

Research Council

May 5, 2014

- Please open all wrapped or sealed items in your lunch before the presentations begin.
- Please silence your cell phones & pagers. Thank you!

Pew Scholars Program in the Biomedical Sciences Awards

MGH is eligible to nominate one candidate

Internal deadline: Monday, May 19, 2014 – 5:00 PM

The Pew Scholars Program in the Biomedical Sciences provides funding to young investigators of outstanding promise in science relevant to the advancement of human health. The program makes grants to support the independent research of outstanding individuals who are in their first few years of their appointment at the **Assistant Professor level.**

Applications now being accepted online:

<http://ecor.mgh.harvard.edu/GrantManager/Default.aspx?grantId=47>

Smith Family Awards for Excellence in Biomedical Research

MGH is eligible to nominate two candidates

Internal deadline: Monday, May 19, 2014 – 5:00 PM

The three-year Award supports newly independent faculty engaged in basic biomedical research. (Clinical research is beyond the scope of this Program).

Applications now being accepted online:

[http://ecor.mgh.harvard.edu/GrantManager/Default.aspx?
grantId=56](http://ecor.mgh.harvard.edu/GrantManager/Default.aspx?grantId=56)

UPCOMING PROGRAMS

6th Annual Nancy J. Tarbell, MD Faculty Development Lectureship

Thursday, May 8, 2014, 12:00 – 1:30 pm

Speaker: Katrina Armstrong, MD, MSCE

Naturejobs Career Expo

Tuesday, May 20, 2014, 9:00 am – 6:00 pm

Hynes Convention Center

Research Fellows Poster Celebration

Wednesday, May 28, 2014

Poster sessions: 9:00 – 10:00 am, noon – 1:00 pm

Trends in Biomedical Science Lecture: Sylvie Breton, PhD

Research Career Development Lecture: Rudy Tanzi, PhD

Awards ceremony: 11:00 am

Annual Conversation about Partners Research Management

Research Council

May 5, 2014

AGENDA

- MGH Research by the Numbers
- Key Updates
 - Federal
 - NIH resubmission policy
 - Federal Payment Request Process Changes
 - Partners
 - Other Support Tool
 - Standard Approval Notifications / “Deliverables”
 - Short Term Vacancy Support
 - Industry Clinical Trial Feedback
- Questions

MGH Research By the Numbers

FY09 – FY13 NIH Awards Ranking of All Institutions



**FY 2009 - FY 2013 NIH RANKING OF INSTITUTION & ACTIVITY
BASED ON NIH TOTAL FUNDING TO ALL ACTIVITIES**

Rank					INSTITUTION	Total Funding					Percent Change				CAGR
FY09	FY10	FY11	FY12	FY13		FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	09-10	10-11	11-12	12-13	09-13
2	1	1	1	1	JOHNS HOPKINS UNIVERSITY	\$644,207,786	\$626,869,636	\$645,342,385	\$606,763,376	\$552,624,436	-2.7%	2.9%	-6.0%	-8.9%	-3.8%
3	3	2	2	2	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	\$486,925,303	\$488,374,355	\$532,762,757	\$500,437,073	\$487,012,070	0.3%	9.1%	-6.1%	-2.7%	0.0%
4	4	3	4	3	UNIVERSITY OF PENNSYLVANIA	\$477,034,850	\$485,210,014	\$471,544,919	\$454,975,727	\$434,609,877	1.7%	-2.8%	-3.5%	-4.5%	-2.3%
6	2	5	5	4	UNIVERSITY OF WASHINGTON	\$427,303,590	\$501,942,746	\$455,853,028	\$442,509,710	\$422,731,094	17.5%	-9.2%	-2.9%	-4.5%	-0.3%
5	5	4	3	5	UNIVERSITY OF MICHIGAN AT ANN ARBOR	\$454,223,734	\$476,279,328	\$467,398,435	\$456,305,212	\$396,727,311	4.9%	-1.9%	-2.4%	-13.1%	-3.3%
7	6	6	6	6	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	\$418,043,822	\$444,411,538	\$428,161,452	\$419,497,679	\$394,579,413	6.3%	-3.7%	-2.0%	-5.9%	-1.4%
13	13	12	10	7	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	\$345,867,123	\$362,781,180	\$349,607,896	\$367,798,748	\$367,252,487	4.9%	-3.6%	5.2%	-0.1%	1.5%
11	9	7	7	8	UNIVERSITY OF CALIFORNIA SAN DIEGO	\$377,243,143	\$393,281,182	\$398,014,066	\$394,982,560	\$358,014,070	4.3%	1.2%	-0.8%	-9.4%	-1.3%
16	15	14	14	9	STANFORD UNIVERSITY	\$311,991,793	\$347,434,188	\$339,750,030	\$334,539,989	\$338,757,645	11.4%	-2.2%	-1.5%	1.3%	2.1%
12	11	8	9	10	YALE UNIVERSITY	\$358,886,918	\$385,450,569	\$380,664,380	\$370,284,870	\$333,160,740	7.4%	-1.2%	-2.7%	-10.0%	-1.8%
8	10	10	11	11	UNIVERSITY OF CALIFORNIA LOS ANGELES	\$395,187,451	\$386,506,020	\$367,730,733	\$360,699,034	\$330,544,193	-2.2%	-4.9%	-1.9%	-8.4%	-4.4%
10	12	11	13	12	DUKE UNIVERSITY	\$379,896,700	\$375,107,411	\$355,134,387	\$342,675,382	\$326,166,532	-1.3%	-5.3%	-3.5%	-4.8%	-3.7%
14	14	13	12	13	MASSACHUSETTS GENERAL HOSPITAL	\$329,213,643	\$352,589,184	\$348,620,848	\$352,991,454	\$323,961,795	7.1%	-1.1%	1.3%	-8.2%	-0.4%
9	8	9	8	14	WASHINGTON UNIVERSITY	\$386,010,822	\$408,739,076	\$372,457,600	\$381,158,684	\$318,396,985	5.9%	-8.9%	2.3%	-16.5%	-4.7%
19	18	18	15	15	BRIGHAM AND WOMEN'S HOSPITAL	\$271,094,069	\$302,360,077	\$288,436,449	\$334,072,073	\$313,140,019	11.5%	-4.6%	15.8%	-6.3%	3.7%
18	17	16	17	16	COLUMBIA UNIVERSITY HEALTH SCIENCES CENTER	\$284,118,883	\$304,727,615	\$312,275,684	\$315,357,565	\$300,254,124	7.3%	2.5%	1.0%	-4.8%	1.4%
17	16	15	16	17	VANDERBILT UNIVERSITY	\$308,485,355	\$325,116,545	\$328,581,723	\$319,977,234	\$298,329,760	5.4%	1.1%	-2.6%	-6.8%	-0.8%
22	20	20	19	18	UNIVERSITY OF MINNESOTA TWIN CITIES	\$241,122,973	\$263,304,019	\$264,416,953	\$243,472,794	\$254,360,341	9.2%	0.4%	-7.9%	4.5%	1.3%
20	19	17	18	19	EMORY UNIVERSITY	\$262,117,870	\$268,883,676	\$292,757,546	\$263,600,497	\$250,085,940	2.6%	8.9%	-10.0%	-5.1%	-1.2%
15	21	21	20	20	UNIVERSITY OF WISCONSIN MADISON	\$314,132,446	\$252,046,183	\$262,919,634	\$229,863,895	\$236,078,135	-19.8%	4.3%	-12.6%	2.7%	-6.9%
3	1	1	1	1	PARTNERS HEALTHCARE	\$622,613,147	\$682,097,866	\$663,283,177	\$715,902,528	\$663,033,908	9.6%	-2.8%	7.9%	-7.4%	1.6%

Notes: Partners Healthcare figures include MGH, BWH, McL, and SRH. Excludes ARRA.

