



# Meaningful Approaches to Patient Engagement:

## *Adding the Right Tools to Your Toolbox*

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# Welcome!

- Introduction
- Trends in patient engagement
- Importance of engaging patients as partners
- Maintaining patient engagement long term
- Driving culture change

- ***Patient Engagement Tools:***



- Patient Advisory Boards
- Patient Clinical Trial Journey Workshops
- Communicating Trial Results Program

- Q&A



# About CISCRP

- 15 year-old Boston-based independent nonprofit organization

## **MISSION:**

- To educate, inform and engage patients and the public
- Promote greater awareness, understanding of and trust in clinical research participation and its role in public health
- Provide resources and services for the research community to better partner with study volunteers, patients and the public



## Trends in Patient Engagement





# Increasing Protocol Complexity

Typical Phase III Pivotal Trial (means)	2001 - 2005	2011-2015
Total Number of <b>Endpoints</b>	7	13
Total Primary and Key Secondary Endpoints	4	5
Total Number of <b>Eligibility Criteria</b>	31	50
Total Number of <b>Procedures</b>	110	187
Total Number of Planned Volunteer <b>Visits</b>	12	15
Number of Investigative <b>Sites</b>	40	65
Number of <b>Countries*</b>	5	10
Number of <b>Patients</b> Randomized	729	597
Total <b>Data Points</b> Collected**	494,236	929,203
Proportion of Data 'Non-Core'	18%	32%

Source: Tufts CSDD ; \*DRI; \*\*Medidata Solutions



# Enrollment and Retention Challenges



**50%** fail to enroll a single patient or under enroll



average drop-out rate of **30%** across clinical trials

*Source: Forte Research, 2016*  
*Source: Tufts CSDD 2017*



# The Burden of Participation

## Top Dislikes After Reviewing ICF

After reviewing ICF, what led you to decide <u>NOT</u> to participate?	% of Total *
Too many visits to study center	20%
Medical procedures too invasive	19%
Too many medical procedures	14%
It was too much of a burden on my family/caregiver	9%

*Source: 2017 CISCRP P&I Study, n=337 those chose not to participate after reviewing ICF*



# The Burden of Participation

## Top Dislikes During Participation

Top Dislikes during Participation	% of Total **
Possibility of getting placebo	24%
Location of study center	23%
Study visits too time-consuming	11%
Side effects of study drug	11%
Compensation was not enough	9%
Overall time commitment was too much	8%

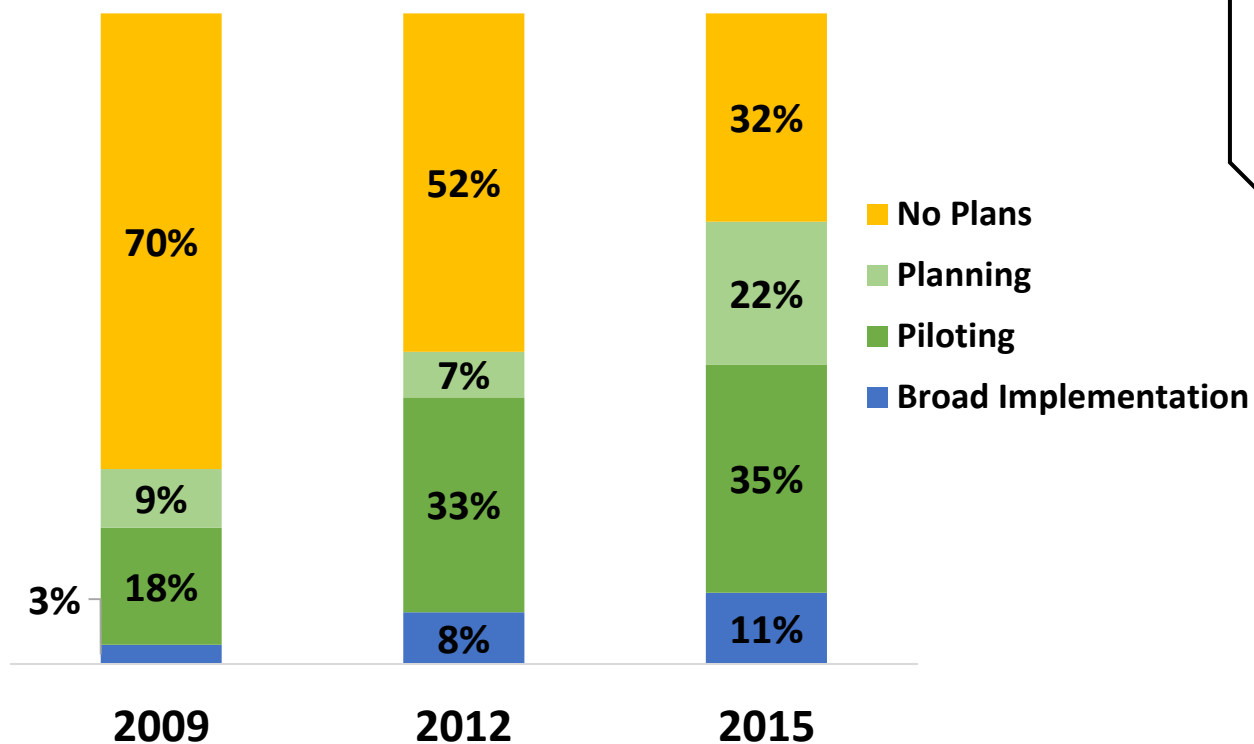
*Source: 2017 CISCRP P&I Study, n=2,194 those that participated in a clinical research study*





