REPORT OF THE AD HOC RESEARCH RETREAT COMMITTEE

Jan. 9, 2001

LSUHSC NEW ORLEANS SCHOOL OF MEDICINE

Introduction

On Jan. 9, 2001, representatives across the School of Medicine (the List of Participants is presented in Appendix I) convened at the New Orleans Hilton Riverside for an all-day discussion of the status and future of the Research effort at LSUHSC.

There were three overall components to the retreat. The initial presentations during the morning session were devoted to evaluating the progress made in the specific action areas identified during the prior Research Retreat, which was held June 24, 1999 (the Program for the 2001 retreat is presented in Appendix II). These were followed by presentations of current opportunities and research resources at LSUHSC. Finally, the session concluded with an open discussion of future issues, priorities, and courses of action for research within the School of Medicine.

I. Status of Research Funding in the School of Medicine

As presented at the Retreat by Greg Meier, and included as Appendix III, the total outside dollar support for research in the School of Medicine has remained virtually constant at ca. $23M for FY 98, 99, and 00, with NIH support accounting for approximately 60% of all outside funding. Private support was at 30% while state support represented 3%.

These numbers must be increased. Not only do we need to improve our overall ranking with respect to our peer review institutions (go here to see a ranking of institutions in terms of total NIH support (FY99)[1[1]]), but perhaps most importantly a stationary funding line for NIH is in fact a decline, because of the substantial increase in NIH funding which has begun in Congress and has begun to be implemented. If these NIH levels are not increased (and the target in Washington is to double the NIH budget in the next few years), our ranking will surely and precipitously decline. Regardless of the importance of our relative ranking compared to other institutions, we will not only have missed out on a unique opportunity to substantially increase the funding situation in LSUHSC, but

[1[1]] Go here to see a list of all recipients of NIH grants, listed by state and containing institutional totals (FY00; effective 3/6/01).

we will also forced to “play catch-up”. A major goal of the recommendations in this report is to develop initiatives and mechanisms to increase research funding, including NIH.

II. Progress Since Previous Retreat (June 24, 1999)

Recommended Action Items: In the report from the previous retreat (go here to access via the Web), seven overall action item areas were identified for specific attention. The progress in each of these specific items and goals is presented in Appendix III. Highlights are described below.

A, Increase Funding

Efforts to obtain increased support from the Board of Regents were greatly facilitated with the institution of the Millennium Fund, and LSUHSC was impressively successful, in the form of HEF and DEFE proposals. Substantial funding was also obtained for the Gene Therapy Consortium, Children’s Research Institute, the Cancer Center, and CRONO. In addition, recently LSUHSC has been awarded a $6M donation from Pfizer.

We note specifically, however, that very little coordinated effort has been directed towards increasing the level of NIH or other federal support at the level of the individual investigator.

B. Retain High Quality Faculty

Policy changes are currently under consideration, including fringe benefits calculations to be based on total (not only base) salary and changing from a 12-month to 9-month base for basic science faculty.

C. Recruit High Quality Faculty

Startup funds have been committed for recruitment in selected areas from enhancement funds, and additional funding has been requested from the State. Attractive packages for new faculty have been developed with new space for the Cancer and Genetics programs.

D. Improve the Office of Research

Major improvement has been made in the Office of Research Services, under the new direction of Dr. Kratz.

E. Improve the Research Infrastructure

The opening of the new Clinical Sciences Research Building in October represents a major improvement in the research infrastructure at LSUHSC, providing many state of the art facilities. Capital Equipment funds have been established for the MEB and CSRB.

F. Increase Incentives for Research

An incentive plan to return a portion of outside support to investigators is in the process of approval and a post tenure review policy has been established for implementing disincentives for unproductive faculty. Space assignments in

the CSRB were and are being made with research productivity as an important consideration.

G. Upgrade Animal Care to a State of the Art Facility

This objective has been largely achieved with the opening of the extensive animal care facilities in the CSRB.

Overview of Progress:

It is clear that significant progress has been made in certain areas since the 1999 Retreat, and this contributed to an overall substantial improvement in morale in the School of Medicine towards the research endeavor. Nevertheless, there is much room for improvement, and many areas still remain which have not been addresses significantly. The Research Retreats in general are viewed as a valuable resource to coordinate efforts across the School of Medicine, and should continue on a regular basis.

