Mitchell Parrish – CEO & Co-Founder, H Clinical

Latin America is not only cost-efficient; it is a region of innovation, diversity, and resilience

30.09.2025

Tags: Latin America, H Clinical, Clinical Trials, R&D

Mitchell Parrish, President and CEO of H Clinical, co-founded the company in 2020 to harness Latin America's untapped clinical trial potential. H Clinical specialises in decentralised trials, offering home visits, patient recruitment, site staffing, and supply and equipment logistics across 22 countries. Parrish highlights the company's local workforce, tailored country strategies, and patient-centric approach as key to its growth and impact.

Could you provide our readers with a brief introduction to your background and share the story behind the founding of H Clinical in 2020?

I am Mitchell Parrish, President and CEO of H Clinical, and one of its founders. My journey began with my background as an attorney and working at an organisation that had an international training program on human subjects research. The very first thing I was exposed to in my initial role was collaborating with individuals from Latin America, regulatory agencies and physicians alike. This was my first real exposure to the region, and it left a lasting impression.

From there, as I oversaw extensive global research, I noticed Latin America consistently representing an incredible, yet largely untapped, region. I observed a patient population willing and able to participate in clinical research, viewing it as an expanded healthcare option, alongside a workforce that is dynamic, bright, and hardworking, even though in some areas, opportunities remain limited. This combination revealed a fantastic opportunity: advancing clinical trials,

providing patients with greater access to care, and driving employment growth across the region.

Fortunately, the timing was right. In one of my final roles as executive vice president, our organisation was acquired, and like many leadership team members in such transitions, I had the flexibility to step out and pursue my own vision. H Clinical was conceived to capitalise on Latin America's potential, creating a dedicated solutions provider focused solely on the region. It is interesting how you end up working where you do not live. While I am in the US, H Clinical is locally rooted. That has allowed us to expand research capabilities throughout Latin America while simplifying sponsors' ability to conduct complex clinical trials in this vibrant region.

How challenging is it to tap into a market like Latin America while being based in the US?

For me, sitting in the US, the first thing to be successful in Latin America is to actually be in Latin America. H Clinical is successful because of its people. H Clinical's leadership team, management teams, and all of its providers are truly local and dispersed across all of the countries we operate. They live there, they understand the population, and they are invested in succeeding because their work impacts their communities. Locality and community orientation are the driving force that overcomes the challenge.

Can you introduce to our readers what H Clinical does and your main services?

H Clinical grew out of decentralised trials. In 2020, we saw sponsors and sites wanting to reach more patients across wider geographies, but there was no provider delivering care to patients in their homes or communities. We first built a home-visit service. In Latin America, decentralised typically means hybrid trials with home-based procedures; we run visits for any patient, in any community, across 22 countries.

From that foundation, we offer the equipment, supplies, storage, and logistics to support decentralised operations. We also boost site capacity by placing nurses and clinical research coordinators wherever needed—comprehensive site staffing. Finally, patient recruitment is a core service: with staff in 700+ communities who know local patients and providers, we support community-based recruitment.

Patient recruitment and retention are bottlenecks in clinical trials. How do you help improve enrolment and adherence?

There are a few ways we address that challenge. From a patient-recruitment standpoint, we value working with sites; they remain central to how research is conducted. We collaborate with sites to provide additional capacity to recruit and retain patients.

That means our network of providers across communities who are connected to local clinics, running public health events and fairs, working with specialists, and collaborating with community hospitals. This network generates referrals from areas where people typically would not participate in clinical trials, allowing sites to access those populations for randomisation.

Even when we are not performing our community recruitment, sites can recruit from a broader population because we can reach any location. A patient two hours away may not be able to travel or may lack the time or resources. That's where our home visits are also crucial: we can conduct visits in the home or provide transport to get the patient to the site. This approach supports both recruitment and retention by improving the patient experience.

As a pioneer in decentralised clinical trial services in this region, what specific challenges do DCTs solve for sponsors, and how are you overcoming infrastructure gaps to scale them efficiently?

Decentralised trials address several barriers. The industry is now much better at identifying where a decentralised approach makes sense, because it does not fit every study. When it does, the first benefit is tackling access: patients who live far from a site or cannot take time off work can still participate. That is the access gap DCTs close.

