



# Practice-based Recruiting Opportunities and Challenges

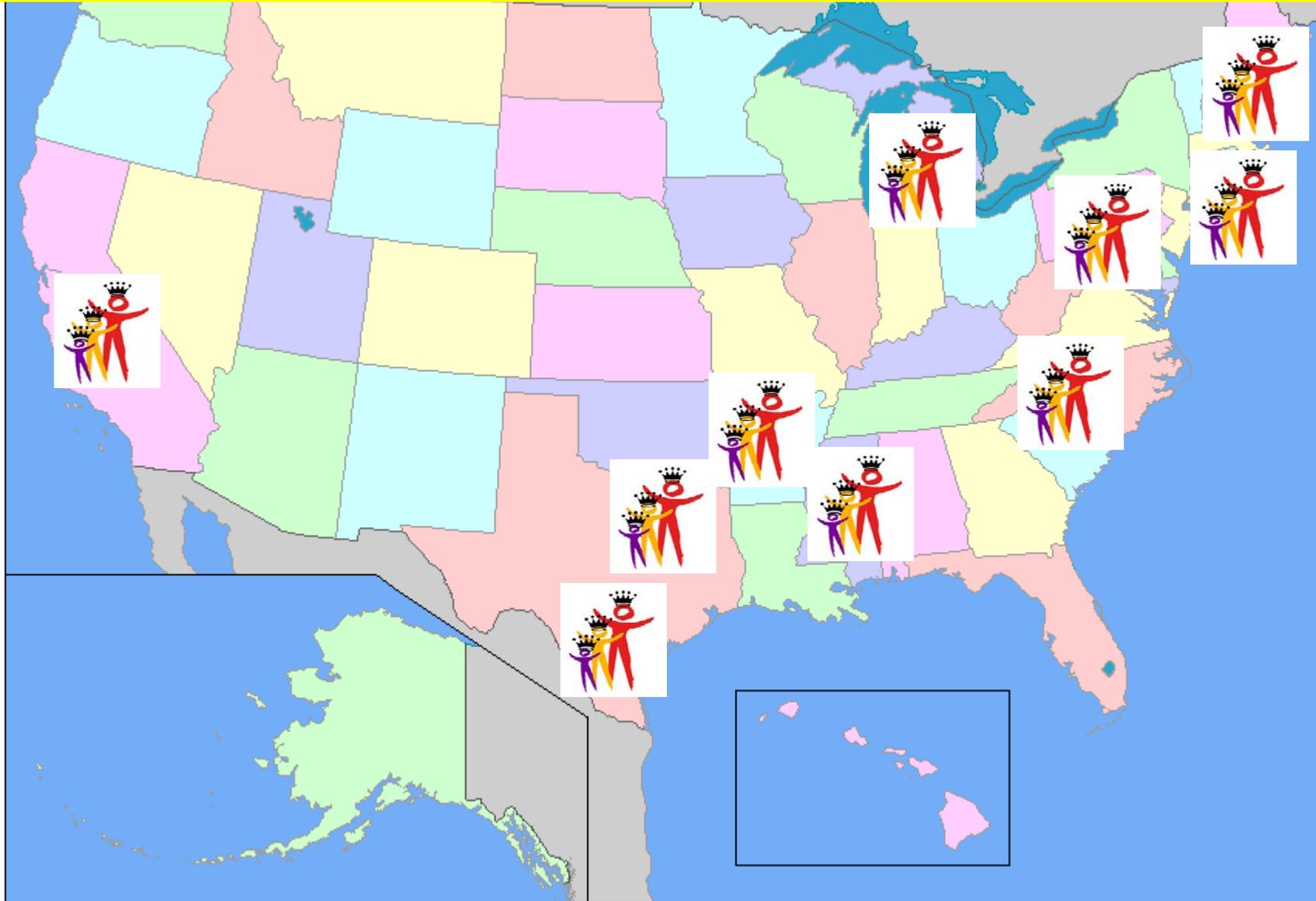
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On Behalf of the **PRINCeS\***

Pactice-based Recruitment In the NCS



# The PRINCeS Counties



# The “Quintuple Recruit”

- ❖ Providers
- ❖ “Gatekeepers”
- ❖ Support Staff
- ❖ Regulatory and “Legal”
- ❖ Participants in the “Provider” Setting



