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Utilization of Common Metrics as Part of Strategic Management

American Evaluation Association

November 14, 2019

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Panel

- University of Rochester, Center for Leading Innovation and Collaboration (CLIC)
 - Ann Dozier
 - Raquel Ruiz
 - Ann Schwartz
 - Julie Schwan
- Translational Research Institute at the University of Arkansas for Medical Sciences
 - Beatrice Boateng
- University of Iowa Institute for Clinical & Translational Science
 - Patrick Barlow



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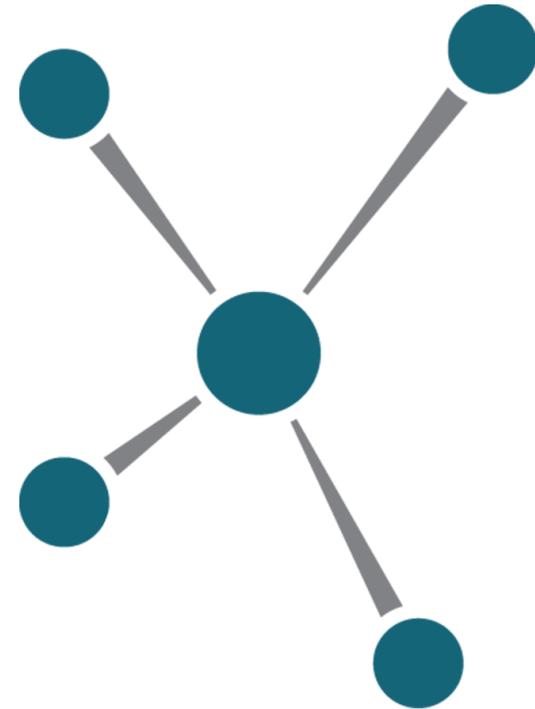
About CLIC

- CTSA Program Coordinating Center
- Common Metrics Initiative (CMI)

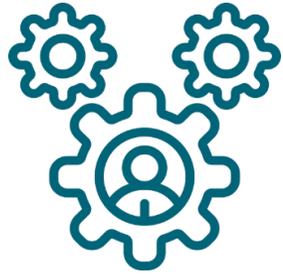


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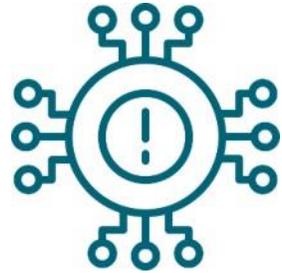
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Research-related Metrics



Developing the Next Generation of Scientists
(Careers)



Research Data Warehouse Data
(Informatics)



IRB



Recruitment & Retention in Research
(Accrual)



Pilots and Publications

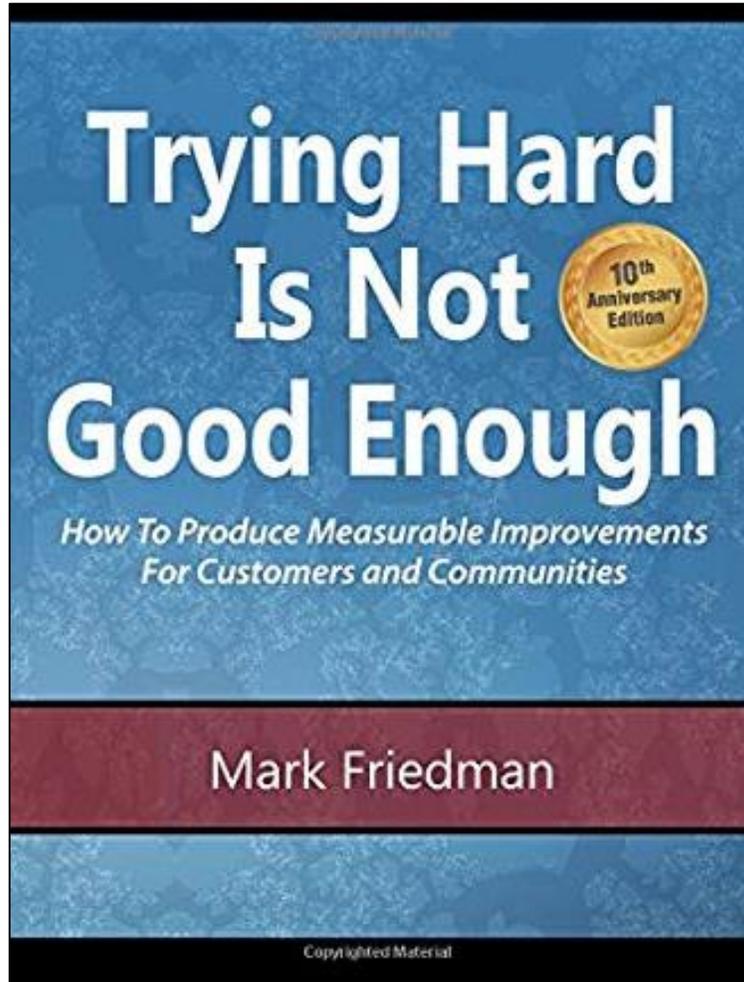
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Framework & Annual Data Reports



