Category: Network Operations, Decentralized Trials, and Multi-site Research - Completed project

Integration and Centralization of Clinical Research Operations Across Campuses to Maximize Efficiency and Oversight

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1. Background

NYU Langone Health (NYULH) merged with Winthrop Hospital in 2019. After the institutional merger, the Perlmutter Cancer Center (PCC) and the Clinical Trials Office (CTO) was integrated across both Manhattan and Long Island campuses. A strategic plan to best serve the patient population in Mineola was put in place to standardize and grow the research program. The merger increased the scale of CTO operations in Long Island to expand trial access for patients and decentralize trials. Disease management groups (DMGs) are multi-disciplinary teams focusing on specific disease sites, and they oversee individual oncology clinical research portfolios, and they were also integrated across campuses.

2. Goals

- Standardize operations across PCC campuses
- Increase operational efficiency through centralization of resources to activate multi-site trials
- Integrate DMGs
- Strategize to identify goals and opportunities and address barriers across campuses

3. Solutions and Methods

The initial step was to integrate DMGs across the campuses and to evaluate trial feasibility for each PCC campus based on patient needs. Once DMG integration was established, leadership teams from all PCC campuses joined strategic meetings to identify goals and opportunities for expansion, and to improve barriers to trial participation. In addition, leadership collaborated with sponsors to address and resolve logistics for trials offered at PCC and to advocate for multi-site activations.

With multi-site trials, financial operations such as billing grids and budget negotiations were centralized. Next, we integrated pre- and post-activation regulatory teams for all DMGs across campuses so that investigator site files (ISF) and portfolios were overseen by one team. The next step was to integrate the data coordinators so that cross coverage expanded within DMGs.

Centralizing PCC CTO resources streamlined the reporting structure; therefore, trainings, best practices, and workflows were in adherence at PCC campuses.

4. Outcomes

After centralization there was improvement in disease team communication about patients on clinical trials. With integrated data and regulatory teams, there was more cross coverage for tasks. Better utilization of existing PCC administrative staff and resources also helped sustain the growing trial portfolio across campuses. Long Island Mineola campus noted a 47 percent accrual increase from 2021 to 2022 and another 23 percent increase from 2022 to 2023. The primary factor contributing to the accrual increase was higher trial offerings within each DMG at the Mineola campus including the expansion of a Phase I program. There was an increase in portfolio size, decrease in study activation time, efficiency of resources, and, most importantly, the growth of accruals at PCC campuses.

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5. Lessons Learned and Future Directions

Centralization of resources and meetings improved communication, expanded disease portfolios, and increased efficiency in workflow adherence. The continuation of this initiative strengthened the oncology portfolio for PCC campuses that will offer patients more options to plan their cancer care.

Future directions for PCC campuses entail participating in trials with more complexity and activating trials with inpatient components. In addition to integrated research meetings, there is potential to integrate tumor board meetings for more clinical dialogue about patients treated within the NYULH enterprise.