SCRS COLLABORATE FORWARD

SCRS Society for Clinical Research Sites

COLLABORATE FORWARD PLAYBOOK

Ideas and Examples to Fuel Site Collaboration



SCRSprograms.com/collaborate-forward

Executive Summary

Over the past two years, the Society for Clinical Research Sites (SCRS) and its Collaborate Forward working group set out to answer a simple question:

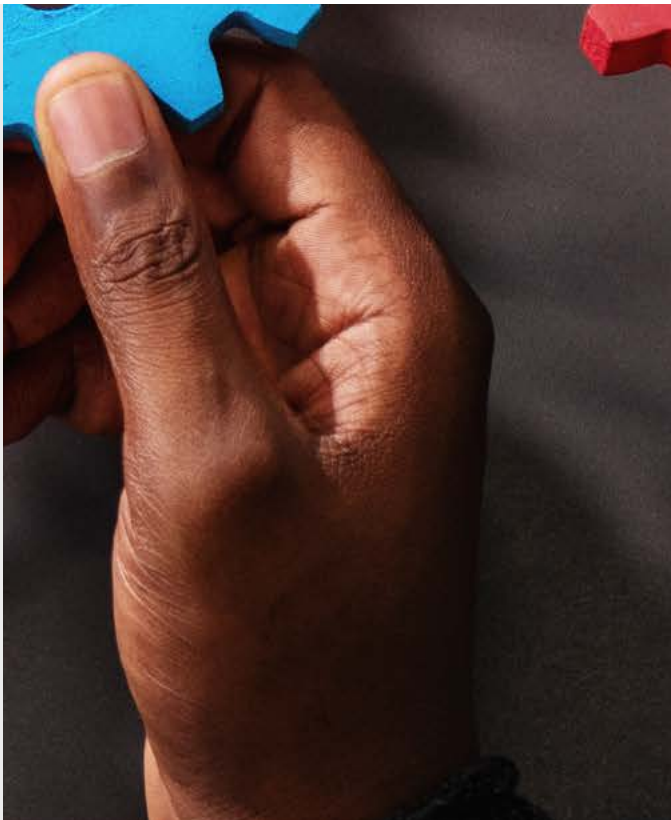
When collaboration works well across sites, sponsors, CROs, and solution providers, what makes it successful?

Starting with a **2024 Clinical Collaboration Discovery Survey** of SCRS Global Impact Partners (GIPs) — a diverse mix of solution providers (34%), sponsor companies (32%), site networks (24%), CROs (8%), and clinical research sites (3%). In that group, **94% reported collaborating with another organization** to address a common challenge or improve their business.

The survey identified where collaboration was already making the biggest difference — especially in:

Those insights provided SCRS and Collaborate Forward with a shortlist of "good collaborations" to investigate more deeply. From there, we:

1. Convened a **working group of 21 companies** (sites, sponsors, CROs, and solution providers).
2. Conducted **in-depth InterVIEWs** with organizations such as Fortrea, TD2, Cognizant, Biogen, PPD (Thermo Fisher), GSK, Takeda, Mural Health, Parexel, ProofPilot, and others.
3. Launched a follow-up **2025 metrics survey** to understand how organizations are (or aren't) measuring collaboration and its impact.



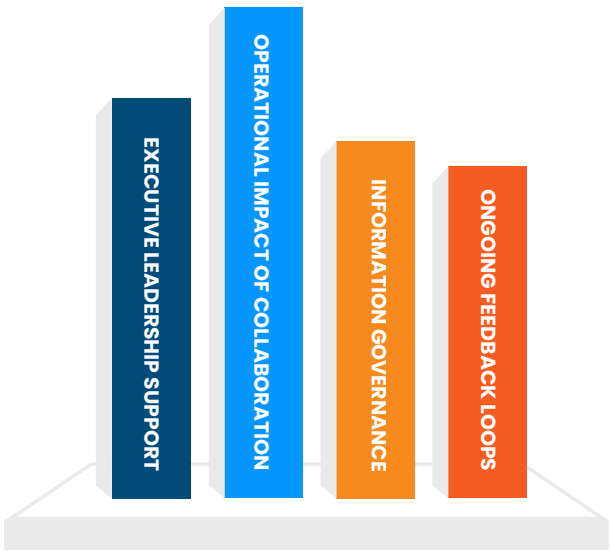
Across these conversations and data points, four foundational pillars of effective collaboration emerged:

Executive Leadership Support
Leaders who make site-centric collaboration a visible, strategic priority.

Operational Impact of Collaboration
Ways of working that tangibly reduce friction, accelerate timelines, and improve quality.

Information Governance
Shared data, clear KPIs, and transparent decision-making.

Ongoing Feedback Loops
Structured mechanisms that listen to, act on, and close the loop on site and partner feedback.



Our **2025 metrics survey** reinforced a key finding: collaboration is working in pockets — but **scaling it requires disciplined feedback governance and visible ROI.**

Organizations are asking for:

- Institutionalized, shared KPIs
- Visible cost and time ROI
- Transparent, "you said, we did" feedback loops

This playbook closes the gap between good intentions and operational reality.

Each pillar includes:

1. **The Standard:** A blueprint for what "good" looks like.
2. **The Proof:** Short, real-world scenarios that show how organizations moved from "before" to "after."
3. **The Tools:** Methods and tools that companies can adopt and scale.

As of January 2026

Collaborate Forward InterVIEW Participants

The insights and examples in this playbook are grounded in real-world stories, we call, "InterVIEWs." Members of the Collaborate Forward team sat down and learned collaboration best practices from organizations across the clinical research ecosystem.

ADVARRA
Ashley Davidson

ALCANZA CLINICAL RESEARCH FOR ALL
Carlos Orantes, Casey Orvin

Biogen
Kristy Brackett, Emilio Neto

CNS HEALTHCARE
Brian Hunter, Dan Kearney
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GSK
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MEDIDATA
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MERCK
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Courtney Collins, Emma Eikermann, Oshrat Goldberg, Emily Valeo, Sam Whitaker

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Lauren Briggs, Joe Kim, Ryan MacKnight

sanofi
Joe Cianciarulo, Erin Stackowitz, Jean-Marc Tellier, Tamara Vermeulen

Takeda
Sean Cunningham

TD2 Precision Oncology
April Coburn

The Collaborate Forward Team

A Multidisciplinary Team Dedicated to Industry Collaboration

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Kathy Busto Mickel
Director of Membership & Programs at SCRS

Lauren Stockwell
Education & Engagement Manager at SCRS

We will continue to gather and share InterVIEWs with industry partners here: **Collaborate Forward**

A Shared Commitment to Change

Message from the Collaborate Forward Working Group

The Collaborate Forward working group came together around a shared recognition: collaboration in clinical research is happening, however, many still believe that collaboration is daunting or too time-consuming. Or, that collaboration depends on individual relationships, informal workarounds, or isolated best practices. We wanted to elevate collaboration best practices across the industry and demystify the steps needed to operationalize collaboration into an organization.

