

CLINICAL RESEARCH TEAMS

The referral readiness gap

Why clinical trial sites need better qualified, better documented, and easier-to-act-on referrals

A note from our CEO

Research sites have become the operational center of modern clinical trial recruitment, yet many still lack the connected infrastructure needed to manage referrals efficiently and at scale.

As eligibility criteria grow more complex and timelines more pressured, site teams must evaluate patients faster, coordinate across multiple stakeholders, and manage rising referral volumes through workflows that remain fragmented and highly manual. Too often, referrals arrive incomplete, poorly documented, or ineligible before formal screening can even begin – adding operational burden for already stretched teams.

To better understand these challenges, we surveyed 100 clinical trial site professionals across the U.S. about referral quality, workflow inefficiencies, fragmented systems, and the barriers limiting enrollment. Their insights point to a clear theme: sites need referrals that arrive more complete, more relevant, and more ready for assessment.

It's clear that recruitment challenges are no longer simply about generating more referrals. Sites are increasingly focused on referral readiness: whether patients arrive with the right information, qualification, and preparation to move efficiently through enrollment. The findings also point to growing interest in solutions that reduce friction – from AI-supported pre-screening that streamlines manual review, to patient navigation that helps people arrive better informed and prepared.

At myTomorrows, we believe clinical trial access must work better for everyone involved. By listening to sites and building solutions that reduce complexity, improve patient-trial matching, and strengthen collaboration across the ecosystem, we aim to help create a more connected, efficient, and equitable path from research to real-world impact – for patients, sites, physicians and sponsors.

Michel van Harten, MD
CEO, myTomorrows



Key insights & takeaways

52%

of sites say at least 20% of referrals are deemed ineligible before formal screening.



More referrals do not guarantee recruitment progress

Many sites are receiving referrals, but many are ruled out before formal screening begins.

27%

of sites spend 20+ hours per week reviewing incoming referrals.



Poor referral quality creates hidden workload for site teams

Every incomplete or ineligible referral adds review time, coordination, and follow-up.

52%

of sites use at least four tools for pre-screening.



Fragmented tools and incomplete information slow recruitment down

Sites are managing referrals across multiple systems, channels, and information gaps.

59%

of sites report fewer eligible patients enrolled as a consequence of recruitment inefficiencies.



Recruitment inefficiency affects trial performance

The impact extends beyond site operations into enrollment, timelines, targets, and costs.

