Research Town Meeting
May 13, 2013
NIH ACCESS POLICY

Pam Hastings
Manager, Library & Information Resources
Mental Health Sciences Library
The NIH Public Access Policy Applies to Any Final Manuscript That...

- Is peer-reviewed
- And, is accepted for publication in a journal on or after April 7, 2008;
- And, arises from:
  - Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
  - Any direct funding from an NIH contract signed on or after April 7, 2008, or;
  - Any direct funding from the NIH Intramural Program, or;
  - An NIH employee.
Changes to Public Access Policy Compliance Efforts Apply to All Awards with Anticipated Start Dates on or after July 1, 2013

Notice Number: NOT-OD-13-042

Key Dates

Release Date: February 14, 2013

Purpose

For non-competing continuation grant awards with a start date of July 1, 2013 or beyond:

1) NIH will delay processing of an award if publications arising from it are not in compliance with the NIH public access policy.

2) Investigators will need to use My NCBI to enter papers onto progress reports. Papers can be associated electronically using the RPPR, or included in the PHS 2590 using the My NCBI generated PDF report.

Please see NOT-OD-12-160 for more details.
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<td>Special Reporting</td>
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<td>Resources/Tools</td>
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RPPR: RESEARCH PERFORMANCE PROGRESS REPORTS

Products

RPPR: Section C – Products (Publications/Public Access)

C.1 Publications

C.2 Website(s) or other internet site(s)

C.3 Technologies or techniques

C.4 Inventions, patent applications and/or licenses

C.5 Other products and resources
### Products

<table>
<thead>
<tr>
<th>C.1 Publications</th>
</tr>
</thead>
</table>

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?  
Yes ☑ No ☐

If yes, select from the table below to affiliate publications with this progress report.

If you need to login to My NCBI account please use this link: My NCBI.

#### All publications associated with this project in My NCBI

<table>
<thead>
<tr>
<th>Associate with this RPPR</th>
<th>NIH Public Access Compliance</th>
<th>Citation</th>
</tr>
</thead>
</table>

Sort Table Above By: Date Of Publication

Then By: Author

[Hide publications from My NCBI]

#### Publications not associated with this project in My NCBI

<table>
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</tr>
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</table>

Sort Table Above By: Date Of Publication

Then By: Author

#### Publications previously reported for this project

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</table>
MyNCBI Dashboard for the Principal Investigator


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“AWARD VIEW” – NIH Public Access Compliance color codes

- A red dot indicates that an article is non-compliant.

  ![Red Dot][1]

  **Public Access Compliance:** Non-compliant. Citation not in NIHMS or PMC
  **NIH Funding:** No funding has been associated with this citation.

- A yellow dot means that the citation has been submitted to the NIH Manuscript Submission system and is considered in process.

  ![Yellow Dot][2]

  **Public Access Compliance:** PMC Journal – In Process
  **NIH Funding:** No funding has been associated with this citation.

- A green dot indicates that the citation is compliant with the NIH Public Access Policy. Note that the PMCID number displays in this status.

  ![Green Dot][3]

  **Public Access Compliance:** Complete. PMCID: **PMC2632597**
  **NIH Funding:** No funding has been associated with this citation.

- Articles that were accepted for publication prior to April 7, 2008 are not covered by the NIH Public Access Policy. These citations will be marked as N/A for Not Applicable (this status is also automatically applied to citation types that are not journal articles, e.g., book chapters, patents, presentations).

  ![N/A Green Dot][4]

  **Public Access Compliance:** Not applicable
  **NIH Funding:** No funding has been associated with this citation.

- A question mark indicates that compliance with the NIH Public Access Policy cannot be determined without additional information. Click on the question mark icon or the "Edit Status" link to enter supporting information for the citation.

  ![Question Mark Green Dot][5]

  **Public Access Compliance:** Edit Status
  **NIH Funding:** No funding has been associated with this citation.
Resolving Non-Compliant NIH Public Access Citations

Is there an NIHMSID#?

Yes – Then the submission process has already begun. Check that submission was approved.