Another benefit is relieving site capacity constraints. In high-enrolment studies or studies with accelerated timelines, many Latin American sites are not large, dedicated research centres and may lack the staff to recruit and process patients or to do so quickly. Site staffing and home visits can add capacity and keep studies moving.

DCTs also overcome geographic limitations. You are no longer drawing repeatedly from the same catchment area; you can reach communities that otherwise would not take part. It is an additional tool for sponsors to access broader, more diverse populations.

A further challenge DCTs solve is the patient experience: reducing burden and travel, improving comfort and continuity of care at home, and supporting adherence with fewer disruptions to daily life.

We are overcoming infrastructure gaps and scaling efficiently by continuing to build our own fully integrated infrastructure. H Clinical does not subcontract; we recruit and retain local talent, invest in our footprint (such as expanding depots), focus on process efficiency, and, of course, leverage AI where it adds value.

Which countries are leading in creating a more agile clinical research environment in the region, and with which countries do you work most?

It is exciting to see countries adopt more creative approaches to supporting clinical trials. Historically, a lack of focus by some governments and agencies slowed progress, but that is beginning to shift, which is fantastic.

Brazil, the region's largest market, conducts significant research with considerable sophistication and has led the adoption of decentralised modalities. Mexico is another major player. Argentina, in particular, has moved quickly following recent administrative changes: we have seen a clear uptick in the ability to run decentralised trials and a strong desire to support the industry, reflecting a more enabling regulatory environment.

Chile maintains a robust research ecosystem, especially in oncology, while Peru is advancing regulatory improvements and remains a strong participant. Others engage periodically (Costa Rica and Colombia, for example), but the countries we work with most are Brazil, Mexico, Argentina, Chile and Peru.

You collaborate closely with both sponsors and CROs. How do you maintain neutrality while positioning yourself as a strategic partner to all stakeholders?

Our first priority is supporting clinical research for patients in Latin America. We are client and therapy-agnostic, focused on helping all organisations that otherwise could not execute complex trials successfully.

We maintain neutrality by being flexible and adapting to sponsors', CROs', sites', and global providers' requirements. That adaptability, anchored in a patient-first focus, lets us operate across

multiple projects and stakeholders, even when provider roles overlap. Our job is to make each and every partner successful.

In what ways does Latin America’s patient profile offer unique advantages for global drug development, and how is H Clinical leveraging this to build therapeutic expertise in the region?

Latin America offers a distinctive patient profile: high willingness to participate and, in many settings, lower prior exposure to trials or advanced therapies. That combination, plus a large, diverse population, supports timely recruitment and clearer signal detection in pivotal studies.

We support a broad portfolio across major therapeutic areas. Oncology remains significant. Cardiometabolic disease is a major focus. This covers cardiovascular disease and metabolic/endocrine disorders, notably Type 2 diabetes and obesity. Neurology/CNS is growing rapidly, and paediatric studies span multiple areas given the region’s demographics and access dynamics.

Rare diseases are another important focus. Decentralised and hybrid models work well here, bringing assessments and home visits to dispersed patient populations. We are leveraging this profile by building therapeutic depth across these areas while keeping the patient at the centre: adaptable operations that let sponsors and CROs execute complex protocols efficiently across the region.

Latin America is known as a volatile region. How do these dynamics influence your operations and expansion strategy?

We remain flexible and nimble, adjusting strategy to country realities. We have seen this in Colombia, where project volumes have trended down, and in Argentina, where activity is picking up. Currency swings, government transitions, and shifting policy priorities all demand in-country operations and teams that understand each market’s dynamics.

The region is not monolithic. Each country, Argentina, Brazil, Mexico, Colombia and others, requires a tailored approach. Our planning, infrastructure, and resourcing are calibrated to the local context so programmes can continue through cycles of change.

And volatility is not unique to Latin America. In the United States, rapid policy shifts, including recent moves from federal health leadership that appear to sideline decades of established evidence in favour of political discretion, have introduced their own uncertainties for research. Our approach is to stay evidence-led and patient-centred, diversify our footprint, and respond quickly to policy and market signals. That adaptability is what has enabled our growth across the region and beyond.

What is the growth potential you see in this field?

The growth we are seeing is strong, with significant potential ahead. Some may view us as a global provider, given our U.S. corporate presence, but our focus remains firmly on serving LATAM.

