Enterprise Solutions:
Effective Corrective Action and Prevention Plans (CAPA) Following Internal Audits of Clinical Research Trials

UT Southwestern Medical Center
Office of Compliance

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Objective 1: Review Internal Audit Debriefing Steps for Clinical Trial PIs and Study Team Members

Objective 2: Engaging PI/Study Teams in the Corrective Action Process

Objective 3: Strategies for Evaluating the Organizational Effectiveness of Corrective Action Planning

Session Objectives

Medical Center Medical

Annual operating budget > $2.7 billion

Train ~ 3,700 medical, graduate and health professions students, residents and postdoc fellows annually

Graduate avg. of 230 medical students per year

Profile Profile Profile
Home to many nationally and internationally recognized physicians and scientists.

- 6 Nobel Laureates
- 23 National Academy of Sciences members
- 19 National Academy of Medicine members

Polling Question: What is your role in your Research Compliance Program?

A. Compliance Officer
B. Legal Counsel
C. Compliance Administrator/Specialist
D. Billing Compliance
E. Other
Human Subject Research Oversight

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<td>UPBCC</td>
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SBC (Radiation Safety) IRB X.4 (HRPP) Tech Dev Committee COI

Polling Question: How is Your Research Compliance Program Structured?

Where does your program currently reside:

A. Office of Compliance  
B. Internal Audit  
C. Research Administration  
D. The Medical School  
E. Other

Research Compliance Activities

Office of Compliance

- Quarterly QA review of full board, approved, IIS  
- Conflicts of Interest  
- Fiscal Management – Cost transfer, effort reporting transition  
- Quarterly clinical research billing compliance review  
- Export Control Analyses & Screenings
**Research Compliance Activities – Monitoring**

<table>
<thead>
<tr>
<th>Sponsored Program Administrations</th>
<th>Clinical Research Services</th>
<th>Research Administration</th>
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<tr>
<td>• US thought leader</td>
<td>• VELOS trial and subject enrollment validations</td>
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<tr>
<td>• Monthly financial review/reconciliation</td>
<td>• Coverage analysis</td>
<td>• COI disclosures, management plans</td>
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<td>• Pre-closeout readiness reviews</td>
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<td>• CMS open payments</td>
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**Three Lines of Defense**

- **Senior Management**
  - 1st Line of Defense: Financial Control, Security, Risk Management, Quality
  - 2nd Line of Defense: Inspection, Compliance
  - 3rd Line of Defense: Internal Audits, External Audits, Regulations

- **Board of Directors/Audit Committee**

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**Optimizing Resources: Program Maturity**

- **Initial**
  - Ad hoc, unaligned

- **Basic**
  - Defined policies and procedures
  - Reacts to adverse events

- **Defined**
  - Proactive, defined response to adverse events
  - Defined by policies and procedures

- **Operational**
  - Compliance is everybody’s business
  - Proactive collaborative response to adverse events

- **Advanced**
  - Compliance is everybody’s business
  - Proactive collaborative response to adverse events
Polling Question: How Mature is Your Research Compliance Program?

A. <5 years
B. 5-10 years
C. 10+ years
D. Don’t know

Annual Risk Assessments

Compliance: Auditing and Monitoring

Element of an effective compliance program is to conduct periodic auditing and monitoring of the organization’s adherence with regulatory guidance and established written standards.

Audit and Review Types:

- **Baseline/Probe**: High level review to determine whether a compliance issue exists
- **Routine**: Evaluate ongoing compliance adherence
- **Follow-up**: Enlarge sample based on error rates identified during a routine audit
- **Requested**: Requested review by Leadership and/or Clinical Department
- **Focused**: For cause review
AUDIT PROCESS