No - Contact Pam Hastings, for assistance. x2460 chastings@partners.org
Research at McLean Hospital:
Institutional Investment
& Financial Context

Research Town Meeting – May 13, 2013
Scott L. Rauch, MD
President and Psychiatrist in Chief
McLean Hospital is committed to providing a full range of high quality, cost effective mental health services to our patients, their families and the larger community.

The Hospital is dedicated to training mental health professionals, to conducting basic and clinical research to understand the causes of mental illnesses and to developing effective new means for their prevention and treatment.
McLean’s Research Vision

The McLean Hospital research community is committed to a full range of basic and clinical scientific inquiry.

We will study the brain and behavior in both healthy and diseased states in order to build an improved knowledge base that can be rapidly and safely translated to improved patient care.

We will promote an environment that is conducive to discovery, innovation, and teamwork.

Through our research, we will train the next generation of leaders in psychiatry, mental health, and neuroscience.
Research at McLean is:

- Fundamental to our mission, identity and commitment to advances in care via discovery and translation
- Empirical basis for quality improvement
- Essential for attracting best faculty and trainees
- Critical for quality and reputation to leverage referrals regionally and globally
- Key to quality and reputation of educational activities
- Potential revenue stream from intellectual property
Mission-centric activities

• **Mission-centric activities across McLean**
  - Some cover only direct expense
  - Some cover direct expense + a portion of indirect expense
  - Some cover “fully loaded” expenses (direct + indirect)
  - Some generate a positive margin

• **Research (before IP revenue)**
  - Primarily cost-based reimbursement model
  - More than covers direct expense
  - Covers some indirect expense

• **Clinical Analogy**
  - Virtually all clinical services cover their own direct expense
  - Most cover their own indirect expense
  - Positive margin is variable across clinical programs
<table>
<thead>
<tr>
<th>Service Line</th>
<th>Reimbursement</th>
<th>Positive Margin Opportunities</th>
</tr>
</thead>
</table>
| **Clinical**  | Outpatient & Some Inpatient* Services  
*Conventional Payers  
(Commercial insurance & gov’t* payers) | Specialized Residential Services  
*Self-Pay |
| **Research**  | Funded Research  
*Federal & Industry-sponsored | Intellectual Property & Technology  
*Industry / Venture Capital |
| **Education** | Schools  
*Local municipalities  
Professional Training Programs  
*Medicare & Internal Funding | Continuing Education for clinicians and consumers  
*Self-pay & Industry  
*Scalable on-line |

McLean’s goal: Pursue mission-centric activities as a fiscally sound institution
Research at McLean: Snapshot

• >$40 million per year “business”
  ▪ ~25% of hospital operating revenue

• ~140 PIs investigating causes and mechanisms underlying mental illness
  ▪ Molecular biology, genetics, brain imaging, stem cell science, clinical research
  ▪ 53 established labs (basic, translational and clinical research)

• ~300 FTEs
  ▪ ~350 full and part time professional and technical staff
  ▪ ~20 % of hospital employees

• >3 acres of research space (~125,000 gsf)

• Largest private specialty hospital recipient of NIH funding in US
Frequently Asked Questions (by the research community)

• How do we gauge success in research?

• Does research cover its costs?

• How does McLean “use” the revenue resulting from the 58% indirect cost rate on federal grants?

• Why is the “effective recovery rate” lower than the DHHS F&A rate of 58%?

• Is research meeting expectations – scientifically; educationally; fiscally?
Research at McLean: Gauging Success

• **Research Metrics** *(excerpt)*
  - **Impact**
    - Articles
    - Citations
    - Publications in “very high impact” journals
    - Patents: Invention Disclosed / Filed / Issued / Licensed
  - **Activity**
    - Active Extramural Research Funds
    - Applications / Awarded / Success Rate
    - Center and Consortium Grants
    - Career Development Awards
    - Sponsors
  - **Training / Education**
  - **Financials**
• **Research Funding - External Sources**
  - Federal, industry, foundation, philanthropic