As representatives from site networks, sponsors, CROs, and solution providers we recognize the common challenges:

- "Fragmented communication and unclear escalation pathways."
- "Constant requests for feedback without explaining how feedback is used."
- "Inconsistent experiences for sites across studies or partners."
- "Difficulty scaling 'what works' beyond individuals or teams."

Despite these challenges, the group shares a belief that meaningful change is possible when organizations are willing to listen, share openly, and learn from one another.

This playbook reflects that commitment. This document does not display perfection but it does provide real examples, practical lessons, and approaches that can be adapted and scaled across the industry.

We look forward to continuing this work.

Sincerely,

Fortrea
Proud Sponsor

Alison Foster
Lisa Gordon
John Kennett

ADVARRA
Christine Senn

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MEDIDATA
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SUVODA
Amanda Howley

Takeda
Sean Cunningham

TD2
Susan Night

West Clinical Research
Luke Snedaker

How to Use This Playbook

Each scenario is intentionally short and skimmable, so you can pull examples into training, requests for proposals (RFPs), governance decks, or conference presentations.

Leaders

Use this playbook to set expectations, resource the right roles, and sponsor cross-company collaborations.

Industry stakeholders agree early phase collaboration has the greatest measurable impact and reduces timelines, effort and rework during: Budgeting & Contracting, Patient Recruitment, and Site Feasibility. & Selection.

Operational Teams

Use it as a field guide to redesign processes, contracts, and systems.

88% of CROs, sponsors, and solution providers said collaboration results in measurable improvements, of which 96% saw improvements to cost or time savings.

Sites & Site Networks

Use it to benchmark what "good" collaboration looks like and push for specific changes.

100% of sites report improved study performance when collaboration with sponsors, CROs, and solution providers occurs.

Pillar 1 Executive Leadership Support

Why this Pillar Matters

When collaboration works, it's rarely because of a single tool or template. It's because **leaders decide that site-centric collaboration is non-negotiable** — and then they fortify that decision with people, time, and visibility.

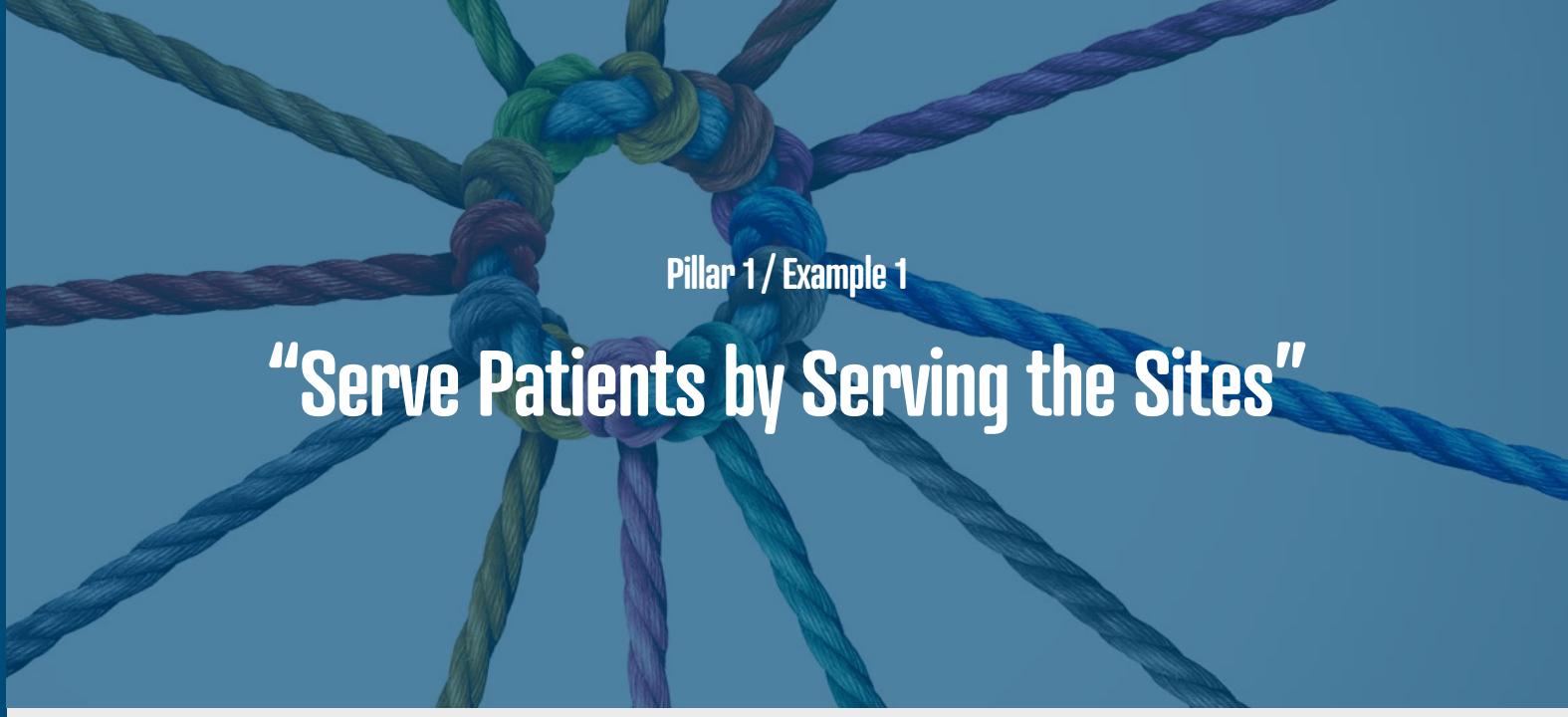
In our surveys and InterVIEWs, organizations with strong leadership support:

- Treat sites as **partners**, not just delivery points.
- Put collaboration roles (site engagement, relationship management) **on the organization chart**, not outside of core responsibilities.
- **Show up** — at site visits, industry meetings, advisory boards, and governance forums.

