



Making Research
Relevant & Ready

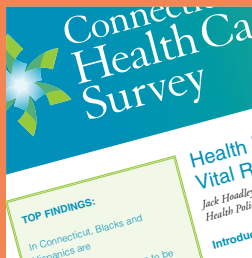
Practically Speaking

The Donaghue Foundation Newsletter: Focused on research and knowledge uptake initiatives.

INSIDE THIS ISSUE



PAGE 3
Antibiotic
Use In
Primary Care



PAGE 4
Connecticut
Health Funders
Survey



PAGE 7
Science
Distinguished
Lectureship
Program

PAGE 2
Trustees Letter

PAGE 3
Ask The Trustees —
Choosing Wisely® Collaborative

PAGE 5
Case Study — Schlesinger &
Grob: “Low Value Care”

Practically Speaking is published three times a year by the Donaghue Foundation to communicate its grantmaking and knowledge uptake activities. Readers are welcome to contact the Foundation office for more information about the work of the Donaghue Foundation by calling 860.521.9011 or by sending an email.

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Joseph T. Hanlon, PharmD



Yue Li, PhD



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2014 Another Look Awardees

Donaghue has recently awarded \$500,000 for four grants in the second round of its *Another Look: Improving the Health of Elders in Care Facilities*. Another Look was established to provide funding for research projects that can improve the quality of care for the elderly population in nursing homes or other care facilities. Researchers must use data that already exist for their study. In addition, researchers applying for this grant must identify a stakeholder in the care delivery or policy arena with whom they will either consult or collaborate and who is willing to work with the researcher to develop a research product that may be readily used to improve care.

Letters of intent were reviewed in a manner that was blinded as to the principal investigator and his or her institution. Twelve full applications were requested from the 22 LOIs that were received and reviewed. Full applications were reviewed by the science review committee, and committee members had access all information from the application, including the applicant’s name, qualifications and his or her institution.

Grantees from the 2014 cycle are:

Jennifer Gaudet-Hefelee, PhD

The Heller School for Social Policy and Management, Brandeis University
Stakeholder organization: Massachusetts Senior Care Foundation

Nursing homes face increasing pressure to specialize in rehabilitation care and increase the number of Medicare patients they serve. The substantial difference between Medicare and Medicaid payments has long sustained an incentive to admit and care for post-acute patients rather than long-term care residents. Intensifying this incentive are the new

Accountable Care Organizations, which develop relationships with select post-acute partners. The desire to win engagement in these relationships may lead nursing homes to pay even more attention to post-acute care as they attempt to meet new performance criteria.

Some studies suggest that focusing on one type of care can lead to deficiencies in others. Therefore, this research seeks to analyze existing data to determine whether increases in Medicare post-acute patients are associated with decreases in quality for long-stay residents. This longitudinal study will examine the relationship between changes in proportion of Medicare and Medicaid and performance measures from 2005 through 2011. Understanding the broad and sometimes unintended consequences of policy changes will be of interest to policy-makers and quality improvement organizations, as well as nursing home industry leaders. These results will be used by nursing home leaders in our partner organization to better understand how specialization can impact care for all residents and by quality improvement leaders to develop a best practices framework for use in future quality improvement trainings and initiatives.

Joseph T. Hanlon, PharmD

University of Pittsburgh
Stakeholder organization: University of Pittsburgh Medical Center Senior Communities
Do nursing home residents taking higher doses of central nervous system medications have a greater risk of serious fall injuries compared to those taking no or lower doses. This national cohort study will use 2009-2010 Medicare Parts A, B, and D data merged with Minimum Data Set assessments for nearly 70,000 long stay

— continued on page 6



Lynne Garner, PhD, President and Trustee and Amy R. Lynch, JD, U.S. Trust, Bank of America, Trustee

“We ask ourselves ‘How does Donaghue contribute to this inefficient way of funding research? What can we do in our small way to reduce this burden?’ ”



The Donaghue Foundation recently received this oil portrait of Ethel Donaghue painted by C. W. Carney. We thank Gail McDowell for bringing us this painting that she found among the estate of her brother-in-law, David M. McDowell, MD.