III. Overview and Recommendations

A. Overview

There are five major issues of immediate importance to the SOM research effort, listed below.

- **New Department Heads**: There are currently several openings in both Basic and Clinical headships. The Heads of Departments in large measure set the tone for the research effort in the entire Department, and it is critical that we fill these positions with individuals who have a strong commitment to the research enterprise. A critically important determinant of the success of this effort will be the attractiveness of the offers that LSUHSC will put forth to recruit such individuals.
- **Infrastructure for State-of-the-Art Genomics/ Proteomics/Bioinformatics**: With the new millennium, basic medical science has moved into a new phase, generally termed the post-genomic era. The sequencing of the human genome opens new opportunities and technologies, and LSUHSC must aggressively move into this expanding area. This will require an organized effort, with substantial commitments of resources and new personnel.
- **Applied Clinical Research:** All of the Applied Research Opportunities at LSUHSC derive from the patient population that the HSCD is entrusted to care for. This population is unique in its scope, size, and racial and socioeconomic mix, and is a population where chronic disease processes are nearly endemic. This population represents both an obligation on the part of the LSUHSC HCSD to address these disease processes, as well an opportunity for applied research intervention that can directly improve the long-term health of this population.

- **Retention/Recruitment:** The most important determinant of the quality of the research endeavor is the quality of the faculty. It cannot be stressed too strongly that a major and concerted effort should be made to not only recruit new faculty who possess a commitment to research, but also to retain such faculty here at LSUHSC.
- **Graduate Students:** For a relatively modest investment (increased funding for recruitment and stipend support) we can make LSUHSC much more competitive for high quality graduate students. These individuals are critical components of the research effort, and are not being provided sufficient support and resources.

B. Recommendations: Establishment of Task Forces

a. Charge and Responsibilities

The major recommendation of the Retreat Committee is to establish four standing Task Forces, each devoted to a Theme of critical importance to LSUHSC research. We envisage that each Task Force will operate in consultation with the Dean of the School of Medicine. The responsibilities and activities of the Task Forces, each devoted to a Theme, would involve identifying specific Objectives which are goals designed to address the overall Theme. Within each Objective, more specific Action Items would be identified. For example, the Theme Infrastructure would contain the Objective Grants Preparation Assistance with one Action Item being establishing a grant proposal review system whereby inhouse proposals would be reviewed prior to submission.

The Task Forces would initially identify overall Objectives, develop specific Action Items for implementation, maintain ongoing monitoring of progress (perhaps by assigning each Objective with its associated Action Items to a specific Task Force Member), and to present a report to the next Research Retreat.

Finally, we also suggest that an annual Research Survey be conducted prior to the School of Medicine Research Retreat. The data, which would be solicitied from the Faculty (and perhaps also other research personnel such as Fellows and Graduate Students) would be presented at the Retreat.

b. Task Force Themes: The four Themes are presented below with suggested Objectives. It is important to point out that these Themes and Objectives were developed as a result of careful scrutiny of the discussions which were held during the retreat, primarily during the open session with the important help of Dr. Goldberg as Facilitator.

Theme: FACULTY. It is the Faculty, perhaps more so than any other single factor, which will determine the quality of the research effort at LSUHSC. We begin with this as our first Theme.

Objectives:

- o *Retention:* Retain our high quality research faculty. Two specific suggestions (Action Items) are to insure that attractive counteroffers are made to faculty who are considering moving elsewhere, and also to institute a policy of exit interviews for those who do decide to leave. In this way, we could receive valuable input regarding the factors which were responsible. This policy is quitre common at other Universities.
- o *Recruitment:* We should dedicate substantial resources to attracting new faculty with excellent credentials and commitment to Research. This applies not only to beginning faculty but also senior people, and we note especially that the School of Medicine has a number of Department Heads which are either presently open or will become available in the near future. The strongest efforts and most considerable resources should be devoted to filling these critically important positions with outstanding individuals with a deep commitment to research and a national/international research reputation. One specific suggestion we make to the task force is to interview Search Committees (including the Department Head openings), in order to obtain insight into the important issues determining our success or failure.

