

# Implementation of an Oncology Clinical Research Merit-Based Recognition Program for Physicians

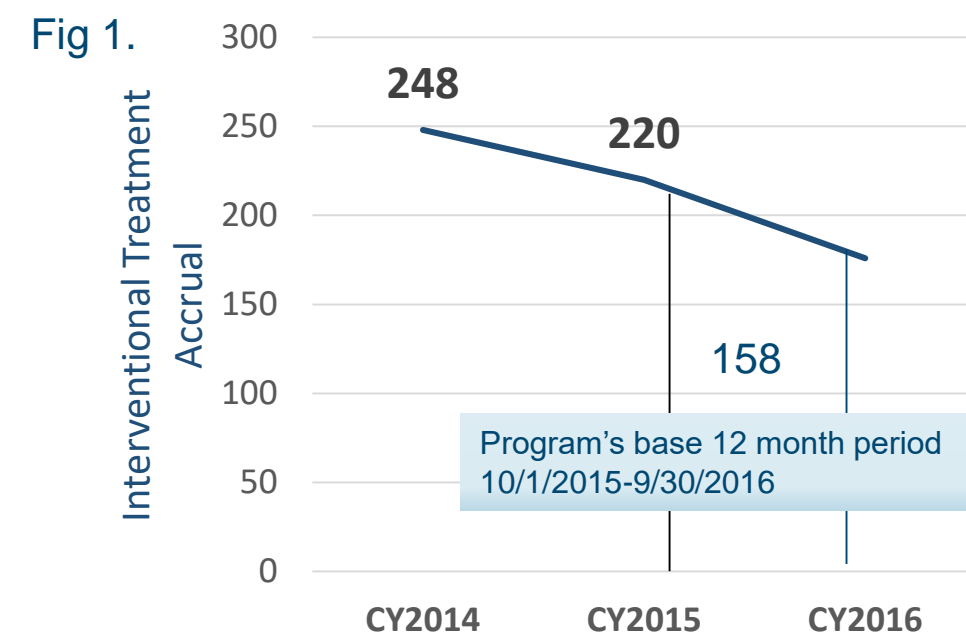
Tricia Adrales Bentz, MHA; Carolyn Britten, MD; David Marshall, MD; and Donna Berrier, MPA



Hollings Cancer Center  
An NCI-Designated Cancer Center

## 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. Treatment accrual was declining significantly and action was needed to meet the Cancer Center's NCI Designation goals. As depicted in Figure 1, the baseline 12 month period, prior to the merit-based program implementation, treatment accrual was only 158. Furthermore, the pipeline of new IITs from MUSC faculty and publications from MUSC sponsored treatment IITs was down. During the base period, there were 2 IIT activations with accrual and 1 reported publication from a MUSC treatment IIT.

