

Knowledge that will change your world



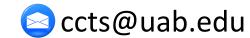
# The Business of Clinical Trials: Who Pays? Who Profits?

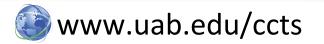
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The Center for Clinical & Translational Science











# Acknowledgements

- Cystic Fibrosis Therapeutics Development Network
- Cystic Fibrosis Foundation
- Kate A. Hilliard, BA. CCRC
  - Director of Clinical Research Operations, Rainbow Babies & Children's Hospital
- Patrick Flume, MD
  - Director or Cystic Fibrosis Center, Medical University of South Carolina











# Objectives and Goals for Forum and Panel Discussion

- Understand and review the business of clinical trials
- Develop fair and appropriate budgets
- Understand both straightforward and under-recognized cost
- Developing a system for effective cost recovery
- Present tips and tools for successfully negotiating your budget



# What do we mean by "The Business of Clinical Trials"

- Managing the Program
  - Hiring/Firing
  - Training and Certification, equipment maintenance, supplies
  - Developing a performance portfolio
- Managing the Clinical Trials
  - Performing feasibility assessments
  - Matching participation to interest
  - Recruitment
  - Recognizing and managing lack of success (no activity does not equal no cost)
- Managing the Money



# First things First...Know Your Cost

### Indirect Cost

Money paid to the institution for basic infrastructure cost

### Patient Care Cost

Budgeted Items paid for services rendered (x-ray, labs, etc)

## Personnel time

- PI, RC, Pharmacist, Administrative support to conduct the study visits
- Poorly defined but often extensive, between patient demands on the team
- Study Start-Up Cost
- Invoice Items
- Study Close out
  - FDA audits, document storage





# **UAB Cystic Fibrosis Program Start-up Fees**

Personnel Rates: PI: \$250/hr

RC: \$90/hr

Admin: \$80/hr

RA: \$50/hr

Activity	PI Hours	RC Hours	Admin hours	Cost
Feasibility Questionnaire	2	2		\$770
IRB Preparation	8	40		\$5600
Budget/Contract Preparation	8	40	20	\$7200
eCRF Training	1	4		\$610
Site Initiation Visit	8	2		\$1220
Source Document Development	2	16		\$1940
CHRU FEE				\$1500
Pharmacy Start Up Fee				\$950
Subtotal start Up Cost				\$19,790
Institutional Indirects (30%)				\$5,937
Total				\$25,727





# Invoiceable Items Know what your Invoiceables items are and plan ahead!!!

## Procedures that **MIGHT** happen

Screen Fails

Pregnancy Test

**Unscheduled Visits** 

Travel, Overnight Stays

**Adverse Events** 

**Creating Source Documentation** 

Dry Ice

Amendments, Renewal Fees

IND safety Reports

Document Retrieval (after close out)

FDA Audit

Procedures that Will Happen

Monitoring Visits

Archiving, Data Storage

Pharmacy Dispensing Fees

Close out Fees

**Conference Calls** 

Develop your PI and RC time for these Invoiceables and be prepared!!!





# Go into the Negotiation Prepared!

# Use the Tools you have:

- Synopsis, study schedule, study design
- Subject Selection
  - Population, Inclusion/Exclusion
  - Study Drug
- Study procedures and guidelines
- Evaluations by visits
- Adverse event reporting
- Data Collection

Remember!!
A CRO/Sponsor will never offer the amount of compensation your deserve, only the amount you negotiate!!!





# **Negotiation Considerations**

# **Study Visits**

- Before the Visit
  - Prescreening, Recruitment, prep time,
- During the Visit
  - Study Activities, lab processing, shipping, dry Ice, complicated medical history review
- After the Visit
  - Data entry, queries
  - Processing Specimens/Shipping
  - Invoicing and reconciliation





# For Example....

- □ Identify the length of each visit
- □ Identify the test that are billable
- □ Are there both Tech/Professional costs associated with the test
- □Central Lab vs Local Lab
- □Review all footnotes, may find hidden cost
- □Determine personnel time

