

Implementation of a Oncology Clinical Research Merit-Base Recognition Program for Physicians

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1. Background

Accrual to clinical trials, development and publication of investigator initiated trials (IITs), and staffing of important clinical research scientific and safety committees rely on clinical investigator engagement. However, in today's healthcare environment, the priority on achieving Relative Values Units (RVUs) targets add difficulty for physicians to participate in non-RVU generating clinical research activities. From CY2014 - CY2016, treatment trial accrual declined (CY14 = 248 pts, CY15 = 220 pts, CY16 = 176 pts). Increased accrual was imperative to meet CCSG goals.

2. Goals

From 10/1/2015 – 10/1/2016, HCC accrued 158 patients to treatment trials. Within 12 months, our goal was to increase treatment accrual by 25% (200pts).

3. Solutions and Methods

Four priority areas were selected by MUSC leadership: 1) treatment trial accrual; 2) treatment IIT activation; 3) treatment IITs publication; and 4) active participation in research infrastructure committees. From 10/1/2016- 9/30/2017, physicians would be eligible to earn for their department, 1% of their salary for "unit" of clinical research activities based on the following rubric: 1% for 1 treatment accrual; 4% for the activation and enrollment of a MUSC physician developed treatment IIT; 2% for IIT publication or 5% for an IIT publication in a high impact journal; 1% for participation of at least 80% of PRC, DSMC, or IRB meetings. The strategic investment estimated at \$870,000 would be split between HCC and the MUSC Provost. Funds were distributed to the department chair for future investment into oncology clinical research.

4. Outcomes and Future Directions

Treatment accrual at end of the 12 month period increased by 71.5% from 158 to 271 treatment accruals. Five treatment IITs were activated and accrued at least one patient. One treatment IIT was published in a high impact journal, and twelve physicians participated in research infrastructure committees. A total of \$863,984 was distributed, with the Division of Hematology Oncology receiving 59%, Radiation Oncology 11%, and other eight other divisions achieving <10% of the payout. The number of physicians participating in cancer research increased demonstrating a shared contribution towards the Center's accrual goal. Furthermore, physicians reported increased satisfaction and felt that the institution valued research activities. Providing financial resources to the departments to secure time and effort of clinical investigators is essential; however, the ability to maintain a funding source for the program presents a challenge.