BLUEPRINT

Leadership Support in Practice

- **Name the "why"**
  Tie collaboration to patient access, trial diversity, and portfolio performance within the corporate culture of the business.
- **Create visible, site-facing roles**
  Site Engagement Leads, Relationship Managers, Site Navigators.
- **Signal "everyone is site-accessible"**
  Leaders attend site events, read site feedback, and sponsor changes.
- **Reinforce accountability**
  Use leadership forums to review site satisfaction and collaboration metrics.



Pillar 1 / Example 1

"Serve Patients by Serving the Sites"

Scenario

Takeda realized that heavy outsourcing was weakening its relationships with sites, slowing studies, and limiting its impact for patients.

Breakdown Analysis

- Sponsor–site relationships were often **mediated entirely through CROs.**
- Takeda lacked **direct accountability** for payments, feasibility, and recruitment.

Methods & Tools

- Create a **Clinical Site Start-Up and Engagement Team** focused on payments, contracting, feasibility, and trial equity.
- Held direct **site feedback sessions at SCRS Global Site Solutions Summit**, with Takeda returning the next year to show what changed.
- Internal decision-making anchored on *Patient. Trust. Reputation. Business. In that order.*

Read the full InterVIEW

Before

- Inconsistent experiences from site to site.
- Delays in contracts and payments.
- Limited visibility into the real challenges sites were facing.

After

- A dedicated **Study Site Engagement Team** of 49 people across more than 50 countries.
- A clear mantra: "*Serve the patients by serving the sites.*"
- Leaders and executives regularly **exposed to site experiences** at SCRS Summits and other forums.

Pillar 1 / Example 2

"From Transactional to Transformational"

Scenario

Sanofi recognized that sponsor–site interactions often felt transactional, with key decisions made internally and shared only after they were finalized — limiting meaningful input and creating avoidable friction.

sanofi

Breakdown Analysis

- Sites were frequently engaged **after** key decisions had already been made.
- Feedback mechanisms existed, but poor timing reduced impact.
- Culture did not consistently reinforce the idea that sites were strategic partners.

Methods & Tools

- Engaged sites **during** feasibility and protocol development.
- Reinforced partnership expectations through consistent leadership messaging.
- Aligned cross-functional teams around shared patient and operational goals.
- Embedded collaboration into processes and decision-making, not just language.

Read the full InterVIEW

Before

- Site input occurred after protocol and operational decisions were largely set.
- Assumptions made *without* early engagement led to avoidable delays.
- Communication often centered on execution rather than collaboration.

After

- Leadership aligned around a core principle: **"Sites are partners, not vendors."**
- Sites are engaged earlier in protocol, technology, and budget discussions — when feedback **can still influence outcomes**.
- Partnership expectations are reinforced across teams, not left to individual relationships.

Pillar 1 / Example 3

"Elevating Site Engagement Leads to Strategic Roles"

Scenario

GSK wanted to dramatically reduce site burden through simplification and automation.

GSK

Breakdown Analysis

- Multiple logins, passwords, and inconsistent access created **friction** for sites.
- Technology changes needed to be **guided by real site insights**, not just internal assumptions.

Methods & Tools

- Created annual **Voice of the Customer** programs to systematize site feedback.
- Deployed leadership-sponsored tech changes (e.g., single sign-on (SSO), automated account provisioning).
- Empowered Site Engagement Leads to advocate across functions, not just "take requests."

Read the full InterVIEW

Before

- Fragmented site-facing systems.
- Training and engagement handled in a **reactive, tactical** way.

After

- **Site Engagement Leads** positioned as strategic liaisons between internal teams and sites.
- Insights from **Voice of the Customer** surveys now inform how systems are built, contracts are negotiated, and training is delivered.
- Leadership backed bold investments in automation that cut account provisioning from months to days.

Pillar 1 / Example 4

"Principles-Led Leadership Builds Trust Before Problems Arise"

Scenario

As one of the largest site networks, Alcanza operates in an environment where trust, escalation, and alignment can quickly determine whether collaboration succeeds or breaks down.

ALCANZA CLINICAL RESEARCH FOR ALL

Breakdown Analysis

- Across the industry, executive engagement with sites often begins *after* a problem emerges - during escalation, delays or performance concerns.
- By that point, trust is already strained, and conversations become defensive rather than productive.

Methods & Tools

- Executives led relationship building with sponsors and CROs.
- Established clear single points of contact to avoid confusion and protect relationships.
- Maintained leadership visibility and consistency to reinforce trust over time.

Read the full InterVIEW

Before

- Relationships triggered by issues rather than built intentionally.
- Escalations framed as conflict instead of shared problem-solving.
- Limited executive presence during "normal operations," reducing credibility when challenges arise.

After

- Alcanza leaders emphasize that **relationships must begin before anything goes wrong.**
- Executive-level engagement signals long-term commitment, not transactional oversight.
- Trust and rapport allow sponsors, CROs, and sites to openly discuss mistakes, improvements, and support needs.

Pillar 2 Operational Impact of Collaboration

Why this Pillar Matters

Collaboration isn't a philosophy exercise. It has to change how work gets done — fewer handoffs, faster decisions, and less administrative waste.

Our discovery survey highlighted operational hotspots where collaboration has the greatest impact:

- Recruitment
- Technology/vendor support
- Contracts/budgets

BLUEPRINT

Designing Collaboration into Operations

- **Map the friction**
  Identify where sites, sponsors, and CROs lose time (logins, Clinical Trial Agreements (CTAs), payment cycles).
- **Standardize where it helps, personalize where it matters**
  Use templates and automation to create space for human connection.
- **Reuse what works**
  Dashboards, master agreements, shared playbooks.
- **Show the impact**
  Track time saved, rework avoided, and reuse of successful partnerships.

Pillar 2 / Example 1

"From Passwords to Progress"

Scenario

Sites flagged sponsors' site-facing systems, including GSK's multiple logins and manual access processes as major pain points. GSK moved toward a future of smart, streamlined collaboration powered by technology.

