

HOW TO EFFECTIVELY MANAGE INTERNAL PATIENT RECRUITMENT STAFF

Audio Options

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Host



April Schultz,
Content Marketing Writer

SPECIALIZED SOLUTIONS BY FORTE



86,000 protocols and counting



Comprehensive clinical research management system for mid-size to large organizations with complex needs.



Cloud-based clinical trial management system that manages the operational data for small to mid-sized sites.



Electronic data capture system for sponsors and CROs that fully supports compliance with 21 CFR Part 11.



Al Peters, President

BlueTheory
CLINICAL TRIALS



How to build your team and process

- Importance of a dedicated recruitment team/specialist
- Selecting the right, full-time candidate
- Training
- Setting expectations
- Goals
- Build your tools
- Metrics
- Incentives
- Communication and Improvement
- Growth- When to add another person
- Projected Revenue per recruiter
- Tactics

Importance of a dedicated recruitment specialist

Site Revenue

Site and Database & Future study enrollment

Reduce CRC burden and maximize study visits and quality of data

Meet Enrollment and maintain a competitive advantage over highly competitive industry

Efficient process: prescreening, cross-screening, process compliance (CTMS, Conmeds, Med History, etc.)

Thorough chart review

Effective outreach and brand recognition

True metrics

*****Approx. 68% of non-participation in clinical research trials is the result of lack of awareness and outreach lag

Selecting the right, full-time candidate

Prior CRC or medical experience is beneficial, but not required

Look at entire package:

- Work history
- Personality
- Phone presence
- Work ethic
- Stability
- Reliability

Trial and Error,
Don't give up!

Passionate in healthcare and improving the overall quality of life

Training

ICH GCP & HIPPA

Detailed Process
Training

Mock pre-
screening calls
and data
entry/update

Job shadowing
and hands on
training

Thorough
inclusion/
exclusion review
– do not over
screen

SIV attendance
and proper KOM
to discuss “gray
areas”

Setting Expectations

Create a manual of specific expectations, include:

- Total daily calls
- Target number of pre-screened subjects
- Frequency of attempts
- When to email subjects
- CRC communication
- Tracking
- Planned day - Start time, end time, voicemails, web leads, DBO- prioritize!
- Handling PI clinic patient population (if applicable)
 - Respecting “not interested” and adding to DNC list
- Walk-in pre-screenings
- Standard data entry process and updates
 - Full contact info and full med/con-med history





100 – 120 total daily calls

- Outreach to PI's clinic/ research database based on studies



Frequency of outreach, do not overwork DB

New Leads (4-7 attempts monthly)

- 1 time within 24 hours
- 3 times within 6 business days
- Schedule the 4th, 5th, and 6th calls 4 business days apart
- Send email on the 1st and 6th call

Existing Patients (4 attempts monthly)

- Once a week

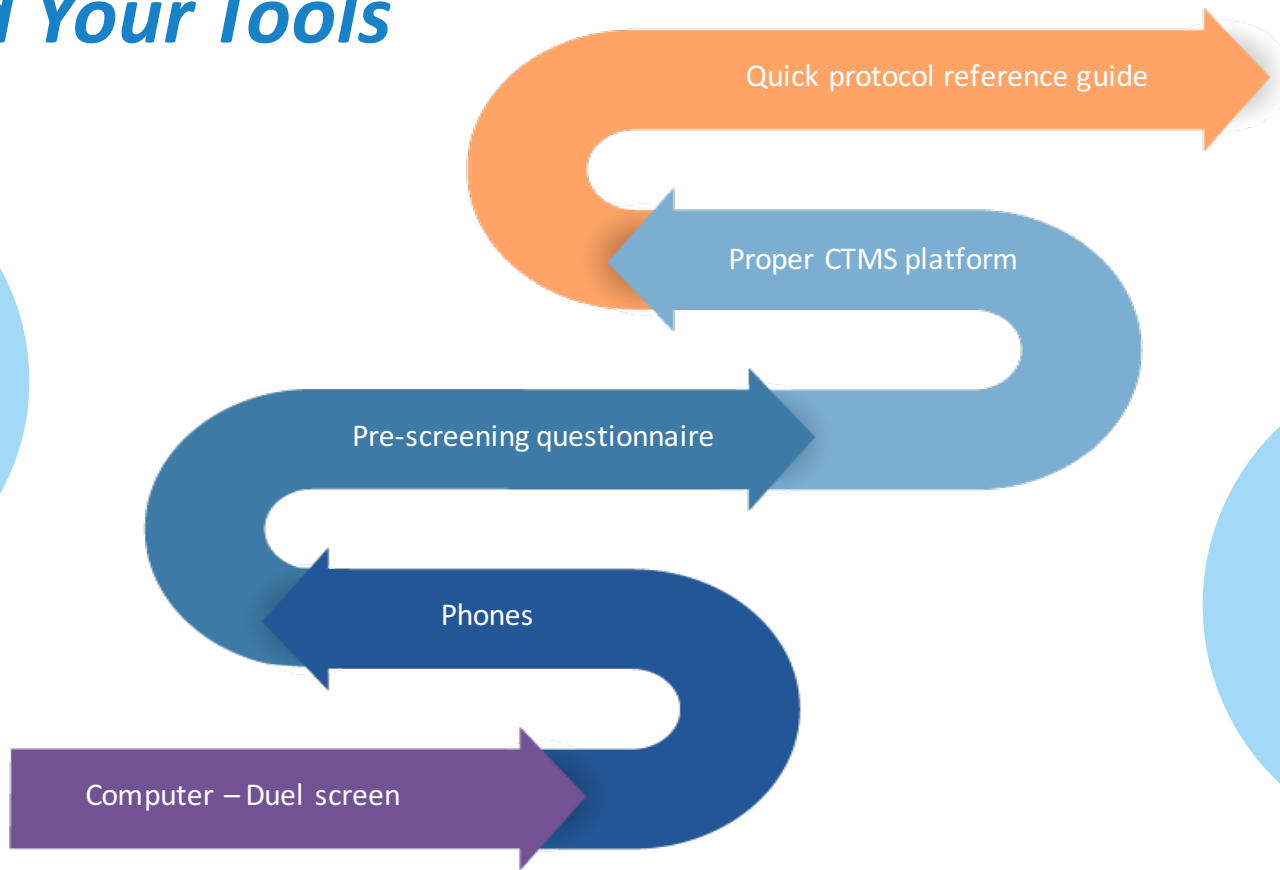
LTFU (3-4 month grace period)

