

**IECRN National Leadership Forum
June 1, 2006
Welcome**

Presenter:
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DR. SACHS: --which is the National Center for Research Resources, Dr. Barbara Alving.

DR. ALVING: Thank you. I'm only going to speak for five minutes. I hope you don't mind. Furthermore, as I was looking over the program today, I was thinking that we could continue our summaries after lunch and then wrap it up, and you might have to get out of here at 2:00 or 2:30.

How many object to that? Anybody? It looks like the ayes carry it.

I'd like to say that this is an extremely vigorous and interactive meeting and, as usual, most of the business is conducted in the hallways and over the coffee, and that's as it should be.

I'd like to say that the posters were very, very interesting and it was wonderful to see all of the interactions in so many directions, reaching out to public health departments, involvement of multiple ICs. And I'm going to throw my own jargon at you. An IC is an institute/center, of which there are 27 at NIH and those of you who are more

enterprising have probably gotten your way into maybe five or more.

And when we work at NIH, we think we are the only center that you are working with, but if we were to go to your institution, we see that you kind of reconstitute the NIH at your own institution.

But one of the issues is that informatics is something that a lot of ICs don't pay a lot of attention to. Has anyone found that to be the case, maybe? Ah, they are very politic and smart, they did not raise their hands.

We have a difference between categorical and non-categorical ICs and I never even thought of this term. Categorical is an institute or center that cares about specific diseases.

So if you're National Heart, Lung and Blood Institute, you're really into heart, lung, blood or sleep, and you're not much at all thinking about how is cancer doing or how Alzheimer's doing, because this is your constituency, this is what you're focused on.

And, certainly, that is what I was focused on when I lived in a categorical IC. But then, where I am now, in a non-categorical IC, what is that? It's a center that provides infrastructure throughout the NIH and that's why so much of the

roadmap is winding its way into the National Center for Research Resources.

And what we will be doing is reaching out, what we are doing, to all of the other institutes of NIH to be on trans-NIH committees and to work together, just as you saw for the development of this roadmap project called NECTAR.

So NCRR is a \$1.1 billion center. It has four divisions. One is called research information and it really oversees minority programs. It also oversees the idea states.

How many know what an idea state is? All right. You know, but you're not in one. Minnesota is not one. Your neighbors are, North Dakota, South Dakota. These are states that got less than a certain amount of NIH funding and there is really a line item in funding for these states.

But some very creative programs, I think, have been developed in them. For example, the Lariat program, which really connects Montana with Wyoming, with Alaska, with Hawaii, which are all idea states.

So there are very robust informatics efforts going on in these states and they are really, I think, challenged by low population and vast distances.

I mean, anyone who has been in Montana, you have to drive a lot to get anywhere and there are very few people.

So this is an ideal setting for the challenge of informatics and connectivity.

So you might be thinking about that as you move forward.

We have the division of comparative medicine and we fund eight national primate centers, along with, yes, Chimp Haven, for those chimps who have worked very hard, have contributed to biomedical research, and have been guaranteed a good life, as opposed to the younger ones in this audience who will find Medicare going somewhere south.

But what I'd like to say is that in our primate centers, we're also working on informatics, connectivity, how to link up all the research that has been done there. So that, too, is very robust and there are many other efforts in comparative medicine. This leads the way from translation and pre-clinical activities into the clinic.

We also have the division of biomedical technology and from this division have come new ways to do research, with large instrumentation, improvements of instrumentation.

We fund research in everything ranging from synchrotrons to electron microscopy to centers that reach out, disseminate and teach, and are very involved in helping both basic and clinical researchers use large tools to really conduct

their research.

And then we have the division of clinical research resources and this is the division that has been very, very heavily involved in the CTSAs, the clinical and translational science awards.

And, of course, we have our review division, our grants division, office of science and public policy.

But all of these are working together to ensure a very robust infrastructure and all of these divisions are very involved in informatics efforts.

This is led, in part, by Dr. Peter Highnam and not only are we ranging across NCRR, but throughout the other ICs at NIH. We're very interactive with Ken Buetow and caBIG. So it was really very, very exciting to see all the interactions that are springing up throughout the country, because as you well know, the NCI has spent millions and millions of dollars to develop this program.

And not only do you have to develop, certainly, the informatics, but the standards and we are very interactive with the National Library of Medicine, with other standards committees, as we move forward.

And we're also very, very interested in how we can connect clinical research informatics with health IT. So

there's been a very great interest in what is being done in the Department of Health and Human Services and we think that this is an outstanding effort and I think the importance of it was certainly highlighted through certain recent national events that showed the immense value and urgent need to be connected.

So many of you are working in these domains through your projects and I urge you to continue these domains. It's very chaotic right now, and that's as it should be, because there are so many ideas out there, but you are connecting and it's wonderful to see how you're coming together and working in good faith.

So what we're really delighted to be able to hear today is a direct communication from HHS and Kelly Cronin is going to deliver this.

She is the Director of the Office of Programs and Coordination in the HHS Office of the National Coordinator for Health Information Technology.

This office is really responsible for achieving the President's vision of interoperability of health care information systems.

Ms. Cronin is responsible for ensuring complete integration of all efforts across the Office of the National Coordinator and supports the dissemination and adoption of the

administration's policy on health IT.

Prior to this assignment, she was the senior advisor to the administrator of the Centers for Medicare and Medicaid Services. The administrator means Mark McClellan. Now, that is a very small effort, I think that is only about a \$500 billion enterprise and, as you know, certainly, CMS is extremely involved with health IT.

In 2004-2005, she led initiatives to incentivize the electronic health record adoption in the Office of the National Coordinator for Health IT. She also served as the Executive Director of the Council for the Application of Health Information Technology in the Department of Health and Human Services.

She directed patient safety initiatives at the FDA and coordinated the drafting of the Patient Safety and Quality Improvement Act while working for the House Energy and Commerce Health Subcommittee.

Her work experience includes health policy analysis, health services research, and clinical trial coordination on a national and international level for various organizations in the private sector.

She is a faculty member in the Department of Health Policy at the George Washington University and a doctoral

candidate in the School of Public Health and Health Services.

So we're delighted to have you. Furthermore, she has offered to answer questions at the end of her talk.

So thanks so much, Kelly. Come on up.