Introducing your Recruitment Innovation Center

December 2016
Overview

1. About the RIC
2. CTSA recruitment survey highlights
3. Ways to get involved
4. Questions
Trial Innovation Network

Key Partners

CTSA Hubs

Partners
- NIH ICs
- Federal
- Non-federal

Trial Innovation Network Hub Liaison Teams

Collaborative Strategic Management

Trial Innovation Centers (TICs)

Recruitment Innovation Centers (RIC)

Partners
- Participants
- Providers
- Public
Vision

To become a successful, evidence based Center in recruitment and retention strategies in order to improve both the quality of future clinical trials and to raise awareness of research thereby increasing trial enrollment and health outcomes across America.

Requires a “....multifaceted and out of the box approach, rather than small changes to the status quo.” (RFA)
Aims

1. National home and storefront for the creation, storing and sharing of recruitment education, programs and best practices

2. Catalyze enrollment by developing and disseminating novel approaches to support researchers in recruiting

3. Enhance national awareness of research through patient education and facilitate patient participation with online patient facing tools

4. Conduct studies on methods to enhance recruitment efficacy and efficiency
Key principles

• Respecting CTSA autonomy and diversity
• A focus on minority populations
• Making the most of electronic health records
• Preserving a disease neutral approach
• Focus on cost efficiency
• Respecting and returning value to participants
## Achieving our aims

<table>
<thead>
<tr>
<th>Aim</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Provide a one stop shop for researchers</td>
<td>E.g. online portal, consortium database, webinars, ‘request for help’ service, toolkit including templates and recruitment materials, support with informed consent,</td>
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<tr>
<td>Improve recruitment strategies</td>
<td>E.g. right sizing inclusion and exclusion criteria, better monitoring of enrollment and retention, expanding ResearchMatch, infobutton for clinicians, online portal, signposting to disease registries,</td>
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<tr>
<td>Enhance national awareness</td>
<td>E.g. Public service announcements, social media, engaging community groups (studios), approaching patients directly, communicating the impact of research, enhancing TrialFinder, building trust, targeted approach to minority groups</td>
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<tr>
<td>Studies on methods</td>
<td>E.g. sharing best practice, review of monetary incentive payments,</td>
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RIC services

1. Consultation
2. Recruitment Plan
3. Feasibility Analysis
4. Community
   Engagement Studios
5. Recruitment Materials
Submitting A Trial Innovation Network Proposal

Chrome is the recommended browser for submitting a proposal

When Can I Submit My Proposal?

Timelines for the pilot* phase of proposal assessment:

- Network proposal online submissions open: November 16, 2016 at 9 AM EST
- Deadline for submissions: December 7, 2016 at 11:59 PM EST.
- Investigators notified of decisions: January 30, 2017

VISIT: https://trialinnovationnetwork.org/services/submit-a-proposal/
WHY DO A SURVEY IN THE FIRST PLACE?

- What support would you welcome the most from the RIC?
- How might we prioritize our services based on need?
- What are the biggest challenges you face locally?
Dear Dr.

As you may have heard, we are in the initial stages of establishing the NIH Recruitment Innovation Center (RIC).

In developing our services, we feel it is crucial to understand the recruitment landscape across all 64 CTSA sites. To this end, we are keen to discover more about how CTSA’s approach recruitment including your individual areas of expertise, areas for development and where you might most welcome support from the RIC.

We have compiled a very brief survey that should take less than 15 minutes to complete. Only Principal Investigators or the main person responsible for overseeing clinical trial recruitment at your local CTSA should complete this survey. We require only ONE response from each CTSA.

The survey can be accessed using the link provided at the end of this email and will close on September 30th, 2016.

The results of the survey will be shared with the CTSA community at the end of October. Individual responses will be anonymized.

Thank you in advance for your help. Feel free to contact Bridget Swinell, RN [615-343-8154, bridget.swinell@vanderbilt.edu] if you have questions or concerns as you complete the survey.

Thanks,

Paul Harris, Ph.D.
Director of the Vanderbilt Office of Research Informatics
Professor of Biomedical Informatics
Research Professor of Biomedical Engineering

Consuelo H. Wilkins, MD, MSCI
Executive Director, Meharry-Vanderbilt Alliance
Associate Professor of Medicine
Vanderbilt University School of Medicine
and Meharry Medical College
Who responded?

