Agenda

Time	Topic	Speaker(s)
2:30pm – 2:35pm	Welcome	Michael Kurilla, Grace McComsey
2:35pm – 2:45pm	Working Group Proposal Review Process	Lauren Fitzharris
2:45pm – 3:05pm	WG Report Out: TL1 Visiting Scientists	Leads: Kathryn Sandberg, Dexter Lee Liaisons: Mike Holinstat, Julie Lumeng
3:05pm – 3:25pm	WG Report Out: Advancing Dissemination and Implementation Science Working Group	Leads: Reza Yousefi-Nooraie, Jonathan Tobin, Kathleen Stevens Liaisons: Gerry Moeller, Karen Wilson
3:30pm	Adjourn	Amanda Scott

Working Group Proposal Review Process

Lauren Fitzharris

CTSA Steering Committee Review of Working Group Proposals

- The purpose of the SC review of Working Group Proposals is to collect feedback about the proposals to inform the discussion and formal voting to be held during the June 22 SC meeting. The review period is open from April 10 - May 11.

- All SC members may participate in the discussion on June 22; only voting members will be able to vote.

- There are five (5) open spots for new working groups to start in July 2026.

- It is important that all voting members review the working group proposals!

CCOS

Proposal Review Demo

Working Group Proposal Review Process

- **Login to the CCOS Website**:

  - Visit the CTSA CCOS website: https://ccos-cc.ctsa.io/

  - Log in using your credentials.

- **Navigate to the Steering Committee Landing Page**:

  - Once logged in, access the Steering Committee Landing Page.

Editing your review

Edit Your Review:

If you wish to edit your review form **prior** to submission, click on the Edit button in the table to return to edit your form. This feature is available until the close of the review period.

Working Group Proposals

Proposals are available for review
from April 1, 2024 to April 30, 2024

The WG Proposals for Cycle XII are listed below. You can read each proposal by clicking on the hyperlinked proposal title. When you are ready to review it, you can do so by clicking on the "Review" button on the right. Review forms may be saved and returned to later. All forms must be submitted by the end of the review period, which is June 3, 2024. Please note that you will not be able to edit a review form after you submit.

Review Process SOP

Cycle XII WG Proposals

WG Proposal Title	Submitted By	Submitted At	SC Review Status	SC Review
Uncertainty in Artificial Intelligence Working Group 🔗	Ram GOURIPEDDI	4/1/2024, 1:04 PM	✓ Submitted	👁 View
Translational Impacts Working Group 🔗	Kristi Holmes	4/1/2024, 3:00 PM	⬤ In Progress	✏ Edit
Centering Anti-Racism in Community Engagement Program 🔗	Linda Ko	3/27/2024, 10:53 PM	Not Reviewed	⭐ Review

Viewing your submitted review

View Your Submitted Review:

If you would like to view your review form (read only) after submission to prepare for the SC meeting, click the view button. This feature will be available until the SC meeting during which SC members vote on WG proposals.

Working Group Proposals

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Thank you for participating in this process! If you have any questions, please reach out to CCOS support at Support@ccos.ctsa.io.

CTSA TL1/T32 Visiting Scientist Working Group

Chair: Dexter Lee, PhD

Co-Chair: Kathryn Sandberg, PhD

March 9, 2026

A pediatric nephrologist H. William "Bill" Schnaper, MD, was an associate chair for Faculty Development in the Department of Pediatrics at Northwestern University.

Through his service on the TL1 Directors Executive Committee, Bill provided critical input on our annual agenda at the Translational Science meetings. He was a key contributor to the design of the national TL1 Survey and he initiated our new TL1 Visiting Scientist Program.

