Funding Audio Transcript

Pete Seidenberg: Welcome, and thank you for joining the Family Medicine Department Chair's Research Curriculum. Today's session is on navigating research funding in academic family medicine departments. I am Dr. Peter Seidenberg, I am the chair of the Department of Family Medicine at LSU Health School of Medicine in Shreveport, Louisiana, and I am the chair of the ADFM Research Development Committee. And I am serving as moderator for today's session, and I'm going to ask our distinguished panel to introduce themselves. We will start with Rochelle.

Richelle Koopman: Hi, I'm Rochelle Koopman. I'm chair at the University of Missouri School of Medicine, Department of Family and Community Medicine. And I am a past president of NAPCRAG.

Pete Seidenberg: Thank you, and Mas?

Masahito Jimbo: Yeah, Mas Jinbo, chair at the University of Illinois Chicago. I've been in this role for almost 5 years.

Irfan Asif: Hey everyone, my name's Irfan Asif, I go by Irf. I'm Chair of the Department of Family and Community Medicine at UAB in Birmingham, Alabama, and this is my 8th year here. Glad to be here, thanks for having me, Pete.

Pete Seidenberg: Thanks for being here. And so, our panel is comprised of chairs representing departments with a history of low, medium, and high research production. Many of us have been in departments of varying levels of research, production, and, but for today's, purpose, we're going to have Rochelle represent the high research productivity department, Mas, the medium, and Irf the low, but obviously all four of us have been involved in departments of multiple levels, so you're going to hear multiple viewpoints. So, my first question is for Irf.

Pete Seidenberg: So why is it important to align research and scholarship efforts with department vision and priorities?

Irfan Asif: It's a great question. So, I think whenever we're trying to get work done, it's important to go back to mission, vision, and values. Within a department, it's very important to understand where the department is headed as a group. As an individual researcher, then, it's, if you're trying to look for resources, aligning with department mission values, allows you to increase what your value or worth would be to the department, and then for you to be able to get resources to get things done. Those resources might come in the form of people, space, finances, so when you think about, either budgets or packages to get things done. So, as an example, if a department is really focused on vulnerable populations, and your research aligns with thinking about how you might improve the health of those who are most vulnerable. That would be a direct alignment with the department's needs, and would likely help you increase the ability to get resources, perhaps that might be students or trainees, other staff members, funding. And, I think aligning with a department is very important, but also if you can align with institutional priorities, for example, within our institution. You know, things like inequity in health, or, right now we call it health across the lifespan. If you do research in those areas, there may

be other pots of funding that you may be able to, to get in the future. So, I think, funding is a large part of it, but resources can come in many forms.

Pete Seidenberg: Excellent, thank you. Rochelle, what types of infrastructure should be assessed when you're considering research funding capacity?

Richelle Koopman: So, I think that, the infrastructure within the department, as well as at other levels higher than the department, like the Office of Research within the School of Medicine or at the University, are important it would be helpful to know, what the, offices that help with research, what their infrastructure is like, so, offices that help with research are usually the Office of Research, there's Research Compliance, there's, IRB, and, there, there, there can also be, assistance with preparing, proposals and, training…research coordinators, there's, there's different levels of infrastructure. Many, many schools of medicine have infrastructure to train PIs, to train principal investigators, and to train research coordinators, and that's helpful within the department. The, you know, pre-award team that helps prepare proposals, as well as the post-award team that helps. deliver on the promises that we make. The reimbursements, funding the… the personnel and the, and the work of the grant, if, if you have people for that. Also thinking about the people that are going to carry out the work? Are there…are there analysts within the department? Is their biostatistics help available? Not necessarily in the department, usually. And…is there… is there other kind of help available? Are there…are there shared staff that… that might help? Do you even have staff to recruit patients, right? I was in a department that, like, it was really limited capacity to recruit actual patients, and all the infrastructure was designed towards secondary analysis of existing data, which is… that's a really great way to do research, and it's very, efficient and fast. And especially with the infrastructure that was there, that was the kind of research that we could do, but actually recruiting patients, like, people didn't know how to… how to go about it. So it kind of can shape what you can do.

Pete Seidenberg: Yeah, that makes a lot of sense, you know, and I think learning what's available to you as a department chair that's external to your department, and if there are costs associated with those, those are important factors when you're considering a budget for a project. And so, I think that's… that's excellent. And, our… Go ahead.

