

Downstream Lead Management in Clinical Trial Patient Recruitment



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MD Connect is a digitally-focused patient recruitment solutions provider. To date, we've driven over 1 million digital patient leads in more than 20 therapeutic areas. MD Connect is able to provide scalable performance-based solutions to maximize clinical trial patient inquiries, qualified referrals and enrollment. We provide end-to-end solutions encompassing multi-channel digital outreach (social, search, mobile, online communities), patient qualification & conversion (websites, online screeners, call centers) and site & pipeline management.

A top 10 pharmaceutical company worked with MD Connect to launch a multi-phase digital patient recruitment program for their phase II diabetes clinical trial, which included the following tactics:

- Multi-channel digital outreach (social, search, online communities, display, email)
- Custom mobile-optimized study website with (automated) online screener
- Performance Portal™ lead tracking and management
- Call center pre-screening

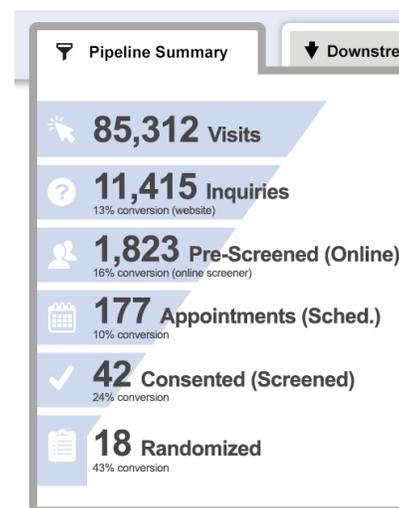
In three months of active promotion/recruitment, the program produced 1,823 Online Pre-Screened (OPS) leads with 18 randomized patients (~20% of total randomization target) directly attributable to digital media.

Although both the sponsor and MD Connect were quite happy with qualified digital lead production (OPS leads), upon program review both parties noted that there were a number of areas where they might collectively improve the “downstream” conversion of leads from OPS to Randomization (e.g. site response, connect rates, training, lead hand-offs, transportation issues).

In particular, they determined that by improving upon the initial 1% conversion level, the overall cost-per-randomization would decrease significantly.

As a result, MD Connect embarked on a series of “OPS to Rando” initiatives (both technical and operational tactics) designed to improve downstream conversion of leads, including (but not limited to):

Global	Call Center Enablement & Management
<ul style="list-style-type: none"> • Standardized, real-time downstream tracking metrics and reporting (contact, connection, (pre-)screen fail/no-show/consent rates) • Recruitment support for site personnel (training, monitoring, lead intervention) 	<ul style="list-style-type: none"> • Same day response (within first 2 hrs.) • 6+ call attempts, plus email and text messages • Connect rate monitoring and incentives • Warm transfers & direct scheduling
Site Enablement & Management	Patient Enablement
<ul style="list-style-type: none"> • Live and webinar training • Contracted follow-up expectations (one day) • Automated site response monitoring • Site benchmarking • Site optimization (culling of non-responding and low converting sites) 	<ul style="list-style-type: none"> • Inbound calling capability • Text Reminders • Free transportation option (Uber/Lyft) • ‘Best time/way to contact’ collection



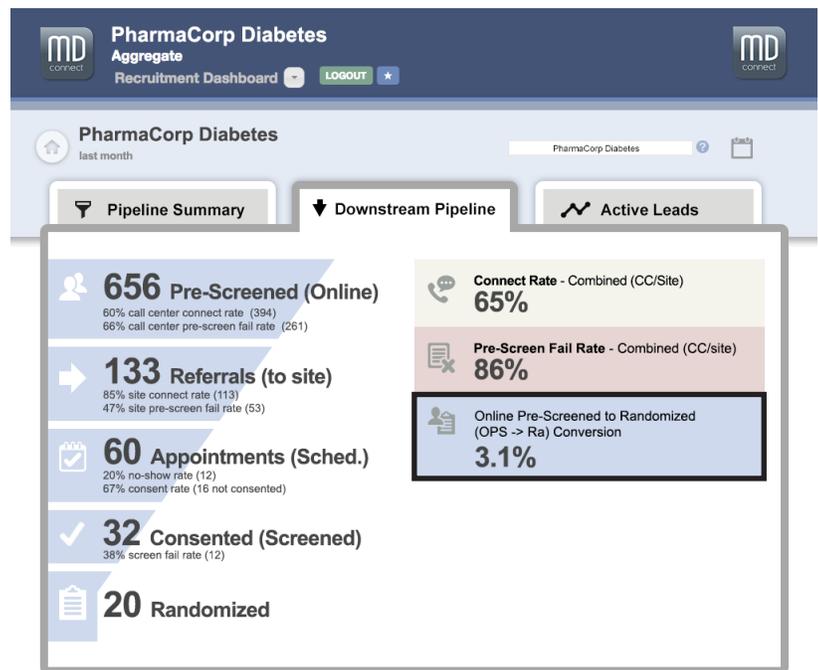
NOTE: See reverse side for conclusion of case study

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MD Connect implemented these improvements in another one of the sponsor's studies, which had a similar indication (but more restrictive inclusion/exclusion criteria) and many of the same investigator sites.

With the new initiatives in place, **MD Connect was able to improve the overall OPS to Rando conversion rate by more than 3X – from 1% to 3.1%**. As a result, the investigator sites were able to produce more randomizations (20) than they did in the previous trial from nearly a third the number of initial OPS leads in the same period of time.

In less competitive indications (e.g. rare disease or where there are no/limited approved medications), MD Connect has seen OPS to Rando rates as high as 11.8%.



Every clinical trial has its own unique considerations that must be taken into account in order to achieve optimal enrollment outcomes. MD Connect works closely with its clinical research partners to develop and refine a customized recruitment approach that improves downstream conversion rates without sacrificing the quality of patient leads being sent to investigator sites.