This program is dedicated to him.
(3/16/1950 - 11/19/2020)

WSVS Grand Rounds

- **37 trainees and 18 CTSAs participated in the** WSVS Grand Rounds between November 2021 and December 2025
- **Majority of speakers** were predoctoral students
- **>90% of attendees** Agreed or Strongly agreed that they would recommend the Grand Rounds program to other trainees

Majority of Grand Rounds involve Clinical Studies

Date	TL1 Scholar	Home Institute	Host Institute	Title
November 12, 2021	Alexander Brunfeldt, PhD	Georgetown University	The University of North Carolina at Chapel Hill	Technological solutions to therapeutic challenges in stroke rehabilitation
November 29, 2021	Charles Askew, PhD	The University of North Carolina at Chapel Hill	University of California, Davis	Neutralizing Antibody Suppression: Overcoming a natural barrier to viral vectored gene therapies
December 7, 2021	Ben Osipov, PhD	University of California, Davis	The University of North Carolina at Chapel Hill	Sex differences in systemic bone loss after fracture and the effect of estrogen
January 5, 2022	Megan Srinivas, MD, MPH	The University of North Carolina at Chapel Hill	Georgetown University	Health Equity: a Translational Sciences Approach
February 7, 2022	Andreea Waltmann	The University of North Carolina at Chapel Hill	University of California, Davis	Use of the gonorrhea human model of infection for vaccine testing and correlates of protection discovery
February 25, 2022	Vanessa L. Hull, BS, BA, MS	University of California, Davis	Yale Center for Clinical Investigation	Targeting N-acetyl-L-aspartate synthesis and transport to treat Canavan leukodystrophy
March 7, 2022	Tara Bautista, PhD	Yale Center for Clinical Investigation	University of California, Davis	Parenting Mindfully for Health: Examining Stress and Coping Among Parents of Young Children

Benefits of WSVS Grand Rounds

- Opportunities to build upon one's CTS network with peers, near peers and faculty across the CTSA consortium
- Opportunities to present one's research in a low-pressure high feedback environment
- Opportunities to present longer presentations (45 min) to a broad CTS audience
- Opportunities to discover new collaborations and research opportunities

WSVS Debate Forum

The Challenge

Early-stage TL1 trainees lack opportunities to present research findings before data collection, limiting professional development and conference participation.

The Solution

Virtual debate forum where teams defend assigned positions on contemporary clinical topics, moderated by national experts, with cross-institutional collaboration.

Program Highlights (2021-2025)

4	**32**	**10**	**300+**
Debates	Trainees	Institutions	Attendees

WSVS Debate Forum

Date	Topic	Expert Moderator
Fall 2021	Statins for Primary Prevention in Elderly (≥75 years)	Dr. Steven Nissen Cleveland Clinic
Fall 2022	Can We Trust Medical Guidelines?	Dr. David F. Ransohoff UNC Chapel Hill
Spring 2024	Artificial Intelligence in Healthcare: Pros and Cons	Dr. Thomas Kannampallil Washington University
Spring 2025	Weight-Loss Drugs: Pros and Cons	Dr. Linda Shapiro Manning

► **Apr. 7, 2026** (Upcoming): Tylenol/Acetaminophen debate with University of Michigan

Key Results: Learning Outcomes

Survey Results (Statins Debate)

100%
Reported increased knowledge after debate

77%
Increased familiarity with topic

n=73 attendees

Qualitative Feedback

Skills Developed:
• Interdisciplinary collaboration
• Critical thinking & argumentation
• Evidence-based reasoning
• Professional presentation

Career Impact:
• Lasting professional connections
• Practice for job talks
• Enhanced translational thinking

Cross-Institutional Impact

Geographic Reach

Midwest: WashU, University of Michigan, University of Missouri-Columbia, Saint Louis University
East Coast: University of Pennsylvania, UNC Chapel Hill, Georgetown, Cooper Medical School
Southeast: Emory University, University of Georgia, Meharry Medical College (HBCU)

Program Value

✓ Cost-effective virtual format

✓ Scalable across institutions

✓ Expert moderation

✓ Collaborative vs. competitive

✓ Early-career focused

Addresses unmet training need: early-stage trainees gain presentation experience before data collection, expanding professional development opportunities beyond traditional conferences

WSVS Minisymposia

- **Seven** WSVS mini-symposia since October 2021
- **62 speakers:** 79% predocs; 21% postdocs
- **Research presented:** 34% Preclinical; 52% Clinical; 13% Clinical implementation and public health
- **82% of attendees** Agreed or Strongly agreed that attending the symposium was a valuable experience

