



Federal Demonstration Partnership

January 13, 2015



National Institutes of Health
Office of Extramural Research

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- Trans-federal agency program with participation from NIH, NSF, USDA, OSTP, and EPA
- Goal is to provide better empirical basis for science policy by providing an open and automated infrastructure to document and analyze the impact of federal investments in science

Two Levels of Activity

- Level I: Developing uniform, auditable and standardized measures of the impact of science spending (ARRA and non-ARRA) on job creation, using data from research institutions' existing database records. No personally identifiable information (PII) is collected in Level I.



Two Levels of Activity

- Level II (**Federal RePORTER**): Develop an open automated data infrastructure and tools that will enable the documentation and analysis of a subset of the inputs, outputs, and outcomes resulting from federal investments in science

- Hard launch on September 23rd, 2014
 - Coupled with an overhaul of the STAR METRICS® website
- Public-facing access from a single web portal
- Funded data from 14 agencies or agency sub-components for FY 2004 – FY 2013
 - Almost 600,000 awards records

- Roughly 85,000 pageviews from over 8,000 unique visitors
- The initial focus is on a small set of core data elements, which includes funding amounts, titles, and project abstracts





Home > STAR METRICS > Search Query Form

System Health: GREEN

Search Query Form

Fiscal Year (FY): Current FY is 2013

Text Search (Logic): **And** **Or** [Advanced](#)

Limit Project search to [Project Title](#) [Project Terms](#)

Project Number:

Use '%' for wildcard, e.g. %R21%
[Enter multiple project numbers/applications](#)

Principal Investigator (PI) / Project Leader: (Last Name, First Name)
[Enter several PI/Project Leader names](#)

Organization:
Please enter at least 3 characters to use Lookup. Contains Begins with Exact

DUNS Number:

Check/Uncheck All

- Agriculture**
 - Agricultural Research Service
 - Forest Service
 - National Institute of Food and Agriculture
- Defense**
 - Center For Neuroscience and Regenerative Medicine
 - Congressionally Directed Medical Research Programs
 - Environmental Protection Agency
- Health and Human Services**
 - Administration for Children and Families
 - Agency for Healthcare Research and Quality
 - Centers for Disease Control and Prevention
 - Food and Drug Administration
 - National Institutes of Health
 - National Aeronautics and Space Administration
 - National Science Foundation
 - Veterans Affairs

SELECT **RESET** **CLEAR**



Search Titles, Abstracts, Terms

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System Health: GREEN

Please try the new STAR METRICS LEVEL 2 ALPHA Federal Reporter query form. Your feedback is greatly appreciated.

[SEND FEEDBACK](#)[SUBMIT QUERY](#)[CLEAR QUERY](#)

Fiscal Year (FY):
Current FY is: 2013
2013

[SELECT](#)

RESEARCHER AND ORGANIZATION

Principal Investigator (PI) /
Project Leader:
(Last Name, First Name)

 Use % for wildcard
[Lookup general PI/Project Leader index](#)

Organization:

 [LOOK UP](#)
Please enter at least 10 characters to use Lookup.

Contains Begins with Exact

DUNS Number:

City:

 Use % for wildcard[SELECT](#)

State:

[SELECT](#)

County:

[SELECT](#)

Congressional District:

[SELECT](#)

TEXT SEARCH

PROJECT DETAILS

Text Search (Logic):



PTSD

 [And](#) [Or](#) [Advanced](#)

Search for 'PTSD'

PROJECTS DATA & VISUALIZE MAP

There were 464 results matching your search criteria.

Show/Hide Search Criteria

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Project Number	Project Title	Contact PI/ Project Leader	Organization	FY	Agency / IC	FY Total Cost	Similar Projects
5I01HX000152-02	PROLONGED EXPOSURE (PE) FOR PTSD: TELEMEDICINE VS. IN PERSON	ACIERNO, RONALD E.	RALPH H JOHNSON VA MEDICAL CENTER	2013	VA	\$268,500	
5I01HX000152-03	PROLONGED EXPOSURE (PE) FOR PTSD: TELEMEDICINE VS. IN PERSON	ACIERNO, RONALD E.	RALPH H JOHNSON VA MEDICAL CENTER	2013	VA	\$262,800	
5F31NR013327-02	FAMILY PERCEPTIONS OF STRATEGIES TO FACILITATE END-OF-LIFE DECISIONS	ADAMS, JUDITH A.	DUKE UNIVERSITY	2013	NIH	\$32,090	
1R21DA034925-01A1	LIDOCAINE INFUSION AS A TREATMENT FOR COCAINE RELAPSE AND CRAVING	ADINOFF, BRYON H.	UT SOUTHWESTERN MEDICAL CENTER	2013	NIH	\$224,408	
5T32MH019391-22	PSYCHOLOGY AND MEDICINE: AN INTEGRATIVE RESEARCH APPROACH	ADLER, NANCY E	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	2013	NIH	\$194,264	
5R01MH074736-07	MECHANISM UNDERLYING MEMORY STABILIZATION	ALBERINI, CRISTINA M	NEW YORK UNIVERSITY	2013	NIH	\$600,538	
5R01AA020179-05	STRESS-INDUCED DRINKING IN OEF/OIF VETERANS: THE ROLE OF COMBAT HISTORY AND PTSD	AMSTADTER, ANANDA B	VIRGINIA COMMONWEALTH UNIVERSITY	2013	NIH	\$296,771	
1306215	OPTOGENETIC DISSECTION OF A NEURAL CIRCUIT UNDERLYING THE EXTINCTION OF PTSD	ANDERSON, DAVID J <i>et al.</i>	CALIFORNIA INSTITUTE OF TECHNOLOGY	2013	NSF	\$225,258	
5R01MH070053-10	REGION-SPECIFIC, INDUCIBLE AXONAL TRACT-TRACING IN THE BRAIN	ANDERSON, DAVID J	CALIFORNIA INSTITUTE OF TECHNOLOGY	2013	NIH	\$384,912	
	MOLECULAR GENETIC DISSECTION OF						