FY09– FY13 NIH Ranking of Independent Hospitals



**FY 2009 - FY 2013 NIH RANKING OF INSTITUTION & ACTIVITY
BASED ON NIH TOTAL FUNDING TO ALL ACTIVITIES**

Rank					INSTITUTION	Total Funding					Percent Change				CAGR
FY09	FY10	FY11	FY12	FY13		FY2009	FY2010	FY 2011	FY 2012	FY 2013	09-10	10-11	11-12	12-13	09-13
1	1	1	1	1	MASSACHUSETTS GENERAL HOSPITAL	\$329,213,643	\$352,589,184	\$348,620,848	\$352,991,454	\$323,961,795	7.1%	-1.1%	1.3%	-8.2%	-0.4%
2	2	2	2	2	BRIGHAM AND WOMEN'S HOSPITAL	\$271,094,069	\$302,360,077	\$288,436,449	\$334,072,073	\$313,140,019	11.5%	-4.6%	15.8%	-6.3%	3.7%
5	5	5	5	3	CHILDREN'S HOSPITAL BOSTON	\$96,381,705	\$105,213,019	\$118,512,044	\$122,338,322	\$124,160,864	9.2%	12.6%	3.2%	1.5%	6.5%
3	3	3	3	4	BETH ISRAEL DEACONESS MEDICAL CENT	\$132,593,934	\$135,681,119	\$131,304,171	\$129,691,590	\$116,122,449	2.3%	-3.2%	-1.2%	-10.5%	-3.3%
4	4	4	4	5	DANA-FARBER CANCER INSTITUTE	\$127,811,142	\$131,577,199	\$130,136,550	\$124,380,684	\$115,379,421	2.9%	-1.1%	-4.4%	-7.2%	-2.5%
7	7	6	#N/A	6	CHILDRENS HOSPITAL OF PHILADELPHIA	\$74,029,822	\$78,231,980	\$95,840,930	#N/A	\$105,248,052	5.7%	22.5%	#N/A	#N/A	9.2%
6	6	7	6	7	CHILDREN'S HOSPITAL MEDICAL CENTER	\$84,099,655	\$90,777,012	\$95,554,493	\$101,839,995	\$96,824,494	7.9%	5.3%	6.6%	-4.9%	3.6%
8	8	8	7	8	ST. JUDE CHILDREN'S RESEARCH HOSPITA	\$60,569,915	\$64,842,049	\$70,907,302	\$55,097,329	\$49,039,532	7.1%	9.4%	-22.3%	-11.0%	-5.1%
9	10	9	8	9	NEW YORK STATE PSYCHIATRIC INSITIUT	\$45,531,708	\$48,653,891	\$50,408,846	\$49,807,571	\$43,606,668	6.9%	3.6%	-1.2%	-12.4%	-1.1%
13	12	11	9	10	BOSTON MEDICAL CENTER	\$32,148,612	\$35,092,153	\$38,370,313	\$37,309,152	\$34,306,306	9.2%	9.3%	-2.8%	-8.0%	1.6%
10	11	10	10	11	ROSWELL PARK CANCER INSTITUTE CORI	\$37,810,549	\$38,405,129	\$40,585,531	\$34,734,432	\$34,034,861	1.6%	5.7%	-14.4%	-2.0%	-2.6%
16	15	13	11	12	SEATTLE CHILDREN'S HOSPITAL	\$23,600,104	\$26,494,980	\$29,829,378	\$33,334,078	\$30,652,212	12.3%	12.6%	11.7%	-8.0%	6.8%
12	13	12	12	13	RHODE ISLAND HOSPITAL	\$33,736,079	\$31,632,739	\$32,051,030	\$28,628,016	\$30,461,209	-6.2%	1.3%	-10.7%	6.4%	-2.5%
14	16	17	15	14	TUFTS MEDICAL CENTER	\$31,340,462	\$25,969,675	\$22,879,894	\$27,396,798	\$29,764,857	-17.1%	-11.9%	19.7%	8.6%	-1.3%
15	14	15	14	15	CEDARS-SINAI MEDICAL CENTER	\$28,069,245	\$29,796,573	\$28,145,289	\$27,425,416	\$27,956,249	6.2%	-5.5%	-2.6%	1.9%	-0.1%
11	9	14	16	16	NATIONAL JEWISH HEALTH	\$37,323,083	\$64,732,491	\$29,006,839	\$24,678,905	\$25,551,400	73.4%	-55.2%	-14.9%	3.5%	-9.0%
17	17	16	13	17	MC LEAN HOSPITAL (BELMONT, MA)	\$21,003,427	\$25,473,370	\$24,623,860	\$27,450,842	\$24,021,419	21.3%	-3.3%	11.5%	-12.5%	3.4%
21	19	18	17	18	MASSACHUSETTS EYE AND EAR INFIRMA	\$17,034,223	\$17,194,010	\$19,828,336	\$21,950,002	\$20,413,920	0.9%	15.3%	10.7%	-7.0%	4.6%
18	20	21	20	19	HENRY FORD HEALTH SYSTEM	\$18,259,890	\$16,782,336	\$15,603,332	\$15,535,957	\$20,213,029	-8.1%	-7.0%	-0.4%	30.1%	2.6%
55	50	47	48	41	SPAULDING REHABILITATION HOSPITAL	\$1,302,008	\$1,675,235	\$1,602,020	\$1,388,159	\$1,910,675	28.7%	-4.4%	-13.3%	37.6%	10.1%

Notes: Partners Healthcare figures include MGH, BWH, McL, and SRH. Excludes ARRA. Combined Total of \$663M

NIH Funding Market Share Trends

NIH Share of Total Awards Funding by Fiscal Year

# of Awards	2007		2012		2013		2014 YTD**	
	# Awards	% Total	# Awards	% Total	# Awards	% Total	# Awards	% Total
BRIGHAM AND WOMEN'S HOSPITAL	575	1.1%	570	1.1%	576	1.1%	97	1.0%
MASSACHUSETTS GENERAL HOSPITAL	704	1.3%	775	1.5%	788	1.5%	146	1.5%
MC LEAN HOSPITAL (BELMONT, MA)	75	0.1%	75	0.1%	80	0.2%	27	0.3%
SPAULDING REHABILITATION HOSPITAL	1	0.0%	3	0.0%	5	0.0%	2	0.0%
Total PHS	1,355	2.5%	1,423	2.8%	1,449	2.8%	272	2.8%
Total NIH	54,019	100.0%	50,929	100.0%	51,588	100.0%	9,673	100.0%

in Thousands \$	2007		2012		2013 (as of 2/10/14)		2014 YTD**	
	Amount	% Total	Amount	% Total	Amount	% Total	Amount	% Total
BRIGHAM AND WOMEN'S HOSPITAL	\$ 261,930	1.1%	\$ 334,072	1.4%	\$ 315,920	1.4%	\$ 56,671	1.4%
MASSACHUSETTS GENERAL HOSPITAL	\$ 311,177	1.3%	\$ 352,991	1.5%	\$ 339,490	1.5%	\$ 51,754	1.3%
MC LEAN HOSPITAL (BELMONT, MA)	\$ 28,012	0.1%	\$ 27,451	0.1%	\$ 24,628	0.1%	\$ 9,356	0.2%
SPAULDING REHABILITATION HOSPITAL	\$ 509	0.0%	\$ 1,388	0.0%	\$ 1,911	0.0%	\$ 296	0.0%
Total PHS	\$ 601,628	2.6%	\$ 715,903	3.0%	\$ 681,948	3.0%	\$ 118,078	3.0%
Total NIH	\$ 23,498,939	100.0%	\$ 23,812,932	100.0%	\$ 22,524,766	100.0%	\$ 3,971,696	100.0%

