Breakout Session 3: Traditional and Alternative Funding Support for Physician Investigators

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Sustainable Career Support

• Why do we need MDs in basic and translational biomedical research?
• What makes scientific careers harder for MDs than for PhDs?
• How can those who have successfully run the gauntlet stay in the game?
• What can institutions do to ensure that their most valuable assets thrive?
Mature Physician Scientists Need Support

- Time: Competing demands for research, writing papers & grant applications, mentoring, coverage of clinical activities, personal time
- Resources: basic science laboratories, clinical research infrastructure, epidemiologic or public health data and analysis, people to do various jobs, support for family and debt repayment
- Regulatory requirements: radiation, animal, human subjects, credentialing, licensing, MOC

Identifying Funding Sources

**Traditional**
- NIH: 30% decrease in buying power/decade
- Philanthropy: Professional societies and foundations
- Basic: NIH is the sole source of most basic science support in US
- Clinical: CTSAs, other networks

**“Alternative”**
- Key issue is to identify common interests of funders & researchers
- Federal non-NIH: AHRQ, HRSA, CDC, PCORI
- State: some state economic development resources
- Foundations
- Industry: management of CoI essential
- Direct donor support
Institutional Leaders Have Needs

- Money: pay for salaries, benefits, space, utilities, administrative and regulatory requirements
- Time: coverage of inpatient and outpatient activities, service on institutional committees (university and health systems)
- Institutional marketing and growth

Complex & Long-term Issues

**Short term**
- Modeling/Mentoring: Exposure of students and trainees to scientific method and scientists
- Time: Overwhelming competing demands on scientists with MDs
- Environment: Hostile working environments, especially for minorities & women

**Longer term**
- Communication of the value of MDs in research: medical profession, health care & political systems, the public
- Infrastructure needs to align rewards with activities
- Develop more complex & sophisticated measures of value, financial & other
Leaky Pipelines Get Attention in Southern California

The (leaky) Physician-Scientist Pipeline

*A "Zombie" is a 35-40 year old who is neither fellow nor faculty. Walking around, but not quite alive.
Leaky Pipeline for Women

![Diagram showing the leaky pipeline for women in drug development]

The diagram illustrates the leaky pipeline for women in drug development, highlighting the percentage of women at various stages of the pipeline and the challenges faced by women working in this field. The challenges include:

- Project Management
- Flawed Business Model
- Market Assessment
- Conflicts
- Weak IP
- Lack of Capital
- Regulatory Requirements
- Mismanagement
- Wrong Team
- Lack of Capital

The leak in the pipeline represents the attrition rate of women at each stage, with a particular focus on the commercialization pipeline, where the losses are most pronounced.

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**Discoveries**

1. Research Performing Institutions
2. Commercialization Pipeline
3. Products & Services

**Leaky Pipeline for Drug Development**

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**References**

Time to Renovate!

- Current systems are inefficient, costly and damaging to people
- The loosely-coupled systems of academic medicine are increasingly interdependent
- Universities, health care systems, physician practices, funding and regulatory agencies (including industry) must coordinate rewards, demands & supports if they are to succeed

For Discussion

- What needs to happen so that our trainees don’t hear us complaining all the time?
- Creating sustainable support for academic work
- Identifying new sources of funding
- Creating university and health care systems supportive of academic work and helpful at identifying knowledgeable about resources