WELCOME

Data Managers Interest Group (DMIG)
June 1, 2023
JHU Clinical Research Investigator Resources - Session #5
Community and Patient Outreach

We will being promptly at 12:00 pm
Welcome to the DMIG Session #5

Agenda:

Moderator: Todd Nesson, MS, CHRC
Title: Community and Patient Outreach

• Language Services:
  Tina Tolson, MSN – Senior Director of Language Services

• Recruitment Innovation Unit (RIU):
  Cassie Lewis-Land, MS – RIU Program Administrator

• Community Collaboration Core (CCC):
  Cyd Lacanienta, MSW – Assistant Director CCC

• Greenphire (Clincard):
  Josh Abel, CPCP – Cards and Expense Supervisor
To find previous DMIG webinars and other past ICTR recorded events please visit:

https://ictr.johnshopkins.edu/all-events/presentations/
Join the DMIG Microsoft Teams

• Join the ICTR Data Managers Interest Group Microsoft Teams group:
  
  To join DMIG MSTeams Click Here

Or go to MS Team and type for ICTR Data Managers Interest Group in the search bar at the top of the page.
Optimizing Outcomes When Working with Language Services

Presenter:

Tina Tolson, RN, MSN, NE-BC
Go to https://activtracker.jh.edu/mobile and enter the code below to have your attendance recorded: D114E6.
Language Services: Populations with Communication Needs

- LEP - Limited English Proficiency
- Deaf and hard of hearing
- Blind and people with low-level vision
- Individuals with speech disabilities
- Limited Literacy Skills
- Illiterate
Limited English Proficient (LEP) Americans

- States with the largest LEP populations:
  - California (6.8 million)
  - Texas (3.4 million)
  - New York (2.5 million)
  - Florida (2.1 million)
  - Illinois (1.1 million)

- 60 Million Americans speak more than one language
- 350 Languages
- 25 Million require language assistance

Top Languages (2022)
JHM (% of Patients)

~ 450,000 interpretation encounters/year
~ 8000 hours of interpretation/year
*Not including bilingual staff
Use this simple tool to determine the native language of your patients or their preferred language of communication. Ask your patients to point to the language they speak.

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To request interpretation services, call **410-614-4685** at any time of day, seven days a week.
Over-the-Phone Interpretation (OPI)
- Direct access to interpreter services
- Instructions are displayed on the phone

Video Remote Interpretation (VRI)
- Real-time, video-based communication through off-site qualified interpreters, available within minutes.
- Device is available to most departments
- Instructions are attached to the cart.

VRI iPads
- About 30 languages, including sign language, available in video.
- About 200 languages available in audio.

In-Person Interpretation (IPI)
- Schedule an in-person spoken or sign language interpreter (ASL)
- Response may take up to two hours, depending on the language

Call 410-614-4685 for interpretation services (available 24/7)

There are 200+ languages available for OPI and VRI. Languages are limited for in-person interpretation.
An individual who complies with regulatory practices and can competently deliver language services to patients/families/friends with Limited English Proficiency.

**Qualified Bilingual Staff Speaker**
Staff qualified for direct communication within their scope of practice

**Qualified Bilingual Staff Interpreter**
Staff qualified for direct communication and basic level medical interpreting

**Professional Medical Interpreter**
Out of scope for the JHM Bilingual Staff Program
What We Do: Language Services

Coordinate Interpretation and Translation Resources:
• **Interpretation**: The process of understanding and **re-expressing a spoken or signed message** accurately and objectively in another language with the purpose of enabling communication between two or more individuals who do not speak each other's languages.
• **Translation**: The process of **exchanging written text** in one language to written text in another language.

Qualify Bilingual Staff:
• Assess and train healthcare staff members to **verify proficiency in a non-English language**, so that they can provide **safe and effective, and legally compliant clinical care** to LEP patients in the target language.

