

A Case Study: Building a Research Program that Minimizes Legal Risk and Maximizes Compliance

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The Backdrop

- ◆ Common themes prevailed in AHCs
 - Clinical Research had questionable academic value
 - Variable appreciation for the distinction between clinical practice and clinical research
 - Variable appreciation for the rules of engagement
 - Compliance expectations were perceived by those in Academia to be lower than those expected in Pharma
 - Variable PI and staff expertise and limited resources
 - Limited investment in infrastructure to support the enterprise

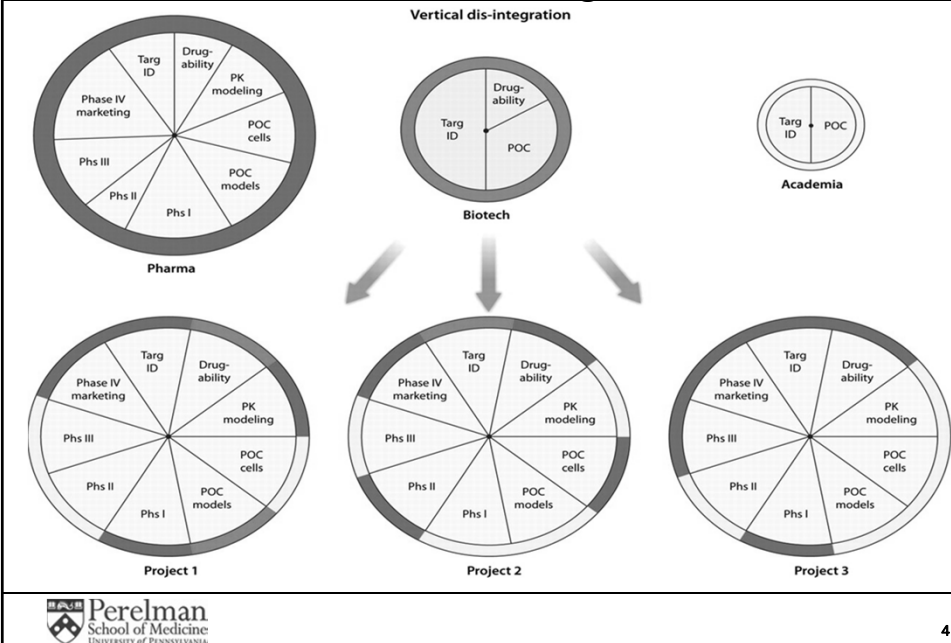


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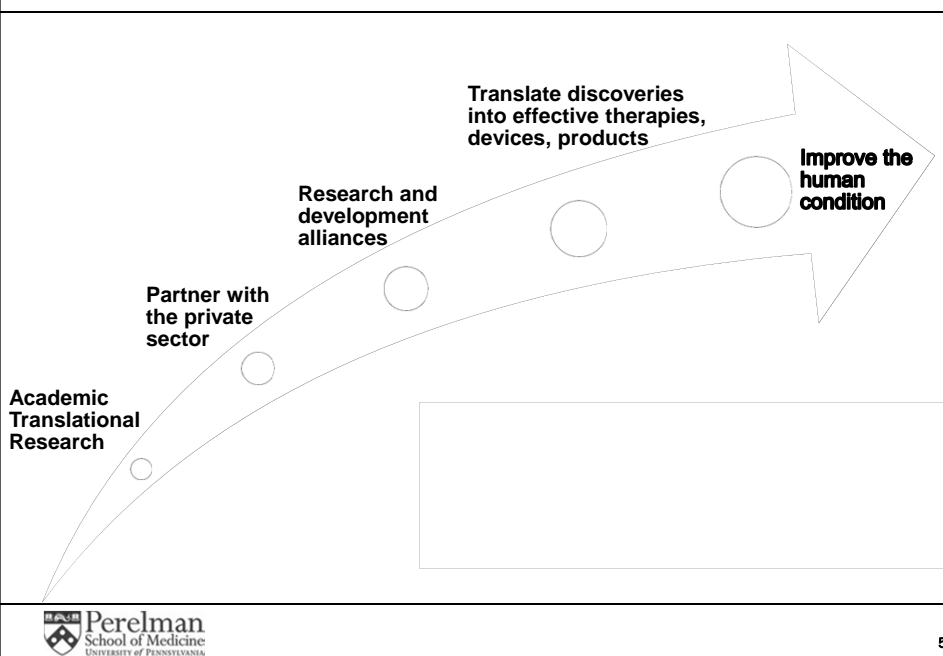
What Changed?