GSK

Breakdown Analysis

- Account provisioning could take up to **four months.**
- Sites spent valuable time just trying to log in, reset passwords, and navigate disparate systems.

Methods & Tools

- Integrated identity and access management.
- Automation linked to CTMS/CTMF data.
- Proactive change management for sites.

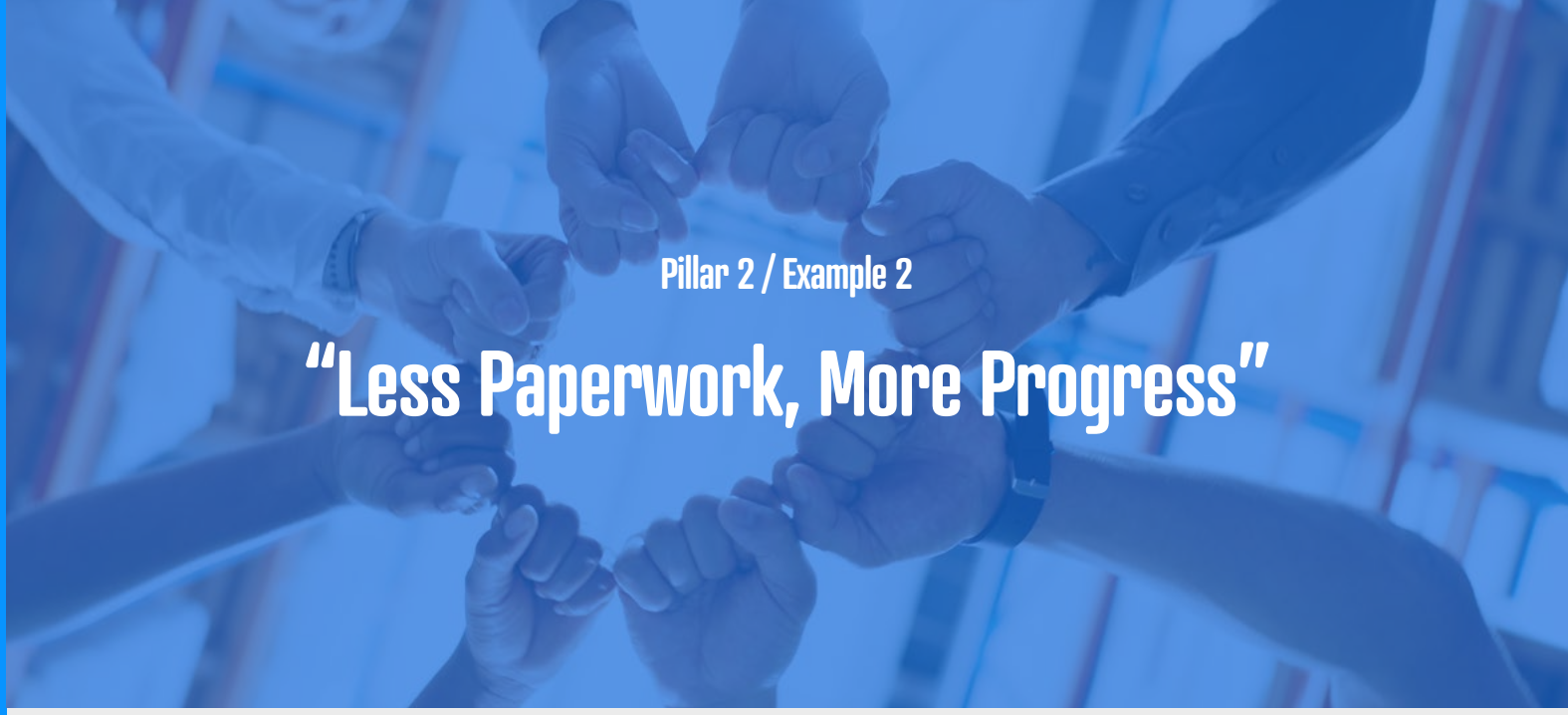
Read the full InterVIEW

Before

- High friction at the very start of trials.
- Increased support call volume and frustration for site staff.

After

- Adoption of **Microsoft authentication** and **single sign-on** across sponsors for Clinical Data Management Systems (CDMS) access.
- **Automated account provisioning** using Clinical Trial Master File (CTMF) data, cutting timelines from months to **under three days**.
- Targeted outreach and "white glove service" helped 40% of users transition before the new system went live.



Pillar 2 / Example 2

"Less Paperwork, More Progress"

Scenario

Biogen saw delays and inefficiencies in start-up driven by siloed systems and reactive communication with sites.

Biogen

Breakdown Analysis

- Contract terms often required **multiple clarification rounds.**
- Site preferences weren't consistently captured or used.

Methods & Tools

- Structured **site preference capture** (e.g., phone vs. email) feeding into internal systems.
- Annual **site feedback report** showing what changed and what's still in progress.
- Internal alignment between country/site operations and contracting teams.

Read the full InterVIEW

Before

- Sites needed a "legal dictionary" to navigate CTAs.
- Limited reuse of high-performing sites across studies.

After

- A cross-functional team of ~60 people focused on **site engagement** and operational alignment.
- An **AI-supported database** that combines operational, quality, and local intelligence data to prioritize sites and support them more effectively.
- Streamlined CTAs and financial appendices with **clear, site-friendly language.**

Pillar 2 / Example 3

"Redesigning Site Alliances for Operational Fit"

Scenario

Parexel's longstanding Global Site Alliances program needed to evolve alongside how sites work and communicate.

parexel

Breakdown Analysis

- A **geography-based alliance structure** no longer reflected the therapeutic complexity sites were managing.
- Sites didn't always know **who to contact** when challenges emerged.

Methods & Tools

- General Business Agreements with **aligned KPIs and report cards**.
- Quarterly **Site Pulse forums** and site advisory panel.
- Structured mentorship pairings between emerging sites and experienced peers.

