

# Patient Recruitment Myths

Separating fact from fiction in clinical trial enrollment, and what the data reveals about how patients really engage with studies.





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Get ready to be enlightened.

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In clinical research, we tend to rely on what's worked before. The familiar playbooks. The proven tactics. But what if some of that "conventional wisdom" is what's slowing us down?

At 1nHealth, we believe data should drive how we recruit and engage patients. This e-book shares what happens when we put that belief into practice.

We took common myths in patient recruitment and enrollment and tested them against real-world data. Inside, you'll find what we learned about source quality, creative strategy, platform selection, and much more.

These results didn't happen by chance. They came from a patient-first approach, consistent A/B testing, and messaging that meets patients where they actually are.

We're not sharing this to brag, but to start a conversation. Let's jump in!

Sincerely,

*Your Favorite Patient Enrollment Team*

## Myth #1

# Site referrals are higher quality than advertising leads

Patient referrals sourced from sites are seen as the gold standard when compared with recruitment results. But what if that reputation is based more on perception than performance?

# Quality isn't about the source. It's about the strategy.

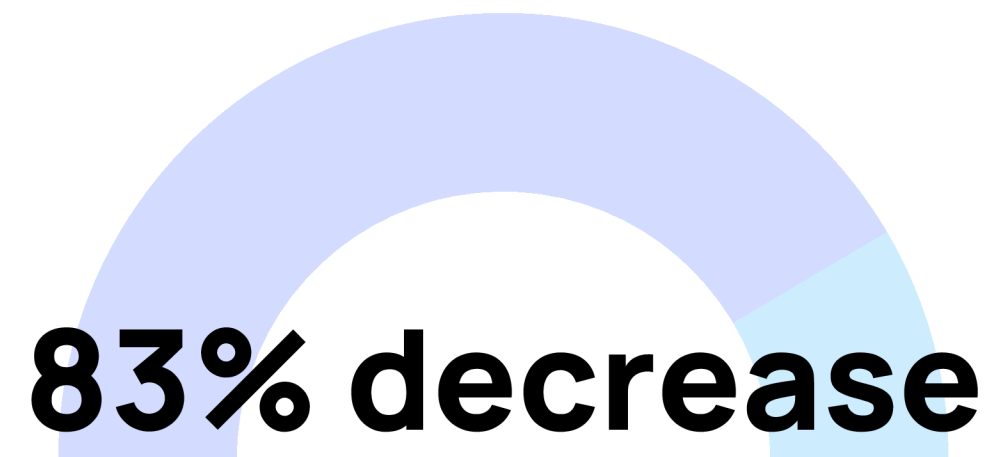
For years, the industry has treated site referrals as the highest standard for patient quality. But data tells a different story. The real differentiator isn't whether a patient comes from a site or a digital ad, it's the strategy behind how they're identified, qualified, and engaged.

Today's most effective recruitment efforts combine precision targeting, smarter screening, and ongoing optimization to deliver patients who are both medically eligible and truly interested in participating.

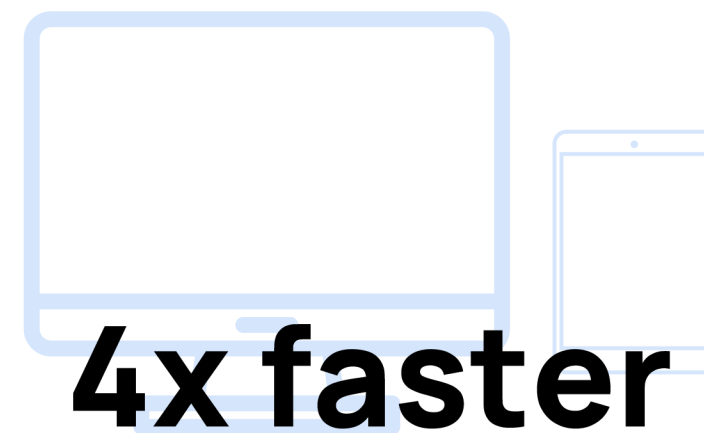




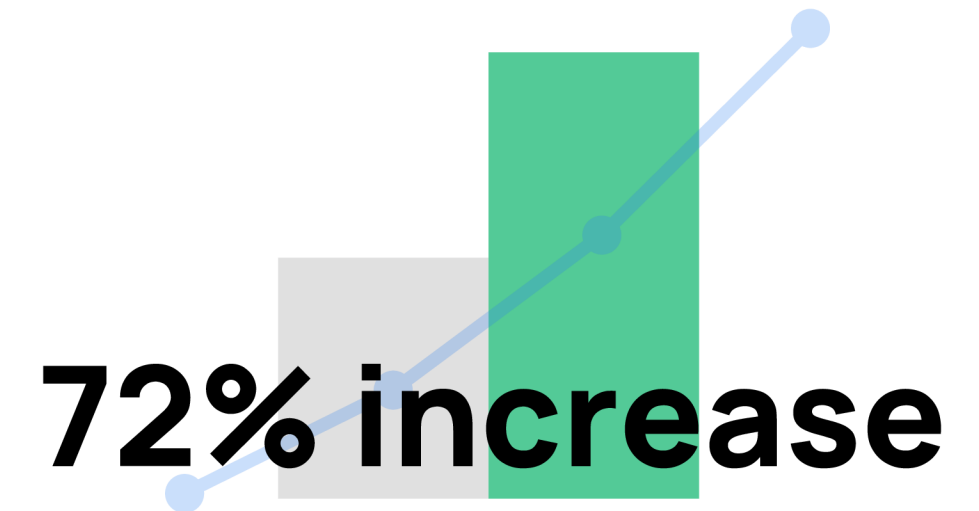
# A dedicated digital recruitment team knows how to turn interest into engagement.