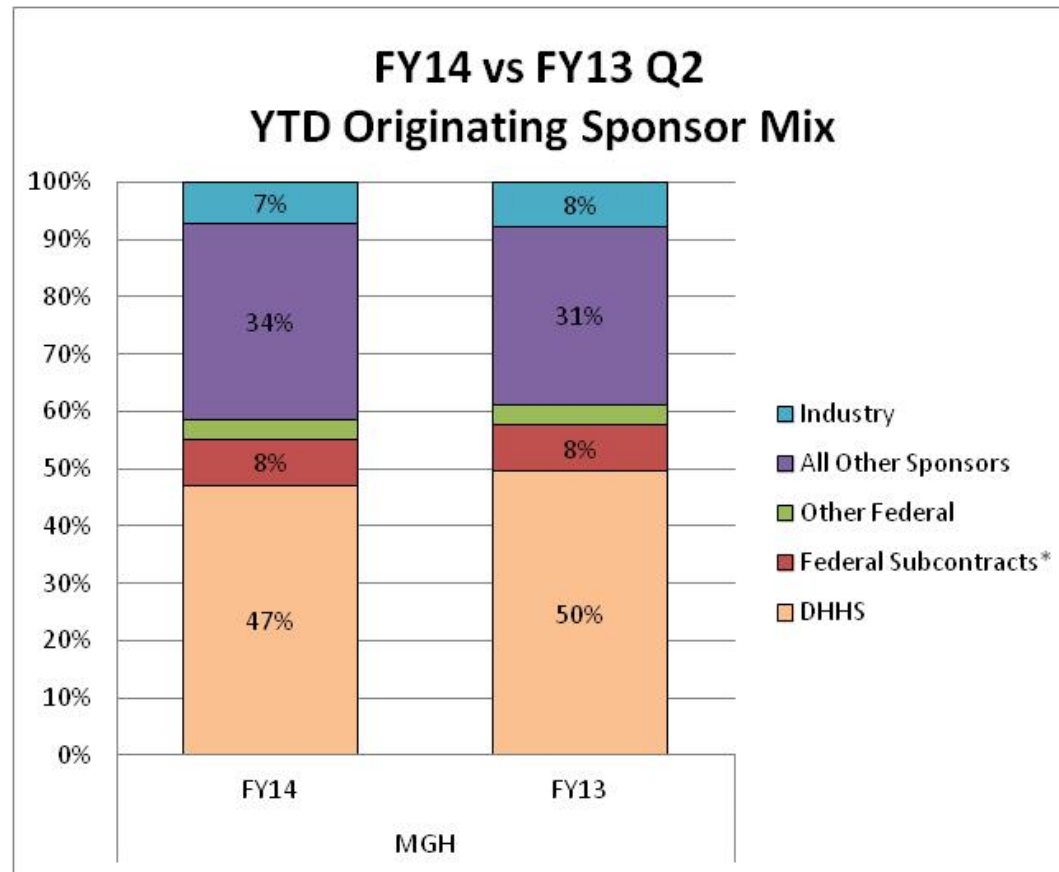
* Includes Authorized Funding for both new awards and renewals over 12 month period within NIH Fiscal period. NIH fiscal periods will not match PHS emergence of revenues due to timing.

**As of March 31, 2014

- PHS Share of NIH Funding continues to remain at a dominant 3% share; YTD results are based on less than 25% of full NIH funding levels since most funding is authorized in Q4 of a given fiscal year.
- The recent FY14 NIH funding increase of \$1B could increase the PHS funding share by more than \$30M, though it is likely to be reflected partly in FY14 and more fully in FY15.

Source: NIH Funding Report, US. Department of Health and Human Services

Sponsors of MGH Awards



- Overall DHHS sponsor mix is declining from FY13 (50% versus 47%), mostly due to sequestration, the discontinuation of ARRA funding, and an MGH shift to Foundation and Internally sponsored research. Industry sponsored research is down versus Q2 FY13
- Including federal subcontracts through non-profits and foundations, all federally sponsored activity accounts for 55% of MGH revenue.

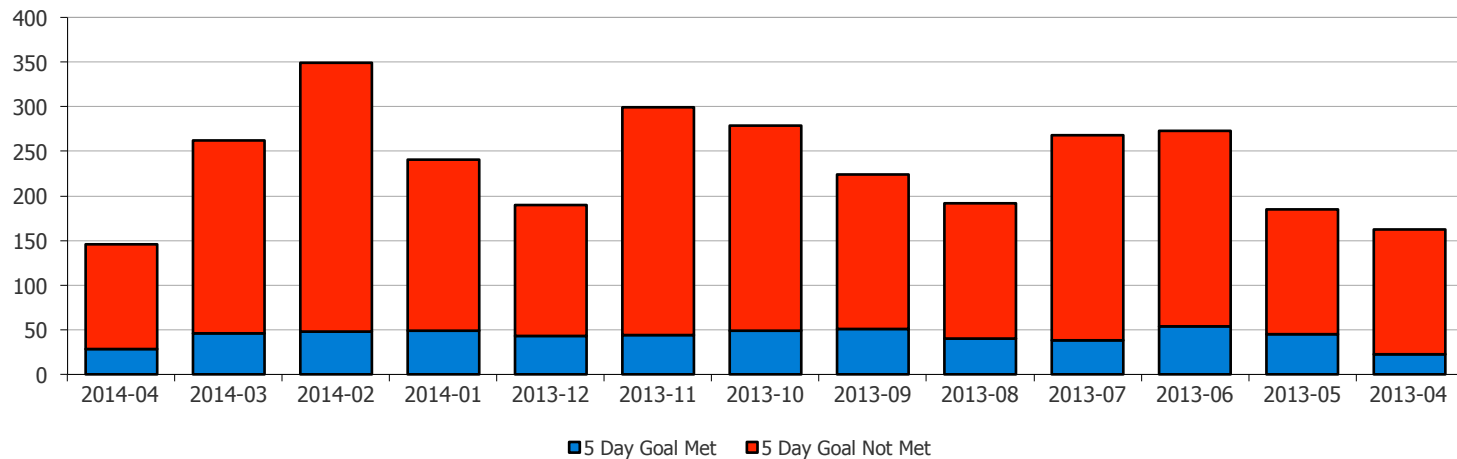
*Includes Federal subcontracts sourced from Non-Profits and Foundations

Proposal Volume

Proposal Trending FY10 – FY14 Q2 Year to Date

Institution - Parent	Sponsor Type	2010	2011	2012	2013	2014 Q2 YTD
MGH	All Other Sponsors	311	272	335	370	206
	ARRA	91				
	DHHS	956	980	1,055	1,023	608
	Foundations	530	590	623	697	404
	Industry/Corporate	369	441	507	466	213
	Non-Profit	1,200	977	1,230	1,338	653
	Other Federal	157	154	164	145	73
	Total	3,614	3,414	3,914	4,039	2,157

Proposal Volume by Month With 5 Day Receipt Deadline



Key Federal Updates

Federal - Changes to NIH Resubmission Rules

NIH and AHRQ have announced a significant change in policy for resubmission applications:

- NIH will not assess the similarity of the science in the new (A0) application to any previously reviewed submission when accepting an application for review.
- Effective immediately, for application due dates after April 16, 2014, following an unsuccessful resubmission (A1) application, applicants may submit the same idea as a new (A0) application for the next appropriate due date.

Details are in the NIH Guide [\(NOT-OD-14-074\)](#)

NIH's Deputy Director for Extramural Research, [Dr. Sally Rockey has a blog post on the new policy](#)

Federal – Changes to NIH Drawdown Process

Example of how we receive payment from NIH:

Old Process

Account: #####
 Request 4/24/2014
 Settlement 4/25/2014

Payment Request: **\$2,099,865.71**



New Process

Request Payment Completed Transaction Info

Account: #####

Payment Request Amount: **\$103,406.61**

Request Date: 04/17/2014 Settlement Date: 04/18/2014

RCA135650B	\$1,543.76
RCA166717B	\$7,451.54
RCA175727A	\$1,144.02
RCA182405A	\$4,120.17
RDK100584A	\$1,281.99
RGM048405F	\$3,776.24
RGM088801B	\$1,369.90
RHL117829A	\$50.46
RHL118261A	\$304.50
RHL119344A	\$4,851.96
RMH090284B	\$9,652.49
RMH095792B	\$2,146.26
RNS086631A	\$2,358.73
KAI102769A	\$1,759.63
KHL111210A	\$494.10
KMH093491B	\$41.05
PAG005134G	\$8,814.78
PDK011794I	\$15,077.90
RAG032349Z	\$30,337.23
RAG039482B	\$2,158.26
RAI103055A	\$2,087.01

What will NIH do with this level of transparency ?