- ◆ Clinical Trials a way to differentiate competition in the health care market place
- ◆ Early phase of drug development occurring in AHCs with greater frequency
- ◆ Rapid growth in investigator initiated research
 - Manufacturing occurring in academia
 - Increase in number and complexity of financial conflicts of interest
 - Increase in management of multisite clinical trials

Past V.s Present: A Model of Integration/Collaboration



Strategic Plan: Potential for Innovation



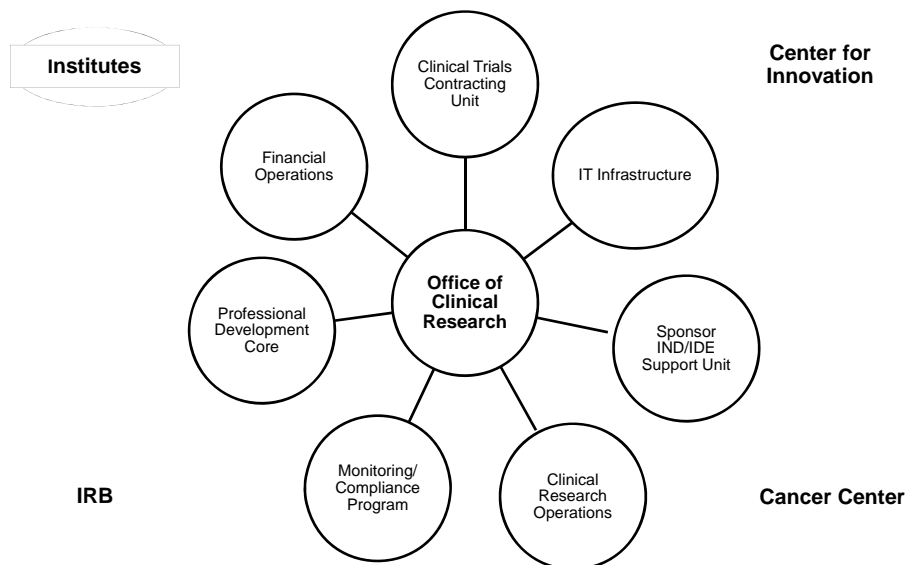
The Challenges/ Disincentives

- ◆ Culture - limited incentive for faculty to engage
- ◆ Administrative burden perceived to be inexorable
- ◆ Cumbersome approval processes
- ◆ Variably trained support staff with limited longevity
- ◆ Limited ability of community to leverage existing resources
- ◆ Funding for the support structure
- ◆ Interface of IT support systems

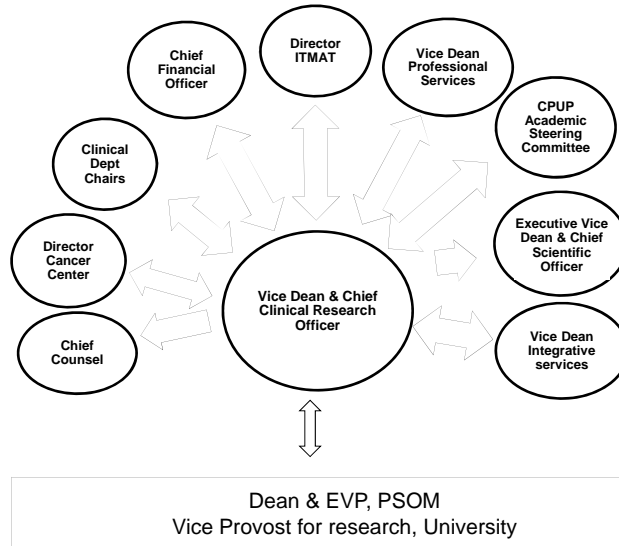
Recommendations of External Review

- ◆ Centralizing clinical research support services
- ◆ Adopting a service model for all functions that support principal investigators
- ◆ Investing in IT infrastructure to facilitate access to information and provide support tools that enable clinical research
- ◆ Establish a leadership position with accountable authority and responsibility to work across the institution to optimize clinical research standards at Penn Medicine

