MILKEN INSTITUTE

MULTI-REGIONAL CLINICAL TRIALS
THE MRCT CENTER of BRIGHAM AND WOMEN'S HOSPITAL and HARVARD

The Convergence Project
Increasing Access to Clinical Trials

WEBINAR SUMMARY

SEPTEMBER 2025

From Barriers to Breakthroughs:

Funding, Resources, and Support to Improve Clinical Trial Access and Innovation

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Background

No single entity, organization, or institution can take on systemwide and sustainable change to improve access to clinical trials.

The Convergence Project is a call for clinical research stakeholders to work collaboratively toward common goals and take collective action.

On Tuesday, June 10, 2025, the Convergence Project held a virtual event, **"From Barriers to Breakthroughs: Funding, Resources, and Support to Improve Clinical Trial Access and Innovation,"** hosted by FasterCures in partnership with The Multi-Regional Clinical Trials Center at Brigham and Women's Hospital and Harvard (The MRCT Center).

The webinar opened with a discussion about the current imperatives to advance representation in clinical trials, and a brief overview of the Convergence Project, including the eight domains (public awareness and communication, community engagement and investment, site enablement, workforce, trial participation and access, comprehensive data, funding resources and support, accountability) outlined in "Toward A National Action Plan for Achieving Diversity In Clinical Trials."

More than 140 virtual attendees joined to hear discussions featuring leaders from across the clinical trial ecosystem, including patient advocacy and community-serving organizations, foundations, venture capital, digital health, and pharmaceutical companies.

Discussion Topics

Removing Financial Barriers for Clinical Trial Participants

This session explored the financial and logistical hurdles patients face when accessing clinical trials—and the innovative solutions organizations are implementing to address them. A recurring message was clear: addressing financial barriers up front is essential.

The attendees underscored the negative impact of structural inequities and income disparities on clinical trial participation, emphasizing the need for a flexible support framework that can accommodate each participant's unique situation. Examples included financial support and solutions such as those offered by Mural Health for caregivers and dependents, who are often overlooked in standard protocol designs.

The participants also discussed Family Reach's Financial Resource Center, which provides education, navigation, and emergency assistance to families facing financial toxicity during cancer treatment, and the Family Reach Clinical Trial Access Program as a resource specifically for clinical trial participants. The discussion emphasized the importance of recognizing the basic needs of cancer patients and clinical trial participants, and integrating financial navigation directly into trial design and delivery. It highlighted initiatives providing financial support for food, transportation, housing, and other key needs.

Another organizational example discussed during the session was the American Cancer Society ACS-ACTS: Access to Clinical Trials & Support program, designed to provide trial matching and holistic support throughout the patient journey. The ACS-ACTS collaboration with MassiveBio was also presented as an example of a partnership that is leveraging AI-enabled solutions to identify patient needs proactively and match patients to clinical trials.

Attendees also examined how the Michael J. Fox Foundation is addressing the financial barriers that trial participants face by proactively offering funding to cover costs for travel, companion care and dependent care, and the unique needs of people living with and receiving treatment for Parkinson's disease, including reduced-mobility and age-related support needs, thus underscoring

the importance of providing resources to cover companion-care costs. Further reinforcing the points shared, panelists reminded research sponsors to consider the risks of attrition during study participation, when study participants become overburdened by the travel and companion costs required to attend study visits.

Discussants rounded out the session with a conversation about the role of site networks as translators and conduits between sponsors and patients, and shared highlights about the approach at Cedar Health Research, a clinical trial site network providing personalized, community-based solutions, including ride shares, transporting patients to job interviews, and adjusting schedules to accommodate childcare needs. The panelists reiterated the importance of improving clinical trial awareness and access for all patients, ensuring that clinical research is an available care option, and emphasizing the need for site networks to work diligently to understand the social needs and norms of their surrounding community and the patients in their catchment area.

Sustainable Community Investment to Support Clinical Trial Access

This session focused on long-term community engagement, emphasizing that one-time investments are insufficient for building trust or infrastructure.

