



Clinical Research Operations at Boston Medical Center

***A guide to how the Clinical Trial Office can
support successful, inclusive research practices***

Jan 12, 2022

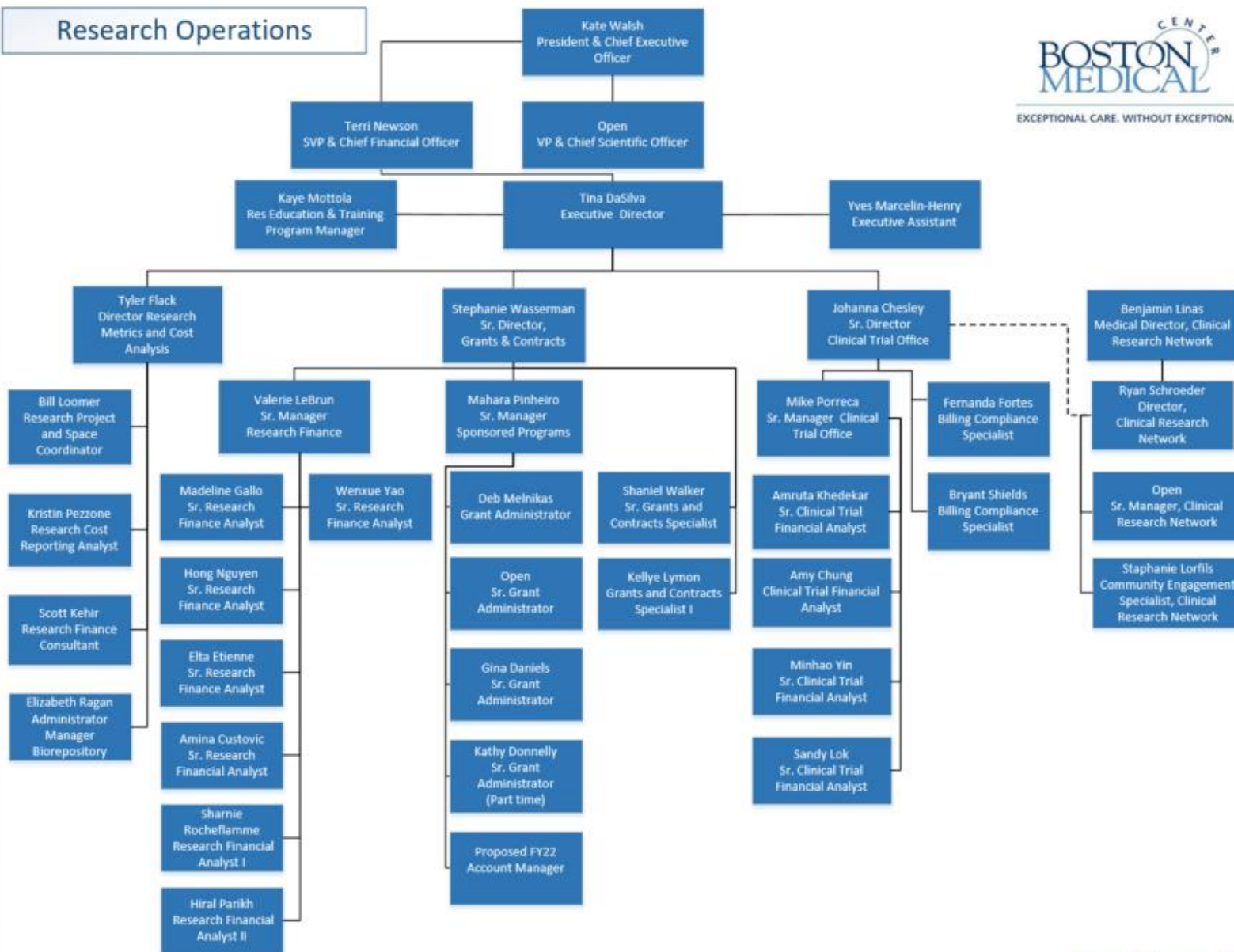
Objectives

1. Review CTO's role and responsibilities within the department of Research Operations
2. Discuss study team clinical research workflow
3. Assess CTO's newest customer service offerings
4. Learn about CTO's FY22 goals and initiatives
5. Open discussion

Research Operations



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Updated: December 2021

Research Operations scope summary

Grant and Contracts Scope	Clinical Trials Office Scope
<ol style="list-style-type: none">1. Government agency, foundation funded, or PI initiated2. Industry AND basic science/non human research3. All material transfer agreements (MTAs)4. All data transfer/use agreements (DTAs, DUAs)5. All sub awards	<ol style="list-style-type: none">1. Industry AND IRB: Expedited, full-board review, or exempt2. All non-disclosure agreements (NDAs)3. All confidential disclosure agreements (CDAs)
Crossover Scope	
<p>All research protocols with participant service/item/intervention/space</p> <ul style="list-style-type: none">- <i>CTO Consultation for all protocols with human subject research send to CTO@bmc.org for high level review. If further CTO review is needed, CTFA will be included.</i>- <i>If further CTO review is needed CTFA will be assigned and supply budget consultation</i>	

Research Operations service intake processes

	Research Operations software system data entry flow	
Research Ops lead	Grants & Contracts	Clinical Trials Office
Protocol funding source and type of research	1. Government agency, foundation, PI initiated w/ external funding (all sponsor types, incl. industry) 2. All basic science	1. industry or internally AND; 2. IRB: expedited, full- board review, or exempt
Participant Service/Item/Procedure?	Contact CTO@bmc.org	Create Velos record
Department action	Create InfoEd record (proposal)	
	Research Operations agreement intake process	
Research Ops lead	Grants & Contracts	Clinical Trials Office
Agreement type	MTAs, DTAs, DUAs, sub awards	CDAs and NDAs
Department action	InfoEd Record Creation; Grants.admin@bmc.org Research.Finance@bmc.org DUA.MTARquest@bmc.org Subcontract Request Form	CDA/CDA Webform