In a recent study of 500 participants with depressive symptoms, the patient recruitment agencies using digital tracking tools lowered the cost per lead from \$107 to \$18, or roughly 83%. (JMIR 2025)



A review of 61 clinical studies found that digital recruitment methods brought in participants more than 4x faster than traditional site- or clinic-based approaches, highlighting the efficiency of modern digital engagement. (JMIR 2021)



The patient recruitment industry is growing fast, valued at \$900M in 2023 and projected to reach \$1.56B by 2030. This trend isn't slowing, and specialized recruitment partners are here to stay. (Grand View Research 2023)

## Case Study Site referrals 14% more likely to screen fail in study

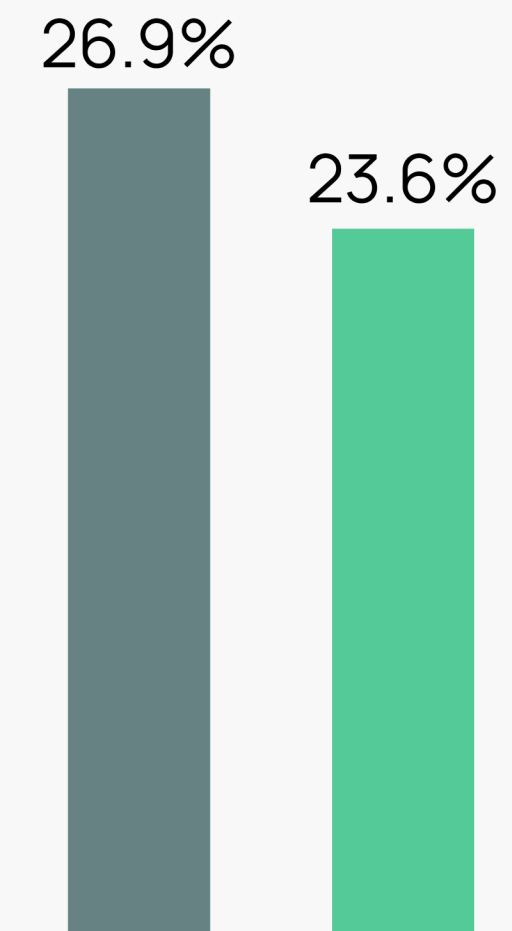
In a recent gastrointestinal study, 1nHealth supplemented site-based recruitment. After five months, digital referrals had a 23.6% screen fail rate versus 26.9% for site-sourced patients.

This difference reflects the advantages of dedicated digital recruitment team providing support: precision targeting, rigorous pre-screening, and continuous optimization.

Far from replacing sites, digital recruitment complements their efforts by efficiently delivering qualified candidates and freeing site staff to focus on patient enrollment.

### Total screen fail (SF) rate

● Sites ● 1nHealth



Myth #2

# You have to look clinical to be seen as credible

Have we confused compliance with connection?  
What if true success comes from engaging  
people, and not just following process?





# Overly clinical messaging shuts down real engagement.

Following process keeps a study running but it's scroll-stopping creative that gets patients' attention and a genuine connection that keeps them engaged. When sites and sponsors focus only on doing things "by the book" they risk missing the human side of participation.



# The critical role of quick, authentic engagement.



## THE AVERAGE ATTENTION SPAN ON A SINGLE SCREEN IS 40 SECONDS

According to the American Psychological Association, the average attention span when looking at a single screen is 40 seconds. But what about scrolling on a single screen?

Facebook reports that users typically spend just 1.7 seconds viewing a single piece of content on mobile and 2.5 seconds on desktop before scrolling past.



## 90% OF A PERSON'S INITIAL IMPRESSION IS BASED ON COLOR ALONE

Hubspot found that 90% of a person's first impression about something is based on color alone, which means your recruitment materials can't afford to blend in.

Choose colors and imagery strategically to stand out, connect emotionally, engage potential patients, and turn attention into enrollment.



