



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

**AAIM Third Consensus Conference on the Physician
Investigator Workforce**

November 13, 2015, Washington DC



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 Col 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

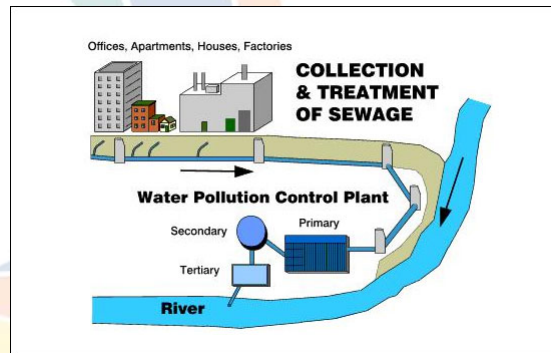
Short term

- 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

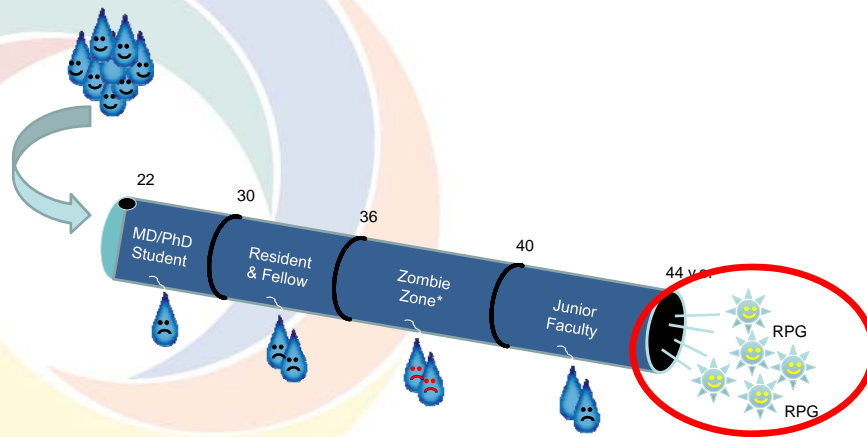
Longer term

- 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.

Skip Brass

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