### WELCOME



Data Managers Interest Group (DMIG)

June 1, 2023

JHU Clinical Research Investigator Resources - Session #5

**Community and Patient Outreach** 



### 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.





Presenter:

# Optimizing Outcomes When Working with Language Services

Go to <a href="https://activtracker.jh.edu/mobile">https://activtracker.jh.edu/mobile</a> and enter the code below to have your attendance recorded: **D114E6.** 





# Language Services: Populations with Communication Needs

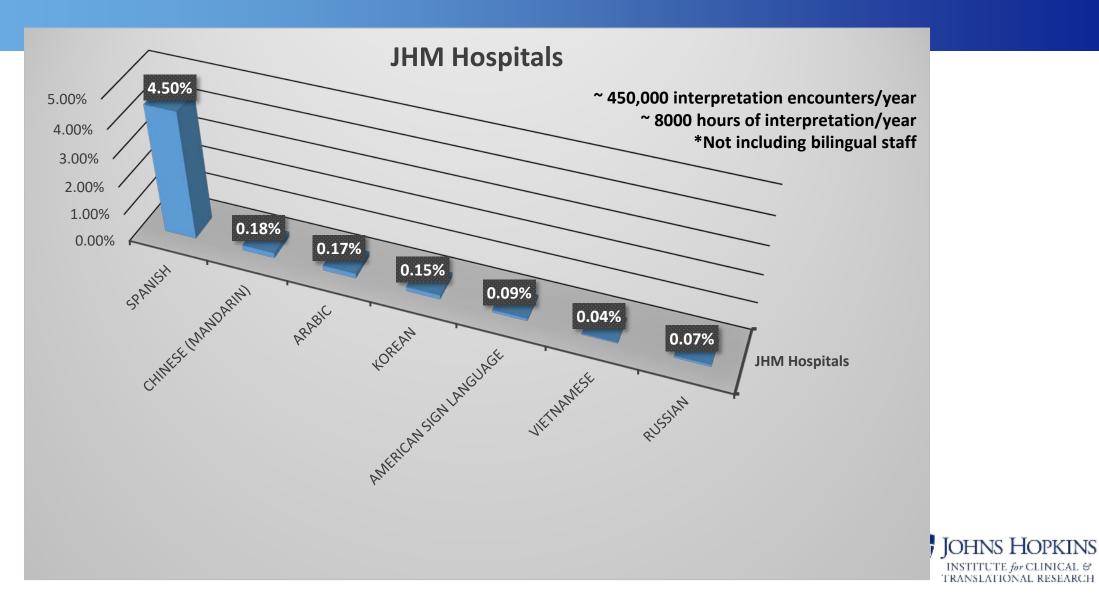




### Limited English Proficient (LEP) Americans



# Top Languages (2022) JHM (% of Patients)





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. I speak...

```
American Sign Language
               Amharic እኔ አጣርኛ እናፕሬዚሁኝ።
                         أنا أتكلم العربية
                 Arabic
                Bengali
               Burmese ကျွန်တော်ဖြန်စာဘာသာစကားပြောပါသည်
              Cantonese 栈講廣東話
                   Chin Chin holh in ka holh
                   من قار سی صنعیت می کلم Farsi
                 French Je parle français
                 Greek Μιλάω Ελληνικό
         Haitian Creole Mwen pale Krayol Ayisyen
                  Hindi में हिन्दी बीलना बीलती हुँ
                 Korean 저는 한국어를 합니다
              Mandarin 我说汉语
                Chinese
               Nepalese म नेपाली बोल्छ ।
                  Polish Mówie po polsku
             Portuguese Eu falo Português
                Punjabi ਮੁੱ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ।
                Russian Я говорю по-русски
                         Af Soomaali baan
                Somali
                Spanish Hablo español
                 Swahili Mina zungumuza Swahili
                Tigrinya እነ ትግርኛ እዛሬብ እየ።
                 Turkish Türkce Konusuyorum
                   مين اروز بولغاً بور- Urdu
            Vietnamese Tôi nói tiếng Việt
```

To request interpretation services, call

410-614-4685

at any time of day, seven days a week.



### Language Services Fast Facts



Corded



Grey Avaya with extra handset



Cordless

#### Over-the-Phone Interpretation (OPI)

- direct access to interpreter services
- Instructions are displayed on the phone



#### VRI iPads

minutes.

• About 30 languages, including sign language, available in video.

• Real-time, video-based communication through off-site qualified interpreters, available within

• About 200 languages available in audio.

• Device is available to most departments

• Instructions are attached to the cart.

Video Remote Interpretation (VRI)





In-person, spoken



In-person, sign language

#### 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.

JOHNS HOPKI

INSTITUTE for CLINICA

### Another Approved Modality: Qualified Bilingual Staff Member

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.



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Why is it important to provide communication with a qualified interpreter through an approved modality?

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### Why We Do It

### 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
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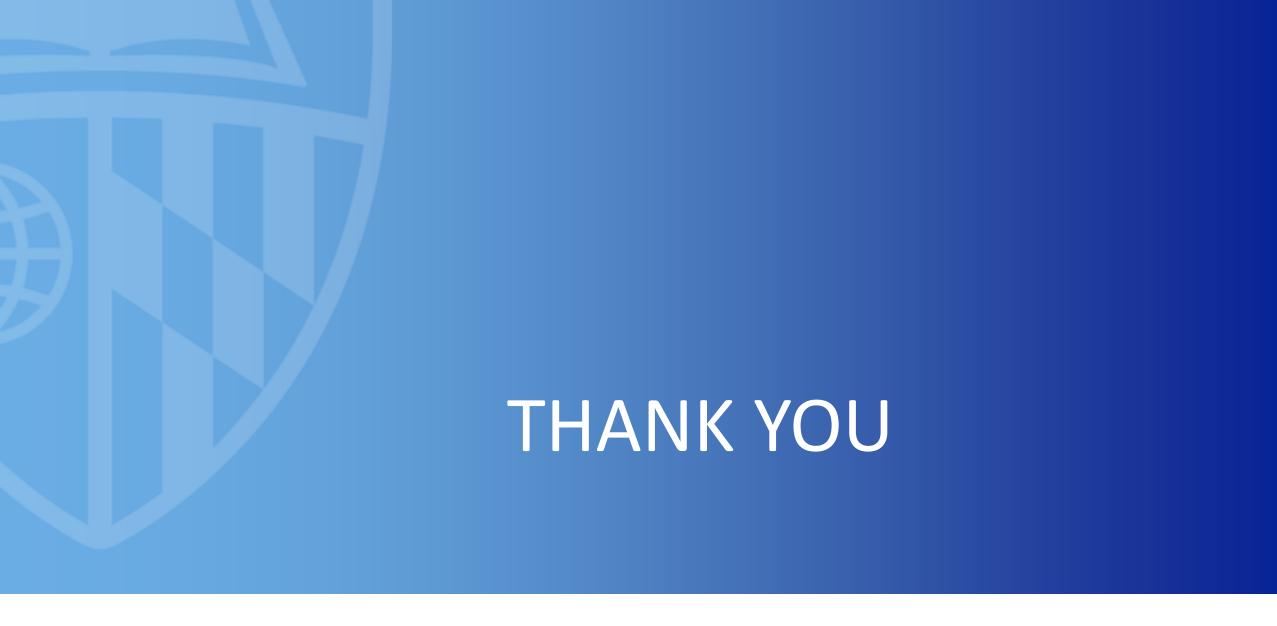


