Bruce Blazar, MD
Narrator

Dominique A. Tobbell, Ph.D.
Interviewer

**INSTITUTE FOR HEALTH INFORMATICS
HISTORY PROJECT**

UNIVERSITY OF MINNESOTA

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In 2015, the Institute for Health Informatics (IHI) celebrates the 50th anniversary of health informatics at the University of Minnesota. Early institutional markers serve as the formal beginnings of the emergent discipline of health informatics at the University of Minnesota, designating the University of Minnesota as one of the first academic institutions to support and subsequently anchor the development of the new discipline. In 1965, the National Institute of Health (NIH) Division of Research Resources awarded the University of Minnesota's College of Medical Sciences a grant to establish a Biomedical Data Processing Unit at the University. Two years later, the Hill Family Foundation awarded a ten-year grant to Professor Eugene Ackerman to initiate a graduate research and training program in Biomedical Computing. In 1968, the College of Medical Sciences established the Division of Health Computer Sciences, which would serve as the administrative home for the NIH research resources grant, housed within the Department of Laboratory Medicine. The Division provided interdisciplinary training to pre-doctoral and post-doctoral students applying health computer sciences technology to health services research. In 1974, the University of Minnesota was awarded the prestigious National Library of Medicine Grant for Training in Health Computer Sciences, which formally established the Graduate Program in Health Informatics at the University of Minnesota. The Division and its institutional successor, the Institute for Health Informatics (created in 2006), received continuous training grants from the National Library of Medicine until 2009. For fifty years, the University of Minnesota has been one of the preeminent health informatics institutions in the United States.

The Institute for Health Informatics History Project captures, analyzes, and records the history of health informatics at the University of Minnesota. Through oral history interviews, the Project preserves the personal stories of faculty members and National Library of Medicine administrators who were involved in the early history of the field and have keen insights into the history of health informatics at the University of Minnesota.

Biographical Sketch

Bruce Blazar received a BS in Biology at Rensselaer Polytechnic Institute in Troy, New York, and an MD degree at Albany Medical College in Albany, New York in 1978. He completed a residency in pediatrics (1981) and a fellowship in hematology/oncology and bone marrow transplantation (1984) at the University of Minnesota. After spending a year as a postdoctoral research associate in the Department of Pediatrics at the University of Minnesota, Blazar was appointed assistant professor in the Department. In 2005, Blazar was appointed chief of the new Pediatric and Bone Marrow Transplantation Program; in 2007, founding director of the Center for Translational Medicine; and in 2009, founding director of the Clinical and Translational Science Institute. Blazar also serves as Associate Vice President for Clinical and Translation Science Programs. Since 2008, Blazar has served as principal investigator of the National Institutes of Health Clinical and Translational Science Award grant, which the University of Minnesota was awarded in 2011.

Dr. Blazar's research focuses on developing new approaches to prevent graft-versus-host disease and to enhance immune recovery after blood and marrow transplantation. His work also explores new strategies to prevent cancer relapse. In 2012, Dr. Blazar was elected to the Institute of Medicine.

Interview Abstract

Dr. Blazar begins by discussing the establishment of the University of Minnesota's Center for Translational Medicine and the Clinical and Translational Science Institute, and the relationship between the two centers. He next goes on to describe the application process for the National Institutes of Health Clinical and Translation Science Award and the major achievements that have resulted from the CTSA grant. Blazar goes on to discuss the importance of biomedical informatics within the CTSA program; the significance of the appointment of Constantin Aliferis, MD, Ph.D., FACMI as director of the Institute for Health Informatics, director of the CTSI Biomedical Informatics program, and the University of Minnesota chief research informatics officer; and the ongoing support and investment of the Academic Health Center leadership in biomedical and health informatics. Next, Blazar reflects on the distinctiveness of the University of Minnesota's program among the sixty institutions within the CTSA consortium, and discusses the training initiatives that are part of the CTSA program.

Interview with Doctor Bruce R. Blazar

Interviewed by Dominique Tobbell, Oral Historian

**Interviewed for the University of Minnesota
Health Informatics Project**

Interviewed in 460F Masonic Cancer Research Building

Interviewed on June 30, 2015

Bruce Blazar   - BB
Dominique Tobbell   - DT

DT: This is Dominique Tobbell. I'm here with Doctor Bruce Blazar.

You also are associate vice-president for Clinical and Translational Science?

BB: Programs, yes.

DT: I'm going to jump the usual introductory material I begin with.

Can you tell me about the establishment for the Center for Translational Medicine in 2007?

BB: That grew out of a need to move products and sells drugs and devices from bench to bedside. That was funded by the Academic Health Center [AHC]. We have a director, co-director, chief scientific officer, and, then, a staff that helps people do that.

DT: You were appointed co-director?

