

Best Practices for NPC Support of a
VAMC:

Core research services

Nancy Watterson-Diorio

Bob Forrester

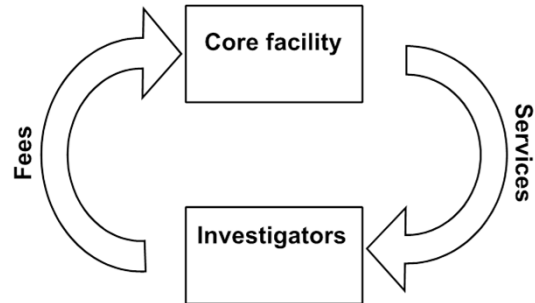
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Definition: Core Facility

- Centralized, shared resource providing scientific and clinical investigators with access to:
 - Instrumentation
 - Technologies
 - Expertise
 - Services
- Discrete unit within an institution
- Dedicated space and personnel
- Costs of services is recovered through user fees, core and other grants, and institutional support

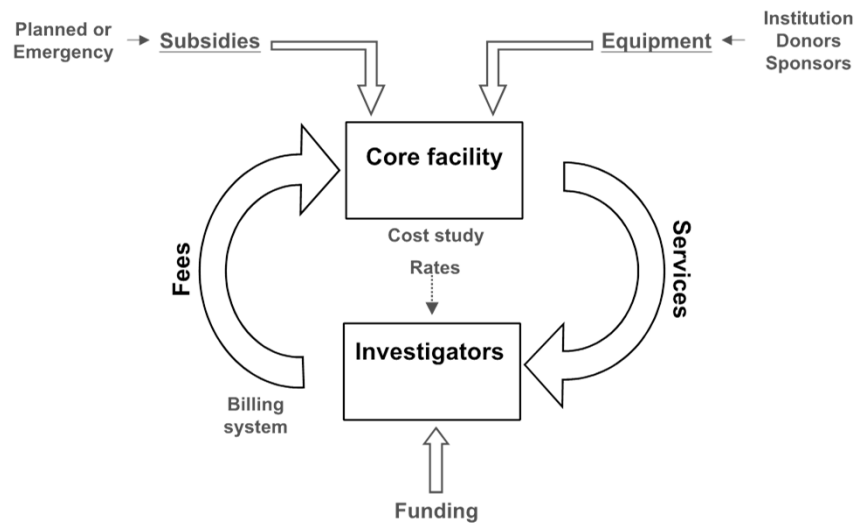
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Simple Form of Core Facility



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Core model at a typical research institution is more complex



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And there are challenges

- Research has shown (e.g., Haley, 2009) that core facilities *everywhere (not just VAMC)* face strategic management challenges including:
 - Building the core around a defined need
 - Creating a vision and ensuring a sustainable presence by identifying users, supporters and revenue sources
 - Providing quality services and equipment via effective operations, marketing and management
 - Reviewing and evaluating research core facilities to increase efficiency and effectiveness
 - Providing the necessary tools to facilitate decision-making and the investment process

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Core services at VAMCs

- VAMC has been a partner to its academic affiliates in both clinical education and research, but the VA has **not always** had a systematic process to recover costs associated with these activities
- Events that change that situation:
 - Enhanced Sharing Authority allows for the exchange of health care resources
 - Ability to bill patients and 3rd parties for clinical services

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How can an NPC facilitate success of these VAMC resources?

- **Project Aim:** To establish an R&D-wide research solution that will enable core facilities to invoice all research grants for investigators' use of the core.