Key insights & takeaways

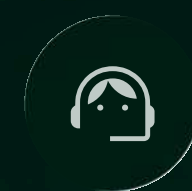
67%

while

76%



say **AI could help** detect potential matches for new or amended trials



say **personalized patient navigation** would deliver high or very high value

Sites want smarter supportive pre-screening and patient support

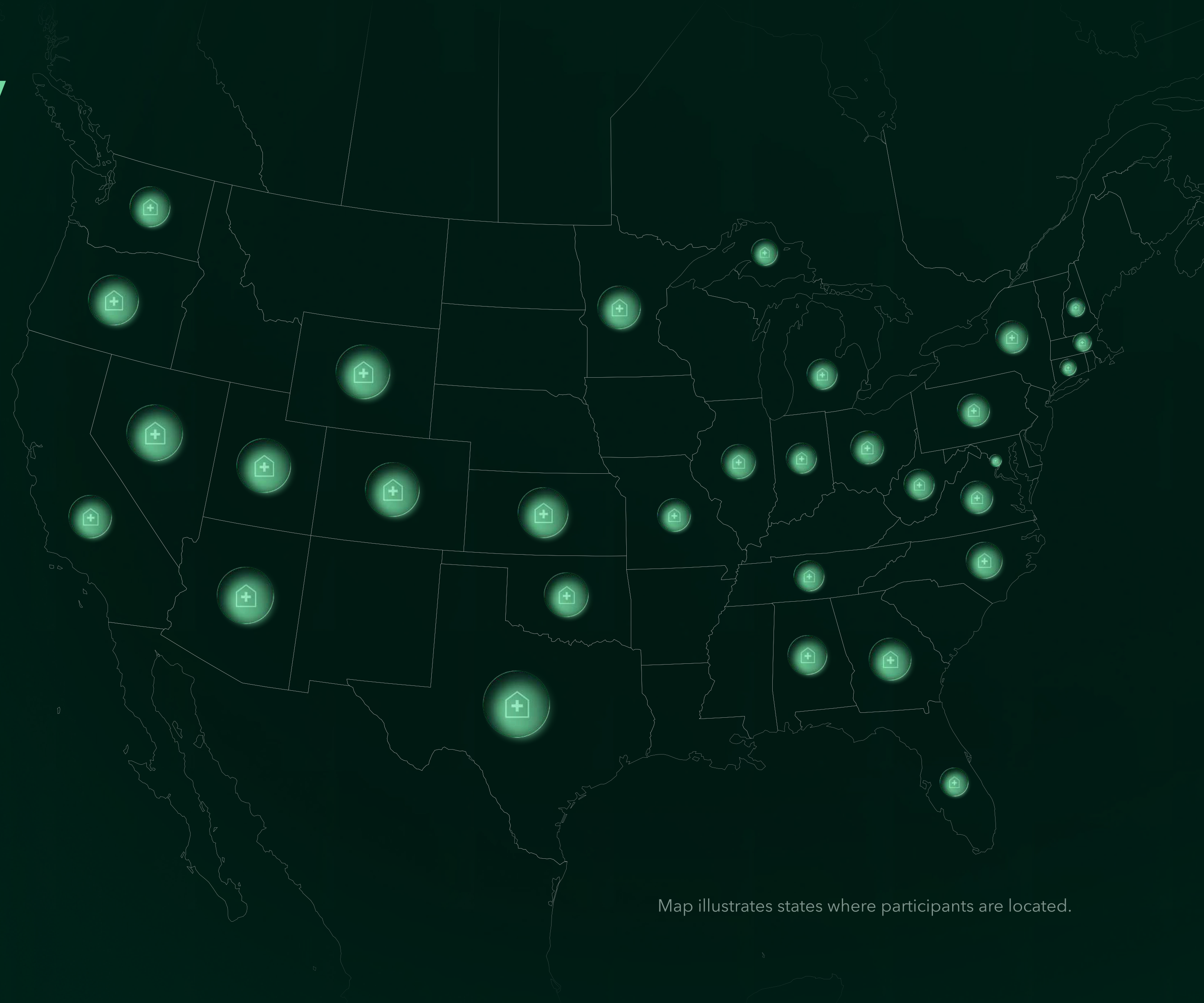
AI can help sites triage matches faster, while patient navigation helps patients arrive prepared and supported.

Inside the **survey**

Our approach & methodology

To deeply understand the essential work taking place at sites, myTomorrows surveyed 100 U.S.-based clinical trial site professionals across a range of roles and responsibilities, assessing how teams manage referrals, assess patient eligibility, and approach recruitment workflows and operational processes.

The research, conducted in May 2026, included a range of respondents from across the country, including clinical research staff, study and trial coordinators, clinical research nurses, study nurses, clinical research associates, principal investigators, sub-investigators, clinical project managers, heads of site research, and directors of clinical trials. All participants were actively involved in clinical trial recruitment.



