



# How to Manage Research Data in "Collaborative" Studies between the VA and the Affiliates

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### Office of Research Oversight Challenges & Opportunities Related to "Collaborative" Research with Affiliates



#### Challenges

- Federal Records Retention Requirements
- Privacy/Confidentiality Requirements
  - Privacy Act, HIPAA Privacy Rule, etc
- Data Ownership Issues
- VA Data Security Requirements
- Dual Appointment Investigator Issues



### Office of Research Oversight Challenges & Opportunities Related to "Collaborative" Research with Affiliates

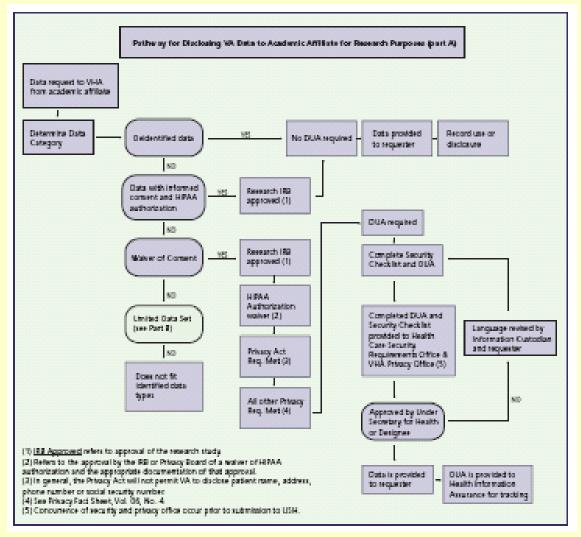


- Opportunities
  - AAMC Working Group on Information Technology Security and Privacy in VA and NIH-Sponsored Research
- The Working Group report describes:
  - Disclosure of PHI
  - Pursuant to a request from the affiliate
  - For use in non-VA research conducted by the affiliate
- ORO's Interim Guidance
  - Assumes (pending clarification in VA policy) that the Working Group report also applies to "collaborative" research in which VA data are combined with affiliate data



## Office of Research Oversight Working Group Report







## Office of Research Oversight Record Retention Requirements



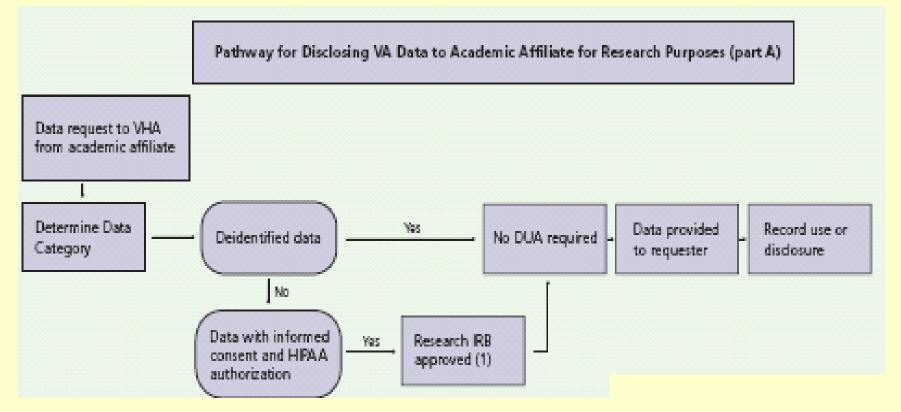
- VA research data must be maintained per Federal records retention and other requirements
- A Records Control Schedule approved by National Archives and Records Administration (NARA) is required to destroy Federal records
- Records Control Schedule for VA facility-level research records is currently under development
- VA facilities must retain data from VA research pending approval of an applicable Records Control Schedule



## Office of Research Oversight Working Group Report – Disclosure Under HIPAA Authorization



(Appendix A)





### Office of Research Oversight Disclosure Under HIPAA Authorization



- Subject's HIPAA authorization permits VA to disclose subject's data for research as described in the authorization
- No Data Use Agreement required per Working Group
- Authorization, informed consent document, study protocol, and CRADA (where applicable) must be consistent as to data and purpose
- Authorization and consent must include all required elements and permit informed decision by subject
- Research data repository (per VHA Handbook 1200.12)
  must be established if use or disclosure by VA for future
  research (ie, outside study for which the data were collected)
  is anticipated

Slide 7

# Office of Research Oversight Disclosure Under HIPAA Authorization – Data Ownership & Information Security

- Valid informed consent and HIPAA authorization are required
  - Informed consent and HIPAA authorization requirements apply to all VA PHI and individually identifiable private information that are used/disclosed for research
  - Includes clinical data used in research for "control" or "comparison" groups
- VA must retain a <u>complete record</u> (original or copy) of the disclosed data

