Driving Awareness. Engaging Communities. Accelerating Enrollment

Successful recruitment requires intentional investment in people, systems, and outreach strategies that reflect the communities sites serve. Because one-size-fits-all approaches consistently fail, Sponsors and CROs must recognize the true operational and financial requirements behind participant recruitment. With sites reporting $5k–$25k+ in recruitment-related costs, proactive planning and adequate funding are critical to ensure diverse, timely, and representative enrollment.

Practice-Based Recruitment

Practice-based recruitment leverages the site's existing patient population through EMR queries and chart review to identify eligible participants. These methods improve accuracy and efficiency but require dedicated staff time and infrastructure that must be appropriately funded.

- **EMR Screening Tools**
  - Identify potential participants using electronic medical record queries based on study inclusion/exclusion criteria. Third Party Vendor tools may be used as EMR screening tools are less efficient and need to consider as pass through costs to vendor.
- **Chart Review**
  - Manual or electronic review of medical records to find eligible participants. Often billed per-chart or as a fixed-fee combination.

Media Outreach

Media outreach expands recruitment beyond the clinic by using IRB-approved materials and digital/traditional advertising to reach broader audiences. This type of outreach drives awareness quickly, but costs vary significantly and should be supported as part of a sponsor-approved recruitment strategy.

- **Sponsor/IRB-Approved Marketing Materials**
  - Development of IRB/REB-approved flyers, brochures, videos, and other materials.
- **Traditional & Digital Media**
  - Radio spots, print ads, TV campaigns, and social media advertising (e.g., Facebook, Instagram).
- **Central Campaign Management**
  - Coordinated cross-channel recruitment management to maximize reach, validate interest, confirm eligibility, and support informed consent processes.
  - All media outreach requires systems and people to manage leads and the more professional the system set up the greater success.

Physician Outreach

Physician engagement builds referral pipelines, ensuring clinicians are informed and equipped to identify eligible patients. Outreach through materials, lunch-and-learns, and office visits strengthens trust and accelerates referrals, but requires compensated time and effort.

Physician Outreach (cont'd)

- ***Physician Marketing Materials***
  - *Creation and distribution of referral-focused materials for healthcare professionals.*
- **HCP Lunch & Learns**
  - Informal educational sessions to familiarize physicians with study specifics and encourage engagement.
- **Office Visits & Engagement**
  - In-person or virtual meetings with physicians to educate, support referrals, and compensate for time spent identifying eligible participants.

Community Engagement & Outreach

Community-based initiatives reach participants where they live, work, and gather—an essential strategy for improving representation. Events, partnerships, and outreach staffing build credibility and reduce hesitation, but must be funded to be sustainable.

- **Event Participation**
  - Engagement at health fairs, walks, awareness events, and community gatherings.
- **Outreach & Engagement Personnel Time**
  - Staff time dedicated to in-person community outreach and engagement.
- **Printed & Branded Materials**
  - Brochures, banners, study information cards, and branded giveaways to drive recognition and interest.
- **Travel & Parking Support**
  - Reimbursement for staff attending community events or outreach visits.
- **Pharmacy & Diagnostic Partnerships**
  - Collaboration with pharmacies and labs to identify patients and display study materials.
- **Patient Advocacy Group Partnerships**
  - Outreach through trusted patient communities to increase awareness and build credibility.

General Recruitment Support

Operational activities like prescreening, technology setup, translation, and staff time compensation create the infrastructure that enables effective participant screening and follow-up. These components are often underestimated, yet they directly influence accuracy, accessibility, and enrollment speed.

- **Pre-Screening Activities**
  - Eligibility checks, POC tests (e.g., glucose, blood pressure), database building, and early participant identification.
- **Technology Setup & Management**
  - VOIP systems, text messaging platforms, mass email systems, and online screening forms.
  - *Higher-than-average infrastructure may justify additional compensation.*

General Recruitment Support (cont'd)

- **Translation Services**
  - Translation of patient-facing materials and interpreter support for non-English speakers.
- **Printing & Dissemination**
  - Distribution of study brochures, informed consents, and other materials.
- **Direct Mail Campaigns**
  - Postal or email-based outreach using targeted mailing lists.
- **Staff Time Compensation**
  - Payment for site or staff time spent performing recruitment-related tasks.
  - (Often negotiated based on hours × hourly rate.)

Miscellaneous

Study Cancellations: Contracts should account for reimbursement of pre-paid recruitment costs in the event of study cancellation. Protecting sites from financial loss enables them to maintain capacity and invest confidently in future trials.

Recruitment success depends on a multi-channel, well-funded strategy that meets participants where they are and supports sites in the work required to find them. When Sponsors and CROs proactively resource these initiatives, they not only accelerate enrollment but also strengthen diversity, participant experience, and overall study quality. Proper funding of recruitment infrastructure is an investment in faster timelines, better data, and more equitable access.

The best success is understanding what works for your site and funding it appropriately. Once funded, sites need to track outcomes of their efforts and report on them to further increase their odds of additional funding.