  Two specific issues which need immediate attention are faculty benefits and also substantial startup packages; both of these items must be competitive with other research institutions.
- o *Research Incentives* We urge the Administration to complete and institute the Incentive Plan which calls for return to the PI of a portion of research grants funds.
- o *Teaching Loads* Considerable opinion was voiced at the retreat that relief time from teaching for researchers should be increased.
- o *Distribute Compilation of Research Areas* We suggest that the School of Medicine compile and make available (perhaps via the LSU network at a web site) a list of the research interests and expertise of the faculty. This will provide useful information and foster research collaborations.
- o *Clinical Faculty: Protected Time, Increase Base Salaries* Especially for faculty who presently have a minimal research program but desire to, policies should be instituted to allow increased protected time for research, with decreased clinical and teaching duties. This is viewed as a major potential new reservoir of research which is presently in-house at LSUHSC.

Theme: INFRASTRUCTURE Major new efforts need to be devoted to improvement of the research infrastructure, including facilities, support personnel, and resources.

Objectives:

- o *Bioinformatics:* In the post-genomic era, Biomedical Research is rapidly moving into a new and exciting frontier, making a link between the sequence information in the genome and the functional consequences of

the expression of the proteins coded by the genome. This has spawned a new field, loosely termed Bioinformatics. This new field holds tremendous promise for advancing not only fundamental research but also revealing the physiological and pathophysiological basis of disease, and LSUHSC should mount an effort to keep pace with this exciting development at other major research institutions.

- o *Capital Equipment:* Access to state-of-the-art instrumentation and equipment is critical for research success, and support for such capital expenditures is properly viewed as an important investment. We suggest a unified effort in the School of Medicine which coordinates the search and awarding of funds from both internal (i.e., LSUHSC, State) and external (i.e., federal) sources.
- o *Distribute Awareness of Research Resources* There are many facilities, instruments, and equipment which are utilized in the School of Medicine which could benefit the research programs of faculty, but no mechanism exists to disseminate this information. For example, items of equipment which are no longer being used should be listed in a central location accessible by other researchers. For example, a web page can be set up whereby any researcher could post such information online, which would be accessible by any other researcher at LSUHSC. Also, we suggest the compilation of a "master list" of core-type facilities and instruments which could be distributed.
- o *Talent: Graduate Students, Postdocs, Support Personnel* One of the major impediments in conducting an active research program here is the difficulty in recruiting well-qualified laboratory personnel and graduate students. We especially recommend increasing funding for graduate student stipend support, because we are competing with other institutions which offer higher amounts.
- o *Grants Preparation Assistance:* We should be submitting many more grant applications. The Research Office has made excellent inroads in this area recently, and we suggest that specific help should be provided in proposal preparation and tracking. In addition, inhouse review of proposals prior to submission should be encouraged and also the expertise of those faculty who have experience in serving on NIH Study Sections should be utilized. Also, a mentoring program would be very valuable, whereby new investigators would consult with an experienced funded investigator. Finally, we encourage an effort to make grants administration procedures more "user-friendly" with respect to the Principal Investigators (for example, ordering).

Theme: Applied Clinical Research and Management: Major efforts are under way to exploit several unique opportunities for applied clinical research here at LSUHSC.

Objectives:

- o *Electronic Medical Records & Clinical Information Systems* The creation of Clinical Information Systems devoted to specific disease processes is

necessary for accurate acute and longitudinal data collection and analysis. Because of the uniqueness of this patient population, collection of longitudinal data is critical, and thus eventually the Clinical Information System will need to be throughout the entire HCSD. At the present time the resources for a comprehensive electronic medical record system for the HCSD do not exist, nor is there a superior solution available. Nevertheless, this fact should not deter the development of these financially-feasible Clinical Information Systems in order to establish the HCSD as a health care system where fundamental applied clinical research on a unique population of patients can be performed.