Letter from the Trustees

Dear Friends,

Recently, NPR had a series of articles on the health of our academic research enterprise. The conclusion: not too healthy. (To read or listen to these articles by Richard Harris, check out NPR’s Shots blog between September 10 and 24.) Many of the issues discussed had also been raised by Arturo Casadevall, MD, PhD at our 2013 *BeyondEureka!* conference on “How is Science Serving Us?,” so the NPR stories made us think about this important topic once again.

As many of our readers know, reduced and, for the foreseeable future, flat NIH grant funding after it doubled between 1998 and 2003 has created excess building capacity at many universities and not enough grant dollars to keep scientists working in them. (Private funders and public charities, such as Donaghue, have increased between their grantmaking since 2009, but they account for only \$2.4 billion of the total \$130 billion a year in biomedical research funding. So their effort, though important, won’t be a solution the problem of reduced NIH funding.) Low funding levels create other problems, too. Many experts say that one result of having such a low percent of applications funded is that the science tends to become conservative, not innovative — certainly not what researchers want and not what society needs. Also, more time is spent writing grant applications. A 2008 study of university science faculty members found that 45 percent of their research time was spent in pre-award and post-award administration, i.e., writing grant applications and follow-up reports. To us, this seems to be too high, and with fewer applications being awarded it’s likely that even more time is spent on these administrative activities now.

Plus, with funding levels so low, the time and expertise that goes into the peer review process to evaluate applications is increasingly being used on applications that will never get funded.

Another *BeyondEureka!* speaker, Sharon Terry, said she often asks “How is this true about me?” when confronted with something that she thinks needs changing. So we ask ourselves “How does Donaghue contribute to this inefficient way of funding research?” Making it necessary for researchers to spend more and more time on writing applications? Less creative science being funded? Inefficient peer review processes? What can we do in our small way to reduce this burden?

For some time, Donaghue has used a one-page letter of intent before asking for a full application. Using a quick turn-around time, we can ensure that the number of applications received is in a healthy proportion to what we expect to fund — no fewer than one-quarter and usually more like one-third of the reviewed full applications will be awarded a grant. In that way, we don’t add to the burden of those researchers whose application would be a long shot for a particular program.

Our two open grant programs — R3 and Another Look — fund short-term projects that focus on making research relevant and ready to make improvement in health. However, we’re considering developing a new grant program for 2015 that allows scientists to be less tied to a specific, pre-designed project so that unexpected pathways can be explored. This program would also provide funding for longer periods of time.

We believe that a mix of funding vehicles is best for Donaghue, and perhaps adding a program with these characteristics, may be one way that Donaghue could help the health of our research enterprise.

Amy R. Lynch, JD
U.S. Trust, Bank of America, Trustee

Lynne Garner, PhD
President and Trustee

Ask the Trustees

Why is Donaghue involved with the Connecticut Choosing Wisely Collaborative? What does that have to do with the Donaghue's mission of funding medical research?

Good question — and we've been asked this before. For those who aren't aware of the newly formed Connecticut Choosing Wisely Collaborative, it was formed in late 2013 to promote widespread adoption in Connecticut of *Choosing Wisely*®, an initiative of the ABIM Foundation working in partnership with Consumer Reports.

CCWC is a diverse, multi-stakeholder group whose member organizations have a shared interest in seeing the goal of *Choosing Wisely*® — improved patient and practitioner communication, increased consumer engagement, and reduced harm and waste — are maximized in Connecticut. In addition to Donaghue, the founding members of the group's Leadership Council include Access Health CT, Connecticut Business Group on Health, Connecticut Center for Primary Care, Connecticut Health Foundation, Office of the Healthcare Advocate, Qualidigm, and the Universal Health Care Foundation.

Donaghue's Nancy Yedlin has been leading the development of CCWC, and Donaghue, as well as each founding member, has contributed \$5,000 or in-kind services to CCWC. These contributions were raised to support "start up" programmatic expenses. The Connecticut Center for Primary Care acts as fiscal administrator for the group.



Even if the dollar investment is small, Donaghue is investing the time of a senior staff member to this initiative because we believe that working on *Choosing Wisely*® is one — though certainly not the only — way for Donaghue to learn about the realities of promoting evidence into practice while contributing to an effort to improve health. In fact, the initiative fits squarely within three of Donaghue's six goals:

- Promote knowledge uptake of health research into the realms of health care delivery, practice, and policy
- Advance the Foundation's mission by collaborating with people and organizations that have the opportunity and responsibility to improve health
- Build networks and collaborations to test innovative ideas related to grantmaking and health research

With Donaghue's mission of funding medical research that will be of practical benefit, understanding this critical step to get to benefit will make us a better funder.