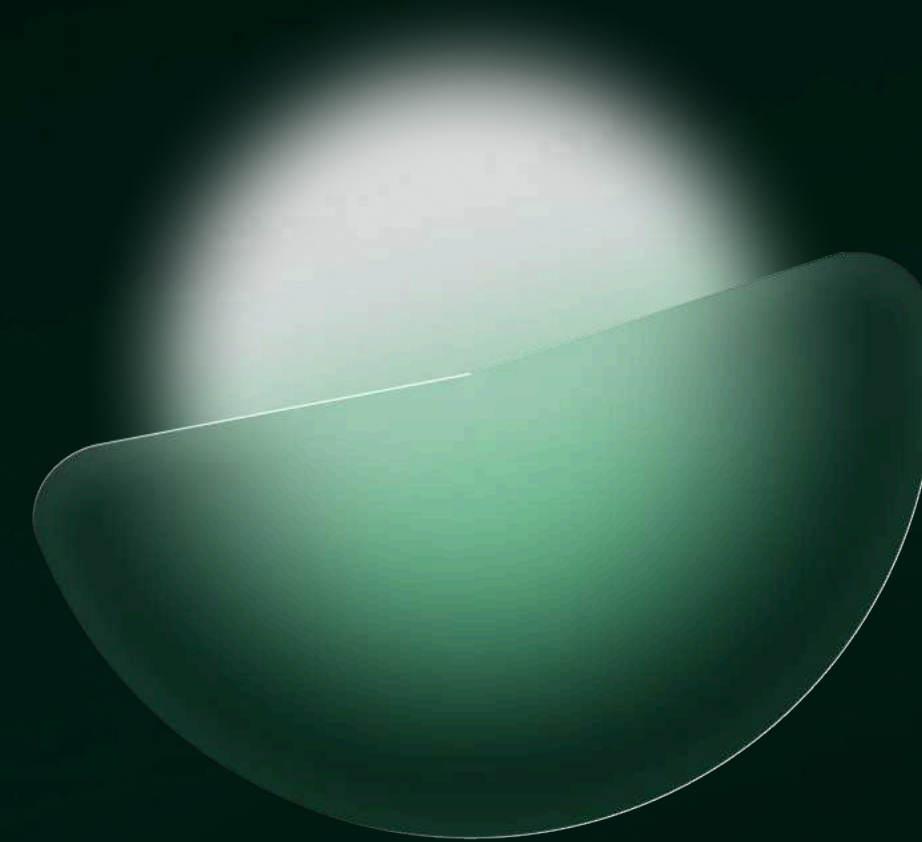
Map illustrates states where participants are located.

Beyond referral volume



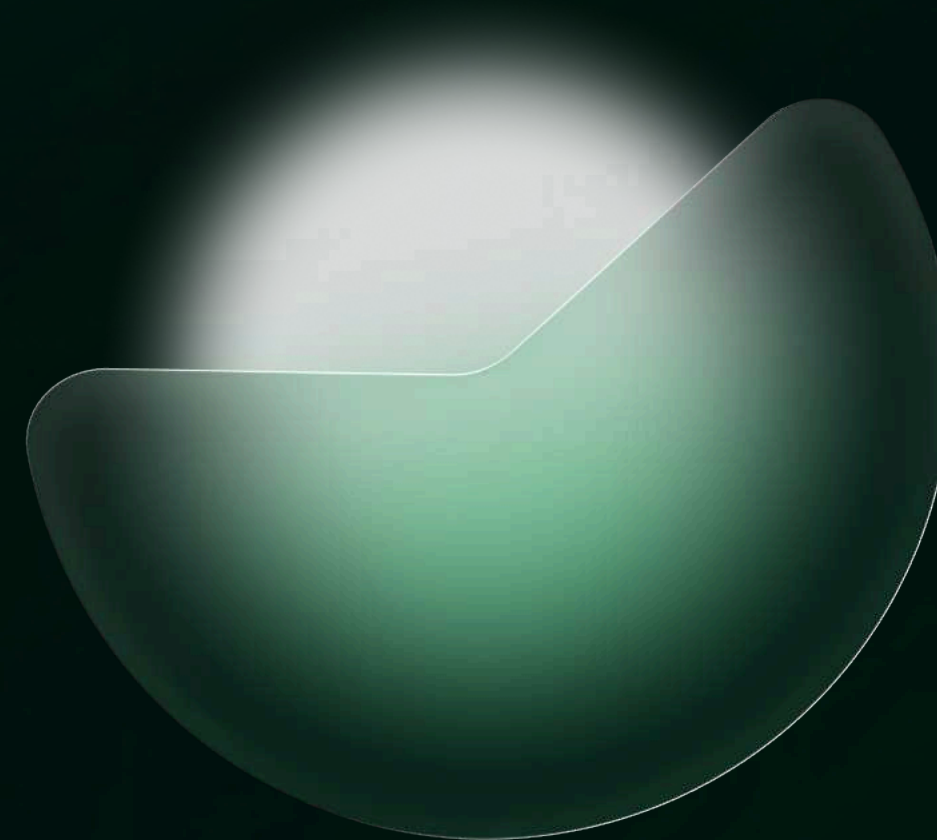
High referral volume does not translate into recruitment progress

Referral volume can create workload without creating progress. For sites, the real value lies in referrals that are better qualified, and protocol aligned.



