

## Digital patient support scalability checklist for clinical trials

A practical self-assessment for sponsors and CROs

Assess whether your current digital patient support delivery model is consistent, aligned to protocol requirements, and scalable across studies.

Digital patient support is critical to clinical trial success but delivering it consistently, at scale remains a persistent challenge.

In many organisations, support is still built study by study, adapted site by site, and managed across multiple tools, vendors, and formats.

While this may work for individual studies, it often creates fragmentation, limits reuse, and makes it difficult to deliver consistent, high-quality support across a portfolio.

This checklist is designed to help you assess whether your current approach to patient support is truly scalable, aligned to protocol and site needs, and capable of supporting efficient trial delivery over time.

### How to use this checklist

- Read each statement and mark as one of:

Yes  No

Partly  Not sure

- Answer based on how your digital patient support delivery works in practice, not how it is intended to work
- Look for patterns: clusters of "Partly", "No", or "Not sure" often indicate a key operational gap

### Response legend

Yes

consistently in place across studies and sites

Partly

exists in some cases, but not consistently or at scale

No

not in place today

Not sure

unclear ownership, visibility, or evidence

## 1 Values & visibility

The hardest part is rarely launching a digital solution. It is proving whether it is being used, where friction sits, and what value it creates.

Statement	Why it matters	Response
You can see where patients stop engaging with your digital support and which steps create the most friction.	You cannot reduce drop-off if you cannot see where it happens.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure
You can show how patients use the digital platform in practice, not just that access was provided.	Access alone does not prove adoption or value.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure
You can compare engagement patterns across studies, regions, or patient groups without relying on manual data collation.	Improvement is easier when teams can spot repeatable patterns rather than rely on anecdotes.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure
Reporting from your digital support platform can be used in internal conversations about value, investment, or scale-up.	If value cannot be evidenced, it is harder to defend or expand the programme.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure
Insights from one study can be used to improve digital patient support design, content, or processes in future studies.	A stronger digital model should not just report performance; it should help teams improve support over time.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure

## 2 Scale across studies

A scalable digital model should reduce duplication over time, not create a new build for every study.

Statement	Why it matters	Response
Your digital patient support model can be reused across studies without recreating the experience from scratch each time.	Study-by-study rebuilds add cost, delay, and inconsistency.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure
Sub-studies or protocol variations can be managed within the same digital model rather than as separate programmes.	Handling complexity within one model helps teams scale without fragmenting delivery.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure
New studies can be launched through a repeatable process with predictable effort and timelines.	Predictability improves planning and reduces start-up risk.	<input type="radio"/> Yes <input type="radio"/> Partly <input type="radio"/> No <input type="radio"/> Not sure

**3 Structured support across the patient journey**

Digital patient support should do more than deliver content. It should guide patients through moments that commonly create confusion or disengagement.

Statement	Why it matters	Response
<p>Digital support is structured from the point a patient enters the clinic, rather than being limited to a single stage such as recruitment or onboarding.</p>	<p>Patients encounter different barriers at different stages of a study.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>
<p>Patients receive clear, stage-specific guidance on what happens next, what to prepare, where to go for help, and any practical site-specific logistics such as parking, arrival instructions, or navigating the clinic.</p>	<p>Clear guidance and practical logistics can reduce uncertainty, improve preparedness, and help patients arrive more confident about what to expect.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>
<p>Site teams can rely on the digital solution to reinforce key study information consistently, reducing repeated explanations and avoidable confusion.</p>	<p>A solution that supports sites is more likely to be used consistently.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>
<p>Where relevant, caregivers or support partners can be included without creating a separate manual support process.</p>	<p>Support often extends beyond the patient alone, especially in more complex studies.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>

4

**Operational readiness and governance**

Hidden manual effort is one of the main reasons digital patient support feels harder to scale than expected.

Statement	Why it matters	Response
<p>Local language or market adaptations can be made without recreating the whole digital experience or starting a separate programme.</p>	<p>Heavy localisation effort slows expansion across regions.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>
<p>Materials needed for review or submission can be prepared through a structured, repeatable process rather than assembled manually study by study.</p>	<p>Repeatable preparation helps reduce avoidable start-up effort.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>
<p>There is clear ownership for reviewing digital support performance and using those insights to improve future studies.</p>	<p>Data has limited value if no one is accountable for acting on it.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>
<p>Your digital patient support platform is treated as a reusable portfolio capability, not a one-off study deliverable.</p>	<p>Portfolio thinking is what turns digital support into a scalable operating model.</p>	<p> <input type="radio"/> Yes    <input type="radio"/> Partly  <input type="radio"/> No    <input type="radio"/> Not sure                 </p>

# What your results may be telling you

Clusters of “Partly”, “No” or “Not sure” usually point to one of four common gaps:

Limited visibility

Narrow patient journey coverage,

Study-by-study duplication

Hidden manual effort

## Mostly Yes

You may have a strong foundation. Focus next on whether value, friction, and reuse are visible enough to support broader portfolio decisions.

## Mixed responses

You may have digital patient support in place, but still rely on manual processes, unclear reporting, or one-off study setups that limit scale.

## Mostly Partly / No / Not sure

You may have digital delivery in places, but not yet a consistently measurable and reusable patient support capability.

## Common patterns to watch:

- **Gaps in value and visibility** often mean teams struggle to prove ROI or justify continued investment.
- **Gaps in structured journey support** often mean the digital experience is too narrow to reduce friction across the whole study journey.
- **Gaps in scale across studies** often mean support is still being recreated study by study.
- **Gaps in operational readiness** often mean hidden manual effort is slowing rollout, localisation, or improvement.

## Where this points next

If your gaps cluster around measurability, drop-off visibility, reuse, or study-to-study complexity, it may be time to review whether your current platform is built for portfolio scale.

Trial Flow is designed to help sponsors and CROs deliver structured digital patient support across the study journey with greater consistency, reuse, and visibility.



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