# Adoption & Barriers

## Plans to Implement Patient-Centric Initiatives



### Primary Barriers

- Regulatory
- Operational
- Cultural
- Financial





# Rationale for Patient Engagement



**Avoid One Amendment**

**Improve Convenience**

	Phase II	Phase III		Phase II	Phase III
ENPV Impact on \$100,000 Invested	+\$3.8 million	+\$15.0 million		+\$30.1 million	+\$57.0 million

**For engagement activities resulting in avoiding an amendment and/or an improved patient trial experience, the benefits in cost and ENPV vastly outweigh the resources spent on engagement**



# And Patients Want to be Involved!

<i>Activities Interested In (% mentioning)</i>	TOTAL (n=12,427)	Participated (n=2,194)	Never Participated (n=10,233)
Being involved in the design and planning of a clinical research study	30%	35%	28%
Being part of an advisory committee helping companies plan clinical research activity	30%	37%	28%
Speaking with other patients considering participation in a clinical research study	37%	41%	36%



Source: 2017 CISC RP P&I Study



## The Patient Engagement Toolbox



# Partnering Opportunities: The Toolbox



## Study Planning

- ✓ Unmet patient needs
- ✓ Relevant outcomes
- ✓ Study design
- ✓ Eligibility criteria



## Study Start Up/Recruitment

- ✓ Easing participation burden
- ✓ Recruitment & other patient materials
- ✓ Study medication administration
- ✓ Study updates/communication
- ✓ Assessing ongoing study experiences



## Ongoing Study Conduct



## Post-Study

- ✓ Communicating trial results
- ✓ Assessing study experiences
- ✓ Study volunteer appreciation



Patient Advisory Boards



Patient Clinical Trial Journey Workshops



Study updates



Communicating trial results



Thank you cards

*...and many other tools!*



# Tools for Patient Engagement

## Patient Advisory Boards



### IDEAL FOR:

- ✓ Understanding challenges of condition and current treatments.
- ✓ Assessing perceptions of clinical trials and motivations to participate.
- ✓ Determining receptivity to clinical trial designs & related study materials.
- ✓ Identifying ways to enhance future study volunteer experiences.

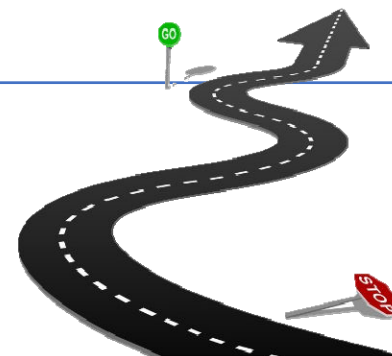


## Patient Journey Workshops



### IDEAL FOR:

- ✓ Gaining a better understanding of patient clinical trial journeys from start to finish.
- ✓ Identifying TA-specific challenges and barriers during the journey.
- ✓ Building the ideal journey together with patients and optimizing future study volunteer experiences.







