Recruitment Steps
Kaiser Center for Health Research NW
Portland OR

Step 1: Electronic Medical Record Pull

Include: Persons with target hemoglobin A1c levels, target fasting glucose, or pre-diabetes diabetes diagnosis in the last year

Exclude: Persons with diagnosis of diabetes, on diabetes medications, or with excluded medical conditions/labs/meds

Step 2: Chart review by study RN

Reason: Screen for additional excluded conditions (ones that are difficult to capture during EMR pull)

Step 3: Send recruitment letter to potentially eligible persons

Recipients of letter can call and opt out of study; if they don't call, they are told they will receive a phone call in the next week

Step 4: Follow-up recruitment phone call

Purpose: Describe the study and to ask about additional exclusions (e.g. tanning bed, vitamin D usage) that are not reliably captured in EMR

Step 5: Pre-screen labs

If person interested in study, they are asked to get labs drawn (A1c and fasting glucose) at a local lab facility

Step 6: Combined screening/baseline visit

If pre-screening A1c and fasting glucose meet criteria, person is invited to center for a combined screening/baseline visit

Electronic Medical Record Pull

EMR pull: First pull (9/2014) covered EMR data in the last 12 months

Recruit	Frequency	Percent	Cumulative Frequency
A1c 6-6.3, close zip	5206	21.68	5206
A1c 6-6.3, far zip	2620	10.91	7826
A1c <6, >6.3, close zip	10957	45.64	18783
A1c <6, >6.3, far zip	5227	21.77	24010

Moving forward: Re-run EMR pull every two weeks to identify persons who have newly elevated A1c, elevated fasting glucose, or diagnosis of pre-diabetes

EMR pull in October: Addition of approximately 4000 potentially eligible persons

EMR pull in November: Addition of approximately 1000 potentially eligible persons; about 10% with A1c in our revised target range of 6.2 to 6.49 (and with a zip code close to our center)

Issues

What A1c range to target during EMR pull?

At first, we prioritized reaching out to those with A1c level in the mid range (6 to 6.3)

Reasoning: we weren't sure how our A1c would match with central lab so wanted to go for the middle range

Issue: over one-half of those screened did not have elevations in fasting glucose levels and many A1c levels were lower than previous A1c's in the EMR

Adjustment: Changed A1c range that we were targeting; we prioritized reaching out to those with A1c levels in the higher range (6.2 to 6.49)

Reasoning: Persons with higher A1c levels would be more likely to have higher fasting glucose levels

Results to date (started mid September)

Pre-screening (lab visit only)				
Total number of pre-screening labs ordered	Total number of pre-screening labs drawn	Eligible	Not Eligible	Changed mind
50	36	14	5	3

Screening to Randomization			
Total number screened	Number eligible to go on to baseline visit*	Total number went on to baseline	Randomized
5	5	4 (1 refused)	?

***Still using wider range of A1c and fasting glucose values as we don't have site algorithm from CC yet**