Irfan Asif: Pete, real quick, I think that, you know, when I was first starting out, I think one of the things I thought about was, you know, we gotta get the grant, and then thinking about how to get the grant, so it's thinking about people who write. You know, but as Rochelle talked about, there's more to it, so people who carry out the grant and all the things, but I'd say one resource that, I think is crucial to what's, you know, with our success in the department has really been someone who understands budgets and finances. I can't stress enough, when we tried to write some grants in the past that were fairly large in size, not having a person who can do that quickly without stress, you know, understanding spreadsheets or where accounts are. You know, we had… we had a situation where we were trying to write an ARPA-H grant, and it was…it was actually quite hard and difficult, very stressful, because we didn't have someone with that expertise, and I pride myself as being someone who understands math, so it's actually frustrating we couldn't get this done. But having someone in a department or across

departments that you share, who really understands the budgets and finances, I would say that's a very, at least for me, a lesson learned, and how valuable that resource is.

Pete Seidenberg: Yeah, just because we can do something doesn't mean we should do something, right? You know, what's a more efficient use of our time versus someone with that expertise who would take much less time to do the same thing? I think that's an excellent question. Mas, how can engaging leadership help you to gain insight when funds flow in your institution.

Masahito Jimbo: So, when you say leadership, I'm assuming institutional leadership as opposed to departmental leadership.

Pete Seidenberg: That's correct, yes, thank you.

Masahito Jimbo: Yes. So, I guess the best time to understand it is, during the recruitment process when you're actually interviewing for the chair. And especially once you go through the first screening, and then you go into the second or the final, screening in terms of interviews and understanding better the department and so forth, because it's only when you get to the second stage that they really kind of divulge those.

Pete Seidenberg: Right. Financial secrets, so to speak.

Masahito Jimbo: Yeah. And, it's… Our departments are, you know, fairly independent in terms of the budget that we have, so…We're responsible for generating the review, we're responsible for the staffing, and including both the physicians and the other… rest of the staff for both clinical and administrative and research-related, and, you know, all the money, expense that's generated from it. Unfortunately, a university doesn't charge us for the space of their clinics, or for the department, so that's a plus, because some institutions do that. Right. And also, I was fortunate that we had a pretty significant amount of reserve that was available when I joined, as well as some of the specific asks I was able to make to the Dean, to, support, the research infrastructure, both in terms of people recruitment for both the researcher and the staff, as well as mMoney, money and, facilities. So, I guess to try to kind of break it up. It's first important to understand the funding structure as a whole, the fund flow, you know, for the clinical, education, research, and community engagement slash service. And then within that, kind of understand what is available for research and what can be asked as far as the research is concerned. And then, as Rochelle has said. What are the external sources, resources, like the Cancer Center or the CTSA, that, where, we can leverage in terms of staffing, or money, or, in our case, we actually recruited PhD faculty through joint effort between us and the Cancer Center. So, those types of collaborative efforts.

Pete Seidenberg: Excellent. Richelle, what are some common funding-related considerations for research in your department?

Richelle Koopman: Well, first, building off what… what Mas just said. I think it's very important for chairs to understand the flow of indirects, indirect costs, because it's different in every institution. I mean, it's not different in every institution, but it does vary widely. And so,

understanding if you get any of the indirects, and how does that happen, and what's the percentage, and how is it distributed. And where it's distributed. So there's… there's a lot…

Pete Seidenberg: for that, but I would say that the biggest…

Richelle Koopman: Funding-related…related consideration that…I think makes an impact on us is… scaling the project. To the…the funding. The more experienced you get, the better you get at scaling the project to the funding, and the less experienced, the more you create a too-big project, for the amount of funding. And so you over…promise. You create too big of a project, and you don't budget enough staff. Or…or effort to carry that out. And…

Pete Seidenberg: or potentially dollars.