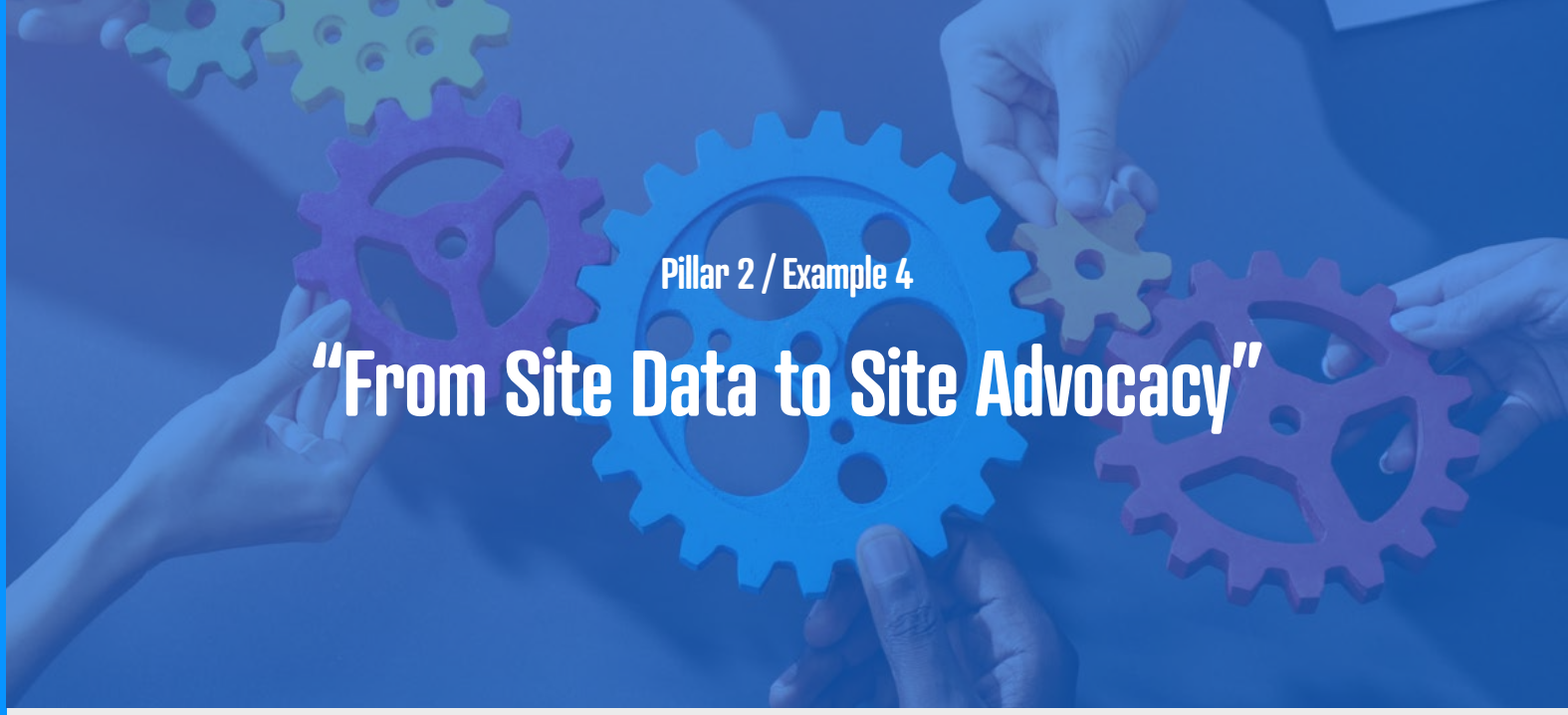
Read the full InterVIEW

Before

- Diffuse responsibility across regions.
- Less efficient alignment on therapeutic expectations.

After

- A shift from **geography-based** to **therapeutically aligned** alliances, making the relationship more relevant to site operations.
- Global relationship managers acting as **clear single points of contact** for ~350 parent sites.
- Emerging Sites and Mentorship programs to help newer organizations operationalize best practices faster.



Pillar 2 / Example 4

"From Site Data to Site Advocacy"

Scenario

The PPD™ Clinical Research Business team wanted to move from transactional site management to a relationship model that supports over 3,000 sites worldwide.

ppd

Breakdown Analysis

- Sites lacked clear visibility into their performance data.
- New investigators needed **more guidance and structure** to become research-ready.

Methods & Tools

- Created a centralized data infrastructure and dashboards.
- Implemented a tiered methodology that clarifies expectations and progression for site networks.
- Operationalized a structured recognition program that raises visibility for high-performing sites.

Read the full InterVIEW

Before

- Data scattered across systems.
- Limited proactive support for newer sites.

After

- The **SELECT Program** and **Study Record Database** now centralize Site Scrore Card (SSC) study inputs for real-time tracking and reporting.
- **Tailored SSCs** share performance across start-up, enrollment, query resolution, and data quality.
- The **Frontier Program** supports new investigators with practical coaching and more frequent touchpoints.

Pillar 3 Information Governance

Why this Pillar Matters

Collaboration stalls when **nobody trusts the data**, or when each party has their own version of the truth.

Information governance is about:

- Agreeing on **what to measure**
- Making those metrics **visible to all parties**
- Using them to guide decisions, not just report history

Our survey respondents called out the need to "develop shared KPIs" and "highlight cost/time ROI examples" — both are impossible without disciplined data practices.

BLUEPRINT

Building Collaborative Information Governance

- **Define shared KPIs**
  E.g., start-up cycle time, site satisfaction, query turnaround.
- **Make scorecards two-way**
  Sites and sponsors both get to see and react to the data.
- **Connect operational data to decisions**
  Use metrics to evaluate partners, adjust monitoring, or refine protocols.
- **Document and share actions**
  Close the loop so partners see how data informs change.
- **Create a single source of truth for sites**
  Centralized libraries, portals, or knowledge hubs reduce confusion and eliminate the need for sites to "hunt" for information across emails, systems, and people.

Pillar 3 / Example 1

"Shared Metrics, Shared Trust"

Scenario

Sites asked TD2, a precision oncology CRO, a direct question: ***"How are we doing - and how can we earn more opportunities?"***

TD2 Precision Oncology

Breakdown Analysis

- Performance data was largely held internally, limiting transparency.
- **Sites lacked visibility** into evaluation criteria.
- **Sponsors questioned site recommendations** without shared metrics, meaning trust depended more on relationships than evidence.

Methods & Tools

- Implemented shared scorecards covering start-up, enrollment, quality, and communication.
- Integrated site-defined KPIs into formal performance measurement.
- Established regular milestone-based checkpoint calls to address issues early.
- Created a Site Engagement Manager role to bridge start-up and ongoing trial management.

