Research by **Everest Group**, supported by Trialbee

OCTOBER 2026

Guided By Service, Powered By Technology

Augmenting Central Recruitment Services with Patient Recruitment Platforms (PRPs)



KEY FINDINGS

15%
faster enrollment for sponsors

Up to $3M
saved in a typical Phase 3 trial

77%
of sponsors cite more accurate enrollment forecasting with a PRP

Everest Group analysis of surveys with **50 clinical operations leaders and site staff**, quantifying the impact of pre-qualified referrals managed in a PRP on enrollment outcomes.

INTRODUCTION FROM RESEARCH SUPPORTER

Why We Supported This Research

I have been fortunate to spend years working directly with sponsors and sites, and we have seen firsthand how much strain fragmented recruitment processes create. We sponsored this research by Everest Group to explore a question we hear across the industry: where does combining central recruitment services with Patient Recruitment Platforms (PRP) create the most value—and for whom?

Drawing on input from **50 sponsors and sites**, the report shows where recruitment breaks down today and how an integrated model can improve enrollment speed, reduce site workload, and increase visibility across the recruitment funnel. It also examines the barriers limiting broader adoption, the growing role of AI, and the results achieved by one of our site partners, the Indiana Clinical Trials Center.

At Trialbee, we have always believed global patient recruitment is a quality problem before it is a quantity problem. A high volume of referrals works against successful enrollment if the patients are not ready for site review. That is why Trialbee uses secondary screening—through live nurse calls or AI Pre-Screening within the Honey Platform™—to reduce the volume passed to sites by 78%. This eases the burden on site teams, builds trust in referral quality, and improves referral-to-consent conversion.

We hope you find the report useful. We would love to hear what resonates, what challenges your thinking, and what you are seeing in your own recruitment programs. Please share your feedback with us.



Matt Walz
Chief Executive Officer
trialbee

Everest Group®

October 2026

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Introduction

A clinical trial with effective patient recruitment directly influences study timelines, study feasibility, cost efficiency, and the ability to deliver reliable outcomes. When patient recruitment performs well, sponsors can initiate studies faster, sites operate more efficiently, and patients experience clearer pathways into clinical research.

Despite its importance, patient recruitment has long been a persistent bottleneck in clinical research, delaying trial timelines, inflating costs, and placing immense pressure on sponsors and site teams. Even with continued investment in outreach and recruitment programs, outcomes remain inconsistent. Across the recruitment value chain, from planning and outreach to retention, stakeholders report varying satisfaction levels, operational silos, and difficulty sustaining patient interest through later stages of the trial journey.

To address these challenges, sponsors use specialized recruitment service providers that combine therapeutic understanding with targeted outreach capabilities to identify, qualify, and deliver higher-quality patient referrals to trial sites. While this service-led model offers strategic and operational advantages, it can be limited by the absence of real-time visibility into recruitment performance, patient flow, and site readiness. Patient Recruitment Platforms (PRPs) aim to solve these challenges by providing data-driven visibility into patient funnels and site performance, augmenting the capabilities of sponsors and sites, and helping them move from reactive to insight-led recruitment. This convergence of service expertise and technology-driven intelligence marks a new phase in patient recruitment: one focused on improving efficiency, accountability, and overall recruitment outcomes across the trial life cycle.

As recruitment dynamics evolve, the key question for the industry becomes: where can the combination of PRP and central recruitment service models deliver maximum value in transforming patient recruitment outcomes?

In this Viewpoint, we explore this emerging synergy, outlining where the industry stands today and how it can unlock measurable, scalable impact from a unified recruitment approach.

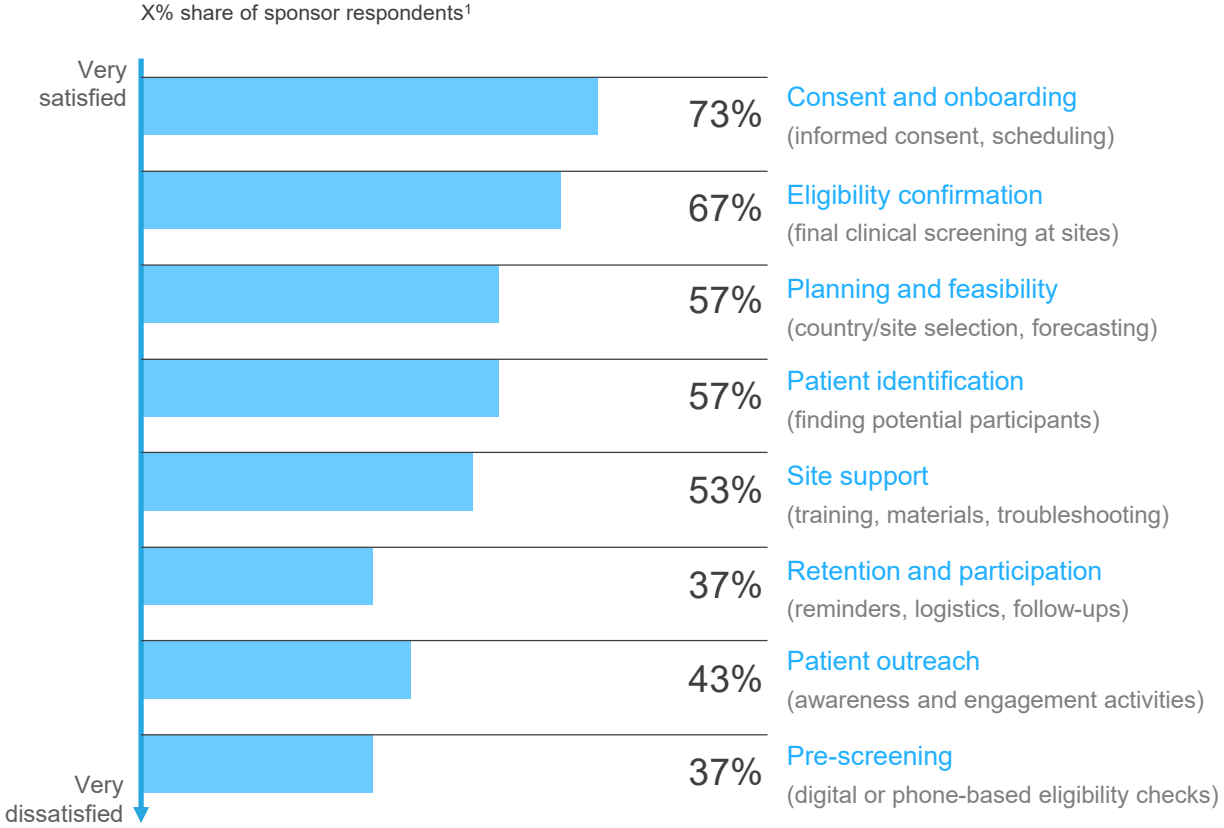
The changing face of patient recruitment

