

Your Patients Are Here

**Where to Recruit & How to
Retain Highly Engaged Patients**

By: Melynda Geurts and Dennis Upah

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About this ebook:

At DAC Patient Recruitment Services, we tell you, our client, that Your Patients Are Here. We deliver this by bringing to you the most sophisticated targeting tactics to put your study directly in front of highly engaged patients and caregivers.

In this ebook, we'll take a look at how some of these tactics work and the successes that they've had.

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Part 1: The Evolution of Clinical Trial Recruitment

Chapter 1:

Recruitment – How did we get here?

In recent years, a plethora of new patient recruitment tactics have surfaced that take advantage of new technology. Over the last two decades, the industry has gone from relying on personal physician referrals to highly advanced and proactive solutions.

Although problems with patient recruitment continue to be among the top reasons for the failure of clinical trials, these evolving tactics shed light on solutions for low enrollment.

In this first chapter, we'll take a look at some of the traditional recruitment methods and how we arrived at the current landscape.

Referrals

Initially we relied on referrals from physician or CenterWatch to engage study participants. This method was convenient and touched the patient at the appropriate time. It was also very accurate, as you could select exactly who would receive the message by identifying very specific characteristics. For example, if you were looking for 20- to 30-year-old, pregnant women, these referrals would deliver exactly that.

However, referral approaches have historically delivered a very low volume of patients as physicians could only connect with one patient at a time and it typically required face-to-face interaction. Oftentimes, results were not strong enough to meet enrollment targets and complete the study.



Referrals: Low Volume, High Accuracy

Traditional Media

In order to combat the volume limitations of referral approaches, traditional media erupted as a way to reach a mass audience simultaneously. Media such as television, radio, and newspaper could reach a large amount of people and were relatively cost-effective.

However, in casting such a wide net, these media often reached a lot of unqualified individuals and attracted the wrong people, by no fault of the advertiser. The audience simply may not have seen/heard/read the entire message, potential candidates may not have entirely understood it or may have been misinformed. Following the example of the 20- to 30-year-old, pregnant woman, responses from these advertisements could attract individuals over the age of 30, of the male gender, or that were not pregnant.



Traditional Media: Mass Reach, Low Accuracy

Online Communities

Not too long ago, online communities became a popular alternative to the low volume of referrals and inaccuracy of traditional media. These communities began as central hubs where patients gathered online to discuss their illness and seek knowledge or support.

Technology and the digital age has since sprouted new targeting capabilities that allow us to reach the right patients, at the right time, with a mass approach using these communities. Evolutions in big data allow us to capture more data from these individuals and build complex databases for use in recruitment and throughout the trial.

As the industry came to realize these powerful capabilities, pharmaceutical companies quickly began building their own online communities in hopes of building a large, mineable database for their own clinical trial recruitment projects.



Online Communities: Mass Reach, Higher Accuracy

Three Limitations of Databases for Recruitment

Although traditional online communities and big data have brought enormous advantages to clinical trial recruitment, there are severe limitations to these database strategies.



1. Demographics Grow Out-of-Date

Certain demographic data are reliable and permanent, for example birth date or race. However, a significant portion of demographic data can grow out-of-date very quickly and result in inaccurate referrals by the time the data are used to recruit for a trial. Individuals may no longer have the time or ability to commit to the protocol requirements, or they may no longer meet the required criteria.

Some examples of soon-to-be-outdated demographic characteristics include:

- Physical characteristics such as weight or pregnancy status
- Geographic location, address, phone number
- Life situations, married, student, job change



2. Medications Grow Out-of-Date

Similar to certain demographic data, medication information can quickly become outdated in databases. Recruiting patients based on their medication history as it appears in the database leaves room for the possibility that they may have added different medication or changed dosage since the time of data entry. Wasted efforts in recruiting subjects who no longer fit the criteria will add up quickly and prove to be costly.



3. Cost

Databases are extremely costly to develop and maintain. In order to maintain a reliable database, one must overcome the previous two challenges by keeping the data up-to-date and accurate. This requires a significant amount of resources and manpower. Continuous effort must be made to connect with patients and other data sources. This is not to mention the resources required to construct the database, such as manpower, hardware, software, and other costs.

Leveraging Pre-Existing Communities

Limitations of internally-generated database strategies have since led a lot of sponsors and CROs to look elsewhere for recruitment data. By leveraging pre-existing communities, many have found that they could drastically expand their reach and improve the integrity of referrals while avoiding the requirements and limitations of building their own database.

