

The Hidden Drivers of Therapy Adoption Breakdowns

Patient Support Services and Brand leaders are being asked to improve time to therapy start, reduce early drop off, and protect adherence. But the gaps driving those outcomes — friction in the patient journey, breakdowns in provider communication, unspoken barriers to starting therapy — rarely show up in a dashboard.

The problem isn't execution. It's visibility.

In one analysis, nearly 30% of patients were blocked from starting therapy even though every operational step appeared intact. The issue wasn't process failure — it was signals that never made it into reporting.

The Cost Can Look Different Depending On Where You Sit

For Patient Support Service leaders, invisible signals mean delayed starts, higher call volume, and teams spending time on problems that should have been caught earlier.

For Brand leaders, they mean missed adoption targets, widening adherence gaps, and competitive risk that builds quietly in patient and provider conversations — long before it registers in performance data.

Why Standard Reporting Misses It

Dashboards track outcomes. They don't explain what produced them. The questions that matter most, like why are patients stalling before therapy start and what's happening right before they disengage aren't answered in your structured data. They're answered in patient conversations.

In those conversations, you hear the uncertainty around next steps, the frustration with reimbursement, the confusion that quietly becomes a missed start. Those moments shape your metrics. They just rarely make it into your reporting.

The patient journey spans hubs, field teams, support programs, pharmacies, and reimbursement workflows — each generating data that reports status, not experience. By the time drop-off appears in performance data, the underlying friction has already affected a broad set of patients. The organizations closing that gap aren't waiting for the metric to move. They're analyzing interactions earlier, when there's still time to act.

The signals exist. They're just not where you're looking.

IN THIS PIECE, WE BREAK DOWN:

1.

The specific signals that predict delays, drop-off, and missed starts

2.

Where those signals actually live — and why standard systems don't capture them

3.

How leading teams are using them to improve time to therapy and protect adherence

The Signals That Actually Predict Breakdowns

Before Therapy Starts

What you're trying to protect: time to first fill, enrollment completion, HCP confidence

- **Repeated questions about next steps after enrollment.** When patients don't have a clear picture of what happens after they enroll, momentum stalls. Uncertainty about timelines, who's responsible for follow-up, or whether anything is in motion all predict delayed or missed starts.
- **Unresolved confusion around copay, coverage, or prior authorization.** When financial or access barriers aren't closed on the first contact, patients disengage. Calls that end without a clear resolution or confirmed next step are the interactions most likely to become drop-off.
- **HCP staff asking the same process questions repeatedly.** When office staff keep calling with the same questions about enrollment steps or hub workflows, onboarding materials aren't landing — and time to start slows on the provider side.
- **Patient hesitation around side effects or administration before education has occurred.** Early concerns about tolerability or self-administration signal an unmet education need that, left unaddressed, becomes a reason not to fill.

Early Therapy (First 30–90 Days)

What you're trying to protect: early adherence, confidence, and first-refill conversion

- **Uncertainty about whether the therapy is “working.”** Patients without clear expectations about onset of effect are the most vulnerable in this window. Doubt about efficacy in conversation isn't just anxiety — it's a discontinuation risk outreach can still address.
- **Access friction that resurfaces after start.** Delivery delays, site-of-care confusion, and pharmacy issues that weren't resolved at enrollment tend to reappear in the first 30 days. For a patient already uncertain about their therapy, that's often enough to tip the decision.
- **Patients reporting lifestyle or administration burden without being connected to support.** When patients describe difficulty fitting therapy into their routine and that concern isn't met with a resource or referral, adherence starts to erode before it shows up in refill data.
- **Low engagement or silence in conversations that should be active.** Disengagement isn't always loud. Patients who go quiet or give short answers in touchpoints designed to be supportive are often a leading indicator of non-renewal. The good news? This is one of the easier signals to act on if you're capturing it.