In 2015, CCWC plans to take on a number of projects and will continue to work on its future organizational structure. "The amount of time that I spend on CCWC is approximately what I spent on developing and directing the eight *Beyond Eureka!* conferences that Donaghue sponsored" said Yedlin. "I see my role in getting the CCWC off the ground as that of a midwife — I'm not going to be the pediatrician! I'm confident that, given the high level of commitment by the Leadership Council members, we'll evolve the infrastructure of the CCWC over the next year so that my time commitment will be reduced and someone else will be able take on the day-to-day role of leading the collaborative."

Focus on Antibiotic Use in Primary Care

This summer, Donaghue and other Connecticut Choosing Wisely Collaborative members sponsored an Urban Service Track summer internship on antibiotic use in primary care settings. The Urban Health Scholars team from University of Connecticut's Pharmacy, Medical and Dental Schools and Quinnipiac's Physician Assistant program conducted background research on antibiotic use in primary care settings, including community health centers, community-based primary care settings, and dental offices. The Connecticut Center for Primary Care, one of the CCWC members and sponsor of Urban Service Track Health Scholar projects in prior years, provided day-to-day supervision of the interns along with their faculty mentors.

To get needed background for their project, the UST interns, their faculty advisers, and CCWC representatives kicked off their project by spending a day at Consumers Union in Yonkers, NY, home of Consumer Reports. ABIM Foundation, creator of the *Choosing Wisely*®, has been working with Consumer Reports to create all the materials for the *Choosing Wisely*® campaign.

The interns led focus groups and interviewed providers to learn their views on antibiotic prescribing patterns in general and in their own practice settings. They also solicited feedback

on the educational materials developed to support the *Choosing Wisely*® antibiotic use campaign. The students documented the feedback and developed a set of suggestions.

From their work, the students learned that most providers believed overuse of antibiotics was a problem, though they believed that providers often respond to patients' expectation

that antibiotics will be prescribed. The students reported that providers liked many aspects of the *Choosing Wisely*® materials, including the overall messaging about available treatment options other than antibiotics. However, providers believed the language needed to be simplified and the length of the pieces shortened. — continued on page 6



The Urban Service Track students and faculty visited Consumers Union before they started their research internship.

Working Together – Connecticut Health Funders Survey

Six Connecticut health funders have worked together to provide a first-ever study of Connecticut residents’ views on their health and health care. The survey provides self-reported data on the health and health care of Connecticut residents, including health insurance coverage, access and sources of care, continuity of care, health status and patient-provider experience. Although it shows that many have access to and receive consistent, high quality health care, much work remains to be done, particularly as it relates to chronic disease prevalence among adults and children. In addition to Donaghue, the funders included The Aetna Foundation, Connecticut Health Foundation, the Foundation for Community Health, Universal Health Care Foundation of Connecticut, and the Children’s Fund of Connecticut.

One goal of the study was to provide this data to other community groups and researchers for their use in understanding current health and health care conditions. Toward that end, a de-identified dataset and related documentation will be made publicly available to other researchers through the Inter-University Consortium for Political and Social Research. Policy briefs that focus on access to health care, health inequities and the role of safety net providers, managing chronic disease, and children’s health are available at fchealth.org/index.php/publications_media/ct_healthcare_survey.

Conducted between June 2012 and February 2013 by the Office of Survey Research at the University of Massachusetts Medical School, the telephonic survey sought information from Connecticut residents about themselves and about the children within their household. A total of 5,447 surveys were completed — 4,608 regarding adults and 839 regarding children — with households from across Connecticut in urban, suburban and rural areas.

Speaking as a collaborative group, the funders noted that “the Connecticut Health Survey is a first of its kind in terms of the information it sought and its collaborative genesis and funding. The results will set a baseline of data from which improvements or declines in population health can be measured. We hope it will be used as intended: to inform future health policy and programs; and to measure their impact. We look forward to working with policy-makers, regulators, and other health foundations here and elsewhere to explore the opportunities highlighted by this survey and to measure changes driven by new policy and new law, including the Affordable Care Act.”