Richelle Koopman: Yeah, yeah, right, and those all translate to dollars, right? When you look at how much of a grant you might be able to get for a grant award, it looks like a lot of money, but it goes away very quickly, and people don't think about, like. The, the… how much the, we call fringe, like, how much benefits cost on top, typically 35%-ish, on top of salaries, and… and the money just goes very quickly. And so then what people end up doing is they've planned a project that is then too big for that money, and there's not sufficient effort on the project to do the project. Or, they, you know. And if that… and then there's also small grants, where you want to do a project, but there's just not enough money to hardly fund anything. But… and so cost shares become really important for the chair to be able to understand, and I always tell people to come to me, they have to come to me if they're including a cost share, but to come to me and include a cost share so that their effort is properly accounted for. Because if you just put yourself down for 2% effort and you're leading the grant, that's completely unrealistic. But if it's only a $50,000 grant, that might be all that can go on there. But you have to say it's really going to take 10%, and is it okay if I use that time? And the other thing is, if you don't include the cost share, then it looks like you're not doing anything. Right? Like, you owe you 2% here, 2% there, and you're doing less than 10% research, but really you have 5 projects. That's not ideal, to structure it that way, but if that is what is happening, you should at least be portraying what you're doing. And so, I think scaling the project is one of the biggest things that I think about funding-related considerations. I think this is an important question. Mas, Irf, do you have other thoughts about this?

Irfan Asif: I mean, go ahead, go ahead, Mas.

Richelle Koopman: It's the reality that…

Masahito Jimbo: The faculty will need to put their skin in the game in terms of extra time and effort that is not going to be reimbursed, they have to understand that. Nothing, even the NIH and even the big grants will never, never provide you with enough support to actually dedicate yourself to that project fully funded. There's always going to be some cuts and, and other things that compromise that, and so you have to have an understanding of that.

Richelle Koopman: That's why it's so very important for research to be a passion.

Masahito Jimbo: Yes. For you.

Richelle Koopman: To decide to work on things that really matter to you, because you're going to be spending some nights and weekends.

Masahito Jimbo: Absolutely.

Pete Seidenberg: So.

Irfan Asif: Yeah, I think this is a tricky… a tricky piece, right? It's so important to have the right infrastructure, and then as you started out, Pete, the… you know, we're talking about, sort of, funding, and if we don't have money, we can't… we can't do anything, right? So, what is it, no money, no mission, and that sort of saying. So, I think you have to think about every funding stream possible to make this work. You need to make sure, as Moss said when he started, this all starts before you actually step foot on campus, which is even more challenging, right? Because you're trying to do your best assessment of what to provide for the department in a school that you've not really worked with you know, Nadine, that you're putting your trust in and hopeful that everything's gonna work. And, you know, some of Moss's points are critical, right? Some people charge for space. And if you don't know that, then, you know, you didn't ask for enough resources to begin with. So, I think you have to think from top to bottom what are the resource needs. Those things range from, you know, is there a vice chair of education? Are there people who are doing you know, if you have grant writers or program coordinators or data analysts, those are going to be important pieces. If you're going to give faculty time to do research, or if it's built into some other mechanism. I think it's important to think through that in the best way that you can, and then realize that oftentimes you're not going to be able to shoot for the moon and get all of that, so then you need to think through well, what are my funding streams? So, if I have a clinical funding stream, are there ways to get dollars to put them in some of these buckets? Is there state appropriations? Are there… obviously grants that you could write, are there development funds that you could look at, are there industry funds that we need to be thinking about? And then even some grants that may not be, you know, and we can talk about, I know, some of the things related to different agencies. You know, most people think directly of NIH, but, you know, there are places like HRSA who oftentimes do training programs or educational programs where you can build in program evaluation. And by building that in, that allows you to have at least some scholarly component to the program, and then perhaps that's a way to lay foundation to build on top of towards what might be a future dream of getting some of these other resources in place. So, again, a very critical question starts before you even get on campus, but I like where Moss and Rochelle were taking us and trying to think outside the box.

Pete Seidenberg: So… That's… twice now, we've heard, chair package, right? And so, so… Let's talk a little bit more about that now. So…What are some of the key components of a chair's recruitment and if you're renegotiating your chair package, your retention package, what are some key components of that to support research in your department? What do you think about that, Mas?

Masahito Jimbo: The biggest is recruitment of new faculty.

Pete Seidenberg: So, finances for recruiting new faculty.

