2014 National Health Research Forum
Media Articles

Bloomberg BNA

Research Funding: Fauci Calls for 'Transformation' to Remove Basic Research From Discretionary Funding
September 17, 2014

By Jeannie Baumann

Sept. 12 — The head of the nation's allergy and infectious disease program Sept. 11 called for a "complete transformation of how we look at science" by providing more secure funding for basic research and becoming less vulnerable to funding cuts.

"You need to transform, in the big picture, where, we as a nation, put biomedical research because it's not the priority," Anthony S. Fauci, director of the National Institute for Allergy and Infectious Diseases in the National Institutes of Health, said during a research forum. "It's not a priority right now, when the most important thing to do is to balance the budget. The transformation I'm talking about is a fundamental commitment as a nation. It has to come from the highest levels. It has to come from the administration. It has to come from the leaders in Congress. We're not going to diddle around with these little talkings but we're actually going to change the system."

Medical Research Law & Policy Report: News Archive > 2014 > 09/17/2014 > News (Subscription only)

Washington Business Journal

Experts: Why science needs to be sexier to both politicians — and yes, even Millenials
By Tina Reed
September 12, 2014

Writing about health-related studies sometimes can get a bit, well, dry.

Often, it's hard to tell what kind of progress a researcher really made tucked away in their university laboratory where they play — sorry, work — with molecules or cells. That very issue has become a problem in the field of science, a group of experts speaking at the Newseum said Thursday.

"The question always is: Well, what have you done for us lately?" said Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health in Bethesda.

Funding priorities for medical research has skewed toward science that has immediate applications because, let's be honest, it's more satisfying, it's sexier, it's easier to justify spending on that sort of research, he said. However, research depends on good old fashioned basic science that doesn't always have an obvious upfront use.

"It's hard to articulate," he said. "Basic science is the foundation."

And that problem is trickling down at every level of research, particularly when it comes to attracting future researchers, said Lynn Goldman, Dean of the Milken Institute School of Public Health. Young people who want to get into health research are getting discouraged when they see the funding realities they'll face.

"When they look at statistics such as the fact that the median age at which people receive their first award is — what, hovering around 40 right now? — that's very discouraging," Goldman said. "In my experience, a lot of our best research is done by young people. … We're wasting a lot of that creative energy here in this country by making it so difficult for young people to do research. This is something I think is going to have a long term detrimental impact."

http://www.bizjournals.com/washington/blog/2014/09/experts-why-science-needs-to-be-sexier-to-both.html

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"The Pink Sheet" DAILY

FDA's Woodcock Says Biomedical Research Infrastructure 'Overbuilt' In Some Areas
Nielsen Hobbs
September 11, 2014

Speaking at the National Health Research Forum in Washington, D.C., Woodcock urged the research community to consider where the money is being spent. "Rather than just say we need more of it – we have the best in the world, I agree – but are we being intentional in some ways? I agree having competition [in the form of NIH's traditional investigator-initiated R01 grant], but some of this enterprise is overbuilt in my opinion compared to other parts."

Asked what areas of research were overbuilt, Woodcock didn't name specific categories but said, "there's an endless machine of basic biomedical research. … If everybody has five postdocs, the next generation is going to be much bigger. I think you have to think through things like that."

Read the full article here: http://www.pharmamedtechbi.com/Publications/The-Pink-Sheet-Daily/2014/9/11/FDAs-Woodcock-Says-Biomedical-Research-Infrastructure-Overbuilt-In-Some-Areas
(Subscription Only)

WebMD

What's Next in Health Research?
September 11, 2014

Top leaders discussed innovations in health and medicine research at the National Health Research Forum on Thursday, Sept. 11. Featured speakers included CDC Director Tom Frieden, MD, MPH; Anthony Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases; and Janet Woodcock, MD, director, Center for Drug Evaluation and Research, FDA.

Read WebMD's recap from the event here:
http://live.webmd.com/Event/Watch_Live_Whats_Next_in_Health_Research?Page=0

REAL WORLD HEALTH CARE

Research America Wants YOU to Support Public and Private Sector Investment in Research!
By David Sheon
September 11, 2014

We'll be live blogging today from the National Health Research Forum: Straight Talk about the Future of Medical and Health Research at Newseum. Sponsored by Celgene, Johnson & Johnson, Onyx Pharmaceuticals, TEVA, Genentech, University of Maryland School of Medicine, and HudsonAlpha Institute for Biotechnology, we're pleased to bring you updates from inside the room!