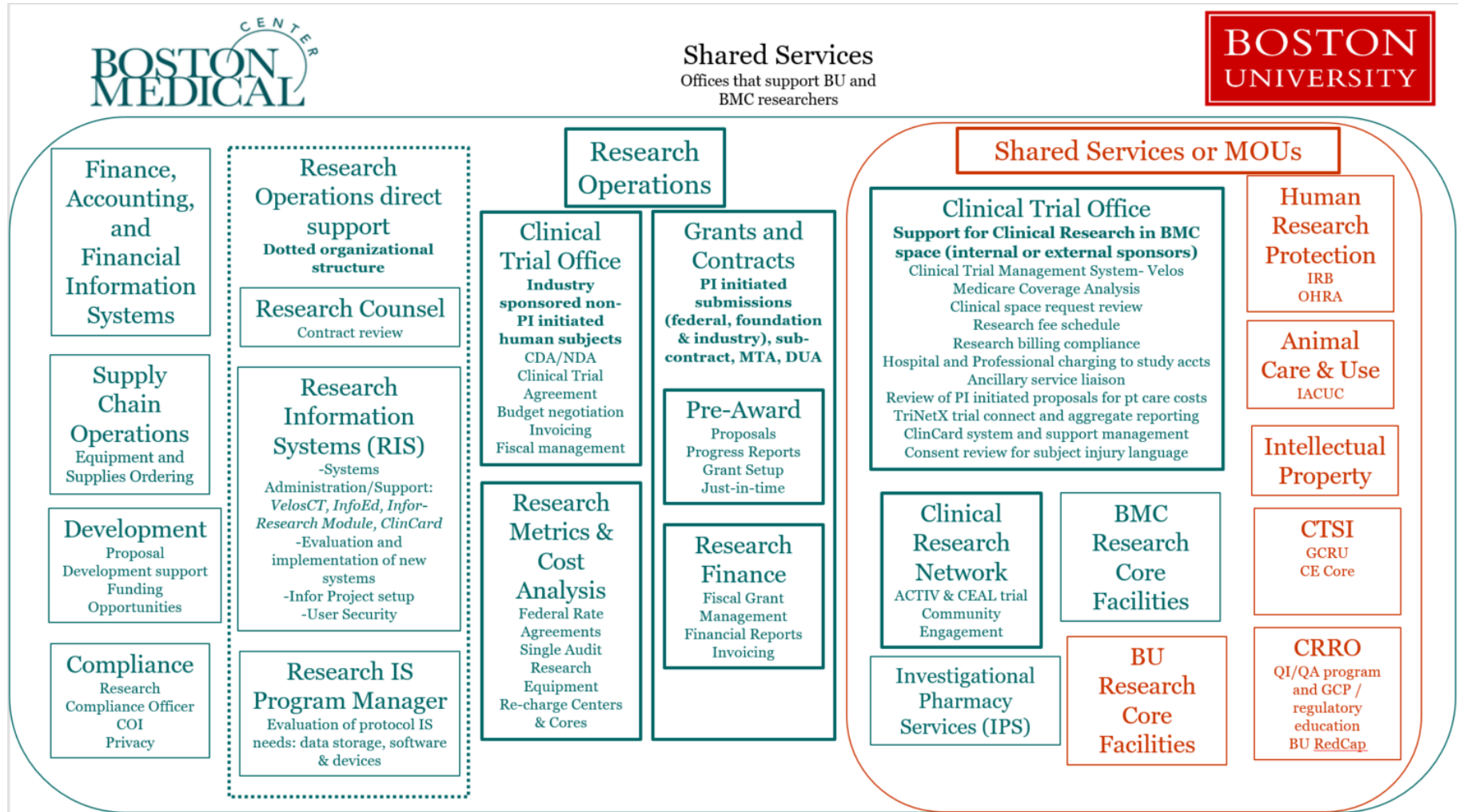
Clinical Trial Office Mission

Welcome! We're here to help support your clinical and human research.

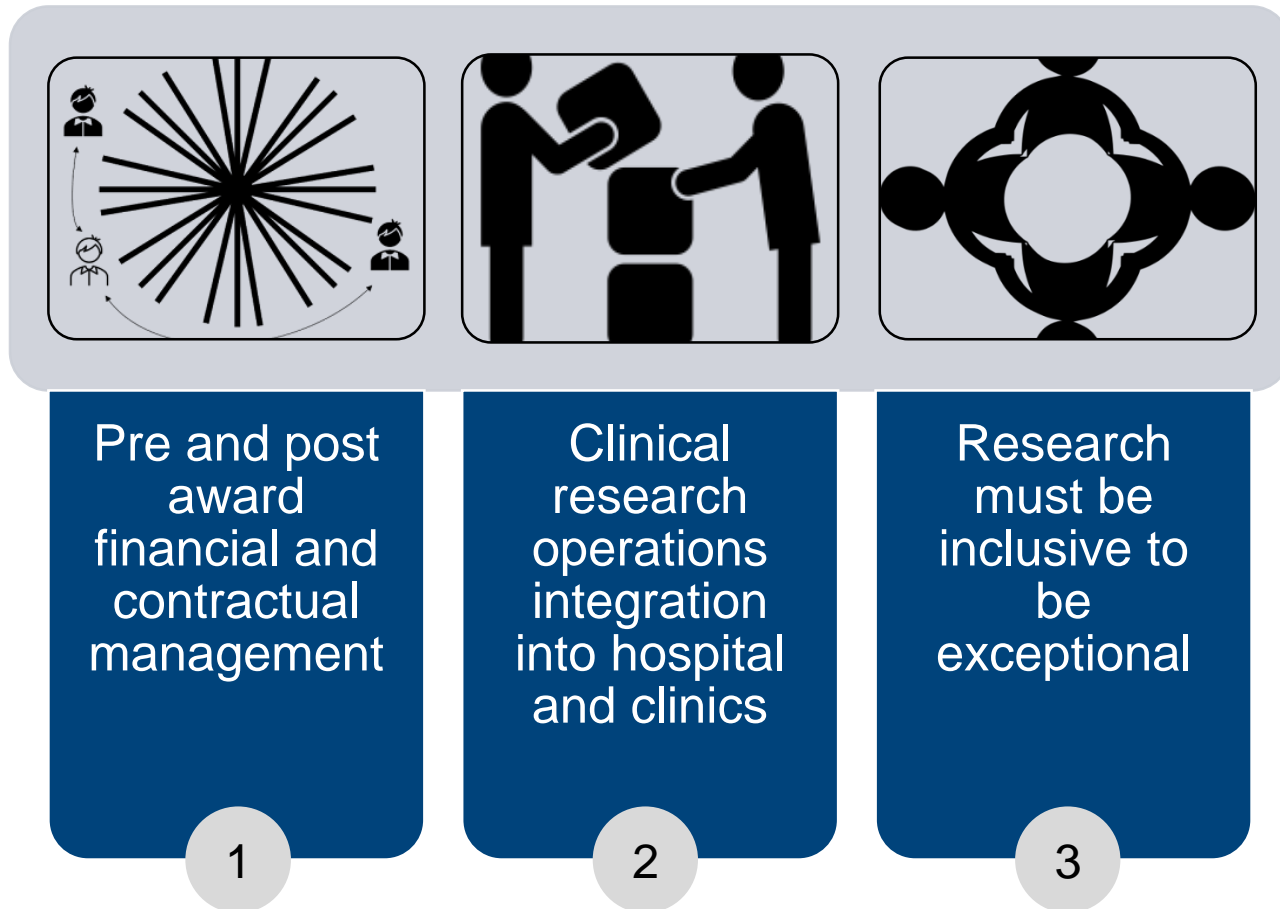
BMC Clinical Trial Office (CTO) serves as a central resource for principal investigators, study staff and departments involved in clinical research and for sponsors seeking to conduct clinical trials at Boston Medical Center. Our CTO pre-award and post-award team(s) supports and advances BMC's mission by providing leadership and expertise in research, finance, and administration. In fulfilling this mission, the CTO's primary functions are to:

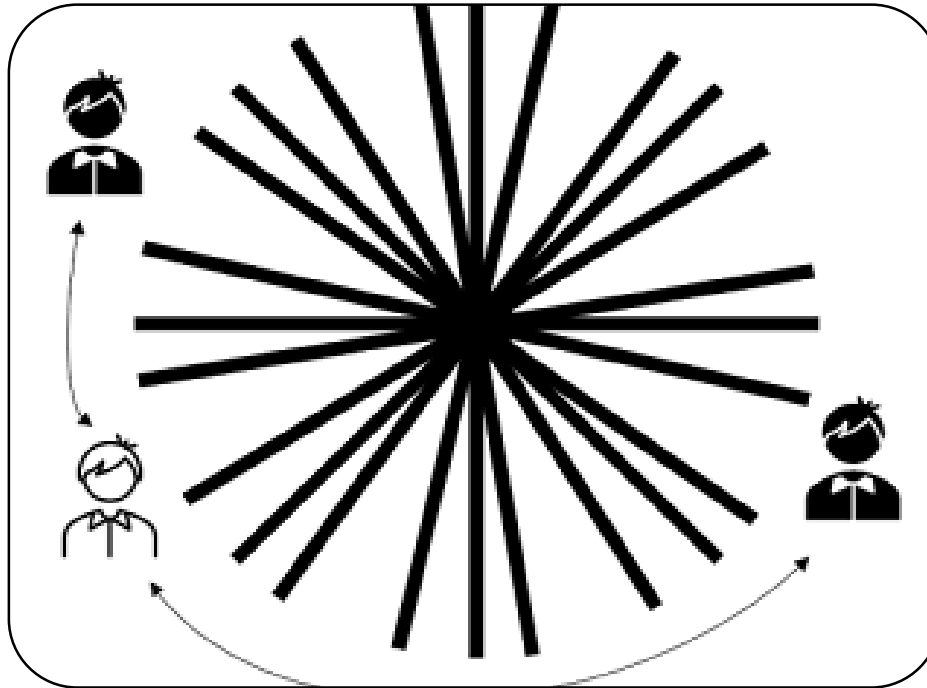
- Review, negotiate, and approve of protocols that are projected to be IRB: approved, expedited, or exempt AND industry or internally funded (Clinical Trial Agreement, CDA, NDA)
- Support Grants & Contracts on protocols that include human subjects (government agency, subaward, foundation award, Boston University)
- Oversee document harmonization before final approvals: Informed Consent, Contract, Budget, and Medicare Coverage Analysis
- Ensure accurate clinical research: billing process, charge routing, and pricing
- Coordinate, educate, and train on clinical research requirements within research community and clinical departments
- Monitor and provide oversight of clinical trial account finances

