

# A Recruitment Veteran Looks at the Evolving Role of Patient-Centricity in Patient Recruitment

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## How has the term “patient-centricity” changed since you started in this work?

Patient-centricity evolved significantly over time to incorporate not just one or two patients’ input, but a robust methodology of exploring and sharing the patients’ experiences. In time, market research techniques became accepted and dramatically improved outreach results. No longer was the physician investigator the sole source of information about patients. With marketplace data and insights in hand, research scientists came to trust this information to help them get where they needed to go.

Industry’s willingness to incorporate patient-centricity as a business goal has changed so dramatically. You could talk to anybody in this industry now, use the term “patient-centered” and it would have meaning. People’s definitions may vary, but the construct is already embedded in the field. Could you imagine a concept called “subject centricity?” No. But when I started in this business, recruitment was called subject accrual and the word “patient” was eschewed. We’ve come a long, long way.

## What is BBK’s definition of patient-centricity?

In a word, patient-centricity is respect. Respect for the individual, their family and caregivers, physicians, nurses, research teams, study sponsors, and communities.

## What role does BBK play in pushing forward patient-centricity in life science research?

Our role within a specific clinical trial, and across the industry as a whole, has been to elevate the patient’s overall well-being, their experience and expertise from having lived with a condition, and their struggles and their hopes for what future treatments will bring.

We place those truths in front of and in the hands of scientists, clinical operations teams, ethics committees, and others, and we work with them to integrate the patient experience into research study operations and planning. When you specialize in patient recruitment and engagement, patient-centricity is your lifeblood.

## How does BBK help companies meet patient preference/need?

We help our clients to move expeditiously when solutions are right within their grasp, and move forward with deliberate urgency when systemic change is required. There’s an expression we use at BBK, “Make haste slowly.” Knowing what things can be done at the study level versus entity level helps.

When you put the actual patients with the condition in front of you, then you can truly design a recruitment program that matches up with the science. There are many obstacles that can be addressed at the study level, such as the number of in-person or remote study visits. Many others require systemic changes – such as contracting with physicians who are naïve to clinical research or work in regions where there are few healthcare providers.

## How have updates in technology or information access changed the way you conduct patient recruitment?

Ultimately, it is about being curious, challenging existing assumptions, and remaining patient-centric as you do so. It’s still a matter of meeting your timelines and managing the costs to bring therapies through the development, clinical research, and launch processes.

We need to continue to bring patient and caregiver insights to the industry. But patients in certain disease areas and age groups are making major changes to where they look for trusted information.

For example, for a time Meta, Google, and Twitter were innovative and effective tactics that pushed outreach and messaging strategies into new territory. Regulatory and privacy changes in social and digital outreach are driving patient recruitment efforts toward new media outlets, as well as to the new generation of patient advocates.

### **You're a big advocate for increasing diversity and inclusion in clinical trials. Where do we still have strides to make?**

We need to push ourselves forward in conditions where certain groups are disproportionately impacted by a disease and its comorbidities. To make this a reality, we must mitigate challenges in access – like healthcare deserts, limited Internet, and financial circumstances – that make it difficult to take time away from family. Some sponsors are doing so by providing travel assistance over great distances, or providing stipends for patients in addition to reimbursing expenses. Others are partnering with pharmacy companies that are bridging the gap in access to community-based care. A commitment to putting patients at the center of the research study provides a platform for improving DEI goals.

### **What are you hearing from patients on what they really want in clinical trials?**

One of the things that patients all over the world value most in a clinical trial is the opportunity to have more time and attention with physicians and healthcare providers – and they want it from people who speak their language, both literally and figuratively, and live in their communities.

### **Outside of clinical research, technology has transformed people's lives. How do you think those experiences are impacting patient expectations in clinical research?**

The healthcare environment exists within the context of these other experiences. So we're being judged by our target audience's last best service experience, regardless of what industry or field it is in.

If my experience was with DoorDash and it was extraordinary, then my next experience is going to be measured against it. If I can wait in a Target parking lot for three minutes and someone will bring out my grocery order, why am I waiting 45 minutes to be seen at a doctor's office?

As consumers, we tend not to draw the line and say, "I'm getting great service from my dentist but I won't expect that from the doctor in the research study."

### **How do you identify and support patient preference?**

For a particular person, time may not be as important as a different aspect of convenience. I may wait a little longer, but I get more time once I'm in the room. It's really about understanding preferences. And those preferences need to be understood at the individual's level. That is where technology like BBK's patient engagement portal TrialCentralNet® comes in.

### **Why did BBK develop TrialCentralNet®?**

BBK developed TrialCentralNet®, or TCN®, to support study sponsors and clinical research sites in the recruitment aspects of studies – defining, approving and managing outreach campaigns; connecting prospective participants with research sites; monitoring consents; and tracking return on investments. Today, TCN is integral to the patient-centric approaches to study engagement and retention BBK provides.

Study sponsors can establish guidelines for patient engagement and support which may be applied universally for a global study or on a country-by-country or a site-by-site basis. It provides study teams with the space to ask and the means to record and respond.

### **How does it enable patient preferences to be recorded and responded to?**

In patient travel, study sites write a "prescription" for patient needs regarding medically appropriate transportation, international visa assistance, interpreters, travel companions, dietary restrictions, and more. Sites can request patient reimbursement, home health visits, and other services that support decentralized or hybrid clinical studies. Within the next month, BBK will launch its newest version of TCN which empowers patients to view and download their specific "engagement" prescriptions, related documents, and enter their preferences. I am so enthusiastic about every step we take to bring studies to patients in ways that serve them, and science, well.



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