## Method

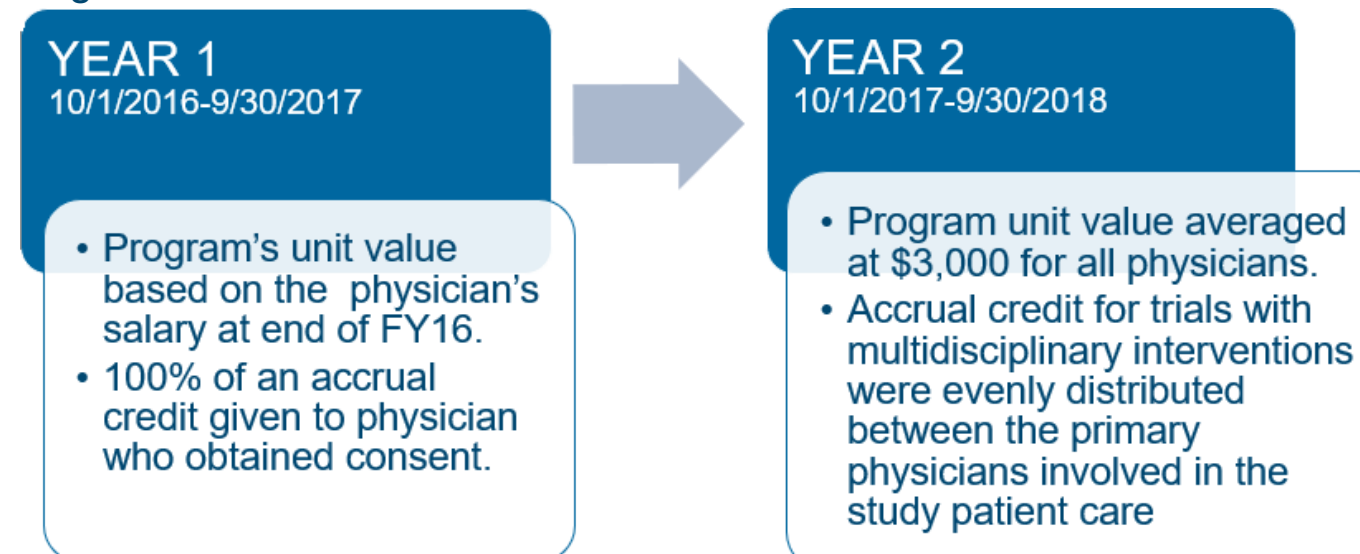
Physicians earned funds for their department for completed research activities based on the rubric below (Table 1). The strategic investment estimated at \$1 million was funded by the Hollings Cancer Center. Activity was tracked by the HCC Clinical Trials Office (CTO). The CTO provided a detailed report to each department or division which was reviewed by HCC and the COM for accuracy. Fund distribution was expected quarterly to department or division for their future investment into oncology clinical research.

Table 1. Merit-Based Program Rubric

Priority Area	Program Year 1*	Program Year 2
Treatment trial accrual	1%	1 unit
Treatment IIT activation with at least 1 enrollment	4%	4 units
MUSC physician developed treatment IIT publication	2% or 5% for high impact	2 units or 5 units for high impact
Active participation in PRC, DSMC, or IRB (> 80% of meetings)	1%	1 unit

\* Program Year 1 reimbursed at a percentage of the physician's total annual salary as of 8/1/2016)

Fig 2.



The merit-based recognition program was continued with the same level of support through a second 12-month period. However, the program was slightly modified based on feedback from stakeholder focus groups. Figure 2 describes the two major changes made in the program.

