

HEALTH POLICY CORNER: PART I

Future of the CTSA Program: SGIM's Response to the Institute of Medicine

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The Institutes of Medicine (IOM) convened an expert committee to provide an independent appraisal of the NIH Clinical and Translational Science (CTSA) Program this past year. As many of you know, the CTSA Program has been in the spotlight since December 2011 when the NIH created the National Center for Advancing Translational Sciences (NCATS), which was given oversight of the CTSA Program. Much of the attention around NCATS has stemmed from the NIH director's interest in having NCATS play a major national role in: 1) improving the efficiency of the processes surrounding drug discovery and development and 2) capitalizing on recent advances in molecular biology and genetics and the resultant identification of new molecular targets for therapies.

While this new agenda in drug discovery holds the promise of better targeted and more personalized treatments for cancer and other diseases, many have expressed reservations about the NIH's ability to jumpstart work in this area when the pharmaceutical industry with far greater resources than NIH can muster is having so much difficulty in this space.^{1,2} Others have expressed concerns that this new agenda might negatively impact CTSA missions in T3 and T4 research to develop more effective ways of disseminating and implementing those therapies that we already know are effective and to advance more effective public policies to improve the nation's health. Thus, the SGIM Research Health Policy Subcommittee has closely followed the national dialogue around NCATS, as well as the deliberations of the IOM Committee.

Since its creation in 2006, the CTSA Program has had a major impact in many institutions on promoting community-engaged research, implementation research, comparative effectiveness research, and pragmatic trials for testing practice-based interventions. As such, general internists play key roles in most CTSA programs. In addition, the CTSA initiative has been an important vehicle for advancing these agendas within individual NIH institutes and centers, which represent the funding arms for such research, given that the CTSA Program largely supports research infrastructure and not individual studies.

In response to the IOM Committee's request for information, the SGIM Health Policy Research Subcommittee provided responses to a number of issues raised by the IOM. The recommendations highlighted the Subcommittee's firm position that the CTSA Program must continue to embrace the full T1-T4 spectrum of translational science. Key excerpts from the Subcommittee's response are highlighted below.

SGIM believes strongly that the full spectrum of translational research from T1 through T4 is critical to improving the health of the American people; the missions of the CTSA Program and of NCATS overall must continue to embody this broad framework.... Just as it is important that the development of pharmaceuticals makes the transition from the bench to the medicine cabinet, so too is it critical that all procedures, practices, and products move from the bench to the doctor's office, the community clinic, and the public health practice. Failure of translation into widespread practice and health

benefit is a failure of translational research.... Indeed, the CTSA Program has been instrumental in advancing translational science across the entire T1-T4 spectrum and fostering innovative research to overcome barriers to the translation of both bench science and clinical evidence. The broad spectrum of inquiry of the CTSA Program has been critical in spurring interdisciplinary team science in academic medical centers and in creating integrated infrastructures for translational research and training of new investigators. Thus, we urge yet more emphasis on the full spectrum of translation and the support of interdisciplinary work as the basis for the success of the CTSA/NCATS mission.

The goals of the CTSA Program to engage community organizations and improve community health are noteworthy and need to be actively supported. However, the resources to support such efforts through the CTSA Program are modest at best, and the ability of CTSA institutions to bring better health to communities is dependent on a predictable stream of funding from the NIH institutes and centers for community-based research. Similarly, it is important to recognize that the determinants of health include a complex array of clinical, behavioral, economic, and social factors and that the improvement of global measures of health requires a long-term commitment to community-based health and to disease prevention. Thus, SGIM believes that milestones for assessing the success of such research should be realistic and should focus on intermediate outcomes that are specific to the community-based inter-

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ventions being proposed and that can reasonably be impacted by the community-based interventions that are being implemented through CTSA initiatives in community health. The CTSA Program has had an extraordinary impact on increasing capacity for T3 and T4 translational research nationally and for spurring institutional investments in these areas. For most institutions, the CTSA Program promoted new programs in community engagement and in building durable partnerships with community organizations and “real world” clinical practices. For some CTSA institutions, these partnerships represented the first true community ventures and the first time that institutions sought to ad-

dress important community health needs.

The IOM Committee’s report was released this past June. The report recognized the accomplishments and value of the CTSA initiative and made several recommendations to strengthen the program. The report recognized the value of community engagement to the translational research enterprise and recommended that the CTSA Program “preserve, nurture, and expand” partnerships with patients, families, health care providers, and other community stakeholders—a vision shared by SGIM and reflected in the comments provided to the IOM from the Health Policy Re-

search Subcommittee. Looking to the future, the Subcommittee will actively work to ensure that the CTSA Program continues to promote research agendas and infrastructure that support the research interests of SGIM members in improving access, quality, cost, and equity in health care delivery.

References

1. Petsko GS. Herding CATS. *Sci Transl Med*. 2011;3(97):97cm24.
2. LaMattina J. The NIH Is Going to Discover Drugs... Really? *Forbes* May 12, 2012 (accessed at <http://www.forbes.com/sites/johnlamattina/2012/05/15/the-nih-is-going-to-discover-drugs-really/> on February 28, 2013). **SGIM**