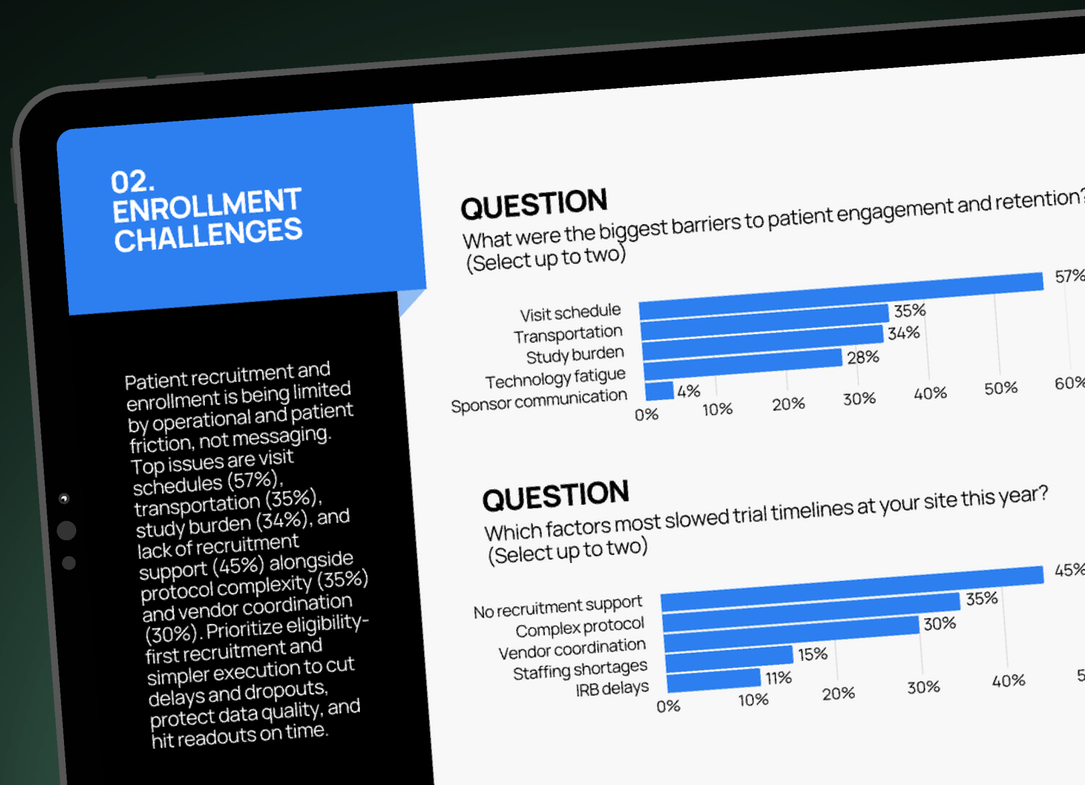
Resources

THE STATE OF ENROLLMENT

Data-driven insights and emerging trends to help you recruit smarter and faster in 2026.



tnHealth

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01. INTRODUCTION

Clinical research continues to evolve rapidly, yet one constant remains: enrollment is the most common defining factor in a trial's success, influencing nearly every operational decision that follows.

What has changed is the increasing complexity facing sites as they work to recruit, engage, and retain participants in an environment marked by shifting patient expectations and rising operational demands.

To better understand these pressures, we surveyed hundreds of site staff we partner with across the country. Their perspectives offer a candid, data-driven view of what's working, what's not, and where the industry must adapt.

Some dynamics remain familiar: sites continue to operate under significant strain, and traditional recruitment approaches no longer meet the moment. But emerging trends signal the need for a new direction. As we step into 2026, it's clear that incremental adjustments will not be sufficient. A more modern, responsive model for enrollment is required.

The State of Enrollment Report outlines these findings and highlights the shifts that will define the year ahead. We hope this report supports your planning and helps guide a more effective, sustainable approach to engaging participants.

Dan Brenner
1nHealth CEO & Founder

02. METHODOLOGY

This report is based on a December 1, 2025 survey of 635 site staff and clinical researchers who have worked directly with 1nHealth on clinical trials. The respondent pool reflects the real-world teams responsible for making enrollment happen, including professionals involved in patient recruitment, outreach, pre-screening, screening visits, scheduling, consent/ICF workflows, and ongoing trial coordination.

The survey combined structured multiple-choice questions with optional short-answer prompts to capture both quantifiable trends and on-the-ground context. For select questions, respondents were asked to choose up to two answers to emphasize prioritization and surface the factors most strongly influencing enrollment performance. Results are reported as the percentage of respondents selecting each option.

KEY FINDINGS AND INSIGHTS YOU'LL LEARN IN THIS REPORT

- The biggest barriers to patient recruitment
- What slows down timelines most frequently
- The most effective communication methods
- Where site staff see the biggest drop-off
- How technology can be most useful in enrollment
- Where site staff want to see more automation
- Which trends will have the biggest impact on enrollment
- What site staff expect from sponsors in 2026

