

NIH Rehabilitation Priority Areas Webinar

Moderator: Good afternoon, and welcome to the Rehabilitation Research Plan Webinar. Before we begin, we wanted to take a few seconds to go over some technical items.

You are in control your screen. To see video, open the participation panel.

For full screen video, click on the two arrows in the upper right-hand corner of the video screen.

For closed captioning, click on the multimedia panel.

There's a Q&A portion of this webinar, following the presentation.

We ask that you think about your question and have them ready to go.

To ask a question, click on the Q&A panel.

Type your name, organization and your question in the field and send to all panelists.

Or if you would prefer to ask your question verbally, ask for us to unmute your phone in the Q&A field.

Now on to the main event...

I would like to introduce Dr. Alison Cernich, Director of the National Center for Medical Rehabilitation Research at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development.

Dr. Alison Cernich: Hi, and thanks for joining us this afternoon.

I wanted to, on behalf of the Trans NIH Medical Rehabilitation Coordinating Committee, say thank you one, for your attention to this particular notice that we have for the priorities that we have for this research plan and for your input and comments in the days ahead. Just to give you a bit of background on the research plan, the plan is there to fulfill a couple of requirements, that is part of a public law, 101613.

The director of the institute, that would be the National institute of Child Health and Human Development, as directed by law, will develop a comprehensive plan for the conduct and support of medical rehabilitation research at the NIH.

The requirement further states that this should identify current activities, conducted or supported by the federal government, opportunities and needs for additional research, and priorities for such research.

And that these recommendations should be made for the coordination of research at NIH and with other agencies of the federal government.

The Trans NIH Committee, which has been working since this summer, or actually, the spring, has tried to identify priorities in conjunction with the National Advisory Board for Medical Rehabilitation Research, that advises the director of the National Institute of Child Health and Human Development, as well as the NIH director.

We thank our board and the committee for all of the work they have done up until now.

So what's happened so far? In February and March, we reviewed the plan and the statute, and in May, we went to the National Advisory Board for Medical Rehabilitation Research. This is a federal advisory committee of scientists and consumer members, that advised us on potential priority items that could be included in the plan.

Over the summer, the Medical Rehabilitation Coordinating Committee drafted the priorities, and then put them forward for a subcommittee of our board to review and provide input.

The priorities that are drafted and are currently in the notice that's available for public comment was presented to the institute and center directors that were listed on the notice in September of 2015. For many of you who have already reviewed the notice, you can see that the priority areas have been broken into four categories: rehabilitation across the life span, family and community, technology use and development, and research design and methodology.

There have been a few questions posed to the email so far that's listed in the notice, and I just wanted to take an opportunity to address a couple of the comments that we have seen so far.

One is that specific items related to diseases or diagnosis, are not in the priorities, as they stand at present. The reason for this is this is a plan that's supposed to cut across the institutes and centers of the NIH, so that it can be broadly applicable and address priorities that can be responded to by multiple institutes and centers. The committee, as well as the board, felt it would be appropriate to speak of issues more broadly, and then generate items after the plan is published that are specific to diseases, diagnoses, or broad topics.

Secondly, there are some questions related to additional items that may be more relevant to the research agendas or missions of other federal agencies. Please be assured that this notice has been shared with those agencies, and there will be upcoming opportunities for these different departments and agencies to discuss these cross-cutting priorities and opportunities for collaboration and coordination.

Finally, the draft priorities were set really to address the NIH mission, and so much of what you see in the priorities at this point, have been communicated across the NIH, the Institute Centers and Offices of the Director and to our board and looked over to see if they are consistent with the NIH mission.

So finally, what comes next? Well, here we are.

The notice for public comment has come out in October.

We will be reviewing the public comment and inputs that we receive through December. In January, we'll work to finalize, after getting the public comments, the priorities and then generate action items that are consistent with the missions and strategic plans of the various institutes and centers of the NIH.

We'll be drafting the full research plans February thru May, and will try to get a draft out for public comment in time for our conference on May 25-26, 2016 at the Natcher Conference Center here at NIH.

We'll have a town hall opportunity then for in-person comments, and then we will put out a notice for public comments May through June of 2016.

We hope to have the final research plan submitted sometime near September of 2016.

So this really ends our overview of the notice and the priorities.

We do want to let you know that we have a number of ways that you can follow the development of this plan, as well as get more information about rehabilitation research at NIH.

We have a list-serve to which you can subscribe through the NIH list-serve portal.

The website of the National Center for Medical Rehabilitation Research will have updates about the plan and ongoing action related to it.