Ongoing Adherence

What you're trying to protect: long-term persistence, brand perception, switching risk

- **Emerging frustration with reimbursement or coverage changes.** Reimbursement frustration surfaces in conversations weeks before it shows up in refill data. By the time it's a metric problem, it's already affected a broad set of patients.
- **Patients comparing their experience to alternatives.** When patients start referencing other options — that's an early switching signal. It's also one of the easiest to miss if you're only reviewing structured outcomes.
- **Provider sentiment shifting in support interactions.** HCP dissatisfaction compounds patient risk. When frustration starts showing up in provider conversations, it rarely stays there. Instead, it shapes the recommendations and confidence patients encounter at their next visit.
- **Recurring complaints that aren't being escalated or resolved.** When the same friction appears repeatedly without resolution, it erodes trust at scale. Unresolved patterns in conversation data are often the clearest signal that something systemic needs attention.

What Changes When You Can See It

When teams can identify where and why patients are getting stuck, the impact is immediate and measurable.



50% drop in related call volume — in two weeks.

A delivery requirement was quietly blocking patients from receiving medication. Once identified and addressed, support volume tied to that issue dropped by half. Lower volume, faster resolution, fewer missed starts.



Time to therapy cut from 30 days to 12.

Confusion around benefit verification was adding weeks to therapy initiation. Surfacing that friction through conversation analysis cut time-to-start by more than half.



71% to 12% reduction in a single barrier to treatment.

Patients couldn't find infusion site locations. Once addressed, conversations flagging that obstacle dropped from 71% to 12% — removing one of the most significant friction points between patients and treatment.



30% reduction in complaints — from problems that were already there.

Organizations have seen significant reductions simply by identifying and resolving recurring issues hidden in patient interactions. No new programs. No added headcount. Just visibility into what was already happening.

These outcomes share a common thread: none of them required new programs or additional headcount. They came from seeing what was already there.

Leading teams are making this shift by moving from status-based reporting to interaction-based analysis. This happens when you can examine patient conversations at scale to surface root causes, not just outcomes. That means spotting access and adherence barriers earlier, understanding how experience is shaping brand performance, and taking targeted action on workflows, messaging, and access before a metric moves.

**The difference isn't more data.
It's better visibility into the data
you're already generating.**



This Challenge Looks Different Across the Lifecycle — But the Signal Is the Same

The forces shaping therapy adoption build across the lifecycle and compound over time. At every stage, the same challenge persists: the signals driving performance are buried in patient interactions and invisible in traditional reporting. The organizations that stay ahead aren't waiting for the metrics to tell them something is wrong. They're reading the conversations that predict what the metrics will say next.

The signals are present at every stage. The question is whether you're capturing them in time to act.

LAUNCH

Early access & onboarding friction

Turn signals into rapid insight

- Identify access and affordability barriers (copay, reimbursement confusion)
- Uncover onboarding breakdowns in patient support services
- Surface early patient & HCP concerns from real-world use

GROWTH

Scaling adherence & access

Optimize experience to accelerate adoption

- Identify drivers of patient drop off/non-adherence
- Analyze access barriers across payers or regions
- Understand why prescriptions aren't converting to starts