Early-stage recruitment gaps drive uneven sponsor satisfaction

Patient recruitment is integral to the success of a clinical trial, yet it consistently faces some of the most persistent operational challenges, including high patient dropouts, screening failures, and limited visibility across the recruitment funnel. Even as pharma companies and Contract Research Organizations (CROs) increase investments in patient outreach, referral networks, and site support, recruitment outcomes remain inconsistent. Exhibit 1 provides an early view of sponsor satisfaction across the patient recruitment value chain. The results indicate meaningful variation in satisfaction across different stages, pointing to underlying structural challenges in how recruitment activities are managed and measured.

Exhibit 1: Sponsor satisfaction across the patient recruitment value chain

Source: Everest Group (2026)



1 Percentages represent the share of respondents who reported being very or somewhat satisfied, while the ordering of phases is based on a weighted average across all five satisfaction levels

The data indicates that pre-screening and outreach are the lowest-rated areas, reflecting lower sponsor satisfaction in the early stages of recruitment. In contrast, later-stage activities such as consent and onboarding receive comparatively higher satisfaction scores.

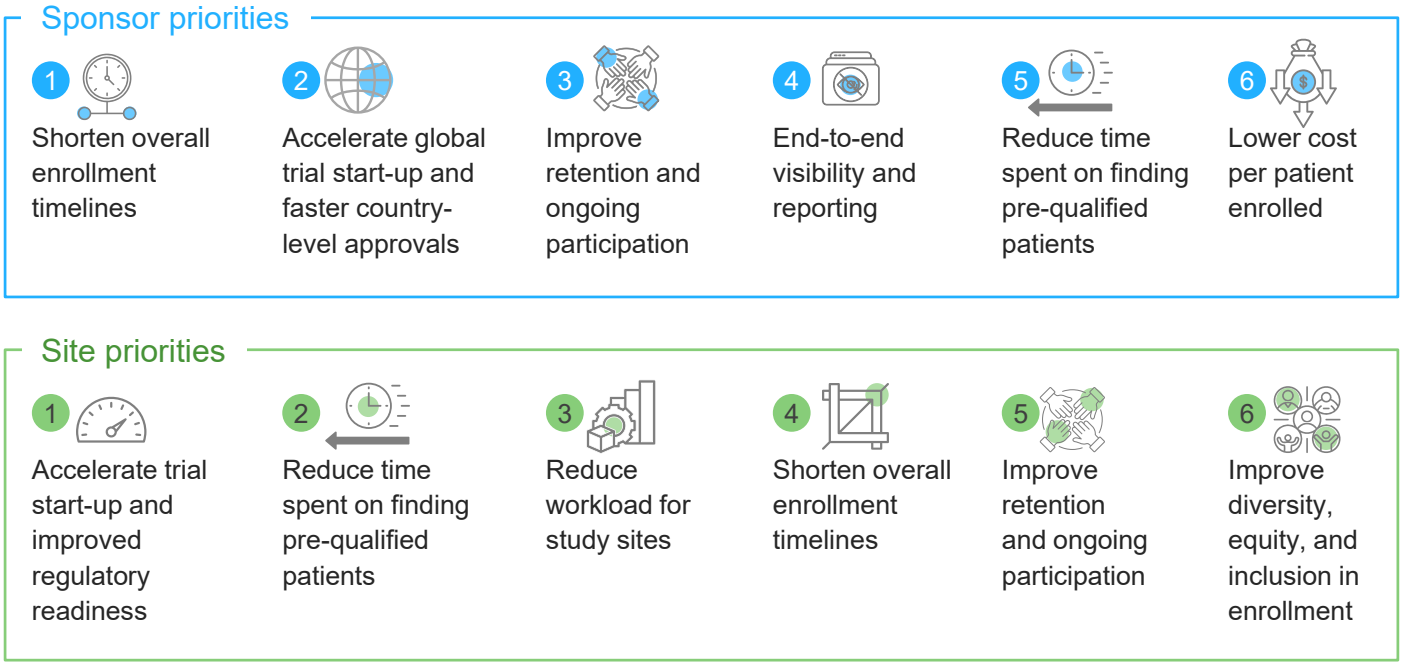
Recruitment processes also remain highly disjointed. In a multi-select question, many sponsors reported relying on a mix of site-led recruitment models (77% of sponsors) and CRO-managed approaches (80% of sponsors), often complemented by multiple external vendors operating in parallel (57% of sponsors). There remain challenges around shared visibility into performance or outcomes. This fragmented setup leads to inconsistent reporting and limited alignment between sponsors and sites. The result is a process that is complex to coordinate, difficult to measure, and increasingly inefficient to scale.

Sponsor and site priorities for patient recruitment

Patient recruitment performance depends on addressing needs across the recruitment journey. Understanding where sponsors and sites place the greatest emphasis helps clarify where recruitment models need to deliver more consistently. Exhibit 2 highlights sponsor and site priorities in patient recruitment. The exhibit identifies several high-priority focus areas, highlighting opportunities where current recruitment approaches may not fully address stakeholder needs and expectations.