And NICHD is often tweeting about the activities related to the plan, and we'll try to get it out to Twitter feeds.

Finally, I have a link to the notice there, and the number of the notice that can you look up through the guide. And with that, I will open the portal for questions.

Moderator: Thank you, Dr. Cernich. Please remember, if you would like to ask a question, open up your Q&A panel, and type your question along with your name and the organization that you are with, or if you would prefer to ask the question out loud, please go ahead and ask us to unmute your phone.

In the meantime, we do have some starter questions, Dr. Cernich, for you.

The first one: Are there any plans to collect a matrix or to evaluate research plans and effort?

Dr. Cernich: So we are looking at the current strategic plans across the institutes and centers at NIH to see which of the strategic actions in those plans are available and correspond to the priority areas that we propose.

Further, we are going to discuss this plan with other strategic plan efforts, most notably the one related to the Interagency Committee for Disability and Rehabilitation Research which is also undergoing a strategic planning process.

Members of the NIH committee are part of that process, and are trying to coordinate across, so that there's coordination, rather than duplication.

Moderator: Okay. Thank you.

Our first question is from Kari Dunning.

Kari is asking, please address the specifics of the conference on May 25 through 26, and how do we get more info?

Dr. Cernich: We'll be having a conference on rehabilitation research at NIH, May 25 and 26, at the Nacher Conference Center here at NIH. This will be an open conference on rehabilitation science.

The first day will really be a highlight of NIH-funded research.

The second day will feature an overview of the drafted rehabilitation plan. There will be workshops on specific topics, and then there will be the opportunity for a town hall in the afternoon.

It's going to be a really exciting opportunity.

We hope to have a link up to provide more information on that on the NCMRR website, potentially this week or next.

So if you can continue to check the website, you can register to get more details.

Moderator: Our next question is from Amy Wagner.

Amy is asking, what action plan is being taken to improve representation of rehabilitation researchers on CSR study panels that will review work that incorporates these priorities?

Dr. Cernich: That's a great question. As many of you know, the Center for Scientific Review, as well as each of the IC's scientific review panels, are constituted of scientists just like yourself who are interested in research that expands rehabilitation across the different ICs.

We are asking folks if they would like to nominate themselves as reviewers to go to the Center for Scientific Review's website. This is applicable for those who are currently qualified NIH applicants, as well as for those early investigators who meet their criteria.

If you have an interest in serving as a reviewer, and you'd like to hear more, or if you'd like to propose other scientists who you think would be good for review, feel free to e-mail those names to us, and we will try to get those referred to CSR.

We're also in the committee making an effort to talk to the Center for Scientific Review about how to incorporate more rehabilitation scientists into review panels.

Amy, I hope that answers your question.

Moderator: All right. Thank you.

Our next question is from Rachel Patterson: Does the proposal reflect the final number of priorities, or are you planning on reducing the number of priorities for the final plan?

Dr. Cernich: So really, I think, Rachel, and I appreciate the question, that depends on our public input.

We have drafted this in concert with our National Advisory Board and the direction of the Institute Center and the Offices of the Director offices.

And so I think for us, it really depends on what the public is letting us know, or potential additional priorities, or priorities in gap areas that have already been addressed.

So we have tried to do this with scientific rigor. We have tried to do this with public input, and we're going to continue to do that as the plan develops.

As of right now, consider these drafts with potential additions and/or reductions.

Moderator: Our next question is from Evelyn Cherow, from Global Partners United: Will the plan address the UN Convention on the Rights of Persons with Disabilities, CRPD, ratified by 160 countries, and with attention to countries' plans to fulfill healthcare and rehab access in capacity building?

Dr. Cernich: Evelyn, I appreciate the comment.

So I think to the extent that we can reflect overarching documents related to individuals with disabilities and various documents from other agencies, we will try to do that as much as possible.

If there are specific conventions that you think are lacking and/or that need to be added to this particular notice, please take advantage of the public comment and please submit those that you see as gaps in the current priorities.

Moderator: [Information about how to ask a question.]

Another question: Technology use and development resources are available. But where can we find them?

Dr. Cernich: So can I follow up on your question? Technology use in development resources are available, meaning within the plan or at NIH?

Moderator: At NIH.

Dr. Cernich: So there are a number of technology use and development resources.

Some are funded, actually, through the National Center for Medical Rehabilitation Research in partnership with the National Institute for Neurological Diseases and Stroke and the National Institute of Biomedical Imaging and Bioengineering.