- *Unique Patient Population that can be Mined*. The combination of the unique population and the structure of the HCSD system under LSU administrative leadership represents a unique opportunity in organized medicine in the United States. The population itself has certain characteristics of disease and genetic predisposition that make it critically important that these processes be implemented in order to improve the health status of this population. The good news is that the most difficult and critical element of this type of research, namely the patient population in sufficient numbers, is available with incidences of disease processes that can be documented and tracked during the course of pharmacologic, genetic, or applied/translational research intervention.

- *GCRC/CRONO* Both the GCRC and the CRONO are well-established entities that represent additional critical components to the research infrastructure. They are major assets for the performance of certain types of these research activities. They have strong leadership and can provide a broad array of services to applied research investigators in the HCSD. The GCRC has a strong record of extramural funding support over the years, and represents a major asset for subsequent funding proposals. The CRONO is likewise able to provide a broad array of services for trials and intervention programs; the presence of this infrastructure component is extremely attractive to private entities seeking to do pharmaceutical and device trials. It is anticipated that the activities of these two entities will increase as they evolve into critical components of the medical information infrastructure necessary for this applied research.

- *Health Effectiveness Research* Because of the underlying severity of disease in the HCSD population, the development of Health Effectiveness research tools and their implementation in the care processes within the HCSD is of critical importance to the overall fiscal survival of the HCSD and to the improvement of health of this population. Again, the critical components of infrastructure and administrative leadership for evaluation and feedback of this information need to be established. Once established, however, the systems are in place to make this an ongoing and sustained effort within the HCSD. Importantly, the impact of these efforts can be better assessed in this population and in this system because of the ability of patients to be maintained within a single provider

system for longitudinal followup. Thus the impact of Health Effectiveness interventions, of clinical trials, and of documented beneficial processes of care can be determined in terms of outcomes measured over the duration of the specific disease processes that are being addressed.

- *Evidence-based Medicine* Evidence-based Medicine is finally coming into its own around the United States. Because of the uniqueness of this population, the administrative structure of the HCSD, and the informational infrastructure that is advocated here the opportunity to make seminal contributions to the development of evidence-based medicine advances exists for the LSUHSC. Development and implementation of these advances will directly improve the quality of care of the HCSD population, thereby improving costs and clinical outcomes. This also represents a unique opportunity for the LSUHSC community of both basic science and clinical investigators.

The final way these five areas are tied together is in the creation of opportunities for new and substantial funding for applied clinical research. This is a funding area that has not been a strength for the HSC in the past. With the orchestration and coordination of these activities, the LSU HSC would almost immediately be recognized as a leader in applied clinical research efforts around the United States

Theme: Attitudes A concerted and organized effort should be mounted to improve the attitudes of entities "above" the LSUHSC (eg, Board of regents, Legislators, etc.), specifically regarding the importance of Research as a mission of the School of Medicine and LSUHSC.

Objectives:

- *Visibility for LSUHSC Research* We should increase the awareness of our research programs and successes by the New Orleans community. Specific outreach and education programs could be instituted which not only provide increased awareness of biomedical research in general, but also "spread the word" to our neighbors.
- *Educate the Board of Regents and Legislature re LSUHSC Research* More exposure is needed for those who make executive (e.g., funding) decisions for research.

IV. Time Frame and Immediate Action Items

A. Time Frame:

As described above, we suggest that each of these four Task Forces present a report on Progress at the next Research retreat (planned for Summer 2002). Thus, we suggest that these Task Forces be appointed and charged by September or October, in order to allow sufficient time for data collection, assignment of responsibilities, and development of specific Objectives to be

accomplished. Finally, we also suggest that each Objective be assigned to a "Goalkeeper" member of the Task Force, who will be principally responsible.

B. Immediate Action Items

We also suggest that there are several items which can be acted on immediately, prior to establishment of the task forces. These are listed below.

1. A vision for LSUHSC's research growth should be presented by the Administration**.** What are the long-range goals, specifically regarding research faculty numbers? We have substantially increased our research space, both in terms of quality and quantity, and the NIH budget will double. How, for example, can we double our faculty number within the next five- or perhaps ten - years? A very much related issue is the replacement of open and anticipated Heads of Basic and Clinical Departments. As alluded to above, this should be given top priority in terms of acutely important issues. Not only should we seek leaders with a strong commitment to Research, with nationally recognized, well-funded programs, but substantial startup packages should be provided, including additional new positions (with appropriate startup packages) for faculty hirings for the new Heads.