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# JOHNS HOPKINS MEDICINE LANGUAGE SERVICES

# Optimizing Outcomes When Working with Language Services

Presenter:

Tina Tolson, RN, MSN, NE-BC

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



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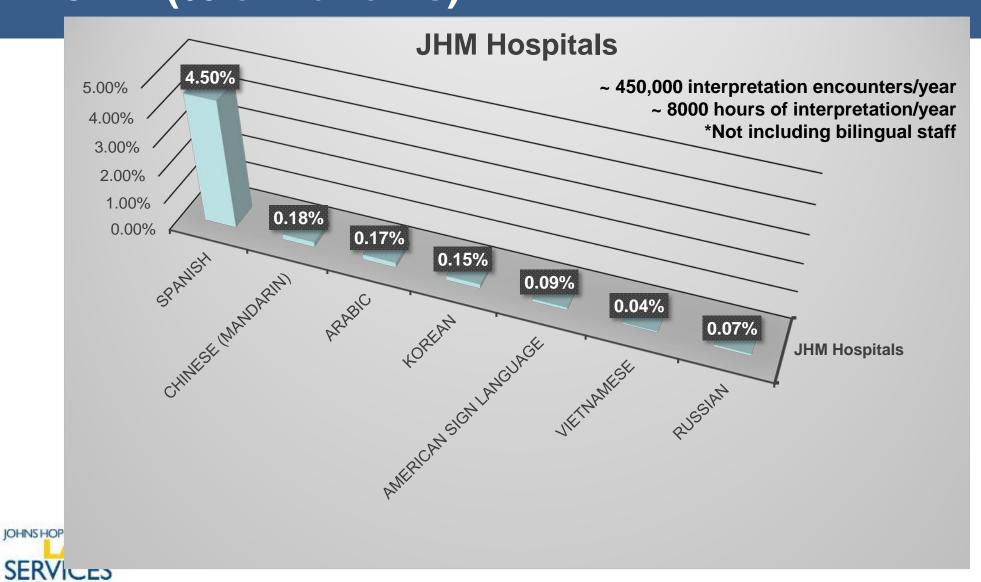






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                Greek Μιλάω Ελληνικά
         Haitian Creole Mwen pale Kreyöl Ayisyen
                  Hindi मैं हिन्दी बीलता/बोलती हूँ
                         저는 한국어를 한내다
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# THANK YOU





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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 (RIU)



# Recruitment Innovation Unit Services Provided





Services	Brief Explanation of Services	Date Service started
Recruitment Material Graphic Design Service	RIU develops and graphically designs recruitment materials for print and digital distribution focused on diverse participant engagement from varying populations and communities	10/2021
Social Media Recruitment Service	RIU creates and manages paid advertisements, monitors the campaign's progress, and reports the metrics	8/2020
HOPE registry	COVID-19 outpatient research registry enrollment of 17,000 + individuals. Expansion to cardiovascular disease 2023	7/2020
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MyChart Recruitment	Utilize Epic MyChart patient portal to send recruitment invitations	5/2016



### The MyChart Recruitment Service





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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



### MyChart Recruitment Service Update





- 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
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### 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
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### MyChart Recruitment Service Council Governance



The MyChart Recruitment
Governance Committee consists
of data analysts, experts in
recruitment methods, and clinical
researchers. These experts provide



Steps for obtaining the committee's approval for use of Service:

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

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

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

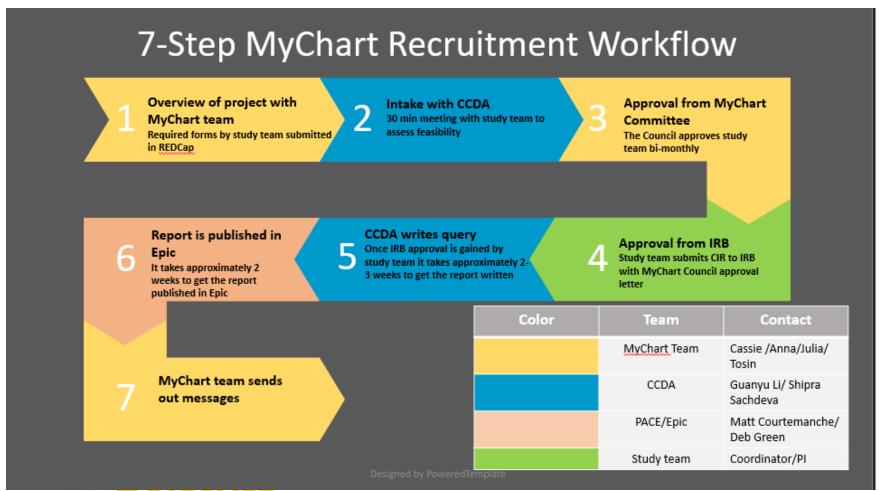
lf no issues exist, or after all issues are addressed, RIU Administrator drafts Letter of Approval (LOA) from committee

Study team submits LOA and MyChart recruitment letter for IRB approval



### **MyChart Workflow**







### 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

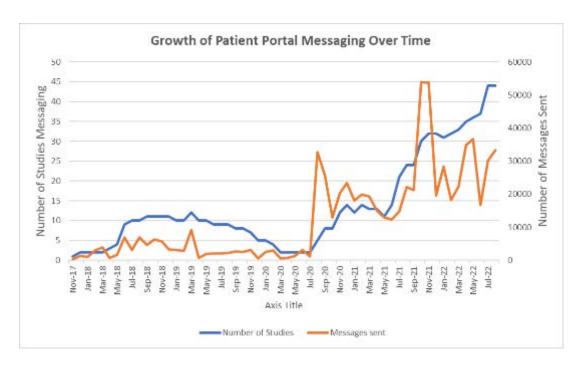


Report back response rates to service



### Metrics of service usage since COVID-19





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?