Masahito Jimbo: Yes, and that includes… Obviously, the… Faculty package for them. And, I… probably… you know, for…An assistant professor, you need a package of at least $500,000. If not more. You know, I initially asked for that, so… and then with the goal of recruiting three Assistant professor, level faculty. I asked for $1.5 million, then got $1 million, so, I had to make do with that, and what I was also able to do was, in addition to my own package for the faculty, by working with Cancer Center, or Center of Global Health, or CTSA, where they had, joint interest in recruiting such faculty, they were able to provide us with some support. So, even though the initial package was about $330,000 for each faculty, I was able to kind of increase that package due to these collaborations that I had with these other centers.

Pete Seidenberg: And were these faculty, those 3 faculty members 100% research?

Masahito Jimbo: Yeah, so, we actually kind of serendipitously, were able to recruit a more senior faculty due to where they were in their career trajectory, and that person was fully funded. But, there, the folks that I recruited were clinicians, and then what I did was, I made sure that there was enough funding available for the faculty to spend 75% of their time in research for the first 3 years. And, those 3 years were expected for them to, successfully, applied for a K-level type of training grant.

Pete Seidenberg: Perfect. So, so, what kind of support mechanisms can you put in place? As part of that chair package to, enhance scholarship development for your faculty. Do any of you have any experience with that?

Masahito Jimbo: I can talk briefly about that. You know, in addition to that, $1 million, for recruiting, research faculty. I also received…$200,000 of 5 years for an internal funding mechanism, which was, kind of, about three levels of internal funding. This was competitive, as for, the faculty submit. Their application. And this was focused on, non-research, non-linear clinical trials. And there were 3 levels, I think, like, $1,000 and $5,000 and $20,000 per year, or actually, the biggest one was a total of $100,000 for 3 years. And with the expectations differing for each of them. You know, the smallest one was to…for…to present, and then ideally publish on the project. The second one was to…Well, the first…the smallest one was actually for the presentation. The middle one was to up to…or the up to publishing, and the third one was to actually…Create that as a…use that as a part…kind of a pilot project as a foundation for a bigger grant, or curriculum or program. Now, it turns out that nobody applied for the first two. They all tried to go for the big one.

Pete Seidenberg: Okay. So… When, when I joined my department. There wasn't a vice chair of research, there wasn't a… or a director of research of the department. And so, Irf, did you have a similar experience? And if so, did you negotiate for that as part of your package?

Irfan Asif: Yeah, good question. I mean, this idea of a research package is critical, and I like where we're going. We're thinking about people, and people are the most costly piece of it, and I think the amount can vary in terms of how much a faculty member might cost. You know, depending on the institution and how… How much, the institution I guess from a research side, you know, is it… is it an institution that's sort of top 25 in research, looking at Blue Ridge rankings and NIH funding, or is it one where, research to them is… is focused on, you know, scholarly output and publications, so you can have the spectrum, and then the job of your vice

chair for research then, you know, reflects what the goals of that institution are, and I've been in both, you know, ones where, you know, the institution's goal was, you know, 300 publications, and then, you know, institutions where the goal was $3 million in extramural funding. So again, it can range in terms of your specific question about a vice chair for research, you know, I didn't include in my, in my original, I think it is important to include that, but I didn't include that as a specific line item. I did it the way that Moss did, where I tried to think through, well, how much will it cost to have, an assistant professor, associate professor, and then somebody who would be a full professor. I think that, as a vice chair for research, you would have to include, you know, the recruitment for several faculty, because that's part of their job is recruitment. So I think if you're going to try to recruit your vice chair for research at the associate or full professor level, you'd probably want to include some recruitment dollars. I do think space, they're going to want to be able to put some of their, their recruits, whether that's faculty or, again, we've talked about coordinators or, analysts or writers or, you know, whatever that might be, that they'll, they'll, probably want that, so space is going to be a big part of this. In my initial, you know, I came to UAB, and it was a department that had 5 faculty when I first started, and we've grown, you know, quite big over the past 8 years that I've been there, but again, starting with the handful of faculty, the vice chair for research wasn't the first thing that I was trying to do. I was trying to fix some of the other missions around, you know, the clinical and the educational space.I would say by year 4, I was ready to recruit a vice chair for research, who then helped me develop to where we have, you know, 8 PhD researchers.I think Moss's point about, you know, are these clinician researchers, or are these PhDs? I think that's something that you need to think through, and even the culture of what that looks like within your department, and how you harmonize the clinical and the research pieces if you don't have clinician scientists. Again, we have largely PhDs, but again, that's something you need to think through within your department.But yes, when you think through what a vice chair for research will do, those are some of the considerations that I had to go through. And I think Moss's point about being able to recruit in tandem with some of these other departments, or if you have centers on campus that can help you with some of that… that package, that may be a nutrition obesity research center, or a center for exercise medicine, or, you know, if there… if there's… a center focused on chronic disease. Those may be ones that you could tap into to help you recruit people into your department.