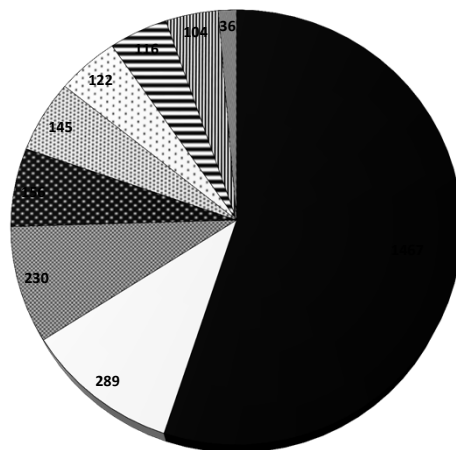
Evolution of Central Resources



Engaged Leadership and Implemented Oversight

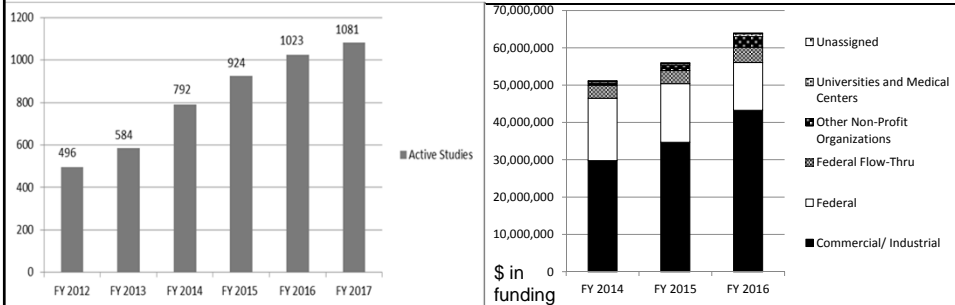


Penn's Clinical Research Portfolio

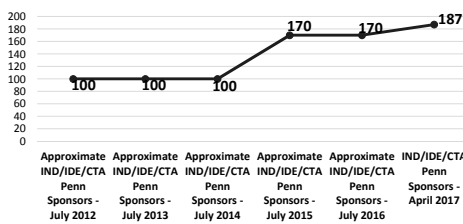


- Clinical Trials
- Human Data Sets
- ▨ Tissue/biospecimen
- ▩ Mechanistic or Physiologic study in human subjects
- ▧ Sociobehavioral
- ▤ Other
- ▥ Survey research
- ▦ Quality Improvement research
- ▨ Epidemiological research

Continued growth in clinical trial volume and complexity



Growth in # of INDs



of protocols with > 1 site relying on Penn IRB

1 -5 sites	81
6-10 sites	5
11-20 sites	3
20-30 sites	3
# of active studies with Penn serving as IRB of record for other sites	91
Total # of additional sites relying on Penn	278

Awareness of the Risk Proposition

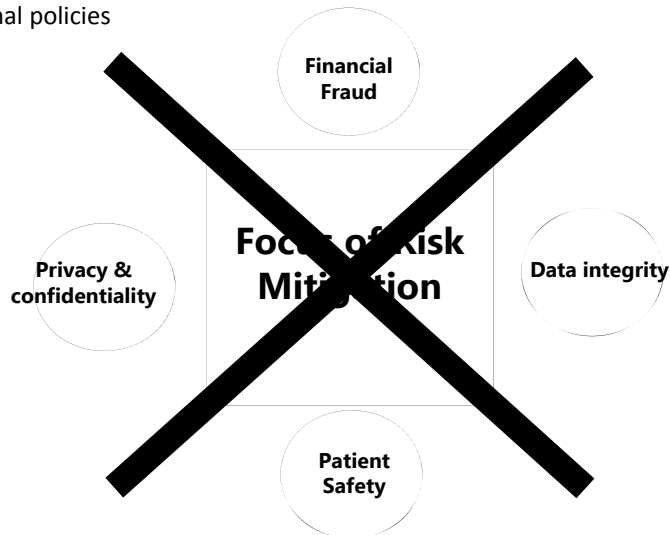
- Study Subject Harm
- Reputational Risk
 - Patient harm
 - Ethical considerations
 - Conflict of Interest
 - Policy and regulatory compliance
- Financial Liability
 - study subject, funding agency

Followed by

- ◆ An FDA inspection.....

