

## Programma di ricerca Regione-Università 2010-2012

Letters of Intents of Strategic  
Programmes of "Area 1- Innovative  
research"

Evaluation Workshops

**Bologna 25/01/2012**



Agenzia sanitaria e sociale regionale



Agenzia Sanitaria e Sociale Regionale

## Prof. Alessandro Liberati



*"If we want more relevant  
information to become available,  
a new research governance strategy  
is needed"*

*Lancet Nov 19, 2011*



## Agenda

- The policy contest of R&D in Emilia-Romagna
- Il Programma di ricerca Regione-Università (PRU)
- Some reflections on PRU's first edition
- Future directions for PRU, Area 1
- Rules and indications for the Workshop



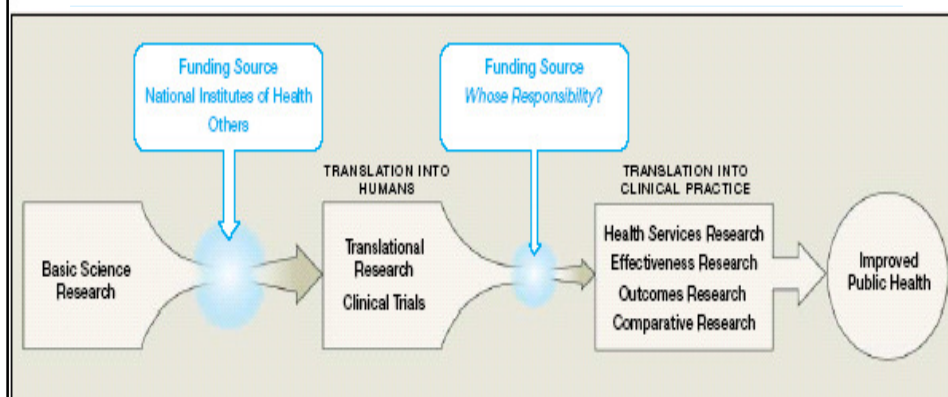
## The policy context

- Research & Development (R&D) becomes a core duty of the Regional NHS (Regional Law 29, 2004)
- R&D activities should be promoted keeping in mind the type of research that is key to the Regional Health Care system
- Regional support to R&D should operate providing financial support as well as nurturing and expanding “research capacity” at different levels of the health services (where different type and intensity of R&D is to be implemented)
- Close collaboration with the Regional university system is key to make this R&D effort successful and to improve its quality and sustainability



## JAMA, March 3, 2004 – Vol 291, No. 9

Figure 1. Two Translational Roadblocks on the Way Toward Improved Public Health



Clinical research can be viewed as encountering 2 separate roadblocks on the way toward improving public health. These 2 translational blocks have different factors creating each but whereas the National Institutes of Health has been consistently targeting the bench-to-bedside block, no one is taking responsibility for the second, which is integrally tied with the funding of the health care delivery system.

©2004 American Medical Association. All rights reserved.

(Reprinted) JAMA, March 3, 2004—Vol 291, No. 9 1121

Agenzia Sanitaria e Sociale Regionale


ISSN 1591-223X

**DOSSIER**

**184-2009**



Agenzia  
Sanitaria  
e Sociale  
Regionale



Regione Emilia Romagna

SERVIZIO SANITARIO REGIONALE  
EMILIA ROMAGNA

**Il Programma di ricerca**

**Regione-Università**

**2007-2009**

Ricerca e innovazione

[http://asr.regione.emiliaromagna.it/wcm/asr/collana\\_dossier/doss184.htm](http://asr.regione.emiliaromagna.it/wcm/asr/collana_dossier/doss184.htm)

**Report on  
the first  
edition of the  
Programme  
(Full document)**

## Research proposals presented and funded

(71/107, 63%)

### Area 1 – Innovative research

**36** proposals - **28** (78%) funded: **5** Neuroscience, **5** Transplant, **4** Oncology, **7** Advanced diagnostics, **7** Regenerative medicine

21.000.000 €

### Area 2 – Research for Clinical Governance

50 proposals - 27 (54%) funded

7.500.000 €

### Area 3 – Training and Research Network Development

21 proposals - 16 (76%) funded

1.500.000 €



## Types of projects that were sought in Area 1: Innovative research

**Proposals in the following theme areas were solicited:**

*Neuroscience  
Transplant Medicine  
Oncology  
Advanced diagnostics  
Regenerative medicine*

**They must have the following characteristics:**

*Be able to produce new knowledge  
Be conceived with a multidisciplinary approach  
Be construed to foster multicentric collaboration*





## Some reflections on PRU's first edition (Area 1 projects)

- Projects too narrowly focused on specific technologies and problems, or too exploratory in nature without a clear translational target
- Insufficient time for the conceptualisation and development of the research proposals
- Insufficient dialogue among researchers (doers) and users of the the results as it should be in regional health services-led projects
- Research ideas need to be more strategic and linked to “*key innovation targets*” that research groups can bring into their (local) practice



## Future directions for PRU, AREA 1

### Be more strategic:

move away from Projects and concentrate on fewer, larger scale, Programs

Harmonize, within the regional R&D strategy, different opportunities:

