RECRUITMENT IN PRIMARY HEALTH CARE

Workshop Module for
Transdisciplinary Understanding and Training on Research –
Primary Health Care (TUTOR-PHC)

A collaborative initiative by

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Recruitment in Primary Health Care
TUTOR-PHC Workshop Module

Objectives
- To discuss how methods used to recruit participants can influence internal validity/trustworthiness and applicability of research results.
- To discuss practical strategies for improving the recruitment of patients and health care providers who are participating in qualitative or quantitative research.
- To discuss recruitment in relation to each trainee project.

Reading Assignments

Week 1
Csipke, E. Serfaty, M., Buszewicz, M., Optimizing recruitment from primary care: methods of recruiting older people with depression. Primary Health Care Research and Development 2006;7:116-123

Week 2

Week 3
Jenny Hewison and Andy Haines. Overcoming barriers to recruitment in health research. BMJ 2006;333:300-302
*This is an editorial based on the Hewison and Haines paper.

Tasks/Exercises:

Week 1
Design a patient recruitment strategy for a study to evaluate the effectiveness of a complex intervention for cardiovascular disease. Discuss barriers to recruitment, strategies to minimize selection bias, and the generalizability of the sample.
Recruitment in Primary Health Care

Week 2
Design a physician and diabetes educator recruitment strategy for a study to identify barriers and facilitators to the prescribing of insulin in older adults. Discuss barriers to recruitment, strategies to minimize selection bias, and the generalizability of the sample.

Week 3
Discuss ethical issues in recruiting family physicians for a study of designed to increase physicians’ awareness of the timing of the introduction of insulin for Type II diabetics. This study is partially funded by a pharmaceutical company who will be providing the insulin. Design a protocol to address the ethical issues identified.

Discussion Summary
Number of participants: 3
Total number of messages: 31
Number of facilitator posts and comments: 15

Week 1 – Original facilitator post
Hello everyone and welcome to the workshop!

I enjoyed meeting you all at the TUTOR symposium and I look forward to some great discussion about recruitment in primary care. If you need to get in touch with me for any reason outside of this discussion group then please email me at ldolovic@mcmaster.ca or telephone me at (905) xxx-xxxx (ext. xxxxxx for the administrative support person who works with me).

This week we will use the scenario and tasks provided below to stimulate our discussion. Please read the scenario and then complete the tasks as listed.

Each week one person will take on the responsibility of doing the first post (ideally on Mondays but week 1 may be Tuesday) and one person will provide a brief description of their project and plans for recruitment (ideally on Wednesdays). The rest of the group will provide further discussion including recommendations for addressing recruitment issues based on justification from the literature (see readings) or practical experience.

Week 1:
First post (Mon or Tues): Student A
Research project presentation (Wednesday): Student C

Week 2:
First post (Monday): Student B
Research project presentation (Wednesday): Student A

Week 3:
First post (Monday): Student C
Research project presentation (Wednesday): Student B

Scenario:
A multicentre pragmatic randomized controlled trial has been proposed using patients from ten family practice groups in Canada. The objective is to determine the effectiveness of a multifaceted complex intervention to improve the management of cardiovascular disease. The intervention includes computerized decision support to participating physicians, clinical care coordination, patient education, patient access to their laboratory results over
the internet. All physicians in each participating group practice have agreed to enroll eligible patients. Patients will be included if they are adults over the age of 18 and who have a moderate or high cardiovascular risk profile.

Tasks:
• Create a recruitment strategy for the patients to be approached for the study described in the above scenario.
• Identify one to two barriers to patient recruitment.
• List two to three practical approaches you would use to improve recruitment in the primary care setting.
• Justify how some of the strategies proposed minimize selection bias.
• Discuss how the study sample expected to be enrolled using your recruitment strategy would be generalizable to Canadian primary care patients.

The first post DOES NOT have to address all of the tasks listed above...ideally it will address some of the tasks and so help us with our discussion. If any of these instructions are unclear please let me know.

I look forward to working with you over the next few weeks.

Number of participant posts: 13
Number of facilitator comments: 4
Selected facilitator comments
Just posting a few more thoughts regarding our general recruitment discussion. It has been a very rich discussion so far.

I like the discussion around standard recruitment materials such as template 'scripts', written procedures that take the standard criteria but individualize how the recruitment would occur within the clinic setting, and as Gabriella recommended a list of people who are approached and whether they agreed to be contacted to provide further information.

As has been discussed this last list would be de-identified in terms of patient names but could ask staff to record certain characteristics of who was approached (such as age, sex etc...) and so would help the researchers be able to analyze if there were systematic differences (bias) in the sample included vs excluded. I agree that this is a large amount of work and may not be feasible in many situations but hopefully as electronic health records become more common it will be much easier to identify ways of collecting this information without a lot of added workload to the practice. There may be other ways to test whether the sample included is generalizable such as compared the sample characteristics to overall characteristics of patients in that practice, region or province...depending on what might be available.

Having staff go through some common training is helpful either by phone or in person if possible. We have used a standard DVD as well in one study that the personnel at the site reviews.

I will send a consent algorithm from a recent study for your interest. I will send by regular email since I seem to be having trouble making an attachment. As far as I am aware all REBs have the standard requirement now that patients first be approached by their care provider to see if they would be willing to be approached about participating in a study. If they are
then a person independent of their care can review the study information and obtain consent. I hope that clarifies the question raised.

Looking forward to the discussion about Robyn's proposal.

**Week 2 – Original facilitator post**

Hello everyone,

We will be addressing a different scenario during Week 2 of this workshop that will address health care provider recruitment for a mixed method study. [Student A], you have been asked to do the first post this week, ideally on Monday.