“One goal of the study was to provide this data to other community groups and researchers for their use in understanding current health and health care conditions. Toward that end, a de-identified dataset and related documentation will be made publicly available to other researchers through the Inter-University Consortium for Political and Social Research.”

Among the many findings in the survey was information that indicated Connecticut residents, and particularly children, are generally healthier and have better access to a routine source of care and insurance coverage than national averages. However, a number of measures are concerning including the following which represent the full population surveyed.

- Some 13 percent of adults report their health to be fair or poor, which is similar to national estimates, and 45 percent report having been told by a health professional that they have diabetes, hypertension, asthma, heart disease and/or cancer — all of which can lead to substantial health care costs if not managed carefully.
- Among adults, 11 percent experienced a time in the prior year when they could not get the care they needed, and 28

percent reported postponing needed medical care in the prior year. Among these two groups, 59 percent said worrying about the cost was the predominant reason for their unmet medical needs.

- Having a usual source of care to promote patient-doctor continuity and improved trust and communication is generally aligned with better patient satisfaction and improved health outcomes. In Connecticut, 86 percent of adults reported having a usual place to go for medical care, which is comparable to the national average of 84 percent. Within this group, 18 percent identified a clinic or health center as their usual place to go for medical care, which is just shy of the national rate of 21 percent. Also within this group, 86 percent reported always seeing the same provider. Connecticut Health Care Survey.
- In terms of children, 34 percent of parents. In terms of children, 34 percent of parents reported that their children were overweight or obese, which is similar to 2012 national rates, and 13 percent of children were reported to have asthma compared to the national reported average of 9.3 percent.
- Also among children, 98.5 percent were reported to have health insurance and 98 percent had a usual place to go for medical care.
- Regarding dental care, 71 percent of adults and 93 percent of children were reported to have had a preventive dental visit in the prior year.

Linking Evidence to Practice Case Study: Schlesinger and Grob

How do patients view the concept of “low-value care”?

An important topic in the current study of healthcare delivery is reducing the use of low-value care. But what do patients know about this issue? How might they best be engaged in addressing it? What kinds of relationships with clinicians foster receptivity to talking about the true value of tests and procedures? And how do patients rate low value care compared with concerns they have regarding their health?

These questions have become central to the work of Mark Schlesinger, PhD and Rachel Grob, PhD. As one of the six research projects funded in the second cycle of the RWJF-Donaghue *Applying Behavioral Economics to Perplexing Problems in Health and Health Care*, Schlesinger and Grob’s research seeks to understand how patients think about low value care, and then to build experiments based on this understanding that test how patients respond to measures of resource-conserving practice styles when choosing a physician and whether selecting a clinician who tends to avoid low value care will predispose patients to avoid unnecessary, wasteful or duplicative tests and procedures.

In the first phase of their study, Schlesinger and Grob conducted focus groups and one-on-one interviews with a representative sample of patients around the country to understand how they respond to various scenarios, graphics, and phrases describing low-value care. Using these findings, they have created an interactive web-based tool that patients participating in the experiment will use to select a primary care physician after examining quality measures and patient comments on a range of topics including approaches to low value care. A post-choice survey will pose testing and treatment scenarios for study participants, allowing Schlesinger and Grob to assess the impact “pre-committing” to a cost-conscious clinician has on patients’ receptivity to avoiding low value care.

Focus groups conducted for the first phase of this study suggest that patients have complex responses to the idea that their clinicians might practice with consciousness about costs of care. In order to effectively communicate with patients on this topic, it is necessary to understand that many will initially be either uninterested in and/or suspicious about the idea of reducing low-value care. For example, the term “practice style,” although common among health practitioners and researchers, does not appear to have strong meaning for the public, and may even be associated with the idea of “practicing on” patients in an experimental mode. Further, many patients object to the idea that their clinician would have a particular “style” with respect to low value care because they want their clinician to



Mark Schlesinger and Rachel Grob with Frances Padilla (center), Universal Health Care Foundation of Connecticut President, at their “Reform to Transform” event.

flexibly and continuously attend to their own particular needs, whatever those needs might be. Cost considerations were generally viewed unfavorably, even among people who had the greatest difficulty meeting the demands of high medical expenses. Individuals who were most receptive to the concept of a less interventionist approach were those who had a history of serious illness and, consequently, more personal exposure to waste, duplication, and iatrogenic (treatment-caused) problems with healthcare.

