The PoRCH Model: A Pathway to Excellence for a Centralized Research Infrastructure at the University of Florida College of Medicine

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Background

• UF created a national presence as top 5 public university; seeks to prioritize research portfolio
• The research mission = national recognition, fiscal responsibility; most clinical faculty find the clinical and research balance difficult to achieve.
• Scalable and centralized research infrastructure is needed

Methods

Aim 1: Self-study of PoRCH and COM Research Coordination
Aim 2: Peer consultation
Aim 3: Research Accountability Survey and Focus Groups

Objectives

• Drawing on success of the PoRCH, this project aims to:
  • Create infrastructure for clinical research units (CRUs)
  • Centralization of key functions
  • Expansion of team-based opportunities to clinical, research faculty

Conclusions

• Drawing on success of the PoRCH, this project aims to:
  • Create infrastructure for clinical research units (CRUs)
  • Centralization of key functions
  • Expansion of team-based opportunities to clinical, research faculty

Self-Study, Peer Consultation

Self-study
• >$8 million spent annually in COM on research coordination
• Coordinators often change jobs for career advancement
• Stepwise expansion desired in:
  • Obstetrics and Gynecology, Neurology, Psychiatry, and Ophthalmology

Peer university lessons learned:
• Readiness for change
• Enhanced reach and scope of research capacity
• Efficiency, buy-in, career advancement for coordinators
• Fear of shared resources or reduced quality
• Culture change over time

Research Accountability Focus Groups (n=3; 15 participants)
• Research match-making and way-finding
• Single point of entry to research at COM
• Need regulatory and quality assurance centralization
• Sources of information (blackboards, online navigation, real-people navigation)
• Extensive desire and skills within COM
• Concierge model is desirable

Emergent themes:
• Resources and tools;
• Collaboration within teams;
• Execution with attention to delivery, process, procedures and efficiency.

Current, Potential Barriers

• Department or unit-specific desire for ‘own’ team
• Need to cultivate and support research coordinator career pathways
• Need enhanced communication from shared resources to CRUs

Process and Outcomes:

Self-Study, Peer Consultation

Research Accountability

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**Title**: The PoRCH Model: A Pathway to Excellence for a Centralized Research Infrastructure at the University of Florida, College of Medicine  

**Background/ Significance**  
The research mission within any college of medicine is universally valued for the national recognition it brings through innovations and funding, yet is also the mission clinical faculty find most difficult to achieve. With financial solvency heavily reliant upon clinical care, a scalable and centralized research infrastructure that incorporates faculty education and development is needed to enhance research funding, engage faculty and promote national recognition. The University of Florida (UF) created a national research presence as a top 5 public university, and as such, seeks to prioritize enhancing its research portfolio.

**Purpose/Objectives:**  
Drawing on the departmental success of the Pediatric Research Hub (the PoRCH, established 2017), this project seeks to build a strategic framework for a centralized research infrastructure model that promotes enhanced collaborative environments and expands team-based opportunities to clinical and research faculty.

**Methods**  
Using a mixed methods approach with three aims, (1) we performed a self-evaluation of the PoRCH, matched with analyses of UF College of Medicine (COM) research coordination salary data to identify best practices of resources, performance and execution of clinical research. Additionally, (2) we completed a peer, key informant interview with Duke University's established research structure to build a UF conceptual framework for expanding the PoRCH. Finally (3), drawing from COM's Strategic Plan Survey, Research Pillar (n~500 respondents), we hosted Research Accountability Team focus groups (n=3; 15 participants (38% participation rate)) to articulate the specific resource needs.

**Results/Outcomes to Date**  
UF COM’s research coordination annual expenditure is > $8 million. Consensus building evaluations (survey, focus groups) document a need for enhanced resources, performance, development and execution of research. Focus groups specifically identified four requisite themes: (1) Research matchmaking and way-finding; (2) a need for a single point of entry to research; (3) available sources of information (online navigation, real-people navigation); and (4) a desire for ongoing education to develop unique research skills. The emergent model is a shared concierge service and articulates Clinical Research Units (CRU) as ‘spokes’ plugged into a hub of centralized knowledge, services and resources.

**Discussion/interpretation**  
To increase efficiency with limited research dollars, a centralized research infrastructure model, in the form of a research concierge service, will allow more consistency across operations, enhanced quality and workforce training opportunities, and promote inclusive team science. This in turn aims to improve overall quality of research execution through mentoring and oversight, supports research development, and provides a “safety net” for improved patient safety in the execution of research.

**Conclusions/ Next Steps**  
The UF COM is ready for a shared research concierge infrastructure to meet the demands of research complexities and needed research education for both faculty and research coordinators. We are piloting a stepwise expansion with the Departments of Obstetrics/Gynecology, Neurology, Psychiatry and Ophthalmology. Each desire their ‘own’ team, an emerging CRU, with enhanced communication, education and infrastructure from a centralized hub.