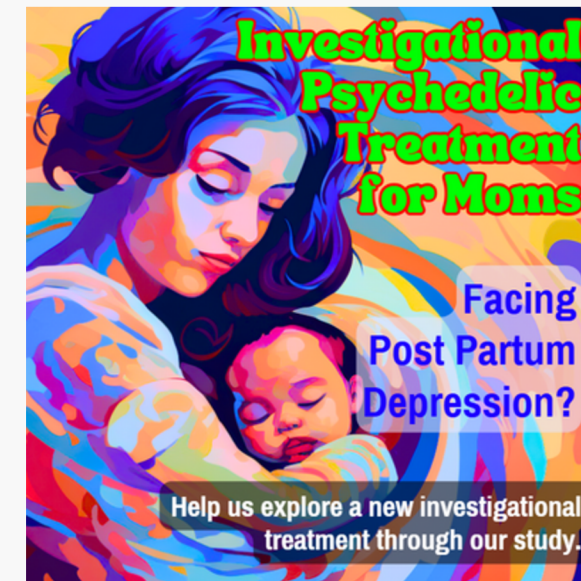
## Case Study **Completing enrollment 14 months ahead of schedule**

1nHealth supported recruitment for a clinical trial of 72 new mothers seeking relief from postpartum depression.

Through A/B testing of a new “psychedelic” angle in copy and imagery, we sourced the majority of consented patients (54%) and randomized patients (56%) while maintaining a lower screen fail rate (58%) than those sourced by sites.

We completed enrollment 14 months ahead of schedule.

The n=72 target was reached by April 2025, with 12 additional randomizations soon after.





## Myth #3

# We can't use TikTok to recruit patients

If TikTok can shape global trends overnight, why can't it help reshape clinical recruitment?

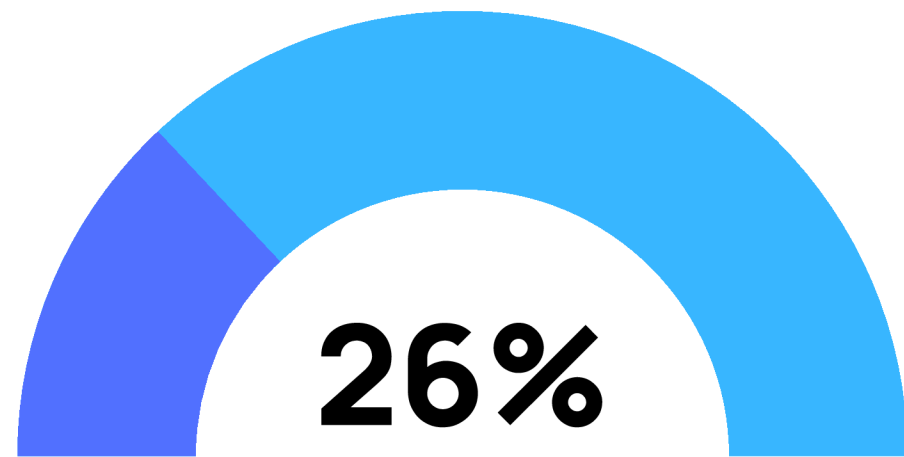


# Recruitment works best where patients already are.

TikTok isn't just dance videos. It's one of the most engaged platforms in the world, where millions turn daily for health information, advice, and community. When used strategically, it becomes a space to educate and connect with patients authentically.



# TikTok is a platform with reach, relevance, and real patient potential.

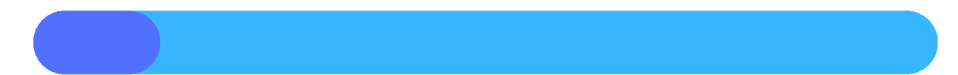


In the U.S., 26% of TikTok users are aged 50-64. Even older patient populations are reachable there. (Social Media Dashboard, 2025)

## 52 minutes a day

That's how long U.S. adults spend on TikTok on average. That's substantial "eyeball time" for recruitment (Backlinko, 2025)

## 14% of people



get their news from TikTok. People trust the platform enough to consume serious content, not just entertainment (Influencer Marketer, 2025)