The session opened with an overview of the National Medical Association, a professional organization for African American physicians, with a 130-year history of convening and collaboration. The overview included details about the National Medical Association's Project IMPACT program, structured around clinical research training for providers, supporting providers to offer trials, and collaborating with civic and faith organizations, and the complementary mission of Project IMPACT to increase clinical trial awareness, access, and representation.

The panelists noted viewing patients as "citizen scientists" and reviewed examples of bi-directional partnerships, including Pfizer's approach to incorporating patient perspectives and social determinants of health data early within the R&D process and throughout their scientific and community-engagement efforts.

The discussion also highlighted Choose Healthy Life, a large community organization founded in response to the COVID-19 pandemic, which leverages church leaders, congregations, and community health workers (health navigators) to bring services, including health screenings, clinical trial awareness and education programs, to various communities and underserved areas. Panelists discussed the broad reach of Choose Healthy Life's programming and initiatives deployed across five cities with more than 120 participating churches empowered by the organization to bring health resources within their respective communities.

The session progressed to a discussion about Walgreens' data-driven, action-oriented model, which uses pharmacy locations to deliver research more equitably. Discussants outlined the vast footprint of Walgreens, with 8,000 pharmacies across the US serving more than 100 million people through in-person pharmacy visits and digital engagement. This broad scope is supported by a robust and representative ecosystem, which enhances the company's ability to bring clinical

trials directly to people across the country. Participants recounted lessons learned when patient populations visited Walgreens stores and pharmacies during the pandemic, relying on their neighborhood pharmacy health-care professionals to help them learn and understand more about their choices for treatment and prevention. Panelists noted that many of these lessons proved applicable to the clinical research ecosystem informing the launch of the Walgreens clinical trial enterprise in 2022.

Partnerships, Funding Models, and Innovative Solutions

The final session explored how innovative funding structures and cross-sector alignment can transform clinical trial infrastructure.

The discussion opened with an acknowledgment of the shifts in the landscape of research funding and the resulting opportunities to be creative and leverage technologies, public-private partnerships to maintain research infrastructure, and interpersonal connections to maintain access to research and remove barriers for potential clinical trial participants. Highlighting the importance of cross-sector partnerships, including advocacy organizations and industry, the panelists reiterated the need to sustain these partnerships to continue driving innovation. As an example, the panelists cited ongoing studies, including those supported by the Foundation for the National Institutes of Health, that are continuing to include participants from across the country, including community sites.

The course of the discussion pivoted to explore venture capital as a vehicle to de-risk inclusive trial infrastructure, particularly in underserved communities. Syridex Bio emerged as an example of a venture studio backing companies that are focused on innovation while addressing health disparities and unmet medical needs, including the needs impacting communities that are historically or currently under-accessed for clinical trials.

Next, the participants looked to Veda Trials as an example of a solutions provider in the clinical trials space, with an approach to decentralized and patient-centric trial operations and raised the issue of funding strategies that empower community-based care. Discussants framed constraints on resources and funding as a potentially predictable and ongoing condition that company founders, particularly startup founders, might seek to navigate and learn from. Veda Trials demonstrates use of a technology-enabled platform that allows community-based providers and clinics, especially those outside traditional academic or urban hubs, to participate in clinical trials quickly and effectively while maintaining high quality. Ranging over the wide variety of stakeholders—from rural and community providers and investigators to contract research organizations (CROs) and pharmaceutical industry sponsors—the panelists noted the need for collaboration among the stakeholders to shape the ecosystem as they seek to make it more equitable.

