Diabetes Mellitus Interagency Coordinating Committee (DMICC)
DMICC: Strategic Planning to Enhance Federal Diabetes Programs

Natcher Conference Center, Conference Room D, NIH, Bethesda, MD
August 11, 2008
12:30pm-4:15pm

WELCOME AND GOALS OF THE MEETING
Dr. Judith Fradkin, NIDDK, NIH

Dr. Judith Fradkin welcomed the Committee, in particular Colonel John Kugler, MD, MPH, the new representative to the DMICC from the Department of Defense. Dr. Fradkin outlined the goals of the meeting:

- To obtain input on DMICC outreach materials;
- To discuss a new diabetes strategic planning effort;
- To have an open discussion about fostering interaction and collaboration, and to obtain input on topics DMICC members would like to address at future meetings; and
- To provide an update on the two diabetes special funding programs.

REPORT ON DMICC COMMUNICATIONS STRATEGY AND DISCUSSION OF NEXT STEPS BY DMICC MEMBERS
Drs. Mary Hanlon and Julie Wallace, NIDDK, NIH

The purpose of this presentation was to update the Committee on the DMICC communication strategy, and to obtain feedback on the materials developed thus far. At the previous DMICC meeting (April 1, 2008), the Committee expressed enthusiasm for developing a new communications strategy about the DMICC, its activities and accomplishments, and how it is working to enhance diabetes cooperation throughout the government. Accordingly, the NIDDK, with input from DMICC members and particularly the CDC, is enhancing the DMICC website and developing a one-page leaflet and a brochure that highlight DMICC diabetes coordination efforts, current activities and successes. These materials are being developed in a manner that is broadly accessible to the lay community. The goal of these outreach materials is to increase the knowledge and presence of the DMICC outside federal agencies. The audience includes diabetes voluntary groups, professional organizations, government agencies, and the Congress (in response to requests for information about the Committee). Dr. Hanlon stressed that, while the diabetes programs undertaken by individual agencies are extremely important, the outreach materials will focus only on collaborative efforts. This includes activities such as strategic planning, in which the DMICC has an active coordinating role, as well as cases where agencies share information with the Committee, which promotes collaboration. Dr. Hanlon noted that the tentative timeline for completion of the new communications materials is the end of calendar 2008.

Dr. Hanlon discussed plans for enhancing the DMICC website. The website will ultimately be used to provide health information and promote diabetes-related activities of DMICC members. As such, it will require input and updates from DMICC members to maximize its usefulness to their organizations and their constituency with diabetes. Dr. Hanlon acknowledged the efforts of Dr. Tibor Roberts, NIDDK, who is leading the website project. The interim website is live, with links to the DMICC roster and member websites, previous annual reports, meeting agendas and summaries, DMICC statutory language, examples of collaborations stemming from the DMICC, and current activities (see: www2.niddk.nih.gov/AboutNIDDK/CommitteesAndWorkingGroups/DMICC/Default.htm).

Dr. Jane Atkinson, National Institute of Dental and Craniofacial Research, suggested that there be some thought given to possible scientific audiences, particularly for the website, as a means of communicating research opportunities. Dr. Acton suggested using these materials as a means for communicating best practices. Dr. Fradkin expressed her support for this idea, offering tools available from the NDEP as an example.

Dr. Wallace discussed development of a one-page leaflet, being spearheaded by Dr. Eleanor Hoff, NIDDK, which DMICC members have already commented on, as well as a longer brochure. Interest was expressed in seeing the revised leaflet before it is published. Dr. Fradkin noted that the format dictates a need for brevity. Dr. Wallace noted that the brochure will include more detail than the one-page leaflet. Importantly, she drew attention to an online survey (www.scgcorp.com/dmiccsurvey08) developed to solicit information from DMICC members on their diabetes-related activities and interactions with other DMICC-participating agencies. Completing the survey will ensure that there is balanced and accurate representation of all DMICC member agencies in the document. Instructions for finding and completing the survey were included in an email that accompanied an early draft of the brochure, sent during the week prior to the meeting. That draft will be revised according to agency input and with additional content from the survey, and published in approximately December 2008. Questions about the information that is requested via the survey, as well as technical questions about using the survey, should be addressed to Darrell Anderson at SCG.