Exhibit 2: Sponsor and site recruitment priorities

Source: Everest Group (2026)



Note: Priorities are arranged in decreasing order, with priority 1 being the highest priority

Over the next 12-18 months, both sponsors and sites place the highest priority on accelerating patient enrollment; reducing the time spent identifying pre-qualified patients; improving trial start-up efficiency; and enabling end-to-end visibility into referral progression, site performance, and recruitment outcomes. However, satisfaction with current performance across these areas remains low, particularly for enrollment speed, access to pre-qualified patients, and site workload management. This misalignment reflects an expanding execution gap between strategic priorities and operational reality.

Exhibit 2 reveals two consistent themes where urgency clearly outpaces current performance.

- **Reducing time spent identifying pre-qualified patients to improve enrollment speed:** Across both sponsors and sites, reducing the time required to identify pre-qualified patients emerges as a high-priority yet low-satisfaction area. This highlights ongoing challenges in accessing referrals that are ready for site action, often resulting in slower enrollment and increased screening effort. For sponsors, delays at this stage directly impact enrollment timelines and study start-up momentum. For sites, limited access to well-qualified referrals increases workload and contributes to inefficiencies, reinforcing the need for more structured screening and referral pathways earlier in the recruitment process
- **End-to-end visibility and reporting across the recruitment journey:** For sponsors, visibility focuses on tracking recruitment progress across sites – comparing performance, monitoring conversion rates, and identifying bottlenecks that could affect timelines. For sites, visibility is more operational, centered on having a clear funnel-level view of patient progression from referral through screening and enrollment. Limited visibility on either side reduces coordination and delays timely action, reinforcing the need for role-specific, yet connected reporting across the recruitment journey

PRPs as catalysts for recruitment visibility and control

To address these visibility and coordination challenges, PRPs are reshaping how organizations manage recruitment, not by finding new patients, but by creating real-time transparency into how referrals progress and how sites perform. PRPs consolidate data on patient funnel progression, site activity, and referral outcomes, enabling sponsors and site teams to detect bottlenecks early, anticipate drop-offs, and take corrective actions before they impact timelines.

This widening gap underscores the need for unified systems that can connect patient, site, and sponsor data seamlessly rather than relying on spreadsheets and retrospective updates.

PRPs are still an emerging but fast-growing technology. About 27% of sponsors are already using an enterprise PRP to manage patient recruitment activities. Another 30% are considering PRP adoption, of which 13% plan to deploy a PRP at the enterprise level to centralize recruitment sources, while 17% are evaluating PRPs as a back-end for trial-finder websites to improve patient-site connectivity. In addition, 20% of sponsors plan to use PRPs on a trial-by-trial basis. Similarly, 70% of site respondents reported having used a PRP or a similar platform in the past.

Sponsors also complement PRPs with central recruitment services where third-party providers verify eligibility and deliver pre-qualified patient referrals to sites, thereby acting as a valuable partner layer. When combined with PRP-based tracking, these services improve referral quality, reduce site workload, and shorten the time from patient interest to confirmed site contact.

Nearly 75% of site respondents identified improved referral quality and faster progression of interested patients to site contact as the primary benefits of central recruitment services. Additionally, 70% reported reduced site workload, while 65% highlighted enhanced patient experience through more personalized interactions. Similarly, nearly 90% of sponsors cited improved referral quality and better patient experience as the key benefits of central recruitment services, while 77% identified more accurate enrollment forecasting as a major advantage.

While sponsors and sites face different operational challenges, both identify limited visibility, fragmented processes, and slow enrollment as key barriers to recruitment success. PRPs are expected to deliver the greatest impact by providing centralized oversight, standardized reporting, and actionable insights that enable teams to identify issues earlier and respond more effectively.

Sponsors see the biggest impact of PRPs in alleviating the following risk areas:



PRPs reduce manual data entry requirements and decrease the likelihood of errors and compliance risks



They improve coordination across multiple vendors and study teams, reducing operational complexities



They enhance end-to-end visibility and reduce reporting delays, enhancing timely decision-making



They improve handoff efficiencies from online pre-screening to site staff, reducing patient drop-offs

The sponsor findings reinforce the importance of visibility, reporting, and operational control in recruitment management. Manual data entry and fragmented tracking emerge as key concerns, reflecting the challenges sponsors face in monitoring recruitment performance across sites and vendors. Notably, 40% of sponsors identify manual data entry as a high-risk contributor to errors and compliance issues, while 73% believe platform-based approaches can meaningfully address this challenge.

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Similarly, sites see the biggest impact of PRPs in alleviating risk areas below:



PRPs provide greater visibility into recruitment progress, helping sites better manage patient follow-ups and prioritize actions.



They improve the patient experience by enabling more effective support for patient questions, scheduling, and navigation.



They reduce manual administrative effort and the associated risk of errors and compliance issues.



They improve recruitment workflow efficiency, helping sites accelerate patient enrollment.



They enable multi-channel outreach through phone, text, and video interactions, helping sites engage patients who prefer direct communication.

The site findings highlight the importance of visibility and workflow efficiency in supporting recruitment execution. Limited real-time visibility into recruitment progress makes it difficult to prioritize follow-ups and manage patient movement through the recruitment funnel. Nearly 40% of sites identify this as a high-risk area, while 90% believe platforms can help address the challenge through unified funnel visibility and clearer handoffs across the recruitment journey. Central recruitment services continue to anchor the process through outreach, qualification, and patient readiness, while PRPs provide the operational visibility and consistency required to scale those efforts effectively.

The next section explores how this interplay, guided by service expertise and powered by technology, is reshaping the recruitment model and driving measurable improvement in site performance and enrollment outcomes.

The next section explores how this interplay, guided by service expertise and powered by technology, is reshaping the recruitment model and driving measurable improvement in site performance and enrollment outcomes.