# Practice Types

- ❖ Academic ± residents, fellows and students
- ❖ Military ± residents, fellows and students
- ❖ Private ± residents, students
- ❖ Obstetrical only
- ❖ Family practice or PNP ± obstetrical support
- ❖ Pregnancy screening clinics





# A “Thought” Experiment

	<b>County Births</b>	<b>Segment Births</b>	<b>% of Births in County in Segments</b>
<b>LAMAR (2008)</b>	<b>670</b>	<b>338</b>	<b>50.45%</b>
<b>SCHUYLKILL, (2009)</b>	<b>1,440</b>	<b>377</b>	<b>26.18%</b>
<b>BENTON (2008)</b>	<b>3,314</b>	<b>365</b>	<b>11.01%</b>
<b>HINDS (2009)</b>	<b>3,708</b>	<b>378</b>	<b>10.19%</b>
<b>DURHAM (2009)</b>	<b>4,409</b>	<b>326</b>	<b>7.39%</b>
<b>PROVIDENCE (2009)</b>	<b>7,724</b>	<b>350</b>	<b>4.53%</b>
<b>NEW HAVEN (2008)</b>	<b>10,281</b>	<b>269</b>	<b>2.62%</b>
<b>SACRAMENTO</b>	<b>21,346</b>	<b>320</b>	<b>1.50%</b>
<b>WAYNE (2009)</b>	<b>24,628</b>	<b>344</b>	<b>1.40%</b>
<b>BEXAR (2010)</b>	<b>25,688</b>	<b>351</b>	<b>1.37%</b>

# A “Thought” Experiment

	<b>Approximate Number of Practices</b>	<b>Calculated Annual Births per Practice</b>	<b>Calculated Segment Births per Practice</b>
<b>LAMAR (2008)</b>	<b>4</b>	<b>168</b>	<b>84.5</b>
<b>SCHUYLKILL (2009)</b>	<b>4</b>	<b>360</b>	<b>94.3</b>
<b>BENTON (2008)</b>	<b>11</b>	<b>301</b>	<b>33.2</b>
<b>HINDS (2009)</b>	<b>28</b>	<b>132</b>	<b>13.5</b>
<b>DURHAM (2009)</b>	<b>16</b>	<b>276</b>	<b>20.4</b>
<b>PROVIDENCE (2009)</b>	<b>43</b>	<b>180</b>	<b>8.1</b>
<b>NEW HAVEN (2008)</b>	<b>77</b>	<b>134</b>	<b>3.5</b>
<b>SACRAMENTO</b>	<b>88</b>	<b>243</b>	<b>3.6</b>
<b>WAYNE (2009)</b>	<b>150</b>	<b>164</b>	<b>2.3</b>
<b>BEXAR (2010)</b>	<b>130</b>	<b>198</b>	<b>2.7</b>

# Practice Organization

## Practice Size (number of providers)

- ❖ 1 - >50

## Practice organization/complexity

- ❖ Single site, few providers
- ❖ Single site, multiple providers
- ❖ Multiple sites-
  - ❖ Each site with own group of providers
  - ❖ Each site with rotating providers
  - ❖ Hybrids of the above



# Consistent Positive Support from the Majority of Providers

- ❖ It is important to children and families
  - ❖ The “greater good”, “why wouldn’t we participate”
- ❖ Potential to impact children’s health
- ❖ Positive public relations for their practice
  - ❖ Association with a national NIH-sponsored study

*In some communities, less hesitation in the “private practice” environment if thought leaders, hospitals or large practice groups “buy in”*



# Major Provider Concerns

- ❖ What will be the day to day effect on patient flow in my office (disruption)?
- ❖ What will I be expected to do?
- ❖ How much of my time will NCS activities take?
- ❖ Is this study IRB approved?
- ❖ Will your (NCS) staff be in my office?



# Curiosity Questions

## Examples

- ❖ Will we be told how we are doing with recruiting?
- ❖ Are we really going to have to wait 21 years to get results?
- ❖ Will the families be informed about findings?
- ❖ Are participants going to be paid to take part?
- ❖ How are you going to keep track of the participants for such a long time?
- ❖ Are other practices signing up?