2. Mentoring of new faculty should be improved. The School of Medicine should set up Center-wide guidelines for mentoring of new faculty that involve assignment of older faculty both within and outside the new faculty member's department. These faculty would regularly (several times a year) meet with the new assistant professors to provide advice on grantsmanship and a wide variety of other research issues.

3. The Office for Research should post online a list of faculty who have been on study sections and/or are successfully funded who are willing to review proposals of other faculty. Tracking of all submitted/funded grants should be improved. NIH's database of grants (CRISP) could be combined with existing data to generate a searchable LSUHSC database of research areas, expertise (this will also generate an estimate of the number of total grants at LSUHSC, a number no one currently knows); this database could be posted online.

4. A database of the location and description of pieces of large equipment/instrumentation (greater than 50K) should be assembled (under faculty guidance) by Inventory and should go online within the next year. We currently have no idea what large pieces of equipment are where. This results in minimal or very inefficient use of much equipment.

7. Use of the GCRC and CRONO should be better advertised by the heads of these programs to be able to recruit clinical research faculty and to encourage existing faculty to write grants to take advantage of these entities. Incentive programs should be implemented by the Administration to encourage clinical faculty to use these resources right now.

8. Exit interview procedures could be implemented by the Dean's Office immediately in order to identify the chronic problems which most contribute to the loss of active research programs. We lost 15 NIH grants in 2000, many by loss of the actual faculty!

Appendix I

School of Medicine
2001 Research Retreat
Participants
Jan. 9, 2001
Hilton Riverside

Department/Center/Committee, etc.	Participant
Dean's Office	Dean Robert Marier
Dean's Office	Dr. Janis Letourneau
Dean's Office	Greg Meier
Dean's Office	Bernard Wan
Health Research Associates	Dr. Israel Goldberg
Anatomy	Dr. Ranney Mize
Anatomy	Dr. Mark Alliegro
Biochemistry	Dr. Wayne Vedeckis
Biochemistry; Retreat Committee	Dr. Iris Lindberg
Dermatology	Dr. Donald Greer
Dermatology	Dr. Rachel Brown Clarke
Family Medicine	Dr. Russell Anderson
Biometry & Genetics; Molecular & Human Genetics Center of Excellence; HEF Investigator	Dr. Bronya Keats
Biometry & Genetics	Dr. Diptasri Mandal
Medicine	Dr. David Martin
Medicine	Dr. Igor Espinoza-Delgado
Medicine	Dr. Chandan Prasad
Microbiology, Immunology & Parasitology	Dr. Richard O'Callaghan
Microbiology, Immunology & Parasitology; HEF Principal Investigator	Dr. Paul Fidel
Neurology	Dr. Austin Sumner
Neurology	Dr. Jayaraman Rao
Neurosurgery	Dr. Bryan Payne
Neurosurgery	Dr. David Kline
OB-GYN	Dr. Robert Maupin
OB-GYN	Dr. Gary Dildy
Ophthalmology	Dr. Herb Kaufman
Ophthalmology	Dr. Jim Hill
Orthopaedics	Dr. Moshe Solomonow
Pathology	Dr. Barbara Schneider