“Integrating digital outreach with a centralized PRP can identify bottlenecks in real time, deliver high-quality referrals to sites, reduce site burden, and shorten enrollment timelines.”

– VP, R&D, a top 25 US-based pharma company

From fragmentation to coordination: rethinking patient recruitment models

Sponsor RoI from integrated central recruitment services and PRPs

As patient recruitment grows more complex, sponsors and sites increasingly recognize that neither services nor technology alone can deliver the quality, speed, and consistency trials require. Central recruitment services excel in targeted outreach, conversational screening, and deliver pre-qualified referrals that reduce site burden. PRPs, meanwhile, provide the data infrastructure needed to track referral progression, understand site readiness, and give stakeholders real-time visibility.

Together, this combination is emerging as a high-value operating model. Early signals from both sponsors and sites show that integrating central recruitment services with PRPs can create a more coordinated recruitment engine – one capable of improving enrollment velocity, reducing administrative burden, and strengthening overall recruitment ecosystem.

Sponsors anticipate measurable improvements when central recruitment services and PRPs operate together, particularly in areas where fragmented processes previously caused delays.

Exhibit 3 illustrates the recruitment outcomes where sponsors expect the greatest operational and financial impact from a combined central recruitment service and PRP approach, while also highlighting the improvements expected to be realized in the short and long term.

> “The opportunity is faster, more predictable recruitment across the portfolio, lower per-patient costs, and an operating model that scales with each new study.”
>
> – VP, R&D, a top 10 US-based pharma company

Exhibit 3: Sponsor RoI across conventional and integrated recruitment models

Source: Everest Group (2026)

● Short-term improvement ● Long-term

Parameter (key cost drivers)	**Conventional** (current state and assumptions)	**PRP-central recruitment services impact**	Expected savings per study[2]
Speed to full enrollment ● **Drivers**: enrollment duration; monthly trial burn rate	12-month enrollment timeline US$2.2 million monthly study burn during enrollment	15% faster enrollment (about 1.8 months saved) About 20-30% of burn considered operationally recoverable	US$1-3 million saved
Referral-to-enrollment conversion efficiency ● **Drivers:** total referral volume required; cost per referral processed	1:10 referral conversion About 10,000 referrals required (assuming 1,000 patients needed) US$215 per referral processing cost	About 15% improvement in conversion efficiency About 1,500 fewer referrals required	US$320,000-380,000 saved
Cost per enrolled patient ● **Drivers:** fully loaded recruitment cost per patient; planned enrollment size	US$12,000 fully loaded cost per enrolled patient 1,000 patients planned	15% reduction in recruitment cost per patient US$1,800 savings per patient	US$1.7-1.9 million saved
Process automation (planning, outreach, reporting) ● **Drivers:** manual sponsor / CRO effort hours; fully loaded hourly rate	900 manual recruitment management hours US$140 per hour blended rate	15% reduction in manual effort 135 hours saved	US$20,000-30,000 saved
End-to-end visibility and issue detection ● **Drivers:** lag between issue emergence and detection; monthly burn rate	About one month delay in identifying performance issues US$2.2 million monthly burn impact	Issue detection reduced to about 25 days (5 days saved) About 30% of burn treated as recoverable operational savings	US$100,000-120,000 saved
Participant retention and replacement avoidance ● **Drivers:** baseline dropout volume; cost per replacement patient	About 200 dropouts out of 1,000 patients US$11,000 replacement cost per patient	Dropouts reduced to about 180 patients (20 fewer vs. baseline) Replacement avoided for 20 patients	US$210,000-230,000 saved

2 Savings are not mutually exclusive; speed to full enrollment captures the overall effect. Financial estimates are directional and based on Everest Group proprietary research, industry benchmarks, and primary and secondary research

The financial impact of a combined central recruitment services and PRP model extends beyond operational improvements to deliver measurable study-level value. For a typical Phase 3 study enrolling approximately 1,000 patients over a 12-month enrollment period, the integrated approach can unlock US$1-3 million in savings per study, driven primarily by accelerated enrollment and improved recruitment efficiency. By reducing enrollment timelines by approximately 15% (nearly two months), sponsors can shorten the active recruitment period, improve study predictability, and reduce costs associated with prolonged enrollment activities. Given the significant monthly costs associated with running an active clinical trial (estimated US$2.2 million monthly burn rate), even a modest reduction in enrollment duration can generate substantial financial benefit while improving overall study predictability.

Beyond timeline acceleration, the integrated model improves recruitment economics across multiple dimensions. Higher referral-to-enrollment conversion rates can generate approximately US$320,000-380,000 in savings by reducing the volume of referrals required to achieve enrollment targets, while improved patient qualification and fewer screening failures can lower recruitment costs by US$1.7-1.9 million per study. Enhanced visibility into recruitment performance enables earlier issue detection, helping avoid delays, while improvements in participant retention and process automation provide additional efficiency gains. Although these savings are not mutually exclusive and should not be viewed as additive, they demonstrate the multiple mechanisms through which a combined central recruitment services and PRP model contributes to the overall US$1-3 million sponsor RoI per study.

Site RoI from integrated central recruitment services and PRPs

The value of an integrated recruitment model can also be assessed from the site perspective, where recruitment activities translate into day-to-day operational effort and execution. Exhibit 4 illustrates the recruitment outcomes where sites expect the greatest operational and financial impact from a combined central recruitment service and PRP approach, while also highlighting the improvements expected to be realized in the short and long term.