Pete Seidenberg: Yeah, I even did a co-hire across colleges. And so, and I…that's how I got my first PhD faculty member, was a co-hire across colleges, and so…So, very good point. I want to shift gears a little bit, and talk a little bit about sources of funding. We talked a little bit about sources of funding, we talked, but…I heard NIH, I heard… Hrsa grants. What are some other sources of funding, Rochelle, that you've tapped into?

Richelle Koopman: Well, AHRQ has been important for our department. There's been a lot of reorganization that makes that a little bit…

Pete Seidenberg: A little more challenging, yeah.

Richelle Koopman: a little bit more challenging, and PCORI would be… Would be another one. And then, also CDC. Cdc has programmatic funding, and as you said, for the HRSA grants, you can build in an evaluation component. Or, I mean, you can just plan to do research that isn't part

of the funding, you know, but, you know, creating the program will create the opportunity to… to do some other things. So, I think, being…creative, and working with other departments and colleges can get you into, you know, NSF, National Science Foundation, which is typically more engineering and basic sciences, but, you know, that can have relevance to the work that we do. And as well as the VA, so the VA could be…a source, it's… it can be a good source, actually. Generally, people have to have a VA… a part-time VA appointment to be able to do that, but that can also be managed if you have that structure available to you. I think, obviously foundations, that's… that's a whole different, like, cultivating relationships kind of thing, but the source… definitely a possible source of funding. So… so I think those are the big…federal agencies, the state agencies, like your Department of Health. And, you know, whatever they call it in your state. That, that… also, a lot of times those funds, you know, come to the state from other places, like CDC, but they, they come in. And then I, I know, some schools have, depending on the way that their states have handled this, have been able to. To partner with… Tobacco, settlements, that have to then give out grants to support, tobacco prevention, and insurance companies, are also, have foundations that can support research and are also interested in many of the same things that we are in primary care, which is, you know, you know, keeping people out of the hospital, which, sometimes hospitals aren't interested in keeping people out of the hospital, and so partnering with insurance companies can also be. If that structure exists. And then I didn't mention industry, but, there's…there's caveats with partnering with industry, but sometimes, you know, some of the very cutting-edge things are going on in industry. And, I mean, you have to think about the structure of the scholarly work that you'll be able to produce. With industry, but if you… if you want to do something, sometimes that's a good way to do it.

Pete Seidenberg: Yeah, and thank you for bringing up the tobacco settlement. That also reminds me of the opioid settlement.

Richelle Koopman: Right, yes, that too.

Pete Seidenberg: So… and so we've tapped into that. To help with some addiction medicine research funding. So, and also for training as well. So some training grants along with that. That's great. Now, sometimes, I've… I've heard… this term before. And it's called a funding gap, where you have a grant, but there's this funding gap. What's that about? Maz, are you familiar with that term?

Masahito Jimbo: I… I can think of it in two ways. I mean, one… one is, when there's a gap in funding. When you are being funded for, let's say, a 3-, 4-, 5-year grant, and then either your competitive renewal didn't get a good enough score, or something happened where now you're out of the funds. So, usually institutions would have, for that gap, kind of a bridge.

Pete Seidenberg: Overage funding? Yeah.

Masahito Jimbo: Well, that's usually available, not within the department, but institutionally. Now, another thing of the funding gap is, and perhaps, you know, Ruth and Michelle can point to these areas as well as… I mean, most of the time, you know, the funding is not enough, right? And then, even after you get funded, you know, for example, it's not… It was common at NIH that if you get funded, then you kind of get an automatic 17% cut of that. So there's… you naturally start with a gap, or, you know, the lower level of funding than you expected to get.