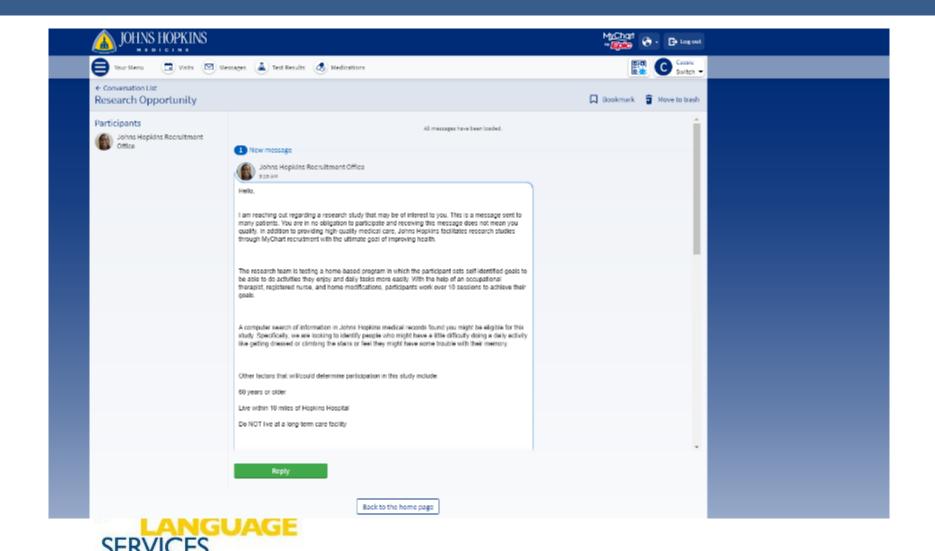
#### Considerations for teams to think about are:

- 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?



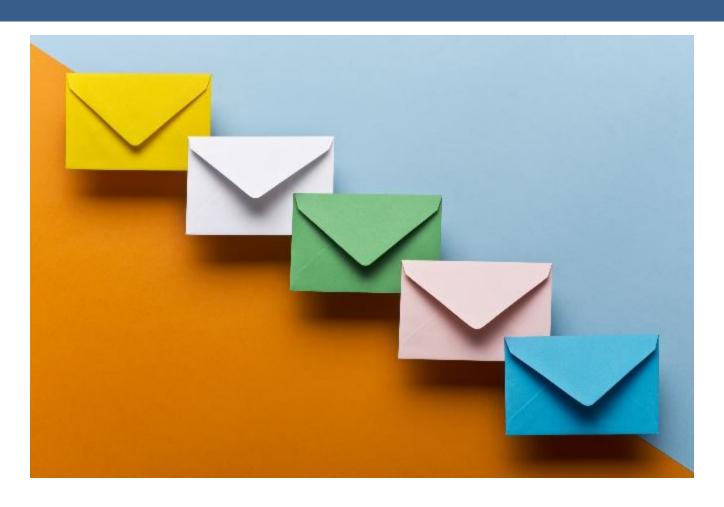
### Example of MyChart Message





## Messaging Letters











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





### **MyChart**

Your health. Your knowledge. Your connection.



#### 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.



<ul> <li>Please do not show this page next tim</li> </ul>	ne
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### Mandatory Language in Each Message





#### 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 <a href="https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/">https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/</a>

#### **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 <a href="https://bit.ly/optout\_recruitmentmessage">https://bit.ly/optout\_recruitmentmessage</a>. To provide feedback on MyChart messaging please visit

here: <a href="https://mrprcbcw.hosts.jhmi.edu/redcap/surveys/?s=A9FFAFFCFWDWWPRE">https://mrprcbcw.hosts.jhmi.edu/redcap/surveys/?s=A9FFAFFCFWDWWPRE</a>

### What happens when a patient responds?





This Photo by Unknown author is licensed under CC BY-NC-ND.

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 potiential participant



### MyChart Recruitment Cost



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





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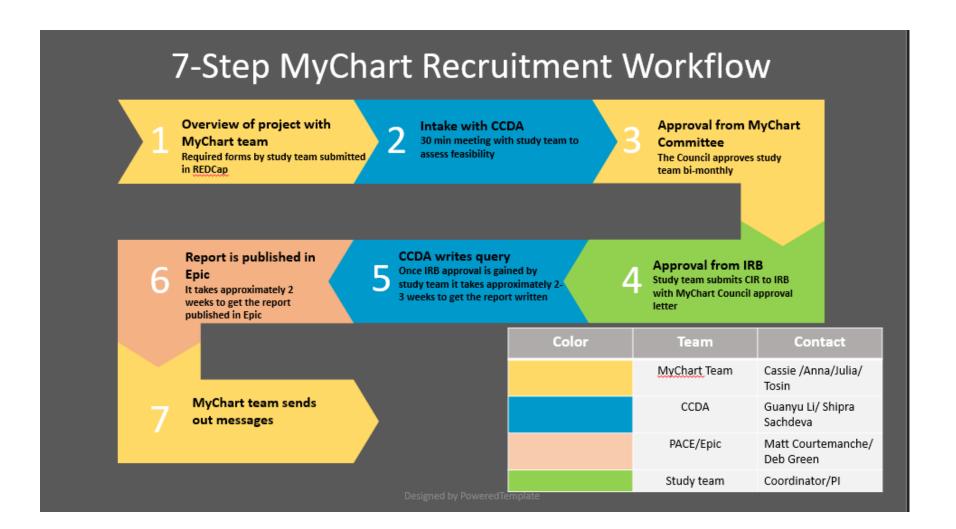
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**Messaging Letter** 



Submit CIR to IRB for approval



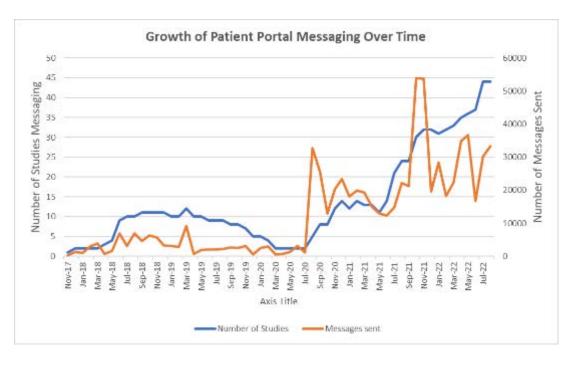
Set up schedule for messaging



Report back response rates to service



## Metrics of service usage since COVID-19



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%.