# Patient Advisory Boards: Structure and Format

<b>FORMAT:</b>	Structured, facilitated in-person meeting ( <i>single meeting or ongoing series</i> )
<b>COMPOSITION:</b>	6 to 8+ Patients / Caregivers
<b>TIMING/LOCATION:</b>	Half-day meeting in convenient metropolitan location

## DISCUSSION TOPICS:

- ✓ Study design elements
- ✓ Informed Consent Form
- ✓ Branding and study positioning communication
- ✓ Patient recruitment promotional messages; other patient facing study materials
- ✓ Clinical trial medicine kit design and administration
- ✓ New technology solutions





# Clinical Trial Journey Workshops

*Clinical Trial Journey Workshops provide deep insights into the patient clinical trial experience and highlight opportunities for improved patient engagement*



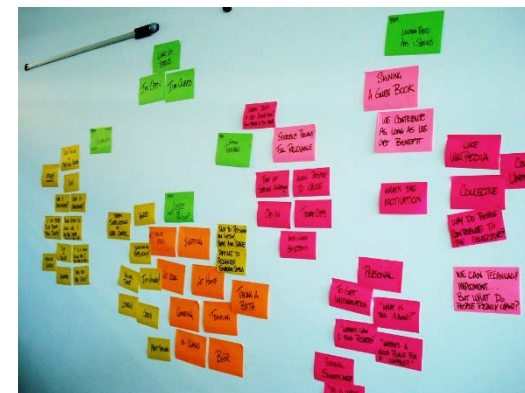


# Patient Journey Workshops: Structure and Format

<b>FORMAT:</b>	Structured, facilitated in-person meeting ( <i>add-on to Patient Advisory Board or stand-alone</i> )
<b>COMPOSITION:</b>	6 to 8+ Patients / Caregivers
<b>TIMING/LOCATION:</b>	Half-day meeting in convenient metropolitan location

## DISCUSSION TOPICS:

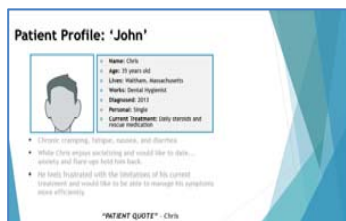
- ✓ Learning about clinical trial
- ✓ Informed Consent process
- ✓ Screening Visit
- ✓ Treatment Period
- ✓ Study follow-up





# Clinical Trial Journey Workshops

## PATIENT PROFILE



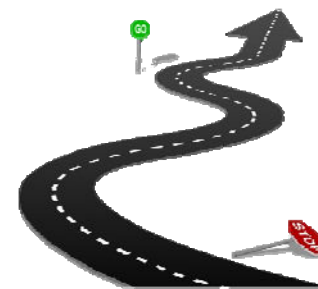
***Custom patient profile to help team connect with patient and better understand needs***



## ACTUAL vs. IDEAL



***Patient's 'actual' clinical trial experience vs. desired 'ideal' experience to identify challenges and build solutions***





# Clinical Trial Journey Workshops

## KEY INSIGHTS, CONSIDERATIONS

### ***Key insights highlight opportunity areas:***

- ✓ Motivators for participation
- ✓ Enrollment barriers
- ✓ Common communication channels
- ✓ Trusted sources of information
- ✓ Desired clinical trial information
- ✓ *And more....*



# Sampling of Patient Recommendations

## Protocols

- Frequency of Testing
  - Increase in monitoring assessments for aggressive condition
  - Decrease in painful diagnostic exams
- Schedule Burden
  - Home Visits
- Critical study-specific information to provide prospective study volunteers

## Patient Materials

- Culturally appropriate wording & color schemes
- Relatable images for condition
- Addition of tables and search features
- Clarification of patient instructions
- Preference of styles and formats
- Preference for distribution of information