BB: I'm the director and John [E.] Wagner is co-director.

DT: Okay.

The Clinical Translational Science Institute [CTSI] was established in 2009?

BB: Correct.

DT: What was its relationship to the Center for Translational Medicine?

BB: The Center for Translational Medicine eventually was imbedded in the Clinical Translational Science Institute but it really functions with more autonomy than direct reports. It also reports to Tucker [W.] LeBien and myself. It's a separate entity. The Center for Translational Medicine is more lab based and bench to bedside and the Clinical Translational Science Institute is very broad.

DT: What was the rationale for establishing the CTSI?

BB: It was partly in response to a grant that we were writing…Clinical Translational Science Award [CTSA]. In part, it was to bring together various components in the institution necessary to accomplish clinical translational science: faculty development, bench to bedside, community engagement, education, and biomedical informatics.

DT: Did you have the support of the AHC leadership?

BB: Yes, they were very supportive.

DT: You mentioned the CTSA grant. I know that that grant program was established in 2006. I wonder if you could talk about the significance of the establishment of that grant program.

BB: It was meant to be a network of institutions across the country that would collaborate and work together to more rapidly accomplish the goals of improving health through collaborative studies.

DT: When did the University first decide to apply for the CTSA?

BB: The first application was in 2006.

DT: Were you involved in that application?

BB: No.

DT: You became principal investigator [PI], I think I saw, in 2008?

BB: Correct.

DT: Why did you become PI at that time?

BB: I think they were looking for a different slant on the application.

DT: What approach did you take in the application?

BB: I had a lot of focus groups, a lot of taking a step back and looking at how we might optimally leverage the environment.

DT: As I understand it, there were several unsuccessful applications.

BB: Correct.

DT: Would you be able to talk about what, generally, were the reasons for the lack of success?

BB: I don't think that relates to the interview.

DT: Okay.

The University was finally awarded a CTSA in 2011.

BB: Yes. Dean Connie Delaney was a key element for the funding of the successful application. Without her involvement, leadership, and support, I am sure we would not have been able to receive a CTSA grant. This illustrates also the critical role of biomedical informatics in clinical and translational science.

DT: How significant was that?

BB: It was the last cycle for the creation of an approximately sixty-institutional network. It was very important for us because we needed to be part of the organizational network that would be collaborating together to move this field forward and to be eligible to obtain additional grant funding where there was a requirement for a CTSA organization.

DT: Did the CTSA basically underwrite the work that the CTSI was doing?

BB: It was a partnership with the grant and the institution.

DT: What would you say the achievements—I guess it's been four and a half years now –of having the CTSA have been?

BB: In a nutshell… We've created a better clinical translational research enterprise with support services, coordinated biostatistical and a trial design area, coordinated regulatory assistance for people applying for the IRB [Institutional Review Board]. We have created financial models in biomedical informatics infrastructure that includes clinical trial management system, data privacy and security, agreements with Fairview [Health System]. In education, we funded scholars throughout, beginning with undergraduates, and summer programs all the way through faculty starting out, more junior faculty who had more experience for the KL2 Scholar Program, a program for KL2 scholars to get RO1 [National Institutes of Health Research Project Grant Program] grants, course modules, training programs, community engagement, establishing counsels, better engagement with the community, pilot studies with community co-PIs, collaborations with the [unclear] Minnesota, formalized an Office of Discovery in Translation for bench to bedside work that provides support on forming teams, helping with aims of grants and

goals of projects, intellectual property, commercialization, engagement with industry, local in particular, and an overall infrastructure where people can go to get support services for clinical translational work.

DT: When you mention community, who does that include?

BB: It includes everybody in the community. There are some more focused efforts but it's really an open platform.

DT: So all the researchers, physicians, hospitals?

BB: Yes, whoever wants to use it in practice. There are certain pockets that have been more active in that role.

DT: Have there been challenges that have been confronted during the first four to five years?

BB: I think any time you try to create a centralized approach, a lot of change is necessary and we're still working on that. Visibility and demonstrating value to the individual investigator and faculty are always challenging.

DT: I don't know if you can answer this. Are there approaches that you are taking to overcome those challenges as you prepare for the new grant submission?

BB: That would be hard to answer. We try to tackle each problem as it arises.

DT: Can you elaborate on the role and importance of biomedical informatics within the CTSA program?

BB: It's fundamentally important in all clinical trial activities. It provides consultative services for investigators and grant planning, utilization of the data. It links to the Fairview Health System, which is critical. It provides bioinformatics support. It is helping us link bio-specimens to electronic health records. It's useful as a research tool for investigators. Because we have a single clinical trial managements system, it's fundamentally important in our future.

DT: Are you able to kind of give a ballpark figure—this is a question that Connie [Delaney] had—on how much has been invested in biomedical…?

BB: I wouldn't have a clue.