After discussing a draft outline for the brochure, Dr. Wallace then turned to suggestions for a new DMICC logo (to be developed). A “red, white, and blue” color scheme is proposed to provide a consistent, unique look to DMICC materials, and reflect its trans-governmental nature. She thanked Dr. Eberhardt for his suggestions for the new DMICC logo. Dr. Wallace closed her presentation by inviting DMICC members to send comments on the logo and content of the brochure to Darrell Anderson.

In response to comments from Dr. Koller regarding the purpose of the DMICC, Dr. Fradkin stated that the purpose of the Committee is to provide a venue for information sharing, collaboration and voluntary coordination between agencies. The communications strategy discussed by Drs. Hanlon and Wallace will help to communicate the purpose and activities of the DMICC to non-federal organizations.

Dr. Albright suggested that the Committee try to ensure that interactions are truly collaborative. Dr. Calvo urged caution about the use of terminology, to avoid confusion with the Diabetes Collaborative. Dr. Fradkin noted that the Diabetes Collaborative is an important example of collaboration facilitated via the DMICC.

DEVELOPING A STRATEGIC PLAN FOR DIABETES RESEARCH UNDER THE AEGIS OF THE DMICC

Drs. Judy Fradkin and Eleanor Hoff, NIDDK, NIH

Dr. Fradkin discussed plans for the forthcoming strategic planning effort for diabetes research. She discussed the history of the previous research plan, entitled "Conquering Diabetes: A Strategic Plan for the 21st Century," which was released by the Diabetes Research Working Group (DRWG) in 1999; the report on that Plan's progress, released in 2002; the type 1 diabetes-specific research plan released in 2006; and the 2004 HHS report entitled "Diabetes: A National Plan for Action." The current effort would not be as broad as the National Plan for Action, but would instead focus on research. Proposed goals include:

- To highlight accomplishments and major advances in diabetes research since 1999/2002;
- To establish up-to-date benchmarks: What does diabetes burden look like now? What are current/near future diabetes needs that can be addressed by research?;
- To identify new opportunities, especially for collaborative and large-scale studies;
- To update (as needed) opportunities highlighted in the 2006 NIH-led "Advances and Emerging Opportunities in Type 1 Diabetes Research: A Strategic Plan" —new ideas can help inform planning for recently extended *Special Statutory Funding Program for Type 1 Diabetes Research*; and
- To inform stakeholders (patients, families, policy makers) of progress and new opportunities, including in clinical, translational, and behavioral research.

Dr. Fradkin further proposed that the plan be written:

- Under auspices of DMICC;
- By working groups on same or similar topics as DRWG, populated by external scientists, NIDDK and NIH staff, DMICC members, and lay advocates;
- With a designated lead working group to develop the research plan framework and chair working groups;
- With working group discussions conducted mainly or totally by conference call, with writing and logistics support from NIDDK science policy staff and contractors; and
- With public input at planning outset and/or during review of draft plan.

Dr. Fradkin asked the Committee for comments, and in particular for their opinions on areas of opportunity and focus for the new plan, areas of scientific expertise that ought to be included, selection of external members of the planning group, and for input on what is needed for the effort.

Dr. Albright asked whether the scope of the plan would include non-NIH research. Dr. Fradkin expressed the view that it should, but that it should be focused on research, though that research could take many forms (basic, primary and secondary translation, and so on).

Dr. Koepke noted that it would be valuable to find out what questions service-related agencies need answered in selecting directions for the plan. Dr. Fradkin agreed, noting that payers for health care have a large stake in knowing what treatments are cost-effective, for example, which highlights the importance of DMICC leadership in coordination of the planning effort.

Dr. Koller indicated that the need for knowledge about comparative effectiveness and cost-effectiveness of treatments. Dr. Fradkin noted that a meeting focusing on enhancing collaboration between NIH and CMS might be beneficial and help further research in this area. She welcomed CMS involvement in planning for such a meeting.

Dr. Grave expressed the opinion that these discussions underscored the value of the DMICC. He endorsed the proposed model of the new strategic plan, modeled in part on the 1999 DRWG plan. He also suggested that the working group topics might benefit from updating, and Dr. Fradkin indicated that the DMICC and the designated NIH IC liaisons to the strategic planning effort would be contacted by email for comment on this and other subjects.