LOE/DECLINE

Erosion & loss of exclusivity

Maximize remaining value & inform future strategy

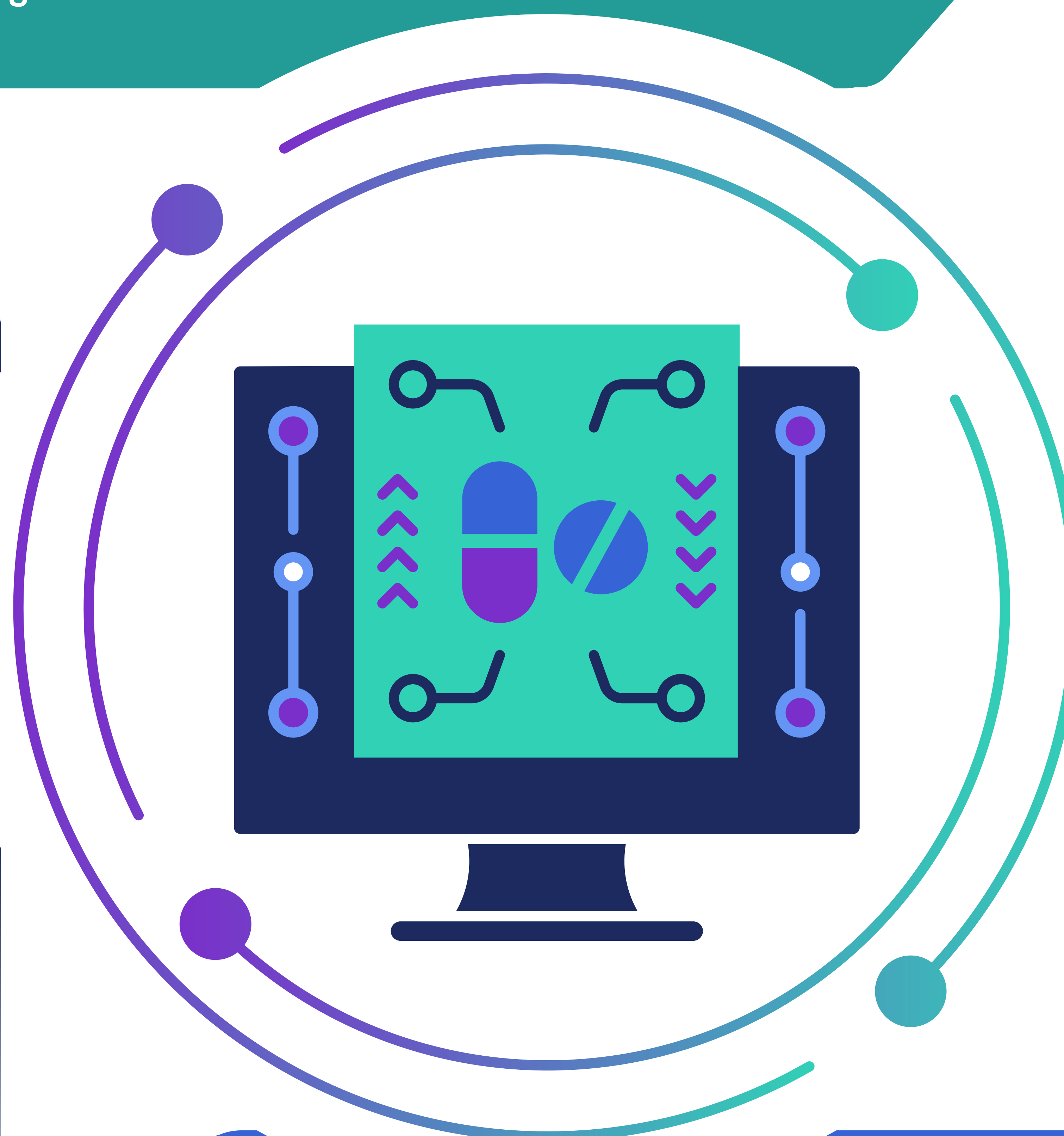
- Analyze switching patterns to generics/biosimilars and loss drivers
- Identify remaining high-value or loyal patient segments
- Capture insights to inform future brands and lifecycle strategy

MATURE

Competition, switching & cost pressure

Defend share and improve efficiency

- Understand why patients switch or discontinue therapy
- Detect early signals of brand erosion in customer conversations
- Identify opportunities to improve retention and reduce friction