> “An integrated approach can help identify hard-to-find patient cohorts and facilitate their inclusion in rare-disease trials.”
>
> – Director, a top 10 Europe-based pharma company

Exhibit 4: Site RoI across conventional and integrated recruitment models

Source: Everest Group (2026)

● Short-term improvement ● Long-term

Parameter (key cost drivers)	**Conventional** (current state and assumptions)	**PRP-central recruitment services impact**	Expected savings per study[3]
Speed to full enrollment ● **Drivers**: enrollment duration; monthly site operating cost	12 months to enroll US$20,000 monthly site operational cost	25% faster enrollment (about three months saved) About 30% of burn considered operationally recoverable	US$15,000-20,000 saved
Site workload (recruitment effort) ● **Drivers:** staff hours per patient; hourly staff cost	12-15 hours per patient 10 patients/site About 140 total hours Staff time valued at about US$85 per hour	15% efficiency gain About 21 hours saved	US$1,500-3,000 saved
Administrative effort ● **Drivers:** scheduling/reporting hours; blended hourly cost	80 hours per study spent on scheduling, tracking, and sponsor/CRO reporting Blended admin cost of about US$130 per hour	15% reduction in admin effort About 12 hours saved	US$1,500-3,000 saved
Clarity of roles and handoffs ● **Drivers:** cross-team alignment hours; staff time cost	About 35 hours per month spent on coordination and clarification Ongoing rework and follow-ups across a 12-month period Staff cost estimated at about US$90 per hour	15% reduction in coordination time 63 hours saved	US$5,000-10,000 saved
Patient communication (No-shows reduction) ● **Drivers:** missed visit volume; cost per event	18% no-show rate across about 1,429 scheduled visits About 258 missed appointments requiring rescheduling and follow-ups About US$400 cost impact per missed visit	15% reduction in no-shows 39 no-shows avoided Assuming 100 sites	US$150-200 saved

3 Savings are not mutually exclusive; speed to full enrollment captures the overall effect. Financial estimates are directional and based on Everest Group proprietary research, industry benchmarks, and primary and secondary research

For sites, the combined model creates measurable operational value by reducing recruitment-related workload and improving overall efficiency. Across a typical 12-month enrollment period, the integrated approach can unlock approximately US$15,000-20,000 in operational value per site, while enabling enrollment targets to be achieved approximately 25% faster, equivalent to nearly three months of timeline reduction. Faster enrollment reduces the duration of resource-intensive recruitment activities, allowing site teams to reallocate capacity more effectively toward study execution and patient management.

This value is supported by efficiencies across several operational areas. Reduced recruitment effort can generate approximately US$1,500-3,000 in savings, while streamlined administrative activities contribute a further US$1,500-3,000 per study per site. Improved coordination and clarity of handoffs can deliver an additional US$5,000-10,000 in operational efficiencies. While these individual benefits vary by study and site characteristics, they collectively contribute to the broader US$15,000-20,000 value realization per site, with the greatest impact stemming from shorter enrollment timelines and reduced operational burden.

Across both perspectives, there is strong alignment between what is prioritized and where the combined model is expected to deliver impact. Sites most frequently identify access to better pre-qualified referrals as one of the highest-impact levers for improving recruitment outcomes, reflecting the operational importance of reducing screening effort and ensuring patients arrive site-ready. Sites also associate value with improved patient communication through PRP-enabled channels such as video, email, SMS, and chat messenger outreach, which help improve responsiveness and reduce no-shows. Sponsors, meanwhile, place the greatest emphasis on speed to full enrollment, underscoring the need to translate qualified referrals into faster, more predictable enrollment progress. They also place significant value on end-to-end visibility through improved dashboards and real-time insights that support earlier issue identification and more proactive course correction.

Importantly, these are the same outcomes that were identified earlier as top recruitment priorities in Exhibit 2. This similarity indicates that a combined central recruitment services and PRP approach is well positioned to address the most vital unmet needs of both sponsors and sites, helping bridge the gap between recruitment priorities and current performance.

The combined model can simplify ownership and end-to-end execution while enabling centralized dashboards, lower costs, and greater global reach.

Beyond the operational and financial benefits realized by sponsors and sites, the integrated model also creates meaningful value for patients by improving the overall recruitment experience. For patients, the most meaningful improvements relate to continuity and clarity across the recruitment journey. Structured outreach, consistent communication, and secondary screening help ensure patients receive relevant information, timely follow-ups, and clearer guidance, reducing uncertainty and drop-offs as they progress toward enrollment.

However, translating these benefits into sustained outcomes across studies requires a model that can scale effectively while maintaining coordination across stakeholders. As recruitment demands intensify, organizations require operating models that combine the precision of service-led screening with the visibility of platform-enabled oversight. Central recruitment services ensure that patients are identified, guided, and well-qualified for site review, while PRPs provide the structure needed to track referral progression, monitor site activity, and coordinate actions across stakeholders.

Realizing these benefits at scale depends on how effectively organizations align their people, processes, and technology to support an integrated recruitment model. Establishing clear ownership, consistent workflows, and fit-for-purpose platform capabilities become essential for translating potential into sustained operational impact.

Taken together, this consolidated view highlights a clear pattern: sites and sponsors gain the strongest operational benefits, while patients experience the most improvement in continuity, clarity, and reduced friction across the journey.

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Case study: improving referral quality and site efficiency through central recruitment services

Company background and business objectives

The Indiana Clinical Trials Center is a clinical research site that has used Trialbee's offering across three studies, with approximately 20% of patients referred through Trialbee. The site was looking to improve referral quality and reduce the time spent screening patients who were unlikely to qualify or progress in the study.

Challenges faced

Before working with Trialbee, the Indiana Clinical Trials Center often received referrals from central recruitment campaigns that had undergone limited pre-screening. Site teams therefore spent considerable time contacting patients, reviewing eligibility, entering information, and following up, only to find that many were not suitable for the study. This exercise resulted in a high number of unqualified leads and increased workload for site staff. Beyond referral quality, the site also had limited visibility into how patients had been screened and the context of prior interactions before the referral reached the site.

The solution

Trialbee provided secondary screening against study-specific criteria before referring patients to the site. This step helped ensure that referred patients were better qualified, genuinely interested, and more likely to progress through recruitment. The Indiana Clinical Trials Center also had visibility into the screening questions used by Trialbee and used the PRP-enabled communication channel to support patient follow-up. The depth of Trialbee's pre-screening process was highlighted as a key differentiator compared with other central recruitment approaches the organization had experienced.

