WHITE PAPER

Patient Centricity Is a Buzzword, **Not a Blueprint**

The Solution to Better IVD Trials Is Simple

Overengineering protocols in the name of patient-friendliness or layering in complexity for the sake of stakeholder input may sound thoughtful, but in practice, it often does more harm than good. Especially in IVD research, where most trials are noninvasive and noninterventional, patient experience is rarely the real bottleneck.

Making trials more doctor-friendly is a better avenue and translates into more effective reach for participants: patients trust their providers. However, swapping descriptors from patient-centric to provider-centric still misses the point. Your study must be aligned with the standard of care. Does it look like something a doctor would already be doing? Does it avoid interrupting the care patients need? If the answer is yes, you'll see faster enrollment, cleaner data, and more engaged sites. If not, all the buzzwords in the world won't save it.

Why Patient Centricity Isn't the Answer

The push for patient-centric trials is well-intentioned. No one wants to design research that patients don't understand, can't access, or don't feel comfortable participating in. However, if an IVD trial is ethical, clearly explained, and integrated into real care, most patients are happy to contribute, especially when they are approached at the right time and treated with respect. Based on this truth, centering trial design around patient experience misses the point.

Patients don't care about the minute details of your protocol. They care that their doctor can solve their problem, their care isn't delayed, and their visit isn't longer than it needs to be. Designing trials to minimize disruption to care inherently supports patient needs. The best way for research to align with those goals is not to design around hypothetical patient feedback while treating trials as separate from clinical care. Instead, make sure the study flows naturally within the visit itself.

Simplicity Drives Results

When the trial feels like part of the standard of care, research is easier for doctors, smoother for patients, and better for everyone involved:

- **For sponsors:** Higher enrollment, cleaner data, and fewer protocol deviations, all of which accelerate timelines and reduce costly delays

- **For patients:** Visits feel familiar, consent is straightforward, and participation is aligned with the care they already trust

- **For doctors:** Minimal disruption to workflow, clear communication, and studies that feel relevant to their practice, not like a burden or a distraction

Designing Trials That Work in Real Life

At its core, effective IVD trial design is simple, but simple doesn't mean easy. In fact, making a trial feel easy requires more effort, not less. To create something truly doctor-friendly and standard-of-care-friendly, every detail needs to be designed to remove friction without compromising quality, compliance, or clarity.

Getting Providers on Board

The first step is engaging providers. If a doctor doesn't believe in your study or can't immediately understand its purpose, they won't bring it into their practice. How you communicate at the start of the process matters just as much as what you're saying:

- **Get the right doctors:** Trial success depends on relevance, and if the study doesn't match their practice, it won't stick; effective targeting guided by data about physician specialty, patient population, or clinical behavior ensures you're starting with doctors who are already aligned with your goals
- **Speak their language:** Choose terms doctors really use, not abstract buzzwords; even a small disconnect in phrasing can undermine credibility or cause confusion during critical early conversations
- **Respect their time:** If your study takes longer to explain than a typical clinical decision, it's already too complicated; doctors work in high-pressure, time-sensitive environments, so every explanation must be short, sharp, and grounded in clinical logic
- **Make the value obvious:** Show why this trial matters, how it moves the needle, and why the doctor's participation is meaningful; most will be more willing to engage if they believe their involvement is contributing to a significant innovation, not just checking a regulatory box

Getting all these factors right takes knowledge that comes from experience. It also takes a lot of time. A thirty-minute meeting, for example, should be the result of weeks of planning to fine-tune your message.

Adapting at Every Step

Initial interest is only the beginning. Sustaining engagement means continuing to make the doctor's job as simple as possible before, during, and after every patient visit. Forms, kits, protocols, and communications should be intuitive enough to require no extra explanation. Site staff should know exactly what to do and when to do it, without digging through dense materials or waiting on clarifications. In short, every touchpoint should fit seamlessly into their workflow.

Well-designed tools and materials reduce the need for ongoing intervention. Prefilled kit labels, step-by-step collection instructions, and embedded field prompts in case report forms eliminate ambiguity, reduce errors, and free up time. Even slide decks and training materials should be trimmed to only the necessities. Simplification is a discipline, and it takes up-front effort to make things intuitive.

Beyond Doctor-Friendly

Simplicity doesn't stop at the clinic. In addition to being doctor-friendly, IVD trials should be IRB-friendly. Protocols should highlight minimal risk criteria and patient protections up front, not bury them in dense scientific language. Making the review process easier with clear documentation reduces back and forth and speeds approval.

Simplifying trials also makes them more sponsor-friendly, with fewer protocol deviations and more reliable data. When forms are self-evident and workflows are built around care as it's delivered, sponsors spend less time resolving queries and more time moving their study forward.

Ultimately, the better the design, the easier it is to get diagnostics to market. This process requires deep experience, thoughtful planning, and a team who knows how to deliver complex trials with a clear approach that benefits everyone involved. In short, you need an experienced, reliable CRO partner.

For Trials That Feel Easy, Start With IVD Expertise

At RDI, we've supported over 170 trials. Our domain expertise enables us to guide you through the complexities of IVD research with a thorough understanding of what drives efficiency and success.

If you're ready to take a simpler, smarter approach to IVD trials, rely on RDI.

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