52%

say at least 20% of referrals are ineligible before formal screening.



62%

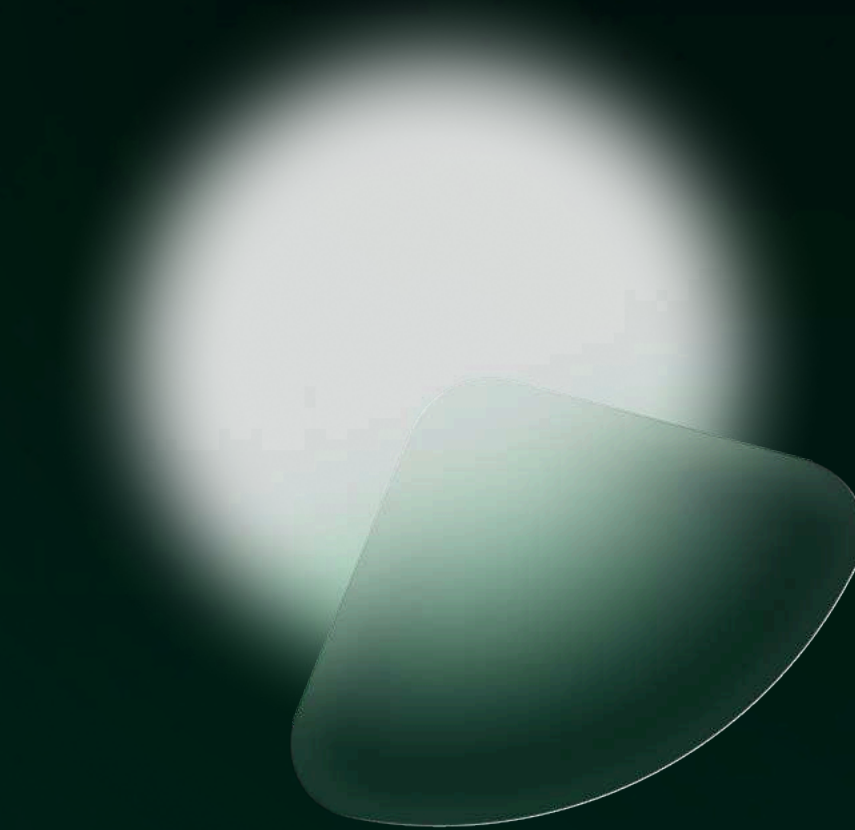
say the primary reason for pre-screen failures is that patients do not meet key inclusion/exclusion criteria and are ineligible at the referral stage.

The hidden workload



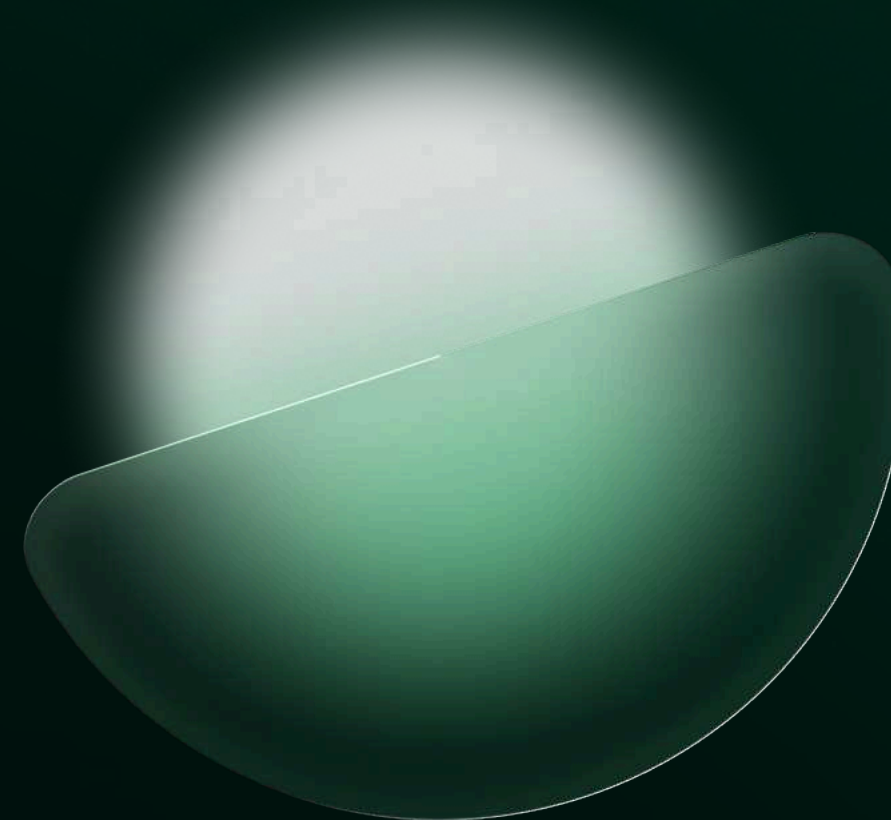
Incomplete or ineligible referrals create additional and often unnecessary site workload