Research Operations central administration supports research at BMC, compliant research requires many partnerships across BMC and BU campuses

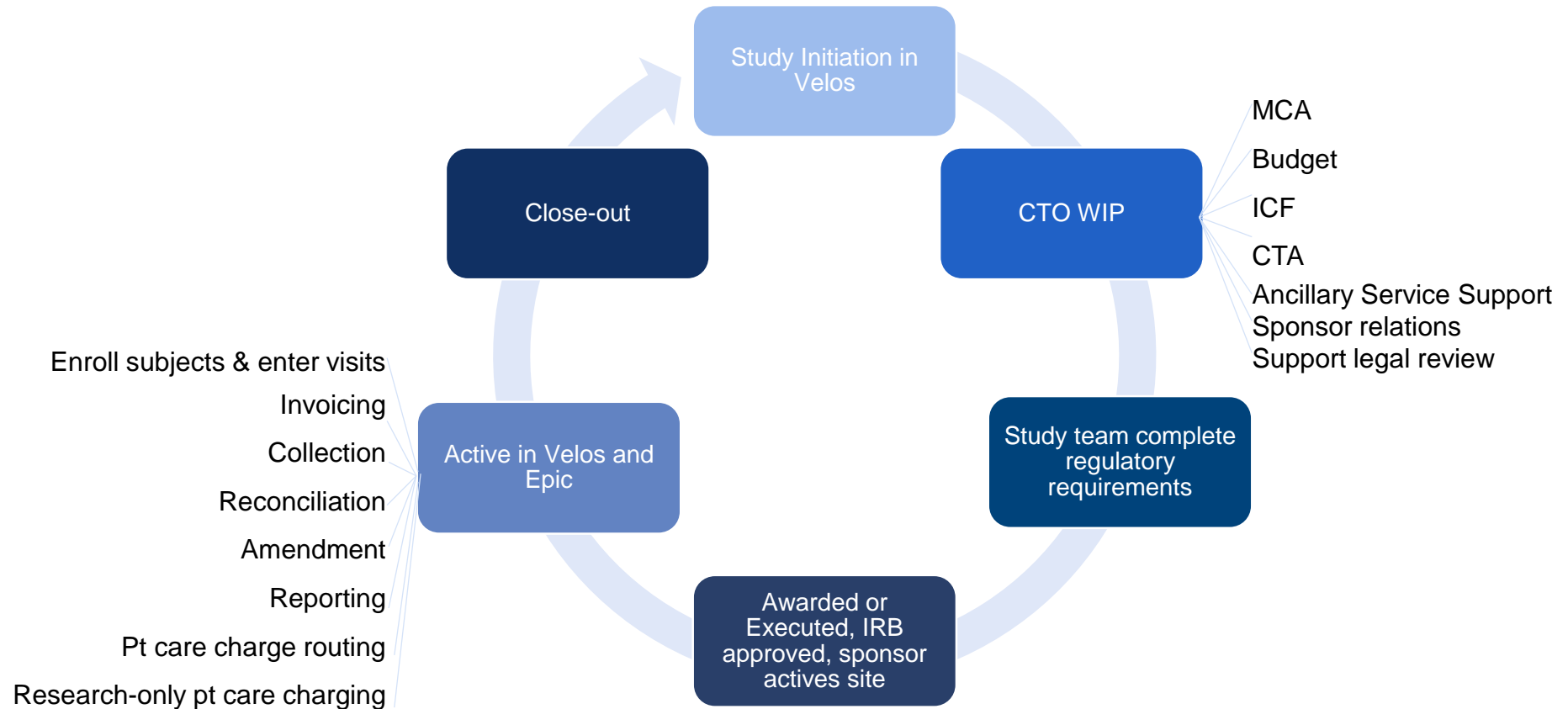


Clinical Trial Office responsibilities





Clinical Trial Finance – Lifecycle



❑ MCA & Budget Negotiation

- **Blue Print" & Proper Billing:** MCA is the foundation for the budget, payment terms and research billing compliance. CTO works with Pharmaseek to perform MCA's independent of sponsor to ensure that research billing is done appropriate
- **Reduce Time:** CTO negotiates the budget and the finance terms with sponsor in timely manner. The detail review of the budget eliminates the potential of missing budget items and therefore future renegotiations and budget amendments needed
- **Fair Market Value:** CTO makes sure that BMC covers its costs.
- **Reconciles Sponsor vs. Site Prospective:** CTO reviews both sponsor budget and the actual Institutional costs and builds the counteroffer budget based on the difference
- **Payment Schedule:** CTO makes sure that Achievable Milestones are reviewed, negotiated and incorporated on the final agreement
- *Ancillary Services:*

❑ CTA Review & Negotiation

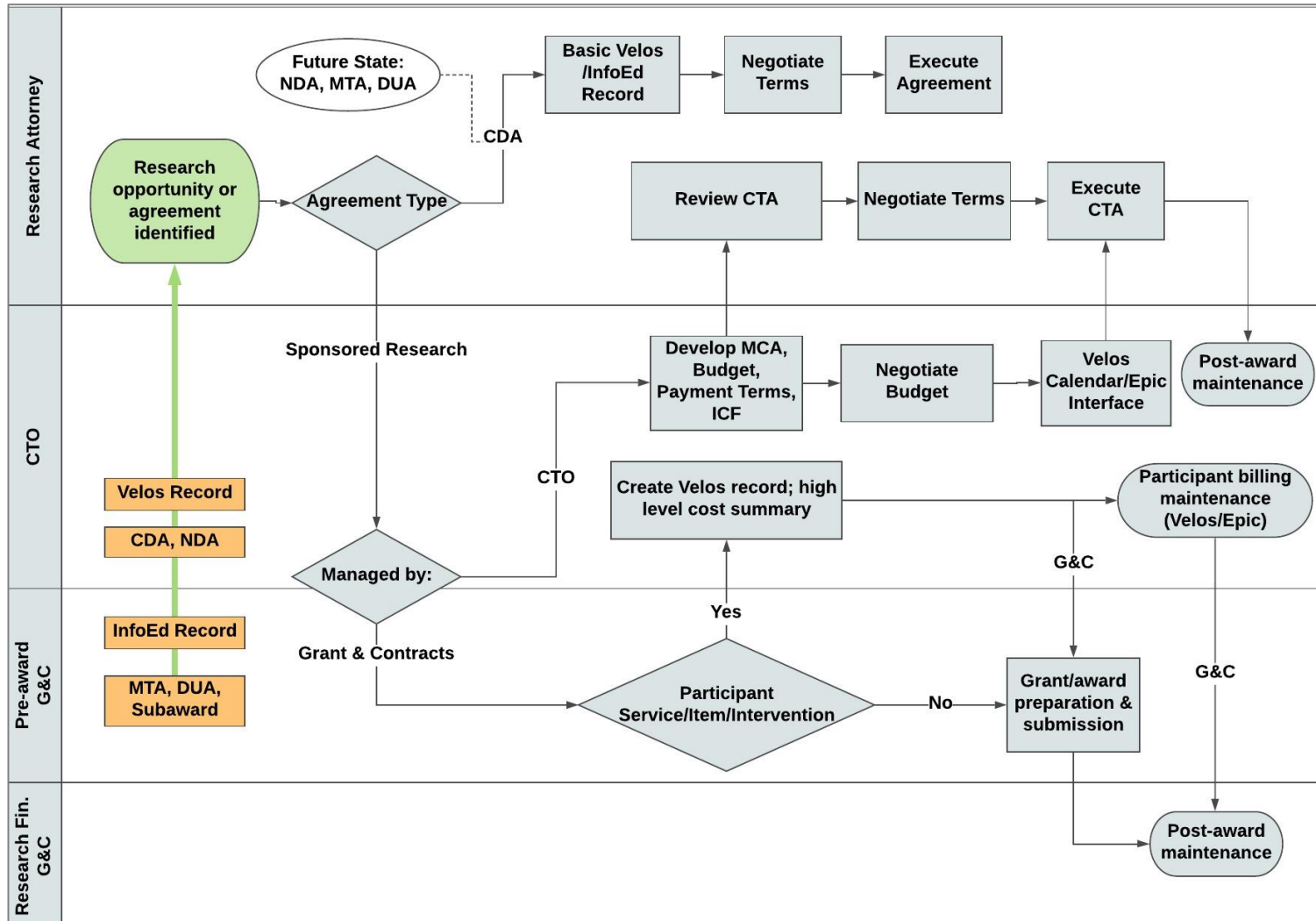
- **Payment Term Review:** CTO reviews payment terms in CTA and works with Research Attorneys to finalize CTA
- **Main Contact:** CTFA can be the main contact to negotiate CTA with sponsor
- **Centralize:** Ancillary service support