- Restart call attempts depending on work load and patient pipeline



- 3 scheduled pre-screenings per day
- Maximize site calendar, consider no show rate but do not overwork CRC's

Build Your Tools



Pre-screening activity for your sponsor via CTMS platform, spreadsheet or paper

Source of patient

Cost per Randomization

PSF reason

Total pre-screened, PSP and randomized

Incentives



Salary Range: Geo-specific - \$30-65,000 (consider budget)

Performance incentives

Per subject screening visit: \$10 per screening, \$30 per randomized

Other Motivators

- Overcoming Challenges

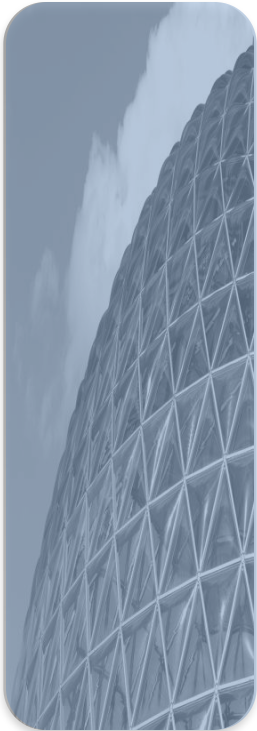
- *2 hours off, giftcards, other monetary incentives

Hitting Sponsor enrollment goals

Total screening visits per month



Communication and Improvements



- SIV attendance from the beginning
- Continued proper KOM with each study – don't let this go!
- Ongoing CRC & Recruitment meetings
 - Weekly – don't let this go!
 - Discuss trends in PSF, SF, Amendments, Enrollment goals, study priority, community presence tactics, etc.
- Fine Tune prescreening and improve process – it's never perfect
- CRC review of patients prior to screening visit – communication between CRC and Recruiter
- EOD communication to include
 - Patients scheduled
 - Protocols
 - Dates of visits
 - Any other misc. updates
- Ongoing reporting directly to manager/owner, not CRCs
- Company Mission: ongoing meetings to brainstorm ideas on how to improve, find patients, and problem solving. If problem found, there should always be a suggested solution

Growth – When to add another person

Generated Revenues justify the additional “head” – do the math
Average: 3-8 enrolling studies per person – depending on volume

Volume of incoming/outgoing calls – **recruiter not keeping up with demand**

700-1000 subjects per person

****3 scheduled subjects per day****

Projected Revenue per Recruiter

Assumption: 12 patients scheduled per week (less than the goal),
7 patients actually screened- Assuming 4 patients enrolled & 3 Screen Failures.

Description	Number	Grant – Per Subject	Total Yearly Revenue	Assumption
Screen Failures	3	\$ 750.00	\$ 117,000.00	Assuming all SF's are reimbursed
Enrolled Patients	4	\$ 6,500.00	\$1,352,000.00	Assuming 6500 per subject- average revenue per subject including early term patients
Total			\$1,469,000.00	

**** Each successful recruiter should generate \$700,000-2mm in revenues for the site****

Not covered today, but coming soon!

- Business Associate Agreement
- Ongoing DB Outreach
- Traditional – Newspaper/Radio
- Referring Physicians
- Maximizing local advertising budgets
- Outsourcing to an established recruitment team – No payroll risk
 - Can increase or decrease as needed
 - Easy metric tracking
 - CTMS integration and scheduling



THANK YOU



Contact:
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More Resources:

Forte offers free educational resources for the clinical research community.

Topics include:

- Financials
- Patient Recruitment
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