Promote Effective Communication and Quality Outcomes:
• Partner with clinical, quality, safety, service, legal, regulatory and health equity departments to promote programs, tools and resources to effectuate change and promote quality outcomes for our deaf and limited English proficient patients.
Why is it important to provide communication with a qualified interpreter through an approved modality?

Language services must be provided free of charge to patients, family members, and friends due to federal acts (Civil Rights Act of 1964, Americans With Disabilities Act (Effective Communication-2010) and the Affordable Care Act (Section 1557, 2010), as well as, the regulatory commission, and per Johns Hopkins policy.
Healthcare Disparities & LEP Patients

• Increased length of stay (LOS) in hospital and ED (adults and children)
  —Difference in LOS reduced with documented professional interpreter use at admission & discharge

• 30-Day Readmission rate higher
  —Use of interpreters reduces readmissions
  —Studies report professional interpreter use at admission and discharge is low (14-40%)

• Adverse events higher among LEP patients
  —Events more likely to be severe, result in physical harm, be due to communication errors

• Patient experiences reported as less satisfactory
  *These disparities were all highlighted even more amidst the COVID pandemic
Summary

- Language matters! Report adverse events.
- Interpreters are a critical component to ensuring our patients communication needs are met.
- Utilize the approved modalities to help our patients and to help you.
- Document, document, document! Ensure the electronic medical record has accurate information about patient language and any cultural or literacy needs.
- Utilize the “I Speak” posters or badges to request an interpreter for the language of the patient, family or friends and call 410-614-4685.
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English Learners | White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity for Hispanics
Top Languages (2022)
JHM (% of Patients)

JHM Hospitals

- **Spanish**: 4.50%
- **Chinese (Mandarin)**: 0.18%
- **Arabic**: 0.17%
- **Korean**: 0.15%
- **American Sign Language**: 0.09%
- **Vietnamese**: 0.04%
- **Russian**: 0.07%

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THANK YOU
We offer consultations and services that support efficient and effective research recruitment for researchers.

Our team has expertise with digital recruitment tools and community engaged recruitment strategies.
### Recruitment Innovation Unit

**Services Provided**

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  - Successfully piloted with two studies in early April 2017 and PaTH study cohorts in Fall 2015.

- The MyChart Recruitment Council is the governance of the service.
  - Council includes leading ICTR administrators, SON, SOM, IRB leadership, CCDA analysts, Epic Research Team members, and researchers.
  - To date the service has been utilized by 94 research teams studying various populations and topics of interest.
• 105 teams have used the MyChart messaging service
• 27 teams are in the process of receiving approval from the IRB
• 37 teams will soon begin messaging once their reports go live in Epic
• **66 teams are actively messaging**
• 279,033 messages sent during 2022
• Over 27,000 messages sent during 2023 to date
MyChart Recruitment Service Collaborative Team

Recruitment Innovation Team (RIU)
• 5 team members
• Overall management of the service and carrying out the batch messaging in the patient portal

Core for Clinical Research Data Acquisition (CCDA)
• 2 team member and dept adjuncts
• Writing the SQL query that will produce eligible participants from Epic

Program to Accelerate Clinical Research Using Epic (PACE)
• 1 team member
• Moves the SQL report into live production in the Epic environment so report becomes automated producing new results each time it is run
The **MyChart Recruitment Governance Committee** consists of data analysts, experts in recruitment methods, and clinical researchers. These experts provide oversight of the Service.