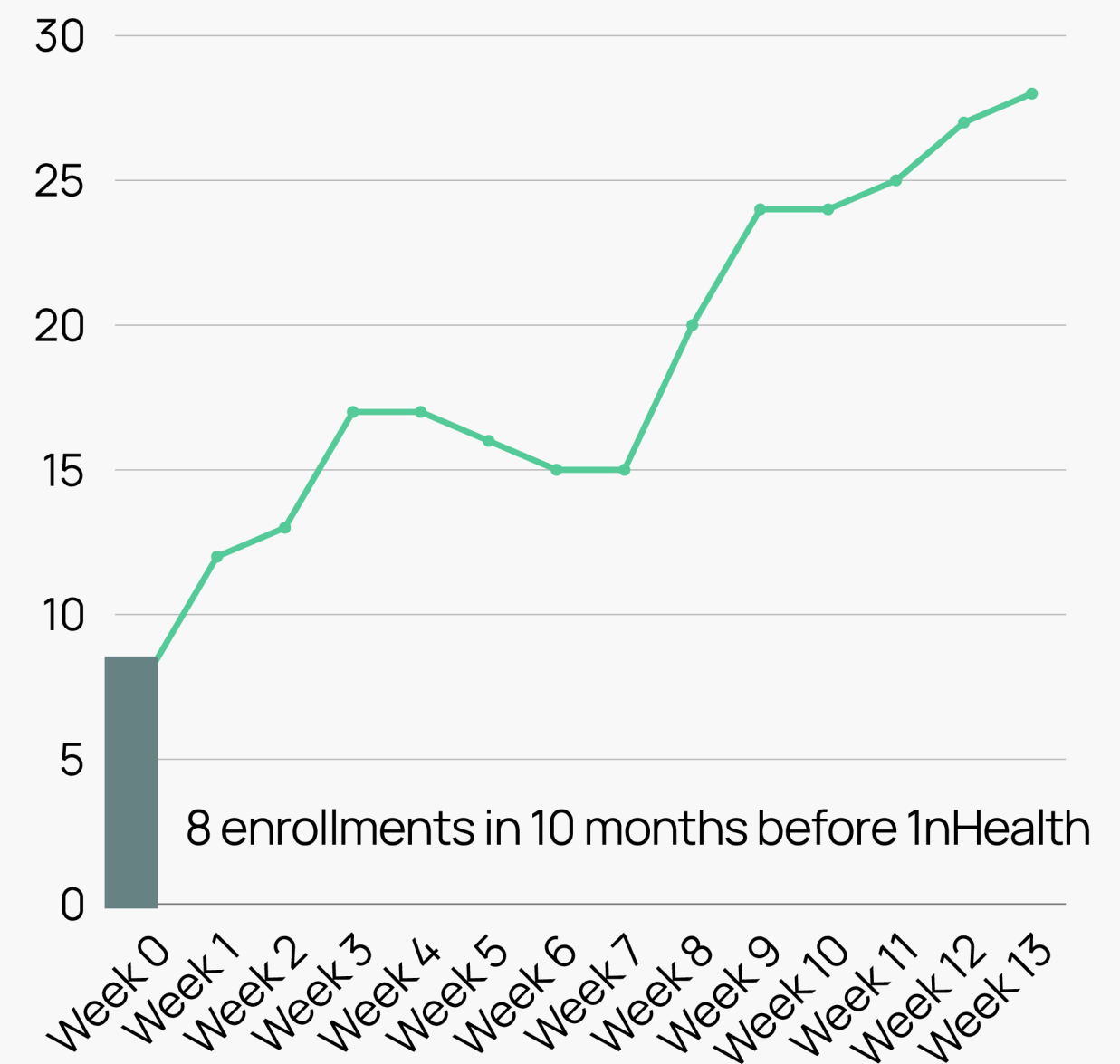
## Case Study Doubling previous enrollment in just 4 weeks

A U.S.-based Phase 2a study across four sites needed 45 adults with Adjustment Disorder (AjDA) but was six months behind schedule. The sponsor enlisted 1nHealth to rescue.

1nHealth refreshed study materials with visually dynamic ads and focused recruitment efforts on TikTok, which was previously missing.

The campaign drove leads at breakneck pace, resulting in a 10x increase in ICFs per week. Lead flow was optimized by zip code as site capacities shifted, restoring steady, high-quality enrollment.