{Note from Editor: our updates below paraphrase speaker comments so that we can share the points being made in real time without the benefit of a recording to verify or use a transcript}

The first panel is titled, "**Where will medical research be in 2023**?"

We're underway with our first panel. Dr Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, is told that he does a good job of advocating for his division. Has the pendulum shifted away from investment in research?

Dr. Fauci: When you have even a modest increase in a budget, you can preserve the fundamental research activities. But the problem is the budget has been flat for 10 years and inflation takes a bigger toll. As a nation we have to make a commitment that fundamental research should not be part of a discretionary pool. So any cutting of a budget hits the discretionary pool. Some people get it and some don't when we tell this story that basic research is what it is we've done for you. Five years from now we're not going to be able to tell anyone if we continue to stay flat and not even account for inflation.

John Seffrin, PhD, CEO American Cancer Society: Research America has doubled the NIH budget in a period of five years. But we haven't made the case to the public to explain the need for long term investment. The tsunami of non-communicable diseases coming down the road – we need to convince the public of the need to invest.

France Cordova, PhD, Director, National Science Foundation: Industry gets the need to invest in basic research and advocacy for it, but it seems to be number 10 on the priority list.

Dr. Fauci: I can assure you that no one will stop me and say, with regard to the ebola outbreak, why didn't we invest more in basic research years ago? They'll say: why don't you have a vaccine now?

Dr. Cordova: We need to make science more accessible, to what I like to call "K to gray." With this science is accessible to all ages.

Panel 2: Code Red Again: Can We End the Assault on Public Health Research and Practice

Tom Frieden, MD, MPH, Director, Centers for Disease Control and Prevention: We save $3 for every $1 invested in vaccines, in the health sector alone, and $10 overall…..

Only for this event would I take an hour off from ebola. The ebola epidemic is worse than is recognized. Reported cases are a small fraction of the total. Despite maximum efforts – 100 field officers – the largest response in CDC history. If we had invested in systems that would find, respond, prevent we could have prevented this disaster…..

Public health is a "best buy." It keeps us safe and prevents disaster. Every dollar investment in public health pays off. Ebola, drug resistance – ongoing threats – it will take a funding commitment and partnerships. We at CDC have a partnership with CMS that never existed before. Public health is the government's responsibility but the government can't do it alone…..

Handwashing in hospital is not up to par, neither is blood pressure maintenance. We have room to grow in health quality. Hospital acquired infections are too common…..

The average person can have a big impact on the government. One person is able to change policy. One person made government improve and keep open TB clinics in NY….

With regard to health disparities, high blood pressure and heart attacks is the single largest cause of differences among the races. The second big issue is teen pregnancy. These are two areas where intervening makes a huge difference.

Georges Benjamin, MD, Exec Director, American Public Health Association. The public thinks we have a better protection system than we do….

Seeing your doctor 2-4 times a year is a system where patients think they are staying healthy, but many times this is not effective. We need to create a better system to keep patients healthy. Prevention Research should be funded more…..

Saying that you support research, and actually voting to increase or keep funding for research is different. We need to hold policy makers accountable. Meet with local or state elected officials, with out an agenda, so when you do have an agenda they are more willing to help….

Lynn Goldman, MD, MS, MPH, Dean, Milken Institute School of Public Health, George Washington University: In the US we feel comfortable that we have systems in place, however it would be possible for a slightly different pathogen to arise that we could not protect ourselves from. We're doing very little about antibiotic resistant pathogens. We're not going to be able to control something like that…..

The pay off for the American tax payer is tremendous for increasing vaccinations…..

Richard Kronick, PhD, Director, Agency for Healthcare Research and Quality, HHS: Is there a perception problem? Yes. The public can see that price and accessibility are not perfect, but most people see safety and quality as a non-issue, when it is, especially in less developed countries…..

Where are where failing? What can your organization do better? and in what time frame? This should have been done yesterday. We need to not only produce evidence, but make sure that this evidence is used. We have funded work to show how low-income children are overly prescribed anti-psychotics, but we are not able to implement any rules or policies to change this. ….

Jack Watters, MD, VP, External Medical Affairs, Pfizer: The happiest news is that we are all living longer – a cause for celebration. One of the best thing that's happening is that healthy younger people are living to be healthier older people…..

I see far more appetite for public/private partnerships, in research, in delivering public health. We should recognize that we are all in this together and we must partner more – I welcome the increased appetite……

Seeing a doctor a couple of times per year is better than not at all, but we need to increase contact between all health professionals and patients (nurses and pharmacists)….