- 53 (83%) CTSAs
  - 20 (38%) Principal Investigators
  - 9 (17%) Recruitment Specialist
  - 24 (45%) Other (Director/Executive Directors)

- High question completion rate
Meeting recruitment goals is hit and miss

**How Often Meeting Goals**

- **Never**
- **Rarely**
- **Sometimes**
- **Often**
- **Always**

**Difficulty Meeting Goals**

- **Very Difficult**
- **Difficult**
- **Neutral**
- **Easy**
- **Very Easy**

*CTSA Clinical & Translational Science Awards*
Tools rank high on ‘needs’ list

- Tools to support social media
- Tools to support ID of potential participants
- Evaluation of recruitment and retention
- Develop population specific material
- Training in best practices
- Materials to support CE
- Tools to support EHR use
- Assistance with return of study results
- Resources for online presence for participants
- Feasibility assessment
- Tools to assess participant experience
- Tools to build trust
- Creating or revising recruitment plans

- Extremely
- Very
- Moderately
- Slightly
- Not at all
Researchers Registry Access

- 53% reported having a local registry
- 64% are able to re-contact potential participants
- 55% reported routinely referring to ResearchMatch
<table>
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<tr>
<th>Minority - 74%</th>
<th>Underrepresented – 66%</th>
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<tbody>
<tr>
<td>• African-American (62%)</td>
<td>• Low income (52%)</td>
</tr>
<tr>
<td>• Hispanic/Latino (60%)</td>
<td>• Older adults (46%)</td>
</tr>
<tr>
<td>• Asian (2%)</td>
<td>• Low literacy (38%)</td>
</tr>
<tr>
<td>• American Indian (&lt;1%)</td>
<td>• Limited/No English (35%)</td>
</tr>
<tr>
<td>• Alaskan Native (&lt;1%)</td>
<td>• Multiple Chronic Conditions (35%)</td>
</tr>
<tr>
<td>• Hawaiian/Pacific Islander (&lt;1%)</td>
<td>• Remote/rural areas (29%)</td>
</tr>
<tr>
<td></td>
<td>• Low computer literacy/access (27%)</td>
</tr>
<tr>
<td></td>
<td>• Sex/gender minority (23%)</td>
</tr>
<tr>
<td></td>
<td>• Physical Disabilities (12%)</td>
</tr>
<tr>
<td></td>
<td>• Homeless/displaced (12%)</td>
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We can probably do a better job with evaluation

What Methods are Believed Most Effective?

- Recruitment
  - Clinic: 44%
  - Flyers/posters: 31%
  - Telephone: 25%
  - Paid Media: 14%
  - Other: 10%

- Retention
  - Telephone: 41%
  - Prompt response: 31%
  - Email: 26%
  - Reminder cards: 15%
  - Newsletters: 8%

• 27% of Hubs are performing evaluations for local recruitment and retention methods

• Evaluation tools appear in the top 3 services
Recruitment Role Description

- 15 sites have a role descriptor
- 33 would like to receive a recommended one
Challenging Recruitment Experiences

32 (60%) CTSAs provided feedback

Challenges cited:

• Complicated trial with narrow eligibility criteria
• National trial with specific minority recruitment needs
• Undiagnosed condition trial (i.e., Prediabetes, mild hypertension, depression)
• Web-based screening misses large population
• Engaging vulnerable population
• Logistics issues need pre-trial identification
• Overwhelming response

Got a recruitment story? Share your learning for the benefit of the Network
CTSA Comments/Thoughts

• How can the RIC support success?
• What is needed?
  • Toolkits
  • Best Practices
  • Educational Webinars
  • Better software
  • Standardized approaches
  • Evaluation
What can we take away from the survey?

• Recruitment is perceived to be harder than retention
• Colleagues want practical meaningful support
• Web-based tools are key moving forward
• Continue to build national registry
What next?

We will:

1. Invite recruitment colleagues to tell us how they would like to work with us and how we can best support local teams
2. Use the results to refine our service offer and to determine priorities
3. Establish a webinar series that colleagues can take part in on a regular basis
4. Develop a toolkit that includes population specific materials
5. Consider what further research we need to do
3 ways to get involved.....

1. Allow us to shine a light on your work
2. Help shape our work going forwards…

(projects/sounding board/suggest research projects or approaches we can pilot)
3. Work with us…

Hub liaison teams – a proposed framework
In summary....

• The RIC is about establishing what works & we’re open for business

• Shape our future work & services – look out for the survey!

• Help us shine a light on good practice by sharing notable local practice – webinar, tools etc..
What would you like from the RIC? What’s on your wish list?

What do you think of the survey results? Do you agree/disagree? What surprises you and why?

How can the RIC best support local recruitment scientists?

How might the RIC support the sharing of best practice?

What research might you like the RIC to do?

How can we keep the conversation going?
Contact information

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For sharing tools/best practice:

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Put yourself forward for a webinar!

Bridget Swindell  
Bridget.swindell@Vanderbilt.edu
Thank You

Download the results in full here: http://bit.ly/2eRbov3