

Clinical Teams Say Sites Can Do Recruitment, But Can They?



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Why a fixed budget for every site sets up a study for failure.

The best strategy is to customize recruitment campaigns

to ensure that recruitment is timely and cost-effective.

All too often, when recruitment budgets are developed they are not based on forecasts or recruitment models. Rather, they are based upon allocating a set amount — such as \$5,000 — for each site to recruit patients. But this method is flawed. Why? Simply put, a one-size-fits-all approach sets up the study for recruitment failure right from the start. Here's why.

Advertising Costs Vary Widely From Site to Site

Advertising must be targeted on a site-by-site basis. Sites vary demographically and consequently, so do media costs. For example, many clinical trials include sites in large urban centers such as Los Angeles, Chicago, and New York. In such locations, advertising costs are higher; they're lower in smaller cities such as Birmingham, Austin, or Albuquerque. Consider that one week of radio advertising in a major urban center costs more than \$25,000, while the same radio schedule in a small city costs less than \$5,000. Similarly, one 10-inch black-and-white newspaper ad costs more than \$6,000 in a major city and only \$600 in a smaller one. So-called equal budgets do not yield equal advertising support for every study site, which is why centralized campaigns must be localized.

If Only Two-Thirds of Sites Recruit Patients, Why Invest in Nonperformers?

Over the past decade, across many studies and therapeutic areas, it has been well documented that only two-thirds of sites actively enroll patients. In a study with 30 study sites, only 20 will actually recruit; the remainder will not perform. This means that if each site is awarded \$5,000 up front for recruitment, \$50,000 will be allocated to sites that will never recruit or enroll. The allocation turns into wasted dollars that could be better spent supporting sites that are enrolling patients. Using methods based on real-time performance data, sponsors are able to direct monies to performing sites, thereby maximizing their return on investment to accelerate recruitment.

Recruitment Advertising Is Not an Expertise of Study Coordinators

Study coordinators are not advertising or marketing experts, and site-specific recruitment budgets offer little guidance on how advertising dollars should be spent. When sponsors provide recruitment dollars to sites, the advertising responsibility shifts to study coordinators to design recruitment tools, research

local media outlets, negotiate advertising costs, and process payments. While many study coordinators rely on tried-and-true advertising methods, this approach fails to consider that the target study population of one study may be quite different from another and may result in minimal advertising success. Less-experienced or experienced — yet overextended coordinators — cannot devote the time required to effectively determine which medium is best for the target study population, thereby resulting in failed advertising and lost investment.

Study Coordinators Perform As Buyers of Media

With backgrounds in nursing or clinical research, many study coordinators have difficulty planning and executing a media campaign. Recruitment entails identifying the target audience, determining the media to achieve the response required, and evaluating the cost benefit of each media method: print, broadcast, news, direct mail, and Internet. For example, radio is scheduled by specific time frames throughout the day, such as 6 a.m. to 10 a.m., 10 a.m. to 3 p.m., and 3 p.m. to 7 p.m. These time frames are rated according to the size of the viewing or listening audience. Lacking familiarity with media nuances, study coordinators often fail to purchase the levels of advertising necessary to generate the required response, thereby wasting money on ineffective advertising. Furthermore, few study coordinators, if any, negotiate added-value advertising such as bonus advertising airings or sponsorship mentions at no cost. By working with a partner on a study-by-study basis, one that has relationships and media buying power across North America, media can be purchased at a much lower cost than would be possible through most study coordinators.

Maximizing Recruitment Results

The best strategy is to customize recruitment campaigns to the target population, work with sites to support individual recruitment needs, and use unique media forecasting methods and tracking to ensure that recruitment is timely and cost-effective. An integrated recruitment approach should include forecasting, targeted recruitment advertising by site, and individual site support. A partner's in-house phone and Web prescreening process enable sites to focus on pre-qualified referrals. Finally, a site-relations team should be employed to follow each referral, minimizing referral loss and wasted recruitment investment.

And most important, the focus should be on real-time metrics to direct recruitment decisions to support performing sites. This ensures rapid, cost-effective recruitment and enables study sites to focus on what they do best: carrying out the clinical tasks of every protocol. ■

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