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Project Description

Project Information

[Back to Query Form](#)[Back to Search Results](#)[Print Version](#)

5I01HX000152-02

Project 1 of 464

[NEXT](#)

DESCRIPTION	DETAILS	RESULTS	SIMILAR PROJECTS <small>BETA</small>
Project Number: 5I01HX000152-02			
Title: PROLONGED EXPOSURE (PE) FOR PTSD: TELEMEDICINE VS. IN PERSON		Contact PI / Project Leader: ACIERNO, RONALD E.	
		Awardee Organization: RALPH H JOHNSON VA MEDICAL CENTER	
Abstract Text:			
ABSTRACT Project Background/Rationale: Approximately 15 to 17% of current Iraq war veterans meet full diagnostic criteria for MH problems such as post-traumatic stress disorder (ptsd) (Hoge et al., 2004). Prolonged Exposure (PE) is an empirically supported treatment for ptsd (Foa 1997; Schnurr et al., 2007), and has been adopted by the VAMC as one of the treatments of choice for the disorder, as evident by the VAMC-sponsored national training of clinicians to use PE. It is therefore important to employ treatment delivery methods that maximize the likelihood that all veterans in need, including veterans residing in rural settings, and veterans who avoid VAMC settings due to the stigma of receiving mental health treatment, will receive interventions such as PE. The May, 2005 Committee on Veterans Affairs, Subcommittee on Health has identified Telemedicine as a VA priority area to address this need. The present proposal is to study whether PE delivered via Telemedicine is as effective as PE delivered In Person. Telemedicine has been chosen for its ability to overcome what appear to be two major barriers to mental health care (Frueh et al., 2000): the difficulty that rural-residing veterans face in reaching VAMC facilities, and the stigma veterans perceive related to receiving mental health treatment. Indeed, if effective, PE delivered via telemedicine may address the problem inherent in the finding that 42% of those screening positive for ptsd indicate that they are interested in receiving help, but only 25% actually receive services (Hoge, et al., 2006). Project Objectives: Although effective treatments for ptsd exist and have been adopted by the VAMC, barriers to care of a social (e.g., stigma) and geographic (e.g., rural) nature prevent many veterans in need from receiving care. Telemedicine might address this need. The major objective of this study is to determine if PE delivered via Telemedicine is as effective as In Person PE in terms of (1) clinical; (2) process; and (3) economic outcomes. Project Methods: We propose to use a randomized between groups repeated measures (baseline, post- treatment, 3& 6-month followups) design with 226 OIF-OEF veterans diagnosed with ptsd to assess the relative effectiveness, measured in terms of symptoms, patient satisfaction, and costs, of PE delivered via Telemedicine vs. In Person formats. We hypothesize that no differences (i.e., non-inferiority) between the two formats will be evident in terms treatment gains, patient satisfaction, treatment attrition, patient satisfaction and direct healthcare costs. Anticipated Impacts on Veterans Healthcare: This study will provide important information regarding whether PE delivered via home-based Telemedicine equipment is as effective as traditional In Person delivery of PE for post-traumatic stress disorder. If shown to be as effective as In Person treatment, a new, innovative, and cost effective intervention delivery system for ptsd will have initial empirical support.			
Project Terms:			
Address; Adopted; Aftercare; Area; base; Bypass; Caring; Client satisfaction; Clinic; Clinical; clinical efficacy; cost; cost effective; cost effectiveness; Country; design; Diagnosis; Diagnostic; Disease; economic outcome; effective therapy; effectiveness measure; Equipment; Evidence based practice; experience; Experimental Designs; Face; follow-up; Freedom; Future; Gender; Health; Health Care Costs; Health Services Accessibility; Healthcare; Home environment; Hospitals; Individual; innovation; interest; Intervention; Iraq; Measures; Medical; Medical center; meetings; Mental disorders; Mental Health; Mental Health Services; Methods; Modality; Nature; operation; Outcome; outreach; Persons; Phase; Post-Traumatic Stress Disorders; prevent; Primary Health Care; Process; Program Evaluation; programs; Protocols documentation; Race; Randomized; Relative (related person); Risk; Rural; rural area; screening; Services; social; social stigma; Symptoms; System; Telemedicine; Testing; Training; Travel; treatment center; Use Effectiveness; Veterans; War; Woman			