Approximately 50% of CTSAs have participated in WSVS mini-symposia
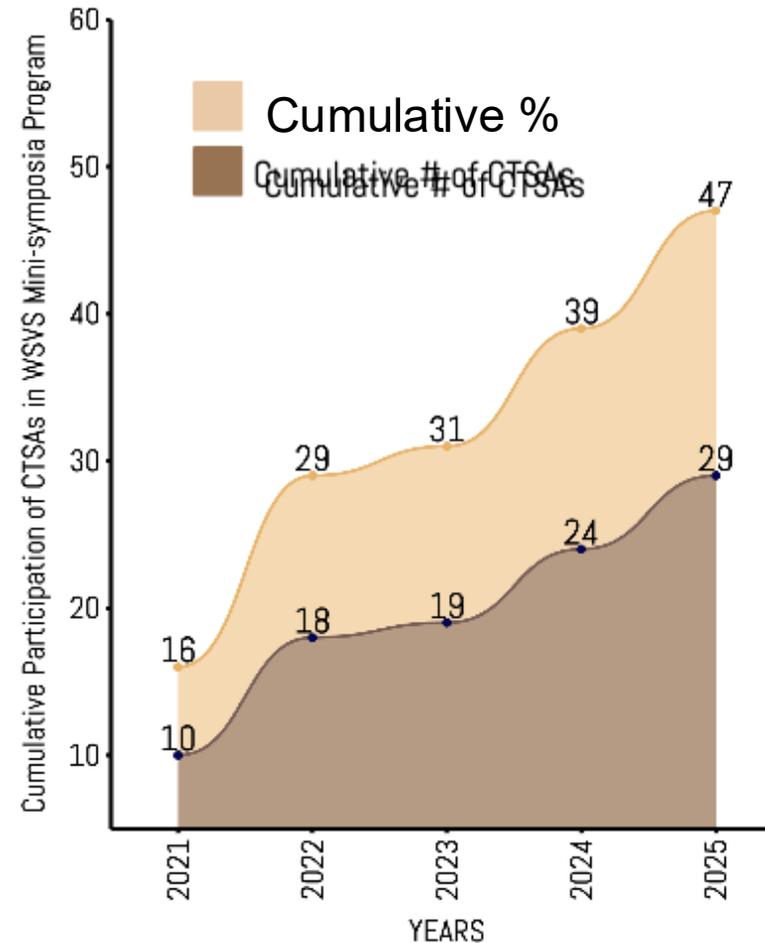
Participation in WSVS Minisymposia Spans the U.S.
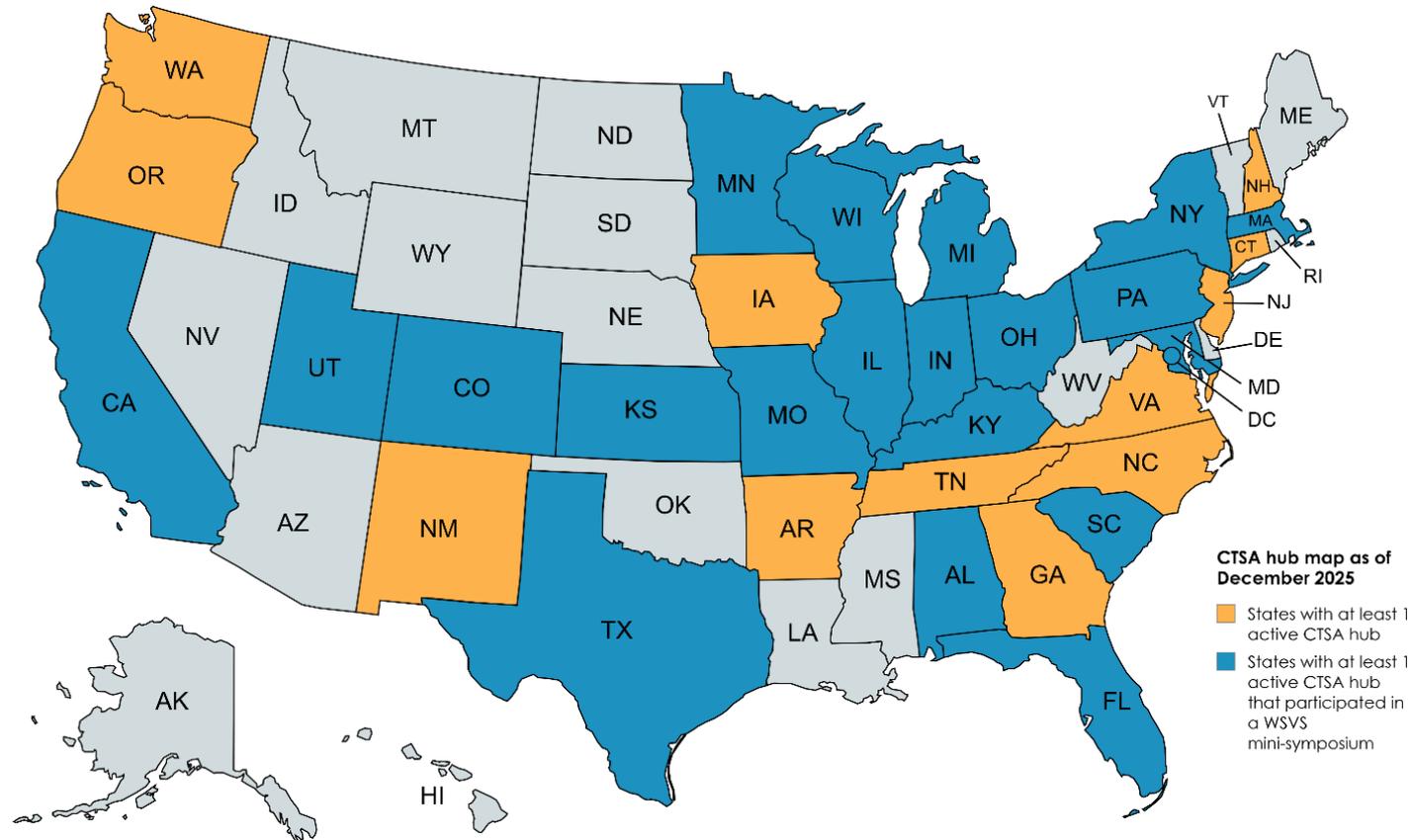
Benefits of Trainees Organizing WSVS Mini-symposia