ENROLLMENT CHALLENGES

VISIT COMPLEXITY IS THE BOTTLENECK

03. ENROLLMENT CHALLENGES

SPONSORS OFTEN ASSUME SITE PERFORMANCE IS THE PRIMARY BARRIER TO ENROLLMENT BUT

57%

OF SITE STAFF DISAGREE

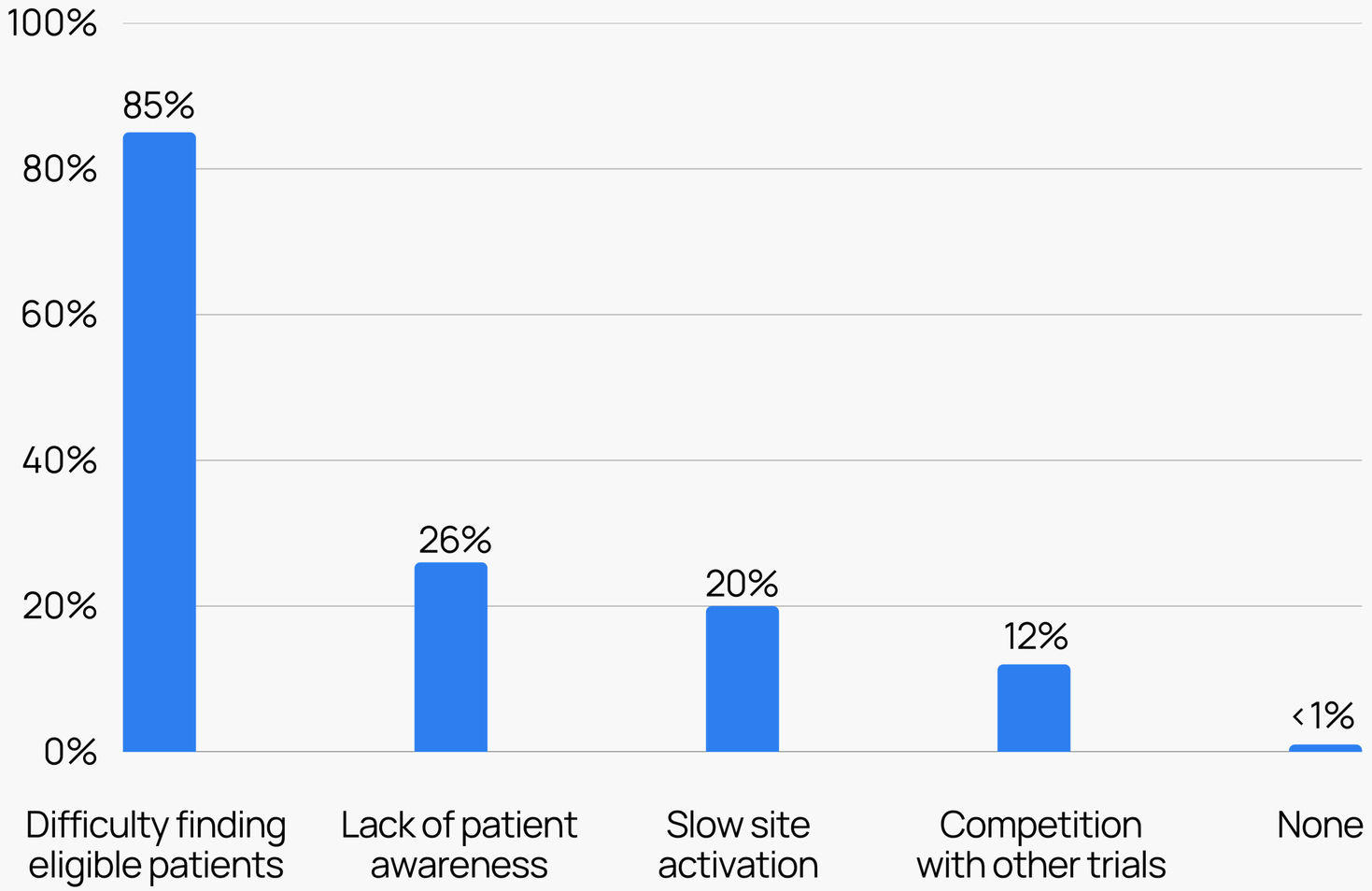
SAYING THE MOST FREQUENT CHALLENGE IS OVERCOMING COMPLEX VISIT SCHEDULES.

03. ENROLLMENT CHALLENGES

In 2025, the biggest recruitment bottleneck isn't messaging. It's getting precision access to the right patients. With 85% pointing to difficulty finding eligible participants as one of their top two concerns, the main source of enrollment delays is how quickly and efficiently you can identify and reach qualified people.

QUESTION

What were your biggest challenges in patient recruitment in 2025? (Select up to two)

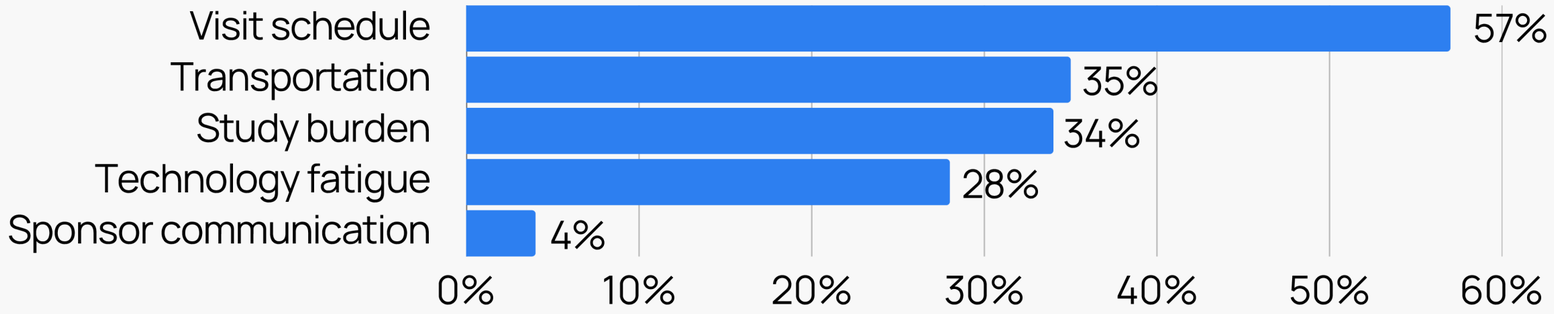


03. ENROLLMENT CHALLENGES

Patient recruitment and enrollment is being limited by operational and patient friction, not messaging. Top issues are visit schedules (57%), transportation (35%), study burden (34%), and lack of recruitment support (45%) alongside protocol complexity (35%) and vendor coordination (30%). Prioritize eligibility-first recruitment and simpler execution to cut delays and dropouts, protect data quality, and hit readouts on time.