❑ ICF Review & Negotiation

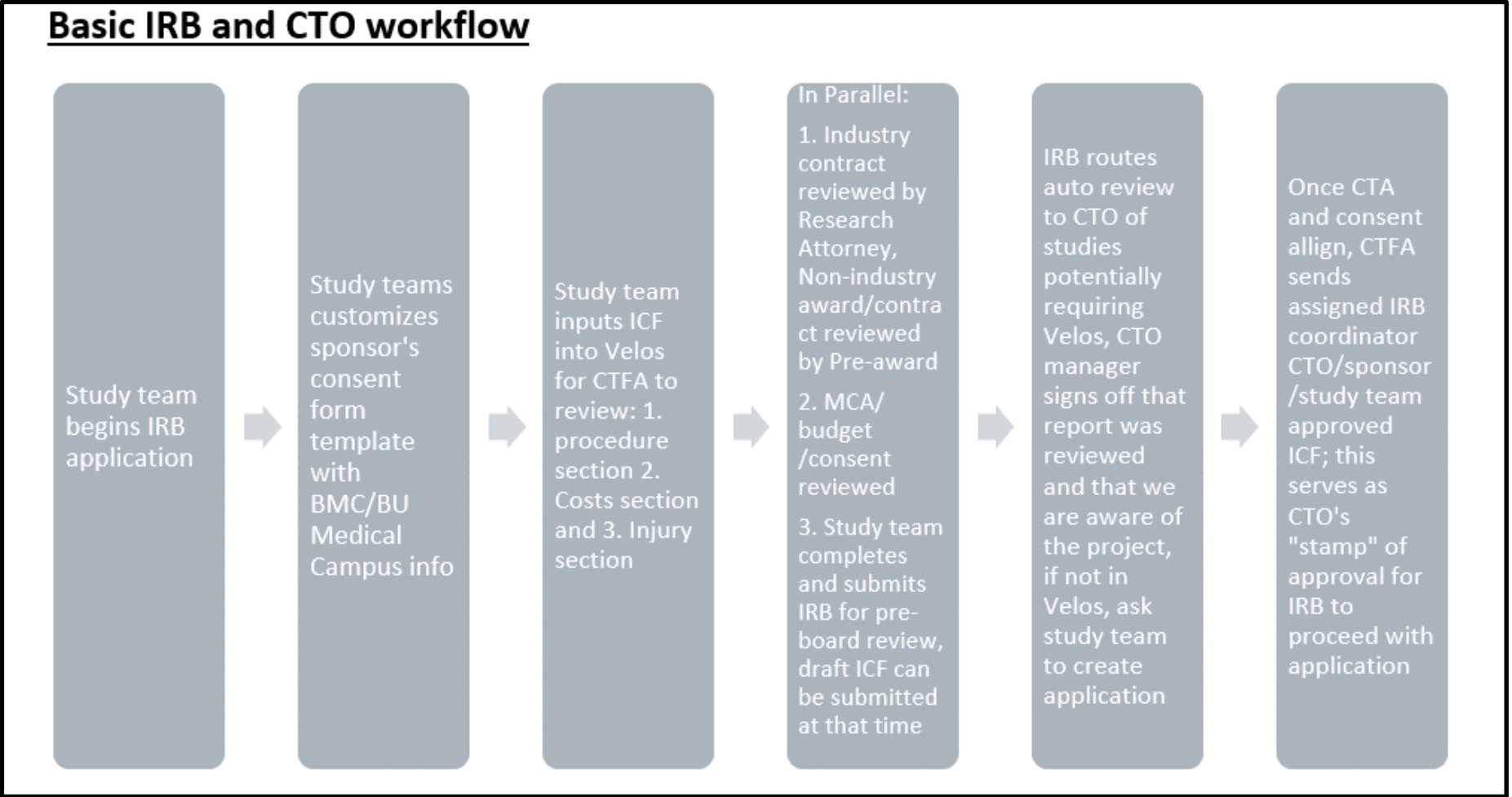
- **Cost & Injury Review:** CTO reviews cost and injury parts in ICF to make sure the languages matches CTA and budget.
- **Main Contact:** CTFA can be the main contact to negotiate ICF with sponsor

Spotlight: what areas of budget negotiations need to be altered or strengthened to support more inclusive research practices?

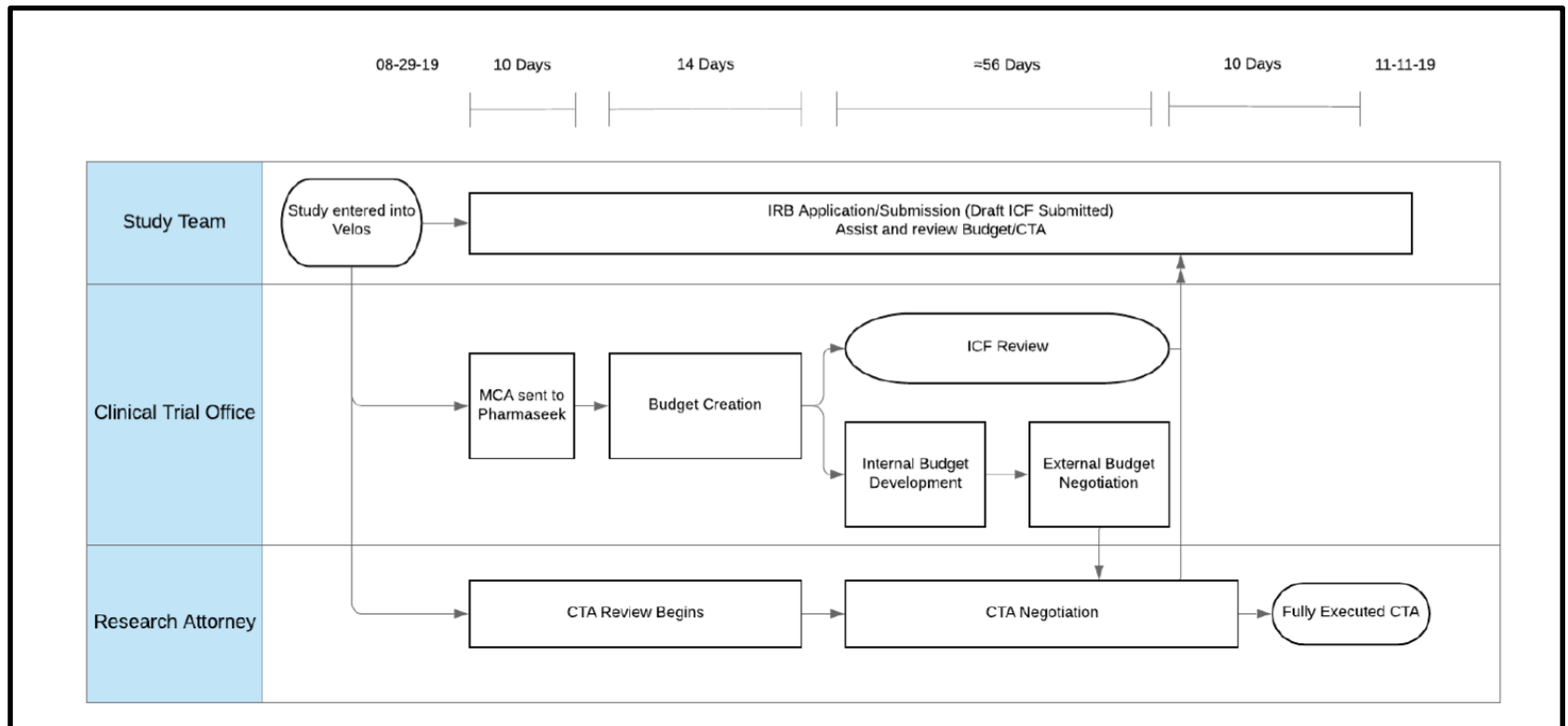
Department Research Operation workflow



Research study teams can perform regulatory, contracting, and financial work in parallel