- Opportunities to present one's clinical translational research to a general biomedical audience
- Opportunities to win abstract awards and/or platform presentation awards in a national CTS forum
- Opportunities to judge abstracts
- Opportunities to judge platform presentations
- Opportunities to moderate sessions
- Opportunities to ask questions
- Opportunities to organize mini-symposia including choosing topics, sending out requests for abstracts, advertising the event, notifying speakers, moderators and judges

Manuscripts Arising from the WSVS Working Group

National Grand Rounds for Predoctoral and Postdoctoral Translational Science Trainees: The William Schnaper Visiting Scientist Grand Rounds Program

Christopher R. Frei, PharmD[1] │ Alexander T. Brunfeldt, PhD[2,3] │
Scott McIntosh, PhD[4] │ Abby E. Spike, MS[4] │ Daniel J. Moglen, PhD[5] │
Dexter L. Lee, PhD[2] │ Kathryn L. Sandberg, PhD[2]

[1]University of Texas Health San Antonio and the University of Texas at Austin
[2]Georgetown-Howard Universities Center for Clinical and Translational Science
[3]Wright Center for Clinical and Translational Research, Virginia Commonwealth University
[4]University of Rochester Center for Leading Innovation and Collaboration (CLIC)
[5]Clinical and Translational Science Center, University of California-Davis

Manuscripts Arising from the WSVS Working Group

The William Schnaper Visiting Scientist Debate Forum: A Cross-Institutional Collaborative Learning Initiative for Early-Stage Translational Science Trainees