Federal – Changes to NIH Drawdown Process

How will this impact you...

- Transition to new process **requires a new fund number** for each project at the end of the current budget period
 - Logistics (moving expenses, reporting and closeout of expires funds)

- **Unable to get paid without manual approval by NIH 90 days after the end of a project**
 - More stringent closeout timeline
 - All EDC's putting additional salary on a fund must be submitted in PeopleSoft HR no later than 60 days after the project end date
 - Invoices from collaborators must be received on time, significantly increases the risk of non-payment

- **Increased transparency** on project specific spending.
 - NIH will now have “real time” information on an individual's project spending

Key Institutional Updates

Partners - New Other Support Page Tool

New Functionality to Manage Your “Other Support”

1. Enter major goals of the project to InfoEd
2. Other Support tab in Insight automatically populated for all personnel listed on the project
3. Ability to download other support pages if other edits are required

Benefits

- Consistent Major Goals on Other Support
- No need to keep multiple versions of Other Support
- Real Time report, updated Major Goals are immediately available to populate in InfoEd

Partners – Other Support Tool

1. Enter major goals for Project once in InfoEd

Done Save Help History Support Access Show FT Test eCOI 001 Franklin Thayer - Computer Center 80FA - PHS (NIH-National Institutes of Health) Proposal 2014D000426 Edit Mode

Proposal 2014D000426

- Submissions (1)
- Awards (0)
- Financials (0)
- Approvals (0)
- Related Proposals (0)
- Deliverables (3)
- Communications (0)
- Activity Log (11)
- Attachments (12)
- Performance Sites (0)
- Locations (0)

Last Updated: 06-Mar-2014 12:22:52 PM [Status: DRAFT Under Review](#)

Proposal Type	Master	Institution Number	2014D000426 Edit
Processed Date	16-Jan-2014	RM Deadline	
Deadline Date	30-Jun-2014	Previous Prop No	

Campus On Off Conflict of Interest Yes No Recovery

Cost Share Type Voluntary Committed Mandatory Mandatory and Voluntary Committed None

Project Title FT Test eCOI 001

Major Goals of the project
These are the major goals of my reseach project.

Partners – Other Support Tool

2. Updated major goals are available immediately in Insight under Other Support

The screenshot displays the Insight web application interface. At the top left is the "insight" logo. The top right shows the user "Welcome, Anthony Cassese" and the date/time "3/11/2014 5:08:02 PM", along with links for "Fund # Lookup", "Training Lookup", "Log Out", "Help", and "Browser Int". A dark blue navigation bar contains several menu items: "Agreements", "Effort Reporting", "Humans", "Purchasing", and "Reports". Below this bar, a secondary row of items includes "Agreement Summary", "Financial Summary", "Patient Care Correction", "Advance Fund Request", "Residual Balance Transfer", and "Other Support Page", which is highlighted with a red rectangular box. Below the navigation bar, the "Financial Summary" section is visible, featuring a search form with fields for "Fund #", "PI Name", "View" (set to "View All"), and "Limit Search By" (set to "ORG"). There are also dropdown menus for "Alert Level", "Alert Owner", and "Alert Reason". "search" and "clear selections" buttons are located at the bottom right of the search form. Below the search form, there is a section for "Advanced Search Options" with explanatory text: "To perform a wildcard search, substitute the % sign for words or characters within your search criteria. Specify one or more search criteria at the Summary level to limit the results in order to access the Overview tabs."

Partners – Other Support Tool

3. Other Support in Insight is downloadable in Word version for edits

Name	Username	Chief Code	Organization	Select
McGrogan, Kathleen	KM546			view

Record 1 - 1 of 1 | Page 1 of 1 First Page | Previous Page | Next Page | Last Page

[Download to Word](#)

For New and Renewal Applications (PHS398) - DO NOT SUBMIT UNLESS REQUESTED
For Non-competing Progress Reports (PHS 2590) - Submit only active Support for Key Personnel
 Review for accuracy (ex: Calendar months)
 Define the major goals of the project.
 It is recommended that you submit this to your department research administrator before submission to the NIH
 PHS 398/2590 OTHER SUPPORT

Provide active support for all key personnel. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, co-operative agreements, contracts and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the format shown below, using continuation pages as necessary. **Including the principal investigator's name at the top and number consecutively with the rest of the application.** The sample below is intended to provide guidance regarding the type and extent of information requested.
 For instructions and information pertaining to the use of and policy for other support, see Other Support in the PHS 398 Part III, Policies, Assurances, Definitions, and Other Information.
 Note effort devoted to projects must now be measured using person months. Indicate calendar, academic, and/or summer months associated with each project

NAME OF THE INDIVIDUAL		
ACTIVE/PENDING		
Project Number (Principal Investigator)	Dates of Approved/Proposed Project Annual Direct Costs	Person Months (Cal/Academic/Summer)
Source		
Title of Project (or Subproject)		
The major goals of this project are...		
OVERLAP (Summarized for each individual)		
None		
MCGROGGAN, KATHLEEN		
ACTIVE		
SR01HL116931-02 (San Jose Estepar, Raul)	01/14/2013 - 12/31/2017	0.0 CM
NIH-NHLBI National Heart, Lung, and Blood Institute	\$224,999.00	
Airway Inspector: a chest imaging biomarker software platform for COPD		
The major goals of this project are:		
These are the major goals of my research project		
PENDING		
(McGrogan, Kathleen M)	05/01/2013 - 04/30/2016	12. CM
B Braun Medical, Inc.	\$459,857.00	
testing ecoi generation		
The major goals of this project are:		

Partners –Deliverables, Standardizing Process

Partners Research management Standardized the process for managing the majority of its transactions. Activities are now managed through project “Deliverables”

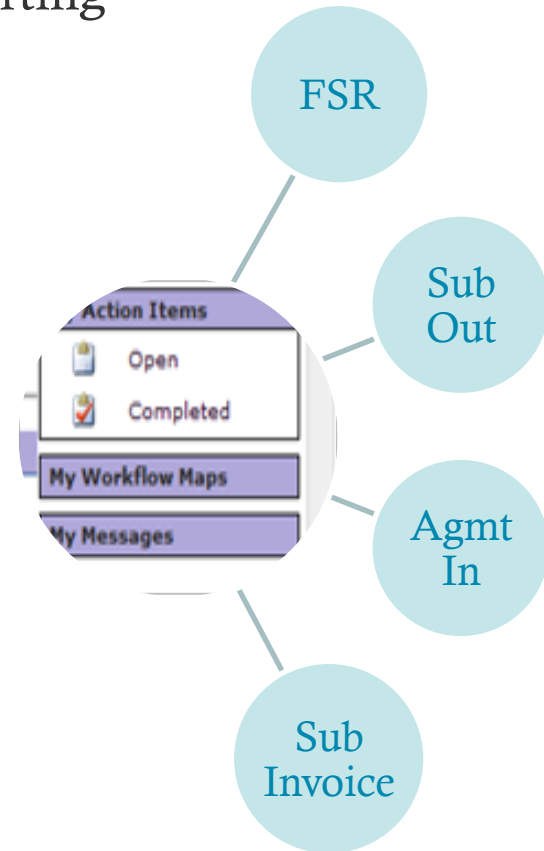
- Just in Time
- Progress Report
- Conflict of Interest
- Undesignated Agreement*+
- Final Invoice- Outgoing*
- Financial Report
- FSR Revision*
- Relinquishing Statement*+
- Subcontract Invoice
- Advance Account*
- Agreement In
- Agreement In- Modification
- Award Renewal/Revision*
- Carryforward+
- DUA In
- DUA Out
- GWAS In
- Invention Report
- Notice of Award+
- RSA In
- RSA Out
- Subcontract Agreement Out
- Subcontract Agreement Out-Modification
- Subcontract PSA Out
- Subcontract PSA Out- Modification

*new deliverable +shared deliverable by RM teams

Partners –Deliverables, Impact

Why did we make the changes?