### Enrollment by week



Myth #4

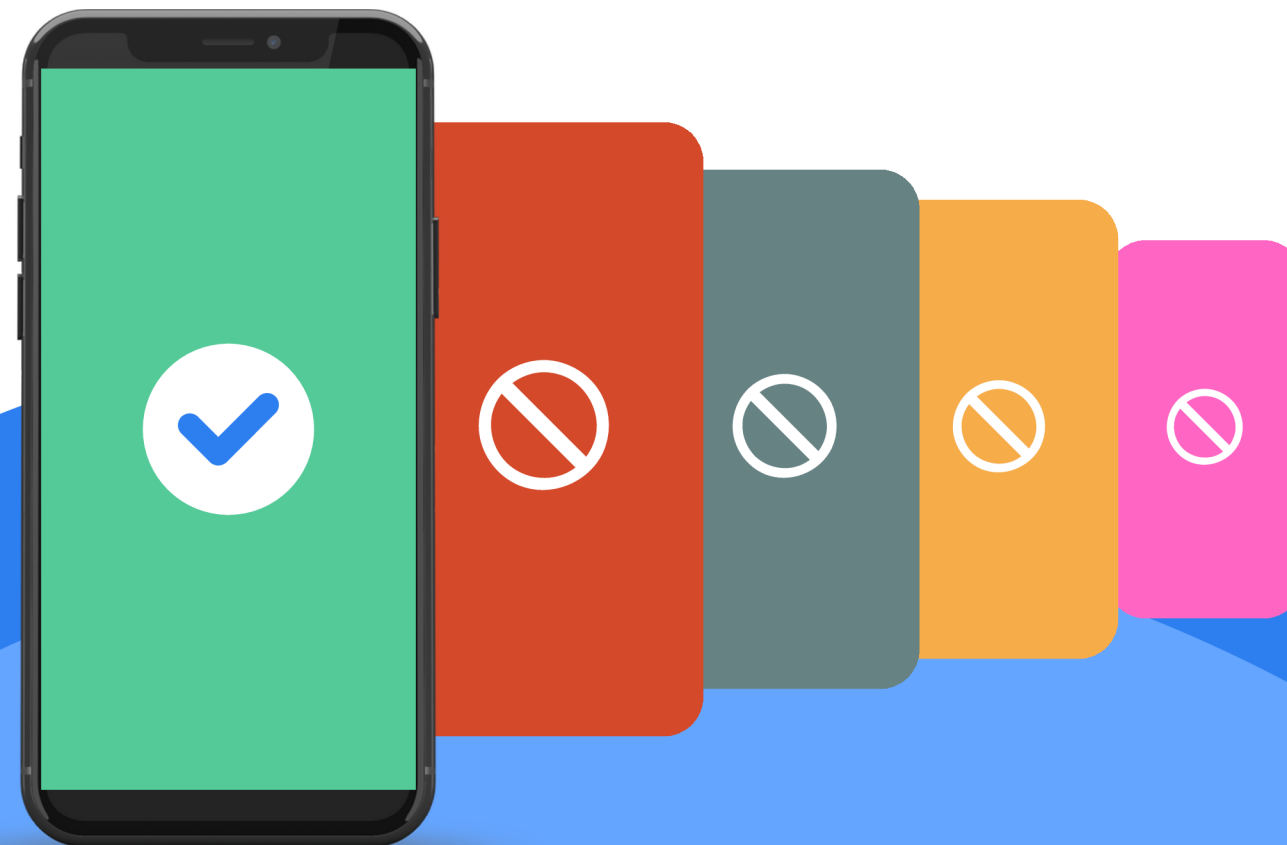
# You can't predict recruitment performance accurately

If every other industry tests its messaging before going live, why shouldn't clinical research?



# Smart trials don't wait to learn what resonates with patients.

Testing before launch eliminates guesswork. Small-scale message tests reveal what truly drives engagement. When recruitment begins, every ad, landing page, and conversation works harder.



# The best enrollment campaigns begin before recruitment.

## EARLY RECRUITMENT PLANNING KEY TO PREVENTING TRIAL DELAYS



The Clinical Trials Transformation Initiative analyzed hundreds of studies in 2021 and found that recruitment challenges often stem from planning that begins too late. By integrating recruitment strategies during protocol design, including feasibility, site readiness, and communications, sponsors achieved steadier enrollment timelines and avoided costly mid-study fixes. (CTTI Recommendations: Planning for Successful Trial Recruitment, 2021)

## INTERNAL PILOT PHASES BOOST STUDY ENROLLMENT BY UP TO 25%



A case study of randomized trials across 25 general practices found using an internal pilot phase and testing recruitment in real conditions before launch led to stronger outcomes. Trials that applied a “test-before-launch” model improved recruitment accuracy and enrollment rates by an average of 25% compared to prior benchmarks. (BioMedCentral: Site-Specific Factors Associated with Clinical Trial Recruitment Efficiency, 2023)