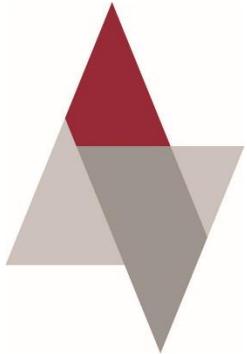
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NCATS De-identified Report
Common Metrics Initiative
Multi-Year Data Report: 2015 - 2017
Released February 2019



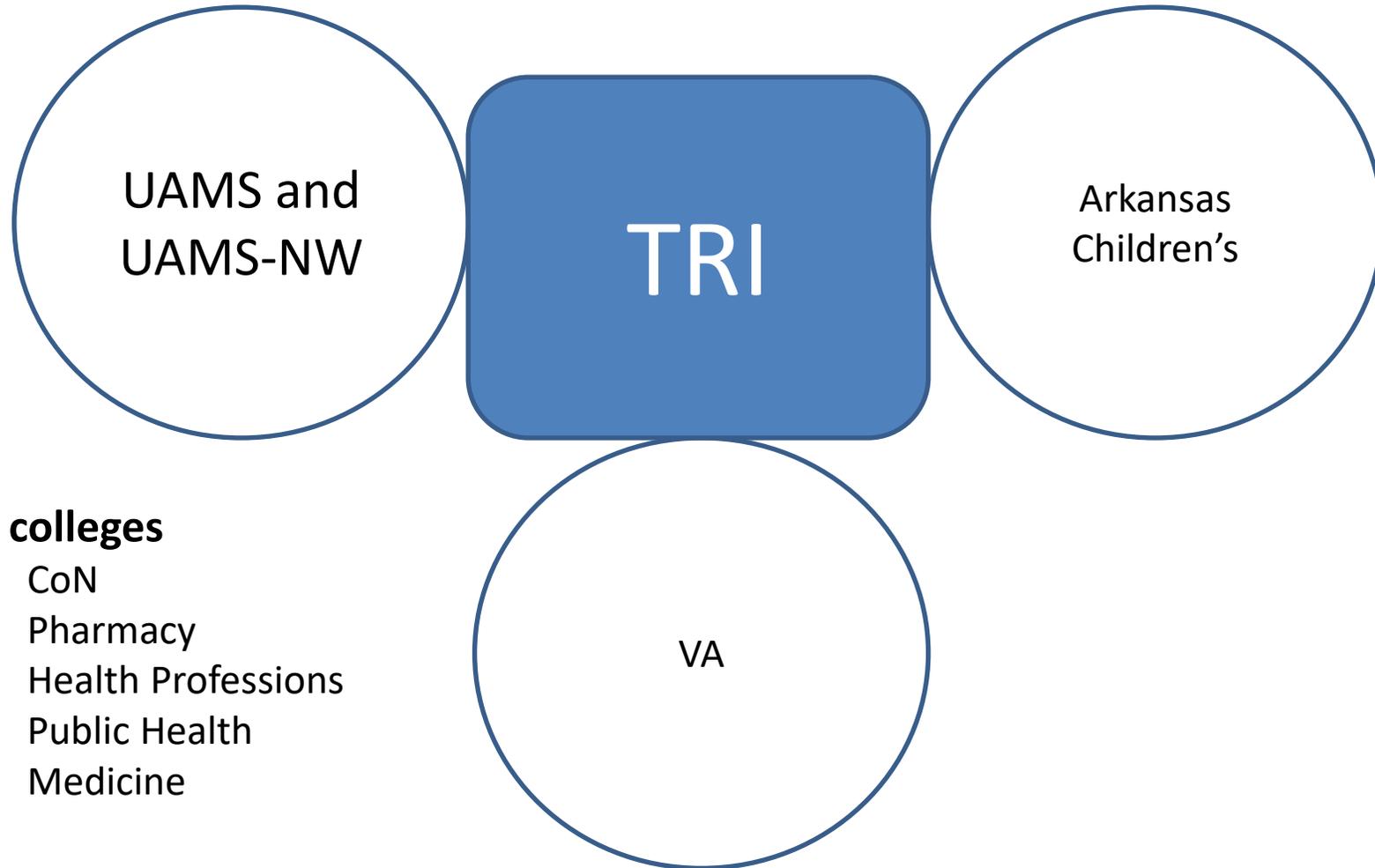


Breaking down the what, why and how of the Common Metrics – Lessons from the UAMS Translational Research Institute (TRI)



Beatrice A. Boateng, PhD
Director of Evaluation – Translational Research Institute
Assistant Dean for Faculty Assessment and Evaluation - CoM
Associate Professor, Department of Pediatrics