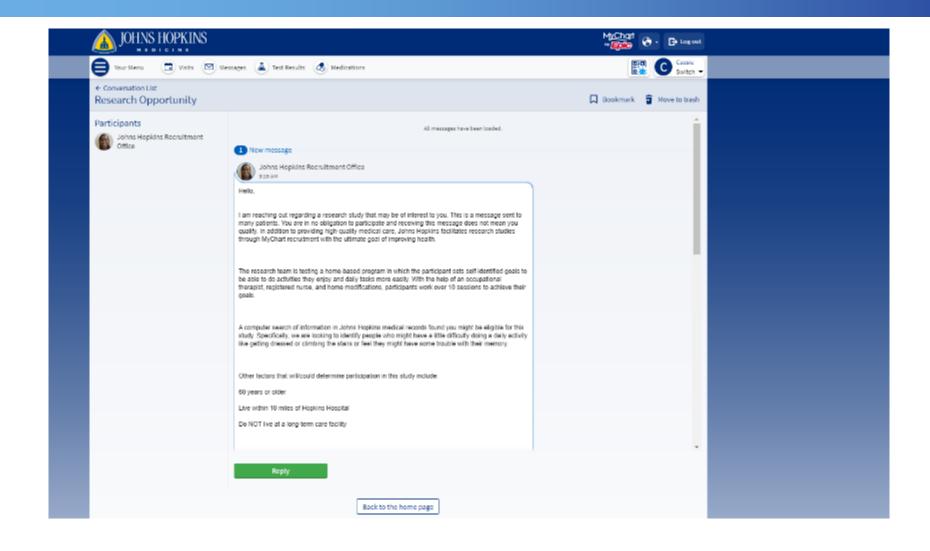
# Is MyChart Right for your Team/Project?

#### 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:
    - o flowsheet values (devices, lines/drains, vitals),
    - o imaging results and pathology reports contained in semi-structured notes, and
    - o 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?

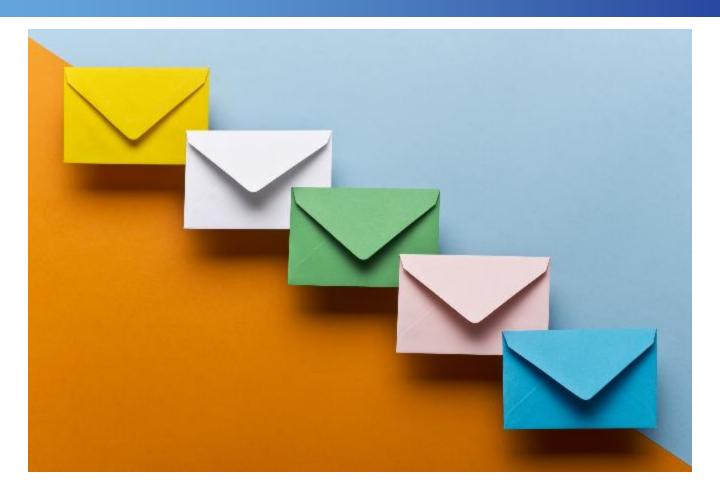


# Example of MyChart Message





# Messaging Letters





# 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



Your health. Your knowledge. Your connection.



#### 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 <u>click here</u>.

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	thispage	next time
-----------	----------	----------	-----------







# Mandatory Language in Each Message



#### 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 <a href="https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/">https://ictr.johnshopkins.edu/community-engagement/participate-in-clinical-research/mychart-messages/</a>

#### **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?



This Photo by Unknown author is licensed under CC BY-NC-ND

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 potiential participant



# MyChart Recruitment Cost

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

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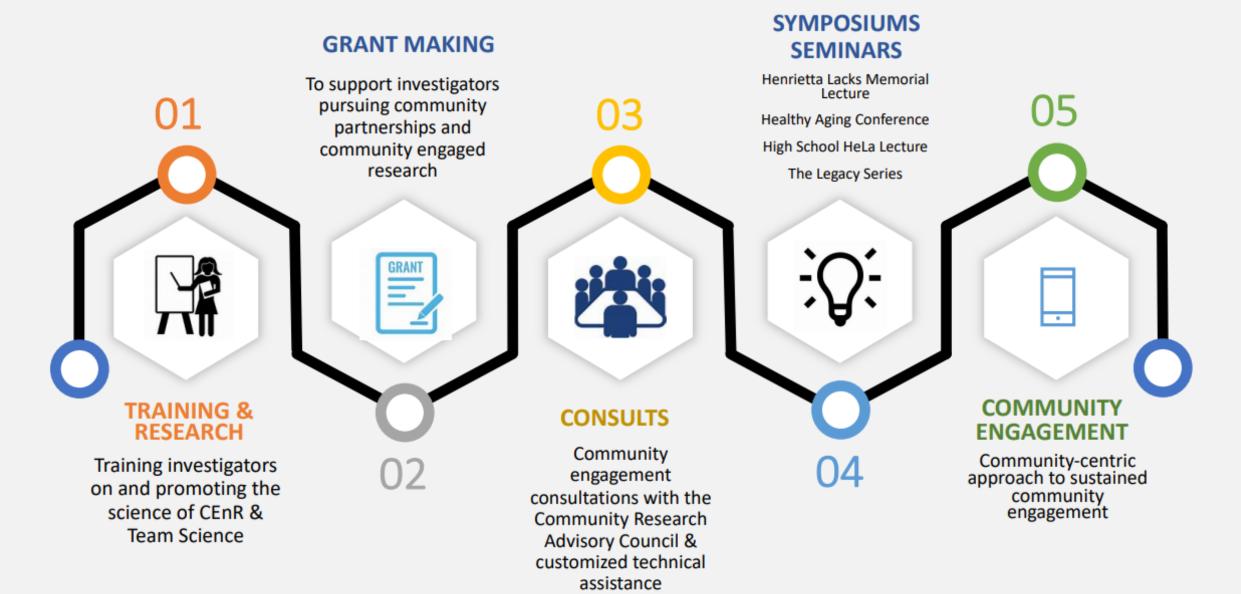






- To the hard working CCC team members,
- THANK YOU.