Protocol eICE-ID-10 Confidential

#### APPENDIX 1. SCHEDULE OF EVENTS

	VISIT 1 SCREENING/ BASELINE (Day1)	VISIT 2 (Week 13) <sup>a</sup>	VISIT 3 (Week 26) <sup>a</sup>	VISIT 4 (Week 39) <sup>a</sup>	VISIT 5 / FINAL STUDY VISIT (Week 52) <sup>a</sup>	EARLY WITHDRAWA L VISIT
Review study/ obtain Informed Consent/HIPAA/Specime Banking Consent/C sent to collect CFF Resstry ID	X					
Assign aque screening number	X					
Pecord Demographics Data	X	-				
Record Medical History	X					
Record most recent respiratory microbiology culture	X				X	X
Concomitant Medications	X	X	X	X	X	X
Confirm Eligibility	X					
Adverse Event		X	X	X	X	X
Administer study instruments <sup>b</sup> :						
1.CFRSD	X	X	X	X	X	X
2.CFQ-R	X	X	X	X	X	X
3.TAQ-CF	X	X	X	X	X	X
4.HADS	X	X	X	X	X	X
5.MOS-SSS	X	X	X	X	X	X
6.Global Assessment of Protocol Burden					X	X
Complete Physical Exam	X				X	X
Abbreviated Physical Exam		X	X	X		
Vital signs, height, weight	X	X	X	X	X	X
Oximetry	X	X	X	X	X	X
Spirometry	X	X	X	X	X	X
Blood for Repository <sup>d</sup>	X					
Randomization	X					
Early Intervention group training	X					
Review standard approach to exacerbation management	х					
Pulmonary Signs and Symptoms Evaluation		X	X	X	X	х

<sup>±7</sup> days

Version # 3.0 Version Date: 30Jan 2012

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Subject questionnaires should be administered at the start of each study visit.

For subjects randomized to the Early Intervention arm, training includes use of AM2 monitor for both spirometry and CFRSD, demonstration of data transmission, and providing subjects with AM2 monitor and data transmission equipment. Baseline for AM2 monitor for both spirometry and CFRSD will be performed at this study visit.

Only if specific consent has been given. For subjects whose baseline visit has occurred prior to the date of IRB Approval of Protocol Amendment 1, a baseline specimen for the clinical biorepository can be collected at a subsequent visit provided the subject is not exacerbating (is in a clinically stable state).



## For Example....

#### Study Procedures with Time Costs

Please use the Schedule of Events below to estimate the staff time to complete the visit.

Procedures that are typically charged with a set procedure cost (and not based on time) are not included in this list and the procedure cost should be entered on the Site Standard Costs tab.

eICE-ID-10	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Acute Visit w/blood draw	Acute Visit w/out blood draw	Acute FU Visit
Pre-screening (Medical Record Review)	Х							
Informed consent and assent	X							
Demographics/CF Diagnosis	Х							
Medical History	X							
Signs and Symptoms (Baseline and AEs)	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC
Concomitant Medications Review	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC
Administration of CFRSD	Х	Х	Х	Х	Х	Х	Х	X
Administration of CFQ-R,TAQ,HADS,MOS	X	Х	Х	Х	Х			
Administration of Treatment Burden					X			
Physical Exam (PI)	SOC				SOC			
Abbreviated Physical Exam		SOC	SOC	SOC		SOC	SOC	SOC
Vital Signs	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC
Weight and Height	SOC	SOC	SOC	SOC	SOC	SOC	SOC	SOC
Oximetry	X	Х	Х	Х	X	Х	Х	X
Randomize	X							
Early intervention training	[X]							
Review exacerbation management	Х							
Visit Prep and Follow-up	X	Х	Х	Х	Х	Х	Х	X

#### TIPS:

- □Use this as a worksheet!!!!
- □Allows you to identify SOC
- ☐You may find things in the protocol not listed
- on the schedule of events
- □ Every visit should include PI time
- □Include RC prep time
- ☐ Include data entry and query resolution
- □Don't shortchange yourself

Key: Only procedures done for research purposes will be reimbursed.

- X Procedure should be included in the estimate for staff time as this procedure is being performed for research only.
- SOC Procedure is performed as part of standard of care. Do not include as part of estimate for staff time.
- [X] Only need to perform for half of subjects





# Now your Ready to Negotiate!!

"Let us Never negotiate our of fear, but let us never fear to negotiate" -John F. Kennedy

How do we come to an agreement?

