Recruitment and Retention

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Recruitment Plans

- PI’s are expected to identify eligible patients:
  1. Clinics
  2. Databases (i.e. Profession Billing Group)
  3. Referrals from other physicians
Additional Recruitment Plans

1. Health Fairs
2. Support Groups
3. Training and Education with PCP’s
4. Community Advocacy Groups
5. Telemedicine
6. Websites
Even More Recruitment Plans

- Flyers
- Live Announcements
- Waiting Room brochures “Please Take One”
- Waiting Room Television – Video tape/DVD
- Signs
- Clinic Staff
  - “Ask Me About My Research” Buttons
  - Word of Mouth
- Telephone Hold Sound Loop Recording
- Stationery/Letterhead – link to website
- Hand out study information cards at events
- Outside Services – Marketing companies that can assist. May be provided by the Sponsor.
Patient Recruitment - Clinic

- This is an effective method of recruitment if a study has a clinical or laboratory component.
Clinic Recruitment

- Pros
  - Establish a quick rapport with patient
  - Consider patient compliance issues
  - Respond to questions or concerns
  - Review and collect eligibility criteria not readily available in MR
  - Sign medical record release
Clinic Recruitment

- Cons
  - Travel to clinic
  - Patients are a no show
  - CRC away from office
Patient Recruitment - Telephone

- Utilize database to identify potential subjects
- Is usually preceded by a letter
- Always call patients at home rather than at work
- Patient provided ample time to consider participation
- Provide call back information and any recruitment deadlines
Telephone Recruitment Calls

Pros

- Develop immediate rapport
- Engaging interviewers can yield high cooperation rates
- Answer questions immediately
- Time saver (eligibility criteria)
Telephone Recruitment Calls

- Cons
  - Voicemail and caller ID are potential impediments
  - Multiple attempts may be made to reach patient
  - Invalid phone numbers
  - Only minimal information can be left on message machine
Patient Recruitment - Invitation Letters

- Usually sent to targeted populations
- Non-intrusive way to inform potential participants of a study
Patient Recruitment - Media and Community Outreach

- Always most cost-effective to use a media outlet that targets the desired demographics (i.e., Sac News and Review for young adults / HCV Advocate)

- KNOW YOUR AUDIENCE
Patient Recruitment - Databases

- Utilize the various databases to quickly identify potential subjects
  - EMR
  - Professional Billing Group (PBG)
  - Surgery Information System (SIS)
- Provide specific data to be retrieved such as Age, Gender, CPT, ICD-9
Patient Recruitment - Support Groups

- Attend support groups
- Work closely with Support Group Leaders for better patient access
- Patients in support groups are more likely to be compliant
- Support Group may assist patient in travel to appointment
- Support Groups motivate patients
Using Telemedicine to Help Primary Care Providers Manage Patients With Hepatitis C

Background: Primary care providers are seeing an increased number of patients with hepatitis C and few specialists to provide consultation. Dr. Lorenzo Rossaro, MD, FACP, Chief of Gastroenterology and Hepatology at the University of California, Davis has been working with the Center of Health and Technology, using telemedicine to provide consultations. The goal is to facilitate access to specialty care for these often underserved patients. Dr. Rossaro is working on a model of care where the primary care provider maintains care of the patient locally and collaborates with the specialist as complex health care management issues arise.

Research: Dr. Rossaro's research interest focuses on liver disease and its complications: Clinical trials for the treatment of hepatitis B and C with combinations of new drugs; pathophysiology of portal hypertension and its relation to development of hepatic encephalopathy, ascites and liver cancer.

Patient Care: Dr. Rossaro's style of practicing medicine is based on a strong relationship with the referring physicians and patients in order to provide quality care. He welcomes physician calls. He is accessible and willing to help on any liver disease case. He believes in the benefits of humor and laughter, but most of all in spending time with the patient and listening to them. Respect and attention are critical to his practice style. He is involved in the education of the community medical providers through the use of telemedicine, to close the gap of access to specialty care for patients who are geographically or financially disadvantaged. (3)

Frequently Asked Provider Questions: Three of the most frequently asked questions by primary care providers regarding Hepatitis C are:

Is the patient with 'normal' ALT at risk of developing serious disease? Yes

Do patients need a liver biopsy to assess the severity of disease or to guide the decision for treatment? Yes, except if they already have signs of cirrhosis.
Using Telemedicine to Help Primary Care Providers Manage Patients With Hepatitis C

Can a patient with Hepatitis C be managed and treated by the Primary Care Provider? Yes with consultation and follow up of a Gastroenterologist /Hepatologist.