## FORECASTING MODELS IMPROVE RECRUITMENT ACCURACY BY 30%



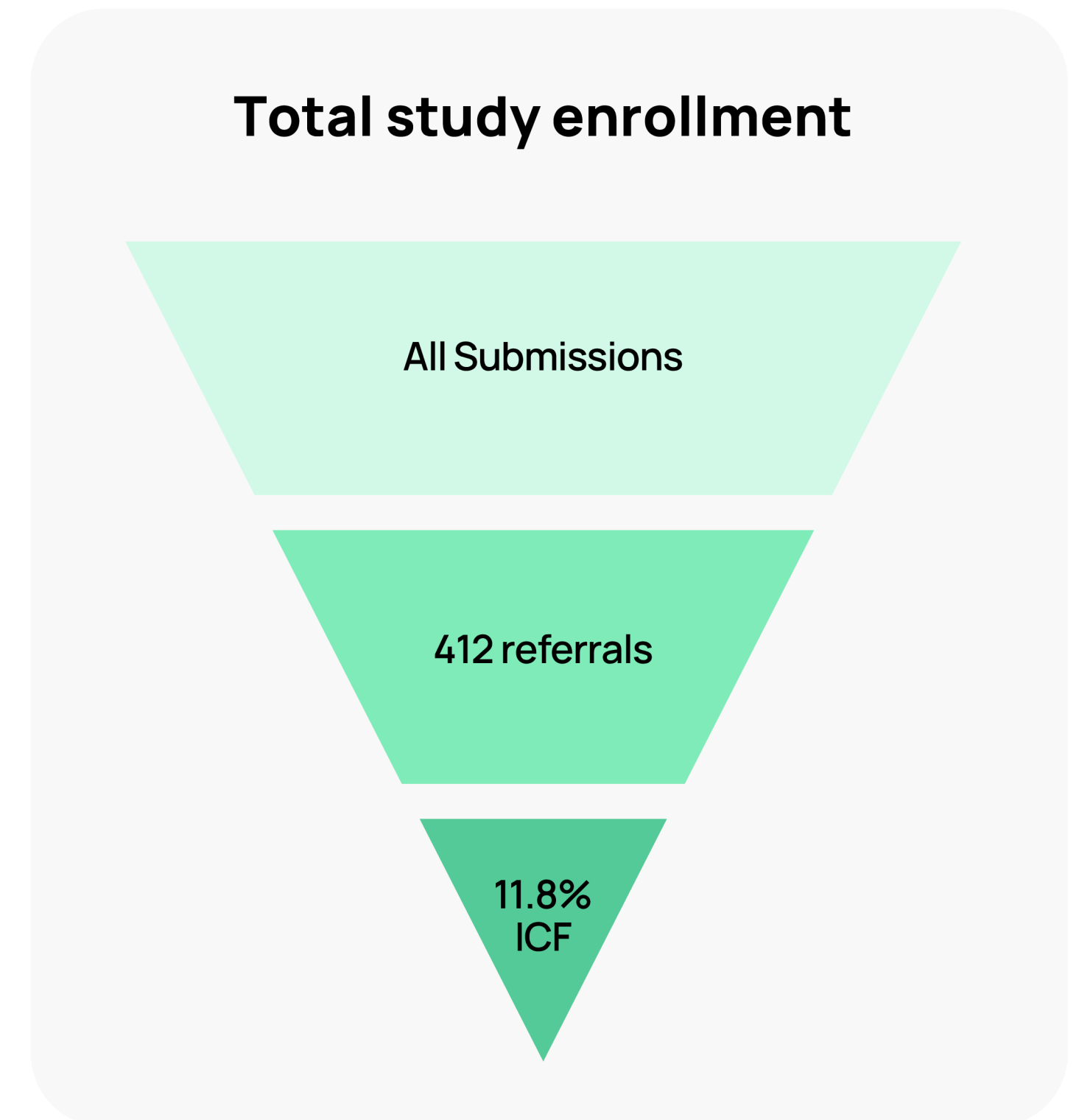
A 2023 study introduced a statistical forecasting model that uses pre-launch data, such as site readiness, disease prevalence, and screening rates, to predict enrollment curves. Applying forecasting during the planning phase improved recruitment projection accuracy by 30%, helping teams allocate resources and refine outreach strategies before launch. (Springer Nature, Gresham et al: Enrollment Forecast for Clinical Trials at the Planning Phase, 2023)

## Case Study **Nearly 1 in 8 referrals sign consent thanks to A/B testing**

A sponsor partnered with 1nHealth to recruit patients with moderate-to-severe atopic dermatitis across the U.S., Canada, and U.K.

Through early A/B testing, we found that humorous, relatable messaging resonated most with eczema patients, reflecting how the community often uses humor to connect and cope.

With scroll-stopping creative and empathetic tone, campaigns across channels generated 412 qualified referrals, 11.8% converted to ICF signings. Early testing that proved authenticity and understanding would drive engagement.

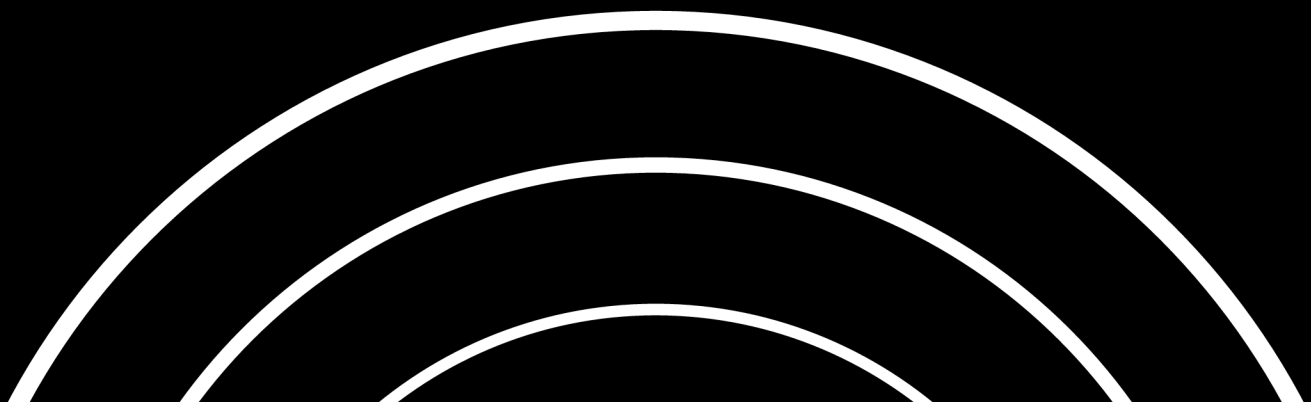




Myth #5

# Databases are the most reliable patient sources

Can a list built years ago keep up with how people actually find and join trials today?

