D2d Annual Meeting, November 9, 2015

Recruitment Roundtable and Panel Presentation

Topics and key points:

1. **What are ways to reach participants that cannot be contacted?**
    - Emphasize to participants that, regardless of their level of pill adherence, visit attendance is most important
    - Call at different times of day/days of week, and from different numbers
    - Use the influence of the PI to call and/or write letters (handwritten notes from them can sometimes be very effective)
    - Send letters without a D2d return address – people may be curious to open them
    - Work with the participant's individual situations and understand life-event barriers to visits
    - Verify phone number at every visit – some participants use prepaid phones that run out of minutes, and they may lose their number.

2. **What are some things we can do to keep participants engaged and excited about participating in the D2d?**
    - Proactively assess during the pre-screening call a person's level of engagement and commitment
    - Proactively emphasize the benefits of the study – education materials, result levels, SEP, site expertise
    - Develop relationship with participant
        - Make notes in the participants record about life events/"fun facts", get to know the participant
        - Encourage multiple people on the study team to develop a rapport with the participant (not just one RC).
        - Use of cards (birthday, Thanksgiving, holiday, sympathy/get well)
        - Rapport with PI – see participants in clinic, make phone calls, write notes
            - Have the PI make the f/u phone call once in a while
    - Cater to the participant
        - If possible customize the after OGTT snack to the participant preference
        - Make note of participants who prefer quick in-out visits, make it easy and efficient
        - Make note of participants who like to chat, and block off more time
        - Be flexible with the schedule (e.g. start early for participants who prefer early morning visits)
        - Many appreciate getting the visit stipend quickly – have available at visit if possible
    - Don't underestimate altruistic motivation for many pts. – their participation is important not only for them individually but for society as a whole – keep them focused on the greater mission

3. **How can we keep participants who have been diagnosed with diabetes engaged and motivated to stay in D2d?**
    - Establish a relationship and be proactive by stressing study benefits at each visit (access to education, close monitoring)
    - The PI should make an effort to be involved with participant at each visit

    - PI stop by to say to participant
    - PI addresses participant concerns regarding continued participation in the study
  - Relationship building and networking with PCPs – greater familiarity will encourage supporting their patient's continued participation
- Change the support given to the participant post-outcome – shift to managing diabetes
  - NDEP diabetes education materials are available for downloading (http://ndep.nih.gov/media/NDEP67_4Steps_4c_508.pdf)*
  - In some situations it may help to inform pt. that progression to diabetes can be slow, and can even go back and forth
- Development of an FAQ for site staff covering reasons to stay in the study*
- Reinforce that even after the diagnosis of diabetes much can be learned regarding diabetes progression with their continued participation
- *Note: Some D2d participants may be on a GRADE watch list, but D2d is primary study so they should not be doing both at the same time.*

4. What are some best practices to organize and balance recruitment and retention?

- Develop a solid pipeline of recruitment and keep track of yields to ensure efficiency
- ~60% of effort into recruiting and screening is needed to maintain a pipeline
- Invest up front, during the recruitment process, to maximize retention – these are intertwined from the very first letter/call
- Every interaction is meaningful,(even if they are a screen fail)
- Personalize each visit
- Don't waste time on people who you know will not make good participants

5. What are ideas to improve or change the Support and Education program to make it a better retention tool?

- Video conferencing with multiple sites allows for coordination of resources
- Rebrand as "participant appreciation event"
- Ensure time and location is convenient to your population
- Can be creative with venue (e.g. gym)
- Explore the idea of doing one larger event with a longer lead time rather than two times per year
- Invite family and friends (can also act as recruitment)
- Provide food
- Provide "swag" – recipe cards, t-shirts, coffee mugs, local produce
- Consider participant appreciation pins (year 1, 2, etc)* – congratulate reaching milestones
- Identify participant barriers to attendance
- Consider if there are any celebrities we could involve

6. **How can we best leverage publicity or advertisement for recruitment and retention at this stage in D2d?**

- What works
    - Bottom line: EMR works best
    - Connecting with PCP networks
    - Word of mouth
- Think about ways to market the study to PCPs
- Do targeted advertisements – wellness, senior groups
- Leverage the news (such as diabetes awareness month)
- Refer participants to the public website listing of news items from around the country

7. **How do we keep recruitment momentum?**

- In EMR searches, consider looking glucose levels done at same time as lipid panel – more likely to be fasting
- Use point-of-care – review the list of people being seen in the coming week in the clinic. Note who might be eligible. Some systems have the capability of flagging in EMR and aren't using it (inquire with your IT department)
- Review baseline eligibility algorithm- consider expanding it to include BMI*
- Engage private practices
- Leverage word-of-mouth (organic, hands-off recruitment) by utilizing your current connections (enrolled participants)
- Keep D2d site staff happy – celebrate reaching milestones

8. **What are the best practices to garner and maintain PCP support for and engagement with D2d?**

- Understand your PCP network and the best method for engaging them
    - What's in it for them? Providing monetary incentives is prohibited
- Hold lunch and learn events with providers
- Provide CME events for PCPs
- Consider unique ways to recognize the PCP
- Provide regular updates on study
- Dissemination of materials – clinician newsletters, updates on annual meeting
- Limit emails

*CC task