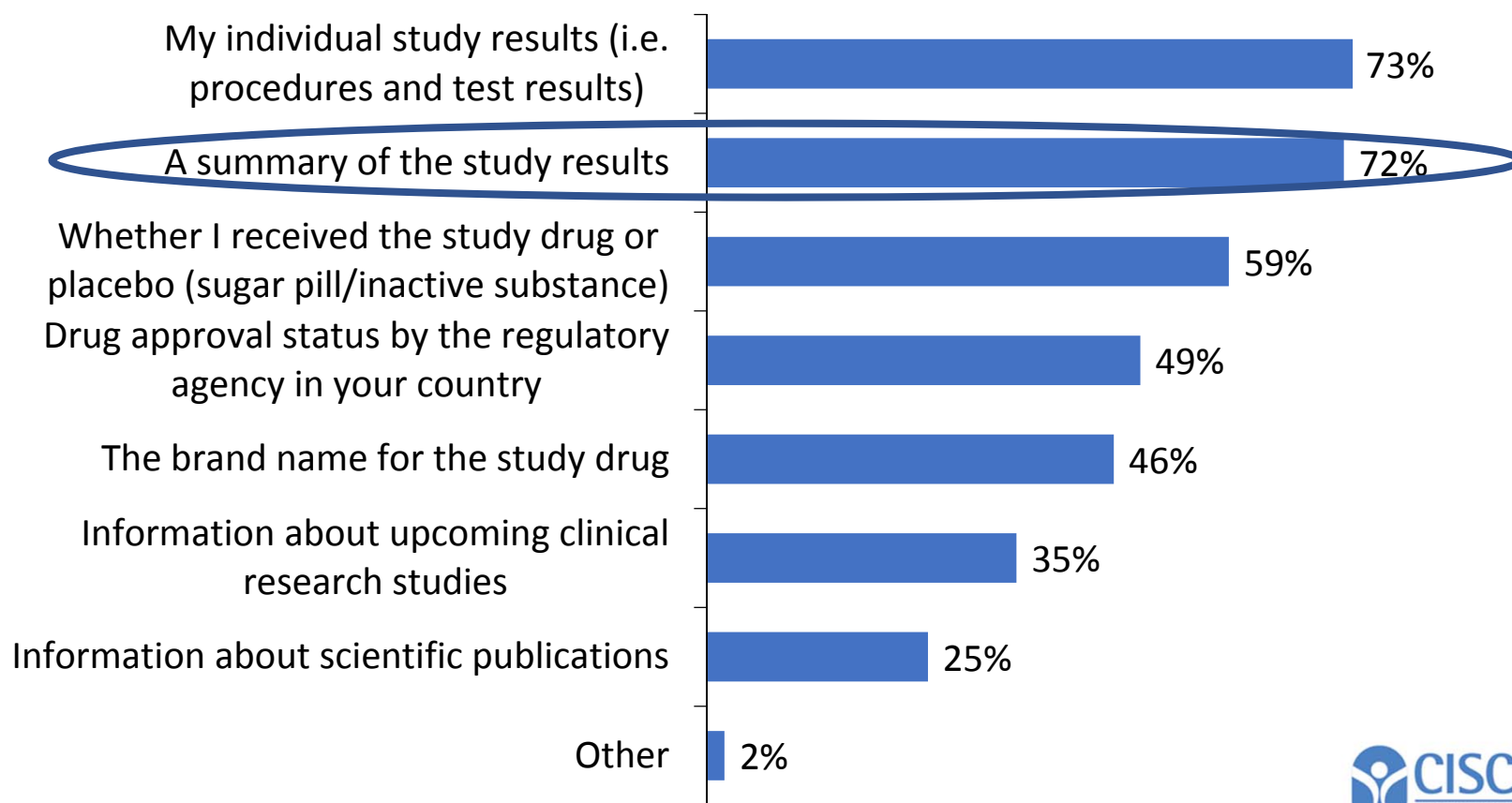


## Maintaining Patient Engagement



# Patient Engagement – After Participation

## Information Most Interested In Receiving After Participating in a Clinical Trial

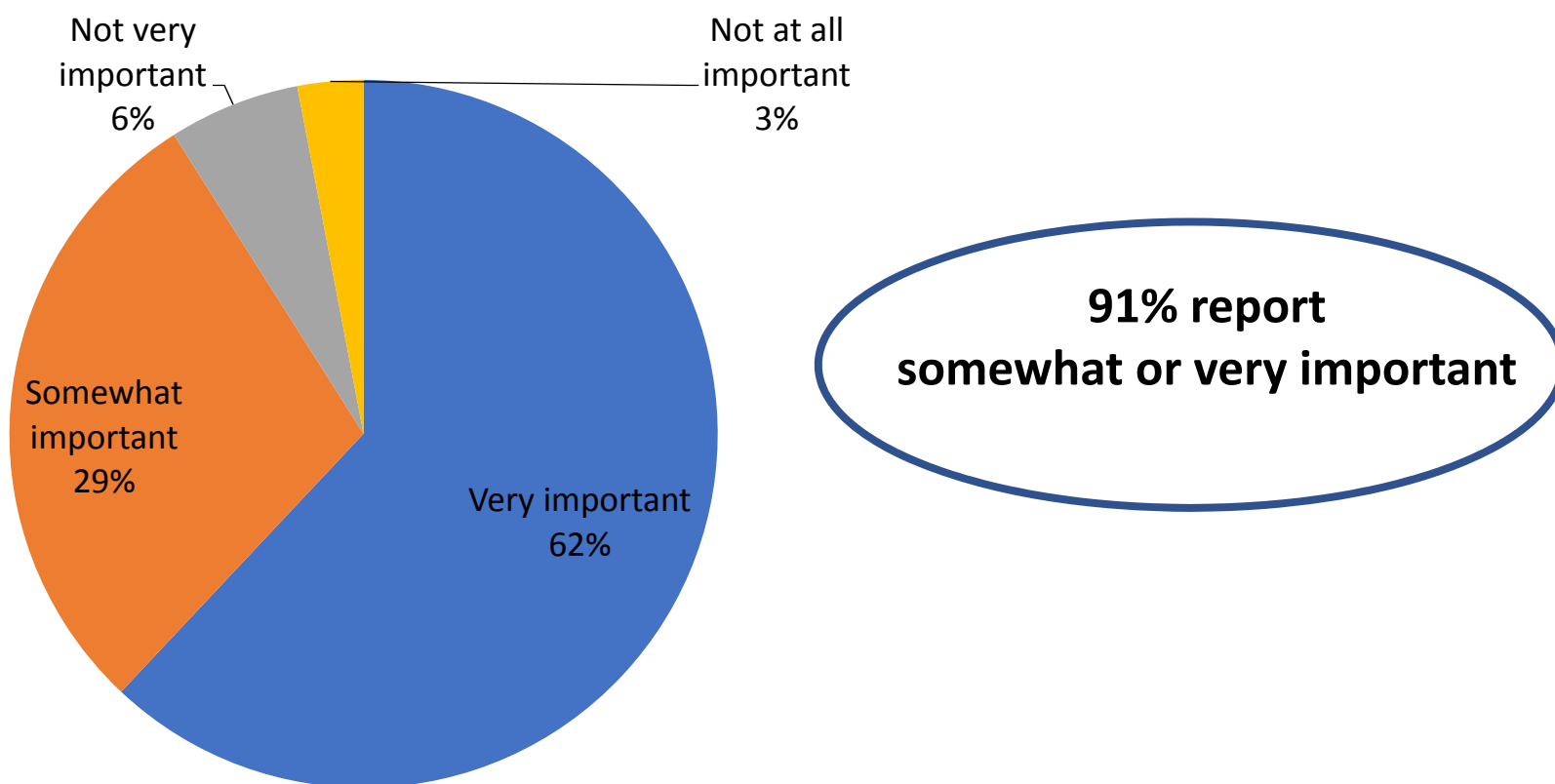