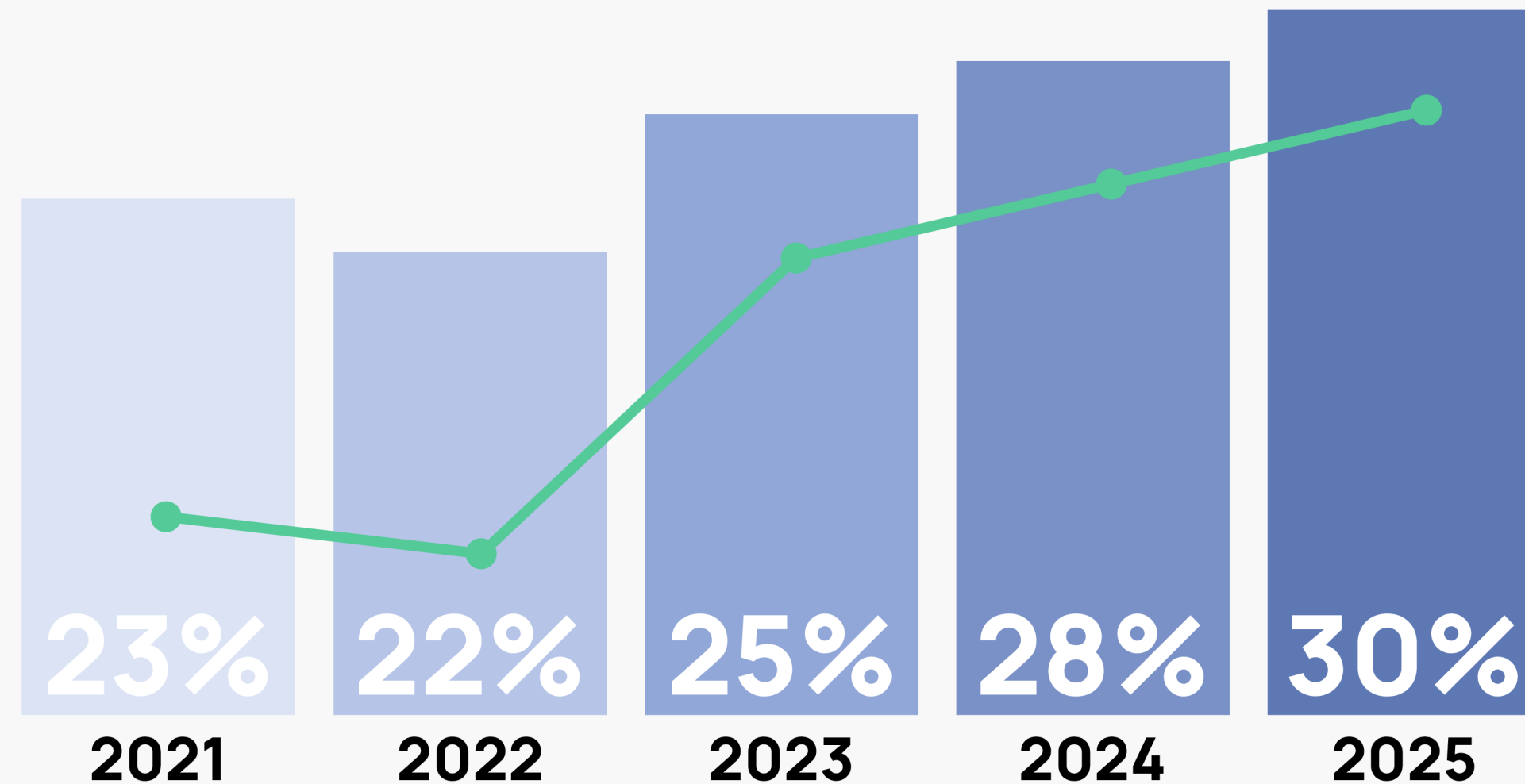


# The most reliable source is the one that keeps learning.

Databases feel dependable because they're familiar, but static data can't keep up with how patients actually behave, search, and engage today. True reliability comes from adaptive recruitment: using real-time insights, testing, and optimization to continuously refine who you reach and how you reach them. The more a strategy learns, the stronger its results become.



