported by the Department of Surgery. It is not possible to assess the success of this program at this time.

CHPR members report sustained involvement in mentoring junior scholars on their research grants. Data in Appendix 4 provide information on just over 70 other mentees; 28 of these were

mentored by CHPR Executive Committee members, the rest by CPHR members. 26 of these relationships are current.

Online Instruction: Dr. Melnikow and a group of CHPR faculty members developed a free, 22 lesson online methods course in comparative effectiveness research that is offered at UCD, the University of Missouri and the University of Pittsburgh. (<http://ctsa-cermethods.course.org/cer-lessons/>). The course, “Principles and Methods of Comparative Effectiveness Research” is offered annually and engages student in problem solving and group projects. The initial class in Spring 2011 enrolled 14 students and since Fall 2012 has been offered as a hybrid on-line/classroom course (no other enrollment data were provided). Seven systematic reviews initiated by the 2011 students have been published in peer-reviewed journals.

Seminars: CHPR sponsors two seminar series. One is a weekly health services research seminar series (EPI 291) designed to help trainees develop skills to conduct successful health services research projects. Graduate students in Epidemiology may earn one unit of credit for each quarter of regular attendance. In the last five years, the seminar series featured more than 150 speakers, including UCD faculty, staff, fellows, and students, as well as presenters from other universities and institutions. A second, bi-monthly series on patient-centered outcomes provides an informal opportunity for researchers to learn about patient-centered outcomes research methods and to discuss their research ideas, questions, and challenges. These brown-bag sessions alternate between specific topics and learner-centered sessions.

AREAS OF CONCERN

Pre-University Internships: The CHPR 5 year report describes a high school internship program that extends training opportunities to young people interested in exploring careers in health care and research, but provides no data on the number of students involved or on the growth of this program over the last five years.

Undergraduate Training: No data on this are provided and it appears that CHPR has limited involvement with undergraduates.

Graduate Training: CHPR’s five year report (Appendix 4) suggests somewhat limited involvement in graduate training and placement. It lists 11 graduate student trainees, 5 of whom were visiting scholars. The CHPR report states that it has supported numerous graduate students from UCD and international academic institutions but it appears that in any given year, only 1 or 2 graduate students are involved in CHPR. The distance from the main campus to CHPR may contribute to the limited graduate (and perhaps undergraduate) involvement. Data

from other programs with a similar focus and size would help adjudicate whether these numbers are normative.

Placement: The five year report provides little data on CHPR's role in helping to place graduate students and post-doctoral researchers that have been affiliated with it, or what aspects, if any, of the CHPR program were important in placement.

Limitations in Creating a Critical Mass for Seminar Series: The weekly seminar series attracts 8-20 people, the bi-monthly only about 2-3 per session. Most faculty members spend little time in the CHPR center and this may discourage seminar involvement.

IMPACT ON CAMPUS

The CHPR has overall had a relatively minor impact on the UCD Campus in both Davis and Sacramento and the overall reputation of the Center is limited because it is not well-known. The Center was described by several interviewees as a “well-kept secret” that has not been marketed sufficiently either within UCD or externally.

The CHPR was developed from a primary care center and had a number of leadership changes before Dr. Melnikow was appointed 4 years ago. Since her appointment the CHPR has increased its impact significantly with collaborations across the causeway (Economics, social sciences, public health), in Sacramento (CTSA, Family Medicine, Internal Medicine, Surgery, Emergency Med), and increasingly with some other groups (Psychiatry); external events/decisions often beyond the control of Dr. Melnikow may have impeded connections with other units such as the Institute for Population Health Improvement, Pediatrics, and OB/GYN.

CHPR clearly has the potential to be a “bridge over the causeway” between Davis and Sacramento and has started this process but needs to significantly increase this effort as an interdisciplinary research center.

CHPR has run several good conferences, with the Surgery one being mentioned positively by several interviewees, but only a few PIs are involved actively in the Center on a regular basis, with 4 leading most grants. Some faculty members clearly see the Center primarily as a good place to house grants, rather than a place for the fermentation and development of interdisciplinary ideas and research. Several use the Center for this reason in preference to their own departments because the latter seem unable to match the Center’s breadth of grant management administrative facilities and expertise.