• **Research Finance**
  - Direct costs expended by investigators
  - Hard money support for faculty
  - Indirect costs recovered by institution to support infrastructure, space, etc.
  - Indirect costs proportional to direct costs; at different rate by funder (Federal > Industry > Foundation)
  - Federal rates differ by institution and recalculated periodically
    - Triennial negotiation with federal government based on prior years’ expenses
  - Indirect costs recovered < actual indirect costs
Investment in Research at Academic Medical Centers

- Research in academic medical centers requires substantial investment
  - Hard money support for faculty (recruitment & ongoing)
  - Bridge funding
  - Debit balances
  - Partial indirect cost recovery
    - Indirect costs recovered < actual indirect costs
  - Opportunity costs
    - Lower contribution/square foot than non-research activities
Investment in Research at McLean

• Research at McLean
  ▪ Successful at winning competitive support: federal & industry
  ▪ Significant philanthropic support against scale of subsidy need
    • ~$4 million / year
  ▪ Hard money support principally for senior faculty and administrative roles
  ▪ Bridge funding as needed, as available
  ▪ Debit balances addressed through enhanced management oversight, including early identification of potential problems and pro-active responses
• Basic Research & Clinical Research

- McLean has robust commitment to basic research
- Indirect Cost Rates tend to be Basic > Clinical
- New space costs tend to be Basic > Clinical
- Hard money support needs tend to be Basic > Clinical
  - Clinician researchers can increase clinical service activities to generate revenue during research support shortfall
  - Basic scientists have no equivalent option
• Looking Back

- Federal support squeezed since “flattening” (as of 2003)
- Economic crisis further depleted internal funding sources (as of 2008)
  - Endowments; new philanthropy; sweep funds
McLean Research Revenues FY03-FY14 ($ millions)

Flattening of NIH funding  Global economic downturn  ARRA funding

FY03  FY04  FY05  FY06  FY07  FY08  FY09  FY10  FY11  FY12  FY13 forecast  FY14 prelim budget
$35.1  $38.4  $42.5  $45.6  $47.5  $45.4  $40.6  $38.0  $43.5  $42.5  $44.5  $40.2
• Direct Cost/nasf: $391 (MTDC: $327)
• Indirect Cost/nasf: $127
• Total Cost/nasf: $520

• Current HHS Indirect Cost Rate: 58%
• Effective Recovery Rate: 33%

Contribution

• Research: net contribution per sq ft $53 (Grant Funds)
  $58 (Grant & Academic Funds)

• Clinical: net contribution per sq ft ~$280
<table>
<thead>
<tr>
<th>Onsite IDC Density</th>
<th>BWH</th>
<th>MGH</th>
<th>McL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY12 IDC Density</td>
<td>$167.04</td>
<td>$187.32</td>
<td>$127.40</td>
</tr>
<tr>
<td>Federal IDC Rate</td>
<td>77%</td>
<td>77%</td>
<td>58%</td>
</tr>
<tr>
<td>Direct Research Revenue</td>
<td>$495.6 mil</td>
<td>$560.7 mil</td>
<td>$31.9 mil</td>
</tr>
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</table>
Annual Patent Expense *(based on 8 year average FY05-FY12)*

- **Revenue**
  - Hospital Royalty Income  $121,003
  - Patent Cost Recovery  121,612
    
    Subtotal  $242,615

- **Expense**
  - Outside Legal Counsel  $510,421
  - McLean Salary & Benefits  56,867
    
    Subtotal  $567,288

- **Net Patent Expense**  $324,673
McLean Research: Planning for the Future

• Research is fundamental to McLean mission, identity and commitment to advances in care via discovery and translation

• Strategic decision-making and recruitment

• Evolution of field toward collaboration and big science
  ▪ “Leaders” defined by capacity to build teams/relationships

• Growth in intellectual property (IP)

• Space / Optimal Scale

• Need for stable dependable sources of funding for investing in research
  ▪ Philanthropy
  ▪ Land lease/sale
  ▪ Other
• McLean’s mission is not to win grants. It is to do meaningful, impactful research.

• The measure of an investigator - first and foremost:
  - Discovery & Innovation
  - Impact of Scientific Work

• Research is our hope for the future.