### CCC SERVICES





## Training and Research on CEnR and Team Science

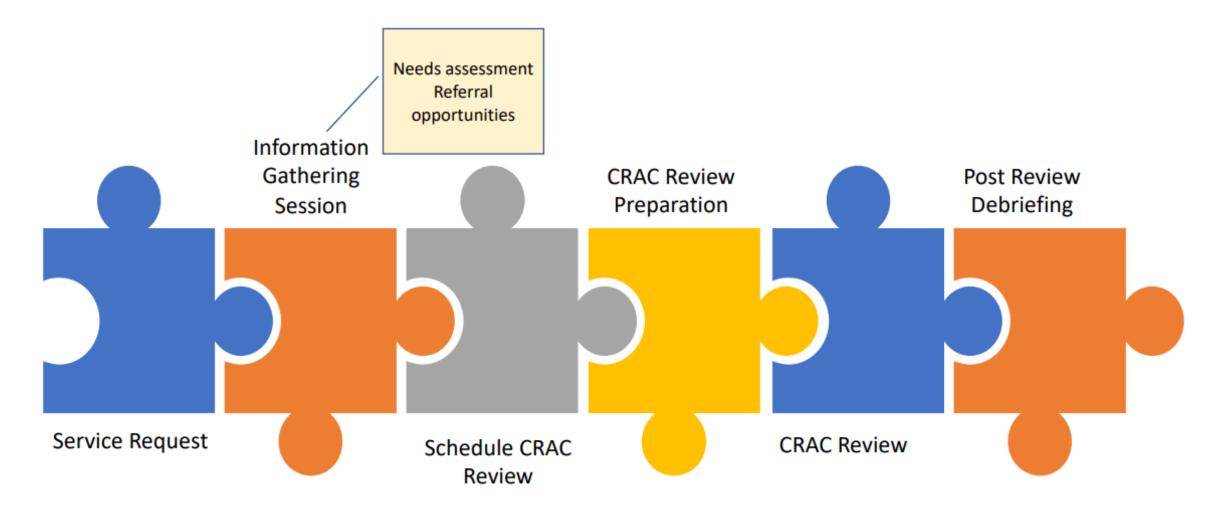


# Grant-making focused on promoting CEnR and Team Science Excellence





## C-RAC Consult 6-Step Process: CE Technical Assistance





# 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

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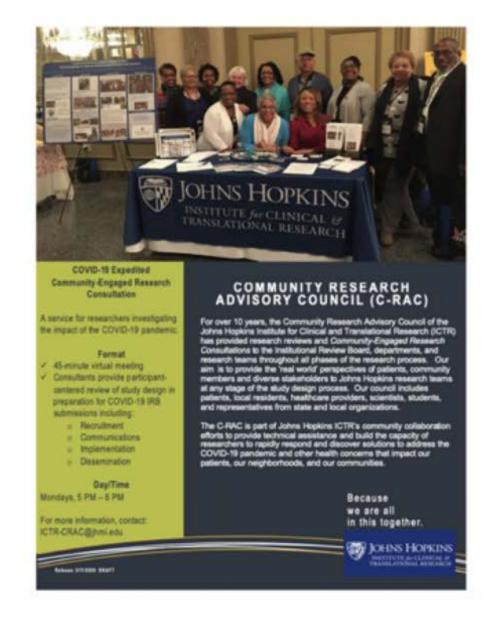
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45-minute virtual meeting

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



# THE HENRIETTA LACKS MEMORIAL LECTURE SERIES

HOME + COMMUNITY ENGAGEMENT | COMMUNITY AND COLLABORATION CORE + COMMUNITY ENGAGEMENT ACTIVITIES AND PROGRAMS
THE HENRIETTA LACKS MEMORIAL LECTURE SERIES



Welcome to the Henrietta Lacks Memorial Lecture.



Contact

410-361-7893

clacani1@jh.edu

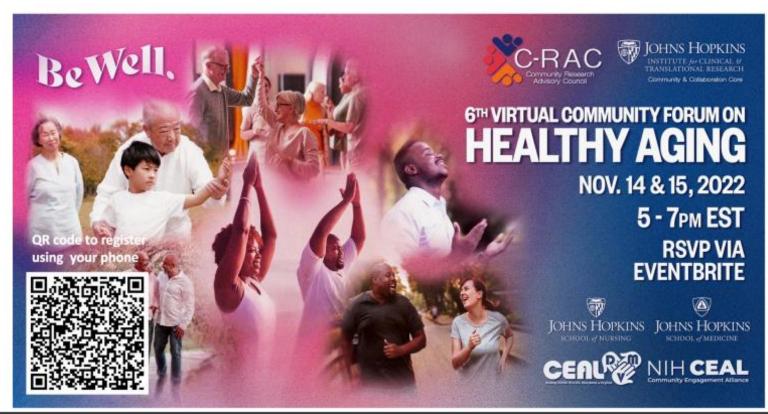
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After viewing, please complete our brief survey

https://jhmi.co1.qualtrics.com/jfe/form/SV 1G0gqGE2waEek4e?jfefe=new.

## Seminars and Symposiums



## 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



BALTIMORE CITY HEALTH DEPARTMENT **CBOs** 

COMMUNITY ENGAGEMENT CONSULTS

CCC

(C-RAC)

GOVERNANCE COMMUNICATION & EVALUATION









**SPH** 

OUTREACH ENGAGEMENT TRAINING /
RESEARCH

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Office of Diversity, Inclusion and Health Equity
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**CAREY** 