After analyzing their focus group data, Grob and Schlesinger conducted interviews with a representative sample of 48 patients to get a deeper understanding of whether and how patients discuss low-value care and costs with their own already-trusted clinicians. About half of all respondents reported having some sort of interaction with their doctors about the value (or lack thereof) of particular screening exams or forms of treatment. However, for only about 15 percent of all respondents (or just under a third of those who conversed with their doctor about low-value care) did these conversations incorporate costs. For lower-income respondents, the clinician’s role in safeguarding access to care by avoiding high cost referrals and treatment options was experienced as reassuring.

Many interviewed patients were most receptive to avoiding low value care when their clinicians suggested a “staging” strategy, beginning with a less interventionist option (e.g., an x-ray), and then proceeding with a more elaborate next step (e.g., a CAT scan or MRI) only if and when necessary. For those respondents whose physicians had explicitly mentioned cost as a factor in proceeding with care in a particular order, this was acceptable when the rationale was clear and there were assurances that the more costly procedures would be deployed if/as necessary.

Using what they learned from Phase One of their research, Schlesinger and Grob have now moved to the experimental phase of their research. They expect to have and publish results in 2015.

The focus group studies and interviews by Schlesinger and Grob are of significant relevance to a number of groups interested in providing information about healthcare choices to consumers and seeking to engage consumers in the “low-value” discussion. Recently, Grob and Schlesinger presented their focus group and interview findings at a Washington, DC briefing on the best ways to engage consumers on healthcare cost, quality, and delivery system reform sponsored by Consumers Union and Atlantic Philanthropies.

Grob and Schlesinger pointed out during their presentation that their findings about the suspicion with which many low income people regard a focus on cost saving have particular relevance for the newly-insured, whose access to care has been chronically restricted. The tension between poor access to care on the one hand, and out-of-control health care costs on the other, are of particular interest to groups in Connecticut working on ways to assist and empower consumers to more effectively use the healthcare system.

Grob helped to frame and moderated the panel on October 21st at the Universal Health Care Foundation of Connecticut’s forum on “Empowering Consumers: Strengthening our Voice to Transform Health Care.” The Connecticut Choosing Wisely Collaborative (see the article on CCWC on page X) intends to use insights from the two researchers to inform its efforts as they develop campaigns for patients and practitioners, with particular interest in supporting newly insured and historically underserved consumers and the providers who serve them.

Advisers' Transitions



Donaghue wishes the best of luck to **Lisa Davis, RN, BSN, MBA**, two-term Policy Advisory Committee member who recently accepted the position of deputy

commissioner at the South Carolina Department of Public Health. With her new responsibilities, Lisa decided to step down from her current term.



Also, many thanks to **Dennis May, MPH**, whose second term with Donaghue as Policy Adviser will end in 2014. Dennis has been an adviser since 2006 and has often

given helpful counsel to trustees and staff over the years.



Mary Jane Koren, MD, MPH, chair of Donaghue's *Another Look* review committee, has recently been honored for her "outstanding contributions to

improving care in nursing homes and other settings at The Commonwealth Fund, The Fan Fox & Leslie R. Samuels Foundation, The NY State Department of Health and in her research and other work" by the Long Term Care Community Care Coalition.



Snack Packages for our Reviewers

Our science reviewers work hard for Donaghue, and we really appreciate their participation in our grant programs. When the review meeting is held at our office, we provide plentiful snacks or a meal, depending on what time of day the meeting is held. For our most recent review meeting, which was held by conference call, we mailed each reviewer their own snack pack to enjoy during the call. Please mute while crunching!

2014 Another Look Awardees — continued from page 1

nursing home residents to attempt to answer this question. The main outcome will be injuries documented by validated emergency room or hospitalization ICD-9 codes. Using Medicare Part D data, we will create a cumulative central nervous system medication dosage measure for antidepressants, antipsychotics, benzodiazepine receptor agonists, anticonvulsants, opioids and skeletal muscle relaxants by dividing the total daily dose for each agent by the minimum effective geriatric daily dose and aggregating these standardized doses across medications. The effect of potential demographic and health status confounders will be controlled via propensity score matching.

The results of this study will provide health professionals with a more useful and practical way to assess central nervous system medication risk and to reduce injuries in nursing home residents. Working with their stakeholders, the investigators will deliver an educational outreach program to six local nursing homes to improve prescribing of central nervous system medication. These same educational materials will also be made available nationally for use by other nursing homes.