**Steps for obtaining the committee’s approval for use of Service:**

1. **RIU Administrator** provides the MyChart Recruitment Service screening checklist and a draft of the MyChart recruitment letter for the respective study team to the committee.
   - *This can happen during the monthly committee meeting or via email for urgent requests*
2. Committee members review material in detail and provide concerns to Administrator. These concerns are to be focused on:
   - 1. Messaging content
   - 2. Computational phenotype criteria
   - 3. Special considerations for the target population
3. RIU team addresses concern with committee and respective study team and makes changes as necessary to the letter or query development.
4. If no issues exist, or after all issues are addressed, RIU Administrator drafts Letter of Approval (LOA) from committee.
5. Study team submits LOA and MyChart recruitment letter for IRB approval.
7-Step MyChart Recruitment Workflow

1. Overview of project with MyChart team
   Required forms by study team submitted in REDCap

2. Intake with CCDA
   30 min meeting with study team to assess feasibility

3. Approval from MyChart Committee
   The Council approves study team bi-monthly

4. Approval from IRB
   Study team submits CIR to IRB with MyChart Council approval letter

5. CCDA writes query
   Once IRB approval is gained by study team it takes approximately 2-3 weeks to get the report written

6. Report is published in Epic
   It takes approximately 2 weeks to get the report published in Epic

7. MyChart team sends out messages

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<tr>
<td></td>
<td>MyChart Team</td>
<td>Cassie /Anna /Julia / Tosin</td>
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<td>CCDA</td>
<td>Guanyu Li / Shipra Sachdeva</td>
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<td>PACE/Epic</td>
<td>Matt Courtemanche / Deb Green</td>
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<td>Study team</td>
<td>Coordinator / PI</td>
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Responsibilities of Teams Using Service

- Sign Service Agreement
- Completion of Screening Checklist
- Messaging Letter
- Submit CIR to IRB for approval
- Set up schedule for messaging
- Report back response rates to service
The service has grown rapidly since the COVID-19 pandemic forced study teams to reevaluated the recruitment plans

- Message batch sizes range from 1 to 1,000 messages
- The frequency of messaging ranges from daily to monthly
- **The average response rate is 6.07%**
  - Prior to March 2020: 1.87%
  - After March 2020: 7.04%.
- The response rate among teams who have entirely online studies is 8.66%.
- The response rate for studies seeking healthy volunteers is 2.60%. 
Considerations for teams to think about are:
1. Your target population
   - Are they in Epic? Run a report on TriNetX
2. Are they represented among MyChart Users?
3. Review the demographics of MyChart users
4. Can your eligibility criteria be identified within the EMR?
   - Keep in mind that certain data elements are more difficult/costly to query due to time requirements, such as:
     - flowsheet values (devices, lines/drains, vitals),
     - imaging results and pathology reports contained in semi-structured notes, and
     - socioeconomic indicators such as education level, median household income, homelessness, and whether or not the patients speak English fluently
   - Keep in mind that reports with fewer eligible patients will have a high cost per person
5. Are you using other recruitment methods in tandem to MyChart?
6. Do you have the staff members available to be attentive to inquiries following messages being sent?
Example of MyChart Message

I am reaching out regarding a research study that may be of interest to you. This is a message sent by researchers. We want to adapt the participation experience and ensure the message does not frustrate patients. In addition to providing high-quality medical care, Johns Hopkins facilities research initiatives through MyChart environment with the ultimate goal of improving health.

The research team is testing a home-based program in which the participant sets self-identified goals to help achieve their physical, social, and psychological health both in and out of the hospital. Participants will have access to a health coach to achieve their goals.

A computer search of information in Johns Hopkins medical records found you might be eligible for this study. In particular, we are looking to identify people who might have a 1% probability of developing a daily activity in the next five years. They might have some abnormalities with their cancer.

Other factors that would determine participation in this study include:
- 50 years or older
- Lives within 10 MILES OF JOHN HOPKINS MEDICAL CAMPUS
- Does NOT have a severe lung disease (COPD)

Reply
Precautions Taken for Patient Experience

Only one invitation every 30 days

Patients can opt out and are given a “research opt out flag” on their Epic account right after opting out

Messages are targeted to specific characteristics, so patients are not overwhelmed with messages

Including notification that MyChart may be used for study invitations in Terms and Conditions
Research Messaging Opt In

Terms and Conditions

To proceed, you must agree to the following conditions governing the use of this Web site.