Results

DESCRIPTION	DETAILS	RESULTS	SIMILAR PROJECTS <small>BETA</small>
Project Number: 5T32MH019391-22	Title: PSYCHOLOGY AND MEDICINE: AN INTEGRATIVE RESEARCH APPROACH	Contact PI / Project Leader: ADLER, NANCY E	Awardee Organization: UNIVERSITY OF CALIFORNIA SAN FRANCISCO
! ABOUT STAR METRICS RESULTS			
Publications: Click on the column header to sort the results			
		 = PubMed  = PubMed Central  = Google Scholar	EXPORT
Title (Link to full-text in PubMed Central)	Journal (Link to PubMed abstract)	Authors	Similar Publications By Cited
Prioritizing positivity: an effective approach to pursuing happiness?	Emotion (Washington, D.C.). 2014 Dec; 14 (6):1155-61	Catalino, Lahnna I; Algoe, Sara B; Fredrickson, Barbara L	  
Potential for a stress reduction intervention to promote healthy gestational weight gain: focus groups with low-income pregnant women.	Women's health issues : official publication of the Jacobs Institute of Women's Health. 2014 May-Jun; 24 (3):e305-11	Thomas, Melanie; Vieten, Cassandra; Adler, Nancy; Ammondson, Ingrid; Coleman-Phox, Kimberly; Epel, Elissa; Laraia, Barbara	  
Maternal differences and birth outcome disparities: Diversity within a high risk prenatal clinic.	Journal of racial and ethnic health disparities. 2014 Mar; 1: 1 (1):12-20	Thomas, Melanie; Spielvogel, Anna; Cohen, Frances; Fisher-Owens, Susan; Stotland, Naomi; Wolfe, Betsy; Shumway, Martha	  
Speaking under pressure: low linguistic complexity is linked to high physiological and emotional stress reactivity.	Psychophysiology. 2014 Mar; 51 (3):257-66	Saslow, Laura R; McCoy, Shannon; van der Lowe, Ilmo; Cosley, Brandon; Vartan, Arbi; Oveis, Christopher; Keltner, Dacher; Moskowitz, Judith T; Epel, Elissa S	  
Stress contagion: physiological covariation between mothers and infants.	Psychological science. 2014 Apr; 25 (4):934-42	Waters, Sara F; West, Tessa V; Mendes, Wendy Berry	  
Is the Belief in Meritocracy Palliative for Members of Low Status Groups? Evidence for a Benefit for Self-Esteem and Physical Health via Perceived Control.	European journal of social psychology. 2013 Jun; 43 (4):307-318	McCoy, Shannon K; Wellman, Joseph D; Cosley, Brandon; Saslow, Laura; Epel, Elissa	  
Is the association of subjective SES and self-rated health confounded by negative mood? An experimental approach	Health psychology : official journal of the Division of Health Psychology, American Psychological Association. 2013 Feb; 32 (2):122-45	Kraus, Michael W; Adler, Nancy; Chen, Teh-Way David	  



Similar Projects

DESCRIPTION DETAILS RESULTS SIMILAR PROJECTS BETA

Project Number: 5I01HX000152-02
 Title: PROLONGED EXPOSURE (PE) FOR PTSD: TELEMEDICINE VS. IN PERSON
 Contact PI / Project Leader: ACIERNO, RONALD E.
 Awardee Organization: RALPH H JOHNSON VA MEDICAL CENTER

100 projects similar to 5I01HX000152-02 (100 maximum).

Click on the column header to sort the results

Records per page 25 ▾

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Match Score	Project Number	Sub #	Project Title	Contact PI / Project Leader	Organization	FY	Agency	FY Total Cost
691	1I01HX000152-01A1		PROLONGED EXPOSURE (PE) FOR PTSD: TELEMEDICINE VS. IN PERSON	ACIERNO, RONALD E.	RALPH H JOHNSON VA MEDICAL CENTER	2011	VA	\$236,100
691	5I01HX000152-03		PROLONGED EXPOSURE (PE) FOR PTSD: TELEMEDICINE VS. IN PERSON	ACIERNO, RONALD E.	RALPH H JOHNSON VA MEDICAL CENTER	2013	VA	\$262,800
464	1I01HX000328-01		SERVICE UTILIZATION AND BARRIERS TO CARE FOR VETERANS IN RURAL AND URBAN SETTINGS	WHEALIN, JULIA	VA PACIFIC ISLANDS HEALTH CARE SYSTEM	2011	VA	\$94,077
441	1R25MH099132-01		LINKED - MENTAL HEALTH RESEARCH TRAINING FOR IMPROVED HEALTH OUTCOMES IN KENYA	MATHAI, ANNA MUTHONI	UNIVERSITY OF NAIROBI	2012	NIH	\$267,378
431	1R01AA020308-01A1		BARRIERS TO ALCOHOL, DRUG AND PTSD TREATMENT FOR RETURNING NATIONAL GUARD	MOORE, ROLAND S	PACIFIC INSTITUTE FOR RES AND EVALUATION	2012	NIH	\$387,765
431	PT110036		CLINICAL EFFECTIVENESS TRIAL OF IN-HOME COGNITIVE PROCESSING THERAPY FOR COMBAT-RELATED PTSD	PETERSON, ALAN	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	2011	CDMRP	\$2,403,034
431	PT110021		IN-HOME EXPOSURE THERAPY FOR VETERANS WITH PTSD	THORP, STEVEN	VETERANS MEDICAL RESEARCH FDN/SAN DIEGO	2011	CDMRP	\$2,479,487
416	1I01HX000833-01A1		TELEMEDICINE MANAGEMENT OF VETERANS WITH CHRONIC INSOMNIA AND PTSD	KUNA, SAMUEL T.	VA MEDICAL CENTER PHILADELPHIA	2013	VA	\$286,955
409	1R21MH092641-01		MENTAL HEALTH AND HELP-SEEKING BEHAVIOR OF RETURNING VETERANS IN RURAL COMMUNITY	HUNT, JUSTIN B.	UNIV OF ARKANSAS FOR MED SCIS	2011	NIH	\$229,902



National Institutes of Health
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Charts with Drill-Down