Pathology	Dr. Arthur Zieske
Pediatrics	Dr. Augusto Ochoa
Pediatrics	Dr. Susan Berry
Pharmacology	Dr. Dan Kapusta
Pharmacology	Dr. Peter Winsauer
Physiology	Dr. John Spitzer
Physiology	Dr. Patricia Molina
Public Health & Preventive Medicine	Dr. Elizabeth Fontham
Public Health & Preventive Medicine	Dr. Deborah Cohen
Psychiatry	Dr. Bert Quintana
Psychiatry	Dr. Tom Wolf
Radiology	Dr. Z. Qian
Radiology	Dr. M. Pandit
Surgery; Retreat Committee	Dr. T. Bruce Ferguson, Jr.
Surgery	Dr. Eugene Woltering
Urology	Dr. Walter Rayford
Retreat Committee	Dr. Jack Lancaster, Jr.
GCRC/CRONO	Dr. Robert Sullivan
GCRC/CRONO; Retreat Committee	Dr. Warren Summer
GCRC/CRONO	Dr. Virginia Garrison
Health Care Services	Dr. Ron Horswell
Health Care Services	Dr. Mike Butler
Health Care Services	Dr. Jim Brexler
Health Care Services	Dr. Wayne Wilbright
HEF Investigator	Dr. Judd Shellito
HEF Investigator	Dr. Moshe Solomonow
HEF Investigator; Cancer Center of Excellence	Dr. Pellayo Correa
HEF Investigator	Dr. Kevin Brown
LSU Core Labs	Dr. Jim Carlton
Office of Research Services	Dr. Ken Kratz
Office of Research Services	Dr. Joe Delcarpio
LSU Foundation; Research Office	Dr. James Hardy
LSU Foundation	Trish Williams
LSU Foundation	Kate Clarke
LSU Foundation	Denise Flock-Williams
Vice Chancellor for Academic Affairs; Dean of the Graduate School	Dr. Joseph Moerschbaecher
Alcohol Research Center	Dr. Steve Nelson
Alcohol Research Center	Dr. Greg Bagby
Cancer Center of Excellence	Dr. Oliver Sartor
Cardiovascular Center of Excellence	Dr. Art Zieske
Cardiovascular Center of Excellence	Dr. Don Boudreau
Geriatrics Center of Excellence	Letitia Borrouso
Neuroscience Center of Excellence	Dr. Nicolas Bazan
Neuroscience Center of Excellence	Dr. Jeff Magee

Eye Center of Excellence	Dr. Roger Beuerman
Eye Center of Excellence	Dr. Jean Jacob
Campus-Wide Initiatives	Dr. Charles Berlin
Division of Animal Care	Dr. Reynaldo Gonzalez
Division of Animal Care	Dr. Harry Brewer
Health Care Systems	Dr. Perry Rigby
School of Medicine Faculty Assembly	Dr. Kurt Varner
School of Medicine Faculty Assembly	Dr. Pamela Hornby
School of Medicine Faculty Assembly	Dr. Juan Figueroa
Graduate Students	Joeli Brinkman
Graduate Students	Marcus Delatte
Graduate Students	Bill Axelrad
Pennington Biomedical Research Center	Dr. David York
Pennington Biomedical Research Center	Dr. Donna Ryan
Pennington Biomedical Research Center	Dr. Anne Jarrett

Appendix II

PROGRAM
2000-2001 LSUHSC SCHOOL OF MEDICINE
RESEARCH RETREAT
JAN. 9, 2001
VERSAILLE BALLROOM
NEW ORLEANS HILTON RIVERSIDE

MORNING SESSION

STATUS OF RESEARCH AT LSUHSC SOM

SOM Retreat Report and Current Areas of Research Emphasis *Marier*

Comparison of Research Efforts with Peer Institutions
Funding Overview *Meier*
Publications & Citations *Lancaster*

RESEARCH RESOURCES AT LSUHSC SOM

Office of Research Services *Kratz*
Health Care Effectiveness Research in the Public Hospitals *Horswell*
Research Initiatives and Core Facilities at Pennington *York*

Coffee Break

GCRC/CRONO *Sullivan*
Issues in Technology Transfer *Hardy*
Departmental Mechanisms for Encouraging Research *Kaufman*
LSU SOM Core Labs *Carlton*
Campus-Wide Research Initiatives *Berlin*

AFTERNOON SESSION

Health Sciences Center Research Strategic Plan *Moerschbaecher*
Biostatistical Consulting *Fontham*

Discussion: Priorities, Implementation, and Monitoring for 2001-2002
(Refreshment Break 2:30)

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	FY 98	FY 99	FY 00
NIH	13,294,966.00	14,354,815.00	14,262,862.00
Other Federal	2,067,065.00	871,190.00	1,198,261.00
Total Federal	**15,362,031.00**	**15,226,005.00**	**15,461,123.00**
State	681,771.00	789,239.00	747,187.00
Private	6,595,468.00	7,600,256.00	6,576,067.00
Total Research	**22,639,270.00**	**23,615,500.00**	**22,784,377.00**