Some interviewees suggested that CHPR should be able to work more as a research partner with the Institute for Population Health Improvement but little has occurred here so far; this group might be a good partner for eventual co-location. Other interviewees observed that the Institute’s emphasis was not on research, but on client-driven projects. Collaborations with the Beijing Genomics Institute’s (BGI) research initiatives and more cooperation with the Health Informatics Graduate Program were suggested. There was evidence of productive collaborations between CHPR and the CTSA, such as pilot project funding and the on-line CER course, but a more formalized relationship between these two entities might benefit both. For example, the CHPR Director might become part of the CTSA’s leadership and the CTSA Director might serve on the CHPR’s Executive Committee. Also, shared access to their grant preparation staff, including grant writers and financial officers, might benefit both and result in economies of scale. Some informants viewed CTSA as a helpful resource for statistical support and basic clinical trial design but saw CHPR as a better source for support for comparative effectiveness

research trials and systematic review methods. The complementary characteristics of the methods resources of both centers could be better synergized for greater impact on campus.

Regarding the specific questions on Impact on the Campus of the ORU we respond as follows:

1. Evidence that the existence of the ORU was a factor in attracting faculty or students to the campus;

The Chair of Surgery made it clear that the presence of the CHPR was a major factor in her personal recruitment, and it appears that this is the case for a number of other faculty, and is increasingly being the case with respect to the 11 Comparative Effectiveness related faculty positions being developed by various departments. There is little evidence, apart from the online program, that students are attracted to campus through the Center's activities.

2. Effect of the program of the unit on campus programs, including statements as to why the goals and objectives could not be accomplished within the existing departmental structure: This is covered above
3. Assessment of the uses of all resources available to the unit and evaluation of the unit's internal and external sources of support in relation to its mission:

The School of Medicine provides limited core financial support for the Center, and surprisingly little support (10%) for the Director's position. The review committee was given the impression that is likely that more support would be forthcoming if the Center could have an increased strategic focus.

4. Advantages and disadvantages to the campus that might reasonably be expected to occur in the future if the unit is continued:

We would expect that the Center would be able to link a number of other campus units to statewide policy initiatives, that strength in areas such as comparative effectiveness research would be increased, and that internal "cross causeway" linkages would be improved. If the Center were not continued we see this as primarily a lost opportunity for the campus in that UCD generally will be much less well positioned to take advantage of the opportunities enabled by the Affordable Care Act and related national policy changes.

PUBLIC SERVICE

CHPR clearly conducts a great deal of useful public service, although the Committee also had some recommendations for the future. Their public service activities are well-documented in their five year report. In general, CHPR would benefit from strategically planning public service activities and greater consideration of their “comparative advantage” relative to similar centers.

Dr. Melnikow and other faculty have reached out to many departments and groups on campus and elsewhere, as would be expected of an ORU. Colleagues repeatedly applauded Dr. Melnikow and the CHPR for being very collaborative, inclusive, and open to joint efforts. A notable example is their work with the Department of Surgery. Dr. Farmer, an internationally renowned fetal and neonatal surgeon, is chair of the Department of Surgery at UCD Health System. She noted that CHPR was a major reason for being willing to leave UCSF for UCD, which is a strong endorsement from a renowned surgeon. However, it was noted by some that CHPR has limited visibility on the campus and Medical Center as a whole and that it would be advantageous for them to do more “branding” and outreach. In their annual report, CHPR noted that a weakness was a “limited clinical research portfolio”. CHPR does have the challenge of integrating both with the UCD campus itself (in Davis – this requires going “over the causeway”) and the Medical Center (in Sacramento).

CHPR has some unique advantages that can help create a specific niche and generate greater visibility and funding. First, CHPR is situated in the Central Valley, which has some of the least healthy populations and access to care in the state. Since a focus of CHPR is disparities, they have an opportunity to have an impact on these concerns.

Another unique advantage of CHPR is its location in Sacramento, the state capital. CHPR has taken advantage of this proximity in several ways. Of particular note is the work of CHPR since 2004 with the California Health Benefits Review Program (CHBRP). CHPR provides independent analysis of the medical, financial, and public health impacts of proposed health insurance benefit mandates and repeals to inform the State Legislature. In Dr. Melnikow’s vision statement and presentation, she notes that CHPR plans to increase its involvement in the analysis of state health reform activities, which seems like a natural fit and one that takes advantage of their location. This theme also was mentioned in the previous five year review and future efforts in this regard should be even stronger and more focused.

CHPR faculty members provide service to several governmental groups. Of particular note is Dr. Melnikow’s prior service on the US Preventive Services Taskforce, which is a highly prestigious and impactful group. Dr. Romano works with state and federal agencies to improve health care

performance measures and quality indicators, including OSPHD, OPA, the National Quality Forum, AHRQ and Centers for Medicare and Medicaid. Also of note is the work by Dr. Kravitz, who is the Director of the UC Center Sacramento. This center advances the University's mission of teaching, research and public service with an integrated program to train future state leaders, address challenging public-policy issues confronted by the nation and state, and carry out the University's mandate to assist state government.