Information maintained on Johns Hopkins Medicine MyChart presents unique security and privacy issues as addressed below. Therefore, certain necessary measures for protecting the security and privacy of such information are the responsibility of the user as detailed below.

The information from your medical record available through Johns Hopkins Medicine MyChart may not constitute your entire medical record. The scope of medical record information accessible through Johns Hopkins Medicine MyChart is determined at the discretion of Johns Hopkins. You will continue to have access to your complete medical record by contacting the office of your health care providers directly. THEREFORE, YOU ACKNOWLEDGE THAT JOHNS HOPKINS MEDICINE MYCHART SHALL NOT BE USED TO MAKE HEALTHCARE DECISIONS OR DIAGNOSIS AND JOHNS HOPKINS SHALL NOT BE LIABLE FOR ANY PERSONAL INJURY, INCLUDING DEATH, ARISING FROM YOUR USE OR MISUSE OF JOHNS HOPKINS MEDICINE MYCHART OR ANY INFORMATION OR CONTENT THEREIN. Remedies under these Terms of Service are sole and exclusive and are limited to those expressly provided for in these Terms of Service.

Johns Hopkins MyChart may be used to send invitations for studies you may be eligible to participate in. For more details on this feature and how to opt out, please click here.

You are not required to utilize Johns Hopkins Medicine MyChart and may discontinue usage at anytime. You acknowledge that Johns Hopkins Medicine MyChart is being provided to you without charge. Therefore, Johns Hopkins reserves the right to terminate your access to Johns Hopkins Medicine MyChart at any time, with or without cause.

☐ Please do not show this page next time

[Buttons: ACCEPT, DECLINE]
Why You Received This Message

- You are receiving this message because you were identified by an automated computer search of information in the electronic medical record. While we have tried our best to identify appropriate recipients, please accept our sincerest apologies if this message has reached you in error. Also, please be aware that until this point, no member of the study/research team or the Institute for Clinical and Translational Research has looked at or has access to your medical records. If you would like to speak with one of our team members about this, please feel free to email (study team)email . Thank you for your understanding. For more information about how we protect your privacy and frequently asked questions (FAQs) related to research recruitment through MyChart, please visit https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/

Joining A Study Is Always Voluntary

- Participation in this study is voluntary. If you decide not to be part of this study, it will not change the medical care you receive

How to Unsubscribe from Getting Further Research Messages in MyChart

- To unsubscribe from all future MyChart research recruitment messages, please visit https://bit.ly/optout_recruitmentmessage. To provide feedback on MyChart messaging please visit here: https://mrprcbcw.hosts.jhmi.edu/redcap/surveys/?s=A9FFAFFCFWDWWPRE
What happens when a patient responds?

We have created a REDCap link that can be personalized to each study.

These links are embedded into the message for interested patients to complete.

After completion, the study coordinator is notified.

An affiliated link is sent to the research coordinator to follow up on patient eligibility and enrollment status.

These surveys track basic demographics, including race, age, ethnicity, and gender and best time to contact the potential participant.
On average the process is costing study teams $1,800-$2,200

The cost covers:
- the creation of the SQL query by CCDA (avg 8-10 hours at $118 per hour for CCDA programmer)
- movement of report into live production into Epic by PACE team (avg 4 hours at $118 per hour)
- sending out batch messaging throughout the study teams recruitment period (messaging can be done on custom daily, weekly, bi-monthly schedule according to study teams request)
Streamline research recruitment with our expert consultations and services. Leverage our digital tools and community engagement strategies for optimal results.