Adisa Kalkan, MA
Institute of Clinical and Translational Sciences
Washington University, Saint Louis

Manuscripts Arising from the WSVS Working Group

NCATS TL1/T32 William Schnaper Visiting Scientist Program: Trainee Driven Mini-symposium

Alexander T. Brunfeldt, PhD[1,2] │ Brittany M. Hufft-Martinez, PhD[3] │ Jason S. Hatfield[4] │ My Linh H. Nguyen-Novotny, PhD[5] │ Kathryn Sandberg, PhD[1] │ Dexter L. Lee[1], PhD | Desiree M. Sigala, PhD[6]

[1]Georgetown-Howard Universities Center for Clinical & Translational Science
[2]Wright Center for Clinical and Translational Research, Virginia Commonwealth University
[3]Frontiers Clinical and Translational Science Institute, University of Kansas
[4]Clinical and Translational Science Institute, University of Minnesota
[5]Clinical Translational Science Center, Weill Cornell Medicine
[6]Clinical and Translational Science Center, University of California-Davis

Advancing Dissemination and Implementation Sciences Working Group:
Dissemination & Implementation Science in
Clinical Research, Clinical Practice and Communities

Report to Steering Committee
March 9, 2026

Co-Leads

Dr. Kathleen R. Stevens

Professor
University of Texas Health Science Center
at San Antonio

Dr. Reza Yousefi-Nooraie

Associate Professor
University of Rochester Medical Center

Dr. Jonathan N. Tobin

Co-Director, Community Engaged Research
The Rockefeller University
President/CEO
Clinical Directors Network (CDN)

UT Health
San Antonio

MELIORA
UR MEDICINE
1850

The Rockefeller University
SCIENTIA · PRO · BONO · HUMANI · GENERIS
1901

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Working Group as a Community of Practice & Learning
Reauthorized June 2023-December 2025*

- **All Hubs 150 active participants (open membership)**

- **Monthly meetings**

- **Average of 40 attendees per meeting**

- **4 Subgroups working on various deliverables**
  - **PBRN Survey, PBRN Case Studies, Competencies, Compendium**
  - **Co-lead liaison for each Subgroup**

- **Collaboration with other WGs and funding agencies (NIH, AHRQ, PCORI)**

- **Google suite shared workspace**

- **CCOS Survey Specialty Team services for PBRN Survey**

This D&I Working Group builds on foundational work since 2018.

*Thank you for the 6-month extension.

DIWG GOALS 2023-2025

Goal 1: Advance critical links between research and practice communities through Practice Based Research Networks (PBRNs) by understanding how principles of engagement science and implementation science apply to (a) generating new knowledge and (b) disseminating and implementing new knowledge into practice.

Goal 2: Expand critical links between D&I and clinical research through building capacities at local hubs to create D&I competencies for translational and clinical researchers, working closely with related Enterprise Committees that are focused on community engagement, informatics, learning health systems and workforce development.

Goal 1 Deliverables: Practice Community Links

1A: <u>Case presentations</u> of best practices of promoting impactful and broadly generalizable D&I research through partnership between CTSA and practice-based research models (including <u>PBRNs</u>), as regular publicly accessible webinars.

1B: Conduct a <u>qualitative analysis of case studies</u> (presented to the WG) followed by expert panel consensus development to identify best practices of promoting impactful and broadly generalizable D&I research through partnership between CTSA and practice-based research models (including <u>PBRNs</u>)

1C: Conduct a <u>survey</u> to assess the quality and strength of <u>alignment between PBRNs and CTSA hubs</u>, support exchange, needs and priorities, and activities related to D&I research, across the CTSA consortium.
a. Survey programmed into REDCap-to be administered September
b. This deliverable has been accelerated by the survey services from CCOS/Survey Specialty Team (Dr. Scott McIntosh, head).

