**CTSI Open Forum**

Mini Kahlon, PhD, Deputy Director and CIO of the CTSI and Rachael Sak, Assistant Director presented on the CTSI’s Open Forum portal, which we are planning to use for our RFA on building patient cohorts. (Please see attached slides.)

The concept of the Open Forum is akin to crowdsourcing, which intends to expand the network of participants via the Internet. CTSI utilized the Open Forum in its last RFP to elicit ideas to improve how research is done as well as to expand the scope of research by finding interested collaborators/participants. There were two phases of the Open Forum initiative. There was an initial application deadline, which was aligned with RAP’s due date. The first phase, “Open Development,” was directed at the structure of the grant, and whether it met criteria. For this phase, applications could be posted over a 5-week period from the time the RFP was released. All proposals had to file by this deadline to be considered. This was followed by a second phase, the “Open Improvement” phase to refine the application. This lasted only 2 weeks, a period that proved to be too short. Applicants had the option to incorporate or ignore all and any comments but all applicants were required to comment on at least one other proposal. All Board Members of CTSI were also tasked with commenting on proposals. Most applicants revised their proposals at least once, if not multiple times, based on the comments posted. Applicants are also able to reply to comments posted. Commenters may be anonymous but these individuals would not receive the benefit of notification when someone had replied to their post.

In some cases, applicants lobbied their friends and colleagues to comment, which may have generated artificial feedback. We decided it is best to separate commenters from reviewers so that the objectivity of the review process is maintained.

Also, in the case of our RFA, the goal of the grants is much more defined than were the goals of the CTSI grants, so we probably do not need the “Development” phase. We should, however, allow more time for the “Open Improvement” phase (perhaps 3 weeks) and allow time after this for final revisions by the applicants.

**Criteria for Promotion in DOM**

A priority of the research council is to increase the research of humans, which is often multidisciplinary and requires collaborative research. The DOM’s current criteria for
promotions generally do not support collaborative research, and we discussed whether this is an important issue that should be assumed by the Council or another committee. There was time for brief discussion, with the understanding that the discussion will be continued at the next meeting. Some points raised were:

The Executive Promotions Committee often uses factors in addition to the written promotions criteria. The current criteria encourage mentors to be more generous than they would otherwise be, i.e., assuring that younger faculty mentees have independent publications.

Does changing the criteria change our objective of creating leaders as opposed to participants of a team? The nature of patient-oriented research is multidisciplinary and requires a team of diverse experts. The value placed on first or last authorship of publications during the promotions process does not recognize the nature of interdisciplinary science. There should be a distinction drawn between those who successfully acquire independent research awards such as an NIH R01 and authorship. An effective mentor would be advising a young faculty member how to distinguish himself or herself to become an expert in a subset of a research area.

**Action Items**

The Open Forum will be incorporated into the RFA by which proposals must be submitted. It will be optional for applicants to comment on other proposals.

A July meeting may be scheduled based on everyone's availability so that we may continue our discussion about promotions criteria.

**Future Meetings**

Monday, September 10, 2011 at 8-9 am in TBD
Tuesday, November 13, 2011 at 8-9 am in TBD
Catalyzing new models of precompetitive collaboration in proposal and team creation
Crowdsourcing

Mechanical Turk is a marketplace for work.
We give businesses and developers access to an on-demand, scalable workforce. Workers select from thousands of tasks and work whenever it's convenient.

210,661 HITs available. View them now.

Make Money by working on HITs
HITs - Human Intelligence Tasks - are individual tasks that you work on. Find HITs now.

As a Mechanical Turk Worker you:
- Can work from home
- Choose your own work hours
- Get paid for doing good work

Find an interesting task > Work > Earn money

Get Results from Mechanical Turk Workers
Ask workers to complete HITs - Human Intelligence Tasks - and get results using Mechanical Turk. Register Now

As a Mechanical Turk Requester you:
- Have access to a global, on-demand, 24 x 7 workforce
- Get thousands of HITs completed in minutes
- Pay only when you're satisfied with the results

Fund your account > Load your tasks > Get results

or learn more about being a Worker
What are we doing and why

Terms –

• Crowdsourcing? (crowd funding, etc) Maybe not really.

• ‘open’ innovation – sort of, but not well defined.

• ‘open’ brainstorming?
What are we doing and why

Idea development and team formation (not ‘outsourcing’ idea submission)

1. Making process of creating proposals more open to improve proposals.
2. Catalyzing the formation of teams that may otherwise not have come together.
3. Enabling greater access to the largest set of relevant information.
Open Proposal

- Planned as annual awards
- Redeployment of CTSI annual program budget cuts
Open Proposal – What We Did

Three Phases

- Open Development (~5 weeks)
- Open Improvement (2 weeks)
- Internal Review (2 weeks)

Advertised through RAP and some other approaches. As always, could have done better

Faculty & Staff eligible
Open Proposal – How We Did

8 out of 28 proposals were awarded

- 4 (or 5) were from CTSI, 4 (or 3) were not

Total $ awarded is **approximately** $327K
- Award Range: $16,340 to $85,904
- Average award: $43,411
Getting Users to Contribute Online is Hard, and Even Successful Models Have Low Participation Rates

Wikipedia
78 million visitors monthly, 91,000 contributors

0.1% of viewers are contributors


“Causes” application, Facebook
25 million signed up for application, 185,000 donated

0.7% of users actually donated to any of 179,000 nonprofits.


90:9:1 Rule
Lurker : Intermittent Contributor : Heavy Contributor
http://www.useit.com/alertbox/participation_inequality.html

33:66:1 Rule?
Crowdsourcing within the enterprise (IBM)
## Open Proposals– How We Did

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Open Proposals – How We Did

Number of applications by School

- 7% CTSI
- 14% Medicine
- 79% Pharmacy

Breakdown of applicants by title

- Professor*, 15
- Assistant Researcher, 1
- Postdoc Scholar, 4
- Student, 2
- Administration**, 6

Clinical and Translational Science Institute / CTSI

Bringing better health to more people more quickly!
Open Proposals – How We Did

- Withdrawal
- Iteration and improvement of proposals based on comments
Open Proposals – How We Did

Submitted by Daniel Lowenstein on February 21, 2012 - 11:55pm.

I think this is a GREAT idea! Clearly provides for a need encountered in many clinical trials, and should be self-sustaining with the right support model (charging a modest fee to users). However, are you sure this is not already available? I happened to come across the following two sites which, at least superficially, may be providing a similar service: http://www.randomize.net/?gclid=CNHJjP3_sK4CFeYERQodTC0sRw http://www.randomizer.at/

Author

One commentor gave us 2 web sites that were already set up to do what we had proposed. Thanks for the referrals. We were not aware of them before and had not found them on our search.

These are indeed usable platforms for randomizing patients in clinical trials. I have tested them out and they provide just the system that we were proposing to create. The prices are not unreasonable either: one system is better for smaller studies (http://www.randomizer.at) (start up cost is $600 for first 50 enrollees and then $5/ additional enrollee; the other system (http://www.randomize.net) has a flat fee of $2500 and is independent of the size of the enrollment (good for large studies).

It would be a good idea if the CTSI could post these web addresses on the CTSI web site resource page to alert investigators that there are inexpensive randomizer sites available for their studies.

We will withdraw our proposal