Clinical trials are complex and highly regulated

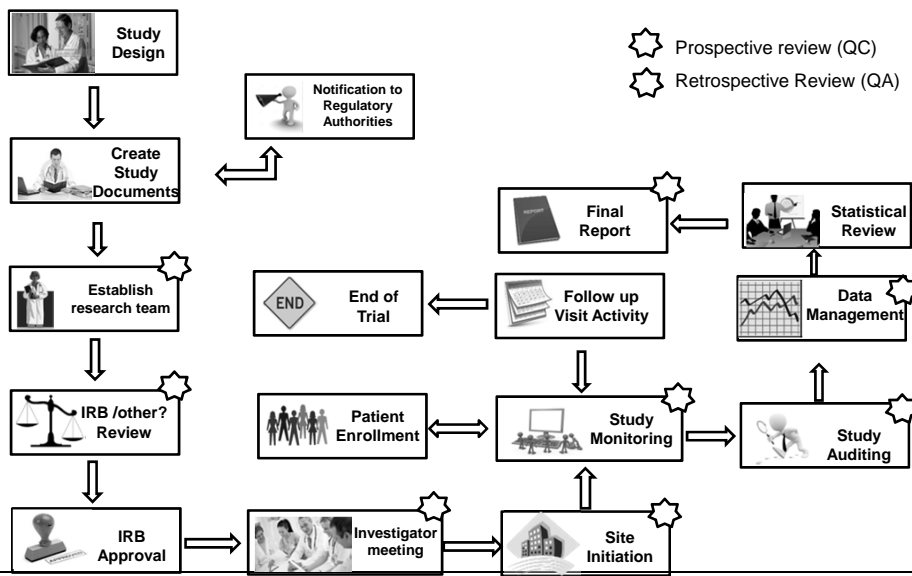
Standards are set by federal (FDA, OHRP, NIH, CMS) or state regulations and institutional policies



Enabling Compliant Research – a shared responsibility



Clinical Trial Lifecycle – Where does the risk exist?



Another External Assessment...

- ◆ Organization and oversight
- ◆ Infrastructure (IT, space, personnel, and training)
- ◆ Clinical Trial review and approval process
- ◆ Conflict of interest policies
- ◆ Define metrics for tracking compliance goals
- ◆ Assess the need for ongoing external input
- ◆ Recommend the frequency of reports to Trustees

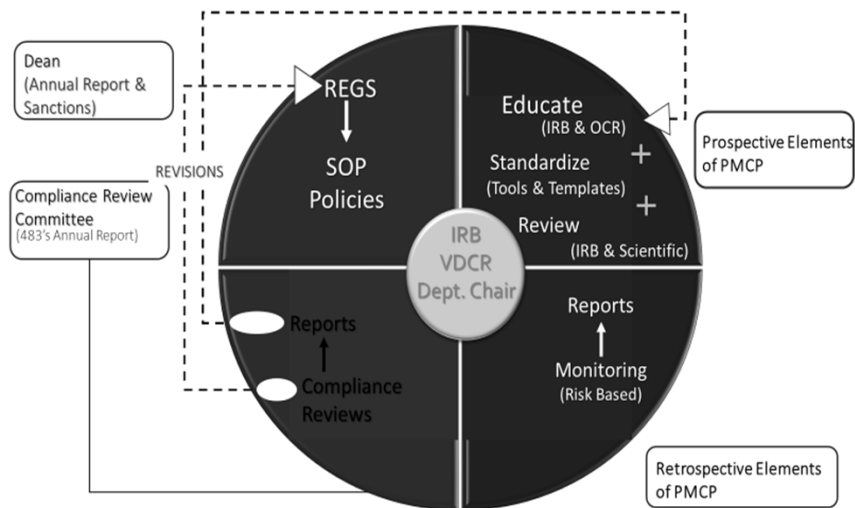
Key Observations

- ◆ Drug manufacturing and management of investigational products
- ◆ Academic Faculty serving as regulatory sponsors
- ◆ Oversight of clinical trial conduct – Monitoring and Auditing
- ◆ Education and retention of a trained workforce
- ◆ Prospective reimbursement analysis and its compliance oversight
- ◆ Clinical Trials.gov reporting requirements
- ◆ Conflict of Interest