Outcomes achieved

The Indiana Clinical Trials Center reported several benefits from using a combined PRP and central recruitment services approach:

- **Higher referral quality:** Better pre-screening reduced the number of unsuitable patients reaching the site and allowed teams to focus on patients more likely to qualify
- **30% improvement in referral-to-enrollment conversion:** Better pre-screening helped increase the proportion of referred patients progressing to enrollment
- **20% improvement in speed to full enrollment:** The site estimated faster enrollment progress with Trialbee-supported referrals
- **15% reduction in recruitment-related effort:** Pre-screening reduced the time spent on initial screening, data entry, and follow-up
- **30-40% improvement in patient responsiveness:** Trialbee-referred patients were reported to be more responsive than patients coming through other recruitment sources

For Indiana Clinical Trials Center, the strongest value came from the quality of the pre-screening itself. Better alignment with study requirements before patients reached the site helped reduce unnecessary effort for site teams while improving the likelihood of referred patients progressing toward enrollment.

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Making it real: unlocking the full value of integrated recruitment models

Addressing the barriers that limit broader PRP adoption

While organizations see strong potential in PRP-enabled recruitment, most still encounter operational and structural hurdles that limit wider adoption. These challenges are less about whether PRPs add value and more about how easily platforms integrate with existing systems and how quickly teams can adapt to new workflows. Exhibit 5 highlights the key barriers limiting PRP adoption from both sponsor and site perspectives.

Exhibit 5: Barriers to broader PRP adoption

Source: Everest Group (2026)

Barriers reported by sponsors

Slow procurement and contracting

Lengthy provider onboarding and contracting cycles delay PRP deployment and time-to-value

Integration complexities

Effort to connect the recruitment platform with sponsor and site systems and keep data flowing correctly

Budget or unclear RoI

Uncertainty around measurable business value makes it difficult to justify investment and limits funding

Regulatory and quality approvals

Delays in compliance reviews, audits, and governance requirements can slow implementation and scale-up efforts

Barriers reported by sites

Privacy and security

Concerns around patient data privacy, consent management, and security create adoption challenges

Integration complexity

Effort to connect the recruitment platform and site systems and keep data flowing correctly

Unclear roles in digital-to-site handoffs

Lack of clear ownership and accountability during patient handoffs can create delays and inefficiencies

Regulatory and quality approvals

Compliance reviews, audits, and standard operating procedures can delay adoption

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Across both sponsors and sites, integration complexities emerge as a significant barrier to PRP adoption, alongside other organizational and operational challenges. Sponsors also emphasize procurement and contracting, RoI considerations, and governance requirements, all of which can delay adoption and time-to-value. Sites, in contrast, are more concerned with privacy and security considerations, the availability of training and guidance, and clarity around digital-to-site handoffs. Lower-ranked barriers such as data quality limitations, internal change management, and user adoption challenges further highlight the operational effort required to scale PRPs effectively across studies and geographies. Together, these perspectives highlight that broader PRP adoption depends not only on platform capabilities, but also on effective integration and enablement across stakeholders.

People, processes, and technology: a framework for addressing PRP challenges

Enhancing recruitment performance depends on strengthening the capabilities that sit around the PRP, not only the platform itself. Organizations that realize greater value from PRPs tend to invest across three foundational dimensions.

People: human enablement is essential across the recruitment life cycle
Areas where people-related improvements have the greatest impact include:

- Live patient help (navigators or call centers) that answer patient questions and support visit scheduling
- Dedicated site coordinators who act as a primary point of contact at each site and help move things quickly
- PRP training for sites and staff using simple materials, standardized scripts, and periodic refreshers
- Clearly defined ownership and accountability across sponsors, sites, and recruitment partners

Processes: well-structured workflows help ensure recruitment progresses smoothly across teams and programs
Key process elements that drive improvement include:

- A standard flow from identification and pre-screening through consent and enrollment
- Simple consent steps that are easy to understand and complete (including online consent)
- Regular progress checks, such as weekly dashboards or meetings to spot problems earlier
- Clear roles and responsibilities during digital-to-site transitions

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These challenges show that scaling a PRP depends on both technology readiness and the ability of people, processes, and systems to support a unified approach.

Technology: consistency and accountability across the recruitment journey

Capabilities that make the biggest difference include:

- A single, up-to-date patient profile capturing all interactions and current status in one place
- Unified messaging capabilities that enable email, text, calls, and social media communications to be managed through a single system
- A centralized recruitment funnel integrating referrals from sites, recruitment vendors, and patient advocacy groups
- Automated alerts and workflow triggers to identify bottlenecks early

These technology capabilities are typically offered through PRPs, which serve as the foundation for recruitment visibility, coordination, and workflow management. Together, these enablers strengthen execution discipline and reduce friction between stakeholders, creating a more coordinated and consistent recruitment ecosystem.

Choosing the right PRP partner

As organizations refine their recruitment models, they are becoming more deliberate in how they evaluate PRP partners or platforms. Some key sourcing considerations consistently stand out:

- **Embedded communication capabilities** that support SMS, WhatsApp, and video calls to improve patient responsiveness and streamline site-patient engagement
- **Strong human support services,** including patient navigators, call center support, and clinical screeners, provide additional assistance where needed to guide patients through the recruitment process
- **Interoperability with sponsor and site systems** through easy integrations with Electronic Health Record (EHR), Clinical Trial Management System (CTMS), electronic consent, and customer relationship management platforms
- **Robust data protection and privacy controls,** including security safeguards, role-based access, and audit trails, help ensure compliance and protect sensitive patient information
- **Real-time visibility and analytics** with a single journey dashboard, study-level funnels, alerts, and reporting to support proactive monitoring and decision-making
- **Platform capability and scalability** through a centralized recruitment platform that supports targeting, outreach, pre-screening, consent, and scheduling across studies

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- **Proven performance and outcomes** demonstrated by consistent enrollment timelines, high qualification rates, and the ability to reach hard-to-find patient populations
- **Patient registry capabilities** to build and maintain re-contactable patient pools for future trials

Beyond evaluating partner capabilities, organizations place significant emphasis on the KPIs they use to assess the effectiveness of patient recruitment itself. These measures help determine whether recruitment strategies across central recruitment services, PRPs, and site operations deliver the outcomes required to keep trials on track. Exhibit 6 summarizes the KPIs sponsors and sites consider most important for evaluating recruitment effectiveness.