CHARTS CIRCLES BETA

Summary by  **COLUMNS**

Agency 

Agency
Fiscal Year
Organization
State
Congressional District

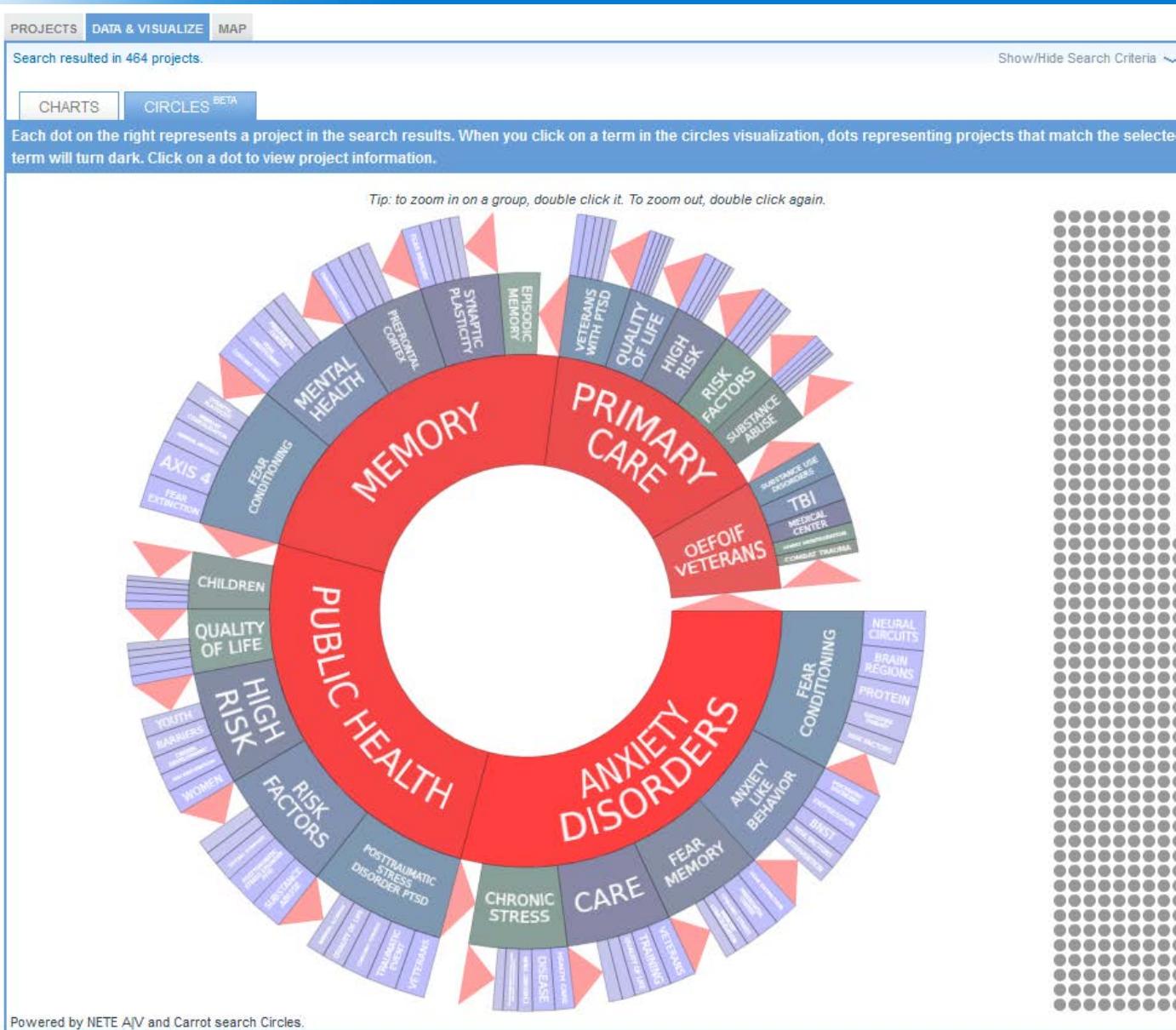
EXPORT TO EXCEL

Organization	Projects	Total Funding
Harvard University	25	\$9,172,183
University of Washington	16	\$4,751,205
University of California Los Angeles	10	\$2,652,537
McLean Hospital	9	\$4,251,537
VA Boston Healthcare System	9	\$2,033,744
Massachusetts General Hospital	9	\$3,255,694
Duke University	9	\$2,327,026
VA Medical Center	7	\$1,765,316
Boston University Medical Campus	7	\$1,378,833
University of California San Francisco	7	\$1,484,016
Medical University of South Carolina	7	\$1,793,125
Johns Hopkins University	7	\$2,144,018
Stanford University	6	\$1,063,151
Mount Sinai School of Medicine	6	\$2,830,938
Ralph H Johnson VA Medical Center	6	\$1,481,100

