# A 3-Year Transformation of a Belgian Clinical Trial Pharmacy Team

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### WHAT WAS DONE?

Pharmacy budget table with up-to-date costs of analysis various pharmacy activities within a clinical trial

extensive digitalization staff expansion extension of the infrastructure

Figure 1. Schematic overview of the 3-year transformation of the clinical trial team of the UHL pharmacy

#### WHY WAS IT DONE?

- University Hospitals Leuven (UHL), a 1995-bed, tertiary care hospital, constitutes an attractive setting for clinical trials and a coveted partner for sponsors, due to its
  - Close collaboration between UHL's clinicians and scientists from Belgium's oldest academic institution KU Leuven;
  - Patient availability: specialization in a wide range of  $\rightarrow$ medical fields to treat complex pathologies;
  - Infrastructure: support of a Clinical Trial Center (CTC) experienced in scientific research, and review by a qualified, independent Ethics Committee (EC);
  - Facility and training: experienced and qualified research staff throughout the hospital;
- In recent years, both the number of clinical trials conducted at the UHL and the level of complexity of research design have increased in line with the globally fast-growing research field.
- · Adopting the changing research field while ensuring the highest regulatory compliance was challenging for the clinical trial team of the UHL pharmacy.

#### HOW WAS IT DONE?

2016

- Based Costing' (ABC)-analysis was An 'Activity conducted by the Belgian Association of Hospital Pharmacists to determine the cost of various pharmacy activities within a clinical study.
- The outcome of the analysis was revised to concur the fast-growing clinical research field.
- To affirm the need to apply updated prices, a retrospective evaluation was performed documenting the number of clinical trial protocols, pharmacy staffing and applied prices over the past 4 years.
- The data were analyzed, conclusions were drawn and put into practice by presenting the objectified unmet needs for reinforcement in resources to the hospital board.
- Allocation of resources and reorganization of the flow of conducting clinical trials in the UHL pharmacy.

## WHAT WAS ACHIEVED?

- Rapid growth of pharmacy research activities was shown i.a. by an increase in the total number of active clinical trial protocols (table 1).
- Until 2019, quantitative expansion was not followed by qualitative growth, since staffing remained steady at 13 fulltime equivalents (FTE) and the applied costs were outdated and not cost-effective.

Table 1. Results of the 4-year retrospective evaluation about research (activities) of

the UHL pharmacy	2017	2018	2019	2020
Active clinical trial protocols	964	1035	1128	1256
at the UHL pharmacy				
Applied prices for trial	Outdated	Outdated	Outdated	Updated
related pharmacy activities				
FTE at the clinical trial team	12,6	13	13	19
of the UHL pharmacy				

- To enable the transition towards qualitative growth, an up-todate pharmacy budget table was developed based on the latest ABC-analysis and, along with an estimate of future **income**, approved by the hospital board in 2020.
- This allowed the following reinforcements:







Implementation of the budget table using computerized support enabling automated billing

#### WHAT IS NEXT?

- Continued increase of digital quality by automating accountability and compounding.
- Focusing on qualitative growth by advancing the role of clinical trial pharmacists into a specialized member of
  - the hospital Research & Development team (to participate in protocol development and consult on IMP management) the clinical pharmacy team (for patient educating and monitoring of therapy).



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