# **Negotiation process steps**

- 1. Follow the same process for every study
- 2. You must know how far you can lower your charges without losing money
- 3. You should understand the concept of fair market value
- 4. Establish a site specific checklist for all aspects of the process
- 5. Know when to walk away, even if temporarily



## **Fair Market Value**

## What is Fair Market Value?

- Average cost/charge of a procedure across all markets
- May be based on previously negotiated amounts from other trials at your site or an aggregate of other sites
- A sponsor may determine the lowest negotiated amount for an item and apply it across all sites.
- Fair market value must be addressed per site (i.e. past performance) and per market
  - As well as per disease
  - And in response to protocol specifications (in patient vs outpatient)





# **Billing and Reconciliation**

You Negotiated the Contract and You Did the Work so COLLECT THE MONEY



## **Business of Clinical Trials Trivia**

What is the average percentage of the Budget that research sites do not collect due to lack of invoicing???

26%

Source: Quintiles, SCRS (2016), Tufts CSDD





# **Billing and Reconciliation**

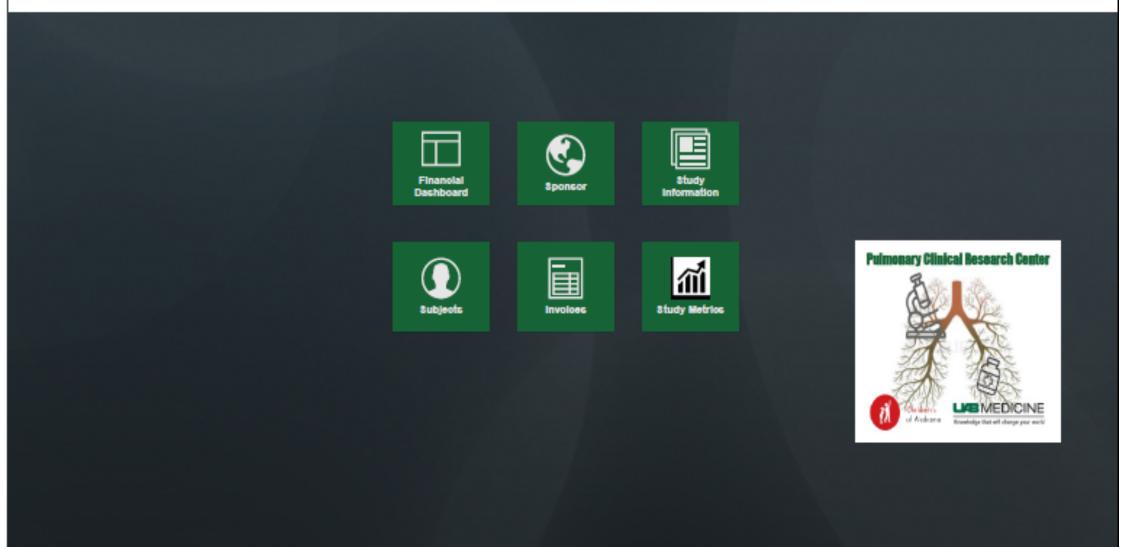
While we wait for Oncore....

- Develop a system for tracking all charges and events
- Submit invoices for all of these items according to the time schedule outlined in the contract
- Reconcile the payments with invoices on a periodic basis
- Do not close the grant until you are assured you have received all payments