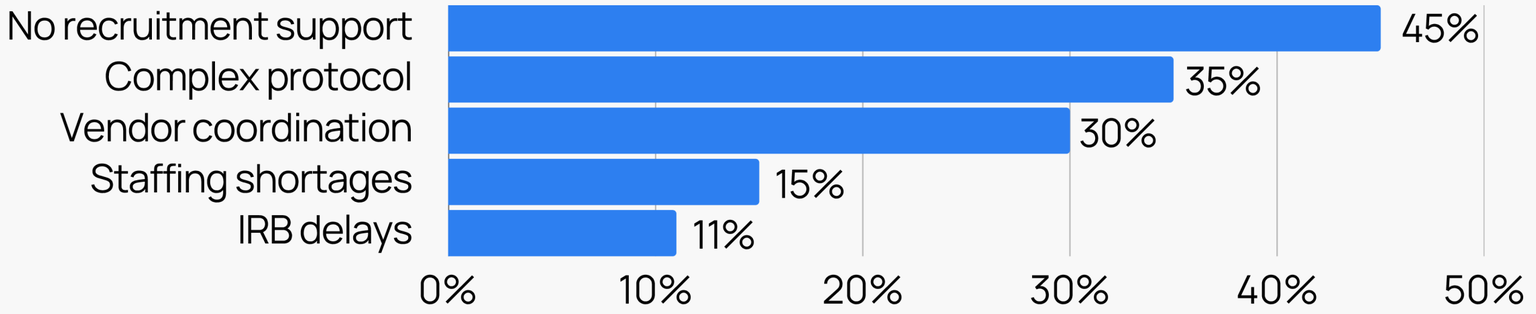
QUESTION

What were the biggest barriers to patient engagement and retention? (Select up to two)



QUESTION

Which factors most slowed trial timelines at your site this year? (Select up to two)



03.
EMERGING DIGITAL RECRUITMENT TRENDS

TRUST STARTS WITH A NAME, NOT A LOGO

CROs and vendors run 59% of recruitment ads, signaling a shift toward outsourcing. But the messenger matters. When ads come from third parties instead of recognizable sites or sponsors, patients are less likely to trust them.

PATIENT-FRIENDLY ADS BOOST ENGAGEMENT

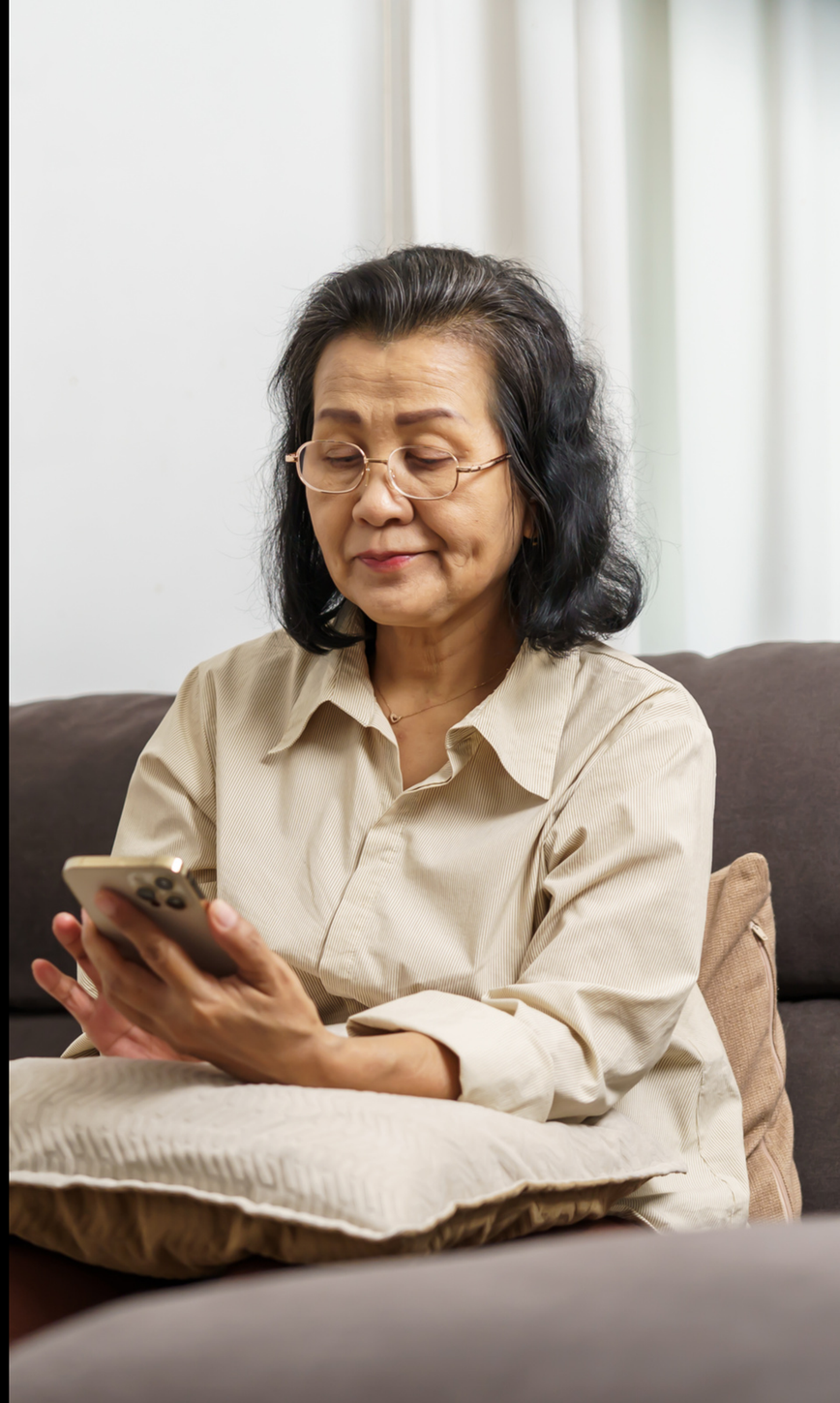
Stock images appear in 54% of recruitment ads, so most creative still feels generic. Visuals shape trust in seconds. Stock imagery blends in and can feel impersonal, while more human creative earns attention and engagement.

ETHICS AND OPENNESS WINS CONFIDENCE

Over 14% of recruitment ads cross an ethical line, either due to false claims or misrepresentation of the source. These issues aren't just compliance risks. They are strategic risks that can damage reputation, partnerships, and patient safety.

PATIENTS JOIN TRIALS FOR THEIR OWN REASONS

A total of 32% of recruitment ads don't communicate any motivation to participate in the trial, leaving potential patients unsure why they should care, what's in it for them, or how the study could fit into their lives.