Exhibit 6: KPIs used to assess patient recruitment

Source: Everest Group (2026)

Sponsor view		Site view
97% Speed and timeline metrics: time-to-first-patient and time-to-full-enrollment		95% Speed and timeline metrics: time-to-first-patient and time-to-full-enrollment
50% Cost per enrolled patient: average spend per patient enrolled		85% Patient experience: satisfaction with recruitment-related communication and support
53% Referral-to-enrollment conversion: percentage of referrals who actually enroll		85% Referral-to-enrollment conversion: percentage of referrals who actually enroll
50% Enrollment rate per site: average patients enrolled per site		95% Enrollment rate at your site: patients enrolled per month
37% Lower screen-failure rate: fewer patients fail eligibility checks		85% Lower screen-failure rate: fewer patients fail eligibility checks

Note: Percentages represent the share of respondents who reported KPI as very or extremely important, while the ordering of KPIs is based on a weighted average across all five importance levels

The findings reveal a notable convergence in how sponsors and sites define recruitment success. Across both groups, the highest-ranked KPIs are tied to enrollment velocity, conversion effectiveness, and operational efficiency, highlighting a growing emphasis on measurable recruitment outcomes and execution excellence.

While priorities differ slightly by sponsors and sites, both groups emphasize metrics that reflect speed, efficiency, and quality of execution. Sponsors tend to focus on timeline-driven indicators such as time-to-first-patient and time-to-full-enrollment, along with referral-to-enrollment conversion as a measure of recruitment effectiveness. Sites, in contrast, place greater emphasis on enrollment rate, reduced screen failures, alongside staff effort per patient, reflecting the operational realities of managing recruitment at the ground level.

Taken together, these KPIs reinforce a shared expectation: recruitment models must deliver faster progress with less rework, while providing enough visibility to support proactive intervention when performance deviates from plan.

Looking ahead, organizations are also evaluating where the combined central recruitment services and PRP approach can further create strategic value in the next two to three years. They are looking at:

- **Trial-finder infrastructure integration:** connecting sponsor trial-finder websites directly with recruitment platforms to enable smooth patient referrals and reduce drop-offs after initial interest
- **Program management and governance:** establishing clear ownership, shared KPIs, and rapid escalation mechanisms to resolve issues efficiently
- **Site enablement and workflow integration:** providing training, clear materials, and seamless links to site systems such as scheduling tools and EHRs
- **Privacy, consent, and compliance by design:** embedding controls, audit trails, and clear consent processes to protect patient data and support regulatory requirements
- **Diversity and access expansion:** leveraging community outreach, language support, and accessibility-focused approaches to reach underserved patient populations

These forward-looking areas reflect a broader shift toward treating recruitment as an organizational capability rather than a study-by-study activity. When combined with central recruitment services, PRPs are seen as enablers of more predictable planning, more consistent execution, and a more resilient recruitment model over time.

> “The combined model can accelerate recruitment while improving patient diversity.”
>
> – VP of R&D, a top 10 US-based pharma company

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AI implications for PRP roadmaps

Organizations are beginning to incorporate AI into patient recruitment workflows, though adoption maturity varies widely across stakeholders. Around 53% of sponsors report using AI in some form, ranging from pilots to early scaling efforts, while nearly 50% of sites indicate similar levels of AI use or experimentation. At the same time, a significant proportion of both groups remain in exploratory stages, assessing feasibility and fit within regulated recruitment environments.

This uneven adoption reflects a balance between recognizing AI's potential and exercising caution due to operational and compliance considerations.

Barriers to more widespread use tend to cluster around a few common areas for both sponsors and sites. Data quality and coverage remain foundational challenges, particularly for training and matching models reliably at scale. Integration with existing systems, such as EHR, CTMS, and PRP environments, continues to limit operationalization of AI insights within day-to-day workflows. Privacy, security, and regulatory uncertainty also play a role, as organizations seek clarity on governance, auditability, and the use of AI in patient-facing and decision-support processes. Together, these constraints suggest that AI's full potential in recruitment will only be realized when underlying workflows, data readiness, and governance models are firmly in place.

As organizations progress in their digital maturity, there is increasing clarity on where AI can create the most meaningful impact when integrated with PRP-enabled recruitment models. Near-term value is expected where AI's analytical and automation strengths complement PRP-driven visibility and coordination, particularly in planning, targeting, and proactive intervention.

Over the next 12-24 months, several AI use cases are viewed as especially promising for improving patient recruitment outcomes:

- **Forecast enrollment and select sites:** Predict enrollment timelines and identify the most suitable countries and sites for execution
- **Find and match patients across data sources:** Link EHRs, claims data, and registries to identify and target eligible candidates more effectively
- **Predict retention risk and trigger support:** Flag at-risk participants early and prompt timely outreach or intervention
- **Optimize scheduling and reduce no-shows:** Recommend appointment times, reminders, and travel support interventions to improve attendance and continuity throughout the recruitment journey
- **Enhance referral allocation across sites:** Analyze site capacity, enrollment performance, and patient location to recommend where referrals should be routed for the highest likelihood of enrollment
- **Recommend next-best actions across the recruitment funnel:** Suggest the most effective follow-up action for each patient (for example, reminder, nurse outreach, scheduling support) based on funnel status and historical conversion patterns

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Together, these use cases highlight how AI can reduce operational friction, increase precision, and support more efficient recruitment.