We do have what we call the Medical Rehabilitation Resource Infrastructure Network site. Those sites deal with everything from open simulation software, to commercialization for device development, to use of large and big data that's publicly available for discovery and rehabilitation, to neural modulation. We also have a center in regenerative rehabilitation, and we finally have a center that is looking at clinical trials for rehabilitation, which may include some technology.

But in addition, NIH has a wealth of resources from the Big Data to Technology [Knowledge] effort, where we're looking at big data for discovery, as well as a 3D printing center and some of the other technical resources related to this.

So there's a number of things available and not only that, but for those interested in commercializing devices, we do have the small business-initiated research program, as well as the technology transfer research program.

So all of those are opportunities for folks to bring new devices to market with federal government support as a small business.

Moderator: Our next question is from Rachel Patterson: Is there any particular area of the plan where you would like to comment?

Dr. Cernich: The whole plan. That's the best answer for that.

So really, what we would like for folks to do is to read the notice, read the plan, and identify the places where you see gaps in the priorities, additional priorities that we did not include that you feel would be consistent with NIH's mission, and also if there are ways that you think even we could act on the plan, if there are specific lines or areas of research that you don't see, please let us know.

We really are looking for as much public comment as possible to shape this so it reflect the needs of community.

Moderator: Our next question is from Kari Dunning: Please remind us how long you will be collecting specific input regarding this document before you start revising it.

Dr. Cernich: So it is on the notice and to be quite honest with you, I don't have the notice right in front of me. I don't remember the closing date, which I should, sadly.

They're passing it to me now, so I apologize.

So the response date is by December 11, 2015. And I apologize. I should have it memorized like my birthday.

So through December 11, 2015, there will be opportunities for public comment.

We'll start revising, so we'll take all of those comments, we'll do an analysis of those, we'll identify themes or specific issues.

We will be discussing that again with the National Advisory Board, which is our federal advisory committee, and then we will move to revise it.

Even after that, the revised plan will be put out for public comment.

So if there's something in there that, again, needs attention or that people feel there are significant gaps, you'll have another opportunity for comment.

This is just to help us scope the priorities in the plan so we can develop the full draft plan for May.

Moderator: Our next question is from Jennifer Iddings: Will the plan clarify NIH's stance on rehabilitation's clinical trials? [Indistinct]

Dr. Cernich: I wish I could say this would be the be-all and end-all of rehabilitation clinical trials.

I think one, that we have demonstrated a commitment to clinical trials for rehabilitation, and have funded many of them, if you look across the institute and centers. NIH is interested in clinical trials and rehabilitation.

There is some discussion because there are differing policies between the institutes and that's reflected in their policy statements.

We are also trying to enhance the development of these clinical trials.

As I mentioned previously, we funded a rehabilitation resources infrastructure network site at the University of Alabama, Birmingham, and Dr. Bayman is the PI for that, and he is going to be a resource for the community center to develop better clinical trials and rehabilitation research.

While I can't say that this plan will specifically address policy related to clinical trials and rehabilitation research, nor can I say that we're going to have a trans-NIH policy on clinical trials simply because it will be difficult to do that across the Institute and centers.

I think that all of us see a commitment to increasing the rigor, the design, the methodology of clinical trials and rehabilitation, and I don't believe that the community is saying that we are not interested in those.

So if you look in the research design and methodology section of the plan, I think you'll see language around design methodology rigor, clinical trials, and if there are specific comments you want to put in with respect to demonstration of supportive of clinical trials or significant design or methodology issues you think need to be reflected there, please feel free to comment on that section.

Moderator: Our next question is from John Chai: At times, if not often, there's a disconnect between priorities set by an institute or center and the peer reviewers' own priorities and bias, with the latter often predominating during the initial level of review. How will this be addressed?

Dr. Cernich: So John, I appreciate the comment, and I think I'll try to mirror what I said previously. One, I think the more that we can get rehabilitation researchers involved in review - and please nominate those folks, send in names of people you think would be good for review for rehabilitation research protocols.

We'd love to start sending those over to the Center for Scientific Review.

Our Committee has a member from the Center for Scientific Review on it, and we have discussed some of these issues and we will continue to discuss them.

And I think, you know, what we need, to be quite honest, is more folks bringing more collaboration into the research and trying to get as much quality research in the pipeline as we can.

So I think it's a threefold thing, and we're trying to address it in as many ways as we can think to do.

Moderator: Next question is from Richard Lieber: Is it helpful for an organization to create a unified response to the document, or do you prefer individual responses?