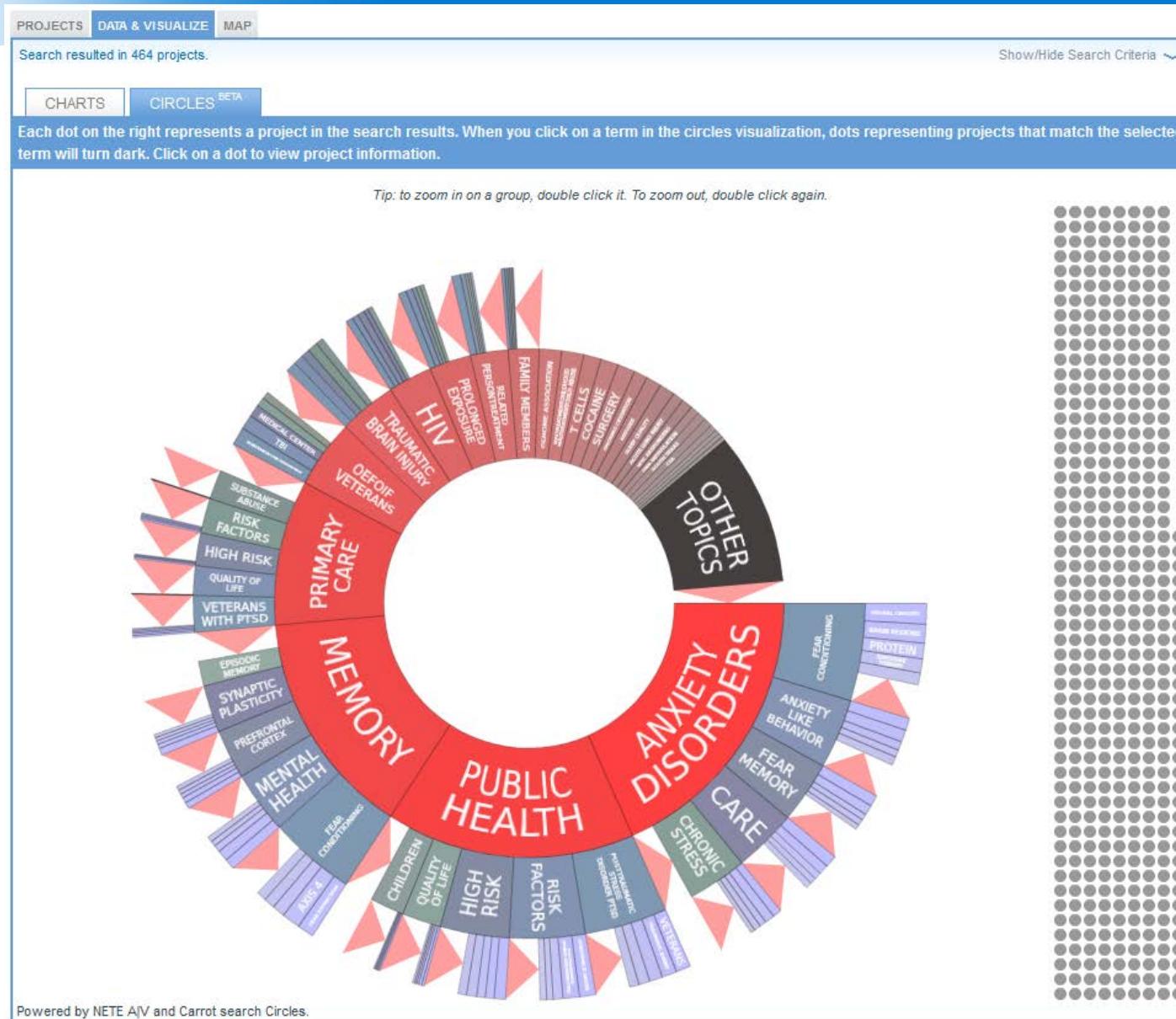
MASSACHUSETTS GENERAL HOSPITAL
DUKE UNIVERSITY
VA MEDICAL CENTER
BOSTON UNIVERSITY MEDICAL CAMPUS
UNIVERSITY OF CALIFORNIA SAN FRANCISCO
MEDICAL UNIVERSITY OF SOUTH CAROLINA
JOHNS HOPKINS UNIVERSITY
STANFORD UNIVERSITY
MOUNT SINAI SCHOOL OF MEDICINE
RALPH H JOHNSON VA MEDICAL CENTER
YALE UNIVERSITY
VETERANS HEALTH ADMINISTRATION
VA SAN DIEGO HEALTHCARE SYSTEM
NEW YORK UNIVERSITY
VETERANS ADMIN PALO ALTO HEALTH CARE SYS