Now… So those are the two funding gaps I can think of when you say funding gap, but I… I don't… I'm not aware of any particular specific, like, terminology funding gap that may be used in a more, kind of like a specific setting, perhaps, or for Rochelle can…

Richelle Koopman: Well, like, K Awards, right? Like, you have to fund 75% of the faculty members But usually the funds available will not actually cover 75% of their time. And so then you have to… and in addition, then there's the… they have educational, there are educational things that they need to do. Sometimes you need to pay tuition for things that you do during K career development awards, they're from NIH are called K Awards, and so, you know, how… I mean, obviously, the department wants to…accept a grant that…that funds 75% of a…of a…well, I mean, some departments actually do blink at those, because the money doesn't actually match up. There is a funding gap, but it's such a good mechanism that…that…Propels people toward…toward, you know, the R grants, the research grants, and really helps with their development of their skills and gives them focused mentoring, through the plan that they developed they're…they're really good awards. I have definitely seen some department chairs flinch at those, and downright not want to get them because of the funding gap, that…that you're required to do this, but there's not enough money to cover it. And so then, it's, how are you going to cover that? And, you know, that's…the departments usually. Right? What's really nice is if you did negotiate one of those startup packages, then you will have money. To be able to…to fund that. The other places that department chairs can use… can get funding for funding gaps are their…the flow of indirects. If some of that goes to the department, then you have money to support research infrastructure, and you get to decide how to do that. Failing that? You're gonna have to slush some clinical income into that space.

Pete Seidenberg: Right.

Masahito Jimbo: Well, one thing that I just kind of thought about in terms of funding gap, is that, I think this is often talked about in the AAMC, conferences, is that, you know, for… for everyone, one dollar in research, you actually lose about, you know, 25 cents. I mean, you… you never get… like, tit-for-tat. It's never, like, neutral. It's, you know, so for every dollar, it's, like, 25 cents, so about 25% that you actually go into native, which you need to, Compensate through clinical revenue or other funds flow.

Richelle Koopman: And there's a tremendous amount of administrative time that goes into… into… Not only preparing, but…especially working the grant. Right, right. There's a lot of administrative work.

Masahito Jimbo: Yeah.

Pete Seidenberg: There's a lot of pre-award, a lot of post-award.

Masahito Jimbo: Boom.

Pete Seidenberg: Excellent.

Masahito Jimbo: Just kind of going back a little bit to the potential other funding sources I thought about were, Debun defense, if it, you know…

Pete Seidenberg: Oh, God.

Masahito Jimbo: if your research is kind of, you know, aligned with that. Another would be… the substance use disorder that came to my mind is the SAMHSA. you know, which is federal, but obviously separate from HRSA and other agencies. And specifically for the private foundations slash organizations, you know, the bigger ones that have kind of bigger grants, like the American Cancer Society. And perhaps American Heart Association, again, depending on the type of research that you do.

Richelle Koopman: and American Diabetes Association.

Masahito Jimbo: Oh, yes, absolutely.

Richelle Koopman: I think, yeah, that's, that's really important.

Pete Seidenberg: Yeah, that's a… that's a great point. So… Irf, when you first… became chair, you were concentrating a lot on the other missions, like… like I was when I first became chair, because there was a lot to work on in both of our departments when we became chairs. And then, when you were ready to start emphasizing the scholarship and the research. How did you identify resources that you could share and not pay 100% for?

Irfan Asif: Yeah, it's a great question. So, for me, in the 3 years where that was not the main focus, sort of building a research team, but still doing the scholarly pieces. I think it was making sure that, you know, our students, our trainees, our residents all were able to do scholarly activities, so thinking about anybody who might be able to support the residents, and what I've seen is that other departments may have a resource focused on scholarly activity, and you might be able to, you know, buy someone's time to get that done. And then you could create, we created a scholarly activity committee. That was comprised of, you know, faculty mentors, but also folks who might have some skill set in writing, and that could help with people doing abstracts or posters or potentially some manuscript preparation. And so, you know, we'd work with trainees, and we think about this Scholarly Activity Committee as a shared resource between, you know, stuff that we were doing in our department and perhaps what other departments are doing. In the 3 years when I was, describing, you know, other areas of what we could do clinically and what we wanted to do from an education side, you naturally meet other people, whether that's, again, other departments, schools, centers, institutes, and you start to say, hey, I'm interested, for example, in, you know, exercise, nutrition, lifestyle, those pieces, or I'm interested in working on how to impact health outcomes within vulnerable communities, and you can start to see where other champions might exist within your institution and how you might partner. And so then when they are writing grants, they may say, well, hey, you know, we want to work with you collaboratively, we'd like to buy X percent of your time, and at some point you can say, I can do that with my time, or I know my other faculty who may be interested in this, and start to get them involved. And then over time, you can leverage that to where people say, well, hey, I really like what's going on in your department, I want to join your department. And you start to build that piece, and then eventually we were able to bring in a vice chair who then hired other people, and now we're starting to build centers of our own. So, again, it's a journey to get there, but it all starts with you know, a small piece, potentially shared resources across departments, communicating and promoting what you do within your department,

