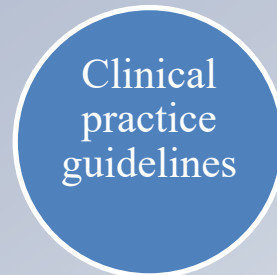




Establishing CMS reimbursement in practice - a process based on evolving *research*

- Evidence Based Practice (EBP) - the integration of best *research* evidence with clinical expertise and patient values
- Clinical Practice Guidelines (CPG's) - developed by multi-disciplinary subcommittees using an evidence-based approach, combining the best *research* available with expert consensus on best practice.





What is a Routine costs in ~~clinical trial~~ **research** ?

- Items of services that are typically provided absent a clinical trial (e.g., conventional care)
 - i. Clinical practice guidelines (i.e. CDC, NIH, NCCN, American Heart Association, American Academy of family Physician, NCBI, etc.)
 - ii. Widely accepted and used by most healthcare professionals

- **Items or services in excess of Conventional Care and/or Clinical practice guidelines**
 - i. Clinically appropriate monitoring of the investigational item or service.
 - ii. Prevention of complications

- **Items or services required solely for the provision of the investigational item or service**
 - i. Investigational item administration - IV fluids, infusion, injection, IR guidance, Implant and/or surgery etc.



Schedule of Events

- Time points – When is research interacting with the subject, how long and at what frequency (e.g., # of visits, weeks, months, etc.)
- Procedures – What is being done at the time point of interaction for research (consent, medical record review, specimen collection, exam, QOL, etc.)
- Location – Where is the procedure being performed? (**UA space** [red cap, CATS, A2DRC, Prevention clinic, Private UA lab, etc.] or in **Banner clinic space** [any Banner facility to include Sonora quest lab services, and data collection from the Banner EMR])