Source: 2017 CISCRP P&I Study, n=12,427



# Patient Engagement – After Participation

## Importance of Receiving Trial Results Summaries



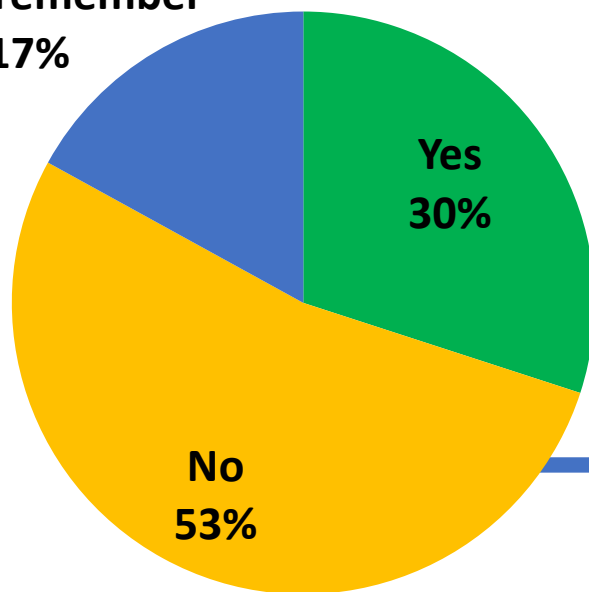
Source: 2017 CISCRP P&I Study, n=12,427



