

August 29, 2022

**MEMORANDUM**

**TO:** M. Katherine Banks, Ph.D.  
President

**FROM:** Jon Mogford, Ph.D.   
Working Group Chair

**SUBJECT:** Implementation Memo – Working Group #16

**Recommendation to be Implemented:** Improve research organization at TAMU Health

**Strategic Considerations:**

Recommendations to improve research organization at the Health Science Center (HSC) include:

1. Reconfigure the Institute of Biosciences and Technology to achieve better focus on advanced research and development leading into clinical trials (with strong consideration for renaming the institute to message this change). The Institute for Biosciences and Technology's Centers for Epigenetics & Disease Prevention (EDP) and Infectious & Inflammatory Diseases (IID) should be moved to existing departments within the College of Medicine or developed as stand-alone departments as appropriate.
2. Combine the remaining Centers (Genomic and Precision Medicine and Translational Cancer Research) from the perspective of clinical product development. In addition, the Advanced Technology Cores should be aligned with this new overarching center as supportive capabilities and services.
3. Align the Center for Innovation in Advanced Development and Manufacturing (CIADM) with, and have it report to, this advanced development team.
4. Assign leadership of the newly imagined translational effort to the Executive Director of the Institute of Biosciences and Technology, with specific focus on the general areas of small molecules and biologics. Coordination with Engineering Health (EnMed) will allow for a natural focus on devices and nanomedicine, along with traditional paths of translational development for health and medical technologies, therapies, and practical knowledge.
5. Account for the anticipated opening of TAMU space in the TMC3 complex when reconfiguring to maximize productivity, professional growth, and competitiveness both in Bryan and in the TMC, since limitations on physical space availability may prevent the full relocation of faculty and labs from EDP and IID to Texas A&M Health in Bryan.
6. Continue to elevate the geographically dispersed research faculty across Texas A&M Health centers by providing extensive opportunities for teaching in classroom settings.

Workgroup #16 and/or HSC leadership team members met with key players across TAMU including SRS, Office of Research, and TAMU/Innovation Partners to provide input on the general strategy and specific actions of this recommendation.

### **Logistical Issues Addressed:**

Workgroup #16 discussed the current state and structure of the Health Science Center research enterprise. The broader effort related to the recommendation involved assessment of specific actions to increase sponsored work, how to better leverage internal and external collaborations and establishing focused strategic areas of work - all with better integration with the educational and care delivery missions of our schools.

The specific actions discussed included the bulleted items below. The items range from general strategic positioning of the HSC research enterprise to specific actions in support of both individual and team research endeavors:

- Seedlings: Use of internal funds to support promising, early-stage research work that has 1. clear potential for follow-on funding from identified external sources and 2. clarity of insight into the competitive landscape (e.g., potential partners, competitors). This work in aligned with the HSC Vision 360 strategic plan.
- Grant construction/submission support: Arguably one of the most effective areas of support for enhancing the research enterprise of the HSC is to provide support for proposal construction and “red team” critique prior to submission. An initial effort has been started in the School of Medicine (SOM); HSC plans to expand this support across the schools to accelerate submissions of quality, sponsor-targeted proposals. This work in aligned with the HSC Vision 360 strategic plan.
- Leveraging Strengths/Opportunities: HSC has worked to leverage strategic areas of strength (internal, within TAMU/TAMUS or from existing external partners) and/or opportunities for resource focus and hiring competitiveness (including leveraging CRI/GURI). Arenas of expansion for research activities should especially highlight our credibility in rural/community care, military/austere medicine, and disaster response work.
  - Opportunities in these broad fields include both basic science (e.g., incorporating disease/injury prevalence into grant proposals) and advanced health tech/biotech work.
  - These areas of focus also allow leveraging of local strengths for each of our campus locations including the Metroplex (telehealth), Round Rock (digital health, disaster response), San Antonio (military medical R&D) and Corpus Christi/McAllen (Hispanic clinical trial network).
- Institutes & Centers: The identification of our broad strategic areas of focus—and an enhanced focus on translational/clinical research—will also be assimilated into the work of the HSC centers and institutes. In particular, the HSC is in discussions with several external collaborators (including a global pharma group, a health-tech ventures team and expansion of work with an existing global partner) that will greatly inform the direction of IBT, ARCHI and CIADM.