CHPR hosts a number of seminars and brown bag meetings (described further under Training). During the past five years, CHPR's seminar series hosted 57 speakers external to UCD; 31 from other academic institutions, and 28 from government or community organizations. These provide a useful resource to the UC campus as well as to students.

In sum, the committee viewed the public service activities of CHPR as strong. We would recommend creating a visionary plan to build a niche in state health reform efforts.

JUSTIFICATION FOR CONTINUANCE

Justification for Continuance

The Review team felt strongly that the CHPR should continue to be supported as an ORU in Health Policy and comparative effectiveness research, an important field of research whose time has come. CHPR has the capacity to be a research leader on the impact of major health policy changes through the Affordable Care Act. There is a great opportunity to evaluate the impact of the ACA in the largest state in the USA given CHPR's good working relationship with the legislature. Its impressive California Health Benefits Review Program provides a high profile opportunity for policy research as well as for long term financial stabilization. Interest in comparative effectiveness and outcomes research within the field of medicine and public health has reached new highs and a new federally supporting funding agency, the Patient-Centered Outcomes Research Institute (PCORI), may provide future opportunities for the center.

The Review team felt that CHPR should be working more consistently with other UC units/med schools and the UC Sacramento Center (now directed by an ex-director of CHPR). It should also be leveraging its strength to influence the CA Department of Health and the legislature. Internally the opportunity to continue working to be a "bridge over the causeway" and the potential to improve this in future is high, especially if partnerships could be made with the Veterinary and Agricultural Schools. This may help the Center broaden its perspective and move away from its primary care origins. A re-branding exercise would be helpful in this respect.

The CHPR is good at bringing researchers and students together, and has a stable core group of invested faculty, both senior and junior, with a good focus on "dry lab research"; this is a major strength. The students in particular like the weekly seminar series, but this is attended only by a small core group of students and faculty (8-20 on average) and needs to be revisited. It may be better to have these talks less frequently or to schedule some on the Davis campus.

The current mission of the CHPR is mainly driven by faculty involved with the Center. This is understandable as it allows the Center to focus on its primary customer (faculty); however, the Review Team felt that the mission should also be driven more strategically by the Center leadership, and by an External Advisory Board. The CHPR has a highly respected Director and other core faculty but the current executive committee is mainly an informational group, rather than a governance or decision making one. The inclusion of some external members and a

greater focus on decision could help CHPR become less of a “virtual center”, develop an increased faculty core presence, and lead to NIH “P” type grants within a few years.

The proposed UCD School of Public Health should be seen as potentially complementary and does not represent a threat. It may lead to another strong potential partner, while the impressive T32 grant, and good developing educational programs, especially the online Comparative Effectiveness course, are excellent foundations for the future.

The presence of the Center is helpful in recruiting faculty to UCD and several good examples of these recruitments were demonstrated. UCD is recruiting in the area of Comparative Effectiveness (11 departments have related searches) and it has always been strong in interdisciplinary research via the various Graduate Groups; both of these strengths could be leveraged more in future. Unfortunately, while the CHPR Director is participating on multiple search committees, she has not been given the opportunity to be involved directly in strategic planning for comparative effectiveness or outcomes research across UCD. The funding environment at UCD is changing with initiatives from both the Office of Research and the Provost creating incentives for the Center to work with UCD departments to help recruit and house faculty in ways that will be beneficial for both the Center and the departments. The CHPR could become a major intellectual center for comparative effectiveness research, and methodology expertise in health services research, if it goes in this direction, but it needs to emerge from its current status as primarily a grants service center at the academic level.

To do this it needs a formal business plan, and also a marketing plan. With these, the Review Team believes there could be significant increased opportunities for more funding from School of Medicine and potentially from some departments, as well as external funders.

In summary, this Center’s scientific focus is a vibrant, “up and coming” area of research as health care reform unfolds nationally and locally. The Center ‘s faculty are highly supportive of its Director, who has done a remarkable job of mobilizing relative “newcomers” to this area of research, such as surgeons, and starting relationships with departments outside the medical school. Importantly, this has been achieved while maintaining, and even increasing, the high level of productivity of its more long-standing core faculty. The Review Committee believes that the CHPR’s continuation is essential for UCD to maintain a presence in healthcare outcomes and effectiveness research and health care policy. The strengthening of the Center’s infrastructure will bring enhanced visibility locally, nationally, and internationally.

