## NEGOTIATING CLINICAL TRIAL BUDGETS

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## Amateur Budget Negotiator

## OVERVIEW

- Budget Types
- Analyzing the Protocol
- Negotiating the Contract
- Discussion / Tips


## Goals

- Participate in the development of new treatments and medicines
- Recognition

- Part of Hospital Mission Statement


## And.....



Profit Margins

## The Bottom Line...

...Is Not Always The
Bottom Line

## TYPES OF BUDGET

- ITEMIZED PER SUBJECT
- STUDY BUDGET (Set-up, Investigator Fees, Pharmacy fees etc.)
- PRESET BUDGET (Lump sum)


## 3 "EASY" STEPS

- Review (What is involved with this study?)
- Determine Profit (What is the profit margin?)
- Revise (Negotiate)



## ANALYZING THE PROTOCOL

- Feasibility
- Focus quickly on whether or not you can/want to do study



## Investigator Motto

- Just Do It


## Available Resources

- Patient Population
- Staff to properly conduct study - Study Coordinator and Nurses
- Access to specialized tests / equipment such as CT, MRI, refrigerated centrifuge etc.
- Is Medical Coverage required?



## Do you have the patient population?

If not:
Cost of Recruitment
Advertising
Stipends

## Staffing

- Principal Investigator
- Sub-Investigators
- Study Coordinators
- Nurses
- Lab
- Pharmacy
- Etc.



## Specialized Equipment / Tests

- MRI
- CT
- Cardio
- Pulmonary Function tests
- Day beds
- Refrigerated centrifuge ...



## STUDY SCHEMATIC Schedule of Assessments

- Good synopsis of study requirements
- Create a template to roughly estimate costs



## Institutional Costs

25\% Overhead

## Cost and Charge

- Find out what a procedure or test actually costs
- Charge a higher rate to sponsor


## Staffing Costs

- Do not quote actual hourly rate.
- Inflate salary to cover benefits, vacation pay, sick pay coverage, overtime, raise increases for study personnel (for studies of long duration)


## Investigator Fees

- Need to factor this in with itemized budget formats (as well as lump sum budget)
- Follow MSP rates for physicals, medical histories - usually \$150-\$200 / hour
- Consider time for meetings, reviewing and signing CRFs, DCRs, etc.


## Pharmacy Fees

- Set-up fee of \$1000 - whether or not you actually enroll subjects
- Dispensing fee - approximately \$15
(could be more depending upon workload)



## Coordinator Time - Pre study

- Read protocol
- Prepare budget
- Pre-Site visit
- Obtain hospital approval
- Prepare submission to IRB
- Train study staff / nursing staff
- Attend Investigator's meeting

- Organize Initiation meeting


## Coordinator - during study

- Screening
- Consenting
- Enrolling subjects
- Subject visits and procedures
- CRF completion
- DCRs
- MedWatch reports / SAEs
- Enrollment logs



## Coordinator - during study

- Make sure to ask for at least the draft CRF before signing budget
- CRF could be very lengthy and complicated
- On-call for study enrollment



## Coordinator - study close

- Preparation for site close-out visit
- Storage of documents - what is this going to cost you?
- Letter to IRB


## STUDY AUDIT

Possibility of Audit (Sponsor or Regulatory) is great - especially if you are a high enrolling site.

- What is the time involved?
- Ask for a amount up and above the "lump sum" dollar figure.


## Other Costs to Consider

- Screen failures - common
> Coordinator time - consents, arranging appointments
> Lab costs
> Investigator time
> Screen failure CRF completion
> Clerical time


## Solution

- Ask for screen failure reimbursement
- Some companies are okay with this, others have policy not to pay
- Doesn't hurt to ask





## Other Costs continued...

- Redraw or repeat of blood samples/tests (budgeted for only one)
- SAEs can be costly in time - ask for reimbursement in budget.
- Copying and shipping of films
- Preparation of study specific blood samples
- Dry ice
- Patients not compliant or do not finish study
- Protocol amendments


## START UP COSTS

## Pharmacy Fee

Submission to IRB
Study Set-up
Attendance at Meetings
(Investigator's and Site Initiation)

## Administrative Expenses 500

(Phone calls, Faxes, FEDEX, includes Coordinator time)

1000 750 1000 1000

$$
\text { TOTAL }=\$ 4250
$$

## Alternate Solution

- Ask for study start-up fee apart from patient enrollment fee
- One time charge
- \$5000 ?


## Get Definition of Subjects for Payment Purposes!

- Consented
- Enrolled - Randomized
- Randomized but did not receive drug
- Subject withdraws consent
- Subject lost to follow-up
- Subject completes study


## BIG COST TO SITE

- Premature cancellation of study due to safety or efficacy concerns!
- Need to ask for compensation in budget to cover this.



## Other Pass-Thru Costs to Negotiate

- 25\% overhead
- Screen failure reimbursement
- SAEs (if expecting several)
- Copying and Shipping of Films
- Dry Ice for Shipping
- Audits - What's your time worth?
- Document Long-term Storage


## ADDITIONAL REQUESTS

- Screen failure
- SAEs
- Film Copying
- Dry Ice
- Audit
\$25.00
\$100.00
\$25.00
\$25.00
\$200.00


## Other Costs continued...

- "Incentives" to staff
> Increases compliance with study protocol
> Makes staff more aware of research being conducted
> Good attitude adjuster
Can generally ask monitor to get permission from sponsor during study for these perks.


## Get On The Phone

- Talk to other sites conducting study
- Try to go in together with same budget expectations - power in numbers
- Talk to Sponsor budget department - state your case for more money with specific examples
- Involve PI


## U.S. Sponsor

Ask for U.S. Dollars
50\% profit immediately

## IT DOESN'T HURT TO ASK

All they can do is say no!


## ASK YOUR COLLEGUES

Share Information<br>Draw on Experience

