



HOME VISIT HEROES:

The People Behind
Patient-centric
Clinical Trials

JENNIFER'S STORY

In our race to decentralize clinical trials, making them faster and easier for both participants and project teams, technology is often seen as the key. And it's true. In part. Modern technological advances can simplify formerly complicated, onerous, manual processes—but an app can't smile, and a device has no bedside manner.

There is another critical component that not only makes clinical trial participation easier, but forges rapport and good will between patients and clinical trials. The real secret to a successful, decentralized, patient-centric trial is people.

Home visit nurses are the warm, caring faces on the frontlines of patient participation and engagement. So, we talked to Jennifer Goff, RN, Case Manager & Home Infusion Supervisor, about her story and the impact she's seen home visits have on her patients. Here's what we learned...

How are clinical trial home visits different than other home healthcare services?

Well, the services themselves can be very similar or they can be wildly different. While regular home healthcare visits consist of a pretty basic routine, every clinical trial is unique so there is always something new to learn. The opportunity to learn and be part of a wide variety of patients' lives is probably the biggest difference.

It's always clear the study is happening for a reason—that the work is making a difference. I've been able to witness how life changing it can be for patients and that's incredibly rewarding.

What do you think is the biggest impact home visits make on clinical trial participants?

My personal goal as a nurse is to help people on their path to improving their quality of life. You know, depending on the disease or health challenge the patients are facing, pain is often a component. Not having to travel can be huge.

For example, the patient I worked with in one of the Firma clinical trials had so much pain in his hands and feet, he usually got around his house on his knees. If he had to go to the site for clinical visits, he would have had to fly to Chicago. I can't imagine he would have even been able to participate if it weren't for the home visit option.

Eventually that particular patient was able to greet me at the door standing up. You don't forget those kinds of moments. Even if a patient isn't dealing with that kind of pain, being in their homes where they are physically and emotionally comfortable can be the difference between doing the clinical trial or not—and how long they stick with it. It just makes it easier, less stressful, and more comfortable.

What do clinical trial home visits look like, from protocol training to the actual home visits?

Training is very different for every clinical trial and always specific to the disease, but the process is similar. We learn about the goal of the clinical trial and how the medication is hopefully going to help patients. I receive a manual that I read in depth and then I have a follow-up with the educator where we review things like care of patients, what they're receiving if it's a study drug, the documentation process (which is always unique to the study).

Firma's training is well set up and in depth, and the visit documents are always straightforward. Everything is planned out so well that it is a lot less intimidating than my first clinical trial experience. The level of individualized training is the same for the home visit provider as it is for the people a patient would see at the site.

Once the study starts, I call the patient and introduce myself and we set up the schedule for the visits. When I arrive, I always introduce myself again and ask if I should take off my shoes or wear shoe covers. No matter what I'm there to do from a protocol perspective, I always go over how they're feeling emotionally and physically before we dive in.

At this point, having an open line of communication is supercritical and Firma is always on point with that. Typically, there is a coordinator for the home visits but how much direct access the home healthcare nurse has to that coordinator varies. My coordinator at Firma was always available to answer questions, and she was always kind and patient when providing guidance.

What is the most rewarding thing about the clinical trial home visit work you do?

I think the most rewarding thing is having the privilege of being in a patient's home. It is just an honor to be welcomed into someone's home to care for them. Being able to deliver the clinical trial treatments, tests, or assessments while a patient is in the comfort of their own home means it feels a lot more individualized. And, honestly, I really believe it results in better care if they don't have to deal with the stress of traveling for every clinical trial visit. It's rewarding to deliver better care.



The Road to RN

Ever since she was young, Jennifer knew she wanted to be in the medical field. At first, she thought it was a doctor's role she dreamed of, but quickly realized during her undergraduate studies that the direct patient care that she yearned for could be more readily found under the title of nurse.

"I really wanted to be with the patients, making a direct impact every day. As a nurse, I felt like I could not only help patients get better physically, but I could advocate for them, too."

Unsurprisingly, Jennifer became an RN and has spent the five years working in the home healthcare field, specializing first in Medicare home healthcare visits before expanding into clinical trial home visits. It was the challenge that initially drew her to the work, but the difference she is able to make in patients' lives is what keeps her dedicated to clinical trial home visits.