DT: [chuckles] Okay.

BB: I would have no clue. She would probably know that much better than I would, since she gets the budgets. I don't. I don't look over her shoulder.

DT: Has the institutional support remained for the CTSA and the CTSI over these years?

BB: It has. There will be some cuts going forward and we'll have to see where the institution lands, but, in the first four years, it's been very constant.

DT: What is the current research of the CTSI?

BB: It's an infrastructure. There's no single research project.

DT: Can talk about the recent hiring of Constantin [F.] Aliferis?

BB: Sure.

DT: In Connie's description, that was really necessary and a high priority to hire him and I wonder if you could speak to that.

BB: It's really important to have somebody full time who is going to devote their attentions to the widespread importance and requirements for the Institute for Health Informatics, for being a chief research informatics officer, for engaging with MHealth, Fairview, the University at large, the Academic Health Center, investigators, and for recruiting new faculty.

DT: Again, was the AHC leadership invested in…?

BB: Very, [Jay] Brooks Jackson, in particular, as well as Connie herself.

DT: Do you have a sense of what the future of biomedical informatics is?

BB: I think Constantin will put his own footprint on it. He starts July 10, so I think that might be a question for you to ask him.

DT: Yes, I have already.

BB: Okay.

DT: Connie wanted me to ask you, too. [chuckles]

BB: I think the answers should align, so I would defer to him.

DT: Among the network of sixty institutions within the CTSA program, do you see if Minnesota has a distinctive approach, a distinctive role to play?

BB: I think we're still trying to sort that out. We're the newest cohort. The goals of the national organization have changed some to be far more infrastructure ready, far more developing processes, procedures, trainers, and much more in terms of national centralized efforts of recruitment centers, trauma innovation centers. So I think since

we're the youngest cohort, in the grant renewal that will be our focus and, then, we're going to have to circle back and figure out what things we could do to have a leadership role and where we are most unique. That will probably be a little clearer as we write the grant.

DT: The training initiatives that are part of the CTSA, how do they fit within the AHC's existing training programs?

BB: They're complimentary. We independently fund the activities that I've mentioned. The amalgamation is, in part, through the promotion and tenure process, rewarding team science which is fundamentally important, diversity efforts. We are looking at training workforce which is critical for the whole Academic Health Center, particularly in good clinical practice or GCP compliance. Training for regulatory compliance, we'll be engaged in that along with interactions with the community for their input in that regulatory process.

DT: What part of the training priority is tied to the need for building health information exchange infrastructure for the state or does that not fall under the purview…?

BB: That will fall partly. I would say that the Institute for Health Informatics will take the leadership role. They're the academic epicenter. We will collaborate with them and leverage, and the courses, modules, and training opportunities will be made available to those individuals that we support both at the faculty and student level, as well as workforce development.

DT: It sounds like the training initiatives are very much interdisciplinary.

BB: Yes.

DT: I know that as much as interdisciplinarity is promoted within the University, there are always tensions about how to achieve that infrastructurally and pragmatically. Have you confronted any challenges there?

BB: There are always challenges there, but I think the longer we exist and the more that we can show value to the institution, the more likely we are to break down some of those barriers. It's a gradual process. Cultural transformation is slow but achievable over time and I think even those that were wondering if we would still exist at this point are starting to work with us to brainstorm as to the best ways of engaging.

DT: With the development of the infrastructure that the CTSA allows and the priority of moving innovations from bench to bedside, does that also allow for innovations in veterinary medicine and other areas of the health sciences?

BB: We have supported some veterinary medicine pilot projects. The College of Veterinary Medicine just put an application in between CTSA organizations that require each site has a CTSA. We assisted with that to some extent; although, they led the effort.

The concept of One Health, where the health of the population, including animals, can be used to improve health of both types of species.

DT: Is there also engagement with epidemiological research?

BB: That's part of our community engagement effort, in particular, but some of our faculty scholars are focused entirely, or mostly, on epidemiology. So I'd say that's an integral part: the community engagement research that we do with pilot awards, with joint principal investigators from the community. Many of those are involved in some aspect of epidemiological studies.

DT: Is there anything else that you think is important to share about either CTSI's or the CTSA's significance?

BB: I think in these tight economic times, if we don't find ways of avoiding duplication, if we don't find ways of collaborating, it is going to be very challenging for this institution to be competitive. That requires accepting the fact that there are more efficient models that can be developed over time that serve everyone's needs, as long as there's sharing, and the risks and benefits and preservation at some level of identity or autonomy. The more we function as individuals or separate departments, colleges, or institutes, the more challenging it is going to be to compete with those other institutions that have figured a way to truly have interdisciplinary and trans-disciplinary efforts.

DT: Great. I appreciate your giving me the time.

BB: Thank you for your time.

[End of the Interview]