Dr. Fradkin introduced Dr. Eleanor Hoff, who will be the NIDDK point person for the strategic planning effort, and requested that DMICC members send the names of non-governmental experts appropriate to sit on working groups to help craft the plan. The goal in building these committees is to represent the spectrum of science from basic biology to secondary translation. Darrell Anderson will send a reminder to the membership to submit their nominations by the end of August.

ENHANCING DMICC COLLABORATIVE FUNCTION/FUTURE MEETINGS: FORMAT, TOPICS, AND PLANNING
Dr. Judy Fradkin

Recognizing that agencies participating in the DMICC have diverse missions and interests, Dr. Fradkin noted that it may not always be possible to hold meetings with a subject that is of compelling importance to everyone. However, she asked attendees to help develop a schedule of meetings that will interest them by suggesting future agenda topics that can serve as means to catalyze further cooperation and joint activities. Such subjects could range from finding new partners for current activities to exploring currently unmet needs. She also invited agency representatives who wish to volunteer to play a leadership role in organizing future meetings.

Suggestions and comments on future meeting topics included:

- Health disparities;
- Comparative effectiveness research
- Reducing amputations in diabetes, which is also relevant to health disparities because members of minority groups are much more likely to be treated by amputation;

- Proteomics;
- Leadership and collaboration as a way to propel DMICC priorities;
- A discussion of best practices of other NIH coordinating committees, which could help inform future DMICC activities;
- Advances in glucose monitoring and insulin pump technologies and the importance of glucose monitoring;
- Diabetes surveillance, including what is the future of surveillance and what could make it more accurate and/or timely;
- The meaning and significance of post-prandial glucose, and whether it is a useful surrogate for anything else;
- Analysis of technology penetration in various sub-populations (e.g., cell phones in under-served populations);
- State-of-the-science in disease management and best practices, including national education programs;
- Adherence to best practices by patients and families, and self-care; and
- An overview of large clinical trials with diabetes-related endpoints, to help find ways to maximize their value.

Several of the suggestions made by DMICC members focused around "best practices." Dr. Fradkin suggested that the website would be an excellent venue for distribution and comparison of resources on best practices. A future DMICC meeting could be focused on this topic, with the intent of generating helpful content for the DMICC website.

UPDATE ON SPECIAL DIABETES PROGRAMS
Dr. Judith Fradkin

Special Funding Programs for Type 1 Diabetes Research and for American Indians
The Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians have been extended through Fiscal Year (FY) 2011.

Dr. Acton reported that for the Special Diabetes Program for Indians, the IHS plans a tribal consultation in the fall concerning how best to utilize the funding to the benefit of American Indians with or at risk for diabetes. In general, communities are free to determine how to direct the funds to accomplish program goals and to expand the diabetes-fighting infrastructure they already have, so the communities do not see the program continuation as simple status quo.

This year IHS has emphasized Institute for Healthcare Improvement (IHI) principles to achieve best practices, as Congress requested. Sites have new applications that require the applicants to identify the specific IHI best practices they are implementing. Another question asks how they will know whether their program is making a difference in their communities. The goal is to identify the approaches that are most effective in realizing many of the objective improvements in diabetes health outcomes that have already been observed. This information should help sites replicate successes observed in other communities, and is being collected with thought given to how these data could help inform a training program. She also noted that the 66 demonstration projects that focus specifically on primary prevention and cardiovascular disease risk reduction will conclude in 2009. Collected data will determine the degree of success of the programs.

Preliminary 1-year evaluation data are encouraging. Plans are in place to help communities implement these practices if they are successful, on a voluntary basis. Dr. Fradkin congratulated Dr. Acton and IHS for their dramatic success in reducing the diabetes burden in the American Indian community, as evidenced by the lowering of average HbA1c levels.

Dr. Fradkin reported on plans for the extension of the Type 1 Diabetes Research Special Funding Program. Since 1998, HHS has delegated authority for implementing the Program to the NIH Director, who in turn has delegated the authority to the NIDDK. The NIDDK manages the Program collaboratively under the aegis of the DMICC to promote awareness of opportunities and to coordinate efforts to make the most effective use of the funds. Going forward, the DMICC will continue to be guided by the 2006 Strategic Plan for Type 1 Diabetes Research, by the new diabetes strategic planning effort described previously, and by an external evaluation convened in April 2008 to assess the large clinical projects that were previously funded through the Program. Use of the special funds is also being guided by recommendations from meetings and workshops, such as the recent one on the artificial pancreas mentioned earlier.