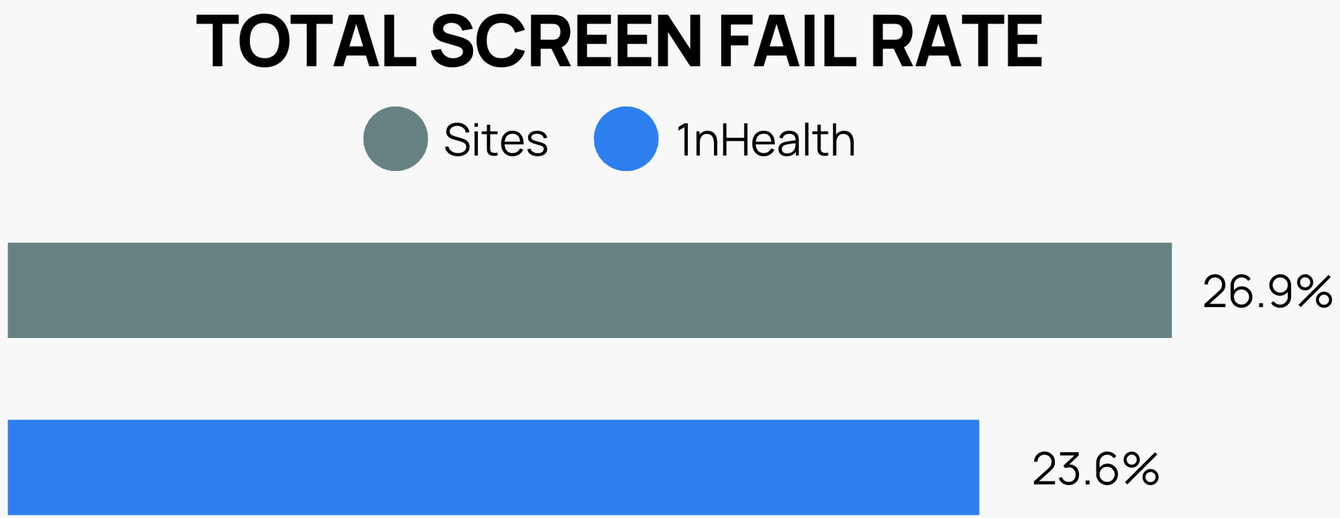


03. ENROLLMENT CHALLENGES

In a recent GI study, 1nHealth helped remove site-level friction by delivering more enrollment-ready patients. After five months, our digital referrals had a lower screen-fail rate than site-sourced patients (23.6% vs. 26.9%), driven by eligibility-first targeting, rigorous pre-screening, and continuous optimization. That means fewer unqualified leads, less coordinator burden, and smoother execution through screening and scheduling.

Case Study

Site-sourced referrals were 14% more likely to screen fail if not supported by 1nHealth.



PATIENT ENGAGEMENT

AUTOMATION ISN'T ENOUGH

04.
PATIENT ENGAGEMENT

SPONSORS BELIEVE AUTOMATION IS ALL YOU NEED TO SCALE PATIENT OUTREACH BUT

61%

OF SITE STAFF AGREE

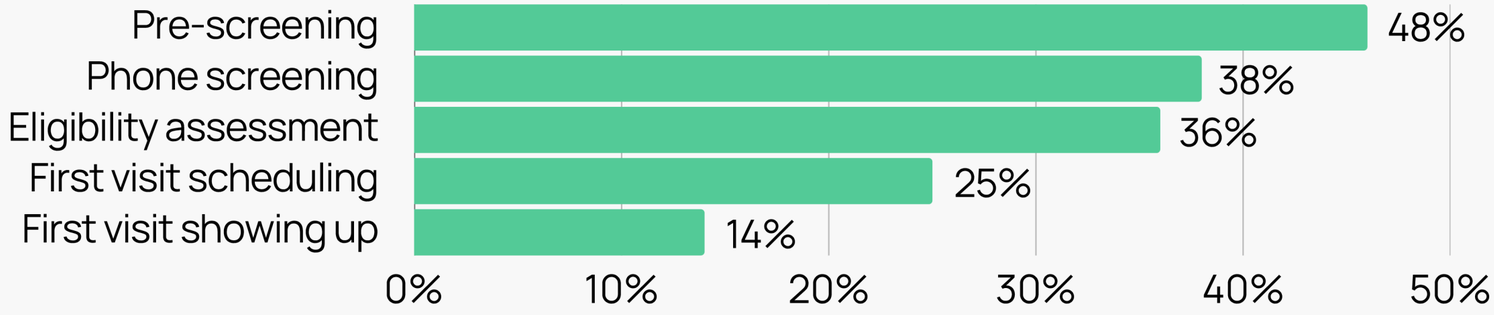
THAT YOU NEED MULTIPLE TYPES OF COMMUNICATION TO EFFECTIVELY ENGAGE PATIENTS.

04. PATIENT ENGAGEMENT

Enrollment is won in the follow-up, not the click. With 80% of sites citing phone calls as most effective and 52% citing SMS, the best workflows are multi-modal. Use calls to build confidence and solve issues, SMS for quick reminders, and email for details. Meeting patients where they are reduces missed connections, speeds scheduling, and boosts enrollment.

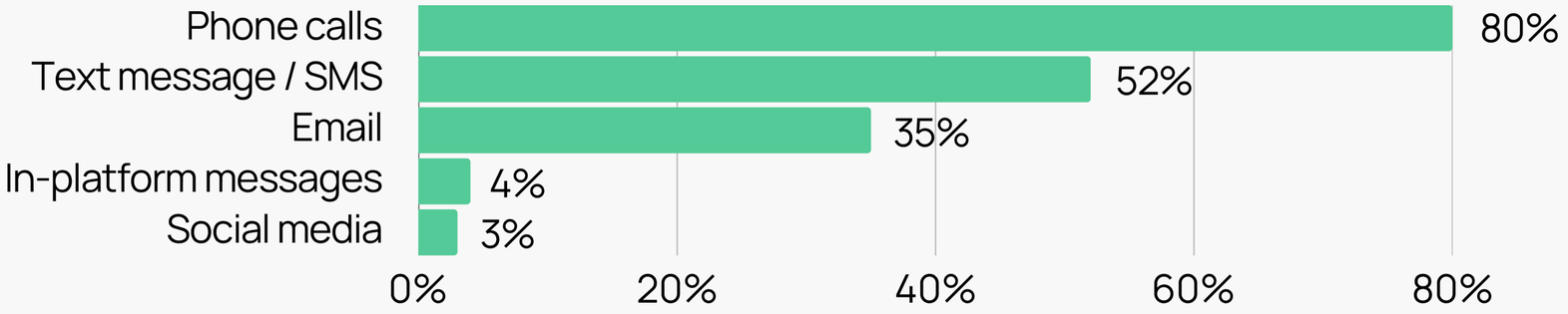
QUESTION

Where in the process do you see the most patient drop-off? (Select up to two)



QUESTION

What communication methods produced the best results? (Select up to two)



04.
BEST PRACTICES IN PATIENT ENGAGEMENT

SPEED IS KEY
Reach out to referrals as soon as possible. 62% of referrals drop off or lose interest when first contact is 24 hours later vs. 1 hour later.