Text Mining



Text Mining



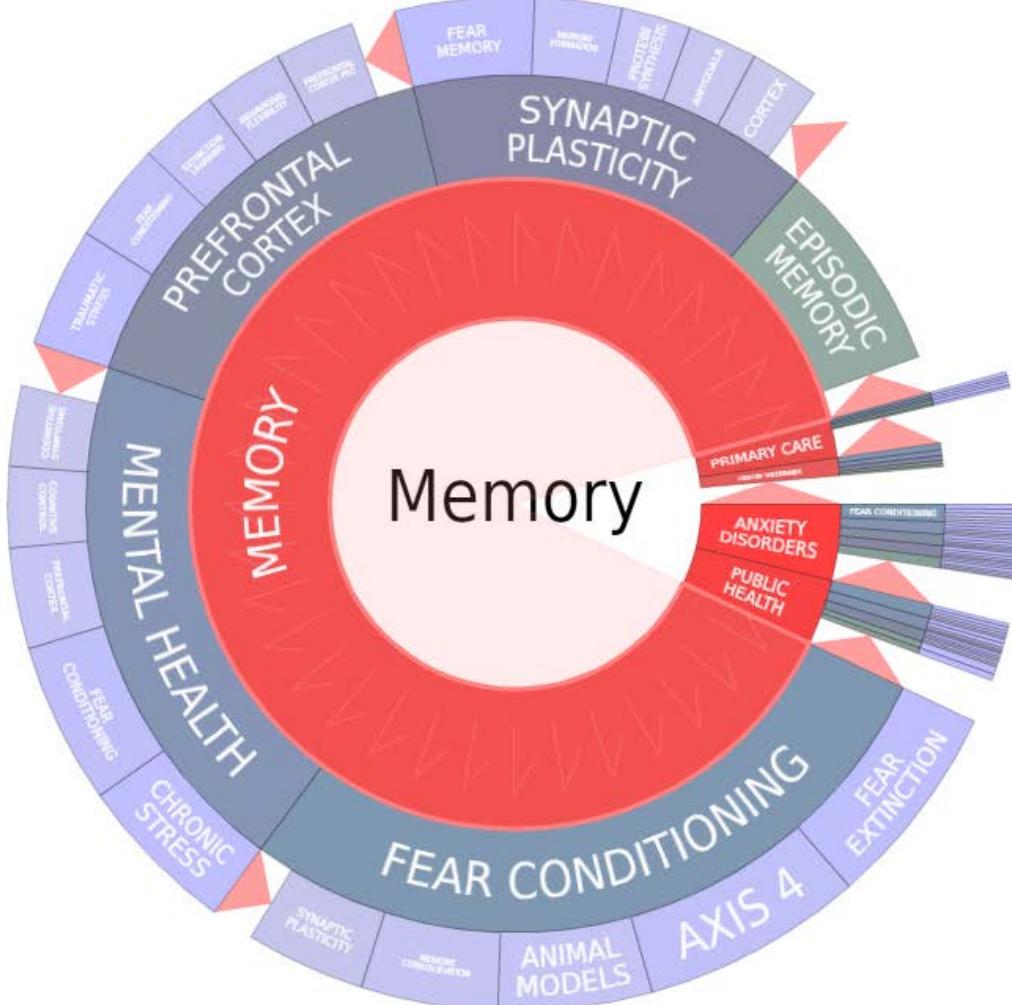
Text Mining

CHARTS

CIRCLES BETA

Each dot on the right represents a project in the search results. When you click on a term in the circles visualization, dots representing projects that match the selected term will turn dark. Click on a dot to view project information.

Tip: to zoom in on a group, double click it. To zoom out, double click again.



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- Data infrastructure that can be used to describe the broader results of science investments beyond jobs data
- Allows for portfolio analysis within and across agencies to assess the impact of science, technology, and innovation investments



Participants To-Date

- Department of Health and Human Services
 - National Institutes of Health
 - Administration for Children and Families
 - Agency for Health Care Research and Quality
 - Centers for Disease Control and Prevention
 - Food and Drug Administration
- Department of Agriculture
 - Agricultural Research Service
 - Forest Service
 - National Institute of Food and Agriculture
- Department of Defense
 - Center for Neuroscience and Regenerative Medicine
 - Congressionally Directed Medical Research Programs
- Department of Education
 - National Institute on Disability and Rehabilitation Research*
- Department of Veterans Affairs
- Environmental Protection Agency
- National Aeronautics and Space Administration
- National Science Foundation