- Increases transparency through detailed reporting
- Eases administrative burden
- Decreases e-mail traffic
- Consolidates pending work lists
- Improves turnaround times
- Streamlines processes across RM
- Lays the foundation for improved PI/Department reporting



Partners –Deliverables, Sample Reporting

- Tracks Pending and Future deliverables in one place
- Prioritizes items by Not Initiated, On Target, At Risk, Target Missed

Deliverable Pending/Future Worklist

Search: All folders

Home Tools Data Grid Format

VIEW FILTER The filter is empty. Add Condition Auto-Apply changes

PAGE-BY: Deliverable Aging Bucket Risk Group: At Risk

Deliverable Category	Deliverable Holder	Deliverable Current Category Status For TAT Group	Deliverable	Deliverable Award Period Start Date	Deliverable Award Period End Date	Deliverable Current Category Status	Comment	Deliverable Due Date	Immediate Sponsor	Principal Investigator	Unit
Advance Account	Grinberg, Olga	Pending	Advance Account - 02/20/2014	3/1/2014	2/28/2015	Advance Account Setup	Advance Account Deliverable Created per POST-AWD	5/21/2014	President and Fellows of Harvard College	Cunningham, James	30HA - Hematol (BWH)
Advance Account	Grinberg, Olga	Pending	Advance Account - 01/31/2014	2/1/2014	1/31/2015	Advance Account Setup	Advance Account Deliverable Created per POST-AWD	5/1/2014	Dana Farber/Harvard Cancer Center	McAllister, Sandra	30HA - Hematol (BWH)
Agreement In-Modification	Lee, Winnie	Pending	Centers for Disease Control and Prevention M1	3/25/2014	3/24/2015	Agmt In – Fully Executed	WL, 4/9/13: Per section E. of Amendment, Contractor is NOT required to sign document. Received from Dept on 3/31/14. Set status to FEA, holder remain set to Post GA for fund update.	5/1/2014	Center for Disease Control & Prevention	Rich Edwards, Janet W	36GA - W Health (BWH)
Agreement In-Modification	Wentworth, Kevin	Pending	Regents of the University of 12/01/2013- 11/30/2014	12/1/2013	11/30/2014	Agmt In – Partially Executed	KCW 4/18/14: Received e-mail from Jeanie Tran (jeanie.tran@ucsf.edu) that they have received additional funding from NIMH and in turn, are increasing the subcontract to us. Instructed to disregard previously received contract and to expect updated agreement shortly with additional funding.	4/23/2014	Regents of the University of California	Scharf, Jeremiah M	15AA - C Human G Research (BWH)
Award Renewal / Revision	Lee, Winnie	Pending	Y3 Renewal	4/1/2014	3/31/2015	Renewal/Revision – Pending Post GA	VLH 03.28.14: Yr. 3 NoA QC Complete. Rec. Yr. 3 NoA 04/01/14-03/31/15 dtd 03.28.14. I updated Award #, verified CFDA #, IACUC attached Expires 06.10.14 and I changed the Status to: Renewal/Revision - Pending Post GA.	5/1/2014	NIH-NCI National Cancer Institute	Xu, Xiaoyang	10AA - Anesthes (BWH)
Invention Report	Grinberg, Olga	Future	Final Invention Report	1/1/1900	1/1/2050	Pending	Final Invention Report deliverable created.	2/28/2014	U.S. Army Medical Research Acquisition Activity	Malik, Wasim Q	16EA - C (MGH)
Subcontract Agreement Out - Modification	Paskevich, Andrew	Pending	Karolinska Institute 09/01/2013 - 08/31/2014	9/1/2013	8/31/2014	Agmt Out – Partially Executed	03/25/2014 AP: Sent to Karolinska partially signed modification number 04 for Year-05 of the Project. Found Karolinska's OSP online at = https://internwebben.ki.se/sv/grants-office. Sent to the following: Grants Office = grantsoffice@ki.se, [https://internwebben.ki.se/sv/grants-office] Patriq Fagerstedt = US Grants Coordinator Patriq.Fagerstedt@ki.se; Christine Chang = US Grants Specialist: Christine.Chang@ki.se; Lars Alfredsson, MD = K.I. PI lars.alfredsson@ki.se. Pending fully.	3/27/2014	NIH-NIAMS National Institute of Arthritis and Musculoskeletal and Skin Diseases	Karlson, Elizabeth Wood	30JA - Immunol (BWH)

Partners – Deliverables, How Will this Impact You

Live May 19th

- PI/DA will be including in automated workflow (similar to existing Subcontract Invoice e-approval process)
- Applicable to:

<i>Agreement In – New</i>	<i>Subcontract Agreement Out</i>
<i>Agreement In- Modification</i>	<i>Financial Report</i>
<i>PSA Out - New</i>	<i>Final Invoice – Outgoing</i>
<i>PSA Out – Modification</i>	
- E-mail sent to:
 - Named PI and department grant administrator
 - Auto-reminders are sent if not approved within certain timeframe
- Comments box:
 - RM user can add special comments to the Approval Screen regarding any particular items to note
 - Approver can add comments back (show in the deliverable) and upload docs that will attach to the deliverable

Partners – Deliverables, Sample E-mail and Approval Screen

E-MAIL TEMPLATE

ACTION REQUIRED: Incoming Agmt – [PI Name]

PHS Research eSubmissions

Sent: Fri 8/30/2013 12:30 PM

To: PI, Department Manager, Approver Contacts

Cc: Deliverable Holder, Contract Manager

PI: [PI Name]

Department: [Department/Institution]

Project Title: [Project Title]

Sponsor: [Immediate Sponsor Name]

Proposal Number: [Proposal #]

RM Contact: [Contract Manager]

Dear [PI],

The following Incoming Agreement requires review and approval by you, the Principal Investigator (PI), or a designated approver on your behalf. **Please note: If we do not receive your response by [date], we will assume this agreement meets your requirements and will approve on your behalf. (If Neg. Assurance)**

[Click here to review and approve this agreement](#)

[Link to associated deliverable](#)

[Click here to give customer service feedback](#)

URL to approval screen (for mobile users, etc)

APPROVAL SCREEN

PROJECT INFORMATION

PI: [PI Name]

Department: [Department/Institution]

Project Title: [Project Title]

Sponsor: [Immediate Sponsor Name]

Proposal Number: [Proposal #]

RM Contact: [Contract Manager]

INSTRUCTIONS

Please note: If we do not receive your response by [date], we will assume this agreement meets your requirements and will approve on your behalf. *(If Neg. Assurance)*

Please pay particular attention to the following:

- Terms and Conditions
- Budget
- Budget Period
- Scope of Work
- Reporting Requirements or Deliverables

If you need to attach any documents to support your response, use the Add Document button on the right side of the screen.

RM COMMENTS

(RM Comments appear here if applicable)

DOCUMENTS

[Document123.pdf](#)

ACTIONS

- Approve
- Changes Requested

Comments:

Partners - Research Admin Core

The research Administration Core is a staffing service being provided by Partners Research Management that leverages RM training, resources, and expertise. This service is currently being piloted in multiple engagements. It is still in its initial pilot phase, resources are limited.

Type of Service

- **Short term Fee-For- Service**
 - Research Management staff may be available for specific jobs on an hourly fee basis. This type of engagement will be on the Employee's own time, and come after their primary job responsibilities at RM.
- **Temporary hospital Department Administration**
 - RM Staff fulfills a Department Administrator position on a temporary basis (vacancy coverage)
- **Full-Time Research Administration**
 - A full time RM position dedicated to an individual department in a hybrid role responsible for Department activities and central RM.