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Sample Case studies of best practices in PBRNs

- *Designing for Dissemination within UW-Madison's Community-Academic Aging Research Network*; Jane E. Mahoney, MD

- *Building Full Spectrum Translational Research Teams: Case Studies of Engaging Basic Scientists with Community Clinicians and Community-based Organizations in Studying Implementation*; Jonathan N Tobin, PhD

- *Blending Implementation Science, Quality Improvement and Participatory Methods: Learning from Two Decades of Work in the Oregon Rural Practice-Based Research Network*; Melinda Davis, PhD

- *A Tale of Two PBRNs: National Dental PBRN and South Texas Oral Health Network*; Rahma Mungia, BDS, MSc, DDPHRCS

- *Synergistic collaboration for infrastructural support of PBRNs and CTSAs: Example of WWAMI region Practice and Research Network;* Sebastian Tong, MD, MPH

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Qualitative Analysis

Preliminary Cross-Case Themes: PBRN–CTSA Partnerships

Main themes identified using novel AI-assisted methods as a *preliminary* analytic step.
- Across cases, the most salient partnership-relevant insights center on the role of **Practice-Based Research Networks (PBRNs)** in:
  - Connecting CTSA hubs to community priorities.
  - Supporting community engagement, fairness, and representativeness.
  - Enabling research in real-world clinical practice settings.

CTSAs contribute methodological expertise in pragmatic trials, implementation science, and quality improvement, while

PBRNs facilitate translation of evidence into local clinical workflows.

Qualitative Analysis

Enabling Conditions & Sustainability

Key enabling conditions include:

- Robust data infrastructure and harmonization across practices.

- Practice facilitation and explicit attention to clinician burden.

Sustainability depends on:

- Trust and long-term relationship building.

- Adequate and stable resource allocation.

- Engagement with policy and regulatory stakeholders.

Findings are preliminary and specific to a small set of case examples. Case study recordings will be archived by the leads for continued and deeper analysis.

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CTSA-PBRN Survey

- A total of 69 surveys were submitted from a universe of 63 CTSA Hubs
- Respondents included CTSA PIs, Co-Directors, Community-Engagement or D&I Leads and PBRN Directors
- Some hubs submitted more than one survey
- De-duplication is in process by CCOS

The following results are <u>preliminary</u>
- <u>Of the respondents:</u>
  - 75% reported a partnership with a PBRN
  - 17% are considering starting a new PBRN
  - 11% reported a prior partnership with a PBRN that is no longer active
  - 24% of PBRNs existed before the CTSA hub was established
  - 14% of the CTSA-PBRN partnerships began upon establishment of the CTSA hub
  - 24% began a PBRN after the CTSA hub was funded

- The partnering PBRNs are most often statewide (43%) or regional (33%) or local (17%)
- Most CTSAs partner with a single PBRN or with 2 more AHRQ-registered PBRNs (26%)
- 56% of PBRNs are registered with AHRQ
- CTSA-partnering PBRNs are mostly
  - Family Medicine-based (47%)
  - Internal Medicine-based (27%)
  - Pediatric-based (17%)
  - Mixed (40%)

CTSA-PBRN Survey
preliminary results

Why was this CTSA-PBRN research partnership initiated?

Summary		
The CTSA-PBRN research partnerships were initiated to address shared goals, leverage complementary strengths, and advance community-engaged research. Key reasons include improving healthcare delivery, building research capacity, aligning missions, and fostering collaboration between academic institutions and community practices. Partnerships were also driven by the need to access diverse patient populations and integrate research into clinical workflows.		
Theme	**Description**	**Exemplary Quotes**
a) Advancing Community Engagement	Many partnerships were initiated to develop community engagement and strengthen connections between academic institutions and community practices. This focus ensures that research addresses real-world health needs.	• "To develop community engagement in the region." • "As part of the community engagement core of the CTSA award."
b) Improving Healthcare Delivery and Science	The partnerships were established to improve health outcomes, advance healthcare delivery science, and address community health priorities. This aligns with the translational research mission of CTSAs.	• "To improve health and further healthcare delivery and healthcare delivery science in our region." • "To address Community Health Clinical practice and Primary Care Association health priorities."
c) Mission Alignment	Shared goals and aligned missions between CTSAs and PBRNs were a key driver for initiating partnerships. This alignment fosters collaboration and synergy.	• "Identification of mission alignment." • "To promote collaboration and synergy due to aligned mission."
d) Leveraging Complementary Strengths	CTSAs provide advanced research infrastructure, methodological support, and funding, while PBRNs contribute insights into community health needs, practice workflows, and patient experiences. This complementary relationship benefits both parties.	• "CTSAs provide advanced research infrastructure, methodological support, and funding mechanisms, while PBRNs contribute deep insight into community health needs, practice workflows, and the lived experiences of diverse patient populations." • "To mutually benefit the CTSA and PBRN research."
e) Accessing Patients and Data	Partnerships were initiated to provide access to diverse patient populations and leverage electronic health records (EHRs) for research. This access is critical for conducting successful clinical trials and improving care delivery.	• "In order to conduct successful clinical trials, there needed to be access to patients." • "Specifically to figure out how to use all of the investment in electronic health records to benefit research and patients."