The burden of recruitment inefficiency is paid in site staff time. Better upstream qualification could reduce unnecessary review and allow site teams to focus on patients with a stronger chance of progressing.



27%

of sites spend 20+ hours per week reviewing incoming referrals.



50%

say recruitment workload sometimes limits their ability to focus on patient care or study quality.

Scattered systems

Recruitment workflows remain fragmented across disconnected tools and channels.

46% use at least four tools for recruitment tracking

63% receive referrals through internal site referral emails

55% receive referrals through site healthcare networks

49% receive referrals through partner networks

47% receive referrals through clinical trial registries

52%

of sites use at least four tools for pre-screening



Scattered systems



When referrals, data and decisions are spread across too many places, sites face **more friction** at exactly the point where speed, accuracy, and clarity matter most.

The downstream impact

When referral management breaks down, the effects are felt across enrollment, timelines, costs, and patients waiting for options.

59%

of sites report fewer eligible patients enrolled at their site



55%

report delays in trial timelines and missed enrollment targets



35%

report increased costs



31%

report protocol amendments or extensions



22%

report staff burnout



The downstream impact



Poor referral quality and inefficient pre-screening create consequences far beyond the site inbox. They can slow studies, increase costs, and reduce the number of **eligible patients** who make it through the recruitment pathway.