Education: Dr. Rossaro received his MD from the University of Padova School of Medicine in Italy. He was also a Fulbright Visiting Scholar at the University of Pittsburgh and had worked with the pioneers of liver transplantation, Drs. Starzl and Van Thiel. Dr. Rossaro is currently Chief of Gastroenterology and Hepatology at the UC Davis Medical Center in Sacramento.

How to Reach Us: Dr. Rossaro is available for consultation via telemedicine weekly. Please call UC Davis 1-877-430-5332 to schedule your telemedicine appointment. If you need to speak to him urgently please call 1-800-4UC-DAVIS

Web Resources: www.hcvadvocate.org www.americanliverfoundation.org http://telehealth.ucdmc.ucdavis.edu/DistanceEd/Events.htm
Patient Recruitment - Telemedicine

- Access to primary care and patients throughout the State of California
- Access to Regents of the University of California patients
- Patients have good history records
- Access to patients who have no access to specialty care (Rural sites)
- Access to Native American patients living on reservations
- Immediate access to patients
- Educating Primary Care Physicians as well as patients on disease treatment
Patient Recruitment – Health Fairs

- Attend the health fairs
- Work the health fairs
- Work closely with community leaders and advocates
- Obtain listing of annual venues such as Black Expo, Awareness Days, Pacific Rim Fest, etc.
- Provide educational materials (brochures, flyers, giveaways with contact information)
Considerations for Special Populations

- Some groups warrant unique considerations, either because of the condition under study, characteristics of the population or the fact that the group itself is frequently targeted for research studies.
Depressed Populations

- May require additional contact attempts to recruit/retain
- Participants may become upset, distracted or confused. They are more likely to launch into lengthy narratives when responding to interview questions.
- Do not use words like ‘depression’ or antidepressant’ in invitation letters or recruitment material because of the risk that someone else may see it.
- Increased risk of suicidality discovered during interviews.
Solutions/Recommendations

- Plan to make more attempts to contact than usual.
- Consider sending a letter reminding them of the study and encourage them to call back. Keep in mind those patients that are extremely hard to follow during baseline interviews will be hard to retain in the study.
- Plan for telephone or in-person interviews to take longer than usual. Train interview staff to be especially sensitive to the subjects needs.
Minority Populations

- May cite distrust of research and the medical establishment
- May have language barriers – Non-English Speaking
- May not have internet access
- May not immediately disclose barriers such as transportation, parking, meals, childcare
- Staff may lack cultural sensitivity
- May be concerned with interference of primary or continuity of care
Solutions / Recommendation

- Staff should interact in a manner that is appropriate and consider recruiting minority staff.
- Train staff to pick up on clues that a participant may have logistical barriers. Offer appointments at convenient times for the participant.
- Consider taxi vouchers.
- Reimbursements should not be of such magnitude that they appear coercive.
- Consult the minority community leaders. UC Davis researchers can contact the Center for Reducing Health Disparities for guidance.
Reasons for Patient Participation

- Access to physicians through research
- Access to health care through research
- Access to the newest treatments and medications
- To obtain free exams, medication and/or treatment
- Patients uninsured or high deductible coverage
- Contribute to advances of science and medicine
- Terminal illness – Only hope/last resort
When People Respond to your Recruitment Materials

- Answer the phone
- Respond ASAP to voicemail calls
- Telephone Screening Script – requires approval by IRB (website)
- Know your eligibility criteria
- Organize your discussion
Retention – for ongoing or long term studies

- Need to keep subjects motivated, interested, compliant, & educated
- Keep a good rapport with study participants
- Reminder calls (not too many)
- Reminder Notice
- Keep Appointments – don’t call to cancel or change the date/time if possible
- They have probably already made arrangements and have adjusted their schedules to get to the appointment
Retention

- Make post-visit contact to make sure that they are fine - answer any questions or concerns
- Provide subject convenient appointment times
- Thank them for participating
- Be respectful of their commitment and time
- Let them know if there are going to be delays during the visit or down time. If they know what is going on they will more likely be fine with it and not get anxious or upset if there are times they will have to wait.
I’ll Go Almost Anywhere to Find My Patients!

Thank you