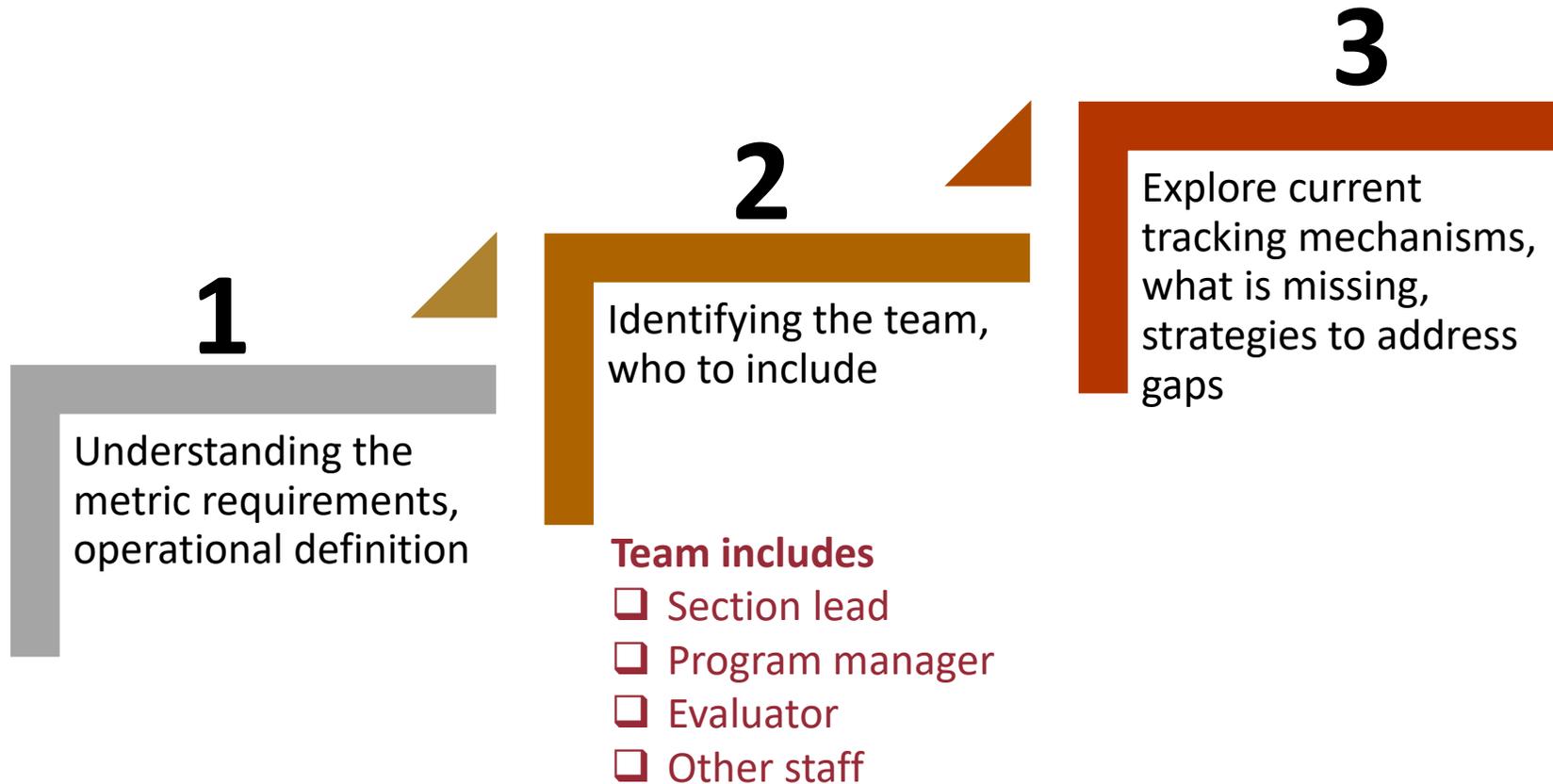
Our HUB



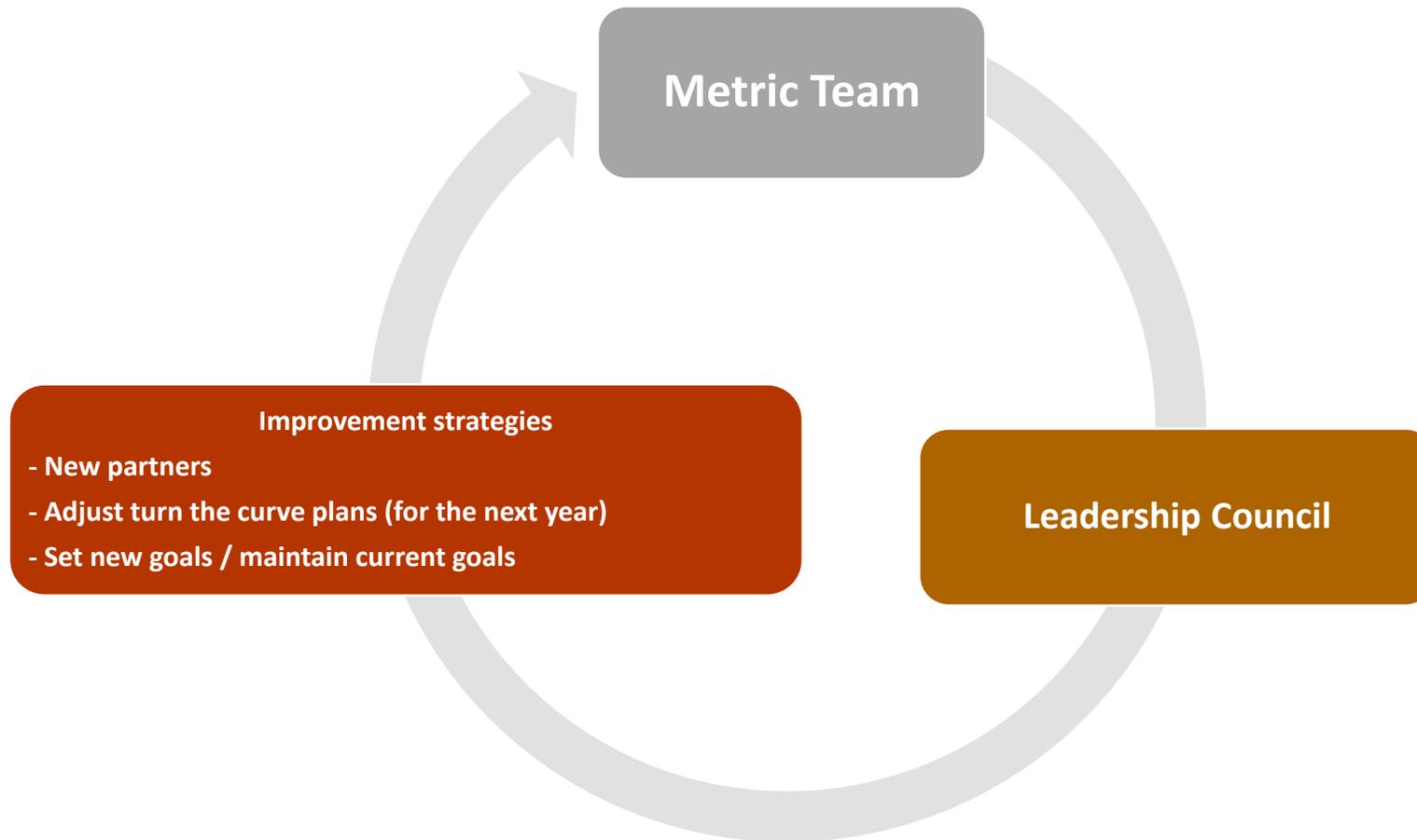
5 colleges

- CoN
- Pharmacy
- Health Professions
- Public Health
- Medicine

The Common Metrics are here – Now what?