Some examples of pre-existing, condition-specific communities include:

- **Patient Support Communities**

These online communities provide opportunities for patients to make connections with others experiencing the same challenges. PatientsLikeMe is a patient support community that encourages patients to share their experiences in order to help themselves, other patients, and organizations that focus on their condition. However, there is still a limited audience of 300,000 patients in its database, due to the fact that its system requires patients to fill out lengthy forms and multiple pages of personal information and consent to be continuously contacted. These requirements, while beneficial to recruitment organizations, may deter a significant population from signing up, or keeping their information updated.

- **EMR (Electronic Medical Record) Projects**

Certain experiments or associations provide redacted medical records, making them available to clinical trial recruiters as a tool to examine common traits among individuals. These records are searchable based on certain criteria. Moreover, the Institute of Medicine is calling for fostering a culture to make clinical trial data sharing the norm while protecting the privacy and consent of trial participants.

- **Population Health Projects**

The Affordable Care Act requires a certain level of disclosure that calls for the sharing of information in order to benefit society. This information can also be used to examine traits among patient populations.

As time progresses, more and more data will become available to clinical trial recruiters. The amount of data available will continue to grow as more and more records transition to the internet (for example: FitBit syncing) - it's only a matter of knowing how to find it. Third parties will continue to play a role as they develop the experience and resources required to yield results.

Part 2: Modern Recruitment Methods

Chapter 2:

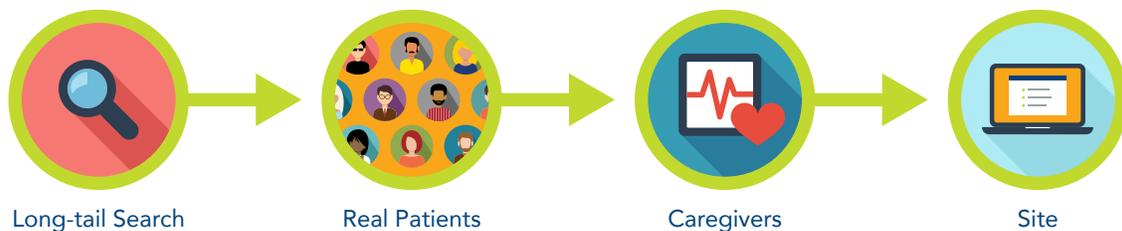
Custom Engagement Centers

In efforts to push the envelop even further, some of the most advanced and successful recruitment strategies utilize Custom Engagement Centers (or Trial Centers). These are custom-built study websites that encourage certain types of engagement by the visitor in order to gather data. This data helps to determine the level of interest the visitor may have in a trial, and influence the content displayed for that particular individual.

The results from this tactic continue to impress. They have been 15–20% more efficient than search engine marketing alone.

How do they work?

In order for the results from a Custom Engagement Center to impress, the first component must be to leverage *long-tail search* to attract real patients and caregivers to the site.



Custom Engagement Center Flow

Individuals searching general terms such as ‘shingles’ typically do not constitute a quality referral. These could likely be individuals doing research for a paper, looking for general knowledge, or checking in on the news. They may also be self-diagnosing, or looking for general information that could be found on WebMD.

Now, compare that to an individual who is searching a more specific phrase such as ‘shingles migraine connection.’ This individual is much more likely to be seeking condition management tips, patient support networks, or expert treatment guidance. This is the first indication of a real, engaged patient or caregiver, and someone whom we would want to send to the Custom Engagement Center.

Using search engine marketing, the Custom Engagement Centers aim to be one of the first results, shown at the top of the page, when a long-tail search is ran. This increases the probability that these real patients and caregivers will end up on the Engagement Center, and take the next step of engaging once they arrive.

Using the long-tail search strategy, our partner Remedy Health Media is able to attract 30 million unique and potentially interested visitors each month. Once they draw in this potentially interested audience, the next step is to encourage interaction on the site, which helps to further vet the individual and gather more information.

Types of desired engagement:

-  **Chat:** if a visitor is willing to chat online about the study, there is a good chance he or she meets the pre-screening criteria or cares for someone who does
-  **Submit a Form:** a form is a great way to capture more information about the visitor
-  **Make a phone call:** a phone call for more information

For example, Cancer Treatment Centers of America utilize a series of forms on the main pages of their website. These forms inquire about the visitor's condition, stage, type of insurance, and whether he/she is seeking care for themselves or a loved one. When a visitor submits this form, they will be sent to a page specific to that condition and given a specific phone number to call, or specialist to speak with through a chat window.