Auditing and Monitoring: Compliance Risk Areas

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<th>Risk Level</th>
<th>Example of Study Types</th>
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<tr>
<td>High (Full Board)</td>
<td>IND/IDE, Phase 1, UTSW (and Coordinating Site), Investigator Initiated</td>
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<tr>
<td>Moderate (Full Board)</td>
<td>Phase 2, Phase 3, Pediatrics</td>
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<tr>
<td>Low (Expedited, Exempt, or Registration)</td>
<td>Prospective or retrospective data and/or specimen collection, including interventional and/or treatment studies, repository or registry studies</td>
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<tr>
<td>Lowest (Studies Already Monitored)</td>
<td>High, moderate, or low risk studies monitored by external sponsors/CROs or internal groups, e.g., SCCC CRO or Office of Research Protections</td>
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Monitoring: Exceptions and Ratings

**Major Exception** - Generally 1) significantly compromises the integrity of the study or the safety of the subject; 2) violates or significantly deviates from Federal or UTSW requirements or policies or 3) represents cumulative minor deficiencies of the same nature.

**Minor Exception** - Occurs when the protocol is not followed exactly, but the data remain usable and valid or is a less serious deviation from Federal regulations or UTSW policies.

- Major Exception - Notable or significantly deviates from Federal or UTSW requirements or policies or represents cumulative minor deficiencies of the same nature.
- Minor Exception - Occurs when the protocol is not followed exactly, but the data remain usable and valid or is a less serious deviation from Federal regulations or UTSW policies.

**Categories**

1. Eligibility
2. Informed Consent Process and Documentation
3. Essential Documentation filed in Regulatory Binder
4. Investigational Product - Management & Accountability
5. CRF and Source Verification
6. Protocol Compliance
7. Safety Monitoring - Adverse Events & Data
8. Privacy and Deidentification of Data
9. Appropriate Record Retention
10. Recruitment Strategies
11. Study Population
12. Sponsor Monitoring
QA Process

Checklist  Research Teams  Monitoring Process  Tools

QA PROCESS

Auditing and Monitoring: Checklist, Resources, and Dashboards

Corrective Action Plan Assessment Flow

Problem/Issue identified  Immediate corrective action
Continuous monitoring  Root cause analysis conducted
Long-term Corrective action plan established
CAPA Planning

- Debrief
- Study Team
- Operational Stakeholders
  - HRPP
  - CRS
  - Other Departments

Reporting Serious/Continuing Non-Compliance

Elements Of CAPA Plan

1. Specific areas requiring compliance attention;
2. Additional training requirements;
3. Causing problematic process;
4. Change in procedures;
5. Repaying overpayments;
6. Reporting to the appropriate governmental authorities;
7. Further review and/or investigation;
8. Determining whether the problem is systematic;
9. Disciplinary action; and
10. Notice to journals, publishers, or other media services concerning issues of research integrity.
Recurring Exceptions

- Informed Consent Template & Process
- Data Mgmt – Sharing & Disclosures
- Claim Duration – RSH vs SOC
- Coverage Analysis & Protocol
- Clinical Research Documentation
  - Source Docs
  - Epic
- Study Set Up – Double-Binded Protocols

Organizational Engagement: Advocating Change

- Finding ways to connect with President, EVP, VPRA
  - Tone at the Top: Culture of Compliance
  - Executive Leadership Team: Dedicated Quarterly Meetings for Compliance
  - Meaningful Data: Compliance Dashboards, Real-time Auditing and Monitoring
  - Study Team and Principal Investigator Rounding and Town Hall Meetings

Rules of Engagement: Executive Trust

- Compliance - Valued Addition to Operations
  - Research Administration and Services
  - Sponsored Program Administration
  - Health System Affairs - University Hospital and Ambulatory Services
Compliance Program: Mission, Vision and Value

Each day our patients, students, and the public count on us to deliver the very best in patient care, state-of-the-art research, and outstanding medical education. As a University, we strive to meet and exceed these goals. By fostering a culture of compliance with established policies and standards, we reassure the community of our commitment to adhering to all applicable laws, rules, and policies.

Daniel K. Podolsky, M.D.
President, UT Southwestern Medical Center

Source: UT Southwestern Medical Center, Board of Trustees 2013
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