Dr. Cernich: We prefer institutional responses, but with that said, we welcome individual responses.

So, I think either is preferred, and think it's a good question, but institutional responses are preferred. But again, if there are individual folks at your institution that want to respond, feel free to have them do that.

Moderator: The next question is from Kathryn Schmitz: Is there a plan to release RFAs, PARs or PAs based on the plan, once finalized.

Dr. Cernich: That's also a good question.

I wish I could say we have gotten that far. We have not.

Right now, what we are doing is we are developing the priorities.

The next step will be a plan with action items. Within those action items I'm certain there will be opportunities for us to think about how we programmatically address this plan, but I think at this point, we're too early in development to know if there will be specific initiatives tied to it.

Moderator: The next question is from Kari Dunning: In the plan, there were examples of several priorities regarding the epidemiology of rehabilitation. It seems like NIH has not been interested in epidemiology in the past. It seems like NIH really focuses on efficacy and scientific mechanism. What are your thoughts?

Dr. Cernich: Well, I think there are a couple of things.

One, I think we identified epidemiology as a priority because it's what we see as a gap in the rehabilitation research arena for NIH.

Two, NIH does support a great deal of epidemiology research, although not specific to rehabilitation.

And three, I think we have tried to develop resources to encourage epidemiology research, health services research, other research that drive data for discovery.

So folks are familiar, the center that I work for, the National Center for Medical Rehabilitation Research, recently put out an RFA using existing data for discovery in traumatic brain injury.

There are other efforts, and even in BD2K, one of our investigators, Scott Delp, is looking at some of the fitness trackers as ways to look at activity, and then there are centers that we fund, including Kenneth Ottenbacher Center at the University of Texas, Medical Branch at Galveston, looking at rehabilitation research data as a way to drive discovery.

You're right, I think there needs to be more done in the area, but I think we have identified this as a gap.

Moderator: Our next question is from Jyutika Mehta: How will the overlap of priorities from other institutes be addressed at NCMRR?

Dr. Cernich: So just one thing I really want to clarify. This is not NCMRR's plan. This is a plan that cuts across NIH, and so I want to be very clear about that.

We've had a very active committee of NIH members that have worked very diligently with us on this plan, and NCMRR has simply taken the lead.

In terms of coordination, we have already sent the notice to our federal partners.

They are very much aware that we're in the research planning process.

We plan to have those individual meetings with them, as well as potentially coordinated federal meetings with them, and we will look to see if there is, we would hope, to identify overlap.

If there are opportunities though for collaboration and coordination, I think at times, there are places where our missions do dovetail, where potentially, if we work together, we can effect change more quickly.

So we will be working on both of those lanes, one on collaboration and coordination; two, de-conflicting any potential conflicts or things that are clearly in someone else's mission.

Moderator: Great. The next question is from Gerald Miller: How will the NIH Rehabilitation Plan interact with other federal agencies involved with rehabilitation topics?

Dr. Cernich: So I think I just answered that, Gerald, but just to say again, we are very aware of who our federal partners are involved in this research, and we are coordinating actively with them.

Moderator: Okay. Our next question is from Peter Thomas: Will the NIH rehab research plan be dovetailed into another, broader disability rehabilitation research strategic plan, being developed now by the Interagency Committee on Disability Research?

Dr. Cernich: Peter, I appreciate the question. I will be at the ICDR strategic planning meeting this Friday. We are working together as a community. I don't know that the NIH rehabilitation plan will be rolled into their strategic plan.

Of course, we can talk about that this Friday at the Executive committee meeting as part of the strategic planning process.

But please do know the NIH's active and all the strategic working groups for the creation of the plan that's under consideration for the Interagency Committee for Disability and Rehabilitation Research, and I think that we are working as closely as we can with our federal partners to make sure we are coordinated.

Moderator: The next question is from Evelyn Cherow: Will the plan provide a role for social enterprises and public/private partnerships in the research plan?

Dr. Cernich: We would love that. So, a couple of thing. I think we have, as a community, just started to identify our priorities, so we have not had the opportunity to fully explore public/private partnerships.

We did look into social enterprises or other ways to social network for priorities or action items. We will continue to explore that as we move forward.

And so I think, Evelyn, to your question, I think it's very early to say what else can be developed, but if you're aware of specific partnerships that you think would benefit or avenues that we should explore, please put that in the public comment. Encourage others that you know that might be interested to do that. We're happy to follow up.