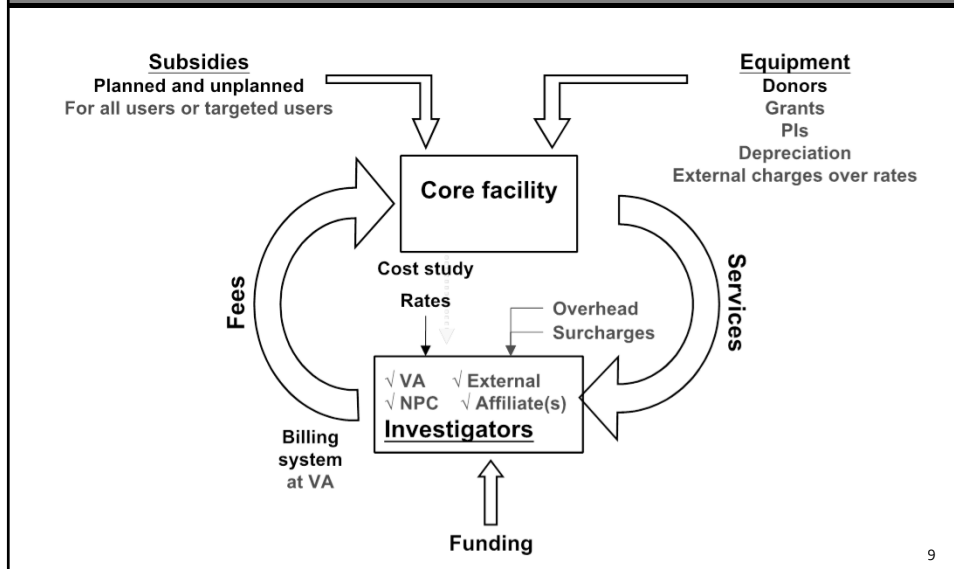
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Project deliverables

- Toolkit
 - Business Plan template
 - Budget template
 - Rate Development template
 - Marketing Plan template
- Guidebook
- Compliant cost recovery system

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Realistic Model for VAMC



Compliance: what are the rules?



Some rules we keep in mind

- VAMC cannot pay NPC for services
 - So VAMC should run the cores and do the billing
- Federal grants can't pay more than actual cost
 - Industry-sponsored agreements allow flexibility in costs
- NIH has not raised objections to NPCs reimbursing the VAMC in grant budgets **for services provided** by VAMCs (purely for research purposes)
- 38 CFR 17.102 (enhanced sharing authority with academic affiliates and others; **not** NPCs) provides for VAMC's billing for "services"
 - VA employees salaries for core services is allowable
 - But there **may** be a risk if VAMC does not bill appropriately for services

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Project Team to establish a CORE solution

- | | |
|-------------------------------|-------------------------|
| ▪ Title | ▪ Role |
| ▪ ACOS-Research | ▪ Chair-Facilitator |
| ▪ CEO—NPC | ▪ Co-Chair (NPC) |
| ▪ CFO--VAMC | ▪ Member (Fiscal) |
| ▪ Pharmacist--VAMC | ▪ Member (Research) |
| ▪ Staff-VAMC | ▪ Member (Data) |
| ▪ Consultant | ▪ Member (Rates) |
| ▪ IT Director—NPC | ▪ Member (IT Logistics) |
| ▪ Communications Director—NPC | ▪ Member (web) |

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Project Timeline

	Task	Phase I	Phase II	Phase III
		4/1 – 5/31	6/1 – 7/31	8/1 – 9/30
a.	Data collection instrument	Complete		
b.	Core facilities review criteria	Complete		
c.	Budget template with samples	Complete		
d.	Rate analysis template	Complete		
e.	Electronic collection of revenues		Start	
f.	Training and sustainability tools			Start
g.	Publication collection tool			Start
h.	Web site model			Start
i.	Toolkit and guidebook	Ongoing		

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Project Benefits

- VAMC and Research Service stakeholders stand to gain the following benefits:
 - Cost effectiveness
 - Cost recovery
 - Quality control
 - Increased collaboration
 - Opportunity to recruit and retain talent
 - Competitive edge to sustain external funding
 - Access to quality services and equipment

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For further information

- Questions or comments for us:
 - Nancy Watterson-Diorio, CEO BVARI
 - nwd@bvari.org (617) 738-1313
 - Bob Forrester, Consultant
 - rforr1@comcast.net (617) 335-1250
 - Ann McKinney, BVARI Technical Advisor
 - ann.mckinney@va.gov (857) 364-2221

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