Communication and feedback loop



Lessons Learned

- ❑ Opportunity for self – reflection
 - ✓ What are we doing well, what do we need to do better
- ❑ Organizational transparency
 - ✓ How is the data being used
- ❑ Data driven decision making
- ❑ Continuous Improvement
 - ✓ What else can we do to move to the next level?

A Case Study of Successes and Setbacks Using the Common Metrics to Support Institutional Change

Patrick B. Barlow, PhD

Assistant Professor, Office of Consultation & Research in Medical Education

Associate Director for Program Evaluation, The Institute for Clinical & Translational Science

Department of Internal Medicine, Carver College of Medicine

Show of hands...

The University of Iowa Hospitals & Clinics – Iowa City, IA

- One of two Level I Trauma Centers in Iowa
- 811 in-patient beds admitting about 37,000 last year as well as over 58,000 ED visits and over 1 million clinic visits.
- More than 13,000 employees, students, and volunteers
- The Stead Family Children’s Hospital opened at UIHC in 2017 and has become famous for “The Wave” during Iowa football games.



Photo Credit: Liz Martin/The Gazette (2017)

The University of Iowa's Institutional Review Boards

- IRB-01 Biomedical Research

- IRB-02 Behavioral/Social Science

- IRB-03 Veteran's Affairs Health Care System (VAHCS)

- Control of the IRBs is managed through the UI's Human Subjects Office that is part of our Office of the Vice President for Research

- AKA "Other side of the river"

Our Strategies

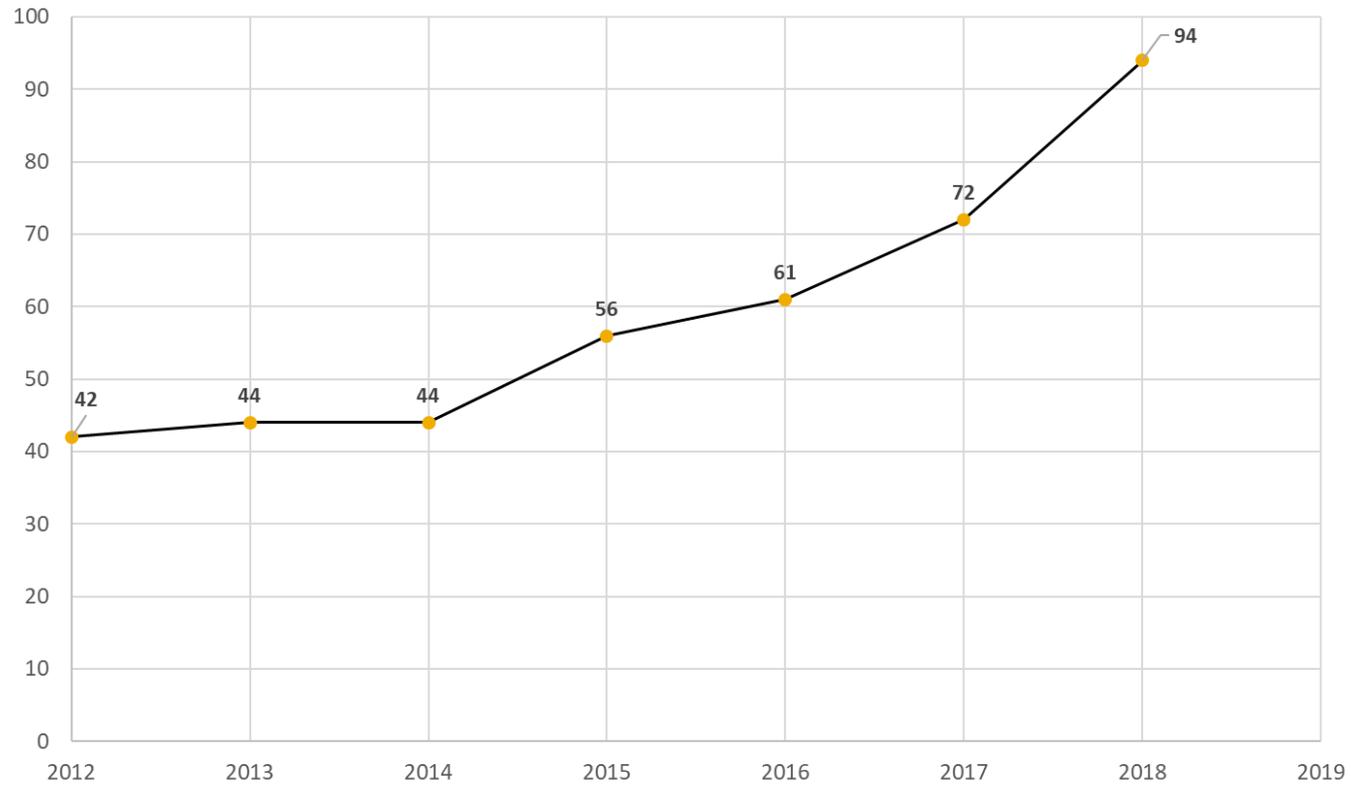
- Prioritized Early Engagement and Relationship-building ahead of the launch of CMI
 - Conducted original research on potential factors contributing to lengthy IRB approval times (Arora & Swander, 2016; presentation)
 - Met multiple times with IRB-01 leadership to plan out the data collection process and requested data far ahead of time.
- Transparent and Reciprocal Relationship
 - Committed to providing IRB leadership with results of all our analyses as well as conduct follow-up analysis if desired.
- Offering Evaluation Expertise
 - Team willing to use our expertise to conduct in-depth evaluations of IRB processes based on what we found in the process of measuring the IRB CM.