FOLLOW UP FREQUENTLY
We see best results when reaching out at least as frequently as once per business day, up to 3-5 days before considering lost.

MULTI-MODAL COMMUNICATION
Mix up your communication methods: send a text, then call, then follow up with email for each daily attempt.

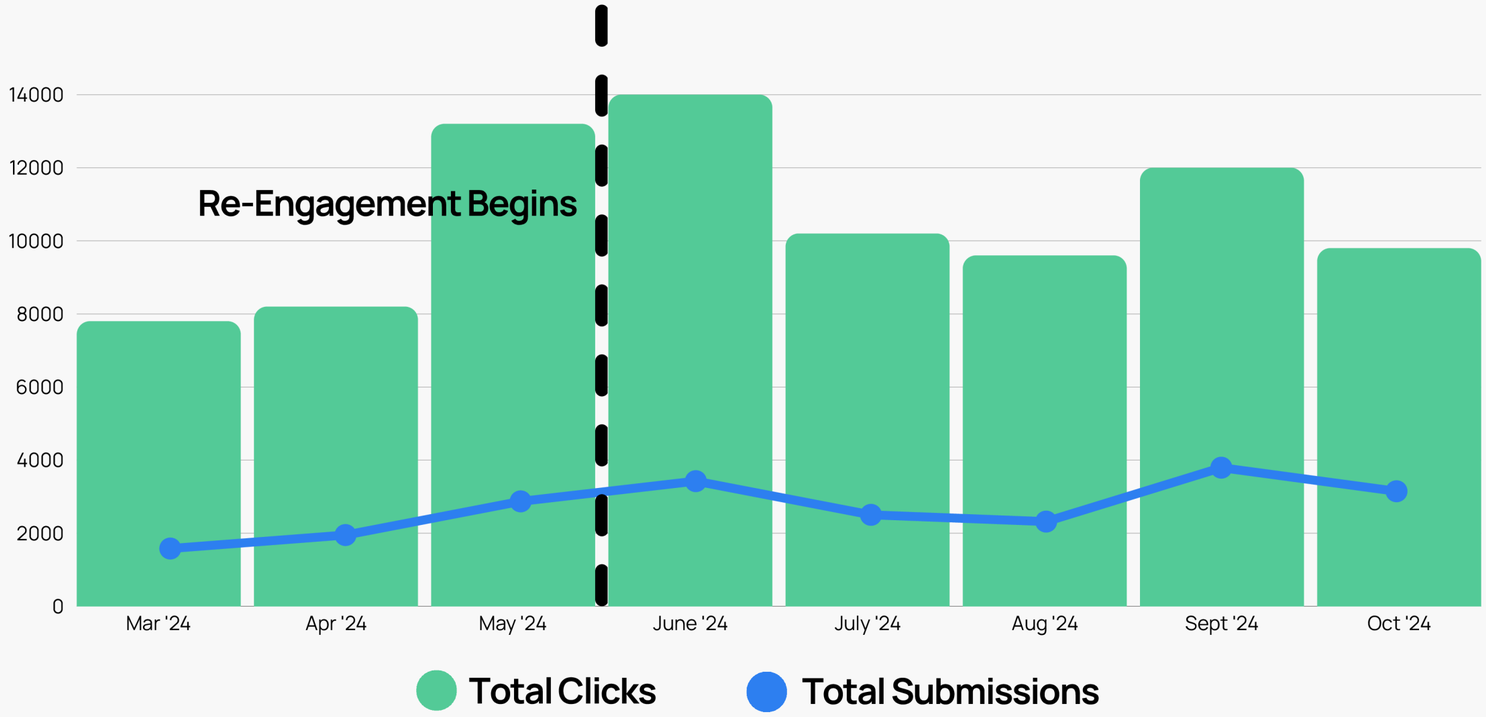
BE KIND, REMIND
Persistent appointment reminders are vital. One reminder a day (or more) before the appointment alone is insufficient.

04. PATIENT ENGAGEMENT

Ready. Set. Food! spent years designing an early allergen trial for infants aged 11–19 weeks. But despite a strong submission rate of 24.4%, many referrals were initially disqualified because infants were enrolled too early. 1nHealth identified this pattern and re-engaged families once infants reached the qualifying age, converting 60% of those disqualifications into qualified referrals and completing recruitment two months ahead of schedule.

Case Study

60% of patient disqualifications recovered through re-engagement.



TECHNOLOGY

SMOOTHER WORKFLOWS ARE NEEDED

05. TECHNOLOGY

SPONSORS THINK ENROLLMENT CAN BE SOLVED WITH NEW TECHNOLOGY, BUT SITES GIVE THEIR CURRENT SOLUTIONS A

73%

APPROVAL RATING

SUGGESTING BIG GAINS COME FROM STREAMLINING WORKFLOWS, NOT ADDING TOOLS.

