

Minutes
Health Research Advisory Committee
November 4, 2014
Health and Welfare Building, Room 129
Commonwealth Avenue and Forster Street
Harrisburg, Pennsylvania

Committee Members Present:

Attendance in person

Michael Wolf, Secretary of Health and Chair of the Committee, Commonwealth of Pennsylvania

Participation via teleconference

Dwight Davis, MD, Professor, Pennsylvania State University College of Medicine and Director of Cardiac Rehabilitation, Hershey Medical Center

Karen Wolk Feinstein, PhD, President and Chief Executive Officer of the Jewish Healthcare Foundation

Lewis Kuller, MD, DrPH, Professor of Epidemiology and University Professor of Public Health, Graduate School of Public Health, University of Pittsburgh

Arthur Levine, MD, Senior Vice Chancellor for Health Sciences and Dean of the School of Medicine, University of Pittsburgh

Lisa Staiano-Coico, PhD, President, The City College of New York

Kim Smith-Whitley, MD, Assistant Professor, Department of Hematology, The Children's Hospital of Philadelphia

Department of Health (DOH) Staff Present:

Attendance in person

Cathy Becker, MPH, Program Administrator, Health Research Program

Jamie Buchenauer, Director, Office of Policy

Keith Fickel, Esq., Senior Counsel, Office of Legal Counsel

Sylvia Golas, DMD, MPH, Program Administrator, Health Research Program

Dawn Houff, MBA, Program Analyst, Health Research Program

Elisabeth Scheneman, Chief of Staff, Office of the Secretary

Bob Shaffer, Program Analyst, Health Research Program

Alison Taylor, Esq., Chief Legal Counsel, Office of Legal Counsel

Others in Attendance

Attendance in person

John Anthony, Tobacco CURE Manager, Pennsylvania State University

Mary Webber, Consultant, Webber Associates

Call to Order

Secretary Michael Wolf called the meeting to order at 10:30 a.m. on Tuesday, November 4, 2014, in Room 129 of the Health and Welfare Building in Harrisburg, Pennsylvania. Mr. Wolf welcomed Committee members, Department of Health staff, and members of the public to the meeting. He invited all those present in person and via teleconference to introduce themselves for the record. Mr. Wolf then announced that the primary purpose of the meeting was to recommend priorities for the 2014-15 state fiscal year.

Minutes of the May 28, 2013 Meeting

Mr. Wolf called for a motion to accept the minutes of the meeting held on May 28, 2013. Dr. Kuller moved to accept the minutes of the meeting. Dr. Davis seconded the motion, and the motion passed without objection.

Review of Health Research Funding for 2013-14 and 2014-15

Secretary Wolf indicated that during 2013-14, the legislature appropriated funds for 2013-14, but the availability of Tobacco Settlement funds was in jeopardy of substantial reduction because of a lawsuit brought against the state by the tobacco companies that provide the funds. So funds for health research were never released during 2013-14. The funds for 2013-14 were reauthorized to be spent this year, however, the amount of funding was reduced from 19% in the original act to 6.8%. These funds are in budgetary reserve now because the state has not received the additional Tobacco Settlement funds from the tobacco companies and may not receive the funds until the spring when it will be too late to commit the funds to grants.

The legislature appropriated funds for health research for 2014-15, and they will be committed to research grants. The appropriation was reduced from 19% to 13.6% and unlike 2012 when the legislature took away nonformula funds, the 2014-15 funds must be appropriated according to the procedures outlined in the original act, with 30% going to nonformula funds that address priorities established by the Department.

Recommendation of 2014-2015 Formula Grant Research Priority

Mr. Wolf indicated that the research priorities for formula funds have remained unchanged since the inception of the program. Dr. Levine made a motion that the formula priorities be accepted as in the past. Dr. Davis seconded the motion, and the motion passed without objection.

Recommendation of 2014-2015 Nonformula Grant Research Priorities

Secretary Wolf stated that the amount of nonformula funds available for 2014-2015 was approximately 10 million dollars and that the Department expects to fund 3-4 grants. The funds must be committed by June 30, 2015. The Department was only notified by the Governor's budget office in mid-October that the funds would be released for this year. The entire process from preparation of the RFA to finalizing grant agreements normally takes 12 months. The Department plans to accomplish this process in 8 months, and therefore the priorities need to be established quickly.

Secretary Wolf then reviewed the specific requirements in Act 77. According to the Act, the Department has the responsibility to “establish, in conjunction with the Health Research Advisory Committee, the research priorities.” The “priorities shall include the identification of critical research areas, disparities in health status among various Commonwealth populations, expected research outcomes and benefits and disease prevention and treatment methodologies.” The focus of the priorities must be on research. The Act also stipulates that in developing these research priorities, “the national health promotion and disease prevention objectives established by the U.S. Department of Health and Human Services, as applied to this Commonwealth, shall be considered.” These objectives are the Healthy People 2020 objectives. The Department’s Health Statistics Web site cites the objectives and shows how Pennsylvania compares to the objectives.

Secretary Wolf indicated that the Committee should also consider the five principles developed by the Committee in 2003 to guide its decisions when recommending nonformula research priorities to the Department.