Cassie Lewis-Land, MS, CCRP
Program Administrator
Recruitment Innovation Unit (RIU)
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1. RIU Administrator, provides the MyChart Recruitment Service screening checklist and a draft of the MyChart recruitment letter for the respective study team to the committee. 
   • This can happen during the monthly committee meeting or via email for urgent requests

2. Committee members review material in detail and provide concerns to Administrator. These concerns are to be focused on 1. Messaging content, 2. Computational phenotype criteria or 3. Special considerations for the target population

3. RIU team addresses concern with committee and respective study team and makes changes as necessary to the letter or query development

4. If no issues exist, or after all issues are addressed, RIU Administrator drafts Letter of Approval (LOA) from committee

5. Study team submits LOA and MyChart recruitment letter for IRB approval
7-Step MyChart Recruitment Workflow

1. Overview of project with MyChart team
   Required forms by study team submitted in REDCap

2. Intake with CCDA
   30 min meeting with study team to assess feasibility

3. Approval from MyChart Committee
   The Council approves study team bi-monthly

4. Approval from IRB
   Study team submits CIR to IRB with MyChart Council approval letter

5. CCDA writes query
   Once IRB approval is gained by study team it takes approximately 2-3 weeks to get the report written

6. Report is published in Epic
   It takes approximately 2 weeks to get the report published in Epic

7. MyChart team sends out messages

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<table>
<thead>
<tr>
<th>Color</th>
<th>Team</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MyChart Team</td>
<td>Cassie/Anna/Julia/Tosin</td>
</tr>
<tr>
<td></td>
<td>CCDA</td>
<td>Guanyu Li/Shipra Sachdeva</td>
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<tr>
<td></td>
<td>PACE/Epic</td>
<td>Matt Courtemanche/Deb Green</td>
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<tr>
<td></td>
<td>Study team</td>
<td>Coordinator/PI</td>
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</tbody>
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Designed by PoweredTemplate

Johns Hopkins Institute for Clinical & Translational Research
Responsibilities of Teams Using Service

- Sign Service Agreement
- Completion of Screening Checklist
- Messaging Letter
- Submit CIR to IRB for approval
- Set up schedule for messaging
- Report back response rates to service
The service has grown rapidly since the COVID-19 pandemic forced study teams to reevaluated the recruitment plans

• Message batch sizes range from 1 to 1,000 messages

• The frequency of messaging ranges from daily to monthly

• The average response rate is 6.07%
  —Prior to March 2020: 1.87%
  —After March 2020: 7.04%.

• The response rate among teams who have entirely online studies is 8.66%.

• The response rate for studies seeking healthy volunteers is 2.60%.
Is MyChart Right for your Team/Project?

Considerations for teams to think about are:

1. Your target population
   - Are they in Epic? Run a report on TriNetX

2. Are they represented among MyChart Users?

3. Review the demographics of MyChart users

4. Can your eligibility criteria be identified within the EMR?
   - Keep in mind that certain data elements are more difficult/costly to query due to time requirements, such as:
     - flowsheet values (devices, lines/drains, vitals),
     - imaging results and pathology reports contained in semi-structured notes, and
     - socioeconomic indicators such as education level, median household income, homelessness, and whether or not the patients speak English fluently
   - Keep in mind that reports with fewer eligible patients will have a high cost per person

5. Are you using other recruitment methods in tandem to MyChart?

6. Do you have the staff members available to be attentive to inquiries following messages being sent?
Example of MyChart Message

I am reaching out regarding a research study that may be of interest to you. This is a message sent by Johns Hopkins to participants. We have developed a program to enhance and improve the message flow, notlek the", query. In addition, improving high-quality research data collection through MyChart, which facilitates research studies through Johns Hopkins. The ultimate goal is improving health.

The research team is testing a home-based program in which the participant acts self-identified goals to the goals of the study. They apply, and they (or the family) have the ability to modify the goals. The goal is to modify the goals with the assistance of the research team.

A computer search of information in Johns Hopkins medical records found you might be eligible for this study. Specifically, we are looking to identify people who might have a mild difficulty doing daily activities that are performed in a daily routine. The study can help identify those who might benefit from an intervention tailored to their needs.