# Patient Engagement After Participation

***Did you receive any reports or updates on the results of the study once you finished the clinical research study?***

**I don't remember  
17%**



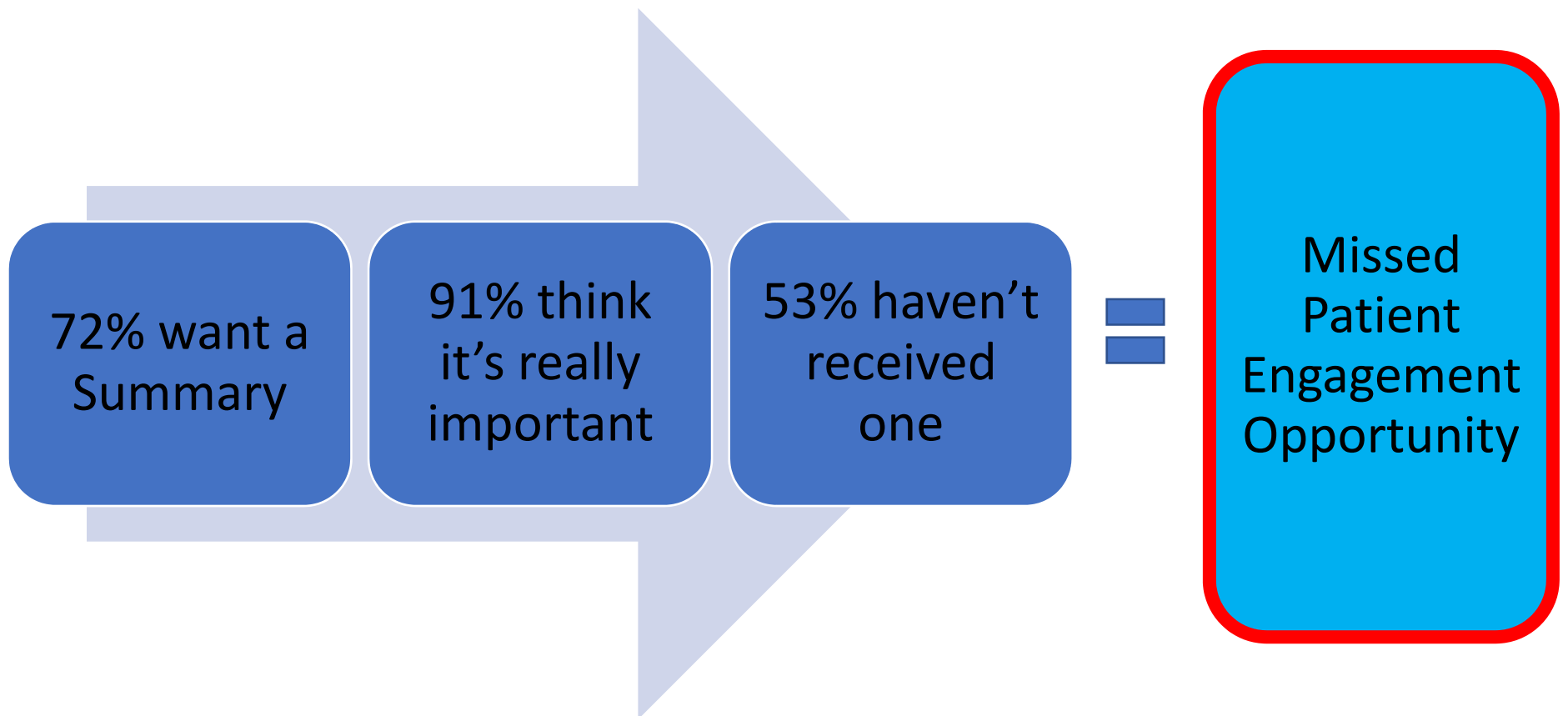
2017	EU	NA	SA	APAC
% reporting 'no'	51%	59%	25%	42%