Moderator: Next question is from Amy Wagner. Amy asks: What is the interest of the panel with including priorities that address translational and experimental rehabilitation research, paradigms, designs and models?

Dr. Cernich: Absolutely, Amy. One, in research design and methodology, we talk about basic science approaches, including precision medicine approaches. We are very interested in translational research.

If there are gaps in the priorities where you see it's not clearly spelled out or ways that you think that that section could be enhanced, we welcome the comments.

Moderator: The next two questions are both from Peter Thomas.

The first question is, as you may know, the original NCMRR statute identified the center's mission as conduct and support for medical rehabilitation research, including orthotic and prosthetic research and development. Will the new set of priorities reflect this?

Dr. Cernich: Answer to question one.

Yes. If you look at technology and device development, included in that is orthotics and prosthetics research.

It's clearly a focus area for NIH. And it actually crosses multiple institutes and centers. So yes, it continues to be a priority and will continue to be a priority.

Moderator: Peter's second question: Will there be formal opportunities for individual organizations to testify before the NCMRR Advisory Board to offer their public comments on rehab science. This would stimulate extensive needed dialogue in the rehabilitation community.

Dr. Cernich: Peter, let me check with our folks in committee management.

I know that if we invite a period of public comment, it does have to be placed in the federal register, and so I just need to check with committee management, but we are writing down that we need to check into that, and we will follow up.

Moderator: Thank you. The next question comes from Ronald Lazar: NIH does not permit multiple intervention studies in the same patient because disease-related research, such as a stroke, often begins before rehabilitation. Is there consideration of disease as a behavioral intervention that can co-occur?

Dr. Cernich: Okay. So Ronald, I'm going to try and answer your question as best I can.

I think there have been protocols that I have seen, that have tested multiple interventions in the same patient population, and so I'm unclear as to whether you mean that you're concerned about less than early. So that it's in the chronic phase that we're doing our intervention trials, which some of them are happening earlier and earlier in the rehabilitation phases, in the acute and subacute, but also, I'm unclear whether you're talking about for a specific disease population.

If you could follow up and give me an example, that would be helpful because I'm having a little bit of difficulty. I have seen protocols like that.

Moderator: The next question is from Maryann Davis: What do you see as a potential area of overlap with distinction from the research priority set by NIDILRR?

And she apologizes if you have already answered this, since she got on late.

Dr. Cernich: I have, and so everyone else gets to answer! No, I'm joking. We are working very closely and thank you to Maryann for asking the question and for your apology. It's fine.

We are coordinating closely with NIDILRR. I am on the executive committee for ICDR and am aware of their strategic planning effort and we are in close coordination.

Moderator: The next question is from Bill Townsend: I'm curious about the relationship of the possible funding increase from the congressional level and rehabilitation. Could you speak to that?

Dr. Cernich: Bill, you probably know more than we do.

We have not seen an appropriation, we do not know if there will be a funding increase, and we can't comment on pending legislation. As much as the community wants to speak to Congress about this, that's fantastic, but we can't comment on it.

Moderator: We have another question from Peter Thomas: Being restricted to 300 words, to comment on the research priorities is very difficult, particularly for a coalition of organizations that wish to comment.

Are there other ways to comment by the December deadline? Will there be exceptions to the word limit?

Dr. Cernich: Peter, appreciate the 300 word limitation. If you would like, at the end of the notice, there is an e-mail of rehabilitation1@mail.nih.gov.

If there's a longer response from an institution or group of institutions that needs to be submitted, we'd be happy to welcome it here. And if you have any further questions, send the e-mail to that address, and we'd be happy to respond.

Moderator: Okay. [Information about how to ask a question.] Can you provide more information on the family and community priority areas? This is a question from Cora Anderson [sp?].

Dr. Cernich: I guess in terms of the family and community areas, I think the committee really wanted to understand some of the context related to individuals receiving rehabilitation, intervention services, diagnostics, etc., and how that interacts with the success of rehabilitation medicine.

So these are areas where we feel like we have opportunities to grow research here at NIH, including socio-demographics in the context of rehabilitation, looking at potential self-management strategies, where we can extend rehabilitation intervention, for an individual potentially pass the time when they're in active treatment.

And finally, to look at the caregiver and the care recipient, both in their relationship, as well as ways that the impact of whatever, the person is receiving rehabilitation for, impacts the person who provides care to them, including caregiver stress, caregiver burdens, and then also potentially ways that the caregiver can contribute to treatment.

We want to look at both the adverse, as well as the positive effects of caregiving, and so if there are places in there that you see gaps or other additional priorities, we welcome your comment.