Yue Li, PhD

University of Rochester Medical Center

Stakeholder organization: Finger Lakes Health Systems Agency

Emergency room visits and hospitalizations of nursing home residents are common, and at least 40% of them are for conditions that could have been prevented or safely managed in nursing homes. Recently, New York State proposed a Delivery System Reform Incentive Payment plan to reduce avoidable hospital use. The plan identified "Long Term Care Transformation" as one targeted area to achieve this goal. In response, the Finger Lakes Health Systems Agency established a Healthy Seniors and Long Term Care Work Group to promote region-wide collaborations and system transformations to reduce avoidable hospital transfers originating from long term care settings.

The overall goal of this study is to inform these efforts by developing and disseminating evidence-based performance measures regarding

nursing home-to-hospital transfers for all Finger Lakes nursing homes. Existing nursing home and hospital data will be analyzed to develop nursing home-level structural and care-process measures that may impact hospital transfers, and risk-adjusted outcome measures of overall and potentially-avoidable hospital utilization for all nursing homes in the region. The investigators will also perform in-depth analyses to identify specific areas of nursing home care that contribute to hospital transfers, and identify the subset of nursing homes with particularly problematic transition patterns in order to inform actionable priorities and targeted interventions. Performance data for all Finger Lakes nursing homes and research findings will be disseminated through the Finger Lakes Health Systems Agency. Other stakeholder input on dissemination will also be sought. Results from this project can be extended to other regions in New York or the U.S.

Kimberly Van Haitsma, PhD

The Pennsylvania State University

Stakeholder organization: The Pennsylvania Culture Change Coalition

The goal of this study is to use data from a National Institutes of Nursing Research-funded study of assessing preferences for everyday living in a nursing home to advance understanding of how to deliver person-centered care. Specifically, four key questions will be answered with this data:

- What types of people are most likely to report consistently on their preferences over time and what types of preferences tend to remain stable?
- How accurate are family members and friends in reporting the preferences of another person living in a nursing home?
- How are resident choice, preference importance ratings and preference satisfaction related?
- How can staff perceptions of residents' preferences be used to advance the delivery of care based on those preferences?

The project will collaborate with the Pennsylvania Culture Change Coalition, a longstanding statewide stakeholder partnership, to interpret empirical results and develop practice-based recommendations for long-term care providers.

Antibiotic Use in Primary Care — continued from page 3

One observation the students made was that all professionals needed to work together to provide a consistent, coordinated message about appropriate antibiotic use to address this multifaceted issue.

Reports from the scholars' work were shared with their faculty mentors and UST program directors, CCWC members, and interviewees and focus group participants at a presentation in August and with the National *Choosing Wisely*® Consumer Reports team in September. This fall, the student team is working on finalizing

an executive summary of the project and a formal report for the UST program. Future UST projects with a *Choosing Wisely*® focus are being considered for next summer.

This internship provided a valuable opportunity for students to get a hands-on experience working as an inter-professional collaborative team. For Donaghue it's also been another hands-on experience in what it takes to link evidence, which is the basis of the *Choosing Wisely*® recommendations, and practice.

The New Frontiers in Science Distinguished Lectureship Program at the FDA

The Health Research Alliance, a membership organization of 60 non-profit, non-governmental funders of medical research, will sponsor its fourth year of New Frontiers in Science Distinguished Lectureship Program at the Food and Drug Administration. Donaghue is a charter member of HRA and will provide funding for one of the 2015 lectures.

This series aims to help strengthen scientific expertise at the FDA and foster interactions between the scientific community and the FDA by bringing outstanding scientific leaders to the FDA for short periods to serve as Distinguished Lecturers. In this capacity, they present their work and discuss advances and challenges in fields of particular relevance to the FDA such as stem cell therapies, nanotechnology, and innovative clinical trial designs appropriate for small patient populations. The New Frontiers in Science Distinguished Lectureship Program at the FDA is the first program in a new regulatory science initiative adopted by the HRA Board of Directors in the summer of 2011.