Appendix III. Progress Since Previous Retreat

Action Item A: Increase Funding

Goal:	Progress:
Procure more funds from the Board of Regents control, and participate on key allocation committees.	LSU (M Trail, J Moerschbaecher) played a significant role in the dedication of BoR trust funds (third millennium trust) to health sciences and establishment of NIH like process for awards. LSU participating more actively in BoR committees. LSU (M Trail, J Kolls, R Marier) created framework for development of Gene Therapy Program with other Academic Centers in the State. Gene Therapy Consortium established and funding approved. LSU (M Trail, O Sartor, R Marier) submitted Cancer Research Budget to BoR (approved) and to the administration (included in the executive budget)
Greatly improve efforts for education of the legislature (as well as BoR and Administration) regarding the importance of the research mission of LSUHSC, including more faculty input.	Presentations made to BoR and Administration (M Trail, R Marier)
More aggressively pursue federal and nontraditional sources of research support.	LSU faculty in collaboration with others submitted applications to BoR millennium and DEFE funds. Major application for Research infrastructure submitted to HHMI (not funded) (J Letourneau, J Lancaster). Plans for Building Childrens Research Institute approved ($20 M) (R Marier, R Sorenson). Clinical Trails Organization (CRONO) established in collaboration with other academic centers in New Orleans under the umbrella of the New Orleans Medical Complex and the NIH Funded GCRC (R Marier).
Bill other schools for teaching activities of the basic sciences faculty.	Plan to limit further expansion of teaching presented to Council of Deans (R Marier)
(Obtain SGF to replace IAT from LSU S)	LSU (M Trail, R Marier) won support for 13.5 million SGF for LSU HSC NO to replace IAT from LSU HSC S from Administration. Item included in Executive Budget
(Request additional funding for research from legislature)	Request submitted to administration for significant increase in funding for research infrastructure (equipment), and faculty recruitment (G Meier, J Letourneau, R Marier) (not approved)
(Obtain additional funding for Health Care Effectiveness Research)	Congress approved continued funding for Acadiana Genetics Program (B Keats, M Trail) and Foot Program (C Patout, R Marier). State Administration approves continued funding for Health Care Effectiveness Program (Disease Management) in Health Care Services Division ($11 M)
(Obtain additional funding from Practice Plan (FGP) for school and (clinical department) enhancement fund for recruitment, infrastructure and grants for new projects and bridge funding	FGP operations and financial performance significantly improved (R Marier, G Meier, Clinical Dept Heads) Revenues increase 10% this year (projected).
(Provide Departments with indirect funds that are given to the School based on grants that the department receives)	Commitment made to reduce indirect allocation to BS departments by 50% ($317,000) this year.

(Develop major fund raising effort for improvement of research infrastructure)	Underway in collaboration with the Foundation (B Wallace, R Marier)

Action Item B: Retain High Quality Faculty

Goal:	Progress:
Change (policy) regarding fringe benefits so that calculation can be made on total (not just base) salary.	Policy under review. Proposal for Cambridge (special retirement) plan approved (R Marier, D DiLoretto, M Trail, R Plaisance)
Change from 12 to 9-month base for basic science faculty (with salary maintained at current level).	under consideration (R Marier, J Letourneau)
Create mechanism(s) for salary supplementation using the LSUHSC Foundation.	University rules permit supplements from non University Sources (Foundation and Faculty Group Practice Corporation).
(Improve the campus in terms of safety, parking, appearance, convenience)	Plans under development for (1) elevated walkway connecting CEB and facilities on main campus, (2) parking facility (1800 cars) next to UH, 600 car garage next to CEB (opening planned 7/1/00), enhancement of appearance of Gravier street, Claiborne and Tulane Ave corridors, development of Center for Human Performance (Fitness Center) and Faculty Club (approved) and development of elevated pedestrian mall (food/ services) in walkway
(Improve internal security)	under development

