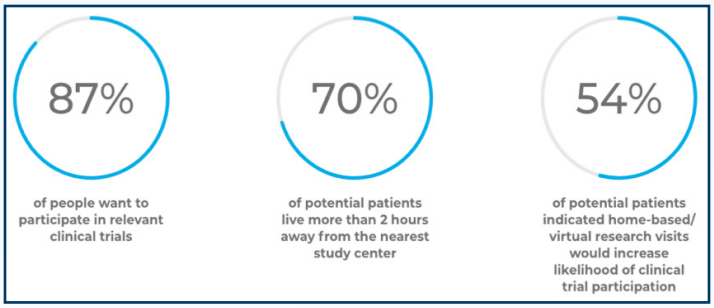
Virtual Clinical Trials Can Bolster Research Sites' Success

From biosensors and 3D bioprinting to gene editing and tissue engineering, technology is transforming the healthcare industry, and with each new advancement comes the necessity for change in the way the industry operates. Telehealth is one of the most disruptive revolutions, altering the generations-old model of visiting a doctor in person for diagnosis and treatment. By enabling patients to achieve similar results from a remote session, this new alternative is having a dramatic effect on the dynamics of the medical industry.

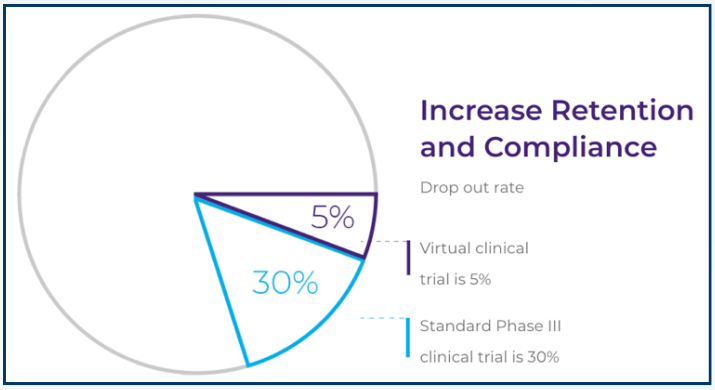
Telehealth platforms customized for the clinical trial space are also emerging, requiring us to re-think the status quo and create new possibilities for success. Adopting these new advancements can give your site a competitive advantage. Consider these statistics:[1, 2]



According to a 2013 survey from The Center for Information and Study on Clinical Research Participation (CISCRP), 87% of people want to participate in new studies that have the potential to improve or cure a health issue from which they suffer. Unfortunately, where they live, their busy lives and other commitments get in the way of participation. A 2018 study by Pharmpro indicated that reducing the time and travel required for participation in a clinical trial can greatly increase enrollment numbers.[3] That's a win for both patients and research sites!

While adapting to modern technologies is advantageous, upholding the value of physicians and PIs is crucial in this new model. As a whole, research sites will need to advocate for an appropriate balance between in-person and virtual visits. Appointments that include a physical examination or that require medication to be dispensed, for example, must always be conducted in person. Throughout a trial, however, there are other visits that can safely and easily be accomplished remotely such as medication compliance and health check-ins. This mixed-visit type of trial represents a hybrid approach to virtual trials and is particularly appropriate for phase 3, phase 4 and post-approval trials.

Incorporating a healthy mix of visit types has been shown to improve retention rates, too. By eliminating the need for participants to travel long distances for in-person appointments for every visit, dropout rates decrease from 30% to 5%.[4, 5] And with the average cost of a dropped patient being $5,000[6] and an average clinical trial including 1,000 patients, the resulting savings averages $1.25M per trial.



Quality standards should not be affected by using a virtual platform as long as the platform provides a direct route to connect with a study coordinator or principal investigator (PI). This communication is typically done via video, email, phone, or text and enables participants to easily ask questions, share adverse experiences, or even show symptoms via camera or video. In addition to communicating during regularly scheduled visits, it provides patients with an easy method to connect between visits if needed.

Implementing virtual clinical visits can be an adjustment, but is well worth the effort required to adjust to new procedures. In addition to providing a more patient-centric option that encourages higher enrollment rates, patients often feel empowered from more frequent communication with their doctor and are more likely to stay engaged for the duration of the trial. In addition, sites may be able to accommodate a higher volume of patients, enabling them to operate more efficiently.

References

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