# Office of Research Oversight Disclosure Under HIPAA Authorization – Data Ownership & Information Security

- The record <u>retained</u> by VA is:
  - Owned by VA
  - Subject to VA information security requirements
- Once the <u>disclosed copy</u> is held by the Affiliate, VA may no longer be able to:
  - Control the disclosed copy
  - Enforce VA information security requirements

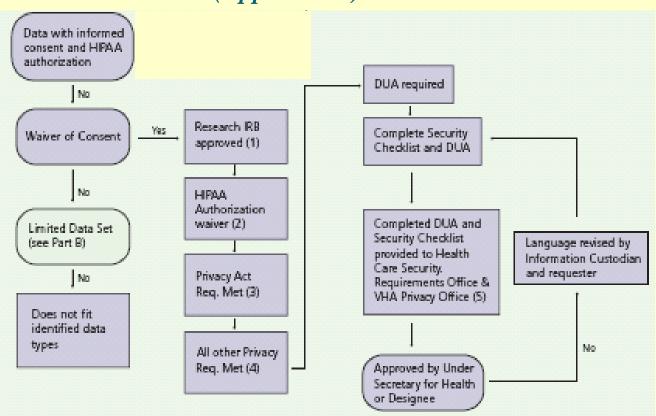


- Working Group describes disclosure <u>pursuant to a request</u> from the affiliate vs "collaborative research"
- Not clear that disclosure under a HIPAA authorization necessarily transfers ownership
- Without a DUA or other legal agreement, it would seem problematic, for VA to exert ownership of the disclosed copy of any data provided to the affiliate/collaborator
- A DUA or other legal agreement would seem to be advisable if VA wishes to exercise ownership or control of disclosed data

### Working Group Report -

#### Disclosure without Authorization and Consent

(Appendix A)



# Office of Research Oversight "Working Group" Report Disclosure Without HIPAA Authorization and/or Informed Consent

- Requirements are <u>fact-specific</u>
- ORO strongly recommends consulting ORD, the VHA Privacy Office, and Regional Counsel prior to such disclosures



## Office of Research Oversight VA Information Security Requirements



- Apply to <u>all</u> research data <u>owned</u> by VA
- If maintained electronically and containing VA Sensitive Information (VASI) <u>must</u> reside on VA-owned equipment unless:
  - A waiver has been approved by the VA CIO or
  - A valid Memorandum of Understanding / System Interconnection Agreement (MUA/SIA) has been approved <u>or</u>
  - Where appropriate, a valid contract with VA's security clause and security requirements has been established to permit alternate arrangements.





- Critical to separate and document:
  - VA activities on VA time <u>vs</u>
  - Affiliate activities on affiliate time
- Documentation should clarify:
  - VA duties
  - VA duty locations
  - VA tours of duty or time allocations
  - Data ownership issues
  - Data security requirements
- <u>Separation</u> of VA activities/research from affiliate activities/research is <u>critical</u> for studies combining VA data with affiliate data





- VA data are data collected:
  - By a <u>VA investigator</u>
  - On <u>VA time</u>
  - Under a protocol approved by the VA IRB of Record and the <u>VA R&D Committee</u>
- Affiliate data are data collected:
  - By an <u>Affiliate investigator</u>
  - On affiliate time
  - Under a protocol approved by the affiliate IRB



# Office of Research Oversight Combining VA Data with Affiliate Data for "Collaborative" Studies -Separate Activities Defined for Each Site



- The "collaborative" study should be implemented as a <u>multi-site</u> study with <u>activities</u> clearly defined for each site
- Critical factors:
  - Data collection should typically take place <u>at the VA site on VA time</u> and <u>at the affiliate/collaborator site on affiliate/collaborator time</u> as <u>separate activities</u> that can be clearly distinguished by the IRB and the R&DC
  - The status "off-site" <u>VA</u> research taking place <u>at an affiliate site</u> <u>on VA time</u> should be clarified through a written agreement with the affiliate addressing data ownership and responsibility for research-related injury
  - The R&D Committee must only approve the <u>VA research</u>



# Office of Research Oversight Combining VA Data with Affiliate Data for "Collaborative" Studies When Affiliate IRB is VA IRB of Record



- Each facility exercises latitude in administrative management of its research projects
- If the Affiliate IRB serves as the VA IRB of Record, the IRB may <u>either</u>:
  - Approve two separate "protocols" one for the VA research and one for the Affiliate research