# Email data is aging faster than ever, and patient databases can't stay accurate.



**Percentage of email subscribers with incorrect or out-of-date contact info (via ZeroBounce)**

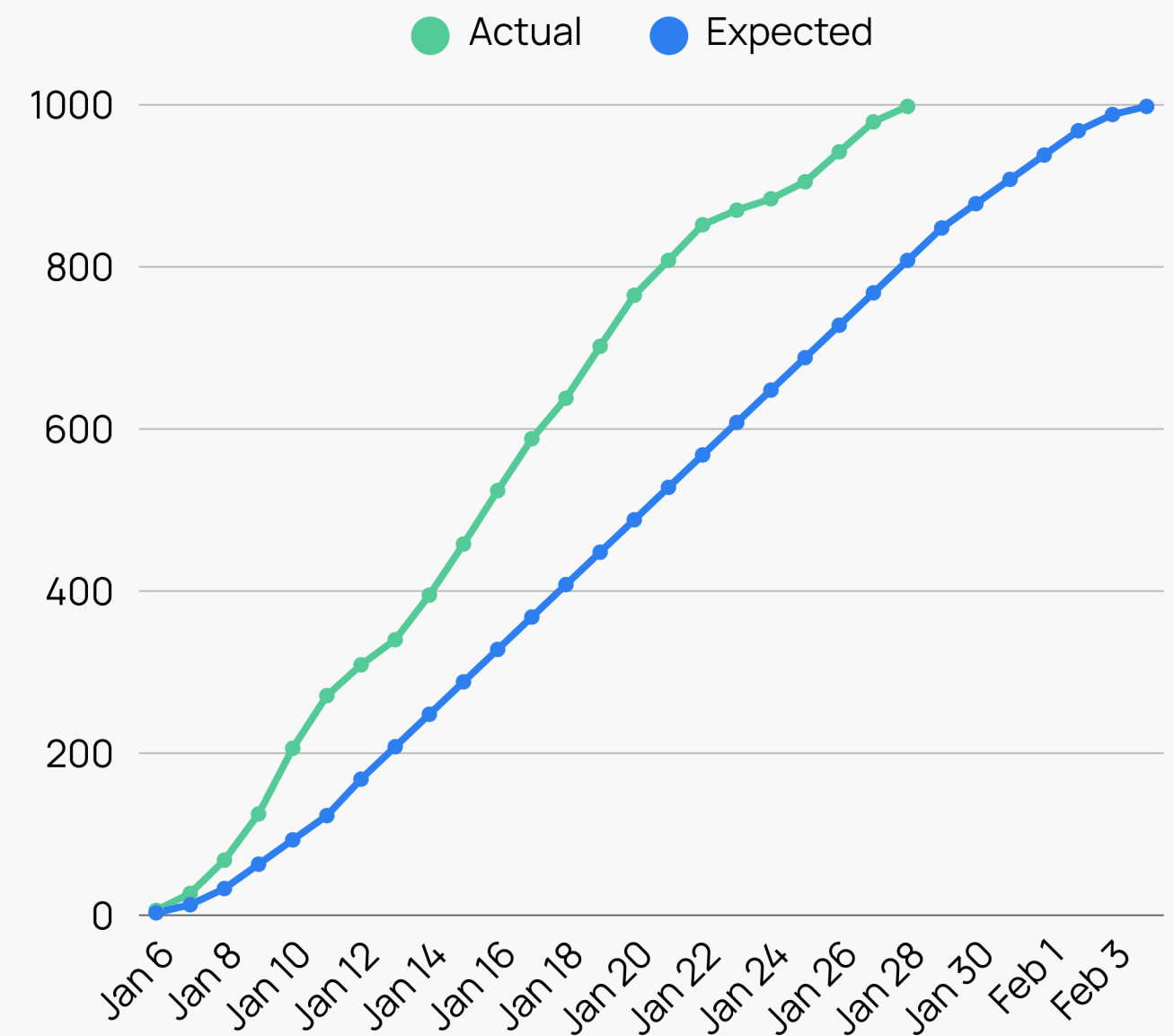
## Case Study Accelerated recruitment that no database could enroll

A sponsor tasked 1nHealth with recruiting 1,000 adults who had tested positive for COVID-19 within the past seven days and hadn't been hospitalized, criteria too specific for traditional outreach and too recent for passive email databases.

1nHealth launched clear qualification pages and used automated SMS and email surveys to quickly collect demographics and health details, streamlining screening and eligibility checks.

The result: 1,000 participants enrolled in just 23 days, far ahead of schedule.

### Actual vs. expected enrollment



# Let's leave the myths behind: The new reality of recruitment

If there's one takeaway from these myth-busting results, it's that "the way we've always done it" doesn't always work. When we challenge assumptions with real data, we open the door to smarter strategies, stronger engagement, and better outcomes for patients and sponsors alike.

At 1nHealth, we've seen that recruitment isn't about following trends or chasing the newest platform. It's about understanding people. Every test, every creative, every optimization brings us closer to a model where clinical research meets patients where they are, not where we assume they'll be.





# From myth-busting to measurable results. Step into smarter recruitment.



## Get an ad audit of your current recruitment materials

We'll review your existing recruitment ads and give you expert feedback on what's working (and what's not) in your current recruitment ads.



## Schedule a protocol-to- performance review for your next study

From I/E criteria to site selection, we'll pinpoint the factors impacting performance, and show how a digital-first strategy could support faster, more efficient enrollment.



## Request a real-time enrollment feasibility report

We'll apply your protocol and run real-time recruitment to gain real-world evidence so that you can know with confidence how your trial would perform.