Case Study

Objective: Educate and engage users about medical device therapy for medication-resistant Parkinson's, and drive quality leads for the brand.

Strategy: Remedy Health Media collaborated with the brand and agreed to use all branded content and remove ad units from the Custom Engagement Center in order to drive the most action to the form.

Results:

- **9 in 10 visitors** to the custom center have been diagnosed with the condition
- Visitors to the custom center are **2.5x** more likely to schedule an appointment with a movement disorder specialist
- **4 in 5** visitors are likely to speak to their doctor about condition therapy within the next 3 months
- **91%** believe it is important to continue receiving information about condition therapy (discards the argument that patients don't want to receive more information)
- 12-month number of guaranteed referrals was met **in 9 months**

Takeaway: Custom Engagement Centers are able to attract not only real, but engaged patients and caregivers who are interested in more information and more likely to take the next step.

Chapter 3:

Point of Care

Doctors' offices and pharmacies present unique and successful opportunities of their own. Remedy Health Media reaches over 200 million patients per year using custom publications in these locations.

Despite popular belief, print is not dead! As a matter of fact, print is highly relevant and effective for patient recruitment, especially as waiting rooms and pharmacies crack down on cell phone usage. Leaving patients to utilize other forms of media in front of them.

Point-of-care advertising is the 2nd highest reaching channel for seeing healthcare-related advertising after TV.

Proven Results

The average time spent with the doctor at a single appointment is 6 minutes. As a result, the majority (60%) of patients feel as if their doctor is rushing through the appointment, and they need to make every minute count. They feel the need to be prepared with the questions they want to ask during this time.

In contrast, the average time spent in the waiting room is 20 minutes. This provides the perfect opportunity to prepare for those critical 6 minutes. The majority of patients will use this time to search for information pertaining to their appointment. After doing so, 82% felt better prepared for their visit, and 78% felt more confident during the visit.



If you're not considering point-of-care publications for your study, you could be missing out on a significant opportunity for referrals.

Case Study

Objective: Allergy relief brand looking to reach allergy sufferers to prompt a better, more productive conversation with their physicians. Primary objective is to increase scripts.

Strategy: Reach allergy patients at point of prescribing through Remedy Health Guide publications placed into nearly 14,000 high-prescribing Allergist and PCP offices (7 months within a year).

Results:

- Offices distributing Remedy Health Guides prescribed **6% more** Rx for the brand than ones without the magazines
- Influence prescribers to write **1.33** incremental scripts
- Program shifted market share for the brand; physicians **wrote less scripts for the competitive brands**
- **Increased** brand penetration
- The program was a huge success – yielding an extremely strong ROI; **better than 3:1**

Takeaway: Point of Care strategies are highly effective, as patients are interested in preparing for their short visit with the doctor. While this example represents a commercial brand, similar results can be seen related to interested and informed inquiries about clinical trials.

Part 3: Leveraging Communities

Chapter 4:

Benefits of a 3rd Party & What to Look For

Online and point-of-care outreach can and should be considered and used for all studies when possible. When looking to include online communities or print publications in your recruitment strategy, it is always important to evaluate whether to ‘build or buy.’

As we alluded to earlier in this ebook, there can be significant limitations when building these resources on your own. Leveraging established communities allows you to capitalize on the experience, resources, and reach of a credible 3rd party. In this chapter, we’ll take a look at some of the advantages such communities can provide and give you some insight into what to look for when selecting a partner.

Benefits of a 3rd Party

- **Immediate access to potential patients**

It takes time to build website traffic and trust among your visitors. Building your own study website may result in a 30- to 45-day delay before activity begins. By leveraging an existing community, you’ll have access to its established audience from day 1. This improves the response efficiency because visits and responses to the trial center can begin to happen almost immediately.

- **Relief from administrative duties**

Building and managing your own community raises critical reporting, regulatory, and other administrative concerns. A 3rd party has the resources to allow for scale as necessary, while your team may run into staff limitations that make handling concurrent projects challenging.

- **Funnel traffic instead of finding it**

With existing communities, traffic can be re-directed and funneled to your trial center. When going it alone, driving traffic relies entirely on external tactics. These can be challenging, costly, and difficult to manage.