Regarding the April 2008 evaluation meeting, Dr. Fradkin noted that the panel of scientific experts suggested an increased focus on developing an artificial pancreas and increasing focus on complications as particularly promising areas. The panel also made general recommendations with regard to most of the projects and consortia. Dr. Fradkin reminded those in attendance who administer such consortia that they have been asked to respond to those recommendations and to develop plans to meet them. Dr. Fradkin anticipated formation of a similar evaluation committee to examine preclinical studies, in 2009. To prepare for this meeting, the NIDDK will seek input from Committee members whose agencies are utilizing funds from the Program for data pertaining to their studies.

As noted at the last meeting, Dr. Fradkin stated that because it can be challenging to use short term funds effectively with the typical NIH funding mechanisms, the NIDDK has received NIH approval for multiyear project funding. For FY 2008, such an approach was taken for the Type 1 Diabetes Pathfinder Award, which is intended for new investigators. She indicated that many applications have been received, in a wide range of relevant program areas. In FY 2009, there will be a multiyear mechanism employed for investigators who are not new, to help move research in important new directions. For example, an initiative will focus on elucidating the nature of the newly discovered type 1 diabetes genes and the mechanisms by which they cause susceptibility to disease. Dr. Fradkin noted that in the future, the multiyear mechanism can be used for other areas of research, and invited suggestions for other areas of interest.

Dr. Fradkin stated that the general NIH requirement to use 2.5 percent of funds for SBIR/STTR mechanisms also applies to the Type 1 Diabetes Research Special Funding Program, so solicitations will be necessary to meet that requirement with meritorious applications. The NEI, under Dr. Shen's leadership, is planning a solicitation for small business research on innovative educational and ocular screening initiatives to improve detection of diabetic retinopathy. NIDDK is also working with NIBIB to develop a solicitation on improving elements of the artificial pancreas. Suggestions for other areas for SBIR funding are welcome.

DISPARITIES IN DIABETES AND OBESITY INITIATIVE
Dr. Christine Hunter, NIDDK, NIH

Dr. Hunter reported on the 2008 Diabetes and Obesity Disparities in Healthcare Systems Conference, cosponsored by AHRQ, NCMHD, and NIDDK. She noted that there are many societal factors that contribute to the disparities seen in obesity and diabetes, including access to healthcare and socio-economic differences. However, disparities are still found after clinical factors (e.g., stage and severity of disease, co-morbidities, and age), insurance status, and access to care are taken into account. Minorities still experience worse outcomes, higher mortality, and lower quality of healthcare. She noted evidence that services are offered at different rates to different ethnic groups, even when they are in the same health plan. Meeting speakers highlighted the importance of:

- Approaching the medical system like a community
- Targeting disparities across the lifespan
- Addressing multiple levels within the system
- Patient factors that are challenging (e.g., trust, cultural norms, avoiding blame)
- Healthcare system challenges
- Design challenges

A grant writing workshop held at the end of the meeting was very well attended, emphasizing the importance of bringing together different interests and training them to do rigorous science within the constraints of the healthcare system. In summary, Dr. Hunter highlighted the importance of examining practice-based research networks, using existing health maintenance organizations, for example, to arrive at practical evidence-based medical approaches, and ensure that sustainability, cost-effectiveness, and translation are considered early on in clinical research design to develop useful treatment approaches.

A more detailed meeting report can be found at http://www3.niddk.nih.gov/fund/other/healthcaredisparities2008/DiabetesObesityHealthDisparitiesSummaryReportFinal.pdf. Next steps include a possible evaluation of the portfolio that stemmed from a related program announcement, "Identifying and Reducing Diabetes and Obesity Related Health Disparities within Healthcare Systems;" a potential grantees meeting; and technical assistance/grant writing workshops in conjunction with NCI and NCMHD. Dr. Hunter suggested that DMICC might consider where there might be an intersection of goals and methods between and among DMICC member agencies that could help to achieve superior outcomes and overcome disparities. Dr. Fradkin added that Dr. Gregg gave an excellent summary presentation on the state of what we know about disparities at the meeting. Therefore, the Committee should consider inviting Dr. Gregg to discuss the subject again at a future DMICC meeting intended to address the subject.

NEW BUSINESS/ANNOUNCEMENTS
Dr. Fradkin closed the meeting by inviting DMICC members who are interested in planning future meetings to contact her via email.