# Knowledge that will change your world Knowledge that your world Kn













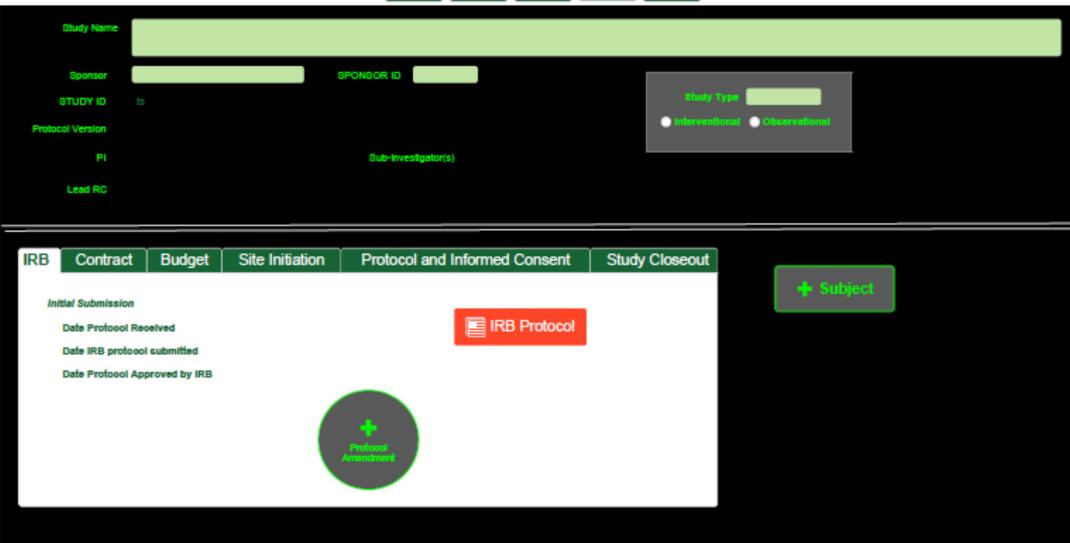




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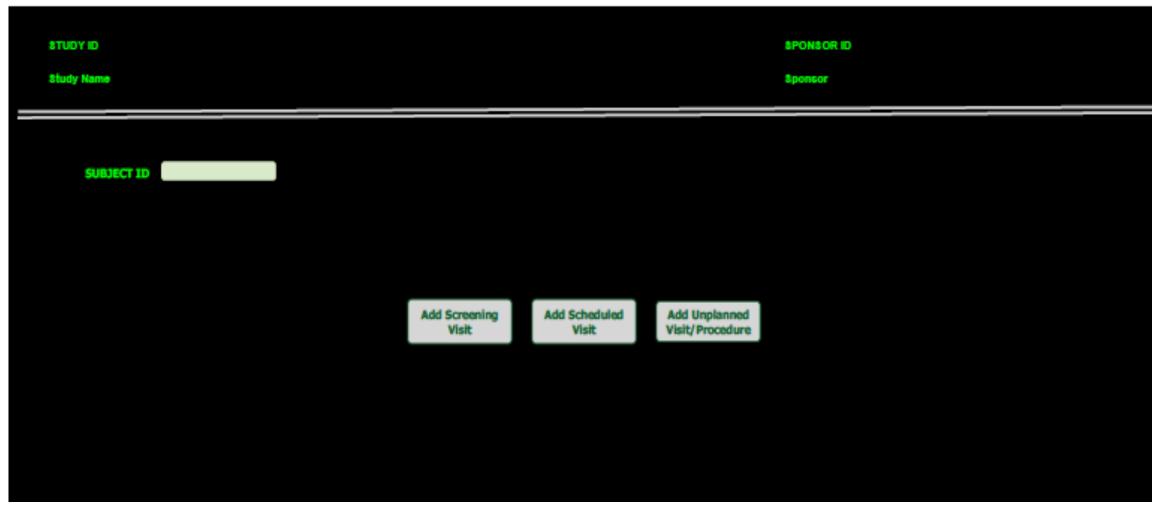












#### Wednesday, June 28, 2017 at 12:20:06 PM Eastern Daylight Time

Subject: Invoice #014 | COA/UAB PULMONARY CLINICAL RESEARCH CENTER

From: Isabel Lowell smith, john To:

CC: hhathorne@peds.uab.edu, tirby@peds.uab.edu, thyrzajohnson@uabmc.edu,

miriammiles@uabmc.edu

Attachments: Invoice 014.pdf

Please review attached invoice and remit payment by due date.

Thank you,

UAB/COA Pulmonary Clinical Research Center





#### INVOICE

#### **COA/UAB PULMONARY CLINICAL** RESEARCH CENTER

DATE: 6/28/2017

TS

Sponsor ID: 1010

Invoice #: 014

Attn: Miriam Miles

UAB

1600 7th Avenue South, LHT 752H

Birmingham, AL 35233

#### Payment in full is due by 7/28/2017

#### BILL TO:

TS

123 research drive Birmingham, AL 35233 USA

ITEM	QTY	UNIT PRICE	AMOUNT
Budget Preparation	1	8,240	\$8,240.00
IRB Preparation and Submission	1	4,640	\$4,640.00
Lab Set Up Fee	1	1,300	\$1,300.00
Site Initiation Visit	1	1,140	\$1,140.00

