Clinical Development Outsourcing Models (2nd edition)

Description: Most pharma companies no longer outsource simply because they have to. Most now recognize value in the use of contract organizations. But while the evolution of pharma's outsourcing philosophy has been fairly uniform across companies, the application of outsourcing strategy remains highly diverse. The real trick for a head of R&D is identifying which model is best given the particular pharma company's culture, infrastructure for clinical trial management, infrastructure for CRO management, depth of pipeline, and a host of other factors.

Report Structure:

Executive Summary

Clinical Development Outsourcing Dynamics:
- Outsourcing Cost Breakdown by Function
- Outsourcing Difficulties
- In-House and Outsourcing Model Allocation
- Preferred Service Provider Type by Phase
- Roles and Responsibilities that Influence Service Provider Selection

Outsourcing Models: Performance, Selection, and Use:
- Analysis of Each Outsourcing Model Evaluated Including Model Performance and Reasons for Use Future Trends
- Likelihood to Deviate from Current Model
- Likelihood to Change Service Providers Based on Trends Study Data

Outsourcing Models Evaluated:
- Preferred Provider Outsourcing
- In-Sourcing Clinical Development Staff
- Fee-For-Service Outsourcing
- Functional Service Provider (FSP) Outsourcing
- Compound or Program-Based Outsourcing
- Hybrid Full Service and FSP Outsourcing
- Sole-Source Outsourcing

How you can use this report:

For Study Sponsors:
- Pharma buyers of this report are encouraged to use its content to navigate the benefits and drawbacks of available outsourcing models by examining what's working and not working for other companies and why.

For Service Providers:
- Service providers are encouraged to use the report's content to plan for the rise of some models, the decline of others, identify the drivers of success for these models, and anticipate customers' need accordingly.

Contents: 1. Methodology 2. Executive Summary 3. Clinical Development Outsourcing Dynamics
4. Outsourcing Cost Breakdown by Function
   - Outsourcing Difficulties
   - In-House and Outsourcing Model Allocation
   - Preferred Service Provider Type by Phase
   - Roles and Responsibilities that Influence Service Provider Selection

5. Outsourcing Models: Performance, Selection, and Use
   - Model Performance against Expectations
   - Outsourcing Model Performance Scores
   - Selection Driver Overview
   - Preferred Provider Outsourcing
   - In-Sourcing
   - Fee-For-Service Outsourcing
   - Functional Service Provider (FSP) Outsourcing
   - Compound or Program-Based
   - Hybrid Full Service and FSP Outsourcing
   - Sole-Source

6. Future Trends
   - Likelihood to Deviate from Current Model
   - Likelihood to Change Service Providers Based on Trends

7. Study Data
   - Current Outsourcing Practices
     - Current Level of Outsourcing
     - Outsourcing Cost Breakdown by Function
     - Reasons to Change Outsourcing Models
     - Outsourcing Difficulties
     - Preferred Service Provider Type by Phase
     - Phase II/III Development Alignment
     - Roles and Responsibilities that Influence Service Provider Selection
     - Outsourcing Models Used
     - In-House and Outsourcing Model Allocation
     - Outsource Model Compatibility
     - CRO and Sponsor Organization Preference
     - Preferred Provider Outsourcing
       - Reasons for Using Preferred Provider
       - Preferred Provider Model Use Frequency
       - Preferred Provider Performance against Expectations
       - Drivers to Use Preferred Provider
       - Preferred Provider Selection Frequency
       - Number of Preferred Providers
     - In-Sourcing Clinical Development Staff
       - Reasons for In-Sourcing
       - In-Sourcing Proportions by Function
       - In-Sourcing Performance against Expectations
       - Drivers to Use In-Sourcing
     - Fee-For-Service Outsourcing
       - Reasons for Using Fee-For-Service
       - Fee-For-Service Variations Used
       - Fee-For-Service Performance against Expectations
       - Drivers to Use Fee-For-Service
     - Functional Service Provider (FSP) Outsourcing
       - Reasons for Using Functional Service Provider
       - Functional Service Provider Variations Used
       - Functional Service Provider Performance against Expectations
       - Functional Service Provider SOP and Technology Use
       - Drivers to Use Functional Service Provider
     - Department-Based FSP Models
     - Geography-Based FSP Models
     - Phase-Based FSP Models
     - Therapeutic Area-Based FSP Models
- Compound or Program-Based Outsourcing
  - Reasons for Using Compound or Program-Based Model Use Frequency
  - Compound or Program-Based Performance against Expectations
  - Drivers to Use Compound or Program-Based Model Use
  - Hybrid Full Service and FSP Outsourcing
  - Reasons for Using Hybrid Full Service and FSP
  - Approaches Used for Hybrid Model
  - Hybrid Full Service and FSP Performance against Expectations
  - Hybrid Full Service and FSP Technology and SOP Use
  - Drivers to Use Hybrid Full Service and FSP
  - Sole-Source Outsourcing
  - Reasons for Using Sole-Source
  - Sole-Source Technology and SOP Use
  - Sole-Source Performance against Expectations
  - Drivers to Use Sole-Source
  - Future Trends
  - Likelihood to Deviate from Current Model
  - Likelihood to Change Service Providers Based on Trends
  - Respondent Demographics
  - Company Type
  - Job Title
  - Primary Area of Responsibility
  - Clinical Study Responsibility
  - Knowledge of Company's Outsourcing Models
  - Office Location
  - Years of Experience

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