**Compares to:**  
**2011: 53%**  
**2015: 51%**

*Source: CISCRP P&I 2017; n= 2,194 Participated*



# Unmet Need



Source: 2017 CISC RP P&I Study, n=12,427



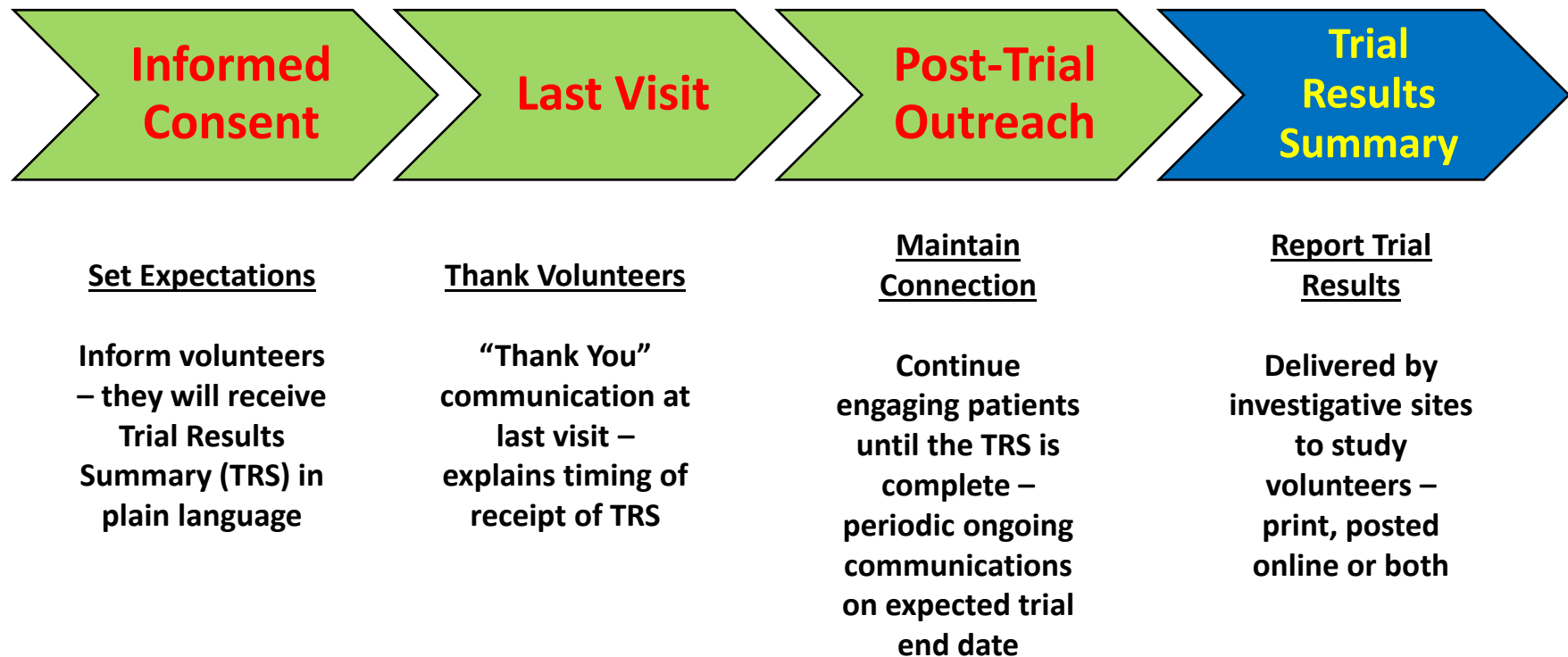
# Lay Summaries: 5 Main Goals

- 1. Meet participant expectations**
- 2. Demonstrate appreciation**
- 3. Reinforce meaningful experience**
- 4. Build trust and research literacy**
- 5. Improve recruitment and retention**





# Four Point Communication Process





# Frequent Engagement is Key

Thank you cards, frequent communications and Lay Language Summaries **signal** to patients they are valued contributors to the process.





# Key Program Attributes

## Credible, Trustworthy & Independent

- Independent established, recognized non-profit
- Extensive development & implementation experience with pilot, single-study and portfolio-wide programs
- Ongoing interaction with regulatory & guidance-influencing consortia

## Proven & Integrated

- User tested & continuously refined
- Leverage priced to reflect non-profit positioning
- Integrated process minimizing burden for sponsors, CROs, & investigative sites
- Distribution & translation in over 40 countries