SON

Promote Center Center for Innovative Care in Aging



### Bi-directional communications

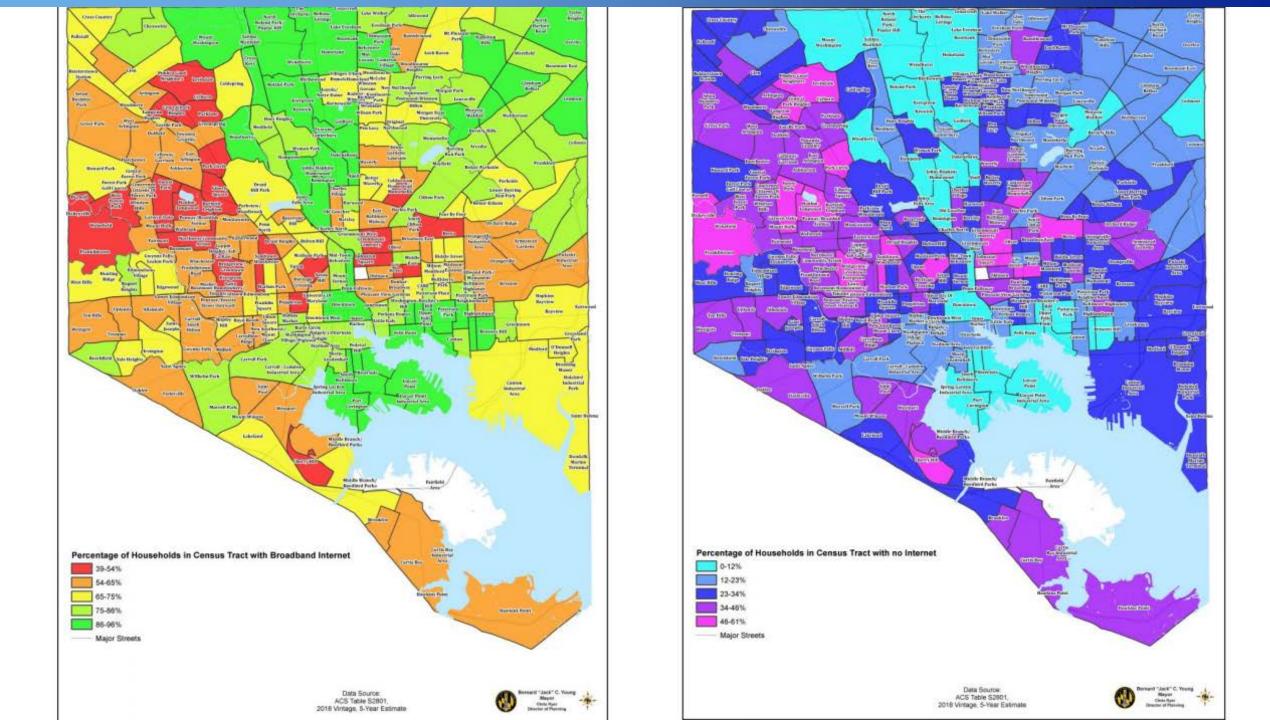


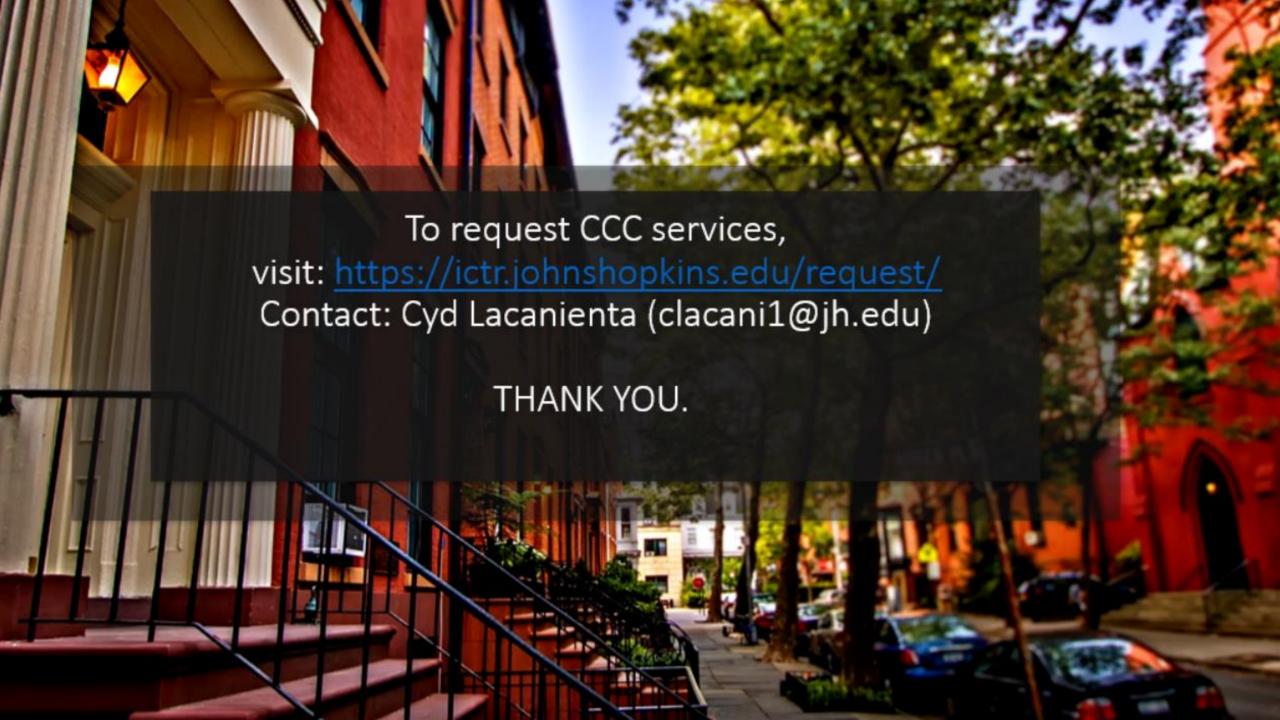




Johns Hopkins ICTR @... · 5m ···
TODAY. Sunday. 7/31, 12-7pm
Clifton Park Bandshell. We are
supporting #HugsDontShoot
community efforts for a safe
and healthy #Baltimore. Come
find #CEAL\_DMV & @ictrjhu
@JHUNursing team member
Donald Young for COVID info
and how to get free home test
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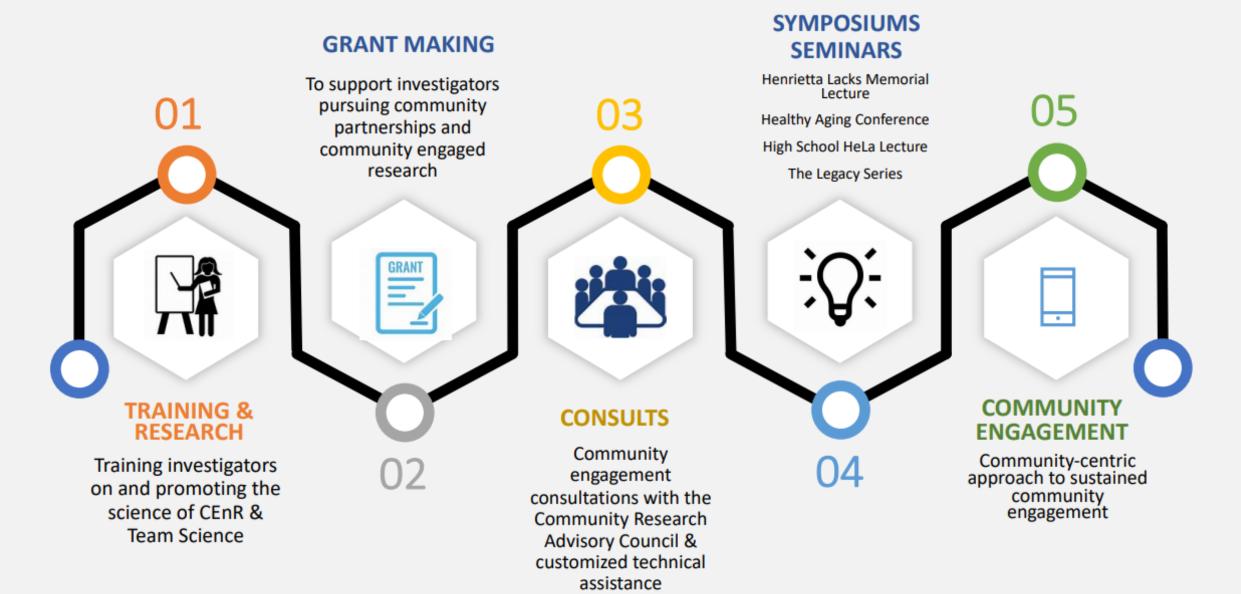