Moderator: Ronald Lazar got back to us.

Dr. Cernich: Thank goodness! Ronald, you're back.

Moderator: All right. He is asking: I'm talking about the [indistinct] stroke therapies, which may have a 90-day follow-up period, but an acute rehabilitation intervention, which potentially begins 14 days after stroke onset.

Dr. Cernich: So, Ronald, I'll tell you that there are some funding protocols here at NIH. And I encourage you to go on NIH RePORTER, where people are actually proposing interventions, even farther forward than that, looking even within a 14 day window from stroke. I think there are some moves within the rehabilitation community to deliver rehabilitation intervention earlier, potentially, one, to promote recovery, and two, to recover sort of available function at the time.

So there have been a couple of trials looking at that, with multi-modal intervention.

So you can also follow up with me, and I can potentially find some of those for you so that you can see them, but if you go on NIH RePORTER and look in stroke, I think there have been some funded applications in that area.

But thank you for getting back to us. I appreciate the clarification.

Moderator: All right. Our next question is from Peter Thomas. Can you provide an update on how NIH is improving the ability to search its research database, to consistently identify research on rehabilitation and disability science?

Dr. Cernich: Great question, Peter.

So you can do exactly what I can do, which is go into NIH RePORTER. You will see that there is a rehabilitation category, as well as a physical rehabilitation category, as well as an assistive technology category, as well as categories for specific conditions that require rehabilitation services.

And you can see not only the amount of money that was provided for funding in those specific areas, but also, you can see the names of the protocols there, and links to them in reporters with abstract and significance.

So I think NIH is doing everything that it can for those protocols that have been awarded grant dollars through our mechanism, to make that information available, and public and searchable.

Moderator: The next one is from Peter as well.

Dr. Cernich: Peter, you are typing away! Go ahead.

Moderator: Can you provide an update on the activities of the NIH's Rehabilitation Research Coordinating Committee? I understand that group has recently been meeting more frequently and with more involvement of other ICs.

Dr. Cernich: Yup, and they're the ones that helped me put this together.

So, you know, this is a community plan. If you have noticed, on the notice, which is redundant, there are a number of institutes and centers that have been active partners in this. We have been meeting on a monthly base, although I will say that October was such a busy travel month for many of us because of all the rehabilitation conferences that happen in October, that we were not able to meet in October.

But we have been meeting very frequently.

We actually have another meeting coming up next week and this community has been incredibly active in developing the priorities, and they have also been working on the conference that we mentioned in May, as well as other administrative issues that could potentially affect rehabilitation science.

I think many of them are on the line today, and they have been such a great and active partner for us as we move forward, and we thank them so much for their support because really, to do this as a trans-NIH plan, we really need the participation of the other ICs, and they've been incredibly generous with their time and with their talent.

Moderator: The next question is from Evelyn Cherow. Evelyn asks: The plan seems to have more of an emphasis on mobility and prosthetics than orthotics. Is this because NICHD's mission and other

Institutes covers hearing aids, implants, et cetera, for deafness, and other communication disorders respectively?

Dr. Cernich: It's a great question, Evelyn, and the institutes that are listed, if you see a prosthetic, it can either be motor or sensory. So don't think we're not covering sensory because we are, and we're going to be talking about this a bit more as we move forward, how to best reflect this. And we talked about even incorporating the words "motor" and "sensory," but the issue here is that we want to make sure that we're as broad as possible, to be as inclusive as possible, we may be missing something in using those two terms.

But as you can tell, with the folks who have joined this notice, we do have the National Institute on Deafness and [Other] Communication Disorders and the National Eye Institute.

So when we speak of orthotics and prosthetics or assistive devices, we're talking about all potential conditions that will be covered. I hope that answers your question.

Moderator: The next question is from Peter Thomas, and he said, last question from me.

Dr. Cernich: Oh. You're killing me, Peter! No, go ahead.

Moderator: What kind of people are you looking to add to the NCMRR Advisory Board? We have scientists, people with disabilities, medical professionals, all of the above. How does one get nominated?

Dr. Cernich: The National Advisory Board for Medical Rehabilitation Research, and just to be clear, that is an advisory board for the NICHD director, which also then reflects advisement to the NIH director.

That board is a federal advisory committee, for those of you not familiar with it, and we do have those scientific, clinical, and public members, so I think if you are looking to nominate someone to that board, feel free to either send me an e-mail.

My e-mail is available on the website, the NCMRR website, and we would be happy to consider those as we go into the next selection of those members, which, I believe, will be not this winter, but in the spring.