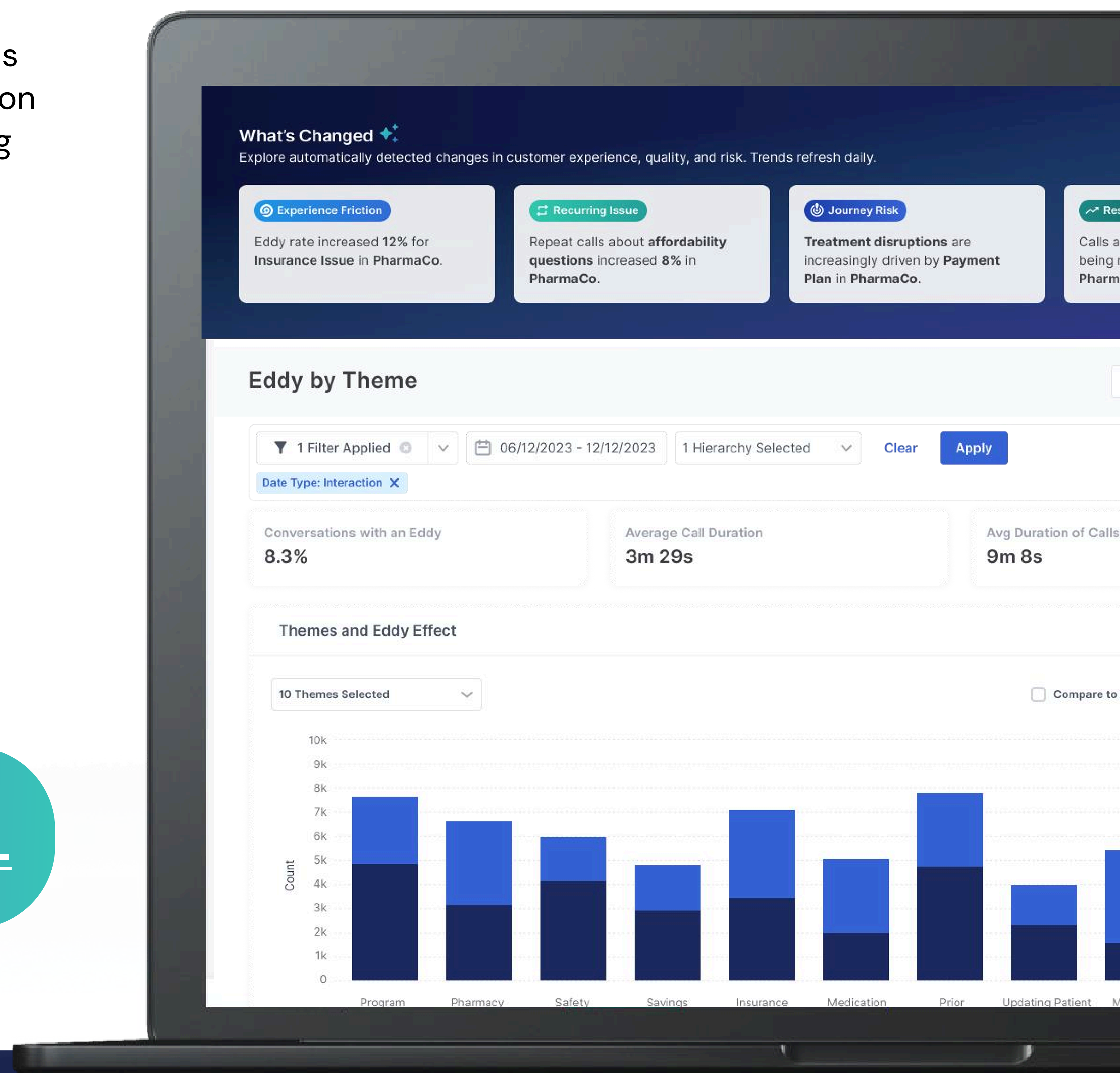
What's Driving Your Therapy Adoption Gaps Is Already In Your Data

The friction that delays starts, drives drop-off, and erodes adherence isn't invisible — it's just not where most teams are looking. Challenges like pre-enrollment friction, access barriers, onboarding breakdowns, and early discontinuation signals surface in patient and provider conversations long before they register in performance reporting. Most organizations don't see them until it's too late to act.

If you're responsible for starts, adherence, or patient experience, now is the right time to find out what your interactions are already telling you.

Request a discovery call to identify where these challenges are showing up in your organization and what it would take to address them.

SCHEDULE A DISCOVERY CALL



About Authenticix

Authenticix is a conversation intelligence platform that uses AI exclusively trained on healthcare data to transform millions of patient and member conversations into actionable insights, surfacing the systemic friction points that get in the way of better outcomes. From identifying barriers to therapy adherence and streamlining operations, to strengthening quality, compliance, and patient safety, Authenticix helps pharmaceutical and life sciences companies, health insurers, healthcare providers, and medical device organizations understand the 'why' behind customer challenges and act on it at scale.

20+ Proprietary Healthcare AI Models

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