A Q&A

Under the Hood of GrantPlan 6.5: Access to Budgeting Intelligence



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Learn about a unique clinical grant benchmarking solution.

pplied Clinical Trials talks with Shelley Douros, Associate Director at IQVIA Technologies, about IQVIA's GrantPlan technology, the industry-leading investigator grant fair market value benchmarking solution. She describes how GrantPlan allows users to confidently build investigator grant budgets and the enhancements available on the newly launched user-friendly GrantPlan 6.5.

Applied Clinical Trials: Could you tell us about GrantPlan?

Douros: GrantPlan is a technology solution that is used to create and negotiate clinical trial investigator grant budgets with the participating sites. The database has two main sources. The first is data from clients' executed contracts that is blinded and fed back into the system. The other main source of data is what we call PL, which is publicly available data that our engineers analyze and then apply our "secret sauce." This is my favorite part of GrantPlan because it is the only database that allows you access to this data consortium. Without the PL data, you would have data gaps, and because GrantPlan has both actual data and this additional PL data, you will never have a zero-dollar amount. This is important because you want to make sure that you have a robust budget when clients are negotiating with clinical investigator sites.

Applied Clinical Trials: What makes GrantPlan different from other fair value market investigator grant tools?

Douros: The main difference is the amount of available data with GrantPlan. All tools provide fair market value on items budgeted for within an investigator grant, which includes procedure, personnel, and site costs. Subscribers submit their final executed site budgets to the product owner. The values are then extracted, blinded, and put back into the system to serve as benchmarks.

This is where the similarities between GrantPlan and other tools end. GrantPlan subscribers conduct 76% of all global clinical trials. This means other tools are at a deficit because they don't have much robust actual data, making GrantPlan actual data superior to all others. Limiting your database by only providing actual data means users only receive Fair Market Value

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for items with submitted executed site contracts. That's a huge gap of information, especially for areas like rare diseases or uncommon procedures.

In contrast, GrantPlan provides a consortium of data that includes actual data and price list data to ensure users have holistic budgets with no gaps. Our engineers take these multiple sources of information, analyze the data, and then add our "secret sauce." Then, users can really budget for all indications and in all countries. Because we can fill in these data gaps, users don't have to search for information online or ask their clinical teams for costing guidance. So, GrantPlan provides a complete approach to budgeting.

Another huge difference is providing country-based FMV. Because other tools are solely based on actual data, they can only provide data on countries in which they received executed contracts. Meanwhile, GrantPlan suggests a country equivalent, which means it allows users access to all countries without limitations. GrantPlan includes actual data for over 60 countries and provides country equivalent costing on over 130 countries.

Applied Clinical Trials: Grant Plan 6.5 was just released. Can you tell us about your favorite feature in 6.5?

Douros: That's a hard question because there are several excellent features in 6.5. When updating GrantPlan 6.5, we focused on system usability. We want GrantPlan to give users a seamless workflow, so our engineers and development team worked on the overall design and functionality to improve the flow and optimize our users' time and effort. The user interface was also upgraded in GrantPlan 6.5.

Another huge improvement is how users can input exact durations between each visit. Previously, there was a function where you would indicate an overall estimate of time between visits. Now, users have the ability to input the precise duration between each visit and this will help those who want to start implementing standard of care.

Last, my absolute favorite addition to 6.5 is the inclusion of the initial offer and upper-limit columns, which provide flexibility when you're creating your budget guardrails. Basically, the budget builder can set budgeting and negotiation percentage parameters, which is extremely helpful. For example, if you have a \$100 budget, you may want your initial budget to the site to start at \$90. However, the negotiators can negotiate up to \$120 without needing additional approval. In order to communicate this negotiating plan, there would be a lot of back and forth communication and several emails. Often, clients are working with multiple negotiators in numerous countries with hundreds of sites. GrantPlan 6.5 enables users to set these guardrails within the system to make for a more seamless process and consistent messaging. This is a huge benefit to our users!

Moreover, this feature will really help with transparency and will help clients start to set the stage for company-specific processes such as understanding country negotiation trends and cost savings. The upgrade itself is truly amazing, and I'm really excited about how it can help our clients focus on their internal processes and develop great strategic solutions.

Another nice feature is the ability to export data vertically. Before 6.5, you could only export data horizontally. Users have been asking for this capability so they can create an Exhibit A or Schedule A.

Applied Clinical Trials: Can you explain how the new standard-of-care feature can help users?

Douros: Adding specific durations between each visit allows for more precise standard-of-care allocations. The specific visit durations are called the duration to next visit (or DNV). Previously, users only had the option to estimate the overall time between each visit. This enhancement in 6.5 allows users to tailor visit durations to match the exact protocol requirements. This means when you're applying your standard of care, GrantPlan will accurately identify those exact visits where standard of care should be applied. This will help with compliance to ensure that you're eliminating the appearance of paying above fair market value rates.

In addition to ensuring compliance, there is also the added benefit of cost savings. I have one example where a client had a per patient procedure total of about \$3,700. They then applied standard of care and reduced the cost to \$3,200, which was a procedure cost savings of \$496. The client had approximately 500 U.S. patients, so the total savings were close to \$250,000. This feature allows clients to save money and be strategic with how they spend their money.