Thank you, Peter. I'm joking with you. I appreciate the question.

Moderator: [Information about how to ask a question.] We have a question from Susanne Bruyere: What will be the audience for the May conference: researchers, clinicians, and/or therapists?

Dr. Cernich: That's a good question. I think researchers, primarily, I guess, but I think there will be enough interest for clinicians and for the public, to be quite honest. I think we are trying to get the agenda out to our planning committee today and so we'll be getting input from them, which really is going to be a highlight of what NIH has done in the rehabilitation arena.

I think there are a number of things that a broad range of interested folks will see, with respect to just the range of rehabilitation research that NIH does, and the level of innovation that we really try to drive.

And the investigators and the community for rehabilitation research have done some amazing work, and have made a great deal with respect to advances in the science that I think will be reflected in the agenda.

Moderator: [Information about how to ask a question.] We have a question from Lyn Jakeman. Lyn asks, when do we anticipate opening registration and posting of the agenda for the May meeting?

Dr. Cernich: My hope is that we'll have a preregistration link up this week, if not next. And then my hope is that the agenda will be going out as soon as possible. We just need to get our planning committees' input on the agenda. My hope is by the end of the month, we'll have an agenda posted. Definitely stay tuned, and I will try to get it out through our list serves, but can you also make inquiries at the addresses that we said, and then we'll also put out on Twitter, and on the website links. Feel free to follow. We hope to have it by the end of the month.

Thanks, Lyn.

Moderator: Next question. Will updates on the research plan be posted to the NCMRR website?

Dr. Cernich: We are going to do that, hopefully very soon, and we're working with the communications group here to make that happen. We will try to get updates to you, in terms of where we are, and in terms of the phases of the development research plan, as well as we're going to also try and archive this Q&A, so if you need to go back through it, we'll try and get it archived on the website for you.

Moderator: Our next question is from Amy Wagner. Amy asks, can you speak to the level of interest for incorporating WHO, ICF, in addition to CDE approaches within rehabilitation research design?

Dr. Cernich: So, WHO, we are looking at the WHO disability plan and, I think, Amy, you may be aware, and some others in the community may be aware, that the WHO disability action plan was not joined by the United States, so there are limitations, with respect to how much we can incorporate of the disability action plan.

With respect to ICF, I think both the National Advisory Board for Medical Rehabilitation Research, as well as our NIH community, is very aware of ICF and tried very much to reflect the various domains within the classification of functions. And then with respect to CDEs, I think some of the current CDEs, especially as they have been pioneered by the National Institute of Neurological Disorders and Stroke, and kudos to them for this, they have done a great deal to develop the common data elements.

For those conditions where we do have common data elements, rehabilitation is a part. They do go through regular feedbacks.

So if there is a gap there, with respect to action that we need to develop more, with respect to rehabilitation common data elements, I think we can consider that.

The other thing that has been brought up is to whether we need to harmonize terms. So when we're talking about specific rehabilitation approaches or assessments or intervention methods, that we get to a place where we can at least all be speaking the same language.

So if you see that as a potential area for action or a potential way that we can improve the science, we'd love to hear that, with respect to action items.

Moderator: The next question is from Mark Anthony: How often will you update the research plan after its development?

Dr. Cernich: The statute says it has to be updated regularly.

I think what we are trying to do without having a specific, is do it. As many of you know, research takes a little bit of time to develop, implement, and move forward with initiative.

At this point, I think we're going to be looking at a 5-7 year timeframe.

And again, I think there's always a balance between reporting and developing and executing.

So that's what we're trying to achieve here, is trying to get this developed and implemented, see if we can make progress on some of our action items, and then give us time to develop a revision to the research plan. But you'll have a commitment from me, and I know our board is very interested in making sure we do this is on regular basis.

Moderator: The next question is from Evelyn Cherow. A draft input is sought for professional and scientific rehab associations such as ASHA, APPA, APA, AOCA and/or the Consortium for Citizens with Disabilities.

Dr. Cernich: So Evelyn, that's a great question. I've met with all of the professional organizations.

They were at the board meeting when the priorities were discussed and were part of the discussions in terms of the breakout sessions that we had to develop, the areas where the priorities were reflected, and so they were a part of those meetings, and we have had meetings with them since.

I think this is another opportunity for those organizations, all of those organizations to provide comments and input, and we'll have another, but if there are fora or ways you want to propose that we continue to garner that input, we're happy to hear about that.