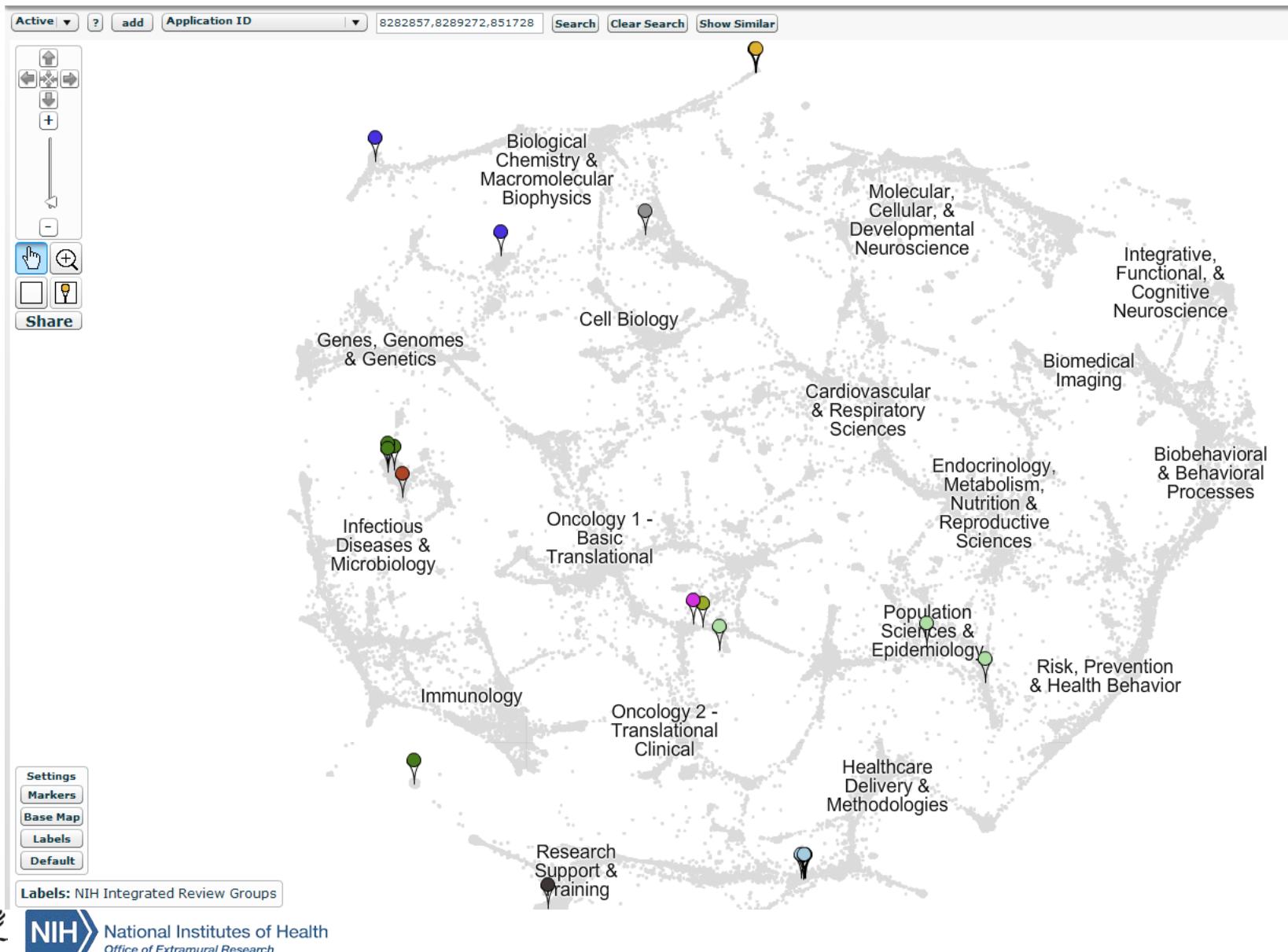


Potential Future Capabilities

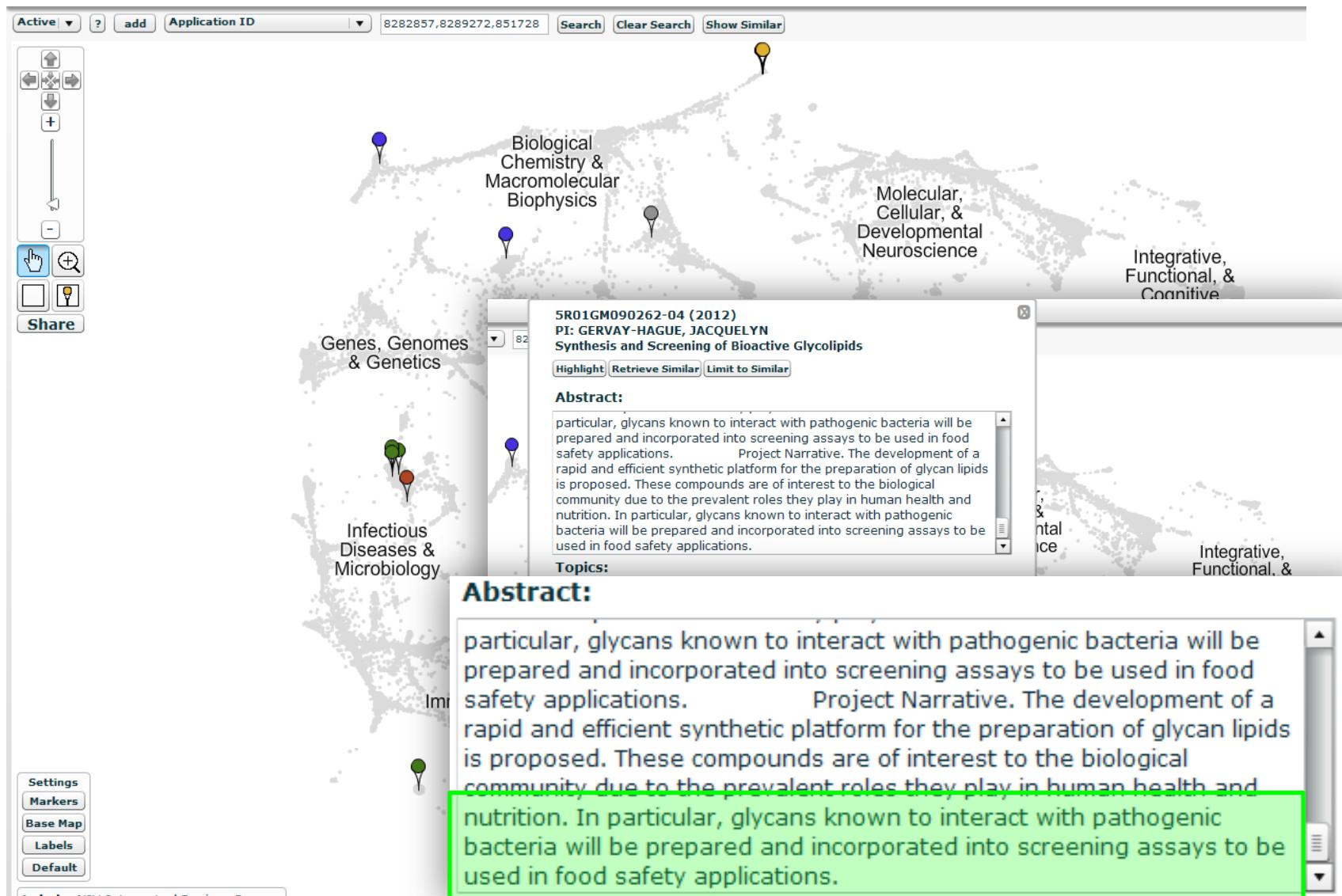


Topic Modeling

RePORTER “Food Safety” Matches



Topic Modeling Drill Down



Labels: NIH Integrated Review Groups

National Institutes of Health
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PI Profile Links