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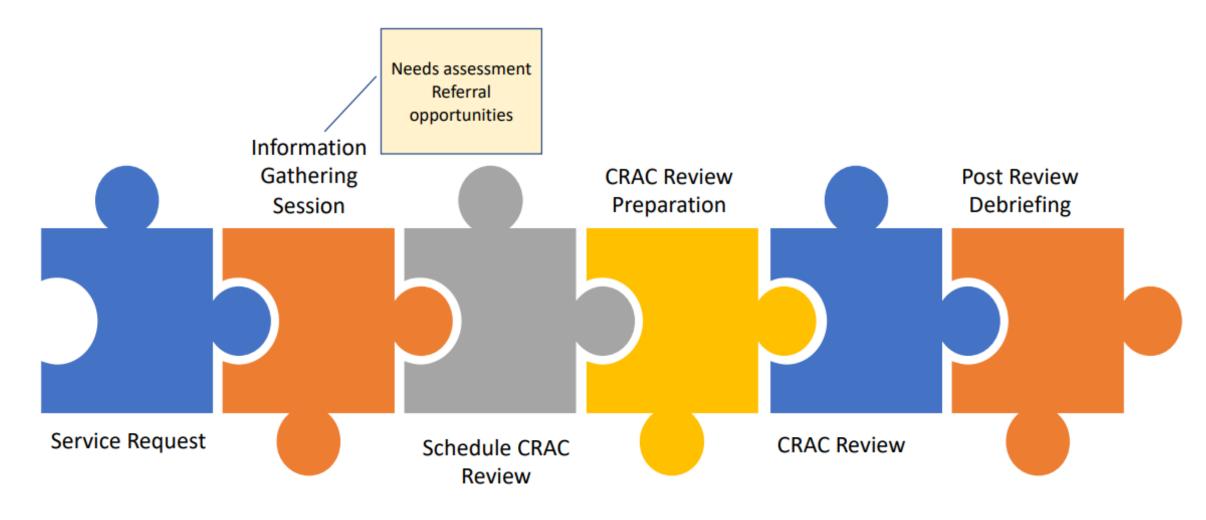


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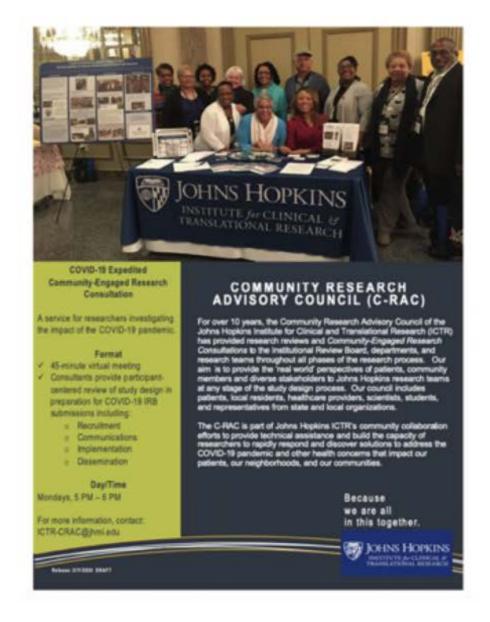
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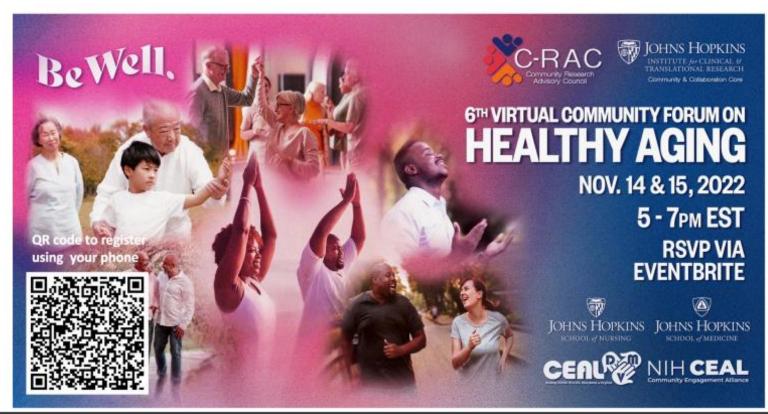
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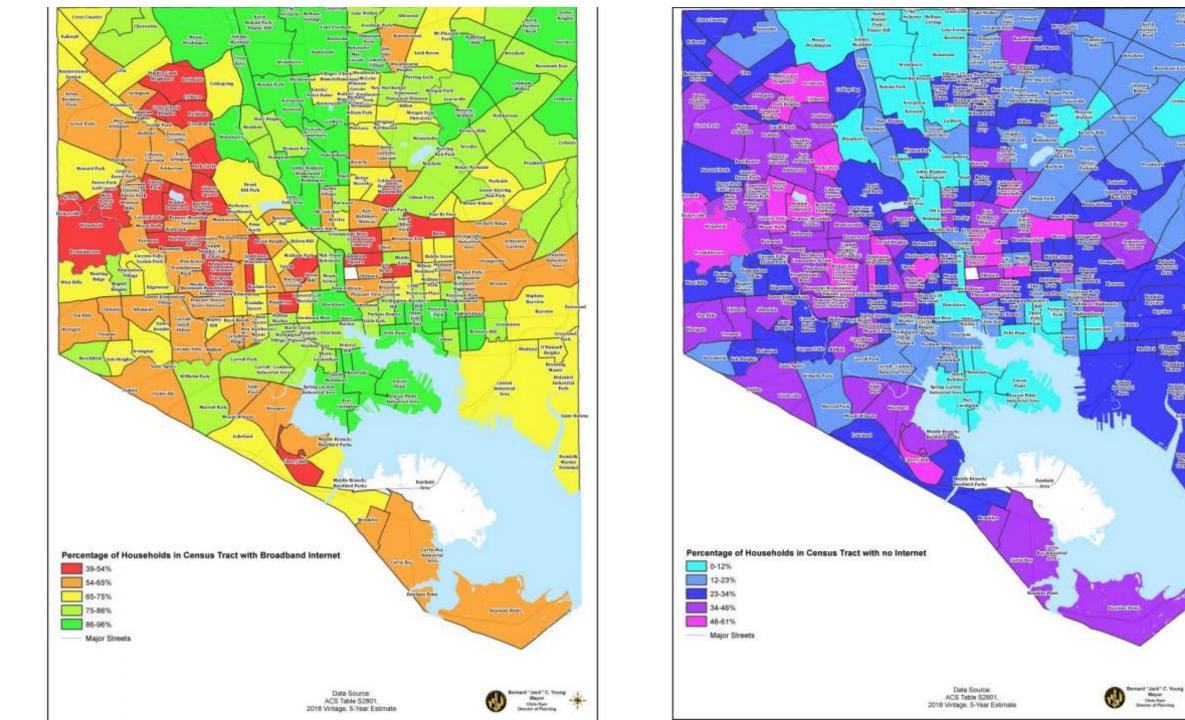