Other factors that influence determining participation in this study include:
- 55 years or older
- Living within 15 miles of Johns Hopkins Hospital
- Not performing significant daily activity

If you are interested in participating in the study, please indicate your willingness to participate in the study. Thank you for your interest.

Reply
Precautions Taken for Patient Experience

Only one invitation every 30 days

Patients can opt out and are given a “research opt out flag” on their Epic account right after opting out

Messages are targeted to specific characteristics, so patients are not overwhelmed with messages

Including notification that MyChart may be used for study invitations in Terms and Conditions
Terms and Conditions

To proceed, you must agree to the following conditions governing the use of this Web site.

Information maintained on Johns Hopkins Medicine MyChart presents unique security and privacy issues as addressed below. Therefore, certain necessary measures for protecting the security and privacy of such information are the responsibility of the user as detailed below.

The information from your medical record available through Johns Hopkins Medicine MyChart may not constitute your entire medical record. The scope of medical record information accessible through Johns Hopkins Medicine MyChart is determined at the discretion of Johns Hopkins. You will continue to have access to your complete medical record by contacting the office of your health care providers directly. THEREFORE, YOU ACKNOWLEDGE THAT JOHNS HOPKINS MEDICINE MYCHART SHALL NOT BE USED TO MAKE HEALTH CARE DECISIONS OR DIAGNOSIS AND JOHNS HOPKINS SHALL NOT BE LIABLE FOR ANY PERSONAL INJURY, INCLUDING DEATH, ARISING FROM YOUR USE OR MISUSE OF JOHNS HOPKINS MEDICINE MYCHART OR ANY INFORMATION OR CONTENT THEREIN. Remedies under these Terms of Service are sole and exclusive and are limited to those expressly provided for in these Terms of Service.

Johns Hopkins MyChart may be used to send invitations for studies you may be eligible to participate in. For more details on this feature and how to opt out, please click here.

You are not required to utilize Johns Hopkins Medicine MyChart and may discontinue usage at any time. You acknowledge that Johns Hopkins Medicine MyChart is being provided to you without charge. Therefore, Johns Hopkins reserves the right to terminate your access to Johns Hopkins Medicine MyChart at any time, with or without cause.

[Check box] Please do not show this page next time

[ACCEPT] [DECLINE]
Why You Received This Message

• You are receiving this message because you were identified by an automated computer search of information in the electronic medical record. While we have tried our best to identify appropriate recipients, please accept our sincerest apologies if this message has reached you in error. Also, please be aware that until this point, no member of the study/research team or the Institute for Clinical and Translational Research has looked at or has access to your medical records. If you would like to speak with one of our team members about this, please feel free to email (study team)email. Thank you for your understanding. For more information about how we protect your privacy and frequently asked questions (FAQs) related to research recruitment through MyChart, please visit https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/

Joining A Study Is Always Voluntary

• Participation in this study is voluntary. If you decide not to be part of this study, it will not change the medical care you receive

How to Unsubscribe from Getting Further Research Messages in MyChart

• To unsubscribe from all future MyChart research recruitment messages, please visit https://bit.ly/optout_recruitmentmessage. To provide feedback on MyChart messaging please visit here: https://mrprcbcw.hosts.jhmi.edu/redcap/surveys/?s=A9FFAFFCFWWDWPRE
What happens when a patient responds?

We have created a REDCap link that can be personalized to each study.

These links are embedded into the message for interested patients to complete.

After completion, the study coordinator is notified.

An affiliated link is sent to the research coordinator to follow up on patient eligibility and enrollment status.