# Minimizing Operational Burden

## The Role of the Sponsor

Prepares/posts trial  
results and notifies  
CISCRP

Reviews TRS to  
ensure scientific  
accuracy

Fields  
investigative site  
follow-up  
questions

Posts to EU  
Portal when  
available



# Editorial Panel Review

Every TRS is reviewed by an editorial panel as part of our standard process

Long standing health literacy best practice

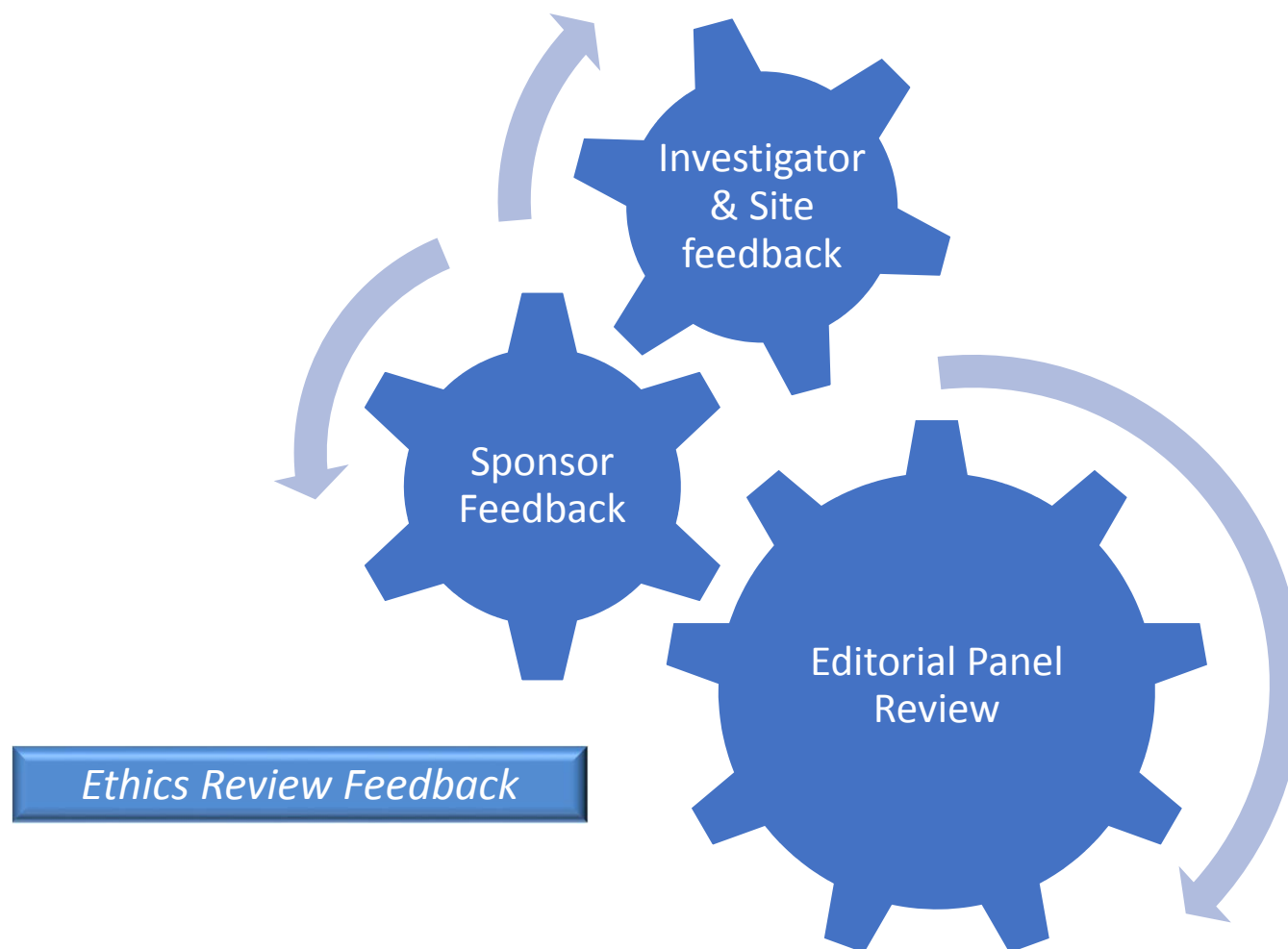
Ensures TRS is non-promotional & understandable

NHS/HRA EU Lay Summary Guidance

“Sponsors should consider testing the readability of an initial version of the study results summary with a small number of people who represent the target population. Depending on the nature of the study, this could be patients with a particular disease or it could be members of the public.”



# TRS Template – Continuous Improvement







**What's Next?**



# Driving Culture Change



- **Secure senior management support & adopt a patient-centric culture**
- **Create a function to manage patient engagement (centralized/de-centralized)**
- **Dedicate a budget to patient engagement activities**
- **Measure impact of patient engagement activities and disseminate best practices across organization**



# How to Get Started

1. Schedule informational meeting with CISCRP and your team:
  - Overview of process
  - Review study team objectives and potential timeline
  - Answer questions
2. CISCRP develops and submits proposal to you
3. You review/accept proposal
4. Contracting process
5. Schedule project Kick Off Meeting with CISCRP and your team





# CISCRP Clients



**TransCelerate**  
BIOPHARMA INC.





# Any Questions?



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**THANK YOU!**