Read the full InterVIEW

Before

- Site performance was evaluated one-directionally.
- Metrics were not visible to sites.
- Limited transparency made it difficult for sites to improve strategically.

After

- TD2 implemented **collaborative scorecards** combining CRO and site-defined KPIs.
- NPS-style feedback captures how sites evaluate TD2's performance.
- Shared data is now **used to advocate for high-performing sites** with sponsors.
- **Leadership reinforces alignment** through regular check-ins.

Pillar 3 / Example 2

"Turning Feedback into Product Design"

Scenario

Early feedback on Cognizant's Shared Investigator Platform (SIP) showed growing site dissatisfaction.

cognizant

Breakdown Analysis

- Feedback mechanisms were **too generic and sporadic.**
- There was no clear framework for tracking improvements.

Methods & Tools

- Implement purpose-built feedback programs for active users.
- Deploy role-based onboarding and monthly training.
- Institutionalized clear communication on system changes and rationales.

Before

- Poor Net Promoter Score (NPS) of **-60.**
- Sites felt their feedback disappeared into a void.

After

- Structured **focus groups with active users**, measuring quality, performance, usability, and feature requests.
- **NPS improved from -60 to +10 in just two years**, backed by visible changes and transparent "what we implemented and why" reporting.
- Progress tracked against four pillars: evidence/insight generation, communication, strategy/leadership, and engagement/ partnership.

Read the full InterVIEW

Pillar 3 / Example 3

"Simplifying Start-Up Through Clarity & Flexibility"

Scenario

Sanofi identified that contract complexity, overlapping technologies, and unclear navigation were driving start-up delays and increasing site burden.

sanofi

Breakdown Analysis

- Contract language created unnecessary clarification cycles.
- Rigid technology requirements limited site flexibility.
- Issues were often addressed *reactively* instead of systematically.

Methods & Tools

- Established MCTAs earlier and simplified language to reduce negotiation cycles.
- Introduced menu-based technology options to increase site flexibility.
- Created dynamic "site navigator" toolkits.
- Recurring issues were escalated to live conversations to resolve them quickly.

Read the full InterVIEW

Before

- MCTAs required heavy negotiation and legal interpretation.
- Sites navigated multiple systems without clear guidance.
- Email chains prolonged resolution of recurring issues.

After

- "Exhibit A" language in MCTAs was streamlined to reduce ambiguity.
- Sites are offered flexibility in vendor and technology options.
- Centralized guidance and contacts with "site navigator" toolkits.
- Teams identified and resolved recurring issues quicker.

Pillar 4 Ongoing Feedback Loops

Why this Pillar Matters

Nearly every organization we spoke to emphasized the same principle:

Collaboration fails when feedback is collected but not used.

Our metrics survey reinforced that scaling collaboration requires **better feedback governance** and real transparency about what changes as a result.

BLUEPRINT

Designing Feedback That Actually Changes Things

- **Move beyond annual surveys**
  Embed feedback in daily workflows.
- **Close the loop**
  Communicate what you changed and why, including what's still not feasible.
- **Diversify channels**
  Site Advisory Boards (SABs), advisory boards, town halls, focus groups, in-platform prompts, informal emails.
- **Make feedback multi-stakeholder**
  Sites, patients, sponsors, CROs, and solution providers all have a voice.

Pillar 4 / Example 1

"From Hesitation to Trusted Feedback"

Scenario

Fortrea recognized a significant challenge: sites often hesitated to raise concerns during start-up, leading to small issues becoming big problems.

Fortrea

Breakdown Analysis

- Lack of clear contact pathways.
- Cultural hesitancy to "cause trouble".

Methods & Tools

- Embedded **Site Navigator** roles to guide sites from feasibility through activation.
- Dedicated liaisons for large site networks.
- Operationalized twice-annual NPS surveys and SABs feeding into internal improvement cycles.

Before

- Issues surfaced late, after timelines were impacted.
- Site networks lacked centralized support.

After

- Fortrea established **consistent communication pathways**, including dedicated roles and streamlined engagement.
- **Site Advisory Boards (SABs)** and organization-wide **NPS surveys** ensure site feedback is captured and acted upon.
- Insights are shared internally through memos and newsletters and externally by reporting back to sites on actions taken.

Read the full InterVIEW

Pillar 4 / Example 2

"Real-Time Feedback Built into the Platform"

Scenario

Early on, ProofPilot recognized that Sponsors were relying on two-year-old survey data to understand site needs for technology platforms.

proofpilot

Breakdown Analysis

- Feedback was **too infrequent and outdated** to guide design.

Methods & Tools

- Implemented in-platform surveys and feedback forms tailored to roles and studies.
- Established an internal commitment to "eating their own cooking" by managing client relationships on the same platform.
- Introduced AI-powered analytics that reveal where sites struggle to find information.