If you want to suggest other potential groups that we need to meet with, we're also happy to hear about that.

Moderator: We have another question. It's from Patricia Heyn: Is the NCMRR considering new funding initiatives in collaboration with industry and even population-specific foundation organizations, such as the Alzheimer's association?

Dr. Cernich: Great question. So I think I reflected on industry or private/public partnership earlier.

We are talking with certain foundations. NIH is happy to partner with foundations to fund research or to develop research.

So if there are potential partners that you see, Patricia, or foundations that you want to suggest that we look to partner with, I know that we do have active partnerships, the National Institute of Aging does, the National Institute of Neurological Disorders and Stroke has an active partnership with the Alzheimer's association.

And we are trying very hard to work with foundations and consumer organizations to reflect their priorities and partner with them on research that we think can advance assessment, intervention, treatment, etc.

So I'm happy to hear any suggestions you have on potential industry partners or foundation partners.

And we can look to do that with respect to our action plan.

But many of our institutes and centers are actively partnering with foundations and industry.

Moderator: [Information about how to ask a question.] It looks like we have one more question, and then we'll be wrapping things up. This one comes from Deepak Kumar: Looking at the current and past funded projects, it appears the vast majority of research supported by NCRM is in the area of neuro rehab. Are there reasons for that, and will it change going forward?

Dr. Cernich: So that's a good question Deepak. One, I want to again reiterate that the plan that we're currently talking about is for all of NIH. When you look at rehabilitation research for the NIH, I'd encourage you to not just look at NCMRR. There are a number of institutes and centers at NIH that fund rehabilitation recovery and research.

So look at the notice. Look at the different institutes and centers that have partnered with us.

The actual range of rehabilitation research that has been funded is relatively broad.

I'll also direct your attention to the Blue Ribbon Panel Report from 2012, which talked about the specific focus on neural rehabilitation.

NCMRR is going through a phase as we're looking at our priorities as a center and what we're funding, and we are using the Blue Ribbon Panel Report as a guide, and there was a specific recommendation in that report that we decrease our emphasis on neuro-rehabilitation, and try to increase our emphasis on other areas of rehabilitation.

We have taken that to heart, and we are going to work with the advisory board to find ways to restructure our portfolio to the extent that we can.

Also remember that NIH is an investigator-initiated research program. So much of what we fund is also what's coming into us from the community.

So I encourage you, if you are a rehabilitation researcher in areas other than neuro-rehabilitation, and you want to talk to NCMRR about funding, or if it's not appropriate for our portfolio as we're restructuring, we can definitely direct you to an IC where it might be more appropriate.

But remember, too, that these other institutes and centers are also funding rehabilitation research and some of them more than we are, as a center.

Moderator: It looks like we have one more question, and this will be our last question, everybody, and it's coming from Mark Hirsch: Will the plan increase emphasis on funding international rehabilitation research efforts and grants with a foreign component?

Dr. Cernich: That's a great question, Mark. NIH does fund grants with a foreign component.

We are looking at partnerships through Fogarty and trying to identify partnerships that either enhance the availability of rehabilitation, interventions, devices, or other services in other countries, particularly low- and middle-income countries, and we have funded both from the National Center of Medical Rehabilitation Research, as well as the other ICs, research in this area.

So I think if there are interesting protocols that you would like to bring to our attention, we'd advise to you reach out and if it's not appropriate to the center, we can obviously direct you to the institute that would be interested in it.

But I think we are looking at ways to partner internationally to develop the science further.

And thanks all for all the questions! We really do appreciate the input.

Moderator: All right. Yes, thank you for the great questions. We're going to turn this over to Dr. Cernich and let her wrap things up.

Dr. Cernich: I just wanted to say, I was joking with some of the folks in the community, we've had some conversations before, and I really do want to emphasize that we welcome your input.

The community here at NIH is incredibly invested in rehabilitation research. We worked as a team over the past few months to try to get priorities out that reflect the breadth and depth of the rehabilitation community. But we know that we may have missed things or we may have oversaid things, and so we really need your input to make this reflect what the community needs.

And if you have any questions, please feel free to email the email address on the bottom of the notice, and we're doing that as rehabilitation1@mail.nih.gov. So that's available through the guide, but that's rehabilitation1@mail.nih.gov.

Feel free to follow us on the website. Feel free to subscribe to the listserv. We're trying to get as much communication out as we can about the plan and we really do appreciate your time, your attention, and your commitment to rehabilitation research, because that's what's going to drive the science forward.

So thanks so much, all.