Your Screener: In a highly-targeted environment

When considering a 3rd party for your online recruitment strategy, there are certain aspects to consider. Your online screener will not be applicable to all communities. You should also be cognizant of the length of your screener and make sure the sites understand the intentions behind them.



When to use it

The depth and use of screeners within online communities will vary based on the therapeutic indication. Most studies allow for an online pre-screening to generate referrals to sites. However, when you are trying to identify patients for a study with very stringent I/E criteria, you may find that the use of an online pre-screening questionnaire isn't feasible (i.e., specific to oncology trials, rare disease, etc.). In these instances you can still use a website to serve as an educational source because the majority of the population (over 70%) uses online resources to learn more about their disease and treatment options.



Ideal length

When using an online screener, you want to keep it short, typically between 5 to 7 questions. You want to ensure that the questions asked are the ones that the individual will know how to answer while not potentially screening themselves out. It is also highly important that the sites supported by the website that they understand the intention of the pre-screening questionnaire, which is to identify potential individuals for trial consideration and is not intended to replace the screening process.



Backend considerations

Another thing to take into consideration is the make-up of the sites (central vs. local IRB vs. EC). The timeline variance can impact the referral rates generated from the website. It also goes without saying that the use of a website might not be considered based on the remaining enrollment timeline. Website strategies can take a significant amount of time to develop. Another consideration is how the metrics will be tracked and reported to ensure referrals are processed efficiently.

Your Screener: Cost Savings

Assuming your study and screener fit the criteria we've just discussed, locating this screener within established communities can provide drastic cost savings in addition to other advantages.



Building screener sites can be expensive

When working with an established 3rd party, the screener sites can be an automated and timely process. This automated process lessens the demand on resources required and therefore significantly lowers your costs.



Staff limitations make handling concurrent, unrelated projects challenging

Established 3rd parties will have the resources available to them to allow for completed projects and scaling as necessary.



Driving traffic relies entirely on external tactics

When building your own screener and community, it is a large time-consuming and financial burden to attract new, external traffic. By leveraging the existing traffic of an established operation, the traffic can simply be re-directed to your site.



Agencies develop core strengths in limited areas

As with any industry, agencies develop specialties and therefore unique strengths in that area. Communities exist for virtually any condition, with agencies who have the experience and resources necessary to bring you the best results.

Seven Traits of a Good Partner

As you continue to evaluate how best to engage in the online sector of reaching interested and informed individuals for participation in clinical trials, the following seven elements will assist in determining whether partnering with a 3rd party is right for you.



1. Allows you to reach patients at the appropriate point in their online journey

The majority of 3rd parties can assist you with reaching the right individuals within a shortened timeline.

2. Audience knowledge focus

3rd parties maintain visitor data to determine individuals' interest and develop content and imagery that resonates with your target audience.

3. Millions of monthly unique visitors in specific disease communities

Look to a 3rd party that has breadth in its reach of potential trial participants.

4. Goes beyond the encyclopedic and focuses on the “living with it”

Identify an online interface that truly targets engaged individuals who are looking for alternative treatment options.

5. Willingness to share

Ensure the online environment is one in which the visitors are engaged.

6. Offers multiple ways to activate your target audiences

Your online platform should have multiple calls-to-action (i.e., online pre-screener, chat forum, phone number).

7. Crafts a win-win deal structure

If you do elect to partner with a 3rd party, ensure the deal structure provides benefit to both parties.

Part 4: Modern Retention Methods

Chapter 5:

Recruitment's Better Half

Subject dropout rates range from 15-50% of enrolled clinical trial participants. As the old saying goes, it's easier and more cost-effective to keep an existing client (patient) than find a new one.

Beyond the costs of recouping high dropout rates, non-adherence presents a significant problem for the clinical trials industry at large.

Impact of Non-Adherence on Healthcare System:

- **\$100-\$300 billion** per year problem
- Avoidable hospitalizations, nursing home admission, premature deaths, failed trials
- Approximately **125,000 deaths per year**
- **\$8 billion per year lost** in pharmacy revenue from non-filled RXs

In this chapter, we'll examine the top reasons for drop-out and identify potential solutions to boost retention.