BEXAR COUNTY



THE NATIONAL  
CHILDREN'S  
STUDY

HEALTH GROWTH ENVIRONMENT

# Major “Gatekeeper”\* Concerns

- ❖ We are so busy already.....
  - ❖ How will this actually work in our office?
  - ❖ What is my staff expected to do?
  - ❖ What will the NCS staff be expected to do?
  - ❖ What about HIPAA?
  - ❖ We do **not** want you to call our patients?
  - ❖ Will your (NCS) staff be in our office?
  - ❖ Will there be reimbursement for the office staff?
- Office manager, practice manager, head nurse, business manager.



# Support Staff

- ❖ What am I supposed to do?
- ❖ How much time is it going to take?
- ❖ Who is going to train me?
- ❖ How will I identify your (NCS) staff?
- ❖ Can your (NCS) staff help us when we get really busy?
- ❖ Will you bring lunch some time?



# Regulatory and Legal

- ❖ Do we have to get IRB approval?
- ❖ What is a HIPAA waiver?
- ❖ Will you have a nondisclosure agreement?
- ❖ Will we have a subcontract, a consultant fee, a memoranda of understanding ....?
- ❖ Are your (NCS) employees credentialed?
- ❖ Have your staff had “background checks”





# “Few Provider” Counties

- ❖ Relatively easy to engage all of the practitioners
- ❖ Easy to engage the hospitals (usually 1 or 2)
- ❖ Uncomplicated practice structure
- ❖ Limited turnover of providers
- ❖ Few/no competing research projects



# “Few Providers” Counties

- ❖ NCS Investigators are able to give all providers frequent attention and recognition
- ❖ NCS Staff is able to get to know staff members
- ❖ Relatively straight forward to build and sustain trust due to frequent contact
- ❖ Relatively easy to have adequate NCS staff in the practitioners offices at almost all times

*If there are “town – gown” issues, there can be a major negative impact. For example, a medical school practice sets up a satellite facility in a county with only a few providers*



# “Many Providers” Counties

- ❖ Practitioner/practice prioritization
  - Who to “ask” first to take part in the NCS
  - Who to recognize at public events
- ❖ Complex practice structures
  - Multiple levels of bureaucracy
  - Individual office culture highly variable
  - Increased mobility of practitioners and staff
- ❖ Refusal of a high volume practice to participate can have major “ripple effects”
  - Large volume practices often “touch” many other practices and multiple hospitals



# “Many Providers” Counties

- ❖ Takes considerable time to get to know all of office and support staff
- ❖ Takes considerable effort to build trust especially with the “low volume” offices
- ❖ Logistically difficult to adequately “staff” the offices
- ❖ Time consuming to engage all hospitals



# Other Challenges and Opportunities

- ❖ Many offices/practices still lack an EMR
  - The office managers want them and understand their value. We often know of resources for information and training
- ❖ Many of the office staff do not know how to use the filter functions of their EMR
  - We can help them learn how to use their systems for this purpose (and other purposes) (new skills)
- ❖ Limited ability to incentivize staff for assistance
  - So be creative.
  - Many clinics have done away with sticky notes and pens with pharmaceutical ads – so give **NCS** sticky notes/pens.
  - Teach a new skill (see above) or useful computer tip
  - Invite to a community event (especially if they live in a recruiting segment)





# Other Challenges and Opportunities

- ❖ Limited office space for NCS staff for record or address review
  - Opportunity to demonstrate flexibility and to learn how the office really works (“Would it work if I came by on Friday afternoon when you are not seeing patients? I would be happy to help you pull charts for Monday clinic since I need to review them anyway”)
- ❖ Limited office space for screening and consenting
  - Opportunity to brainstorm with office staff and/or physicians about this (and some offices have offered space for these activities, including the providers personal office)
- ❖ Limits placed on recruiters by providers or staff
  - Example: A brochure handed to the patient by the provider staff or nurse which contains a check box indicating willingness to talk to a recruiter. If they check “no” we cannot talk to them.
  - Opportunity for the NCS team to think about ways of “getting the word out” into the segments or near the providers office (banners, ads or articles in local papers, mass mailings)

# PRINCeS “Common Themes”

- ❖ Personal connections are valuable
  - ❖ Find an NCS champion
  - ❖ Find someone in each practice who “gets” the NCS
- ❖ Every office and practice is different – assume nothing
- ❖ Most private practice offices have not previously participated in research activities
  - ❖ Be prepared to explain everything again and again
  - ❖ Offer suggestions of how things might work
- ❖ The more that the NCS team controls the more effective the recruitment
  - ❖ Gaining trust is the key to gaining control