#### <u>or</u>

 Approve a single "protocol" under which the VA research activities are clearly <u>separated</u> from the affiliate research activities



# Office of Research Oversight Combining VA Data with Affiliate Data for "Collaborative" Studies When Affiliate IRB is VA IRB of Record



- For <u>existing</u> "collaborative" studies with a <u>single</u> "<u>protocol</u>," ORO suggests:
  - Separation of VA vs Affiliate research at applicable continuing reviews occurring after December 31, 2011
  - By appropriately amending the informed consent documents and HIPAA authorizations



# Office of Research Oversight Combining VA Data with Affiliate Data for "Collaborative" Studies When Affiliate IRB is VA IRB of Record



- For <u>new</u> "collaborative" studies with a <u>single</u> "<u>protocol</u>,"
   ORO suggests:
  - Separation of VA vs Affiliate research at initial reviews occurring after December 31, 2011
  - In addition to informed consent documents and HIPAA authorizations, relevant areas of separation may include:
    - Recruitment procedures/strategies/advertisements
    - Research related procedures
    - Data collection/storage/uses/disclosures
    - VA researchers/personnel/staff
    - VA Clinics/Units/Labs/Locations involved
    - Results of VA ISO and PO reviews





- Protocols, consent documents, and authorizations for both sites must include:
  - Use of data in a multi-site study combining
     VA data and affiliate data
  - Data will be disclosed to study Coordinating
     Center
  - Location of Coordinating Center





- If Coordinating Center is at the <u>VA site</u>, the VA research described in the "protocol" must include:
  - Interaction/intervention and data collection activities at VA
  - Activities of the Coordinating Center





- If Coordinating Center is at the Affiliate Site:
  - A dual appointment investigator should <u>not</u> conduct research using the combined data set while on <u>VA time unless</u> data ownership issues have been clarified in writing
  - ORO <u>strongly</u> recommends consultation with ORD and Regional Counsel regarding data ownership clarifications





- ORO Interim Guidance on Research Data Disclosures for "Collaborative" Studies (July 27, 2011)
- AAMC Working Group on Information Technology Security and Privacy in VA and NIH-Sponsored Research

#### Available at:

http://vaww.vha.vaco.portal.va.gov/sites/ORO/RCO/default.aspx (click on: Memoranda, Clarifications, and Guidance)





#### VA Funding Available:

- Career Development Intended to attract, develop and retain talented researchers working in areas of particular importance to improve the health and care of our nation's Veterans.
- VA Merit Grants Funding of the merit is capped at \$150,000 annually. The first year may contain an additional \$50,000 in equipment or start-up funds. Studies are funded between three to five years
- VA Cooperative Studies Program (CSP)
- RIPS (Research Initiative Programs) A one-time \$10,000 grant. Typically for newer investigators.
- NIH/DOD Funding varies (Administered through CERV)
- Industry Sponsored (Administered through CERV)





#### Merit Review Qualifications:

- To be eligible to submit Merit Review proposals to BLR&D or CSR&D Services, the PI must have at least a 5/8ths time VA appointment at the time the Merit Review award is funded.
- In addition, all new <u>non-clinician</u> PIs must be accepted into the BLR&D and CSR&D intramural research program. For purposes of eligibility, a clinician is defined as a licensed practitioner with a doctoral degree (MD, DO, DDS, etc.), who treats patients at a VA Medical Center (VAMC). All others are considered as non-clinicians.
- An applicant <u>must be</u> a current U.S. citizen in order to submit an application for acceptance into non-clinician eligibility program or have a firm date for being sworn in as a U.S. citizen and submit documentation from the Immigration and Naturalization Service.
- This eligibility criteria is <u>only for non-clinician</u> investigators with doctoral degree (Ph.D. or equivalent).
- A junior investigator must be within 10 years of obtaining doctoral degree and is an independent PI.

Note: If you are a non-clinician interested in submitting grants, please contact the Cincinnati VA Research Service





#### Clinical Research Unit

- -TBN, Director
- -Colleen Rogge, RN, Nurse Manager (475-6478)
- 3 Study Coordinators
- VA and non-VA funded studies
- Planned overnight housing
- -Part of CCTST with CCHMC, UC
- –Seed grants (RIP, Rehn)





## Cincinnati Education and Research for Veterans Foundation (CERV)

- Used for the submission of NIH/DOD or Industry Sponsored grants at the VA
- Ron Hakes, Executive Director of CERV 513-474-6403
- http://www.cervf.org/





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