- The HSC research enterprise will also use the general regulatory paths as roadmaps for translational research work. These paths include biologics, small molecule drugs, devices and the emerging fields of digital health and telehealth. We are fortunate to have resident subject matter experts (SMEs) that expand our credibility in translating discoveries to “delivered product”. Our SMEs also help targeted engagement of external strategic partners including private-sector health technology developers.

### **Major Challenges Encountered and Resolutions:**

- Alignment of facility investments with strategic imperatives across the HSC enterprise: It is imperative that we approach the investment in and buildout of facilities in a manner that supports our strategic goals, expands our capabilities and supports recruitment/retention of stellar faculty and staff. This requires regular faculty input and broad communication of anticipated use of facilities and awareness of “current practices” utilized by research organizations beyond our own. An additional component of facility planning is consideration of uniqueness of the locality (e.g., TMC vs. McAllen and Fort Worth) and the planned and anticipated use by multiple schools, institutes, and centers.
- Maintaining awareness of opportunities to integrate research into the educational and care delivery missions: While this *Paths Forward* recommendation is explicitly built around an R&D framework, incorporating input and guidance from our clinical education/care delivery professionals will broaden our research enterprise into clinical care and also better inform the focus of our earlier-stage R&D.

### **Key Logistical Issues to be Completed and Timeline:**

Current Program of Requirements work is ongoing for multiple facilities including EnMed, TMC3, McAllen/Nursing, and Fort Worth. Designs are at various stages but generally on-track for near-term/on-schedule completion; design philosophy discussed above in “Major Challenges” section.

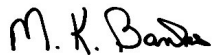
IBT, CIADM and ARCHI each has a significant opportunity for expansion or refinement of scope thru alignment with TMC3 vision (IBT & CIADM), federal (CIADM) or state (ARCHI) legislative action. Planning is ongoing with all three with completion dates of action within the next 8 months.

As part of Path Forward Workgroup #19a (consolidate health education in the School of Public Health), leadership from the School of Education and Human Development and the HSC are closely coordinating the operational/administrative transfer of the Human Clinical Research Facility (HCRF) to the HSC. The HSC’s intention is to manage the HCRF as a project-based research focused core facility for human subjects medical research and clinical trials as part of regulatory approval work. The HSC will seek research partners from throughout TAMUS, clinical research organizations, and from external developers of health/bio-technology products. The HCRF will complement the expanding Global Hispanic Health Institute clinical trial work that is based in South Texas with Driscoll Children’s Hospital (Corpus Christi and McAllen).

- Creation of a “HCRF” Medical Research Committee that will be charged with developing a comprehensive plan to oversee clinical research to be conducted within this facility. The committee will include members of the HSC Schools and Colleges and may include other TAMU research leadership staff. Scott Lillibridge, MD, Associate Vice President for Global Health, will serve as the chair this Committee.

- On September 1, 2022, Scott Lillibridge, MD, Associate Vice President for Global Health, will be appointed as the interim Director for the HCRF and will oversee the implementation of the HCRF Medical Research Committee recommendations. Supporting Dr. Lillibridge will be Dr. Jorge Gomez (HSC Asst VP-Research) and Mr. Jesus Palomo (HSC Manager-Research Operations/Administration).
- By October 1, 2022, draft recommendations will be developed by the HCRF Medical Research Committee for my review and approval outlining the details concerning the priority areas for human clinical research to be conducted within the HCRF, and the clinical support or improvements that will be required. Priority will be given to the HSC Schools and Colleges for the use of this space.
- Ongoing projects in the HCRF will be phased out over the next four months to avoid disruption of any ongoing sponsored work.

Approved:



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M. Katherine Banks, Ph.D.  
President

September 10, 2022

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Date