COLLABORATION BETWEEN CLINICAL TRIALS AND MANAGED CARE ORGANIZATIONS: POSSIBLE OR NOT?

The research environment is in a constant process of being affected by many external and internal factors. Things such as keeping privacy of patients, financial misbalances, **not enough trained specialists, lack of trial participants, outdated trial methods, unreliable systems, incompliance with Good Clinical Practice (GCP) regulations, too much transparency, and the opposite, deprivation of data transparency** are all very fragile corners in the Pharmaceutical, Medical and Clinical sector that can turn to problematical points quite easily. They are impactful enough to cause major changes which can navigate and sway the course of a trial to one direction or another. Another huge influence which derives from the outside is the Managed Care Organization (MCO) and its practices. Since healthcare as a whole is experiencing alterations and modifications, its new focus is on the MCO. **Because there is such a strong emphasis on Managed Care Organizations, the research settings are migrating from their currently adopted operations, thus trying to achieve partnership with MCOs. But what exactly this kind of undertaking can bring to clinical studies?**

To start with, healthcare services provided by Managed Care Organizations are becoming more and more popular as the time passes. I**n essence, MCO are organizations that offer the functions of administration, health insurance and care-delivery.** Examples include third-party administrators, independent physician-hospital institutions and other practice associations. Their basic principle of work is service in exchange for a fee (weekly, monthly, annual). Because they attract a serious number of patients, not only with common disorders but such who suffer from rare diseases as well, clinical research institutions and companies see MCOs as providers of subjects who can take part in their trials. Yet, accepting this particular type of organizations as merely a "subject source" can hardly be enough for researchers to benefit as much as possible. Simply, according to specialists, there is a need of much deeper and stable approach – collaboration.

Creating a professional relationship is crucial in terms of distributing proportionate and equally advantageous results toboth parties. But this is not an easy task to do. Especially if we take into consideration the fact that the research team and representatives from the MCO do not really share common grounds. There are several fundamentals that can help them take down the walls of opposition. Being two separate cultures with different motives, the first thing that researchers and MCO agents are expected to do is to set corresponding agendas. Such agendas will cover not only the needs of only one of the parties, but instead it will be reciprocal to the needs of both partners. After that, there should be extensive communication and exchange of information by the means of informal and formal contacts with

colleagues. **Interestingly enough, informal contacts between research and non-research academics can provide important information about:**

- planned procedures which, in consequence, can help them define the common grounds and shared views in the research design and the organizational architecture of the Managed Care Organization
- current and expected changes in management and operation
- ongoing clinical studies and, respectively, ongoing treatments conducted by MCOs

Finally, when communication is established, signaling about eventual communication issues becomes the next-thing-to-do so that proper and functional cooperation can be ensured.

To summarize, both clinical trial organizations and managed care organizations are expanding and changing. While doing so, they are being affected by a range of factors. Even though they are distinguished in designs, purposes and visions, creating a mutual relationship is, in fact, quite beneficial to both of them. One of the biggest drawbacks in clinical researches is not having enough trialists. And when 73% of employed Americans have Managed Care plans, MCOs are becoming not only vast distributors of subjects but also key contributors and collaborators to clinical research executors.

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