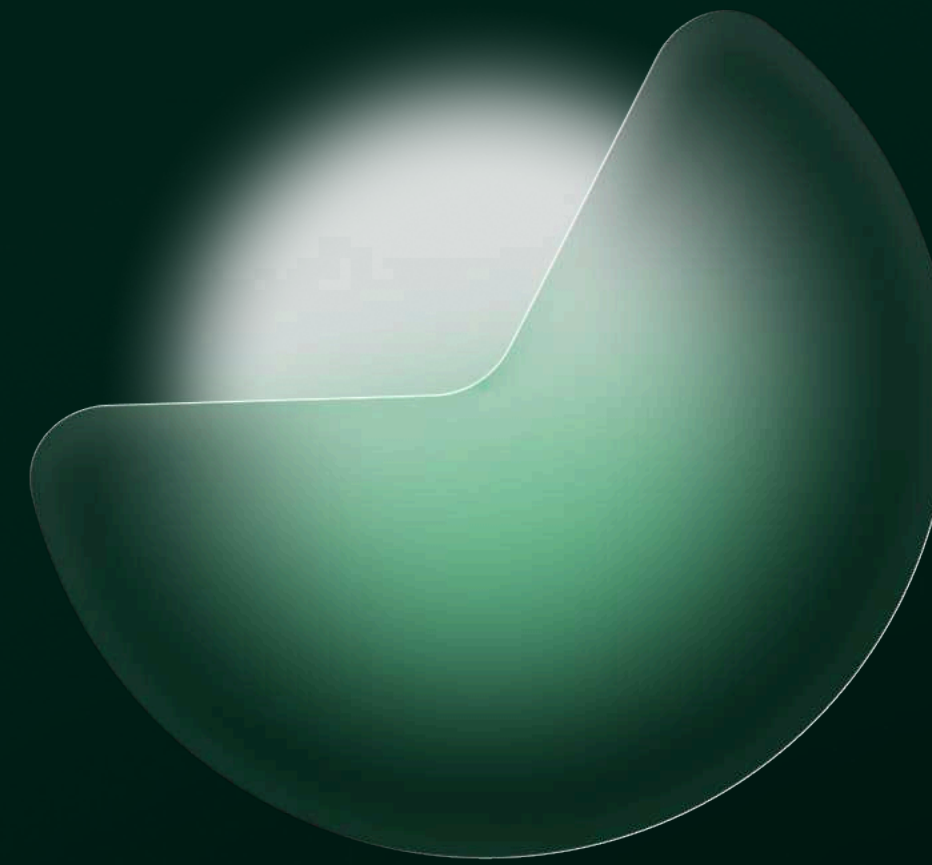
Smarter & earlier support

65% say AI could reduce administrative workload

52% say AI could support the triaging of incoming referrals to reduce manual review

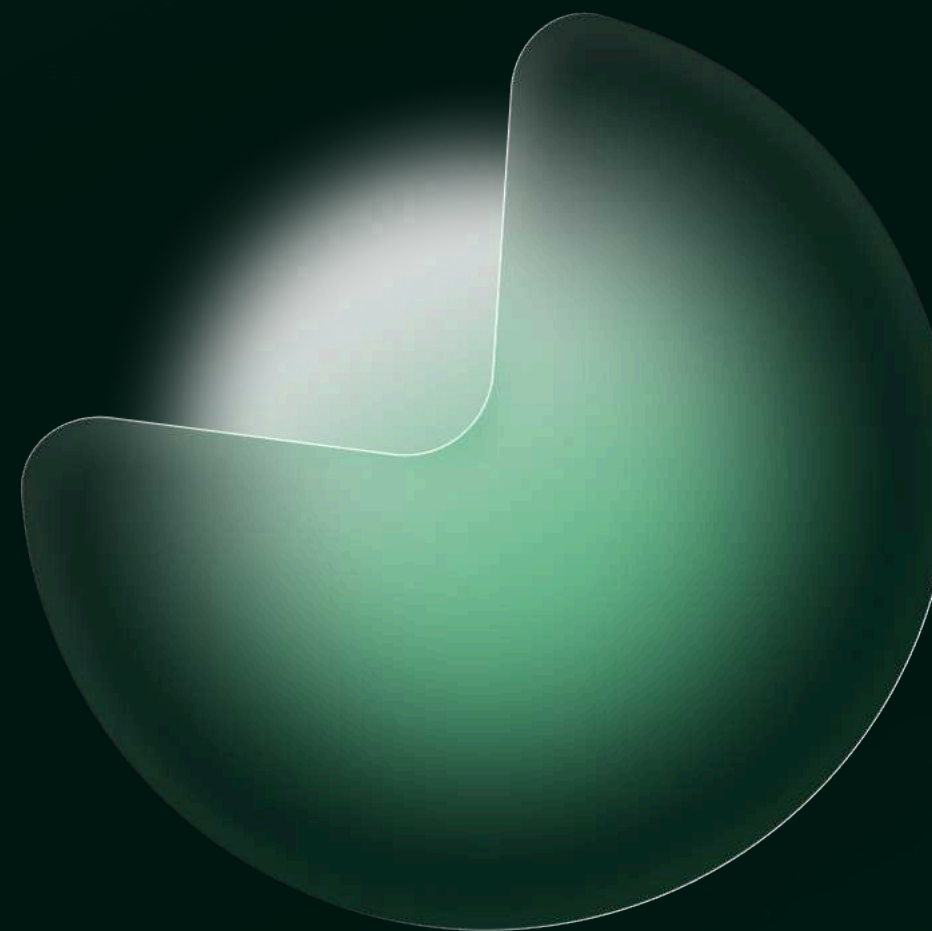
70% say patient navigation could increase the number of referrals who meet basic eligibility criteria

Sites see value in AI-powered pre-screening and patient navigation that improves referral quality before patients reach the site.



67%

say AI could help detect potential matches for new or amended trials.



76%

say personalized patient navigation would deliver high or very high value.

Smarter & earlier support



A combination of **AI and patient navigation** solves different parts of the same problem. AI can help sites make faster, more informed decisions once referrals arrive. Patient navigation can help patients arrive better informed, qualified and prepared.

