UC BRAID: FROM SILO TO COLLABORATION

Gary S. Firestein, M.D.
Chair, UC BRAID
Why we form silos: Tribalism in society

Tribalism: The automatic tendency to favor members of one's own group at the expense of members of outsider
Tribalism is in our genes: Legacy of Ghengis Khan

1 out of every 200 men is a descendant of Ghengis Kahn

Silos in academic medicine: Why do we do it?

- Consequence of our genes, our society, and our academic culture
- Encouraged by our academic reward system
- Natural selection for independent people
- Difficult to break down silos, even if benefits obvious
- Control and independence key psychological barriers
Silos in academic medicine: Examples

- Multiple cores performing same service
- Different IT systems in clinical research
- Resistance to central IRBs
- Assigned vs. shared space
Silos in academic medicine
How do we change an organization?

• Increase urgency of change
• Build the guiding team
• Get the vision right and keep it simple
• Communicate for buy-in
• Empower action, remove obstacles, reward progress.
• Create short-term wins
• Be persistent
• Make change stick
Silos in academia: How do we change?
The more we understand people's needs, the better we can manage change

• Balance entrepreneurial spirit vs. enterprise success
• Leverage multidisciplinary opportunities
• Communicate, with multidisciplinary meetings to share expertise
• Key champions who are respected by peers
• Reward interactions
  – Change criteria for advancement
  – Funding opportunities
  – Leadership positions
Silos in academia: How do we change?

- Requires constant attention or will unravel
- Focus on junior faculty, who are less resistant to change
- Reasoning can help, but change sometimes requires strong leadership and mandates
  - Caveat: Managing by fiat can backfire
A sense of irony:
Developing a sense of community in our units

• Eliminating silos and tribalism important
• But CTSA members do not have an obvious sense of identity or community
• Easier in cancer center or smaller units
• How to instill the concept that members are stakeholders and part of a larger effort?
Examples of success for UC BRAID

• UC ReX—Launch for Data Explorer in 2013
  – Multi-institutional PCORI grant submitted
• U54 Center for Accelerated Innovation
  – Began as multiple individual efforts
  – Came together as a group, leading to $12 M in funding
• Expansion of IRB harmonization
• Metrics for IRB and contracting
• BRAID Child Health
UC BRAID: What next??

• Where are we now?
• Where are we going?
• How can we leverage what we do to transform UC and translational research?
• How can we be responsive to the IOM report?

Staying where we are or just expanding current activities is no longer good enough.

Next Gen BRAID..
More than the sum of its parts
Leveraging a UC Network

Rachael Sak, Director, UC BRAID
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UC BRAID

• Created in 2010
• Led by the PIs of the Clinical & Translational Science Centers
• Primarily funded by the University of California, Office of the President
Executive Committee Members

- Gary Firestein, Chair (UCSD)
- Lars Berglund, Co-chair (UCD)
- Dan Cooper (UCI)
- Steve Dubinett (UCLA)
- Clay Johnston (UCSF)
UC BRAID – Vision and Goals

Develop a robust coordinating center that combines the individual UC Health Campuses into a model virtual biomedical research institution

- Identify areas of collaboration
- Alignment across multi-campus initiatives
- Evaluate priorities and make funding recommendations
UC BRAID: Why do we exist?

Established to identify and address, on a system-wide level, the shared challenges of academic translational science

• Shared policies, resources, expertise
• Issues better solved together than separately
UC BRAID: What does it do?

- Catalyzes and facilitates system-wide solutions
- Coordinates multi-campus efforts across UC Health campuses
- Reduces barriers for C&T research
UC BRAID: How does it work?

• Not a parallel organization
  – Conducted by those that create and implement policy
• Identify needs and experts
• Enable partnerships & facilitate solutions
UC BRAID: Funding and Support

UC Office of the President
• UC ReX: $5M over 5 years
• UC BRAID: $700K over 2 years

NIH Center of Innovation
• UC BRAID CAI: $12M over 7 years

UC CTSAs
• Each provides infrastructure for collaborative projects and initiatives
UC BRAID Current Initiatives

- **Informatics**: UC Research eXchange (UC Rex)
- **Regulatory**: IRB Reliance & Process Improvement
- **Contracting**: Master clinical trial agreements & Process Improvement
UC BRAID Current Initiatives

- **Biobanking**: Shared Biorepositories & Informed Consent
- **Drug & Device Development & Discovery** (D4)
- **New Initiatives**
  - Child Health
  - NIH Center for Accelerated Innovations (CAI)
With support of the National Institute of Health (NIH), the Clinical and Translational Science Award (CTSA) program was launched in 2006 and has expanded to about 60 academic medical institutions across the country. Each component of the CTSA program is crucial in supporting our mission: Accelerating Discoveries Toward Better Health. Working together, we can help shape the future of healthcare.

The CTSA offers something for everyone.

- **Researchers**: access tools, resources, and collaborative academic partnerships
- **Trainees**: find extensive educational materials and resources
- **Volunteers**: learn about participating in research

University of California partnership receives $12-million award from NHLBI
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Thank you

Questions about UC BRAID?

www.ucbraid.org

or

Contact Rachael Sak, RN, MPH, Director
P: 415-514-8058  |  rachael.sak@ucsf.edu