Workflow timetable example



CTO Post-Award Services

☐ Account Set Up

- Provides quick turn around on account set up
- Confirms Epic and Velos integration when applicable
- Enrolls participants (study team enters within 24 hours) in Velos and visit schedules updates

☐ Account Financial Management

- Invoice to sponsor. Start Up invoices are send with in the time frame stated in the CTA
- Charges IRB , Patient Care, Research Routing, CTO fees to study account

☐ Reporting & Data Analysis

- Provides monthly reporting to PI/Departments
- Facilitate data analysis per PI/Study team request

☐ Account Close Out

- Work on deficit resolution as needed
- Review of projected vs. actual expenses that hit the account- focus on salary
- Complete all the reconciliation and the close out of the account

Monthly research department meetings

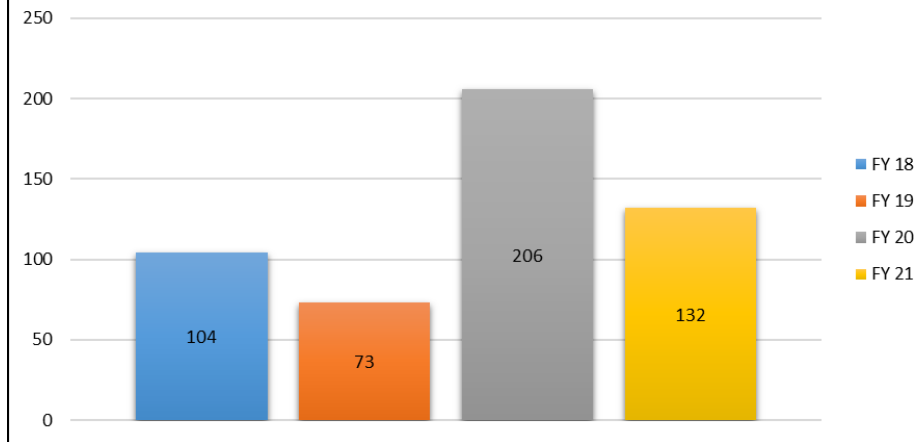
- Provide one email from Research Operations to department admins containing:
 - CTO and G&C account balance reports
 - CTO invoicing/milestone checklist per study
- Improve agenda
 - Include pre-award for statuses G&C and CTO
 - Discuss lessons learned in pre and post award
 - Review financial analysis reports
 - Review invoices/milestones met
 - Discuss outstanding AR (>120 days)
 - Review CTO projects effort allocation by personnel and study
 - Discuss newly awarded accounts, and allocation of related expenses
 - FFRs and final invoices
 - Send standard follow-up email with action items listed and deadlines for completion
- Due to received feedback these meetings will be looking at 1 month in arrears to ensure all entries have been entered and there is adequate time to review them

CTO appreciates your feedback and is always thinking about process improvement

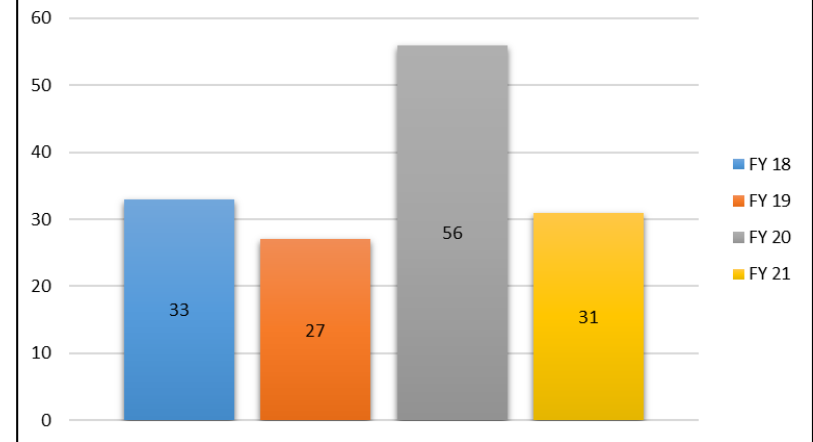
- Infor Upgrade
 - Conversion resolutions
 - New abilities to track milestones and AR
 - Overhaul of SOPs
- Pre-Award Report for Industry Clinical Trials
- Improved Fee Schedule Template
- Centralized IRB/IPS Invoicing
- Internal Updates
 - Weekly reporting from Velos
 - RNA/AR workflow improvements
- TriNetX Support