The potential for new path-breaking therapeutics, diagnostics and preventions for human diseases is significant. However, the pace and breadth of scientific discovery today makes it challenging to ensure that there are sufficient FDA staff knowledgeable in the numerous complex and highly specialized areas that the agency regulates. Providing

opportunities for FDA staff to work with and access the expertise of scientists who are working in the quickly changing cutting-edge fields that FDA is regulating will help fill this knowledge gap. The HRA-sponsored New Frontiers in Science Distinguished Lectureship Program at the FDA is one approach for facilitating interactions between FDA staff and the scientific community.



2012 lectures:

Sanjiv Gambhir, MD, PhD, Virginia and D. K. Ludwig Professor of Cancer Research, Stanford University, presented ***“Emerging Strategies for the Early Detection of Cancer,”*** the inaugural lecture in the New Frontiers program.

“Ethics, Compassion and Evidence,” was presented by Arthur L. Caplan, PhD, Drs. William F. and Virginia Connolly Mitty Professor and Department Chair, Department of Bioethics, New York University, Langone Medical Center.

2013 lectures:

Leroy Hood, M.D., PhD, of the Institute for Systems Biology presented ***“Systems Medicine, the Emergence of Transformational Technologies and Proactive P4 Medicine.”***

Irving Weissman, MD, Director, Institute for Stem Cell Biology & Regenerative Medicine at Stanford University, ***“Stem Cells and Cancer Stem Cells: From Discovery to the Clinic.”***

2014 lectures:

Joan Bathon, MD, Director of the Division of Rheumatology, Columbia University College of Physicians and Surgeons: ***“Cardiovascular Risk in Rheumatoid Arthritis and Implications for Treatment”***

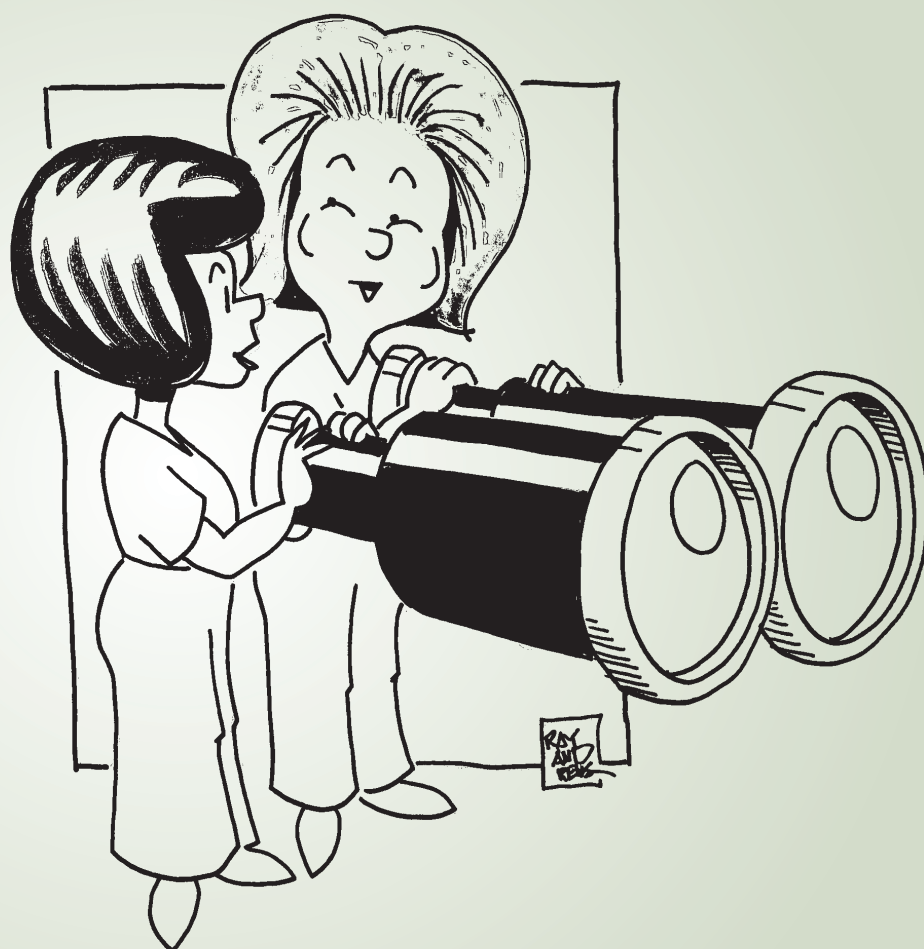
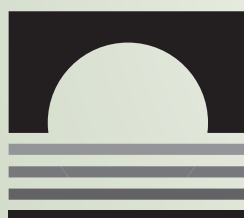
Thomas Fogarty, MD, Founder and Director, Fogarty Institute for Innovation: ***“Medical Innovation.”***