The goal is to:

- 1) Help minimize impact of vacancy/turnover of Grants Administrators*
- 2) Provide structured feedback on hybrid central/local administrative support models*

Partners – Sample Feedback Mechanism

We continue to assess how our services and other improvements are received by the community. Here is example from PCRO related to Industry Clinical Trials

PCRO TAT Satisfaction survey (Quarterly Results From March 31st, 2014)

Level of Satisfaction (4=Very Satisfied, 1=Very Dissatisfied)	Very Satisfied		Satisfied		Unsatisfied		Very Unsatisfied		Total Responses	Average Level of Satisfaction FY14 Q2
	4		3		2		1			
	# of Responses	% of Total	# of Responses	% of Total	# of Responses	% of Total	# of Responses	% of Total		
Negotiation of contractual terms by Partners Clinical Research Office (PCRO) attorney	12	92.3%	1	7.7%	0	0.0%	0	0.0%	13	3.92
Budget development, review and/or negotiation by PCRO financial analyst	10	90.9%	1	9.1%	0	0.0%	0	0.0%	11	3.91
PCRO turnaround time	11	84.6%	2	15.4%	0	0.0%	0	0.0%	13	3.85
Overall Satisfaction	12	92.3%	1	7.7%	0	0.0%	0	0.0%	13	3.92

Immediate feedback per transaction from 13 respondents. Score of 3.92 out of 4

Thank You

Questions?



Everything You've Always Wanted to Know

About Indirect Costs

But Were Too Confused to Ask....

Presentation to Research Council

Harry W. Orf, PhD

5 May 2014

Federal Statutes That Govern Indirect Cost

Definitions

Direct Costs

Indirect Costs

Allowable/Unallowable Costs

Medicare Cost Report

Basis for Indirect Cost Allocations

Process Used to Determine the Indirect Rate

How Indirect Cost Rates are Calculated (Example)

Indirect Costs Recovery vs. Actual Indirect Expenses

The Research “Investment”

How Will Our Base IDC Rate Change? (New base year FY13-14)

Four Code of Federal Register (CFR) Statutes that Govern Indirect Costs

1. Cost Principles for State, Local, and Indian Tribal Governments
2 CFR Part 225 (OMB Circular **A-87**)
2. Cost Principles for Non-Profit Organizations [Includes Independent Research Institutes]
2 CFR Part 230 (OMB Circular **A-122**)
Salk Institute **94%** Scripps Research Institute **89%** Scripps Florida **98%**
3. Cost Principles for Educational Institutions
2 CFR Part 220 (OMB Circular **A-21**) [***Cap on admin reimbursement***]
MIT **56%** HMS **69.5%** HSPH **61.5%** Tufts-Univ **55%**
4. Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts to Hospitals [**WITH Medicare Cost Report**]
2 CFR Part 215 (OMB Circular **A-110**), 45 CFR Part 74, Appendix E
MGH **74%** BWH **76.5%** Tufts-Med **65%**

Direct Research Costs

- Costs that can be identified specifically to provide an identifiable benefit to the research work. The nature of the goods and services involved is a determining factor in distinguishing direct from indirect costs of research agreements. (45 CFR 74, Appendix E, Section IV)
- **Examples:** Salary and Fringe, Supplies, Travel, Equipment

Indirect Research Costs

- Indirect costs are those that have been incurred for common or joint objectives, and thus are not readily subject to treatment as direct costs of research agreements or other ultimate or revenue producing cost centers.
(45 CFR 74, Appendix E, Section V)

Two Types: Facility Costs

Building Rent/Leases and Depreciation, Utilities, Maintenance

Administrative and General Costs

Research Admin (Grants Management, IRB, Licensing/Agreements)

Support Services (Purchasing, Receiving, AP, IT, Legal, HR)

Definitions: Direct Research Costs

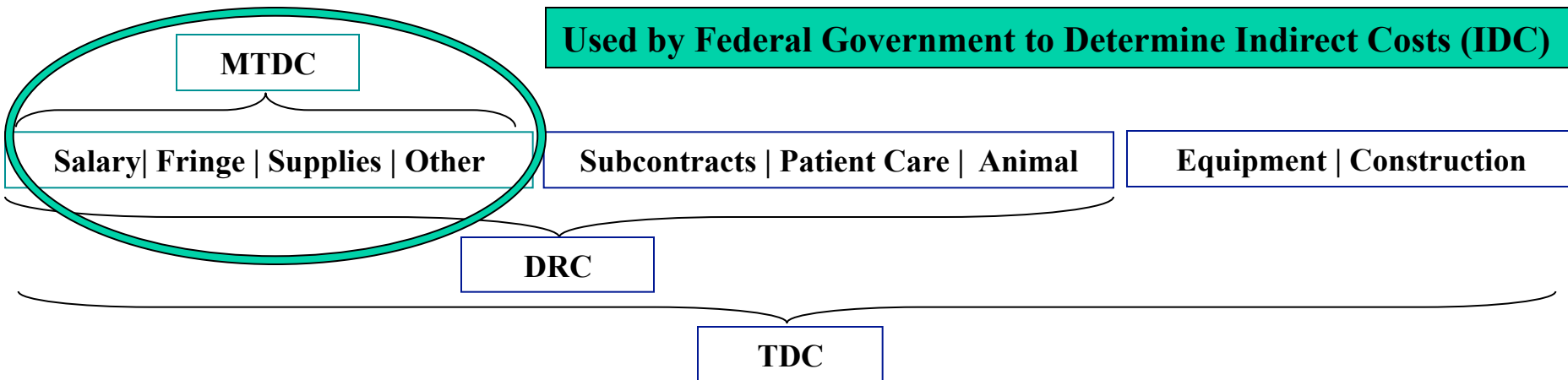


Three different definitions used for **Direct Research** depending on the need:

Total Direct Cost (TDC): All sponsored research expenses

Direct Research Cost (DRC): TDC less capital items (equipment, construction)
Used in Hospital Financial Statements, excluded from direct but depreciated.

Modified Total Direct Cost (MTDC): DRC less certain costs (animal, patient care, subcontracts)



$$\text{Total Cost (TC)} = \text{Total Direct Cost (TDC)} + \text{Indirect Cost (IDC)}$$

Allowable Costs:

- An “allowable” cost is one that is eligible for reimbursement by the Federal government.
- Not equivalent to costs or expenses that are permissible by the institution.

Unallowable Costs:

- Costs that are not eligible for reimbursement by the Federal government.
- Direct examples: alcoholic beverages, business class airfare, cost overruns.
- Indirect examples: lobbying, marketing, contingencies.

What is the Medicare Cost Report?



Filed to meet compliance requirement to participate in Medicare Program.

Historically was used to determine patient care costs, on which hospital was reimbursed.

(Today, most significant components of Medicare payments are paid on bundled federal prospective payment systems).

Uses prescribed methods and costing regulations to determine costs.

Instrument used to determine allocation basis for research indirect cost reimbursement for hospitals, in conjunction with Hospital Cost Principles 45 CFR Part 74.

Costs are allocated on statistical bases that are approved by Medicare.