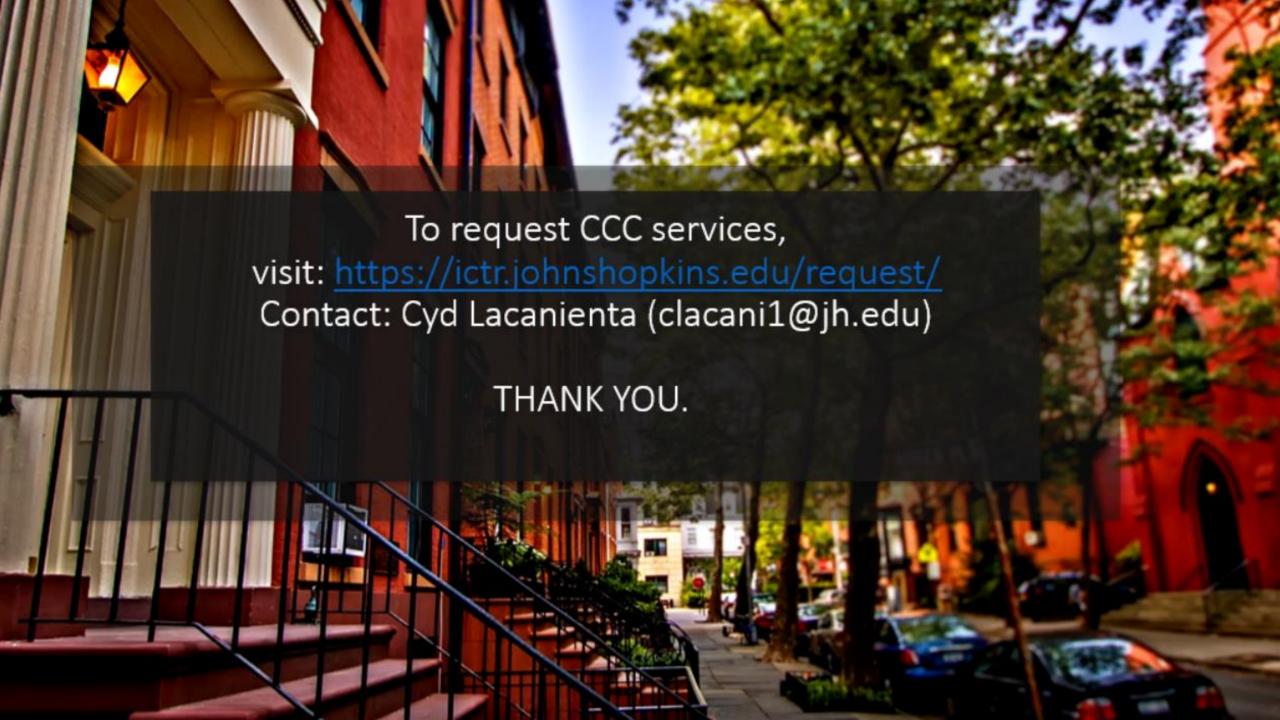
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### What is ClinCard?



- 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

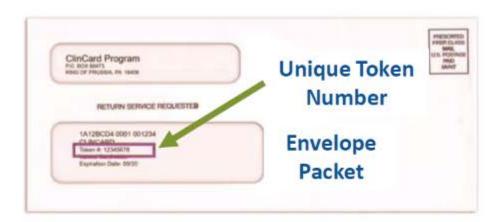




## Sample Physical ClinCard Packet











## Sample Virtual ClinCard Packet



### FAQ doc for participants

reased with card reference number: 373031518440.

Please o pw to access your card.

Once you've accessed to said information, you can begin using your card immediately. Your card may be used for purchases online, over the phone, inperson by adding your card to your phone's digital wallet, or by initiating a Card to Bank transfer. Please see the <u>FAQ</u> page for more information.

Once you've accessed your card information, you may register your card on the cardholder website and mobile app to retrieve your balance, view recent transactions, perform a Card to Bank transfer, and more.

My ClinCard Cardholder Website: www.myolincard.mycardplace.com

Download the "My ClinCard" app in the Apple App Store or Google Play Store"



You may access your card information at any time by clicking on the link within this email, and by registering your card on the cardholder website or mobile app.

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 +1-866-952-3795.

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 (resets 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

### **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



### Reimbursements



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.



## **Job Aids**





**ClinCard Job Aids and Resources** 



# Questions





ClinCardAdmin@jhu.edu



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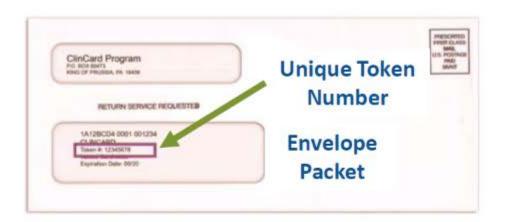




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