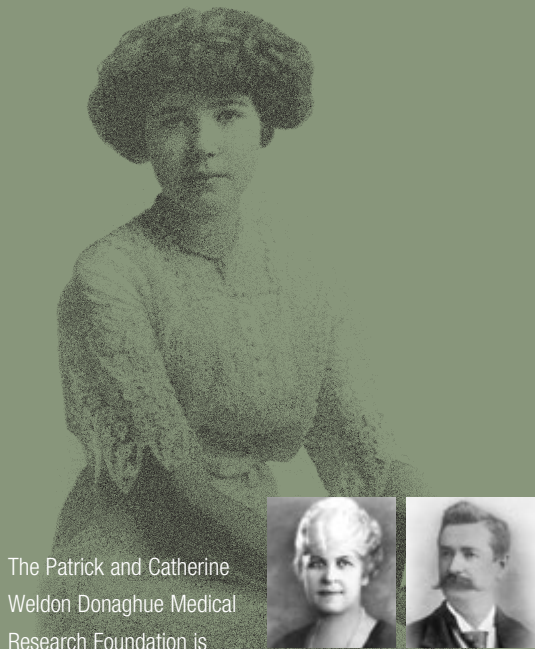
Anthony Atala, MD, Wake Forest University Institute for Regenerative Medicine: ***“Regenerative Medicine: Current Concepts and Changing Trends.”***

Not all of the lectures were video recorded, but those that were can be viewed at <http://www.fda.gov/ScienceResearch/AboutScienceResearchatFDA/ucm323538.htm>

Donaghue Dictionary “Vision”

The Donaghue version of “vision” operates at two levels. First is an idealistic, ambitious envisioning of improvements in human health through research. Second, the Donaghue trustees don’t gaze on the deep space of the unknown but rather work in tandem to make the knowable known, to bring the reachable within reach so it can be focused on, identified and addressed.





The Patrick and Catherine Weldon Donaghue Medical Research Foundation is a charitable trust created pursuant to the will of Ethel F. Donaghue, late of West Hartford, Connecticut. The Foundation, which began operations in 1991, is governed by Bank of America and Lynne Garner, Trustees. The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, is a private foundation within the meaning of Code Section 509(a), and is subject to the jurisdiction of the Probate Court for the District of West Hartford.

Fall 2014 *Practically Speaking* The Patrick and Catherine Weldon Donaghue Medical Research Foundation

R3 Awardees

Donaghue is happy to announce the five grant awardees for the second round of R3 – *Making Research Relevant & Ready* grant program. R3 was developed to help promote knowledge created from Donaghue-funded research so that it will improve health. Each grantee will receive \$55,000 to conduct their project over 18 months. R3 funds will enable the grantees to access experts in areas relevant to scaling, spread, and implementation.

The project leaders, institutions, project titles, and their consulting partners are listed to the right. We hope the R3 grant program continues to help researchers make progress in preparing their health interventions for adoption and use. Look for more information about the new R3 grantees and their projects on our website later this month. For more information on the R3 program, please contact Nancy Yedlin at yedlin@donaghue.org.

Anne Camp, MD

Fair Haven Community Health Center
Replicating a Health Lifestyle Program in Federally Qualified Health Centers
Project Consultant: Health Management Associates (HMA)

Robert Kerns, PhD

Yale University School of Medicine
Pain Care Quality Improvement: From Research to the Marketplace
Project Consultants: RPM Health & Evergreen Design

Martha Page, MPH

Hartford Food System Inc.
Ann Ferris, PhD
University of Connecticut Health Center
Healthy Food Marketing in Hartford Grocery Stores
Project Consultant: Alpha 1 Marketing

Anne N. Thorndike, MD

Massachusetts General Hospital
Scaling and Implementation of a Worksite Healthy Eating Program
Project Consultant: Kathy Diamond Design Associates

William Zempsky, MD

Connecticut Children's Medical Center
SEED (Strategies for Education in the Emergency Department) Greater Understanding of Sickle Cell Disease
Project Consultant: Jumpstart Healthcare Communications, LLC