From referral volume to recruitment readiness

The research shows that in order for trial sites to work at optimum efficiency, they need patients to arrive with stronger upfront pre-screening qualification and clearer more complete documentation.

Site teams are absorbing the burden of poor-fit referrals, information gaps, manual processes, and disconnected workflows. The result is felt in enrollment performance, delayed trial timelines, increased costs, and staff workload.

The path forward is recruitment readiness: stronger upstream qualification, smarter pre-screening, centralized coordination, AI-enabled support, and personalized patient navigation that helps patients arrive informed, prepared, and ready for the next step.

By streamlining these elements, sites can move forwards with confidence and focus on the research at hand.

How myTomorrows supports sites at **every step**

A unified referral platform

Centralises internal and external referrals in one place, with the ability to integrate into existing EMR and CTMS systems and secure communication with referring physicians – replacing the disconnected tools and channels that slow recruitment down.

AI-powered pre-screening

Designed to deliver highly qualified referrals through criterion-level eligibility matching for site review, helping to reduce the share ruled out before screening and cut the hours site teams spend on manual triage.

Personalized patient navigation

Multilingual navigators across global time zones help patients arrive informed, qualified, and prepared - lowering screen-failures, drop-offs and easing the burden on site staff.

Real-time visibility and connection

Keeps trial status and requirements current, while connecting sponsors, physicians and patients in one workflow. This reduces misdirected referrals and missed enrollment targets.



We've supported

2,244¹

clinical research teams

myTomorrows is a global healthtech company that connects patients, physicians, trial sites, and BioPharma partners to enable earlier and better access to pre-approval treatments.

¹ Data as of 7th July 2026

Appendix

Full survey data

Beyond referral volume

- 72% of sites receive more than 25 referrals per month.
- 52% say at least 20% of referrals are ineligible before formal screening.
- 35% say 31% or more are ineligible before formal screening.
- 62% say the primary reason for pre-screen failures is that patients do not meet key inclusion/exclusion criteria and are ineligible at the referral stage.
- 59% rank high volumes of low-quality or non-qualifying referrals among their top three barriers to operational efficiency.

The hidden workload

- 27% of sites spend 20+ hours per week reviewing incoming referrals.
- 47% say triage takes 10–30 minutes per patient.
- 16% say triage takes 30–60 minutes.
- More than 10% say triage takes more than an hour.
- 50% say recruitment workload sometimes limits their ability to focus on patient care or study quality.
- 19% say recruitment workload often or very often limits their ability to focus on patient care or study quality.

Scattered systems

- 42% rank delays in accessing complete patient information among their top barriers.
- 29% cite too many different tools and systems as a top barrier.
- 20% cite disconnected tools and systems as a top barrier.
- 43% of sites use four or more tools for referral intake.
- 52% use at least four tools for pre-screening.
- 46% use at least four tools for recruitment tracking.
- 63% receive referrals through internal site referral email.
- 55% receive referrals through site healthcare networks.
- 49% receive referrals through partner networks.
- 47% receive referrals through clinical trial registries.

Appendix

Full survey data

The downstream impact

- 59% of sites report fewer eligible patients enrolled at their site.
- 55% report delays in trial timelines.
- 55% report missed enrollment targets.
- 35% report increased costs.
- 31% report protocol amendments or extensions.
- 22% report staff burnout.

Smarter and earlier support

- 67% say AI could help detect potential matches for new or amended trials.
- 65% say AI could reduce administrative workload.
- 52% say AI could support the triaging of incoming referrals to reduce manual review.
- The most commonly chosen first-choice centralized system feature was high-quality AI pre-screened referrals.
- 48% ranked extracting patient file information that AI can use to assess potential eligibility as highly valuable.
- 35% ranked integration with existing workflows as highly valuable.
- 76% say personalized patient navigation would deliver high or very high value.
- 70% say patient navigation could increase the number of referrals who meet basic eligibility criteria.
- 69% say patient navigation could streamline communication with patients before they reach the site.
- 60% say patient navigation could ensure patients are prepared for pre-screening.
- 53% say patient navigation could reduce administrative or operational burden on site staff.

Ready to close the referral readiness gap?

Let's talk

[CLICK HERE TO CONTACT OUR TEAM](#)

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