PROBLEMS AND NEEDS

Problems:

- Relatively unpredictable level of intramural funding
- Intramural funding is largely from School of Medicine; campus ORU support has been very marginal, which inhibits campus-wide initiatives
- Low level of core support for Director and Associate Director salary
- Ferociously competitive and declining national extramural research funding sources
- Lack of integration with governance structure of other UC Davis related entities, such as CTSA or the Institute for Population Healthcare Improvement (IHI)
- Limited input into the expansion of “brain power” for health policy research across campus
- Lack of formalized relationships with other UC entities focused on similar scientific activities
- Modest regional and national visibility (although expanding with AHRQ T32, service on USPSTF)
- Currently adequate physical plant, but not located centrally and limited capacity to grow
- Relatively few affiliated faculty spend resident time in the Center
- No external advisory board or source of input on long term planning and strategy
- No coordination with CHPR of new hires for comparative effectiveness research at the School of Medicine
- Lack of coordination of similar-purposed unit operating in the UC system
- Indirect cost return policies may inhibit other departments from encouraging faculty to participate in CHPR
- The lack of federal ‘center’ type funding (under P or U mechanisms for example) makes it difficult to establish a reliable infrastructure to generate additional funding.

Needs:

- A new detailed five year vision that aligns incentives for CHPR to be highly successful. Primary alignment should first be established with the School of Medicine and the Office of Research to ensure that resources are provided to incentivize growth and cohesion with other campus centers with similar and complementary interests.
- A “presence at the table” of long-range planning for health policy and health services research at UCD and also at other UC campuses
- Access to a predictable level of intramural resources that should at least cover reasonable effort commitment for CHPR leadership (Director, Associate Director)

- Long term space plan bringing CHPR faculty physically closer to the health science campus
- Develop incentives for funded faculty to spend more time in residence at the Center.
- Research Office should request appointment of an external advisory board to assist the director in long term strategy and center development
- Ability to offer Department Chairs some resources in hiring faculty and input into these hires
- More centralized space on campus with capacity to grow
- CHPR director should be better integrated with other ORU campus leaders
- Financial and other incentives should be developed for department chairs across campus to promote faculty involvement in CHPR
- The CHPR director should actively explore, as part of a long term funding strategy, applications to NIH, PCORI and/or AHRQ for center funding for core infrastructure and core projects.

OVERALL RECOMMENDATIONS

The review committee unanimously recommends, in the strongest possible terms, that the Center for Healthcare Policy and Research (CHPR) be continued, maintain its ORU status, and receive resources commensurate with its enormous potential. The Committee has several specific recommendations, based on an overall assessment of the CHPR's strengths and weaknesses as perceived from the 5-year report, additional written materials, and an intense sequence of interviews with pertinent individuals at UCD (listed on the face-to-face Review agenda).

We now summarize our perception of CHPR's strengths and weaknesses, described in more detail in the previous sections of this report, and then we specify our recommendations.

Overall strengths:

- Committed core group of high quality and very productive researchers
- Optimally positioned, geographically and intellectually, to make important contributions to the national and state discourse on healthcare reform; the focus of the Center on health services research was perhaps never more opportune and necessary than it will be in these coming years.
- Dedicated and highly respected Director who has demonstrated the ability to help the Center grow and flourish after a period of turbulence before she became Director , and even in an environment of shrinking resources

Overall weaknesses:

- Limited core support in comparison to other ORUs, and little extra funding asked for historically
- Limited aspirational goals, somewhat diffuse vision
- Visibility on Campus and externally not commensurate with Center's accomplishments to date and future potential

Recommendations

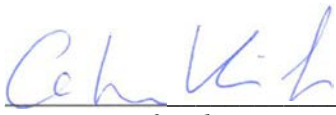
1. Articulate a strong and more specific vision with aspirational goals. We realize that the need for the Center to survive took precedence over long-range strategic planning, but now is the time to "think big" and delineate a roadmap for the next 5 years. We suggest that a serious strategic planning effort be conducted within the next few months, with products to include:
 - a. A more specific Vision and Mission statement