CTO Metrics

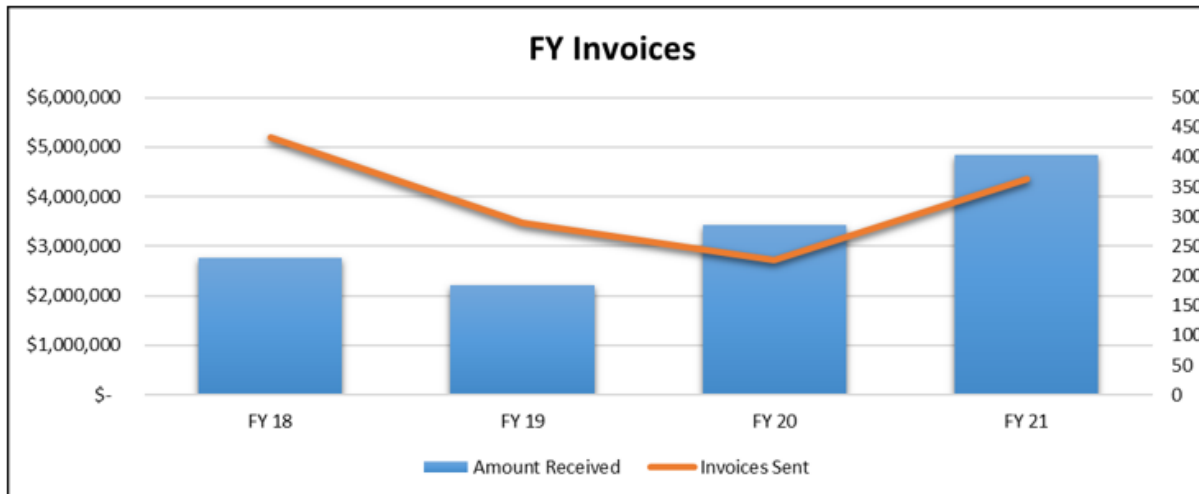
New Velos Records created by FY



Studies Activated in Velos by FY

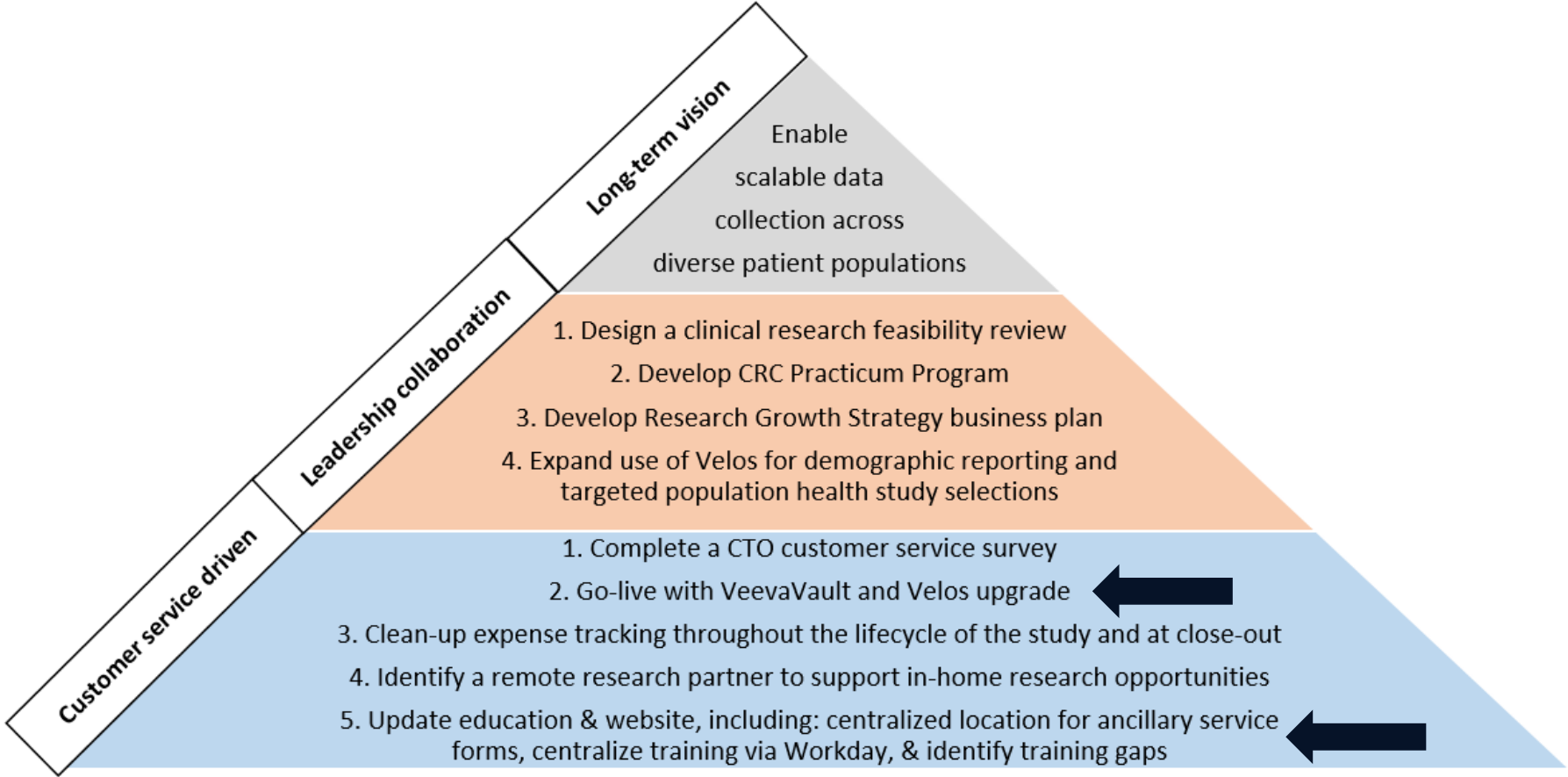


FY Invoices





CTO's FY22 Strategic Overview



Veeva SiteVault summary

Veeva SiteVault is a cloud solution that provides research sites with a Part 11 compliant eRegulatory system to replace the physical regulatory binder.

SiteVault supports the ability to:

- Streamline operations
- Collaborate more easily with sponsors
- Focus more on the work of treating patients

SiteVault highlights the following features:

- Regulatory documentation
- Source documentation development
- Remote monitoring
- Patient recruitment management
- eConsent
- eSignature routing



SiteVault Free encourages remote, compliant work

Overview

Here are a few things you can do in SiteVault Free



Eliminate Trackers

Track expirations, open tasks, and more with reports and dashboards



Collect eSignatures

Replace printing, faxing, and scanning with electronic signatures



Centralize Staff Profiles

Manage CVs, licenses, and training records across studies



Collaborate with Monitors

Provide monitors with secure, direct access to review documents

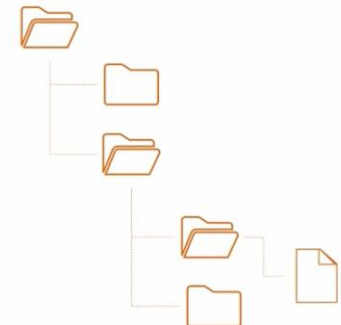


Go Paperless

Manage regulatory and source documents across all studies, regardless of the sponsor

veeva
SiteVault

SiteVault organizes each document based on what it is, instead of where it's stored



VeevaVault process review, current status, and next steps

- Review process
 - Compiled review group made up of: CRRO, CTO, Research Compliance, HRPP, BMC & BU: Legal and ITS teams, Chief Medical Officer, and Chief Financial Officer
 - Reviewed three eRegulatory systems to confirm functionality, and Veeva determined to be equal to or better than alternatives
 - Research Information Systems (RIS) at BMC to serve as central IT contact
 - Listened to research community and worked diligently for one shared instance between BMC and BU to simplify workflow
- Current status
 - Execute VeevaVault contracts and BAAs for BMC and BU- currently routing for review
- Next steps
 - Brainstorm list of departments/admins/divisions/study groups
 - Request “super users” to serve as new adopters and identify gaps / successes in workflow
 - Create training materials
 - Host information sessions for departments on Veeva technology and ask for site admin recommendations
 - Send Veeva sites and site admins to create in BMC/BU instance
 - Develop education plan for research community
 - Ensure on and off boarding processes are in place through RIS

Velos upgrade

- Incorporate budgets into the Velos calendar
- Adding a separate administrative calendar and budget
 - This will be particularly valuable for invoiceable items such as monitoring visits, pre screening, and IRB actions.
- New functionality to track the overall study activation/closeout
- We are looking into this version's ability to interface the Velos calendar into Epic

▼ Study Initiation	
Protocol Def...	✓
CDA In Review	!
CDA Signoff	!
CA In Review	!
CA Signoff	!
Budget In Review	!
Budget Signoff	!
IRB: Initial...	!
IRB: Approved	!
▼ Study Activation	
Active/Enrolling	✓
Active/ Clos...	!
▼ Study Closure	
Study Comple...	!

Ancillary forms centralization project

- Goal: To simplify the process of communicating with and budgeting for ancillary services
 - Stage 1: Developing online forms for all ancillary services (Radiology; IPS; Pathology; Ophthalmology; Interpreter Services)
 - Stage 2: Using smart form logic to harmonize all online forms into one clear process with status updates
 - Stage 3: Centralized location for all forms we create, and external forms (GCRU, Marketing, CDW)
- Progress
 - CTO has met with all ancillary services and compiled their forms and needs
 - IPS form is now live and being used
 - Radiology form is nearing completion with an ETA of February
 - Other groups are finalizing form information

New Budget Template

- Goal: Increase cost accuracy, feasibility, and develop comprehensive understanding
- Summary of changes
 - Effort focus
 - Service location
 - Increased detail

Items and Services - Effort	PI		CRC/SC		Total Cost	Visit 1
	Hourly Rate	\$185.00	Hourly Rate	\$70.00		Day -21 to -2
	Hrs	Total \$	Hrs	Total \$		Screen
Informed Consent/HIPAA Authorization	1.0	\$185.00	2.5	\$175.00	\$360.00	\$ 360.00
Inclusion/Exclusion	0.5	\$92.50	2.5	\$175.00	\$267.50	\$ 267.50
Demographics	0.0	\$0.00	0.5	\$35.00	\$35.00	\$ 35.00
Interview/Interim: Medical History, Concomitant Drugs, etc.	0.5	\$92.50	2.5	\$175.00	\$267.50	\$ 267.50
Registration/Enrollment	0.0	\$0.00	0.5	\$35.00	\$35.00	
Quality of Life	0.0	\$0.00	0.5	\$35.00	\$35.00	
Dispense Study Diary	0.0	\$0.00	0.5	\$35.00	\$35.00	
Collect Study Diary	0.0	\$0.00	0.5	\$35.00	\$35.00	
Collect Assigned Study Drug(s)/Compliance Assessment	0.0	\$0.00	0.5	\$35.00	\$35.00	
Safety Assessment/AE Monitoring	0.0	\$0.00	0.5	\$35.00	\$35.00	
CRC Data Management	0.0	\$0.00	0.0	\$0.00	Varies - TBD CRF Template/Queries	\$ 225.00
PI Administrative Oversight	0.0	\$0.00	0.0	\$0.00	Varies - TBD CRF Template/Queries	\$ 92.50
Subtotal	2.0	\$ 370.00	11.0	\$ 770.00	\$ 1,140.00	\$ 1,247.50
Clinical Procedures	Service Location	Clinic Space	Confirmed?	CPT	Total Cost (incl. Res. Discount)	Visit 1
Physical Exam	Local (Epic)			99212	\$166.80	SOC
HIV Diagnostic Test	Local (Epic)			86701, 86702, 86703	\$48.00	\$48.00
G6PD Deficiency Test	Local (Epic)			82960	\$16.80	\$16.80
Hgb A1C	Local (Epic)			83036	\$28.80	\$28.80
Echocardiogram (93306)	Local (Epic)			93306	\$1,675.80	\$1,675.80