05. TECHNOLOGY

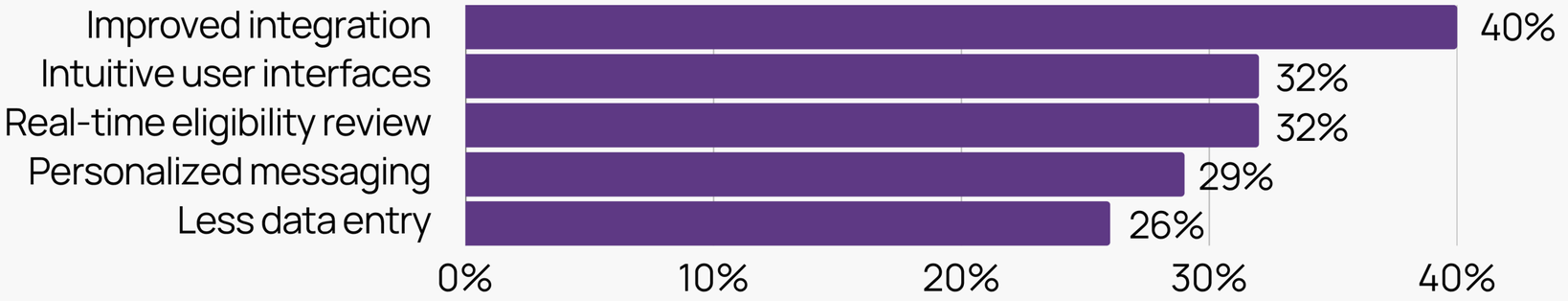
Site teams are signaling exactly where technology can unlock faster enrollment in 2026. They want automation where it removes the most friction, especially pre-screening (48%), plus document collection (32%) and patient outreach (32%), and they want platforms that reduce swivel-chair work through better integrations (40%) and real-time eligibility review (32%).

QUESTION

Which parts of your enrollment workflow would you most like to see automated or simplified? (Select up to two)

QUESTION

What would make current recruitment technology more effective for you in 2026? (Select up to two)

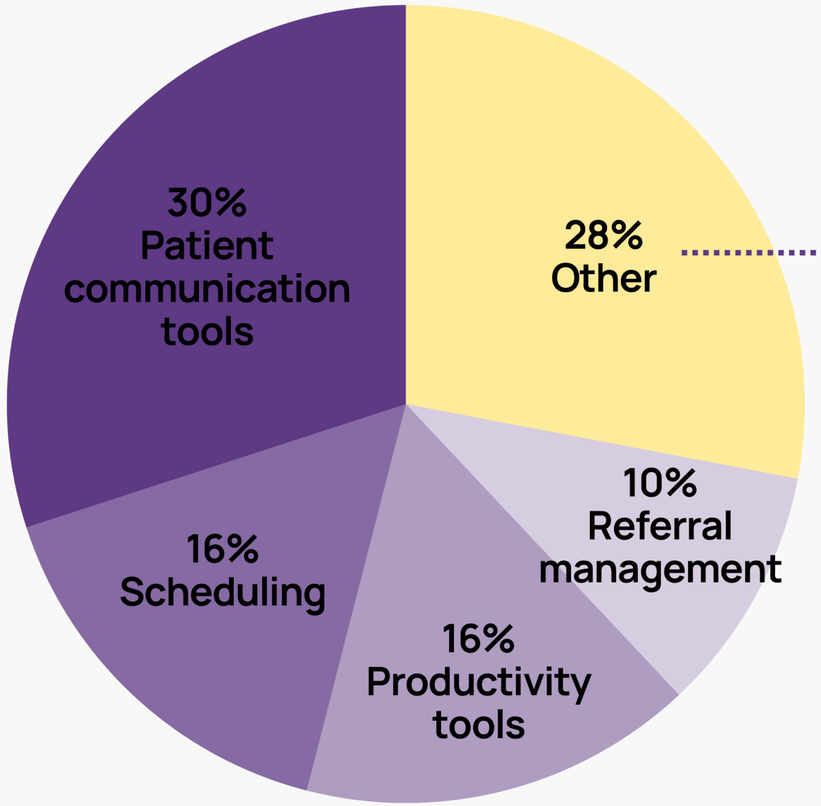


05. TECHNOLOGY

Site staff are most likely to call out tools that reduce day-to-day friction, not flashy features. The top “most beneficial” solutions cluster around patient communication (30%), scheduling and reminders (16%), and simple productivity tools (16%), followed by referral and lead management (11%). Focus investment on the workflow moments that move patients forward, faster.

QUESTION

Which technology solutions have been the MOST beneficial to your day to day work? (Custom short-answer question)



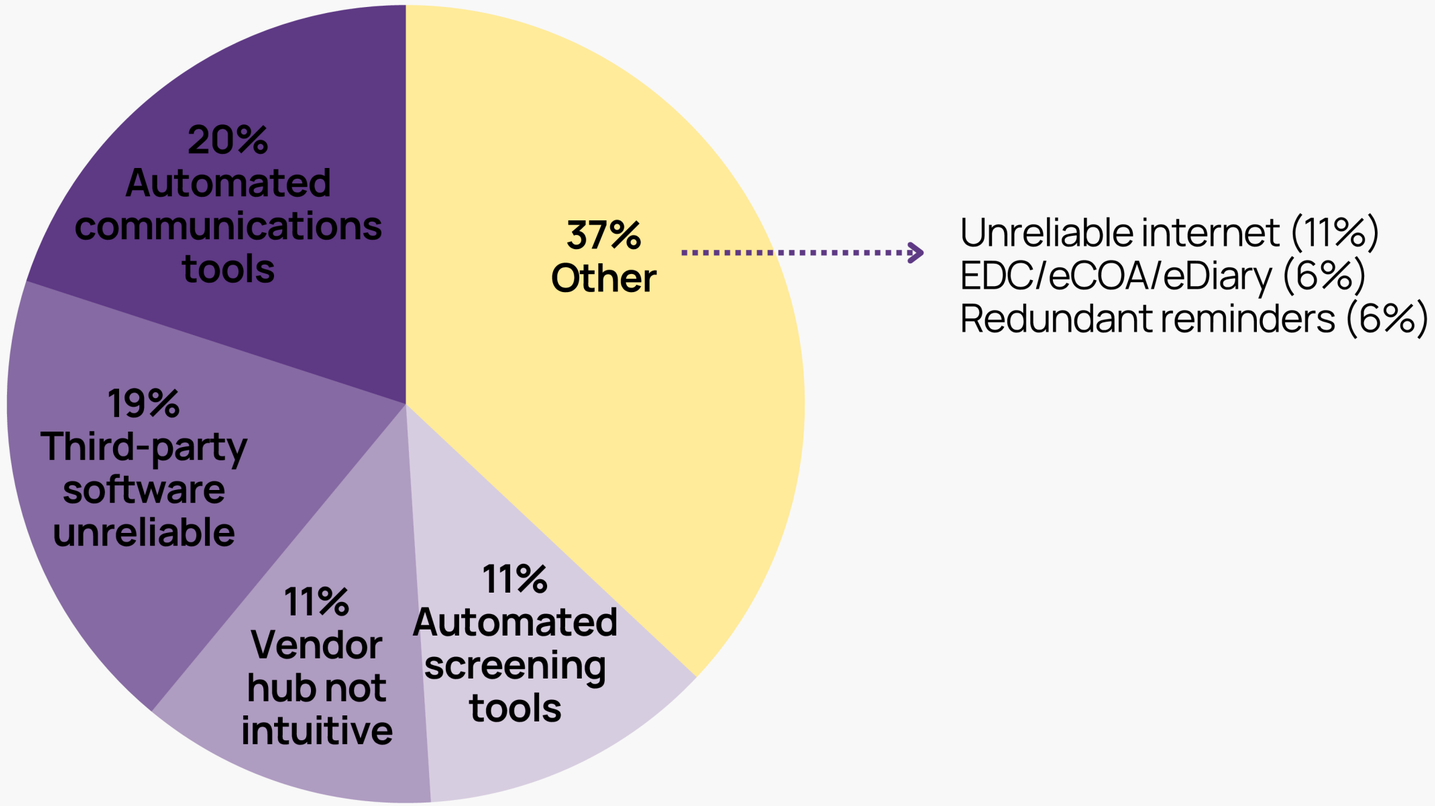
CTMS/EDC Integration (9%)
Pre-screening (9%)
Medical record retrieval (3%)
Customer support (2%)

