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May 27, 1976

PATENT BRANCH, OGC

JUN 2 1976

Mr. H. Gordon Howe
Manager, Licensing
Research Corporation
405 Lexington Avenue
New York, New York 10017

Dear Gordon:

Enclosed are some comments by Norm Latker on the "Impact of Public Disclosure on the Proprietary Interests or Patent Rights in Information Contained in Research Protocols, Hypotheses, or Designs Submitted by Universities or Other Non-Profit Organizations to DHEW as Part of a Grant or Contract Proposal or Application."

Norm's comments are very much to the point and may be useful for the purposes of your LES subcommittee.

Best regards.

Very truly yours,

Niels J. Reimers

cc: Norman Latker
Enclosure
NJR:sh

Director, NIH
Through: ES/NIH

November 26, 1975

Deputy Director for Science

The Gap in Technology Transfer

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After listening to many discussions of the technology transfer problem, I am driven to the following conclusions. The principal clients of the NIH are the medical schools, the teaching hospitals, and the life science departments of the universities. Between these applicants and the NIH there is, I believe, no significant information barrier. There is a free flow of information in both directions, and anything which is known at either end of the channel can fairly promptly be ascertained at the opposite end. Furthermore, I believe that there is quite free transfer of information between the several applicant institutions. Thus, what is known today at Harvard will be known at Yale early tomorrow morning.

The gap in the transfer of medically potentially useful information lies, I believe, between the medical schools-teaching hospitals on the one hand and the physicians in practice on the other. The medical schools and teaching hospitals are specifically designed to provide medical education; they are staffed for this purpose and they perform the job very well. It is unfortunate, however, that they usually concentrate on the four pre-doctoral years and the three to five postdoctoral years, leaving what happens beyond this point largely to chance encounter. Some schools make a very conscious and effective effort in the field of continuing education but these are, I believe, still in the minority. Nonetheless, the medical school and its teaching hospital are the institutions best equipped to assume this responsibility.

Attention is directed to the Morrill Act which was passed during the Civil War to establish the Land Grant Colleges. It is my recollection that the terms of this Act provided that in each State no more than one college should be selected and endowed with a parcel of Federal real estate. In exchange for this award, the school undertook to provide services particularly to the farmers and the manufacturers of the community. The selected colleges in general created agriculture schools and engineering schools for this purpose. Agricultural agents were retained who were in part faculty members of the agriculture school and in part the counselors and teachers to the farmer. Every farmer thus had the opportunity of becoming attached to the agriculture school of his regional land grant college, and in large numbers the farmers availed themselves of this opportunity. Perhaps to a somewhat lesser degree the manufacturers also had the opportunity of associating with the regional engineering schools.

While I was at Rutgers, I had the opportunity to watch the operation of this school of agriculture-agricultural agent-farmer association. I can attest that it was a very successful operation. The close association of the Rutgers tomato and the Campbell Soup Company to the State of New Jersey is a direct consequence of this kind of association. The farmer is kept very well informed of recent developments and has a point of reference for all questions of a technical nature which arise in his work.

With this as a model, I would like to suggest the consideration of the establishment of "Health Grant Colleges." Let us assume that no more than one medical school in each State, or major segment thereof, is so designated. It should then enter into a contract with an appropriate branch of the Federal Government, possibly the Health Resources Administration, in which that medical school undertakes to provide professional medical expertise to the physicians of the region. Such experts would be members of the faculty of the medical school but would spend a considerable portion of their time in maintaining a system of continuing education for the physicians of the neighborhood. This I would conceive as variously situated in the community hospitals, in the county medical societies, and on the medical school campus. The agent might well simultaneously occupy the position of director of medical education at a community hospital, or chairman of the program committee of a county medical society. He would have regular hours during which he would be available to any physician in the area who might need his advice. He would, in turn, secure for such a physician the best available information from his medical school colleagues. In exchange for all of these services, the school would be reimbursed by the Federal agency in charge to the extent of the salaries, travel expenses, and incidental costs of the program described. I believe that in some such way a realistic correction of the information gap could well be achieved and an increasing participation by the physicians of the community in the doings of one of their medical schools would result.

The medical school of the University of Kansas, Kansas City, has worked out a solution for its continuing education problem which is not unlike that described above. It offers some forty 5-day seminars each year, available to physicians of the neighborhood. It also provides visiting teams of doctors who make rounds among the outlying communities of the State. From an occasional visit to this State, I conclude that the system works quite well.

Through the channel of the land grant college and the agricultural agent, the American farmer is kept well informed of advances in agricultural science. The mechanism initiated by the Morrill Act has undoubtedly paid off very well. It could serve as a model for the comparable problem of continuing education for the physician. The happy day might actually arise when the health sciences agent of the health grant medical school will

replace the detail man of the pharmaceutical manufacturer as the most available and the most accurate source of new knowledge and new information to the practicing physicians of the United States.

DeWitt Stetten, Jr., M.D., Ph.D.

NIH/OD:DStetten/nh