



Clinical Investigator Payment System (CIPS)

A major pharmaceutical company needed to reduce the cost of processing clinical investigator payments by replacing a multitude of manual processes with a single automated one

The Challenge

The application would require a complex approval work-flow, spanning multiple departments with disparate business ontologies. Success would require stake-holders to agree on a common way of modeling this process across the company.

The application needed to be approved by the firms financial auditors. Delivering the application on time would require auditor sign-off early on in the process.

Though the client did not have strong in-house enterprise integration capabilities, the application needed to be integrated with the SAP payroll system and the firms Clinical Trial Management System.

The Solution

Most Media facilitated a series of workshops where the domain objects, use cases, business rules, and work-flow comprising the ontology were hammered out with stake holders representing the various departments.

We communicated with stake-holders and the firm's financial auditors, in part, through UML diagrams and low-fidelity prototypes conveying work-flow and application functionality. Stake-holders were able to reach consensus quickly, and we were able to fine tune the design in response to an evolving understanding of the business rules. The firm's auditors validated and approved the system using the same materials.

The application was integrated with SAP using XML files transferred via ftp. We developed it with the J2EE stack and a web based front-end using the Oracle Application Server and the Oracle 8i data store.

Results

The average time to process a clinical investigator payment was reduced from 28 days to 6.

The screenshot shows the 'PAYMENT IRD' web application interface. At the top, there is a navigation bar with links for 'Front Page', 'Payments', 'Setup Trials', 'Reports', and 'Global Options'. The main content area is titled 'Payment History by Trial and Milestone' and displays two tables of payment data.

| Hydrocodone IR/Ntx/APAP HXA1007 MD PK | | | | | | |
|---|-------------------------|--------|------------|--------------------------|---------------------|--------------|
| Milestone | Invoice | Check | Paid | Vendor | Investigator | Amount |
| Advance - Set-up fee (IRB Administrative Fee) | CLIN59 | 117158 | 2002-10-09 | CLINICAL PHARMACOLOGY OF | LASSETER KENNETH MD | \$1,000.00 |
| MS 1 - First Subject Randomized | CLIN86 | 119746 | 2002-11-15 | CLINICAL PHARMACOLOGY OF | LASSETER KENNETH MD | \$64,022.00 |
| Final Payment for Study Cancellation | CLIN159 | 122729 | 2003-01-03 | CLINICAL PHARMACOLOGY OF | LASSETER KENNETH MD | \$103,103.00 |
| HXA1008 HXA vs. Vicodin Patients | | | | | | |
| Milestone | Invoice | Check | Paid | Vendor | Investigator | Amount |
| Database Lock - Completion of CRF | CLIN45 | 119207 | 2002-11-13 | PPD DEVELOPMENT LLC | DAWKINS RAY MD | \$58,095.00 |
| Database Lock - Completion of CRF | CLIN359 | 129073 | 2003-04-16 | PPD DEVELOPMENT LLC | DAWKINS RAY MD | \$56,864.00 |