

Benefit or burden?

Evaluation of Cancer Clinical Trial Pharmacy Charges

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BACKGROUND

- Clinical trials (CT) are a vital part of the provision of healthcare within Australia.
- CT provide patients access to novel therapies and advance the skills of the healthcare workforce.
- Cancer CTs are complex and pharmacies require significant staff resources to support them.
- At our site non-CT staff dispense, compound and counsel patients. CT staff manage other responsibilities.
- Our need for staff resources for complex cancer CTs has increased over the years
- It is hypothesised increasingly complex CT design is placing additional burden on pharmacy resources.

OBJECTIVE To evaluate whether current fee structure enables cost recovery to adequately resource cancer CT pharmacy services.

ACTION

CT complexity

- Potential factors affecting the complexity of CT were established by discussion with CT pharmacists.
- CTs opened in 2016 and 2021 were compared to identify factors contributing to increased workload.

Administrative fee review

- CT staff generated revenue was calculated using total revenue minus dispensing and storage fees.

Dispensing fee review

- Average cost per dispensing was calculated using annual staffing costs divided by the numbers of items (2391) dispensed in 12 months.
- Compounded and non-compounded items were weighted 2:1 using previous time in motion data
- Average cost was compared to the dispensing fee.

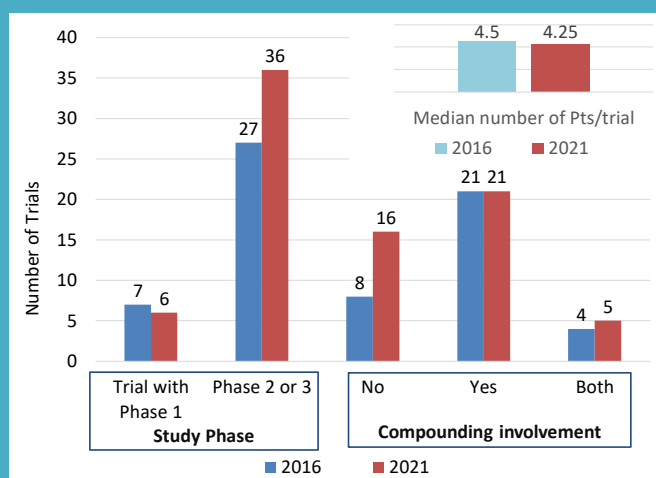


Figure 1: New Trials Started in 2016 and 2021

EVALUATION

CT complexity

- An additional 23% of trials were started in 2021 compared to 2016 (Figure 1)
- 2021 did not show more early phase or trials involving sterile compounding compared to 2016 (Figure 1)

Administrative fee review

- Administrative staff costs exceeded revenue (Figure 2)

Dispensing fee review

- Dispense fee covers dispensing staff costs (Figure 2)
- The cost of consumables, infrastructure, utilities and other incidentals is not covered/included in evaluation

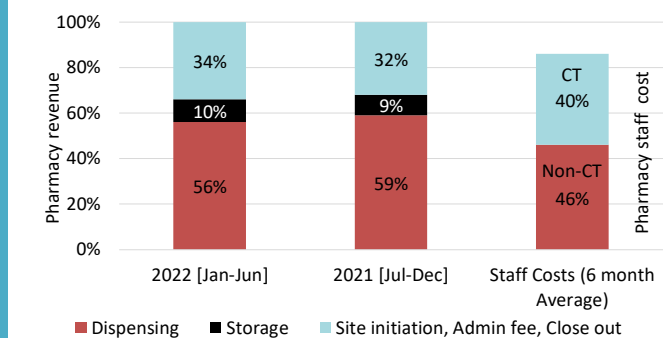


Figure 2: Revenue Source and Staff Expenditure

DISCUSSION

CT Complexity: We did not show increasing CT complexity but this is expected to increase over time. Anecdotal reports of capacity issues are likely due to impacts of COVID as well as the increase in number of new trials. Cancer CTs remain complex and require considerable pharmacy resources.

As CT design evolves and pharmacy practices change, so too should

the pharmacy fee structure.

Fee review: Our total staff costs to run CT do not exceed revenue generated.

Administrative burden from CT is high and workflow efficiencies (e.g. electronic filing) are required to ensure sustainability of CTs.

Conclusion: Our review has shown a successful self-funded CT pharmacy service which is essential to the development of new pharmacological interventions that improve patient care

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