Project Search Results

	T	Act	Project	Year	Sub #	Project Title
<input type="checkbox"/>	S	P01	NS041997	10	0004	THE HIEACHY OF FACTORS NEURODEGENERATION IN P DISEASES
<input type="checkbox"/>	S	R01	NS040975	13		MURINE TRANSGENIC MOD DISEASES
<input type="checkbox"/>	S	R01	NS065244	03		ION CHANNEL MODULAT PRION PROTEIN: A NOVEL MECHANISM
<input type="checkbox"/>	S	U18	FD003990	03		FEED SAFETY AND BSE/R BAN SUPPORT PROJECT (
<input type="checkbox"/>	S	R01	NS012674	33		

BU CTSI Clinical and Translational Science Institute Search

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Keyword

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Institution

Division

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David A. Harris, MD, PhD

Title Professor
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Back 

Other Positions

Title Chair of Biochemistry
Institution Boston University School of Medicine
Department Biochemistry

Title Graduate Faculty (Primary Mentor of Grad Students)
Institution Boston University School of Medicine
Department Graduate Medical Sciences, Division of

Websites

1 Biochemistry Faculty

PI Profiles for HARRIS, DAVID A Close BETA

BU Profiles

PI Bibliographies for HARRIS, DAVID A

Currently there are no bibliography links stored for Harris, David A in RePORTER.

Are you this PI? If so, please [click here](#) to manage your profile list.



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- **Investigator disambiguation**
 - Add links to SciENcv profiles
- **Expand agency participation**
- **Standardization of performing organization information**
- **Automating the data feeds**
- **Incorporate research results**
 - Publications
 - Patents
 - RPPR products
 - SciENcv data





Level I Activities and Future Directions



National Institutes of Health
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Level I Activities

- Over 100 campuses have signed MOUs with the STAR METRICS® program
- Institutional reports from FY 2014 represent >25% of NIH extramural funding
- Quarterly reports generation includes jobs calculations, vendor information, geographic and historical data



- Develop a common infrastructure across institutions
 - Through the partnership with FDP, STAR METRICS® has been able to collaborate on common data elements and mapping techniques
 - Standardized a modular report format and data file templates

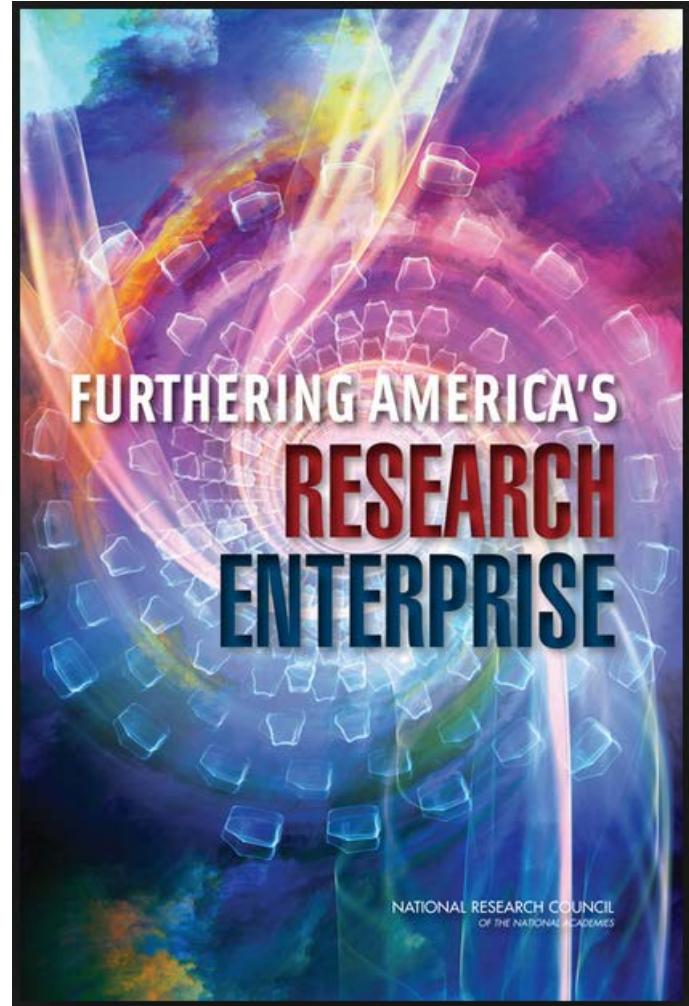
- Focus on adjusting administrative datasets to connect investments with outcomes
 - Automated generation of workforce measures using existing database records
 - Direct economic impacts of R&D spending
- Develop the academic field
 - UMetrics and other initiatives, researchers



- Successful proof of concept for using administrative data
- Created the foundation for a comprehensive dataset that can connect investments with outcomes

National Academy of Sciences Report

- Recommendations:
 - Accessibility of data
 - Linkages to other datasets
 - Limited number of data elements
 - Institutional participation



Implementing Level I on a Broader Scale

- Level I is ready to be taken to the next level
- Community-driven efforts such as UMETRICS provide an attractive pathway for expansion:
 - The expertise resides in the science-of-science and economics research communities
 - More flexibility in data collection and wider access can be provided in a community-driven effort
 - Results are more likely to be tailored to the specific needs of institutions and researchers
- The STAR METRICS® consortium wants to support such efforts and is currently exploring ways to do that



Questions



National Institutes of Health
Office of Extramural Research

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