The session continued with an acknowledgment of the current landscape of clinical trials and the clinical development ecosystem, which has relied on participation from less than 10 percent of

the US population, in clinical trials largely based at academic medical centers and failing to include community and rural sites as well as health systems. The discussants implored researchers and sponsors to improve the environment and relieve patients from having to travel long distances to access clinical trial sites. To illustrate the clinical trial access barriers a solutions-provider might confront, panelists highlighted Paradigm Health, a venture-backed company offering technology-based platforms including solutions to screen patients for care options and potential clinical trial enrollment, deployed across 60 health-care systems in the US. Among the company's current resources are more than 1,000 oncologists providing care in community-based systems that serve a variety of rural and under-resourced populations and areas.

Key Takeaways

Proactive, upfront financial support is essential for clinical trial participants. Reimbursement alone fails to meet the full spectrum of participant needs.

- Sites and study sponsors should view and approach patient financial barriers with the same rigorous attention as treatment barriers, in order to address the needs of patients, caregivers, and trial participants early, and to provide support across the continuum of needs.
- Trial designs must holistically reflect participants' requirements, including medical, social, financial, and logistical needs. Time, transportation, and caregiver responsibilities should be addressed flexibly and creatively.
- Every patient's health journey is unique. Flexibility and individualized support must be built into trial planning from Day 1.
- Long-term, community-rooted, bidirectional partnerships are crucial. Trust cannot be built through short-term outreach.
- Social, cultural, and community structures play a vital role. Leveraging trusted messengers, through sustainable and mutually beneficial community-industry partnerships, can bridge gaps in trust and cultural understanding.
- Technology is no substitute for human connection. The most effective solutions blend digital tools with in-person connection led by professionals and community members such as navigators and community health workers who can support culturally informed care as well as awareness of, access to, and enrollment and retention in clinical trials.
- Technology-driven efficiencies, such as digital clinical trial platforms and remote monitoring, can reduce the burdens of cost and site, as well as of patient and trial-participant, ideally improving access without sacrificing rigor.

- Innovative funding models and partnerships are essential to improve the ecosystem and provide solutions to improve health-care and clinical-trial access. Public-private collaborations and venture investment have the potential to fill funding gaps and drive innovation forward.
- While navigating through shifts in the funding landscape, researchers and solution providers should share lessons learned, challenge their own status quo, and seek new partners and stakeholders from areas beyond their usual networks.
- Persistence, creativity, storytelling, sustainable partnerships, and collaborative voices across the ecosystem, from trusted messengers to clinical trial participants and business leaders, can be integral. Trusted voices can make the case for funding companies and initiatives that are working to innovate and improve clinical trial access.
- Study sponsors are encouraged to incorporate community insights and both qualitative and quantitative data to establish impact metrics proactively, with the aim of helping determine the mutual return on value for clinical trial partnerships and initiatives.
- Collaboration is key to helping research teams, founders, and organizations navigate the current funding landscape and secure sustainable funding to improve clinical trial access across populations and geographies.

Convergence Project Next Steps

With a focus on continued collaboration across sectors aligned with the eight project domains, future public convenings under the Convergence Project are in development, and further details will be shared in the coming months.

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Appendix: Webinar Participants

Panelists

Stacey J. Adam, Vice President, Science Partnerships, Foundation for the NIH

Pia Banerjee, Director, Cancer Innovation and Transformation, American Cancer Society

Cheryl Anne Boyce, Founder/Principal, Humiscus Human Development

Doris Browne, President and CEO, Browne and Associates LLC, Chair, National Medical Association, Project IMPACT 2.0, 118th President, National Medical Association

Mimi Fenton, CEO, Cedar Health Research

Camille Jimenez, Global Patient Equity Research Lead Program Director, Institute of Translational Equitable Medicine, Pfizer

Catherine Kopil, SVP, Head of Clinical Research, Michael J. Fox Foundation for Parkinson's Research

Squire Servance, Managing Partner, Syridex Bio

Lesley Solomon, Founder & CEO, Veda Clinical Trials

Ramita Tandon, Chief Biopharma Officer, Walgreens Boots Alliance

Carla Tardif, CEO, Family Reach

Kent Thoelke, CEO Paradigm Health

Samuel Whitaker, Founder & CEO, Mural Health

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