We are seeing an improvement in the private sector. There is a shift in the appreciation to public health by the pharmaceutical industry. Some money is being used for research, but it is harder to convince policy makers for more. Public health problems are not as "sexy" as proactive research in medicine for uncured/treated conditions…..

There are simple things we can do to increase public health, for example with depression, just asking a person could make a significant difference.

Panel 3: What's Right – and Wrong – with the Research Ecosystem?

Moderator Margot Sanger-Katz, Health Care Correspondent, The New York Times:

Pablo Cagnoni, MD, President, Onyx Pharmaceuticals: What do you think of the US Research system? We are not moving as quickly as necessary, we could be moving more quickly. From lab to market, the timing is too long. That being said, we still have the best ecosystem in the world.

The competitive system keeps priorities in the wrong place.

We have to extend Dr Woodcock's good work to CBER and get companion diagnostic testing approved rapidly.

There are 2 areas where "big data" is playing out. One is in research, more importantly another is in utilization. Are we utilizing the right drugs with the right patients?

Kathy Giusti, MBA, Founder and CEO, Multiple Myeloma Research Foundation (was unable to make it to the event)

Robert Hugin, Chairman, CEO, Celgene: What do you think of the US Research system? I think that it is a fact that we have the best research system in the world. Yes we still need to improve, but we always need to. We have a very competitive system, that makes for a great spirit in the science community, and we are always improving. Transational medicine (bringing research to the patients) does not get the visibility, but it is important and appreciated.

We need to provide more economic incentives to collaborate, to avoid redundancies between different research centers. More transparency would help this problem.

Ways to improve- Prevention research by asking for congressional help, more investments.

At $1.5 billion per drug who can sustain this? Something has to change. It's not sustainable. We must review the system.

With regard to the increasing costs of drugs: I think we look at this in an inappropriate way, the only way we can capture costs is through price. If someone could create a drug that can cure a cancer (and avoid downstream costs), we have to remember that. The overall impact is very positive. We do a better job than Europe with access. We should never be embarrassed to talk about it. Taking cancer for example. In 1970, the cost was 1 percent of spending for oncology drug spending, now it's at .5 percent. Remember, the generics didn't discover those drugs – they wouldn't have them without our research. Exchange programs discriminate against the working poor – at Fred Hutch, Memorial Sloan Kettering, MD Anderson, people are kept out of those excellent care facilities….CBO says when Rx costs rise, other healthcare costs go down. We want to talk about Lindsay Lohan and rehab instead of better access to care. We have this discussion backwards. (Applause)

We are finally able to bring technology to the research because of the high costs. Ten years from now, our lives will be fundamentally different, because of (advances)…

E. Albert Reece, MD, PhD, MBA, Dean, University of Maryland, School of Medicine: What do you think of the US Research system? Our system is very rigorous, and it works very well, but it is not perfect. Looking at other countries, our research infrastructure is more rigorous, and that is our strength. Our weakness is that we are not sustainable.

Boom or Busts in research, training young people takes a long time, so there is a constant roller coaster in the amount of researchers that we have. The amount of researchers that we needs is constantly changing also.

I agree with Bob, there have to be improvements and legislation to increase efficiencies.

Janet Woodcock, MD, Director, Center for Drug Evaluation and Research, FDA: What do you think of the US Research system? We don't have the infrastructure necessary to carry the information, that we find through our research, to the American public, and to implement new findings.

Is money being spent in the right way on the right research? A problem that we have is that a big amount of research is not able to produce the same findings more than once. We need to be more intentional with research. We are trying to change the way that clinical evaluation is done. It is too expensive and not sustainable. We should not have a brand new clinical trial for every single experimental drug, we need to come up with a system that can be reused, and is therefore more sustainable.

How does the regulatory system change the research ecosystem? It creates a lot of challenges, we're seeing a shift in pharmaceutical research to drugs that depend on genome, more precise medicine. Because this is so new, there are a lot of uncertainties.

Unless we change the cost and drug development process, then we will not keep improving. We don't have the right science to actually make the right drugs, only 2/10 drugs even make it to trials. Efficiency needs to change, and this can change through changing the drug manufacturing process.

Our healthcare system is poorly designed when it comes to non-drug interventions. The final translation into practice – we're trying to look at more patient centered measures to look for ways to benefit through proven, unconventional benefits.

http://www.realworldhealthcare.org/#sthash.o2Ha3biF.dpuf