Pioneer
RESEARCH GROUP

CAPABILITIES OVERVIEW

Where Care Meets Research

An integrated clinical research site network, embedded inside operating behavioral-health facilities and purpose-built to enroll and retain.

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PREPARED FOR PARTNER REVIEW

WHO WE ARE

The Site Network That Starts With the Patients

Pioneer Research Group operates residential and outpatient behavioral-health facilities in Southern California, extends its reach through partner facilities across the US, and embeds trial-ready research sites inside the care setting. Instead of manufacturing patient interest from scratch, we bring protocols to characterized patient populations already engaged in daily care.

One organization owns the facilities, employs the clinical teams, runs the matching technology, and signs the contract. That vertical integration is why our sites activate in weeks and enroll from day one. The network is still growing, with partner onboarding underway that takes it past 15,000 patients.

20,000+
PATIENTS IN NETWORK

400
DOMICILED BEDS

6
RESEARCH-READY SITES

24/7
CLINICAL STAFFING

THE PROBLEM WE BUILT FOR

Most trials don't fail on science. They fail on enrollment, and behavioral health fails hardest.

Recruitment From Cold

Conventional sites advertise for strangers, then discover at screening that self-reported histories don't hold up. Screen-fail rates climb; timelines slip.

Fragile Retention

Psychiatric and addiction populations are the most likely to miss visits and the most costly to lose mid-study, especially in outpatient settings.

Slow Activation

Multi-party contracting and staffing drag site start-up into quarters. Enrollment windows close while paperwork circulates.

WHAT WE DO

Three Ways to Work With Us

01

Run Your Study at Our Sites

Place your protocol in our network. We provide the site, the investigators and coordinators, and the patient population. One contract, one point of accountability.

02

Patient Sourcing & Referral

Already have sites? We identify and pre-screen eligible candidates from our network and refer them to your locations with full consent, clean documentation, and no PHI in business channels.

03

Full-Service Conduct

From feasibility review through database lock: recruitment, screening, visit conduct, retention, and close-out managed end to end by our operations team.

PATIENT SOURCING

Recruitment From Within

Our participants come from patient populations already engaged in care at our facilities, not from advertising. That changes the quality of every number we quote.

- **Chart-verified eligibility.** Candidates are screened against real clinical records: diagnoses, medications, and labs, not self-report from an ad click.
- **Clinician-mediated consent.** Participation is voluntary and introduced by the treating teams patients already know and trust.
- **Feasibility grounded in a census.** When we say a protocol fits, it's because we counted the patients it fits, by criterion, from live data.
- **Continuous pipeline.** New admissions flow through matching automatically, so referral volume doesn't decay after launch week.

TECHNOLOGY

An Integrated Matching Engine

Our proprietary platform connects the two sides of enrollment: every recruiting trial in our therapeutic areas, and every patient in our care, matched continuously with clinical rationale attached.

22,000+
TRIALS MONITORED

Complete ClinicalTrials.gov coverage of our indications, refreshed every six hours.

2,600+
ACTIVELY RECRUITING

Live recruiting studies in behavioral health, ranked against our census.

2-Stage
AI MATCHING

Structured eligibility gates, then criterion-level AI scoring with written rationale for clinical review.

EMR
INTEGRATED CENSUS

Admissions, discharges and housing sync from our medical records, so matching never runs on stale data.

REFERRAL PIPELINE

MATCHED → CLINICALLY REVIEWED → CONSENTED → REFERRED / SCREENED → ENROLLED

Every stage is tracked, auditable, and reportable to partners in a de-identified sponsor view.

THE RESIDENTIAL ADVANTAGE

Inpatient Settings Change the Math

A meaningful share of our census lives on-site in structured residential programs, with around-the-clock clinical staff. For CNS and addiction protocols, that environment solves the failure modes that sink conventional sites.

- **Visits without no-shows.** Participants are steps away, not a bus ride away. Windows get hit.
- **Controlled abstinence.** A structured, substance-free setting protects study integrity in SUD work.
- **Concentrated enrollment.** Dozens of characterized candidates under one roof, not scattered across a metro.
- **Observed adherence.** Dosing, sleep, meals and behavior under daily clinical observation.
- **Rich safety surveillance.** 24/7 staffing means adverse events are seen early and documented properly.
- **Step-down continuity.** Outpatient levels of care keep participants engaged after discharge.