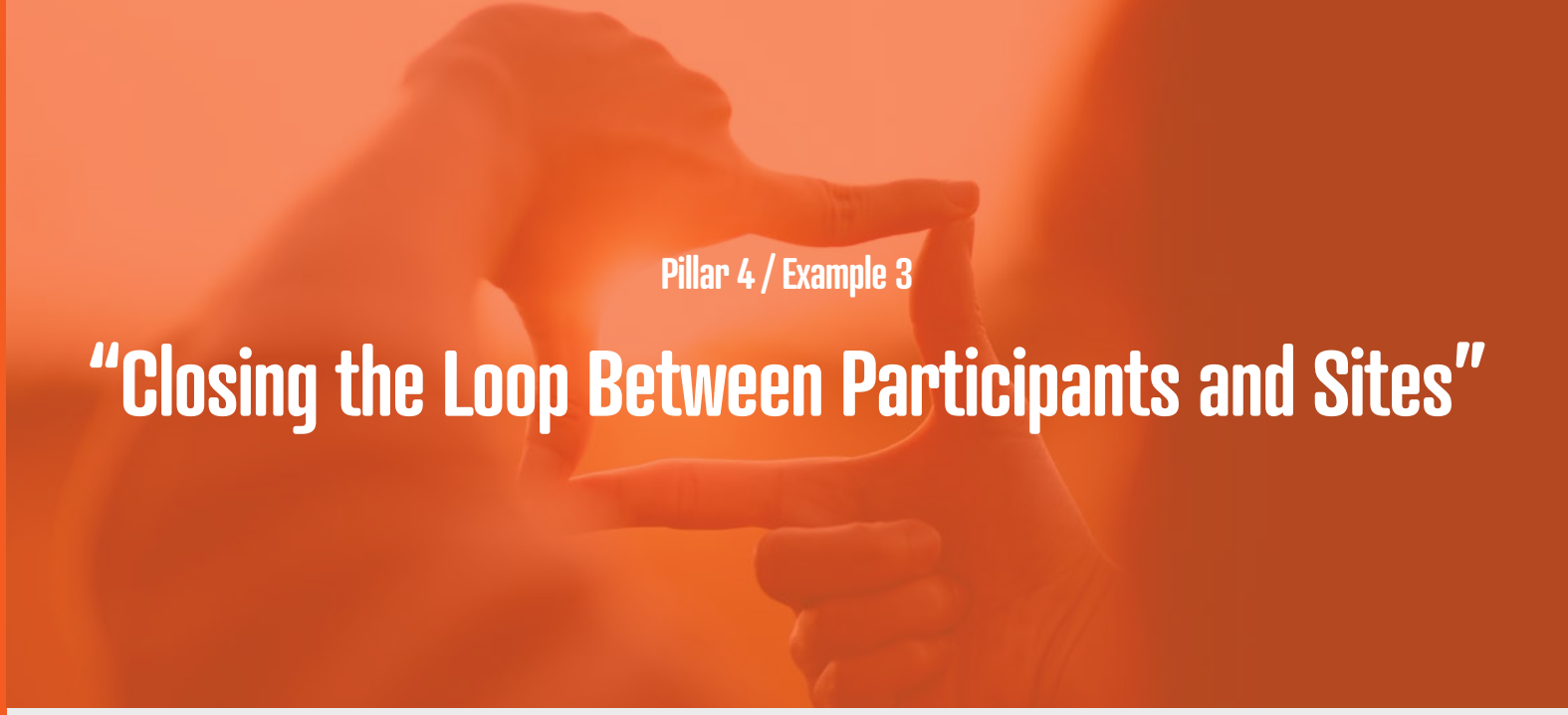
Before

- Sites perceived portals as burdensome and unresponsive to their needs.

After

- ProofPilot invites sites to experience the platform directly and provide **real-time feedback inside the tool** itself.
- Sites can submit requests and targeted surveys; when their feedback leads to change, ProofPilot proactively reaches back out to show the update.
- This approach has built relationships strong enough that sites now **co-present with ProofPilot** on industry panels.

Read the full InterVIEW



Pillar 4 / Example 3

"Closing the Loop Between Participants and Sites"

Scenario

Patient payments and travel logistics were creating hidden friction that affected retention and site workload.

mural health

Breakdown Analysis

- Many solutions had been designed for patients with significant means, not real-world constraints.
- Feedback was fragmented across sites, patients, and sponsors.

Methods & Tools

- Introduced structured feedback routing for product and operations teams.
- Communicated through transparent newsletters sharing product updates and advocacy efforts.
- Operationalized a data-driven redesign, such as moving to a **per-person record model** to reduce errors and administrative burden.

Read the full InterVIEW

Before

- Sites spent significant time chasing payment issues and managing travel logistics.
- Limited visibility into how these problems affected patient experience.

After

- Mural Health uses an **internal routing tool**, annual user surveys, and informal feedback channels (like email) to capture site insights and prioritize product changes.
- A dedicated **Patient Kindness Team** proactively engages participants about their experience — even those who don't use Mural Health's platform.
- Feedback is **routed internally and shared back** with sponsors and sites to drive improvements that reduce burden and improve retention.

Pillar 4 / Example 4

"Listening with Compassion and Acting with Intention"

Scenario

Even in strong partnerships, concerns arise. For Alcanza, this occurs often from sponsors or CROs questioning site performance, execution, or coordination.

ALCANZA CLINICAL RESEARCH FOR ALL

Breakdown Analysis

- In many organizations, feedback moments turn into defensive exchanges:
  - Feedback is delivered late
  - Listening is secondary to justification
  - Action is unclear or inconsistent
- This can erode trust and leave sites feeling ignored or blamed.

Methods & Tools

- Normalized intentional preparation and coordination before feedback conversations.
- Established clear escalation pathways grounded in trust, not blame.
- Encouraged early engagement through **Alcanza Consulting Partners**, involving site investigators to review protocols and provide input before trials launch.

Read the full InterVIEW

Before

- Feedback framed as criticism rather than collaboration.
- Rapid responses prioritized over understanding root causes.
- Misalignment between what the client raised and how teams responded.

After

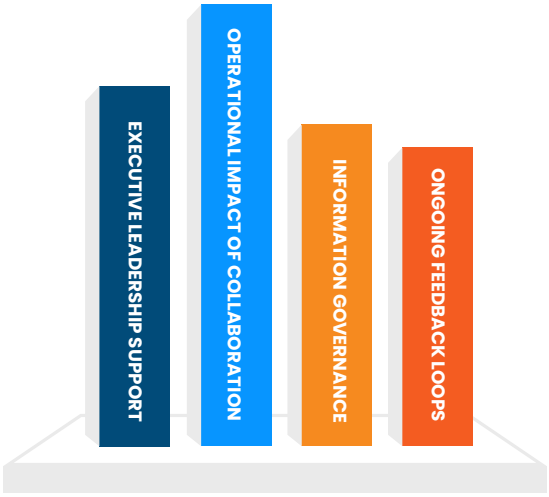
- Alcanza teams **listen first - even when the concern may be incorrect.**
- Compassion is treated as an operational principle, not a soft skill.
- Internal alignment happens *before* responses, but listening takes priority during conversations.
- Create improvements that reduce burden and improve retention.

IN CONCLUSION

Bringing the Four Pillars Together

Across surveys, InterVIEWs, and working group discussions, one theme is clear:

Collaboration is not a single project. It's an operating model.



To start or strengthen that model, organizations can:

1

Anchor in leadership support

Name collaboration as a strategic priority.

Put site-facing roles and metrics on leadership dashboards.

2

Redesign operations around friction points

Start with contracts, payments, technology access, and recruitment.

Use automation and templates to free up human time, not replace it.

3

Build shared information governance

Co-create KPIs with sites.

Share scorecards and dashboards, not just internal reports.