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CTSA-PBRN Survey

preliminary results

What types of support does your CTSA provide to the partnering PBRN(s)? - <u>Check All That Apply</u>

<u>>50%</u> highlighted

Human Subjects Protection (IRB) Review	43.8% (14)
Scientific or Administrative Review	31.3% (31)
Regulatory Support (e.g., preparing investigational new drug applications or investigational new device exemptions)	28.1% (9)
Human Resources guidance	18.8% (6)
Workforce to support PBRN infrastructure	**56.3% (18)**
Administrative support	**53.1% (17)**
FTE % (clinicians, faculty, etc.)	**71.9% (23)**
Accounts management	21.9% (7)
Biostatistics and data analysis	**50% (16)**
Informatics (e.g., Data Science, EHR queries; developing and managing research databases)	**59.4% (19)**
Payroll administration	15.6% (5)
Research coordination	**53.1% (17)**
Training	**65.5% (6)**
Research design	40.6% (13)
Consultation	**65.6% (21)**
Laboratory support for research samples	12.5% (4)
Continuing Education/CME, CNE accreditation	15.6% (5)
Communications support	43.8% (14)
Public Relations support	18.8% (6)
Other, please describe	15.6% (5)
None	3.1% (1)

CTSA-PBRN Survey

preliminary results

Identify the types of collaboration activities resulting from your CTSA-PBRN research partnerships - <u>Check All That Apply</u> **>50% highlighted**

Training (e.g., KL2, TL1, career development)	**60.0% (18)**
Informatics	46.7% (14)
Working with special populations	**63.3% (19)**
Industry relationships, development of drugs/devices	26.7% (8)
Dissemination activities (e.g., marketing, presentations, publications)	**63.3% (19)**
Implementation of research results to improve practice	**73.3% (22)**
Quality Improvement	**80.0% (24)**
Team science in conducting research	**73.3% (22)**
Public health policy change	40.0% (12)
Other	3.3% (1)
None of these	3.3% (1)

Goal 2 Deliverables: Capacity Building

- 2A: Development of a consensus paper on training guidelines to achieve **minimum competencies** of D&I for translational research, applicable by CTSA hubs.
  - Competencies identified (adapted from Baumann et al. 2025)
  - Delphi panel consensus

- 2B: Expand the **Compendium of D&I resources** to include model curricula for training and disseminating D&I competencies, as well as models of integrating D&I into practice-based research models.

Competencies-Delphi

Study Design and Process

Two-round **modified Delphi** to identify *essential dissemination and implementation (D&I) competencies for translational research*.

We synthesized over 350 competency-related items from *Baumann et al. (2025) review* into **42 actionable competencies** across **16 categories**.

The preparatory phase included **16 invited experts**.

13 panelists completed essentiality and feasibility ratings in two rounds.

Between rounds, panelists received individualized feedback reports and participated in a moderated live discussion before revising scores.

Competencies-Delphi

Essentiality and Feasibility

All competencies received high essentiality ratings, with agreement strengthening in round two.

15 competencies achieved the highest essentiality score (median = 5) with unanimous consensus.

Feasibility ratings were generally high but more variable:

- Median feasibility ≥4 for 26 items in round one and 28 items in round two.