Realizing these benefits, however, requires more than deploying new digital capabilities. Organizations must strengthen the people, processes, and technology that surround recruitment operations. Reinforcing workflow discipline, improving data readiness, and establishing clear governance will enable organizations to apply AI safely and effectively within PRP-driven recruitment models. By doing so, organizations can build a recruitment function that is:

- More predictable, with fewer surprises during enrollment
- More efficient, with streamlined processes and reduced manual work
- More consistent across geographies, enabling scalable oversight
- More representative, supporting broader diversity and inclusion goals

Equipped with these foundations, organizations will be better positioned to support the complexity of modern clinical development and to adapt as the next wave of digital and AI capabilities continues to evolve.

Conclusion

The growing complexity of clinical research requires more coordinated, transparent, and resilient recruitment models. Central recruitment services improve referral quality through targeted outreach and structured screening, while PRPs provide real-time visibility, standardized oversight, and consistent site coordination. Together, they support faster enrollment, more predictable execution, and a better experience for patients, sites, and sponsors.

However, unlocking the full value of this model requires more than deploying new tools. Scaling central recruitment services and PRPs effectively depends on strengthening the people, processes, and technologies that support recruitment operations: clarifying ownership, establishing consistent workflows, ensuring data readiness, and equipping sites with the guidance and resources they need. Organizations that invest in these foundational capabilities are better positioned to overcome persistent barriers and translate qualified referrals and platform-enabled visibility into meaningful improvements in recruitment performance.

Looking ahead, AI capabilities embedded in PRP environments will further enhance how organizations plan, target, and manage recruitment. Building a cohesive operating model will help life sciences organizations establish a recruitment function that is more efficient, scalable, and adaptable to the demands of modern clinical development.

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Appendix

Research methodology

Everest Group conducted structured surveys with 50 sponsors and clinical study site respondents to understand current recruitment challenges, adoption of PRPs, and the value organizations see when combining PRPs with central recruitment services. The surveys captured perspectives from respondents across the US, Europe, the UK, and Latin America, providing a geographically diverse view of how integrated recruitment models are used and where they deliver value.

Insights were analyzed collectively to identify common themes as well as stakeholder-specific needs. Qualitative inputs from industry discussions further informed and validated the findings. Results represent aggregated, directional perspectives rather than organization-specific conclusions. Exhibit 7 presents the respondents' profile by geographic distribution and respondent type.

Exhibit 7: Respondents' profile by geographic distribution and type

Source: Everest Group (2026)

Split of survey respondents **by geography** (100% = 50)	
US	60%
Europe	18%
Latin America	12%
UK	10%
Split of survey respondents by type (100% = 50)	
Sponsors	60%
Sites	40%

Exhibit 8 provides its breakdown by business classification, seniority level, and role across sponsor and site participants.

Importantly, AI augments, rather than replaces the human judgment that remains essential in patient communication, qualification, and engagement decisions.

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Exhibit 8: Respondents' profile by business classification, level, and role

Source: Everest Group (2026)

Sponsor view

Split of survey respondents **by organization revenue** (100% = 30)	
Over US$50 billion	57%
US$10-24.9 billion	33%
US$25-49.9 billion	10%
Split of survey respondents by level (100% = 30)	
VP / Head / Department Head	50%
Director	47%
C-suite (CEO, COO, CIO, CDO)	3%
Split of survey respondents by role (100% = 30)	
Clinical operations/development (includes patient recruitment)	50%
R&D leadership (Head of R&D, Therapy Area Head)	47%
Head of Patient Recruitment/Enrollment	3%

Site view

Split of survey respondents **by organization type** (100% = 20)	
Hospital or Academic Medical Center (AMC)	35%
Independent investigative site / Private practice	45%
Site network / Site management organization	20%
Community health system / research center	10%
Split of survey respondents by role (100% = 20)	
Site Director / Head of Clinical Research	50%
Clinical Research Coordinator / Study Coordinator	25%
Principal Investigator (PI) / Sub-investigator	25%

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This study was funded, in part, by Trialbee

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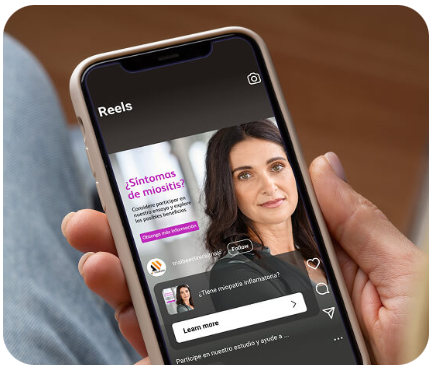
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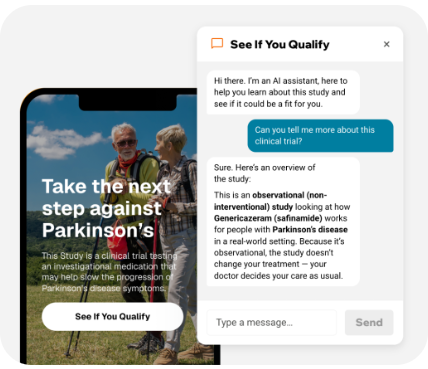
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Everest Group results from 50 sponsor and site interviews for a Phase 3 trial with pre-qualified referrals and a Patient Recruitment Platform (PRP).



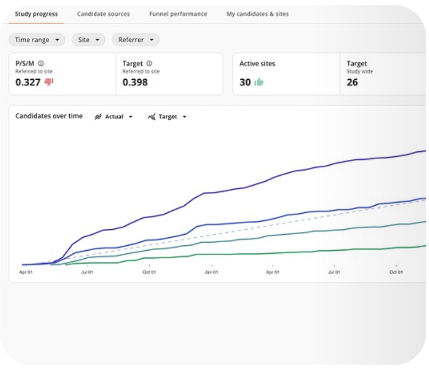
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