BMC's clinical research growth strategy

Department of Research Operations is comprised of vast skillsets and prepared to support leadership's strategic vision on how to build our research program

1. Develop a unique national model to provide excellent clinical care to an under-served community built on trust and infused with broad clinical research opportunities
 - What can the academic enterprise do to be trust worthy?
 - Improve clinical research population health reporting
 - Centralize data collection to attract funding opportunities
 - Ensure inclusion of wide-spread of patient participation
2. Match institutional resources to meet the needs of the research community
 - Centralize clinical research space to develop a full picture of the on-going research in the hospital to be included in F&A rate negotiation, expanding institutional buffer
 - Develop and support Cores/Re-charge centers
 - Invest in central research administration resources and systems through growth periods and compliance assessments
3. Identify other leadership strategies for BMC research growth

BMC patient voices are being included to advance medicine, growth persists

From intervention to market

- On average it takes 12 years for an intervention to go from bench to FDA approval
- 5 in 5000 drugs in preclinical testing progress to human testing
- 1 of the 5 drugs tested in humans receives FDA approval

Chance for a new drug to make it to market is ONLY 1 in 5,000

COVID sped up the process

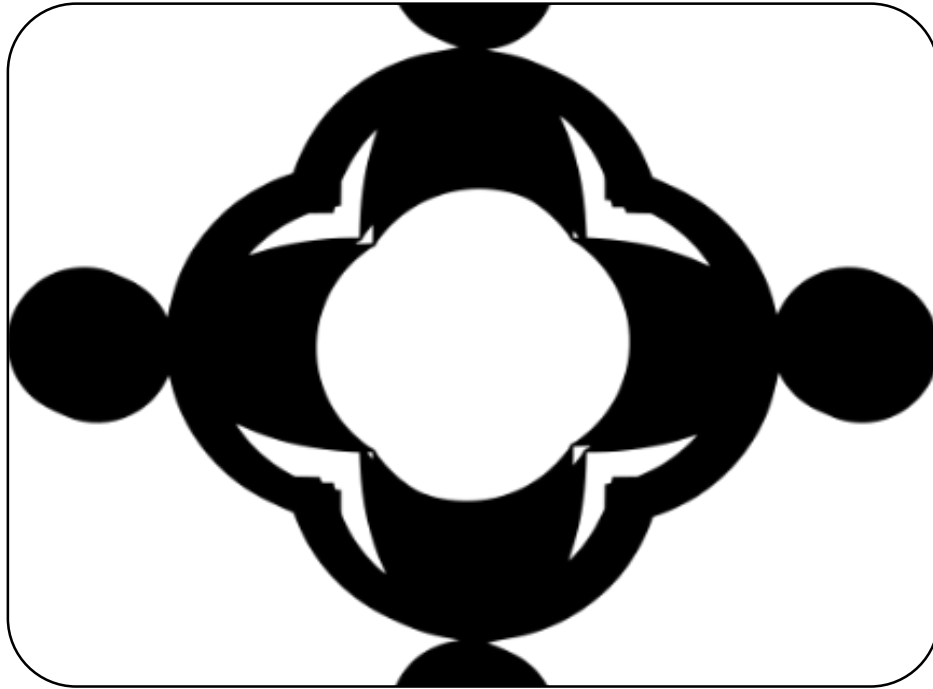
- Pharma and NIH resources hyper focused during COVID, most other research was temporarily stopped
- COVID vaccines developed and EUA approved in less than 1-year
- 52 repurposed INDs tested to treat COVID in less than 1-year

BMC selected as a site for 19 out of 52 repurposed INDs

BMC site for trials proven effective

- Adult Pfizer COVID Vaccine Trial
PI: Dr. Elizabeth Barnett
- Enoxaparin Anticoagulant Trial
PI: Dr. Naomi Hamburg
- Regeneron Monoclonal Antibody
PI: Dr. Michael Paasche-Orlow

BMC continues to be selected as a site, now focused on NIH ACTIV and Pfizer COVID vaccines trials



Health equity and clinical research can make BMC unique national model

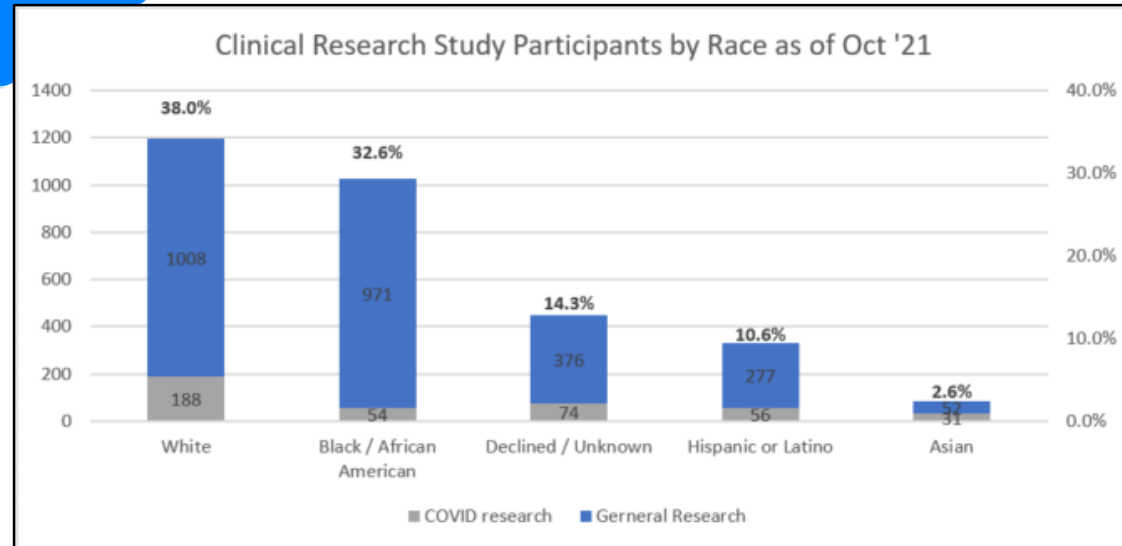
- BMC is positioned to offer exceptional clinical care, without exception which includes all people in the advancement of medicine
- BMC will become a premier center for health equity when clinical research is imbedded into the institutional mission; sponsors and donors will want to partner with our patients, faculty, and institution at large
- A commitment to research requires dedicated clinical research space to support growth and perform a variety of visit types across all medical specialties; encourages clinic equity for those that may not be able to perform research in expanding clinics or cannot support the safety profile of the protocol

Precision medicine: focus on the patient population we serve and offer opportunities for inclusive medicine

Racial and ethnic minorities currently make up **39.9%** of the U.S. population

But estimates place the rate of inclusion in research studies between **2%-16%** racial and ethnic minorities

Boston Medical Center



70% of BMC pts identify as person of color, which means we are **26% under-represented** in our clinical research

Need to drive clinical research engagement with and for the community

Triple Aim – BMC is looking for partners who encourage change



BMC: Improve operations and infrastructure, build long-term dialogue between our researchers, our underserved community, and industry partners to address disproportionate enrollment in research through understanding barriers, building trust, and co-identifying areas of engagement opportunity

Industry Partners: Obtain hands-on exposure to barriers and challenges patients and sites face when considering enrolling a diverse population

BMC Community: Help shape the research priorities at BMC, engage in dialogue about research trustworthiness, and in time co-develop a program that advances medicine for all people

●  BMC Research

●  Industry Partners

●  BMC Community

CLINIAL RESEARCH NETWORK

Our goal is to embed clinical research into prevention and treatment for all people, regardless of race or socioeconomic status—*without exception*

VISION

All people, regardless of race, ethnicity, language, socioeconomic status, sexual orientation, gender identification, insurance coverage, or national origin, are provided the opportunity to participate in exceptional clinical research



MISSION

To drive and share world class science discovery and innovation through the conduct of community-based participatory clinical research and clinical trials that are responsive to cultural and linguistic differences and inclusive of all

Clinical Research Network Team

“Quality” in clinical trials is defined by the strategic selection of leading-edge research, efficiency in activation, diversity of enrollment, compliant oversight and risk containment.