These surveys track basic demographics, including race, age, ethnicity, and gender and best time to contact the potential participant.
On average the process is costing study teams $1,800-$2,200

The cost covers:

- the creation of the SQL query by CCDA (avg 8-10 hours at $118 per hour for CCDA programmer)
- movement of report into live production into Epic by PACE team (avg 4 hours at $118 per hour)
- sending out batch messaging throughout the study teams recruitment period (messaging can be done on custom daily, weekly, bi-monthly schedule according to study teams request)
Feel free to reach out to the RIU

Streamline research recruitment with our expert consultations and services. Leverage our digital tools and community engagement strategies for optimal results.

Cassie Lewis-Land, MS, CCRP
Program Administrator
Recruitment Innovation Unit (RIU)
Clewis4@jh.edu
INTRODUCTION TO THE COMMUNITY & COLLABORATION CORE SERVICES @ ICTR

JHU DATA MANAGERS INTEREST GROUP WEBINAR
JUNE 1, 2023, THURSDAY 12-1 PM

Cyd Lacanienta, MSW

Strengthening trust. Bridging partnerships. Sharing the science.
• To the hard working CCC team members,
• THANK YOU.
CCC SERVICES

01 TRAINING & RESEARCH
Training investigators on and promoting the science of CEnR & Team Science

02 CONSULTS
Community engagement consultations with the Community Research Advisory Council & customized technical assistance

03 GRANT MAKING
To support investigators pursuing community partnerships and community engaged research

04 SYMPOSIA SEMINARS
Henrietta Lacks Memorial Lecture
Healthy Aging Conference
High School HeLa Lecture
The Legacy Series

05 COMMUNITY ENGAGEMENT
Community-centric approach to sustained community engagement
“We are moving at the speed of trust.”

Dr. George Mensah
Training and Research on CEnR and Team Science
Grant-making focused on promoting CEnR and Team Science Excellence

HEY, Johns Hopkins Research Teams!

Are you part of a high-performing INTERDISCIPLINARY TEAM in biomedical research? Are you ready to let the others know how well your team WORKS TOGETHER in translation science? Then we want to hear from you!!

Enter your team by 6/2/23 for a chance to win prizes & BRAGGING RIGHTS.

For more info, visit https://fctr.johns Hopkins.edu/funding/team-science-award/
C-RAC Consult 6-Step Process: CE Technical Assistance

- Service Request
- Information Gathering Session
- CRAC Review Preparation
- CRAC Review
- Post Review Debriefing

Needs assessment Referral opportunities
10-Step Framework For Continuous Engagement

**PLANNING**

- 1: Topic Solicitation
- 2: Prioritization
- 3: Framing the question
- 4: Selection of outcomes

**IMPLEMENTATION**

- 5: Create the framework
- 6: Develop analysis plan
- 7: Data collection (recruitment and retention)

**ANALYSIS & DISSEMINATION**

- 8: Reviewing and interpreting results
- 9: Translation
- 10: Dissemination

C-RAC Expedited Reviews

45-minute virtual meeting

Consultants provide participant-centered review of study design, particularly in preparation for COVID-19 research teams needing assistance.

Provides community-centered feedback using CCC's 6step process for technical assistance and concentrating of the following areas:

- Recruitment
- Communications
- Implementation
- Dissemination
Welcome to the Henrietta Lacks Memorial Lecture.

Contact
Cyd Lacanieta, MSW
Associate Director
Stakeholder Engagement
410-361-7893
clacani1@jh.edu

After viewing, please complete our brief survey
https://jhmi.co1.qualtrics.com/jfe/form/SV_1G0paGE2waEck4e?i=fofe=new.

Be Well.