4

Institutionalize feedback loops

Mix formal mechanisms (NPS, SABs, boards) with in-workflow feedback.

Always close the loop — "You said, we did (or, we can't yet, and here's why)."

TURNING INSIGHTS INTO ACTION

Collaboration Becomes Measurable When it Moves from Conversation to Commitment

What This Means for...

SPONSORS

- Lead with transparency.
- Share metrics.
- Engage sites earlier.

SITES

- Ask for clarity.
- Request shared KPIs.
- Elevate what works.

CROs

- Make governance visible.
- Reduce handoffs.
- Reinforce accountability.

SOLUTION PROVIDERS

- Design with feedback embedded.
- Show measurable ROI.

What's Next for Collaborate Forward

Collaborate Forward is not a one-time initiative. It is an ongoing effort to elevate collaboration from best intention to best practice. Over the next phase of this work, SCRS will:

1 Expand the Evidence Base

Continue conducting InterVIEWs across sponsors, sites, CROs and solution providers to surface practical, scalable examples of collaboration in action.

2 Deepen the Data

Develop new data sets and measurable framework to track how collaboration impacts timelines, cost, recruitment, and site satisfaction over time.

3 Integrate Collaboration into Industry Benchmarks

Infuse Collaborate Forward learnings into SCRS Landsape Surveys, Eagle Award evaluations, and broader industry reporting — ensuring collaboration becomes part of how excellence is defined and recognized.

4 Build Shared Accountability

Encourage cross-stakeholder dialogue at SCRS Summits and other forums where organizations can share measurable outcomes and lessons learned.

Collaboration should not be exceptional.
It should be expected.

Through data, dialogue, and shared accountability, SCRS is committed to helping make that expectation the industry standard.

Let's keep moving forward. Together.

SCRS COLLABORATE FORWARD

How Sites Collaborate for Study Performance

A Framework for Sites by Sites

Throughout this playbook, we have shared examples of how organizations are strengthening collaboration through leadership support, operational alignment, shared information, and feedback loops.

When these pillars are applied consistently, collaboration begins to produce tangible outcomes — not just better conversations, but better tools, processes, and expectations.

Illustrative Example: A Site-Led Start-Up Information Framework

One site network developed a structured "study start-up information" framework designed to capture critical details from sponsors and CROs early — before contracts are finalized and sites are activated.

Rather than relying on fragmented emails or late-stage clarification, this approach consolidates expectations around recruitment, training, technology, monitoring, and operational workflows at defined milestones in start-up.

The goal is simple: reduce uncertainty, save time, and ensure sites understand exactly what is expected of them - and what support they can expect in return.

The following is not prescriptive. It is illustrative of how sites are proactively structuring alignment.

How This Reflects the Four Pillars of Collaboration:

Leadership Support
Sites are empowered to ask for clarity upfront — signaling that transparency is valued, not adversarial.

Operational Impact
Clear expectations reduce rework, delays, and downstream escalation during start-up and enrollment.

Information Governance
Critical study details are centralized, standardized, and shared — creating a reliable source of truth.

Feedback Loops
Questions are surfaced early, allowing sponsors and CROs to clarify assumptions before issues arise.

If approaches like this were normalized across the industry, study start-up could shift from reactive problem-solving to proactive alignment — benefiting sites, sponsors, CROs, and patients alike.

Sample Framework

A Site-Led Start-Up Information Framework

Below is an example from **CNS Healthcare** of a form they send out to sponsors and CROs during study start up to ensure that all required information is available up front, ensuring a smoother start-up and study launch.

Questions to ask at Site Selection

- When will the final protocol be provided?
- Country Regulatory submission date?
- Who is the Clinical Trial Manager/Lead?
- Who is managing Contracts/Budgets?
- Has anything regarding recruitment changed from the time of the feasibility questionnaire & PSSV?
  - Changes in total numbers?
  - Country caps?
  - Gated enrollment?
  - Stratifications?
  - Enrollment criteria changes?
- Will our enrollment be dependent on monitoring?

Questions to ask one month prior to First Patient Visit (FPV)

Patient Recruitment

- Will there be any limiting factors imposed on recruitment (i.e., no more than **x** patients enrolled per month)?
- Global recruitment update?
  - Who started recruiting?
  - When did recruitment start?
  - What is the overall recruitment?
- What are the recruitment materials that will be provided?
  - Will our sites be permitted to customize these with our contact information?
  - Do the materials refer people to a central website/ call center?
- Who on the study team will be reviewing our site-specific advertising and what are the anticipated timelines for approval relative to the start of the enrollment period?
- Will our enrollment be dependent on monitoring?

Study Operations

- Who is the Medical Monitor?
- Will there be any e-source or tablets used during study visits?
  - If so, which vendor and how many tablets will be allocated to our site?
  - Is there a process for getting additional tablets if necessary?
- When will eCRF guidelines or screenshots be available for source creation?
- How many vendors will be involved with this study?
  - Have any of the vendors for this study changed since the PSSV?

Questions to ask at CTA/Budget Negotiation

Start-up & Training

- Is there a particular portal that the site will have to use for the submission of initial start-up regulatory documents?
- How will training be handled (i.e., at the Investigator Meeting, online, video submission, etc.)?
- Estimated training duration?
- Number of portals/vendors? Names of each one?
- TA Specific: where can we find the required qualifications and certification process for raters?

Patient Recruitment

- What are the goals/expectations for recruitment at each site?
- Will there be a central campaign?
- Will our team be required to regularly report to or meet with the study team regarding recruitment efforts?
- Are any resources available to site to support recruitment ie. financial and/or personnel?

Study Operations:

- Will remote monitoring be utilized? If so, what are the expected contributions from our site (i.e., scanning source documents, monthly phone calls, etc.)? What is the expectation for site staff involvement in remote monitoring?
- Will there be any kind of approval or oversight process for randomizing patients? If so, what documents will need to be submitted and how quickly will we receive a response?
- Will audio/video recording be used during this study?
- Will our site be responsible for paying out patient stipends, or will an outside vendor be used?
- Will patient transportation costs be paid in addition to the stipends?

Questions to ask 2-4 weeks prior to FPV

- What is the anticipated frequency of monitoring visits?
- How soon will the first monitoring visit take place?

Let's keep moving forward. Together.

Learn more about Collaborate Forward

Have a story to share? **Share it here.**

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