- Disagreement decreased after the second round.

Competencies-Delphi

Competencies	Essentiality	Feasibility
Formulate implementation research questions derived from research and practice.	5 (0)	5 (0.25)
Identify appropriate research methods and conduct rigorous and relevant D&I studies.	5 (0)	5 (0)
Provide training and education on D&I-related topics.	5 (0)	5 (0)
Locate, appraise, and synthesize evidence for the effectiveness of interventions.	5 (0)	5 (1)
Assess the barriers and facilitators of D&I through theoretically driven, reflexive approaches.	5 (0)	5 (1)
Develop, deliver, monitor, and evaluate D&I strategies.	5 (0)	5 (1)
Develop and evaluate relevant, valid, and feasible metrics for the outcomes of D&I research.	5 (0)	4 (1)
Develop teams with expertise and perspectives needed for the D&I practice and research, including researchers, users, and other interest holders.	5 (0)	4 (1)
Determine the priorities for key interest-holders and users of the intervention.	5 (0)	4 (1)
Develop projects tailored to the needs of D&I research sponsors, partners, and users.	5 (0)	4 (1)
Identify multi-level contexts of the dissemination and implementation.	5 (0)	4 (1)
Meaningfully engage relevant and justified interest-holders in D&I research and practice.	5 (0)	4 (1)
Incorporate contexts and systems into the design, data collection, analysis, and interpretation.	5 (0)	4 (1)
Recognize and incorporate the influence of external context, such as regulations, policies, and broader events, on D&I efforts.	5 (0)	4 (2)
Link barriers and drivers to strategies and ensure that barriers and strategies reflect constituent preferences and priorities.	5 (0)	4 (1)

Goal 2 Deliverables: Capacity Building

- 2A: Development of a consensus paper on training guidelines to achieve **minimum competencies** of D&I for translational research, applicable by CTSA hubs.
    - Competencies identified (adapted from Baumann et al. 2025)
    - Delphi panel consensus in progress

- 2B: Expand the **Compendium of D&I resources** to include model curricula for training and disseminating D&I competencies, as well as models of integrating D&I into practice-based research models.

Compendium of D&I Training

- The report was published in *Journal of Clinical and Translational Science* with the following citation:

- Lennox LA, Shelton RC, Rohweder CL, Kwan BM. The Clinical and Translational Science Award compendium of dissemination and implementation science resource catalogs: Capacity building tools for clinical and translational scientists. *Journal of Clinical and Translational Science*. 2025;9(1):e154. doi:10.1017/cts.2025.10087
https://pubmed.ncbi.nlm.nih.gov/40895450/

A centralized, readily accessible repository for resources to guide capacity building and application of D&I science methods in CTSAs.

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Thank You

Our work has been greatly facilitated by the consistent and valuable liaison provided by

**Dr. Audie A. Atienza
Senior Program Officer
NIH/NCATS/CTSAPB/DMTS**

QUESTIONS / ANSWERS
DISCUSSION

Questions to Committee:
Recommendations for Next Steps

We perceive the prominence of D&I (Element B) in current CTSAs. We also are aware of the priority of building workforce capacity in these fields to meet demand.

1. Application for the next DIWG was not authorized. What guidance might you have to frame the goals for the next DIWG?
2. In what form would this D&I work best fit into NCATS strategic plan? (E.g., working group, enterprise committee, etc.)
3. Given the rich return on and the significant investment of gathering and analyzing the CTSA-PBRN collaboration survey data, we request resources for the next steps—extend analysis, disseminate lessons learned.

Next Meeting: March 23, 2026

Agenda

- Survey Review

- Pod Feedback

- Pod Spotlight: Dartmouth Clinical and Translational Science Institute

- WG Report Out: Catalyzing Impact on Health & Health Care through Effective Partnerships with Learning Health Systems

If you are unable to attend a meeting, please inform us at steeringcmte@ccos.ctsa.io. Slides and summaries will be made available post-meeting. Substitutions are not permitted for Steering Committee meetings.

CCOS