05. TECHNOLOGY

The most common response is automated patient communications tools (20%), third-party software that disrupts existing workflows (19%), and extra steps in screening and scheduling (11%) due to poor automation. The next gains will not come from adding more platforms, they'll come from making technology invisible to the site team.

QUESTION

Which technology solutions have been the LEAST beneficial to your day to day work? (Custom short-answer question)



05. TECHNOLOGY

1nHealth partnered with a biotech therapeutics company to drive referrals for an Atopic Dermatitis study, and when a patient submitted a pre-screen at midnight, they received an immediate automated text confirming interest. The patient replied within minutes, and by the next morning an appointment was scheduled. Within 72 hours, the patient was screened and signed the ICF.

Case Study

Immediate, automated follow-up leads to ICF within 72 hours of initial submission.

1

1nHealth partnered with a biotechnology therapeutics company to generate referrals for an Atopic Dermatitis study.

2

A patient submitted a pre-screening form at midnight and received an automated text immediately confirming their interest.

3

Just minutes later the patient responded they were still interested, demonstrating a high level of engagement.

The next morning an appointment was scheduled, and within 72 hours the patient was screened for the study and signed an ICF!

LOOKING AHEAD

AI WILL PLAY A BIG ROLE

06.
LOOKING AHEAD TO 2026

SPONSORS HAVE BEEN FOCUSING ON AI INTEGRATION IN PATIENT RECRUITMENT FOR YEARS AND

54%

OF SITE STAFF AGREE

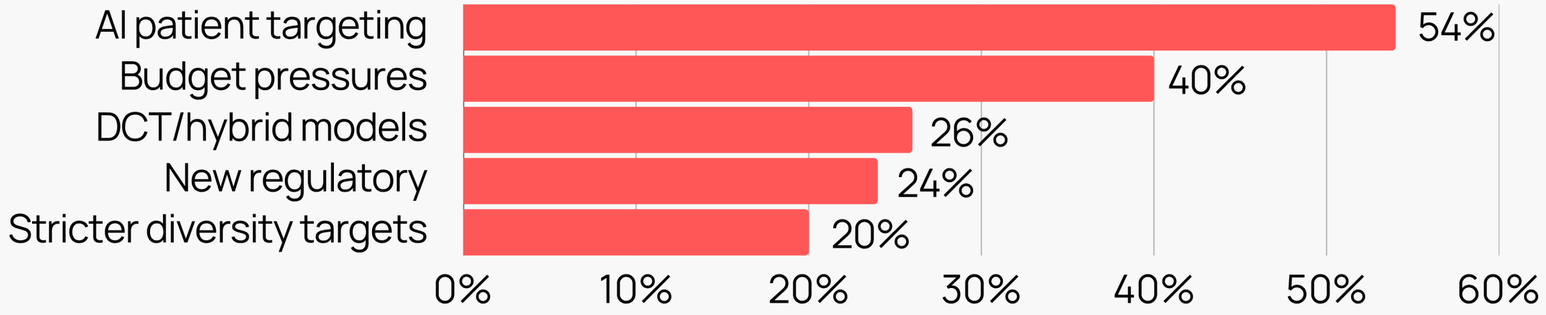
THAT AI WILL CONTINUE TO PLAY A LARGE ROLE IN THEIR WORK FOR 2026 AND BEYOND.

06. LOOKING AHEAD TO 2026

In 2026, sites expect enrollment to be shaped by both smarter acquisition and harder constraints. They see AI patient targeting (54%) as the biggest upside, while budget pressures (40%) raise the bar on execution. To meet those expectations, site teams are asking for flexible visit options (40%), better communication (32%), and clearer enrollment goals (32%). Sponsors who pair AI-driven targeting with simpler, site-friendly operations will enroll more predictability.