We have stayed sharply focused on Latin America for good reason. The region's capacity to contribute to global clinical trials, support local and growing patient populations, and benefit from rising GDP and an expanding middle market in healthcare represents enormous potential. Even six years into H Clinical, it feels as though we have barely scratched the surface. There is much more the region can offer, and that we can enable, which is genuinely exciting.

What do you think it will take to finally unlock the full potential of clinical trials in Latin America, given that progress hasn't matched expectations so far?

There is a lingering perception about research in Latin America, shaped by past volatility and concerns about data quality and other issues. That view is increasingly outdated, and stakeholders are now focusing on the region's strengths and potential.

What most often holds the region back is sponsors not finding the right partner. The capabilities exist: patient support, enrolment, high-quality data, clear communications, proactivity, and compliance. To access these, sponsors need providers who know how to deliver in each market.

A core challenge is identifying a truly local provider with regional scale. When sponsors partner with organisations like H Clinical that are on the ground, they can execute confidently and unlock what Latin America has to offer. The task is to give sponsors a clear solution and the confidence that their goals in the region are achievable.

Where do you see H Clinical in the next five years?

Over the next five years, we will remain focused on Latin America while refining services that help sponsors reach more diverse patient populations and recruit faster. We will keep working with government agencies to improve regulatory timelines. Our enrolment capabilities mitigate delays, but long approval cycles still deter sponsors when approvals take months.

H Clinical's growth strategy is holistic across Latin America. We will keep expanding our workforce, which is a core driver of our success, and broaden our solutions to open access to even more patient populations. The aim is to help trials perform at a global level through speed, reliable access to patients, and high-quality patient data.

We also plan to deepen our contributions to the communities where we operate. Our role is not limited to staffing, home visits, equipment logistics, or recruitment. We want to educate and empower people to understand their condition and navigate the healthcare system. That is the goal: a more holistic approach that improves trials for everyone and increases the number of studies conducted in Latin America.

Can you tell us about your workforce and organisational structure?

H Clinical is incorporated in the United States to facilitate engagement with global clients across contracting, administration, finance, and quality assurance. All operational delivery takes place in Latin America, under centralised management and a unified quality system so activities are run the same way across markets.

While we maintain a U.S. office, our operating hub for Mexico, Central America, and the Caribbean is in Mexico City, and our South America office is in São José dos Campos, near São Paulo. Within each country, we deploy experienced, dedicated local staff and administer a large network of H Clinical contractors so we can support trials and patients wherever they are, including sporadic or geographically dispersed work.

We operate facilities, including storage for supplies and equipment, in Bogotá, Panama City, Mendoza, São José dos Campos, Mexico City, Lima, and Santiago. This footprint enables national coverage, and our centralised management and quality system ensures consistent procedures regardless of service, location or facility type.

Given that Latin America is home to highly skilled professionals, how does H Clinical approach workforce retention and ensure long-term engagement?

Retention starts with leadership and culture. We set a clear tone, support our people and give them the tools and environment to do excellent work in the communities they serve. Getting the culture right comes first.

We also listen. We engage regularly, solicit feedback and act on it, showing teams that improvements are both heard and implemented. That flexibility and open dialogue are central to long-term engagement.

Compensation matters as well. We benchmark and review to ensure people feel respected, supported and paid fairly. That focus is a key reason our turnover remains very low.

Finally, we hire locally. When colleagues work on projects that affect their own country and community, they are more engaged and more likely to stay. The contrast is stark with remote project management that lacks local connection, which can drive burnout. For example, a project manager based in Eastern Europe trying to run a trial in Monterrey, Mexico, lacks the local link and context, and that often leads to issues and turnover. We use people who live where they work.

What would you like to be your final message for our global readers?

Latin America is an exceptionally vibrant place to run clinical trials, with engaged patient populations and a highly capable, dedicated workforce able to enrol and deliver in complex settings.

H Clinical is redefining research access and simplifying clinical trials in Latin America, which is not only a cost advantage region, but is a region of innovation, diversity, and resilience. At H Clinical, we show that trials can be globally rigorous and locally human-centred.

The vital message is to keep local engagement at the centre: the local patient population, the local workforce, and local partners. That is how trials succeed at scale in the region.

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