Top Reasons for Drop-out:

- **Difficulty complying with the protocol specifications**
The number of visits, dosage levels, schedules, etc., may be more than the individual expected or planned for.
- **Outside influences regarding protocol or alternative treatments**
Peers, culture and the internet can play a large role in influencing one's decision.
- **Change in personal situation**
Relocation or a job transition may prohibit the participant from continuing.
- **Lack of motivation**
The participant may become disconnected with the trial and the goals behind it. He or she may lose sight of the bigger picture and not see value in putting forth the effort.

- **Forgetfulness**

The number one contributing factor to trial discontinuation is forgetfulness. Patients simply forget doses, forget to refill their prescriptions on time, or forget to attend appointments.

Although there is no cure, mobile retention technology can significantly ease the burden of subject drop-out by keeping patients engaged and motivated.

Adherence Suite

Through DAC Patient Recruitment Services and Remedy Health Media, you'll have access to the most advanced retention technology through our Adherence Suite.

Our Adherence Suite is a HIPAA-compliant platform that allows you to instantly provide enterprise-scale medication reminders, appointment reminders, vital sign-tracking, or even refills via SMS text, email or voice messaging.

Trusted by global leaders like Cigna Insurance, this online platform currently sends out over a half million such messages every quarter! We can flexibly integrate this software into your existing solution, or provide enterprise and/or patient-facing interfaces to allow you to provide a stand-alone solution to your entire patient population.

The results of this suite are significantly lower costs. In our first year of implementation, Cigna saw over \$6.6M in savings in the condition of Dyslipidemia alone by preventing what the people at Cigna estimate to be 262 heart attacks – that's one year, and one condition.

Even more, patients like this and want it.

Our advanced adherence suite contains all of the characteristics required to keep patients enrolled throughout the study:



Customize

Ideally available in SMS, Voice, AND Email for maximum patient flexibility.

All patients can receive the same approach, or the message can be customized.



Remind

Use to remind patients to take medications, show up for appointments, take vitals as needed.



Educate

Provide encouragement and a reminder of the reason for participation in the trial in order to keep subjects motivated.



Reward

Opportunity to provide coupons or other reinforcement if desired.



Fulfill

Ability to tie-in to designated pharmacy/pharmacies for refills within the system. Patient-induced refills or automatic refills.

Case Study

Objective: Evaluate the feasibility, acceptability, and preliminary efficacy of SMS reminders to improve adherence to antiretroviral therapy (ART) for those (age 14-29) living with HIV/AIDS.

Strategy: Assess self-reporting ART adherence: Study participants over 24 weeks who receive personalized daily SMS reminders and follow-up messaging 1 hour later assessing whether they took their medication via text response. The study includes adherence questionnaire and satisfaction survey every 6 weeks.

Results:

- **95%** found the reminder “very helpful” to avoid missing doses
- **81%** said they would like to continue receiving text message reminders beyond the study
- Improvements in adherence were seen **as early as 6 weeks and sustained throughout the 24-week study**
- Results **lead to funding** for larger, follow-up study

Takeaway: Advanced retention tactics solve the #1 problem of patient drop-out! Contrary to popular belief, patients like receiving these messages and want to continue receiving them.

Your Patients Are Here

Get access to millions of patients and jump-start your study.



Online

There are *3.5 billion* people accessing the now *1 billion* websites around the globe.



Mobile

There are over *7.1 billion* mobile devices – that's more devices than people on the planet.



Physician & Pharmacy

The number of annual physician and pharmacy visits is well into the billions.

DAC Patient Recruitment Services has developed an exclusive arrangement with life science media leader, Remedy Health Media. Combined with our other strategic alliances as well as DAC's 20+ years of experience, the relationship we have with Remedy Health Media delivers *an experience you cannot find elsewhere*.

Next Steps



Download our brochure



Contact our expert

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About the Authors



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Melynda is a 22-year DAC veteran with expertise that spans protocol planning, recruitment and retention, global regulations, emerging markets, and more. She was instrumental in DAC's rise from a niche SMO to a global recruitment and retention leader. Melynda is a 2008 inductee into the *PharmaVoice* 100 Most Inspiring People in the Life-Sciences.



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Dennis Upah has been with New York City-based Remedy Health Media for 13 years, and is its Executive Vice President, Enterprise Markets. In his current role, Dennis is the client-facing lead and manager of the strategy and sales team responsible for Remedy's wide array of solutions. Mr. Upah was named one of the Internet's Top 25 Marketing Executives by Advertising Age magazine in 1999 for his work in eHealth.