Action Item C: Recruit High Quality Faculty

Goal:	Progress:
Must have adequate startup funds.	Funds committed for recruitment in selected areas from enhancement funds. Additional funding requested from State (see above)
Put together attractive combined packages with cooperative joint recruiting by Departments and Centers, including attractive space.	Coordinated recruitment with commitments for new space on going with Genetics and Cancer Programs
Replace nonproductive faculty with new faculty (e.g., early retirement).	under consideration

Action Aim D. Improve the Office of Research

Goals:	Progress:
Organized, concerted efforts for proposal processing, tracking, timely turnaround, and database maintenance (funding sources, research areas within LSUHSC).	Database under development (J Moershbacher, K Kratz)
Educational efforts for faculty proposal writing, funding information.	Grant writing seminars offered (J Letourneau, I Goldberg)
Increase staffing because this will be required in order to make progress on 1. and 2.	under consideration
Increase efforts to obtain research support from nontraditional sources (e.g., Foundations, N.O. area donors, pharmaceutical, etc.).	under consideration
Reorganize the IRB process to include two full review committees. Service on the IRB committee should be encouraged at the Head/Director/Chief level in order to assure highly qualified members and because this is an essential service to pursue clinical research in general.	Additional resources committed (M Trail)
Organized effort to increase faculty interactions, including interdisciplinary clinical/basic research initiatives (e.g., monthly seminar, matchmaking network).	under consideration

Action Aim E: Improve the Research Infrastructure

Goals:	Progress:
Establish a building or capital equipment fund for infrastructure repair/replacement/modernization.	Exists for MEB and CSB. Additional funding requested
Solicit funds from private donors using the Foundation and specifically targeting research infrastructure. This would include a fundraising "drive" and also donor-named laboratories (e.g., in the Clinical Sciences Building, CSB).	under development
Leveraging: Provide matching funds for instrumentation grants including matches for capital outlay and maintenance (service contracts) and support personnel from the administration, as required by NIH.	under consideration
Establish an LSU Health Care statewide network alliance infrastructure (esp. clinical research).	under development in context of Genetics program and collaborative submissions to third millennium fund
Streamline bureaucratic procedures which impact research, including:	
Purchasing: Institute a campus-wide credit card; more reasonable (higher) bid limit and equipment definition, consistent with NIH guidelines.	under consideration
Personnel policies: More realistic time frames for termination, hiring.	under consideration
Travel advance and prompt travel reimbursement.	under consideration
(Open CSB)	Policy established by faculty committee reassignment of space (Goals: maximize use of space/ promote collaboration and share resources). Initial assignments made (32,516/ 63,416 sf) sequencing and timing of moves under development.

Action Aim F: Increase Incentives for Research

Goals:	Progress:
Devise mechanisms for providing merit salary increases and other incentives (e.g., space) for productive research faculty.	see above
More administrative oversight in implementing disincentives for chronically underproductive faculty (e.g., post tenure review, early retirement).	post tenure review established by University (PM 35)
Establish a Dean's annual monetary reward for recognition of outstanding research (in both basic and clinical sciences), including a recognition lecture by the awardees.	under consideration
Encourage 12-month sabbatical leaves with full salary. Provisions for release time from clinical duties are needed for clinical research faculty who wish to take sabbaticals.	under consideration
Assign space in the new CSB by research productivity.	approved as part of faculty developed plan for assignment of research space
Assign space in the new CSB with basic/clinical research interactions in mind.	included in on going planning effort. Effectively utilize "interactive space" in CSB

Action Item G: Upgrade Animal Care to State-of-the-Art Facility:

Goals:	Progress:
Replace obsolete equipment such as the cage washer and autoclaves in the MEB to increase their service capacity and reduce "down-time" and associated service costs.	ordered for CSB
Hire personnel that can provide routine veterinary care for all experimental species (e.g., veterinary technicians).	planned for CSB
Replace flooring in the MEB to decrease costs and personnel time associated with the maintenance of the existing flooring and to minimize disruptions in ongoing research.	under consideration
Replace conventional caging with newer caging (e.g., microisolator cages) that can support a virus-free environment with a large density of animals.	ordered for CSB
Develop a plan for increasing our capacity to do all types of animal research, particularly with species involved in genetic research (e.g., knockout mice).	planned for CSB or in connection with development of Gene Therapy Program and/ or Chidrens Research Institute