making sure that you have a culture. Obviously, you're a big proponent of a culture of curiosity, but also a culture that's inviting for people that they want to join and potentially stay within your department.

Pete Seidenberg: Yeah, I really think the networking piece is… is important. And then, just asking a lot of questions. And so, when I first became chair, I… I met with the… each of the chairs of the other departments. And I said, okay, what kind of research are you doing? What resources do you have for research? Are any of those available for sharing? How do you do this? How do you do that? And so… and then I found out that…our grants management is all done centrally. I don't have to pay for that. I was like, oh, that's awesome. And then I found out that project coordinators are central. I don't have to pay for that! That's… and I found out, you know, I went to the clinical trials office, who manages all those people, not the grants management, but the coordinators, and I said, okay, how much does it cost my department for this much time for this project? Oh, no, I just have that for you. I'm like, you're amazing. And so, so… so that's been extremely beneficial. I think the other thing that you… that all three of you have said that's important to consider in the finances is time. Because time is money and so… so when I first came here to… to speak to what Irf was saying, you know, to support the resident and medical student scholarship, I made sure I had a faculty member who a significant portion of their effort was assigned to that. And I had to fight to do that, but… but I fought, and it was successful. And so, which speaks to the question of the value proposition of research. Oftentimes, in failing medicine, we're just seen as… excuse the phrase, but the frontline grunts in the clinic. And so, not that we're not there in the clinic, but some… sometimes our bosses or our health system may think that's all they want us for. So, how do you… talk about the value proposition of research in a department of family medicine. Anyone want to take that one?

Masahito Jimbo: You know, another thing that we…or targets for is our patients, right? We're, like, the suppliers of patients for other people's clinical research and projects.

Pete Seidenberg: That's right. That's exactly right.

Masahito Jimbo: Right. We share that with surgery. They are the providers of tissue.

Richelle Koopman: Right? They crystalize that, right? It's the same thing.

Pete Seidenberg: Good point. I didn't think about that.

Masahito Jimbo: Yeah, yeah.

Irfan Asif: Yeah, I think, Pete, it depends on when you talk about value, and I like where we're going with this, particularly what Moss said. You know, the value proposition comes in many different forms. Some of it is you need to make sure that your department has bought into it, and that's an issue that we ultimately even need to think across our discipline, right? Like.

Pete Seidenberg: Right.

Irfan Asif: We in family medicine and primary care, we should be doing research, and there is value in that. In fact, we have such breadth in what we do, or the research that we do is very pragmatic and directly affects patients and communities. And I like that, at least at the NIH level,

they're starting to look at that in primary care and have created that care for health, you know, that's primary care oriented. I hope we can continue to do that. But we need to make sure that we as a discipline agree that, you know, making our own science and not just you know, relying on the science of specialists, because that may not be what works for the patient that we're seeing in our clinic. And, you know, we have the best ability to be able to build that trusting relationship with the patient to understand, you know, what's going to actually work in practice. So I think we have to convince our discipline. But I also like the word value in the sense of there is value, we do have patience. Like you said, Richelle. If it's tissue for surgery, we have access to patients, and I think things like practice-based research networks can provide value so that other people want to partner with you, and I think if you've been listening to today's conversation, you've heard about collaboration, but this is a way that others may want to collaborate with us to where we might be able to create some funding proposition. Hey, if you partner with us. And if you help me build infrastructure within the department, we could then create a unit that might be able to supply you with people who may want to do clinical studies or clinical trials. So, again, that word value can take on a couple different forms.