LEADERSHIP

Experienced Leadership. Sponsor-Level Perspective.

Clinical development and research strategy at Pioneer is led by **Dr. Emmanuel Fombu**, a physician and clinical-development executive who has supported the design and execution of more than 80 Phase 1–4 trials at several of the world's leading pharmaceutical companies, working with small, midsize, and global CROs.

Having sat on the sponsor and CRO side of the table, he knows what determines whether a study succeeds, from protocol feasibility and site selection through enrollment, retention, and evidence generation. At Pioneer, that experience shapes how we take on every protocol:

- **Feasibility against real populations.** Protocols are evaluated against our live census before we commit.
- **Sponsor-grade expectations.** Site capabilities aligned to what sponsors and CROs require at qualification.
- **Design and operational planning.** Enrollment and retention challenges anticipated before they surface.
- **Inspection-ready operations.** Scalable, high-quality research operations built for evidence generation.

CLINICAL DEVELOPMENT & RESEARCH STRATEGY

Emmanuel Fombu, MD, MBA

80+
PHASE 1–4 TRIALS

3
PERSPECTIVES: SPONSOR, CRO & SITE

- Behavioral-health depth: treatment-resistant depression, MDD, mood and sleep disorders.
- Novartis President's Award for Innovation in clinical development.
- NYC Health Business Leaders Award for innovation and leadership in healthcare.

"We don't go looking for patients. We bring research to where patients already are."

SITE ACTIVATION

Built to Run Trials, Not Just Refer Patients

Our facilities are staffed, equipped, and activation-ready today. Award a protocol and we conduct it on-site as the investigative team of record, screening through close-out.

Investigators of Record

Board-certified physicians serve as PI and Sub-I across the network, with GCP-trained staff and formal delegation logs.

Dedicated Coordination

Study coordinators run scheduling, visit windows, and source documentation on our own protocol-tracking platform.

Equipped Facilities

Exam space, secure investigational-product storage, and sample handling with national reference labs inside every site.

Regulatory Ready

Central-IRB relationships, sponsor-portal registration, 1572s and e-regulatory binders prepared as standard practice.

Monitor Access

On-site monitoring space and remote review workflows. CRAs get what they need without chasing us for it.

Live Reporting

Partners see a de-identified dashboard of funnel, enrollment velocity, and visit compliance in real time, not month-end.

SPEED TO FIRST PATIENT

From Synopsis to Screening in Weeks, Not Quarters

1

Protocol Review

Send a synopsis and target enrollment. We run criteria against our live census the same day.

2

Grounded Feasibility

A data-backed packet with candidate counts by criterion, screening assumptions, and enrollment projections, typically within days.

3

One-Signature Start-Up

We own the facilities and employ the staff, so contracting and activation move on our timeline: weeks, not quarters.

4

Enroll & Report

Referrals flow from day one. Partners get a de-identified live dashboard of funnel, visit compliance, and retention, not a monthly PDF.

Already mid-study and behind on enrollment?

We also work as a rescue-enrollment partner, matching our census against your open sites and referring pre-screened candidates.

THERAPEUTIC FOCUS

Deep in Behavioral Health, By Design

- Substance Use Disorders & Addiction Medicine
- Depression, Anxiety & Mood Disorders
- PTSD & Trauma-Related Conditions
- Sleep, Stress & Behavioral Health
- CNS & Psychiatry-Adjacent Indications

Dual-diagnosis presentations are our daily clinical reality. Comorbid mood, anxiety and substance-use populations that most sites struggle to find are the core of our census.

PRIVACY, BY PRINCIPLE

Compliance as a Design Constraint

- No PHI in business communications. Sponsor and CRO channels carry counts and criteria, never identities.
- Consent-first participation, always introduced through the treating clinical team.
- Role-based, invite-only systems with full audit trails on every patient-record access.
- HIPAA-aligned infrastructure; 42 CFR Part 2 sensitivity handled as standard practice.
- Facility addresses and population detail shared with qualified partners under confidentiality.

NEXT STEP

Bring Us Your Protocol

Send a synopsis and target enrollment. We'll respond with a grounded feasibility read from our network: real candidate counts against your criteria, typically within days.

PARTNERSHIPS

partnerships@pioneeringresearch.com

SCHEDULE A CALL

calendly.com/pioneer-research-group

WEB

pioneeringresearch.com

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