Clinical Research Network (CRN) 2021-2022: develop a community engagement and clinical trial support structure to ensure BMC is a world class research organization and is inclusive of our diverse patient population.

Scope of the CRN:

- Oversee lifecycle of ACTIV COVID-19 Research Trials
- Build trial oversight and implementation infrastructure
- Develop partnerships to expand research venues within and outside of BMC
- Engage with community to expand research opportunity and awareness



Ryan Schroeder

Clinical Research Director



Senior Program Manager



Stephaie Lorfils

Community Engagement
Recruitment Specialist

Main Objectives



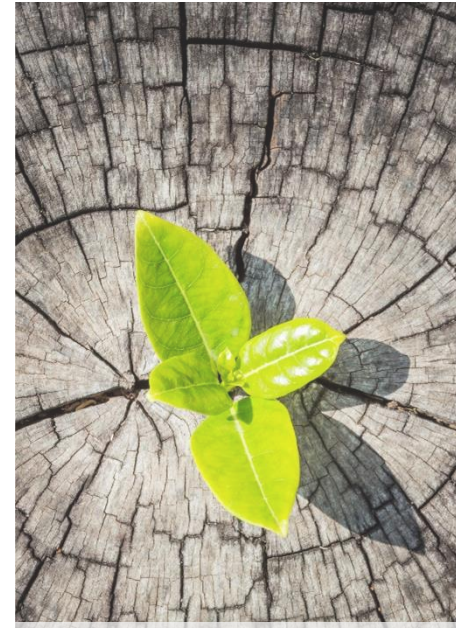
Earn the trust of a community network for engaged dialogue, research education, and workforce development



Create a research program shaped by our community



Deepen partnerships with industry sponsors who share our vision for change



Planting the seeds for growth through focused efforts and resources

CLINICAL RESEARCH NETWORK

PILLARS OF SERVICES

Community Engagement ***Center of Excellence***

- Partner with CTSI to establish research-focused Community Advisory Board
- Build a network of trusting relationships with key community partners throughout the Boston area to serve as our community-to-research “*nerve center*”
- Research Education Outreach and Events (both internally and externally)
- Partner with MDs and Residents of color to answer questions and deliver trustworthy information
- Design symposium with CHCs to become a national thought leader in diversity and inclusion in science

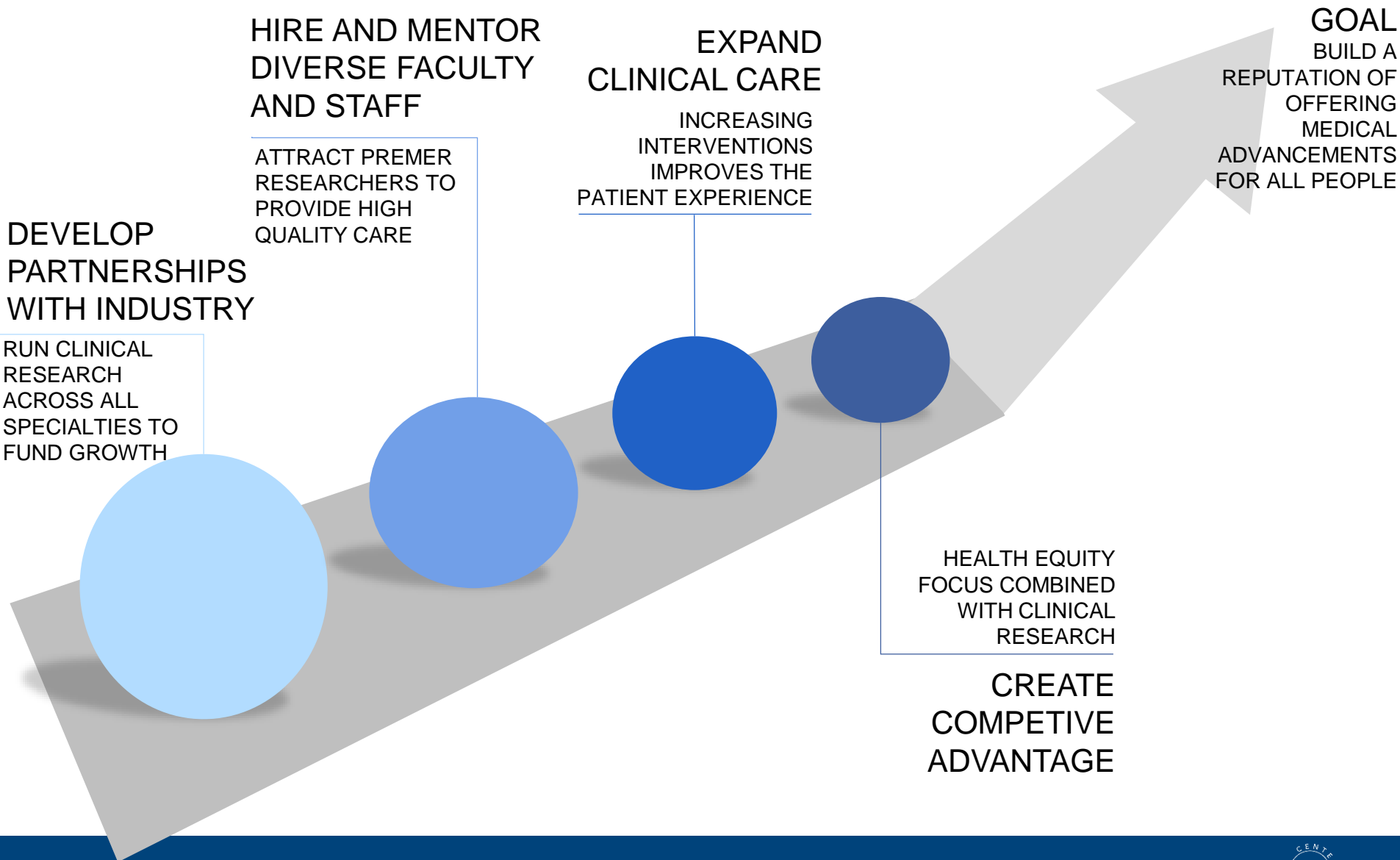
Community Health Center Research Network

- Gather and assess BMC affiliated CHC site-specific research interests, needs and barriers
- Establish CHC site-specific research proposal workflows, review committees, and establish a network of CHC researchers
- Encourage general participation in health research across CHCs to improve diversity, equity and inclusion in research
- Assess staffing needs and available funding to build the infrastructure needed to mobilize the CHC Research Network

Clinical Research Oversight

- Feasibility assessment of high priority trials with diversity and inclusion aims
- Develop study-specific DEI recruitment strategy, leveraging resources within the “CRN Community Engagement Center of Excellence”
- Collaborate with department staff and/or CTSI/GCRU to ensure quality driven data collection
- Provide financial management and high-level regulatory and compliance oversight
- Partner with researchers and our network of Community Partnerships to deliver study-specific results back to the community

Clinical research is a pillar for the advancement of inclusive medicine



BOSTON MEDICAL CENTER



**Comments or Questions welcome,
thank you for your time today.**