Secretary Wolf also asked the Committee to keep the research priority somewhat narrow and focused on a disease, injury risk factor, behavior or condition to ensure that peer reviewers have expertise to review all the research proposals that are submitted for a particular priority. If the priority is broad such as child health, proposals could be submitted on a wide range of health issues and the peer reviewers recruited to review the child health proposals focused on obesity for example would not have the expertise to review child health proposals focused on childhood cancer.

Secretary Wolf presented the issue of combining the two categories of nonformula funds. There are two funding categories in Act 77: (1) clinical research and health services research and (2) “Other research”, which includes clinical research, health services research and biomedical research. If two priorities are recommended, there is more flexibility in funding proposals if these two nonformula funding categories are combined as in the past. If the categories are not combined, half of the funding must be allocated to the first category and half to the second category. Proposals submitted to the first category which only allows for clinical and health services research could not include any biomedical research. Also, if the Department did not receive enough proposals deemed worthy of funding in a category, the funds could not be used. If the two categories are combined, all of the nonformula funds can be used and all proposals can incorporate biomedical research components. In this case, at least 50 percent of the funds must be spent on clinical and health services research.

Secretary Wolf called for a motion that the two nonformula categories be combined by including these statements in the priorities: “For the purpose of priority setting, the Health Research Advisory Committee recommends combining the two nonformula funding categories of clinical and health services research and other research. At least 50 percent of the funds must be spent on clinical research and/or health services research.” Dr. Staiano-Coico made the motion as requested; Dr. Levine seconded the motion and it was passed without objection.

To start the discussion of possible priorities for nonformula funds, Secretary Wolf asked each Committee member to recommend one research priority.

Dr. Davis expressed a concern for the elderly population and the cardiovascular issues that affect this group. Dr. Feinstein stated that cancer vaccines are of enormous importance. The focus could also encompass other types of vaccines. Dr. Feinstein suggested substance abuse as a second priority. Dr. Kuller recommended two possible priorities. The first research priority is new technologies of evaluating environmental toxins that contribute to chronic disease. This is of importance in Pennsylvania because of gas drilling and the variety of toxic exposures in urban environments effect on low income populations. We need to use the new technologies that are available—proteomics, metabolomics, epigenetic markers, DNA, microRNA and link these to diseases and measurements in the environment. The second priority would be research on the prevention and detection of coronary heart disease in persons under age 50 because of the increasing prevalence of obesity, diabetes and other risk factors in younger adults. Dr. Levine recommended big data as the priority. Under the broad group of big data, many things could be considered, i.e., environmental exposures, claims data, proteomics, hospital readmission rates, and electronic health records. Within the next year, a person’s genome can be sequenced for \$1200. We could add machine learning and link with IBM, Amazon, Google, and minority organizations. Secretary Wolf indicated that Dr. Parmacek could not participate in the meeting, but he emailed his recommendations, which Mr. Wolf summarized. Dr. Parmacek first mentioned the need for vaccine development for emerging infectious disease, such as Dengue fever. Dr. Parmacek acknowledged that this would be a global priority, but the lack of research in this area has contributed to the current Ebola epidemic. As another priority for consideration, Dr. Parmacek suggested a focus on neurodegenerative diseases. Given the aging of Pennsylvania’s population, this is a critically important area. Dr. Smith-Whitley recommended investigating the pharmacokinetics and pharmacogenetics associated with the non-opioid management of chronic pain syndrome. Chronic pain occurs with many chronic conditions that affect Pennsylvanians including rheumatologic and hematologic conditions. We have a unique opportunity to address non opioid management and its impact on biomarkers of chronic pain and inflammation on persons with chronic illness. Dr. Staiano-Coico expressed her preference for priorities related to neurodegenerative disease and the aging and big data because it covers so many topics.

Secretary Wolf then presented two additional priorities for consideration. The first priority is using data to address public health needs. The priority would focus on investigating information and data system technologies to help address public health treatment and wellness priorities. The second priority is research on the approaches including early treatment that could be used to reduce the causes and consequences of mild to severe traumatic brain injuries.

Secretary Wolf then asked the Committee whether they could reach consensus regarding the top two to three priorities. Dr. Levine suggested that the three priorities be (1) big data, (2) neurodegenerative diseases and traumatic brain injury, and (3) chronic pain management because these areas have not been addressed previously. Dr. Kuller expressed his concern with big data as a priority. Non-hypothesis-driven research with big data has not been very rewarding. A good example is that there have been huge expenses associated with GWAS studies with very small yields. Dr. Kuller would support a priority to evaluate and develop high quality data. Dr. Smith-Whitley expressed her support of the concept of big data because it would position the state to be leaders as national initiatives develop.

Secretary Wolf asked for committee members to volunteer to draft white papers. He asked that the white papers be limited to one page, include examples of the type of research that would be acceptable and examples of the type of research that would not be acceptable.

Dr. Levine volunteered to draft the big data white paper. Secretary Wolf asked Dr. Smith-Whitley volunteered to work with Dr. Parmacek to draft the white paper on chronic pain management and neurodegenerative disease.

New Business

Dr. Levine asked how much money has been allocated to formula funds for the current year. Secretary Wolf indicated that the amount was approximately \$30 million.

Adjournment

The meeting was adjourned at 11:15 a.m.