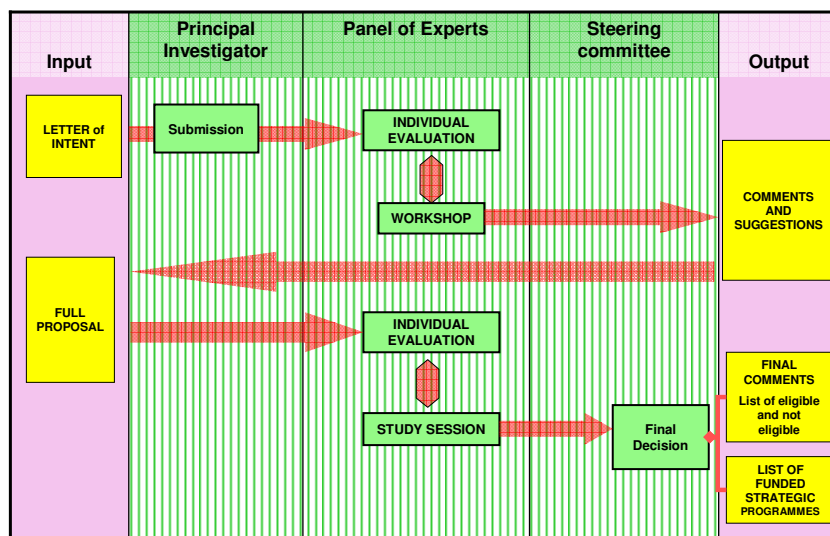
- ✓ “*Leverage*”, to support the production of new knowledge
- ✓ “*Governance*”, to balance the research agenda towards neglected research questions
- ✓ “*Capacity building*”, to create a critical mass of doers and users of research within the Regional Health Service
- ✓ “*Planning*”, to make research activities instrumental to the information needed for policy decisions
- ✓ “*Innovation*” in the ex ante and post hoc mechanisms for peer review and monitoring of the impact of results

## Future directions for PRU, AREA 1

- **How** to move from “Projects” to “Programs”
- **What** sort of Programs are we looking at:
  - Coordinated efforts of Knowledge Translation activities for a given disease/health problem
  - Ordered mix of “*theory enhancing*” and “*change promoting*” projects (i.e. WorkPackages)
- **How** to identify the key steps that can lead to the in the development of Strategic programs (time, eligibility criteria for the proponents, type and quality of consultation among researchers and users, collaboration among AOU and other health services, etc.)



## The Strategic Programme revision process



## Workshop discussion

- Aim of the Workshop is to **critically evaluate** the Letter of Intent and provide the Principal Investigators with suggestions to improve the quality of the Proposal.
- The **interaction** between Expert Reviewers and Principal Investigators is a pivotal part of the evaluation process.
- Principal Investigators will receive a **report** summarizing **strengths**, **weaknesses** and **suggestions** emerged during the discussion.



## Workshop organization

- 1. Close meeting among Referees and Scientific Secretariat (30 min)**
  - ✓ Working procedures
  - ✓ Appointment of chairperson
- 2. Discussion of Letter of Intent (95- 100 min)**
  - ✓ Principal Investigator presentation (20 min)
  - ✓ Questions from the referees (45 min)
  - ✓ Closed meeting among the referees (30-35 min)



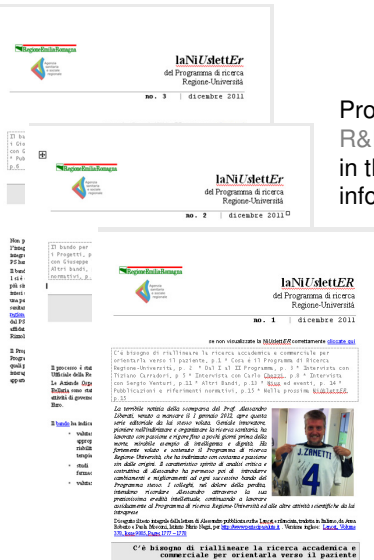
# Study session

Two delegate of each panel will take part to the **final meeting**

Full proposals will be **evaluated** with respect to:

- Scientific soundness
- Relevance
- Feasibility
- Appropriateness of the Budget
- Adoption of the suggestion issued during the Workshop

Proposals will be considered eligible for funding if they reach at least a **minimum threshold** of quality (operative definitions to be detailed)



## WHY

Provide healthcare professionals - researchers, R&I department staff, decision makers - acting in the regional health service with first-hand information about the Programme activities.

## WHAT

Targeted contents

- **leading article** about the core issue of the edition.
- **interviews** as food for thought.
- collections of tips and links on **call for proposals, nius and events** from outside the Region.
- **references** relevant to the newsletter key issue.

...the first 3 issues

- ...Alessandro, the NiUsletter's 'founding father'
- ...Programme outline
- ...getting informed about 2011's activities





## Workshop schedule

**Discussion of the Letter of Intent will take place in the subsequent 95-100 min:**

**20 min for the Principal Investigator to present his/her project;**

**45 min for the Experts to ask for clarifications;**

**30-35 min closed meeting among the Referees to discuss and summarize the comments and come up with a shared judgment, which will be then forwarded to the Principal Investigators to the *SP*.**