So, We Got to Work

- Our research and analysis of the IRB Common Metric for the past few years as well as background interviews with IRB and college leadership pointed towards:
 - Stable number of days spent in the PI/Investigator's workflow over time
 - Relatively stable number of studies being submitted for review over time
 - An excessive and worsening amount of time between when a protocol is “IRB Approved Pending” and “Final IRB Approval”.
 - This time was said to be due to certain “Sub-committees” whose approval is required prior to IRB giving its final approval that meets the definition of the IRB CM Operational Guidelines.

We Turned the Curve!

Figure 1. Median IRB Approval Duration 2012 - 2018



Err...

What Went Wrong?

- Prioritized Early Engagement and Relationship-building ahead of the launch of CMI
 - We wait months before getting the data, oftentimes the week the CMI data are due.
 - Leaves no time to build a positive relationship or develop a more in-depth analysis plan
- Transparent and Reciprocal Relationship
 - We provide our reports and offer to conduct follow-up analysis as planned
 - Relationship not reciprocal in terms of asking for critical data and information
 - No ability to enforce requests that go unanswered
- Offering Evaluation Expertise
 - No follow-up from “gatekeepers” to integrate our team into any quality improvement process

So, How is this a Success Story?

- The CMI research led to an HSO Taskforce being created to investigate the issues within the IRB system
- Just this year, the HSO ordered an internal audit of the entire IRB system, including the sub-committees that we have identified as a major contributor to the long approval times for years.
 - New policy is being implemented that removes the requirements for some of these approvals.
- Also this year (June), the university announced that it had approved 6 new FTEs, 3 for the Division of Sponsored Programs (DSP) and 3 for the HSO to help address the demands more complex research protocols (e.g. Single IRB) a higher volume of requests have placed on the offices.

What have We Learned?

- The vital role of gatekeepers in evaluation work, and the consequences of not having their support.
 - Although we functioned at all times with enthusiastic verbal support for our work, we were hindered by not having those words followed by action.
- Carrots are great, but sometimes you really need a stick.
 - No ability to enforce our requests for information or otherwise force compliance has dramatically limited our ability to conduct root cause analysis ourselves
 - On the other hand, bringing an internal auditor into the situation seems to have been perceived as much more serious



Final Thoughts

- Systemic change takes time, and it is challenging to figure out how best we can use the limited scope (by design) of the CMI data to influence that change.
- While frustrating, our CMI data has ultimately resulted in not only more robust investigations of the issue, but also in substantial changes to the IRB and HSO as a whole that we anticipate will finally start to “turn-the-curve” back in the right direction.

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