Objectives: • To discuss processes for identifying, contacting, communicating with potential participants • To discuss approaches that can facilitate physician and diabetes educator recruitment within the busy primary health care environment • To discuss how methods used to recruit these health care providers can influence the internal validity and generalizability research results. • To discuss recruitment in relation to a trainee project.

Scenario: A mixed method study has been proposed using a sample of physician and diabetes educators. The objective of the study is to identify barriers and facilitators to the prescribing of insulin in older adults. A brief survey and individual in-depth interviews have been proposed.

Tasks: • Create a recruitment strategy for the participants who will be approached for the study described in the above scenario. • Identify one to two barriers to physician or diabetes educator recruitment. • List two to three practical approaches you would use to improve recruitment in the primary care setting. • Justify how some of the strategies proposed minimize selection bias. • Discuss how the study sample expected to be enrolled using your recruitment strategy would be generalizable to Canadian primary care physicians (survey only).

On Wednesday [Student B] will also provide a summary of her study and approach related to recruitment for her TUTOR project and the group will provide recommendations on recruitment strategies.

Looking forward to the discussion.

**Number of participant posts:** 8  
**Number of facilitator comments:** 6  

**Selected facilitator comments**

[Student A] thanks very much for starting off the discussion. You have raised some excellent points to start off the discussion.

Regarding an approach to obtaining consent with a survey and then in depth interviews my experience has been to do the recruitment in two waves versus asking for consent to do both the survey and approach for an interview together. As you have said Robyn the combined approach would be more likely to turn people off.

A few people have talked about gift certificates for survey respondents. Our research group often has lively discussions about using these types of incentives for mailed or telephone surveys. We have used $2-5 Tim Hortan's gift certificates with every survey mailed, gift certificates to the Bay or a grocery store and also used a raffle grand prize method where we had a few larger prizes and then put all respondent names into a box to choose the winners. We have had informal feedback that these methods were good to
use as incentives.
One topic area that has not been raised yet is the sampling frame of physicians and nurse practitioners for the study. Has anyone had experience with using a database or registry of physicians or NPs? What are some of the challenges with generating your sample this way?

Another topic areas for discussion include ways to increase response rate with the actual the format of the survey including length of the survey, use of colours, uniform response choices, signing the survey, who the survey is sent from etc...What do you think would work well? or not work well?

For your interest I also have attached a brief RCT we did comparing two recruititment strategies that I meant to post last week. It is related to patient recruitment but also highlights an example of a simple RCT you could do if you were trying to figure out which recruitment method was more effective ...esp if the recruitment is for an ongoing program.

Week 3 – Original facilitator post
Scenario:
You are recruiting family physicians into a national study designed to increase physicians’ awareness of the timing of the introduction of insulin for Type II diabetics. This study is partially funded by a pharmaceutical company who will be providing the insulin. Where appropriate, physicians will be encouraged to start patients on insulin therapy. You will be providing incentives to the physicians for a variety of tasks, including the creation of a list of their eligible patients for the study. Some of these patients will then be asked to participate in a subsequent study examining their health and their diabetes.

Task:
- Identify all of the ethical issues (consent, payment, etc.) in the above scenario. Highlight those you feel would be of particular concern to an Ethics board.
- For one or two of the issues, outline a protocol to address these issues.

We look forward to Robyn's first post to get this discussion started.

Number of participant posts: 10
Number of facilitator comments: 5
Selected facilitator comments
Thanks [student A], With regard to the creation of the list of eligible patients, that is, those with Type II Diabetes, one effective method (and one approved by REBs) is to have the physicians generate the list. Then, in order to provide information regarding the study to possible participants and receive consent from those interested in participating, the research staff could provide pre-stuffed packages to the physicians, and the physicians' offices could address and mail out the envelopes to potential patient participants. Instructions would be included in the package so that participants know that they are to return their consent forms directly to the physician. The physician's office could also track the responses from patients, and therefore know who is interested in participating in the study. In this case, the research team does not receive any personal information about potential participants.

This process has definite advantages, in that the confidentiality of personal information is maintained. Practically speaking, however, it is asking quite a bit of
the physicians and their staff. And, the success of the project relies heavily on the individual physicians and their staff.

In terms of payment/incentives, it is generally accepted that some monetary or other incentive is reasonable, to at least partially compensate participants for time taken. If we were to conduct the study I have briefly described, providing some funds to the physicians to cover the time to create the list, and to mail out and track the responses to the packages would be reasonable.

The pharmaceutical sponsorship issue is important to consider. Let's say that during the study, both patients who agreed to participate in the study, and those that did not, were all offered "free" insulin by their physician if their A1C values revealed that they would benefit from its use. Is it ethical to only provide one type of insulin? What about after the study is over? As Gabriela pointed out, what about those without a drug plan?

Feel free to comment on the above and/or raise any other ethical issues of concern.

Cathy

Additional References provided during the workshop

Participant Feedback
Average workshop rating (1=poor, 5=excellent): 4
Selected comments

Comments related to the instructor
Both instructors did a good job. I personally preferred the ‘less is more’ approach.

The most useful part of this workshop was:
I think that working through the discussion related to our own projects (all three of them) was extremely beneficial. Discussing each other’s work gave each of us the opportunity to learn about these issues in a very concrete way.

Suggestions for improvement
I wouldn’t suggest any changes to the content, just timing.

This workshop module was offered in June 2007. For more information, please contact the TUTOR-PHC program manager at tutor@uwo.ca.