Examples:

<u>Overhead Expense</u>	<u>Statistical Basis for Allocation</u> <u>(Most common – ratio Research/non-Res.)</u>
<ul style="list-style-type: none">• Space Costs, Utilities, Maintenance• Fringe Benefits, HR• A&G: Finance• A&G: Purchasing• Nursing Administration• Pharmacy• Medical Records	<ul style="list-style-type: none">• Square Footage• Salary Expense• Accumulated Cost, \$• Number of Purchase Orders Processed• Nursing Hours• Cost of Research Pharmacy• Time spent

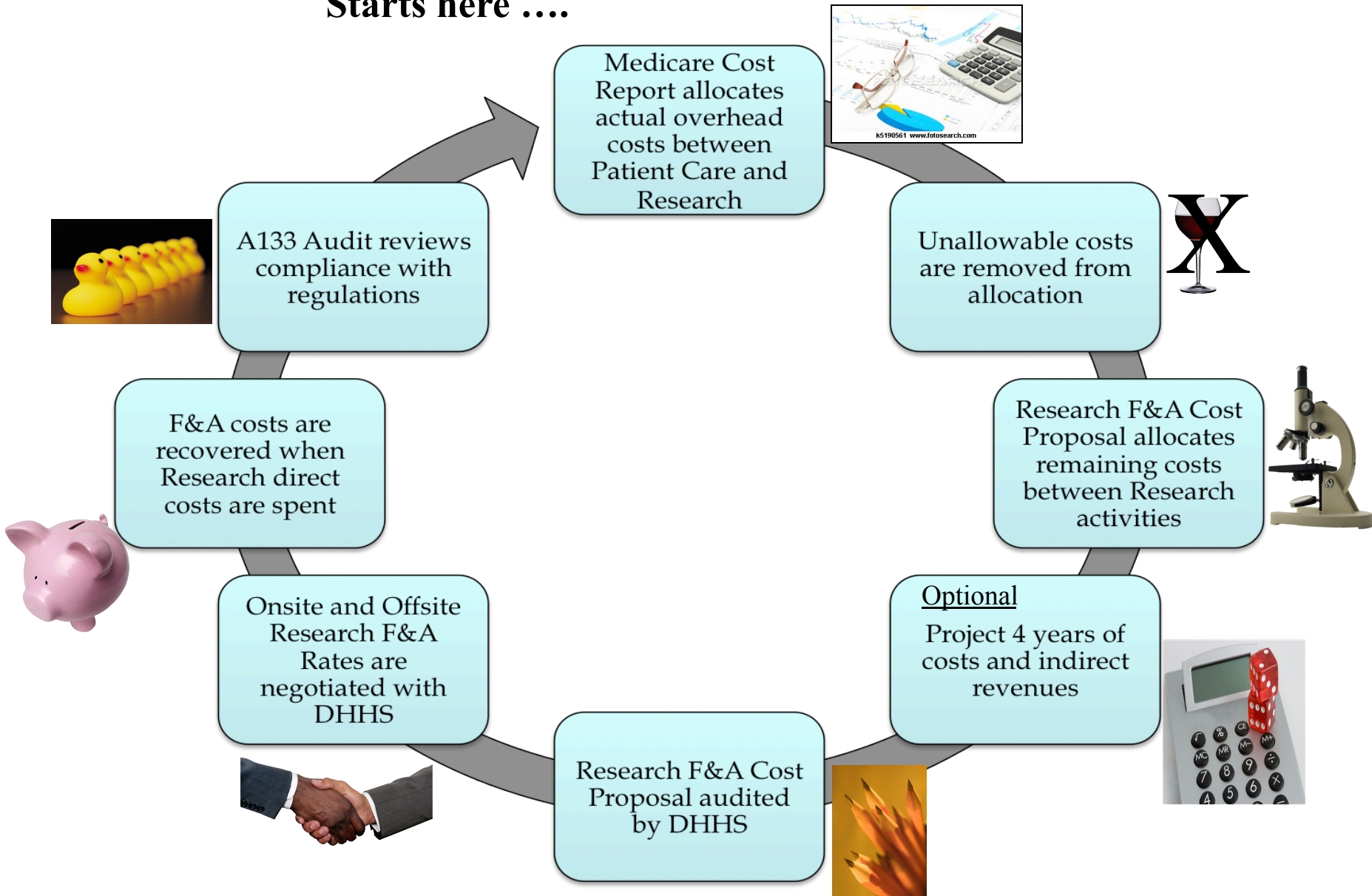
Per Hospital Cost Principles:

The overall objective of the allocation process is to distribute indirect costs to organized research, patient care, instruction and training, and other hospital activities in reasonable proportions consistent with the nature and extent of the use of hospital resources by research personnel, medical staff, patients, students, and other personnel or organizations. (45 CFR 74, Appendix E, Section V)

Process Used to Determine the Indirect Rate



Starts here



How Indirect Cost Rates are Calculated



Onsite Indirect Cost Rate is the sum of two rates:

$$\text{"F" - Facility Rate} + \text{"A" - Administrative Rate} = \text{Onsite Indirect Cost Rate} \\ \text{(aka Onsite F\&A Rate)}$$

$$\frac{\text{Facility Costs}}{\text{All onsite grant income}} + \frac{\text{Admin \& General Costs}}{\text{All grant income}}$$

(MTDC, excludes training grants, clinical trials, and other offsite research)

(MTDC, excludes training grants)

Offsite Indirect Cost Rate is simply the "A" component of onsite indirect rate.

Overhead Rate Calculation - Example



AMC with **\$100M** MTDC grant income, **\$85M** onsite, **\$15M** in clinical trials or offsite

Facility Costs

Building Leases	\$15M
Depreciation (Bldgs & Equip)	5M
Maintenance, Housekeeping, etc.	10M
Total Facility Costs	\$30M

Admin and General Costs

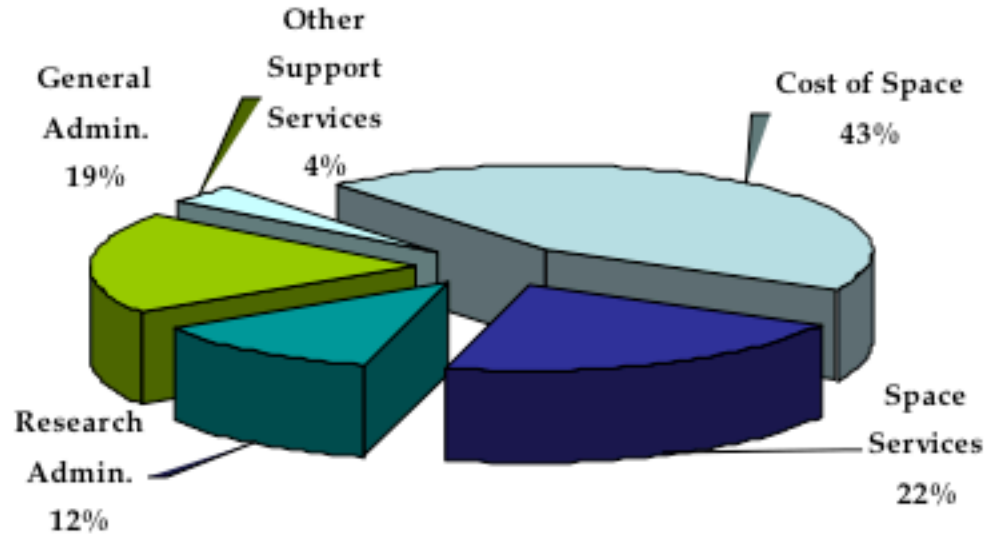
Research Admin	\$15M
(Grants Management, IRB, Licensing/Agreements)	
Support Services	\$20M
(Purchasing, Receiving, AP, IT, Legal, HR)	
Total A & G Costs	\$35M

$$\begin{aligned} & \frac{\text{Facility Costs}}{\text{All onsite grant income}} + \frac{\text{Admin \& General Costs}}{\text{All grant income}} = \frac{\$ 30\text{M}}{\$ 85\text{M}} + \frac{\$ 35\text{M}}{\$ 100\text{M}} \\ & \text{(MTDC, excludes training grants, clinical trials, and other offsite research)} \quad \text{(MTDC, excludes training grants)} \\ & = 0.3529 + 0.3500 \\ & = 0.7029 \text{ or } 70.3\% \text{ onsite IDC} \\ & \text{(offsite rate = A\&G rate = 35\%)} \end{aligned}$$