\$15320.00 Subtotal

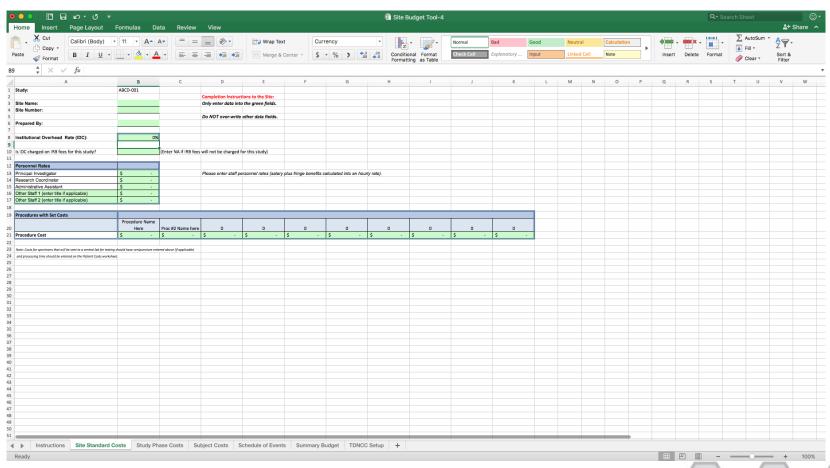
\$4596.00 Indirect Costs

\$19916.00 TOTAL

Filemaker, billing program designed by Isabel Virella-Lowell, MD

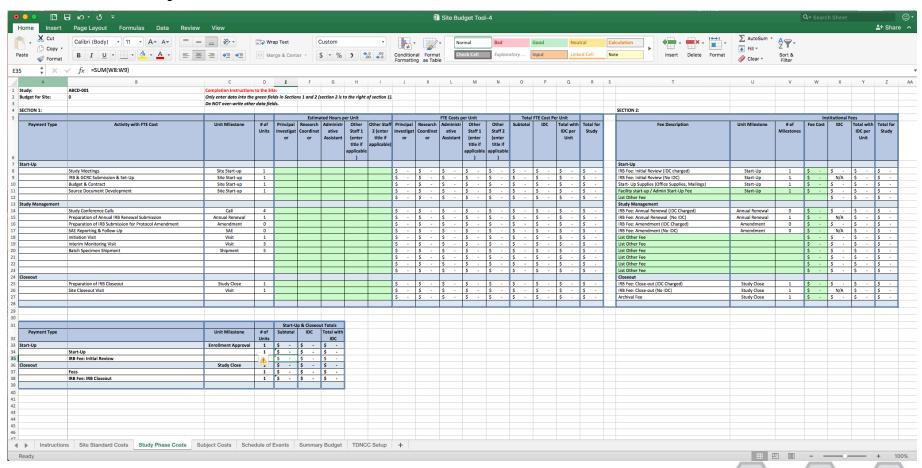


## Site Standard Cost



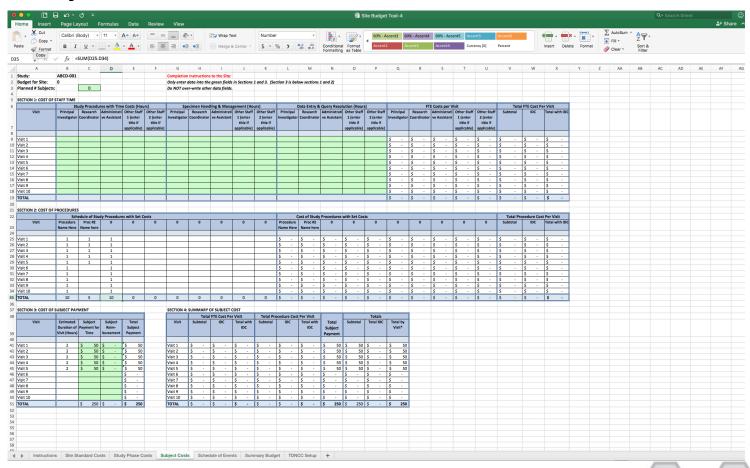


# Study Phase Cost





# **Subject Cost**









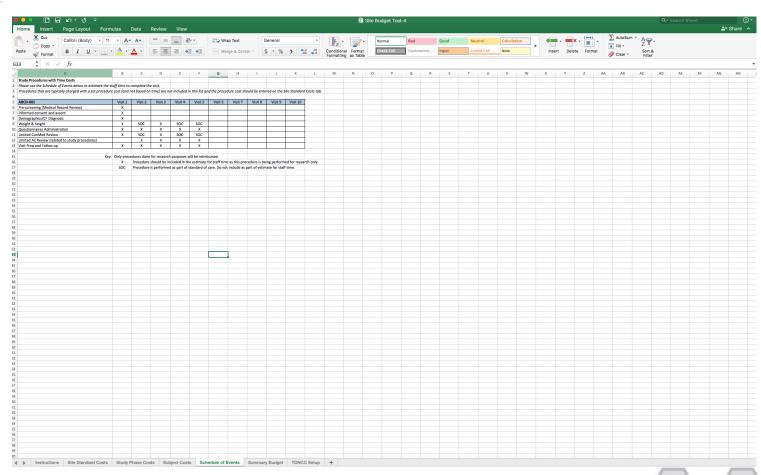








## Schedule of Events







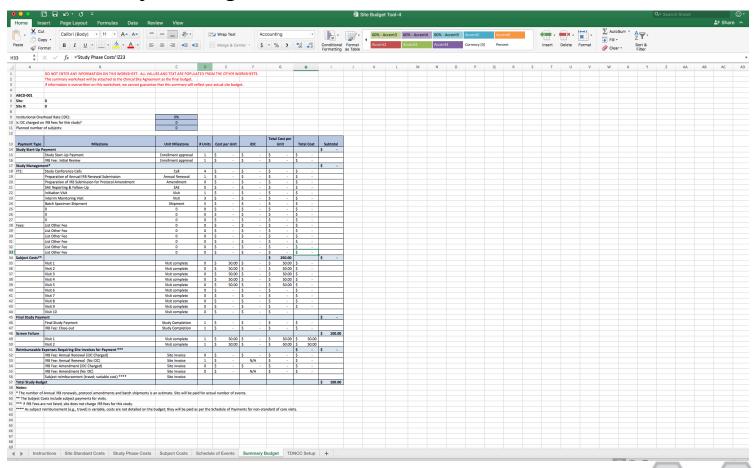








# **Summary Budget**

















# **Start-Up Timeline Tool**

Site Start-Up Timeline Template			
Protocol	Protocol		
Number:	Title:		

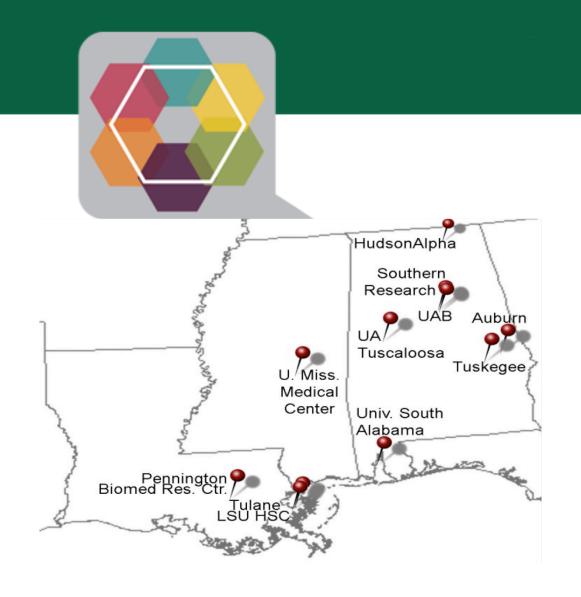
The table below includes tasks associated with study start up, typical turn-around time and target dates for completion. The table also identifies the personnel responsible for completing the task. This tool can be customized for your <u>site specific</u> requirements.

Task	Personnel	Time Required	Target Start Date	Target Complete Date	Actual Completed Date
Review budget	PI/RC/Business Manager	3-5 hours			
IRB prep/review by sponsor	PI or RC	Prep (10 hours) Sponsor (2-5 days)			
IRB submission	RC	2-3 hours			
IRB review	By Committee	Depends on schedule			
Peds IRB review	By Committee	Ad hoc 2 weeks			
PRC-GCRC review	By Committee	3 weeks to get on schedule			
PRC-GCRC preparation	RC	2-3 hours			
Contract review/ negotiations	By Legal	4-6 weeks			
Obtain IRB approval	PI/RC	Concurrent w/contract			
Finalize contract	PI/RC	Concurrent w/IRB approval			
Investigator Meeting	PI/RC	1-2 days			
Site Initiation Visit	PI/RC	1 day			
Enroll 1st Subject	PI/RC	1 day			



## **Panel Discussion**

- Steven Rowe, MD, MSPH
   Director, Gregory Fleming James Cystic Fibrosis Research Center
   Co-Director, CCTS Children's Health Research Unit
- Mansoor Saleh, MD
   Medical Director, UAB Clinical Trials Administration Office
   Director, CCTS/CCC Phase I Clinical Trial Unit
- Mark Dransfield, MD
   Department of Medicine Professor, Division of Pulmonary, Allergy, and Critical Care, Director UAB Lung Health Center



# Questions?

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