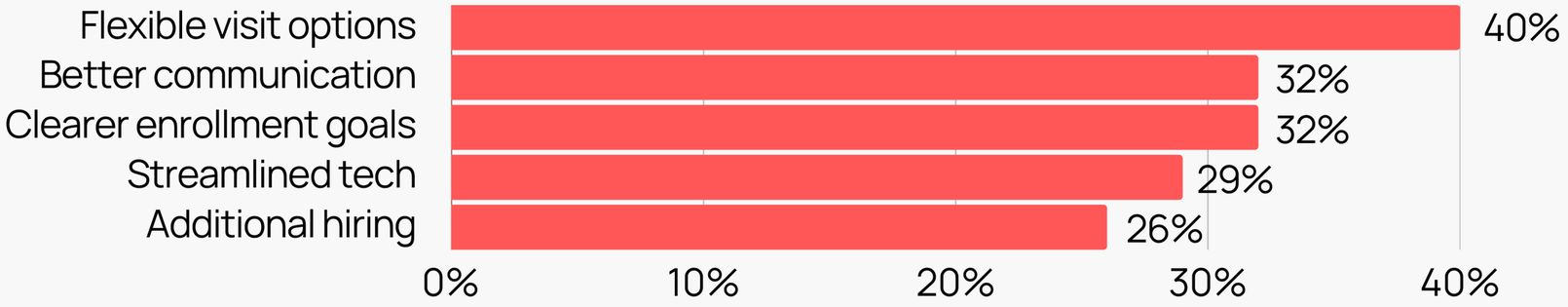
QUESTION

Which trends do you believe will have the biggest impact on clinical trial enrollment in 2026? (Select up to two)



QUESTION

What do you expect from sponsors and CROs next year that didn't happen in 2025? (Select up to two)

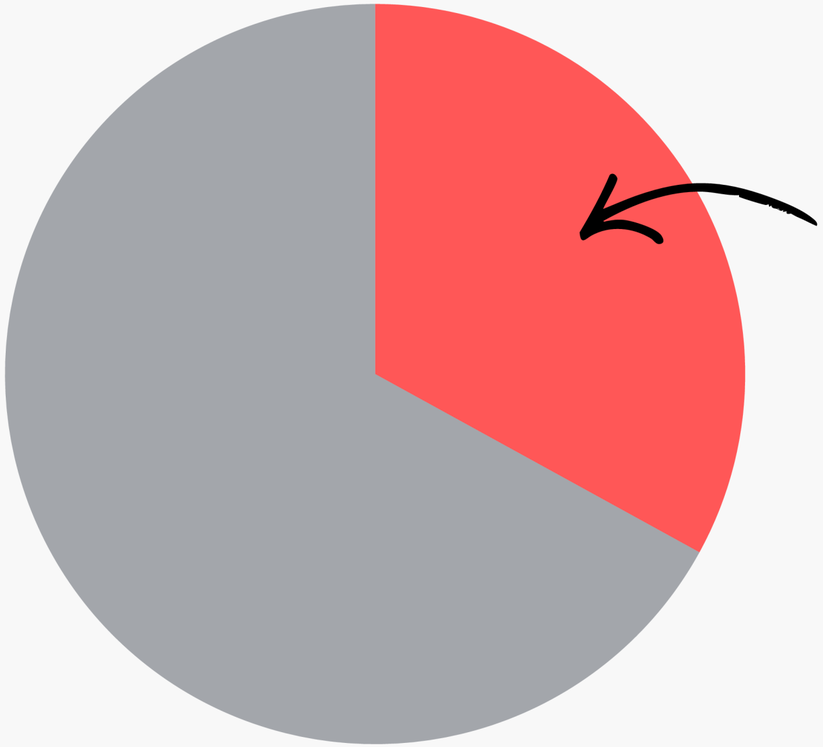


06.
LOOKING AHEAD TO 2026

Case Study

Accelerating enrollment via streamlined, site-friendly operations.

To support a global Type 2 Diabetes study, 1nHealth combined patient-centered recruitment with site-level enrollment optimization. 1nData, our centralized study data hub, equipped sites with real-time visibility, automated coordination, and follow-up tools, removing common scheduling barriers. After deployment of 1nData, nearly all 98 consented patients enrolled within four months, with sustained qualification rates of 33%.



33%

of all top-of-funnel submissions qualified for enrollment.

07.
INDUSTRY MYTHS HOLDING US BACK

SITE REFERRALS ARE HIGHER QUALITY THAN ADVERTISING LEADS

A JMIR Mental Health study in 2025 on digital recruitment analyzed 500+ patients and found that dedicated recruitment agencies cut cost per qualified lead by 83%.

YOU CAN'T PREDICT RECRUITMENT ACCURATELY

A BioMedCentral case study across randomized trials in 25 general practices found that internal pilots before launch improved recruitment accuracy and enrollment by 25%.

WE CAN'T USE TIKTOK TO RECRUIT PATIENTS FOR TRIALS

Pew Research found in 2025 that over one in five U.S. adults now regularly get their news via TikTok, which signals trust and openness to serious content in a space often dismissed as casual entertainment.

DATABASES ARE THE MOST RELIABLE PATIENT SOURCE

Email lists are less reliable than they used to be. The 2025 ZeroBounce Email List Decay Report estimates lists degrade at least 28% per year, meaning a large share of contacts can go dark within 12 months.

08.
KEY TAKEAWAYS

VISIT COMPLEXITY IS THE BOTTLENECK

Sponsors often point to site execution or patient motivation as the main enrollment bottleneck, but **57% of site staff say the bigger issue is complex visit schedules** which repeatedly derail enrollment before it starts. Simplify the visit schedule, and you remove a high-friction barrier.

AUTOMATION ISN'T ENOUGH WITH PATIENTS

Sponsors assume automation alone is sufficient to scale patient outreach, but site teams disagree. **61% of site staff say it takes multiple types of communication to effectively engage patients.** Scaling isn't just about sending more messages; it's about reaching patients in the right ways.

TECHNOLOGY APPROVAL IS WANING

Sponsors may think enrollment can be solved by adding new technology, but site teams already **rate current tech solutions at 73%** approval. The bigger opportunity is not more tools, it's smoother workflows that reduce duplicate data entry and burden on site staff.

AI WILL CONTINUE TO PLAY A BIG ROLE IN 2026

Sponsors have prioritized AI in patient recruitment for years, and **54% of site staff say AI will play a major role in their work in 2026.** The value is not AI for its own sake, but AI that improves targeting, speeds eligibility decisions, and reduces site burden.

08.
GOING FORWARD

If you're planning an upcoming study, 1nHealth would love to help translate your protocol into real-world enrollment performance. Our team partners with sites and sponsors to reduce friction, improve referral quality, and keep patients moving from first click to consent.

Choose the best next step!

Get an ad audit of your recruitment materials

We'll review your existing recruitment ads and provide clear, expert feedback on what's working and what's holding performance back with specific, actionable recommendations.

Schedule a protocol-to-performance review

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.


1nHealth
We Own Enrollment