- b. Goals and objectives to achieve, among others:
 - i. A clear plan of scientific growth with specific scientific high-impact research foci (e.g., as presented by the Director, health care reform in California; or, as there already is a nucleus, trauma outcomes research). This might include a strategy and timeline to apply for a NIH or AHRQ P-series grant.
 - ii. Integration of the Center with other UCD entities (e.g. CTSA), in both research and education
 - iii. Recognition of the Center as a “key campus player” in activities pertaining to health services, outcomes, and effectiveness research (more on this below) and education
 - iv. Increased national visibility
 - v. Expansion of the very positive efforts to date to collaborate with other Departments, both within and outside the medical school
 - c. Metrics and benchmarks for success realistically based on multiple scenarios for available resources
2. One-year and 5-year business plans to underpin a well-justified “ask” for internal resources that will allow the Center to achieve its potential. Campus leadership was clear in its willingness to consider a well-justified request for resources that will enable the Center to grow.
- a. The Offices of Research and of the Dean of the School of Medicine should be presented with compelling arguments, as were initiated during this Review, to invest further in the Center through infrastructure support for
 - i. Center leadership effort
 - ii. Resources to enable the Center to contribute to targeted departmental recruitments and incentivize Department Chairs to hire CHPR brain power. Active participation for the Center in the planned “cluster hires” was one such option mentioned by campus leadership.
 - iii. Operational enhancement.
 - iv. Enhanced space. Currently, even Center core faculty spend limited time at the Center and have no designated offices. Re-location to a more central place, perhaps co-location with the CTSA, and encouragement for faculty to spend scheduled time at the Center would help in providing opportunities for scientific interactions.
3. More assertive and externally focused leadership, with more managerial back up internally. The Center Director has done a remarkable job of engaging new partners (e.g. Department of Surgery) but a vigorous expansion of these efforts is now needed. Of

course, this requires person-power and it is unreasonable to expect that this will happen unless Center leadership is freed up to this purpose. Thus, we suggest

- a. Enhanced support for Center Director and Associate Director effort (entailing, e.g., freeing of some clinical or medical student teaching responsibilities) with time to be used for enhanced outreach to :
 - i. State government
 - ii. Large healthcare payers and health plans
 - iii. Other UC entities with parallel interests
 - iv. The UC Davis health system
 - b. Managerial backup for the Center Administrator, so she does not have 30 direct reports and is able to enhance operations
4. Assertive “branding “ to increase visibility locally, nationally, and internationally. This will help with increased fundraising and marketing – possibly endowed chairs in strategic areas
5. Streamlined and enhanced involvement of internal and external investigators in Center guidance. The Center’s current Executive Committee appears to have no clear charter, and its composition is based more on tradition than a well-defined role. One of its current members suggested that monthly meetings are excessive. We suggest that CHPR leadership consider the replacement of the Executive Committee by 3 entities:
- a. A smaller (N~5) Executive Committee of core center faculty who actively advises the Director on strategic planning and executive decisions if necessary
 - b. A larger Internal Advisory Board (N~12?), with broad representation of leaders across the UCD campus with an interest in the Center’s growth and welfare (e.g. selected Department Chairs, PI of the CTSA, and other appropriate campus entities)
 - c. An External Advisory Board (N = 3 -5) comprised of national leaders in the Center’s scientific field and/or Directors of other similar centers across the Nation. This group would be advisory to the Center Director and UCD leadership regarding the Center. Importantly, Board members should see themselves as advocates for the Center nationwide and enhance the Center’s visibility.

Report respectfully submitted by:



Catarina Kiefe, Chair

1/29/2014
Date



David Grossman

1/31/2014
Date



Willia

2/5/2014
Date

Kathryn Phillips

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February 27, 2014

Harris Lewin
Vice-Chancellor for Research
UC Davis Office of Research

Dear VC Lewin,

Please find attached my response to the ad hoc review committee's Five Year Review of CHPR. I look forward to further discussions with you and Associate VC Dodd about the future of CHPR.

Best regards,

Joy Melnikow, MD, MPH
Director, Center for Healthcare Policy and Research
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Center for Healthcare Policy and Research Five Year Review Report

Summary Response

February 27, 2014

The Review Committee's strong endorsement of the Center for Healthcare Policy and Research (CHPR) and recognition of the accomplishments of our center over the past five years are greatly appreciated. These accomplishments include generating over \$17 million in funding for over 40 research and research training projects, over 425 publications by CHPR faculty, our expanding connections with new CHPR faculty members, and our involvement with providing evidence to health policy makers.