Masahito Jimbo: Yeah, what I would say, in terms of values. Those of us who deal in family medicine, primary care, are the ones who have to produce findings that are relevant to family medicine and primary care. Nobody else is going to do it.

Pete Seidenberg: That's correct.

Masahito Jimbo: We have to do it in our setting, not in tertiary care hospitals. We have to do it in the clinics. We have to do it with our patients, not those folks who are getting, you know, tertiary quaternary care, at the, you know, the top of the line hospitals. We need to look at, I think, you know, the quality, the cost, the patient outcomes, what works, what doesn't. All of these things are… you know. What happens in the clinics, It's… those things are the ones that we are knowledgeable about, and…What we bring is relevant to our patient and to ourselves, and again, unless we do it, nobody's gonna come… nobody's gonna do it. So, you know, it's, it's weird.

Richelle Koopman: Yeah, we have to double down on our value to the institution.

Masahito Jimbo: Right.

Richelle Koopman: of bringing the patients and seeing the patients. Guess what? That makes us the experts in seeing the patients. Yeah.

Masahito Jimbo: Yeah.

Richelle Koopman: How to have them, like, how to bring that into the future. Because, I mean, if you listen to Tim Hoff, searching for the family doctor. We need to get better at this. And it's not just us. You know, access to medical care is…clunky. In most cases, and we need to get better at that, at this. And the people who are going to lead that are us. And… or it… or, you know, or industry. If we fail to take up that challenge, we…We'll have it defined for us, and probably by industry and private equity in ways that have different goals. than primary care has. You know, our goals do not tend to be make as much money as possible. It's more around the good health

outcomes, and those are the goals that we want to be supporting. And I think that if we want to define the way access is changed in our country. then… then we have to be at the forefront of that, and as Irf said, defining those methods and doing the studies. And also, as Irf said.

Richelle Koopman: We have to convince our own discipline. In the 70s, when family medicine was formed, and I'm saying family medicine because more and more, we are the people who are providing the primary care. Oh, yeah. When family medicine was formed, they turned away from research because it was an ivory tower thing, and that was the right decision at that point. And now the right decision is to turn toward research, because we need to take our discipline and the access for patients and care into the future in a way that honors the important things, like the good medical outcomes and the patient-centered outcomes, which we know correlate with quality care. And so, we are the experts in that, and we are the people to do that. And we can bring great value that way. And it's what our people are good at. I think for too many years, we tried to do biochemistry research and, you know, molecular biology research, and, you know, we need to research the things that we know, which are, how do you practice medicine. How do you provide patient-centered care? How do you integrate with your community to meet community needs? Those… those are the things that we know best. And we are best to inform.

Pete Seidenberg: Couldn't have said that better. That was excellent, Rochelle. The other thing to think about, with the value proposition of research now, especially as more and more markets move more towards value-based care… that's in total alignment with family medicine. And so that becomes a value proposition. How do we improve our A1Cs in our patients in our community? Well, let's try this project. Oh, by the way, health system gives us some money to do this. Because this is in alignment with our health system goals, which just happen to be in alignment. With family medicine's goals in general. And so, finding that congruence, I think, is important. So, thinking… thinking about value, to discipline. Value to the institution..you know… value… To the health system, and then, most importantly, value to our patients. And so, I think that is extremely important.

Pete Seidenberg: So, this has been… an amazing session. Thank you very much to our awesome panel. I mean, this has been a great discussion. We could obviously talk for hours more about this, and so…And so, but what I heard a lot during our session was it starts with your cherished package. And then… It includes being realistic about the cost, Okay, both in personnel, And in time. And in hard dollars. And then, understanding what the limitations of funding are, both internal to your institution with funds flow, and whatever grant you're working with. And realizing that there is a financial cost to doing research, but you know what? It's worth it. Because it's valuable to us as a discipline, valuable to our institution, valuable to our health system, and most importantly, valuable to our patients that we serve.

Pete Seidenberg: So… so thank you very much again for being a part of this panel, and thank you all for joining us during this discussion on navigating research funding for academic family medicine departments. Please check out our other sessions in the department chair's research curriculum. Those are on ecosystem, infrastructure, and regulation.

Pete Seidenberg: Have a great day, look forward to seeing everybody in the near future. Thank you so much, happy holidays. Happy holidays. Thank you.