- Historically, we have never been able to recover from sponsors the full amount of our overhead – not even from NIH.
- Our federally-negotiated rates are multi-year predetermined rates – i.e., no true up to actual cost.
- Onsite rates:
 - MGH submitted rate (FY06): Approx. 82%
 - MGH negotiated rate for NIH onsite: 77% (FY10-11) → 74% (FY13-14)
- MTDC recovery rate is indirect revenue over all MTDC.
- Combining all sponsors and all types of research, MGH has historically had an average total MTDC Recovery Rate of ca. 40%

In FY06, MGH Allocated Research Indirect Costs Were \$191M

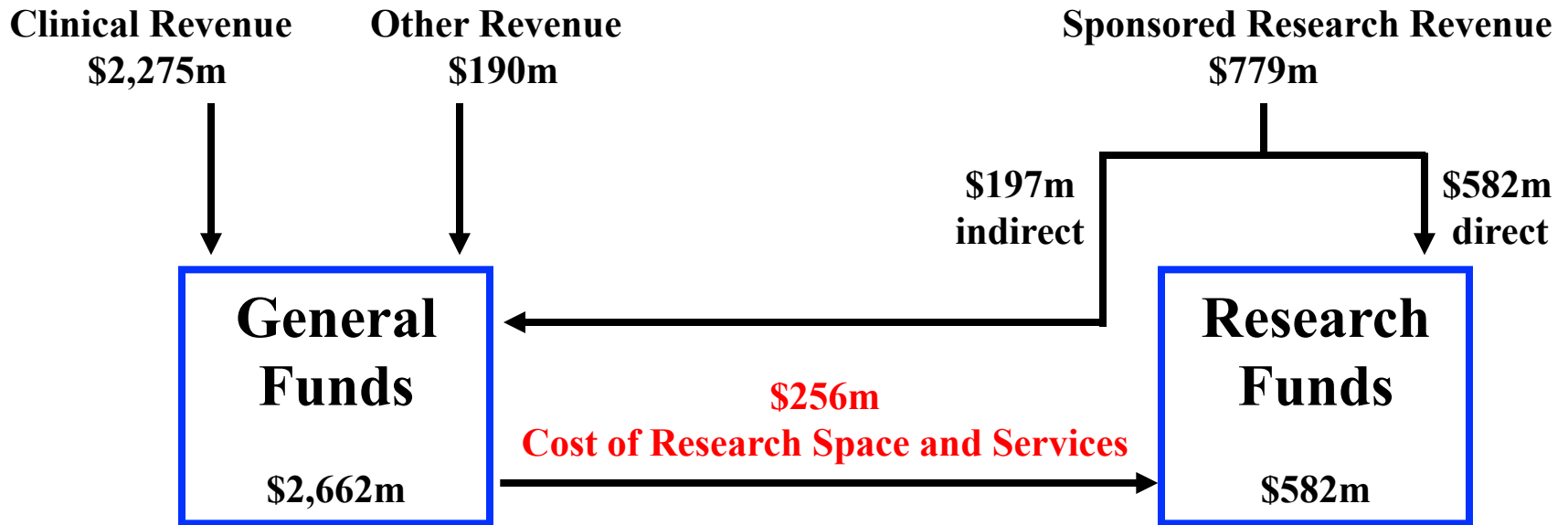
Components of Onsite Research Allocated Costs



↓
FY13, \$239M
+ Trng, 17M
Total = \$256M

Cost of Space:	<u>\$M</u>
Rent	\$66.8
Depreciation	\$16.1
Operation & Maint, Housekeeping, Utilities	\$40.8
Total Space Costs:	\$123.7
Research Administration	\$22.4
General Administration	\$37.3
Other Support Services (Pharmacy, Med Rec)	\$7.1
Total A&G Costs:	\$66.8
Total Indirect Costs:	\$190.5

FY2013 General Hospital Revenue: \$3.2 billion

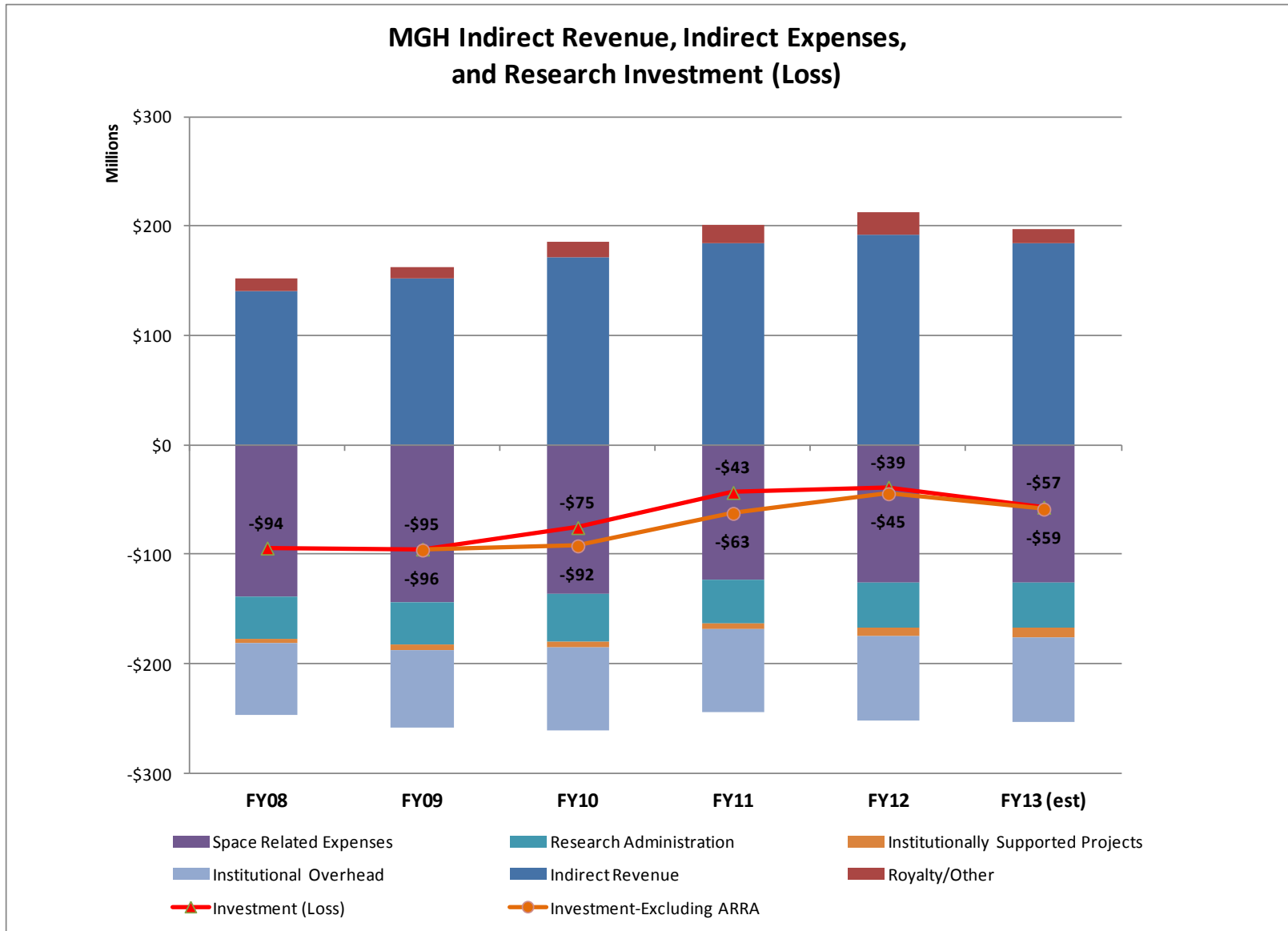


\$2,342m
**Cost of Hospital Space
and Services**

\$197m - \$256m = \$59m
Net Research Investment

ca. \$64m (2%)
Net Margin (Target)

Research Investment



*Per P&L (includes Reserves and Capital Adjustments) + Royalty Income. FY13 is an estimate.



Thanks for your attention!

Questions?