The Review Committee provided several suggestions for expansion of CHPR's scope and reach, given sufficient and necessary additional resources. As Director of CHPR, I plan to work with the Executive Committee to craft a formal vision statement and budget designed to build CHPR into a nationally recognized Center of Excellence in research on health outcomes, quality, and costs with a particular focus on studying the impacts of the implementation of the Affordable Care Act. We will expand our capacity and focus on research to inform health policy at the state and national level. These areas of expertise will form the basis of our educational programs, which will continue at the postdoctoral level, and expand to reach a larger number of graduate and undergraduate students. To ensure success, these efforts warrant commitment of important resources from the institution in the form of support for faculty FTE, FTE to recruit specialized staff, support for an External Advisory Board, marketing of CHPR to state and national funders, research pilot funding, and student internships. After careful consideration of the Review Committee's recommendations, I summarize planned actions below, and plan to submit a budget for the next fiscal year that will allow me to accomplish the following in the next 1-2 years.

Proposed actions to elevate CHPR to the next level are divided into three categories and provided below:

Administrative

- Completion of recruitment of an Associate Director for CHPR
 - This recruitment has been in process for over two years and is complicated by the multiple departments involved in the process
- Formation of a streamlined Executive Committee that meets every 1-2 weeks to make strategic decisions
- Reformulation of the current Executive Committee as an Internal Advisory Board that will provide perspective and guidance on larger issues involving CHPR
- Expansion of CHPR management to distribute the supervisory load and enable the CHPR MSO to focus on overall management of the Center
- Creation of an External Advisory Board to meet twice a year and help to promote CHPR visibility on a national level
- Work with Public Affairs and others on development of an internal marketing plan to increase CHPR visibility to potential faculty members and students across campus and an external marketing plan to increase awareness of CHPR among potential funders as well as state and federal health policy makers.
- Participation in one or more national conferences as a Center, to enhance our national visibility and availability for research collaborations and as a resource for postdoctoral training.
- Development of one year business plan to accomplish the short-term objectives outlined in this summary

Research

- Develop a strategic focus on studying the impact of the implementation of the Affordable Care Act at multiple levels, ranging from impacts at the level of the physician patient relationship to health services delivery to large scale social and economic impacts. This focus will engage multiple departments and

Centers, including close relationships with the Poverty Research Center and the UC Center Sacramento. We will seek intramural and extramural funding to support this effort, including funding for infrastructure support from NIH, AHRQ, PCORI and private foundations.

- Expand our capacity to conduct systematic reviews, meta-analysis, and economic modeling as these are key areas for providing evidence to health policy makers and currently UCD is short in both skilled staff and knowledgeable faculty in these areas. Training of existing faculty combined with strategic recruitments with the Department of Public Health Sciences and the Poverty Research Center could expand faculty expertise for research and education in these important areas.
- Expand our grants development team to support applications to organizations funding health services and health policy research.
- Expand our inter-UC collaborations which currently focuses on the California Health Benefits Review Program, to include other UC-wide initiatives and collaborations with similar Centers at UCSF and UCLA
- Expand collaborative relationships with the CTSC to focus more on research. Currently our collaborations are focused primarily in the areas of postdoctoral training and sharing specialized staff support, but could readily expand to additional collaborations on pilot funding, support for grant writing and reviewing of grants, and joint support for patient, stakeholder and community engagement as part of research.
- Ongoing consistent funding to support targeted pilot grant initiatives designed to enhance competitive applications from faculty to PCORI, AHRQ, NIH and foundations supporting research in outcomes, quality, cost, and health policy.

Education

- Continue our AHRQ funded interdisciplinary T32 postdoctoral training program in Comparative effectiveness research. This will be a key resource for departments seeking junior faculty with training in CER and outcomes research.
- Develop an organized undergraduate research internship program, which will expose undergraduates interested in health services and health policy research to direct involvement in projects.
- Collaborate with the Poverty Research Center on a summer internship open to students from historically Black colleges and universities. Such a collaboration would allow underrepresented students with a particular interest in graduate studies in public health, medicine, nursing or social sciences with a focus on health policy would have an opportunity to experience UC Davis. This program would directly address the pipeline issue to increase diversity among graduate and health professions students.
- With UC Center Sacramento, develop a health policy course targeting undergraduates with a strong interest in health policy across the UC System.

Long Term Planning

Regarding the more distant future, I propose to initiate a **strategic planning effort** for CHPR once an Associate Director is in place to accomplish the following:

- Review and revise our existing mission and goals to formulate revised, focused and aspirational mission, vision, goals
- Outline a campus-wide effort to increase UCD capacity in effectiveness research and health policy through targeted joint hires and enhanced collaborative efforts
- Develop a 5 year business plan to accompany the strategic plan.