

# Scientific Management Review Board



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# SMRB – The Brief History

- Created in NIH Reform Act of 2006
- Advise Director on structure/management issues
- April 2009 – first meeting; created working groups
- Recommendations could have significant budgetary implications

# SMRB Working Groups

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- Deliberating Organizational Change & Effectiveness (DOCE)
- Intramural Research Program (IRP)
- Translational Medicine and Therapeutics (TMAT)
- Substance Use, Abuse, and Addiction (SUAA)

# Debating Organizational Change and Effectiveness

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- Criteria and guiding principles to guide changes in NIH
- Continuously refine these principles

# Intramural Research Program

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- Assess any changes needed in intramural research
  - assess utilization and sustainability of the Clinical Center
  - analyze optimal organization of intramural research

# Translational Medicine and Therapeutics

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- Define an effective translational medicine program for advancing therapeutics development
- Broadly assess landscape of existing components and recommend optimal organization

# Substance Use, Abuse, and Addiction

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- Would organizational change optimize this area of research?

*Consider:*

- scientific opportunities, public health needs, technology
- existing research structure
- criteria for contemplating change
- strategies for implementing change
- how to evaluate change

# SUAA Recommendations

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- Structural Merger or
- Functional Merger
- NIH Director to Choose



# SMRB Motion

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- Abolish NIDA
- Abolish NIAAA
- Create Addiction Institute
- Parcel out Non-Addiction Research

# Current Status

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- SMRB to report to Dr. Collins
- Dr. Collins to Secretary Sebelius
- Secretary Sebelius to Congress
- Congress has 180 days to veto by resolution

# Implications and Impact

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- Cost/budget implications
- Scientific implications
- “Camel’s nose” factor

NCI Director Harold Varmus, M.D., commented that he'd "be happy to see his 2001 proposal back on the table for consideration" to consolidate NIH's 27 Institutes and Centers into six units.



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