6TH VIRTUAL COMMUNITY FORUM ON HEALTHY AGING
NOV. 14 & 15, 2022
5 - 7PM EST
RSVP VIA EVENTBRITE
Customized consult services (fee-based)

- Social Innovation Team
  - Not up on visual communications to explain your findings or craft fliers that attract attention?
  - Team of creatives specializing in graphic design, motion graphics, video development, web design and health communications

- C-RAC +
  - 360 degree community perspective on the research that you are working on
    - Sensitive topic
    - Complex science
    - Bold and brave space
The PATIENTS Program
at the University of Maryland
School of Pharmacy

Community Stakeholders

University of Maryland
Baltimore

Baltimore
CONNECT

Morgan
CARES

Maryland
DEPARTMENT OF HEALTH

Baltimore City Health Department

SPH

CBOs

COMMUNITY ENGAGEMENT
CONSULTS (C-RAC)

GOVERNANCE
COMMUNICATION & EVALUATION

OUTREACH ENGAGEMENT

TRAINING / RESEARCH

SOM

SOM

CAREY

SON

Promote Center
Center for Innovative Care in Aging

Office of Diversity, Inclusion
and Health Equity
Urban Health Institute

MGG

ART as applied to medicine

Healthy Community
PARTNERSHIP

Johns Hopkins University
Day at the Market Program
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THANK YOU.
What is ClinCard?

- A software solution designed to help sites reimburse participants more efficiently.

- Reloadable debit or virtual cards that allows immediate payments to study participants.

- Ideal for paying study participants who will receive $200 or more cumulatively per study/per year.
Key Benefits

- Reduction in admin time and effort for site staff
- Faster payments and reimbursements to participants
- The elimination of managing cash and check payments
- Enhanced participant experience, building stronger engagement and retention
- Visibility and reporting on payments made to participants
- Compliance - 1099 tax reporting for study participants who receive incentives totaling $600 or more from JHU per calendar year
Sample Physical ClinCard Packet

ClinCard User Agreement

ClinCard VISA Card

Unique Token Number
Envelope Packet
Sample Virtual ClinCard Packet

FAQ doc for participants

You may access your card information at any time by logging in on the site within this email, and by exploring your card on the cardholder website or mobile app.

Keep this email for your records in order to access your Virtual ClinCard.

You have received this email in error, or have any questions about your account, please contact ClinCard Cardholder Support at +1.800.950.3756.

Thank You,
ClinCard Cardholder Support
Card Fees

Study Participant Card Fees

- Replacement Card Fee: $7 (applicable if not replaced by site)
- ATM Withdrawals:
  - Domestic: $3
  - International: $4
- Inactivity Fee: $4.50/month after 6 months of no activity (reset after usage of the card or payment applied)

Bank Teller Cash Withdrawal $0.00 Fee
- Available at financial institutions that accept Visa cards.
  (Limited to available balance only)

Study Team Card Fees

- Physical Card assigned to study participant: $4.50 per card
- Virtual Card assigned to study participant: $2.50 per card

$2.65 loading fee every time a payment is made to the card

JOHNS HOPKINS UNIVERSITY & MEDICINE
TIN Validation

- SSN validated in real time against IRS database for every study
- Verifies the SSN matches the participant’s name for 1099 reporting
Tax Withholding

- Automatic Tax Withholding for any invalid SSN and last name
- If TIN/SSN is provided or validated at a later time after payments have already been made, the study participant will not be reimbursed for previous withholdings.

Invalid TIN/SSN = Automatic 30% Withholding From:

- Any stipend/milestone payments
- Any miscellaneous payments
  - Payment outside of the normal list of payment options, such as an unscheduled visit
Study participants are reimbursed for expenses incurred during a site visit.

- Participants must present an itemized receipt for all applicable expenses.
- The receipt is uploaded to the reimbursement request in ClinCard.
- ClinCard is not a receipt repository – the receipt is uploaded as proof of expense.
- Receipts need to be retained by the site in accordance with the University’s financial record retention policy.
ClinCard Job Aids and Resources
Questions

ClinCardAdmin@jhu.edu
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Keep this email for your records in order to access your Virtual ClinCard. Please review the ClinCard Terms and Conditions prior to using your Card.

If you feel you have received this email in error or if you have any questions about your account, please contact ClinCard Cardholder Support at 1-800-950-3765.

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