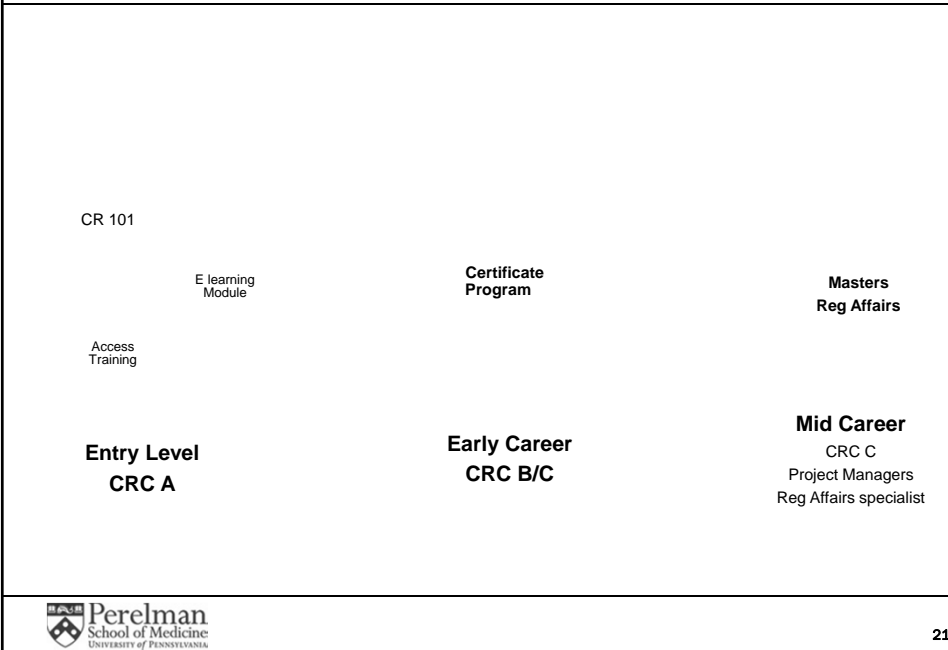
Key elements of an effective compliance program include

- Establish standards and procedures to prevent and detect noncompliance.
- Exercise effective compliance oversight via engagement of multiple levels of management, including the board of directors, senior management and compliance personnel; organization's governing authority must be knowledgeable about the content and operation of the compliance program.
- Exercise due diligence to avoid delegation of authority to individuals with a history of behavior inconsistent with an effective compliance program.
- Communicate and educate employees on relevant standards and procedures and other aspects of the compliance program.
- Monitor and audit compliance programs, evaluate periodically for effectiveness, and have and publicize a system for employees and agents to report or seek guidance regarding noncompliance without fear of retaliation.
- Promote and consistently enforce the compliance program via incentives and disciplinary measures.
- Respond appropriately to noncompliance and take steps to avoid future noncompliance, including making any revisions to the compliance program.

Penn Medicine Compliance Program



Educating Research Professionals

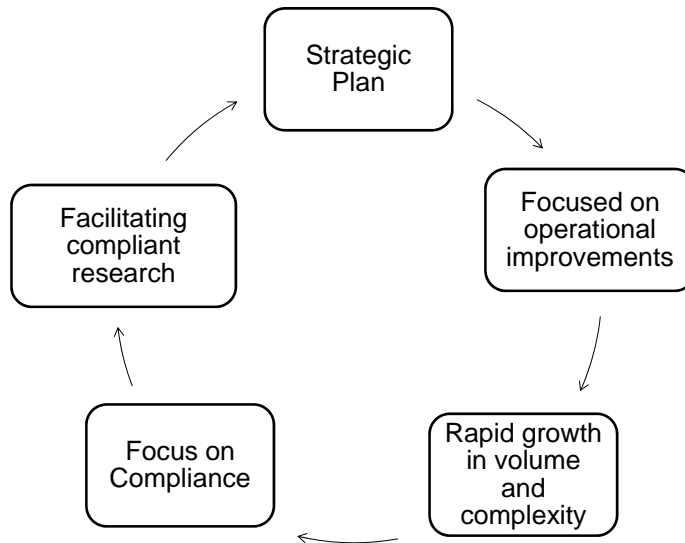


Clinical Trials Risk Mitigation: Recommendations

	Status
Standardization and Oversight	
• Institute formal scientific reviews in Departments	<input type="radio"/>
• Increase consistency and transparency in COI policies and process	<input type="radio"/>
• Standardize process and coordinate oversight across Penn Med hospitals	<input type="radio"/>
Compliance	
• Bring Investigational Drug Service into compliance with "Good Manufacturing Practices"	<input type="radio"/>
• Expand research compliance program	<input type="radio"/>
• Centralize and audit prospective reimbursement analysis	<input type="radio"/>
• Monitor compliance with clinicaltrials.gov	<input type="radio"/>
Training	
• Mandate training for investigators, sponsors, monitors	<input type="radio"/>
• Reduce coordinator turnover through career advancement and training	<input type="radio"/>

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Three years later.... Improving... not there yet



The End Game

- ◆ Create a culture conducive to clinical research
- ◆ Demonstrate regulation and facilitation can coexist
- ◆ Enable entrepreneurial activity
- ◆ Create a workforce of skilled clinical and translational investigators
- ◆ Attract sponsors and commercial partners
- ◆ Measure impact

