

Maximize clinical trial enrollment using precision patient finding



The problem:

Historically, one of the biggest obstacles to successful clinical trials has been patient recruitment and enrollment. Identifying qualified patients with geographically favorable access to a participating study site is particularly challenging.

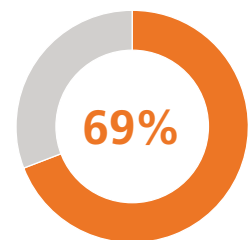
The proposal:

Conducting patient finding through a review of clinical and claims data can ensure whether or not the site has sufficient patient counts to meet proposed enrollment goals.

Running such a feasibility analysis prior to signing a clinical trial agreement (CTA) allows the potential investigator to identify studies that are not an optimal fit for their health care organization. This can avoid time and energy spent on extensive protocol reviews, IRB submissions, contract negotiations and training for a study that will not meet needs.

If a study is determined to be feasible based on the patient count, the next challenge is identifying the patients that meet the study eligibility criteria. This can be an exhaustive and time-consuming process, often requiring an extensive manual review of electronic medical records (EMR). Alternatively, the investigators could utilize social media recruitment methods, frequently resulting in a significant effort dedicated to screening patients that are not truly eligible.

- 69% of screen failures are because patients did not meet study inclusion/exclusion criteria.¹



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Meeting the challenge:

Adding precision to patient finding enables the matching of prospective study enrollees to a given protocol's inclusion/exclusion criteria via the application of a software tool that searches for relevant matches in the EMR. By applying such technology to protocols with particularly complex study eligibility criteria or those targeting rare diseases/conditions, patients can be identified in a matter of hours instead of days. Precision patient finding can quickly navigate through:

- Diagnoses
- Procedures
- Medications
- Laboratory results
- Vital signs
- Observations
- Biomarkers
- Provider's notes

The results:

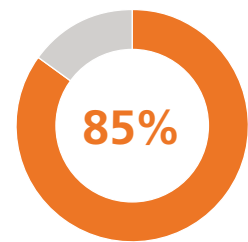
Once a site's CTA is executed, targeted patient finding can reduce the number of screen failures and allow the research staff to more efficiently enroll qualified patients. Time previously spent on screening nonqualified patients can be reallocated to actual study treatment procedures. Additionally, sites can gain access to research eligible patients' contact information, visit schedule and treating physician, thereby allowing site research coordinators to connect with patients' physicians and confirm their interest in study participation. Increased study execution efficiency can significantly reduce the resources required for each protocol, enabling sites to improve per patient enrolled profit margins and participate in more studies.

- 85% of patients want their doctors to tell them about clinical trials relevant to their disease.²

Additionally, precision patient finding can open the way to identifying potential study sites within a provider or clinical network that are nonacademic and/or community based. These sites still provide sufficient patient counts for a particular study and make participation in research more accessible to eligible patients. The ability to offer clinical trials at local health care organizations opens research as a treatment option to patients who would otherwise not have access due to geographic distance from a participating site.

“The specific prepopulated patient list for this clinical trial has been extremely helpful. We are now able to alleviate some of the resources that were dedicated to prescreening all the subjects.”

– Clinical Research Coordinator



of patients want their doctors to tell them about clinical trials relevant to their disease.²

Sources:

1. Getz KA, Zuckerman R, Cropp AB, Hindle AL, Krauss R, Kaitin KI. Measuring the incidence, causes, and repercussions of protocol amendments. *Drug Information Journal*. May 2011; 45: 265-275. Accessed month, day, 2020
2. Tufts Center for the Study of Drug Development. *January/February 2013*, 15(1)



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