## Results

Table 2. Merit-Based Program Year 1 Detailed Results

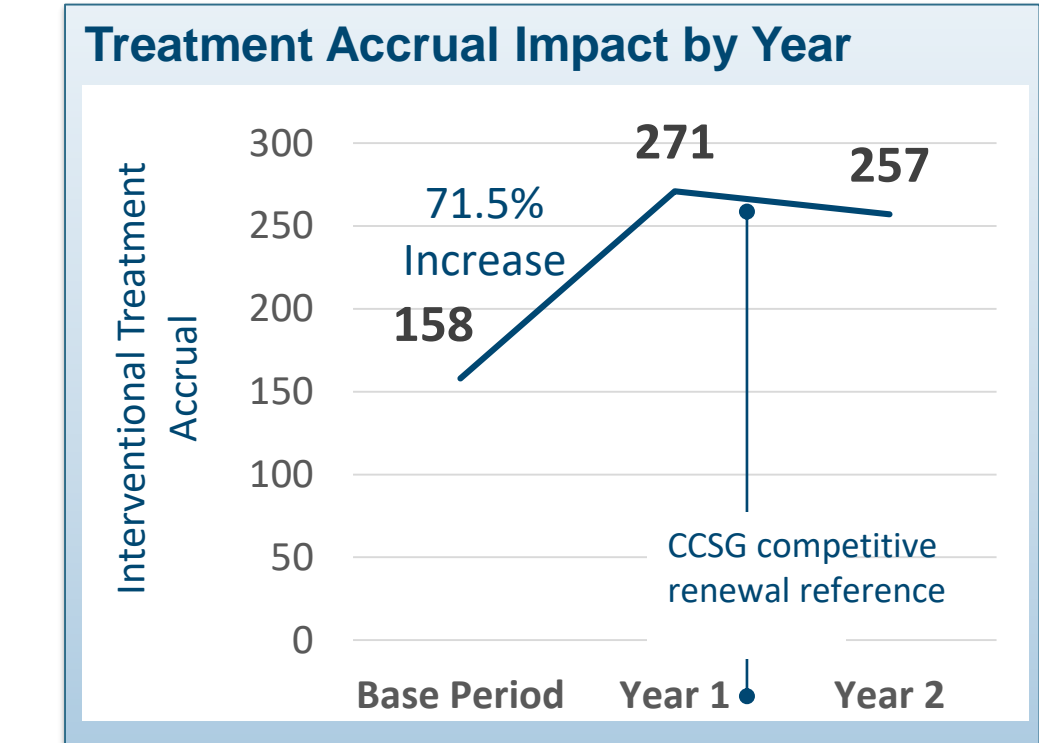
Division	Payout Total by Division	% of Payout Total	Total Tx Accrual by Dept.	% of Tx Accrual Total	Total Tx IIT Activations with >1 accrual	MUSC sponsored Tx IIT Publications	Committee Members (excludes those with CCSG support)
Heme Onc	\$506,750	58.70%	169	62.40%	3	1	3
Rad Onc	\$97,746	11.30%	17	6.30%			3
Radiology	\$66,893	7.70%	27	10.00%			1
Surg Onc	\$54,786	6.30%	9	3.30%	1		1
Ped	\$43,124	5.00%	23	8.50%			
Neuro	\$27,400	3.20%	11	4.10%			2
Urology	\$25,565	3.00%	5	1.80%			1
Oto	\$21,552	2.50%	3	1.10%	1		1
Gyn Onc	\$17,670	2.00%	6	2.20%			
Derm	\$2,500	0.30%	1	0.40%			
<b>Total</b>	<b>\$863,984</b>		<b>271 pts</b>		<b>5</b>	<b>1</b>	<b>12</b>



Table 3. Merit-Based Program Year 2 Detailed Results

Division	Payout Total by Division	% of Payout Total	Total Tx Accrual by Dept.	% of Tx Accrual Total	Total Tx IIT Activations with >1 accrual	MUSC sponsored Tx IIT Publications	Committee Members (excludes those with CCSG support)
Heme Onc	\$537,000	64.39%	164	63.81%	1	1	6
Surg Onc	\$106,500	12.77%	35.5	13.81%			
Rad Onc	\$57,000	6.83%	17	6.61%			2
Ped	\$39,000	4.68%	13	5.06%			
Neuro	\$39,000	4.68%	11	4.28%			2
Radiology	\$36,000	4.32%	11	4.28%			1
Oto	\$10,500	1.26%	3.5	1.36%			
Urology	\$9,000	1.08%	2	0.78%			1
<b>Total</b>	<b>\$834,000</b>		<b>257 pts</b>		<b>1</b>	<b>1</b>	<b>12</b>

Fig 3.



- During the program, treatment accrual increased by 71.5% in the first year and sustained at 62.7% higher accrual in the second year compared to the base period.
- Other reported benefits included: a) the number of physicians participating in cancer research increased demonstrating a shared contribution towards the Center's accrual goal and b) physicians reported increased satisfaction and felt that the institution valued research activities.
- There was low - moderate impact on IIT activations and publications and committee participation.

## Conclusion

- In light of the increasing prevalence of RVU-driven compensation plans for providers, cancer centers need to have well-defined incentives for providers to align their clinical activity with CCSG goals.
- The merit-based program was very effective in promoting treatment clinical trial accrual; however, additional factors such as clinical trial pipeline and investigator turnover may also impact accrual. Additional research is required to document that the funds allocated to departments from the merit-based program were actually used to promote activities that supported CCSG goals.